

**Baguio General Hospital and Medical Center
Rates and Fees**

ULTRASOUND

PROCEDURE	RATE
Abdomen ULTRASOUND	1,000.00
ABDOMINAL AORTA W/ DOPPLER	700.00
BPPS ULTRASOUND	650.00
Breast Ultrasound	1,000.00
Chest Pericardial ULTRASOUND	850.00
Cranial ULTRASOUND	700.00
Doppler ULTRASOUND study	2,500.00
Duplicate Copy (RESULT)	50.00
FAST ULTRASOUND	300.00
HBT ULTRASOUND	600.00
Inguinal Area ULTRASOUND	700.00
Inguinoscrotal ULTRASOUND	700.00
Interventional Procedures Only ULTRASOUND	1,000.00
Intra-Op ULTRASOUND Guided	2,500.00
KUB + Adrenals ULTRASOUND	950.00
KUB ULTRASOUND	600.00
Neck ULTRASOUND	1,000.00
Parotid ULTRASOUND	600.00
Partial ABDOMEN ULTRASOUND	750.00
Partial BPPS ULTRASOUND	400.00
Partial CHEST ULTRASOUND	600.00
Partial CRANIAL ULTRASOUND	450.00
Partial KUB ULTRASOUND	350.00
Partial PUS/ PELVIC ULTRASOUND	350.00
Partial TVS ULTRASOUND	250.00

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Pelvic/PUS ULTRASOUND	600.00
Prostate ULTRASOUND	500.00
Sassone Scoring ULTRASOUND	500.00
Scrotal only ULTRASOUND	600.00
SISH	2,000.00
Soft Tissue ULTRASOUND	650.00
Thyroid ULTRASOUND	800.00
Transcranial Doppler Ultrasound	900.00
Transcranial Doppler Ultrasound with Bubble Test	1,390.00
Transrectal ULTRASOUND	500.00
Tube Nephrostomy ULTRASOUND	1,000.00
TVS ULTRASOUND	500.00
ULTRASOUND GUIDED BIOPSY	5,500.00
ULTRASOUND use of machine/Portable	1,000.00