



Republic of the Philippines
Department of Health
FAR NORTH LUZON GENERAL HOSPITAL AND TRAINING CENTER
Quirino, Luna, Apayao



RADIOLOGY DEPARTMENT

Charges

EXAMINATION	PROCEDURE FEE	INTERPRETATION FEE
CRANIAL PLAIN	2,500	625
CRANIAL WITH CONTRAST	3,200	800
ORBITAL(PLAIN)	3,500	875
PARANASAL SINUSES	3,500	875
NASOPHARYNX(PLAIN)	3,500	875
NECK	3,200	800
CHEST CT PLAIN	3,000	750
CHEST CT WITH CONTRAST	3,500	875
WHOLE ABDOMEN(PLAIN)	5,500	1,375
UPPER ABDOMEN(PLAIN)	4,000	1,000
LIVER STUDY(PLAIN)	4,500	1,125
LOWER ABDOMEN(PLAIN)	4,000	1,000
STONOGRAM	4,000	1,000
TEMPORAL BONE	4,000	1,000
FACIAL	4,500	1,125
TMJ	3,500	875
CERVICAL	4,500	1,125
THORACIC SPINE(12 VB)	5,000	1,250
THORACIC SPINE(6 VB)	4,000	1,000
THORACO-LUMBAR(4VB)	3,500	875
THORACO-LUMBAR(17VB)	7,000	1,750
LUMBO SACRAL SPINE	4,500	1,125
LUMBAR	3,500	875
SACRAL	3,500	875
HIPS/PELVIS	4,500	1,125
UPPER EXTREMITIES	3,500	875
LOWER EXTREMITIES	4,000	1,000
EXTREMITIES JOINT Ankle/Knee/Foot/Hand/ Elbow/Wrist	2,800	700