



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



Radiology
As of August 31, 2022

#	Service Name	Rate/Fee	Professional Fee	
			Minimum	Maximum
1	ABDOMEN CROSS-TABLE LATERAL VIEW	150.00	-	-
2	Cervical Plain	4,000.00	562.50	750.00
3	Cervical Plain Stat	4,400.00	618.75	825.00
4	Cervical STAT	5,500.00	618.75	825.00
5	Cervical STAT PW	6,500.00	731.25	975.00
6	CRANIAL PLAIN	4,000.00	562.50	750.00
7	Cranial Plain Stat	4,400.00	618.75	825.00
8	Cranial Plain Stat PW	5,200.00	731.25	975.00
9	Cranial w/ Contrast	5,000.00	562.50	750.00
10	Cranial w/ Contrast Stat	5,500.00	618.75	825.00
11	Cranial w/ Contrast Stat PW	6,500.00	731.25	975.00
12	CT Stonogram	9,000.00	562.50	750.00
13	CT Stonogram Stat	9,900.00	618.75	825.00
14	CT Stonogram Stat PW	11,700.00	731.25	975.00
15	CT-Angiogram	10,000.00	3,787.50	5,050.00
16	CT-Angiogram STAT	11,000.00	4,166.25	5,555.00
17	CT-Angiogram STAT PW	13,000.00	4,923.75	6,565.00
18	CT-BIOPSY	2,500.00	3,412.50	4,550.00
19	CT-BIOPSY STAT	2,750.00	3,753.75	5,005.00
20	CT-BIOPSY STAT PW	3,250.00	4,436.25	5,915.00
21	CT-Chest	5,000.00	562.50	750.00
22	CT-Chest STAT	5,500.00	618.75	825.00
23	CT-Chest STAT PW	6,500.00	731.25	975.00
24	CT-Chest with contrast	6,000.00	562.50	750.00
25	CT-Chest with contrast Stat	6,600.00	618.75	825.00
26	CT-Chest with contrast Stat PW	7,800.00	731.25	975.00
27	Distal Extremity (Foot/Hand)	4,000.00	562.50	750.00
28	Distal Extremity (Foot/Hand) STAT	4,400.00	618.75	825.00
29	Distal Extremity (Foot/Hand) STATPW	5,200.00	731.25	975.00
30	Distal Extremity (Leg/Arm)	4,000.00	562.50	750.00
31	Distal Extremity (Leg/Arm) STAT	4,400.00	618.75	825.00
32	Distal Extremity (Leg/Arm) STATPW	5,200.00	731.25	975.00
33	High Resolution Chest CT	8,000.00	562.50	750.00
34	High Resolution Chest CT Stat	8,800.00	618.75	825.00
35	High Resolution Chest CT Stat PW	10,400.00	731.25	975.00
36	Kidney and Adrenal with Contrast	7,000.00	562.50	750.00
37	Kidney and Adrenals	6,000.00	562.50	750.00
38	Kidney and Adrenals STAT	6,600.00	618.75	825.00
39	Kidney and Adrenals STAT PW	7,800.00	731.25	975.00
40	LOWER ABDOMEN	6,000.00	562.50	750.00
41	Lower Abdomen STAT	6,600.00	618.75	825.00
42	Lower Abdomen STAT PW	7,800.00	731.25	975.00
43	Lower Abdomen w/ Contrast	7,000.00	562.50	750.00
44	Lower Abdomen w/ Contrast STAT	7,700.00	618.75	825.00
45	Lower Abdomen w/ Contrast STAT PW	9,100.00	731.25	975.00
46	Lower Thoracic	6,000.00	562.50	750.00
47	Lower Thoracic STAT	6,600.00	618.75	825.00
48	Lower Thoracic STAT PW	7,800.00	731.25	975.00
49	Lumbar	6,000.00	562.50	750.00
50	LUMBAR PLAIN	5,000.00	562.50	750.00

51	LUMBAR PLAIN STAT	5,500.00	618.75	825.00
52	LUMBAR PLAIN STAT PW	6,500.00	731.25	975.00
53	Lumbar STAT	6,600.00	618.75	825.00
54	Lumbar STAT PW	7,800.00	731.25	975.00
55	MRA OF THE LOWER EXTREMETIES	8,300.00	975.00	1,300.00
56	MRA OF THE UPPER EXTREMETIES	8,300.00	975.00	1,300.00
57	Nasopharynx Plain	6,000.00	562.50	750.00
58	Nasopharynx Plain STAT	6,600.00	618.75	825.00
59	Nasopharynx Plain STAT PW	7,800.00	731.25	975.00
60	Nasopharynx w/ Contrast STAT	7,700.00	618.75	825.00
61	Nasopharynx w/ Contrast STAT PW	9,100.00	731.25	975.00
62	Neck Plain	6,000.00	562.50	750.00
63	Neck Plain Stat	6,600.00	618.75	825.00
64	Neck Plain Stat PW	7,800.00	731.25	975.00
65	Neck w/ Contrast	7,000.00	562.50	750.00
66	Neck w/ Contrast Stat	7,700.00	618.75	825.00
67	Neck w/ Contrast Stat PW	9,100.00	731.25	975.00
68	Orbit STAT	7,700.00	618.75	825.00
69	Orbit STAT PW	9,100.00	731.25	975.00
70	Oropharynx	6,000.00	562.50	750.00
71	Oropharynx Stat	6,600.00	618.75	825.00
72	Oropharynx Stat PW	7,800.00	731.25	975.00
73	Oropharynx w/ Contrast	7,000.00	562.50	750.00
74	Oropharynx w/ Contrast Stat	7,700.00	618.75	825.00
75	Oropharynx w/ Contrast Stat PW	9,100.00	731.25	975.00
76	Pelvis	6,000.00	562.50	750.00
77	Pelvis STAT	6,600.00	618.75	825.00
78	Pelvis STAT PW	7,800.00	731.25	975.00
79	Pelvis w/ Contrast	7,000.00	562.50	750.00
80	Pelvis w/ Contrast STAT	7,700.00	618.75	825.00
81	Pelvis w/ Contrast STAT PW	9,100.00	731.25	975.00
82	PNS Plain	5,000.00	562.50	750.00
83	PNS Plain STAT	5,500.00	618.75	825.00
84	PNS Plain STAT PW	6,500.00	731.25	975.00
85	PNS w/ Contrast	6,000.00	562.50	750.00
86	PNS w/ Contrast STAT	6,600.00	618.75	825.00
87	PNS w/ Contrast STAT PW	7,800.00	731.25	975.00
88	Temporal Bone or Ear Plain	6,000.00	562.50	750.00
89	Temporal Bone or Ear Plain STAT	6,600.00	618.75	825.00
90	Temporal bone or Ear Plain STAT PW	9,100.00	731.25	975.00
91	TEMPORAL BONE OR EAR W/ CONT STAT	7,700.00	618.75	825.00
92	TEMPORAL BONE OR EAR W/ CONTRAST	7,000.00	562.50	750.00
93	THORACIC PLAIN	5,000.00	562.50	750.00
94	Upper Thoracic	6,000.00	562.50	750.00
95	Upper Thoracic STAT	6,600.00	618.75	825.00
96	Upper Thoracic STAT PW	7,800.00	731.25	975.00
97	WHOLE ABDOMEN	8,000.00	562.50	750.00
98	Whole Abdomen STAT	8,800.00	618.75	825.00
99	Whole Abdomen STAT PW	10,400.00	731.25	975.00
100	Whole Abdomen w/ Contrast	9,000.00	562.50	750.00
101	Whole Abdomen w/ Contrast Stat	9,900.00	618.75	825.00
102	Whole Abdomen w/ Contrast Stat PW	11,700.00	731.25	975.00
103	Whole Extremity	4,000.00	562.50	750.00
104	Whole Extremity STAT	4,400.00	618.75	825.00
105	Whole Extremity STAT PW	5,200.00	731.25	975.00
106	THORACOLUMBAR SPINE	420.00	-	-
107	ABDOMEN (PLAIN) PAY-W	200.00	-	-
108	ABDOMEN (UPRIGHT SUPINE) PAY-W	340.00	-	-
109	ABDOMEN UPRIGHT/ SUPINE	255.00	-	-
110	ABDOMEN UPRIGHT/ SUPINE (XRAY)	255.00	-	-
111	ADULT CHEST LATERAL DECUBITUS	150.00	-	-
112	ANKLE APL	135.00	-	-
113	ankle APL (left)	135.00	-	-

114	Ankle APL (right)	135.00	-	-
115	Ankle Mortisse View (left)	100.00	-	-
116	Ankle Mortisse View (right)	100.00	-	-
117	Ankle, Both APL	295.00	-	-
118	AXIAL VIEW, SHOULDER	130.00	-	-
119	AXILLARY VIEW	130.00	-	-
120	BABYGRAM	210.00	-	-
121	CALCANEUS, LEFT	135.00	-	-
122	CALDWELL PA	105.00	-	-
123	CALDWELL'S VIEW	105.00	-	-
124	CEPHALOMETRY	295.00	-	-
125	CERVICAL	5,000.00	562.50	750.00
126	CERVICAL APL	205.00	-	-
127	CERVICAL APL + Obliques	310.00	-	-
128	CERVICAL APL + Obliques PAY-W	460.00	-	-
129	CERVICAL APL PAY-W	280.00	-	-
130	CERVICAL Oblique, Left	370.00	-	-
131	CERVICAL OPEN-MOUTH	102.00	-	-
132	CERVICAL R/L OBLIQUE	170.00	-	-
133	CERVICAL R/L OBLIQUE PAY-W	230.00	-	-
134	CERVICAL SPINE AP/LAT/OBLIQUE VIEWS	310.00	-	-
135	CERVICAL SPINE APL IN PT	205.00	-	-
136	Chest - Apicolordotic View	75.00	-	-
137	CHEST (CONE DOWN VIEW) PAY-W	105.00	-	-
138	CHEST (LATERAL Only) PAY-W	120.00	-	-
139	CHEST (SPOT VIEW) PAY-W	105.00	-	-
140	CHEST (THORA BONE CAGE) PAY-W	185.00	-	-
141	CHEST APICOLORDOTIC VIEW	75.00	-	-
142	Chest Apicolordotic View Only	75.00	-	-
143	CHEST APL	150.00	-	-
144	CHEST CONE DOWN VIEW	75.00	-	-
145	CHEST LATERAL DECUBITUS	150.00	-	-
146	CHEST LATERAL DECUBITUS PAY-W	180.00	-	-
147	CHEST LATERAL VIEW	90.00	-	-
148	CHEST LATERAL VIEW ONLY	90.00	-	-
149	CHEST PA	105.00	-	-
150	CHEST PA (Adult)	105.00	-	-
151	CHEST PA (ADULT) PAY-W	135.00	-	-
152	Chest PA + Apicolordotic view	165.00	-	-
153	CHEST PA VIEW	105.00	-	-
154	CHEST PAL ADULT	195.00	-	-
155	Chest PAL (Adult)	195.00	-	-
156	Chest PAL (ADULT) PAY-W	250.00	-	-
157	CHEST PAL (PEDIA) PAY-W	180.00	-	-
158	CHEST PAL / PEDIA	150.00	-	-
159	Chest PA-Lateral (Adult)	195.00	-	-
160	CHEST SPOT View	75.00	-	-
161	CHEST SPOT VIEW LEFT UPPER LF	75.00	-	-
162	CHEST SPOT VIEW RIGHT, MLF	75.00	-	-
163	CHEST X-RAY AP/LAT PEDIA	150.00	-	-
164	CLAVICLE	115.00	-	-
165	CLAVICLE AP	135.00	-	-
166	CLAVICLE AP PAY-W	185.00	-	-
167	CLAVICLE AP, Both	220.00	-	-
168	CLAVICLE AP, Left	260.00	-	-
169	CLAVICLE AP, Right	260.00	-	-
170	CLAVICLE BOTH PAY-W	245.00	-	-
171	CLAVICLE R AND L	195.00	-	-
172	CLOSE REDUCTION	500.00	-	-
173	COCCYX APL	160.00	-	-
174	COCCYX AP	120.00	-	-
175	COCCYX AP (XRAY)	120.00	-	-
176	COCCYX AP PAY-W	170.00	-	-

177	COCCYX APL	120.00	-	-
178	COCCYX APL PAY-W	215.00	-	-
179	CT SCAN OF UROGRAM - PLAIN	8,000.00	562.50	750.00
180	CT SCAN OF UROGRAM - PLAIN & CONTRAST	9,000.00	562.50	750.00
181	ELBOW APL	130.00	-	-
182	Elbow APL (left)	130.00	-	-
183	Elbow, Both APL	270.00	-	-
184	Feet, Both APL	270.00	-	-
185	FEMUR APL	215.00	-	-
186	Femur APL (Right)	215.00	-	-
187	FOOT APO	130.00	-	-
188	Foot APO (Left)	130.00	-	-
189	Foot APO (right)	130.00	-	-
190	Foot Harris View	130.00	-	-
191	Foot Lateral View (left)	100.00	-	-
192	Foot Lateral View (right)	100.00	-	-
193	FOREARM APL	130.00	-	-
194	FOREARM APL (LEFT)	130.00	-	-
195	Forearm APL (right)	130.00	-	-
196	Forearm, Both APL	265.00	-	-
197	HAND APO	135.00	-	-
198	HAND APO (LEFT)	135.00	-	-
199	Hand APO (right)	135.00	-	-
200	Hand Lateral View (left)	75.00	-	-
201	Hand Lateral View (right)	75.00	-	-
202	Hand Left (Bone Aging)	135.00	-	-
203	Hands, Both APO/APL	275.00	-	-
204	HIP AP	170.00	-	-
205	HIP AP / CT APL	170.00	-	-
206	Humerus APL (left)	140.00	-	-
207	Humerus APL (right)	140.00	-	-
208	Humerus, Both APL	285.00	-	-
209	INTERNAL AUDITORY MEATUS	265.00	-	-
210	INTERNAL AUDITORY MEATUS AP/LATERAL/TOWNES	265.00	-	-
211	Intra-Op Procedure	300.00	-	-
212	JUDET VIEW	130.00	-	-
213	JUDET VIEW-LEFT,HIP JOINT	130.00	-	-
214	JUDET VIEW-RIGHT,HIP JOINT	130.00	-	-
215	JUDET VIEWS, HIP JOINT	130.00	-	-
216	KNEE APL	130.00	-	-
217	Knee APL (left)	130.00	-	-
218	Knee APL (right)	130.00	-	-
219	Knee Sunrise View(Left)	130.00	-	-
220	Knee Sunrise View(right)	130.00	-	-
221	Knee Tunnel View(right)	130.00	-	-
222	Knee, Tunnel View(Left)	130.00	-	-
223	Knees, Both APL	265.00	-	-
224	KNEES, BOTH TO INCL. ROSENBERG VIEW	265.00	-	-
225	KUB (Bowel Prep. Needed)	145.00	-	-
226	KUB (Bowel Prep. Needed) PAY-W	200.00	-	-
227	KUB AP	145.00	-	-
228	LEG APL	160.00	-	-
229	Leg APL (left)	160.00	-	-
230	Leg APL (right)	160.00	-	-
231	Leg, Both APL	330.00	-	-
232	LS AP (LUMBOSACRAL AP) IN PT	190.00	-	-
233	LUMBOSACRAL (L/S) OBLIQUE	190.00	-	-
234	LUMBOSACRAL AP/LATERAL/OBLIQUE	395.00	-	-
235	LUMBOSACRAL APL	190.00	-	-
236	LUMBOSACRAL FLEXION AND EXTENSION	190.00	-	-
237	Lumbosacral Spine APL	190.00	-	-
238	LUMBOSACRAL SPINE APL PAY-W	295.00	-	-
239	LUMBOSACRAL SPINE APLO PAY-W	540.00	-	-

240	Lumbosacral Spine Oblique Views	550.00	-	-
241	MANDIBLE AP	195.00	-	-
242	MANDIBLE APO	185.00	-	-
243	MANDIBLE Panoramic Viewandib	300.00	-	-
244	MANDIBLE PAO	185.00	-	-
245	MASTOID APL	230.00	-	-
246	MASTOID SERIES (XRAY)	230.00	-	-
247	MASTOIDS	230.00	-	-
248	MRA/MRV WITH CONTRAST	8,300.00	975.00	1,300.00
249	MRI CHEST WITH CONTRAST	6,600.00	975.00	1,300.00
250	MRI CONTRAST- CERVICAL SPINE	6,900.00	975.00	1,300.00
251	MRI CONTRAST- HEAD	6,400.00	975.00	1,300.00
252	MRI CONTRAST- THORACIC SPINE	6,800.00	975.00	1,300.00
253	MRI ELBOW WITH CONTRAST	6,400.00	975.00	1,300.00
254	MRI KNEE WITH CONTRAST	6,400.00	975.00	1,300.00
255	MRI LUMBOSACRAL SPINE WITH CONTRAST	6,300.00	975.00	1,300.00
256	MRI MRCP WITH CONTRAST	8,300.00	975.00	1,300.00
257	MRI NECK WITH CONTRAST	7,300.00	975.00	1,300.00
258	MRI PELVIS/HIP WITH CONTRAST	7,300.00	975.00	1,300.00
259	MRI PLAIN - MRA/MRV	8,300.00	975.00	1,300.00
260	MRI PLAIN - PELVIS/HIP	7,300.00	975.00	1,300.00
261	MRI PLAIN- CERVICAL SPINE	6,900.00	975.00	1,300.00
262	MRI PLAIN- CHEST	6,600.00	975.00	1,300.00
263	MRI PLAIN- ELBOW	6,400.00	975.00	1,300.00
264	MRI PLAIN- HEAD	6,400.00	975.00	1,300.00
265	MRI PLAIN- KNEE	6,400.00	975.00	1,300.00
266	MRI PLAIN- LUMBAR SPINE	6,300.00	975.00	1,300.00
267	MRI PLAIN- NECK	7,300.00	975.00	1,300.00
268	MRI PLAIN- PELVIC	7,300.00	975.00	1,300.00
269	MRI PLAIN- SHOULDER	6,400.00	975.00	1,300.00
270	MRI PLAIN- THORACIC SPINE	6,800.00	975.00	1,300.00
271	MRI PLAIN- WHOLE ABD	13,300.00	975.00	1,300.00
272	MRI PLAN EXTREMITIES	6,400.00	975.00	1,300.00
273	MRI PLAN MRCP	8,300.00	975.00	1,300.00
274	MRI SHOULDER WITH CONTRAST	6,400.00	975.00	1,300.00
275	MRI W/ CONTRAST - EXTREMITIES	6,400.00	975.00	1,300.00
276	NASAL BONE	115.00	-	-
277	NASAL BONE	115.00	-	-
278	NASAL BONE IN PT	115.00	-	-
279	ORBIT	7,000.00	562.50	750.00
280	ORBIT IN PT	195.00	-	-
281	ORTHO INTRA-OP	300.00	-	-
282	Paranasal Sinuses	200.00	-	-
283	Paranasal Sinuses Series	200.00	-	-
284	PELVIS AP	130.00	-	-
285	PELVIS AP PAY-W	180.00	-	-
286	PELVIS APL	200.00	-	-
287	PELVIS APL PAY-W	270.00	-	-
288	PELVIS INLET OR OUTLET VIEWS	220.00	-	-
289	PELVIS INLET OR OUTLET VIEWS PAY-W	290.00	-	-
290	PELVIS OBLIQUE PAY-W	270.00	-	-
291	PELVIS OR BOTH HIPS APO OR LATERAL	200.00	-	-
292	Plain Abdomen	150.00	-	-
293	PLAIN ABDOMEN (XRAY)	150.00	-	-
294	Plain PNX	150.00	-	-
295	PNS (PARANASAL SINUSES) IN PT	200.00	-	-
296	PORTABLE USE FEE	300.00	-	-
297	PORTABLE X-RAY (CHEST) IN PT	405.00	-	-
298	RADIOLOGY MEDIA PUBLISHER	100.00	-	-
299	Scapula AP	130.00	-	-
300	SCAPULA AP PAY-W	175.00	-	-
301	SCAPULA APL	130.00	-	-
302	SCAPULA LATERAL PAY-W	120.00	-	-

303	Scapula Lateral view	90.00	-	-
304	SCAPULA Y VIEW	90.00	-	-
305	SCAPULA Y-VIEW(PAY-W)	120.00	-	-
306	Scoliosis AP	145.00	-	-
307	SCOLIOSIS AP PAY-W	200.00	-	-
308	SCOLIOSIS SERIES	425.00	-	-
309	SCOLIOSIS SERIES PAY-W	580.00	-	-
310	SH L	75.00	-	-
311	Shoulder AP	130.00	-	-
312	SHOULDER AP PAY-W	180.00	-	-
313	Shoulder Apl	200.00	-	-
314	SHOULDER APL - IPD	200.00	-	-
315	SHOULDER APL PAY-W	275.00	-	-
316	SKELETAL SURVEY (ADULT)	955.00	-	-
317	SKELETAL SURVEY (PEDIA)	675.00	-	-
318	SKULL (AP Only) PAY-W	120.00	-	-
319	SKULL (CEPHALOMETRY) PAY-W	400.00	-	-
320	SKULL (INT.AUD. MEATUS) PAY-W	350.00	-	-
321	SKULL (LATERAL Only) PAY-W	120.00	-	-
322	SKULL (MANDIBLE) PAY-W	250.00	-	-
323	SKULL (MASTOIDS) PAY-W	315.00	-	-
324	SKULL (NASAL BONE) PAY-W	270.00	-	-
325	SKULL (ORBIT Only) PAY-W	250.00	-	-
326	SKULL (PANORAMIC) PAY-W	395.00	-	-
327	SKULL (PARANASAL SINUSES) PAY-W	270.00	-	-
328	SKULL (Submento-vertex) PAY-W	125.00	-	-
329	SKULL (TEMP MAND. JOINT) PAY-W	330.00	-	-
330	SKULL (TOWNE'S Only) PAY-W	105.00	-	-
331	SKULL (WATER'S Only) PAY-W	105.00	-	-
332	Skull AP	90.00	-	-
333	SKULL AP/LATERAL/TOWNE'S VIEW	75.00	-	-
334	SKULL APL	170.00	-	-
335	Skull APL (2 views) only	170.00	-	-
336	SKULL APL OPD	170.00	-	-
337	Skull Lateral View	90.00	-	-
338	SKULL SERIES	220.00	-	-
339	SKULL SERIES (APL + Townes views)	220.00	-	-
340	SKULL SERIES (APL + TWN) PAY-W	295.00	-	-
341	SKULL SERIES (APL Only) PAY-W	235.00	-	-
342	SMV (Submentovertex view)	95.00	-	-
343	Submento Vertex	95.00	-	-
344	TBC APL	235.00	-	-
345	TBC R AND L OBLIQUE	275.00	-	-
346	TBC with obliques	190.00	-	-
347	TEMPORO MANDIBULAR JOINT	245.00	-	-
348	TEMPOROMANDIBULAR JOINTS OPEN/CLOSED	245.00	-	-
349	Thigh, Both APL	360.00	-	-
350	THORACIC APL	295.00	-	-
351	THORACIC APL PAY-W	390.00	-	-
352	THORACIC BONY CAGE (APL) PAY-W	310.00	-	-
353	THORACIC BONY CAGE (OBL) PAY-W	365.00	-	-
354	Thoracic Bony Cage AP	135.00	-	-
355	THORACIC SPINE + OBLIQUE	190.00	-	-
356	THORACO-LUMBAR SPINE APL	420.00	-	-
357	THORACOLUMBAR SPINE PAY-W	555.00	-	-
358	TOWNE'S VIEW	75.00	-	-
359	TOWNE'S VIEW only	75.00	-	-
360	WATER VIEW (X-RAY) - OPD	95.00	-	-
361	WATER'S VIEW	75.00	-	-
362	WATER'S VIEW	75.00	-	-
363	WHOLE ABDOMEN (CONTRAST) (MRI)	13,300.00	975.00	1,300.00
364	Wrist APL (left)	145.00	-	-
365	Wrist APL (right)	145.00	-	-

366	WRIST PAL	145.00	-	-
367	Wrist, Both APL	280.00	-	-