

PHILHEALTH CIRCULAR
No. 2024-0033

TO : ALL ACCREDITED HEALTHCARE PROVIDERS,
PHILHEALTH REGIONAL OFFICES, LOCAL HEALTH
INSURANCE OFFICES, AND ALL OTHERS
CONCERNED

SUBJECT : Implementing Guidelines for the PhilHealth
Outpatient Emergency Care Benefit (OECB Package)

I. RATIONALE

The Implementing Rules and Regulations of Republic Act No. 11223 (UHC Act) mandates the Philippine Health Insurance Corporation (PhilHealth) to implement a comprehensive outpatient benefit, including an outpatient drug benefit and emergency medical services.

PhilHealth — through its All Case Rate (ACR) benefit package (PC 2013-0035: ACR Policy No. 2 Implementing Guidelines on Medical and Procedure Case Rates) — currently reimburses healthcare management done at the Emergency Department (ED) as part of the service coverage for the hospital course of an admitted patient. Although the ACR likewise covers for some conditions which require management at the ED but do not warrant confinement, this coverage is primarily for surgical procedures. There is a substantial need to support the delivery of acute care for cases not requiring admission or outpatient services provided in emergency settings.

As such, through PhilHealth Board Resolution (PBR) No. 2968, s. 2024, PhilHealth created the Outpatient Emergency Care Benefit (OECB) Package.

II. OBJECTIVES

The Circular aims to establish coverage for emergency outpatient services not covered by the ACR and other existing benefit packages. This policy is part of the quantum of benefits that constitute comprehensive outpatient care coverage in support of achieving Universal Health Care.

III. SCOPE

The circular covers all outpatient services and commodities — provided in PhilHealth-accredited healthcare facilities — rendered at the Emergency Department (ED) and its extension facilities. These include health services and commodities provided prior to arrival or during transport to a health facility. It shall not include: 1.) emergency services provided outside the ED or its extension facilities; 2.) emergency services and commodities included in existing packages; 3.) prehospital emergency services provided at home; and 4.) emergency services provided to patients who are for admission into a health facility.

IV. DEFINITION OF TERMS

- A. **Acute** — conditions that have a sudden, severe onset and short duration, necessitating a patient to perceive the condition needing immediate care. The condition may also be an objective assessment of a healthcare provider with similar characteristics (Example: accidents, loss of consciousness)
- B. **Acute Care** - short term care delivered to treat acute illness or injury as an initial management. This may be a temporary measure or may resolve the acute condition
- C. **Advanced Life Support (ALS)** - a set of life saving protocols and skills that extend BLS to further support the circulation and provide an open airway and adequate ventilation. (DOH AO No. 2018-0001)
- D. **All Case Rate (ACR)** - Fixed rate or amount that PhilHealth will reimburse for a specific illness/ case, which shall cover for the fees of health care professionals, and all facility charges including, but not limited to, room and board, diagnostics and laboratories, drugs, medicines and supplies, operating room fees and other fees and charges (PC No 0031-2013)
- E. **Ambulance** - a vehicle designed and equipped for transporting sick or injured patients to, from, and between places of treatment by land, water or air, affording safety and comfort to the patients and avoiding aggravation of illness or injury. This excludes rapid response vehicles such as, but not limited to, motorcycles, cars and other vehicles designed to transport patients but are not equipped to respond to medical emergencies (DOH AO No. 2016-0029)
- F. **Basic Life Support (BLS)** - a group of actions and interventions used to resuscitate and stabilize victims of cardiac or respiratory arrest. These BLS actions and interventions include recognition of a cardiac or a respiratory emergency or stroke, activation of the emergency response system, CPR and relief of foreign body airway obstruction. (DOH AO No. 2018-0001)

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G. **Bagong Urgent Care and Ambulatory Services (BUCAS) centers** - refer to health facilities that are managed and operated by DOH hospitals, with or without a partner, capable of providing a comprehensive array of primary and ambulatory care services including population-based and individual-based health services, urgent care services, and ambulatory surgery

H. **Charging Unit** - refers to the basis upon which health services or commodities are priced and reimbursed

I. **Core Presentation** - a symptom, as described by a patient, or physical signs assessed by a physician upon arrival of the patient to the emergency department which will guide the use of diagnostics, equipment, procedures and treatment. The list of core presentation which shall be covered by the package (See Annex B)

J. **Downward referral** - referral from a higher level institution to a lower level institution, including referral back to a primary care provider.

K. **Emergency** - a condition or state of a patient wherein based on the objective findings of a prudent medical office on duty for the day there is immediate danger and where delay in initial support and treatment may cause loss of life or cause permanent disability to the patient or in the case of a pregnant woman, permanent injury or loss of her unborn child or would result in a non-institutional delivery (RA 11223).

L. **Emergency Care** - addresses medical conditions requiring immediate attention to prevent death, serious harm, or deterioration. This includes emergent and urgent care.

M. **Emergent Care** - the response to a situation where there is urgently required medical care and attention which are life threatening or with potential for permanent disability, and shall include procedures required for initial diagnosis, use of equipment and supplies in sufficiently addressing the emergency situation, considering the welfare of the patient. Cases requiring emergent care are classified as Triage Level 1-3. It also includes the necessary medical procedures and treatment administered to a woman in active labor to ensure safe delivery of the newborn. (RA 109321)

N. **Emergency Department (ED)** - is a hospital department or an extension facility that provides initial treatment for patients with a broad spectrum of illness and injuries, some of which may be life-threatening and requires immediate attention.

O. **Essential Emergency Care List (EECL)** - a listing of essential diagnostic and laboratory services, medicines, supplies in an emergency facility necessary to treat emergent/urgent conditions based on core presentation with their corresponding fixed fee (see Annex A)

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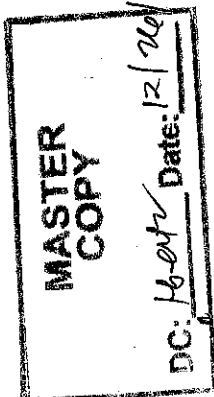
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- P. **Facility-based Emergency (FBE) services** – emergency care provided in the Emergency Department and extensions
- Q. **Fixed Fee Schedule** – a set of standard rates per diagnostics, medications, equipment, supplies and services provided which shall be the basis for the cost of the benefit package
- R. **Prehospital emergency (PHE) services** – emergency medical care provided to patients prior to arrival or during transport to a hospital. This can include ambulance services, on-site basic and advanced life support, among others.
- S. **Land ambulance** – a vehicle designed and equipped with basic or advanced life support, transporting patients to, from, and between places of treatment by land (DOH AO No. 2018-0001)
- T. **Medical emergency** – the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part (WHO)
- U. **Surgical emergency** – medical emergency for which immediate surgical intervention, which may include but not limited to suturing a wound, removal of a foreign object or bodily tissue, repair of an organ, is the only way to solve the case successfully
- V. **Triage Scale** – A classification system which is used to set priority to incoming patients to an Emergency Department with 5 levels of urgency, from critical (Level 1) to non-urgent (Level 5), which uses the Emergency Severity Index (ESI), Australasian Triage Scale (ATS), and Canadian Triage and Acuity Scale (CTAS)
- W. **Urgent Care** – Care delivered to patients who should be seen as early as possible but are not in immediate risk to life or permanent disability. These cases are usually classified as Level 4 and 5 in the Triage Scale

V. POLICY STATEMENTS

A. Benefit Eligibility

1. All PhilHealth Beneficiaries shall be entitled to access the OECB package in OECB-accredited health facilities.
 - a. All Filipino Citizens shall be eligible to avail of the package, with immediate eligibility in accordance with PC No. 2022-0013, provided they are duly registered to PhilHealth.



b. Filipino Citizens who are not registered to PhilHealth can be registered at the Point-Of-Service (POS).

- i. To register, they shall have to fill out and submit the PhilHealth Membership Registration Form (PMRF) and submit it through the OECB-accredited health facility who provided the service.
- ii. The OECB-accredited health facility shall verify their citizenship status prior submitting the PMRF to PhilHealth together with the claim.
- iii. Citizenship shall be verified by the OECB-accredited health facility after managing the emergency case, using at least one (1) Philippine government issued ID indicating their citizenship status.
- iv. PhilHealth shall validate the citizenship status and facilitate the registration of the beneficiary after the beneficiary has been discharged.
- v. Regardless of the results of the citizenship status validation, PhilHealth shall pay for all OECB-covered health services and commodities provided by the accredited health facility, given that registration was done in good faith.

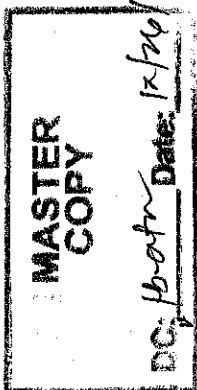
c. Foreign Nationals shall be eligible to avail of the benefit, provided that they are:

- i. Registered to the NHIP; and
- ii. Compliant with the required qualifying contributions as provided in existing pertinent policies.

2. The OECB package shall be accessible in OECB-accredited health facilities. Beneficiaries who accessed outpatient emergency care in non-accredited facilities shall have to pay for these services out-of-pocket or through other health financing mechanisms, as may apply.
3. The package may also be availed by Filipinos working abroad subject to existing benefit availment rules, provided that payment shall follow the fee schedule as prescribed in this policy and its succeeding revisions.
4. PhilHealth shall inform the public of all OECB-accredited health facilities. PhilHealth shall publish the list of health facilities on its website (www.philhealth.gov.ph).

B. Benefit Design & Provider Payment

1. The OECB package shall cover health services and commodities provided in emergency settings to PhilHealth beneficiaries in managing select acute signs and symptoms (see Annex B), provided that:

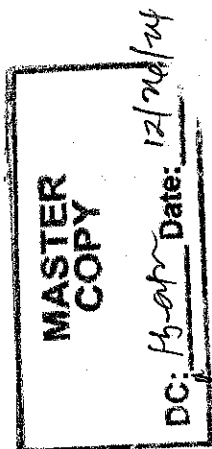


- a. The services and/or commodities have been identified by PhilHealth for coverage as indicated in the Fixed Fee schedule (**see Annex A**);
 - b. The service or commodity was provided in the ED or its extension facility or was provided prior to arrival or during transport to a health facility;
 - c. The beneficiary does not require admission and was discharged within 24 hours after entering the ED or its extension facility, or has expired while in the ED prior admission; and
 - d. The case does not include services with an existing surgical and/or medical case rate or package rate that the health facility can file as a claim.
2. The OECB package shall be paid using a blended payment mechanism. The package utilizes both fixed fee schedules and case based payment. As such, rates and fees are prospectively set but retrospectively paid, following the delivery of service.
3. The OECB package shall have 2 components: Facility-based Emergency (FBE) benefits and Prehospital Emergency (PHE) benefits.
- a. FBE benefit coverage shall include all essential health services and commodities provided in the ED and its extension facilities identified by PhilHealth for coverage. This includes associated fees in the ED and its extension facilities, diagnostic and imaging services, laboratory work-up, including routine and blood chemistry, and therapeutics, including drugs and medicines.
 - b. OECB-accredited physicians are enjoined to refer beneficiaries to a Konsulta (primary care) provider, whenever able, prior discharge. They shall be entitled to an incentive for each successful referral, provided that:
 - i. The physician has confirmed that the patient is duly registered to a Konsulta provider;
 - ii. The physician accomplished the OECB Konsulta referral form (see Annex C); and
 - iii. The physician provided the referral form to the patient and has instructed the patient to present the form to their Konsulta provider for follow-up.
 - c. If the beneficiary is not registered to a Konsulta provider, OECB-accredited physicians shall endeavor to facilitate their registration prior to settling their accounts. Konsulta Registration shall be made available by PhilHealth in hospital settings using various digital modalities.
 - d. FBE benefits shall be paid through fee-for-service. The fixed fees shall be paid to the OECB-accredited health facility, in which:
 - i. OECB-accredited health facilities are entitled to all payments relating to the provision of ED services, diagnostics, imaging, laboratory, and therapeutics;

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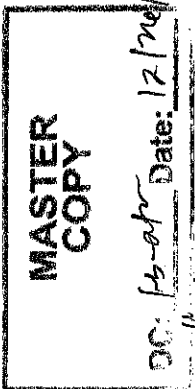
- ii. Healthcare workers are entitled to all payments relating to ED consultations and downward referrals;
- e. The fixed fees shall not be subject to the professional fee sharing arrangements applied to the ACR and other similar benefit packages.
- f. Payments for ED consultations and downward referrals in public OECEB-accredited health facilities shall be included in the payment pool for healthcare workers.
- g. Payments for ED consultations and downward referrals in private OECEB-accredited health facilities shall be paid by the health facility to the PhilHealth-accredited physician.
- h. PhilHealth does not prohibit health facilities from creating incentive schemes and/or profit sharing arrangements with their healthcare workers, provided that it was created in accordance with applicable laws.
- i. PhilHealth shall endeavor to transition to direct payments to healthcare workers for any consultation fees, incentives, or service payments it pays for, provided that these conditions are set in compliance with applicable laws.
- j. Costs associated with overhead expense, charged often as separate fees, including but not limited to ER fees, special compounding fees, reader's fees, utility fees, among others, have been bundled in the fixed fee through a cost-plus charge. As such, OECEB-accredited health facilities shall not charge patients these costs separately from the fixed fee.
- k. Similarly, supplies needed to provide the health services in the ED have been bundled in the fixed fee through a cost plus charge, as such, these shall not be charged separately from the fixed fee.
- l. Services and/or therapeutics not identified in the Fixed Fee schedule shall be subject to out-of-pocket (OOP) payment or supplementation. This can include outpatient consultations with specialists, among others.
- m. PHE benefit coverage shall include transportation of patients with presenting symptoms, in which:
 - i. The benefit shall cover land ambulance services as prehospital transport; and
 - ii. Sea and air ambulances can be included for coverage following the establishment of relevant policies and regulations, including licensing standards, and providers have been duly licensed by DOH.
- n. Emergency services provided in an ambulance shall be reimbursed through case-based payment, in which;



- i. The rates shall be set with due consideration to ambulance DOH license classification and the distance travelled to the accredited health facility; and
 - ii. payment shall be made directly to the OECEB-accredited ambulance provider.
4. All other services and commodities provided in emergency settings that are not included in the fixed fee schedule (see Annex A) shall not be covered by the rules provided in this policy.

C. Accreditation

1. All accredited levels 1, 2, and 3, public and private hospitals, including their extension facilities, are eligible to secure OECEB-accreditation, provided that:
 - a. the health facility has been licensed by DOH;
 - b. the health facility has secured PhilHealth Accreditation;
 - c. the health facility is recognized by the Health Facilities And Services Regulatory Bureau (HFSRB) as compliant with DOH standards for ED; and
 - d. the health facility concurs to apply the Fixed Fee schedule, in compliance with PhilHealth rules.
2. All ambulance providers shall be eligible to secure OECEB accreditation, provided that the ambulance duly submits all relevant accreditation documents including:
 - i. Provider Data Record (PDR);
 - ii. Performance Commitment (PC);
 - iii. updated DOH License to Operate (LTO) in accordance with DOH AO 2018-0001;
 - iv. any other relevant licenses; and
 - v. their MOA or service contract with a PhilHealth-accredited health facility, if available.
3. Institution-based ambulances can be accredited together with the health facility.
4. Non-institution based ambulance providers with an existing notarized Memorandum of Agreement (MOA) and/or service contract or its equivalent with a PhilHealth-accredited hospital shall be eligible for expedited accreditation.

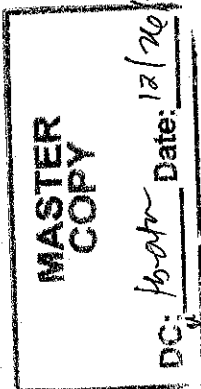


D. Benefit Availment

1. The benefit package shall be filed using the electronic claims (eClaims) system and the electronic Statement of Account (eSOA) in compliance with PhilHealth Circular 2023-0004. In the absence of the eSOA,

Hospitals shall have to submit an encoded copy of their SOA together with the claim.

2. All claims shall have a hospital SOA as an attachment for validation and monitoring of compliance to the fixed-fee-schedule.
3. Claims shall be filed by the OECB-accredited health facility or ambulance provider using the appropriate package codes (see Annex A).
4. All services utilized shall be selected and encoded, whenever applicable, using the electronic claim form (CF4). The quantity used for selected services, shall also be indicated.
5. OECB-accredited health facilities shall ensure that all utilized ED services, in and outside of the EECL, are encoded in the SOA.
6. Charges for services and commodities in the EECL shall be encoded in accordance with the identified fixed fees. No fees shall be charged below the price indicated in the fixed fee schedule.
7. Charges for services and commodities not included in the EECL shall be encoded as listed by the OECB-accredited health facility.
8. The OECB package will be paid relative to the actual services provided as declared in the SOA, regardless of the outcome, given that the services and/or commodities were provided in good faith, in the interest of patient welfare and efficient use of health resources.
9. The OECB package replaces the resuscitation package in OECB-accredited health facilities, in which:
 - a. OECB-accredited health facilities shall file for cases involving resuscitation using the OECB package instead of the resuscitation package and shall be paid in accordance with the Fixed Fee schedule;
 - b. non OECB-accredited health facilities shall be limited to claiming for the resuscitation package, where applicable; and
 - c. double filing for the OECB package and the resuscitation package shall be prohibited.
10. Beneficiaries are entitled to prevailing discounts including Senior Citizen and PWD discounts to be applied for any remaining balance following PhilHealth reimbursements.



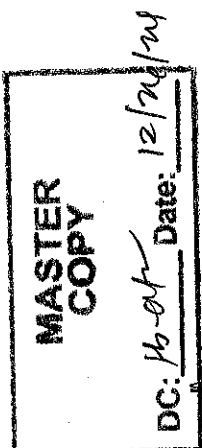
E. Quality Assurance

1. The appropriate triage classification of a beneficiary shall be at the discretion of the OECB-accredited health facility, provided that they comply with applicable DOH-created and/or DOH-approved clinical practice guidelines, when available.

2. OECB-accredited health facilities shall endeavor to refer patients triaged at level 5 to the outpatient department.
3. All OECB-accredited health facilities are enjoined to maintain the capacity to provide all services and commodities included in the fixed fee schedule.
 - a. OECB-accredited health facilities shall ensure that beneficiaries do not incur out-of-pocket (OOP) expense due to stockouts or unavailability of the service.
 - b. OOP costs incurred by patients due to stockouts or unavailability of service shall be eligible for direct reimbursements from the OECB-accredited health facility
4. Non compliance to OECB service delivery quality standards can result in the loss or suspension of accreditation status.
5. PhilHealth, through its Healthcare Provider Performance Assessment System (HCP-PAS) shall employ mechanisms to assure members of guaranteed financial protection and quality healthcare they deserve.
6. OECB-accredited health facilities and ambulance providers shall be subject to existing monitoring policies of the Corporation.
7. PhilHealth shall also conduct periodic facility visits, document review, claims post audit, satisfaction and/or exit surveys, and others as may be identified by the Corporation.

F. Adjusting Package Inclusions and Fixed Fees

1. PhilHealth shall periodically review the list of services and commodities included in the OECB package. PhilHealth shall establish a formal facility to which inputs for service and commodity inclusions shall be secured from relevant stakeholders.
2. Subsequent changes to the fixed fees and service and commodity inclusions without affecting the policy provisions outlined in the body of this circular shall be published online. All versions of the Fixed Fee schedule shall be published online for reference, with the latest published schedule taking precedence in accordance with the period of admission of the beneficiary. Further, any adjustments to the Fixed Fee schedule shall be automatically applied in eClaims and in the eSOA once applicable.
3. Fixed fees and service and commodity inclusions can be adjusted following:
 - a. relevant issuances from DOH on price regulation for health provider commodities and services;
 - b. inputs from relevant stakeholders, including medical societies, accredited providers, and patient preferences; and



- c. price changes due to market dynamics, technological advancements, general economic inflation, and exogenous shocks, including global supply chain disruptions, among others.

G. Monitoring and Evaluation

1. This policy shall be reviewed 6 months from date of effectivity of this Circular and annually thereafter, unless modified, amended, repealed, or revoked.
2. PhilHealth shall periodically monitor benefit utilization and its effect on out-of-pocket expenditure to assess its contribution towards achieving universal coverage.

H. Marketing and Promotion

PhilHealth, through its Corporate Affairs Group and PhilHealth Regional Offices and its implementing units, shall employ mechanisms or a social marketing campaign to ensure that members, beneficiaries, and health care providers are aware of the new benefit package, and ensure hassle-free availment of beneficiaries.

I. List of Annexes

The following annexes shall be accessible on the PhilHealth website at www.philhealth.gov.ph

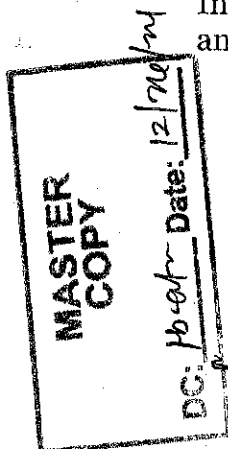
Annex A: Essential Emergency Care List (EECL): Package Codes & Fixed Fee Schedule

Annex B: List of Core Presentation Covered by the Benefit Package

Annex C: Konsulta Referral Form

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular, terms and conditions of the Performance Commitment, and all existing related PhilHealth Circulars shall be dealt with and penalized following the pertinent provisions of Republic Act No. 7875, as amended by Republic Act Nos. 9241 and 10606 [National Health Insurance Act of 2013] and Republic Act No. 11223 [Universal Health Care Act], and their respective Implementing Rules and Regulations.



VII. TRANSITORY CLAUSE

A. The OECEB package shall be progressively expanded and shall be implemented in phases.

1. The case rate for the PHE benefit shall be set subsequent to the release of this policy following a costing study determining the rate per distance travelled by the ambulance.
2. Accreditation of ambulance providers shall follow once the case rate has been determined.

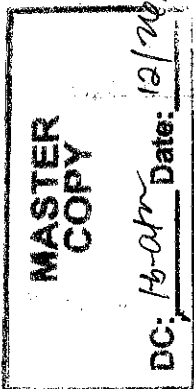
B. In anticipation of enhancement to the PhilHealth eClaims system, claims for OECEB shall be processed manually, in which:

1. the OECEB-accredited health facility shall utilize Claim Form 4 when filing a claim and to be submitted through eClaims;
2. all filed claims shall include in the Chief Complaint field of Claim Form 4 the corresponding Core Presentation included in Annex B aside from the declared chief complaint of the patient for standardization of claims. (Example: Cough [Difficulty of Breathing], Chest heaviness [Chest pain]). All filed claims shall include in the History of Present Illness field of Claim Form 4, the Triage Level of the patient;
3. the OECEB-accredited health facility shall submit an itemized SOA together with the PHIC claim forms, which should include the following cost inputs:
 - a. Therapeutics;
 - b. Diagnostics/imaging/labs;
 - c. PF General (Urgent Consult);
 - d. PF (Acute-Critical Consult);
 - e. Downward referral fee (Konsulta Referral); and,
 - f. Ambulance/Conduction fee

C. Once enhancements have been accomplished, PhilHealth shall notify all OECEB-accredited providers on the eSOA activation through a PhilHealth Advisory.

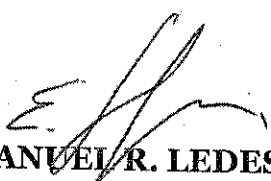
VIII. SEPARABILITY CLAUSE

If any provision of this PhilHealth Circular is declared to be invalid, unconstitutional, or unenforceable, the validity of the remaining provisions shall not in any way be affected and shall remain enforceable.

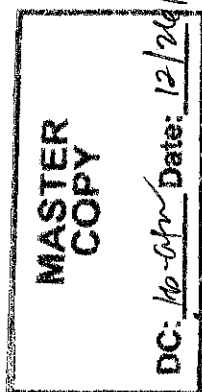


IX. DATE OF EFFECTIVITY

This PhilHealth Circular shall be published in any newspaper of general circulation and takes effect 15 days upon publication, subject to implementation timelines to be released through a PhilHealth Advisory. Further, this PhilHealth Circular shall also be deposited thereafter with the Office of the National Administrative Register at the University of the Philippines Law Center.


EMMANUEL R. LEDESMA, JR.
President and Chief Executive Officer

Date signed: 12/23/24



Annex A:
Essential Emergency Care List (EECL):
Package Codes & Fixed Fee Schedule

Package Codes

Package Name	Package Code	Case Code	Description
Facility-based Emergency (FBE) benefit	OPER 1	Case Code 1	Covers all essential outpatient services and commodities provided in the ED and its extension facilities.
Prehospital Emergency (PHE) benefit *	OPER 2	Case Code 1 & 2	Covers all essential services and commodities provided during the transportation of patients with presenting symptoms to a health facility.

* still subject for rate determination and to be released in a separate issuance

Fixed Fee Schedule

Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0001	Diagnostic	Arterial Blood Gas (ABG)	₱1,326.00	Per use
0002	Diagnostic	Electrocardiogram (ECG)	₱423.00	Per use
0003	Emergency Room Bed	Emergency Bed (same day discharge)	₱650.00	Per use
0004	ED Consultation	Emergent ER Consultation (outpatient)	₱707.00	Per use
0005	ED Consultation	Urgent ER Consultation (outpatient)	₱260.00	Per use
0006	Incentive	Referral to a Konsulta Provider (Downward)	₱300.00	Per use
0007	ED Service	Defibrillator	₱878.00	Per use
0008	ED Service	Doppler Monitor	₱398.00	Per hour
0009	ED Service	Infusion Pump	₱133.00	Per hour
0010	ED Service	Intubation	₱1,213.00	Per use
0011	ED Service	IV Cannulation/Insertion	₱163.00	Per use
0012	ED Service	Mechanical Ventilator	₱300.00	Per hour

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Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0013	ED Service	Nebulization	P714.00	Per use
0014	ED Service	NGT Insertion	P845.00	Per use
0015	ED Service	Oxygen	P70.00	Per hour
0016	ED Service	Oxygen (High Flow System)	P2,483.00	Per use
0017	ED Service	Resuscitation	P390.00	Per hour
0018	ED Service	Suction machine	P408.00	Per use
0019	ED Service	Urinary Catheterization	P172.00	Per use
0020	ED Service	Vital Signs Monitor	P156.00	Per hour
0021	Imaging	CT Scan (Abdomen-Lower, Contrast)	P8,453.00	Per use
0022	Imaging	CT Scan (Abdomen-Lower, Plain)	P6,602.00	Per use
0023	Imaging	CT Scan (Abdomen-Upper, Contrast)	P19,929.00	Per use
0024	Imaging	CT Scan (Abdomen-Whole, Contrast)	P12,828.00	Per use
0025	Imaging	CT Scan (Abdomen-Whole, Plain)	P7,865.00	Per use
0026	Imaging	CT Scan (Angiogram)	P8,987.00	Per use
0027	Imaging	CT Scan (Cervical, Contrast)	P7,972.00	Per use
0028	Imaging	CT Scan (Cervical, Plain)	P3,175.00	Per use
0029	Imaging	CT Scan (Chest, Contrast)	P7,574.00	Per use
0030	Imaging	CT Scan (Chest, Plain)	P6,444.00	Per use
0031	Imaging	CT Scan (Coned Beam)	P3,640.00	Per use
0032	Imaging	CT Scan (Cranial, Contrast)	P8,918.00	Per use
0033	Imaging	CT Scan (Cranial, Plain)	P4,949.00	Per use
0034	Imaging	CT Scan (Extremity, Contrast)	P10,883.00	Per use
0035	Imaging	CT Scan (Extremity, Plain)	P3,211.00	Per use

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Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0036	Imaging	CT Scan (Lumbar, Plain)	P3,539.00	Per use
0037	Imaging	CT Scan (Pelvis, Contrast)	P11,213.00	Per use
0038	Imaging	CT Scan (Pelvis, Plain)	P5,623.00	Per use
0039	Imaging	CT Scan (Spine, Contrast)	P18,554.00	Per use
0040	Imaging	CT Scan (Spine, Plain)	P8,930.00	Per use
0041	Imaging	CT Scan (Thoracic, Plain)	P7,748.00	Per use
0042	Imaging	MRI (Neck, Plain)	P11,778.00	Per use
0043	Imaging	Ultrasound	P698.00	Per use
0044	Imaging	Ultrasound (2D Echo)	P2,720.00	Per use
0045	Imaging	X-ray (Abdomen)	P500.00	Per use
0046	Imaging	X-ray (Babygram)	P504.00	Per use
0047	Imaging	X-ray (C-arm)	P3,208.00	Per use
0048	Imaging	X-ray (Chest)	P426.00	Per use
0049	Imaging	X-ray (Cystogram)	P3,459.00	Per use
0050	Imaging	X-ray (Extremity)	P496.00	Per use
0051	Imaging	X-ray (Fluoroscopy)	P3,190.00	Per use
0052	Imaging	X-ray (KUB IVP)	P1,911.00	Per use
0053	Imaging	X-ray (KUB)	P502.00	Per use
0054	Imaging	X-ray (Pelvis)	P499.00	Per use
0055	Imaging	X-ray (Shunt Series)	P527.00	Per use
0056	Imaging	X-ray (Skeletal Survey)	P1,183.00	Per use
0057	Imaging	X-ray (Skull)	P541.00	Per use
0058	Imaging	X-ray (Spine)	P663.00	Per use
0059	Laboratory	Albumin	P98.00	Per use
0060	Laboratory	Albumin (Other Body Fluids)	P98.00	Per use
0061	Laboratory	Alkaline Phosphatase (ALP)	P98.00	Per use
0062	Laboratory	Ammonia (Blood)	P215.00	Per use

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DC: 10-011 Date: 12/26/24

Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0063	Laboratory	Amylase	P561.00	Per use
0064	Laboratory	Anti-HAV	P455.00	Per use
0065	Laboratory	Anti-HBc	P514.00	Per use
0066	Laboratory	Anti-HBe	P403.00	Per use
0067	Laboratory	Anti-HBS	P919.00	Per use
0068	Laboratory	Anti-HCV	P868.00	Per use
0069	Laboratory	activated Partial Thromboplastin Time (aPTT)	P773.00	Per use
0070	Laboratory	beta-HCG	P1,381.00	Per use
0071	Laboratory	Blood Alcohol	P280.00	Per use
0072	Laboratory	Blood transfusion	P1,251.00	Per use
0073	Laboratory	Blood Typing	P576.00	Per use
0074	Laboratory	Body Fluid Analysis - Qualitative	P182.00	Per use
0075	Laboratory	Blood Urea Nitrogen (BUN)	P377.00	Per use
0076	Laboratory	Complete Blood Count (CBC)	P310.00	Per use
0077	Laboratory	Cholesterol (Other Body Fluids)	P117.00	Per use
0078	Laboratory	Creatinine Kinase-MB (CK-MB)	P365.00	Per use
0079	Laboratory	CK Total	P247.00	Per use
0080	Laboratory	Chloride (Cl)	P510.00	Per use
0081	Laboratory	Clotting Time	P85.00	Per use
0082	Laboratory	Complete Hepatitis Profile	P3,575.00	Per use
0083	Laboratory	COVID Antibody	P1,053.00	Per use
0084	Laboratory	Creatinine	P733.00	Per use
0085	Laboratory	Creatinine (Other Body Fluids)	P65.00	Per use
0086	Laboratory	C-Reactive Protein (CRP)	P600.00	Per use

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Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0087	Laboratory	CSF Analysis	P182.00	Per use
0088	Laboratory	Clotting Time / Bleeding Time (CT/BT)	P194.00	Per use
0089	Laboratory	D dimer	P4,368.00	Per use
0090	Laboratory	Dengue Duo	P2,952.00	Per use
0091	Laboratory	Dengue IgG/IgM	P977.00	Per use
0092	Laboratory	Dengue NS1	P1,258.00	Per use
0093	Laboratory	Direct Coombs	P117.00	Per use
0094	Laboratory	Direct Wet Mount (Other Body Fluids)	P65.00	Per use
0095	Laboratory	Drug Assay - Acetaminophen	P247.00	Per use
0096	Laboratory	Drug Assay - Phenobarbital	P592.00	Per use
0097	Laboratory	Drug Assay - Salicylates	P319.00	Per use
0098	Laboratory	Drug Assay - Valproic Acid	P949.00	Per use
0099	Laboratory	Drug Assay - Vancomycin	P969.00	Per use
0100	Laboratory	Erythrocyte Sedimentation Rate (ESR)	P407.00	Per use
0101	Laboratory	Fasting Blood Sugar (FBS)	P156.00	Per use
0102	Laboratory	Fecal Smear	P172.00	Per use
0103	Laboratory	Fecal Smear with Fecal Occult Blood Test (FOBT)	P377.00	Per use
0104	Laboratory	Fecalalysis	P175.00	Per use
0105	Laboratory	Free Triiodothyronine (fT3)	P1,081.00	Per use
0106	Laboratory	Free Thyroxine (fT4)	P1,083.00	Per use
0107	Laboratory	Hepatitis B e-Antigen (HBeAg)	P436.00	Per use
0108	Laboratory	Hepatitis B surface Antigen (HbsAg)	P345.00	Per use
0109	Laboratory	Hematocrit	P143.00	Per use
0110	Laboratory	Hemoglobin	P143.00	Per use

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DC: M. B. M. Date: 12/26/24

Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0111	Laboratory	Hepatitis B Profile	P2,522.00	Per use
0112	Laboratory	Ionized Calcium (iCa)	P1,596.00	Per use
0113	Laboratory	Potassium (K)	P521.00	Per use
0114	Laboratory	K (other fluids)	P806.00	Per use
0115	Laboratory	Ketone (Urine)	P85.00	Per use
0116	Laboratory	KOH Mount	P96.00	Per use
0117	Laboratory	Lactate	P280.00	Per use
0118	Laboratory	Lactate Dehydrogenase (LDH)	P137.00	Per use
0119	Laboratory	LDH (Other Body Fluids)	P195.00	Per use
0120	Laboratory	Leptospira IgG/IgM	P650.00	Per use
0121	Laboratory	Lipase	P535.00	Per use
0122	Laboratory	Lithium	P280.00	Per use
0123	Laboratory	Liver Panel	P833.00	Per use
0124	Laboratory	Magnesium (Mg)	P813.00	Per use
0125	Laboratory	Myoglobin (Urine)	P124.00	Per use
0126	Laboratory	Sodium (Na)	P625.00	Per use
0127	Laboratory	Sodium, Potassium, and Chloride (Na, K, Cl)	P312.00	Per use
0128	Laboratory	Peripheral Blood Smear (PBS)	P357.00	Per use
0129	Laboratory	pH (Other Body Fluids)	P124.00	Per use
0130	Laboratory	Platelet Count	P143.00	Per use
0131	Laboratory	Phosphate (PO ₄)	P104.00	Per use
0132	Laboratory	Pregnancy Test	P457.00	Per use
0133	Laboratory	Pro-Brain Natriuretic Peptide (pro-BNP)	P3,558.00	Per use
0134	Laboratory	Procalcitonin	P3,816.00	Per use
0135	Laboratory	Prothrombin Time (PT)	P831.00	Per use

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IC: 10 a.m. Date: 12/26/24

Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0136	Laboratory	COVID-19 Rapid Antigen Test (RAT-COVID)	P844.00	Per use
0137	Laboratory	RBC Morphology (Other Body Fluids)	P78.00	Per use
0138	Laboratory	Reticulocyte Count	P422.00	Per use
0139	Laboratory	Aspartate Aminotransferase (AST) / Serum Glutamic-Oxaloacetic Transaminase (SGOT)	P249.00	Per use
0140	Laboratory	Alanine Aminotransferase (ALT) / Serum Glutamic-Pyruvic Transaminase (SGOT)	P309.00	Per use
0141	Laboratory	Specific Gravity (Other Body Fluids)	P85.00	Per use
0142	Laboratory	Total Calcium (tCa)	P458.00	Per use
0143	Laboratory	Total Carbon dioxide (tCO ₂)	P175.00	Per use
0144	Laboratory	Thyroid Profile	P3,039.00	Per use
0145	Laboratory	Total Protein (Blood)	P137.00	Per use
0146	Laboratory	Total Protein (Other Body Fluids)	P195.00	Per use
0147	Laboratory	Total Protein & Sugar (Other Body Fluids)	P273.00	Per use
0148	Laboratory	Total, Direct, Indirect Bilirubin	P150.00	Per use
0149	Laboratory	Total Protein and Albumin/Globulin (TPAG) Ratio	P221.00	Per use
0150	Laboratory	Triglyceride (Other Body Fluids)	P234.00	Per use
0151	Laboratory	Troponin I	P1,914.00	Per use
0152	Laboratory	Thyroid-stimulating Hormone (TSH)	P861.00	Per use
0153	Laboratory	Uric Acid	P288.00	Per use

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DC 16-01 ✓ Date: 12/26/24

Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0154	Laboratory	Urinalysis	P263.00	Per use
0155	Laboratory	Urine Gram Stain (GS)	P406.00	Per use
0156	Therapeutics	Acetylcysteine (100mg/mL) 3 mL Ampule	P171.00	Per unit
0157	Therapeutics	Acetylcysteine (200mg/mL) 25 mL Bottle	P2,635.00	Per unit
0158	Therapeutics	Acetylcysteine (600mg) Effervescent Tablet	P65.00	Per unit
0159	Therapeutics	Adenosine (3mg/mL) 2 mL Vial	P731.00	Per unit
0160	Therapeutics	Alteplase (50mg) Vial	P49,621.00	Per unit
0161	Therapeutics	Amikacin (125mg/mL) 2 mL Ampule	P39.00	Per unit
0162	Therapeutics	Amikacin (250mg/mL) 2 mL Ampule	P64.00	Per unit
0163	Therapeutics	Amikacin (250mg/mL) 2 mL Vial	P89.00	Per unit
0164	Therapeutics	Aminophylline (25 mg/mL) 10 mL Ampule	P56.00	Per unit
0165	Therapeutics	Amiodarone (50mg/mL) 3 mL Ampule	P482.00	Per unit
0166	Therapeutics	Ampicillin (250mg) Vial	P23.00	Per unit
0167	Therapeutics	Ampicillin (500mg) Vial	P48.00	Per unit
0168	Therapeutics	Ampicillin + Sulbactam (1.5g) Vial	P374.00	Per unit
0169	Therapeutics	Ampicillin + Sulbactam (500mg + 250mg) Vial	P640.00	Per unit
0170	Therapeutics	Aspirin (80mg) Tablet	P5.00	Per unit
0171	Therapeutics	Atorvastatin (10mg) Tablet	P11.00	Per unit
0172	Therapeutics	Atorvastatin (20mg) Tablet	P29.00	Per unit
0173	Therapeutics	Atorvastatin (40mg) Tablet	P20.00	Per unit
0174	Therapeutics	Atorvastatin (80mg) Tablet	P51.00	Per unit

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12/20/24
Date: _____

Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0175	Therapeutics	Atropine (1mg/mL) 1 mL Ampule	P114.00	Per unit
0176	Therapeutics	Tetanus Antitoxin (ATS) 1500IU	P260.00	Per unit
0177	Therapeutics	Tetanus Antitoxin (ATS) 250 IU	P2,966.00	Per unit
0178	Therapeutics	Azithromycin (500mg) Vial	P765.00	Per unit
0179	Therapeutics	Aztreonam (1g) Vial	P1,853.00	Per unit
0180	Therapeutics	Benzathine Penicillin 1,200,000 IU	P100.00	Per unit
0181	Therapeutics	Benzympenicillin 1,000,000 IU	P29.00	Per unit
0182	Therapeutics	Benzympenicillin 5,000,000 IU	P47.00	Per unit
0183	Therapeutics	Betahistine (16mg) Tablet	P68.00	Per unit
0184	Therapeutics	Betahistine (24mg) Tablet	P83.00	Per unit
0185	Therapeutics	Betahistine (8mg) Tablet	P45.00	Per unit
0186	Therapeutics	Bisacodyl (10mg) Suppository	P69.00	Per unit
0187	Therapeutics	Bleomycin (15mg) Vial	P3,410.00	Per unit
0188	Therapeutics	Budesonide (250mcg/mL) 2mL Nebule	P112.00	Per unit
0189	Therapeutics	Budesonide + Formoterol (160mcg/4.5mcg) 120 doses Metered Dose Inhaler	P1,058.00	Per unit
0190	Therapeutics	Budesonide + Formoterol (160mcg/4.5mcg) 60 doses Dry Powder Inhaler	P1,358.00	Per unit
0191	Therapeutics	Bupivacaine (0.5%) 10mL Vial	P126.00	Per unit
0192	Therapeutics	Bupivacaine 0.5% (with 8% Dextrose) 4mL Ampule	P161.00	Per unit
0193	Therapeutics	Calcium Gluconate (100mg/10mL)	P39.00	Per unit

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Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0194	Therapeutics	Cefazolin (1g) Vial	P203.00	Per unit
0195	Therapeutics	Cefepime (1g) Vial	P141.00	Per unit
0196	Therapeutics	Cefepime (2g) Vial	P293.00	Per unit
0197	Therapeutics	Cefotaxime (1g) Vial	P89.00	Per unit
0198	Therapeutics	Cefotaxime (500mg) Vial	P1,198.00	Per unit
0199	Therapeutics	Cefoxitin (1g) Vial	P264.00	Per unit
0200	Therapeutics	Ceftazidime (1g) Vial	P76.00	Per unit
0201	Therapeutics	Ceftriaxone (1g) Vial	P336.00	Per unit
0202	Therapeutics	Cefuroxime (750mg) Vial	P220.00	Per unit
0203	Therapeutics	Celecoxib (100mg) Capsule	P24.00	Per unit
0204	Therapeutics	Celecoxib (200mg) Capsule	P24.00	Per unit
0205	Therapeutics	Celecoxib (400mg) Capsule	P79.00	Per unit
0206	Therapeutics	Ciprofloxacin (2mg/ml) 100ml Vial	P60.00	Per unit
0207	Therapeutics	Clindamycin (150mg/ml) 2mL Ampule	P77.00	Per unit
0208	Therapeutics	Clindamycin (150mg/ml) 4mL Ampule	P223.00	Per unit
0209	Therapeutics	Clonidine (150mcg) Tablet	P49.00	Per unit
0210	Therapeutics	Clonidine (75mcg) Tablet	P32.00	Per unit
0211	Therapeutics	Clopidogrel (75mg) Tablet	P37.00	Per unit
0212	Therapeutics	D5050 Vial	P181.00	Per unit
0213	Therapeutics	Deferoxamine (500mg) Vial	P298.00	Per unit
0214	Therapeutics	Dexamethasone IV (4 mg/ml) 2ml Ampule	P21.00	Per unit
0215	Therapeutics	Dexamethasone IV (5mg/ml) 1ml Ampule	P88.00	Per unit
0216	Therapeutics	Diazepam (5mg/mL) 2mL Ampule	P237.00	Per unit

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DC: 16/20/2012 Date: 12/20/2012

Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0217	Therapeutics	Digoxin (250mcg/mL) 2mL Ampule	P154.00	Per unit
0218	Therapeutics	Diphenhydramine (50mg/mL) 1mL Ampule	P120.00	Per unit
0219	Therapeutics	Dobutamine (50mg/mL) 5mL Ampule	P161.00	Per unit
0220	Therapeutics	Dopamine (40mg/mL) 5mL Ampule	P138.00	Per unit
0221	Therapeutics	Doxycycline (100mg) Tablet	P10.00	Per unit
0222	Therapeutics	Enoxaparin (100/mL) 0.4mL Syringe	P308.00	Per unit
0223	Therapeutics	Enoxaparin (100/mL) 0.6mL Syringe	P684.00	Per unit
0224	Therapeutics	Epinephrine (1mg/mL) 1mL Ampule	P100.00	Per unit
0225	Therapeutics	Ertapenem (1g) Vial	P5,403.00	Per unit
0226	Therapeutics	Erythromycin 0.5% ophthalmic ointment	P145.00	Per unit
0227	Therapeutics	Esmolol (10mg/ml) 10mL Vial	P790.00	Per unit
0228	Therapeutics	Famotidine (20mg) Vial	P280.00	Per unit
0229	Therapeutics	Fentanyl (50mcg/ml) 2mL Ampule	P79.00	Per unit
0230	Therapeutics	Fluconazole (2mg/mL) 100mL Vial	P847.00	Per unit
0231	Therapeutics	Flumazenil (100mcg/mL) 5mL Ampule	P1,284.00	Per unit
0232	Therapeutics	Fluphenazine (25mg/mL) 1mL Ampule	P144.00	Per unit
0233	Therapeutics	Fluticasone + Salmeterol (125mcg/25mcg) Metered Dose Inhaler	P650.00	Per unit

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PC: Hb-afw Date: 12/20/2024

Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0234	Therapeutics	Fluticasone + Salmeterol (250mcg/25mcg) Metered Dose Inhaler	P714.00	Per unit
0235	Therapeutics	Furosemide (10mg/mL) 2mL Ampule	P103.00	Per unit
0236	Therapeutics	Gentamicin (40mg/mL) 2mL Ampule	P9.00	Per unit
0237	Therapeutics	Haloperidol (5mg/mL) 1mL Ampule	P590.00	Per unit
0238	Therapeutics	Heparin (1000IU/mL) 5mL Vial	P153.00	Per unit
0239	Therapeutics	Heparin (5000IU/mL) 5mL Vial	P353.00	Per unit
0240	Therapeutics	Human Insulin R (100IU/mL) 10mL	P98.00	Per unit
0241	Therapeutics	Hydralazine (20mg/mL) 1mL Ampule	P92.00	Per unit
0242	Therapeutics	Hydrocortisone (100mg) Vial	P253.00	Per unit
0243	Therapeutics	Hydrocortisone (250mg) Vial	P432.00	Per unit
0244	Therapeutics	Hyoscine-N-Butylbromide (20mg/mL) 1mL Ampule	P160.00	Per unit
0245	Therapeutics	Ibuprofen (100mg/5ml) 60mL Syrup	P122.00	Per unit
0246	Therapeutics	Ibuprofen (200mg) Tablet	P13.00	Per unit
0247	Therapeutics	Ibuprofen (200mg/5ml) 60mL Syrup	P198.00	Per unit
0248	Therapeutics	Ipratropium + Salbutamol (20mcg/100mcg) Metered Dose Inhaler	P1,254.00	Per unit
0249	Therapeutics	Ipratropium + Salbutamol (500mcg/2.5mg) 2.5mL Nebule	P60.00	Per unit
0250	Therapeutics	Isosorbide Dinitrate (10mg)	P26.00	Per unit

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DC: Per Date: 12/26/24

Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0251	Therapeutics	Isosorbide Dinitrate (1mg/1mL)	P784.00	Per unit
0252	Therapeutics	Isosorbide Dinitrate (5mg)	P26.00	Per unit
0253	Therapeutics	Isotonic electrolyte soln 1000ml	P333.00	Per unit
0254	Therapeutics	IV Fluid (Others)	P1,868.00	Per unit
0255	Therapeutics	Ketamine (HCL 50mg/ml)	P52.00	Per unit
0256	Therapeutics	Ketorolac (30/mL)	P88.00	Per unit
0257	Therapeutics	Lactulose (120mL)	P507.00	Per unit
0258	Therapeutics	Levetiracetam (100mg/mL) 5mL	P4,576.00	Per unit
0259	Therapeutics	Levodopa carbidopa (100mg /25mg)	P34.00	Per unit
0260	Therapeutics	Levofloxacin IV (5mg/ml)	P595.00	Per unit
0261	Therapeutics	Lidocaine + Epinephrine (20mg/10mcg/mL) 1.8mL Carpule	P60.00	Per unit
0262	Therapeutics	Lidocaine 2%	P46.00	Per unit
0263	Therapeutics	Linezolid IV (2mg/ml)	P3,961.00	Per unit
0264	Therapeutics	Lithium (450mg)	P17.00	Per unit
0265	Therapeutics	Mefenamic Acid (500mg)	P21.00	Per unit
0266	Therapeutics	Meropenem (1g)	P458.00	Per unit
0267	Therapeutics	Meropenem (500mg)	P252.00	Per unit
0268	Therapeutics	Methyldopa (250mg)	P17.00	Per unit
0269	Therapeutics	Methylprednisolone IV (40mg)	P607.00	Per unit
0270	Therapeutics	Methylprednisolone IV (500mg)	P2,511.00	Per unit
0271	Therapeutics	Metoclopramide IV (10mg/2ml)	P27.00	Per unit

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DC: H. M. W. Date: 12/20/24

Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0272	Therapeutics	Metronidazole IV (5mg/ml)	P55.00	Per unit
0273	Therapeutics	MgSO ₄ 25%	P47.00	Per unit
0274	Therapeutics	Midazolam (1mg/mL)	P157.00	Per unit
0275	Therapeutics	Midazolam (5mg/mL)	P157.00	Per unit
0276	Therapeutics	Morphine (10mg) Tablet	P65.00	Per unit
0277	Therapeutics	Morphine IV (10mg)	P169.00	Per unit
0278	Therapeutics	Moxifloxacin ophthalmic drops (5mg/ml)	P520.00	Per unit
0279	Therapeutics	Mupirocin (15g)	P208.00	Per unit
0280	Therapeutics	Mupirocin (5g)	P208.00	Per unit
0281	Therapeutics	NaCl 20mL	P69.00	Per unit
0282	Therapeutics	NaHCO ₃ 8.4%	P171.00	Per unit
0283	Therapeutics	Nalbuphine (10mg/mL)	P161.00	Per unit
0284	Therapeutics	Naloxone (400mcg)	P358.00	Per unit
0285	Therapeutics	Naproxen (550mg)	P13.00	Per unit
0286	Therapeutics	Neostigmine IV (500mcg/ml)	P138.00	Per unit
0287	Therapeutics	Nicardipine (1 mg/mL) 10mL Ampule	P319.00	Per unit
0288	Therapeutics	Nicardipine (1mg/mL) 2 mL Ampule	P138.00	Per unit
0289	Therapeutics	Nitroglycerine (1mg/mL) 10mL Ampule	P700.00	Per unit
0290	Therapeutics	Norepinephrine (1mg/ml) 2mL Ampule	P165.00	Per unit
0291	Therapeutics	Norepinephrine (1mg/ml) 4mL Ampule	P261.00	Per unit
0292	Therapeutics	Norepinephrine (2mg/ml) 4mL Ampule	P1,629.00	Per unit

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Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0293	Therapeutics	Octreotide (100mcg/ml)	₱842.00	Per unit
0294	Therapeutics	Omeprazole IV (40mg)	₱517.00	Per unit
0295	Therapeutics	Ondansetron IV (2mg/ml) 2ml Ampule	₱138.00	Per unit
0296	Therapeutics	Ondansetron IV (2mg/ml) 4ml Ampule	₱159.00	Per unit
0297	Therapeutics	Oral Rehydration Salts (ORS)	₱20.00	Per unit
0298	Therapeutics	Oxacillin IV (500mg)	₱76.00	Per unit
0299	Therapeutics	Oxytocin (10IU/ml)	₱16.00	Per unit
0300	Therapeutics	Paracetamol (100mg/ml) drops	₱83.00	Per unit
0301	Therapeutics	Paracetamol (125mg) suppository	₱34.00	Per unit
0302	Therapeutics	Paracetamol (250mg) suppository	₱33.00	Per unit
0303	Therapeutics	Paracetamol (250mg/5ml) syrup	₱114.00	Per unit
0304	Therapeutics	Paracetamol (500mg)	₱3.00	Per unit
0305	Therapeutics	Paracetamol IV (150mg/mL)	₱48.00	Per unit
0306	Therapeutics	Pethidine IV (50mg/ml)	₱325.00	Per unit
0307	Therapeutics	Phenoxymethyl penicillin (250mg)	₱17.00	Per unit
0308	Therapeutics	Phenytoin IV (50mg/ml)	₱102.00	Per unit
0309	Therapeutics	Phytomenadione (10mg/ml)	₱46.00	Per unit
0310	Therapeutics	Piperacillin/Tazobactam (2g/250mg)	₱106.00	Per unit
0311	Therapeutics	Piperacillin/Tazobactam (4g/500mg)	₱229.00	Per unit
0312	Therapeutics	PLR 1000mL	₱233.00	Per unit

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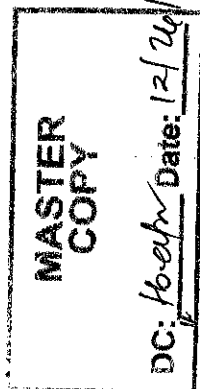
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Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0313	Therapeutics	PLR 500mL	P174.00	Per unit
0314	Therapeutics	Plain NSS 1000mL	P229.00	Per unit
0315	Therapeutics	Plain NSS 500mL	P206.00	Per unit
0316	Therapeutics	Polymyxin B IV (500,000IU)	P4,256.00	Per unit
0317	Therapeutics	Potassium Chloride 2meq/ml 20ml vial	P53.00	Per unit
0318	Therapeutics	Prednisolone ophthalmic drops 1%	P179.00	Per unit
0319	Therapeutics	Propofol 1%	P116.00	Per unit
0320	Therapeutics	Propranolol (40mg)	P40.00	Per unit
0321	Therapeutics	Propranolol (10mg)	P15.00	Per unit
0322	Therapeutics	Propylthiouracil (50mg)	P14.00	Per unit
0323	Therapeutics	Ranitidine (25mg/mL)	P71.00	Per unit
0324	Therapeutics	Remifentanil (1mg)	P2,438.00	Per unit
0325	Therapeutics	Salbutamol (100mcg/dose) MDI	P508.00	Per unit
0326	Therapeutics	Salbutamol (1mg/mL) 2.5mL Nebule	P17.00	Per unit
0327	Therapeutics	Salbutamol (2mg/mL) 2.5 mL Nebule	P17.00	Per unit
0328	Therapeutics	Silver Sulfadiazine 25g	P104.00	Per unit
0329	Therapeutics	Silver Sulfadiazine 500g	P1,422.00	Per unit
0330	Therapeutics	Sodium Hyaluronate ophthalmic soln 0.1% 5ml (GF	P413.00	Per unit
0331	Therapeutics	Streptokinase 1,500,000 IU	P5,038.00	Per unit
0332	Therapeutics	Succinylcholine (200mg)	P310.00	Per unit
0333	Therapeutics	Sugammadex (100mg/ml)	P9,201.00	Per unit
0334	Therapeutics	Terbutaline (500mcg/ml)	P146.00	Per unit

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Date: 12/26/2024

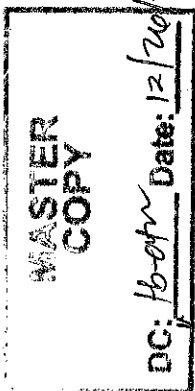
Item no.	Price Category	Price Item	Fixed Fee	Charging Unit
0335	Therapeutics	Timolol eye drops (5ml)	P317.00	Per unit
0336	Therapeutics	Tramadol (50mg)	P43.00	Per unit
0337	Therapeutics	Tramadol IV (100mg)	P148.00	Per unit
0338	Therapeutics	Tramadol IV (50mg)	P148.00	Per unit
0339	Therapeutics	Tranexamic acid (500mg/5mL)	P234.00	Per unit
0340	Therapeutics	Tetanus Toxoid (40IU/0.5mL)	P224.00	Per unit
0341	Therapeutics	Vancomycin IV (500mg)	P386.00	Per unit
0342	Therapeutics	Vitamin B Complex IV	P86.00	Per unit



Annex B: List of Core Presentation Covered by the Benefit Package

The list of core presentations covered by the benefit package which are categorized as potentially emergent to critical by triage level. These classification are only recommendations and are subject to change upon assessment of the attending physician at point of care.

1. Change in vision
2. Change in hearing
3. Generalized Weakness/Lethargy
4. Dizziness
5. Palpitation
6. Persistent Vomiting
7. Diarrhea
8. Foreign body
9. Difficulty swallowing
10. Fever/Chills
11. Burn
12. Rash
13. Mental Health
14. Non Traumatic Bleed
15. Change in sensorium
16. Change in gait
17. Elevated BP
18. Seizure
19. Severe Headache
20. Chest Pain
21. Difficulty of breathing
22. Ingestion/Substance abuse
23. Abdominal Pain/Enlargement
24. Severe Pain (others)
25. Incessant crying/inconsolable child
26. Obstetrics and Gynecologic conditions
27. Sexual Assault



Annex C: Konsulta Referral Form

Emergency Care Benefit Referral to Konsulta (DRAFT)

Date of Referral:

Referring Hospital		
Name of Hospital:		Accreditation Number
Address of Hospital:		
Emergency Department Attending Physician:		
Patient Data		
Name:		
Age	Sex	PIN
Chief Complaint:		
History of Present Illness:		
Physical Examination:		
Initial Impression:		
Management at ED:		
Final Diagnosis:		
Recommendations:		
Receiving Konsulta Provider		Date Received:

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DC: 46-afm Date: 12/26/24