

汐止國泰綜合醫院自費項目

序號	品名	自費價
1	Maximal Voluntary Ventilation( M.V.V )	300
2	BMR+Fat mass	100
3	Pacemaker function test (A-V miniclinic)	200
4	染色體培養:羊水	6,000
5	染色體培養:絨毛	6,000
6	染色體培養:血液(綠頭管5ml)	3,500
7	唐氏症篩檢	1,500
8	唐氏症篩檢(四指標)	2,000
9	遺傳諮詢費	1,000
10	Influenza Virus A+B Screening Test, 24小時收件	500
11	Chemotherapy, per day	600
12	Prednisolone(pill)	1,000
13	HTLV-I Antibody (定性)	600
14	新生兒串聯質譜儀檢查	2,200
15	Toxic Screening (urine, 尿>15ml)	3,600
16	EBV-EA IgG	1,000
17	Norovirus Ag 諾羅病毒抗原	960
18	HVA ( 24hr urine )	350
19	Growth Hormone Suppression Test (Under 6 G.H. )	1,500
20	Growth Hormone Suppression Test (Over 7 G.H. )	1,800
21	T.R.H. Stimulation Test (Under 6 T.S.H. )	1,500
22	T.R.H. Stimulation Test (Over 7 T.S.H. )	1,800
23	T.R.H. Stimulation Test (Under 6 Prolactin)	1,500
24	T.R.H. Stimulation Test (Over 7 Prolactin)	1,800
25	L.H.R.H. Test (Under 6 F.S.H. )	1,500
26	L.H.R.H. Test (Over 7 F.S.H. )	1,800
27	L.H.R.H. Test (Under 6 L.H. )	1,500
28	L.H.R.H. Test (Over 7 L.H. )	1,800
29	Bromocryptine Test (Under 6 Prolactin)	1,500
30	Bromocryptine Test (Over 7 Prolactin)	1,800
31	Insulin Test (Under 6 G.H. )	1,500
32	Insulin Test (Over 7 G.H. )	1,800
33	Dexamethasone Suppression Test (Under 6 Cortisol)	1,500
34	Dexamethasone Suppression Test (Over 7 Cortisol)	1,800
35	ACTH Stimulation Test (Under 6 Cortisol)	1,500
36	ACTH Stimulation Test (Over 7 Cortisol)	1,800
37	Anti-A, B Titer	150

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序號	品名	自費價
38	Acid elution test	650
39	CA72-4	1,000
40	1,25-(OH) <sub>2</sub> -D	1,400
41	NSE	1,000
42	CYFRA 21-1	1,000
43	25-OH-D	1,000
44	GAD65-Ab (請抽AC)	1,100
45	YMDD定序分析(抽滿5 mL)	2,500
46	G6PD gene analysis	1,500
47	$\alpha$ -globin gene analysis (SEA deletion)	1,000
48	$\alpha$ - & $\beta$ -globin gene analysis	1,500
49	UGT1A1 gene analysis(Gilbert's gene)	1,500
50	DNA Sequencing 定序反應	2,250
51	K-ras 突變 hot spot	3,600
52	BCR/abl translocation RT-PCR (費城染色體定性)	2,250
53	BRAF gene codon 600 (細胞訊息傳遞分子BRAF突變)	8,200
54	HLA-B gene - allele *5801 (ATTOPURINOL藥物不良反應基因檢 測)	3,940
55	Extra Films 14"x17"	240
56	Extra Films 14"x14"	240
57	Extra Films 11"x14"	200
58	Extra Films 10"x12"	140
59	Extra Films 8"x10"	100
60	Cavernosography	4,399
61	B.M.D. (Whole body)	1,800
62	KUB & LS Spine lat.	700
63	AMNIOGRAPHY	1,200
64	Extra Films	200
65	Intra-operative Echo	1,600
66	Hydrogen Breath Test	1,500
67	Gastric Manometry	2,800
68	Colonic Manometry	3,500
69	Breast/Thyroid Echo 加急	150
70	Testes Scintigraphy	1,500
71	銻-111 octreotide somatostatin	20,000
72	銻-111 白血球炎症及感染造影	16,000
73	單排Dentascan	4,000
74	雙排Dentascan	7,000

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序號	品名	自費價
75	Non-Ionic CM	1,300
76	HEAD & NECK	3,800
77	HEAD & NECK Brain	3,800
78	Dentascan (單排)	4,000
79	Dentascan (雙排)	7,000
80	NC3D-SCAN	7,000
81	CE3D-SCAN	9,000
82	NC3D-SCAN PLUS	3,200
83	CE3D-SCAN PLUS	3,965
84	ABDOMEN	3,800
85	MRI圖譜分析	5,000
86	CHEST Breasts MRI	6,000
87	Cardiac MRI cine displa	2,400
88	Percent shortening MRI	1,200
89	Wall motion MRI	1,200
90	無痛胃鏡	3,000
91	無痛大腸鏡	4,000
92	無痛胃腸鏡	5,500
93	Pacemaker use	300
94	Pacemaker Balance	500
95	E.K.G. & Arterial Pressure Monitor (Anesthesia Monitor)	2,400
96	PV exa.	120
97	Urine Concentration Test	120
98	Blood Warmer	150
99	CAPD follow up therapy, per day	250
100	platelet Mapping Full Assay	7,000
101	PCA止痛藥事服務費, 100ml	220
102	PCA止痛藥事服務費, 200ml	240
103	肉毒桿菌注射性除皺術(基本部位)	5,000
104	Therapeutic draiage of ascites (OBS)	1,500
105	Placenta Forceps	120
106	Check by Nerve Stimulator	200
107	Check by Nerve Stirecorder	500
108	Epidural Cath inj	200
109	Subcut Epidural Cath Implant	6,000
110	Nerve block peripheral	500
111	Nerve block trigemental	1,500

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序號	品名	自費價
112	Pumping Bag	250
113	Children behavior check list	100
114	Psychotherapy/behavior therapy, A per 60 minutes	450
115	Psychotherapy/behavior therapy, A per 30 minutes	270
116	末梢神經阻斷術	380
117	三叉神經阻斷術	1,320
118	Antegrade double-J placement	3,200
119	醫師外出診療費(每次;交通費另計)	1,440
120	治療師外出診療費(每次;交通費另計)	1,100
121	新生兒篩檢(嬰兒室)	3,000
122	產前診斷技術:羊膜腔穿刺術	3,060
123	產前診斷技術:絨毛取樣術	4,590
124	產前診斷技術:臍帶血取樣術	7,650
125	產前診斷技術:多胞胎減胎術(一胎)	7,650
126	產前診斷技術:多胞胎減胎術(二胎)	9,945
127	產前診斷技術:多胞胎減胎術(三胎)	12,240
128	產前診斷技術:子宮腔沖洗術	4,590
129	聽力篩檢(新生兒 小於六個月之嬰兒)	500
130	腦部超音波(小於六個月之嬰兒)	800
131	肝臟及腎臟超音波(小於六個月之嬰兒)	900
132	心臟超音波(小於六個月之嬰兒)	1,600
133	一般輔具評估建議書(OT)	250
134	複雜輔具評估建議書(OT)	500
135	一般輔具評估建議書(PT)	250
136	複雜輔具評估建議書(PT)	500
137	物理治療諮詢服務	1,000
138	Transcutaneous Electric Nerve	300
139	Consultation of C. V. A. C. P and Other Chronic Disease Patient	250
140	P. T. Evaluation	250
141	肌內效貼布技術費	200
142	震波治療(小)	2,000
143	高能量震波治療(小)	12,000
144	高能量震波治療(中)	15,000
145	高能量震波治療(大)	30,000
146	Hearing Test (A)	550
147	Hearing Test (B)	300
148	Hearing Test (A+B)	750

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149	C. L Exam	100
150	C. L wearing	120
151	VA Correction (B)	120
152	VA Correction (C)	180
153	Dispensing	60
154	LASIK(單眼 第二次手術)	1,200
155	PTK	10,000
156	LASIK(單眼)	24,000
157	PRK(單眼)	19,000
158	Laser suture lysis	1,000
159	lasik	33,000
160	Serial Sono Ovulation Detection	1,000
161	Multiload insertion 375	1,000
162	NOVA-T insertion	1,000
163	IUD insertion(自備避孕器)	500
164	IUD Remove	100
165	Ring Remove	600
166	Removal of pedunculated myoma via vagina	2,000
167	PARTUS	800
168	PROM	800
169	人類乳突病毒篩檢	1,500
170	Lamaz' s class	500
171	SMA	2,000
172	4D胎兒影像醫學超音波	800
173	高層次超音波篩檢	2,500
174	超薄抹片醫師採檢費	400
175	超薄抹片病理染色閱片費	400
176	超薄抹片	700
177	D C A (1ea)	40,000
178	D C A (2ea)	56,000
179	D C A (3ea)	72,000
180	Intracavernosal injection前列腺 素陰莖注射	500
181	Electrostimulation for urinary incontinence(0.5hr)	200
182	Electrostimulation for urinary incontinence(1hr)	400
183	陰莖彩色都卜勒超音波	1,200
184	Tumor registration and follow up	200
185	Dosimetry coventional planning	4,000

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序號	品名	自費價
186	Superficial therapy	1,000
187	Weekly review treatment patient	250
188	Special review treatment patient	300
189	Paloid (color)	500
190	Paloid (black and white)	200
191	Vagina washing	300
192	Dilator using	250
193	Adding portal for Co60 treatment	400
194	Stereotetic radiosurgery	80,000
195	Total skin electron irradiation(T. S. E. I. )	40,000
196	Total nodes irradiation(T. N. I. )	40,000
197	Health education by nurse	200
198	Nutrition consultation(each)	200
199	Tomotherapy全療程	200,000
200	Tomotherapy單次療程	7,500
201	IGRT單次療程	2,500
202	SRS立體定位治療	150,000
203	CT非離子性顯影劑	1,300
204	EPO	400
205	Pyrilink-D	800
206	LBP	600
207	IL-1 $\beta$	800
208	IL-6	800
209	IL-8	800
210	IL-10	800
211	Cap-Occupational allergen	2,400
212	Anti-PR3 抗體定量	600
213	Anti-MPO 抗體定量	600
214	Anti-CCP 抗體定量	1,000
215	心理諮詢(自費)30分鐘	700
216	心理諮詢(自費)50分鐘	1,200
217	精神鑑定	13,500
218	藥物誘導睡眠上呼吸道內視鏡檢查	6,000
219	7天連續式心電圖紀錄檢查	8,100
220	14天連續式心電圖紀錄檢查	10,900