



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



Ultrasound
As of August 31, 2022

#	Service Name	Rate/Fee	Professional Fee	
			Minimum	Maximum
1	Abdominal Aorta	440.00	-	-
2	Biophysical Scoring PAY-W	800.00	-	-
3	BREAST ULTRASOUND (IC)	1,000.00	-	-
4	KNEE ULTRASOUND (SINGLE) PAY-W	600.00	-	-
5	KUB, Prostate / Pelvis PAY-W	850.00	-	-
6	WHOLE ABDOMEN PAY-W	1,200.00	-	-
7	Abd, upper (liver, GB, HBT, Spl)PAY	800.00	-	-
8	Abdomen Whole (upper abd + pelv)PAY	1,200.00	-	-
9	ABDOMINAL AORTA (B-MODE)	385.00	-	-
10	ABDOMINAL AORTA (B-MODE) PAY-W	510.00	-	-
11	ADRENAL GLANDS PAY-W	700.00	-	-
12	BIOPHYSICAL SCORING (MULTIFETAL)	800.00	-	-
13	BIOPHYSICAL SCORING (SINGLE)	600.00	-	-
14	BIOPHYSICAL SCORING (SINGLE) PAY-W	700.00	-	-
15	Biophysical Scoring PAY-W	800.00	-	-
16	BIOPHYSICAL SCORING(MULTIFET) PAY-W	900.00	-	-
17	BPS (Biophysical Scoring) Single	700.00	-	-
18	BPS (Biophysical Scoring) Twin / IV	900.00	-	-
19	BREAST PAY-W	600.00	-	-
20	BREAST ULTRASOUND (SINGLE)	600.00	-	-
21	BREAST ULTRASOUND (SINGLE) PAY-W	1,000.00	-	-
22	Breast Ultrasound (Single/Bil)	1,000.00	-	-
23	BREAST USD (B) PAY-W	1,000.00	-	-
24	Carotid Artery (Bilateral)	1,190.00	-	-
25	Carotid Artery (Single)	590.00	-	-
26	CAROTID DOPPLER (BOTH)	1,690.00	-	-
27	CAROTID DOPPLER (BOTH) PAY-W	3,000.00	-	-
28	CAROTID DOPPLER (ONE SIDE)	790.00	-	-
29	CAROTID DOPPLER (ONE SIDE) PAY-W	1,500.00	-	-
30	Chest/Thorax	355.00	-	-
31	CHEST/THORAX PAY-W	480.00	-	-
32	CHEST/THORAX WIC	480.00	-	-
33	Cranial PAY-W	790.00	-	-
34	Cranial Ultrasound	595.00	-	-
35	CRANIAL ULTRASOUND PAY-W	790.00	-	-
36	DOPPLER OF ABDOMINAL AORTA	440.00	-	-
37	DOPPLER OF ABDOMINAL AORTA PAY-W	1,000.00	-	-
38	DOPPLER OF LOWER EXTREMITY (BOTH)	1,690.00	-	-
39	DOPPLER OF LOWER EXTREMITY (SINGLE)	790.00	-	-
40	DOPPLER OF LOWER EXTREMITY(B) PAY-W	3,000.00	-	-
41	DOPPLER OF LOWER EXTREMITY(S) PAY-W	1,500.00	-	-
42	DOPPLER OF SCROTUM/TESTES	440.00	-	-
43	DOPPLER OF SCROTUM/TESTES PAY-W	1,000.00	-	-
44	DOPPLER OF UPPER EXTREMITY (BOTH)	1,690.00	-	-
45	DOPPLER OF UPPER EXTREMITY (SINGLE)	790.00	-	-
46	DOPPLER OF UPPER EXTREMITY(B) PAY-W	3,000.00	-	-
47	DOPPLER OF UPPER EXTREMITY(S) PAY-W	1,500.00	-	-
48	Doppler Ultrasound PAY-W	1,500.00	-	-
49	FAST	500.00	-	-
50	Fine Needle Aspiration Biopsy PAY-W	1,650.00	-	-

51	FOLICLE MONITORING	445.00	-	-
52	FOLICLE MONITORING PAY-W	600.00	-	-
53	GALL BLADDER PAY-W	650.00	-	-
54	GALLBLADDER	550.00	-	-
55	GUIDED ASPIRATION	690.00	-	-
56	GUIDED ASPIRATION WIC	2,200.00	-	-
57	Guided Biopsy	690.00	-	-
58	GUIDED BIOPSY WIC	2,200.00	-	-
59	HBT and pancreas	550.00	-	-
60	HBT AND PANCREAS(PAY-W)	650.00	-	-
61	HIP ULTRASOUND (BOTH)	705.00	-	-
62	HIP ULTRASOUND (BOTH) PAY-W	950.00	-	-
63	HIP ULTRASOUND (SINGLE)	445.00	-	-
64	HIP ULTRASOUND (SINGLE) PAY-W	600.00	-	-
65	Inguinal/Scrotal Ultrasound	330.00	-	-
66	INGUINOSCROTAL PAY-W	450.00	-	-
67	Kidneys only PAY-W	650.00	-	-
68	KIDNEYS(CH)	550.00	-	-
69	KIDNEYS, URINARY BLADDER	650.00	-	-
70	Kidneys, Urinary Bladder PAY-W	750.00	-	-
71	KNEE ULTRASOUND (SINGLE)	445.00	-	-
72	KUB AND PROSTATE/PELVIS	850.00	-	-
73	LIVER ABSCESS DRAINAGE	490.00	-	-
74	LIVER ABSCESS DRAINAGE WIC	2,500.00	-	-
75	LIVER AND SPLEEN	600.00	-	-
76	LIVER AND SPLEEN PAY-W	700.00	-	-
77	LIVER DOPPLER	590.00	-	-
78	LIVER DOPPLER PAY-W	1,500.00	-	-
79	Liver Only PAY-W	650.00	-	-
80	LIVER USD	650.00	-	-
81	LIVER, GB, HBT	600.00	-	-
82	Liver, GB, HBT PAY-W	700.00	-	-
83	LIVER, GB, HBT, PANCREAS	650.00	-	-
84	Liver, GB, HBT, Pancreas PAY-W	750.00	-	-
85	Liver, PAN, Spleen PAY-W	650.00	-	-
86	LIVER,GB,HBT, PANCREAS PAY	750.00	-	-
87	lower abdomen PAY-W	340.00	-	-
88	neck ultrasound PAY-W	850.00	-	-
89	NECK USD	750.00	-	-
90	ORBIT USD	320.00	-	-
91	ORBIT/USD(P-W)	435.00	-	-
92	Pancreas	550.00	-	-
93	PANCREAS PAY-W	650.00	-	-
94	PAROTID GLAND USD (BOTH)	495.00	-	-
95	PAROTID GLAND USD (BOTH) PAY-W	600.00	-	-
96	PAROTID GLAND USD (SINGLE)	195.00	-	-
97	PAROTID GLAND USD (SINGLE) PAY-W	300.00	-	-
98	PELVIS	600.00	-	-
99	PREG. EVALUATION (MULTIFETAL)	1,600.00	-	-
100	PREG. EVALUATION (MULTIFETAL) PAY-W	1,800.00	-	-
101	PREG. EVALUATION TVS (SINGLE)	700.00	-	-
102	PREG. EVALUATION TVS (SINGLE) PAY-W	800.00	-	-
103	PREG. EVALUATION(MULTIFET) PAY-W	1,800.00	-	-
104	PREGNANCY EVALUATION (MULTIFET)	1,600.00	-	-
105	PREGNANCY EVALUATION (S)	700.00	-	-
106	PREGNANCY EVALUATION (S) PAY-W	800.00	-	-
107	PROSTATE (TRANSABDOMINAL)	600.00	-	-
108	PROSTATE (TRANSRECTAL)	600.00	-	-
109	PROSTATE (TRANSRECTAL) PAY-W	750.00	-	-
110	PROSTATE(transabdominal)/PAY-W	700.00	-	-
111	Radio - Adrenal Glands	600.00	-	-
112	Radio - Breast Ultrasound (BOTH)	900.00	-	-
113	Renal (Native Kidney) Both	1,790.00	-	-

114	RENAL DOPPLER (GRAFT/TRANSPLANT)	1,390.00	-	-
115	RENAL DOPPLER (NATIVE KIDNEY) BOTH	1,690.00	-	-
116	RENAL DOPPLER (NATIVE KIDNEY) SINGL	1,500.00	-	-
117	SCROTUM/ TESTES	800.00	-	-
118	SHOULDER ULTRASOUND (BOTH)	595.00	-	-
119	SHOULDER ULTRASOUND (BOTH) PAY-W	800.00	-	-
120	SHOULDER ULTRASOUND (SINGLE)	370.00	-	-
121	SHOULDER ULTRASOUND (SINGLE) PAY-W	500.00	-	-
122	Soft tissue (usd) PAY-W	340.00	-	-
123	SPLEEN	550.00	-	-
124	SPLEEN PAY-W	650.00	-	-
125	SUBMANDIBULAR GLAND USD (B) PAY-W	600.00	-	-
126	SUBMANDIBULAR GLAND USD (BOTH)	445.00	-	-
127	SUBMANDIBULAR GLAND USD (S) PAY-W	300.00	-	-
128	SUBMANDIBULAR GLAND USD (SINGLE)	195.00	-	-
129	Submental USD PAY-W	340.00	-	-
130	SUBXIPHOID	500.00	-	-
131	SUPERFICIAL SOFT TISSUE	335.00	-	-
132	SUPERFICIAL SOFT TISSUE PAY-W	450.00	-	-
133	Testes PAY-W	580.00	-	-
134	Thyroid gland PAY-W	500.00	-	-
135	THYROID USD	370.00	-	-
136	TRANSRECTAL USD (GYNE)	650.00	-	-
137	TRANSRECTAL USD (GYNE) PAY-W	750.00	-	-
138	TRANSVAGINAL USD (GYNE)	600.00	-	-
139	TRANSVAGINAL USD (GYNE) PAY-W	750.00	-	-
140	Transvaginal(TVS /Transrectal PAY-W	350.00	-	-
141	ULTRASOUND GUIDED BIOPSY	10,540.00	-	-
142	Ultrasound Guided Internal Jugular	10,540.00	-	-
143	Ultrasound Guided Procedures PAY-W	1,650.00	-	-
144	Ultrasound Guided Thoracentesis	10,540.00	-	-
145	Ultrasound Portable Fee	500.00	-	-
146	UPPER ABDOMEN	800.00	-	-
147	UPPER ABDOMEN OPD	800.00	-	-
148	UPPER ABDOMEN PAY-W	900.00	-	-
149	URINARY BLADDER	600.00	-	-
150	URINARY BLADDER PAY-W	700.00	-	-
151	USD BIOPSY FEE	2,520.00	-	-
152	USD Guided Fem Vein Shunt Insertion	10,540.00	-	-
153	USD Percutaneous PTC Insertion	10,540.00	-	-
154	USDG-Thora Prof. Fee	2,520.00	-	-
155	WHOLE ABD	1,100.00	-	-
156	WHOLE ABDOMEN (PELVIS)	1,100.00	-	-
157	WHOLE ABDOMEN (PROSTATE)	1,100.00	-	-