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REVISED STANDARD MEDICAL EXAMINATION FEES

BLR (DOH) BUREAU CIRCULAR NO. 1, s. 1990, June 18, 1990

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As provided for under Section 11 of Administrative Order No. 85-A series 1990 which is the ‘Revised Rules and Regulations Governing Accreditation of Medical Clinics and the Conduct of Medical Examinations for Overseas Workers and Seafarers all medical clinics and hospitals are enjoined to follow strictly the herein schedule of fees prescribed by the Bureau of Licensing and Regulation. Department of Health. These fees should be followed in charging the overseas workers, seafarers, agency, or company.

To ensure quality of medical examination, rates should not go lower than this schedule. Giving of rebates or charging lower than these prescribed rates shall be considered a violation under Section 25.1 of the rules and regulations which shall be dealt with severely.

The cost of the basic pre-employment medical examination shall be P250.00. It will include the following examinations:

1. Complete physical examination

2. Chest X-ray using plates not smaller than 11 x 14

3. Complete blood count (CI3C) including hemoglobin determination.

4. Blood typing (ABO)

5. Urinalysis

6. Stool examination

7. Psychometric evaluation

For the seafarers, in addition to all of the above examinations, Ishihara tests for color perception and audiometiy, among others are required for specific personnel. These tests have separate rates which should be charged in addition to the basic examination rates.

Hereunder is the list of special examination to be charged separately from the baste medical examination:

EXAMINATION

RATES

1.

ishihara Test

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P25.00

2.

Audingram

80.00

3.

ECG

120.00

4.

FBS

70.00

5.

Other Laboratory Test

a. VDRL

80.00

b. Pregnanty Test (urine)

60.00

c. Uric Acid

70.00

d. Eiythrocyte Sedimentation

30.00

e. Malarial Smear

40.00

f. Sputum Examination for AFB

60.00

g. Gram Stain

40.00

6.

Smear

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a. Paps Smear (Cytolot)

100.00

b. Urethral (gram stain)

40.00

7.

HIV/AIDS Test

400.00

8.

7HEPA-B Surface Antigen test

100.00

9.

Dental Treatment (Optional)

a. Dental Extraction

60.00

b. Dental Filling

1. Temporary Filling

60.00

2. Permanent Filling

100.00

a. Amalgam

70.00

b. Adaptic

90.00

This schedule of fees shall take effect immediately.

Adopted: 18 June 1990

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