



Republic of the Philippines
SANGGUNIANG PANLUNGSOD

Pasig City
Ordinance No. 09
Series of 2015

AN ORDINANCE PROVIDING FOR RATES OF CHARGES INCLUDING THE COST OF SUPPLIES AND MEDICINES FOR THE SERVICES RENDERED AT THE PASIG CITY CHILDREN'S HOSPITAL OTHERWISE KNOWN AS CHILD'S HOPE.

Authored By: Councilor Reynaldo R. San Buenaventura III
Co-Authored By: Councilors Christian G. Sia, Augustin Alexee C. Santiago, Ferdinand A. Avis, Gregorio P. Rupisan, Jr., Rhichie Gerard T. Brown, Richard C. Eusebio Orlando R. Benito, Charmie Q. Benavides, Rosalio D. Martires, Wilfredo F. Sityar, and LIGA Pres. Celestino U. Chua

WHEREAS, Section 16, R.A. 7160 under the general welfare clause provides that every local government unit shall exercise the powers expressly granted, those necessarily implied therefrom, as well as powers necessary, appropriate or incidental for is efficient and are essential to the promotion of the general welfare;

WHEREAS, Section 17 (b) (a) , R.A. 7160 in relation to Section 17 (b) (2) (iii), R.A. 7160 states that the City shall likewise exercise such other powers and discharge such other functions and responsibilities as are necessary, appropriate and incidental to efficient and effective provision of the basic services and facilities such as health services which include the implementation of programs and projects on primary health care, maternal and child care, and communicable and non communicable disease control services, access to secondary and tertiary health services, purchase of medicines, medical supplies and equipment needed to carry out various health services;

WHEREAS, in pursuance of the foregoing, Pasig City Government constructed the Pasig city Children's Hospital otherwise known as Child's Hope which specializes in children's health case and diseases;

WHEREAS, in order for this institution to function, there is a need to provide for the rates for the charges on the services rendered including the cost of medical supplies and medicines;

WHEREAS, Section 18, R.A. 7160 likewise provides that local government units shall have the power to create their own sources of revenue and to levy taxes, fees, and charges which shall accrue exclusively for their use and disposition and which shall be retained by them.

NOW, THEREFORE, BE IT ORDAINED, by the Sangguniang Panlungsod that:

SECTION 1. RATES OF CHARGES. - There is hereby imposed the following rates of charges for the services rendered at the Pasig City Children's Hospital otherwise known as Child's Hope including the cost of supplies and medicines.

Charles R. B. B. B.



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SCHEDULE OF FEES - LABORATORY

Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
APTT, ACTIVATED PARTIAL THROMBOPLASTIN TIME	175.00	400.00	601.00	801.00	801.00	1,001.00
BLEEDING TIME	30.00	115.00	173.00	230.00	230.00	288.00
CLOTTING TIME	40.00	62.00	94.00	125.00	125.00	156.00
COMPLETE BLOOD COUNT	90.00	106.00	159.00	212.00	212.00	265.00
DIFFERENTIAL COUNT	40.00	78.00	118.00	157.00	157.00	196.00
ESR, ERYTHROCYTE SEDIMENTATION RATE	40.00	110.00	165.00	220.00	220.00	275.00
FDP, FIBRIN DEGRADATION PRODUCTS	382.00	516.00	573.00	765.00	765.00	956.00
FILARIAL SMEAR	66.00	89.00	99.00	132.00	132.00	165.00
HEMATOCRIT	30.00	78.00	118.00	157.00	157.00	196.00
HEMOGLOBIN	30.00	78.00	118.00	157.00	157.00	196.00
MALARIAL SMEAR	40.00	66.00	99.00	132.00	132.00	165.00
PERIPHERAL SMEAR	30.00	210.00	315.00	420.00	420.00	525.00
PLATELET COUNT	30.00	75.00	113.00	151.00	151.00	188.00
PT, PROTOME	175.00	414.00	620.00	827.00	827.00	1,034.00
RBC/WBC COUNT	45.00	78.00	118.00	157.00	157.00	196.00
RETICULOCYTE COUNT	35.00	77.00	115.00	153.00	153.00	192.00
WBC & DIFFERENTIAL COUNT	25.00	78.00	118.00	157.00	157.00	196.00
FECAL LEUKOCYTES	44.00	60.00	66.00	89.00	89.00	111.00
FECALYSIS, STOOL EXAM	30.00	55.00	83.00	111.00	111.00	138.00
OCCULT BLOOD	40.00	104.00	156.00	207.00	207.00	259.00
PREGNANCY TEST	130.00	156.00	234.00	313.00	313.00	391.00

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Clara R. Benin



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Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
SCOTCH TAPE SWAB	56.00	75.00	84.00	112.00	112.00	140.00
URINALYSIS (AUTOMATED)	166.00	225.00	250.00	333.00	333.00	416.00
URINALYSIS (MANUAL)	40.00	66.00	98.00	131.00	131.00	164.00
ALBUMIN	100.00	122.00	184.00	245.00	245.00	306.00
ALKALINE PHOSPHATE	110.00	121.00	181.00	241.00	241.00	301.00
ALT/SGPT	90.00	92.00	138.00	184.00	184.00	230.00
AST/SGOT	110.00	124.00	186.00	248.00	248.00	310.00
BILIRUBIN (TOTAL & DIRECT)	120.00	124.00	186.00	248.00	248.00	309.00
BLOOD GAS ANALYSIS (ABG (ARTERIAL BLOOD GAS))	592.00	799.00	888.00	1,184.00	1,184.00	1,480.00
BUN (UREA LIQUID)	85.00	91.00	137.00	182.00	182.00	228.00
CHOLESTEROL	90.00	100.00	150.00	200.00	200.00	250.00
CK-MB	190.00	201.00	301.00	401.00	401.00	502.00
CREATININE	90.00	92.00	139.00	185.00	185.00	231.00
ELECTROLYTES (USING ISE) CHLORIDE (CL-)	90.00	140.00	210.00	280.00	280.00	350.00
ELECTROLYTES (USING ISE) POTASSIUM (K+)	100.00	140.00	210.00	280.00	280.00	350.00
ELECTROLYTES (USING ISE) SODIUM (NA+)	100.00	140.00	210.00	280.00	280.00	350.00
GLUCOSE (FBS/RBS)	90.00	121.00	182.00	242.00	242.00	303.00
HBA1C, GLYCOSYLATED HEMOGLOBIN	350.00	473.00	525.00	700.00	700.00	875.00
HDL-C	180.00	189.00	283.00	377.00	377.00	472.00
INORGANIC PHOSPHORUS	90.00	172.00	258.00	344.00	344.00	430.00
LDH, LACTATE DEHYDROGENASE	90.00	97.00	145.00	194.00	194.00	242.00

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Clara R. I. B. B.



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Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
MAGNESIUM	100.00	220.00	331.00	441.00	441.00	551.00
PANCREATIC AMYLASE	110.00	152.00	228.00	304.00	304.00	380.00
TOTAL PROTEIN	90.00	92.00	137.00	183.00	183.00	229.00
TRIGLYCERIDES	90.00	104.00	157.00	209.00	209.00	261.00
URIC ACID	105.00	137.00	205.00	273.00	273.00	342.00
AFB STAIN	65.00	75.00	113.00	150.00	150.00	188.00
AFB CULTURE	888.00	1,199.00	1,332.00	1,777.00	1,777.00	2,221.00
CSF ANTIGEN PANEL	252.00	340.00	377.00	503.00	503.00	629.00
CULTURE (YEAST)	944.00	1,275.00	1,417.00	1,889.00	1,889.00	2,361.00
CULTURE ANAEROBIC	944.00	1,275.00	1,417.00	1,889.00	1,889.00	2,361.00
CULTURE/SENSITIVITY TEST (BLOOD (ONE (1) SITE))	550.00	986.00	1,479.00	1,972.00	1,972.00	2,465.00
CULTURE/SENSITIVITY TEST (BLOOD (TWO (2) SITE))	800.00	1,972.00	2,958.00	3,945.00	3,945.00	4,931.00
CULTURE/SENSITIVITY TEST (EXUDATES/OTHERS)	400.00	966.00	1,450.00	1,933.00	1,933.00	2,416.00
CULTURE/SENSITIVITY TEST (STOOL)	400.00	966.00	1,450.00	1,933.00	1,933.00	2,416.00
CULTURE/SENSITIVITY TEST (URINE)	400.00	966.00	1,450.00	1,933.00	1,933.00	2,416.00
GRAM STAIN	65.00	75.00	113.00	150.00	150.00	188.00
INDIA INK	119.00	161.00	179.00	238.00	238.00	298.00
KOH	60.00	74.00	111.00	148.00	148.00	185.00
ABO TYPING	80.00	98.00	147.00	196.00	196.00	245.00
APHERESIS (APHERESED PLATELETS)	16,940.00	22,869.00	25,410.00	33,880.00	33,880.00	42,350.00
APHERESIS (THERAPEUTIC PLASMA)	18,940.00	25,569.00	28,410.00	37,880.00	37,880.00	47,350.00

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Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
COMPONENT DONOT NON-REPLACEMENT FEE (CRYOPRECIPITATE)	700.00	700.00	700.00	700.00	700.00	700.00
COMPONENT DONOT NON-REPLACEMENT FEE (FRESH FROZEN PLASMA)	700.00	700.00	700.00	700.00	700.00	700.00
COMPONENT DONOT NON-REPLACEMENT FEE (PACKED RED BLOOD CELLS)	1,100.00	1,100.00	1,100.00	1,100.00	1,100.00	1,100.00
COMPONENT DONOT NON-REPLACEMENT FEE (PLATELET CONCENTRATE)	700.00	700.00	700.00	700.00	700.00	700.00
COMPONENT DONOT NON-REPLACEMENT FEE (WHOLE BLOOD)	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00
CROSSMATCHING	150.00	421.00	631.00	842.00	842.00	1,052.00
DIRECT COOMB'S TEST (DAT)	150.00	160.00	240.00	320.00	320.00	399.00
INDIRECT COOMB'S TEST (IAT)	150.00	165.00	248.00	330.00	330.00	413.00
CSF CELL COUNT	90.00	106.00	159.00	212.00	212.00	265.00
CSF CULTURE/SENSITIVITY TEST	550.00	966.00	1,450.00	1,933.00	1,933.00	2,416.00
CSF GLUCOSE	90.00	121.00	182.00	242.00	242.00	303.00
CSF LDH	90.00	97.00	145.00	194.00	194.00	242.00
ASO	110.00	145.00	218.00	290.00	290.00	363.00
C3	325.00	439.00	488.00	651.00	651.00	813.00
CRP, C-REACTIVE PROTEIN	100.00	145.00	218.00	290.00	290.00	363.00
DENGUE IGM IGG	853.00	1,152.00	1,280.00	1,707.00	1,707.00	2,133.00
DENGUE NS1 AG	800.00	1,403.00	2,105.00	2,807.00	2,807.00	3,508.00
RF/RA	90.00	108.00	161.00	215.00	215.00	269.00
SALMONELLA	155.00	209.00	232.00	310.00	310.00	387.00
TYPHI IGM IGG	155.00	209.00	232.00	310.00	310.00	387.00

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Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
ALPHA FETO PROTEIN (AFP)	443.00	598.00	665.00	886.00	886.00	1,108.00
ANTI-HBC (TOTAL)	339.00	458.00	509.00	679.00	679.00	849.00
ANTI-HBE	347.00	469.00	521.00	695.00	695.00	868.00
ANTI-HBS	325.00	439.00	488.00	651.00	651.00	813.00
CMV-M	644.00	870.00	966.00	1,289.00	1,289.00	1,611.00
FT3/T3	525.00	532.00	798.00	1,064.00	1,064.00	1,330.00
HBEAG	347.00	469.00	521.00	695.00	695.00	868.00
HBSAG	262.00	354.00	393.00	524.00	524.00	655.00
HCV AB	510.00	689.00	765.00	1,020.00	1,020.00	1,275.00
HIV AG-AB	328.00	443.00	492.00	656.00	656.00	820.00
IGM ANTI-HAV	413.00	557.00	619.00	825.00	825.00	1,032.00
RUBELLA-M	633.00	855.00	950.00	1,267.00	1,267.00	1,583.00
SERUM FERRITIN	504.00	680.00	755.00	1,007.00	1,007.00	1,259.00
SYPHILIS	111.00	150.00	166.00	222.00	222.00	277.00
TOXOPLASMA-M	601.00	812.00	902.00	1,203.00	1,203.00	1,504.00
TSH	525.00	563.00	844.00	1,125.00	1,125.00	1,406.00
BLOOD EXTRACTION	12.00	37.00	56.00	74.00	74.00	93.00
TROPONIN T	432.00	583.00	648.00	864.00	864.00	1,079.00
CALCIUM, TOTAL	90.00	121.00	181.00	242.00	242.00	302.00
CULTURE/SENSITIVITY TEST (RESPIRATORY)	400.00	966.00	1,450.00	1,933.00	1,933.00	2,416.00
CALCIUM (Ca+), IONIZED	140.00	189.00	210.00	280.00	280.00	350.00
CKMB (ELECSYS)	489.00	660.00	733.00	978.00	978.00	1,222.00

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Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
COMPLETE BLOOD COUNT WITH PLATELET	120.00	181.00	272.00	363.00	363.00	453.00
TPAG	190.00	214.00	321.00	428.00	428.00	535.00
ELECTROLYTES (CHLORIDE; POTASSIUM; SODIUM)	290.00	420.00	630.00	840.00	840.00	1,050.00

SCHEDULE OF FEES – RADIOLOGY

Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
2D ECHO - ADULT	1,680.00	2,420.00	3,020.00	3,020.00	3,020.00	3,020.00
2D ECHO - PEDIA	1,000.00	1,250.00	2,000.00	2,250.00	2,250.00	2,750.00
CHEST: AP/LAT (PEDIA 5Y/O ABOVE)	210.00	350.00	475.00	570.00	570.00	665.00
CHEST: AP-LAT (PEDIA 5Y/O BELOW)	120.00	350.00	475.00	570.00	570.00	665.00
CHEST: CHEST APICO-LORDOTIC VIEW	75.00	190.00	238.00	285.00	285.00	333.00
CHEST: CHEST PA/AP (ADULT)	100.00	190.00	238.00	285.00	285.00	333.00
CHEST: CHEST PA-LAT/AP-LAT	100.00	190.00	238.00	285.00	285.00	333.00
FACIAL BONE: MANDIBLE	180.00	570.00	713.00	855.00	855.00	998.00
FACIAL BONE: MASTOID PROCESS-ADULT	160.00	570.00	713.00	855.00	855.00	998.00
FACIAL BONE: MASTOID PROCESS-PEDIATRIC	160.00	570.00	713.00	855.00	855.00	998.00
FACIAL BONE: NASAL BONE	120.00	570.00	713.00	855.00	855.00	998.00
FACIAL BONE: ORBIT/OPTIC FORAMAN	185.00	380.00	475.00	570.00	570.00	665.00
FACIAL BONE: PARANASAL SINUSES	170.00	570.00	713.00	855.00	855.00	998.00
FACIAL BONE: TMJ	140.00	760.00	950.00	1,140.00	1,140.00	1,330.00

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Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
FACIAL BONE: ZYGOMA/CHEEK BONE	120.00	380.00	475.00	570.00	570.00	665.00
HEAD: SKULL TOWNES/WATERS(PEDIA) [OPD-PASIG]	180.00	380.00	475.00	570.00	570.00	665.00
HEAD: SKULL AP-LAT (ADULT)	145.00	380.00	475.00	570.00	570.00	665.00
HEAD: SKULL AP-LAT (PEDIA)	145.00	380.00	475.00	570.00	570.00	665.00
HEAD: SKULL TOWNES/WATER'S (ADULT)	180.00	390.00	475.00	570.00	570.00	665.00
HEAD:SKULL TOWNES/WATER'S (PEDIA)	180.00	380.00	475.00	570.00	570.00	665.00
SPINES: CERVICAL AP-LAT	120.00	380.00	475.00	570.00	570.00	665.00
SPINES: CERVICAL SERIES	200.00	760.00	950.00	1,140.00	1,140.00	1,330.00
SPINES: LUMBAR AP-LAT	140.00	380.00	475.00	570.00	570.00	665.00
SPINES: LUMBO-SACRAL AP-LAT	210.00	380.00	475.00	570.00	570.00	665.00
SPINES: SCOLIOSIS SERIES	350.00	1,140.00	1,425.00	1,710.00	1,710.00	1,995.00
SPINES: THORACIC AP-LAT	190.00	380.00	475.00	570.00	570.00	665.00
SPINES: THORACIC CAGE AP	110.00	190.00	238.00	285.00	285.00	332.50
SPINES: THORACIC CAGE AP-LAT/AP-OBLIQUE	200.00	570.00	713.00	855.00	855.00	998.00
SPINES:THORACO-LUMBAR AP-LAT	200.00	760.00	950.00	1,140.00	1,140.00	1,330.00
UPPER EXTREMITIES: ARM/HUMERUS AP-LAT	115.00	380.00	475.00	570.00	570.00	665.00
UPPER EXTREMITIES: CLAVICLE AP	75.00	190.00	238.00	285.00	285.00	333.00
UPPER EXTREMITIES: ELBOW JOINT AP-LAT	80.00	380.00	475.00	570.00	570.00	665.00
UPPER EXTREMITIES: FOREARM AP-LAT	115.00	380.00	475.00	570.00	570.00	665.00
UPPER EXTREMITIES: HAND AP-OBLIQUE/AP-LAT	80.00	380.00	475.00	570.00	570.00	665.00
UPPER EXTREMITIES: SCAPULA AP-LAT	110.00	380.00	475.00	570.00	570.00	665.00
UPPER EXTREMITIES: SHOULDER AP	75.00	190.00	238.00	285.00	285.00	333.00

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Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
UPPER EXTREMITIES: SHOULDER AP-LAT	100.00	380.00	475.00	570.00	570.00	665.00
UPPER EXTREMITIES: SHOULDER INT-EXT ROTATION	100.00	380.00	475.00	570.00	570.00	665.00
UPPER EXTREMITIES: WRIST JOINT AP-LAT	80.00	380.00	475.00	570.00	570.00	665.00
LOWER EXTREMITIES: SKELETAL SURVEY	780.00	2,470.00	3,088.00	3,705.00	3,705.00	4,323.00
LOWER EXTREMITIES: ANKLE JOINT AP-LAT	115.00	380.00	475.00	570.00	570.00	665.00
LOWER EXTREMITIES: FOOT AP-LAT/AP-OBLIQUE	115.00	380.00	475.00	570.00	570.00	665.00
LOWER EXTREMITIES: HIP-JOINT AP	115.00	190.00	237.00	285.00	285.00	333.00
LOWER EXTREMITIES: HIP-JOINT AP/LAT	130.00	380.00	475.00	570.00	570.00	665.00
LOWER EXTREMITIES: KNEE JOINT AP-LAT	115.00	380.00	475.00	570.00	570.00	665.00
LOWER EXTREMITIES: LEG/TIBIA-FIBULA AP-LAT	115.00	380.00	475.00	570.00	570.00	665.00
LOWER EXTREMITIES: OS CALSIS/CALCANEOUS	80.00	380.00	475.00	570.00	570.00	665.00
LOWER EXTREMITIES: PELVIS AP-OBLIQUE/AP-LAT	180.00	380.00	475.00	570.00	570.00	665.00
LOWER EXTREMITIES: PELVIS/CLEAVES PROJECTION	120.00	190.00	238.00	285.00	285.00	333.00
LOWER EXTREMITIES: THIGH/FEMUR AP-LAT	115.00	380.00	475.00	570.00	570.00	665.00
ABDOMEN: FLAT PLATE OF ABDOMEN (ADULT)	120.00	380.00	475.00	570.00	570.00	665.00
ABDOMEN: FLAT PLATE OF ABDOMEN (PEDIA)	120.00	380.00	475.00	570.00	570.00	665.00
ABDOMEN: PELVIMETRY AP-LAT	300.00	1,014.00	1,092.00	1,092.00	1,092.00	1,092.00
ABDOMEN: PLAIN KUB	120.00	190.00	238.00	285.00	285.00	333.00
ABDOMEN: SCOUT FILM UPR/SUPINE (ADULT)	210.00	819.00	819.00	819.00	819.00	819.00
ABDOMEN: SCOUT FILM UPR/SUPINE(PEDIA)	210.00	819.00	819.00	819.00	819.00	819.00
ABDOMEN:PLAIN KUB (PEDIA)	144.00	561.60	858.00	858.00	858.00	858.00
SPECIAL PROC: SMALL INTESTINAL SERIES (SIS)	950.00	1,520.00	1,900.00	2,280.00	2,280.00	2,660.00

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Clara R. Bera



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AN ORDINANCE PROVIDING FOR RATES OF CHARGES INCLUDING THE COST OF SUPPLIES AND MEDICINES FOR THE SERVICES RENDERED AT THE PASIG CITY CHILDREN'S HOSPITAL OTHERWISE KNOWN AS CHILD'S HOPE.

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Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
SPECIAL PROC: BARIUM ENEMA	550.00	1,520.00	1,900.00	2,280.00	2,280.00	2,660.00
SPECIAL PROC: CHOLE GI SERIES	600.00	950.00	1,188.00	1,425.00	1,425.00	1,663.00
SPECIAL PROC: CYSTOGRAM	380.00	950.00	1,188.00	1,425.00	1,425.00	1,663.00
SPECIAL PROC: DISTAL COLONOGRAM	500.00	1,520.00	1,900.00	2,280.00	2,280.00	2,660.00
SPECIAL PROC: ESOPHAGOGRAM	450.00	950.00	1,188.00	1,425.00	1,425.00	1,663.00
SPECIAL PROC: INTRA-OPERATIVE CHOLANGIO	400.00	950.00	1,900.00	2,280.00	2,280.00	2,660.00
SPECIAL PROC: KUB-IVP	520.00	1,520.00	1,900.00	2,280.00	2,280.00	2,660.00
SPECIAL PROC: ORAL CHOLE	320.00	1,140.00	1,425.00	1,710.00	1,710.00	1,995.00
SPECIAL PROC: RETROGRADE PYELOGRAPHY	400.00	1,140.00	1,425.00	1,710.00	1,710.00	1,995.00
SPECIAL PROC: T-TUBE CHOLANGIOGRAPHY	450.00	1,140.00	1,425.00	1,710.00	1,710.00	1,995.00
SPECIAL PROC: UPPER GI SERIES (UGIS)	650.00	1,520.00	1,900.00	2,280.00	2,280.00	2,660.00
READING FEE - X-RAY	60.00	72.00	240.00	240.00	240.00	240.00
CD RECORDING	100.00	200.00	200.00	200.00	200.00	200.00
X-RAY FILM 8x10	150.00	300.00	300.00	300.00	300.00	300.00
Use of C-Arm (1st 30 Mins)	200.00	400.00	400.00	400.00	400.00	400.00
ULTRASOUND : 3D/4D	1,200.00	1,610.00	2,013.00	2,415.00	2,415.00	2,818.00
ULTRASOUND : CONGENITAL ANOMALY SCANNING	950.00	1,260.00	1,575.00	1,890.00	1,890.00	2,205.00
ULTRASOUND : CRANIAL (PEDIA)	1,500.00	1,750.00	2,187.00	2,625.00	2,625.00	3,062.50
ULTRASOUND : DOPPLER OB/GYN	1,000.00	1,750.00	2,187.50	2,625.00	2,625.00	3,062.50
ULTRASOUND : PELVIC	275.00	840.00	1,050.00	1,260.00	1,260.00	1,470.00
ULTRASOUND : PELVIC (TWIN)	550.00	1,050.00	1,313.00	1,575.00	1,575.00	1,838.00
ULTRASOUND PROC: ABDOMINO-PELVIC	400.00	1,400.00	1,750.00	2,100.00	2,100.00	2,450.00
ULTRASOUND PROC: BIOPHYSICAL PROFILE SCORING	500.00	980.00	1,225.00	1,470.00	1,470.00	1,715.00

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Clara R. B. B.



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Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
ULTRASOUND PROC: BREAST	325.00	1,120.00	1,400.00	1,680.00	1,680.00	1,960.00
ULTRASOUND PROC: GALLBLADDER	275.00	1,120.00	1,400.00	1,680.00	1,680.00	1,960.00
ULTRASOUND PROC: GUIDED BIOPSY	800.00	1,120.00	1,400.00	1,680.00	1,680.00	1,960.00
ULTRASOUND PROC: HBT/PANCREAS	400.00	980.00	1,225.00	1,470.00	1,470.00	1,715.00
ULTRASOUND PROC: HEMITHORAX	275.00	840.00	1,050.00	1,260.00	1,260.00	1,470.00
ULTRASOUND PROC: HEPATOBILIARY TREE	325.00	1,120.00	1,400.00	1,680.00	1,680.00	1,960.00
ULTRASOUND PROC: KIDNEYS	275.00	840.00	1,050.00	1,260.00	1,260.00	1,470.00
ULTRASOUND PROC: KUB	300.00	980.00	1,225.00	1,470.00	1,470.00	1,715.00
ULTRASOUND PROC: LIVER	275.00	840.00	1,050.00	1,260.00	1,260.00	1,470.00
ULTRASOUND PROC: MASS DETERMINATION	275.00	840.00	1,050.00	1,260.00	1,260.00	1,470.00
ULTRASOUND PROC: PANCREAS	275.00	840.00	1,050.00	1,260.00	1,260.00	1,470.00
ULTRASOUND PROC: PROSTATE GLAND	275.00	840.00	1,050.00	1,260.00	1,260.00	1,470.00
ULTRASOUND PROC: SCROTAL SAC	325.00	840.00	1,050.00	1,260.00	1,260.00	1,470.00
ULTRASOUND PROC: SPLEEN	275.00	840.00	1,050.00	1,260.00	1,260.00	1,470.00
ULTRASOUND PROC: THYROID GLAND	325.00	980.00	1,225.00	1,470.00	1,470.00	1,715.00
ULTRASOUND PROC: TRANSVAGINAL	330.00	1,050.00	1,313.00	1,575.00	1,575.00	1,838.00
ULTRASOUND PROC: UPPER ABDOMEN	400.00	840.00	1,050.00	1,260.00	1,260.00	1,470.00
ULTRASOUND PROC: URINARY BLADDER	275.00	840.00	1,050.00	1,260.00	1,260.00	1,470.00
ULTRASOUND PROC: WHOLE ABDOMEN	500.00	1,120.00	1,400.00	1,680.00	1,680.00	1,960.00
ULTRASOUND: PELVIC (5-8 WEEKS)	275.00	840.00	1,050.00	1,260.00	1,260.00	1,470.00
ULTRASOUND: PELVIC (PREGNANT 14 WEEKS & UP)	275.00	840.00	1,050.00	1,260.00	1,260.00	1,470.00
ULTRASOUND: PELVIC (PREGNANT 8-14 WEEKS)	275.00	840.00	1,050.00	1,260.00	1,260.00	1,470.00
CT SCAN EXAM: ADRENAL/STONOGRAM(PLAIN)	3,400.00	5,100.00	6,375.00	7,650.00	7,650.00	8,925.00

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Clara P. Bala



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Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
CT SCAN EXAM: BRAIN (PLAIN)	2,400.00	3,600.00	4,500.00	5,400.00	5,400.00	6,300.00
CT SCAN EXAM: BRAIN (WITH CONTRAST)	2,900.00	4,350.00	5,437.50	6,525.00	6,525.00	7,612.50
CT SCAN EXAM: CRANIAL (PLAIN)	2,400.00	3,600.00	4,500.00	5,400.00	5,400.00	6,300.00
CT SCAN EXAM: CRANIAL (WITH CONTRAST)	2,900.00	4,350.00	5,437.50	6,525.00	6,525.00	7,612.50
CT SCAN EXAM: ANGIOGRAPHY	8,400.00	12,600.00	15,750.00	18,900.00	18,900.00	22,050.00
CT SCAN EXAM: CERVICAL SPINE (WITH CONTRAST)	3,400.00	5,100.00	6,375.00	7,650.00	7,650.00	8,925.00
CT SCAN EXAM: CERVICAL SPINE (PLAIN)	4,080.00	5,160.00	5,640.00	5,640.00	5,640.00	5,640.00
CT SCAN EXAM: CERVICAL-LUMBAR	3,400.00	5,100.00	6,375.00	7,650.00	7,650.00	8,925.00
CT SCAN EXAM: CHEST (WITH CONTRAST)	2,900.00	4,350.00	5,437.50	6,525.00	6,525.00	7,612.50
CT SCAN EXAM: CHEST (PLAIN)	2,400.00	3,600.00	4,500.00	5,400.00	5,400.00	6,300.00
CT SCAN EXAM: EXTREMITIES (PLAIN)	2,500.00	3,750.00	4,687.50	5,625.00	5,625.00	6,562.50
CT SCAN EXAM: EXTREMITIES (WITH CONTRAST)	3,000.00	4,500.00	5,625.00	6,750.00	6,750.00	7,875.00
CT SCAN EXAM: EXTREMITIES WITH GUIDED PROC	3,000.00	4,500.00	5,625.00	6,750.00	6,750.00	7,875.00
CT SCAN EXAM: FACIAL (PLAIN)	3,120.00	3,860.00	4,340.00	4,340.00	4,340.00	4,340.00
CT SCAN EXAM: LOWER ABDOMEN/PELVIS (WITH CONTRAST)	4,680.00	6,000.00	6,240.00	6,240.00	6,240.00	6,240.00
CT SCAN EXAM: LUMBAR SPINE (PLAIN)	2,500.00	3,750.00	4,687.50	5,625.00	5,625.00	6,562.50
CT SCAN EXAM: LUMBAR SPINE (WITH CONTRAST)	3,000.00	4,500.00	5,625.00	6,750.00	6,750.00	7,875.00
CT SCAN EXAM: MANDIBLE & MASTOID	2,500.00	3,750.00	4,687.50	5,625.00	5,625.00	6,562.50
CT SCAN EXAM: MANDIBLE (PLAIN)	2,500.00	3,750.00	4,687.50	5,625.00	5,625.00	6,562.50
CT SCAN EXAM: MANDIBLE (WITH CONTRAST)	3,000.00	4,500.00	5,625.00	6,750.00	6,750.00	7,875.00
CT SCAN EXAM: MASTOID (PLAIN)	2,500.00	3,750.00	4,687.50	5,625.00	5,625.00	6,562.50
CT SCAN EXAM: MASTOID (WITH CONTRAST)	3,000.00	4,500.00	5,625.00	6,750.00	6,750.00	7,875.00

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Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
CT SCAN EXAM: NASOPHARYNX	2,500.00	3,750.00	4,687.50	5,625.00	5,625.00	6,562.50
CT SCAN EXAM: NECK (SOFT TISSUE/PLAIN)	2,500.00	3,750.00	4,687.50	5,625.00	5,625.00	6,562.50
CT SCAN EXAM: NECK (WITH CONTRAST)	3,000.00	4,500.00	5,625.00	6,750.00	6,750.00	7,875.00
CT SCAN EXAM: ORBIT (PLAIN)	2,500.00	3,750.00	4,687.50	5,625.00	5,625.00	6,562.50
CT SCAN EXAM: ORBIT WITH CONTRAST	3,000.00	4,500.00	5,625.00	6,750.00	6,750.00	7,875.00
CT SCAN EXAM: OROPHARYNX	2,500.00	3,750.00	4,687.50	5,625.00	5,625.00	6,562.50
CT SCAN EXAM: PNS (PLAIN)	2,300.00	3,450.00	4,312.50	5,175.00	5,175.00	6,037.50
CT SCAN EXAM: PNS (WITH CONTRAST)	2,800.00	4,200.00	5,250.00	6,300.00	6,300.00	7,350.00
CT SCAN EXAM: STERNUM	2,500.00	3,750.00	4,687.50	5,625.00	5,625.00	6,562.50
CT SCAN EXAM: TEMPORAL BONES (PLAIN)	3,000.00	3,860.00	4,340.00	4,340.00	4,340.00	4,340.00
CT SCAN EXAM: TEMPORAL BONES (WITH CONTRAST)	2,500.00	3,750.00	4,687.50	5,625.00	5,625.00	6,562.50
CT SCAN EXAM: THORACIC SPINE (PLAIN)	2,400.00	3,600.00	4,500.00	5,400.00	5,400.00	6,300.00
CT SCAN EXAM: THORACIC SPINE (WITH CONTRAST)	2,900.00	4,350.00	5,437.50	6,525.00	6,525.00	7,612.50
CT SCAN EXAM: UPPER ABDOMEN (WITH CONTRAST)	3,900.00	5,850.00	7,312.50	8,775.00	8,775.00	10,237.50
CT SCAN EXAM: WHOLE ABDOMEN (PLAIN)	4,200.00	6,300.00	7,875.00	9,450.00	9,450.00	11,025.00
CT SCAN EXAM: WHOLE ABDOMEN (WITH CONTRAST)	4,600.00	6,900.00	8,625.00	10,350.00	10,350.00	12,075.00
CT SCAN EXAM : OROPHARYNX WITH CONTRAST	3,600.00	4,560.00	5,040.00	5,040.00	5,040.00	5,040.00
READING FEE - CT SCAN	500.00	500.00	500.00	1,000.00	1,000.00	1,500.00
X-RAY FILM 14x17	200.00	300.00	300.00	300.00	300.00	300.00
CT SCAN EXAM: ADRENAL/STONOGRAM (WITH CONTRAST)	3,900.00	5,850.00	7,312.50	8,775.00	8,775.00	10,237.50

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Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
CT SCAN EXAM: LOWER ABDOMEN/PELVIS (PLAIN)	3,400.00	5,100.00	6,375.00	7,650.00	7,650.00	8,925.00
CT SCAN EXAM :OROPHARYNX WITH CONTRAST	3,000.00	4,500.00	5,625.00	6,750.00	6,750.00	7,875.00
CT SCAN EXAM: UPPER ABDOMEN (PLAIN)	3,400.00	5,100.00	6,375.00	7,650.00	7,650.00	8,925.00
CHEST: LAT VIEW/LAT DECUBITUS	100.00	190.00	238.00	285.00	285.00	333.00

SCHEDULE OF FEES – PROCEDURES

Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
ECG	100.00	119.00	253.00	337.00	337.00	446.00
AMBUBAGGING	50.00	74.00	111.00	148.00	148.00	175.00
BLOOD TRANSFUSION	100.00	314.00	471.00	628.00	628.00	784.00
CARDIAC MONITOR (PER USE)	55.00	176.00	264.00	352.00	352.00	440.00
CATARACT EXTRACTION	600.00	722.00	1,083.00	1,444.00	1,444.00	1,805.00
CUT DOWN	200.00	374.00	561.00	748.00	748.00	935.00
CUT DOWN WITH CVP	250.00	254.00	381.00	508.00	508.00	634.00
DEFIBRILATION	55.00	180.00	270.00	359.00	359.00	449.00
DROPLIGHT/DAY	50.00	74.00	110.00	147.00	147.00	174.00
FOLICATH (CATHETERIZATION) INSERTION	162.00	243.00	243.00	324.00	324.00	404.00
IM INJECTION	20.00	31.00	46.00	62.00	62.00	77.00
INCUBATOR / DAY	300.00	511.00	766.00	1,022.00	1,022.00	1,277.00
INFANT WARMER USAGE	250.00	273.00	410.00	819.00	819.00	1,024.00

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Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
INFUSION PUMP PER USE	55.00	175.00	263.00	350.00	350.00	438.00
INTUBATION	200.00	414.00	621.00	828.00	828.00	1,035.00
IV INSERTION	50.00	96.00	144.00	192.00	192.00	240.00
LAPAROSCOPY MACHINE USAGE	1,300.00	1,454.00	2,180.00	2,907.00	2,907.00	3,633.00
LUMBAR PUNCTURE	150.00	368.00	552.00	736.00	736.00	919.00
NGT INSERTION	100.00	109.00	163.00	217.00	217.00	271.00
MAJOR CASES - HERNIOPLASTY	1,350.00	2,000.00	2,200.00	2,200.00	2,400.00	2,400.00
NEBULIZATION FEE	50.00	64.00	97.00	129.00	129.00	161.00
NEW BORN SCREENING	650.00	753.00	1,129.00	1,505.00	1,505.00	1,872.00
PHACO MACHINE EMULSIFICATION	800.00	998.00	1,497.00	1,996.00	1,996.00	2,495.00
PROCTOSCOPY	500.00	568.00	852.00	1,136.00	1,136.00	1,420.00
PULSE OXIMETER / DAY	60.00	75.00	112.00	149.00	149.00	186.00
REFRACTION, FUNDUS EXAMINATION OR	150.00	176.00	263.00	351.00	351.00	438.00
STOMACH LAVAGE	300.00	328.00	491.00	655.00	655.00	818.00
SUCTIONING FEE	30.00	63.00	77.00	102.00	102.00	128.00
SURGICAL PUNCH BIOPSY	200.00	206.00	308.00	411.00	411.00	514.00
SUTURING OF WOUNDS (SM.LACERATION)	200.00	206.00	308.00	411.00	411.00	514.00
SYRINGE PUMP	55.00	177.00	238.00	353.00	353.00	441.00
SYRINGE PUMP (NEW)	55.00	180.00	240.00	355.00	355.00	445.00
UMBILICAL CATH INSERTION	200.00	378.00	566.00	755.00	755.00	935.00
USE OF NEUROSURGICAL MICROSCOPE	9,000.00	9,046.00	11,307.00	13,568.00	13,568.00	15,829.00
VENTILATOR (RESPIRATOR) / DAY	600.00	668.00	902.00	1,336.00	1,336.00	1,669.00

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Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
INTRAVENOUS INJECTION EXCL. MED.	50.00	75.00	100.00	100.00	125.00	125.00
ANOSCOPE	231.00	346.00	346.00	461.00	461.00	580.00
BLOOD & IV FLUID WARMER	400.00	483.00	724.00	965.00	965.00	1,206.00
CAUTERIZATION PACKAGE	1,366.00	1,843.00	1,843.00	2,730.00	2,730.00	3,413.00
CIRCUMCISION	250.00	367.00	550.00	734.00	734.00	907.00
CORD CARE	100.00	110.00	164.00	219.00	219.00	274.00
CYSTO- URETHROSCOPE (PEDIATRIC)	782.00	1,173.00	1,173.00	1,564.00	1,564.00	1,954.00
FUNDUS PHOTOGRAPHY	293.00	439.00	439.00	585.00	585.00	732.00
INCENTIVE SPIROMETRY	210.00	315.00	315.00	420.00	420.00	524.00
NEWBORN HEARING SCREENING	224.00	336.00	336.00	448.00	448.00	550.00
PHOTOTHERAPY	100.00	161.00	241.00	321.00	321.00	402.00
RHINO LARYNGO VIDEO FIBERSCOPE	913.00	1,232.00	1,232.00	1,825.00	1,825.00	2,281.00
THERMAL (HYPER-HYPOTHERMIC)	1,000.00	1,180.00	1,770.00	2,360.00	2,360.00	2,950.00
GENERAL ANESTHESIA	713.00	1,070.00	1,070.00	1,426.00	1,426.00	1,783.00
SPINAL ANESTHESIA	150.00	186.00	186.00	247.00	247.00	309.00
SPINAL EPIDURAL ANESTHESIA	125.00	187.00	187.00	249.00	249.00	312.00
VEIN ILLUMINATOR	153.00	229.00	229.00	305.00	305.00	382.00
AUTOMATED PERIMETRY	625.00	937.00	937.00	1,249.00	1,249.00	1,561.00
OPTICAL BIOMETRY	271.00	407.00	407.00	542.00	542.00	677.00
OPTICAL COHERENT TOMOGRAPHY	923.00	1,314.00	1,314.00	1,845.00	1,845.00	2,317.00
OPTICAL KERATOMETRY	156.00	234.00	234.00	312.00	312.00	390.00

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Glenn P. Boni



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AN ORDINANCE PROVIDING FOR RATES OF CHARGES INCLUDING THE COST OF SUPPLIES AND MEDICINES FOR THE SERVICES RENDERED AT THE PASIG CITY CHILDREN'S HOSPITAL OTHERWISE KNOWN AS CHILD'S HOPE.

Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
GLAUCOMA DIAGNOSTIC START PACKAGE (BOTH EYES)	1,923.00	2,885.00	2,885.00	3,846.00	3,846.00	4,808.00
YAG LASER CAPSULOTOMY	934.00	1,400.00	1,400.00	1,867.00	1,867.00	2,334.00
YAG LASER IRIDOTOMY	1,725.00	2,588.00	2,588.00	3,450.00	3,450.00	4,313.00
EEG	1,078.00	1,200.00	1,200.00	1,500.00	1,500.00	1,700.00
BASIC TREATMENT	50.00	130.00	190.00	260.00	260.00	325.00
HMP	10.00	50.00	75.00	100.00	100.00	125.00
HMP WITH TENS	20.00	60.00	90.00	120.00	120.00	150.00
INFRARED RADIATION	10.00	45.00	70.00	90.00	90.00	115.00
PARAFFIN WAX BATH	15.00	55.00	80.00	110.00	110.00	140.00
ES/ FES	15.00	40.00	60.00	80.00	80.00	100.00
ULTRASOUND	20.00	35.00	50.00	70.00	70.00	90.00
TILT TABLE	20.00	90.00	135.00	180.00	180.00	225.00

SCHEDULE OF FEES – OTHERS

Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
BIRTH CERTIFICATE FORM	40.00	112.00	168.00	224.00	224.00	280.00
CERTIFICATE OF EMPLOYMENT	50.00		50.00	-	50.00	
CERTIFIED TRUE COPY OF RECORDS FOR SSS/PHIC/PCSO	75.00	75.00	75.00	75.00	75.00	75.00
CERTIFIED XEROX COPY - SOA, OR & OP	75.00	75.00	75.00	75.00	75.00	75.00
CLINICAL ABSTRACT FEE	75.00	123.00	185.00	246.00	246.00	308.00
OR FEE	1,557.00	2,335.00	2,335.00	3,113.00	3,113.00	3,891.00
DEATH CERTIFICATE	100.00	140.00	209.00	279.00	279.00	349.00

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Orlando R. Benito

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Item Description	CHARITY		SEMI-PRIVATE		PRIVATE	
	PASIG	PHIC/NP	PASIG	NON-PASIG	PASIG	NON-PASIG
MEDICAL CERTIFICATE-(NSO)	40.00	120.00	120.00	156.00	156.00	195.00
MEDICO-LEGAL CERTIFICATE	150.00	450.00	450.00	450.00	450.00	450.00
OR TECHNIQUE	75.00	125.00	150.00	150.00	150.00	150.00
PHYSICAL, CONSULTATION AND OTHER SPECIAL EXAM	30.00	60.00	60.00	60.00	60.00	60.00
SSC	300.00	500.00	500.00	500.00	500.00	500.00
SSS/GSIS SIGNING	75.00	125.00	185.00	250.00	250.00	310.00
NICU FEE	230.00	538.00	807.00	1,076.00	1,076.00	1,345.00
USE OF CHOLEDO-FIBERSCOP	2,300.00	2,500.00	2,700.00	2,700.00	2,700.00	2,700.00
PICU FEE	325.00	716.00	1,074.00	1,431.00	1,431.00	1,789.00
MINOR OPERATION FEE	300.00	381.00	572.00	762.00	762.00	943.00
MINOR OPHTHA FEE	300.00	524.00	786.00	1,048.00	1,048.00	1,158.00
NEBULIZER KIT, ADULT-(NSO)	52.60	78.90	78.90	92.05	92.05	105.20
NEBULIZER KIT, PEDIA-(NSO)	52.60	78.90	78.90	92.05	92.05	105.20
USE OF PHOTO THERAPY-(NSO)	160.47	240.71	65.00	75.00	75.00	87.50

SECTION 3. EFFECTIVITY. This Ordinance shall take effect immediately.

APPROVED, this 23rd day of **March 2015** at Pasig City.

REYNALDO R. SAN BUENAVENTURA III
Councilor

ORLANDO R. BENITO
Councilor

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Orlando R. Benito

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AUGUSTIN ALEXEE C. SANTIAGO
Councilor

CHARMIE Q. BENAVIDES
Councilor

FERDINAND A. AVIS
Councilor

ROSALIO D. MARTIRES
Councilor

GREGORIO P. RUPISAN JR.
Councilor

WILFREDO F. SITYAR
Councilor

Absent
RHICHIE GERARD T. BROWN
Councilor

CELESTINO U. CHUA
LIGA President

Absent
CHRISTIAN G. SIA
Councilor
Minority Floor Leader

RICHARD C. EUSEBIO
Councilor
Majority Floor Leader
Presiding Officer

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Attested by:

Absent

IYO CHRISTIAN C. BERNARDO
City Vice-Mayor

APPROVED:

MARIA BELEN A. EUSEBIO
City Mayor

Attested by:

LOIDA U. VILLANUEVA
Acting City Council Secretary