



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



DEPARTMENT OF RADIOLOGY

Charges

#	EXAMINATION	PROCEDURE FEE	INTERPRETAION FEE
1	CRANIAL PLAIN	2,500	625
2	CRANIAL WITH CONTRAST	3,200	800
3	ORBITAL(PLAIN)	3,500	875
4	PARANASAL SINUSES	3,500	875
5	NASOPHARYNX(PLAIN)	3,500	875
6	NECK	3,200	800
7	CHEST CT PLAIN	3,000	750
8	CHEST CT WITH CONTRAST	3,500	875
9	WHOLE ABDOMEN(PLAIN)	5,500	1,375
10	UPPER ABDOMEN(PLAIN)	4,000	1,000
11	LIVER STUDY(PLAIN)	4,500	1,125
12	LOWER ABDOMEN(PLAIN)	4,000	1,000
13	STONOGRAM	4,000	1,000
14	TEMPORAL BONE	4,000	1,000
15	FACIAL	4,500	1,125
16	TMJ	3,500	875
17	CERVICAL	4,500	1,125
18	THORACIC SPINE(12 VB)	5,000	1,250
19	THORACIC SPINE(6 VB)	4,000	1,000
20	THORACO-LUMBAR(4VB)	3,500	875
21	THORACO-LUMBAR(17VB)	7,000	1,750
22	LUMBO SACRAL SPINE	4,500	1,125
23	LUMBAR	3,500	875
24	SACRAL	3,500	875
25	HIPS/PELVIS	4,500	1,125
26	UPPER EXTREMITIES	3,500	875
27	LOWER EXTREMITIES	4,000	1,000
28	EXTREMITIES JOINT (Ankle/Knee/Foot/Hand/Elbow/ Wrist)	2,800	700