



# CEBU CFI COMMUNITY COOPERATIVE

(Mutual Medical Assistance Fund)

## COOP'S MEDICAL TARIFF

JUNE 2023

### ANNEX "A" – LABORATORY TEST

#### BASIC LABORATORY TEST (W/AMOUNT COVERAGE)

BUA – 200

BUN – 200

CALCIUM – 400

CBC – 270

CREATININE – 200

ESR – 200

FASTING BLOOD SUGAR – 180

FT3 – 900

FT4 – 900

HBA1C – 900

LIPID PANEL – 1200

POTASSIUM – 400

PSA – 1,300

SGOT - 400

SGPT / ALT- 200

SODIUM – 400

STOOL EXAM – 100

TSH (ECLIA) – 900

URINALYSIS -100

#### OTHER TEST LISTED BELOW – 2,500 MAXIMUM

1. 2 HR. POSTPRANDIAL GLUCOSE
2. 24 HR CREATININE CLEARANCE
3. 24 HR URINE CALCIUM
4. 24 HR URINE CREATININE
5. 24 HR URINE POTASSIUM
6. 24 HR URINE PROTEIN
7. 24 HR URINE SODIUM
8. 24 HR URINE URIC ACID
9. ABSCESS C/S (AUTOMATED)
10. AFB STAIN (SPUTUM)
11. AFP - ALPHA FETO PROTEIN (ECLIA)
12. AFP STAT (ECLIA)
13. ALBUMIN
14. ALKALINE PHOSPHATASE (ALP)
15. AMNIOTIC FLUID BACT C/S (AUTOMATED)
16. AMYLASE
17. ANA TEST (LATEX PA)
18. ANA TEST W/ TITER (LATEX PA)
19. ANTI HAV IgG (CMIA)
20. ANTI HBc IgM (CMIA)
21. ANTI- HBe (CMIA)
22. ANTI- HBs (CMIA)
23. ANTI -HCV (CMIA)
24. ANTI-CCP
25. ANTI-HAV IgM (CMIA)
26. ANTI-HBc Total (CMIA)
27. ANTI-THYROGLOBULIN (ECLIA)
28. ASCITIC FLUID BACT C/S (AUTOMATED)
29. ASO TITER
30. BETA HCG (ECLIA)
31. BILIRUBIN
32. BLEEDING TIME
33. BLOOD C/S (AUTOMATED)
34. BLOOD TYPING (AUTOMATED)
35. C3
36. C4
37. CA 125 (OVARIAN CA)
38. CA 15-3 (BREAST CA)
39. CA19-9 (PANCREATIC CANCER)
40. CAPILLARY BLOOD SUGAR (CBS)
41. CEA (ECLIA)
42. CELLBLOCK
43. CELLBLOCK PROCESSING
44. CERVCO-VAG DIS (AUTOMATED)
45. CERVICAL DISCHARGE C/S (AUTOMATED)
46. CERVICAL VAGINAL STAINING ONLY
47. CHLORIDE (Cl)
48. CKMB ISOENZYMES
49. CKMM

50. CK-TOTAL
51. CLOTTING TIME
52. CO2
53. CORTISOL
54. C-REACTIVE PROTEIN (CRP) QUANTI
55. CRP - HIGH SENSITIVE
56. CRP HIGH SENSITIVITY
57. CRP QUANTI
58. CYTOLOGY (OTHER SPECIMEN)
59. CYTOLOGY PROCESSING
60. D-DIMER
61. DENGUE IgG/IgM
62. EAR DISCHARGE C/S (AUTOMATED)
63. ENDOCERVICAL SWAB C/S (AUTOMATED)
64. ESTRADIOL
65. EYE DISCHARGE C/S (AUTOMATED)
66. FERRITIN
67. FINE NEEDLE ASPIRATE BIOPSY
68. FNAB STAINING ONLY
69. FSH (ECLIA)
70. GAMMA-GLUTAMYL TRANSF. (GGTP)
71. GASTRIC ASPIRATE BACT C/S (AUTOMATED)
72. GLYCOSYLATED HB (HBA1-C)
73. GRAM STAIN
74. HBsAg QUALITATIVE
75. HBsAg W/ TITER (CMIA)
76. HEMOGLOBIN & HEMATOCRIT
77. HISTOPATH (LARGE)
78. HISTOPATH (MEDIUM)
79. INORGANIC PHOSPHOROUS
80. IONIZED CALCIUM
81. IRON (Fe)
82. KETONE (URINE)
83. KOH
84. LDH
85. LH (ECLIA)
86. LIPASE
87. LIPOPROTEIN
88. MAGNESIUM
89. MALARIAL SMEAR
90. MICRAL TEST
91. MICROALBUMINURIA/CREATININE RATIO
92. NASAL SWAB C/S (AUTOMATED)
93. NOSE DISCHARGE C/S (AUTOMATED)
94. NS1 DENGUE TEST
95. NT proBNP
96. OCCULT BLOOD

97. OHER SPECIMTEN C/S AUTO
98. PARTIAL THROMBOPLASTIN
99. PERICARDIAL FLUID BACT (AUTOMATED)
100. PERIPHERAL BLOOD SMEAR
101. PERITONEAL FLUID BACT C/S (AUTOMATED)
102. PLEURAL FLUID BACT C/S (AUTOMATED)
103. PROCALCITONIN
104. PROLACTIN (ECLIA)
105. PROTHROMBIN TIME
106. SRANDOM URINE CALCIUM
107. RANDOM URINE POTASSIUM
108. RANDOM URINE PROTEIN
109. RANDOM URINE SODIUM
110. RANDOM URINE URIC ACID
111. RETICULOCYTE COUNT
112. RHEUMATOID FACTOR
113. RHEUMATOID FACTOR (WITH TITER)
114. RPR/ VDRL
115. SPIROMETRY
116. SPIROMETTRY (PRE & POST)
117. SPUTUM C/S (AUTOMATED)
118. SYNOVIAL FLUID BACT (AUTOMATED)
119. T3 (ECLIA)
120. T4 (ECLIA)
121. TESTOSTERONE
122. THROAT SWAB C/S (AUTOMATED)
123. THYROGLOBULIN (ECLIA)
124. TISSUE PROCESSING IN CASSETTE
125. TOTAL IRON BINDING CAPACITY
126. TOTAL PROTEIN
127. TOTAL PROTEIN/ALB/GLOB
128. TOTAL VITAMIN D (25-HYDROXY)
129. TRANSFERRIN SATURATION
130. TRIGLYCERIDES
131. TROPONIN I (QUANTI)
132. TZANCK'S SMEAR
133. URETHRAL DISCHARGE C/S (AUTOMATED)
134. URINE C/S (AUTOMATED)
135. URINE CYTOLOGY
136. URINE PROTEIN/CREATININE RATIO
137. URINECULTURE ANIMAL (AUTOMATED)
138. VAGINAL DISCHARGE C/S (AUTOMATED)
139. WOUND C/S (AUTOMATED)



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**ANNEX "B" – IMAGING TEST**

DESCRIPTION	RATES
X-RAY (CHEST)	270
X-RAY (OTHER BODY PARTS)	600
ULTRASOUND (WHOLE ABDOMEN)	2,200
ULTRASOUND (OTHER BODY PARTS)	1,500
ECG	500
2D ECHO W/DOPPLER	2,200
STRESS TEST	1,200
STRESS ECHO	4,000
FIBROSCAN	4,000
AMBULATORY BP MONITORING	1,200
VASCULAR STUDIES (EACH PART)	3,000
MAMMOGRAM	2,200
EMG- NCV	4,000
CT SCAN / MRI	8,000



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<b>A. Room Accommodation</b>	<b>2,500 / day max. 10 days</b>
<b>B. Medical Doctor's Fee (IN-PATIENT)</b>	<b>700 /day max. 10 days</b>
<ul style="list-style-type: none"> <li>This includes all attending physicians who handles the care of a patient in the hospital and all other referral physicians with specialization for a specific medical service.</li> </ul>	
<b>C. Pre Operative Doctor's Fee (Medical Clearance)</b>	<b>2,000 / Clearance</b>
<ul style="list-style-type: none"> <li>This refers to the Attending physician who assesses the patient's general medical condition prior to surgery.</li> </ul>	
<b>D. Major Operation</b>	<b>40,000 Max.</b>
<b>Surgeon's Fee</b>	<b>30,000 Max.</b>
<b>Anesthesiologist</b>	<b>40% of Surgeon's Fee Max.</b>
<ul style="list-style-type: none"> <li>A surgical procedure that requires the services of an anesthesiologist. This will cover the operating room, supplies, medicines and recovery room.</li> </ul>	
<b>E. Minor Operation</b>	<b>10,000</b>
<b>Surgeon's Fee</b>	<b>8,000 Max.</b>
<ul style="list-style-type: none"> <li>A surgical procedure that can be safely performed with the use of local anesthesia. This will cover the operating supplies, medicines and operating room.</li> </ul>	
<b>F. In- Patient Laboratory Examinations</b>	<b>10,000 Max.</b>
<ul style="list-style-type: none"> <li>A procedure that involves testing of body fluids.</li> </ul>	
<b>G. In- Patient Imaging Examinations</b>	<b>10,000 Max.</b>
<ul style="list-style-type: none"> <li>There are diagnostic imaging tools that includes x-rays, sound waves, radioactive particles, or magnetic fields through a patient's body. Examples of this please <b>Refer to Annex "B"</b>.</li> </ul>	
<b>H. In Patient - Medications</b>	<b>30,000 Max.</b>
<ul style="list-style-type: none"> <li>This covers prescribed medications during the course of admission only. Take home medications are not covered.</li> </ul>	
<b>I. In Patient – Medical Supplies</b>	<b>10,000 Max.</b>
<ul style="list-style-type: none"> <li>Supplies that are consumable, expendable, disposable or non-durable and that are used for the treatment or diagnosis of a patient's condition during admission. Samples are Syringes, cannulas, and needles, Catheters, Medical tubing or hoses, IV sets, bags, arm boards, Clinical swabs, applicators, specimen collectors, sponges, pads, tongue depressors, wooden spoons, cotton balls, or cotton rolls, oxygen, band aid, thermometer.</li> </ul>	
<b>J. Probing Procedure</b>	<b>10,000</b>
<b>Professional Fee – Probing Procedure</b>	<b>6,000 max.</b>
<ul style="list-style-type: none"> <li>nonsurgical procedure used to examine a person's digestive organ. Using an endoscope, a flexible tube with a light and camera attached to it, in where your doctor can view pictures of your digestive organ needs to be viewed. Samples are Endoscopy, Colonoscopy, Sigmoidoscopy.</li> </ul>	
<b>K. Coronary Angiogram</b>	<b>35,000</b>
<ul style="list-style-type: none"> <li>procedure that uses a special dye (contrast material) to see how blood flows through the arteries in the heart. These can only be performed by Interventional Cardiologist.</li> </ul>	
<b>L. Physical Therapy</b>	<b>800/ Session Max. 8,000</b>



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<b>M. Emergency Room Fee</b>	<b>5,000</b>
<ul style="list-style-type: none"> <li>These are the areas that are used for treating people who need immediate medical care. This includes the Hospital Emergency Fee, Supplies and the First Dose of Medicine. Please take note that all Vaccines and Immunization Injections are not covered within our Coverage.</li> </ul>	
<b>N. Eye Surgery</b>	<b>15,000</b>
<b>Eye Exam (Biometry, OCT, HVFT)</b>	<b>4,000</b>
<ul style="list-style-type: none"> <li>This includes the Cataract Surgery, Glaucoma Operations. Please take note that consultation with the Optometrist is not covered within our coverage.</li> </ul>	
<b>O. Sleep Study Test</b>	<b>15,000</b>
<b>P. Hemodialysis</b>	<b>3,000 / Session</b>
<b>1<sup>st</sup> Year Coverage</b>	<b>100,000 max.</b>
<b>Succeeding Years</b>	<b>Diminishing 20% Every Year</b>
<b>Q. Medical Consultation Fee (OUT-PATIENT)</b>	<b>500/ Consult</b>
<ul style="list-style-type: none"> <li>This refers to the physician who attends to the member's medical concerns into their clinic.</li> </ul>	
<b>R. Laboratory Examination (OUT-PATIENT)</b>	<b>Refer to Annex "A"</b>
<ul style="list-style-type: none"> <li>A procedure that involves testing of body fluids. <b>Refer to Annex "A"</b></li> </ul>	
<b>S. Imaging Examination (OUT-PATIENT)</b>	<b>Refer to Annex "B".</b>
<ul style="list-style-type: none"> <li>These are diagnostic imaging tools that includes x-rays, sound waves, radioactive particles, or magnetic fields through a patient's body. <b>Refer to Annex "B".</b></li> </ul>	
<b>V. Dental Procedures</b>	
<b>Oral Prophylaxis</b>	<b>700</b>
<b>Tooth Extraction (Each Tooth)</b>	<b>800</b>

#### EXCLUSIONS

- Cosmetic Surgery
- Sexually Transmitted Disease
- Organ Transplant
- Pregnancy
- Suicidal Injuries
- Alcohol Intoxication
- Drug Addiction
- Injuries resulting from military combat, rebellion, extreme sports
- Injuries or illness incurred in the participation of a crime.
- Drug Overdose
- Mass injuries, illness caused by natural catastrophes, epidemics.
- Confinement for Executive Check up
- Confinement on perceived illness (Malingering person)
- Fertility work-up
- BTL, Vasectomy
- Laser eye treatment for the purpose of corrective eye refraction.
- Take home medications.
- Psychological Illness
- Procurement of corrective appliances, artificial aids and durable equipment braces, wheelchairs, hearing aids, crutches, fiberglass, splints.
- Optometry services.
- Cancer treatment such as combinations chemotherapy, radiation therapy, Immunotherapy, Hormonal therapy