

National Health Insurance and Physical Check-up Services in Taiwan



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Ministry of Health and Welfare, TAIWAN
June 9, 2017

Cheng-hua Lee

Education:

M.D. National Yang-Ming University

M.S. National Taiwan University

Dr.P.H. Johns Hopkins University

Experience:

Associate Professor, National Yang Ming University.

Director, VP & CIO, National Health Insurance Bureau.

Executive Secretary to the Minister, Ministry of Health.

Chair of Health Committee, Taiwan Consumer Foundation.

Current Position:

Deputy Director General, National Health Insurance Administration.

Adjunct Professor, National Yang-Ming University.



Contents



Introduction to NHI of Taiwan

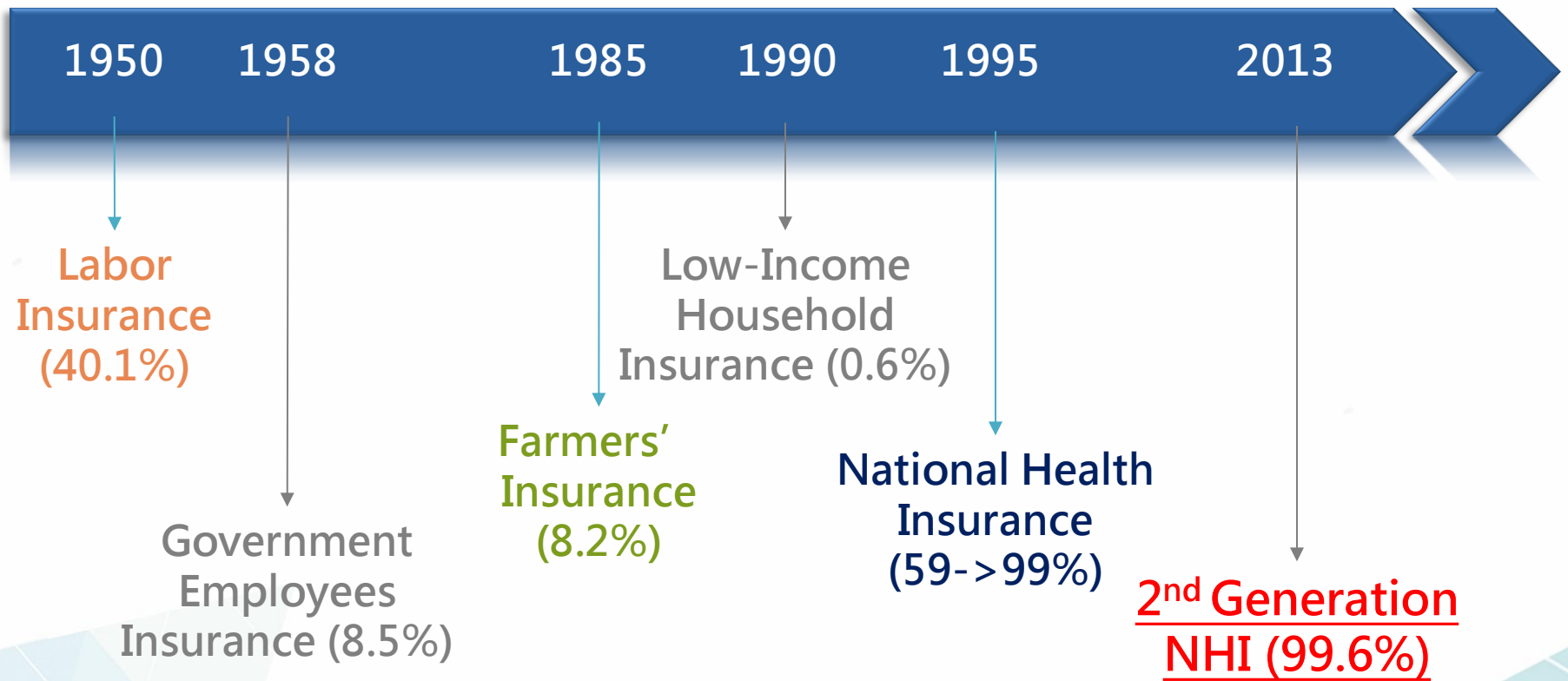
Content of the NHI

Current Status and Future Challenges

Physical check-up Services in Taiwan



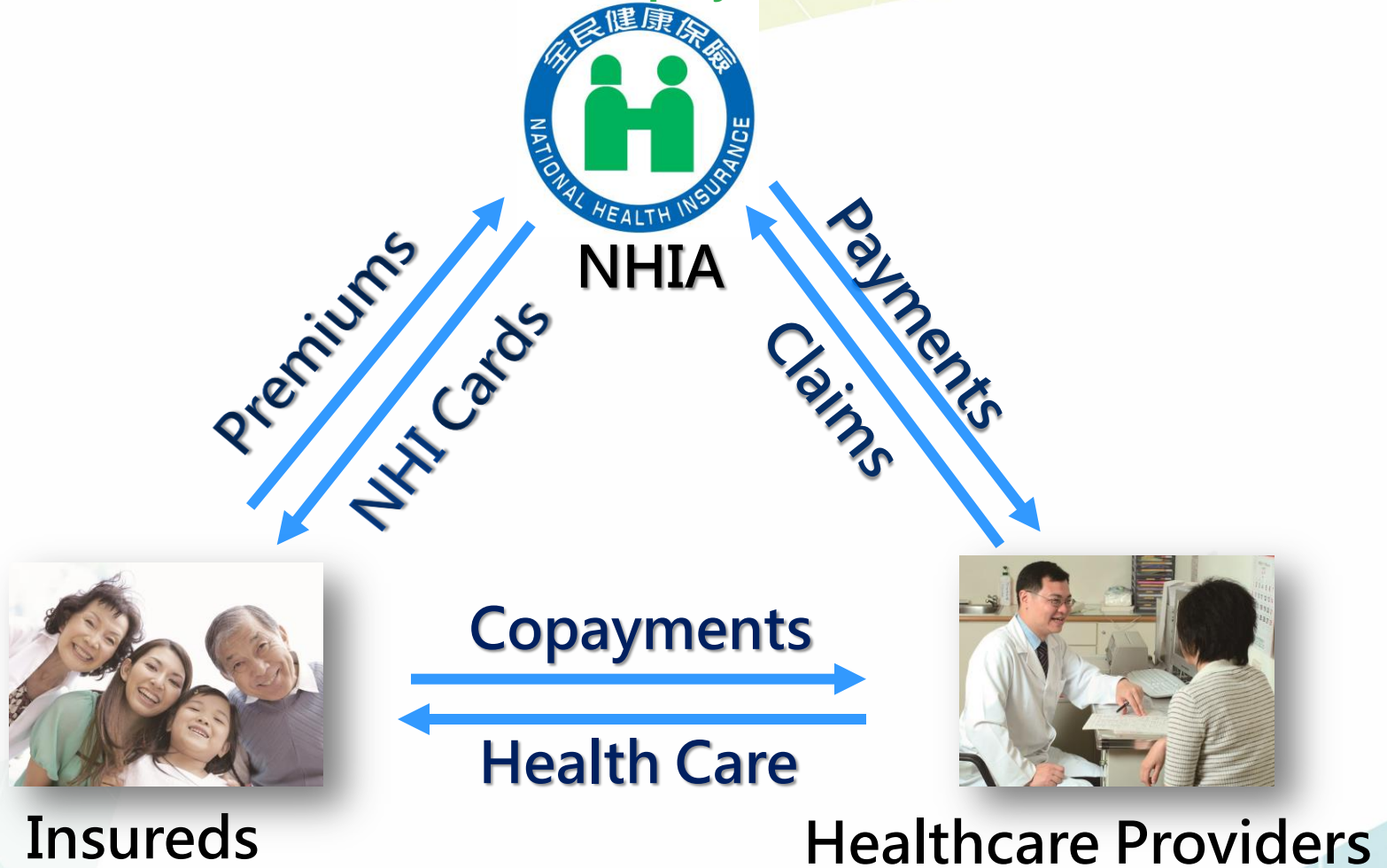
Development of Taiwan's Social Insurance



*() indicates % of people covered by the insurance.

NHI Framework

3,000 employees

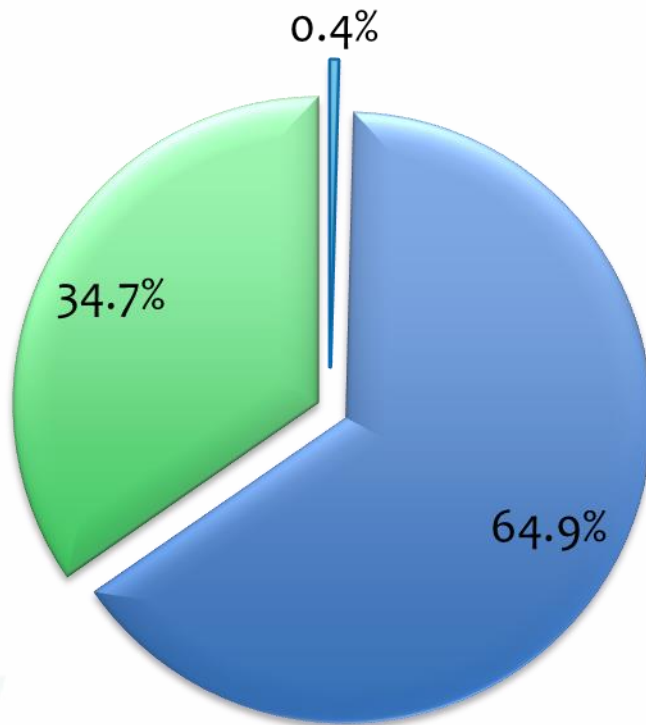


NHI in Taiwan

- **Mandatory enrollment for all citizens.**
- **Employment-based group insurance.**
- **Payroll-based premium plus supplementary premium.**
- **Single payer system run by NHIA.**
- **All hospitals and most of the clinics contract with NHI.**
- **Comprehensive benefit package.**
- **Copayment required at the point of care.**
- **Fee-for-service payment under a global budget.**
- **All medical claims are submitted electronically.**

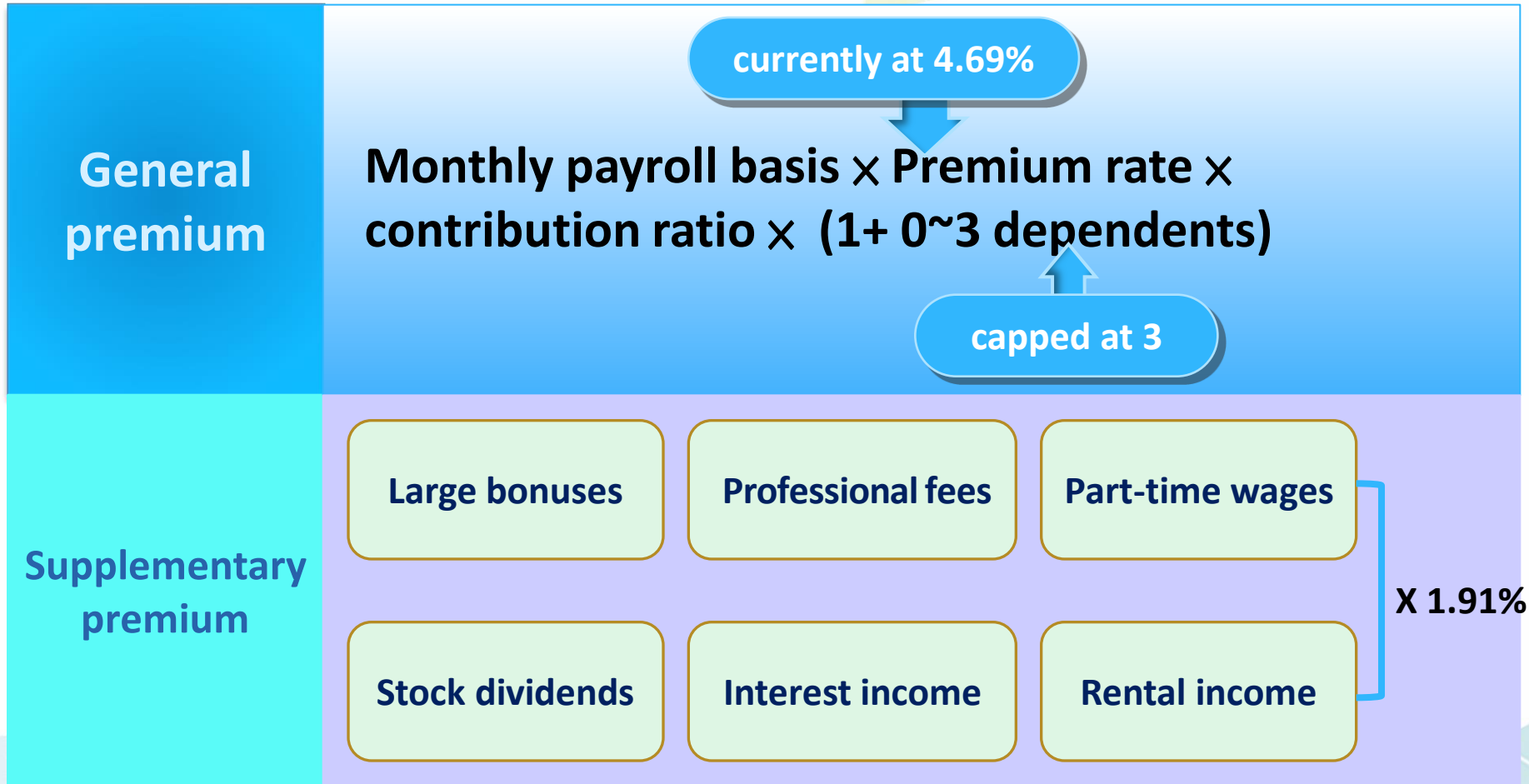
Universal Coverage

■ Uninsured ■ Insured ■ Insured dependents



- The 0.4% uninsured are citizens temporarily staying overseas.
- Even prisoners included since 2013.

Premium Collection



Employer/employee Contribution Shares

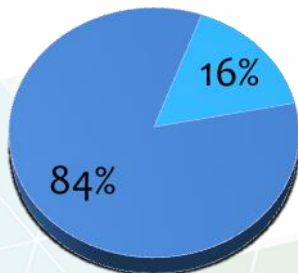
Unit: %

	Category	Insured	Employer	Government
1	Private-sector employees	30	60	10
	Government employees	30	70	--
	Self-employed/Employers	100	--	--
2	Occupational union members (e.g. Taxi drivers)	60	--	40
3	Farmers/Fishermen	30	--	70
4	Conscripted military personnel	--	--	100
	Prisoners	--	--	100
5	Low-income households	--	--	100
6	Veterans	--	--	100
	Community groups	60	--	40

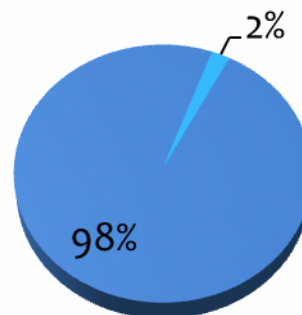
Taiwan's Healthcare Delivery System

- **Predominant by the private sector**
 - 98% of clinics, 84% of hospitals and 72% of hospital beds are owned by private sector.
- **No gate-keeper mechanism**
 - Patients can go to see specialists directly.
- **Large outpatient department among hospitals.**
 - Compete with clinics in ambulatory services
- **No waiting list as defined in western countries**

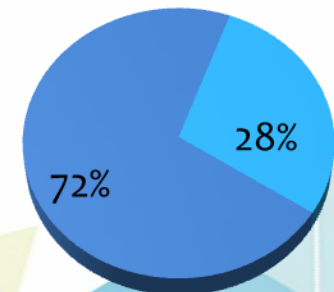
Hospitals



Clinics



Beds



■ public ■ private

NHI Benefits Package

- Hospital inpatient care
- Outpatient care of hospitals/clinics
- Prescription drugs
- Dental services (orthodontics, dentures, implants excluded)
- Traditional Chinese medicine (Concentrate herbal medicine)
- Day care for the mentally ill
- Home nursing care



NHI Medical Benefits

- Physician services.
- Surgical operations. (organ transplantation included)
- Laboratory tests.
- Radiological examination.(CT, MRI, PET included)
- Hospital inpatient services.
- Hospice care for the terminally ill.

NHI Pharmaceutical Benefits

- Most of the prescription drugs are reimbursed.
- Some over-the-counter drugs are also covered.
- Around 1200 chemical entities of pharmaceuticals.
- Around 16,500 items of pharmaceuticals are covered.
- Chemotherapy and target therapy for cancer are covered, but immuno-oncology drugs are not yet covered.
- Some very expensive orphan drugs for rare diseases are reimbursed.(e.g. MPSS-II)

Copayment for Outpatient Care

Unit: US\$

	Outpatient Care		Emergency Care	Dental Care/ Chinese Medicine	Drug (20%)
	With Referral	Direct Visit			
Medical Centers	6.6	11	14	1.6	0~6.3
Regional Hospitals	4.4	7.5	9.4	1.6	0~6.3
District /Hospitals	1.6	2.5	4.7	1.6	0~6.3
Clinics	-	1.6	4.7	1.6	0~6.3

Exemptions:

(1 USD = 30 NTD)

1. Catastrophic diseases and child delivery.
2. Medical services offered in mountain areas or on offshore islands.
3. Low-income households, veterans, and children under the age of 3.

Copayment for Inpatient Care (Acute Care)

Length of Stay	Rate
Within 30 days	10%
31 to 60 days	20%
Above 61 days	30%

Coinsurance ceiling for the inpatient care in 2017:

1. US\$1,231(NT\$37,000) per stay for the same disease.
2. A total of US\$2,066(NT\$62,000) accumulated in the entire calendar year.

(1 USD = 30 NTD)

Provider Payment Methods

1995 Fee for Service

1998 Global Budget

2001 Pay for Performance

2004 RBRVS fee schedule reform

2010 Tw-DRGs (Inpatient)

**2012 Capitation
(pilot)**



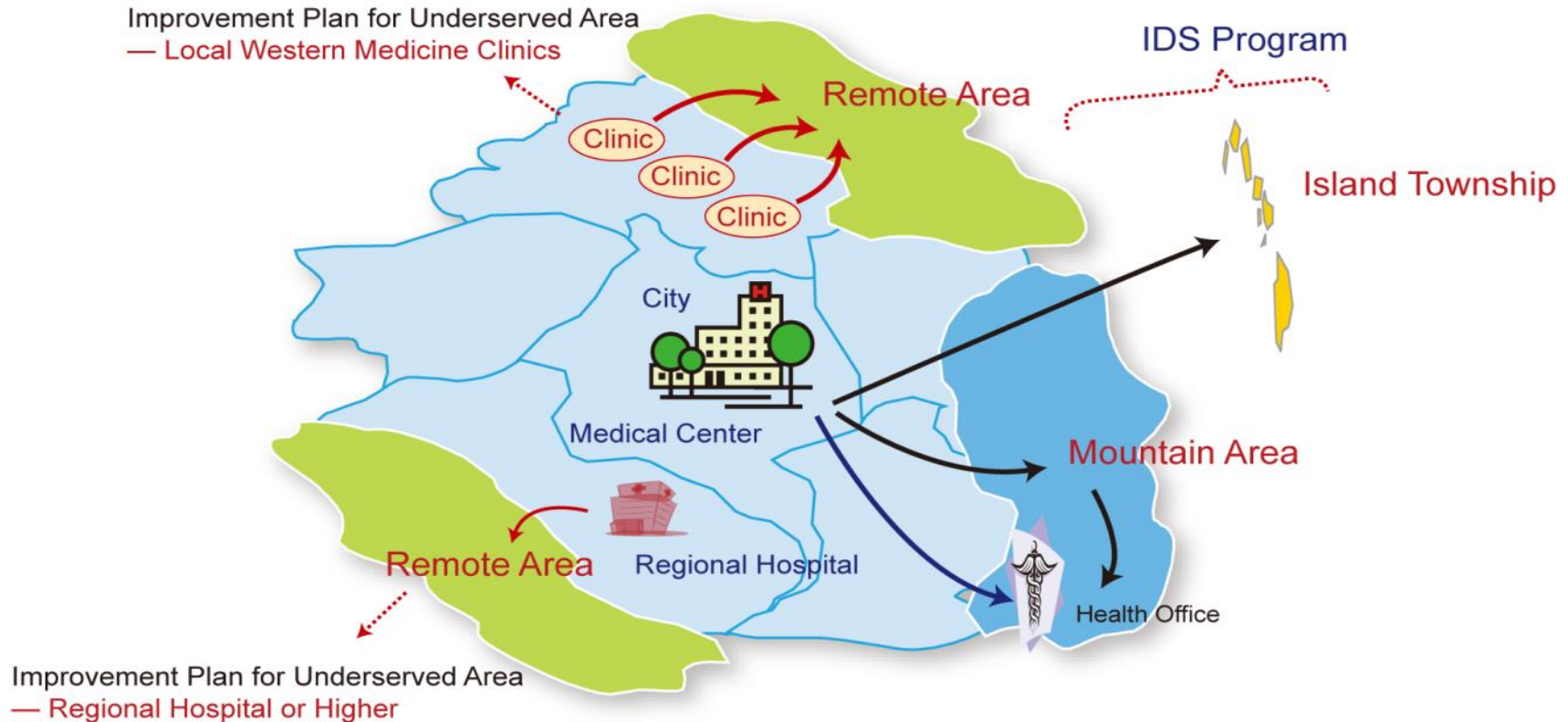
Fee Schedules

- Fee-for-service payment.
 - ✓ 4,200 items of fee schedule for medical services.
 - ✓ 16,000 items of pharmaceutical benefit and price list.
 - ✓ 8,500 items of medical device benefit and price list.
 - ✓ 405 items of case payment for inpatient services.
- Annual global budget negotiated with hospital/medical/dental/Chinese-medical associations.

Medical Claim Review

- * **Computerized Adjudication Check**
 - * Eligibility of the insured
 - * Fee Schedule and Pharmaceutical Benefit Scheme adjudication rules
- * **Profile Analysis**
 - * Use historical data to detect outlier providers for further detailed review
 - * Provide reference information to assist peer review
- * **Professional Peer Review**
 - * Invite 3% of senior physicians to come to our regional offices to review medical claims of their peers

Care that Reaches out to Off-shore Islands and Mountainous Area



- 48 IDS plans to improve services in remote mountainous areas and offshore islands
- Telemedicine & helicopter service in virtually every islet

NHI Smart Card

Simplification of management process

Daily update of medical visit data

Infectious disease tracing & monitoring

Heavy-user detection & management



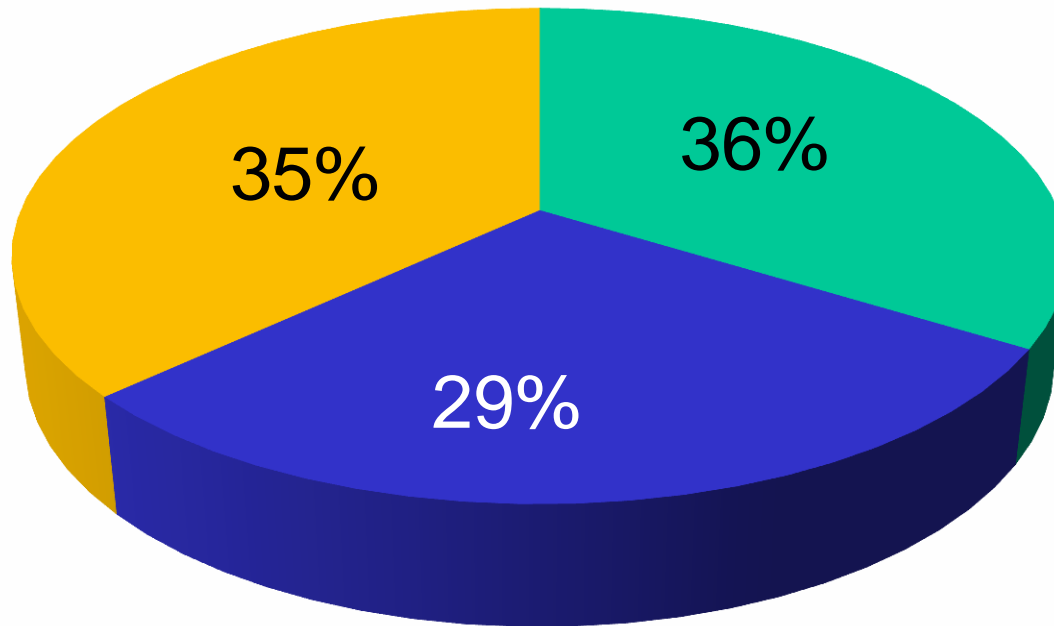
1. Last Six Medical Visits
2. Drug Prescriptions, Drug Allergies
3. Catastrophic Diseases
4. Organ Donation Consent
5. DNR Consent



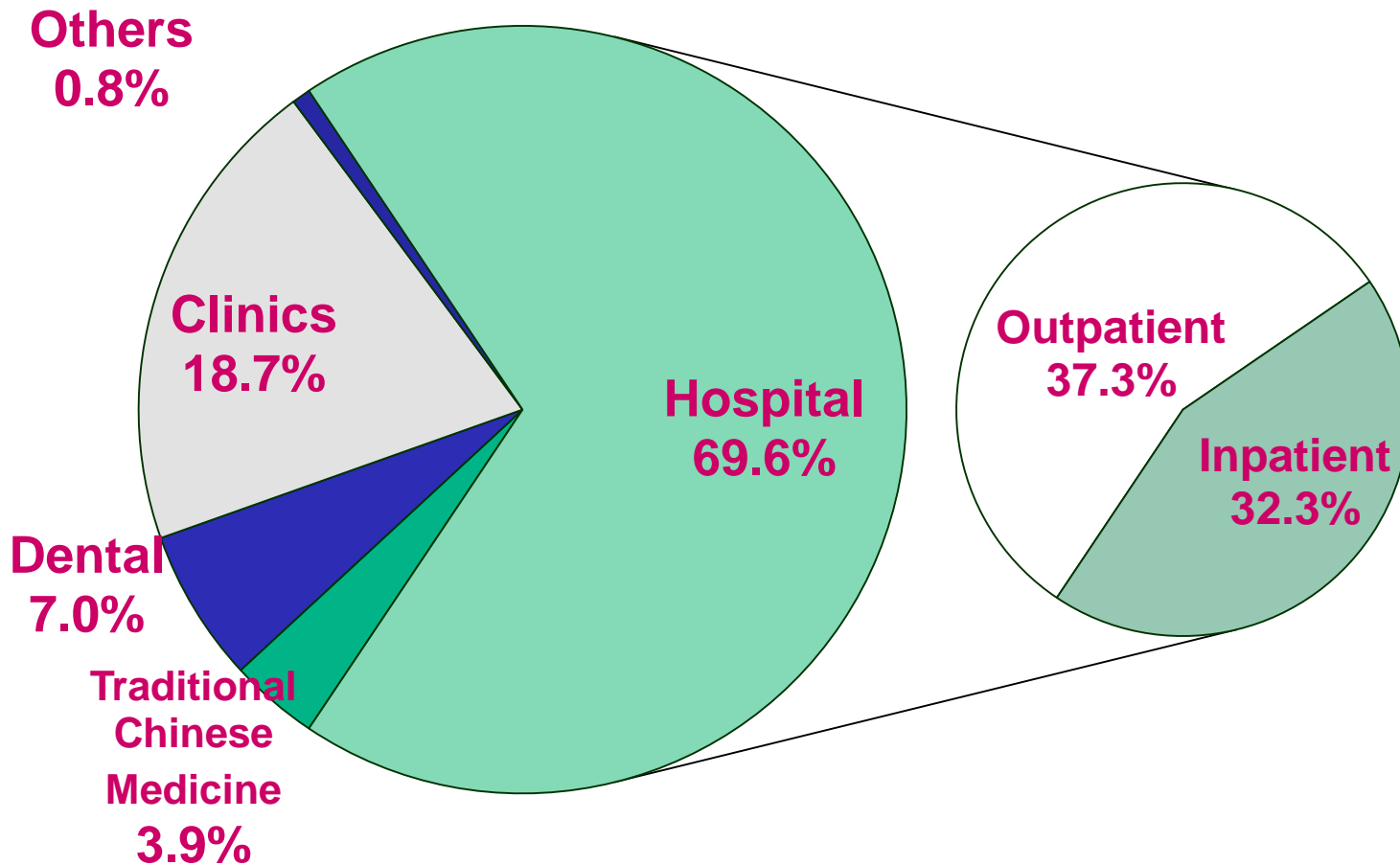
Current Status and Future Challenges

Sources of Funding(2014)

■ Government ■ Employer ■ Insureds

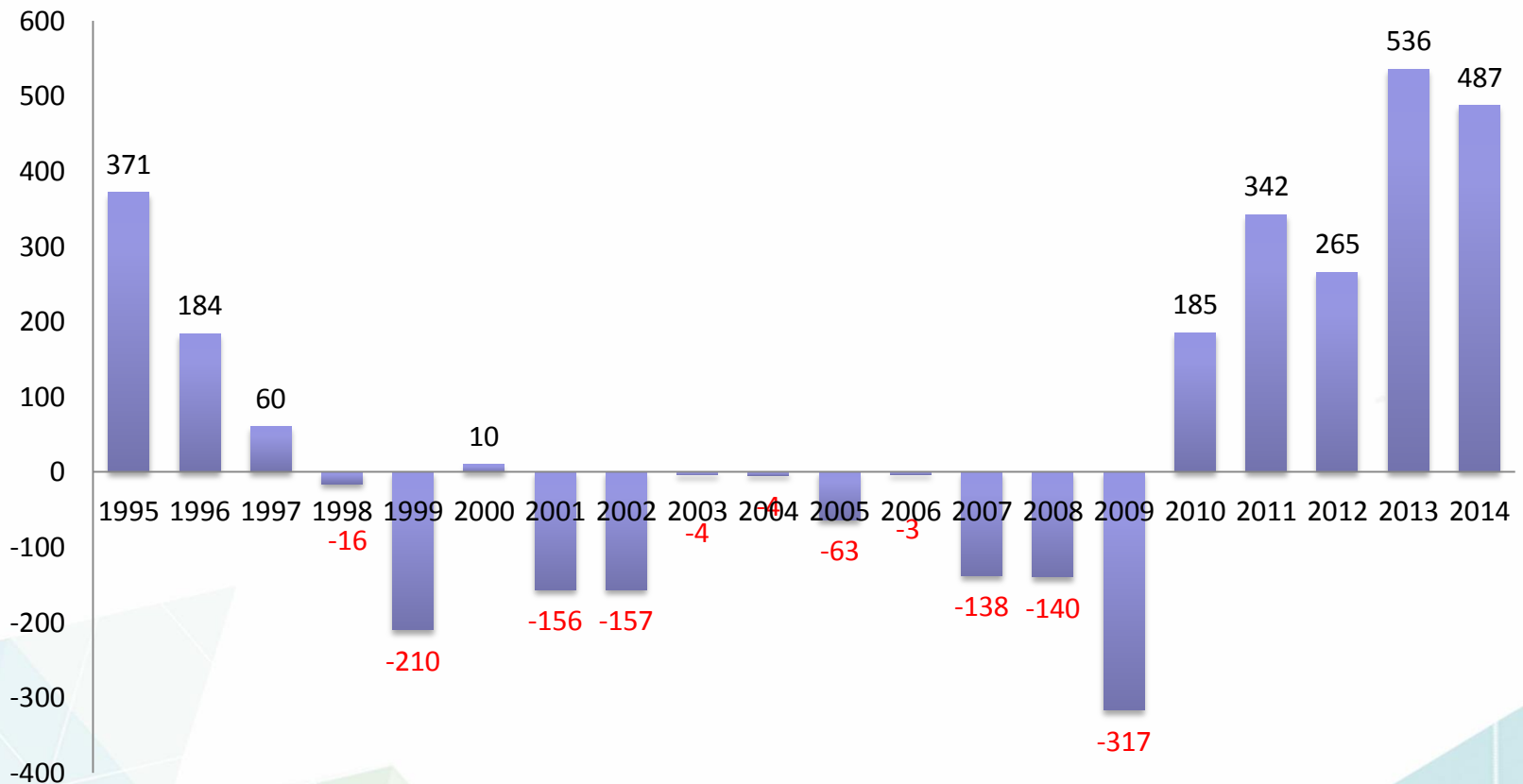


Use of Funds in 2014



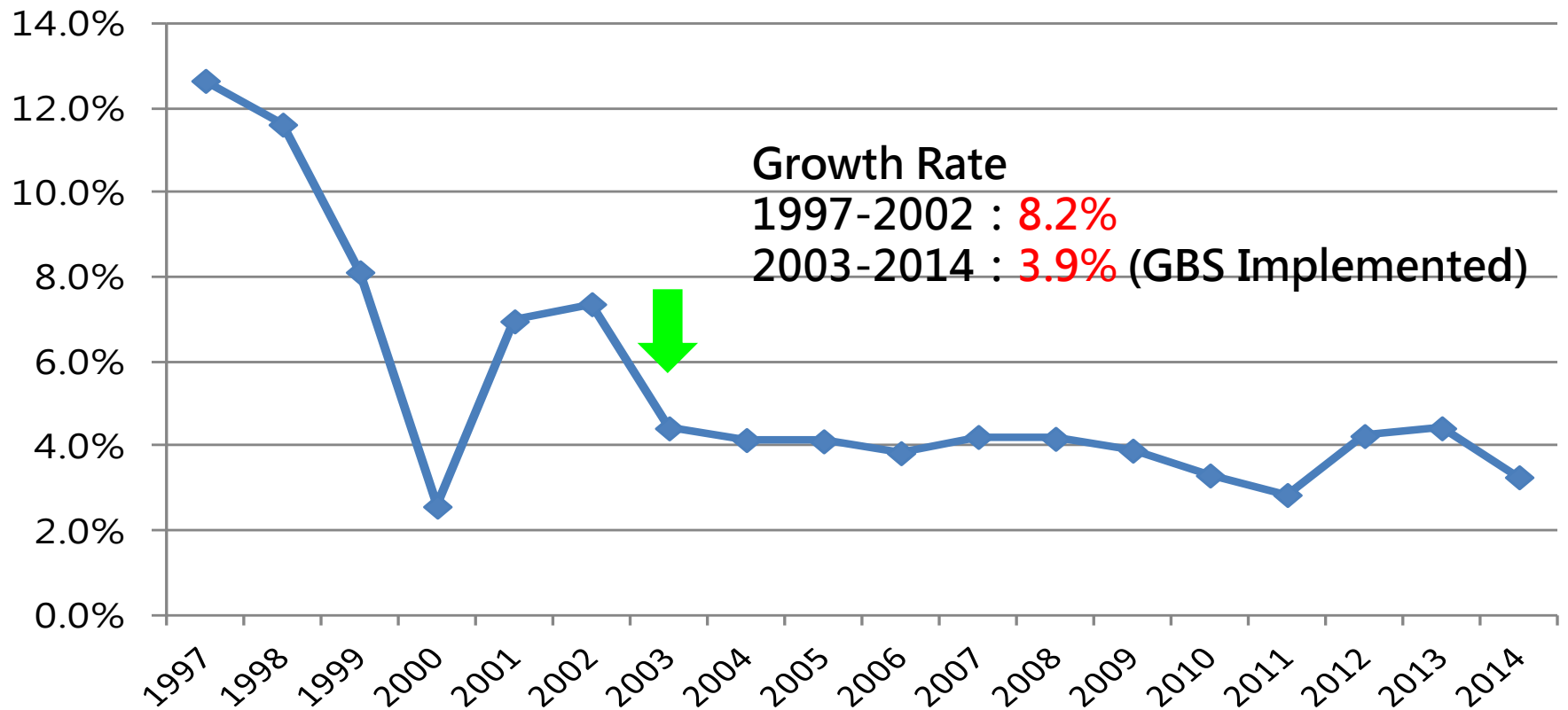
Annual Surplus/Deficit of Taiwan's NHI

100 Million NTD



Growth of Medical Cost

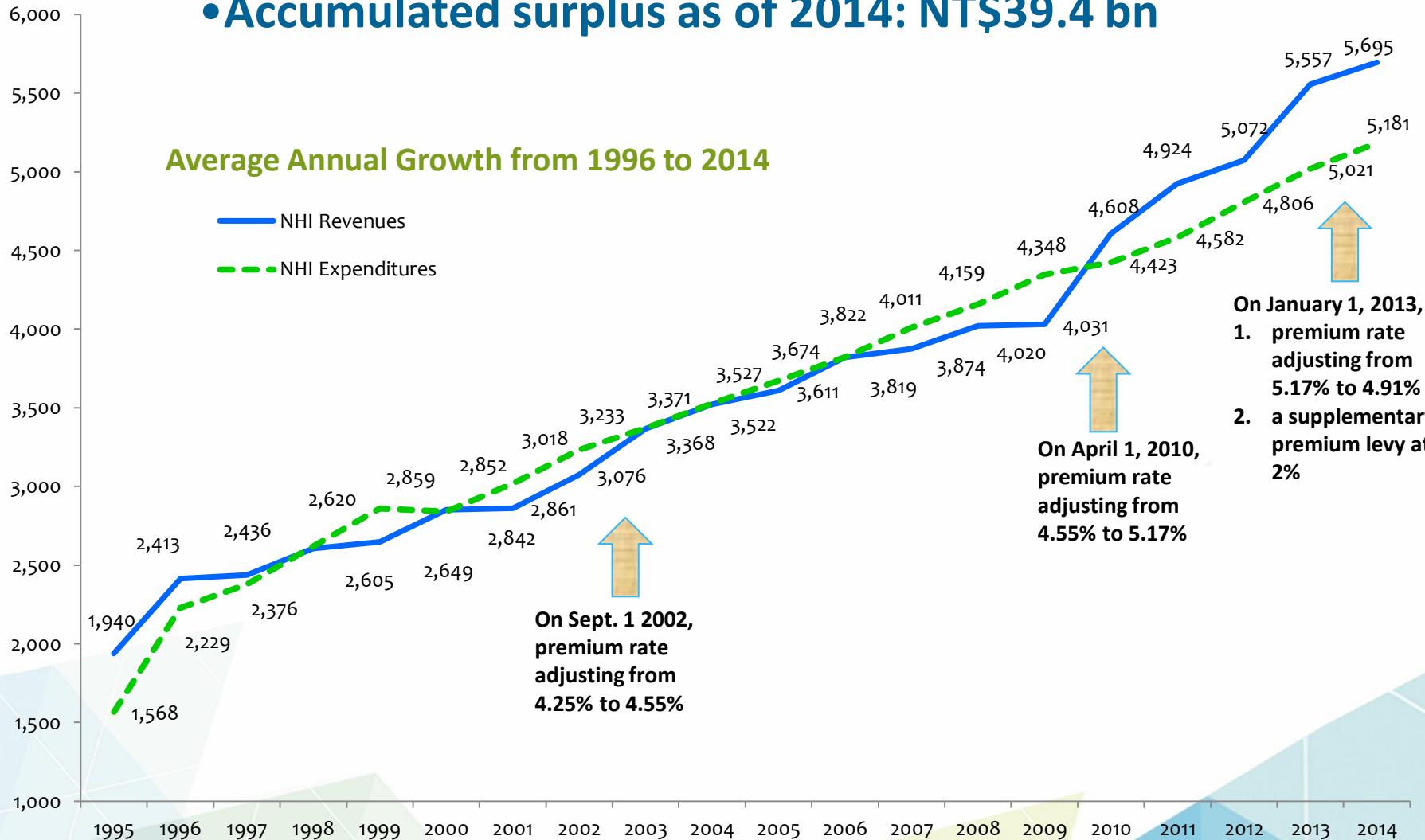
The growth of health costs in Taiwan



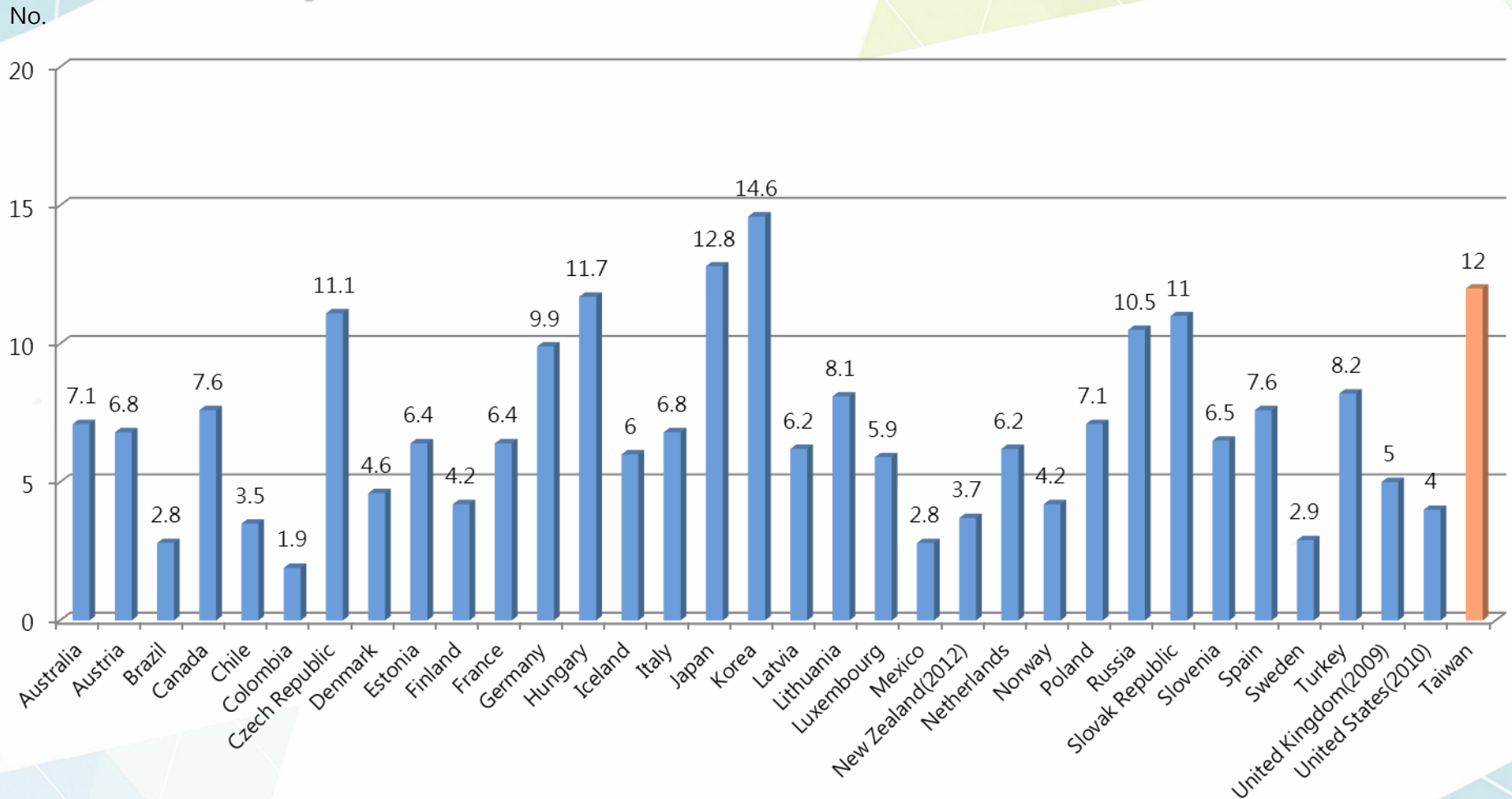
GBS : Global Budget System

Trend of NHI Financial Status

• Accumulated surplus as of 2014: NT\$39.4 bn



International Comparison -Outpatient Visits Per Person Per Year



Sources:

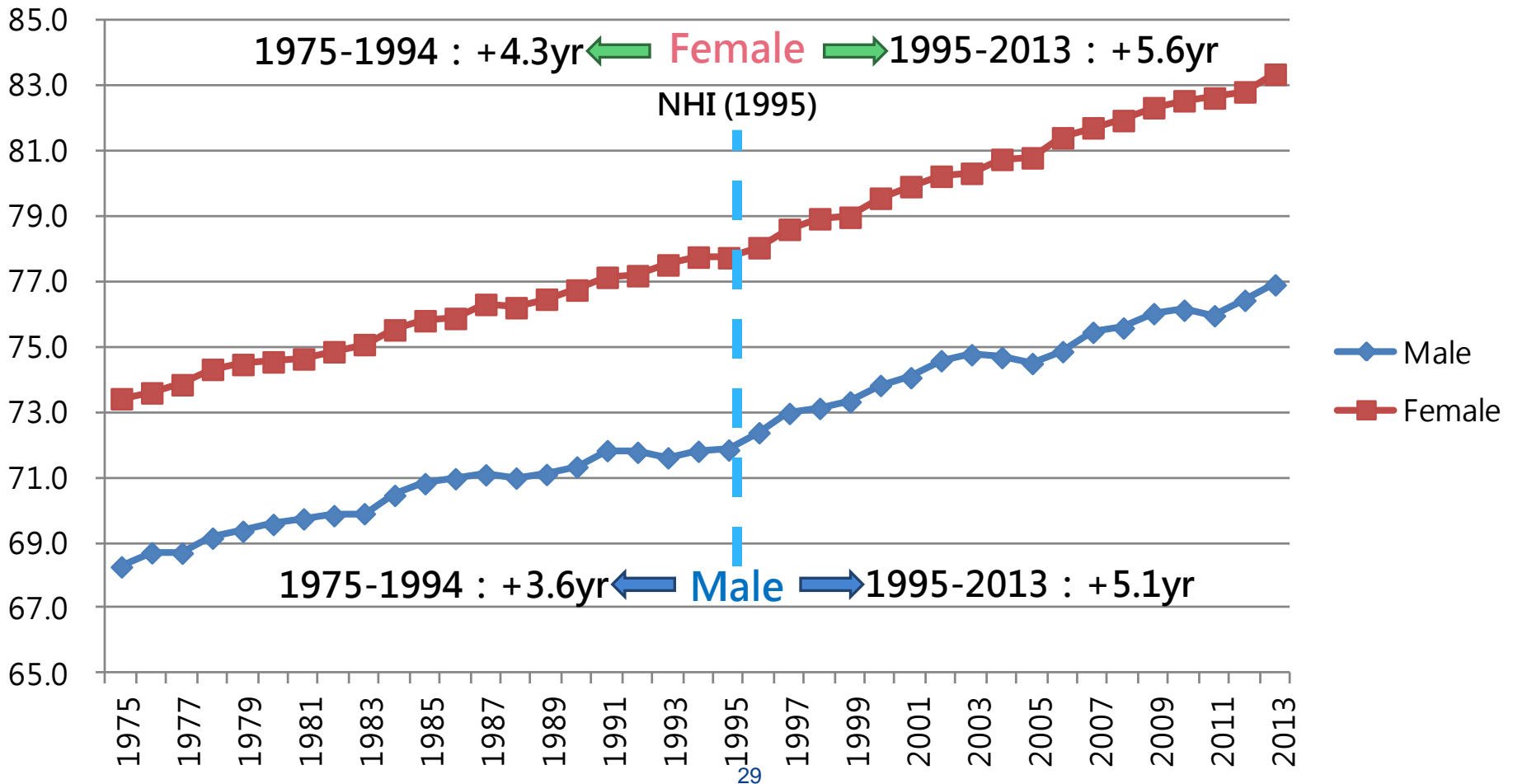
1. OECD statistics website 2013 (Doctors consultations in all settings, exclude telephone and email contacts, visits to dentists, visits to nurses etc.)
2. Taiwan NHIA 2013 (exclude visits to dentists and Chinese medicine)

Waiting Time for Elective Surgical Procedures



Quality of Care (1/4)

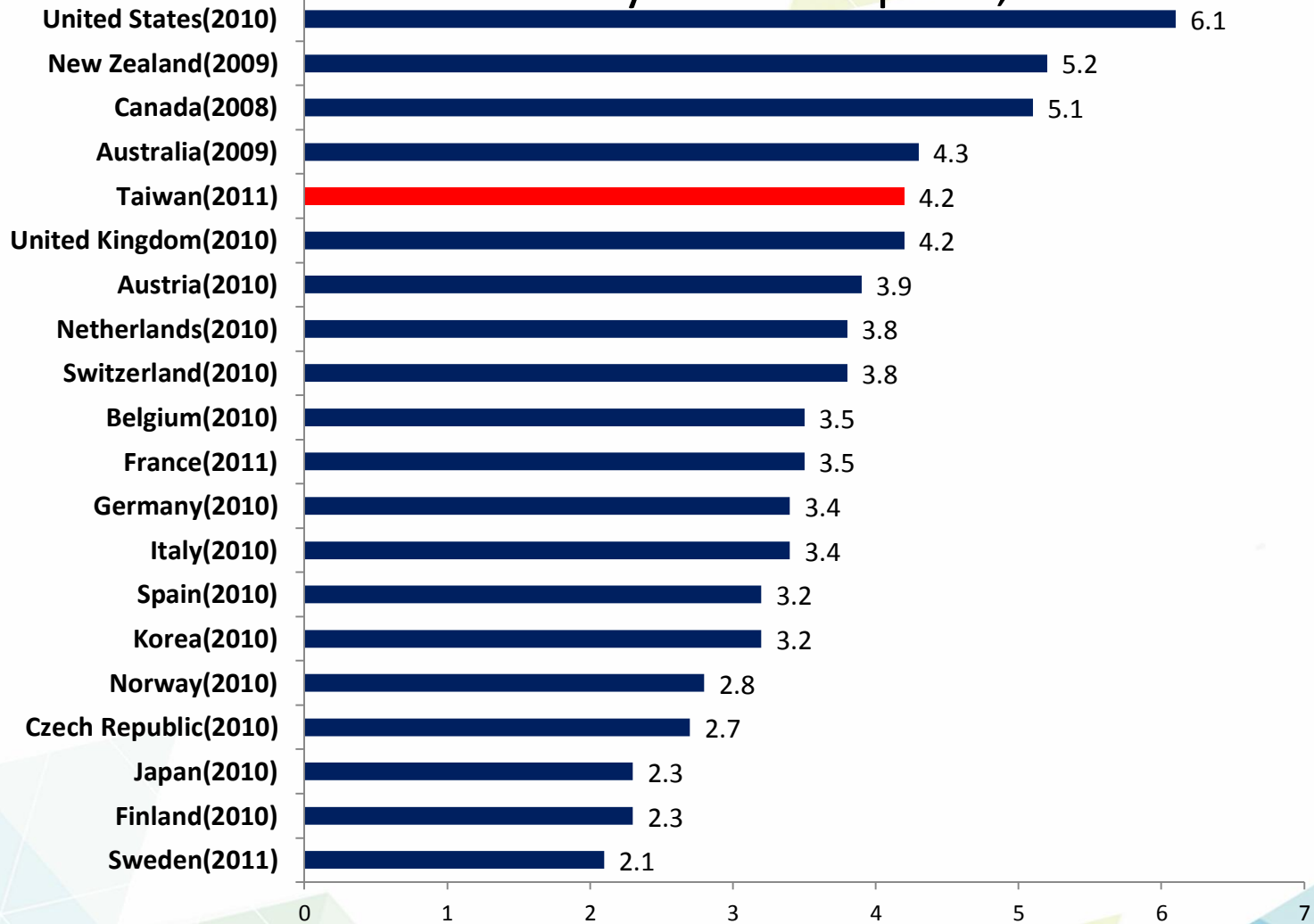
Life Expectancy





Quality of Care (2/4)

Infant Mortality Rate: 4.2 per 1,000



Quality of Care (3/4)

Five-year Survival Rates for Cancer Patients

	Colon Cancer	Cervical Cancer	Breast Cancer
Taiwan(2005-2010)	60.2	73.2	85.9
United States(2004-2010)	64.0	67.9	89.2
Germany(2007-2012)	64.3	64.5	85.0
United Kingdom(2007-2012)	54.5	60.9	82.0

Source :

- 1.National Cancer Institute_ <http://surveillance.cancer.gov/statistics/types/survival.html>
- 2.Health at a Glance : Europe 2014
- 3.National Health Insurance Administration

Quality of Care (4/4)

Organ Transplant Survival Rates

	Taiwan No. of Cases (2003- 2012)	12-month Survival Rate			36-month Survival Rate			60-month Survival Rate		
		Taiwan (2003- 2012)	US(1991-2012)		Taiwan (2003- 2012)	US(1991-2012)		Taiwan (2003- 2012)	US(1991-2012)	
			deceased	living		deceased	living		deceased	living
Kidney graft	2,728	96%	97%	99%	94%	92%	97%	91%	87%	93%
Liver graft	3,017	86%	87%	82%	82%	77%	81%	79%	71%	73%
Heart graft	764	78%	90%		70%	82%		65%	75%	

Source :

- 1.UNOS_ <http://www.unos.org/index.php>
- 2.National Health Insurance Administration

Assistance for the Disadvantaged



Statutory premium subsidies

Low-income households

Disabled persons

The elderly

The temporarily unemployed

Financial assistance for the near poor

Interest-free Loans

Payment by installments

Referrals to charity organizations

Medical assistance for the disadvantaged

Guaranteed emergency services

Copayment subsidies and exemptions

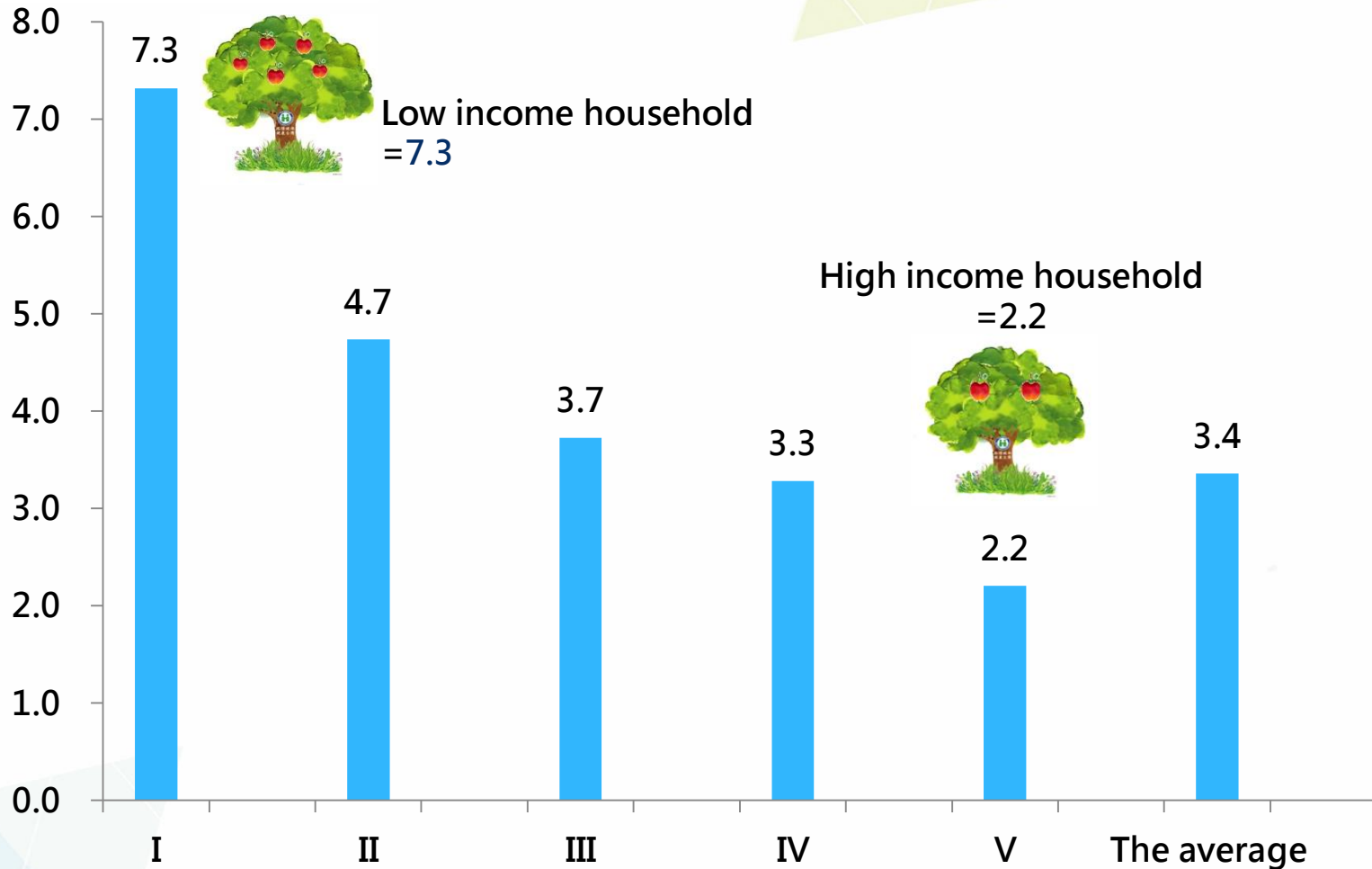
Alleviating Financial Burdens

Patients with catastrophic diseases represent 3.9% of population, who used 26.79% of NHI health expenditures.

Type of User	Medical Expenses (2014)	Equivalency
Per capita	NT\$26,367	1.0
Per catastrophic disease	NT\$181,249	6.9
Per cancer patient	NT\$137,950	5.2
Per cirrhosis of liver patient	NT\$143,457	5.4
Per dialysis patient	NT\$580,177	22.0
Per patient on respirator	NT\$744,597	28.2
Per hemophilia patient	NT\$3,251,811	123.3

Equitable Redistribution of Health-related Dollars

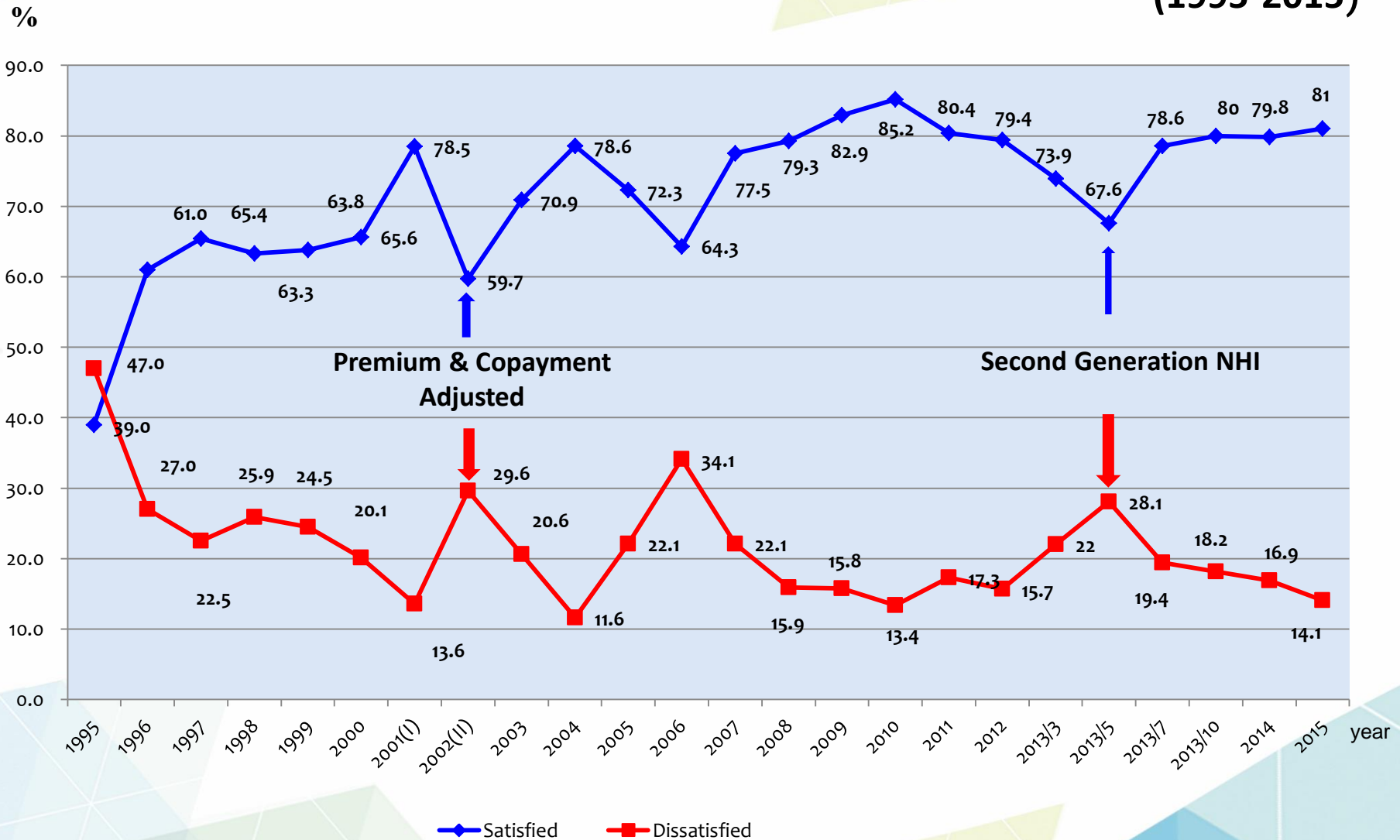
Benefit/Premium Ratio



Source :The Statistics and Trends in Health and Welfare 2013

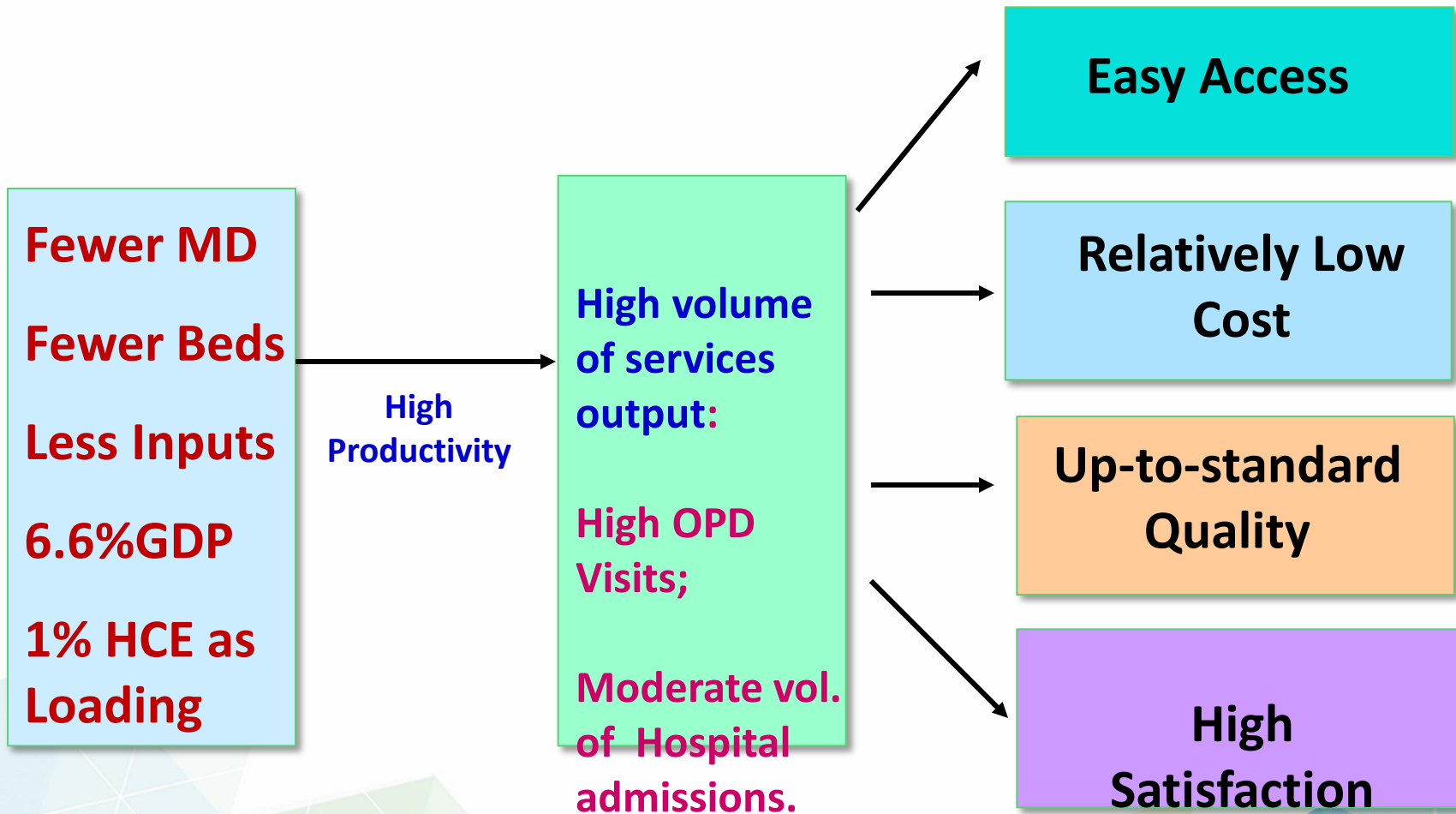
High Public Satisfaction

(1995-2015)



Efficient Provision of Healthcare

Comparison with other OECD Countries



Paul Krugman: Taiwan's NHI, one of the best in the world 2009/5/16

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克魯曼：台灣健保 全球最好



(姚志平攝)

總統，小心！

馬英九總統南下高雄左營海軍基地，首度登上海豹、海虎兩艘潛艦。馬總統從加比級海豹潛艦結束參觀出來時，聽到媒體大聲的詢問，忙著揮手致意，因為是站在潛艦頂上，旁邊的安全人員急忙將他扶住以防任何閃失。

(相關新聞詳刊A12)

健保是透過擴大基礎，並非「提高費率」來做。美國民眾在健保上花太多錢了，做不出台灣的健保。

美國的老問題，在於健保支出的成長大於國內生產毛額。健保是好東西，人想富裕就想健康，但美國健保已像一隻跑不快的駱駝，台灣則是快馬。克魯曼說，健保支出比例升高到一六％，和美國的比例一樣時，就真是花了太多錢了，「真想知道台灣在政治上怎麼辦到的！」對美國來說，在一九四七年已錯失了機會，在巨大利益團體壓力下，對公共體制普遍缺乏信心，這點需要長時間克服。

財政部長李進德提問，民眾一方面要減稅免稅，一方面又要發消費券和做基礎建設等政策，目前政府未償還債務占GDP三三％，這數據合理嗎？到底該如何取得平衡？

克魯曼回答，台灣的數字中並不包括社會保險，因此各政府所公布的數字涵蓋的意涵不同，數據無法比較。曾有先進國家，在債務對GDP比例高達百分之百或更高時，沒有產生財務危機，美國就是個實例，但這不代表台灣要累積這麼高的債務。

(相關新聞刊A3)

林上祥、江慧貞／台北報導

曾經盛讚台灣健保制度的諾貝爾經濟學獎得主克魯曼，昨日再度重申，人民健康是公共財，做開社會安全網的建立，商業健康保險公司永遠是「將本求利」，像全民健保重大政策，政府不能寄望透過民營公司，達成政府目標。

對於台灣健保制度該如何轉虧為盈，提高效率，克魯曼認為，台灣的健保制度已經是全球最好的，健保單位成本比英國還要低，人民健康既然是公共財，健保支出偏高昂程度上也是好事。

美國健保支出占國民生產毛額比重高達一六％，比歐洲國家的九％到一〇％都高。但比起其他國家，美國健保制度極度缺乏效率，美國健保採取公民營並存做法，只會傷害到公營健保的普及性，民營健保將本求利，不可能會代替公營健保解決所有民眾醫療需求。

「沒有一套制度是完美的。」克魯曼認為，有些涉及公共利益的決策，透過政府機構推動或許有瑕疵，但是也不能以此為藉口，希望民營機構，達成政府希望達成目標。

諾貝爾經濟學獎得主克魯曼在台第二天行程，和閣員吃便當座談。行政院副院長邱正雄昨天中午率政務委員、財經衛生官員參加，苦於民眾「又要馬兒好、又要馬兒不吃草」，財政部長李進德向克魯曼請益，但克魯曼並未提出具體妙方回饋。

克魯曼在美國普林斯頓大學教書，政院特別安排該校建築設計畫學院哲學博士的政務委員蔡勳雄坐在旁邊，行政官員包括李進德、衛生署長葉金川、經建會主委陳添枝、金管會副主委李紀珠、經濟部次長鄧振中等均與會。

葉金川率先報告台灣健保制度。克魯曼說，台灣

責任副總編輯／吳治華 編輯／黃若儀

普台國民中小學 英、日、法、西 四語教學 全人教育 招生說明會 5/17 (日) pm2:00-4:00 普台國民中小學 藝術大廳 電話：(049) 2930-199 網址：http://www.putai.nctct.edu.tw

道歉啟事 茲為道歉人前於國中段考試題上指稱林重謨先生有濫用言論免責權攻擊他人情事，其內容不實，造成林先生名譽受損，深表歉意，爰刊登本道歉啟事以回復林先生名譽。 道歉人林勵平、黃佳芬

Taiwan's Official invited to a US Congressional Hearing Chaired by Senator Bernie Sanders

Subcommittee Hearing - Access and Cost: What the US Health Care System Can Learn from Other Countries

Committee:

Subcommittee on Primary Health
and Aging

Date:

Tuesday, March 11 2014, 10:00
AM

Place:

430 Dirksen Senate Office
Building



Witnesses

[return to top](#)

Panel I

Tsung-Mei Cheng, LLB, MA, Health Policy Research
Analyst, Woodrow Wilson School of Public and
International Affairs, Princeton University, Princeton, NJ



Ching-Chuan Yeh, MD, former Minister of Health for
Taiwan; Professor, School of Public Health, College of
Medicine, Tzu-Chi University, Hualien City, Taiwan



Sally C. Pipes, President and CEO, Pacific Research
Institute, San Francisco, CA



Danielle Martin, MD, MPP, Vice-President Medical
Affairs & Health System Solutions, Women's College
Hospital, Toronto, Canada



Jakob Kjellberg, MSc, Professor, Program Director for
Health, Education, Labor, and Pensions Subcomm.



Recent News

- » **Harkin Statement on Senate Approval of Nominees to Department of Education, National Science Foundation, and Occupational Safety and Health Review Commission** [Chairman]
- » **Alexander: Minimum Wage Hike "a Stale, Bankrupt, Ineffective Policy" That Will Destroy 500,000 Jobs** [Ranking Member]
- » **Harkin Opens Senate Floor Debate on Bipartisan Child Care Legislation** [Chairman]
- » **Statement of Senator Tom Harkin (D-IA) At the HELP Committee Hearing: "From Poverty to Opportunity: How a Fair Minimum Wage Helps Working Families Succeed"** [Chairman]
- » **Harkin, Miller Welcome DOL Rule to Strengthen Fee Disclosure for Worker Retirement Accounts** [Chairman]



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The Telegraph

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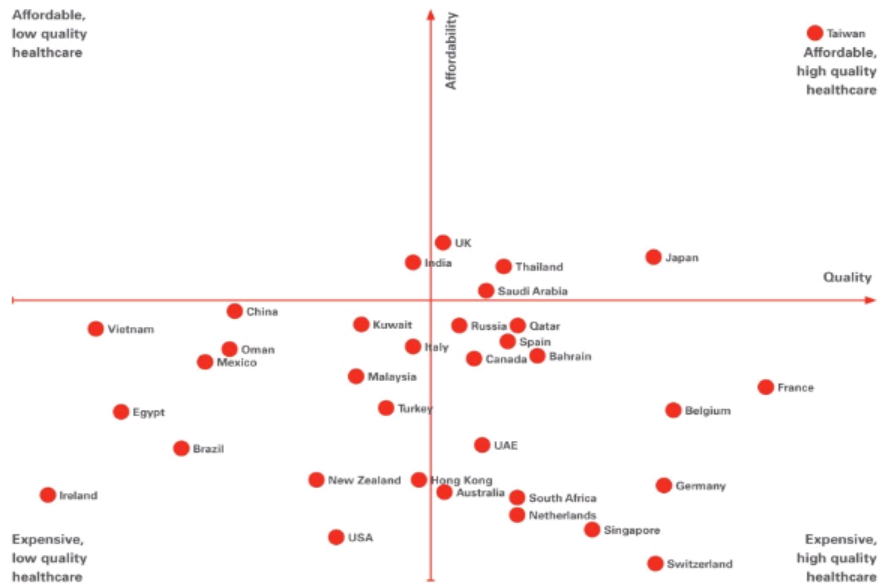
HOME » HEALTH » EXPAT HEALTH

Taiwan tops the expat health care charts

The island offers the cheapest and best medical facilities of any country in the world, according to a new survey

Affordability versus quality of healthcare

Affordable, low quality healthcare



By Elizabeth Roberts
9:51AM GMT 28 Oct 2014

Print this article

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EXPAT HOME»

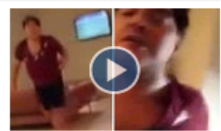
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Taiwan scores double for expat healthcare

The Taiwanese healthcare system is coveted by healthcare tourists around the world, but its simple rules for expats and provisions for health insurance are what distinguish it from the pack in this year's Expat Explorer survey¹⁵.

Upon relocation, all expats and their employers are required to register with the National Health Insurance system, which grants them access to medical and dental care¹⁶. Contrary to how many expats feel about the paperwork involved with getting enrolled onto local healthcare systems, nearly seven in ten (69%) expats in Taiwan agree that organising health insurance is relatively easy compared to a global average of 55% who said the same.

Expats who took part in the 2014 survey also rate Taiwanese healthcare as one of the best in the world, with the results eclipsing its rivals, both in terms of affordability and quality. Nearly three times as many expats say they are spending

less on healthcare than they used to (67% compared with the global average of 27%), while almost two-thirds (64%) say they enjoy the higher quality of healthcare on offer in Taiwan – again at an above global average of 38%.

Healthcare is a major cost for expats worldwide, with only 27% saying healthcare costs went down after making the move. Taiwan is joined by the select few countries of United Kingdom, Thailand, Japan and Saudi Arabia offering high quality, affordable healthcare for expats. However, despite enjoying higher quality healthcare, expats in Switzerland (78%), Germany (55%), France (48%) and Belgium (45%) are more likely to report that the healthcare costs are higher than the global average of 42%.

"Taiwan has a well-run health care system."

Expat in Taiwan

Affordability versus quality of healthcare

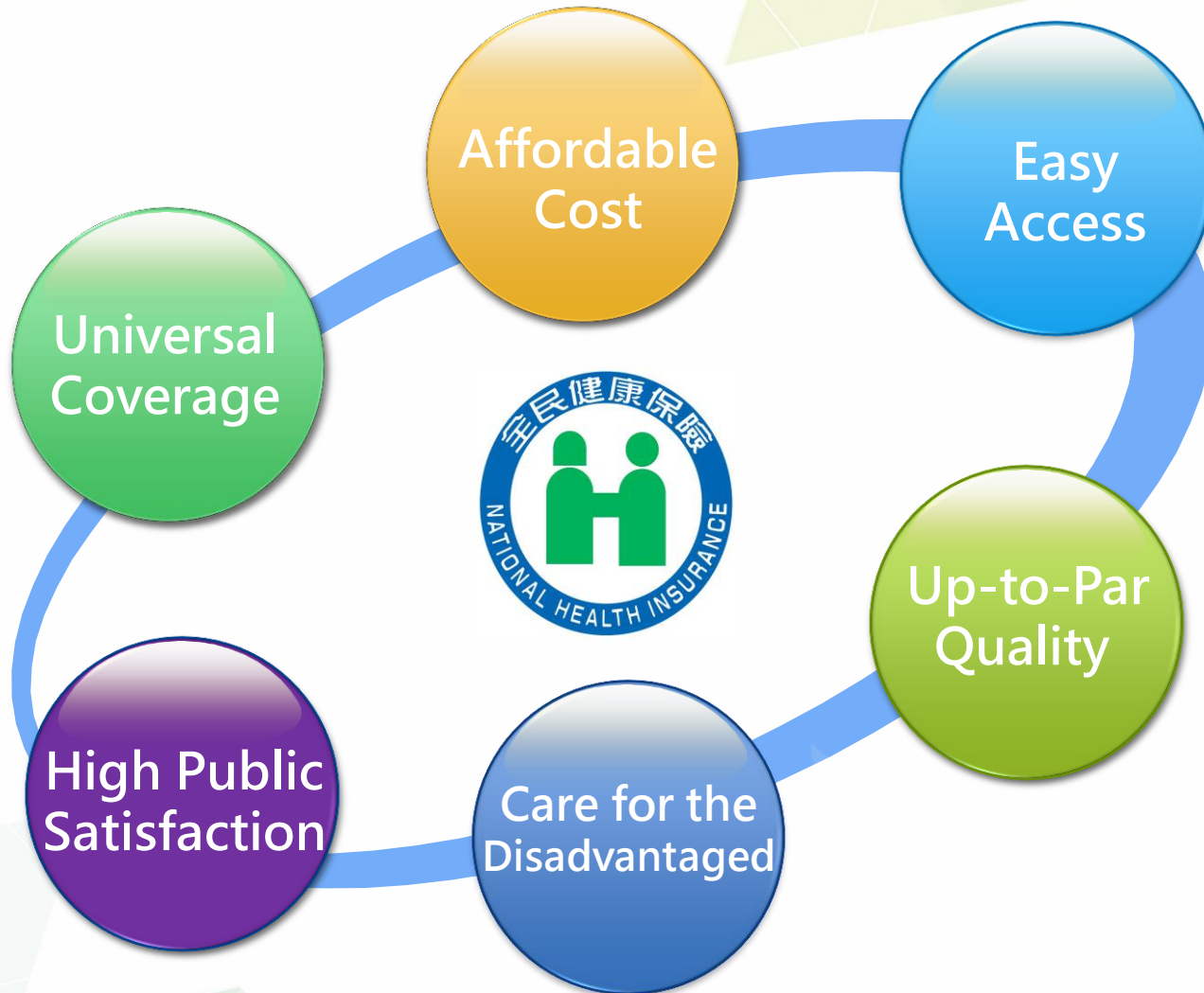
Affordable, low quality healthcare



Expensive, low quality healthcare

Expensive, high quality healthcare

Accomplishments of Two Decades



NHI Achievements and Challenges

Achievements

Universal Coverage

Easy Access

Affordable Cost

Up-to-par Quality

High Satisfaction

Challenges

Ageing Population

Higher Demand for Healthcare

Expensive New Drugs and Technologies

Provider-side Reform

Summary

1. Summary of NHI's achievements: easy access, affordable cost, up-to-par quality, and high satisfaction.
2. Future challenges come from expensive high technologies and fast ageing population.
3. Continuous reforms on premium base and provider payment are needed.
4. More investment on health, instead of healthcare, is necessary.
5. The future of Taiwan's NHI needs benchmark learning from other countries, infusion of new brains and young talents in academic and government sector.



Preventive Services and Physical Check-up Services

Three-tier of Preventive Services and Physical Check-up

1. NHI-covered Services
2. Tax-funded Preventive Services
3. Self-payee Services

First Tier: NHI-covered Preventive Services

1. Prenatal care (10 times per pregnancy: 2/2/6 among 3 trimesters, including 1 sonography, HBV markers, Rubella IgG, and breast feeding education)
2. Well-baby care (7 times before age of 6)
3. Pap. Smear and mammography
4. Adult physical check-up for the insured aged above 40.
5. Funded by tobacco excise tax.

Second Tier: Tax-funded Preventive Services

1. Administered by Health Promotion Administration (HPA)
2. Prenatal genetic screening (pregnant women aged above 34 or with past history/family history of congenital malformations)
3. Neonatal hearing screening (newborns before 3 m/o)
4. Neonatal screening for inborn errors of metabolism or some detectible rare diseases (Tandem mass for 11 diseases, such as G6PD, CHT, etc.)
5. Screening for 4 common cancers: breast cancer, uterine cervix cancer, oral cancer, and colon-rectal cancer
6. Smoking-cessation programs in ambulatory care settings

Third Tier: Self-payded Physical Check-up NTUH Service Items

1. Standard Physical Check-up: USD\$600.
2. Standard Check-up and Cancer Screening: USD\$ 2500.
3. Standard Check-up and Advanced Cancer Screening: USD\$ 3500.
4. Standard Check-up and Advanced Cardiovascular Examination: USD\$ 2100.

Self-pay Standard Physical Check-up in NTUH

1. Blood tests: ABO, Rh, blood routine, blood chemistry, alpha-fetal protein, HBV markers, HCV markers, blood lipid analysis, prostate-specific antigen(PSA), C-reactive protein, T3, T4, Amylase, HbA1c, CEA, CA 19-9
2. Urine routine
3. Stool routine, occult blood(IA)
4. History taking and physical examination
5. Pulmonary function tests and urodynamic examination
6. Eye examinations: vision acuity, IOP, slit lamp, retinoscopy
7. ENT examinations: ENT consultation, hearing test, laryngoscope for nasopharyngeal cancer
8. Dental examination and oral panoramic X ray exam
9. X-ray examinations: Chest, Spine, KUB
10. Sonography: Abdominal sonography, including liver, GB, pancreas, spleen, kidney, uterus, ovary, etc.
11. EKG, and echocardiogram if necessary
12. Pan-endoscopy for upper GI, and colonoscopy
13. Overweight/obesity consultation and nutritional consultation
14. Cervical cytology and breast mammography for women

Self-pay Standard Physical Check-up and Cancer Screening in NTUH

1. Blood tests: ABO, Rh, blood routine, blood chemistry, alpha-fetal protein, HBV markers, HCV markers, blood lipid analysis, **prostate-specific antigen(PSA)**, C-reactive protein, T3, T4, Amylase, HbA1c, **CEA, CA 19-9., testosterone. CA125 and CA 15-3 for women**
2. Urine routine
3. Stool routine, **occult blood(IA)**
4. History taking and physical examination
5. Pulmonary function tests, urodynamic examination, and **C-13 urease exhalation test**
6. Eye examinations: vision acuity, IOP, slit lamp, retinoscopy
7. ENT examinations: ENT consultation, hearing test, laryngoscope for nasopharyngeal cancer.
8. Dental examination and oral panoramic X ray exam
9. X-ray examinations: Chest, Spine, KUB
10. Sonography: Thyroid sonography, **prostate sonography**, abdominal sonography, including liver, GB, pancreas, spleen, kidney,, and **trans-vaginal sonography** for uterus, ovary, etc.
11. EKG, and echocardiogram if necessary
12. Pan-endoscopy for upper GI, and colonoscopy
13. Overweight/obesity consultation and nutritional consultation
14. **Thin-prep cervical cytology , HPV test**, and breast mammography for women
15. **Whole body MRI +DWI, MRI+DWI for breast**
16. **Low-dose CT scan for lung cancer**

Self-payed Standard Physical Check-up and Advanced Cardio-vascular Examination in NTUH

1. Blood tests: ABO, Rh, blood routine, blood chemistry, alpha-fetal protein, HBV markers, HCV markers, blood lipid analysis, prostate-specific antigen(PSA), C-reactive protein, T3, T4, TSH, Amylase, HbA1c, **Insulin, CKI, lipid profile, BT, PT, CF-II activity, vWF Ag**, CEA, CA 19-9
2. Urine routine
3. Stool routine, occult blood(IA)
4. History taking and physical examination
5. Pulmonary function tests and urodynamic examination
6. Eye examinations: vision acuity, IOP, slit lamp, retinoscopy, **optic nerve imaging**
7. ENT examinations: ENT consultation, hearing test, laryngoscope for nasopharyngeal cancer.
8. Dental examination and oral panoramic X ray exam
9. X-ray examinations: Chest, Spine, KUB
10. Sonography: Abdominal sonography, including liver, GB, pancreas, spleen, kidney, uterus, ovary, etc.
11. EKG, **echocardiogram, carotid artery sonography**
12. Pan-endoscopy for upper GI, and colonoscopy
13. Overweight/obesity consultation and nutritional consultation
14. Cervical cytology and breast mammography for women
15. **CT for coronary artery angiogram**
16. **MRI for cardiovascular imaging**

***Thank you
for your kind attention!***

