



Republic of the Philippines
Department of Health
Center for Health Development Davao Region
SOUTHERN PHILIPPINES MEDICAL CENTER
J.P. Laurel Avenue, Davao City
Trunkline: 082-227-2731 | Faxline: 082-221-7029



Colorectal Unit
As of August 31, 2022

#	Service Name	Rate/Fee	Professional Fee	
			Minimum	Maximum
1	Endorectal Ultrasound	7,300.00	2,500.00	-
2	Endoanal Ultrasound	5,800.00	2,500.00	-
3	HEMORROIDECTOMY RUBBER BAND LIGATION PAY PATIENT	14,620.00	2,500.00	-
4	HEMORROIDECTOMY RUBBER BAND LIGATION SERVICE PATIENT	12,120.00	-	-
5	PROCTOSIGMOIDOSCOPY PAY PATIENT	10,520.00	2,500.00	-
6	PROCTOSIGMOIDOSCOPY SERVICE PATIENT	8,020.00	-	-
7	ANAL MANOMETRY PAY PATIENT	11,500.00	2,500.00	-
8	ANAL MANOMETRY SERVICE PATIENT	10,500.00	1,500.00	-
9	BIOFEEDBACK THERAPY PAY PATIENT	14,300.00	2,500.00	-
10	BIOFEEDBACK THERAPY SERVICE PATIENT	13,300.00	1,500.00	-