



PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City



CITIZEN'S CHARTER

November 2023. 8th Edition



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2023 (8th Edition)



I. Mandate

The Philippine Children's Medical Center is a government-owned and controlled corporation for specialized pediatric healthcare, created by PD 1631 on August 10, 1979, originally named Lungsod ng Kabataan. This was amended by EO 893 on April 23, 1983 and was renamed the Philippine Children's Medical Center by Malacañang Memorandum Order No. 4 dated November 12, 1986. PCMC was established for the purpose of conducting clinical research on diseases afflicting Filipino children, manage the most difficult and complex clinical cases with preferential attention to the poor, and train pediatric specialists and sub-specialists for deployment to geographically isolated and underserved areas in the country. It is the biggest pediatric subspecialty hospital providing the most comprehensive tertiary-care services for children in the country.

II. Vision

PCMC is the premier institution in Pediatric Research, Training and Service.

III. Mission

We conduct collaborative research and train our people to deliver the most responsive service for vulnerable children and high-risk pregnant women.

IV. Service Pledge

Core Values: Professionalism
Citizen-focused
Malasakit
Creativity



Quality and Environmental Policy

PCMC Takes the Lead to Deliver the Best Health Care for Children. We are the first choice of parents for their children's healthcare by delivering our services and products with uncompromising quality. We ensure compliance with all applicable government standards and regulations, and the requirements of the healthcare industry. We utilize a continual cycle of performance excellence by enabling our healthcare providers, support services, and management, providing them with a safe and happy environment, and robust work ethic to attain professional and personal growth.

Quality Objective

PCMC aims to be the Premier Children's Medical Center, and achieve operational excellence by: Ensuring ownership and accountability of all processes by the entire workforce; Implementing best practices and health processes; Focusing on customer's wellness and delight to drive change; Using a systematic review process which identifies and eliminates performance gaps.

Environmental Objective

Commitment to Health, Wellness, Safety and Environment. We at PCMC commit ourselves to promote quality awareness and manage health, wellness, safety, and the environment as our core service and business value. We commit ourselves to provide a safe and healthy environment for children and our workforce. We shall comply with all applicable government standards and regulations, and the requirements of the healthcare industry. We integrate health, wellness, safety and environmental management into all aspects of our hospital activities as a competitive advantage in achieving best clinical practice outcomes, profitable fiscal growth, and significantly increase productivity in order to become a self-reliant GOCC.



**PCMC MANDATE, VISION, MISSION, SERVICE PLEDGE
QUALITY AND ENVIRONMENTAL POLICY**

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Education, Training and Research Services



Application for Clinical Fellowship Training Program – (Lateral Entry)

Application for clinical fellowship training opens 2 – 3 months prior to the start of its training proper. The Medical Education and Training Division under the Education and Training Department facilitates application in coordination with each concerned subspecialty sections. The post-residency fellowship training program's main objective is to provide subspecialty training in the different areas of pediatrics and other fields related to pediatric care.

Office or Division:	Medical Education and Training Division
Classification:	Highly Technical
Type of Transaction:	Government to Clients
Who may avail:	Medical doctors who graduated from residency training program and is employed in a government hospital
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Letter of intent	Applicant
Curriculum vitae with 2 2x2 pictures	Applicant
Certificate of completion of residency training	Hospital where the applicant completed his residency training
Recommendation letter from the department chair, training officer and active consultant	Hospital where the applicant completed his residency training
Authenticated PRC board rating	PRC
Certificate of passing the specialty board exam	Respective specialty board society
Medical doctor diploma	School where the applicant graduated
Transcript of records	School where the applicant graduated
Certificate of commendation and infraction	Hospital where the applicant completed his residency training
Certificate of Employment from the HRMD of the sending hospital	From sending hospital
Endorsement Letter from the Medical Center Chief of the sending hospital to include the following: i. needs of the sending hospital; ii. statement that the entire duration of training shall be funded by the sending hospital; iii.	

Assurance that the trainee will return to a position after the training				
Program Concept Proposal		From sending hospital		
Certification from sending hospital that permission for training is granted despite health risk of present situation		From sending hospital		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete requirements either face to face or online	1.1 Receive / check completeness of credentials / print credentials from email	None	5 minutes	<i>Administrative Assistant III - Education, Training and Research Services</i>
2. Take written exam	2.1 Facilitate written exam for applicants	P500.00	Written Exam – 2 hours	<i>Head, Medical Education & Training Division & Administrative Assistant III - Education, Training and Research Services</i>
	2.2 Write endorsement letter to the concerned subspecialty of their applicant's score	None	5 minutes	<i>Administrative Assistant III - Education, Training and Research Services</i>
3. Receive notification from email regarding pre-fellowship training schedule and medical clearance requirements	3.1 Subspecialty units submits endorsement letter to Education, Training and Research Services indicating schedule of pre-fellowship training	None	3 days	<i>Training Officer / Head of concerned subspecialty</i>
	3.2 Inform applicant thru email of his pre-fellowship		5 minutes	<i>Administrative Assistant III - Education, Training and Research Services</i>

	training details and requirements			
4. Undergo pre-fellowship training & Deliberation	<p>4.1 Subspecialty units screens, interview, evaluates, deliberates performance of the applicant</p> <p>4.1 Recommends acceptance thru channels to the Executive Director after due deliberation</p>	None	<p>Varies; depends in the sections requirement - from 1 week – 3 months pre-fellowship training</p> <p>3 days</p>	<p><i>Training Officer / Head of concerned subspecialty / Deputy Director, Education, Training and Research Services</i></p> <p><i>Head of concerned section / department, Deputy Director, Education, Training and Research Services, Deputy Director for Medical Services, Executive Director</i></p>
5. Receive notification of application status	5.1 Medical Education and Training Division forwards thru email the approved acceptance letter and lateral entry moa to the accepted applicant	None	<p>2 days</p> <p>3 minutes</p>	<i>Administrative Assistant III - Education, Training and Research Services</i>

	5.2 Not accepted applicants are informed thru email by the Medical Education and Training Division			
TOTAL PROCESSING TIME		P 500.00	8 days, 2 hours, 20 minutes/ Pre-fellowship training ranges from 1 week to 3 months	



Application for Clinical Fellowship Training Program

Application for clinical fellowship training opens 2 – 3 months prior to the start of its training proper. The Medical Education and Training Division under the Education and Training Department facilitates application in coordination with each concerned subspecialty section. The post-residency fellowship training program's main objective is to provide subspecialty training in the different areas of pediatrics and other fields related to pediatric care.

Office or Division:	Medical Education and Training Division			
Classification:	Highly Technical			
Type of Transaction:	Government to Clients			
Who may avail:	Medical doctors who graduated from residency training program			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of intent		Applicant		
Curriculum vitae with 2 2x2 pictures				
Certificate of completion of residency training		Hospital where the applicant completed his residency training		
Recommendation letter from the department chair, training officer and active consultant		Hospital where the applicant completed his residency training		
Authenticated PRC board rating		PRC		
Certificate of passing the specialty board exam		Respective specialty board society		
Medical doctor diploma		School where the applicant graduated		
Transcript of records		School where the applicant graduated		
Certificate of commendation and infraction		Hospital where the applicant completed his residency training		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete requirements either face to face or online	1.1 Receive / check completeness of credentials / print credentials from email	None	5 minutes	<i>Administrative Assistant III - Education, Training and Research Services</i>

2. Take written exam	2.1 Facilitate written exam for applicants	P500.00	Written Exam – 2 hours	<i>Head, Medical Education & Training Division</i>
	2.2 Write endorsement letter to the concerned subspecialty of their applicant's score	None	5 minutes	<i>& Administrative Assistant III - Education, Training and Research Services</i>
3. Receive notification from email regarding pre-fellowship training schedule and medical clearance requirements	3.1 Subspecialty units submits endorsement letter to ETRS indicating schedule of pre-fellowship training	None	3 days	<i>Training Officer / Head of concerned subspecialty</i>
	3.2 Inform applicant thru email of his pre-fellowship training details and requirements		5 minutes	<i>Administrative Assistant III - Education, Training and Research Services</i>

<p>4. Undergo pre-fellowship training & Deliberation</p>	<p>4.1 Subspecialty units screens, interview, evaluates, deliberates performance of the applicant</p> <p>4.2 Recommends acceptance thru channels to the Executive Director after due deliberation</p>	<p>None</p>	<p>Varies; depends in the sections requirement - from 1 week – 3 months pre-fellowship training</p> <p>3 days</p>	<p><i>Training Officer / head of concerned subspecialty / Deputy Director, Education, Training and Research Services</i></p> <p><i>Head of concerned section / department Deputy Director, Education, Training and Research Services, Deputy Director for Medical Services, Executive Director</i></p>
<p>5. Receive notification of application status</p>	<p>5.1 Human Resource Management Division informs thru text and email accepted applicants of pre-employment requirements</p> <p>5.2 Medical Education & Training Division informs not accepted applicants thru email of status of application</p>	<p>None</p>	<p>5 minutes</p> <p>5 minutes</p>	<p><i>Human Resource Management Division Personnel</i></p> <p><i>Administrative Assistant III - Education, Training and Research Services</i></p>
<p>TOTAL PROCESSING TIME</p>		<p>P 500.00</p>	<p>6 days, 2 hours, 20 minutes/ Pre-fellowship training ranges from 1 week to 3 months</p>	



Application for Medical Rotation/ Affiliation

The Medical Education and Training Division facilitates the process of application for medical rotation of various DOH and non-DOH medical affiliating hospitals. The steps written below correspond with the application requirements implemented by the Education and Training Department.

Office or Division:	Medical Education and Training Division			
Classification:	Highly Technical			
Type of Transaction:	G2G – Government to Government G2C – Government to Citizen			
Who may avail:	PCMC and Non-PCMC medical healthcare professionals/ Residents and Fellows			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Letter of Request			Sending Agencies	
Updated Memorandum of Agreement			Education and Training Department/ Medical Education and Training Division	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a letter of intent addressed to the Executive Director to the office of the Medical Education and Training Division (METD) via email	1.1 Received by the Medical Education and Training Division, to be endorsed to the Director's office	None	1 day	<i>Division Head</i> Medical Education and Training Division
	1.2 Approve or disapprove the request, and return to METD for appropriate action	None	1 day	<i>Executive Director</i> Office of the Director
	1.3 Endorse the request to the subspecialty unit/s requested for rotation	None	1 day	<i>Division Head</i> Medical Education and Training Division

	1.4 Approve/ Decline the request for rotation, and return the noted document to METD	None	1 day	<i>Section/Division Head</i> Subspecialty Unit/ Section/ Division concerned
	1.5 Coordinate with the affiliating hospital and furnish them with an updated template of the memorandum of agreement for PCMC medical rotation	None	1 day	<i>Administrative Assistant I</i> Education and Training Department
2. Once accomplished and signed by their respective signatories, submit the MOA (drops off at the PCMC main lobby via hand carry or courier) to METD	2.1 Log the MOA to the Document Tracking System (DTS) and forward to DO	None	3 minutes	<i>Administrative Assistant I</i> Education and Training Department
	2.2 Endorse the MOA to the office of the Deputy Director for Hospital Support Services (DDHSS) for contract review	None	1 day	<i>Executive Director</i> Office of the Director
	2.3 Attach a contract review form and forward to METD (end-user) for review and signature	None	2 days	<i>Administrative Officer III</i> Office of the Deputy Executive Director for Hospital Support Services
	2.4 Review and sign (once approved) the MOA and the contract review form	None	3 days	<i>Deputy Executive Director</i> Office of the Deputy Director for Education, Training and Research Services <i>Division Head</i> Accounting Division <i>Deputy Executive Director</i>

				Office of the Deputy Director for Medical Services <i>Legal Office</i> <i>Deputy Executive Director</i> Office of the Deputy Director for Hospital Support Services Office of the Director
	2.5 Once signed by the Director, return the MOA to METD	None	1 day	<i>Administrative Officer III</i> Office of the Deputy Executive Director for Hospital Support Services
	2.6 Inform the affiliating hospital that the MOA is ready for pick up and notarization	None	1 day	<i>Administrative Assistant I</i> Education and Training Department
3. Pick up the MOA and proceed to the Notary Public for notarization		Notarization fee depends on the Notary Public	N/A	<i>Affiliating Hospital representative</i> Affiliate Hospital
TOTAL:		None	13 days; 3 minutes	



Application for Pediatric Residency Training Program

The Medical Education and Training Division provide assistance to registered physicians who intend to apply to the Pediatric Training Program of Philippine Children's Medical Center

Office or Division:	Medical Education and Training Division			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Graduate of Doctor of Medicine			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Letter of Request			Sending Agencies	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Applicant Inquiry	1.1 Answers inquiry and provide list of requirements	None	3 minutes	<i>Clerk III</i> Medical Education and Training Division
2. Submit Requirements	2.1 Receives and checks completeness of required credentials 2.2 Informs applicant of schedule of written examination	None	5 minutes	<i>Clerk III</i> Medical Education and Training Division
3. Takes the Written Examination	3.1 Conducts a written examination to all applicants	PHP 500.00	2 hours	<i>Division Head</i> Medical Education and Training Division
4. Attends orientation for Pre-Residency	4.1 Conducts an orientation for all applicants 4.2 Inform applicants of their schedule for Pre-Residency	None	1 hour	<i>Division Head</i> Medical Education and Training Division

5. Reports for assessment of clinical competence and skill (Pre-Residency)	5.1 Schedule rotation of pre-residency and coordinates to the heads of areas of assignment	None	1 day	<i>Division Head</i> Medical Education and Training Division
	5.2 Conducts interview to all applicants		30 minutes (interview)	<i>Division Head</i> Medical Education and Training Division
	5.3 Assess performance 5.4 Recommends acceptance to the Residency training program		1 day	<i>Deputy Director</i> Education, Training and Research Services
6. Attends orientation	6.1 Conducts orientation on training policies.	None	5 days	<i>Training Officers</i>
TOTAL		PHP 500.00	7 Days, 3 Hours, 38 Minutes	



FRONTLINE SERVICES: APPLICATION FOR STUDENT IMMERSION/ PRACTICUM PROGRAM

Service Information: This program aims to provide students, opportunities to experience actual work setting wherein they are also expected to develop life and career skills, right work attitude and relevant competencies.

Office or Division:	Medical Education and Training Division			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	Students			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Letter of Intent addressed to the Executive Director			Administrative Assistant I (Education and Training Department)	
Memorandum of Agreement				
Curriculum Vitae with 1x1 Picture				
Medical Certificate from School Physician				
Student Performance Evaluation				
Affiliation Fee				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Applicant Inquiry	Issuance of Requirements	None	No processing time	Administrative Assistant I (Education and Training Department)/ Clerk III (Medical Education and Training Division)
2. Submit letter of intent	2.1 Checks and forward to Director's Office for approval	None	5 minutes	Administrative Assistant I (Education and Training Department)
		None		Administrative Assistant I (Education and Training Department)

	<p>2.2 Inform student Coordinator on approved request</p> <p>2.3 Advise to get a copy of Memorandum of Agreement for school's perusal</p>	None	<p>No processing time via online</p> <p>No processing time via online</p> <p>No processing time</p>	Administrative Assistant I (Education and Training Department)
3. Submit Memorandum of Agreement	<p>3.1 Validate signatories and expiry</p> <p>3.2 Deputy Director for Education, Training and Research Services signs in conformity with the agreement</p>	None None None	<p>2 minutes</p> <p>No processing time</p>	Administrative Assistant I (Education and Training Department)

	<p>3.3 Forward Memorandum of Agreement to Director's Office</p> <p>3.4 Inform Student's Coordinator of approved Memorandum of Agreement AND Affiliation Fee</p> <p>3.5 Prepares schedule and coordinates with the offices where they will be rotated</p>	<p>P100.00</p> <p>None</p> <p>None</p>	<p>5 minutes</p>	
4. Student's Coordinator get a copy of Memorandum of Agreement for notarization	4. Give a copy of Memorandum of Agreement and advise to submit medical certificate	None	3 minutes	Administrative Assistant I (Education and Training Department)
5. Submit notarized Memorandum of	5. Checks and file and give	None	3 minutes	Administrative Assistant I (Education and Training Department)

Agreement and medical certificate	copy to students coordinator			
6. Report for Immersion as scheduled	6. Tour of the facility and endorsed to their requested area of assignment	None	5 minutes	Training Officer
7. Accomplish and submit required Evaluation Report	7.1 Submit summary of collated report	None	5 minutes	Training Officer
	TOTAL	P100.00	28 minutes	
END OF TRANSACTION				



SERVICE NAME: APPLICATION TO CONDUCT RESEARCH STUDIES

Process for clients who intend to conduct research study/ies in the institution

Office or Division:	Clinical Research Department (CRD)			
Classification:	Simple			
Type of transaction:	Government to client			
Who may avail:	PCMC staff and Non-PCMC researchers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Intent addressed to Executive Director				
Research proposal/protocol format		CRD Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Obtain requirements to conduct research study	Give prescribed research proposal/ protocol format	None	15 minutes	Clerk
2. Submit complete research proposal/ protocol package	Receive submitted research proposal/ protocol package	None	5 minutes	Clerk
Total		None	20 minutes	



General Circulation and Internet Reference Service

The PCMC Library provides access to library references (printed or electronic format), provision of discussion room area and access to computers and or Wi-Fi within the library premises for research process by the general public on a first-come, first-served basis.

Office or Division:	Medical Records and Library Division Medical Library			
Classification:	Simple			
Type of Transaction:	Government to Citizen (G2C), Government to Business (G2B)			
Who may avail:	PCMC Hospital Staff and Approved Referred Client			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Valid PCMC Issued ID or ID of Referred Client Approved Recommendation Letter		HRMD/ College/School/University Librarian(Students)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Medical/Virtual Library and fill out the necessary forms conforming to what transaction/service to avail	Receives the form. Checks for completeness of information.	None	2 minutes	Librarian
2. Wait for the Medical Library's email response within the day for your requested references	Inform the client if the request is available or unavailable Response from the Librarian-In-Charge on its Computer/ Discussion Room availability is quickly disclosed thru phone call or e-mail messages.	None	10-15 minutes	Librarian
<u>For Rooms/Service Request:</u> Checks out the				

availability of the requested date and time.				
3. Download and answer online or printed Service Evaluation Form	Assist as necessary	None	2 minutes	Librarian
TOTAL PROCESSING TIME			19 minutes	
END OF TRANSACTION				



Library Use, Computer Printing and Scanning Service

This service accommodates request from individuals or society for library facility use. This also allows our client to scan and print documents black or colour on both long and short sized paper.

Office or Division:	Medical Records and Library Division Medical Library			
Classification:	Simple			
Type of Transaction:	Government to Citizen (G2C)			
Who may avail:	PCMC Hospital Staff and approved Referred Client			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Valid PCMC Issued ID or ID of Referred Client Approved Recommendation Letter		HRMD/ College/School/University Librarian(Students)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Medical/Virtual Library and fill out the necessary forms conforming to what transaction/service to avail	Receives the form. Checks for completeness of information.	None	2 minutes	Librarian
2. Get the order of payment and pay at the Cashier	Issue Order of Payment and instruct to pay at the Cashier	10.00 –Print(Black) 15.00 - Print(Colored) 10.00 – Scan 100.00 - Library Use	6-8 minutes	Librarian
3. Present Official Receipt and claim print outs	Get the OR # and issue the document	None	2 minutes	Librarian
4. Download and answer online or printed Service Evaluation Form	Assist as necessary	None	2 minutes	Librarian
TOTAL PROCESSING TIME			11 minutes	
END OF TRANSACTION				



ISSUANCE OF MEDICAL RECORDS

Monday – Friday; 8:00 AM – 5:00 PM
 8588-9900 local 250 and 381 / medicalrecords@pcmc.gov.ph
 Charito L. Maiquez

The medical records section issues medical records like Clinical Abstract, Medical Certificate, copy of laboratory, x-ray and other diagnostic procedures to patients upon request of the parent/s or any authorized representative.

Office or Division	Medical Records & Library Division – Medical Records	
Classification:	Complex	
Type of Transaction:	G2C-Government to Citizens	
Who May Avail:	Patients/ Patient's Parent/s	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
A. Parents: 1. Request form for Medical Information 2. Any Government issued ID	1. Medical Records, Philippine Children's Medical Center 2. Other Government Institution	
B. Authorized Representative: 1. Authorization Letter 2. Request form for Medical Information 3. Copy of Government issued ID of the parent/s 4. Copy of Government issued ID of authorized representative	1. Parents 2. Medical Records, Philippine Children's Medical Center 3. Other Government Institution	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESsing TIME	PERSON RESPONSIBLE
1. Proceed to MRS and fill up request form for medical information.	1. Issue request form for medical information.	None	5 minutes	<i>Clerk, Medical Records Section, Reception Area</i>
2. Submit duly filled up request for medical information form and get Order of Payment then pay at the Cashier	2. Issue Order of Payment and direct the parent/authorized representative to pay at the Cashier		5 minutes	<i>Cashier, Ground Floor, PCMC Main Building</i>
2.1. Photocopy of Results		P5.00		<i>Clerk, Medical Records Section, Reception Area</i>
2.2. Certificate of Confinement		P100.00		
2.3. Medical Certificate		P100.00		
2.4. Clinical Abstract		P150.00		
2.5. Certified True Copy of Documents with Seal		P50.00		
3. Present the Official Receipt and get the Claim Stub and contact number to know when to follow up to claim requested documents.	3. Get the OR number and issue claim stub with contact number	None	5 minutes	<i>Clerk, Medical Records Section, Reception Area</i>

3.1. Photocopy of Results			5 minutes	<i>Clerk, Medical Records Section, Reception Area</i>
3.2. Certificate of Confinement			15 minutes	<i>Clerk, Medical Records Section</i>
3.3. Medical Certificate			3 days	<i>Clerk, Medical Records Section</i>
3.4. Clinical Abstract			5 days	<i>Clerk, Medical Records Section</i>
3.5. Certified True Copy with Seal		None	5 minutes	<i>Clerk, Medical Records Section</i>
4. Claim the requested documents on the designated schedule, present requirements and sign on the request form.	4. Check the requirements and issue the requested document	None	5 minutes	<i>Clerk, Medical Records Section, Reception Area</i>
TOTAL		Photocopy of Results - ₱5.00 Cert. of Confinement - ₱100.00 Medical Cert. - ₱100.00 Clin. Abstract – 150.00 Cert. True Copy of Docs w/ Dry Seal - ₱50.00	8 days 45 minutes	
<i>END OF TRANSACTION</i>				



PROCESSING AND ISSUANCE OF BIRTH CERTIFICATE

Monday – Friday; 8:00 AM – 5:00 PM
 8588-9900 local 250 and 381 / medicalrecords@pcmc.gov.ph
 Charito L. Maiquez

The Medical Records Section process the registration of certificate of live births of all infants born in PCMC. Copy of registered birth certificate is issued only to parents or authorized representative to ensure the confidentiality of the record one month after registration of Quezon City Civil Registry.

Office or Division	Medical Records & Library Division	
Classification:	Highly Technical	
Type of Transaction:	G2C-Government to Citizens	
Who May Avail:	Parents/Authorized Representative	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
A. Parent/s: A.1. Married A.1.1. Birth Certificate Information Data Sheet (BCIDS) A.1.2. Claim Slip A.1.3. Marriage Certificate A.2. Not Married A.2.1. Birth Certificate Information Data Sheet (BCIDS) A.2.2. Claim Slip A.2.3. Copy of Government Issued ID	1. Medical Records, Philippine Children’s Medical Center 2. Civil Registry or Philippine Statistics Authority 3. Other Government Institution	
B. Authorized Representative: 1. Authorization Letter		

2. Claim Slip 3. Copy of Government issued ID of parents 4. Copy of Government issued ID of representative		1. Parent/s 2. Medical Records, Philippine Children’s Medical Center 3. Other Government Institution		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to MRS to review the typed Birth Certificate and sign on the four (4) copies of the Birth Certificate.	1. Type the Birth Certificate and let the parent/s check the information. Then let the parent sign the four (4) copies of the Birth Certificate	None	20 minutes	<i>Clerk, Medical Records Section</i>
2. For unmarried couple: Get an Order of Payment and pay at the Cashier	2. For unmarried couple, issue Order of Payment and direct the parent/s to pay at the Cashier.	None	5 minutes 15 minutes (Depending on the volume of transaction at the Cashier)	<i>Clerk, Medical Records Section</i> <i>Cashier, Ground Floor, PCMC Main Building</i>
<i>2.1. Married or Single Parent (or no declared father) pay the Birth Certificate Form</i>		P100.00		
<i>2.2. For not married couple pay for the form and notarial fee</i>		P160.00		
3. Present the Official Receipt	3. Get the OR number	None	5 minutes	<i>Clerk, Medical Records Section</i>

4. Get an Appointment Slip to know when to claim the registered Birth Certificate	4. Issue the Appointment slip and write the date when to follow up to get the registered Birth Certificate	None	5 minutes *Registration process may take one (1) month for Civil Registry to issue (RA 386 "Civil Code of the Philippines")	<i>Clerk, Medical Records Section</i>
5. On the designated date to claim the registered Birth Certificate, present required documents as proof, claim the registered Birth Certificate and sign on the logbook	5. Review the requirements presented then release the registered Birth Certificate and let the parent/ or authorized representative sign on the logbook	None	10 minutes	<i>Clerk, Medical Records Section</i>
TOTAL		Married/ Single Parent - ₱100.00 Not Married - ₱160.00	1 month 1 hour	
<i>END OF TRANSACTION</i>				



ONLINE APPLICATION FOR MEDICAL INFORMATION

Monday – Friday; 8:00 AM – 5:00 PM

8588-9900 local 250 and 381 / medicalrecords@pcmc.gov.ph

Charito L. Maiquez

The online application for medical information is an alternative platform to request copy of medical records like Clinical Abstract, Medical Certificate, copy of result of laboratories, x-ray and other diagnostic procedures. This is in response to the program of the government on “Ease of Doing Business” and “New Normal” process in this time of pandemic.

Office or Division	Medical Records & Library Division – Medical Records	
Classification:	Complex	
Type of Transaction:	G2C-Government to Citizens	
Who May Avail:	Patients/ Patient’s Parents/ Authorized Representative	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
A. Parent/s: 1. Online Application for Medical Information Form 2. Government issued ID 3. Deposit Slip/ Transaction Slip	1. Philippine Children’s Medical Center official Website 2. Other Government Institution 3. Link.BizPortal (Landbank)	
B. Parent/s/ Authorized Representative: 1. Online Application for Medical Information Form 2. Authorization Letter 3. Copy of any Government issued ID of parents 4. Copy of any Government issued ID of representative	1. PCMC Website 2. Parent/s 3. Other Government Institution	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Download Online Application for Medical Information Form from PCMC website and fill up the information then email at medicalrecords@pcmc.gov.ph	1. Check e-mail and send acknowledgment and payment details.	None	5 minutes	<i>Clerk, Medical Records Section</i>
2. Pay the corresponding amount through Landbank Link.BizPortal website.	2. Prepare the requested document		-	<i>Clerk, Medical Records Section</i>
2.1. Photocopy of Results		P5.00		<i>Clerk, Medical Records Section</i>
2.2. Medical Certificate		P100.00		
2.3. Clinical Abstract		P150.00		
3. Take a photo or scan the bank transaction slip then send to the official e-mail address PCMC Medical Records. Attach the photocopy or scanned copy of government issued ID and other required documents - medicalrecords@pcmc.gov.ph	3. Scan the document requested and send to the e-mail address of the requesting parent/s or authorized representative.	None	-	<i>Clerk, Medical Records Section</i>
3.1. Photocopy of Results – 3 working days			3 days	<i>Clerk, Medical Records Section</i>

3.2. Medical Certificate- 3 working days.				<i>Clerk, Medical Records Section</i>
3.3. Clinical Abstract – 5 working days.			5 days	<i>Clerk, Medical Records Section</i>
TOTAL		Photocopy of Results - ₱5.00 Medical Cert. - ₱100.00 Clin. Abstract – 150.00	8 days 5 minutes	
<i>END OF TRANSACTION</i>				



Request for Attendance to Staff Development Courses on Official Time

PCMC Employees whether Permanent, Temporary, Casual, Contractual, Consultants on Honorarium and Job Order, where in prescribed, recommended and approved by the Executive Director shall attend a staff development course. The steps written below shall be followed to facilitate the process of request for attendance to staff development courses on Official Time.

Office or Division:	Personnel Development Division			
Classification:	G2G - Government to Government			
Type of Transaction:	Complex Transaction			
Who may avail:	Permanent, Temporary, Casual, Contractual, Consultants on Honorarium and Job Order Employees of PCMC			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Letter of Request			Requesting Division, Department, Office	
Training Invitation			External Learning Provider	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit training invitation and request for attendance to the Executive Director thru Channels	Received by the Education, Training and Research Services and forward thru channels	None	7 days	Office of the Education, Training and Research Services
	Secure approval from the Executive Director	None		Office of the Executive Director
	Process MCO upon the receipt of approved training request from Executive Director	None		Personnel Development Division
Receive approved MCO	Send soft copy of approved MCO to the end-user	None		Personnel Development Division
	TOTAL	None	7 days	
END OF TRANSACTION				



Request for Attendance to Staff Development Courses on Official Business

PCMC Employees whether Permanent, Temporary, Casual, Contractual and Consultants on Honorarium and Job Order, where in prescribed, recommended and approved by the Executive Director shall attend a staff development course. The steps written below shall be followed to facilitate the process of request for attendance to staff development courses on Official Business. In some cases, the Executive Director may grant the employee/staff to attend relevant training despite receipt of the request is less than four (4) weeks.

Office or Division:	Personnel Development Division			
Classification:	G2G - Government to Government			
Type of Transaction:	Highly Technical Application			
Who may avail:	Permanent, Temporary, Casual and Contractual Employees of PCMC			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Request		Requesting Unit Division, Department, Office		
Training Invitation		Inviting External Learning Provider		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of training request and request for attendance addressed to Executive Director thru Channels	1. Receive by the Education, Training and Research Services and forward thru channels	None	4 weeks	Office of the Education, Training and Research Services
	2. Secure approval from the Executive Director	None		Office of the Executive Director
	3. Process MCO upon the receipt of approved training request from Executive Director	None		Personnel Development Division
	4. Receive MCO and attachments for processing of check payment	None		Finance Department

2. Pick-up check payment	5. Release of check to end-user	None		Cashier
	TOTAL	None	4 weeks	
END OF TRANSACTION				



Request from Other Agencies to Attend PCMC Nursing Training Programs

The PCMC Nursing Education and Training Division offers different competency enhancement training programs for both PCMC nursing service personnel and those from other agencies. The steps indicated below shall be followed to facilitate and process the sending agencies' requests.

Office or Division:	Nursing Education and Training Division			
Classification:	Government to Government, Government to Business			
Type of Transaction:	Complex Transaction			
Who may avail:	Nurses or Nursing Support Personnel from other agencies.			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Letter of Request			Sending Agencies	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a letter of intent to the Executive Director	Received by the Education, Training and Research Services then by Nursing Education and Training Division for comments and recommendation.	None	7 days	Office of the Executive Director; Education, Training, and Research Services; Nursing Education and Training Division
	Recommends approval or disapproval of the request.	None		Nursing Education and Training Division
	Approves or disapproves letter of sending agency.	None		Office of the Executive Director
2. Communicate with PCMC	Communicates with the sending agency the details and	None		Nursing Education and Training Division

NETD Personnel	requirements of the training programs.			
3. Pays the training fee if applicable	Secures payment of sending agency if applicable.	Depending on Training Fee Published	1 day	Nursing Education and Training Division
	Confirms training slot of sending agency	None		Nursing Education and Training Division
	TOTAL	None	8 days	

END OF TRANSACTION



Request from Nursing Schools to Attend the Nursing Student Related Learning Experience Program

The PCMC Nursing Education and Training Division in partnership with the Nursing Service Office offers Related Learning Experience Program for the student nurses of affiliating schools. The steps indicated below shall be followed to facilitate and process the sending agencies' requests.

Office or Division:	Nursing Education and Training Division			
Classification:	Government to Business			
Type of Transaction:	Complex Transaction			
Who may avail:	Nursing Schools			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Letter of Request			Nursing Schools	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a letter of intent to the Executive Director	Received by the Education, Training and Research Services; Nursing Service Office; then by Nursing Education and Training Division for comments and recommendation.	None	7 days	Office of the Executive Director; Education, Training, and Research Services; Nursing Service Office Nursing Education and Training Division
	Recommends approval or disapproval of the request.	None		Nursing Education and Training Division
	Approves or disapproves letter of sending agency.	None		Office of the Executive Director
2. Communicate with PCMC	Communicates with the nursing schools the	None	7 days	Nursing Education and Training Division/ Nursing Service E&T Implementation Office

NETD Personnel	details and requirements of the RLE programs.			
3. Pays the affiliation fee if applicable	Secures payment of sending nursing schools	Depending on the Number of Hours and Students	1 day	Nursing Education and Training Division/ Nursing Service E&T Implementation Office
	Confirms training slot of sending agency	None		Nursing Education and Training Division/ Nursing Service E&T Implementation Office
	TOTAL	None	15 days	

END OF TRANSACTION



Request from Nursing Schools to Affiliate with PCMC

The PCMC Nursing Education and Training Division in partnership with the Nursing Service Office offers Related Learning Experience Program for the student nurses of affiliating schools. Before they may be admitted in this program, they are required to be affiliated with PCMC through a Memorandum of Agreement or MOA. The steps indicated below shall be followed to facilitate and process the sending agencies' requests.

Office or Division:	Nursing Education and Training Division			
Classification:	Government to Business			
Type of Transaction:	Complex Transaction			
Who may avail:	Nursing Schools			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Letter of Request			Nursing Schools	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a letter of intent to the Executive Director	Received by the Education, Training and Research Services; Nursing Service Office; then by Nursing Education and Training Division for comments and recommendation.	None	7 days	Office of the Executive Director; Education, Training, and Research Services; Nursing Service Office Nursing Education and Training Division
	Recommends approval or disapproval of the request.	None		Nursing Education and Training Division
	Approves or disapproves letter of sending agency.	None		Office of the Executive Director

2. Communicate with PCMC NETD Personnel	Communicates with the nursing schools the details and requirements to be indicated in the Memorandum of Agreement / Contract	None	7 days	Nursing Education and Training Division / Nursing Service E&T Implementation Office
3. Sends the Memorandum of Agreement for review	Communicates revisions if necessary. Otherwise, recommends approval of the Memorandum of Agreement / Contract	None	1 day	Nursing Education and Training Division / Nursing Service E&T Implementation Office
4. Receives signed MOA/Contract from PCMC	Informs the nursing school about the signed MOA / Contract	None	1 day	Nursing Education and Training Division / Nursing Service E&T Implementation Office
	TOTAL	None	15 days	
END OF TRANSACTION				



Submission and Review of Research Protocol

Process of clinical research by PCMC proponents

Office or Division:	Clinical Trials and Research Division (CTRD)			
Classification:	Highly Technical			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	PCMC Staff			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Research proposal/protocol in the prescribed format		Clinical Trial and Research Division		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit research protocol in the prescribed format <i>N.B.</i> ¹ <i>Soft and hard copies must be submitted</i> ² <i>Hard copy must be duly signed by the authors, TO/RO and Section Chief</i> ³ <i>Indicate version (e.g. _V1.0 for 1st submission or _V2.0 for 1st revision)</i>	1.1 Provide Research Protocol Format (<i>ETCR-PCMC-RPF5 090320 Rev. 0</i>), if required by client	None	10 minutes	<i>Clerk</i> Clinical Trial and Research Division
	1.2 Receive research protocol and turn over to the pre-assigned Technical Research Adviser and CTRD Panel of Reviewers		1 day	<i>Clerk</i> Clinical Trial and Research Division
	1.3 Review research protocol submission <i>N.B. Questions and recommendations may be sent to the Trainee before the panel presentation</i>		5 days	<i>Technical Research Adviser/s</i> Clinical Trial and Research Division
	1.4 Inform client of schedule of panel presentation		10 minutes	<i>Clerk</i> Clinical Trial and Research Division

	<p><i>N.B.</i> ¹<i>Schedule of panel presentation shall be decided at least 3 days from submission of research protocol</i> ²<i>All PCMC trainees must present new research proposals; the Technical Research Adviser shall decide if presentation is necessary for all other submissions</i></p>			
<p>2. Present research protocol to the CTRD panel of reviewers <i>N.B.</i> ¹<i>Supervising consultant (co-investigator) / training officer must attend presentation of trainees</i> ²<i>Revisions to the protocol must be implemented before the next submission/ presentation</i></p>	<p>2.1 Attend the presentation, and evaluate the research proposal</p> <p>2.2 Approve or recommend revision of the research proposal</p> <p>2.3 Set schedule for the next presentation (for proposals requiring major revisions)</p>	None	1 hour	<i>Technical Research Adviser/s Clinical Trial and Research Division</i>
<p>3. Claim hard copy of the reviewed research protocol</p>	<p>3.1 Fill out Protocol Evaluation Form (<i>ETCR-PCMC-PEF6 090320 Rev. 0</i>)</p> <p>3.2 Approve the recommendations of the Technical Research Adviser</p>	None	1 day	<i>Technical Research Adviser/s Clinical Trial and Research Division</i>
			5 minutes	<i>Head Clinical Trial and Research Division</i>

	3.3 Return the reviewed research protocol to the client		5 minutes	<i>Clerk</i> Clinical Trial and Research Division
Total		None	7 days 1 hour and 40 minutes	

Hospital Support Services



Service Name: Application for Medical Assistance in PCSO

Service Information: Process of granting medical assistance to eligible patients thru the PCSO Fund.

Office or Division:	Patient Assistance and Support Services Division/ Malasakit Center	
Classification:	Simple	
Type of Transaction:	G2C - Government to Citizen	
Who may avail:	All Patient	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
<p>For Medicines</p> <ol style="list-style-type: none"> 1. Updated & Original Copy of Clinical Abstract/Medical Certificate 2. Photocopy Certificate of Indigency 3. Photocopy of Valid ID 4. Original Prescription with cost or Treatment protocol 5. Filled up Universal Intake Sheet <p>For Hospital Bill</p> <ol style="list-style-type: none"> 1. Updated & Original Copy of Clinical Abstract/Medical Certificate 2. Photocopy Certificate of Indigency 3. Photocopy of Valid ID 4. Hospital Bill or Statement of Account 5. Filled Up Universal Intake Sheet <p>For Procedure</p> <ol style="list-style-type: none"> 1. Updated & Original Copy of Clinical Abstract/Medical Certificate 2. Photocopy Certificate of Indigency 3. Photocopy of Valid ID 4. Request for the Procedure with quotation 5. Filled up Universal Intake Sheet <p>For Devices</p> <ol style="list-style-type: none"> 1. Updated & Original Copy of Clinical Abstract/Medical Certificate 2. Photocopy Certificate of Indigency 3. Photocopy of Valid ID 4. Three (3) Quotations from 3 different suppliers 5. Universal Intake Sheet 		<ol style="list-style-type: none"> 1. Attending Physician 2. Barangay and/or Local Government Unit/MSS 3. SSS, Postal ID, NBI, DSWD 4Ps etc. 4. Attending Physician/Billing Section for Hospital Bill/Income Center for the Costing 5. Medical Social Worker of PCMC

CLIENT STEPS	AGENCY ACTIONS	FEEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the complete requirements to the PCSO Malasakit Staff	1.Receive and review the requirements, and assess the patients' needs	None	2 minutes	PCSO Malasakit Center Staff
	2.Interview patient using the Unified Intake Sheet		5 minutes	
	3.Encode patients data in the PCSO Medical Access Program System		3 minutes	
	4 Wait for its approval from PCSO Main Office.		1-2 hours	
	5.Print the Approved Guarantee Letter		2 minutes	
2. Client acknowledges and receive the medical assistance and proceed to Public Assistance Unit for encoding in the Trust Fund Information System.	2.1 Release Guarantee Letter to the client		2 minutes	
TOTAL		None	2 hours 14 minutes	

Note: For application for assistance received after 5PM, approval and release will be on the following day.



Applying for Assistance in the Medical Social Service

Service Information: The process of availing the services of Medical Social Service.

Office or Division:	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C - Government to Client			
Who may avail:	Patient or representative of patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Prescription/Lab Request/ Hospital Bill whichever is applicable 2. Certificate of Indigency 3. Updated Medical Abstract/Medical Certificate 4. Valid Identification Card of Claimant (parent/guardian)		Attending Physician/ Billing Section Barangay/ Medical Social Worker Attending Physician		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Approach the Social Worker and present the requirements /proof of patient's needs.	1.1 Receive and assess patient's medical needs.	None	2 minutes	Social Welfare Officer Medical Social Service
2. Answer the social workers assessment questions.	2.1 Conduct interview using the Intake Sheet (Assessment Tool)	None	3 minutes	Social Welfare Officer Medical Social Service
3. Sign the applicable document after the interview	3.1 Received the signed document	None	2 minute	Social Welfare Officer Medical Social Service
		None	2 minutes	Social Welfare Officer Medical Social Service

4. Received the approved application and submit to the Public Assistance Unit for encoding	3.2 Process patient's application for assistance and secure approval. 3.3 Release approved application to patient	None	1 minute	Social Welfare Officer Medical Social Service
	Total	None	10 minutes	

Note: Processing time may exceed when there are technical problems.



Applying for Assistance in the DSWD (Assistance for Individuals in Crisis Situation)

Service Information: The process of availing the services of the Department of Social Welfare and Development (DSWD) in the Malasakit Center

Office or Division:	Patient Assistance and Support Services Division – Malasakit Center			
Classification:	Simple			
Type of Transaction:	G2C - Government to Client			
Who may avail:	Patient or representative of patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Prescription/Lab Request/ Hospital Bill whichever is applicable 2. Certificate of Indigency 3. Updated Medical Abstract/Medical Certificate 4. Valid Identification Card of Claimant (parent/guardian) for verification purposes		Attending Physician/ Billing Section Barangay/ Medical Social Worker Attending Physician		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Approach the Malasakit Center Social Worker and present the requirements /proof of patients needs.	1.1 Receive and assess patients medical needs.	None	3 minute	Social Welfare Officer DSWD-Malasakit Center

2. Answer the social workers assessment questions and sign the Universal Intake Sheet	2.1 Conduct interview using the Universal Intake Sheet (UIS) and DSWD General intake sheet.	None	5 minutes	Social Welfare Officer DSWD
	2.2 Issues Certificate of Eligibility	None	1 minute	Social Welfare Officer DSWD-Malasakit Center
3. Received and acknowledge assistance by signing the certificate of eligibility.	3.1 Release the assistance to client	None	1 minute	Social Welfare Officer DSWD-Malasakit Center
Total		None	10 minutes	

Note: Processing time may exceed when there are technical problems.



Service Name: Assessment of Patient's Eligibility

Service Information: To identify patients eligible for assistance thru socio economic and psychosocial assessment.

Office or Division:	Medical Social Service Unit			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	All Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ol style="list-style-type: none"> Referral for eligibility and/or Admission Slip (for ER and pts with direct admission order) OPD Patient's Form (for OPD patients) 		<ol style="list-style-type: none"> ER/Triage/Doctor's Clinic OPD Clerk 		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<ol style="list-style-type: none"> Give the referral for eligibility to the Social Worker if patient is from ER, Admission slip, OPD form (if patient is from OPD) Proceed to the designated unit(ER, Admitting or OPD) 	<ol style="list-style-type: none"> Receive the documents and conduct interview/assessment Stamp the classification Provide orientation to the client. If for admission, refer to Phil Health Cares staff for verification of Phil Health membership. Enroll to Pont of Service if needed and qualified. Instruct patient guardian to return to ER (if from ER), to Admitting (if for admission), 	None	10 minutes	Social Welfare Officer Medical Social Service/PASSD Social Insurance Assistant Malasakit Center Social Welfare Officer

	to OPD (if out patient)			Medical Social Service/PASSD
	Total	None	10 minutes	



Philhealth Benefits (In-patient and Out-patient)

The Philhealth Benefits are deductions to final bill or charges that are granted to qualified Philhealth member/s beneficiary/ies upon presentation, validation and submission of required document/s.

Office or Division:	Billing and Claims Division			
Classification:	Simple			
Type of Transaction:	Government to Client (G2C)			
Who may avail:	Admitted Patients and Out-patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Claim Signature Form (CSF) - signed			Philhealth member	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient or relative shall proceed to Billing and Claims – Philhealth window #1 and give the filled-up CSF to Philhealth staff for validation from Beacon Software.	Philhealth staff verifies eligibility by encoding CF1 in Beacon portal. Print/download Philhealth Benefit Eligibility Form (PBEF). Indicated in the form is the confirmation of eligibility: a. If eligible (YES), end of transaction b. If not eligible (NO), required document/s to be submitted to Philhealth for compliance in order to qualify/ be eligible	None	10 minutes	Billing and Claims Staff
	Total	None	10 minutes	



Processing and Releasing of Final Bills (In-patient)

The processing of Final bills are series of actions that validate the financial obligation of the admitted patient/s. These Final Bills are then issued to patients or representatives to give them guide on their final financial obligation.

Office or Division:	Billing and Claims Division			
Classification:	Simple			
Type of Transaction:	Government to Client (G2C)			
Who may avail:	Patient or representative of Patient			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Discharge Clearance/Order			Nursing Station/Ward	
Valid ID of Patient/ Parent and Authorization Letter for representative in compliance to RA 10173 or the Data Privacy Act			Billing and Claims Windows 1 or 2	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ward Clerk give the Discharge Clearance (D/C) to Billing and Claims – Philhealth window #1	1.1 Billing and Claims – Philhealth receives the Discharge Clearance 1.2 Check availability of claim forms (CF4/CF3), history of confinement, and deduct Philhealth benefits (if any). 1.3 Forward the D/C to Billing for Final Bill preparation. 1.4 Compute and print the Final Bill	None	13 minutes	Billing and Claims Staff

<p>2. Patient or relative shall proceed to :</p> <p>-Billing and Claims window #1 if patient is a Philhealth beneficiary</p> <p>-Billing and Claims window #2 if not a Philhealth beneficiary</p>	<p>1.5 Inform nursing station/ward</p> <p>2.1 Ask the patient / guardian to receive and sign the final bill.</p> <p>2.2 Release the Final Bill and advise to proceed to Cashier's window for the settlement of Final Bill.</p>	<p>None</p>	<p>3 minutes</p>	
	<p>Total</p>	<p>None</p>	<p>16 minutes</p>	



Request for Tentative Bill (Inpatient - Pay and Service)

The tentative bills are issued to requesting patients or representatives to give guide on the outstanding financial obligation or status of the admitted patient/s.

Office or Division:	Billing and Claims Division			
Classification:	Simple			
Type of Transaction:	Government to Client (G2C)			
Who may avail:	Patient or representative of Patient			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Request slip (Service patients only)			Medical Social Service	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pay Patients- per request Service patients give the request slip to Billing Staff for assistance purposes	Ask for the name of patient, print the tentative bill, sign and give to the requesting person/relative Get the request slip, print the tentative bill, sign and give to the requesting person/relative	None	3 minutes	Billing and Claims Staff
Total		None	3 minutes	



REQUEST OF ISSUANCE OF CERTIFICATE COVERING PERIOD OF TEN (10) YEARS

The Budget Division issues the following certificates to the employees based on the remittances submitted and paid to other government agencies (BIR, GSIS, PHIC, Pag-IBIG, etc.):

1. Certificate of Loan Payments
2. Certificate of Premium Payments
3. Certificate of Creditable Tax Withheld at Source

Office or Division:	Budget Division			
Classification:	Complex			
Type of Transaction:	G2C - Government to Citizen; G2B - Government to Business; G2G – Government to Government			
Who may avail:	Employees and Suppliers / Service Providers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> • Request letter • Authorization Letter if claimant is not the requesting party (In compliance with R.A. 10173 known as Data Privacy Act of 2012) 		Requesting Party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Email (budget@pcmc.gov.ph) / or submit a request letter to Budget Division	1.1 Verifies and validates client's data record; Prepares and initials on the requested Certificate	None	3 days, 1 hour	<i>Budget Staff</i> Budget Division
	1.2 Signs and certifies the Requested Certificate	None	10 minutes	<i>Budget Officer IV</i> Budget Division
2. Receives the certificate and signs in the logbook with date and time received.	2. Releases the Requested Certificate to the client	None	5 minutes	<i>Budget Staff</i> Budget Division
Total		None	3 days, 1 hour ,15 minutes	



Service Name: FUNCTION ROOM RESERVATION FOR PCMC USERS (Internal Use)

Service Information: Providing assistance to all units/ divisions/ departments in Function Room Reservation for PCMC users.

Office or Division:	Educational Media Unit (EMU)			
Classification:	Simple			
Type of Transaction:	Government-to-Government (G2G)			
Who may avail:	PCMC Employees (Internal Use)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Function Room Request Form (FRRF)		Requesting Personnel		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquire for the availability of the function room (date, time, # of participants, room).	1.1. If available, the client should fill-out the online reservation form on PCMC Intranet. 1.2. The end-user/ client request will be encoded in the database computer.	None	5 minutes	Educational Media staff
2. Follow-up status/ feedback of the request for reservation.	2. Inform the end-user/ client for the approval/ disapproval of their request.		1 minute	Educational Media staff
	Total		6 minutes	



Service Name: PHOTOCOPYING SERVICES

Service Information: Providing services to all PCMC Employees and Non-PCMC Users (Non-Official, OPD) in photocopying their documents.

Office or Division:	Educational Media Unit (EMU)			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	PCMC Employees (Official) and Non- PCMC Users (Non-Official, OPD)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Documents for Photocopy		Requesting Personnel		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Hand-over the documents to the staff on duty for photocopy NOTE: For PCMC Employee. Log-in the details in the logbook (date, name, department (office), number of copies and signature).	1.1 Receive and photocopy the documents.		1 minute NOTE: the processing time is depends on the number of quantity for photocopy.	Copier Operator/ Educational Media staff Copier Operator/ Educational Media staff
2. Received the photocopied documents. For Non PCMC: Pay the corresponding fees and	2.1 Received payment and log the details in the logbook 2.2 Released the	For Non-PCMC (OPD) Amount to be paid is based on the size and number of copy/ies.	1 minute	Copier Operator/ Educational media staff

received the photocopied documents	photocopied documents	<p>A4/ short size P1.50/page</p> <p>(Short front & back) P3.00</p> <p>F4/ Long size P2.00/page</p> <p>(Long front & back) P4.00</p> <p>A3 size P4.00</p> <p>(A3 paper should be provided by the end-user/client).</p>		
		Total	2 minutes	

Service Name: REQUEST FOR MIMEOGRAPHING OF HOSPITAL FORMS



Service Information: Providing assistance to all units/ divisions/ departments in printing (mimeographing) of hospital forms.

Office or Division:	Educational Media Unit (EMU)			
Classification:	Simple			
Type of Transaction:	Government-to- Government (G2G)			
Who may avail:	PCMC Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Online Request for Mimeographing Soft copy document for mimeographing		Requesting Personnel (units/divisions/departments) Educational Media Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-up Online Mimeographing Form (MF) available in PCMC Intranet with the attached soft copy document for mimeographing. NOTE: First come, First serve basis	1.1 Print the attached file. 1.2 Mimeograph the forms base on the quantity stated on the requested online form.	None	3 minutes 7 minutes per 1 ream	Reproduction Machine Operator (RMO) Reproduction Machine Operator (RMO)

2. Pick Up mimeographed forms	2.1 Release the documents		1 minute	Reproduction Machine Operator (RMO)
	Total		11 minutes	



Service Name: IT SYSTEM DEVELOPMENT

Service Information: The process of defining, analyzing, designing, testing and implementing a new application system program.

Office or Division:	Management Information Systems Division			
Classification:	Complex			
Type of Transaction:	Government to Government (G2G)			
Who may avail:	PCMC Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Proposed System – Approved by the Executive Director		Requesting Unit		
Service Request Form (SRF)		MISD office (PCMC Intranet Downloadable Forms)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up the Service Request Form with the approved letter request for proposed system	1.1 Received and evaluate the request 1.2 Give feedback, comment and recommendation	none	5 minutes	Technical Staff, Head - MISD
	Total	None	5 days	



Service Name: IT TECHNICAL SUPPORT

Service Information: Providing Technical support and assistance to all units/division/department.

Office or Division:	Management Information Systems Division			
Classification:	Complex			
Type of Transaction:	Government to Government (G2G)			
Who may avail:	PCMC Employees			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Service Request Form (SRF)			MISD Office (PCMC Intranet Downloadable Forms)	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call local 214 for all problems related to computer peripherals, printers, network connection and system application	Log the call into the system	none	3 minutes	Technical Staff
2. Explain the technical support (problem) needed	Assess if the problem can be solved through phone	none	10 minutes	Technical Staff
3. Follow the instructions given by the technical staff	Give instruction on how to solve the problem	none	10 minutes	Technical Staff
4. Fill up the Service Request Form for complicated IT support	Receive and log SRF, for appropriate Action	none	1 hour	Technical Staff
Total		None	1 hour, 23 minutes	



Service Name: Handling Complaints

Service Information: This is to ensure that complaints are addressed properly

Office or Division:	Corporate Planning Division			
Classification:	Complex			
Type of Transaction:	Government to Clients			
Who may avail:	Patients, Visitors and Stakeholders			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Filled out Complaint Form		Public Information and Complaint Desk		
Or Letter addressed to Executive Director		<i>PCMC Website Contact Us (www.pcmc.gov.ph)</i>		
		<i>Send it to PCMC Facebook Page</i>		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Fill out a complaint form provided by the Public Information and Complaint Desk or write a letter addressed to the Executive Director narrating specific details of the complaint.</p> <p>Or send their complaint thru the Contact Us portion of the website</p> <p>Or send a message to the PCMC Facebook Account.</p>	<p>The Public Information and Complaint Desk will forward the complaint to the Public Relations Officer</p>	<p>None</p>	<p>10 minutes</p>	<p>Public Information and Complaint Desk</p>
	<p>2. The Public Relations Officer (PRO) shall review the nature of complaint.</p>	<p>None</p>	<p>5 minutes</p>	<p>Public Relations Officer</p>

	3. For simple complaints, the PRO shall answer it immediately.	None	5 minutes	Public Relations Officer
	4. For complex complaints, the PRO will forward it to the concerned Department for appropriate action.	None	4 days	Public Relations Officer/ Department Head
	5. Concerned Department will send a copy of result of investigation and action to PRO.	None	5 minutes	Concerned Department
	6. Provide the complainant a feedback after receiving result of investigation and action of the concerned Department thru a letter signed by the Executive Director.	None	2 days	Public Relations Officer
	Total for simple	None	5 minutes	
	Total for complex	None	6 days and 20minutes	

Service Name: CONSULTATION FOR EMPLOYEES AND OUTSOURCED PERSONNEL
Service Information:



Office or Division:	Employees Clinic
Classification:	Simple
Type of Transaction:	Consultation /Follow-up
Who may avail:	All Employees and Outsourced Personnel

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
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Not Applicable	Not Applicable
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CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON / S RESPONSIBLE
1. Visit Clinic for Consultation/ Follow-up	1.1. Pulling out of Chart	None	2 minutes	Clerk
	1.2 Screening of patient and taking of vital signs	None	5 -7 minutes	Clerk
	1.3 Do a medical history 1.4 Do Medical Check-up 1.5 Request for diagnostic tests as needed 1.6 Performs injections/ vaccinations as the case may be	None	20 minutes	Employees Clinic Physician
	1.7 Logs the consultation diagnosis recommended by the Physician	None	5 minutes	Clerk
	1.8 Receive the forwarded diagnostic results, log and file in the employee's chart	None	5 minutes	Clerk

	1.9 Physician reassess the employee and interprets the results of diagnostic tests and refers to a sub specialist as the case may be	None	10-15 minutes	Employees Clinic Physician
	1.10 Records the follow-up diagnosis, recommendations and the medical certificate as the case may be	None	5 minutes	Clerk
	1.11 Record number of consultations and follow-up consult for census	None	10-15 minutes	Clerk
Total				
END OF TRANSACTION				



Service Name: PRE EMPLOYMENT MEDICAL CHECK-UP

Office or Division:	Employees Clinic			
Classification:	Simple			
Type of Transaction:	Pre-employment			
Who may avail:	All applicants			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
CBC, Urinalysis, Stool, Chest X-ray, Drug Test		Employees Clinic		
HBsAG, Anti-HBsAG (For MD, Nurses, Med. Tech. NA)		Employees Clinic		
RT PCR		PCMC and other DOH Accredited laboratory		
Color Blind Test (For Pathologists, Med. Tech., Drivers)		PCMC and other DOH Accredited laboratory		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON / S RESPONSIBLE
1. Visit the Clinic with the endorsement letter for Pre-employment	1.1 Give Medical Profile Sheet to be filled-up by the applicant 1.2 Screening of patient and take the vital signs	None	5 -7 minutes	Clerk
	1.3 Do a medical history 1.4 Do Medical Check-up 1.5 Request for diagnostic tests as a requirement 1.6 Issue prescriptions for vaccine as needed	None	20 minutes	Employees Clinic Physician
	1.7 Log the consultation diagnosis, recommended by the	None	5 minutes	Clerk

	Physician			
	1.8 Receive the forwarded diagnostic results, log and file in the applicant's chart	None	5 minutes	Clerk
END OF TRANSACTION				



Service Name: MEDICAL CLEARANCE

Office or Division:	Employees Clinic			
Classification:	Simple			
Type of Transaction:	Medical Clearance			
Who may avail:	All applicants			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Medical Clearance			Employees Clinic	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON / S RESPONSIBLE
1. Visit Clinic for Consultation/ Follow-up	1.1 Screening of patient and take the vital signs	None	5 -7 minutes	Clerk
	1.2 Physician reassess the applicant and interprets the results of diagnostic tests as the case may be	None	10-15 minutes	Employees Clinic Physician
	1.3 Performs injection/ vaccination as the case may be	None	5 minutes	Employees Clinic Physician
	1.4 Physician will issue a medical clearance	None	5 minutes	Employees Clinic Physician
	1.5 Issued clearance will be forwarded to HRMD	None	5 minutes	Clerk
END OF TRANSACTION				



Service Name: ANNUAL PHYSICAL EXAMINATION

Office or Division:	Employees Clinic			
Classification:	Complex			
Type of Transaction:	Annual Physical Examination			
Who may avail:	Regular Employees			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Laboratory Request – CBC,Urine, Stool, Chest Xray, For 40 y.o and above – Creatinine, Uric Acid, FBS, Cholesterol 45 y.o and above – Lipid Profile included			Employees Clinic	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON / S RESPONSIBLE
1. Visit the Clinic for APE	1.1 Pulling out of Chart	None	2 minutes	Clerk
	1.1 Screening of patient and take the vital signs	None	5 -7 minutes	Clerk
	1.2 Do a medical history 1.3 Do a physical exam 1.4 Request for diagnostic tests 1.5 Advised to make a follow-up	None	20 minutes	Employees Clinic Physician
2. Visit the Clinic for follow up of APE	2.1 Pulling out of Chart	None	2 minutes	Clerk
	2.2 Screening of patient and take the vital signs	None	5 – 7 minutes	
	2.3 Physician interprets the results of diagnostic tests and give advice	None	10 – 15 minutes	Physician
END OF TRANSACTION				



INITIAL CONSULTATION FOR EMPLOYEES AND OUTSOURCED PERSONNEL

Office or Division:	Employees Clinic			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government, G2C – Government to Citizen			
Who may avail:	All Employees and Outsourced Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Not Applicable		Not Applicable		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON / S RESPONSIBLE
1. Visit Employees' Clinic for Consultation	1.1 Screen and take vital signs of the employee	None	2 minutes	Clerk <i>Employees' Clinic</i>
Clinic Schedule for Sick Employees	1.2 Retrieve employee's record and endorse to the Physician on duty	None	1 minute	Clerk <i>Employees' Clinic</i>
<ul style="list-style-type: none"> • Mondays, Wednesdays, Fridays 8:00 am to 12:00 nn • Tuesdays & Thursdays 1:00pm to 5:00pm 				

2. Receive advise from the Physician	2.1 Conduct Medical Check- up to the employees	None	15 minutes	Clinic Physician <i>Employees' Clinic</i>
	2.2 Issue prescription or request for diagnostic test or performs simple clinic procedures or issue referral to sub-specialties for further evaluation as needed	None	5 minutes	
	2.3 Advise employees on his/her next follow up check up	None	2 minute	Clinic Physician <i>Employees' Clinic</i>
	TOTAL	None	25 minutes	



FOLLOW UP CONSULTATION FOR EMPLOYEES AND OUTSOURCED PERSONNEL

Office or Division:	Employees Clinic			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	All Employees and Outsourced Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Copy of Laboratory Result (if requested on the initial checkup)		PCMC and/or other laboratories		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON / S RESPONSIBLE
1. Go to Employees' Clinic on the scheduled follow up checkup and present the copy of lab result (if any) Clinic Schedule <ul style="list-style-type: none"> • Mondays, Wednesdays, Fridays 8:00 am to 12:00 nn • Tuesdays & Thursdays 1:00pm to 5:00pm 	1.1 Screen and take vital signs of the client	None	2 minutes	Clerk <i>Employees' Clinic</i>
	1.2 Retrieve employee's record and endorse to the Physician on duty	None	1 minute	
2. Receive advise from the Physician	2.1 Reassess the employees' health	None	15 minutes	Clinic Physician <i>Employees' Clinic</i>

	condition and interpret the diagnostic result 2.2 Issue prescription and give discharge instructions as the case may be	None	2 minutes	
	TOTAL	None	20 minutes	



PRE – EMPLOYMENT FOLLOW-UP

Office or Division:	Employees Clinic			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	PCMC Recommended Applicants			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Copy of Laboratory Result as requested on the initial check up		PCMC and/or other DOH Accredited laboratories		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON / S RESPONSIBLE
1. Visit Employees' Clinic and submit the copy of laboratory results Clinic Schedule <ul style="list-style-type: none"> Tuesdays & Thursdays 9:00am to 11:00am 	1.1 Receive the copy of applicants diagnostic result and retrieve applicants Medical Profile Sheet and endorse to the physician on duty	None	1 minute	Clerk <i>Employees' Clinic</i>
	1.2 Interpret the diagnostic results and, if needed, issue referral to sub- specialty for further evaluation	None	20 minutes	Clinic Physician <i>Employees' Clinic</i>
	1.3 Issue Medical Clearance for submission to HRMD Office	None	1 minute	
TOTAL		None	22 minutes	



REQUEST FOR ANNUAL PHYSICAL EXAMINATION

Office or Division:	Employees Clinic			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	All PCMC Employees'			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Not Applicable			Not Applicable	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON / S RESPONSIBLE
1. Visit Employees' Clinic for Annual Physical Exam <ul style="list-style-type: none"> • Mondays, Wednesdays, Fridays 2:00pm to 4:00pm 	1.1 Screen and take vital signs of the employee	None	1 minute	Clerk <i>Employees' Clinic</i>
	1.2 Retrieve employee's record and endorse to the Physician on duty	None	1 minute	Clerk <i>Employees' Clinic</i>
	1.3 Conduct physical exam and issue request for diagnostic tests needed	None	20 minutes	Clinic Physician <i>Employees' Clinic</i>
TOTAL		None	22 minutes	



ISSUANCE OF MEDICAL CLEARANCE FOR ROTATOR'S, TRAINEES, PRE-RESIDENCY AND PRE-FELLOWSHIP

Office or Division:	Employees Clinic			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government, G2B- Government to Business			
Who may avail:	All Rotators, Trainees, Pre Residency and Pre-fellowship			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Endorsement Letter			Education & Training Services Office, 3 rd Floor	
Copy of Diagnostic result (if available)			DOH accredited laboratories	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON / S RESPONSIBLE
1. Visit Employees' Clinic for Consultation/Follow Up and present the endorsement letter and copy of diagnostic result if available	1.1 Screen and take vital signs of the patient	None	3 minutes	Clerk <i>Employees' Clinic</i>
	1.2 Issue Health Declaration Form	None	2 minutes	Clerk <i>Employees' Clinic</i>
2. Fill up and submit the Health Declaration Form	2.1 Receive completely filled up Health Declaration Form and endorse to the physician on duty	None	1 minute	Clerk <i>Employees' Clinic</i>
	2.2 Conduct Medical History interview and Physical Examination. If available, interpret the submitted diagnostic result. If needed,	None	8 minutes	Clinic Physician <i>Employees' Clinic</i>

	issue request for diagnostic test for other test needed. 2.3 Issue Medical Clearance for submission to HRMD Office	None	1 minute	Clinic Physician <i>Employees' Clinic</i>
	TOTAL	None	15 minutes	



Enrollment of Eligible Individual for Phil Health Insurance thru Point of Service (POS)

Service Information: Provision of Free Phil health membership to eligible patients/ parents

Office or Division:	MALASAKIT Center/ Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All In-Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Phil Health Member Registration Form (PMRF) Government Valid IDs Birth Certificate of Enrollee and Beneficiary Certificate of Guardianship (if pt. is orphan or abandoned or parent is outside of the country)		Phil Health Staff in the Malasakit Center (UMID)SSS, GSIS, Voter's ID, Passport Philippine Statistics Authority Barangay /DSWD		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Parent (either of the father or the mother) proceed to the Social Worker in the Malasakit Center for interview and assessment of requirements.	1.1 Assess eligibility review the requirements. Coordinate with (Phil Health) Social Insurance Assistant I, for member verification to determine if old or new member.	None	3 minutes	Medical Social Worker
	1.2 Verify from the System 1.3 If eligible, provide PMRF to the client.			
	2.1 Review the filled up PMRF		1 minute	Social Insurance Assistant I (Phil Health Cares Staff) Medical Social Worker

2.Fills up the PMRF (Phil Health Member Registration Form) and submit together with the complete requirements	2.2 Enroll at PHIC-POS Online System.		3 minutes	Medical Social Worker
	2.3 Print out POS Certificate		2 minutes	Medical Social Worker
				1 minute
3.Receive POS Certificate	1.Issue POS certification	None	1 minute	Medical Social Worker
	Total	None	11 minutes	



Request for Engineering Job Order

Engineering Section shall provide assistance to Hospital Employees on the preventive maintenance or repair works needed on their respective offices

Office or Division:	Engineering Section (E.S.)			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	Hospital Employees			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Job Order Request			Engineering Office	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call the Engineering Section at local 229 to request for Job Order.	1.1. Prepare Job Order Request Form.	None	1 minute	<i>Clerk E.S.</i>
	1.2. Assigned Technical Personnel to proceed to end-user's office and evaluate the necessary work.	None	1 hour	<i>Technical Personnel E.S.</i>
	1.3. Prepare necessary materials if needed.	None	2 minutes	<i>Technical Personnel and Storekeeper E.S.</i>
	1.4. Perform the Necessary work/s.	None	1 hour	<i>Technical Personnel E.S.</i>

2. Rate and sign the completed job request form.	2. Files the accomplished Job Order Request Form.	None	1 minute	<i>Clerk E.S.</i>
Total		None	2 hours, 4 minutes	



Request for Check-up and Repair of Equipment (RCURE)

Engineering staff shall perform overall management of physical facilities, medical equipment, electrical system and machines in efficient and systematic manner thru conducting check-up and repair as needed.

Office or Division:	Engineering Section (E.S.)			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	End User			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Request for Check-up and Repair of Equipment (RCURE) Form			Engineering Office	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit accomplished RCURE form to Engineering Office.	1.1. Receive the RCURE form and forward to Project Engineer.	None	1 minute	<i>Clerk on Duty E.S.</i>
	1.2. Assigned technical personnel to inspect and assess the equipment.	None	2 days	<i>Technical Personnel E.S.</i>
	1.3. Fill up assessment report thru RCURE	None	1 minute	<i>Technical Personnel E.S.</i>
	1.4. Certify the assessment of	None	5 minutes	<i>Engineering Head E.S.</i>

	the technical personnel			
2. Receive the assessed RCURE form	2. Give copy of RCURE to end-user: For repair: <i>prepare PR</i> For disposal: <i>for AA of end-user.</i>	None	1 minute	<i>Technical Personnel / Project Engineer E.S.</i>
Total		None	2 days, 8 minutes	



Request for Service Vehicle for Authorized Admin Trip and Conduction

To ensure that transportation services needed for patient transfer and vice versa for diagnostic procedure and medical/non-medical staffs for business transaction outside the hospital are readily available and properly maintained.

Office or Division:	Motorpool Section (M.S.)			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	End User			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Trip Request form		Motorpool Office		
2. Trip Ticket Form		Motorpool Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call local 393 for trip request.	1. Receive call and fill up trip request form.	None	5 minutes	<i>Motorpool Clerk/Driver M.S.</i>
2. Submit trip ticket form to Motorpool Office on or before actual trip.	2.1. Receive the trip ticket. 2.2. Proceed to the pick-up location.	None	15 Minutes	<i>Driver M.S.</i>
3. Rate and sign the trip request form.	3. File the form and Trip Ticket for liquidation and reports.	None	1 minute	<i>Driver M.S.</i>
Total		None	21s minutes	

Service Name: Engineering Job Order

Service Information: Engineering Division shall provide assistance to Hospital Employees on the preventive maintenance or repair works needed on their respective offices.



Office or Division:	General Services Division - Engineering and Motorpool Section			
Classification:	Simple			
Type of Transaction:	Government to Government (G2G)			
Who may avail:	Hospital Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Job Order Request		Engineering office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call the Engineering Section to request for Job Order.	1.1 Prepare Job Order request Form	None	1 minute	Job Order Taker
	1.2 Assign appropriate technical personnel for the required Job	None	2 minutes	Shifting Engineer/ Foreman
	1.3 Go to the End –users’ office to evaluate the necessary work needed.	None	1 hour	Technical Personnel
	For Job Orders that requires materials, prepare the necessary materials needed			Technical Personnel and Storekeeper
	1.4 Perform the necessary work/s	None	1 hour	Technical Personnel
2. Rate and sign the completed job request form.	Files the accomplished Job order request form.	None	1 minute	Job Order taker
	Total	None	None 2 hours and 4 minutes	



Request for Employment Records of PCMC Active Personnel

The Records Management Section at Human Resource Management Division (HRMD) provides services to all active employees related to their request for employment records such as Certificate of Employment (COE), Service Record (SR), Dry Seal and Certified True Copy (CTC).

Office or Division:	Human Resource Management Division (HRMD)			
Classification:	Complex			
Type of Transaction:	G2G- Government to Government			
Who may avail:	Active PCMC Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Google Form		https://tinyurl.com/hrmdPCMC or QR Code posted on HRMD Window		
Authorization letter for the representative ID of employee (1 photocopy) ID of authorized representative (original)		Requesting Employee PCMC, SSS, GSIS, LTO or others Company/Agency, SSS, GSIS, LTO or others		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
FOR 1ST REQUEST (1 copy only) FOR THE CURRENT YEAR and FOR PURPOSES OF HOSPITAL DISCOUNT/COVID BENEFITS CLAIMS		NONE		
1. Access and fill up the google form thru the link or via QR code for the requested document	1. Check and verify for completeness/availability of data and send acknowledgement	None	10 minutes	<i>HRM Officer/Assistant HRMD</i>

2. Complied the necessary information/requirement for those with deficiency/ies thru email if none proceed to step 3	receipt/advice to requesting employee	None	1 day	<i>HRM Officer/Assistant HRMD</i>
	2.2 Process request of the internal client and forward to the signatory or Head, HRMD and/or 2.3 Office of the Executive Director if signature is required	None	1 day	<i>Clerk Office of the Executive Director</i>
3.Claim and receive at releasing window/area or Request for a scanned copy to be sent on the client's email	3.1 Notify employee thru text/ call/email to pick up/claim the requested document 3.2. Release or scan and email the document requested	None	5 minutes	<i>HRM Officer/Assistant HRMD</i>
TOTAL		NONE	2 days, 15 minutes	

FOR 1ST REQUEST (additional copy) OR 2ND TO SUCCEEDING REQUEST FOR THE CURRENT YEAR				
1. Access and fill up the google form thru the link or via QR code for the requested document	1.1. Check and verify for completeness/availability of data and send acknowledgement receipt/advice to requesting employee	None	10 minutes	<i>HRM Officer/Assistant HRMD</i>
2. Complied the necessary information/requirement for those with deficiency/ies thru email if none proceed to step 3	2.1. Issue Order of Payment for face to face transaction or print, scan and send thru email to requesting personnel 2 nd or succeeding request for the current year then advice to pay @ Treasury Division	P30.00 each document	10 minutes	<i>HRM Officer/Assistant HRMD</i>

3.Proceed to Cashier for Payment and follow-p/claim on the schedule date	3.1.Process request of internal client and forward to signatory or Head, HRMD and/or	None	1 day	<i>HRM Officer/Assistant HRMD</i>
	3.2.Office of the Executive Director if signature is required	None	1 day	<i>Clerk Office of the Executive Director</i>
4.Claim and receive at releasing window/area or Request for a scanned copy to be sent on the client's email	4.1 Notify employee thru text/ call/email to pick up/claim the requested document 4.2. Release or scan and email the document requested	None	5 minutes	<i>HRM Officer/Assistant HRMD</i>
TOTAL		30.00 x no. of copies	2 days, 25 minutes	



Request of Separated Employees for Employment Records

The Records Management Section at Human Resource Management Division provides services to all separated employees related to their request for employment records such as Certificate of Employment (COE), Service Record (SR), Dry Seal and Certified True Copy (CTC).

Office or Division:	Human Resource Management Division (HRMD)			
Classification:	Complex			
Type of Transaction:	G2G-Government to Government			
Who may avail:	Separated PCMC Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Letter or Email request including its purpose: officeofthedirector@pcmc.gov.ph		Requesting Separated Employee		
Authorization letter of employees and copies of ID employee and authorized representative (if to be claimed by a representative)		Requesting Separated Employee		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Email request stating specific purpose thru officeofthedirector@pcmc.gov.ph with complete details of Name, Year of Separation, Last held position, with	1.1. Forward the e-mail to hrmd@pcmc.gov.ph	None	3 minutes	<i>Clerk Office of the Executive Director</i>


attachment of 2 Valid IDs	1.2 Receive, check for completeness of data and acknowledge receipt of Letter e-mail from the Office of the Executive Director		10 minutes	<i>HRM Officer/Assistant HRMD</i>
	1.3. Send to separated employee's email the link thru online payment via Landbank Link.Biz Portal	50.00	5 minutes	<i>HRM Officer/Assistant HRMD</i>
2. Screenshot/save the Confirmation Slip from Link.Biz Portal and send the payment to hrmdrecords@pcmc.gov.ph	2.1. Reply/ acknowledge email to the client	None	5 minutes	<i>HRM Officer/Assistant HRMD</i>
	2.2. Process the request of separated employee and forward to the signatories, Head, HRMD and	None	3 days	<i>HRM Officer/Assistant HRMD</i>
	2.3. Office of the Executive Director	None	1 day	<i>Clerk Office of the Executive Director</i>

<p>3. Claim and receive at releasing window/area or Request for a scanned copy to be sent on the client's email</p>	<p>3. 1. Notify the separated employee thru text/ call/email to pick up/claim the requested document 3.2. Release or scan and email the document requested</p>	<p>None</p>	<p>5 minutes</p>	<p><i>HRM Officer/Assistant HRMD</i></p>
<p>TOTAL</p>		<p>50.00</p>	<p>Complex: 5 days, 28 minutes</p>	



REQUEST FOR REISSUANCE OF PCMC ID FOR PLANTILLA EMPLOYEES

To provide PCMC Employees the appropriate ID For proper recognition and identification

Office or Division:	Human Resource Management Division (HRMD)			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who may avail:	PCMC Plantilla Employees			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Accomplished Google Form			HRMD Link (https://tinyurl.com/hrmdPCMC)	
Passport Size Picture with white background (soft copy)			Requesting Employee	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Access the HRMD Online Portal link or Scan the QR Code below and accomplished the Google Form 	1.1 Receive, check, and acknowledge then Send the Google Form link for ID Reissuance	None	10 minutes	<i>HRM Officer I</i> Human Resource Management Div.
2. Accomplished the Google Form and attached soft copy of passport size picture.	2.1 Check and Inform the requesting party to proceed to HRMD Office for signature of ID. 3.1 After signing, issue Order of	None	10 minutes	<i>HRM Officer I</i> Human Resource Management Div.

<p>3. Proceed to HRMD Office for signing to signature panel.</p> <p>4. Proceed to Cashier Section of the Treasury Division for payment and received Official Receipt. <i>(Except Promotion)</i></p> <p>5. Present/give the OR to HRMD staff in charge</p>	<p>Payment and advised to pay at Cashier Section at Treasury Division (payment should be made within the day OP was issued)</p> <p>4.1 Received the OP and issue official receipt.</p> <p>5.1 Check OR and print ID then forward to HRMD Head for initial signature.</p> <p>5.2 Affix the initial signature to the ID.</p>	<p>None</p> <p>Php 160.00</p> <p>None</p> <p>None</p>	<p>10 minutes</p> <p>20 minutes</p> <p>10 minutes</p> <p>5 minutes</p>	<p><i>HRM Officer I</i> Human Resource Management Div.</p> <p><i>Cashier</i> Treasury Division</p> <p><i>Human Resource Officer I</i> Human Resource Management Div.</p> <p><i>Human Resource Management Officer V / Alternates signatory</i> Human Resource Management Div.</p>
<p>6. Claim and received the ID at releasing window.</p>	<p>6.1 Release the ID</p>	<p>None</p>	<p>5 minutes</p>	<p><i>Human Resource Officer I</i> Human Resource</p>

				Management Div.
TOTAL				
	160.00	55 minutes		



Endorsement of Separated Employees' Last Pay

Service Information: The Human Resource Management Division assists former employees who separated from service (any mode of separation, resignation, retirement, etc.) in processing of their Last Payment/Terminal Leave and unclaimed incentives at PCMC.

Office or Division:	Human Resource Management Division	
Classification:	Simple	
Type of Transaction:	Government to Citizen	
Who may avail:	Separated PCMC Employees	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. Approved Letter of Separation /Separation Document		Separating/separated Employee
2. GSIS Requirements: <ul style="list-style-type: none"> • Application for Separation Benefits, Cash Surrender Value (Life Insurance) • Member's Request Form (For GSIS Clearance request) • GSIS Authorization Form with photocopy of 2 valid IDs • Certificate of No Pending Case/ Declaration of Non-Pendency or Pendency Case (for retirees ONLY) • *GSIS Clearance - issued to separated employee by GSIS upon his submission of Approved Application for Retirement/Separation/Life Insurance Benefits (GSIS Form No. 06302017-RET) directly to GSIS Mindanao Avenue Branch or through HRMD <ul style="list-style-type: none"> ○ *not required for transfer of employment • Certificate of with or without Part time employment with other government agencies (for positions with part time employment for period employed at PCMC) 		HRMD *GSIS Clearance is mailed by GSIS Mindanao Avenue Branch to the registered mailing address of the separated employee. During COVID-19 Pandemic, GSIS electronically mails the Clearance to the e-mail address of the employee.

3. Ombudsman Clearance (for retirees)	Office of the Ombudsman
4. Medical Trainee Clearance (for medical officers only)	Education Training and Research Services
5. Completed Documents/Forms:	
<ul style="list-style-type: none"> • PCMC Clearance (monetary, properties and work related accountabilities at PCMC) 	Form is printable through PCMC Intranet
<ul style="list-style-type: none"> • Terminal Leave Application/Application for Leave Form/CSC Form No. 6 (2 copies) 	Form is printable through PCMC Intranet
<ul style="list-style-type: none"> • Daily Time Record – (last 2 DTRs, indicating the Last Date of Service) • COSR for Medical Specialist 	Printable through HR-Bliz
<ul style="list-style-type: none"> • Tour of Duty (for shifting employees) 	Area of Assignment
<ul style="list-style-type: none"> • SALN as of Last day of service 	Printable through HR-Bliz
<ul style="list-style-type: none"> • IPCR/PES for last rating period 	Area of Assignment
<ul style="list-style-type: none"> • Landbank Closure Account Form 	Landbank West Avenue Branch
<ul style="list-style-type: none"> • PCMC ID/ARTA ID/ Car Pass/ HFW Pass (in case of loss-submit Affidavit of Loss) 	Separating / Separated Employee
<ul style="list-style-type: none"> • Affidavit of Self Adjudication (in case the recipient of Demised employee will select that the check will be named after him/her (with SPA & PSA Death Certificate) 	Relative of the Separating / Separated Employee

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all completed documents/form (1-original, 1 photocopy)	1.Receive, check and assess as to completeness and acknowledge receipt	None	30 minutes	HRM Officer/ Assistant
	1. Forward to Leave Unit the Terminal Leave Application for processing/signature	None	3 days	HRM Officer/ Assistant
	2.Photocopies/CTC all documents to be endorsed to Budget Division for Processing of Separation Payment		1 day	
Total		None	4 days and 30 minutes	

	<p>Chief Accountant, Manager Finance Department, PCMC Legal Consultant, Deputy Executive Director, HSS)</p> <p>1.4 Collate all comments and revise MOA in accordance with the comments of the reviewer</p> <p>1.5 Forward the revised/reviewed MOA to OGCC for review.</p> <p>1.6 Finalization of the reviewed contract received from OGCC</p> <p>1.7 Forward revised MOA to reviewers for initial and appropriate action</p> <p>1.8 For initial of DDHSS and signature of the Executive Director</p> <p>1.9 Contract for Notarization</p> <p>for External Client, inform the contracting party to pick up documents for signature and notarization</p>		<p>20 days</p> <p>4 days</p> <p>3 days</p> <p>1 day</p> <p>1 day</p> <p>1 day</p>	<p>Accounting Finance Legal</p> <p>HSS Staff</p> <p>HSS Staff</p> <p>HSS Staff</p> <p>End User, Accounting, Finance, Legal</p> <p>HSS Staff</p> <p>HSS Staff and End User</p>
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2. Pick-up and receive the MOA for signature and notarization	2.1 Log in the HSS receiving logbook	None	1 day	End User
3. Return signed and notarized MOA	3.1 Receive and distribute copy of the signed and notarized contract	None	1 day	HSS Staff
	Total	None	43 working days	



Issuance of Certificate of Product Evaluation (CPE)

Supplier's acquisition of CPE for Bidding Purposes

Office or Division:	Materials Management Division (MMD)			
Classification:	Simple			
Type of Transaction:	G2B – Government to Business			
Who may avail:	Supplier/Prospective Bidder			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> • Letter Request with List of items for evaluation • Properly labelled Product for Evaluation in commercial preparation • Certificate of Product Registration (CPR) or Equivalent document /Certificate of Analysis (COA) if applicable • Brochure/product literature 		Supplier/Prospective Bidder		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Letter Request, required documents and the Product/s for Evaluation	1.1. Receive the letter request, check completeness of required documents and the product/s for evaluation	none	10 minutes	<i>Storekeeper</i> MMD
	1.2. Prepare the Certificate of Product Evaluation (CPE) Form and endorse to the end-user together with the product for evaluation	none	25 minutes	<i>Storekeeper</i> MMD

	1.3. Receive CPE Form signed by End-user/Evaluator with approval of the head	none	2 minutes	<i>Storekeeper</i> MMD
	1.4. Chief-MMD to note and signed the CPE Form	none	2 minutes	<i>Chief-MMD</i> MMD
2. Claim the copy of Certificate of Product Evaluation	2. Issue copy of CPE Form	none	5 minutes	<i>Storekeeper</i> MMD
	TOTAL	none	Earliest: 44 minutes	



Service Name: Issuance of Certificate of Supplier's Performance (CSP)

Service Information: Supplier's acquisition of CSP for Bidding Purposes

Office or Division:	Materials Management Division			
Classification:	Simple			
Type of Transaction:	G2B – Government to Business (External Services)			
Who may avail:	Supplier/Prospective Bidder			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request for CSP Form 2. Order of Payment		Materials Management Division		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up the Request for Certificate of Supplier's Performance (CSP) Form	1.1 Prepare Order of Payment (OP)	none	5 minutes	Supply Officer - MMD
2. Receive the OP and pay the necessary fee	2.1 Issue Official Receipt	Php25.00	5 minutes	Collecting Officer– Treasury Division
3. Claim the Certificate of Supplier's Performance after 2 days	3.1 Issue CSP	none	5 minutes	Supply Officer –MMD
	TOTAL	Php25.00	Earliest: two (2) days, 15 minutes	



ISSUANCE OF MEDICAL RECORDS

Monday – Friday; 8:00 AM – 5:00 PM

8588-9900 local 250 and 381 / medicalrecords@pcmc.gov.ph

Charito L. Maiquez

Office or Division	Medical Records & Library Division – Medical Records			
Classification:	Complex – Highly Technical			
Type of Transaction:	Government to Citizens (G2C)			
Who May Avail:	Patients/ Patient’s Parent/s/Authorized Representative			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A. Magulang: 1. Request form for Medical Information 2. Government issued ID		1. Medical Records 2. Other Institution		
B. Hindi Magulang 1. Authorization Letter 2. Request form for Medical Information 3. Kopya ng Government issued ID ng magulang 4. Kopya ng Government issued ID ng kukuha		1. Magulang 2. Medical Records 3. Other Institution		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Humingi at kumpletuhin ang mga impormation na kailangan sa request form.	1. Magbigay ng request form at tingnan kung kumpleto and detalye sa request form.	None	5 minuto	<i>Clerk, Health Information Management Division- Reception area</i>
2. Kunin ang Order of Payment at magbayad sa Cashier	2. Magbigay ng Order of Payment at papuntahin sa Cashier ang kliyente upang magbayad		5 minuto	<i>Cashier, Ground Floor, PCMC Main Building</i>
2.1. Photocopy of Results		₱5.00		<i>Clerk, Health Information Management Division</i>
2.2. Certificate of Confinement		₱100.00		
2.3. Medical Certificate		₱100.00		

2.4. Clinical Abstract		₱150.00		
2.5. Certified True Copy with Seal		₱50.00		
3. Ipakita ang resibo ng binayaran at kumuha ng Claim Stub upang malaman kung kailan pwede mag-follow up at ang numero na tatawagan.	3. Itala ang numero ng resibo at magbigay ng claim stub.	None	5 minuto	<i>Clerk, Health Information Management Division- Reception area</i>
3.1. Photocopy of Results			5 minuto	
3.2. Certificate of Confinement			15 minuto	
3.3. Medical Certificate			3 araw	
3.4. Clinical Abstract			5 araw	
3.5. Certified True Copy with Seal			5 minuto	
4. Kunin ang kopya ng hinihinging dokumento sa nakatakdang iskedyul at ibigay ang kinakailangan na mga dokumento at pumirma sa request form.	4. Ibigay ang hinihingi na dokumento	None	5 minuto	<i>Clerk, Health Information Management Division- Reception area</i>
TOTAL		Photocopy of Results - ₱5.00 Cert. of Confinement - ₱100.00 Medical Cert. - ₱100.00 Clin. Abstract - 150.00 Cert. True Copy of Docs w/ Dry Seal - ₱50.00	8 days 45 minutes	
END OF TRANSACTION				

PROCESSING AND ISSUANCE OF BIRTH CERTIFICATE

Monday – Friday; 8:00 AM – 5:00 PM

8588-9900 local 250 and 381 / medicalrecords@pcmc.gov.ph

Charito L. Maiquez



Office or Division	Medical Records & Library Division			
Classification:	Complex – Highly Technical			
Type of Transaction:	Government to Citizens (G2C)			
Who May Avail:	Parents /Authorized Representative			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p>A. Magulang:</p> <p>A.1. Kasal</p> <p>A.1.1. Birth Certificate Information Data Sheet (BCIDS)</p> <p>A.1.2. Claim Slip</p> <p>A.1.3. Marriage Certificate</p> <p>A.2. Hindi Kasal</p> <p>A.2.1. Birth Certificate Information Data Sheet (BCIDS)</p> <p>A.2.2 Claim Slip</p> <p>A.2.3. Kopya ng Government Issued ID</p>		<p>1. Medical Records</p> <p>2. Other Institution</p>		
<p>B. Hindi Magulang (Pagkuha ng kopya ng rehistradong Birth Certificate)</p> <p>1. Authorization Letter</p> <p>2. Claim Slip</p> <p>3. Kopya ng Government issued ID ng magulang</p> <p>4. Kopya ng Government issued ID ng kukuha</p>		<p>1. Magulang</p> <p>2. Medical Records</p> <p>3. Other Institution</p>		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Suriin kung tama ang mga nakasulat sa Birth Certificate ng bata at pumirma sa apat (4) na kopya ng Birth Certificate.	1. Ihanda ang birth certificate at ipa-check sa magulang ang mga nakasulat. Papirmahan ang apat na kopya ng birth certificate.	None	20 minuto	<i>Clerk, Health Information Management Division</i>

2. Para sa hindi kasal: Kumuha ng Order of Payment at magbayad sa Cashier para ma-notaryo ang birth certificate	2. Para sa hindi kasal ng mga magulang, magbigay ng order of payment at pabayaran sa Cashier.	None	5 minuto 15 minuto	<i>Clerk, Health Information Management Division</i> <i>Cashier</i>
2.1. <i>Kasal o Single Parent (o walang naka deklarang Tatay) para sa Birth Certificate Form</i>		P100.00		
2.2. <i>Hindi Kasal ang Magulang para sa pag notaryo</i>		P160.00		
3. Ibigay ang resibo para malista ang numero ng resibo	3. Ilista ang numero ng resibo.	None	5 minuto	<i>Clerk, Health Information Management Division- Reception area</i>
4. Kunin ang Claim Slip at alamin kung kalian maaring balikan ang registradong Birth Certificate	4. Isulat ang petsa kung kelan maaring balikan ang registradong birth certificate sa appointment slip at ibigay sa magulang.	None	5 minuto *Maaring abutin ng isang (1) buwan ang pag-proceso ng Birth Certificate (RA 386 "Civil Code of the Philippines")	<i>Clerk, Health Information Management Division</i>
5. Sa araw ng pagkuha ng Birth Certificate, ibigay ang kinakailangan na mga dokumento. Kunin ang kopya ng Birth Certificate at pumirma sa logbook	5. Suriin ang mga dokumento na nagpapatunay na ang kliyente ay ang magulang. Ibigay ang registradong dokumento	None	10 minuto	<i>Clerk, Health Information Management Division- Reception area</i>
TOTAL		Married/ Single Parent - P100.00 Not Married - P160.00	1 month 1 hour	
<i>END OF TRANSACTION</i>				

ONLINE APPLICATION FOR MEDICAL INFORMATION

Monday – Friday; 8:00 AM – 5:00 PM

8588-9900 local 250 and 381 / medicalrecords@pcmc.gov.ph

Charito L. Maiquez



Office or Division	Medical Records & Library Division – Medical Records			
Classification:	Complex – Highly Technical			
Type of Transaction:	Government to Citizens (G2C)			
Who May Avail:	Patients/ Patient's Parents/Authorized Representative			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A. Magulang: 1. Online Application for Medical Information Form 2. Government issued ID 3. Deposit Slip/ Transaction Slip		1. PCMC Website 2. Other Institution 3. Link.BizPortal (Landbank)		
B. Hindi Magulang/ Authorized Representative 1. Online Application for Medical Information Form 2. Authorization Letter 3. Kopya ng Government issued ID ng magulang 4. Kopya ng Government issued ID ng kukuha		1. PCMC Website 2. Magulang 3. Other Institution		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magdownload ng Online Application for Medical Information Form at kumpletuhin ang impormasyon at i-email sa sa medicalrecords@pcmc.gov.ph	1. Buksan ang e-mail at magpadala ng tugon kalakip ang impormasyon ng babayaran.	None	5 minuto	<i>Clerk, Health Information Management Division</i>
2. Magbayad gamit ang Landbank Link.BizPortal website.	2. Ihanda ang mga dokumento na hinihingi		5 araw	

2.1. Photocopy of Results		P5.00		<i>Clerk, Health Information Management Division</i>
2.2. Medical Certificate		P100.00		
2.3. Clinical Abstract		P150.00		
3. Kunan ng litrato ang transaction slip sa banko at ipadala kalakip ang litrato ng opisyal (government issued) na ID at iba pang kinakailang na mga dokumento sa e-mail address na medicalrecords@pcmc.gov.ph	3. Ipadala ang dokumento sa pamamagitan ng e-mail ng magulang.	None	5 minuto	<i>Clerk, Health Information Management Division</i>
TOTAL		Photocopy of Results - ₱5.00 Medical Cert. - ₱100.00 Clin. Abstract – 150.00	8 days 5 minutes	
<i>END OF TRANSACTION</i>				

PREPARATION AND ISSUANCE OF DEATH AND FETAL DEATH CERTIFICATE

Monday – Friday; 8:00 AM – 5:00 PM
 8588-9900 local 250 and 381 / medicalrecords@pcmc.gov.ph
 Charito L. Maiquez



Ang Health Information Management Division (HIMD) ang naghahanda at nag-iisyu ng Certificate of Death at Certificate of Fetal Death upang maparehistro sa Quezon City Civil Registry ng mga magulang o awtorisadong kinatawan ng namatay na pasyente. Ito ay ginagawa para sa lahat ng namamatay sa institusyong ito at sa mga kaso na dead-on-arrival (DOA).

Office or Division	Health Information Management Division (HIMD)	
Classification:	Simple	
Type of Transaction:	Government to Citizens (G2C)	
Who May Avail:	Parents/Authorized Representative	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
<p>A. Magulang:</p> <ol style="list-style-type: none"> 1. Isang (1) kopya ng may bisang government-issued ID 2. Isang (1) kopya ng Discharge Clearance 3. Isang (1) notarized Affidavit to Use the Surname of the Father (para lamang sa fetal death na hindi kasal ang mga magulang) 4. Apat (4) na kopya ng Municipal Form No. 103 - Attachment for Muslim Death (para lamang sa Muslim na pasyente) 5. Apat (4) na kopya ng IP Form No. 2 - Attachment for death of members of indigenous peoples (para lamang sa pasyente na kabilang sa katutubong grupo) 	<ol style="list-style-type: none"> 1. Ibang institusyon ng gobyerno 2. Cashier, Ground Floor, PCMC Main Building 3. Health Information Management Division, Ground Floor, PCMC Main Building at Notary Public 4. Health Information Management Division, Ground Floor, PCMC Main Building at Notary Public 5. Health Information Management Division, Ground Floor, PCMC Main Building at Notary Public 	

<p>B. Authorized Representative:</p> <ol style="list-style-type: none"> 1. Authorization letter na may lagda ng magulang 2. Isang (1) kopya ng may bisang government-issued ID ng magulang 3. Isang (1) kopya ng may bisang government-issued ID ng awtorisadong kinatawan 4. Isang (1) kopya ng Discharge Clearance 5. Isang (1) notarized Affidavit to Use the Surname of the Father (para lamang sa fetal death na hindi kasal ang mga magulang) 6. Apat (4) na kopya ng Municipal Form No. 103 Attachment for Muslim Death (para lamang sa Muslim na pasyente) 7. Apat (4) na kopya ng IP Form No. 2 - Attachment for death of members of indigenous peoples (para lamang sa pasyente na kabilang sa katutubong grupo) 	<ol style="list-style-type: none"> 1. Magulang 2. Ibang institusyon ng gobyerno 3. Ibang institusyon ng gobyerno 4. Cashier, Ground Floor, PCMC Main Building 5. Health Information Management Division, Ground Floor, PCMC Main Building at Notary Public 6. Health Information Management Division, Ground Floor, PCMC Main Building at Notary Public 7. Health Information Management Division, Ground Floor, PCMC Main Building at Notary Public
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CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magpunta sa HIMD upang i-tsek ang death certificate at malagdaan ang apat (4) na kopya nito.	1. Ihanda ang death certificate at kontakin ang magulang o awtorisadong kinatawan na maaari nang i-tsek ang impormasyon ng pasyente. Mag-print ng apat (4) na kopya ng death certificate pagkatapos mag-tsek	Wala	30 minuto	<i>Records Officer, Health Information Management Division</i>

	at ipalagda ang magulang/ awtorisadong kinatawan sa lahat ng kopya.			
2. Para sa hindi kasal na gustong gamitin ang apelyido ng tatay sa pangalan ng namatay na fetus: Kumuha ng dalawang (2) kopya ng Affidavit to Use the Surname of the Father form mula sa HIMD, punan ito ng hinahanap na impormasyon, at dalhin sa kahit na anong Notary Public upang mapanotaryo. *Ang pagpapanotaryo ay ginagawa sa labas ng PCMC at may kalakip na bayad na depende sa Notary Public.	2. Mag-isyu ng dalawang (2) kopya ng Affidavit to Use the Surname of the Father at magbigay ng tagubilin para sa pagpapanotaryo nito sa labas ng PCMC.	Wala	10 minutes	<i>Records Officer, Health Information Management Division</i>
3. Para sa pasyenteng Muslim o kabilang sa grupo ng katutubo: Sagutan ang apat (4) na kopya ng Municipal Form No. 103 - Attachment for Muslim Death kung Muslim o apat (4) na kopya ng IP Form No. 2 - Attachment for death of members of indigenous peoples kung katutubo.	3. Pasagutan sa magulang/awtorisadong kinatawan ang apat (4) na kopya ng Municipal Form No. 103 - Attachment for Muslim Death kung Muslim o IP Form No. 2 - Attachment for death of members of indigenous peoples kung katutubo.	Wala	10 minutes	<i>Records Officer, Health Information Management Division</i>

<p>4. Ipasa lahat ng hinihinging dokumento sa HIMD, kunin ang tatlong (3) kopya ng death certificate, at lagdaan ang Certification of Release at logbook.</p>	<p>4. Tiyakin na kumpleto ang mga pinasang dokumento, bigyan ng instruksyon ang magulang/ awtorisadong kinatawan kung paano at saan iparerehistro ang death certificate, at ibigay ang tatlong (3) kopya ng death certificate pagkatapos lagdaan ang Certification of Release at logbook.</p>	<p>Wala</p>	<p>10 minutes</p>	<p><i>Records Officer, Health Information Management Division</i></p>
<p>TOTAL</p>		<p>None</p>	<p>60 minutes</p>	



Issuance of Supplies and Materials

Issuance of Supplies and Materials for day to day operation of various Units

Office or Division:	Materials Management Division			
Classification:	Simple			
Type of Transaction:	G2G-Government to Government (Internal Services)			
Who may avail:	End-user Units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Two (2) copies Approved Requisition and Issue Slip (RIS)		Supplies Inventory Management System (SIMS)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Prepare & Submit RIS through Intranet using the Supplies Inventory Management System (SIMS), two (2) days prior to the day of issuance	1. Check the item/s requested in the RIS and indicate quantity for issuance	None	10 minutes per RIS	<i>Storekeeper</i> MMD - Warehouse
2. Print and submit copy of RIS signed by requisitioner and approving Official	2 Prepare the requested item/s per RIS	None	4 hours	<i>Storekeeper</i> MMD-Warehouse
3 Receive the supplies/materials issued and sign on the RIS received portion	3.1. Issue the item/s per RIS on scheduled day of issuance 3.2. Give the 2 nd copy of RIS and retain the	None		<i>Storekeeper</i> MMD -Warehouse

SCHEDULE OF ISSUANCE: Tues - Pharmacy Wed - Office Supplies 2 nd week – HSS/Others 3 rd week – Med./NSO - Dietary Thurs - Medical Supplies (Every other week) - Housekeeping Fri - Pharmacy - Engineering	original copy for attachment to report			
	Total	None	4 hours, 10mins.	



Request for Registration/Revision of IMS Documented Information

In compliance with Integrated Management Systems, PCMC shall ensure that pertinent IMS documented information is properly identified, registered, updated, approved and made available at points of use and kept/stored securely at the QMO Library in hard and/or soft copies. Likewise, it is the policy of the PCMC to ensure that IMS documented information of external origin are identified, registered and controlled during distribution.

Office or Division:	Quality Management Office (QMO)			
Classification:	Complex			
Type of Transaction:	Government to Government (G2G)			
Who may avail:	All Process Owners			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
New: Soft Copy of Documented Information for Registration/Revision			Process Owners	
Request for Registration/Revision of Documented Information (RRDI) such as Quality Policies and Procedures, Work Instructions, and Forms			QMO, Corporate Planning Division	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Creation and submission via email: gmo.pcmc@gmail.com the copy of the Documented Information (DI) for registration/revision	1.1 Review and check compliance with the standard template 1.2 Assign a Documented Identification Number according to the prescribed coding system.	None	3 Days	<i>Document Controller/Custodian</i> Corporate Planning Division
2. Revise and resend the DI accordingly as reviewed by the QMO	2.1 Review and finalize the resent DI	None	3 Hours	<i>Document Controller/Custodian</i> Corporate Planning Division

	<p>2.2 Advise the process owner for final review and approval</p> <p>2.3 Once approved, accomplish the RRDl thru google form</p>			
3. Accomplish the RRDl thru online	<p>3.1 Register and assign control marks on internal and/or external documents</p> <p>3.2 Include distribution and number of copy issued whether original or electronically:</p> <p>3.2.1 Master Copy - QMO Library</p> <p>3.2.2 Controlled Copy - Point of Use/End-User</p> <p>3.2.3 Uncontrolled Copy – copies for distribution to external offices</p> <p>3.3 For revised and updated documented information – retrieve old Master Copy, stamp or attach an “Obsolete” mark and file or store.</p>	None	30 minutes	<p><i>Document Controller/Custodian</i> Corporate Planning Division</p>
	Total	None	3 days, 3 hours and 30 minutes	



Sale of Special Milk Formula

Dispensing of special milk formula for patients with medical conditions requiring dietary supplements.

Office or Division:	Nutrition and Dietetics Division			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	In-patient and Out-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Triage Clearance (for outpatients)		OPD Triage		
Prescription		Attending Physician		
Fund Stub		Public Assistance Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present prescription	Receive and review prescription.	None	1 minute	Nutritionist-Dietitian
2. Get order of Payment If with fund, give the stub to the clerk, Proceed to step 5	Prepare and issue Order of Payment Encode in Trust fund system	None Check Price List	1 minute 5 minutes	NDD Clerk
3. Pay at the cashier	Prepare and issue Official Receipt	Check Price List	10 minutes	Cashier
4. Go back to NDD and give official receipt	Check OR and record	None	1 minute	Nutritionist-Dietitian
5. Get milk formula and listen to instructions on proper use	Dispense milk formula and orient client on proper use	None	2 minutes	Nutritionist-Dietitian
Total		Refer to Price List	20 minutes	



Nutrition and Dietary Counseling

Provision of individualized nutritional care to encourage patients to make healthy food choices and form healthy eating habits.

Office or Division:	Nutrition and Dietetics Division (NDD)			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Out-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Triage Clearance		OPD Triage		
Prescription		Attending Physician		
Identification Card		School, Government Agency, Employer		
OPD Card		OPD		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present prescription and wait for order of payment If Service Patient, present OPD Card and proceed to Step 4.	1. Receive and review referral from the attending physician and make nutritional computation	None	10 minutes	<i>Nutritionist-Dietitian</i> NDD
2. Get order of Payment	2. Prepare and issue Order of Payment	None	1 minute	<i>Nutritionist-Dietitian</i> <i>/NDD Clerk</i> NDD
3. Pay at the cashier	3. Prepare and issue Official Receipt	PHP 200.00	5 minutes	<i>Cashier</i> Treasury Division
4. Return to NDD and give official receipt	4.1 Check OR and record	None	1 minute	<i>Nutritionist-Dietitian</i> NDD

Have the counseling proper	4.2 Patient Interview and Dietary instruction. 4.3 Schedule follow-up.	None	45 minutes	<i>Nutritionist-Dietitian</i> NDD
Total (Service Patient)		None	57 minutes	
Total (Pay Patient)		PHP 200.00	1 hour, 2 minutes	



Dispensing of Special Milk Formula

Special milk formula for patients with medical conditions requiring dietary supplements in accordance with the prescription of the attending physician.

Office or Division:	Nutrition and Dietetics Division (NDD)			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen, G2G - Government to Government			
Who may avail:	In-patient and Out-patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Triage Clearance (for outpatients)			OPD Triage	
Prescription			Attending Physician	
Fund Stub			Public Assistance Unit (Ground floor)	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present prescription and fund stub if any, if with fund stub proceed to step 3 Receiving time: 9AM – 10 AM and 2PM – 3PM	1.1 Receive and check prescription/fund stub, if with fund stub advised to go back on the releasing time	None	55 minutes	<i>Nutritionist-Dietitian</i> NDD
	1.2 Issue Order of Payment	None	5 minutes	<i>NDD Clerk</i> NDD
2. Proceed to Treasury Division for payment and wait for the official receipt	2. Receive payment then issue Official Receipt	Ensure – PHP 1,500.00 PediaSure – PHP 1,100.00	5 minutes	<i>Cashier</i> Treasury Division

<p>3. Return to NDD, present the official receipt and/or claim milk formula</p> <p>Releasing time: 11AM – 12NN and 4PM – 5PM</p>	<p>3. Check OR and record then dispense milk formula and orient client on proper use</p>	<p>None</p>	<p>1 hour</p>	<p><i>Nutritionist-Dietitian</i> NDD</p>
<p>Total (Fund stub)</p>		<p>None</p>	<p>2 hours</p>	
<p>Total (Cash)</p>		<p>See above price</p>	<p>2 hours, 5 minutes</p>	

Consultation for Old Patients and New Patients

Antepartum Consultation for Old Patients and New Patients

Office or Division:	Perinatology Division (Antepartum)			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen, G2G - Government to Government			
Who may avail:	Out-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
OPD Card (Old Patient)		Antepartum Unit		
Referral Letter (New Patient)		Referring Obstetrician		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.SERVICE PATIENTS a. For Old Registered patients - present OPD Card b. For New patients - present referral letter Fill up the OPD Chart and Card of Personal Information	1. Receive the OPD card/Referral form and give consultation number	None	2 minutes	<i>Midwife</i> (Second Floor, Antepartum) <i>Clerk</i> (Second Floor, Antepartum)
2. Wait for consultation number to be called. Have vital signs taken.	2. Take patient's vital signs (Blood pressure, Heart rate, temperature, birthweight)	None	10 minutes	<i>Midwife</i> (Second Floor, Antepartum)
3. Consultation	3. Interview the patient and do necessary procedures.	None	60 minutes	<i>Fellow-on-Duty</i> (Second Floor, Antepartum)

<p>4. Social Service Classification</p> <p>New Patients - proceed to Medical Social Service to be interviewed, classified and assigned with a Hospital No. (Bizbox)</p> <p>Old Registered patients (proceed to Step 5)</p>	<p>4. Give Medical Social Service Referral Slip to the patient for classification</p>	<p>None</p>		<p><i>Midwife</i> (Second Floor, Antepartum) <i>Social Worker</i> (Second Floor, Social Service)</p>
<p>5. Wait for Order of Payment</p>	<p>5. Prepare Order of Payment for the consultation</p>	<p>None</p>	<p>2 minute</p>	<p><i>Midwife</i> (Second Floor, Antepartum) <i>Clerk</i> (Second Floor, Antepartum)</p>
<p>6. Settle fees at the cashier and get official receipt</p>	<p>6. Receive payment for services and issue official receipt</p>	<p>P190.00</p>		<p><i>Cashier</i> (Second Floor, Cashier)</p>
<p>7. Return to Antepartum Clinic and present receipt. Ask for the schedule of the next consultation.</p>	<p>7. Check receipt and schedule patient for her next follow-up.</p>	<p>None</p>	<p>2 minutes</p>	<p><i>Midwife</i> (Second Floor, Antepartum)</p>
<p>Total</p>		<p>P190.00</p>	<p>76 minutes</p>	



Patient Outgoing Transfer/Referral/Admission to Other Hospital

Assistance is provided to patients who warrant transfer/referral/admission from PCMC to other hospital.

Office/Division	Public Health and Surveillance Unit (PHSU)			
Classification	Complex			
Type of Transaction	G2G – Government to Government			
Who may avail	All			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
a. PCMC Outgoing Referral Form (PCMC-ORF)			PHSU – Navigator-on-Duty	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Resident-on Duty (ROD) calls PHSU upon ordering discharge/ transfer/ referral of patient to other hospital	1.1 Get patient and ROD's details 1.2 Send PCMC-ORF via ROD's email address 1.3 Provide instructions in answering and sending back the PCMC-ORF	none	5 minutes	Navigator on Duty
2. Fill-up and send back PCMC-ORF	2.1 Receive the filled-up PCMC-ORF 2.2 Notify the receiving hospital	none	5 minutes	Navigator on Duty
3. Wait for the result of coordination	3.1 Forward the PCMC-ORF to the receiving hospital	none	5 minutes	Navigator on Duty
	3.2 Receive acknowledgement and acceptance of patient's transfer from the receiving hospital	none	1 hour	CR/SHO
4. ROD to coordinate with General Service Division for Ambulance	4.1 Provide instructions to ROD regarding transfer	none	10 minutes	Navigator on Duty
TOTAL		none	1 hour and 25 minutes	

For further inquiries please contact : Jose Dennis G. Bañoc
 Head of Unit/ Responsible Officer : Marjorie Grace M. Apigo, MD
 Telephone Number : 8588-99-00 loc 466 and 471



Patient Transfer and Coordination from Another Hospital/Institution

Assistance is provided to patients who are currently admitted from another hospital and seeks to be transferred/admitted at PCMC

Office/Division	Public Health and Surveillance Unit (PHSU)			
Classification	Complex			
Type of Transaction	G2G – Government to Government			
Who may avail	All			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Coordination Transfer Form (CTF) depending on patient's age: a. 1 month – 18 years old b. 28 day old and below			PHSU – Navigator-on-Duty	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call PHSU	1.1 Get patient and caller's details 1.2 Send CTF via caller's email address 1.3 Provide instructions in answering and sending back the CTF	none	3 minutes	Navigator on Duty
2. Fill-up and send back CTF	2.1 Receive the filled-up CTF 2.2 Call Medical Social Service Office to 2.2.a Provide patient's details 2.2.b Get patient's parent's schedule for Patient Classification interview 2.3 Call Patient's parents to relay the schedule time and contacts of Medical Social Worker	none	4 minutes	Navigator on Duty
3. Call Medical Social Service Office	3.1 Social Worker will conduct interview for Patient's Classification 3.2 Relay Patient's Classification to PHSU	none	20 minutes	Social Worker
4. Wait for the result of coordination	4.1 PHSU will send, via e-mail, the following to the Chief Resident (CR)/ Senior-House Officer (SHO) for case assessment: 4.1.a CTF 4.1.b Patient's Classification	none	3 minutes	Navigator on Duty

	4.2 PHSU will wait for the case assessment response of CR/SHO.	none	1 hour	CR/SHO
	4.3 PHSU will call the referring hospital and relay the result/instructions of the case coordination	none	5 minutes	Navigator on Duty
TOTAL		none	1 hour and 35 minutes	

For further inquiries please contact : Jose Dennis G. Bañoc
Head of Unit/ Responsible Officer : Marjorie Grace M. Apigo, MD
Telephone Number : 8588-99-00 loc 466 and 471



Patient Transfer and Coordination

Assistance is provided to patients who seeks to be transferred/admitted at PCMC

Office/Division	Public Health and Surveillance Unit (PHSU)			
Classification	Complex			
Type of Transaction	G2C – Government to Citizen			
Who may avail	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Coordination Transfer Form (CTF) depending on patient's age: a. 1 month – 18 years old b. 28 day old and below		PHSU – Navigator-on-Duty		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call PHSU	<p>Inquire if patient's status is Emergency, Non-emergency or for Transfer Admission/Coordination:</p> <p>1.1 For Emergency a. Advise caller to bring patient to the ER/Triage for immediate Assessment</p> <p>1.2 For Non-emergency a. Forward call to private Doctor's Clinic (PAY PATIENTS) b. Forwarded call to OPD (SERVICE PATIENTS)</p> <p>1.3 For Transfer Admission a. Get patient and caller's details b. Send CTF via caller's email address c. Provide instructions in answering and sending back the CTF</p>	none	3 minutes	Navigator on Duty

2. Fill-up and send back CTF	2.1 Receive the filled-up CTF 2.2 Call Medical Social Service Office to 2.2.a Provide patient's details 2.2.b Get patient's parent's schedule for Patient Classification interview 2.3 Call Patient's parents to relay the schedule time and contacts of Medical Social Worker	none	4 minutes	Navigator on Duty
3. Call Medical Social Service Office	3.1 Social Worker will conduct interview for Patient's Classification 3.2 Relay Patient's Classification to PHSU	none	20 minutes	Social Worker
4. Wait for the result of coordination	4.1 PHSU will send, via e-mail, the following to the Chief Resident (CR)/ Senior-House Officer (SHO) for case assessment: 4.1.a CTF 4.1.b Patient's Classification	none	3 minutes	Navigator on Duty
	4.2 PHSU will wait for the case assessment response of CR/SHO.	none	1 hour	CR/SHO
	4.3 PHSU will call patient's parents or the referring hospital and relay the result/instructions of the case coordination	none	5 minutes	Navigator on Duty
TOTAL		none	1 hour and 35 minutes	

For further inquiries please contact : Jose Dennis G. Bañoc
Head of Unit/ Responsible Officer : Marjorie Grace M. Apigo, MD
Telephone Number : 8588-99-00 loc 466 and 471



Issuance of Initial/Stat Orders Medicines for In-Patients (COVID WARD)

The process performed by a pharmacist from reading, validation, and interpretation of a prescription prior to preparation and giving the required medicine to the Midwife/Nursing Aide.

Office or Division:	Pharmacy Division			
Classification:	Simple			
Type of Transaction:	G2G – Government-to-Government			
Who may avail:	Facilitated by Midwife /Nurse Aide/Nurse (In-patient)			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Prescription or doctors order sheet sent to the Dispensing via Viber (1 photo)			Ward – Attending Physician	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send photo of doctor's order sheet (DOS) via Viber to the Pharmacy Dispensing Area	1.1 Review the prescription. 1.2 Print the photo of DOS. 1.3 Verify the prescription to the system (BizBox) and patient's medication profile. 1.4 Prepare and charge the medicines. 1.5 Inform the COVID ward nurse as soon as the medicines are ready for pick-up.	None	5 mins	<i>Pharmacist</i> Pharmacy Division
2. Get the medicines and sign the DOS.	2. Dispense the medicines.	None	1 minute	<i>Pharmacist</i> Pharmacy Division
Total		None	6 minutes	



Issuance of Initial/Stat Orders of Medicines for In-Patients (Regular Wards)

The process performed by a pharmacist from reading, validation, and interpretation of a prescription prior to preparation and giving the required medicine to the Midwife/Nursing Aide.

Office or Division:	Pharmacy Division			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	Facilitated by Midwife/Nurse Aide/Nurse (In-patient)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Doctor's Order Sheet (1 duplicate copy)		Ward – Prescribing Doctor		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the doctor's order sheet (DOS) to the Pharmacist	1.1 Review the prescription. 1.2 Verify the prescription to the system (BizBox) and patient's medication profile. 1.3 Prepare and charge the medicines	None	5 minutes	<i>Pharmacist</i> Pharmacy Division
2. Get the medicines and sign the DOS	2. Dispense the medicines	None	5 minutes	<i>Pharmacist</i> Pharmacy Division
Total		None	10 minutes	



Issuance of Medicines and Medical Supplies (Cash)

The process performed by a pharmacist from reading, validation, and interpretation of a prescription prior to preparation and giving the required medicine to the patient with the corresponding directions for proper use and storage.

Office or Division:	Pharmacy Division			
Classification:	Simple			
Type of Transaction:	G2C – Government-to-Citizen; G2G – Government-to-Government			
Who may avail:	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Handwritten or electronic prescription (1 original or 1 electronic copy for ordinary prescription; duplicate (written) or 1 electronic copy for dangerous drug prescription)		Clinic – Prescribing doctor		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to the outpatient window and present the prescription/s to the Pharmacist. Wait for the Order of Payment	1. Review the prescription and prepare and issue Order of Payment	None (See Menu Card/Price List)	5 minutes	<i>Pharmacist</i> Pharmacy Division
2. Pay at the Cashier by showing the Order of Payment and get the Official Receipt	2. Prepare the corresponding Official Receipt	Cost of medicine	5 minutes	<i>Cashier</i> Treasury Division
3. Return to the Pharmacy Window 6- Present the Official Receipt and get the medicine/s	3.1 Dispense the medicine/ medical supplies. 3.2 Explain to the client the proper use of the medicine/s.	None	5 minutes	<i>Pharmacist</i> Pharmacy Division
Total		Cost of medicine	15 minutes	



Issuance of Medicines and Medical Supplies (Medical Assistance)

The process performed by a pharmacist from reading, validation, and interpretation of a prescription prior to preparation and giving the required medicine to the patient with the corresponding directions for proper use and storage.

Office or Division:	Pharmacy Division			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen; G2G – Government to Government			
Who may avail:	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Handwritten or electronic prescription (1 original or 1 electronic copy for ordinary prescription; duplicate (written) or 1 electronic copy for dangerous drug prescription)		Clinic – Prescribing Doctor		
Protocol of treatment is necessary for patients undergoing chemotherapy (1 photocopy)				
Ledger Stub (1 original)		Public Assistance Unit (PAU)		
Valid ID (1 original / photo)		Government agencies (PRC, LTO, NBI, etc.)/employer		
Authorization Letter (1 original)		Parent/Guardian		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a queue number and wait to be called	1. Issue a queue number	None	5 minutes	<i>Guard on duty</i> Pharmacy Division

2. Present the required documents at Window 2 and wait for the Order of Payment (OP)	2. Check the required documents if complete 2.1 Verify validity of documents presented 2.2 Prepare corresponding order of payment 2.3 Encode at TFIS (Trust Fund Information System) 2.4 Prepare the medicines/ medical supplies	None	10 minutes	<i>Pharmacist</i> Pharmacy Division
3. Sign the Order of Payment (OP) then return the OP after signing	3. Check the completeness of the signed OP	None	1 minute	<i>Pharmacist</i> Pharmacy Division
4. Get the medicines/medical supplies and listen to the dispensing information	4. Dispense the medicines/ medical supplies. 4.1 Explain to the client the proper use of the medicine(s)	None	5 minutes	<i>Pharmacist</i> Pharmacy Division
Total		None	21 minutes	



Issuance of Medicines to COVID Triage

The process performed by a pharmacist from reading, validation, and interpretation of electronic prescription prior to preparation and giving the required medicine to the patient.

Office or Division:	Pharmacy Division			
Classification:	Simple			
Type of Transaction:	G2C – Government-to-Citizen			
Who may avail:	Facilitated by the Nurse for Out-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Electronic Prescription (1 photo)		Clinic – Prescribing Physician		
With Medical Assistance: Fund stub		PCMC Public Assistance Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give the prescription to the Nurse	1.1 Take a photo of the prescription and stub (if applicable)	None	2 minutes	<i>Nurse</i> Triage
	1.2 Send the photo of prescription and applicable documents to the pharmacy through Viber			
2. Wait for the Order of Payment Number from Pharmacy	2.1 Review the prescription.	None	2 minutes	<i>Pharmacist</i> Pharmacy Division
	2.2 Prepare the Order of Payment (OP)	None	2 minutes	
	2.3 Send the OP number and total cost of items to be purchased to the Nurse via Viber	None	5 minutes	
	2.4 Prepare the required medicines.	None	5 minutes	
	2.5 Inform the cashier of the transaction	None	1 minute	

3. Get the OP number and prepare the amount to be paid	3. Give the OP number and amount to be paid	None	1 minute	<i>Nurse Triage</i>
4. Pay to the Cashier and get Official Receipt	4.1 Prepare official receipt. 4.2 Go to COVID Triage to accept payment and issue Official Receipt	Cost of medicine	5 minutes	<i>Cashier Treasury Division</i>
5. Present the OR to the Pharmacist, receive the medicines and listen to instructions on proper use, handling, and storage	5.1 Go to COVID Triage and issue the medicines 5.2 Provide instruction on proper use of medicine, handling, and storage	None None	5 minutes	<i>Pharmacist Pharmacy Division</i>
Total		Cost of medicine (See Attached Menu Card/Price List)	28 minutes	



Refund of Unused Medicine (Out-Patient)

Refund for unused medicine, **except** refrigerated medicines, is allowed within 48 hours from the date of purchase/issue

Office or Division:	Pharmacy Division			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen, G2G – Government to Government			
Who may avail:	Out-Patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Purchased Item/s from PCMC Pharmacy Official Receipt (1 original) Letter of refund request (1 original) Identification Card (1 original/photo) Authorization letter if necessary (1 original)			Client Client Clinic – Prescribing doctor / Client Client / Authorized Representative Client	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present all required documents, return the unused medicines, and wait for the Credit Memo (CM)	1.1 Check if the item/s returned is/are in good condition 1.2. Review and verify the validity of documents provided 1.3. Prepare the credit memo (CM) 1.4. Attach the OR, letter of refund request and authorization letter (if applicable) to the prepared CM	None	5 minutes	<i>Pharmacist</i> Pharmacy Division
2. Sign the duplicate copy of credit memo	2. Check the completeness of signed CM	None	1 minute	<i>Pharmacist</i> Pharmacy Division

3. Submit the original copy of CM (with attachments) and present the ID to the cashier	3. Process the releasing of the approved amount for refund to the client	None	5 minutes	<i>Cashier</i> Treasury Division
Total		None	11 minutes	



Return of Unused Medicine (In-Patient)

Return of unused medicine is allowed within 48 hours from the date of purchase/issue.

Office or Division:	Pharmacy Division			
Classification:	Simple			
Type of Transaction:	G2G – Government-to-Government			
Who may avail:	To be processed by Midwife/Nursing Aide/Ward Clerk for In-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Issued Item/s from PCMC Pharmacy Turn-In Slip (1 original)		Ward – Nurse in charged Ward – Nurse in charged		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Return the unused medicine to the pharmacy and submit the completely filled-up turn-in slip (in duplicate)	1.1 Check if the item/s returned are in good condition 1.2. Review and verify the validity of turn-in slip provided 1.3. Receive the items and sign the turn-in slip	None	3 minutes	<i>Pharmacist</i> Pharmacy Division
2. Get the duplicate copy of turn-in slip	2.1 Receive the original copy of turn-in slip 2.2 Encode the credit note in the BizBox	None	1 minute	<i>Pharmacist</i> Pharmacy Division
Total		None	4 minutes	



Processing of the DOH MAIFIP (Department of Health - Medical Assistance for Indigent and Financially Incapacitated Patients Program) Assistance

Service Information: The process of availing the services of the Department of Health in the Malasakit Center

Office or Division:	Patient Assistance and Support Services Division – Malasakit Center			
Classification:	Simple			
Type of Transaction:	G2C - Government to Client			
Who may avail:	Patient or representative of patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Reference Code provided by the DOH Malasakit Center Office		Attending Physician/ Billing Section		
2. Prescription/Lab Request/ Hospital Bill whichever is applicable		Attending Physician/ Billing Section		
3. Updated Medical Abstract/Medical Certificate		Govt. agencies providing Identification Card		
4. Valid Identification Card of Claimant (parent/guardian) for verification purposes				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Reference Code and other requirements to the Public Assistance Unit Staff.	1. Receive and verify from the Medical Assistance Information System	None	3 minute	

2. Receive the stub and sign he receiving copy.	2. Print the Guarantee Letter and attached the requirements. 3. Encode in the Thrust Fund Information System the details of the medical Assistance 4. Generate Stub 5. Release Stub to the patient.	None	3 minutes	Clerk III Public Assistance Unit
		None	2 minutes	
		None	1 minute	
			1 minute	
	Total	None	10 minutes	

Note: Processing time may exceed when there are technical problems.

Processing of Guarantee Letters (GL)/Letter of Authority (LOA), Approved application for Medical Assistance



Service Information: Verification and documentation of received guarantee letters (GL) and letter of authority (LOA) to avail PCMC services.

Office or Division:	Patient Assistance and Support Services Division – Public Assistance Unit (PAU)			
Classification:	Simple			
Type of Transaction:	G2C - Government to Client			
Who may avail:	Patient or representative of patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Original copy of GL/LOA/Approved Application for Medical Assistance 2. Certificate of Indigency 3. Updated Medical Abstract/Medical Certificate 4. Prescription/Lab Request/ Hospital Bill whichever is applicable		Fund Donor , MSS for the Approved Medical Assistance Barangay Attending Physician Attending Physician/ Billing Section		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the GLs/LOAs or reference code/ Approved application for Medical Assistance to the Public Assistance Unit Officer on duty together with the complete requirements.	1.1 Receive the GL Reference Code /LOA/Approved Medical Assistance and check the requirements	None	2 minute	Administrative Officer I or Clerk II on Duty PAU
	1.2 Verify from the Medical Assistance Information System (MAIS) the GL	None	4 minute	

	reference code (if DOH GL) and print the GL			
2. Receive the printed stub by signing the receiving document.	2.1 Encode in Trust Fund Information System	None	2 minutes	Administrative Officer I or Clerk III on Duty PAU
	2.3 Release printed stub to the client	None	1 minute	
	Total	None	9 minutes	

Note: Processing time may exceed when there are technical problems.



Service Name: Issuance of Purchase Order/ Notice to Proceed/Notice of Award for Public Bidding

Service Information: Process of serving Purchase Order/Notice to Proceed for all modes of Procurement to External Client (Suppliers/Service Provider/Contractors).

Office or Division:	Procurement Division			
Classification:	Simple			
Type of Transaction:	Government to Business (G2B)			
Who may avail:	Suppliers/Service Providers/ Contractors			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Request for Quotation				
Bid Documents			Procurement Division – BAC Secretariat	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Bid Documents/ Offer for Public Bidding in accordance to ITB	1.1 Receive and process in accordance to R.A. 9184 and its IRR, prepare Notice of Award (NOA) 1.2 Send approved NOA to the Winning Bidder thru fax / e-mail	Refer to Appendix 8 5.0 Standard Rates	PB - Timeline per RA 9184	BAC/ TWG/ BAC Secretariat/ Procurement Division Staff
2. Submit the signed NOA with conforme and post the required Performance Security (Sec. 39.2 of RA9184)	2.1 Receive the signed NOA with conforme and check compliance to the required Performance Security being posted 2.2 Issue Order of Payment	Refer to the standard rates and table below		BAC Secretariat / Procurement Division Staff

	If Cash, Cashier's/Managers Check			
3. Pay the amount due at cashier	3.1 Issue Official Receipt			Cashier
4. Photocopy and submit three (3) copies of official receipt	4.1 Receive the copies of receipt 4.2 Prepares/Process Purchase Order, NTP 4.3 Send PO/NTP copy thru fax/email	None		BAC Secretariat / Procurement Division Staff
5. Acknowledge receipt of PO/NTP	5.1 Receive PO/NTP sign conforme	None		
	Total	Refer to the standard rates and table below	PB - Timeline per RA 9184	
Form of Performance Security			Amount of Performance Security (Not Less than the required percentage of the Total Contract Price)	
(a) Cash or cashier's/manager's check issued by a Universal or Commercial Bank			Goods and Consulting Services - Five percent (5%) Infrastructure Projects – Ten Percent (10%)	
(b) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank.				
(c) Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.			Thirty percent (30%)	



Service Name: Issuance of Purchase Order for Alternative Mode of Procurement (Negotiated Procurement Small Value, Emergency Purchase & Shopping)

Service Information: Process of serving Purchase Order for all modes of Procurement to External Client (Suppliers/Service Provider/Contractors).

Office or Division:	Procurement Division			
Classification:	Simple			
Type of Transaction:	Government to Business (G2B)			
Who may avail:	Suppliers/Service Providers/ Contractors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request for Quotation		Procurement Division – BAC Secretariat		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit accomplished Request for Quotation (RFQ) together with corresponding documentary requirements	1.1 Receive and process in accordance to R.A. 9184 and its IRR, for Alternative Mode	None	11 working days	Procurement Division Staff
	1.2 Prepare Abstract of Canvass for End-user to assess and award (encircle)			
	1.3 Receive Abstract of Canvass with award			
	1.4 Prepare/Process Purchase Order			
	1.5 Forward PO for approval.			
	1.6 Received Approved PO			
	1.7 Send approved PO thru fax/email		1 day	Procurement Division Staff
2. Acknowledge receipt of PO	2.1 Log the date of receipt of PO	None		
Total		None	12 working days	



Service Name: Sale of the Bidding Documents

Service Information: Prospective Bidders' acquisition of Bidding Documents

Office or Division:	Procurement Division			
Classification:	Simple			
Type of Transaction:	Government to Business (G2B)			
Who may avail:	Prospective Bidders			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Valid ID			Supplier's Company	
Authorization Letter			Supplier's Owner	
Order of Payment			Procurement Division	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inform Secretariat of intention to buy the bidding documents for a particular project	1.1 Check authorization letter and ID of the Bidder's representative – for consultancy and Infrastructure projects 1.2 Prepare Order of Payment	None Cost of bidding documents depends on the Approved Budget of the Contract or line item/s joined. (refer to STANDARD RATES below)	3 minutes	Secretariat in-charge of the project - Procurement Division
2. Receive the Order of Payment and Pay the corresponding amount which can be in the	2.1 Issue Official Receipt	As stated in Order of Payment	3 minutes	Collecting Officer

form of Cash, Cashier's / Manager's Check				
3. Check completeness of USB containing the bidding documents and sign the receiving copy / checklist of the Bidding Documents issued.	3.1 Hand in the Bidding Documents (USB) to the Prospective Bidder	None	10 minutes	Secretariat in-charge of the project - Procurement Division
	Total	Refer to Standard Rates	16 Minutes	
STANDARD RATES				
500,000 and below		500.00		
More than 500,000 up to 1 Million		1,000.00		
More than 1 Million up to 5 Million		5,000.00		
More than 5 Million up to 10 Million		10,000.00		
More than 10 Million up to 50 Million		25,000.00		
More than 50 Million up to 500 Million		50,000.00		
More than 500 Million		75,000.00		



Receiving of delivery of Equipment

Receiving of deliveries from the supplier's Delivery Man

Office or Division:	Materials Management Division			
Classification:	Simple			
Type of Transaction:	G2B-Government to Business (External Services)			
Who may avail:	Supplier/Delivery Man			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ol style="list-style-type: none"> 1. Delivery Receipt/Sales Invoice (orig + 3 copies) 2. Warranty Certificate (orig) 3. PM Schedule (orig) 4. Certificate of Calibration(orig) 5. Electrical Safety Report 6. Manual/Brochure (2 copies) 7. Certificate of Availability of Service Unit (orig) 8. Cert. of Availability of Consumables/parts (orig) 9. BOC Receipts (if imported) 10. Certificate of Training (orig) 11. ISO related Cert./Energy Star (Certified true copy) 12. List of consumables (orig) 13. Recurring maintenance cost 14. Expected useful life (orig) 15. Consumer guidelines on disposal (orig) 		Supplier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Upon receipt of copies of PO/NTP, deliver item/s called for in the PO with four (4) copies of DR/SI and	1. Verify delivery as to conformity with PO	None	5 minutes	<i>Storekeeper</i> MMD-Receiving

other required documents				
2. Take the item/s at the designated place or to the site	<p>2.1. If equipment is for installation, request Delivery Man to take the unit at the site</p> <p>2.2. Request the presence of End-user, Biomed and House Inspector</p> <p>2.3. Unpack the equipment and check compliance to PO specifications & other requirements</p> <p>2.4. Request End-user to check/validate conformity of delivered equipment to the PO</p> <p>2.5. Receive verified delivered equipment by signing the Delivery Receipt and/or Sales Invoice</p>	None	<p>15 minutes</p> <p>3 minutes</p> <p>3 hours</p> <p>2 minutes</p>	<i>Storekeeper</i> MMD- Receiving
	Total	None	3 hrs & 25 mins.	



Receiving of delivery of Supplies and Materials

Receiving of deliveries from the supplier's Delivery Man

Office or Division:	Materials Management Division			
Classification:	Simple			
Type of Transaction:	G2G-Government to Business (External Services)			
Who may avail:	Supplier/Delivery Man			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Delivery Receipt and/or Sales Invoice (Orig + 3 copies)		Supplier		
2. Warranty Certificate (in case of Semi-exp.)				
3. Other required document/s per Purchase Order				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Upon receipt of PO/DOS, submit four (4) copies of Delivery Receipt and/or Sales Invoice and other required documents as indicated in PO	1. Check/verify the submitted requirements	None	3 minutes	<i>Storekeeper</i> MMD-Receiving
2. Take the item/s at Delivery Bay area	2.1. Check quantity, specifications, expiry date, batch number and other terms stipulated in the PO	None	30 minutes	<i>Storekeeper</i> MMD-Receiving
	2.2. Receive verified delivered goods by signing the Delivery Receipt and/or Sales Invoice	None	2 minutes	<i>Storekeeper</i> MMD-Receiving

	Total	None	35 minutes	
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CASH REFUND of Professional Fees

The Treasury Division is tasked with the disbursement of payment to clients through petty cash funds for refund of Professional Fees paid by patients. Disbursements are done at the Treasury Division Disbursement Window located at the Ground Floor and open from Monday to Friday, 8:00am-5:00pm

Office or Division:	Treasury Division			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen; G2G - Government to Government			
Who may avail:	Medical Consultants or their representatives			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Original valid identification card with signature of the claimant (1 ID)		Issuing agency of respective identification presented		
2. If representing a person: Authorization Letter (1 original document) and photocopy of identification card, with signature of authorizing person		Consultants for their secretaries		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for refund and present requirements	1.1 Receive and verify claimant's documents and checks for availability of claim for Professional Fee Refund 1.2 Retrieve and release Petty Cash Voucher to claimant	None	2 minutes	<i>Disbursing Officer</i> Treasury Division

2. Fill-up the Petty Cash Voucher with necessary details e.g. Printed Name, Signature	2. Validate signature of claimant against ID presented and release amount due to claimant	None	2 minutes	<i>Disbursing Officer</i> Treasury Division
3. Receive amount of refund	3. File filled-up Petty Cash Voucher for replenishment	None	1 minute	<i>Disbursing Officer</i> Treasury Division
	Total	None	5 minutes	



CASH REFUND

The Treasury Division is tasked with the disbursement of payment to clients through petty cash funds for refunds like returned medicine/s, cancelled procedure/s, discounts (PWD, as Government Employee, as agency Employee) and excess payments. Disbursements are done at the Treasury Division Disbursement Window located at the Ground Floor and open from Monday to Friday, 8:00am-5:00pm.

Office or Division:	Treasury Division	
Classification:	Simple	
Type of Transaction:	G2C - Government to Citizen; G2G Government to Government	
Who may avail:	Patients, patient's parents or their representatives, employees	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. Original valid identification card with signature of the claimant (1 ID)		Issuing agency of respective identification to be presented
2. If representing a person: Authorization Letter (1 original document) and photocopy of identification card, with signature of authorizing person		Patient, patient's parent, employee
3. Documents for refund: <ul style="list-style-type: none"> - Credit Memo - Official Receipt - Request for <ul style="list-style-type: none"> ■ Claim of discount ■ Cancellation - PWD ID 		Income Center/s Treasury Division Parties claiming refund/s

<ul style="list-style-type: none"> - Senior Citizen ID - Certificate of Employment - Statement of Account/ Billing Statement 		Government agency affiliation Billing and Claims Division		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for refund and present requirements	1.1 Receive and check documents for completeness	None	1 minute	<i>Disbursing Officer</i> Treasury Division
	1.2 Prepare PCV form with necessary details e.g. Date, Name of Claimant, Nature of Refund, Amount of Refund, OR details	None	2 minutes	<i>Disbursing Officer</i> Treasury Division
2. Fill-up the Petty Cash Voucher with necessary details e.g. Printed Name, Signature, Address, Contact Number/s to acknowledge receipt of refund	2.1 Check the duly filled-up PCV	None	2 minutes	<i>Disbursing Officer</i> Treasury Division
	2.2 Release amount of refund			
	Total	None	5 minutes	



DISBURSEMENTS thru CHECK

The Treasury Division is tasked with the disbursement of payment external creditors through issuance of processed and approved checks, while ensuring that payments are duly acknowledged by mentioned creditors through the issuance of valid official or collection receipts whichever is appropriate, with the corresponding acknowledgment on the approved disbursement or payroll vouchers and withholding tax certificates. Disbursements are done at the Treasury Division Disbursement Window located at the Ground Floor and open from Monday to Friday, 8:00am-5:00pm.

Office or Division:	Treasury Division	
Classification:	Simple	
Type of Transaction:	Government-to-Citizen (G2C), Government-to-Business (G2B), Government-to-Government (G2G)	
Who may avail:	External creditors or suppliers	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. Valid identification card with signature of the claimant (1 ID)	Company affiliation, Land Transportation Office, or Professional Regulation Commission, GSIS, SSS, OSCA or OWWA, COMELEC	
2. For company representative: a. Authorization letter using company stationary (1 original document) b. Photocopy of valid identification of authorizing person with signature as shown in the identification for comparison purposes (1 copy)	Legitimate payee company The authorizing person of the company	
3. If representing a person: Special Power of Attorney (1 original document)	Notary public	
4. If representing a deceased payee: Extrajudicial Settlement of Estate where name of representative of the claimant is included or Affidavit of Self-Adjudication (1 original document)	Lawyer or judicial court	
5. If claimant is a single proprietor: Authenticated Proof of	Department of Trade and Industry or Bureau of Internal Revenue	

Ownership (1 photocopy)				
6. Additional requirement for suppliers: a. BIR authorized Official Receipt or Collection Receipt		Bureau of Internal Revenue authorized print		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents identifying documents	1.1 Verify documents 1.2 If identification is appropriate, log out documents to be issued out	None	1 minute	Disbursing Officer
2. Acknowledge the disbursement documents by affixing signature	Retrieve the check	None	1 minute	Disbursing Officer
3. Issue Official or Collection Receipt	Verify correctness of issued Official or Collection Receipt of supplier	None	1 minute	Disbursing Officer
4. Returns the signed disbursement documents	Inspect the documents for completeness and propriety of acknowledgment	None	1 minute	Disbursing Officer
5. Receives check together with the BIR form 2307 and sign in warrant register	Release check/s to client, after it has been acknowledged as received in the warrant register together with the BIR form 2307	None	1 minute	Disbursing Officer
	Total	None	5 minutes	



DISBURSEMENTS thru PETTY CASH FUND (Patients Refund)

The Treasury Division is tasked with the disbursement of payment to clients through petty cash funds for payment refunds:

- Returned Medicine/s,
- Cancelled Procedure/s,
- Discount/s (PWD, Government Employee, Employee)
- Excess payments

Disbursements are done at the Treasury Division Disbursement Window located at the Ground Floor and open from Monday to Friday, 8:00am-5:00pm

Office or Division:	Treasury Division	
Classification:	Simple	
Type of Transaction:	Government-to-Citizen (G2C)	
Who may avail:	Patients, patient's parents or their representatives, employees	
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
	1. Valid identification card with signature of the claimant (1 ID)	Company affiliation, Land Transportation Office, or Professional Regulation Commission, GSIS, SSS, OSCA or OWWA, COMELEC, DFA
	2. If representing a person: Authorization Letter (1 original document)	Patient, patient's parent, employee
	3. Documents for refund: <ul style="list-style-type: none"> - Credit Memo - Official Receipt - Request for 	Income Center/s Parties claiming refund/s

<ul style="list-style-type: none"> ■ Claim of discount ■ Cancellation - PWD ID - Senior Citizen ID - Certificate of Employment - Statement of Account/ Billing Statement 	Government agency affiliation Billing and Claims Division			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for refund at designated window and present requirements	1.1 Receive and verify documents for completeness	None	1 minute	Disbursing Officer
	1.2 Verify identity of claimant 1.3 Prepares PCV form with necessary details e.g. Date, Name of Claimant, Nature of Refund, Amount of Refund, OR details	None	2 minutes	Disbursing Officer
2. Fill-up the Petty Cash Voucher with necessary details e.g. Printed Name, Signature, Address, Contact Number/s	2.1 Verifies the duly filled-up PCV 2.2 Release amount of refund	None	2 minutes	Disbursing Officer
	Total	None	5minutes	



DISBURSEMENTS thru PETTY CASH FUND (Professional Fee Refund)

The Treasury Division is tasked with the disbursement of payment to clients through petty cash funds for payment of refunds:

-Professional Fees

Disbursements are done at the Treasury Division Disbursement Window located at the Ground Floor and open from Monday to Friday, 8:00am-5:00pm

Office or Division:	Treasury Division		
Classification:	Simple		
Type of Transaction:	Government-to-Citizen (G2C)		
Who may avail:	Medical Consultants or their representatives		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
1. Valid identification card with signature of the claimant (1 ID)		Company affiliation, Land Transportation Office, or Professional Regulation Commission, GSIS, SSS, OSCA or OWWA, COMELEC, DFA	
2. If representing a person: Authorization Letter (1 original document)		Consultants for their secretaries	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for refund at designated window and present requirements	1. Receive and verify claimant's documents and checks for availability of claim for Professional Fee Refund 1.1 Release Petty Cash Voucher to claimant	None	1 minute	Disbursing Officer
2. Fill-up the Petty Cash Voucher with necessary details e.g. Printed Name, Signature,	2. Validates signature of claimant against ID presented	None	1 minute	Disbursing Officer
3. Receive amount of refund	3. Releases amount of refund	None	1 minute	Disbursing Officer
	Total	None	3 minutes	



DISBURSEMENTS thru PETTY CASH FUND (Petty Operating Expenses)

The Treasury Division is tasked with processing of request for cash advance from Petty Cash fund with a designated Disbursing Officer. Requests shall be allowed on payments which are emergency in nature; payment through check is not practical or not possible. Shall be granted only during office hours except for emergency cases, the Senior House Officer (SHO) shall be the approving authority during weekends and holidays.

Office or Division:	Treasury Division	
Classification:	Simple	
Type of Transaction:	Government-to-Citizen (G2C); Government to Business Entity (G2B)	
Who may avail:	Employees and external creditors or suppliers	
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1.	Accomplished Petty Cash Voucher by an Accountable Officer-certified by Chief of concerned Division/Chairman of Committee for Special Activity, approved by DDHSS in two (2) copies	Treasury Division
2.	Valid ID of Requestor	Accountable Officer/Creditor/Supplier
3.	For purchases involving One Thousand Pesos and above	
	3.1 Canvass or quotation from at least three suppliers for purchases involving One Thousand Pesos and above (\geq P 1,000.00), except for purchases made while on official travel	Materials Management Division
	3.2 Summary/ Abstract of Canvass	
4.	For purchases of semi-expendable property and equipment	Materials Management Division
	4.1 Inventory Custodian Slip	
5.	Certification/Justification for Emergency Purchase	Accountable Officer/Requesting Unit

<p>6. Inspection and Acceptance Report</p> <p>7. BIR form 2307</p> <p>8. Pre and Post Repair Inspection Form for repair of equipment</p> <p>9. Photocopy of Report of Waste Materials for repair of equipment</p> <p>10. Approved Driver's Trip Ticket-Gas Withdrawal and Cash Advance form</p> <p>11. Certified True Copy of Results/Tests of Medical Services done outside PCMC</p>	<p>Materials Management Division</p> <p>Budget Division</p> <p>General Services Division</p> <p>Accountable Officer/Requesting Unit</p>			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Present accomplished PCV and supporting documents (item #s 2,3,8,9 and 10 from the checklists of requirements)</p>	<p>1. Receives and reviews duly accomplished and approved PCV and for purchases involving \geq at least 3 quotations and Summary/Abstract of canvass</p> <p>2. Verifies availability of cash</p> <p>3. Releases cash</p>	<p>None</p>	<p>5 mins</p>	<p>Designated Disbursing Officer</p>
<p>2. Receives requested amount and acknowledges receipt by affixing signature of Cash Received portion of the PCV (Box B)</p>	<p>Informs Accountable Officer to submit liquidation within five (5) days from date of receipt of cash advance</p>	<p>None</p>	<p>1 mins</p>	<p>Designated Disbursing Officer</p>

<p>3. Purchasing of item/s and processing of documents required for liquidation (item #s 4,5,6,8 and 11 from the checklists of requirements), including accomplishing Box D of the PCV (certification portion to be signed by Deputy Director/Department Manager of the requesting unit)</p>			<p>5 working days</p>	
<p>4. Submits documents to liquidate cash advance and return excess cash, if any</p>	<p>Accepts and validates submitted documents</p>	<p>None</p>	<p>1 mins</p>	<p>Designated Disbursing Officer</p>
	<p>Total</p>	<p>None</p>	<p>7 minutes (5 days and 7 mins)</p>	



ISSUANCE OF OFFICIAL RECEIPT

The Treasury Division is in charge with the collection of hospital fees, sales of medicine and medical supply items, professional fees of authorized practicing physicians charged and billed through charge slips, statement of accounts, order of payments, transaction slips, professional fee slips and the like. The Treasury Division is located at the Ground Floor and open 24 hours

Office or Division:	Treasury Division	
Classification:	Simple	
Type of Transaction:	(G2C) Government to Citizen, (G2B) Government to Business, (G2G) Government to Government	
Who may avail:	All	
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
	Any of the following: 1. Order of Payment or its equivalent	Cost center (eg. Accounting Division, Billing Section, Nursing Service, Bids and Awards Committee, Human Resource Management Division) Income center/s Billing and Claims Division (for paying Health Maintenance Organization)
	2. Professional Fee Slip	Attending physician or his authorized representative
	3. Statement of Account or Billing Statement with discharge clearance	Billing and Claims Division
	4. Transmittal Letter (1 copy)	Billing and Claims Division (for PhilHealth ACPS transactions) Accounting Division (for government agencies eg. ADA-DSWD)
	5. Daily Online Transaction form (for payments made thru the LinkBiz portal)	Billing and Claims Division (for room rental payments, patients deposit for bill updating etc.)

		Income center where service was inquired and scheduled		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number c/o guard on duty and wait for number to be called <i>Note: Priority for Senior Citizens, Pregnant women and PWDs.</i>	1.1 Call the number of the transaction to be accommodated 1.2 Receive document, such as: charge slip / order of payment / statement of account (SOA)/ Order of Payment	None	1 minute	<i>Collecting Officer Treasury Division</i>
2. Give cash/ check payment/ credit card payment	2.1 Receive cash / check from clients / creditors. 2.2 Issue official receipt/s (OR) and release to client; release discharge clearance	as indicated in the document presented	3 minutes	<i>Collecting Officer Division</i>
3. Receive Official Receipt and/or Discharge Clearance	3. Give instruction to client as needed	None	1 minute	<i>Collecting Officer Treasury Division</i>
	Total	None	5 minutes	



RELEASING OF CHECK PAYMENT

The Treasury Division is tasked with the disbursement of payment external creditors through issuance of processed and approved checks, while ensuring that payments are duly acknowledged by mentioned creditors through the issuance of valid official or collection receipts whichever is appropriate, with the corresponding acknowledgment on the approved disbursement or payroll vouchers and withholding tax certificates. Disbursements are done at the Treasury Division Disbursement Window located at the Ground Floor and open from Monday to Friday, 8:00am-5:00pm.

Office or Division:	Treasury Division
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen; G2B-Government to Business; G2G-Government to Government
Who may avail:	All
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
1. Original valid identification card with signature of the claimant (1 ID)	Issuing agency of valid identification card presented
2. For company representative: a. Authorization letter using company stationary (1 original document) b. Photocopy of valid identification card of authorizing person with signature (1 copy)	Company manager/president or Accounting/Human Resource Department Head
3. If representing a person: Special Power of Attorney (1 original document)	Requesting party; Notary Public, Lawyer or judicial court
4. If representing a deceased payee: Extrajudicial Settlement of Estate where name of representative of the claimant is included or Affidavit of Self-Adjudication (1 original document)	Requesting party; Notary Public, Lawyer or judicial court
5. If claimant is a single proprietor: Authenticated Proof of	Department of Trade and Industry or Bureau of Internal Revenue

Ownership (1 photocopy)				
6. Additional requirement for suppliers: a. BIR authorized Official Receipt or Collection Receipt		Bureau of Internal Revenue authorized printer		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Individual claimants				
1. Inquire for claim/s and present documents for identification	1.1 Receive presented documents for identification 1.2 Check for availability of claim/s and retrieve Disbursement Voucher and present to client	None	2 minutes	<i>Disbursing Officer</i> Treasury Division
2. Acknowledge receipt of claim/s by affixing signature, date of receipt and printed name on Box E (Receipt of Payment) portion of the Disbursement Voucher	2. Check for completeness of entries made by client on the Disbursement Voucher	None	2 minutes	<i>Disbursing Officer</i> Treasury Division
3. Sign in the warrant register and receive the check	3. Release check/s to client, after it has been acknowledged as received in the warrant register	None	1 minute	<i>Disbursing Officer</i> Treasury Division
Total		None	5 minutes	
For suppliers/other agencies				
1. Inquire for collection for payment/s and present	1.1 Receive presented documents for identification	None	2 minutes	<i>Disbursing Officer</i> Treasury Division

documents for identification	1.2 Check for availability of claim/s and retrieve Disbursement Voucher and present to client			
2. Receive Disbursement Voucher and acknowledge receipt of claim/s by affixing signature, date of receipt and printed name on Box E (Receipt of Payment) portion of the Disbursement Voucher and return Disbursement Voucher to the Disbursing Officer together with the issued Official or Collection Receipt	2. Inspect the documents issued by claimant for correctness and check the Disbursement Voucher for completeness of entries made by client	None	2 minutes	<i>Disbursing Officer</i> Treasury Division
3. Sign in warrant register and receive the check together with the BIR form 2307	3. Release check/s to client, after it has been acknowledged as received in the warrant register together with the BIR form 2307	None	1 minutes	<i>Disbursing Officer</i> Treasury Division
	Total	None	5 minutes	



REQUEST for CASH ADVANCE

The Treasury Division is tasked with processing of request for cash advance from Petty Cash fund with a designated Disbursing Officer. Requests shall be allowed on payments that are emergency in nature; when payment through check is not practical or not possible. Shall be granted only during office hours, Monday to Friday, 8:00am-5:00pm

Office or Division:	Treasury Division
Classification:	Simple
Type of Transaction:	(G2G) Government to Government; (G2B) Government to Business Entity
Who may avail:	Employees and external creditors or suppliers
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
1. Accomplished Petty Cash Voucher by an Accountable Officer-certified by Chief of concerned Division/Chairman of Committee for Special Activity, approved by DDHSS in two (2) copies	Petty Cash Voucher form is available at the Treasury Division
2. Original valid Identification of requestor	Accountable Officer/Creditor/Supplier
3. For purchases involving One Thousand Pesos and above	
3.1 Canvass or quotation from at least three suppliers for purchases involving One Thousand Pesos and above (\geq P 1,000.00), except for purchases made while on official travel	Materials Management Division
3.2 Summary/ Abstract of Canvass	Materials Management Division
4. For purchases of semi-expendable property and equipment	
4.1 Inventory Custodian Slip	
5. Certification/Justification for Emergency Purchase	Accountable Officer/Requesting Unit

<p>6. Inspection and Acceptance Report</p> <p>7. BIR form 2307</p> <p>8. Pre and Post Repair Inspection Form for repair of equipment</p> <p>9. Photocopy of Report of Waste Materials for repair of equipment</p> <p>10. Approved Driver's Trip Ticket-Gas Withdrawal and Cash Advance form</p> <p>11. Certified True Copy of Results/Tests of Medical Services done outside PCMC</p>	<p>Materials Management Division</p> <p>Budget Division</p> <p>General Services Division</p> <p>Accountable Officer/Requesting Unit</p>			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Request for cash advance and present accomplished PCV and supporting documents</p>	<p>1.1 Receive the required documents and check for completeness</p> <p>1.2 Verify availability of fund and release cash</p>	<p>None</p>	<p>4 minutes</p>	<p><i>Designated Disbursing Officer</i> Treasury Division</p>
<p>2. Receive requested amount and acknowledge receipt by affixing signature on</p>	<p>1. Inform Accountable Officer to submit liquidation within five (5) days from date</p>	<p>None</p>	<p>1 minute</p>	<p><i>Designated Disbursing Officer</i> Treasury Division</p>

Cash Received portion of the PCV (Box B)	of receipt of cash advance			
	Total	None	5 minutes	

Medical Services



Service Name: Psychological Screening and Counseling Scheduling

Service Information: Psychological Screening - this process involves administering psychological tests, interviewing patients and their caregivers, observing in-session behaviors and reviewing chart records. The goal is to get an impression of the patient's present academic, intellectual and adaptive skills and the output is a report, which answers referral questions related to these areas as well as recommendations for the patient.

Psychological Counseling/Psychotherapy – regular sessions (example: monthly, weekly, or bi-monthly) with patients with emotional and mental health issues. Sessions are meant to improve patient's social and emotional well-being, and deal with distress.

Office or Division:	Adolescent Medicine Division			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	Service Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1 copy for the patient		3 RD floor, Adolescent Medicine Division, Philippine Children's Medical Center		
1 file copy				
PSYCHOLOGICAL SERVICES SCHEDULING				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give the OPD card, referral slip or schedule slip to the center clerk	1. Check the OPD card and referral slip of the patient from the Adolescent Medicine doctor at OPD G8	N/A	1 minute	<i>Clerk</i> Adolescent Medicine Division
2. Get an appointment for psychological screening or counseling	2. Offer the earliest availability of psychologist to the guardian/parent of the patient	N/A	5 minutes	<i>Clerk</i> Adolescent Medicine Division

3. Wait for the order of payment	3. Make an order of payment from the Bizbox system of the hospital	N/A	1 minute	<i>Clerk</i> Adolescent Medicine Division
4. Pay for the corresponding amount (<i>reservation fee</i>) to confirm the schedule/slot	4. Process the payment and give the official receipt	Psychological Screening PHP 1,000.00 (service) PHP 1,500.00 (pay) Counseling (service patients) PHP 150.00 (intake interview) PHP 112.50 (psychotherapy)	15 minutes	<i>Cashier</i> Treasury Division
4.1 Patient with ledger can also pay to confirm schedule/slot	4.1 Process the payment thru ledger using the TFbox system of the hospital	Psychological Screening PHP 1,000.00 (service) PHP 1,500.00 (pay) Counseling (service patients) PHP 150.00 (intake interview) PHP 112.50 (psychotherapy)	15 minutes	<i>Clerk</i> Adolescent Medicine Division
5. Present official receipt to center clerk and answer the informed consent and intake form provided	5. Verify the receipt and instruct the guardian/parent of the patient to answer the informed consent and intake form	N/A	30 minutes to 1 hour	<i>Clerk</i> Adolescent Medicine Division

6. Return the accomplished informed consent and intake form and wait for the schedule slip from the center clerk	6. Received the informed consent and intake form and give the schedule slip to the guardian/parent of the patient	N/A	1 minute	<i>Clerk</i> Adolescent Medicine Division
7. Wait for the reminder text message of the center clerk	7. Send reminder text message to the guardian/parent of the patient for confirmation	N/A		<i>Clerk</i> Adolescent Medicine Division
TOTAL			1 hour 7 minutes to 1 hour 23 minutes	

PSYCHOLOGICAL SERVICES APPOINTMENT DATE				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the schedule slip to center clerk on the day of appointment and wait for the order of payment for the remaining fee	1. Verify the OPD card and match the schedule slip to the schedule logbook. Make an order of payment for the remaining fee	N/A	5 minutes	<i>Clerk</i> Adolescent Medicine Division
2. Pay for the remaining fee and present the official receipt to center clerk	2. Verify official receipt from cashier	Psychological Screening PHP 2,150.00 (service) PHP 3,720.00 (pay) Counseling (service patients) PHP 150.00 (intake interview)	15 minutes	<i>Cashier</i> Treasury Division

		PHP 112.50 (psychotherapy)		
2.1 Patient with ledger can also pay with ledger	2.1 Process the payment thru ledger using the TFbox system of the hospital	Psychological Screening PHP 2,150.00 (service) PHP 3,720.00 (pay) Counseling (service patients) PHP 150.00 (intake interview) PHP 112.50 (psychotherapy)	15 minutes	<i>Clerk</i> Adolescent Medicine Division
3. Wait for the psychologist	3. Call the guardian/parent of the patient first for the intake interview, next is the patient for the session	N/A	Counseling: 1 hour Psychological Screening: 3–5 hours	<i>Clinical Psychologist</i> Adolescent Medicine Division
4. After the session, wait for the follow up slip given by the center clerk	4. Give the corresponding follow up schedule slip	N/A	1 minute	<i>Clerk</i> Adolescent Medicine Division
5. Comeback back after two weeks for the result of psychological screening or as scheduled for follow up counseling	5. Feedback to guardian/parent of the patient based on screening results	N/A	Counseling: 1 hour Psychological Screening Feedback: 10 days 1 hour	<i>Clinical Psychologist</i> Adolescent Medicine Division

	TOTAL	Psychological Screening PHP 3,150.00 (service) PHP 5,220.00 (pay)	Psychological Screening: 3 hours 21 minutes to 5 hours and 21 minutes	
		Counseling PHP 150.00 (intake) PHP 112.50 (psychotherapy)	Counseling: 1 hour 21 minutes	

Ultrasound Procedures

Antepartum diagnosis by ultrasound for OPD Service and Pay Patients.

Office or Division:	Perinatology Division (Antepartum)			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen, G2G - Government to Government			
Who may avail:	Out-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request for Ultrasound		Attending Obstetrician/Perinatologist		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Out-Patients a. For Pay Patients - Present Ultrasound Request b. For Service Registered patients – Doctor’s Order (OPD chart)	1. Receive patient's request and give consultation number. (Service Patients will queued after the Pay Patients)	None	1 minute	<i>Midwife/Clerk (Antepartum, Second Floor)</i>
2. Wait for consultation number to be called.	2. Prepare the ultrasound bed, sanitize and change underpad.	None	5 minutes	<i>Midwife (Antepartum, Second Floor)</i>
3. Ultrasound procedure a. Pay Patients b. Service Patients	3.Ultrasound procedure a. Consultant-on-duty b. Fellow-on-duty	None	60 minutes	<i>Consultant–on-Duty/ Fellow-on-Duty (Antepartum, Second Floor)</i>

4. Wait for Order of Payment	4. Issue Order of Payment for the ultrasound procedure	None	2 minutes	<i>Midwife/Clerk (Antepartum, Second Floor)</i>
5. Settle fees at the cashier and get official receipt 5.a. Cash/Debit Card/Credit Card 5.b. Guarantee Letter, submit Clinical Abstract and other requirements to Malasakit Center/Public Assistance Unit	5. Receive payment for services and issue official receipt	Please see list of fees		<i>Cashier (Cashier, Second Floor)</i> <i>Malasakit Center/Public Assistance Unit</i>
6. Return to Antepartum Clinic and present receipt/approved ledger.	6. Check receipt. Give ultrasound report to: a. patient b. Incorporate in OPD chart.	None	2 minutes	<i>Midwife/Clerk (Antepartum, Second Floor)</i>
Total		See list of Fees for procedures done	70 minutes	



OPD Face to Face Assessment for Neurodevelopmental Pediatrics Patients

This process involves the neurodevelopmental assessment of new and old patients to identify infants, children and adolescents who are at risk for developmental delay and those with specific developmental and behavioral concerns. This process involves interviewing the caregivers, observing in-session behaviors and performing assessment using different neurodevelopmental tools.

The schedule for the services is strictly By Appointment only and offered every Monday (10:00 am-5:00 pm), Tuesday (8:00 am-5:00 pm), Wednesday (8:00 am-5:00 pm), and Friday (10:00 am - 5:00 pm) except holidays.

Office or Division:	Child Neuroscience Division, Section of Neurodevelopmental Pediatrics
Classification:	Simple
Type of Transaction:	Government to Citizen (G2C), Government to Government (G2G)
Who may avail:	Service and Pay Patients (Age 0-17 years and 364 days) who are at risk for developmental delay and those with specific developmental and behavioral concerns
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1 New Patients 1.1 Service 1.1.1 OPD Card (Original)	1.1.1 PCMC OPD/Medical Social Service
2 Old Patients 2.1 OPD Card (Original) 2.2 Previously issued clinical summary 2.3 Recent medical records, procedures, progress report from therapy and progress report from school/report card	2 Neurodevelopmental Pediatrics Clerk

ACTUAL DAY OF ASSESSMENT				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to NDS OPD Clinic 1.1 Present appointment slip	1.1 Check appointment slip 1.2 Inform NDS fellow	None	1 minute	<i>Clerk III</i> , Section of Neurodevelopmental Pediatrics, CNS Division
2. Fill up the video consent form	2. Provide parents/guardian the video consent form	None	5 minutes	<i>Clerk III</i> , Section of Neurodevelopmental Pediatrics, CNS Division
3. Secure Order of Payment (OP) 3.1 Get Order of Payment from clerk 3.2 Proceed to cashier and pay for the assessment fee 3.3 If with ledger, present the ledger and photocopy of valid ID of the guardian to the clerk.	3.1 Prepare order of payment 3.2 Process the payment thru ledger using TFbox system of the hospital 3.3 Prepare order of payment (OP) and request to affix signature 3.4 Prepare order of payment with affixed	Preliminary Assessment: Service: PhP 210.00 Pay: PhP 1,250.00 Full/Comprehensive Evaluation: Service: PhP 2,500.00 Pay: PhP 6,000.00	5 minutes 5 minutes 1 minutes 10 minutes	<i>Clerk III</i> , Section of Neurodevelopmental Pediatrics, CNS Division <i>Cashier</i> <i>Clerk III</i> , Section of Neurodevelopmental Pediatrics, CNS Division <i>Clerk III</i> , Section of Neurodevelopmental Pediatrics, CNS Division

<p>3.4 For Health package, provide requirements needed for Malasakit Center, Patient Assistance and Support Services Division (PASSD)</p> <p>4. Present the official receipt to the clerk</p>	<p>signature of the guardian, verify requirements, and issue ledger, charge thru TFbox system of the hospital</p> <p>4.1 Verify official receipt from cashier</p>		<p>2 minutes</p>	<p><i>Clerk III, Section of Neurodevelopmental Pediatrics, CNS Division</i></p>
<p>5. Wait to be called for the evaluation</p>	<p>5. 1 Call the guardian/parent and the patient.</p> <p>5.2 Get weight and height of the patient.</p>	<p>None</p>	<p>3 minutes</p>	<p><i>Clerk III, Section of Neurodevelopmental Pediatrics, CNS Division</i></p>
<p>6. Neurodevelopmental assessment</p>	<p>6.1 Perform neurodevelopmental assessment.</p> <p>6.2 Explain the results of the evaluation, diagnosis and recommendations.</p>	<p>None</p>	<p>Full/Comprehensive Evaluation: 2 hours</p>	<p><i>Medical Officer III</i> Section of Neurodevelopmental Pediatrics, CNS Division</p>
<p>7. After the session, 7.1 Wait for the following 7.1.1 clinical abstract 7.1.2 diagnostic requests 7.1.3 referral forms</p>	<p>7. Give the necessary request prescribed</p> <p>7.1 Provide Clinical Abstract</p>	<p>None</p>	<p>20 minutes</p>	<p><i>Fellow in Charge MO III</i> Section of Neurodevelopmental Pediatrics, CNS Division</p>

7.1.4 follow up slip	7.2 Give client satisfactory survey			<i>Clerk III, Section of Neurodevelopmental Pediatrics, CNS Division</i>
7.2 Accomplish the client satisfactory survey				
8 Submit the Client Satisfactory Survey (CSS) and place in drop box once filled-up	8. Collect client satisfactory survey from the parent.	None	1 minute	<i>Clerk III, Section of Neurodevelopmental Pediatrics, CNS Division</i>
	TOTAL	See above rates	3 hours 3 minutes	

as of Sept 19, 2023



Scheduling of Face-to-face Assessment for Neurodevelopmental Pediatrics Patients

This process involves the scheduling of neurodevelopmental assessment of new and old patients to identify infants, children and adolescents who are at risk for developmental delay and those with specific developmental and behavioral concerns. This process involves interviewing the caregivers, observing in-session behaviors and performing assessment using standardized neurodevelopmental tools.

The schedule for the services is strictly by appointment and offered every Monday (10:00 am-5:00pm), Tuesday (8:00 am-5:00 pm), Wednesday (8:00 am-5:00 pm), and Friday (10:00 am - 5:00 pm) except holidays.

Office or Division:	Child Neuroscience Division, Section of Neurodevelopmental Pediatrics	
Classification:	Simple	
Type of Transaction:	Government to Citizen (G2C), Government to Government (G2G)	
Who may avail:	Service and Pay Patients (Age 0-17 years and 364 days) who are at risk for developmental delay and those with specific developmental and behavioral concerns	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. New Patients 1.1 Service 1.1.1 Referral Slip 1.1.2 OPD Card (Original) 1.2 Pay 1.2.1 Referral Letter		1.1.1 Attending Physician (General Pediatrics, Other subspecialty OPD) 1.1.2 PCMC OPD/Medical Social Service 1.2.1 Attending Physician, Psychologist, Teacher, School, Therapist
2. Old Patients 2.1 Appointment Slip 2.2 OPD Card (Original) 2.3 Previously issued clinical summary 2.4 Recent medical records, progress report from therapist, school, laboratory results		2. Neurodevelopmental Pediatrics Clerk

SCHEDULING OF FACE TO FACE NEURODEVELOPMENTAL ASSESMENT				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Scheduling				
1. Present referral letter from doctor, school, psychologist, therapist or teacher	1.1 Check the referral and classification (Pay or Service with OPD Card) 1.2 Determine type of services for assessment: full evaluation or comprehensive	None	1 minute	<i>Clerk III</i> , Section of Neurodevelopmental Pediatrics, CNS Division
2. Fill up patient information sheet	2. Provide information sheet 2.1 Assist parent/guardian, as needed 2.2 Collect information sheet	None	1 minute 1 minute	<i>Clerk III</i> , Section of Neurodevelopmental Pediatrics, CNS Division
3. Get appointment slip which includes reminders to bring pertinent records on the day of the schedule	3.1 Give appointment slip with the agreed schedule for assessment 3.2 Advise parent/guardian of the requirements and estimated waiting time	None	3 minutes	<i>Clerk III</i> , Section of Neurodevelopmental Pediatrics, CNS Division
	TOTAL	None	6 minutes	

as of Sept 21, 2023



Pre-transfusion Testing

To establish patient safety, all blood for transfusion must undergo pre-transfusion testing. Whether crossmatched or uncross matched, the blood bank should follow quality procedures and work instruction in pre-transfusion testing

Office or Division:	Pathology Division (Pediatric Blood Center) Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2G- Government to Government			
Who may avail:	All patients requiring blood transfusion			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Crossmatching Request - #1		Doctor – Ward and OPD		
Blood Request Form - #2		Doctor – Ward and OPD		
Consent - #2		Doctor and Guardian – Ward and OPD		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit blood request form. Consent and Crossmatching Request in the Blood Bank Reception Area	1. Ensure completeness of request. 1.1. Write necessary charges at the back of the blood request form 1.2 Instruct patient to proceed to Laboratory Reception Area for the issuance of Order of Payment	None BLOOD PRODUCTS: Packed RBC - 1,800.00 Platelet Concentrate - 1,300.00 Apheresed Platelets – Pay - 18,500.00 Service - 16,500.00	2 minutes	<i>Medical Technologist Blood Bank</i>

		<p>Fresh Frozen Plasma - 1,300.00 Cryoprecipitate - 1,300.00 Cryosupernate - 1,300.00</p> <p>LABORATORY TEST RATES:</p> <p>Cross-match – Pay - 840.00 Service - 573.00</p> <p>Antibody Screening – Pay - 915.00 Service - 624.00</p> <p>Processing Fee – Fee - 250.00</p> <p>Blood Typing (Adult) – Pay - 743.00 Service - 507.00</p> <p>Blood Typing (Neonate) – Pay - 655.00 Service - 447.00</p>		
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		Coomb's Test – Pay - 1,333.00 Service - 909.00 Indirect AHG – Pay - 937.00 Service - 639.00 Direct AHG – Pay - 396.00 Service - 270.00 Platelet Administration Set – Fee - 85.00 Transfer Bag – Fee - 120.00 Reconstituted Whole Blood Fee - 3,500.00 Urine Hemoglobin Fee - 72.00		
2. Give the Crossmatching Request at the Reception Area	2. Write the Official Receipt Number, Date and Time of	None	3 minutes	<i>Clerk</i> Laboratory Reception

<p>3. Return the Blood Request form, Consent and Official Receipt in the Blood Bank</p>	<p>Receipt at the Crossmatching Request</p> <p>2.1 Assign queuing number for blood extraction</p> <p>2.2 Instruct patient to wait to be called for extraction</p> <p>3. Write the Official Receipt Number at the back of the Blood Request Form</p> <p>3.1. Process the Blood Request by retrieving the patient folder for proper identification</p>	<p>None</p>	<p>2 minutes</p>	<p><i>Medical Technologist</i> In charge in the Extraction Area</p> <p><i>Medical Technologist</i> Blood Bank</p>
<p>4. Wait at the OPD for the result</p>	<p>4. Performs and validate results</p> <p>4.1 Release results at the OPD</p>	<p>None</p>	<p>Red cells – 2 hours Plasma – 1 hour</p>	<p><i>Medical Technologist</i> Blood Bank</p>

	TOTAL	NONE	1 hour and 7 minutes – 2 hours and 7 minutes	
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Blood Aliquot

Different age groups require different blood volumes for transfusion, thus, closed system blood aliquot is necessary to maintain the life span of blood and to avoid possible contaminants.

Office or Division:	Pathology Division (Pediatric Blood Center) Blood Bank			
Classification:	Simple			
Type of Transaction:	G2G- Government to Government G2C- Government to Public			
Who may avail:	All patients requiring small volume of blood for transfusion			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blood Request Form - #1		Doctor		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit blood request form with specified number and volumes to aliquot	1. Ensure completeness of request 1.1. Write necessary charges at the back of the blood request form 1.2. Instruct patient to proceed to Laboratory Reception Area for the issuance of Order of Payment	None Processing Fee – Fee per Aliquot - 250.00	2 minutes	<i>Medical Technologist</i> Blood Bank

<p>2. Give the Blood Request form and Official Receipt</p> <p>3. Wait at the Main laboratory waiting area during the processing of blood aliquot</p>	<p>2. Write the Official Receipt Number, Date and Time of Receipt at the Blood Request Reform</p> <p>2.1 Instruct patient to wait for the processing of blood</p> <p>2.2 Process the blood aliquot</p>	<p>None</p>	<p>30 minutes</p>	<p><i>Medical Technologist</i> Blood Bank</p>
<p>4. Claim the Blood Aliquot at the Blood Bank Reception</p>	<p>3. Show and Release Blood Aliquot</p>	<p>None</p>	<p>3 minutes</p>	<p><i>Medical Technologist</i> Blood Bank</p>
	<p>TOTAL</p>	<p>NONE</p>	<p>35 minutes</p>	



Blood Networking

We extend our support to other hospitals and partner agencies by allowing them to secure blood from our hospital.

Office or Division:	Pathology Division (Pediatric Blood Center) Blood Bank			
Classification:	Simple			
Type of Transaction:	G2G- Government to Government G2C- Government to Public			
Who may avail:	Hospital without enough blood to be used for their patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Blood Request Form - #1			Doctor	
Transport Box - #1			Hospital Blood bank where patient is admitted	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit blood request form at the Blood bank Reception Area	1. Ensure completeness of request 1.1 Write necessary charges at the back of the blood request form 1.2 Instruct patient to proceed to	None BLOOD PRODUCTS: Packed RBC - 1,800.00 Platelet Concentrate - 1,300.00 Apheresed Platelets – Pay -18,500.00 Service -16,500.00 Fresh Frozen Plasma - 1,300.00 Cryoprecipitate - 1,300.00 Cryosupernate - 1,300.00	2 minutes	<i>Medical Technologist</i> Blood Bank

	Laboratory Reception Area for the issuance of Order of Payment			
2. Give the Blood Request Form and Official Receipt 3. Wait at the Main laboratory waiting area during the processing of blood to be secured	2. Write the Official Receipt Number, Date and Time of Receipt at the Blood Request Form 2.1 Instruct patient to wait at the Main Laboratory waiting area 2.2 Prepare Blood for Networking	None	30 minutes	<i>Medical Technologist</i> Blood Bank
4. Claim the Blood	3. Show blood products and Release Blood	None	3 minutes	<i>Medical Technologist</i> Blood Bank
	TOTAL	NONE	35 minutes	



Blood Networking for Mobile Blood Donation Partner Agencies

We extend our support to other hospitals and partner agencies by allowing them to secure blood from our hospital. As hospital blood bank with additional functions, we encourage agencies to voluntary donate blood.

Office or Division:	Pathology Division (Pediatric Blood Center) Blood Bank			
Classification:	Simple			
Type of Transaction:	G2G- Government to Government G2C- Government to Public			
Who may avail:	Hospital without enough blood to be use for their patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Blood Request Form - #1			Doctor	
Endorsement Letter - #1			Partner Agencies	
Donor Card and ID - #!			Donors	
Transport Box - #1			Hospital Blood bank where patient is admitted	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit blood request form at the Blood bank Reception Area	1. Ensure completeness of request. 1.1 Check endorsement letter, 1.2 Check availability of blood for networking 1.3Check networking logbook	None	2 minutes	<i>Medical Technologist</i> Blood Bank

<p>2. Wait at the Main laboratory Waiting Area for the processing of blood</p>	<p>2. Instruct patient to wait at the Main Laboratory waiting area</p> <p>2.1 Prepare Blood for Networking</p> <p>2.2 Write all details required in the BAP/MOA logbook for proper inventory</p>	<p>None</p>	<p>30 minutes</p>	<p><i>Medical Technologist</i> Blood Bank</p>
<p>3. Claim the Blood at the Blood bank Reception Area</p>	<p>3. Show the blood and ask claimant to sign in the BAP/MOA logbook</p>	<p>None</p>	<p>3 minutes</p>	<p><i>Medical Technologist</i> Blood Bank</p>
	<p>TOTAL</p>	<p>NONE</p>	<p>35 minutes</p>	



Blood Collection from Donor

Careful selection of blood donors is the key to having a safe blood for transfusion. Donor care must be given importance to encourage them to donate again.

Office or Division:	Pathology Division (Pediatric Blood Center) Blood Bank			
Classification:	Complex			
Type of Transaction:	G2C- Government to Client			
Who may avail:	Walk-In Donors, Volunteer Donors, Replacement Donors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Donor History Questionnaire - #1		PCMC Pediatric Blood Center		
Valid ID - #1		Donor		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Clearance form from TRIAGE and valid ID's at the Blood Bank Reception Area	1. Give Donor History Questionnaire (DHQ)	None	2 minutes	<i>Medical Technologist Laboratory Aide Blood Bank</i>
2. Fill out DHQ completely	2. Check completeness of DHQ and valid ID's	None	3 minutes	<i>Medical Technologist Blood Bank</i>
3. Wait for Doctor Assessment	3. Take Vital signs and interview and check for hemoglobin determination	None	10 minutes	<i>Medical Officer Pathology Resident Medical Technologist Blood Bank</i>
4. Prepare for Blood Donation procedure	4. Performs Phlebotomy	None	15 minutes	<i>Medical Technologist Blood Bank</i>

5. Rest	5.Post donation care	None	10 minutes	<i>Medical Technologist Blood Bank</i>
	TOTAL	NONE	40 minutes	



Antibody Identification and Phenotyping

A positive antibody screening in the pre-transfusion testing needs to be tested for antibody identification to determine possible antibody/ies present in the patient's blood.

Office or Division:	Pathology Division (Pediatric Blood Center) Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2G- Government to Government			
Who may avail:	All patients positive for antibody screening			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Antibody Identification Request			Doctor – Ward and OPD	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Antibody Identification Request in Blood bank Reception Area	1. Ensure completeness of request. 1.1 Instruct patient to proceed to Laboratory Reception Area for the issuance of Order of Payment	None LABORATORY TEST RATES: Antibody Identification – Pay - 3,713.00 Service - 2,532.00 Phenotyping, C (Big C) Pay - 1,558.00 Service - 1,062.00 Phenotyping, c (small c) Pay - 1,025.00 Service - 699.00	2 minutes	<i>Medical Technologist</i> Blood Bank

		Phenotyping, E (big E)		
		Pay	- 845.00	
		Service	- 576.00	
		Phenotyping, e (small e)		
		Pay	- 1,558.00	
		Service	- 1,062.00	
		Phenotyping, Fy ^a (Duffy A)		
		Pay	- 2,450.00	
		Service	- 1,671.00	
		Phenotyping, Fy ^b (Duffy B)		
		Pay	- 2,450.00	
		Service	- 1,671.00	
		Phenotyping, Jk ^a (Kidd A)		
		Pay	- 2,235.00	
		Service	- 1,524.00	
		Phenotyping, Jk ^b (Kidd B)		
		Pay	- 3,758.00	
		Service	- 2,562.00	
		Phenotyping, k (Cellano)		
		Pay	- 3,340.00	
		Service	- 2,277.00	
		Phenotyping, K (Kell)		
		Pay	- 2,700.00	
		Service	- 1,842.00	

<p>3.Wait for the advise of the Blood Bank Staff as to when the results will be released</p>	<p>3. Write the contact number of the patient to give updates on the date and time of the release of the result</p> <p>3.1 Process the Antibody identification Request</p> <p>3.2 Refer all antibody identification and phenotyping results to Section in charge</p>	<p>None</p>	<p>Regular processing is 24 hours</p> <p>Complicated processing is 36 hours</p>	<p><i>Medical Technologist</i> Blood Bank</p>
<p>4. Follow-up results At the Blood Bank Reception Area</p>	<p>4. Type Official Results, Validate and Release results</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Medical Technologist</i></p>
<p>TOTAL</p>		<p>NONE</p>	<p>24-36 hours</p>	



Blood Transfusion Procedures

Transfusion of blood or blood components to replace blood cells or blood products lost.

Office or Division:	Cancer and Hematology Division			
Classification:	Simple			
Type of Transaction:	G2C-Government-to-Citizen G2G-Government-to-Government			
Who may avail:	Service Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Confirmed Appointment		SMS Sent by the Cancer and Hematology Official Cellular Phone Number		
COVID Triage Clearance		Main Lobby - Cancer and Hematology Division (CHD) Triage Nurse		
OPD Card		Ground Floor – Cancer and Hematology Division (CHD) OPD		
Medical Social Service Classification		Ground Floor - Medical Social Worker		
Fund Stub		Ground Floor - Public Assistance Office		
Cancer and Hematology Center Record Book and/or OPD Card		Ground Floor - Cancer and Hematology Clerk and/or Fellow		
OPD Chart, Physician Order for Blood Transfusion, and Blood Request Form		Ground Floor – Cancer and Hematology Division (CHD) OPD Clerk and/or Fellow		
Blood Products/Components		Ground Floor - Pathology Division Blood Bank		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Submit for blood transfusion pre- assessment at the CHC Triage	1.1 Confirm schedule 1.2 Examine patient and companion 1.3 Give clearance to proceed to consultation/follow-up	None	4 minutes	<i>Cancer and Hematology Division Triage Nurse</i>
2. Present record book or discharge instruction to the triage nurse	2.1 Check Record book for instructions and required laboratory request 2.2 Give OPD number for queuing	None	1 minute 1 minute	<i>Cancer and Hematology Division Triage Nurse</i>
* 3. Get the order of payment If with fund, give the stub to the clerk	3. Prepare and issue Order of Payment Encode in Trust fund system	None See Price List	2 minutes 5 minutes	<i>Cancer and Hematology Division OPD Clerk</i>
4. Pay at the cashier	4. Prepare and issue Official Receipt	See Price List	10 minutes	<i>Accounting Division Cashier</i>
5. Proceed to blood bank to submit blood request	5. Facilitate blood product cross matching	Refer to price list of Laboratory	2 hours	<i>Pathology Division Medical Technologist</i>
6. Go back to Cancer and Hematology Division, Treatment Room, Submit paid laboratory request, wait to be called for IV insertion	6.1 Receive paid laboratory request 6.2 Check doctors order	None	3 minutes	<i>Cancer and Hematology Division Midwife and/or Nurse</i>
7. Submit for IV insertion, once called	7. Insert IV Line to patient	None	5 minutes	<i>Cancer and Hematology Division</i>

				<i>Nurse</i>
8. Return to waiting area and wait to be called for the blood transfusion	8.1 Prepare materials for procedure 8.2 Get blood product from Blood Bank	None None	15 minutes	<i>Cancer and Hematology Division Midwife and/or Nurse</i>
9. Submit for Blood transfusion procedure, once called	9.1 Identify patient 9.2 Hook blood product for infusion 9.3 Observe patient for any untoward reactions to the blood transfusion	None	3 hours	<i>Cancer and Hematology Division Fellow and Nurse</i>
10. Confirm schedule of follow up	10.1 Check record book 10.2 Give instructions for follow-up consultation/ next treatment schedule	None	2 minutes	<i>Cancer and Hematology Division Nurse</i>
	Total	*Rate of Payment as stated below	5 hours, 48 minutes	

*Start process here if patient underwent consultation prior to blood transfusion

PROCEDURE	MAY PHILHEALTH	LEDGER	CASH
Blood Transfusion	330.00	330.00	264.00
Pack RBC (PRBC)	330.00	330.00	264.00
Platelet Concentrate (PC)	330.00	330.00	264.00



Bone Marrow Aspirate and Lumbar Puncture Procedure

These procedures are used in diagnosing blood disorders and as part of staging work up for malignancy.

Office or Division:	Cancer and Hematology Division			
Classification:	Simple			
Type of Transaction:	G2C-Government-to-Citizen G2G-Government-to-Government			
Who may avail:	Service Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Confirmed Appointment		SMS Sent by the Cancer and Hematology Official Cellular Phone Number		
COVID Triage Clearance		Main Lobby - Cancer and Hematology Division (CHD) Triage Nurse		
OPD Card		Ground Floor – Cancer and Hematology Division (CHD) OPD		
Medical Social Service Classification		Ground Floor - Medical Social Worker		
Fund Stub		Ground Floor - Public Assistance Office		
Cancer and Hematology Center Record Book and/or OPD Card		Ground Floor - Cancer and Hematology Clerk and/or Fellow		
OPD Chart, Physician Order for Bone Marrow Aspiration/Biopsy and/or Lumbar Puncture, Laboratory Request for Bone Marrow Staining and/or CSF cell count and cytopsin		Ground Floor – Cancer and Hematology Division (CHD) OPD Clerk and/or Fellow		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Submit for chemotherapy pre- assessment at the CHC Triage	1.1 Confirm schedule 1.2 Examine patient and companion 1.3 Give clearance to proceed to consultation/follow-up	None	4 minutes	<i>Cancer and Hematology Division Triage Nurse</i>
2. Present record book or discharge instruction to the triage nurse	2.1 Check Record book for instructions and required laboratory request 2.2 Give OPD number for queuing	None	1 minute 1 minute	<i>Cancer and Hematology Division Triage Nurse</i>
* 3. Get the order of payment If with fund, give the stub to the clerk	3.1 Prepare and issue Order of Payment 3.2 Encode in Trust fund system	None See Price List	2 minutes 5 minutes	<i>Cancer and Hematology Division OPD Clerk</i>
4. Pay at the cashier	4. Prepare and issue Official Receipt	See Price List	10 minutes	<i>Accounting Division Cashier</i>
5. Proceed to laboratory to submit laboratory request (e.g. BMA staining, BMA-MRD, CSF cell count and cytospin)	5. Facilitate laboratory request	Refer to price list of Laboratory	10 minutes	<i>Pathology Division Laboratory Clerk</i>
6. Go back to Cancer and Hematology Division, Treatment Room, Submit paid laboratory request	6.1 Receive paid laboratory request 6.2 Check doctors order	None	5 minutes	<i>Cancer and Hematology Division Midwife and/or Nurse</i>
7. Submit for IV insertion, once called	7. Insert IV Line to patient		5 minutes	<i>Cancer and Hematology Division</i>

				<i>Nurse</i>
8. Return to waiting area and wait to be called	8. Prepare materials for procedure	None	15 minutes	<i>Cancer and Hematology Division Nurse</i>
9. Submit for Bone Marrow aspiration/Lumbar puncture procedure, once called	9.1 Identify patient 9.2 Facilitate procedure 9.3 Observe patient for any untoward reactions to the procedure	None	Bone Marrow: 15 minutes and/or Lumbar Puncture : 15 minutes	<i>Cancer and Hematology Division Fellow and Nurse</i>
10. Confirm schedule of follow up	10.1 Check record book 10.2 Give instructions for follow-up consultation/ next treatment schedule	None	2 minutes	<i>Cancer and Hematology Division Nurse</i>
	Total:	*Rate of Payment as stated below	1 hour, 30 minutes	

* Start process here if patient underwent consultation prior to procedure

PROCEDURE	MAY PHILHEALTH	LEDGER	CASH
Bone Marrow Aspiration	440.00	440.00	352.00
Lumbar Puncture	220.00	220.00	176.00



Service Name: Outpatient Administration of Chemotherapeutic Drugs

Administration procedures for chemotherapeutic drugs performed at the CHD OPD clinic on an outpatient basis.

Office or Division:	Cancer and Hematology Division			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	In-patient and Out-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Confirmed Appointment		Cancer and Hematology OPD		
COVID Triage Clearance		OPD Triage		
OPD Card		OPD		
Medical Social Service Classification		Medical Social Worker		
Fund Stub		Public Assistance Office		
Cancer and Hematology Center Record Book and/or OPD Card		Cancer and Hematology Clerk and/or Fellow		
CBC Request and other diagnostics requested prior consult		Cancer and Hematology Fellow and/or Attending Physician		
Chemotherapeutic Drugs		Pharmacy Division		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit for chemotherapy pre-assessment at the CHC Triage	1.1 Confirm schedule 1.2 Examine patient and companion 1.3 Give clearance to proceed to consultation/follow-up.	None	3 minutes	CHDTriage Nurse
2. Present record book or discharge instruction to the triage nurse	2.1 Check Record book for instructions and required laboratory request	None	1 minute	CHD Triage Nurse
	2.2 Give OPD number for queuing.	None	1 minute	

<p>3. Get the order of payment If with fund, give the stub to the clerk</p>	<p>3.1 Prepare and issue Order of Payment 3.2 Encode in Trust fund system</p>	<p>None See Price List</p>	<p>1 minute 5 minutes</p>	<p>CHD OPD Clerk</p>
<p>4. Pay at the cashier</p>	<p>4. Prepare and issue Official Receipt</p>	<p>See Price List</p>	<p>10 minutes</p>	<p>Cashier</p>
<p>5. Proceed to pharmacy for acquisition of chemotherapeutic drug</p>	<p>5. Dispense required drugs</p>	<p>Refer to price list of Pharmacy</p>	<p>30 minutes</p>	<p>Pharmacist</p>
<p>6. Go back to Cancer and Hematology Division, Treatment Room, Give chemotherapy drugs and laboratory results, wait to be called</p>	<p>6.1 Receive chemotherapeutic drugs 6.2 Check doctors order</p>	<p>None</p>	<p>3 minutes</p>	<p>CHD OPD midwife and/or nurse</p>
<p>7. Submit for IV insertion, once called</p>	<p>7. Insert IV Line to patient</p>	<p>None</p>	<p>5 minutes</p>	<p>CHC OPD Nurse</p>
<p>8. Return to waiting area and wait to be called</p>	<p>7.1 Prepare materials for procedure 7.2 Send chemotherapeutic drug to Compounding area for preparation</p>	<p>None</p>	<p>15 minutes</p>	<p>CHC OPD midwife and/or nurse</p>
<p>9. Submit for chemotherapy administration, once called</p>	<p>9.1 Identify patient 9.2 Administer chemotherapeutic drug 9.3 Observe patient for any untoward reactions to the administration of chemotherapeutic drugs</p>	<p>None</p>	<p>10 minutes to 10 hours depending on chemotherapy drugs</p>	<p>CHD Fellow and CHC OPD Nurse</p>

10. Confirm schedule of follow up	10.1 Check record book 10.2 Give instructions for follow-up consultation/ next treatment schedule	None	1 minute	CHC OPD Nurse
	Total	*Rate of Payment as stated below	1 hour and 15 minutes + administration time depending on scheduled drug(s) please refer to attached list	

CHEMOTHERAPEUTIC DRUGS	Rate of Administration/ Infusion	MAY PHILHEALTH	LEDGER	CASH
Cyclophosphamide	30 minutes drip	238.00	238.00	138.00
Cyclophosphamide	1 hour drip	313.00	313.00	213.00
Cyclophosphamide	2-10 hours drip	368.00	368.00	238.00
Cytarabine	IV 4 hours	368.00	368.00	368.00
Cytarabine	slow IV push	238.00	238.00	138.00
Cytarabine	Subcutaneous	148.00	148.00	113.00
Dactinomycin		313.00	313.00	213.00
Doxorubicin		313.00	313.00	213.00
Etoposide	1 hour drip	313.00	313.00	213.00
Etoposide	2-4 hours	368.00	368.00	238.00
L-Asparaginase		368.00	368.00	238.00
Methotrexate	slow IV push	238.00	238.00	138.00
Methotrexate	4 hours drip	368.00	368.00	238.00
Methotrexate	IT / TIT	220.00	220.00	130.00
Vinblastine	slow IV push	238.00	238.00	138.00
Vincristine	slow IV push	238.00	238.00	138.00



Cancer and Hematology Division Service Out-Patient Consultation

Service Out-Patient (OPD) Consultation and/or Follow-up of New and Old Patient

Office or Division:	Cancer and Hematology Division			
Classification:	Simple			
Type of Transaction:	G2C-Government-to-Citizen G2G-Government-to-Government			
Who may avail:	Service Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Confirmed Appointment		SMS Sent by the Cancer and Hematology Official Cellular Phone Number		
COVID Triage Clearance		Main Lobby - Cancer and Hematology Division (CHD) Triage Nurse		
OPD Card		Ground Floor – Cancer and Hematology Division (CHD) OPD		
Medical Social Service Classification		Ground Floor - Medical Social Worker		
Fund Stub		Ground Floor - Public Assistance Office		
Referral Slip		Attending Physician		
Cancer and Hematology Center Record Book and/or OPD Card		Ground Floor – Cancer and Hematology Division (CHD) OPD Clerk and/or Fellow		
CBC Request and other diagnostics requested prior consult		Ground Floor - Cancer and Hematology Fellow and/or Attending Physician		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Submit for consultation pre-assessment at the CHC Triage	1.1 Confirm schedule 1.2 Examine patient and companion 1.3 Give clearance to proceed to consultation/follow-up	None	4 minutes	<i>Cancer and Hematology Division Triage Nurse</i>
2. Present referral slip and/or record book or discharge instruction to the triage nurse	2.1 Check laboratory request	None	1 minute	<i>Cancer and Hematology Division Triage Nurse</i>
	2.2 Give OPD number for queuing	None	1 minute	
3. Proceed to the Laboratory present procedure request	3. Perform procedure for required laboratory tests	Refer to Price List of Laboratory	10 minutes	<i>Pathology Division Medical Technologist</i>
4. Wait for the result of laboratory test	4. Process laboratory test procedure	None	2 hours	
5. Get laboratory result	5. Issue laboratory result	None	2 minutes	<i>Pathology Division Laboratory Clerk</i>
6. Go back to CHD OPD for measurement of weight and height.	6. Get height and weight of patient	None	4 minutes	<i>Cancer and Hematology Division Midwife and/or Nurse</i>
7. Submit laboratory results and/or other diagnostic results. Wait to be called.	7. Receive the laboratory/diagnostic results and insert in the patient's chart	None	1 minute	<i>Cancer and Hematology Division Midwife and/or Nurse</i>
8. Go to the assigned consultation room when called and submit patient to examination/assessment.	8.1 Call the patient 8.2 Perform interview and examination of patient	None		<i>Cancer and Hematology Division Fellow</i>

9. Give record book to the doctor and listen to the plan of care.	9.1 Discuss plan of care 9.2 Write the instructions on the patient's record book. 9.3 Schedule the next appointment date	None	20 minutes	<i>Cancer and Hematology Division Fellow</i>
10. Get the order of payment If with fund, give the stub to the clerk	10.1 Prepare and issue Order of Payment 10.2 Encode in Trust fund system	None P150.00	2 minutes 5 minutes	<i>Cancer and Hematology Division OPD Clerk</i>
11. Pay at the cashier	11. Prepare and issue Official Receipt	P120.00	10 minutes	<i>Accounting Division Cashier</i>
12. Give record book to the Clerk	12. Mark Record book as consulted	None	2 minutes	<i>Cancer and Hematology Division OPD Clerk</i>
	Total:	P120.00(Cash)/ P150.00 (Fund)	3 hours, 32 minutes	



Service Name: Neurodiagnostic Laboratory

Service Information:

Frontline Service: Neurodiagnostic Laboratory Procedures

Client/s: New and Old patients

Requirements: Request of Procedure, appointment slip

Fees: EEG routine (Php1,988.00); EMU 24-hour (Php15,950.00); BAER/ASSR (Php2,112.00); EMG-NCV (Php4,898.00); NCV/RNS (Php3,976.00); TCD Complete (Php3,996.00); Carotid (3,700.00); Cranial Ultrasound (Php1,820.00); Spinal Ultrasound (Php1,890.00); Muscle Ultrasound (Php1,820.00)

Total maximum duration of service: 1-hour and 30-minutes, except for scheduled 24-hour EEG video monitoring

Schedule of availability of service: Monday to Saturday, 8:00AM-5:00PM except Holidays and Sundays

Contact Number: Trunk Line (02) 8588-9900 local 254 / Direct Line (02) 8924-0862

Office or Division:	Child Neuroscience Division, Neurodiagnostic Laboratory	
Classification:	Simple	
Type of Transaction:	Government to Client	
Who may avail:	Scheduled Out-patients and In-patients	
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
	Referral Slip or Request of Procedure	Attending Physician
	For Scheduled Patient: - Appointment Slip	Reception Area
	For those availing discount (PWD) - Photocopy of PWD ID	City Hall
	For those availing discount (Government Employee dependent) - Photocopy of Government Company ID - Certificate of Employment - Birth Certificate of patient	Employer
	For those availing Trust Funds (TFIS) - Approved Trust Fund Slip solely for the procedure	Social Service
	For those availing Asian Life & General Assurance Corporation (ALGA)	ALGA Office

<ul style="list-style-type: none"> - Filled-out Diagnostic Request Form (Form C) signed by your Attending Physician - Approval Code 	
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SCHEDULING OF APPOINTMENT				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the referral slip or request of procedure to the reception Clerk. First come, first serve basis only.	1. Check and verify the referral slip or the request of procedure from the patient	None	1 minute	Reception Clerk
2. Get an appointment for the procedure	2. Offer the earliest schedule to the guardian/parent of the patient and instruct the requirements and give the appropriate preparations.	None	5 minutes	Reception Clerk
	TOTAL		6 minutes	

APPOINTMENT DATE				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give Appointment/Preparation Form to the reception Clerk. First come, first serve basis only.	1. Check and verify the Appointment/Preparation Form from the patient.	None	1 minute	Reception Clerk
2. Fill-out the Patient information Slip, Consent and Health Declaration form	2. Provide Patient Information Slip, Consent and Health Declaration Form	None	2 minutes	Neuro Technologist
3. Wait for the Order of Payment and proceed to the Cashier to pay. 3.1 For patient with Trust Fund 3.2 For patient with PWD card 3.3 For patient with ALGA 3.4 For dependent patient of Government employee	3. Receive payment and provide Official Receipt (OR) 3.1 Process the payment thru BizBox 3.2 Deduct 20% Discount 3.3 Verify ALGA requirements. Process the patient thru Bizbox 3.4 Deduct 20% Discount	EEG routine- Php1,988.00 EMU 1 st 6-hour - 8,304.00 succeeding hour - 800.00 EMU 12-hour - 13,152.00 EMU 24-hour - 15,950.00 BAER/ASSR - 2,112.00 EMG-NCV - 4,898.00 NCV/RNS - 3,976.00	15 minutes	Cashier Neuro Technologist

4. Return to Neurodiagnostic and present the official receipt	4. Verify the official receipt and log OR number. Notify guardian/parent when the results will be released.	None	1 minute	Neuro Technologist
5. Go back to the waiting area and wait for your name to be called for the procedure.	5. Call the patient and perform the procedure	None	1-hour and 30 minutes	Neuro Technologist
6. Claiming of the official result. Present your Official Receipt/Claim stub	6. Check and verify the receipt/claim stub. Release the result.	None	2 minutes	Reception Clerk
	TOTAL		1 hour and 51 minutes	



Service Name: OPD Direct Face-to-face Assessment for Neurodevelopmental Pediatrics Patients

Service Information: This process involves the Neurodevelopmental assessment of new and old patients. The aim is to identify infants, children who are at risk for developmental delay and those with specific developmental and behavioral concerns. This process involves interviewing the caregivers, observing in-session behaviors and performing assessment using different neurodevelopmental tools. The requirements needed for the processing of request include the PCMC OPD Card and/or Referral slip from the General Pediatrics and/other Subspecialty Clinics for new patients and the OPD appointment slip for returning patients.

The schedule for the services is strictly by appointment only and offered every Monday (10:00-5:00pm), Tuesday (8:00 am-5:00pm), Wednesday (1:00-3:00 pm), and Friday (10:00 am - 5:00pm) except holidays.

Office or Division:	Child Neuroscience Division, Section of Neurodevelopmental Pediatrics			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	Service and Pay Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Slip (New Patients)		Attending Physician (General Pediatrics, Other subspecialty OPD)		
OPD Card		OPD Clerk and/or Attending Physician (OPD)		
Appointment Slip (Old patients)		Neurodevelopmental Pediatrics Clinic Secretary		
NEURODEVELOPMENTAL ASSESMENT SCHEDULING				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Scheduling				
1. Present referral letter from doctor, school or psychologist	1.1 Check the referral and classification (Pay or Service with OPD Card)	None	1 minute	NDS Clinic Secretary

	1.2 Preliminary assessment or evaluation for classification of case			
2. Fill up information sheet	2.1 Give information sheet for parents 2.2 Assist parent/guardian as required	None	3 minutes	NDS Clinic Secretary
3. Get appointment slip with reminders to bring pertinent records on the day of schedule	3.1 Give appointment slip with the agreed schedule for assessment 3.2 Orient parent regarding pre- assessment interview using a specified platform (phone call, Facebook messenger or Zoom) one day prior to the scheduled assessment. 3.3 Advise to bring the required documents (laboratory results, school and therapist reports, one picture, etc.) during the scheduled day of assessment	None	3 minutes	NDS Clinic secretary
	TOTAL		7 minutes	

ACTUAL DAY OF ASSESSMENT				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. On the day of the scheduled appointment, proceed to the Triage area and fill up the Health Declaration Form	1.1 Screen parent and patient for COVID symptoms 1.2 Provide and check Health Declaration Form 1.3 Get temperature of parent/patient	None	5-10 minutes	Triage Officer/Nurse
2. Present appointment slip	2.1 Check Appointment slip 2.2 Inform NDS fellow	None	2 minutes	NDS Clinic secretary
3. Pay for the assessment fee and present the official receipt to the clinic secretary 3a. If with ledger, use this as payment	3.1 Verify official receipt from cashier 3.2 Process the payment thru ledger using the TFbox system of the hospital	Preliminary Assessment: Service: PhP 210.00 Pay: PhP 1,250.00 Full/Comprehensive Evaluation: Service: PhP 2,500.00 Pay: PhP 600.00	15 minutes	Cashier NDS Clinic secretary
4. Wait to be called for the consultation	4.1 Call the guardian/parent and the patient. 4.2 Get weight and	None	5-10 minutes	NDS Clinic secretary

	height of patient.			
5. Neurodevelopmental assessment	5.1 Perform Neurodevelopmental assessment. 5.2 Explain the results of the evaluation including the diagnosis and recommendations.	None	Preliminary Assessment: 1 hour Full/Comprehensive Evaluation: 2 hours	Neurodevelopmental Pediatrics Fellow-in-Charge
6. After the session, wait for the clinical summary, diagnostic requests, referral forms and follow up slip	6.1 Give request for necessary laboratory tests and therapeutic interventions 6.2 Provide clinical summary, referral forms and schedule for follow up. 6.3 Provide Clinical Abstract, if requested.	N/A	15 minutes	NDS Clinic secretary
7. Accomplish the Client Satisfactory Survey (CSS) and place in drop box once filled-up	Provide Feedback From to the parent	N/A	5 minutes	NDS Clinic secretary
	TOTAL		1 hour 55 minutes to 2 hours and 55 minutes (Depending on type of assessment)	



OPD Telemedicine Consultation for Child and Adolescent Psychiatry Patients 2023

This process involves a detailed interview on the history of present illness, and other accompanying histories namely the family, social and past medical history. This is then followed by a physical and neurologic exam and a mental status examination. An initial impression is then derived from this interview and this then used to construct a management plan tailored fit to the patient. This telemedicine consultation is done via the Zoom application.

Office or Division	Child and Adolescent Psychiatry			
Classification	Simple			
Type of Transaction	G2C, Government to Client and G2G, Government to Government			
Who may avail	Service Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Slip (New Patients)		After consulting with general pediatrics or other subspecialty services at the face to face outpatient department of PCMC, or via telemedicine service of PCMC		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESS ING TIME	PERSON RESPONSIBLE
1. Contact Child and Adolescent Psychiatry clerk at 8588-9900 Loc 307/325 for scheduling of appointment with the referral slip	Inform parent of schedule and teleconsultation process.	None	5 minutes	<i>Designated office secretary</i>
2. Pay via Landbank Linkbiz	Send order of payment on the day of consult Send Landbank Linkbiz payment instruction guide via email	None	1 minute	<i>Designated officer secretary</i>
3. a.)Send proof of payment to office secretary via email	Verify OR Verify order number and OR for payment via Lanbank Linkbiz	New Patient: Pay Php 450.00 New Patient: Service Php 300.00	5 minutes	<i>Cashier</i> <i>Designated Office Secretary</i>

	Once OR or order number are verified, give instructions and send informed consent via email	Old Patient: Pay Php 450.00 Old Patient: Service Php 100.00		
2. Return the accomplished informed consent form & confirm schedule to be given	Receive the informed consent and provide earliest available schedule	None	10 minutes	<i>Designated Office secretary</i>
3. Await the reminder text message of the given schedule	Send reminder text message of the schedule for parent confirmation	None	3 minutes	<i>Designated Office secretary</i>
4. Receive and click Zoom link provided. Enter Zoom room and turn on mic and camera.	Send the Zoom link and admit patient to Zoom meeting room	None	2 minutes	<i>Child and Adolescent Psychiatry Fellow</i>
5. Start and complete the tele-consultation session	Perform psychiatric evaluation. Discuss and document the results of the assessment and relay recommendations (including requested laboratory tests and prescribed medications)	None	New Patient: 2 hours Old patient: 60 minutes	<i>Child and Adolescent Psychiatry Fellow and Designated office secretary</i>
	TOTAL		New Patient 2 hours and 26 minutes Old Patient: 1 hour and 26 minutes	
END OF TRANSACTION				



OPD Group Therapy for Referred Child and Adolescent Psychiatry Patients

This process involves a detailed interview on the history of present illness, and other accompanying histories namely the family, social and past medical history. The interview then followed by a physical and neurologic exam and a mental status examination. An initial impression is then derived from this interview and this then used to construct a management plan tailored fit to the patient.

Office or Division:	Center for Neurosciences, Section of Child and Adolescent Psychiatry, 1 st Floor
Classification:	Simple
Type of Transaction:	G2C, Government to Client, G2G, Government to Government
Who may avail:	Service Patients
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Referral Slip (For all New Patients)	After consulting with general pediatrics or other subspecialty services at the face-to-face outpatient department, or via telemedicine service of PCMC
Valid ID (For patients paying with Ledger)	Patient
Official Receipt (For all patients)	Cashier
Request for Medical Assistance (For patients paying with Ledger)	Social Service, 1 st floor, Philippine Childrens Medical Center
OPD Group Therapy for Referred Service Patients	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Give the referral slip to the designated office secretary	Check the referral slip of the new patient, check the ID and request for medical assistance for those who will pay with ledger	None	1 minute	<i>Designated Office Secretary</i>
Get an appointment for face to face consult	Offer the earliest availability of child and adolescent psychiatry fellow to the guardian/parent of the patient	None	5 minutes	<i>Designated Office Secretary</i>
Wait for the order of payment	Make an order of payment from the Bizbox system of the hospital and instruct the patient to pay on the day of consult	None	1 minute	<i>Designated Office Secretary</i>
A.) Pay for the corresponding amount	Process the payment and give the official receipt	Service Patients for Group Therapy (Mental Health Needs Assessment/Evaluation & Parent Interview: Php 1,000.00 Group Therapy Session of Service Patient: Php 500	5 minutes	<i>Cashier</i>

		Group Processing of Parents of Service Patients: Php500		
4. B.) Pay using the ledger	Process the payment thru ledger using the TFbox system of the hospital	New Patient with Ledger: Php 50.00 Old Patient with Ledger: Php 100.00	5 minutes	<i>Designated Office Secretary</i>
Wait for the reminder text message of the center clerk	Send reminder text message to the guardian/parent of the patient for confirmation before the day of consult	None	1 minute	<i>Designated Office Secretary</i>
Present official receipt to center clerk and answer the informed consent on the day of consult	Verify the receipt and instruct the parent to read and sign the informed consent	None	5 minutes	<i>Designated Office Secretary</i>
Return the signed informed consent	Receive the signed informed consent	None	1 minute	<i>Designated Office Secretary</i>
Proceed to the designated venue of the group therapy (i.e., hemodialysis unit for patients referred by nephrology)	Instruct the patient on the direction to go to the designated venue	None	2 minutes	<i>Designated Office Secretary</i>

Wait for the child and adolescent psychiatry fellow	Inform the child and adolescent psychiatry fellow and inform the parent/guardian. The patient is then seen and examined by the child and adolescent psychiatry fellow.	None	Group therapy for Nephrology patients: 30 minutes Group processing for parents: 90 minutes	<i>Designated Office Secretary</i> <i>Child and Adolescent Psychiatry Fellow</i>
Follow up as instructed by the child psychiatry fellow	Give follow up date	None	1 minute	<i>Child and Adolescent Psychiatry Fellow</i>
	TOTAL	59 minutes for Group Therapy for Patients 1 hour 58 minutes for Group Processing of Parents		



Peritoneal Dialysis Unit

Outpatient Administration of Chemotherapeutic Drugs

Service information: Outpatient Infusion Treatment – to establish and document a policy and procedure to provide guidelines for proper scheduling of all patients for intravenous chemotherapeutic drug therapy at the Philippine Children’s Medical Center Peritoneal Dialysis (PD) Unit. This ensures the PD unit will operate without delays and facilitate orderly and systematic infusion treatment for all indicated patients with renal diseases.

Scheduling: Process of securing schedule for a particular procedure / service rendered by the section

Office or Division:	Section of Pediatric Nephrology			
Classification:	Highly Technical			
Type of transaction	Government to citizen (G2C)			
Who may avail:	All service and pay Nephrology patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Nephrology OPD notebook		Patient		
Referral Slip		Physician		
Original copy of RT PCR (5 days validity or as IPCC recommendation)		Accredited RT PCR testing center		
Official Chest Xray results (5 days validity)		Radiology		
Original Doctor’s order		Physician		
Clearance for treatment		Physician		
Original Laboratory results		Laboratory		
Original Prescription		Nephrology Fellow		
If with Philhealth: CF2,CSF		Peritoneal dialysis unit clerk		
Ledger stub		Public Assistance Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Present confirmed Schedule and secure clearance to the triage.(screening)	Written triage clearance will be given after screening.	None	2 minutes	<i>PCMC resident/Nurse</i> PCMC triage area

2) Get queuing number from peritoneal dialysis unit	2.1 Check for completeness of requirements. 2.2 Provide queuing number.	None	1 minutes	<i>PDU clerk</i> Peritoneal Dialysis unit
3) When the queuing number is called, Provide the Doctor's order, referral slip, Laboratory results, RT PCR and chest Xray.	3.1 Assessment of patient: <ul style="list-style-type: none"> • Weight and height • Vital signs • Physical examination • Laboratory results 3.2 Give final clearance for treatment. 3.3 Give prescription for materials and medications to be used. 3.4 Secure consent for treatment. -the nephrology fellow will explain the methods of the treatment	None	10-15 minutes	<i>Pediatric Nephrology fellow on duty</i> Peritoneal Dialysis unit
	TOTAL		16 minutes	

1) If with Philhealth: Submit necessary documents to the philhealth section	Give Philhealth clearance to the patient.	None	5 minutes	<i>Philhealth personnel</i> Philhealth Section
2) Procure necessary materials and medication from the pharmacy department that will be used for the treatment.	Release of medical supplies and medications.	None	10 minutes	<i>Pharmacy</i> Pharmacy Division
3) Present order of payment and settle fees	Give receipt.	Pharmacy 8,872.70 php Procedure 1,920.00 php	2 minutes	<i>Cashier's Clerk</i> Cashier Department
	TOTAL		17 minutes	
1) Return to the PDU and give the proof of payment to the PDU clerk and the materials and medications to the PDU nurse.	1.1 Validate the documents 1.2 Check materials for completeness.	None	1 minutes	<i>PDU nurse</i> Peritoneal Dialysis unit
2) Start of treatment	1. Secure and intravenous access. 2. Administration of medication. 3. Monitor patient post treatment.	None	1-8 hours	<i>PDU nurse and Nephrology fellow</i> Peritoneal Dialysis unit

3) Secure clearance from physician prior discharge	<ol style="list-style-type: none"> 1. Evaluate patient for adverse reaction to treatment. 2. Provide orders/plan for the patient's next follow up and treatment. 	None	5 minutes	<i>Pediatric Nephrologist and/or PDU Nephrology fellow</i> Peritoneal Dialysis unit
4) Secure schedule for next follow up and treatment.	Give written slip for the patient's next schedule	None	1 minute	<i>PDU clerk</i> Peritoneal Dialysis unit
	TOTAL		8 hours, 7 minutes	



OPD face to face consultation for Child Neurology Patients

This process involves the OPD face to face Consultation for all new and old patients ages 0-18 years and 364 days, of the Section of Child Neurology, under the Child Neuroscience Division. The request for consult is through telephone call to 85889900 local 331 every Tuesday, Wednesday and Friday from 09:00 am-12:00 noon. The patients may also opt to walk-in for scheduling during the previously mentioned schedule. The OPD clerk will schedule the patients and will remind them a week before the scheduled consult. The Child Neurology OPD is temporarily located at the second floor near the Educational Media Room.

Office or Division	Section of Child Neurology/Child Neuroscience Division			
Classification	Simple			
Type of Transaction	Government to Citizen (G2C), Government to Government (G2G)			
Who may avail	All New and Old Patients (Age 0-18 years and 364 days) with neurological concerns/complaints			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
New Patients Referral Slip (New Patients) Original or picture OPD Card (Original)		Attending Physician (General Pediatrics, Other subspecialty OPD) PCMC OPD/Medical Social Service Child Neurology Fellow/Clerk		
Old Patients Appointment Slip/FB Messenger Confirmation (OLD Patients) Original or picture OPD Card (Original) Previously issued prescriptions		Child Neurology Fellow/Clerk		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Pre-Consultation Proceed to the Child Neurology OPD Sign beside the patient's name on the appointment list for the day. Fill-out the general data in the database (for new patients) Fill out the medical assistance form and submit the photocopy of the	Provide the parent/patient the health declaration form Provide the Forms needed (Patient database, medical assistance form)	None	10 minutes	<i>Clerk II</i> Section of Child Neurology CNS Division

guardian's ID and the patient's OPD card. Have the patient's vital signs, weight and length/height taken	Get the Vital Signs (Heart rate, Temperature), Height and weight of the patient			
Payment Get order of payment for consultation Fill out name and sign the order of payment. Fill out the medical assistance form and attach a valid ID and photocopy of the OPD Card. Proceed to the Cashier for payment	Prepare Order of payment Get documents and official receipt	Consultation fee Php 210.00	5 minutes 15 minutes	<i>Clerk II</i> Section of Child Neurology CNS Division Cashier Ground Floor
3. Actual Consultation	Perform Neurology consultation, explain diagnosis, request for necessary laboratory tests and prescribe medications. Provide yellow slip and schedule for follow up Provide Clinical Abstract, if requested.	Certified True Copy of Clinical abstract Php 10.00/copy	45 minutes	<i>Medical Officer III</i> Section of Child Neurology CNS Division
Accomplish the Client Satisfactory Survey (CSS) and place in drop box once filled-up	Provide feedback from to the present	None	5 minutes	<i>Clerk II</i> Section of Child Neurology CNS Division
	TOTAL	See above rates	1 hour, 5 minutes	
END OF TRANSACTION				



Request for medical abstract for Child Neurology Patients

This process involves the requests for medical abstract for all new and old patients ages 0-18 years and 364 days, of the Section of Child Neurology, under the Child Neuroscience Division. The request and release of medical abstract is on a walk-in policy at the Child Neurology OPD every Tuesday, Wednesday and Friday at 9:00 AM – 12:00 PM. The Child Neurology OPD is temporarily located at the second floor near the Educational Media Room.

Office or Division	Section of Child Neurology/Child Neuroscience Division			
Classification	Simple			
Type of Transaction	Government to Citizen (G2C), Government to Government (G2G)			
Who may avail	All New and Old Patients (Age 0-18 years and 364 days) with neurological concerns/complaints			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Old Patients 1.1 OPD Card (Original) 1.2 Previously issued Abstract (Original/Picture)		Child Neurology Fellow/Clerk		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for Medical Abstract 1.1 Enlist at the Child Neurology OPD	1.1 Provide the numbered blank list for request of refill of prescriptions	None	2 minutes	<i>Clerk II</i> Section of Child Neurology CNS Division
1.2 Present the original or image proof of the previous medical abstract	1.2 Check the authenticity of the medical abstract, and re-check entries for correctness	None	5 minutes	
	1.3 Prepare the medical abstract with wet signature of the fellow-in-charge	None	20 minutes	<i>Medical Officer III/Clerk II</i> Section of Child Neurology CNS Division
2. Payment 2.1 Get order of payment	2.1 Prepare Order of payment	None	5 minutes	<i>Clerk II</i> Section of Child Neurology CNS Division
2.2 Proceed to the Cashier for payment	2.2 Get patients payment and provide official receipt	Php 100.00 Certified True Copy Php10.00	10 minutes	Cashier

3	Get the prepared medical abstract	Check receipt and release the medical abstract	None	10 minutes	<i>Medical Officer III</i> Section of Child Neurology CNS Division
4.	Accomplish the Client Satisfactory Survey (CSS) and place in drop box once filled-up	Provide feedback from to the present	None	5 minutes	<i>Clerk II</i> Section of Child Neurology CNS Division
		TOTAL	See above rates	57 minutes	
END OF TRANSACTION					

*The fellow-in-charge will decide whether an abstract may be released basing on the most recent consult.



Refill of prescription for Child Neurology Patients

This process involves the requests for refill for all new and old patients ages 0-18 years and 364 days, of the Section of Child Neurology, under the Child Neuroscience Division. Provision of refill of prescriptions will be on a walk-in policy at the Child Neurology OPD Clinic, every Tuesday, Wednesday and Friday from 9:00 AM until 12:00 PM. The Child Neurology OPD is temporarily located at the second floor near the Educational Media Room.

Office or Division	Section of Child Neurology/Child Neuroscience Division			
Classification	Simple			
Type of Transaction	Government to Citizen (G2C), Government to Government (G2G)			
Who may avail	All New and Old Patients (Age 0-18 years and 364 days) with neurological concerns/complaints			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Old Patients 1.1 OPD Card (Original) 1.2 Previously issued prescriptions		Child Neurology Fellow/Clerk		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Refill of Prescription 1.1 Enlist at the Child Neurology OPD 1.2 Get the patient transaction number from the secretary	1.1 Provide the numbered blank list for request of refill of prescriptions 1.2 Provide the patient transaction number	None	5 minutes	<i>Clerk II</i> Section of Child Neurology CNS Division
2. Payment 2.1 Get order of payment for consultation 2.2 Proceed to the Cashier for payment	2.1 Prepare Order of payment 2.2 Get patients payment and provide official receipt	None	5 minutes 10 minutes	<i>Clerk II</i> Section of Child Neurology CNS Division Cashier
		Prescription payment Php 100.00		

		An additional Php 10.00 is charged for each Certified True Copy			
3	Get the new set of prescriptions	Review previous prescriptions and compute if within the therapeutic dose.		10 minutes	<i>Medical Officer III</i> Section of Child Neurology CNS Division
4.	Accomplish the Client Satisfactory Survey (CSS) and place in drop box once filled-up	Provide feedback from to the present	None	5 minutes	<i>Clerk II</i> Section of Child Neurology CNS Division
		TOTAL	See above rates	35 minutes	
END OF TRANSACTION					



Scheduling for OPD face to face consultation and Teleconsultation for Child Neurology Patients

This process involves the scheduling of OPD face to face Consultation and Teleconsultations for all new and old patients ages 0-18 years and 364 days, of the Section of Child Neurology, under the Child Neuroscience Division. Teleconsultations will only cater old patients with stable neurologic condition. The Fellow-in-charge will assign the patient schedule on a case-to-case basis. The patients can be scheduled as walk-in or may call 85889900 local 331 on Tuesdays, Wednesdays and Fridays at 9:00-12:00 noon for scheduling. The Child Neurology OPD is temporarily located at the second floor near the Educational Media Room.

Office or Division	Section of Child Neurology/Child Neuroscience Division			
Classification	Simple			
Type of Transaction	Government to Citizen (G2C), Government to Government (G2G)			
Who may avail	All New and Old Patients (Age 0-18 years and 364 days) with neurological concerns/complaints			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. New Patients 1.1 Referral Slip (New Patients) Original or picture 1.2 OPD Card (Original)		1.1 Attending Physician (General Pediatrics, Other subspecialty OPD) 1.2 PCMC OPD/Medical Social Service 1.3 Child Neurology Fellow/Clerk		
2. Old Patients 2.1 Original copy or photograph of the appointment Slip or FB Messenger Confirmation (Old patients scheduled for teleconsult) 2.2 OPD Card (Original) 2.3 Previously issued prescriptions		Child Neurology Fellow/Clerk		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Scheduling of appointment 1. The parent/guardian will call 85889900 local 331 for scheduling or	<i>Medical Officer III/Clerk II</i> will get the patient details including name and	None	5 minutes	<i>Medical Officer III/Clerk II</i> Section of Child Neurology CNS Division

<p>may walk in to the Child Neurology OPD.</p>	<p>contact number and schedule the patient for consultation. (Triaging of patients for an earlier schedule will depend on the assessment of the fellow-in-charge. Patients are scheduled according to the urgency of the patient's condition.)</p>			
	<p>TOTAL</p>	<p>None</p>	<p>5 minutes</p>	



Colonoscopy (w/ Biopsy, Polypectomy)

A diagnostic endoscopic procedure that visualizes the lower part of the gastrointestinal tract.

Office or Division:	Section of Pediatric Gastroenterology, Hepatology and Nutrition			
Classification:	Simple			
Type of Transaction:	Government-to-citizen			
Who may avail:	Out-patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Prescription			Attending Physician	
CLIENT STEPS	AGENCY ACTIONS	FEEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Consult at Gastro OPD for appropriate Endoscopic procedure and get requests for Endoscopy procedure and necessary laboratory examination.	Gastro OPD (G9)/Telemedicine	None	30 minutes	GI Fellow
2. Request for quotation	Surgery and Anesthesia office	None	5 minutes	Surgery and Anesthesia Clerks
3. Wait for Endoscopy schedule	Telemedicine/email	None	---	GI Fellow
4. Do pre-procedural lab tests (CBC, PT PT, Chest Xray, COVID- RT PCR) & clearance	Laboratory/ Telemedicine/Email	None	4 hours	GI Fellow

5. Consult for Anesthesia evaluation and final clearance	Radiology	None	30 minutes – 1 hour	Anesthesia Fellow
6. Go back to PCMC on day of endoscopy once with clearance for the procedure	OR reception area	None	15 minutes	Endoscopy Nurse
7. Wait for GI fellow for endoscopy to be done	Endoscopy Unit	None	1 – 2 hours	GI Fellows
8. Explanation and releasing of endoscopy report to the relatives or guardian	Recovery Room	None	10 – 15 minutes	GI Fellow/Consultant
9. Observe and monitor the patient at recovery room	Recovery Room	None	2 – 4 hours	OR Nurse
10. Wait for encoding of charges	Recovery Room	None	10 – 15 minutes	OR Nurse
11. Pay for charges/billing	Cashier	P14,694.35 - P19,694.35	5 minutes	Cashier clerk
12. Patient to be sent home once cleared by the doctor with home instructions	Recovery room	None	10 – 15 minutes	OR Nurse
		TOTAL	8 hours and 55 minutes to 12 hours and 40 minutes	



Esophagogastroduodenoscopy (w/ Biopsy, Foreign Body Removal, Rubber Band Ligation, PEG Insertion)

A diagnostic endoscopic procedure that visualizes the upper part of the gastrointestinal tract down to the duodenum.

Office or Division:	Section of Pediatric Gastroenterology, Hepatology and Nutrition			
Classification:	Simple			
Type of Transaction:	Government-to-citizen			
Who may avail:	Out-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Prescription		Prescribing Doctor		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Consult at Gastro OPD for appropriate Endoscopic procedure and get requests for Endoscopy procedure and necessary laboratory examination.	Gastro OPD (G9)/Telemedicine	None	30 minutes	GI Fellow
2. Request for quotation	Surgery and Anesthesia office	None	5 minutes	Surgery and Anesthesia Clerks

3. Wait for Endoscopy schedule	Telemedicine/email	None	---	GI Fellow
4. Do pre-procedural lab tests (CBC, PT PT, Chest Xray, COVID- RT PCR) & clearance	Laboratory/ Telemedicine/Email	None	4 hours	GI Fellow
5. Consult for Anesthesia evaluation and final clearance	Radiology	None	30 minutes – 1 hour	Anesthesia Fellow
6. Go back to PCMC on day of endoscopy once with clearance for the procedure	OR reception area	None	15 minutes	Endoscopy Nurse
7. Wait for GI fellow for endoscopy to be done	Endoscopy Unit	None	30 minutes – 1 hour	GI Fellows
8. Explanation and releasing of endoscopy report to the relatives or guardian	Recovery Room	None	10 – 15 minutes	GI Fellow/Consultant
9. Observe and monitor the patient at recovery room	Recovery Room	None	2 – 4 hours	OR Nurse
10. Wait for encoding of charges	Recovery Room	None	10 – 15 minutes	OR Nurse
11. Pay for charges/billing	Cashier	P16,274.30 – P19,396.40	5 minutes	Cashier clerk
12. Patient to be sent home once	Recovery room	None	10 – 15 minutes	OR Nurse

cleared by the doctor with home instructions				
		TOTAL	8 hours and 55 minutes to 12 hours and 40 minutes	



AVAILMENT OF STAT PCR

The specimen used in RT-PCR for the detection of COVID-19 virus is the sample collected by swabbing technique in the Oropharyngeal and Nasopharyngeal sites.

Office or Division:	Pathology Division/Molecular Laboratory			
Classification:	Simple			
Type of Transaction:	(G2C) Government to Citizen (G2G) Government to Government			
Who may avail:	Out-Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished Case Investigation Form		Downloaded and Editable forms via Google/ Reception, Swabbing area		
Doctors Request with justification for STAT		Attending Physician		
Valid ID		Any government issued ID		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Swabbing area a. For scheduled Patients, give identification card and Doctor Slip (<i>if available</i>) b. For Walk-In Patients, fill up the CIF either manually or using available gadgets and submit to the encoder together with the ID and Doctor's Slip (<i>if available</i>)	1.1 Check the CIF printed and submitted ID for verification	None	5 minutes	<i>Receptionist</i>
	1.2 If found in order, prepare Order of Payment		5 minutes	<i>Receptionist</i>

<p>2. Receive Order of a. Payment and CIF Form and Pay for the required fee</p> <p>b. if ledger will be used for payment</p>	<p>Issue Official Receipt a. Cash basis</p> <p>b. Transaction encode PID # to TFIS</p>	<p>STAT PCR Pay: Php3,800.00 Service: Php3,500.00</p> <p>Ledger: Php 3,500.00</p>	<p>5 minutes</p>	<p><i>Collecting Officer / Cashier</i></p> <p><i>Reception Swabber</i></p>
<p>3. Present Official Receipt at the Swabbing Encoding Area</p>	<p>Give the sticker for sample label and Instruct about the release of result and advise client to proceed to swabbing booth</p>	<p>None</p>	<p>2 minutes</p>	<p><i>Reception Swabber</i></p>
<p>4. Present Sticker for sample label</p>	<p>Collect swab sample via Oropharyngeal and Nasopharyngeal sites</p>	<p>None</p>	<p>5 minutes</p>	<p><i>Med Tech Swabber</i></p>
<p>5. Receive swab result thru email or printed result upon request</p>	<p>Sent the result of the patient to their respective email</p>	<p>None</p>	<p>4 hours</p>	<p><i>Encoder</i></p>
<p>TOTAL</p>		<p>Refer to the swab rates above</p>	<p>4 hours and 22minute</p>	



ROUTINE RT PCR SERVICES FOR IN PATIENT

The specimen used in RT-PCR for the detection of COVID-19 virus is the sample collected by swabbing technique in the Oropharyngeal and Nasopharyngeal sites.

Office or Division:	Pathology Division/Molecular Laboratory			
Classification:	Simple			
Type of Transaction:	(G2C) Government to Citizen			
Who may avail:	In-Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished Case Investigation Form		Reception area Covid Lab 2 nd floor		
Doctors Request		Attending Physician		
Philhealth ID Number		Philhealth Portal (via net)		
MDR (for members dependent)		Malasakit Center		
Valid ID		Any government issued ID		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Covid Lab Reception area a. Give CIF and Doctors request	1.1 Check the CIF printed submitted for verification	None	5 minutes	<i>Receptionist</i>
	1.2 If found in order, prepare Order of Payment		5 minutes	<i>Receptionist</i>

<p>2. Payment and CIF Form</p> <p>a. Pay for the required fee</p> <p>b. If ledger will be used for payment</p> <p>c. If pay patient</p>	<p>a. Cash basis</p> <p>b. Encode transaction TFIS</p> <p>c. Charge to bill</p>	<p>RT-PCR Pay: Php2,800.00 Service: Php 2,500.00</p> <p>RT-PCR (Philhealth) PHP 1,600.00</p>	<p>5 minutes</p>	<p><i>Collecting Officer / Cashier</i></p> <p><i>Receptionist</i></p>
<p>3. Present Official Receipt at the Reception Area</p>	<p>Instruct guardian/ watcher to give CIF form and doctors request at nurse station</p>	<p>None</p>	<p>2 minutes</p>	<p><i>Attending Nurse</i></p>
<p>4. Submit accomplished CIF and doctors request to Covid 19 Testing Laboratory</p>	<p>Receive accomplished CIF and doctors request, Give sample collection kit for specimen collection</p>	<p>None</p>	<p>15 minutes</p>	<p><i>Med-tech Swabber / Resident on Duty</i></p>
<p>5. Submit sample to Covid 19 Testing Laboratory</p>	<p>Receive accomplished CIF, doctors request and samples</p>	<p>None</p>	<p>2 minutes</p>	<p><i>Med-tech Swabber / Nursing Attendant</i></p>
<p>6. Receive swab result thru email</p>	<p>Sent the result of the patient to ICC email</p>	<p>None</p>	<p>24 Hours</p>	<p><i>Encoder</i></p>
<p>TOTAL</p>		<p>Refer to the swab rates above</p>	<p>1 day and 34 minutes</p>	



ROUTINE RT PCR

The specimen used in RT-PCR for the detection of COVID-19 virus is the sample collected by swabbing technique in the Oropharyngeal and Nasopharyngeal sites.

Office or Division:	Pathology Division/Molecular Laboratory			
Classification:	Simple			
Type of Transaction:	(G2C) Government to Citizen (G2G) Government to Government			
Who may avail:	Out-Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished Case Investigation Form		Downloaded and Editable forms via Google/ Reception, Swabbing area		
Doctors Request		Attending Physician		
Philhealth ID Number		Philhealth Portal (via net)		
MDR (for members dependent)		Malasakit Center		
Valid ID		Any government issued ID		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Swabbing area a. For scheduled Patients, give identification card and Doctor Slip (<i>if available</i>) b. For Walk-In Patients, fill up the CIF either manually or using available gadgets and submit to the encoder together with the ID and Doctor's Slip (<i>if available</i>)	1.1 Check the CIF printed and submitted ID for verification	None	5 minutes	<i>Receptionist</i>
	1.2 If found in order, prepare Order of Payment		5 minutes	<i>Receptionist</i>

<p>2. Receive Order of</p> <p>a. Payment and CIF Form and Pay for the required fee</p> <p>b. if ledger will be used for payment</p>	<p>Issue Official Receipt</p> <p>a. Cash basis</p> <p>b. Transaction encode PID # to TFIS</p>	<p>Swabbing Rate:</p> <p>Off-site: PHP 600.00</p> <p>On-site: None</p> <p>RT-PCR Pay: PHP2,800.00</p> <p>Service: PHP2,500.00</p> <p>Net of Philhealth with Doctors Request/ Partner Agencies PHP 1,600.00</p>	<p>5 minutes</p>	<p><i>Collecting Officer / Cashier</i></p> <p><i>Reception Swabber</i></p>
<p>3. Present Official Receipt at the Swabbing Encoding Area</p>	<p>Give the sticker for sample label and Instruct about the release of result and advise client to proceed to swabbing booth</p>	<p>None</p>	<p>2 minutes</p>	<p><i>Reception Swabber</i></p>
<p>4. Present Sticker for sample label</p>	<p>Collect swab sample via Oropharyngeal and Nasopharyngeal sites</p>	<p>None</p>	<p>5 minutes</p>	<p><i>Med Tech Swabber</i></p>
<p>5. Receive swab result thru email or printed result upon request</p>	<p>Sent the result of the patient to their respective email</p>	<p>None</p>	<p>24 Hours</p>	<p><i>Encoder</i></p>
<p>TOTAL</p>		<p>Refer to the swab rates above</p>	<p>24 Hours and 22 minutes</p>	



Service Name: Elective Out-Patient Surgical Procedure

Description of Service : Provides OPD operation for surgical patients

Service Information : 2:00PM – 5:00PM (No weekends and Holidays)

Office or Division:	Division of Pediatric Surgery			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	Patients of Pediatric General Surgery and Pediatric Urology			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> • Doctor's referral, Pedia Clearance 		General Pediatrics		
<ul style="list-style-type: none"> • Operating Room Appointment Slip 		Pediatric General Surgery & Urology Fellows		
<ul style="list-style-type: none"> • MSS Classification 				
PSYCHOLOGICAL SERVICES SCHEDULING				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Register at OPD following clinic steps	Do face to face Consultation with the Surgeon and schedule for operation if warranted.	225.00 – OPD registration		OPD Clinic
Proceed to Surgical clinic for Consult.	Do face to face Consultation with the Surgeon and schedule for operation if warranted.		15 minutes	Pediatric Surgery or Urology Fellow
Facilitate requirements for Surgical Procedure	<ol style="list-style-type: none"> 1. Provide clinical abstract 2. Give Quotation for Surgical Procedure 3. Identify financial assistance c/o MSS, Philhealth, Guarantee Letter 	none	5 minutes	Pediatric Surgery or Urology Fellow Surgery & Anesthesia Office Staff Medical Social Worker

Accomplish Medical Clearance	<ol style="list-style-type: none"> 1. Give request forms for laboratory and radiology tests 2. Do Laboratory and Radiology tests 3. Do face to face consultation with Pediatric Resident Surgery Rotator and give medical clearance if applicable 	<ol style="list-style-type: none"> 1. None 2. See laboratory and radiology test pricing 3. None 	1 hour (depending on the volume of transaction)	<ol style="list-style-type: none"> 1. Pediatric Surgery or Urology Fellow 2. Laboratory and Radiology Staff 3. Pediatric Resident Surgery Rotator
<p>Schedule for Surgical Procedure</p> <p>Admit patient for surgical procedure.</p>	<p>Set final schedule for Surgical Procedure.</p> <p>Do the procedure</p>		2-3 hours	Pediatric Surgery or Urology & Anesthesia Fellow
	TOTAL	1,260.00 (amount covers only the consultation and processing of clearance). Laboratory and Radiology and Operation expenses will depend on the type of test or procedure performed)	4 hours and 20 minutes or beyond depending on the type of procedure.	



Service Name: Procedure for Setting of OPD Appointment

Description of Service : Provides OPD appointment schedule for patients

Service Information : 9:00AM - 4:00PM (No weekends and Holidays)

Office or Division:	Division of Pediatric Surgery			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	Patients of Pediatric General Surgery and Pediatric Urology			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> • None • • 		N/A		
PSYCHOLOGICAL SERVICES SCHEDULING				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Contact the Section of Pediatric Surgery through any of the following channels and indicate desire to set an OPD appointment and leave contact details:</p> <p>Facebook page & Contact Nos. (MWF 3-5pm)</p> <p>Pediatric General Surgery (fb.me/pcmcpsurg)</p> <p>Landline phone (02-85889900 local 241) (Mon-Fri 9am-4pm)</p> <p>Pedia Urology</p>	<p>Take and list down details of patients for scheduling of appointment</p>	<p>None</p>	<p>1 minute</p>	<p>Pediatric Surgery, Urology Fellow, Ms. Sheryl Maligaya and Ms. Liza Joy Esmani</p>

Facebook page & Contact No. (PCMC Pediatric Urology Clinic) (0917) 126 7146				
2. Wait for confirmation of appointment date the next available OPD Clinic day	Will give appointment slip/confirmation (with schedule date and time)	None	1 minute	Pediatric Surgery or Urology Fellow
	TOTAL		2 minutes	



Service Name: Emergency Room Admission

Service Information:

Schedule of Availability of Service: Monday to Sunday

24 hours

Contact Number: 8588-9900 local 263/318

Office or Division:	Pediatric Critical Care Center			
Classification:	Simple			
Type of Transaction:	Government to Clients			
Who may Avail:	Pediatric Patients (0 – 18 yrs old)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Emergency Room Form		<i>ER, Ground Floor</i>		
Admitting Slip		<i>ER, Ground Floor</i>		
Referral Slip to Medical Social Service (MSS)		<i>ER, Ground Floor</i>		
Consent for Admission		<i>ER, Ground Floor</i>		
ER Admission				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON / S RESPONSIBLE
Fill up the ER Form at the Front Desk/Station	<ul style="list-style-type: none"> ➤ ER Clerk shall encode patient on database ➤ ER Resident examines the patient and issue Referral Slip and Admission slip to parent/guardian. 	N/A	10 min	ER clerk ER Resident
Present Referral Slip to MSS	<ul style="list-style-type: none"> ➤ MSS shall assess patient's eligibility. 	None	20 minutes	Social Worker

Proceed to Admitting Section	➤ Processing of admission sheet	None	20 minutes	Admitting Staff/Clerk
Return to ER and present Admission sheet to the ER Clerk/Nurse	➤ ER Clerk shall encode the admission and turn over the sheet to the ER Nurse.	None	5 minutes	ER Clerk/ Nurse
TOTAL:			55 minutes	
End of Transaction				



Service Name: Expanded Newborn Screening

Service Information: 24 hours (in-patients), 2:00 PM to 4:00 PM (out-patients) no weekends and Holidays

Office or Division:	Division of Neonatology			
Classification:	Highly Technical			
Type of Transaction:	Government-to-Citizen (G2C), Government-to-Government (G2G)			
Who may avail:	Out-patients and In-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Prescription		Attending Physician		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the request of newborn screening at NICU	Get the request, prepare and issue order of payment.	None	3 minutes	NICU Staff (Nurse, Clerk)
2. Get the Order of Payment and pay at the cashier	Prepare and issue the official receipt for the transaction	PHP 1,800. 00	3 minutes	Cashier
3. Return to NICU and present the official receipt	3.1 Get the official receipt for verification of payment. 3.2 Give the newborn screening kit to the parent or guardian 3.3 Inform the Physician-on-duty to perform the procedure	None	2 minutes	NICU Staff (Nurse, Clerk)
4. Give the Screening Kit to the Physician-on-Duty	Perform the procedure	None	5 minutes	Physician-on-duty

5. Wait for the result	Provide details to the parent/guardian such as contact number and contact person for follow up of official result	None	1 minute Test Result: 3 weeks	NICU Staff (Nurse, Clerk)
Total		Php. 1,800.00	3 weeks, 14 minutes	



Service Name: Face to Face OPD Consultation for Patients

Service Information: Face to face General Pediatric consultation.

Office or Division:	General Pediatric Services Division			
Classification:	Simple			
Type of Transaction:	Government to Client (G2C)			
Who may avail:	New and Old Pediatric Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Slip (if available)		Attending Physician (OPD)		
OPD Card		OPD Clerk		
Appointment Slip (for old patients)		Attending Physician (OPD)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call the PCMC Trunk line: (02)8588-9900 local 294 to set an appointment.	List down the name, age and medical problem of the patient. Make sure that the case is not an emergency. Give the appointment schedule for the patient.	None	3 minutes	OPD Clerk
2. On scheduled date of appointment go to the Triage and fill-up the Health Declaration form.	Validate the Health Declaration form.	None	15 minutes	Triage Nurse/ Resident

<p>3. Wait to be called and be assessed by the triage officer.</p>	<p>Conduct examination and get the vital signs of the patient.</p> <p>Determine if the patient's case is "Emergency" or OPD.</p>	<p>None</p>	<p>5 minutes</p>	<p>Triage Nurse/ Resident</p>
<p>4. Go to OPD Weighing Area have the weight and height of the patient taken. Wait for the OPD Card.</p>	<p>Get the weight and height of the patient. Give the OPD Card of the patient.</p>	<p>None</p>	<p>5 minutes</p>	<p>OPD Clerk</p>
<p>5. New patient: go to Social Service for Socioeconomic classification and issuance of hospital number.</p> <p>Old patient: proceed STEP 7.</p>	<p>Assess the patient and give the corresponding hospital number.</p>	<p>None</p>	<p>4 minutes</p>	<p>OPD Social Worker</p>

<p>6. Go back to the OPD waiting area give the form to:</p> <p>Counter 1 - General Services patients</p> <p>Counter 2 - Subspecialty patients</p>	<p>Get the form and register the patient.</p>	<p>None</p>	<p>5 minutes</p>	<p>OPD Clerk</p>
<p>7. Once called go to Counter 3 and get the Order of Payment.</p> <p>7.1. Pay at the cashier</p> <p>7.2. Present the official receipt to OPD Counter 3</p>	<p>Prepare and give the order of payment.</p> <p>7.1. Prepare and issue Official Receipt.</p> <p>7.2. Get the official Receipt and assign the patient to the corresponding clinic.</p>	<p>None</p> <p>New Patient: GS: P185.00</p> <p>Subspecialty: P225.00</p>	<p>10 minutes</p>	<p>OPD Clerk</p> <p>Cashier</p> <p>OPD Clerk</p>

		Old Patient: GS: PHP150.00 Subspecialty: P210.00 Lost Card: P85.00		
8. Wait to be called by the doctor.	Examine the patient.	None	30 minutes	OPD Resident
Total		See above rates	77 minutes	



Service Name: Teleconsultation for OPD General Pediatrics Patients

Service Information : Patient consultation via Face Book Messenger.

Office or Division:	General Pediatric Services Division			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	New and Old Patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Referral Slip (if available)			Attending Physician (OPD)	
OPD Card			OPD Clerk	
Appointment Slip (for old patients)			Attending Physician (OPD)	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send a private message to the PCMC OPD Telemed Facebook Messenger or call the PCMC Trunkline: (02)8588-9900 local 400 to set an appointment.	<p>Get the parent's or guardian's consent on getting and keeping personal information data.</p> <p>1.1. List down the name, age, and medical problem of the patient. Make sure that the case is not an emergency.</p> <p>1.2. Set the appointment of the patient.</p>	None	20 minutes	OPD Clerk

2. On scheduled date of appointment, wait for the private message from the PCMC OPD Telemed and respond to the message.	Give the link of Facebook account of patient to the doctor of OPD Telemed.	None	30 minutes	OPD Clerk
<p>3. Prepare the patient and the following data:</p> <ul style="list-style-type: none"> • Weight • Height • Details of the disease or condition of the patient • Result of laboratory exam (if any) for the virtual consultation to the doctor. 	<p>Send a message to Facebook messenger account of the patient to start the consultation.</p> <p>3.1. Explain the limitations of a virtual consultation and get the parent's/guardians consent in the conditions mentioned.</p> <p>3.2. Perform history taking and examination in the patient using Facebook messenger video chat and explain the condition of the patient and the medical plans for it.</p>	None	45minutes	OPD Resident
4. Fill-up the Client Satisfaction Survey after the consultation while waiting for prescription, laboratory requests and referral slip to be sent by the doctor.	<p>Send the link of Customer Satisfaction Survey to Facebook Messenger of the patient.</p> <p>4.1. Send the screen shot of prescription, laboratory requests and/or referral slip to the patient using Facebook messenger.</p>	None	15 minutes	OPD Resident
Total		None	80 minutes	



Service Name: Pediatric Hemodialysis Unit

Service Information: Hemodialysis Treatment Schedule - To establish and document a policy and procedure to provide guidelines for proper scheduling of all patients for treatment at the Philippine Children's Medical Center Hemodialysis Unit (HDU). This is to ensure the HDU will operate without delays to minimize operational costs and to emphasize the importance of punctuality in the HDU.

Hemodialysis Treatment – Regular sessions: (Monday to Saturday and On-Call Emergency Cases) All medical and non-medical staff of the HDU involved in the pre-dialysis treatment plan, dialysis machine preparation and patient assessment to ensure safe and effective hemodialysis treatment of all patient at the Hemodialysis Unit (HDU) of the Philippine Children's Medical Center.

Office or Division:	HEMODIALYS UNIT			
Classification:	Outpatient			
Type of Transaction:	Government to Client			
Who may avail:	Hemodialysis Patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Referral Slip			1 ST floor, Hemodialysis Unit, Philippine Children's Medical Center	
Schedule of Availability of Service			Monday to Saturday 8:00 AM to 5:00 PM (Open On-Call Emergency Cases)	
GETTING A SCHEDULE				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Get a queuing number.	Check the OPD card and referral slip of the patient from the General Pediatric Medicine at OPD triage and/ from the referring agency.	N/A	5 Seconds	HDU Clerk
2) When the queuing number is called, provide the OPD card/Referral Slip and wait for the list of documents to be submitted.	Review submitted documents and recommend to Pediatric Nephrology Fellow-on Duty to be given a schedule slot for Hemodialysis Treatment.	N/A	1 Minute	HDU Clerk
	TOTAL		1 minute 5 seconds	

FIRST HEMODIALYSIS TREATMENT WITH PHILHEALTH AND LEDGER

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Get a queuing number.	Verify the OPD card and match the schedule slip to the Hemodialysis schedule logbook. Make an order slip for the remaining bill to settle.	N/A	5 seconds	HDU Clerk
2) Show the list of required documents to determine if they are complete.	Check important documents: <ul style="list-style-type: none"> • Clinical Abstract • HD Order • Hepatitis B&C Result • Philhealth Diagnosis Certificate • HD Treatment Records • Latest Laboratory Results • Guarantee Letter 	N/A	3 minutes	HDU Clerk
3) If the documents are complete, weigh the patient.	Measure the patient's height and weight	N/A	1 minute	HDU Nurse
4) Let patient be examined by the Pediatric Nephrology Fellow-on-Duty	Review important documents: <ul style="list-style-type: none"> • Clinical Abstract • HD Order • Hepatitis B&C Result • HD Treatment Records • Latest Laboratory Results 	N/A	10 minutes	Pediatric Nephrology Fellow-on-Duty
5) Sign consent for Hemodialysis Treatment.	The Pediatric Nephrology Fellow-on-Duty will explain	N/A	3 minutes	Pediatric Nephrology

	the methods of Hemodialysis Treatment.			Fellow-on-Duty
6) Wait to be called by the Nurse-on-Duty for Hemodialysis Treatment.	Call the patient's caregiver or parent to explain the policy and procedure of the Hemodialysis Unit.	N/A	5 minutes	HDU Nurse
7) Wash the patient's hands and sit down for the Hemodialysis Treatment.	Teach the patient the proper procedure of handwashing techniques and then, perform Hemodialysis Treatment to the patient.	N/A	4 hours	HDU Nurse
8) Return to HDU Reception Area and wait for the discharge clearance, Philhealth Claim Signature Form and CF2.	Process the following: <ul style="list-style-type: none"> • Philhealth Claim Signature Form (CSF) • Discharge Clearance • CF2 	N/A	1 minute	HDU Clerk
9) Bring the documents to Philhealth window area and sign.	Process the following: <ul style="list-style-type: none"> •Philhealth Claim Signature Form (CSF) • Discharge Clearance • CF2 	N/A	3 minutes	Philhealth Personnel
10) Return to the HDU Reception Area and present the signed documents.	Check for the following: <ul style="list-style-type: none"> •PhilHealth Benefit Eligibility Form • Philhealth Claim Signature Form (CSF) • CF2 	N/A	1 minute	HDU Clerk
11) After Hemodialysis Treatment, take the Statement of Account and provide the Guarantee Letter/ledger or Philhealth approval (if NBB).	Check for the following: <ul style="list-style-type: none"> • Statement of Account • Guarantee Letter/ledge 	N/A	1 minute	HDU Clerk

12) Fill out the PCMC Service Evaluation form.	Instruct the patient's parent or guardian to accomplish the PCMC Service Evaluation form and place it in the evaluation drop box.	N/A	1 minute	HDU Clerk
13) Get the appointment slip for the next Hemodialysis Treatment schedule.	Provide the appointment slip for the next Hemodialysis Treatment schedule.	N/A	1 minute	HDU Clerk
	TOTAL		4 hours 30 minutes and 5 seconds	

HEMODIALYSIS TREATMENT WITHOUT PHILHEALTH

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	Center Clerk
1) Get a queuing number.	Verify the OPD card and match the schedule slip to the Hemodialysis schedule logbook. Make an order slip for the remaining bill to settle.	N/A	5 seconds	HDU Clerk
2) Show the list of required documents to determine if they are complete.	Check important documents: <ul style="list-style-type: none"> • Clinical Abstract • HD Order • Hepatitis B&C Result • HD Treatment Records • Latest Laboratory Results • Guarantee Letter 	N/A	3 minutes	HDU Clerk
3) If the documents are complete, weigh the patient.	Measure the patient's height and weight	N/A	1 minute	HDU Nurse
4) Let patient be examined by the Pediatric Nephrology Fellow-on-Duty.	Review important documents: <ul style="list-style-type: none"> • Clinical Abstract • HD Order • Hepatitis B&C Result • HD Treatment Records • Latest Laboratory Results 	N/A	10 minutes	Pediatric Nephrology Fellow-on-Duty
5) Sign consent for Hemodialysis Treatment.	The Pediatric Nephrology Fellow-on-Duty will explain the methods of Hemodialysis Treatment.	N/A	3 minutes	Pediatric Nephrology Fellow-on-Duty

6) Wait to be called by the Nurse-on-Duty for Hemodialysis Treatment.	Call the patient's caregiver or parent to explain the policy and procedure of the Hemodialysis Unit.	N/A	5 minutes	HDU Nurse
7) Wash the patient's hands and sit down for the Hemodialysis Treatment.	Teach the patient the proper procedure of handwashing techniques and then, perform Hemodialysis Treatment to the patient.	N/A	4 hours	HDU Nurse
8) After the Hemodialysis Treatment, get the order of payment (OP).	Make an order of payment from the hospital's bizbox system.	N/A	1 minute	HDU Clerk
9) Settle the order of payment at the cashier's window area.	Process the payment and provide the official receipt.	N/A	1 minute	Cashier's Clerk
10) Go back at the HDU reception area and show the receipt of payment of the Hemodialysis Treatment.	Verify the receipt.	N/A	1 minute	HDU Clerk
11) Fill out the PCMC Service Evaluation form.	Instruct the patient's parent or guardian to accomplish the PCMC Service Evaluation form and place it in the evaluation drop box.	N/A	1 minute	HDU Clerk
12) Get the appointment slip for the next Hemodialysis Treatment schedule.	Provide the appointment slip for the next Hemodialysis Treatment schedule.	N/A	1 minute	HDU Clerk
TOTAL			4 hours 27 minutes and 5 seconds	

HEMODIALYSIS TREATMENT FOR FORMER PATIENT

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Get a queuing number.	Verify the OPD card and match the schedule slip to the Hemodialysis schedule logbook.	N/A	5 seconds	HDU Clerk
2) Weigh the patient.	Measure the patient's height and weight	N/A	1 minute	HDU Nurse
3) Let patient be examined by the Pediatric Nephrology Fellow-on-Duty.	Review important documents: <ul style="list-style-type: none"> • Clinical Abstract • HD Order • Hepatitis B&C Result • HD Treatment Records • Latest Laboratory Results 	N/A	10 minutes	Pediatric Nephrology Fellow-on-Duty
4) Wait to be called by the Nurse-on-Duty for Hemodialysis Treatment.	Call the patient's caregiver or parent to explain the policy and procedure of the Hemodialysis Unit.	N/A	5 minutes	HDU Nurse
5) Wash the patient's hands and sit down for the Hemodialysis Treatment.	Teach the patient the proper procedure of handwashing techniques and then, perform Hemodialysis Treatment to the patient.	N/A	4 hours	HDU Nurse
6) Return to HDU Reception Area and wait for the discharge clearance, Philhealth Claim Signature Form and CF2.	Process the following: <ul style="list-style-type: none"> • Philhealth Claim Signature Form (CSF) • Discharge Clearance • CF2 	N/A	1 minute	HDU Clerk
7) Bring the documents to Philhealth window area and sign.	Process the following: <ul style="list-style-type: none"> • Philhealth Claim Signature 			

	Form (CSF) • Discharge Clearance • CF2	N/A	3 minutes	Philhealth Personnel
8) Return to the HDU Reception Area and present the signed documents.	Check for the following: • PhilHealth Benefit Eligibility Form • Philhealth Claim Signature Form (CSF) • CF2	N/A	1 minute	HDU Clerk
9) After Hemodialysis Treatment, take the Statement of Account and provide the Guarantee Letter/ledger or Philhealth approval (if NBB).	Check for the following: • Statement of Account • Guarantee Letter/ledge	N/A	1 minute	HDU Clerk
10) Fill out the PCMC Service Evaluation form.	Instruct the patient's parent or guardian to accomplish the PCMC Service Evaluation form and place it in the evaluation drop box.	N/A	1 minute	HDU Clerk
11) Get the appointment slip for the next Hemodialysis Treatment schedule.	Provide the appointment slip for the next Hemodialysis Treatment schedule.	N/A	1 minute	HDU Clerk
	TOTAL		4 hours 24 minutes and 5 seconds	



Availment of Pasteurized Human Milk (In-Patient)

Selling of pasteurized breast milk to babies of mothers with no production of milk and/or not producing enough milk.

Office or Division:	Human Milkbank			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	In-patient			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Prescription			Attending Physician	
Cooler with ice gel packs			Parent's/Guardian	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to the Milkbank for preliminary Screening.	Screen according to prioritization of the recipient and maternal factor.	None	5 minutes	HMB Staff
2. Give the prescription and cooler with ice gel	Review the prescription and check the integrity of the cooler and ice gel.	None	2 minutes	HMB Staff
3. Get order of payment	Prepare the Order of Payment	None	1 minute	HMB Staff
4. Pay at the Cashier	Prepare the official Receipt	PHP 240.00/ 120mL	5 minutes	Cashier
5. Present the official receipt and get the pasteurized breast milk.	Give the pasteurized breast milk.	None	1 minute	HMB Staff
6. Listen to the Lactation Counseling.	Provide Lactation Counseling	None	5 minutes	HMB Staff
TOTAL		PHP 240.00/ 120mL	19 minutes	



Availment of Pasteurized Human Milk (Out-Patient)

Selling of pasteurized breast milk to babies of mothers with no production of milk and/or not producing enough milk.

Office or Division:	Human Milkbank			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	Out-patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Prescription		Attending Physician		
Cooler with ice gel packs		Parent's/Guardian		
Clinical Abstract		Attending Physician		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call the Milkbank at 8588-9900 loc 288, inquire availability of breast milk.	1.1 Screen according to prioritization of the recipient and maternal factor.	None	4 minutes	HMB Staff
	1.2 Confirm availability of breast milk.	None	1 minute	HMB Staff
2. Proceed to the Milkbank and give the requirements. (For new patients fill-up the recipient Consent and registration forms)	2.1 Review the documents and check the integrity of the cooler and ice gel.	None	1 minute	HMB Staff
	2.2 For new patients, prepare the Recipient Consent and registration forms.	None	1 minute	HMB Staff
3. Go to the Medical Social Service for registration of patient. (for new patients)	Register patient in the Hospital system and issue hospital number.	None	3 minutes	Medical Social Worker

4. Go back to MilkBank and give hospital number and get order of payment.	Prepare order of payment	None	2 minutes	HMB staff
5. Pay at the cashier	Prepare the official Receipt	PHP 240.00/ 120mL and PHP 150.00/ storage bottle	5 minutes	Cashier
6. Present the official receipt and get the pasteurized breast milk.	Give the pasteurized breast milk.	None	1 minute	HMB Staff
7. Listen to the Lactation Counseling.	Provide Lactation Counseling	None	5 minutes	HMB Staff
TOTAL		PHP 390.00/ 120mL	23 minutes	



Donation of Human Milk

Lactating mothers may donate their extra milk. The donated milk will also be pasteurized.

Office or Division:	Human Milkbank			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	In-patient and Out-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Result of HIV & HBsAg laboratory tests (done not more than 6 months)		Accredited testing laboratory		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call 8588-9900 loc 288 or proceed to the Milkbank.	1.1 Explain the requirements for breast milk donors.	None	5 minutes	HMB Staff
	1.2 Orient client on: a. Proper storage and handling of pasteurized breast milk b. How to increase production of breast milk (of the mother) c. Proper manual or mechanical expression.	None	5 minutes	HMB Staff
2. Bring frozen breast milk secured in a cooler with iced gel.	2.1 Make a visual inspection of the frozen human milk for quality.	None	2 minutes	HMB Staff
	2.2 Check for the correct labeling of the donated milk.	None	1 minute	HMB Staff
3. Fill-up Donor screening form	Review and validate the requirements.	None	5 minutes	HMB Staff

4. Get complimentary snack.	Give complimentary snack.	None	1 minute	HMB Staff
5. Listen to Lactation Counseling.	Provide Lactation Counseling	None	9 minutes	HMB Staff
Total		None	28 minutes	



Human Milk Pasteurization

Sterilization of breast milk for storage to make it safe for future use.

Office or Division:	Human Milkbank			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	In-patient and Out-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Prescription		Attending Physician		
Waiver		Human Milk Bank		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call 8588-9900 loc 288 or proceed to the Milkbank, get a schedule for pasteurization.	1.1 Set the schedule.	None	1 minute	HMB Staff
	1.2 Explain the waiver to be signed before bringing the raw milk for processing.	None	2 minutes	HMB Staff
	1.3 Give instructions on proper storage, handling, and transport of frozen breast milk.	None	3 minutes	HMB Staff
2. Bring frozen breast milk in a cooler with iced gel and storage bottles on scheduled date.	2.1 Advise patient what time to come back to get the pasteurized breast milk.	None	1 minute	HMB Staff
	2.2 Thaw, and then pasteurize the breast milk.	None	6 hours	HMB Staff
3. Sign the waiver.	Secure the waiver.	None	1 minute	HMB Staff

4. Get the Order of Payment	Prepare the Order of payment	None	1 minute	HMB Staff
5. Pay at the cashier	Prepare the official Receipt	PHP 100.00/ 4 oz bottle	5 minutes	Cashier
6. Go back to Milk bank present the official receipt and get the pasteurized breast milk.	Pack and release the pasteurized breast milk.	None	2 minutes	HMB Staff
7. Listen to lactation counseling.	Provide lactation counseling.	None	8 minutes	HMB Staff
TOTAL		PHP 100.00/ 4 oz bottle	6 hours and 24 minutes	



Use of Mechanical Breast Pump

Office or Division:	Human Milkbank			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	Out-patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Prescription			Attending Physician	
Cooler with ice gel packs			Parent's/Guardian	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Milkbank and register in the logbook.	Check to ensure all required data have been filled-up.	None	2 minute	HMB Staff
2. Put on nursing covers and wash hands	Orient client on proper hand washing.	None	1 minute	HMB Staff
3. Wait to be assisted on the use of breast pump	Orient patient of proper use of breast pump.	None	40 minutes	HMB Staff
4. Get Order of Payment	Prepare Order of Payment	None	1 minute	HMB Staff
5. Pay at the cashier	Prepare the official Receipt	P50.00/ day	5 minutes	Cashier
6. Go back to Milkbank, present Official Receipt and get the breastmilk.	Give secured breast milk collected in cooler with ice gel.	None	1 minute	HMB Staff
7. Log out then listen to Lactation Counseling.	Provide lactation Counseling.	None	5 minutes	HMB Staff
TOTAL		PHP 50.00	55 minutes	



Face to Face OPD Consultation for Patients

The General Pediatrics Out-Patient Department offers medical consultation to pediatric patients with non-urgent medical concerns.

Office or Division:	General Pediatric Services Division			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen, G2G – Government to Government			
Who may avail:	New and Old Pediatric Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Slip (if available)		Attending Physician (OPD)		
OPD Card		OPD (1 st floor)		
Appointment Slip (for old patients)		Attending Physician (OPD)		
Medical Assistance Fund (if available)		PASSD (1 st floor)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to triage area for assessment by the triage officer.	Conduct quick examination and get the vital signs of the patient. Determine if the patient's case is for OPD, Drop In or Emergency Room.	None	10 minutes	Nurse Triage
2. If new patient, go to Social Service for socioeconomic classification and issuance of hospital number and OPD card. If old patient, proceed	Assess the patient and give the corresponding hospital number. Instruct to fill up OPD record and issue OPD card.	None	20 minutes	Social Worker PASSD/Triage

to STEP 3.				
3. Get a queuing number from the security guard.	Give queuing number and instruct patient to go the OPD weighing area.	None	1 minute	Security Guard Triage
4. Go to OPD Weighing Area have the weight and height of the patient taken. 4.1 For new patient, submit OPD card and OPD record. 4.2 For old patient, submit OPD card.	Get the weight and height of the patient. For new patient, bring the patient's OPD record and OPD card to the OPD registration clerk. For old patient, bring the patient's OPD card to the OPD registration clerk and pull out patient record.	None	35 minutes	Clerk Out-Patient Department
5. Get order of payment	Encode patient's data. Prepare and give order of payment.	None	20 minutes	Clerk Out-Patient Department
6. Pay corresponding fee at the cashier.	Prepare and issue official receipt.	Consultation Fee New Patient General Service: ₱185.00 Subspecialty: ₱225.00 Old Patient General Service: ₱150.00 Subspecialty:	15 minutes	Cashier Out-Patient Department /Treasury Division

		₱210.00 Consultation Fee if subsidized by Malasakit Center ₱50.00 Lost Card Replacement ₱80.00 Medical Certificate ₱25.00 Mode of Payment Cash, Medical Assistance Fund		
7. Present the official receipt to OPD Registration Clerk	Check the official receipt. Give instructions on how to answer client satisfaction survey.	None	10 minutes	Clerk Out-Patient Department
8. Wait to be called by the doctor.	Examine the patient.	None	2 hours	OPD Resident/ Medical Officer III Out-Patient Department
9. Fill up client satisfaction survey form and put inside the drop box.	Collect client satisfaction survey forms.	None	5 minutes	Clerk Out-Patient Department
TOTAL		Consultation Fee for New Patient General Service: ₱185.00	3 hours and 56 minutes	

	<p>Subspecialty Clinic: ₱225.00</p> <p>Consultation Fee for Old Patient General Service: ₱150.00 Subspecialty: ₱210.00</p> <p>Consultation Fee for New or Old Patient if subsidized by Malasakit Center ₱ 50.00</p> <p>Consultation Fee and Lost Card Replacement for Old Patient General Service: ₱230.00 Subspecialty: ₱290.00</p> <p>Consultation Fee with Lost Card Replacement for Old Patient if subsidized by Malasakit Center ₱ 50.00</p>		
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	<p>Consultation Fee for New Patient with Medical Certificate General Service: ₱210.00 Subspecialty Clinic: ₱250.00</p> <p>Consultation Fee for Old Patient with Medical Certificate General Service: ₱175.00 Subspecialty: ₱235.00</p> <p>Consultation Fee for Old or New Patient with Medical certificate, if subsidized by Malasakit Center ₱75.00</p> <p>Consultation Fee for Old Patient with Lost Card Replacement and Medical certificate</p>		
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	<p>General Service: ₱255.00 Subspecialty: ₱315.00</p> <p>Consultation Fee for Old Patient with Lost Card Replacement and Medical Certificate, if subsidized by Malasakit Center ₱75.00</p>		
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Service Name: Flexible Nasopharyngoscopy

Service Information:

Flexible Nasopharyngoscopy is a diagnostic procedure used for examination of the nose, throat, and airway. It uses a fiberoptic nasoendoscopy/flexible nasolaryngoscopy to a stable patient with identified indication of the procedure. The goal is to identify and evaluate patient’s airway that will be correlated clinically.

Bronchoscopy is a procedure to look directly at the airways in the lungs using a thin, lighted tube (bronchoscope). The bronchoscope is put in the nose or mouth. It is moved down the throat and windpipe (trachea), and into the airways.

Office or Division:	Medical Internal Systems Specialties Division Section of Pulmonology	
Classification:	Simple	
Type of Transaction:	Government to Government (G2G) Government to Citizen(G2C)	
Who may avail:	Out-Patients: Service and Pay	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Prescription (1 copy)		Pulmonary OPD Clinic (G9), Ground Floor Philippine Children’s Medical Center
		Doctor’s Clinic, 2 nd Floor Philippine Children’s Medical Center

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present doctor's request	Accepts and reviews doctor's request form and confirms schedule of procedure	None	Within 1 minute	Pulmo Clerk / Respiratory Therapist
2. Fill up data in request form	Accepts and reviews entries in request form	None	Within 2 minutes	Respiratory Therapist
3. Sign consent Form	Make sure signature of parent is affixed on the consent form	None	Within 1 minute	Consultant / Fellow / Pulmo Clerk / Respiratory Therapist
4. Proceed to the endoscopy room for the procedure	Perform procedure	Pay 3,894.00 Service 2,655.00	Within 30-60 minutes	Consultant / Fellow / Respiratory Therapist
5. Wait for the order of payment	Prepare and issues order of payment	None	Within 1 minute	Pulmo Clerk
6. Present official receipt to get the official result	Check OR # and release official result	None	Within 2 minutes	Pulmo Clerk / Respiratory Therapist
	TOTAL:	Pay 3,894.00 Service 2,655.00	30 to 67 minutes	



Service Name: Pulmonary Procedures

Service Information:

Pulse oximetry is a test used to measure the arterial oxygen level (oxygen saturation) of the blood. It is an easy, painless monitoring procedure which measures how well oxygen is being sent to different parts of your body furthest from your heart, such as the arms and legs. The pulse oximeter is a portable noninvasive monitoring device used to provide estimates of arterial blood oxyhemoglobin saturation levels.

Nebulization is a therapeutic procedure often called a breathing treatment which use nebulizers to deliver a variety of medications directly to the lungs. A nebulizer is a machine that sprays a fine, liquid mist of medicine to deliver the breathing treatment with a mouthpiece or mask. Nebulizers are often used by people who cannot use metered-dose inhalers, such as infants and young children, and people with severe asthma.

Pulmonary Function Tests (PFTs) are noninvasive tests that show how well the lungs are working. The tests measure lung volume, capacity, rates of flow, and gas exchange.

Spirometry is the most common of the pulmonary function tests. It measures the volume of air exhaled at specific time points during complete exhalation by force, which is preceded by a maximal inhalation. The most important variables reported include total exhaled volume, known as the forced vital capacity (FVC), the volume exhaled in the first second, known as the forced expiratory volume in one second (FEV1), and their ratio (FEV1/FVC). It aims to ensure the accurate and correct performance of spirometry in patients.

Tidal Breathing Analysis (TBA) is a non-invasive pulmonary function test that measures changes in the flow and volume at the airway opening during restful breathing using a pneumotachograph (PNT) and by assessing chest wall motion using respiratory inductance plethysmography. This test is intended for subjects below 6 years old.

Impulse Oscillometry (IOS) is a noninvasive test which uses sound waves to measure respiratory mechanics. It requires minimal patient cooperation and can be done easily in subjects who are unable to perform spirometry. Importantly, IOS can differentiate small airway obstruction from large airway obstruction. It has been used to study various respiratory disorders, especially asthma

and is suitable for measuring bronchodilatory response as well as bronchoprovocation testing. This test is intended for subjects 3 to 5 years old.

Exercise Challenge Test (ECT) is used for identification of exercise- induced bronchoconstriction. The procedure involves baseline spirometry followed by exercise on a treadmill or bicycle. Spirographic findings and the peak expiratory flow rate (PEFR) are determined. The goal is to detect the reversibility of airway obstruction that can be assessed by administering aerosolized bronchodilators.

BabyBody Plethysmography is a pulmonary function test that will determine how much air in your lungs after inhalation of air. It will also measure the amount of air left in the lungs after exhalation. During whole-body plethysmography, the subject is enclosed in a chamber equipped to measure pressure, flow, and volume changes.

Chest Physiotherapy (CPT) is an airway clearance technique that involves manually percussing the chest wall to help clear the lungs of mucus build up.

Office or Division:	Medical Internal Systems Specialties Division Section of Pulmonary Medicine			
Classification:	Simple			
Type of Transaction:	Government to Government (G2G) Government to Citizen(G2C)			
Who may avail:	Out-Patients: Service and Pay			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Prescription (1 copy)		Pulmonary OPD Clinic (G9), Ground Floor Philippine Children's Medical Center		
		Doctor's Clinic, 2 nd Floor Philippine Children's Medical Center		
CLIENT STEPS	AGENCY ACTIONS	FEES TO	PROCESSING TIME	PERSON

		BE PAID		RESPONSIBLE
1. Present doctor's request	Accepts and reviews doctor's request form	None	Within 1 minute	Pulmo Clerk / Respiratory Therapist
2. Fill up data in request form	Accepts and reviews entries in request form	None	Within 2 minutes	Respiratory Therapist
3. Perform procedure/test	Perform procedure			Respiratory Therapist
3.1 Pulse Oximetry		Pay 140.00 Service 105.00	Within 10 - 20 minutes	
3.2 Nebulization		Pay 160.00 Service 120.00		
3.3 Pulmonary Function Test				
3.3.1 Baseline Spirometry			Within 10 - 15 minutes	
3.3.2 Full Spirometry		Pay 1,463.00 Service 997.50		
3.3.3. Tidal Breathing Analysis		Pay 1,650.00 Service 1,125.00		
3.3.4 Impulse Oscillometry		Pay 1,650.00 Service 1,125.00		
3.3.5 Exercise			Within 30 - 60	

<p>Challenge Test</p> <p>3.3.6 Baby Body Plethysmograph</p> <p>3.4 Chest Physiotherapy</p>		<p>Pay 1,650.00 Service 1,125.00</p> <p>Pay 2,948.00 Service 2,010.00</p> <p>Pay 5,000.00 Service 3,750.00</p> <p>Pay 135.00 Service 101.25</p>	<p>minutes</p> <p>Within 10 - 15 minutes</p>	
Wait for the order of payment	Prepare and issues order of payment	None	Within 1 minute	Pulmo Clerk
Present official receipt to get the official result	Check OR # and release official result	None	Within 2 minutes	Pulmo Clerk / Respiratory Therapist
	TOTAL:	<p>Pay 135.00 - 5,000.00</p> <p>Service 101.25 - 3,750.00</p>	16 minutes to 66 minutes	



OPD Face to Face Assessment for Neurodevelopmental Pediatrics Patients

This process involves the neurodevelopmental assessment of new and old patients to identify infants, children and adolescents who are at risk for developmental delay and those with specific developmental and behavioral concerns. This process involves interviewing the caregivers, observing in-session behaviors and performing assessment using different neurodevelopmental tools.

The schedule for the services is strictly By Appointment only and offered every Monday (10:00 am-5:00 pm), Tuesday (8:00 am-5:00 pm), Wednesday (8:00 am-5:00 pm), and Friday (10:00 am - 5:00 pm) except holidays.

Office or Division:	Child Neuroscience Division, Section of Neurodevelopmental Pediatrics
Classification:	Simple
Type of Transaction:	Government to Citizen (G2C), Government to Government (G2G)
Who may avail:	Service and Pay Patients (Age 0-17 years and 364 days) who are at risk for developmental delay and those with specific developmental and behavioral concerns
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1 New Patients 1.1 Service 1.1.1 OPD Card (Original)	1.1.1 PCMC OPD/Medical Social Service
2 Old Patients 2.1 OPD Card (Original) 2.2 Previously issued clinical summary 2.3 Recent medical records, procedures, progress report from therapy and progress report from school/report card	2 Neurodevelopmental Pediatrics Clerk

ACTUAL DAY OF ASSESSMENT				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to NDS OPD Clinic 1.1 Present appointment slip	1.1 Check appointment slip 1.2 Inform NDS fellow	None	1 minute	<i>Clerk III</i> , Section of Neurodevelopmental Pediatrics, CNS Division
2. Fill up the video consent form	2. Provide parents/guardian the video consent form	None	5 minutes	<i>Clerk III</i> , Section of Neurodevelopmental Pediatrics, CNS Division
3. Secure Order of Payment (OP) 3.1 Get Order of Payment from clerk 3.2 Proceed to cashier and pay for the assessment fee 3.3 If with ledger, present the ledger and photocopy of valid ID of the guardian to the clerk.	3.1 Prepare order of payment 3.2 Process the payment thru ledger using TFbox system of the hospital 3.3 Prepare order of payment (OP) and request to affix signature 3.4 Prepare order of payment with affixed	Preliminary Assessment: Service: PhP 210.00 Pay: PhP 1,250.00 Full/Comprehensive Evaluation: Service: PhP 2,500.00 Pay: PhP 6,000.00	5 minutes 5 minutes 1 minutes 10 minutes	<i>Clerk III</i> , Section of Neurodevelopmental Pediatrics, CNS Division <i>Cashier</i> <i>Clerk III</i> , Section of Neurodevelopmental Pediatrics, CNS Division <i>Clerk III</i> , Section of Neurodevelopmental Pediatrics, CNS Division

<p>3.4 For Health package, provide requirements needed for Malasakit Center, Patient Assistance and Support Services Division (PASSD)</p> <p>4. Present the official receipt to the clerk</p>	<p>signature of the guardian, verify requirements, and issue ledger, charge thru TFbox system of the hospital</p> <p>4.1 Verify official receipt from cashier</p>		<p>2 minutes</p>	<p><i>Clerk III, Section of Neurodevelopmental Pediatrics, CNS Division</i></p>
<p>5. Wait to be called for the evaluation</p>	<p>5. 1 Call the guardian/parent and the patient.</p> <p>5.2 Get weight and height of the patient.</p>	<p>None</p>	<p>3 minutes</p>	<p><i>Clerk III, Section of Neurodevelopmental Pediatrics, CNS Division</i></p>
<p>6. Neurodevelopmental assessment</p>	<p>6.1 Perform neurodevelopmental assessment.</p> <p>6.2 Explain the results of the evaluation, diagnosis and recommendations.</p>	<p>None</p>	<p>Full/Comprehensive Evaluation: 2 hours</p>	<p><i>Medical Officer III</i> Section of Neurodevelopmental Pediatrics, CNS Division</p>
<p>7. After the session, 7.1 Wait for the following 7.1.1 clinical abstract 7.1.2 diagnostic requests 7.1.3 referral forms</p>	<p>7. Give the necessary request prescribed</p> <p>7.1 Provide Clinical Abstract</p>	<p>None</p>	<p>20 minutes</p>	<p><i>Fellow in Charge MO III</i> Section of Neurodevelopmental Pediatrics, CNS Division</p>

7.1.4 follow up slip	7.2 Give client satisfactory survey			<i>Clerk III, Section of Neurodevelopmental Pediatrics, CNS Division</i>
7.2 Accomplish the client satisfactory survey				
8 Submit the Client Satisfactory Survey (CSS) and place in drop box once filled-up	8. Collect client satisfactory survey from the parent.	None	1 minute	<i>Clerk III, Section of Neurodevelopmental Pediatrics, CNS Division</i>
	TOTAL	See above rates	3 hours 3 minutes	

as of Sept 19, 2023



Scheduling of Face-to-face Assessment for Neurodevelopmental Pediatrics Patients

This process involves the scheduling of neurodevelopmental assessment of new and old patients to identify infants, children and adolescents who are at risk for developmental delay and those with specific developmental and behavioral concerns. This process involves interviewing the caregivers, observing in-session behaviors and performing assessment using standardized neurodevelopmental tools.

The schedule for the services is strictly by appointment and offered every Monday (10:00 am-5:00pm), Tuesday (8:00 am-5:00 pm), Wednesday (8:00 am-5:00 pm), and Friday (10:00 am - 5:00 pm) except holidays.

Office or Division:	Child Neuroscience Division, Section of Neurodevelopmental Pediatrics	
Classification:	Simple	
Type of Transaction:	Government to Citizen (G2C), Government to Government (G2G)	
Who may avail:	Service and Pay Patients (Age 0-17 years and 364 days) who are at risk for developmental delay and those with specific developmental and behavioral concerns	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. New Patients 1.1 Service 1.1.1 Referral Slip 1.1.2 OPD Card (Original) 1.2 Pay 1.2.1 Referral Letter		1.1.1 Attending Physician (General Pediatrics, Other subspecialty OPD) 1.1.2 PCMC OPD/Medical Social Service 1.2.1 Attending Physician, Psychologist, Teacher, School, Therapist
2. Old Patients 2.1 Appointment Slip 2.2 OPD Card (Original) 2.3 Previously issued clinical summary 2.4 Recent medical records, progress report from therapist, school, laboratory results		2. Neurodevelopmental Pediatrics Clerk

SCHEDULING OF FACE TO FACE NEURODEVELOPMENTAL ASSESMENT				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Scheduling				
1. Present referral letter from doctor, school, psychologist, therapist or teacher	1.1 Check the referral and classification (Pay or Service with OPD Card) 1.2 Determine type of services for assessment: full evaluation or comprehensive	None	1 minute	<i>Clerk III</i> , Section of Neurodevelopmental Pediatrics, CNS Division
2. Fill up patient information sheet	2. Provide information sheet 2.1 Assist parent/guardian, as needed 2.2 Collect information sheet	None	1 minute 1 minute	<i>Clerk III</i> , Section of Neurodevelopmental Pediatrics, CNS Division
3. Get appointment slip which includes reminders to bring pertinent records on the day of the schedule	3.1 Give appointment slip with the agreed schedule for assessment 3.2 Advise parent/guardian of the requirements and estimated waiting time	None	3 minutes	<i>Clerk III</i> , Section of Neurodevelopmental Pediatrics, CNS Division
	TOTAL	None	6 minutes	

as of Sept 21, 2023



Request for appointment of Neurodiagnostic laboratory procedure

Upon request of the following laboratory procedures: Electroencephalogram (EEG routine); Epilepsy Monitoring Unit (EMU); Brainstem Evoke Response/Auditory Steady State Response (BAER/ASSR); Electromyogram-Nerve Conduction Velocity (EMG-NCV); Nerve Conduction Velocity/Repetitive Stimulation (NCV/RNS); Transcranial Doppler Complete (TCD); Carotid Duplex Scan; Cranial ultrasound; Spine ultrasound; Muscle Ultrasound, the concerned guardian/parent must set first an appointment in the Neurodiagnostic laboratory.

Office or Division:	Neurodiagnostic Laboratory
Classification:	Simple
Type of Transaction:	G2C - Government to Citizens G2G - Government to Government
Who may avail:	All new and old patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Referral Slip or Request of Procedure (original)	Attending Physician
2. Appointment Slip (original)	Reception Area, ground floor

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For Walk-in 1.1 Present the referral slip/request of procedure 1.2 For Telephone Call Contact Numbers (02)8924 0862/(02)8588 9900 local 254 Office hour/day: 8:00AM-5:00PM (Monday to Saturday, Except Holiday and Sunday)	1. Check the referral slip/ask request of procedure	None	1 minute	<i>Reception Clerk</i> Neurodiagnostic Laboratory

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
2. Get an appointment for the procedure	2. Schedule the patient 2.1 Offer the patient's guardian the earliest available appointment time 2.2 Provide them with the necessary instructions	None	15 minutes	<i>Reception Clerk</i> Neurodiagnostic Laboratory
	TOTAL		16 minutes	



Conducting of laboratory procedure

On the day of the appointment test, secure the checklist of requirements and the instructions given prior to your schedule. Accompanying guardian/parent and patients 2 years old and above must wear the appropriate protective gear at all times while inside the laboratory.

Office or Division:	Neurodiagnostic Laboratory
Classification:	Simple; Highly Technical
Type of Transaction:	G2C - Government to Citizens G2G - Government to Government
Who may avail:	All new and old patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Referral Slip or Request of Procedure (original)	Attending Physician
2. Appointment Slip (original)	Reception Area, ground floor
3. Photocopy of PWD ID (1 copy)	City Hall
4. Government Employee dependent 4.1 Photocopy of Government Company ID (1 copy) 4.2 Certificate of Employment (1 copy, original) 4.3 Birth Certificate of patient (1 copy, photocopy)	Employer
5. Approved Ledger/Trust Fund Slip solely for the procedure	Social Service, ground floor
6. HMO Card 6.1 Filled-out Diagnostic Request Form (Form C) signed by your Attending Physician 6.2 Approval Code	HMO Institution

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give the following to the reception clerk 1.1 Appointment slip 1.2 Request of procedure from your physician	1. Check the following: 1.1 Appointment slip 1.2 Request of procedure	None	1 minute	<i>Reception Clerk</i> Neurodiagnostic Laboratory
2. Fill-out the following documents: 2.1 Patient information Slip 2.2 Consent	2. Provide and check the completion of the following documents: 2.1 Patient Information Slip 2.2 Consent	None	5 minutes	<i>Neuro Technologist</i> Neurodiagnostic Laboratory
3. Wait for the Order of Payment and proceed to the Cashier to pay. 3.1 For patient with Trust Fund 3.2 For patient with PWD card 3.3 For patient with HMO card 3.4 For government employee dependent	3. Receive payment and provide Official Receipt (OR) 3.1 Process the payment thru BizBox 3.2 Deduct 20% Discount 3.3 Verify HMO requirements. Process the patient thru Bizbox 3.4 Deduct 20% Discount	EEG routine- Php1,988.00 EMU 1 st 6-hour - 8,304.00 succeeding hour - 800.00 EMU 12-hour - 13,152.00 EMU 24-hour - 15,950.00 BAER/ASSR - 2,112.00 EMG-NCV - 4,898.00 NCV/RNS - 3,976.00 TCD - 3,996.00 Carotid - 3,700.00 Spinal Ultrasound - 1,890.00 Cranial Ultrasound- 1,820.00 Muscle Ultrasound- 1,820.00	15 minutes	<i>Cashier</i> Ground floor <i>Neuro Technologist</i> Neurodiagnostic Laboratory
4. Present the official receipt (OR)	4. Verify the official receipt (OR) 4.1 Log OR number	None	1 minute	<i>Neuro Technologist</i> Neurodiagnostic Laboratory
5. Go back to the waiting area and wait for your name to be called for the procedure.	5. Call the patient and perform the procedure	None	1-hour and 30 minutes	<i>Neuro Technologist</i> Neurodiagnostic Laboratory

6. Accomplish the customer service satisfaction survey form	6. Provide and check completion of the customer service satisfaction survey form 6.1 Notify the guardian/parent when the result will be released.	None	2 minutes	<i>Neuro Technologist</i> Neurodiagnostic Laboratory
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
7. Claiming of the official result. 7.1 Present your Official Receipt/Claim stub	7. Check and verify the official receipt/claim stub 7.1 Release the result.	None	2 minutes EEG/BAER/ASSR/EMG-NCV/RNS-NCV (7 working days) Epilepsy Monitoring Unit (EMU) (2 weeks) Cranial/Muscle/Spinal Ultrasound/TCD/Carotid (3 working days)	<i>Reception Clerk</i> Neurodiagnostic Laboratory
	TOTAL		2 weeks, 1 hour and 56 minutes	

Consultation for Old Patients and New Patients

Antepartum Consultation for Old Patients and New Patients

Office or Division:	Perinatology Division (Antepartum)			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen, G2G - Government to Government			
Who may avail:	Out-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
OPD Card (Old Patient)		Antepartum Unit		
Referral Letter (New Patient)		Referring Obstetrician		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.SERVICE PATIENTS a. For Old Registered patients - present OPD Card b. For New patients - present referral letter Fill up the OPD Chart and Card of Personal Information	1. Receive the OPD card/Referral form and give consultation number	None	2 minutes	<i>Midwife</i> (Second Floor, Antepartum) <i>Clerk</i> (Second Floor, Antepartum)
2. Wait for consultation number to be called. Have vital signs taken.	2. Take patient's vital signs (Blood pressure, Heart rate, temperature, birthweight)	None	10 minutes	<i>Midwife</i> (Second Floor, Antepartum)
3. Consultation	3. Interview the patient and do necessary procedures.	None	60 minutes	<i>Fellow-on-Duty</i> (Second Floor, Antepartum)

<p>4. Social Service Classification</p> <p>New Patients - proceed to Medical Social Service to be interviewed, classified and assigned with a Hospital No. (Bizbox)</p> <p>Old Registered patients (proceed to Step 5)</p>	<p>4. Give Medical Social Service Referral Slip to the patient for classification</p>	<p>None</p>		<p><i>Midwife</i> (Second Floor, Antepartum) <i>Social Worker</i> (Second Floor, Social Service)</p>
<p>5. Wait for Order of Payment</p>	<p>5. Prepare Order of Payment for the consultation</p>	<p>None</p>	<p>2 minute</p>	<p><i>Midwife</i> (Second Floor, Antepartum) <i>Clerk</i> (Second Floor, Antepartum)</p>
<p>6. Settle fees at the cashier and get official receipt</p>	<p>6. Receive payment for services and issue official receipt</p>	<p>P190.00</p>		<p><i>Cashier</i> (Second Floor, Cashier)</p>
<p>7. Return to Antepartum Clinic and present receipt. Ask for the schedule of the next consultation.</p>	<p>7. Check receipt and schedule patient for her next follow-up.</p>	<p>None</p>	<p>2 minutes</p>	<p><i>Midwife</i> (Second Floor, Antepartum)</p>
<p>Total</p>		<p>P190.00</p>	<p>76 minutes</p>	



Outpatient Consultation of CKD-5 Dialysis Patients at Hemodialysis Unit and Peritoneal Dialysis Unit

Service information: The Hemodialysis Unit and Peritoneal Dialysis Unit Outpatient consultation services ensures that Pediatric ESRD patients on dialysis are regularly evaluated and treated on outpatient basis.

Scheduling: Process of securing schedule for a particular procedure / service rendered by the section

Office or Division:	Section of Pediatric Nephrology			
Classification:	Highly Technical			
Type of transaction	Government to citizen (G2C)			
Who may avail:	All service and pay Nephrology patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Nephrology OPD notebook			Patient	
Original Laboratory results			Laboratory	
Ledger stub			Public Assistance Unit	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Present confirmed Schedule and secure clearance to the triage.(screening)	Written triage clearance will be given after screening.	None	2 minutes	<i>PCMC resident/Nurse</i> PCMC triage area
2) Get queuing number	2.1 Check for	None	2 minutes	<i>PDU clerk</i>

from peritoneal dialysis unit	completeness of requirements. 2.2 Provide queuing number 2.3 Provide order of payment			Peritoneal Dialysis unit Or <i>HDU clerk</i> Hemodialysis unit
3) Present order of payment and settle fees	Give receipt.	Consult 210.00 php	2 minutes	<i>Cashier's Clerk</i> Cashier Department
4) Return to PDU or HDU and give the proof of payment to the PDU or HDU clerk	Validate the documents	None	2 minutes	<i>PDU clerk</i> Peritoneal Dialysis unit Or <i>or HDU clerk</i> Hemodialysis unit
5) When the queuing number is called, Laboratory results	5.1 Assessment of patient once cleared: <ul style="list-style-type: none"> • Weight and height • Vital signs • Physical examination • Laboratory results 	None	30 minutes	<i>PDU Nephro fellow rotator</i> Peritoneal Dialysis unit Or <i>HDU Nephro fellow rotator</i> Hemodialysis unit

	5.2 Provide plan of treatment, medication prescriptions and laboratory requests			
6) Secure schedule for next follow up	Give written slip for the patient's next follow up schedule	None	2 minutes	<i>PDU clerk</i> Peritoneal Dialysis unit
	TOTAL		40 minutes	



Immunization and Procedure Room

The Out-Patient Department offers administration of vaccine preventable diseases and non-emergent procedures

Office or Division:	General Pediatric Services Division			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen, G2G – Government to Government			
Who may avail:	New and Old Pediatric Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Prescription of vaccine to be administered and/or requested procedure		Attending Physician (OPD)		
OPD Card (if available)		OPD (1 st floor)		
Ledger (if available)		PASSD (1 st floor)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the prescription of the vaccine to be administered and/or needed procedure/s to the Immunization and Procedure Room Nurse.	Receive and check the prescription of vaccine and/or procedure requested and give necessary instructions on materials needed.	None	10 minutes	Nurse Out-Patient Department
2. Pay corresponding fee/s for the procedure.	Send patient to OPD for payment of the procedure. Give instructions on materials needed.	IMMUNIZATION/ INJECTION FEE Service: ₱ 60.00 Pay: ₱ 170.00 SUCTIONING	10 minutes	Nurse Out-Patient Department

		<p>Service: ₱ 105.00 Pay: ₱ 160.00</p> <p>NEBULIZATION Service: ₱ 110.00 Pay: ₱ 165.00</p> <p>NGT INSERTION Service: ₱ 80.00 Pay: ₱120.00</p> <p>TST/ PPD Test Service: ₱ 200.00 Pay: ₱ 250.00</p> <p>GASTRIC ASPIRATE COLLECTION Service: ₱ 80.00 Pay: ₱120.00</p> <p>IM ANTIBIOTIC INJECTION FEE Service: ₱ 60.00 Pay: ₱ 170.00</p>		
3. Present the official receipt/s to Immunization and Procedure Room Nurse.	Perform the requested procedure/s. Give home instructions after the procedure and in answering client satisfaction survey form.	None	30 minutes	Nurse/OPD Resident Out-Patient Department
4. Drop client satisfaction survey form inside the	Collect client satisfaction survey forms.	None	5 minutes	Nurse Out-Patient Department

drop box.				
	TOTAL	<p>IMMUNIZATION/ INJECTION FEE Service: ₱ 60.00 Pay: ₱ 170.00</p> <p>SUCTIONING Service: ₱ 105.00 Pay: ₱ 160.00</p> <p>NEBULIZATION Service: ₱ 110.00 Pay: ₱ 165.00</p> <p>NGT INSERTION Service: ₱ 80.00 Pay: ₱120.00</p> <p>TST/ PPD Test Service: ₱ 200.00 Pay: ₱ 250.00</p> <p>GASTRIC ASPIRATE COLLECTION Service: ₱ 80.00 Pay: ₱120.00</p> <p>IM ANTIBIOTIC INJECTION FEE Service: ₱ 60.00 Pay: ₱ 170.00</p>	55 minutes	



OPD Teleconsultation for Child Neurology Patients

This process involves the OPD teleconsultation for old patients ages 0-18 years and 364 days, of the Section of Child Neurology, under the Child Neuroscience Division. The service is intended for patients from remote areas and patients with difficulties in transportation. The request for teleconsult schedule is through telephone call to 85889900 local 331 every Tuesday, Wednesday and Friday from 09:00 am-12:00 noon. The Fellow-in-charge will schedule the patient on the next earliest schedule and according to urgency of the patient's case. The schedule for Teleconsultation is every Tuesday, Wednesday and Friday from 9:00 AM until 12:00 PM. The platform for teleconsultation is through Facebook messenger videocall.

Office or Division	Section of Child Neurology/Child Neuroscience Division			
Classification	Simple			
Type of Transaction	Government to Citizen (G2C), Government to Government (G2G)			
Who may avail	All New and Old Patients (Age 0-18 years and 364 days) with neurological concerns/complaints			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Old Patients 1.1 Appointment Slip 1.2 OPD Card (Photograph) 1.3 Previously issued prescriptions		Child Neurology Fellow/Clerk		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
2. Payment 2.1 Wait for order of payment 2.2 Proceed with online payment <ul style="list-style-type: none"> ▪ Available payment options include GCash, PayMaya, Cebuana, 7- 	3.1 Prepare Order of payment 3.2 Provide instructions for online payment 3.3 Secure a copy of the proof of payment for documentation	None Php 210.00	5 minutes 5-10 minutes	<i>Clerk II</i> Section of Child Neurology CNS Division

<p>Eleven and Palawan Express</p> <p>2.3 Send proof of payment to FB Messenger</p> <p>2.4 Send accomplished consent form</p> <p><i>** Payment should be done within 3 days prior to scheduled teleconsult</i></p>				
<p>3. On day of appointment, wait for message from PCMC Child Neurology for consultation with Child Neurology Fellow</p>	<p>Perform Neurology consultation, explain diagnosis, request for necessary laboratory tests and prescribe medications.</p> <p>Provide yellow slip and schedule for follow up. Provide Clinical Abstract, if requested.</p>		<p>30-45 minutes</p>	<p>Child Neurology Fellow</p>
	<p>TOTAL</p>		<p>60 minutes</p>	
<p>END OF TRANSACTION</p>				

- The guardian/parents are required to come personally to PCMC to apply for medical assistance. *Since e-prescription is not allowed, the guardian will get the prepared abstract and prescriptions personally from the Child Neurology OPD during the prescribed OPD days.*



Teleconsultation for OPD General Pediatrics Patients

The PCMC Telemed offers full medical consultations to pediatric patients with non-urgent medical concerns via online video consultations using the Facebook messenger platform.

Office or Division:	General Pediatric Services Division			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government			
Who may avail:	Old Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Slip (if available)		Attending Physician (OPD)		
OPD Card		OPD (1 st floor)		
Appointment Slip (for old patients)		Attending Physician (OPD)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send a private message to the PCMC OPD Telemed Facebook Messenger or call the PCMC Trunkline: (02)8588-9900 local 400 to set an appointment.	1. Get the parent's or guardian's consent on getting and keeping personal information data. 1.1. Inquire and list down the name, age, and medical problem of the patient. Make sure that the case is not an emergency. 1.2. Set the appointment of the patient.	None	20 minutes	Clerk Out-Patient Department

2. On scheduled date of appointment, wait for the private message from the PCMC OPD Telemed and respond to the message.	2. Give the link of Facebook account of patient to the doctor of OPD Telemed.	None	30 minutes	Clerk Out-Patient Department
3. Prepare the patient and the following data: <ul style="list-style-type: none"> • Weight • Height • Details of the disease or condition of the patient • Result of laboratory exam (if any) for the virtual consultation to the doctor. 	3. Send a message to Facebook messenger account of the patient to start the consultation. 3.1. Explain the limitations of a virtual consultation and get the parent's/guardians consent in the conditions mentioned. 3.2. Perform history taking and examination in the patient using Facebook Messenger video chat and explain the condition of the patient and the medical plans for it.	None	1 hour	OPD Resident Out-Patient Department
4. Fill-up the Client Satisfaction Survey after the consultation while waiting for prescription, laboratory requests and referral slip to be sent by the doctor.	4. Send the link of Customer Satisfaction Survey to Facebook Messenger of the patient. 4.1. Send the screen shot of prescription, laboratory requests and/or referral slip to the patient using Facebook messenger.	None	15 minutes	OPD Resident Out-Patient Department
TOTAL		None	2 hours and 5 minutes	



Out-Patient Administration of Chemotherapeutic Drugs

Administration procedures for chemotherapeutic drugs performed at the Cancer and Hematology Division OPD clinic on an outpatient basis.

Office or Division:	Cancer and Hematology Division			
Classification:	Simple			
Type of Transaction:	G2C-Government-to-Citizen G2G-Government-to-Government			
Who may avail:	Service Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Confirmed Appointment	SMS Sent by the Cancer and Hematology Official Cellular Phone Number			
COVID Triage Clearance	Main Lobby - Cancer and Hematology Division (CHD) Triage Nurse			
OPD Card	Ground Floor – Cancer and Hematology Division (CHD) OPD			
Medical Social Service Classification	Ground Floor - Medical Social Worker			
Fund Stub	Ground Floor - Public Assistance Office			
Cancer and Hematology Center Record Book and/or OPD Card	Ground Floor – Cancer and Hematology Division (CHD) OPD Clerk and/or Fellow			
OPD Chart and Physician Order Sheet for the Chemotherapy Administration	Ground Floor – Cancer and Hematology Division (CHD) OPD Clerk and/or Fellow			
Chemotherapeutic Drugs	Ground Floor - Pharmacy Division			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Submit for chemotherapy pre-assessment at the CHC Triage	1.1 Confirm schedule 1.2 Examine patient and companion 1.3 Give clearance to proceed to consultation/follow-up	None	4 minutes	<i>Cancer and Hematology Division Triage Nurse</i>
2. Present record book or discharge instruction to the triage nurse	2.1 Check Record book for instructions and required laboratory request	None	1 minute	<i>Cancer and Hematology Division Triage Nurse</i>
	2.2 Give OPD number for queuing	None	1 minute	
* 3. Get the order of payment If with fund, give the stub to the clerk	3.1 Prepare and issue Order of Payment 3.2 Encode in Trust fund system	None See Price List	2 minutes 5 minutes	<i>Cancer and Hematology Division OPD Clerk</i>
4. Pay at the cashier	4. Prepare and issue Official Receipt	See Price List	10 minutes	<i>Accounting Division Cashier</i>
5. Proceed to pharmacy for acquisition of chemotherapeutic drug	5. Dispense required drugs	Refer to price list of Pharmacy	30 minutes	<i>Pharmacy Division Pharmacist</i>
6. Go back to Cancer and Hematology Division, Treatment Room, Give chemotherapy drugs and laboratory results, wait to be called	6.1 Receive chemotherapeutic drugs 6.2 Check doctors order	None	3 minutes	<i>Cancer and Hematology Division Midwife and/or Nurse</i>

7. Submit for IV insertion, once called	7. Insert IV Line to patient	None	5 minutes	<i>Cancer and Hematology Division Nurse</i>
8. Return to waiting area and wait to be called	7.1 Prepare materials for procedure 7.2 Send chemotherapeutic drug to Compounding Area for preparation	None	15 minutes	<i>Cancer and Hematology Division Midwife and/or Nurse</i>
9. Submit for chemotherapy administration, once called	9.1 Identify patient 9.2 Administer chemotherapeutic drug 9.3 Observe patient for any untoward reactions to the administration of chemotherapeutic drugs	None	Administration time depending on scheduled drug(s) please refer to attached list	<i>Cancer and Hematology Division Fellow and Nurse</i>
10. Confirm schedule of follow up	10.1 Check record book 10.2 Give instructions for follow-up consultation/ next treatment schedule	None	2 minutes	<i>Cancer and Hematology Division Nurse</i>
	Total:	*Rate of Payment as stated below	1 hour, 18 minutes + Administration time depending on scheduled drug(s) please	

			refer to attached list	
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CHEMOTHERAPEUTIC DRUGS	Duration of Administration/ Infusion	MAY PHILHEALTH	LEDGER	CASH
Cyclophosphamide	30 minutes infusion	238.00	238.00	198.00
Cyclophosphamide	1 hour infusion	313.00	313.00	258.00
Cyclophosphamide	10 hours infusion	368.00	368.00	302.00
Cytarabine	4 hours infusion	368.00	368.00	302.00
Cytarabine	slow IV push (15 minutes)	238.00	238.00	198.00
Cytarabine	Subcutaneous (10 minutes)	148.00	148.00	126.00
Dactinomycin	slow IV push (15 minutes)	313.00	313.00	258.00
Doxorubicin	1 hour infusion	313.00	313.00	258.00
Etoposide	1 hour infusion	313.00	313.00	258.00
Etoposide	4 hours infusion	368.00	368.00	302.00
L-Asparaginase	Intramuscular Injection (10 minutes)	368.00	368.00	302.00
Methotrexate	slow IV push (15 minutes)	238.00	238.00	198.00
Methotrexate	4 hours infusion	368.00	368.00	302.00
Methotrexate Cytarabine Prednisone	Intrathecal	220.00 each	220.00 each	176.00 each
Vinblastine	slow IV push (15 minutes)	238.00	238.00	198.00
Vincristine	slow IV push (15 minutes)	238.00	238.00	198.00

* Start process here if patient underwent consultation prior to chemotherapy administration



Laboratory Services

Service Information: Laboratory procedures on specimens that aids in the diagnosis and treatment of patient.

Office or Division:	Pathology Division			
Classification:	Complex			
Type of Transaction:	Government to Client, Government to Government			
Who may avail:	Out-Patient			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Laboratory Request			Doctor	
ID card and Certificate of employment for Govt. discount			Agency where employed	
Guarantee Letter and OPD Card			Social Service / Malasakit Center	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number and wait to be called	1. Call patient if ready to be served	None	10 minutes	Laboratory Staff(Clerk)
2. Give the request and the number to window 1/2 and wait for the order of payment.	2. Process, check all data on the request and give the order of payment		5 minutes	Laboratory Staff (Clerk)
3. Pay at the cashier and get the official receipt.			10 minutes	Cashier

5. Submit the official receipt, laboratory request and specimen to be examined at window	3. Check the official receipt and specimen. Encode lab request. Give request to the concern staff either for blood extraction or for testing.		2 minutes	Laboratory Staff(Clerk)
6. Wait to be called for the procedure.	<p>4. Prepare all materials /supplies needed for blood collection.</p> <p>4.1 Perform the procedures offered</p> <p>AML Panel</p> <p>AML Screen Panel</p> <p>Anaerobic Culture</p> <p>B-ALL Screen Panel</p> <p>Blood culture</p> <p>Blood/BMA C/S</p> <p>Burkitt's Lymphoma Panel</p> <p>Cytology</p>	<p>Pay 14,001.00 Service 9,450.75</p> <p>Pay 8,455.00 Service 5,707.50</p> <p>Pay 3,562.00 Service 2,404.50</p> <p>Pay 9,348.00 Service 6,309.75</p> <p>Pay 2,056.00 Service 1,387.50</p> <p>Pay 3,020.00 Service 2,038.50</p> <p>Pay 7,484.00 Service 5,052.00</p>	<p>20 minutes</p> <p>5 days</p> <p>5 days</p> <p>6 days</p> <p>5 days</p> <p>6 days</p> <p>6 days</p> <p>5 days</p> <p>5 days</p>	<p>Laboratory Staff (MedTech)</p> <p>Laboratory Staff(Med-Tech & Pathologist)</p> <p>Laboratory Staff(Med-Tech& Pathologist)</p> <p>Laboratory Staff(Med-Tech)</p> <p>Laboratory Staff(Med-Tech& Pathologist)</p> <p>Laboratory Staff(Med-Tech)</p> <p>Laboratory Staff(Med-Tech)</p> <p>Laboratory Staff(Med-Tech& Pathologist)</p> <p>Laboratory Staff(Med-Tech)</p>

		Pay 665.00 Service 105.00		Tech& Pathologist)
	Cytospin		5 days	Laboratory Staff(Med-Tech& Pathologist)
		Pay 1,324.00 Service 618.00		
	Genotyping – ALPHA THALASSEMIA		*5 days	Laboratory Staff(Med-Tech & Pathologist
		Pay 20,326.00 Service 13,719.80		
	Genotyping-BETA THALASSEMIA		*5 days	Laboratory Staff(Med-Tech & Pathologist
	Hemoglobin Electrophoresis		*5 days	Laboratory Staff(Med-Tech)
		Pay 25,530.00 Service 17,232.80		
	HIST-ALK(Anaplastic Lymphoma Kinase)		7 days	Laboratory Staff(Med-Tech & Pathologist
		Pay 4,120.00 Service 2,781.00		
	HIST-BCL-2		7 days	Laboratory Staff(Med-Tech & Pathologist
		Pay 3,402.00 Service 2,296.50		
	HIST-Calretinin		7 days	Laboratory Staff(Med-Tech & Pathologist
		Pay 3,402.00 Service 2,296.50		
	HIST-CD117		7 days	Laboratory Staff(Med-Tech & Pathologist
		Pay 3,402.00 Service 2,296.50		
	HIST-CD19/CD10		7 days	Laboratory Staff(Med-Tech & Pathologist
		Pay 3,402.00 Service 2,296.50		
	HIST-CD1a		7 days	Laboratory Staff(Med-Tech & Pathologist
		Pay 3,402.00 Service 2,296.50		
	HIST-CD20		7 days	Laboratory Staff(Med-Tech & Pathologist
		Pay 3,402.00 Service 2,296.50		
	HIST-CD20/CD5		7 days	Laboratory Staff(Med-Tech & Pathologist
		Pay 3,402.00		

	HIST-CD3	Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
		Pay 3,402.00		
	HIST-CD30	Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
		Pay 3,402.00		
	HIST-CD34	Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
		Pay 3,402.00		
	HIST-CD79a	Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
		Pay 3,402.00		
	HIST-CD99	Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
		Pay 3,402.00		
	HIST-CHR(Chromogranin)	Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
		Pay 3,402.00		
	HIST-CK(Pancytokeratin)	Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
		Pay 3,402.00		
	HIST-CK19	Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
		Pay 3,402.00		
	HIST-CK20	Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
		Pay 3,402.00		
	HIST-CK7	Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
		Pay 3,402.00		
	HIST-Desmin	Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
		Pay 3,402.00		
	HIST-EMA	Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
		Pay 3,402.00		
	HIST-GFAP	Service 2,296.50	7 days	Laboratory Staff(Med-

	HIST-Ki-67	Pay 3,402.00 Service 2,296.50	7 days	Tech & Pathologist) Laboratory Staff(Med-Tech & Pathologist)
	HIST-LCA/CD45 (Leukocyte Common Antigen)	Pay 3,402.00 Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-MPO	Pay 3,402.00 Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-Myogenin	Pay 3,402.00 Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-S100	Pay 3,402.00 Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-SALL4	Pay 3,402.00 Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-SYN (Synaptophysin)	Pay 3,402.00 Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-TdT(Terminal Deoxytransferase)	Pay 3,402.00 Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-Vimentin	Pay 3,402.00 Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-WT-1	Pay 3,402.00 Service 2,296.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
	KAPPA/LAMBDA	Pay 3,402.00 Service 2,296.50	5 days	Laboratory Staff(Med-Tech & Pathologist)

	Sensitivity	Pay 3,402.00 Service 2,296.50	7 days	Laboratory Staff(Med-Tech)
	Slide Review	Pay 2,306.00 Service 1,556.25	7 days	Pathologist
	Surgicals (Large)	Pay 1,153.00 Service 778.50	7 days	Laboratory Staff(Med-Tech & Pathologist)
	Surgicals (Medium)	Pay 1,012.00 Service 168.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	Surgicals (Small)	Pay 1,988.00 Service 711.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	T-ALL Screen Panel	Pay 1,340.00 Service 414.00	5 days	Laboratory Staff(Med-Tech)
		Pay 873.00 Service 216.00		
		Pay 5,992.00 Service 4,044.75		
7. Claim the result on date and time specified	5. Look for official result and instruct client to sign on the receiving worksheet	50% additional cost for the regular test procedure.	3 minutes	Laboratory Staff (Clerk)
	TOTAL		See list of service + 50minutes	

* Tests with running day



Laboratory Services

Service Information: Laboratory procedures on specimens that aids in the diagnosis and treatment of patient.

Office or Division:	Pathology Division			
Classification:	Simple			
Type of Transaction:	Government to Client, Government to Government			
Who may avail:	In-Patient			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Laboratory Request			Doctor	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Nursing Aide to submit laboratory request (with or without specimen) Nursing Aide to present logbook to laboratory personnel to sign on the receipt of specimen.	1. The Clerk on duty shall receive request with specimen one at a time. Check the kind and quality of the specimen before receiving. Verify correctness of patient's data.	NA	1minute	Laboratory Staff(Clerk)
	2. Inform the Nursing Aide if all data is correct	Charge the procedure with the appropriate and correct price.	2 minutes	Laboratory Staff (Clerk) and Ward
	3. Identify Classification if Private or service	Routine and STAT fee will be charge accordingly	3 minutes	Laboratory staff (Clerk)
	4. Prepare and process by barcoding. Encode laboratory request. Give request to the concern staff either for blood extraction or for testing.		2 minutes	Laboratory Staff(Clerk)

	<p>5. Laboratory request and specimen to be route to each section of the laboratory. Prepare all materials/supplies needed for blood collection.</p> <p>5.1 Lab procedures offered</p>		20 minutes	Laboratory Staff(Med-Tech)
	AML Panel	Pay 1 15,557.00 Pay 2 16,335.00 Pay 3 17,113.00 Service 14,001.00	5 days	Laboratory Staff(Med-Tech & Pathologist)
	AML Screen Panel	Pay 1 9,394.00 Pay 2 9,864.00 Pay 3 10,333.00 Service 8,455.00	5 days	Laboratory Staff(Med-Tech& Pathologist)
	Anaerobic Culture	Pay 1 3,958.00 Pay 2 4,156.00 Pay 3 4,354.00 Service 3,562.00	5 days	Laboratory Staff(Med-Tech)
	B-ALL Screen Panel	Pay 1 10,387.00 Pay 2 10,906.00 Pay 3 11,426.00 Service 9,348.00	5 days	Laboratory Staff(Med-Tech& Pathologist)
	Blood culture	Pay 1 2,283.00 Pay 2 2,397.00 Pay 3 2,511.00 Service 2,055.00	6 days	Laboratory Staff(Med-Tech)
	Blood/BMA C/S	Pay 1 3,356.00 Pay 2 3,524.00	6 days	Laboratory Staff(Med-Tech)

		Pay 3 3,692.00 Service 3,020.00		
	Burkitt's Lymphoma Panel	Pay 1 8,316.00 Pay 2 8,732.00 Pay 3 9,148.00 Service 7,484.00	5 days	Laboratory Staff(Med-Tech & Pathologist)
	Cytology	Pay 1 677.00 Pay 2 711.00 Pay 3 746.00 Service 152.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	Cytospin	Pay 1 1,518.00 Pay 2 1,662.00 Pay 3 1,810.00 Service 916.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	Genotyping – ALPHA THALASSEMIA	Pay 1 22,583.00 Pay 2 23,712.00 Pay 3 24,841.00 Service 20,325.00	*5 days	Laboratory Staff(Med-Tech & Pathologist)
	Genotyping-BETA THALASSEMIA	Pay 1 28,367.00 Pay 2 29,785.00 Pay 3 31,204.00 Service 25,530.00	*5 days	Laboratory Staff(Med-Tech & Pathologist)
	Hemoglobin Electrophoresis	Pay 1 4,578.00 Pay 2 4,807.00 Pay 3 5,036.00 Service 4,120.00	*5 days	Laboratory Staff(Med-Tech)
	HIST-ALK(Anaplastic Lymphoma Kinase)	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)

	HIST-BCL-2	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-Calretinin	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-CD117	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-CD19/CD10	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-CD1a	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-CD20	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-CD20/CD5	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-CD3	Pay 1 3,780.00 Pay 2 3,969.00	7 days	Laboratory Staff(Med-Tech & Pathologist)

	HIST-CD30	Pay 3 4,158.00 Service 3,402.00 Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-CD34	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-CD79a	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-CD99	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-CHR(Chromogranin)	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-CK(Pancytokeratin)	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-CK19	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)

	HIST-CK20	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist
	HIST-CK7	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist
	HIST-Desmin	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist
	HIST-EMA	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist
	HIST-GFAP	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-Ki-67	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-LCA/CD45 (Leukocyte Common Antigen)	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-MPO	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00	7 days	Laboratory Staff(Med-Tech & Pathologist)

		Service 3,402.00		
	HIST-Myogenin	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-S100	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-SALL4	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-SYN(Synaptophysin)	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-TdT(Terminal Deoxytransferase)	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-Vimentin	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	HIST-WT-1	Pay 1 3,780.00 Pay 2 3,969.00 Pay 3 4,158.00 Service 3,402.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	KAPPA/LAMBDA	Pay 1 2,561.00	5 days	Laboratory Staff(Med-

		Pay 2 2,689.00 Pay 3 2,817.00 Service 2,305.00		Tech & Pathologist)
	Sensitivity	Pay 1 1,281.00 Pay 2 1,345.00 Pay 3 1,409.00 Service 1,153.00	7 days	Laboratory Staff(Med-Tech)
	Slide Review	Pay 1 1,035.00 Pay 2 1,086.00 Pay 3 1,140.00 Service 247.00	7 days	Pathologist
	Surgicals (Large)	Pay 1 3,035.00 Pay 2 3,187.00 Pay 3 3,342.00 Service 1,985.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	Surgicals (Medium)	Pay 1 1,864.00 Pay 2 1,957.00 Pay 3 2,052.00 Service 1,076.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	Surgicals (Small)	Pay 1 1,124.00 Pay 2 1,181.00 Pay 3 1,238.00 Service 599.00	7 days	Laboratory Staff(Med-Tech & Pathologist)
	T-ALL Screen Panel	Pay 1 6,658.00 Pay 2 6,991.00 Pay 3 7,324.00 Service 5,992.00	5 days	Laboratory Staff(Med-Tech)
	6. Release the result at the ward on the date and time specified. Allow them to sign on the receiving worksheet.		15 minutes	Ward (Clerk)/ Nurse.

		TOTAL	See list of services + 43minutes	
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* Tests with running day



Laboratory Services

Service Information: Laboratory procedures on specimens that aids in the diagnosis of patient.

Office or Division:	Pathology Division			
Classification:	Highly Technical			
Type of Transaction:	Government to Client, Government to Government			
Who may avail:	In-Patient			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Laboratory Request			Doctor	
Guarantee Letter and OPD Card			Social Service / Malasakit Center	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive the request by the histopath section.	1. Perform the procedures offered Autopsy	Pay 11070 Service 4365	24 hours (Provisional anatomic diagnosis) 60 days	Laboratory Staff(Pathologist/ Mortician) Laboratory Staff(Med-Tech & Pathologist
2. Claim the result on date and time specified	2. Look for official result and instruct client to sign on the receiving worksheet	50% additional cost for the regular test procedure.	3 minutes	Laboratory Staff (Clerk)
TOTAL			See list and 3minutes	



Laboratory Services

Service Information: Laboratory procedures on specimens that aids in the diagnosis of patient.

Office or Division:	Pathology Division			
Classification:	Highly Technical			
Type of Transaction:	Government to Client, Government to Government			
Who may avail:	In-Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Laboratory Request		Doctor		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Nursing Aide to submit laboratory request (with or without specimen) Nursing Aide to present logbook to laboratory personnel to sign on the receipt of specimen.	1. The Clerk on duty shall receive request with specimen one at a time. Check the kind and quality of the specimen before receiving. Verify correctness of patient's data.	NA	1minute	Laboratory Staff(Clerk)
	2. Inform the Nursing Aide if all data is correct	Charge the procedure with the appropriate and correct price.	2 minutes	Laboratory Staff (Clerk) and Ward
	3. Identify Classification if Private or service	Routine and STAT fee will be charge accordingly	3 minutes	Laboratory staff (Clerk)
	4. Prepare and process by barcoding. Encode laboratory request. Give request to the concern staff either for blood extraction or for		2 minutes	Laboratory Staff(Clerk)

	testing.			
	5. Laboratory request and specimen to be route to each section of the laboratory. Prepare all materials/supplies needed for blood collection. 5.1 Lab procedures offered Autopsy	Pay 1 11713 Pay 2 12299 Pay 3 12898 Service 6463	20 minutes 120 days	Laboratory Staff(Med-Tech) Laboratory Staff(Med-Tech & Pathologist)
	6. Release the result at the ward on the date and time specified. Allow them to sign on the receiving worksheet.		15 minutes	Ward (Clerk)/ Nurse.
		TOTAL	2 months and 43minutes	



Laboratory Services

Service Information: Laboratory procedures on specimens that aids in the diagnosis and treatment of patient.

Office or Division:	Pathology Division			
Classification:	Simple			
Type of Transaction:	Government to Client, Government to Government			
Who may avail:	Out-Patient			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Laboratory Request			Doctor	
ID card and Certificate of employment for Govt. discount			Agency where employed	
Guarantee Letter and OPD Card			Social Service / Malasakit Center	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number and wait to be called	1. Call patient if ready to be served	None	10 minutes	Laboratory Staff(Clerk)
2. Give the request and the number to window 1 / 2 and wait for the order of payment.	2. Process, check all data on the request and give the order of payment		5 minutes	Laboratory Staff (Clerk)
3. Pay at the cashier and get the official receipt.			10 minutes	Cashier

<p>5. Submit the official receipt, laboratory request and specimen to be examined at window</p>	<p>3. Check the official receipt and specimen. Encode lab request. Give request to the concern staff either for blood extraction or for testing.</p>		<p>2 minutes</p>	<p>Laboratory Staff(Clerk)</p>																												
<p>6. Wait to be called for the procedure.</p>	<p>4. Prepare all materials /supplies needed for blood collection.</p> <p>4.1 Perform the procedures offered</p> <p>2 hours Post Prandial Blood Sugar</p> <p>24 hr/Random Urine Glucose</p> <p>24 hrs Urine Amylase</p> <p>24 hrs Urine Calcium</p> <p>24 hrs Urine Creatinine</p> <p>24 hrs Urine Creatinine Clearance</p> <p>24 hrs Urine K</p>	<table border="0"> <tr> <td>Pay</td> <td>320.00</td> </tr> <tr> <td>Service</td> <td>216.00</td> </tr> <tr> <td>Pay</td> <td>247.00</td> </tr> <tr> <td>Service</td> <td>166.50</td> </tr> <tr> <td>Pay</td> <td>308.00</td> </tr> <tr> <td>Service</td> <td>207.75</td> </tr> <tr> <td>Pay</td> <td>258.00</td> </tr> <tr> <td>Service</td> <td>174.00</td> </tr> <tr> <td>Pay</td> <td>289.00</td> </tr> <tr> <td>Service</td> <td>195.00</td> </tr> <tr> <td>Pay</td> <td>606.00</td> </tr> <tr> <td>Service</td> <td>408.75</td> </tr> <tr> <td>Pay</td> <td>796.00</td> </tr> <tr> <td>Service</td> <td>537.00</td> </tr> </table>	Pay	320.00	Service	216.00	Pay	247.00	Service	166.50	Pay	308.00	Service	207.75	Pay	258.00	Service	174.00	Pay	289.00	Service	195.00	Pay	606.00	Service	408.75	Pay	796.00	Service	537.00	<p>20 minutes</p> <p>STAT – 2hours Routine – 4hours</p> <p>STAT – 2hours Routine – 4hours</p> <p>STAT – 2hours Routine – 4hours</p> <p>STAT – 2hours Routine – 4hours</p> <p>STAT – 2hours Routine – 4hours</p> <p>STAT – 2hours Routine – 4hours</p> <p>STAT – 2hours Routine – 4hours</p>	<p>Laboratory Staff(Med-Tech)</p> <p>Laboratory Staff(Med-Tech)</p> <p>Laboratory Staff(Med-Tech)</p> <p>Laboratory Staff(Med-Tech)</p> <p>Laboratory Staff(Med-Tech)</p> <p>Laboratory Staff(Med-Tech)</p> <p>Laboratory Staff(Med-Tech)</p>
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Pay	796.00																															
Service	537.00																															

	24 hrs Urine Mg	Pay 390.00 Service 263.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	24 hrs Urine Phos	Pay 366.00 Service 246.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	24 hrs Urine UA	Pay 284.00 Service 192.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	24 hrs/Random Urine Na	Pay 796.00 Service 537.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	ABG with sample	Pay 491.00 Service 331.50	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	ABG/OPD Extraction	Pay 516.00 Service 348.00	STAT – 2 hours Routine – 4hours	Laboratory Staff(Med-Tech)
	AFB	Pay 607.00 Service 409.50	STAT – 4hours Routine – 6hours	Laboratory Staff(Med-Tech)
	AFP	Pay 1,209.00 Service 816.00	*8 hours	Laboratory Staff(Med-Tech)
	Albumin	Pay 369.00 Service 249.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Alk. Phosphatase	Pay 366.00 Service 246.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Ammonia	Pay 1,331.00 Service 898.50	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Amylase	Pay 389.00 Service 262.50	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
		Pay 1,771.00	*8 Hours	Laboratory Staff(Med-

	ANA (IF method)	Service 1,195.50		Tech/Pathologist)
		Pay 1,331.00	*8 hours	Laboratory Staff(Med-Tech)
	Anti-HAV IgM	Service 898.50		
		Pay 799.00	*8 hours	Laboratory Staff(Med-Tech)
	Anti-HBc total	Service 539.25		
		Pay 992.00	*8 hours	Laboratory Staff(Med-Tech)
	Anti-Hbe	Service 669.75		
		Pay 668.00	*8 hours	Laboratory Staff(Med-Tech)
	Anti-HBs	Service 450.75		
		Pay 450.00	STAT – 2hours	Laboratory Staff(Med-Tech)
	APC(Actual platelet Count)	Service 303.75	Routine – 4hours	
		Pay 749.00	STAT – 2hours	Laboratory Staff(Med-Tech)
	APTT	Service 505.50	Routine – 4hours	
		Pay 1,014.00	STAT – 2hours	Laboratory Staff(Med-Tech)
	ASO (Automated)	Service 684.75	Routine – 4hours	
		Pay 13,156.00	3 days	Laboratory Staff(Med-Tech& Pathologist)
	Basic Leukemia Panel	Service 8,880.00		
		Pay 2,024.00	*8hours	Laboratory Staff(Med-Tech)
	B-HCG	Service 1,366.50		
		Pay 484.00	STAT – 2hours	Laboratory Staff(Med-Tech)
	Bilirubin	Service 327.00	Routine – 4hours	
		Pay 146.00	4 hours	Laboratory Staff(Med-Tech)
	BMA Stain	Service 98.25		
		Pay 354.00	STAT – 2hours	Laboratory Staff(Med-Tech)
		Service 239.25	Routine – 4hours	

	BUN	Pay 921.00 Service 621.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	C3 (Automated)	Pay 406.00 Service 273.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Calcium	Pay 1,326.00 Service 894.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Carbamazepine	Pay 450.00 Service 303.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CBC	Pay 394.00 Service 266.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Chloride	Pay 334.00 Service 225.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Cholesterol	Pay 956.00 Service 645.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CKMB	Pay 3,397.00 Service 2,292.75	3 days	Laboratory Staff(Med-Tech& Pathologist)
	CLL PANEL	Pay 106.00 Service 71.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Clotting time (Slide method)	Pay 1,694.00 Service 1,143.75	*8 hours	Laboratory Staff(Med-Tech)
	CMV IgM	Pay 15,657.00 Service 10,568.30	3 days	Laboratory Staff(Med-Tech& Pathologist)
	Comprehensive Leukemia Panel	Pay 2,139.00 Service 1,443.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Cortisol			

		Pay 366.00 Service 246.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Creatinine			
		Pay 486.00 Service 327.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Creatinine Kinase			
		Pay 1,056.00 Service 712.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CRP (Automated)			
		Pay 192.00 Service 129.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CRT			
		Pay 4,437.00 Service 2,994.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CSF Analysis			
		Pay 268.00 Service 180.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CSF Cell count			
		Pay 551.00 Service 372.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CSF Protein			
		Pay 836.00 Service 564.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CSF Protein/Sugar			
		Pay 338.00 Service 228.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CSF Sugar			
		Pay 3,020.00 Service 2,038.50	3 days	Laboratory Staff(Med-Tech)
	CSF/Transudate C/S			
		Pay 2,056.00 Service 1,387.50	3 days	Laboratory Staff(Med-Tech)
	CSF/Transudate Culture			
		Pay 1,779.00 Service 1,200.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	D-Dimer			
		Pay 1,594.00	*8 hours	Laboratory Staff(Med-

		Service	1,076.25		Tech)
	Dengue Antigen Assay EIA Method	Pay	1,366.00	STAT – 2hours	Laboratory Staff(Med-Tech)
		Service	921.75	Routine – 4hours	
	Dengue IgM IgG	Pay	2,234.00	3 days	Laboratory Staff(Med-Tech)
		Service	1,508.25		
	Discharge C/S	Pay	1,454.00	3 days	Laboratory Staff(Med-Tech)
		Service	981.75		
	Discharge culture	Pay	871.00	STAT – 2hours	Laboratory Staff(Med-Tech)
		Service	588.00	Routine – 4hours	
	Electrolytes Package	Pay	557.00	STAT – 4hours	Laboratory Staff(Med-Tech)
		Service	375.75	Routine – 6hours	
	EOFT	Pay	223.00	STAT – 2hours	Laboratory Staff(Med-Tech)
		Service	150.75	Routine – 4hours	
	Eosinophil	Pay	243.00	STAT – 2hours	Laboratory Staff(Med-Tech)
		Service	164.25	Routine – 4hours	
	ESR	Pay	5,283.00	*6 hours	Laboratory Staff(Med-Tech)
		Service	3,566.25		
	Factor IX	Pay	5,283.00	*6 hours	Laboratory Staff(Med-Tech)
		Service	3,566.25		
	Factor VIII	Pay	158.00	STAT – 2hours	Laboratory Staff(Med-Tech)
		Service	106.50	Routine – 4hours	
	Fecalysis	Pay	966.00	*8 hours	Laboratory Staff(Med-Tech)
		Service	651.75		
	FT3	Pay	859.00	*8 hours	Laboratory Staff(Med-Tech)
		Service	579.75		

FT4	Pay	566.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Service	381.75		
GGT	Pay	314.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Service	212.25		
Glucose	Pay	268.00	STAT – 4hours Routine – 6hours	Laboratory Staff(Med-Tech)
	Service	180.75		
Gram's Stain	Pay	992.00	*8 hours	Laboratory Staff(Med-Tech)
	Service	669.75		
HbeAg	Pay	606.00	*8 hours	Laboratory Staff(Med-Tech)
	Service	408.75		
HBsAg	Pay	865.00	*8 hours	Laboratory Staff(Med-Tech)
	Service	583.25		
HCV Ag/Ab	Pay	598.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Service	403.50		
HDL	Pay	366.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Service	246.75		
Hematocrit	Pay	366.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Service	246.75		
Hemoglobin	Pay	4,518.00	*8 hours	Laboratory Staff(Med-Tech)
	Service	3,049.50		
Hepatitis Profile	Pay	486.00	*8 hours	Laboratory Staff(Med-Tech)
	Service	327.75		
HIV Ag/Ab	Pay	527.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Service	355.50		
India ink				

	Indices	Pay 243.00 Service 164.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Inorganic Phosphate	Pay 411.00 Service 277.50	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Intact PTH	Pay 2,369.00 Service 1,599.00	*8 hours	Laboratory Staff(Med-Tech)
	KOH/wet mount	Pay 328.00 Service 221.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Lactate (PLASMA)	Pay 559.00 Service 377.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Latex Agglutination	Pay 1,978.00 Service 1,335.00	4 hours	Laboratory Staff(Med-Tech)
	LDH	Pay 400.00 Service 270.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	LE Prep	Pay 181.00 Service 123.00	6 hours	Laboratory Staff(Med-Tech)
	LIPASE	Pay 566.00 Service 381.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Lipid Profile	Pay 1,149.00 Service 775.50	*8 hours	Laboratory Staff(Med-Tech)
	Magnesium	Pay 436.00 Service 294.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Malaria Antigen	Pay 668.00 Service 450.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
		Pay 446.00	STAT – 2hours	Laboratory Staff(Med-

		Service 300.75	Routine – 4hours	Tech)
	Malarial smear	Pay 7,478.00	STAT – 2hours	Laboratory Staff(Med-
		Service 5,047.50	Routine – 4hours	Tech)
	Methotrexate	Pay 2,727.00	*4 hours	Laboratory Staff(Med-
		Service 1,840.50		Tech)
	Mixed test PT	Pay 2,727.00	*4 hours	Laboratory Staff(Med-
		Service 1,840.50		Tech)
	Mixed test PTT	Pay 11,030.00	3 days	Laboratory Staff(Med-
		Service 8,795.25		Tech)
	MRD Panel	Pay 288.00	STAT – 2hours	Laboratory Staff(Med-
		Service 194.25	Routine – 4hours	Tech)
	Occult blood	Pay 734.00	STAT – 2hours	Laboratory Staff(Med-
		Service 495.75	Routine – 4hours	Tech)
	OGCT	Pay 1,686.00	STAT – 2hours	Laboratory Staff(Med-
		Service 1,137.75	Routine – 4hours	Tech)
	OGTT	Pay 268.00	STAT – 2hours	Laboratory Staff(Med-
		Service 180.75	Routine – 4hours	Tech)
	Other body fluids	Pay 665.00	**2 days	Laboratory Staff(Med-
		Service 105.00		Tech& Pathologist)
	Pap smear	Pay 268.00	STAT – 2hours	Laboratory Staff(Med-
		Service 180.75	Routine – 4hours	Tech)
	Pericardial Count	Pay 208.00	8 hours	Laboratory Staff(Med-
		Service 140.25		Tech)
	Peripheral smear	Pay 1,301.00	STAT – 2hours	Laboratory Staff(Med-
		Service 878.25	Routine – 4hours	Tech)

Phenobarbital	Pay 1,296.00 Service 874.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
Phenytoin	Pay 406.00 Service 273.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
Potassium	Pay 243.00 Service 164.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
Pregnancy Test	Pay 3,674.00 Service 2,480.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
Procalcitonin	Pay 769.00 Service 519.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
PT	Pay 2,076.00 Service 1,401.00	3 days	Laboratory Staff(Med-Tech)
Rectal swab C/S	Pay 1,454.00 Service 981.75	3 days	Laboratory Staff(Med-Tech)
Rectal swab culture	Pay 127.00 Service 85.50	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
Reducing Sugar	Pay 243.00 Service 164.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
Reticulocytes	Pay 1,450.00 Service 978.75	*8 hours	Laboratory Staff(Med-Tech)
Rubella IgM	Pay 942.00 Service 636.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
Salmonella IgM IgG	Pay 76.00 Service 51.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
Scotch tape method			

		Pay 906.00 Service 611.25	*8 hours	Laboratory Staff(Med-Tech)
	Serum Ferritin			
		Pay 354.00 Service 239.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	SGOT			
		Pay 430.00 Service 290.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	SGPT			
		Pay 406.00 Service 273.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Sodium			
		Pay 146.00 Service 98.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Stercobilinogen			
		Pay 359.00 Service 242.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Stool Conc. Technique			
		Pay 2,234.00 Service 1,508.25	3 days	Laboratory Staff(Med-Tech)
	Stool C/S			
		Pay 1,868.00 Service 1,260.75	3 days	Laboratory Staff(Med-Tech)
	Stool culture			
		Pay 146.00 Service 98.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Stool ph			
		Pay 466.00 Service 314.25	*8 hours	Laboratory Staff(Med-Tech)
	Syphillis EIA			
		Pay 436.00 Service 294.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	TMG			
		Pay 7,075.00 Service 4,776.25	*8 hours	Laboratory Staff(Med-Tech)
	TORC IgM			
		Pay 369.00	STAT – 2hours	Laboratory Staff(Med-

	Total Protein	Service 249.00	Routine – 4hours	Tech)
		Pay 1,450.00	*8 hours	Laboratory Staff(Med-
	Toxoplasma IgM	Service 978.75		Tech)
		Pay 587.00	STAT – 2hours	Laboratory Staff(Med-
	TP/AG	Service 396.00	Routine – 4hours	Tech)
		Pay 2,836.00	3 days	Laboratory Staff(Med-
	Tracheal aspirate	Service 1,914.00		Tech)
	C/S	Pay 1,454.00	3 days	Laboratory Staff(Med-
		Service 981.75		Tech)
	Tracheal aspirate	Pay 411.00	STAT – 2hours	Laboratory Staff(Med-
	Culture	Service 277.50	Routine – 4hours	Tech)
	Triglycerides	Pay 846.00	*8 hours	Laboratory Staff(Med-
		Service 570.75		Tech)
	TSH	Pay 334.00	STAT – 2hours	Laboratory Staff(Med-
		Service 225.75	Routine – 4hours	Tech)
	Uric Acid	Pay 273.00	STAT – 2hours	Laboratory Staff(Med-
		Service 184.50	Routine – 4hours	Tech)
	Urinalysis	Pay 1,858.00	3 days	Laboratory Staff(Med-
		Service 1,254.00		Tech)
	Urine C/S	Pay 1,649.00	3 days	Laboratory Staff(Med-
		Service 1,113.00		Tech)
	Urine Culture	Pay 152.00	STAT – 2hours	Laboratory Staff(Med-
		Service 102.75	Routine – 4hours	Tech)
	Urine Hemoglobin	Pay 146.00	STAT – 2hours	Laboratory Staff(Med-
		Service 98.25	Routine – 4hours	Tech)

	Urine ketone	Pay 460.00 Service 310.50	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Urine Metabolic Screening	Pay 146.00 Service 98.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Urine pH	Pay 606.00 Service 408.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Urine Protein	Pay 146.00 Service 98.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Urine Specific Gravity	Pay 146.00 Service 98.25	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Urine Sugar	Pay 1,548.00 Service 1,044.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Valproic Assay	Pay 2,850.00 Service 1,923.75	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Vancomycin	Pay 3,036.00 Service 2,049.00	*8 hours	Laboratory Staff(Med-Tech)
	Vitamin D Total			
7. Claim the result on date and time specified	5. Look for official result and instruct client to sign on the receiving worksheet	50% additional cost for the regular test procedure.	3 minutes	Laboratory Staff (Clerk)
TOTAL			See list of service + 50minutes	

* Tests with running day

**Processing time may extend depending on the complexity of the case



Laboratory Services

Service Information: Laboratory procedures on specimens that aids in the diagnosis and treatment of patient.

Office or Division:	Pathology Division			
Classification:	Simple			
Type of Transaction:	Government to Client, Government to Government			
Who may avail:	In-Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Laboratory Request		Doctor		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Nursing Aide to submit laboratory request (with or without specimen) Nursing Aide to present logbook to laboratory personnel to sign on the receipt of specimen.	1. The Clerk on duty shall receive request with specimen one at a time. Check the kind and quality of the specimen before receiving. Verify correctness of patient's data.	NA	1minute	Laboratory Staff(Clerk)
	2. Inform the Nursing Aide if all data is correct	Charge the procedure with the appropriate and correct price.	2 minutes	Laboratory Staff (Clerk) and Ward
	3. Identify Classification if Private or service	Routine and STAT fee will be charge accordingly	3 minutes	Laboratory staff (Clerk)
	4. Prepare and process by barcoding. Encode laboratory request. Give request to the concern staff either for blood extraction or for testing.		2 minutes	Laboratory Staff(Clerk)
	5. Laboratory request and		20 minutes	Laboratory Staff(Med-

	specimen to be route to each section of the laboratory. Prepare all materials/supplies needed for blood collection. 5.1 Lab procedures offered			Tech)
	2 hours Post Prandial Blood Sugar	Pay 1 356.00 Pay 2 374.00 Pay 3 392.00 Service 320.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	24 hr/Random Urine Glucose	Pay 1 274.00 Pay 2 288.00 Pay 3 301.00 Service 247.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	24 hrs Urine Amylase	Pay 1 342.00 Pay 2 359.00 Pay 3 376.00 Service 308.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	24 hrs Urine Calcium	Pay 1 287.00 Pay 2 301.00 Pay 3 316.00 Service 258.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	24 hrs Urine Creatinine	Pay 1 321.00 Pay 2 337.00 Pay 3 353.00 Service 289.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	24 hrs Urine Creatinine Clearance	Pay 1 672.00 Pay 2 706.00 Pay 3 739.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)

		Service 605.00		
	24 hrs Urine K	Pay 1 883.00 Pay 2 927.00 Pay 3 971.00 Service 795.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	24 hrs Urine Mg	Pay 1 433.00 Pay 2 455.00 Pay 3 476.00 Service 390.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	24 hrs Urine Phos.	Pay 1 406.00 Pay 2 426.00 Pay 3 447.00 Service 365.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	24 hrs Urine UA	Pay 1 316.00 Pay 2 332.00 Pay 3 348.00 Service 284.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	24 hrs/Random Urine Na	Pay 1 883.00 Pay 2 927.00 Pay 3 971.00 Service 795.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	ABG with sample	Pay 1 546.00 Pay 2 573.00 Pay 3 601.00 Service 491.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	ABG/OPD Extr	Pay 1 573.00 Pay 2 602.00 Pay 3 630.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)

		Service 516.00		
	AFB	Pay 1 674.00 Pay 2 708.00 Pay 3 741.00 Service 607.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	AFP	Pay 1 1,343.00 Pay 2 1,410.00 Pay 3 1,477.00 Service 1,209.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Albumin	Pay 1 410.00 Pay 2 431.00 Pay 3 451.00 Service 369.00	*8 hours	Laboratory Staff(Med-Tech)
	Alk. Phosphatase	Pay 1 406.00 Pay 2 426.00 Pay 3 447.00 Service 365.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Ammonia	Pay 1 1,479.00 Pay 2 1,553.00 Pay 3 1,627.00 Service 1,331.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Amylase	Pay 1 432.00 Pay 2 454.00 Pay 3 475.00 Service 389.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	ANA	Pay 1 1,968.00 Pay 2 2,066.00 Pay 3 2,165.00 Service 1,771.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Anti-HAV	Pay 1 1,479.00		Laboratory Staff(Med-

		Pay 2 1,553.00 Pay 3 1,627.00 Service 1,331.00	*8 Hours	Tech)
	Anti-HBc	Pay 1 888.00 Pay 2 932.00 Pay 3 977.00 Service 799.00	*8 hours	Laboratory Staff(Med-Tech)
	Anti-Hbe	Pay 1 1,102.00 Pay 2 1,157.00 Pay 3 1,212.00 Service 992.00	*8 hours	Laboratory Staff(Med-Tech)
	Anti-HBs	Pay 1 742.00 Pay 2 779.00 Pay 3 816.00 Service 668.00	*8 hours	Laboratory Staff(Med-Tech)
	APC	Pay 1 500.00 Pay 2 525.00 Pay 3 550.00 Service 450.00	*8 hours	Laboratory Staff(Med-Tech)
	APTT	Pay 1 832.00 Pay 2 874.00 Pay 3 915.00 Service 749.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	ASO (Automated)	Pay 1 1,127.00 Pay 2 1,183.00 Pay 3 1,240.00 Service 1,014.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Basic Leukemia Panel	Pay 1 12640 Pay 2 13272 Pay 3 13935	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech& Pathologist)

	B-HCG	Service 11600 Pay 1 2,249.00 Pay 2 2,361.00 Pay 3 2,474.00 Service 2,024.00	3 days	Laboratory Staff(Med-Tech)
	Bilirubin	Pay 1 538.00 Pay 2 565.00 Pay 3 592.00	*8 hours	Laboratory Staff(Med-Tech)
	BMA Stain	Service 484.00 Pay 1 162.00 Pay 2 170.00 Pay 3 178.00 Service 146.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	BUN	Pay 1 393.00 Pay 2 413.00 Pay 3 432.00 Service 354.00	4 hours	Laboratory Staff(Med-Tech)
	C3 (Automated)	Pay 1 1,023.00 Pay 2 1,074.00 Pay 3 1,125.00 Service 921.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Calcium	Pay 1 450.00 Pay 2 473.00 Pay 3 495.00 Service 405.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Carbamazepine	Pay 1 1,473.00 Pay 2 1,547.00 Pay 3 1,620.00 Service	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CBC	1,326.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)

	Chloride	Pay 1 500.00 Pay 2 525.00 Pay 3 550.00 Service 450.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Cholesterol	Pay 1 438.00 Pay 2 460.00 Pay 3 482.00 Service 394.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CKMB	Pay 1 315.00 Pay 2 330.00 Pay 3 346.00 Service 289.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CLL PANEL	Pay 1 1,062.00 Pay 2 1,115.00 Pay 3 1,168.00 Service 956.00	3 days	Laboratory Staff(Med-Tech & Pathologist)
	Clotting time (Slide method)	Pay 1 3,774.00 Pay 2 3,963.00 Pay 3 4,151.00 Service 3,397.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CMV IgM	Pay 1 118.00 Pay 2 124.00 Pay 3 130.00 Service 106.00	*8 hours	Laboratory Staff(Med-Tech)
	Comprehensive Leukemia Panel	Pay 1 1,882.00 Pay 2 1,976.00 Pay 3 2,070.00 Service 1,694.00	3 days	Laboratory Staff(Med-Tech & Pathologist)
		Pay 1 17,397.00 Pay 2		

	Cortisol	18,267.00 Pay 3 19,137.00 Service 15,657.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Creatinine	Pay 1 2,377.00 Pay 2 2,496.00 Pay 3 2,615.00 Service 2,139.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Creatinine Kinase	Pay 1 406.00 Pay 2 426.00 Pay 3 447.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CRP (Automated)	Service 365.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CRT	Pay 1 540.00 Pay 2 567.00 Pay 3 594.00 Service 486.00 Pay 1 1,172.00 Pay 2 1,231.00 Pay 3 1,289.00 Service 1,055.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CSF Analysis	Pay 1 213.00 Pay 2 224.00 Pay 3 234.00 Service 192.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CSF Cell count	Pay 1 4,930.00 Pay 2 5,177.00 Pay 3 277.00 Service 231.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	CSF Protein	Pay 1 298.00 Pay 2 313.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)

		Pay 3 328.00 Service 268.00		
	CSF Protein/Sugar		STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
		Pay 1 612.00 Pay 2 643.00 Pay 3 673.00 Service 551.00		
	CSF Sugar		STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
		Pay 1 928.00 Pay 2 974.00 Pay 3 1,021.00 Service 835.00		
	CSF/Transudate C/S		3 days	Laboratory Staff(Med-Tech)
		Pay 1 376.00 Pay 2 395.00 Pay 3 414.00 Service 414.00		
	CSF/Transudate Culture		3 days	Laboratory Staff(Med-Tech)
		Pay 1 3,356.00 Pay 2 3,524.00 Pay 3 3,692.00 Service 3,020.00		
	D-DIMER		STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
		Pay 1 2,283.00 Pay 2 2,397.00 Pay 3 2,511.00 Service 2,055.00		
	Dengue Antigen Assay EIA Method		*8 hours	Laboratory Staff(Med-Tech)
		Pay 1 1,977.00 Pay 2 2,076.00 Pay 3 2,175.00 Service 1,779.00		
	Dengue IgM		STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
		Pay 1 1,771.00 Pay 2 1,860.00 Pay 3 1,948.00 Service 1,594.00		
	Discharge C/S		3 days	Laboratory Staff(Med-Tech)

		Pay 1 1,518.00 Pay 2 1,594.00 Pay 3 1,670.00 Service 1,366.00	3 days	Tech) Laboratory Staff(Med-Tech)
	Discharge culture			
		Pay 1 2,482.00 Pay 2 2,606.00 Pay 3 2,730.00 Service 2,234.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Electrolytes Package			
		Pay 1 1,616.00 Pay 2 1,697.00 Pay 3 1,778.00 Service 1,454.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	EOFT			
		Pay 1 968.00 Pay 2 1,016.00 Pay 3 1,065.00 Service 871.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Eosinophil			
		Pay 1 619.00 Pay 2 650.00 Pay 3 681.00 Service 557.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	ESR			
		Pay 1 248.00 Pay 2 260.00 Pay 3 273.00 Service 223.00	*6 hours	Laboratory Staff(Med-Tech)
	Factor IX			
		Pay 1 270.00 Pay 2 284.00 Pay 3 297.00 Service 243.00	*6 hours	Laboratory Staff(Med-Tech)
	Factor VIII			
		Pay 1 5,870.00		

	Fecalysis	Pay 2 6,164.00 Pay 3 6,457.00 Service 5,283.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Frozen (Every Succeeding Sx)	Pay 1 5,870.00 Pay 2 6,164.00 Pay 3 6,457.00 Service 5,283.00	1 hour	Laboratory Staff(Pathologist)
	Frozen (First Specimen)	Pay 1 176.00 Pay 2 185.00 Pay 3 194.00 Service 158.00	1 hour	Laboratory Staff(Pathologist)
	FT3	Pay 1 2,300.00 Pay 2 2,415.00 Pay 3 2,532.00 Service 1,775.00	*8 hours	Laboratory Staff(Med-Tech)
	FT4	Pay 1 2,825.00 Pay 2 2,967.00 Pay 3 3,111.00 Service 845.00	*8 hours	Laboratory Staff(Med-Tech)
	GGT	Pay 1 1,073.00 Pay 2 1,127.00 Pay 3 1,180.00 Service 966.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Glucose	Pay 1 1,168.00 Pay 2 1,226.00 Pay 3 1,285.00 Service 1,051.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Gram's Stain	Pay 1 628.00 Pay 2 659.00 Pay 3 691.00	STAT – 4hours Routine – 6hours	Laboratory Staff(Med-Tech)

		Service 565.00		
	HbeAg	Pay 1 349.00 Pay 2 366.00 Pay 3 384.00 Service 314.00	*8 hours	Laboratory Staff(Med-Tech)
	HBsAG	Pay 1 298.00 Pay 2 313.00 Pay 3 328.00 Service 268.00	*8 hours	Laboratory Staff(Med-Tech)
	HCV Ag/Ab	Pay 1 1,102.00 Pay 2 1,157.00 Pay 3 1,212.00 Service 992.00	*8 hours	Laboratory Staff(Med-Tech)
	HDL	Pay 1 673.00 Pay 2 707.00 Pay 3 740.00 Service 606.00	*8 hours	Laboratory Staff(Med-Tech)
	Hematocrit	Pay 1 961.00 Pay 2 1,009.00 Pay 3 1,057.00 Service 865.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Hemoglobin	Pay 1 664.00 Pay 2 697.00 Pay 3 730.00 Service 598.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Hepatitis Profile	Pay 1 496.00 Pay 2 521.00 Pay 3 546.00 Service 446.00	*8 hours	Laboratory Staff(Med-Tech)
		Pay 1 496.00		

	HIV Ag/Ab	Pay 2 521.00 Pay 3 546.00 Service 446.00	*8 hours	Laboratory Staff(Med-Tech)
	India ink	Pay 1 5,020.00 Pay 2 5,271.00 Pay 3 5,522.00 Service 4,518.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Indices	Pay 1 540.00 Pay 2 567.00 Pay 3 594.00 Service 486.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Inorganic Phosphate	Pay 1 586.00 Pay 2 615.00 Pay 3 645.00 Service 527.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Intact PTH	Pay 1 270.00 Pay 2 284.00 Pay 3 297.00 Service 243.00	*8 hours	Laboratory Staff(Med-Tech)
	KOH/wet mount	Pay 1 457.00 Pay 2 480.00 Pay 3 503.00 Service 411.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Lactate (PLASMA)	Pay 1 2,632.00 Pay 2 2,764.00 Pay 3 2,895.00 Service 2,369.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Latex Agglutination	Pay 1 364.00 Pay 2 382.00 Pay 3 400.00 Service 328.00	4 hours	Laboratory Staff(Med-Tech)

	LDH	Pay 1 621.00 Pay 2 652.00 Pay 3 683.00 Service 559.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	LE Prep	Pay 1 2,198.00 Pay 2 2,308.00 Pay 3 2,418.00 Service 1,978.00	6 hours	Laboratory Staff(Med-Tech)
	LIPASE	Pay 1 444.00 Pay 2 466.00 Pay 3 488.00 Service 400.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Lipid Profile	Pay 1 417.00 Pay 2 438.00 Pay 3 459.00 Service 383.00	*8 hours	Laboratory Staff(Med-Tech)
	Magnesium	Pay 1 628.00 Pay 2 659.00 Pay 3 691.00 Service 565.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Malaria Antigen	Pay 1 1,277.00 Pay 2 1,341.00 Pay 3 1,405.00 Service 1,149.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Malarial smear	Pay 1 483.00 Pay 2 507.00 Pay 3 531.00 Service 435.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Methotrexate	Pay 1 742.00 Pay 2 779.00	STAT – 2hours	Laboratory Staff(Med-

		Pay 3 816.00 Service 668.00	Routine – 4hours	Tech)
	Mixed test PT	Pay 1 494.00 Pay 2 519.00 Pay 3 543.00 Service 445.00	*4 hours	Laboratory Staff(Med-Tech)
	Mixed test PTT	Pay 1 8,309.00 Pay 2 8,724.00 Pay 3 9,140.00 Service 7,478.00	*4 hours	Laboratory Staff(Med-Tech)
	MRD Panel	Pay 1 3,030.00 Pay 2 3,182.00 Pay 3 3,333.00 Service 2,727.00	3 days	Laboratory Staff(Med-Tech& Pathologist)
	Occult blood	Pay 1 3,030.00 Pay 2 3,182.00 Pay 3 3,333.00 Service 2,727.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	OGCT	Pay 1 14,478.00 Pay 2 15,202.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	OGTT	Pay 3 15,926.00 Service 13,030.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Other body fluids	Pay 1 320.00 Pay 2 336.00 Pay 3 352.00 Service 288.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)

Pap smear	Pay 1	816.00	**2 days	Laboratory Staff(Med-Tech& Pathologist)
	Pay 2	857.00		
Pericardial Count	Pay 3	898.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Service	734.00		
Peripheral smear	Pay 1	1,872.00	8 hours	Laboratory Staff(Med-Tech)
	Pay 2	1,966.00		
Phenobarbital	Pay 3	2,059.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Service	1,685.00		
Phenytoin	Pay 1	298.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Pay 2	313.00		
Potassium	Pay 3	328.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Service	268.00		
Pregnancy Test	Pay 1	298.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Pay 2	313.00		
Procalcitonin	Pay 3	746.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Service	152.00		
	Pay 1	298.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Pay 2	313.00		
	Pay 3	328.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Service	268.00		
	Pay 1	231.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Pay 2	243.00		
	Pay 3	254.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Service	208.00		
	Pay 1	1,446.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Pay 2	1,518.00		
	Pay 3	1,591.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Service	1,301.00		
	Pay 1	1,439.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Pay 2	1,511.00		

		Pay 3 1,583.00 Service 1,295.00		
	PT	Pay 1 450.00 Pay 2 473.00 Pay 3 495.00 Service 405.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Rectal swab C/S	Pay 1 270.00 Pay 2 284.00 Pay 3 297.00 Service 243.00	3 days	Laboratory Staff(Med-Tech)
	Rectal swab culture	Pay 1 4,082.00 Pay 2 4,286.00 Pay 3 4,490.00 Service 3,674.00	3 days	Laboratory Staff(Med-Tech)
	Reducing Sugar	Pay 1 854.00 Pay 2 897.00 Pay 3 939.00 Service 769.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Reticulocytes	Pay 1 2,306.00 Pay 2 2,421.00 Pay 3 2,537.00 Service 2,075.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Rubella IgM	Pay 1 1,616.00 Pay 2 1,697.00 Pay 3 1,778.00 Service 1,454.00	*8 hours	Laboratory Staff(Med-Tech)
	Salmonella IgM IgG	Pay 1 141.00 Pay 2 148.00 Pay 3 155.00 Service 127.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)

	Scotch tape method	Pay 1 270.00 Pay 2 284.00 Pay 3 297.00 Service 243.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Sensitivity	Pay 1 1,611.00 Pay 2 1,692.00 Pay 3 1,772.00 Service 1,450.00	7 days	Laboratory Staff(Med-Tech)
	Serum Ferritin	Pay 1 1,047.00 Pay 2 1,099.00 Pay 3 1,152.00 Service 942.00	*8 hours	Laboratory Staff(Med-Tech)
	SGOT	Pay 1 83.00 Pay 2 87.00 Pay 3 91.00 Service 75.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	SGPT	Pay 1 1,281.00 Pay 2 1,345.00 Pay 3 1,409.00 Service 1,153.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Sodium	Pay 1 1,006.00 Pay 2 1,056.00 Pay 3 1,107.00 Service 905.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Stercobilinogen	Pay 1 393.00 Pay 2 413.00 Pay 3 432.00 Service 354.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Stool Conc. Technique	Pay 1 478.00 Pay 2 502.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)

	Stool C/S	Pay 3 526.00 Service 430.00	3 days	Laboratory Staff(Med-Tech)
	Stool culture	Pay 1 450.00 Pay 2 473.00 Pay 3 495.00 Service 405.00	3 days	Laboratory Staff(Med-Tech)
	Stool ph	Pay 1 162.00 Pay 2 170.00 Pay 3 178.00 Service 146.00 Pay 1 399.00 Pay 2 419.00 Pay 3 439.00 Service 359.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Syphillis	Pay 1 2,482.00 Pay 2 2,606.00 Pay 3 2,730.00 Service 2,234.00	*8 hours	Laboratory Staff(Med-Tech)
	TMG	Pay 1 2,076.00 Pay 2 2,180.00 Pay 3 2,284.00 Service 1,868.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	TORC	Pay 1 162.00 Pay 2 170.00 Pay 3 178.00 Service 146.00	*8 hours	Laboratory Staff(Med-Tech)
	Total Protein	Pay 1 518.00 Pay 2 544.00 Pay 3 570.00 Service 466.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Toxoplasma IgM		*8 hours	Laboratory Staff(Med-Tech)

		Pay 1 484.00		Tech)
		Pay 2 508.00		
		Pay 3 532.00		
		Service 436.00		
	TP/AG		STAT – 2hours Routine – 4hours	Laboratory Staff(Med- Tech)
		Pay 1 7,860.00		
		Pay 2 8,253.00		
		Pay 3 8,646.00		
		Service 7,074.00		
	Tracheal aspirate C/S		3 days	Laboratory Staff(Med- Tech)
		Pay 1 410.00		
		Pay 2 431.00		
		Pay 3 451.00		
		Service 369.00		
	Tracheal aspirate Culture		3 days	Laboratory Staff(Med- Tech)
		Pay 1 1,611.00		
		Pay 2 1,692.00		
		Pay 3 1,772.00		
		Service 1,450.00		
	Triglycerides		STAT – 2hours Routine – 4hours	Laboratory Staff(Med- Tech)
		Pay 1 652.00		
		Pay 2 685.00		
		Pay 3 717.00		
		Service 587.00		
	TSH		*8 hours	Laboratory Staff(Med- Tech)
		Pay 1 3,150.00		
		Pay 2 3,308.00		
		Pay 3 3,465.00		
		Service 2,835.00		
	Uric Acid		STAT – 2hours Routine – 4hours	Laboratory Staff(Med- Tech)
		Pay 1 1,616.00		
		Pay 2 1,697.00		
		Pay 3 1,778.00		
		Service 1,454.00		
	Urinalysis		STAT – 2hours Routine – 4hours	Laboratory Staff(Med- Tech)
		Pay 1 457.00		
		Pay 2 480.00		
		Pay 3 503.00		

	Urine C/S	Service 411.00 Pay 1 939.00 Pay 2 986.00 Pay 3 1,033.00	3 days	Laboratory Staff(Med-Tech)
	Urine Culture	Service 845.00 Pay 1 371.00 Pay 2 390.00 Pay 3 408.00	3 days	Laboratory Staff(Med-Tech)
	Urine Hemoglobin	Service 334.00 Pay 1 303.00 Pay 2 318.00 Pay 3 333.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Urine ketone	Service 273.00 Pay 1 2,064.00 Pay 2 2,167.00 Pay 3 2,270.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Urine Metabolic Screening	Service 1,858.00 Pay 1 1,832.00 Pay 2 1,924.00 Pay 3 2,015.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Urine pH	Service 1,649.00 Pay 1 169.00 Pay 2 177.00 Pay 3 186.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Urine Protein	Service 152.00 Pay 1 162.00 Pay 2 170.00 Pay 3 178.00	STAT – 2hours Routine – 4hours	Laboratory Staff(Med-Tech)
	Urine Specific Gravity	Service 146.00 Pay 1 511.00	STAT – 2hours	Laboratory Staff(Med-Tech)

		Pay 2 537.00	Routine – 4hours	Tech)
		Pay 3 562.00		
	Urine Sugar	Service 460.00		
		Pay 1 162.00	STAT – 2hours	Laboratory Staff(Med-
		Pay 2 170.00	Routine – 4hours	Tech)
	Valproic Assay	Pay 3 178.00		
		Service 146.00		
		Pay 1 673.00	STAT – 2hours	Laboratory Staff(Med-
		Pay 2 707.00	Routine – 4hours	Tech)
	Vancomycin	Pay 3 740.00		
		Service 606.00		
		Pay 1 162.00	STAT – 2hours	Laboratory Staff(Med-
		Pay 2 170.00	Routine – 4hours	Tech)
	Vitamin D Total	Pay 3 178.00		
		Service 146.00		
		Pay 1 162.00	*8 hours	Laboratory Staff(Med-
		Pay 2 170.00		Tech)
		Pay 3 178.00		
		Service 146.00		
		Pay 1 1,720.00		
		Pay 2 1,806.00		
		Pay 3 1,892.00		
		Service 1,548.00		
		Pay 1 3,167.00		
		Pay 2 3,325.00		
		Pay 3 3,484.00		
		Service 2,850.00		
		Pay 1 3,373.00		
		Pay 2 3,542.00		
		Pay 3 3,710.00		
		Service 3,036.00		

	6. Release the result at the ward on the date and time specified. Allow them to sign on the receiving worksheet.		15 minutes	Ward (Clerk)/ Nurse.
		TOTAL	See list of services + 43minutes	

* Tests with running day

**Processing time may extend depending on the complexity of the case



Peritoneal Dialysis Unit

Claiming of Peritoneal Dialysis Fluids under Philhealth PD First Z-Benefit Package

Service information: PhilHealth introduced the Peritoneal Dialysis First Z Benefit package in 2014 to provide financial risk protection and quality care to patients with CKD who passed the selections criteria set by the Corporation. The package is worth P270,000 per year and includes PD solutions, Accessories and Professional fees (for pay patients).

Scheduling: Process of securing schedule for a particular procedure / service rendered by the section

Office or Division:	Section of Pediatric Nephrology			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	Outpatients: service and pay			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PD passport		PD unit clerk		
Prescription (original)		Nephrology Fellow		
Claim stub		Nephrology Fellow		
If with Philhealth: CF2, CSF		Peritoneal dialysis unit clerk		
Ledger stub		Public Assistance Unit		
Notebook with Record of exchanges		Patient		
Proof of living (in the absence of patient)		Picture with newspaper/tv news with background indicating current date		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Present prescription and proof of life to PD clerk	1.1 PD clerk will check the prescription	None	3 minutes	<i>PD Clerk</i> Peritoneal Dialysis unit

	1. 2 PD clerk will verify the picture (Proof of life when patient is not physically present)	None	3 minutes	<i>PD Clerk/ PD nurse</i> Peritoneal Dialysis unit
	1.3 Issue the PD Z passport (Annex F) and claim stub	None	3 minutes	<i>PD Clerk</i> Peritoneal Dialysis unit
2) Present prescription and claim stub	Philhealth will give ledger Form	None	3 minutes	<i>Philhealth personnel</i> Philhealth Section
3) Patient will present the ledger to PAU (Public Assistance unit)	PAU (Public Assistance unit) will issue the ledger	None	3 minutes	<i>PAU staff</i> Public Assistance unit
4) Present prescription, claim stub, ledger and PD passport to Pharmacy to claim the CAPD fluids	Pharmacy will issue the PD solutions and sign the PD Z- passport (Annex F)	None	30 minutes	<i>Pharmacy</i> Pharmacy Division
5) Present PD Z-passport and ledger	5.1 PD clerk will check PD Z- passport, ledger, then make the Statement of account	NBB – none Non-NBB – 618.00 php Pay – 1,420.00	3 minutes	<i>PD Clerk/ PD nurse</i> Peritoneal Dialysis unit
	5.2 Provide the Forms to patient: CF2, Annex C, Annex E forms	None	3 minutes	<i>PD Clerk</i> Peritoneal Dialysis unit
6) Schedule for next claim	PD nurse will schedule the date of next claim	None	3 minutes	<i>PD nurse</i> Peritoneal Dialysis unit

7) Patient will give the ledger, SOA, CF2, Annex C, Annex E forms to philhealth	Documents will be verified and collected	None	3 minutes	<i>Philhealth personnel</i> Philhealth Section
	Total	Service – 618.00 php Pay – 1,420.00	57 minutes	



ANESTHESIA QUOTATION ISSUANCE

Service Information: Quotation for equipment, supplies and drugs to be used in the rendering of Anesthesia services.

Office or Division:	Pediatric Anesthesia Division			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	All patients (Service / Pay) (Admitted / OPD)			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
• OPD Card Original			OPD Division 1 st floor	
• Doctor's Quotation request			Surgery Office 2 nd floor	
• Anesthesia Quotation Photocopy			Anesthesia office 2 nd floor	
PSYCHOLOGICAL SERVICES SCHEDULING				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give the OPD card and Quotation Request or Surgery Quotation	1.1 Identify the patient's name and procedure base on the request 1.2 Log on to Anesthesia quotation and input the patient's name and anesthesia management	None	2 minutes	<i>Clerk</i> Pediatric Anesthesia Section
2. Wait for Anesthesia Quotation and Photocopy (5 copies)	2.1 Print the Anesthesia quotation after ensuring correct name and procedure 2.2 Give the printed quotation to the client 2.3 Wait for the photocopy of the quotation from the patient 2.4 Certify the copies given by the client	None	2minutes	<i>Clerk</i> Pediatric Anesthesia Section
3. Wait for Evaluation form and Evaluate the employee	3.1 Collect the evaluation form given by the client and let them write on the log book	None	2 minutes	<i>Clerk</i> Pediatric Anesthesia Section



Service Name: Screening of Persons with Essential Business in the Hospital

Service Information: **Visitors Screening** – all persons or visitors entering PCMC without accompanying patient shall pass through the lobby triage for screening. Only non- COVID suspect persons with valid transactions at PCMC shall be allowed to enter the PCMC premises.

Office or Division:	Pediatric Critical Care Division			
Classification:	Simple			
Type of Transaction:	Government to Citizen (G2C)			
Who may avail:	Visitors or Persons without accompanying patient that have essential business in PCMC			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Health Declaration Form		PCMC Lobby Triage		
ID		Company/ Government Agency		
Proof of Official Business Transaction		Company		
Lobby Triage Clearance		Triage Nursing Attendant		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Fill-up Health Declaration Form or Screening Form	1. Give the health declaration form and assist the client	N/A	1 minute	Lobby Triage Nursing Attendant
2) Present your proof of official business transaction and ID	2. Verify accuracy of presented documents or appointment and reason for entering hospital premises 2.1 Take client temperature 2.2 Sign screening form and indicate the date/ time	N/A	3 minutes	Lobby Triage Nursing Attendant

	2.3 Give the guard pass sticker and advise to go directly to the designated area of appointment			
3) Proceed to the Guard on Duty at the PCMC main lobby entrance	3. Check for the guard pass sticker and direct to the place of appointment	N/A	30 seconds	Lobby Guard on Duty
	TOTAL		4 minutes and 30 seconds	



Service Name: Dental Patient Scheduling

Dental Appointment Services

Office or Division:	Pediatric Dentistry Division			
Classification	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who May Avail:	Out-patients/In-Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
OPD Card (For old patients)		OPD Clerk and/or Attending Physician (OPD)		
Appointment Slip		Pediatric Dentistry Division thru online/phone call		
Referral Slip (If any)		Attending Physician/Dentist		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call the Pediatric Dentistry Division at 8858-9900 loc. 295.	1.1. Obtain patient's necessary information and chief complaint.	None	1 minutes	Dentist-on-duty
2. Submit to dental assessment.	2.1. Assess patient's complaint details 2.2. Classify urgency of treatment. Only urgent and emergency dental care will be given an appointment. All elective dental procedures will be postponed during COVID-19 pandemic.	None	5 minutes	Dentist-on-duty
3. Get appointment, listen to instructions.	3.1. Schedule patient for an appointment. 3.2. Inform patient to undergo tele-screening.	None	1 minute	Dentist-on-duty
Total			7 minutes	



Service Name: Dental Telemedicine

Tele-Consultation for dental problems via Facebook.

Office or Division:	Pediatric Dentistry Division			
Classification	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who May Avail:	Out-patients/In-Patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Referral Slip (If any)			Attending Physician/Dentist	
OPD Card (For old patients)			OPD/Clerk	
Informed Consent			Dental Telemedicine Facebook Page	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call Pediatric Dentistry Division at 8588-9900 loc. 295 Or message the PCMC – Pediatric Dentistry Division Telemedicine Facebook Page	1.1. Refer patient to message the Dental Telemedicine Facebook Page 1.2. Send Informed Consent for Telemedicine File and/or link for the digital informed consent	None	2 minutes	Triage 2 Dentist
2. Read and give consent for the Tele-consultation	2.1. Explain the informed consent. 2.2. Confirm obtained informed consent.	None	5 minutes	Triage 2 Dentist
3. Supply patient's necessary information and present condition.	3.1. Obtain patient's necessary information such as personal details, weight, medical history, chief complaint, and dental history. 3.2. Request for patient's photos (extra and intra-oral) or videos if necessary.	None	3 minutes	Triage 2 Dentist
4. Note dentist's	4.1. Provide oral health education	None	10 minutes	Triage 2 Dentist

recommendation	and consultation 4.2. Give appointment of dental visit if necessary.			
5. Answer client satisfaction survey form	5.1. Give client satisfaction survey form	None	1 minute	Triage 2 Dentist
	Total		21 minutes	



Service Name: Special Dental Procedures

Restorative/ Preventive Treatment, Oral Surgery Services, Obturator/ Naso-Alveolar Molding (NAM) Appliance services and Radiographic Services

Office or Division:	Pediatric Dentistry Division			
Classification	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who May Avail:	Out-patients/In-Patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Triage Clearance			OPD Triage	
OPD Card (For old patients)			OPD Clerk and/or Attending Physician (OPD)	
Appointment Slip			Pediatric Dentistry Division	
Tele-Screening 2 days prior to appointment date			Pediatric Dentistry Division Telemedicine Face Book page	
Clearances (if required)			Attending Physician	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to Pediatric Dentistry Division on scheduled appointment. Give appointment slip and submit to health screening.	1.1. Check appointment slip against the schedule. 1.2. Perform health screening of the patient and companion.	None	5 minutes	Triage 1 Dentist
2. Sign informed consent and waiver.	2.1. Reiterate discussed informed consent and waiver during the screening and let them sign.	None	3 minutes	Triage 1 Dentist
3. Present Medical Clearance and Laboratory results as requested prior to dental procedure	3.1. Review medical clearance and laboratory results. 3.2. Confirm its validity.	None	2 minutes	Triage 1 Dentist
4. Submit to measurement of	4.1. Take height and weight of patient.	None	1 minute	Dentist-on-duty

weight and height.				
5. Proceed to treatment room and submit to required procedure.	5.1. Provide the dental treatment needed. 5.2. Give post-operative instruction and medications.	None	26 – 201 minutes Depending on required procedure	Dentist-on-duty
6. Answer client satisfaction survey form	6.1. Give client satisfaction survey form	None	1 minute	Dentist-on-duty
7. Wait and receive the order of payment	7.1. Encode registration 7.2. Give Order of Payment	None	2 minutes	Dental Clerk/Aide
8. Pay at the cashier	8.1. Prepare and issue Official Receipt	Please see PDD rates	5 minutes	Cashier
9. Return to PDD, to give the official receipt	9.1. Encode OP and OR number in the database	None	2 minutes	Dental Clerk/Aide
	Total	Call 8588-9900 loc. 295 For the latest dental rates	3 hours and 42 minutes	



Service Name: Ultrasound Examination (Consultation for Old and New Registrants)

Antepartum diagnosis by ultrasound. Consultation for Old and

Ultrasound Examination for Pay Patients

Client/s: New and Old Patients

Office or Division:	Perinatology Division (Antepartum)			
Classification:	Simple			
Type of Transaction:	Government to Citizen (G2C)			
Who may avail:	Out-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral letter + OPD Card		Referring Obstetrician		
Request for Ultrasound		Attending Obstetrician/Perinatologist		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. SERVICE PATIENTS a. For Old Registered patients - present OPD Card b. For New patients - present referral letter Fill up the OPD Chart and Card of Personal Information	1.1 Receive the OPD card/Referral form	None	2 minutes	Midwife Clerk
PAY PATIENTS Present Ultrasound Request (Proceed to Step 2)	1.2 Receive patient's request and give consultation number	None	2 minutes	Midwife Clerk

2. Wait for consultation number to be called. Have vital signs taken.	Take patient's vital signs (Blood pressure, Heart rate, temperature, birthweight)	None	20 minutes	Midwife
3. Consultation	Interview the patient and do necessary procedures.	None	20 minutes	Fellow-on-Duty
4. Social Service Classification New Patients - proceed to Medical Social Service to be interviewed, classified and assigned with a Hospital No. (Bizbox) Old Registered patients (proceed to Step 5)	Give Medical Social Service Referral Slip to the patient for classification	None	5 minutes	Midwife Social Worker
5. Wait for Order of Payment	Provide Order of Payment for the consultation and procedure to be done	See List of Fees	1 minute	Midwife Clerk
6. Settle fees at the cashier and get official receipt	Receive payment for services and give official receipt	See List of Fees	1 minute	Cashier
7. Return to Antepartum Clinic and present receipt. Ask for the schedule of the next consultation.	Check receipt and schedule patient for her next follow-up.	None	2 minutes	Midwife

Total	See list of Fees for procedures done	53 minutes	
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Radiological Services Availed thru CASH/MEDICAL ASSISTANCE

Radiologic Services – involves the following procedure of the different modalities X-ray, Ultrasound, CT Scan, MRI and Interventional Radiography

Radiologic Technologist - professionals use several types of equipment to gather images that help physicians diagnose patient ailments and determine the best course of action for treatment.

Chest X-ray - is a projection radiograph of the chest used to diagnose conditions affecting the chest and nearby structures such as heart, lungs, blood vessels, airways, the bones of your chest and spine.

Abdomen X-ray - is a projection radiograph uses a very small dose of ionizing radiation to produce pictures of the inside of the abdominal cavity. It is used to evaluate the stomach, liver, intestines and spleen and may be used to help diagnose unexplained pain, nausea or vomiting.

Cranial CT Scan – Cranial computed tomography scan is a diagnostic tool used to create detailed pictures of features inside your head, such as your skull, brain, paranasal sinuses, ventricles, and eye sockets.

Cranial MRI – Magnetic Resonance Imaging is a noninvasive test that produces detailed images of your brain and brain stem.

KUB Ultrasound - refers to a diagnostic medical imaging technique of the abdomen and stands for Kidneys, Ureters, and Bladder.

Office or Division:	Radiology Division			
Classification:	Simple			
Type of Transaction:	Government to Citizen (G2C); Government to Government (G2G)			
Who may avail:	Outpatient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral/Request form (Completely filled)		Prescribing Doctor		
Protocol of treatment preparation necessary for patients		Prescribing Doctor/ Radiologic Technologist		
Fund Stub / OPD Card / Guarantee Letter		Public Assistance Unit (PAU)		
Valid I.D		Any Government Issued I.D		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Get queuing number and wait to be called at window 2	Provide the queuing number	None	1 minute	Radiology Clerk

<p>2) Proceed to window 1.</p> <ul style="list-style-type: none"> • Submit Doctor's Request • Fill up Patient Information Sheet • Wait for the Order of Payment (O.P) <p><i>*If ledger will be used for payment you may proceed to step no. 4</i></p>	<p>2.1 Require the following:</p> <ul style="list-style-type: none"> • Examination Request • OPD Card • Ledger • PWD Card • Certificate of Employment and Company ID (if government employee) <p>2.2 Instruct patient to secure Hospital Number at the Social Service for the New Patients</p> <p style="padding-left: 40px;">2.2.1 Search for the hospital number for the old patient in the BizBox</p> <p>2.3 Encode/update appropriate patient information at the database</p>	<p style="text-align: center;">None</p>	<p style="text-align: center;">3 minutes</p>	<p style="text-align: center;">Radiology Clerk</p>
<p>3) Wait for the order of payment to be submitted at the cashier</p>	<p>Prepare and issue order of payment</p>	<p style="text-align: center;">Pay 606.00</p>	<p style="text-align: center;">Within 3 minutes</p>	<p style="text-align: center;">Radiology Clerk</p>

<p>3.1 Chest X-ray AP/LAT</p> <p>3.2 Cranial CT Scan</p> <p>3.3 Cranial MRI</p> <p>3.4 KUB Ultrasound</p>		<p>Service 397.50</p> <p>Pay 4,560.00 Service 2,850.00</p> <p>Pay 7,080.00 Service 4,425.00</p> <p>Pay 1,338.00 Service 840.00</p>		
<p>4) Wait for the Radiology staff</p> <ul style="list-style-type: none"> • Sign consent form <p>4.1 Chest X-ray AP/LAT</p> <p>4.2 Cranial CT Scan</p> <p>4.3 Cranial MRI</p> <p>4.4 KUB Ultrasound</p>	<p>5.1 Check and verify Official Receipt number</p> <p>5.2 Verify Client's procedure</p> <p>5.3 Confirm Client Information</p> <p>5.4 Perform the procedure</p>	<p>None</p>	<p>Within 2 minutes</p> <p>Within 2 minutes</p> <p>2 – 4 minutes</p> <p>30 minutes to 1 hour</p> <p>3 – 5 minutes</p>	<p>Radiologic Technologist</p>

5) Claiming and Issuance of result	6.1 Provide/inform schedule for the releasing of official results 6.2 Check the official receipt as proof of payment to release the result	None	X-ray – 3 working days Ultrasound – at least 1 day CT-Scan – 3 working days MRI – 4 working days	Radiology Clerk/ Radiologic Technologist
	TOTAL	Pay 606.00 - 7,080.00 Service 397.50 - 4,425.00	25 hours and 17 minutes to 49 hours and 17 minutes	



Radiological Services for Triage

Triage – area in the hospital where patients will be screened for COVID-19 before entering hospital premises. Area where patients and their relatives should be advised that the support individual(s) should wait outside the building/structure until the patient screening process is completed.

Chest X-ray - is a projection radiograph of the chest used to diagnose conditions affecting the chest and nearby structures such as heart, lungs, blood vessels, airways, the bones of your chest and spine.

Abdomen X-ray - is a projection radiograph uses a very small dose of ionizing radiation to produce pictures of the inside of the abdominal cavity. It is used to evaluate the stomach, liver, intestines and spleen and may be used to help diagnose unexplained pain, nausea or vomiting.

Office or Division:	Radiology Division			
Classification:	Simple			
Type of Transaction:	Government to Citizen (G2C); Government to Government (G2G)			
Who may avail:	Triage			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral/Request form (Completely filled)		Prescribing Doctor		
Protocol of treatment preparation necessary for patients		Prescribing Doctor/ Radiologic Technologist		
Fund Stub / OPD Card / Guarantee Letter		Public Assistance Unit (PAU)		
Valid I.D		Any Government Issued I.D		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Triage staff will call Radiology Reception and request for an order of payment.	1.1 Verify the procedures to be made 1.2 Verify patient hospital number and thoroughly	None	5 minutes	Triage Staff/ Radiology Clerk

<p><i>*if ledger will be used for payment, PID number will be asked by the Radiology staff</i></p>	<p>checked the patient information</p> <p>1.3 Encode/update patient information at the database</p> <p>1.4 Process patient's order of payment</p> <p>1.5 Communicate patient transaction number to triage staff</p>			
<p>2) Triage staff will call the cashier to relay the transaction number and the amount to be paid by the patient.</p> <p>2.1 Chest X-ray AP/LAT Portable (Pedia)</p> <p>2.2 Chest X-ray AP/LAT portable (Adult)</p>	<p>Check the proof of payment (Official Receipt) thru bizbox</p>	<p>Pay 871.00 Service 596.25</p> <p>Pay 834.50 Service 579.37</p>	<p>2 minutes</p>	<p>Triage Staff/ Radiology Clerk</p>
	<p>3.1 Verify patient</p>			

3) Wait for the Radiologic Technologist at the assigned room	information 3.2 Verify patient procedure 3.3 Perform requested radiographic imaging. 3.4 Flagging of procedures as for routine and/or Stat "immediate" reading	None	10 - 20 minutes	Radiologic Technologist
4) Claiming and Issuance of result	4.1 Provide/inform schedule for the releasing of the official results for the routine procedures 4.2 Results for the Stat "immediate" procedures instruct the Triage Staff for the availability of the result that can be seen in the RamSoft.	None	Routine X-ray procedures – 3 working days Stat Chest Xray – within 4 hours	Radiology Clerk and Utility Worker
	TOTAL	Pay 834.50 - 871.00 Service 579.37 - 596.25	4 hours and 38 minutes to 3 days and 38 minutes	



Radiological Services Scheduling and Screening under Sedation

Radiologic Services – involves the following procedure of the different modalities (X-ray special procedures, Ultrasound, CT Scan and MRI).

Sedation Screening – Screening is done by the anesthesiologist to examine and/or assess patient prior to the scheduling of the specific imaging procedure.

Office or Division:	Radiology Division			
Classification:	Simple			
Type of Transaction:	Government to Citizen (G2C); Government to Government (G2G)			
Who may avail:	Outpatient			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Referral/Request form (Completely filled)			Prescribing Doctor	
Protocol of treatment preparation necessary for patients			Prescribing Doctor/ Radiologic Technologist	
Fund Stub/OPD Card / Guarantee Letter			Public Assistance Unit (PAU)	
Valid I.D			Any Government Issued I.D	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Get queuing number and wait for the number to be called	Provide the queuing number	None	1 minute	Radiology Clerk
2) Proceed to window 1. <ul style="list-style-type: none"> • Submit Doctor's Request • Fill up Patient Information Sheet • Request for Quotation 	2.1 Require the following: <ul style="list-style-type: none"> • Examination Request • OPD Card • PWD Card 	None	3 minutes	Client



Consultation with Rehabilitation Medicine Doctor

Patients referred to the Rehabilitation Medicine Division by other doctors are to be seen first by a Rehab Consultant. The division's doctor will then be the one to specify recommendations for therapy services, and/or special devices to be provided by the therapists of the Rehabilitation Medicine Division.

Office or Division:	Rehabilitation Medicine Division			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	New and Old Out-Patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Referral Form (1 copy)			Referring Doctor	
Any one of the following if applicable: OPD Service card, Ledger, Person With Disability (PWD ID), Gov't Employee ID			Social Service Office, PAU unit, Local Gov't Unit, Gov't Office or Agency of employment	
CONSULTATION WITH REHABILITATION MEDICINE DOCTOR				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo Rehab triaging and register patient to get queuing number.	1. Take temperature, and Log patient information in Rehab Contact Tracing Logbook. 1.1 If cleared, register patient information in Patient's Attendance Logbook and give queuing number. If not cleared, advise patient to go home and/or seek medical consult.	None	2 minutes	Rehab Clerk
2. Receive the Order of Payment and pay at the Cashier.	2. Prepare and give Order of Payment.	See list of Rehab Procedures and Rates below	5 minutes	Rehab Clerk
3. Show Official Receipt to staff-in-charge.	3. Check Official Receipt	None	1 minute	Rehab Clerk

4. Stay at designated seats at the Rehab waiting area, and wait to be called for consultation.	4. Get patient for Rehab consult.	None	15 minutes	Rehab Doctor-in-charge
5. After consultation, receive information regarding schedule of therapy and/or next Rehab consult	5. Give information regarding schedule of therapy and/or next Rehab consult.	None	2 minutes	Rehab Clerk
TOTAL		See list of Rehab Procedures and Rates below	25 minutes	

FEES FOR REHAB CONSULTATION																
PAY			WITH PERSONS WITH DISABILITY CARD				GOV'T EMPLOYEES' DEPENDENTS			PCMC EMPLOYEES AND DEPENDENTS			QFS			
Hospital Bill (HB)	PF	Total	Hospital Bill (HB)	Discount (20%)	PF	Total	Hospital Bill (HB)	Discount (20%)	Total	Hospital Bill (HB)	Discount (50%)	Total	Hospital Bill (HB)	QFS	TOTAL	
PHP 300	PHP 700	PHP 1,000	PHP 300	PHP 60.00	PHP 700	PHP 940	PHP 300	PHP 60	PHP 240	PHP 300	PHP 150	PHP 150	PHP 300	PHP 50	PHP 250	



Therapy Services

Occupational Therapy – This service includes assessment sessions and regular therapy sessions after where goals formulated during evaluation will be targeted. Occupational Therapy aims to teach the patient skills to their maximum potential so they may participate in purposeful activities, and to be independent as possible. Occupational therapists manage problems and delays experienced in different areas including self-care, behavior, social participation, and cognitive skills. A personalized home instruction program may also be given to ensure that the caregivers of the patient are aware and reminded of the therapeutic activities and management they can continue at home.

Physical Therapy – This service includes assessment of the patient’s motor skills or delays. Therapy sessions focus on improving different impairments including weakness, limitation of motion, tone abnormalities, impaired balance; and teaching functional skills such as walking, running, sitting. Physical therapists provide therapeutic intervention for different pediatric conditions that are neurologic, orthotic or musculoskeletal in nature, as well as for sports and wellness of children. A home exercise program can also be given To ensure that the caregivers can continue exercises at home.

Dysphagia – This service includes an assessment where the therapist-in-charge evaluates the patient’s feeding skills and abilities with the accompanying swallowing difficulties. Therapy sessions will follow where the therapist provides food consistencies and textures tolerated by and safe for the patient.

Office or Division:	Rehabilitation Medicine Division			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	New and Old Out-Patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Any one of the following if applicable: OPD Service card, Ledger, Person With Disability (PWD ID), Gov’t Employee ID			Social Service Office, PAU unit, Local Gov’t Unit, Gov’t Office or Agency of employment	
THERAPY SERVICES				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo Rehab triaging and register patient to get queuing number.	1. Take temperature, and Log patient information in Rehab Contact Tracing Logbook.	None	2 minutes	Rehab Clerk

	1.1 If cleared, register patient information in Patient's Attendance Logbook and give queuing number. If not cleared, advise patient to go home and/or seek medical consult.			
2. Receive the Order of Payment and pay at the Cashier.	2. Prepare and give Order of Payment	See List of Rehab Procedures and Rates below	5 minutes	Rehab Clerk
3. Show Official Receipt to staff-in-charge.	3. Check Official Receipt	None	1 minute	Therapist-in-charge
4. Stay at designated seats at the Rehab waiting area, and wait to be called for therapy.	4. Get patient and start therapy	None	45 minutes	Therapist-in-charge
5. After therapy, listen to feedback from therapist and home instructions, and information regarding schedule of therapy.	5. Provide feedback and home instructions based on therapy session, and inform next schedule of therapy.	None	5 minutes	Therapist-in-charge
5.1 Sign Rehab Running Notes	5.1 Have patient's caregiver sign Rehab Running Notes.	None	1 minute	Therapist-in-charge
	TOTAL	See List of Rehab Procedures and Rates below	59 minutes	

	PAY			WITH PERSONS WITH DISABILITY CARD				GOV'T EMPLOYEES' DEPEDENTS			PCMC EMPLOYEES AND DEPENDENTS			QFS		
	Hospital Bill (HB)	PF	Total	Hospital Bill (HB)	Discount (20%)	PF	Total	Hospital Bill (HB)	Discount (20%)	Total	Hospital Bill (HB)	Discount (50%)	Total	Hospital Bill (HB)	QFS	TOTAL
Occupational Therapy Evaluation	PHP 730	PHP 70	PHP 800	PHP 730	PHP 146	PHP 70	PHP 654	PHP 730	PHP 146	PHP 584	PHP 730	PHP 365	PHP 365	PHP 730	PHP 280	PHP 450
Physical Therapy Evaluation	PHP 730	PHP 70	PHP 800	PHP 730	PHP 146	PHP 70	PHP 654	PHP 730	PHP 146	PHP 584	PHP 730	PHP 365	PHP 365	PHP 730	PHP 280	PHP 450
Dysphagia Evaluation	PHP 730	PHP 70	PHP 800	PHP 730	PHP 146	PHP 70	PHP 654	PHP 730	PHP 146	PHP 584	PHP 730	PHP 365	PHP 365	PHP 730	PHP 280	PHP 450
Occupational Therapy	PHP 400	PHP 40	PHP 440	PHP 400	PHP 80	PHP 40	PHP 360	PHP 400	PHP 80	PHP 320	PHP 400	PHP 200	PHP 200	PHP 400	PHP 170	PHP 230
Physical Therapy	PHP 400	PHP 40	PHP 440	PHP 400	PHP 80	PHP 40	PHP 360	PHP 400	PHP 80	PHP 320	PHP 400	PHP 200	PHP 200	PHP 400	PHP 170	PHP 230
Dysphagia Management	PHP 400	PHP 40	PHP 440	PHP 400	PHP 80	PHP 40	PHP 360	PHP 400	PHP 80	PHP 320	PHP 400	PHP 200	PHP 200	PHP 400	PHP 170	PHP 230



Claiming Requested Official Rehabilitation Medicine Division Documents

The division may supply official documents upon the request of the parents/patients for different purposes. Requesting of these documents are done via phone call, and may then be picked up as instructed by the Rehab Clerk. These documents may include Medical Certificate, Official Quotation, or Progress Reports and other therapy notes from the therapist-in-charge.

Office or Division:	Rehabilitation Medicine Division			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	New and Old Out-Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished Request for Official Document Form		Rehab Clerk		
CLAIMING REQUESTED OFFICIAL REHABILITATION MEDICINE DIVISION DOCUMENTS				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo Rehab triaging and register patient or caregiver to get queuing number.	1. Take temperature, and Log patient information in Rehab Contact Tracing Logbook. 1.1 If cleared, register patient information in Patient's Attendance Logbook and give queuing number. If not cleared, advise patient to go home and/or seek medical consult.	None	2 minutes	Rehab Clerk
2. Receive the Order of Payment and pay at the Cashier.	2. Prepare and give Order of Payment.	PHP 50/document	5 minutes	Rehab Clerk
3. Show Official Receipt to staff-in-charge.	3. Check Official Receipt	None	1 minute	Rehab Clerk

4. Stay at designated seats at the Rehab waiting area, and wait to be called to receive official document. Check if information indicated in the document is correct.	4. Check Official Receipt and give requested official document.	None	1 minute	Rehab Clerk
	TOTAL	PHP 50	9 minutes	



Assessment and Measurement of Splints, Modified Seats, or Wheelchairs*

Upon referral of Rehabilitation Medicine Consultants, **patients who are in need of assistive devices** such as orthoses (splints), modified seats, and/or basic or intermediate wheelchairs are assessed by rehab staff-in-charge. During this session, parents are also given a quotation of the cost of the device that is to be made for the patient, and will be instructed when they will come back to the clinic for fabrication, releasing or check-out.

Office or Division:	Rehabilitation Medicine Division			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	New and Old Out-Patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Any one of the following if applicable: OPD Service card, Ledger, Person With Disability (PWD ID), Gov't Employee ID			Social Service Office, PAU unit, Local Gov't Unit, Gov't Office or Agency of employment	
ASSESSMENT AND MEASUREMENT OF SPLINTS, MODIFIED SEATS, OR WHEELCHAIRS				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo Rehab triaging and register patient or caregiver to get queuing number.	1. Take temperature, and Log patient information in Rehab Contact Tracing Logbook. 1.1 If cleared, register patient information in Patient's Attendance Logbook and give queuing number. If not cleared, advise patient to go home and/or seek medical consult.	None	2 minutes	Rehab Clerk
2. Receive the Order of Payment and pay at the Cashier.	2. Prepare and give Order of Payment a. Splinting	None	5 minutes	Rehab Clerk

	<p>b. Seat Modification</p> <p>c. Wheelchair Assessment</p>	<p>None</p> <p>See List of Rehab Procedures and Rates below</p>		
3. Show Official Receipt to staff-in-charge.	3. Check Official Receipt	None	1 minute	Therapist-in-charge
4. Stay at designated seats at the Rehab waiting area, and wait to be called for assessment session.	4. Get patient and start assessment.	None		Therapist-in-charge
	<p>a. Splinting</p> <p>b. Seat Modification</p> <p>c. Wheelchair</p>		<p>30 minutes</p> <p>10 minutes</p> <p>30 minutes</p>	
4.1 Receive quotation of fees to be paid on next session.	4.1 Give and explain quotation of fees to be paid on next session.	None	2 minutes	Therapist-in-charge
5. After the assessment, listen to information regarding schedule of molding/fabrication of splint/ modified seat, or release of wheelchair.	5. Inform schedule of molding/fabrication of splint/ modified seat, or release of wheelchair.	None	2 minutes	Therapist-in-charge
5.1 Sign Rehab Running Notes.	5.1 Have patient's caregiver sign Rehab Running Notes.	None	1 minute	Therapist-in-charge
	TOTAL	See List of Rehab Procedures and Rates below	43 minutes	

FEES FOR WHEELCHAIR ASSESSMENT		
	PAY	SERVICE
Basic Wheelchair	PHP 250	PHP 200
Intermediate Wheelchair	PHP 700	PHP 560



Fabrication of Splint or Modified Seat*

Patients who have already been assessed and were given quotation by the staff-in-charge are to come back on their designated schedule for fabrication of the quoted splint or seat. The cost of the device to be fabricated varies depending on the size of the patient and on the complexity of the device needed.

Office or Division:	Rehabilitation Medicine Division			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	New and Old Out-Patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Any one of the following if applicable: OPD Service card, Ledger, Person With Disability (PWD ID), Gov't Employee ID			Social Service Office, PAU unit, Local Gov't Unit, Gov't Office or Agency of employment	
FABRICATION OF SPLINT OR MODIFIED SEAT				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo Rehab triaging and register patient or caregiver to get queuing number.	1. Take temperature, and Log patient information in Rehab Contact Tracing Logbook. 1.1 If cleared, register patient information in Patient's Attendance Logbook and give queuing number. If not cleared, advise patient to go home and/or seek medical consult.	None	2 minutes	Rehab Clerk
2. Receive the Order of Payment and pay at the Cashier.	2. Prepare and give Order of Payment for Splinting and/or Seat Modification	See List of Rehab Procedures and Rates below	5 minutes	Rehab Clerk
3. Show Official Receipt to staff-in-charge.	3. Check Official Receipt	None	1 minute	Therapist-in-charge

4. Stay at designated seats at the Rehab waiting area, and wait to be called for fabrication session.	4. Get patient and start fabrication session. a. Splinting b. Seat Modification	None	1 hour 4 hours	Therapist-in-charge
5. After the session, listen to information regarding schedule of release of splint or modified seat, and things to bring for the next session.	5. Inform schedule of release of splint or modified seat, and things to bring for the next session.	None	2 minutes	Therapist-in-charge
5.1 Sign Rehab Running Notes.	5.1 Have patient's caregiver sign Rehab Running Notes.	None	1 minute	Therapist-in-charge
TOTAL		See List of Rehab Procedures and Rates below	4 hours, 11 minutes	

	PAY			WITH PERSONS WITH DISABILITY CARD				GOV'T EMPLOYEES' DEPEDENTS			PCMC EMPLOYEES AND DEPENDENTS			QFS		
	Hospital Bill (HB)	PF	Total	Hospital Bill (HB)	Discount (20%)	PF	Total	Hospital Bill (HB)	Discount (20%)	Total	Hospital Bill (HB)	Discount (50%)	Total	Hospital Bill (HB)	QFS	TOTAL
Splinting Session																
1 splint	PHP 550	PHP 55	PHP 605	PHP 550	PHP 110	PHP 55	PHP 495	PHP 550	PHP 110	PHP 440	PHP 550	PHP 275	PHP 275	PHP 550	PHP 195	PHP 355
2 splints	PHP 900	PHP 90	PHP 990	PHP 900	PHP 180	PHP 90	PHP 810	PHP 900	PHP 180	PHP 720	PHP 900	PHP 450	PHP 450	PHP 900	PHP 345	PHP 555
3 or 4 splints	PHP 1,245	PHP 125	PHP 1,370	PHP 1,245	PHP 249	PHP 125	PHP 1,120	PHP 1,245	PHP 249	PHP 996	PHP 1,245	PHP 622.50	PHP 622.50	PHP 1,245	PHP 475	PHP 770

SUPPLIES	
Thermoplast (Orfit, 3.2 easy eco, small)	PHP 315
Thermoplast (Orfit, 3.2 easy eco, medium)	PHP 500
Thermoplast (Orfit, 3.2 easy eco, large)	PHP 785
Thermoplast (Orfit, 4.2 plain, small)	PHP 825
Thermoplast (Orfit, 4.2 plain, medium)	PHP 1,320
Thermoplast (Orfit, 4.2 plain, large)	PHP 2,130
Seat Modification Foam, 15" x 15" (small)	PHP 400
Seat Modification Foam, 15" x 22.5" (medium)	PHP 600
Seat Modification Foam, 15" x 30" (large)	PHP 800



Fitting and Checkout of Splint, Modified Seat, or Wheelchair*

After the assistive device has been finalized by the therapist-in-charge, a final fitting and checkout will be done to ensure that the splint, seat, or wheelchair is appropriately fit to maximize its benefits for the patient. Caregiver education about proper care and precautions are also discussed during this session.

Office or Division:	Rehabilitation Medicine Division			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	New and Old Out-Patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Any one of the following if applicable: OPD Service card, Ledger, Person With Disability (PWD ID), Gov't Employee ID			Social Service Office, PAU unit, Local Gov't Unit, Gov't Office or Agency of employment	
FITTING AND CHECKOUT OF SPLINT, MODIFIED SEAT, OR WHEELCHAIR				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo Rehab triaging and register patient to get queuing number.	1. Take temperature, and Log patient information in Rehab Contact Tracing Logbook. 1.1 If cleared, register patient information in Patient's Attendance Logbook and give queuing number. If not cleared, advise patient to go home and/or seek medical consult.	None	2 minutes	Rehab Clerk
2. Receive the Order of Payment and pay at the Cashier.	Prepare and give Order of Payment a. Splinting b. Seat Modification	None None	5 minutes	Rehab Clerk

	c. Wheelchair Management	See List of Rehab Procedures and Rates below		
3. Show Official Receipt to staff-in-charge.	3. Check Official Receipt	None	1 minute	Therapist-in-charge
3. Stay at designated seats at the Rehab waiting area, and wait to be called for fitting and checkout session.	3. Get patient and start fitting and checkout. a. Splinting b. Seat Modification c. Wheelchair	None	1 hour 2 hours 2 hours	Therapist-in-charge
3.1 Listen to caregiver education regarding proper usage and care of and precautions of splint/modified seat/wheelchair.	3.1 Provide caregiver education and training regarding proper usage and care of precautions of splint/modified seat/wheelchair.	None	5 minutes	Therapist-in-charge
4. After session, sign Rehab Running Notes.	4. Have patient's caregiver sign Rehab Running Notes.	None	1 minute	Therapist-in-charge
	TOTAL	See List of Rehab Procedures and Rates below	2 hours, 14 minutes	

FEES FOR WHEELCHAIR MANAGEMENT		
	PAY	SERVICE
2 Hours	PHP 1,400	PHP 1,120
4 Hours	PHP 2,000	PHP 1,600
8 Hours	PHP 3,200	PHP 2,560



Request and Processing of Documents for Financial Aid

Documents for financial aid are papers needed by patient to ask for financial support from NGO, Government Agency and other financially assisting individual and organizations.

Office or Division:	Cancer and Hematology Division	
Classification:	Simple	
Type of Transaction:	G2C-Government-to-Citizen G2G-Government-to-Government	
Who may avail:	Service Patients	
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
	Confirmed Appointment	SMS Sent by the Cancer and Hematology Official Cellular Phone Number
	COVID Triage Clearance	Main Lobby - Cancer and Hematology Division (CHD) Triage Nurse
	OPD Card	Ground Floor – Cancer and Hematology Division (CHD) OPD
	Medical Social Service Classification	Ground Floor - Medical Social Worker
	Fund Stub	Ground Floor - Public Assistance Office

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Request for documents needed</p> <p>1.a Send SMS Message for document request (for patient without consultation or early request)</p> <p>1.b Fill up request slip at the OPD (for patient with consultation)</p>	<p>1.1 Confirm request for documents</p> <p>1.2 Send SMS reply to request</p> <p>1.2 Receive request slip for the patient with OPD consultation</p>	None	<p>2 – 5 minutes</p> <p>5 minutes</p> <p>2 minutes</p>	<p><i>Cancer and Hematology Division OPD Clerk</i></p>
<p><i>Documents requested will be available after 1 week from submission and/or confirmation of request.</i></p>				
<p>2. Retrieve of Documents</p> <p>2.a.1 Inform Lobby Guard of document retrieval</p> <p>2.a.2 Wait at the Lobby for the documents (for patient without consultation/without COVID RAT)</p> <p>2.b.1 Submit for triage pre-assessment and present COVID RAT result (for patient with consultation)</p> <p>2.b.2 After consultation</p>	<p>2.1 Provide the documents requested</p> <p>2.2 Deliver the documents at Main Lobby</p> <p>2.3 Hand over the documents</p>	None	5 minutes	<p><i>Cancer and Hematology Division OPD Clerk</i></p> <p><i>PCMC Lobby Guard</i></p> <p><i>Cancer and Hematology Division Triage Nurse</i></p>

may retrieve the documents at Window 2				
3. Get the order of payment If with fund, give the stub to the clerk	3. Prepare and issue Order of Payment Encode in Trust fund system	None See Price List	2 minutes 5 minutes	<i>Cancer and Hematology Division OPD Clerk</i>
4. Pay at the cashier	4. Prepare and issue Official Receipt	See Price List	10 minutes	<i>Accounting Division Cashier</i>
	Total	*Rate of Payment as stated below	30 minutes + 1 week after request been made and + consultation	

PROCEDURE	MAY PHILHEALTH	LEDGER	CASH
Blood Transfusion	330.00	330.00	200.00
Pack RBC (PRBC)	330.00	330.00	200.00
Platelet Concentrate (PC)	330.00	330.00	200.00



Scheduling of Endoscopic Procedures

Esophagogastroduodenoscopy (EGD) - a diagnostic endoscopic procedure that visualizes the upper part of the gastrointestinal tract (esophagus, stomach, second part of the duodenum)

Biopsy- obtaining specimen in the upper/lower part of the gastrointestinal tract for histopathologic examination

Rubber band ligation (RBL) - uses elastic bands to treat enlarged veins or varices in the esophagus

Sclerotherapy – injection of sclerosing agent into the varices

Percutaneous Endoscopic Gastrostomy (PEG) insertion- endoscopic guided insertion of gastrostomy tube

PEG Replacement- change of gastrostomy tube (endoscopy guided on the initial change)

Foreign body removal- endoscopic guided removal of ingested foreign body dislodged on the esophagus, stomach, or duodenum

Colonoscopy- a diagnostic endoscopic procedure that visualizes the lower part of the gastrointestinal tract (rectum, sigmoid, descending colon, transverse colon, ascending colon, cecum and terminal ileum)

Polypectomy- endoscopic guided removal of polyps

Office or Division:	Section of Pediatric Gastroenterology, Hepatology and Nutrition			
Classification:	Simple			
Type of Transaction:	G2G- Government-to-government, G2C-Government-to-citizen			
Who may avail:	Out-patients and In-patients (Service and Pay); age 0-18 years old			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
OPD Card (original) -for service patients only			OPD section, Ground floor, Philippine Children's Medical Center	
PWD Card (Original/Scanned/Soft copy) – when applicable			City Hall	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Consult at Gastro OPD/ Private clinic for appropriate Endoscopic procedure.	Evaluate patient for appropriateness of procedure.	OPD: P210.00 Private Clinic: Consultation Fee	30 minutes	<i>GI Fellow/ Attending Physician</i> OPD Room 5 & 6 Telemedicine/ Private Clinic
2. Request for quotation of procedure being requested	Issues quotation for procedure	None	5 minutes	<i>Surgery and Anesthesia Clerks</i> Surgery and Anesthesia Office 2 nd floor
3. Wait for Endoscopy schedule and laboratory requests	3.1 Gives the earliest available schedule 3.2 Issues laboratory requests to the patient	None	5 minutes	<i>GI Fellow/ Attending Physician</i> OPD Room 5 & 6 Telemedicine/ Private Clinic
4. Give request for pre-procedural lab tests	Performs the requested pre-procedural tests (CBC, PT, PTT, Chest Xray) *COVID RT PCR/RAT (if applicable)	None	5 minutes	<i>Laboratory, Radiology, Covid Lab/Testing Personnel</i> Laboratory, Radiology Department, Covid Testing Center
5. Consult at Gastro OPD/ Private clinic once with laboratory results	GI Fellow/Attending Physician will provide initial clearance	OPD: P 210.00 Private Clinic: Consultation Fee	15 minutes	<i>GI Fellow/ Attending Physician</i> OPD Room 5 & 6 Telemedicine/ Private Clinic
6. Consult to Anesthesia for evaluation and final clearance	Anesthesiologist will assess and evaluate the patient and provide the final clearance	None	1 hour	<i>Anesthesia Fellow</i> OR Reception Area, 2 nd floor
			TOTAL: 2 hours	



Availment of Endoscopic Procedure

Esophagogastroduodenoscopy (EGD) - a diagnostic endoscopic procedure that visualizes the upper part of the gastrointestinal Tract (esophagus, stomach, second part of the duodenum)

Biopsy- obtaining specimen in the upper/lower part of the gastrointestinal tract for histopathologic examination

Rubber band ligation (RBL) - uses elastic bands to treat enlarged veins or varices in the esophagus

Sclerotherapy – injection of sclerosing agent into the varices

Percutaneous Endoscopic Gastrostomy (PEG) insertion- endoscopic guided insertion of gastrostomy tube

PEG Replacement- change of gastrostomy tube, endoscopy guided on the initial change

Foreign body removal- endoscopic guided removal of ingested foreign body dislodged on the esophagus, stomach, or duodenum

Colonoscopy- a diagnostic endoscopic procedure that visualizes the lower part of the gastrointestinal tract (rectum, sigmoid, descending colon, transverse colon, ascending colon, cecum and terminal ileum)

Polypectomy- endoscopic guided removal of polyps

Office or Division:	Section of Pediatric Gastroenterology, Hepatology and Nutrition	
Classification:	Simple	
Type of Transaction:	G2G- Government-to-government, G2C-Government-to-citizen	
Who may avail:	Out-patients and In-patients (Service and Pay); age 0-18 years old	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
OPD Card (original) -for service patients only		OPD section, Ground floor, Philippine Children's Medical Center
PWD Card (original/scanned/soft copy) – when applicable		City Hall

Laboratory Results (CBC, PT, PTT, Chest Xray)- Original/Scanned/Soft copy; 1 copy each		Laboratory and Radiology Department, Ground floor, Philippine Children's Medical Center or other hospitals		
COVID RT PCR/ RAT Result (Original/Scanned/Soft copy; 1 copy; RT PCR/ RAT (if applicable)		COVID Testing Center, Ground floor, Philippine Children's Medical Center or other testing centers		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to PCMC Operating Room Complex on day of endoscopy procedure once with clearance	The endoscopy nurse will check name of the patient, laboratory exam and final clearance	None	5 minutes	<i>Endoscopy Nurse</i> OR Reception Area, 2 nd floor
2. Wait for GI fellow/ Consultant for the procedure to be done	GI Fellow or consultant will do the endoscopic procedure.	None	2 hours	<i>GI Fellow/ Consultant</i> OR, 2 nd floor
3. Guardian will stay at the recovery room with the patient	Endoscopy Nurse will monitor the patient at the Recovery Room.	None	2 hours	<i>Endoscopy Nurse/ GI Fellows</i> Recovery room, 2 nd floor
4. Wait for encoding of charges	Gastro clerk will encode the charges.	None	10 minutes	<i>Gastro Clerk</i>
5. Pay for charges/billing	Cashier clerk will receive payment from the patient.	Use existing rates *EGD: Service: ₱17,842.40 Pay: ₱17,942.40 *EGD with Biopsy: Service: ₱ 19,342.40 Pay: ₱ 20,132.40 *EGD with RBL: Service: ₱ 19,342.40 Pay: ₱ 20,132.40 *Foreign body removal: Service: ₱ 16,620.20 Pay: ₱ 17,410.20	5 minutes	<i>Cashier clerk,</i> Ground floor

		<p>*PEG Insertion: Service: ₱20,466.50 Pay: ₱ 21,256.50</p> <p>*PEG Replacement: PEG Insertion: Service: ₱20,466.50 Pay: ₱ 21,256.50</p> <p>Colonoscopy: Service: ₱18,129.89 Pay: ₱ 18,789.89.00</p> <p>Colonoscopy with biopsy: Service: ₱20,379.89 Pay: ₱ 21,239.89.00</p> <p>Colonoscopy with polypectomy: Service: ₱20,379.89 Pay: ₱ 21,239.89.00</p> <p>*Cost may vary Pay: Professional Fees not yet included</p>		
6. Patient to be sent home once cleared by the doctor with home instructions	Final discharge instructions will be given by the OR Nurse.	None	10 minutes	<i>OR Nurse</i> Operating Room, 2 nd floor
TOTAL			4 hours and 30 minutes	



Service Name: Cardiology Procedures Scheduling

Service Information: Cardiology is a medical specialty and a branch of internal medicine concerned with disorders of the heart. It deals with the diagnosis and treatment of such conditions as congenital heart defects, coronary artery disease, electrophysiology, heart failure and valvular heart disease. Cardiologist also request cardiology procedures such as ECG, 2D Echo, Fetal 2D echo, Holter Monitoring and Treadmill Stress Test.

Office or Division:	Section of Pediatric Cardiology			
Classification:	Simple			
Type of Transaction:	Government to Client			
Who may avail:	Out Patients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Request form			Attending Physician	
PSYCHOLOGICAL SERVICES SCHEDULING				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Give the OPD card, request slip to the section clerk.	1) Check the OPD card and referral slip of the patient from the attending doctor	N/A	1 minute	Section Clerk
2) Get an appointment for the cardiology procedures being requested	2) Offer the earliest availability of cardiology procedure to the guardian/parent of the patient	N/A	5 minutes	Section Clerk
TOTAL			7 minutes	

CARDIOLOGY PROCEDURES APPOINTMENT DATE				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Present the schedule/request slip to section clerk on the day of appointment and wait for the order of payment	1) Verify the OPD card and match the schedule/request slip to the schedule logbook. Make an order of payment	N/A	2 minutes	Section Clerk
2) Wait for the order of payment	2) Make an order of payment from the Bizbox system of the hospital	N/A	5 minutes	Section Clerk
3) Pay for the corresponding amount to Cashier's Office	3) Process the payment and give the official receipt	ECG – 520.00 (pay) 315.00 (service) 2D Echo – 3,625.00 (pay) 1,968.75 (service) Fetal 2D Echo – 4,140.00 (pay) 2,205.00 (service) Holter Monitoring – 4,000.00 (pay) 2,100.00 (service) Treadmill Stress Test – 2,500.00 (pay) 1,275.00 (service)	10 minutes	Cashier Clerk
3.a) Patient with ledger can also pay the procedures	3.a) Process the payment thru ledger using the TIF box system of the hospital	ECG – 520.00 (pay & service) 2D Echo – 3,625.00 (pay & service) Fetal 2D Echo – 4,140.00 (pay & service) Holter Monitoring – 4,000.00 (pay & service)	5 minutes	Section Clerk

		Treadmill Stress Test – 2,500.00 (pay & service)		
3) Wait to be called for performance of the procedure proper	3) Prepare machine and other supplies then perform requested procedure	N/A	ECG – 10 to 20 minutes 2D Echo – 20 to 30 minutes Fetal 2D Echo – 30 minutes to 1 hour Holter Monitoring – 30 minutes Treadmill Stress Test = 30 minutes	Cardiology Consultant / Cardiology Technologist
4) For the Holter Monitoring, come back the next day for the removal of the recorder.	5) The cardiology Technologist will remove the recorder from the patient	N/A	5 minutes	Cardiology Technologist
6) Get schedule when official result can be claim	7) Inform the guardian/parent of the patient when result can be claim	N/A	2 minutes	Cardiology Technologist
	TOTAL		1 hour 48 minutes	



TB Registration and Enrollment

TB Clinic offers free medicines among pediatric patients with Tuberculosis.

Office or Division:	General Pediatric Services Division			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen, G2G – Government to Government			
Who may avail:	New and Old Pediatric Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
TB Clinic Registration Form		Attending Physician (OPD)		
Prescription Form		Attending Physician (OPD)		
OPD Card (if available)		OPD (1 st floor)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give TB Clinic Registration Form and prescription forms for anti-TB medicines to NTP nurse.	Receive and review registration form and prescription form from the patient. Encode patient's data in the TB registry.	None	30 minutes	NTP Nurse TB Clinic
2. Follow instructions of the NTP Nurse.	Provide TB education and counseling. Dispense anti-TB medicines and provide schedule for follow up. Give instructions in answering client satisfaction survey form.	None	25 minutes	NTP Nurse TB Clinic
3. Drop client satisfaction	Collect client satisfaction survey	None	5 minutes	NTP Nurse

survey form inside the drop box.	forms.			TB Clinic
TOTAL		None	1 hour	



TB Screening and Diagnosis

TB Clinic provides comprehensive screening and diagnosis among pediatric patients with Presumptive Tuberculosis

Office or Division:	General Pediatric Services Division			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen, G2G – Government to Government			
Who may avail:	New and Old Pediatric Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request for Chest X-ray, Xpert MTB/RIF and PPD Test/TST		Attending Physician (OPD)		
OPD Card (if available)		OPD (1 st floor)		
Ledger (if available)		PASSD (1 st floor)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give the test procedure request form/s for TB screening and diagnosis to NTP nurse.	Receive, review and stamp the test procedure form/s.	None	10 minutes	<i>NTP Nurse</i> TB Clinic

<p>2. Pay corresponding fee/s for the screening and/or diagnostic procedure.</p>	<p>2.1 Send patient to OPD for payment of PPD Test/TST and NGT Insertion fee (if warranted).</p> <p>2.2 If for Xpert MTB/RIF, provide instructions on specimen collection and date of follow up for the procedure.</p> <p>2.3 Instruct patient to go to Radiology for processing of Chest X-ray request.</p>	<p>TST/PPD Test Service: ₱ 200.00 Pay: ₱ 250.00</p> <p>If with available PPD supply from DOH: TST/PPD Test Injection Fee Service: ₱ 60.00 Pay: ₱ 170.00</p> <p>GASTRIC AFB COLLECTION Service: ₱ 80.00 Pay: ₱ 120.00</p> <p>XPERT MTB/RIF: None</p> <p>CHEST XRAY PA LAT: Service: ₱ 459.75 Pay: ₱ 697.00</p>	<p>15 minutes</p>	<p>NTP Nurse TB Clinic</p>
<p>3. Present the official receipt/s to NTP Nurse.</p>	<p>Perform the requested procedure/s. Give instructions on scheduled follow up for the specimen collection for the procedure, interpretation of results and in answering client satisfaction survey form.</p>	<p>None</p>	<p>30 minutes</p>	<p>Immunization/Procedure Room Nurse Out-Patient Department</p>

4. Fill up client satisfaction survey form and put inside the drop box.	Collect client satisfaction survey forms.	None	5 minutes	NTP Nurse TB Clinic
TOTAL		Service Patient: ₱739.75 Pay Patient: ₱1,067.00 If with DOH supply Service: ₱599.75 Pay: ₱987.00	1 hour	



Service Name: Triage of Patients for Consultation

Service Information: All pediatric patients and high-risk pregnant women needing medical care or management shall pass through the screening area to sort patient from COVID suspect to non-COVID suspect patients.

Office or Division:	Pediatric Critical Care Division			
Classification:	Simple			
Type of Transaction:	Government to Citizen (G2C)			
Who may avail:	Pediatric Patients and High-Risk Pregnant Women			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Health Declaration Form		PCMC Main Triage		
Referral Form/SMS/Appointment Slip		Attending Physician		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1) Fill-up Health Declaration Form or Screening Form	1. Give the health declaration form per person and assist the client	N/A	1 minute	Triage Guard on Duty
2) Present your filled up health declaration form and referral letter/SMS message in the assessment window	2. Verification of the filled-up form or appointment slip 2.0 Accomplish the rapid triage assessment form 2.1 Assess the patient vital signs and level of consciousness 2.2 To get weight and height of the patient 2.3 Submit the accomplished form to the triage clerk for encoding (for urgent and walk-in consult only)	N/A	5 minutes (for scheduled consult) 15 minutes (for walk-in consult)	Triage Nurse on Duty Triage Nurse on Duty and Triage Clerk on Duty
3) For walk-in consult: Proceed on the waiting area and wait until the name to be called.	3. Bring the rapid assessment form to the triage physician on duty. 3.1 Advise the client to wait for the name to be called.	N/A	5 minutes	Triage Nurse on Duty

<p>3.1) For scheduled consult: Proceed to the OPD once cleared.</p>	<p>3.1.0 Assess the patient and watcher for any COVID-19 symptoms and exposures</p> <p>3.1.1 Give the guard pass once cleared and advised to proceed directly to the OPD</p>		<p>2 minutes</p>	<p>Triage Nurse on Duty</p>
<p>4) For pediatric patient: Proceed to consultation area once called for examination and assessment.</p> <p>4.1) For Pregnant Women: Proceed to Blue-room in front of ER and wait for the OB-GYNE Doctor on Duty.</p>	<p>4.0.1 Call the patient for assessment 4.0.2 Advise the patient and request for any need of diagnostic test 4.0.3 Prescribe medication(s) as necessary 4.0.4 Advise patient's parent/guardian on proper disposition of the patient</p> <p>4.1.1 Coordinate the presence of a pregnant women at the perinatal department 4.1.2 Assess the patient condition 4.1.3 Advise the patient on proper disposition of her condition</p>	<p>For Urgent pediatric consult: Pay Patient = 550 pesos Service Patient = 415 pesos Clearance only: None</p>	<p>30 minutes</p> <p>10 minutes</p> <p>30 minutes</p>	<p>Triage Physician on Duty</p> <p>Triage Physician on Duty and Triage Nurse on Duty</p> <p>OB-GYN Fellow on Duty</p>
	<p>Total for Pediatric Patient (Walk-in Consult)</p>		<p>51 minutes</p>	
	<p>Total for Pediatric Patient (Scheduled Consult)</p>		<p>8 minutes</p>	
	<p>Total for High-Risk Pregnant Women</p>		<p>1 hour and 2 minutes</p>	

Nursing Services



Service Name: Affiliation of Nursing Students

Office or Division:	Nursing Service			
Classification:	Complex			
Type of Transaction:	Government –to- Citizen (G2C)			
Who may avail:	Nursing School Representatives			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Intent		Affiliating School		
Contract of Affiliation/Memorandum of Agreement		Affiliating School		
School Profile		Affiliating School		
Dean and Faculty Members Profile		Affiliating School		
License to Operate as College/University/Institute of Nursing		Affiliating School		
Name of students		Affiliating School		
Program of Clinical Rotation/Instruction		Affiliating School		
Medical Certificate		Affiliating School		
Medical Clearance		PCMC Personnel's Clinic		
Students PCMC ID		HRMD		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit School Affiliation requirements and Letter of Intent to the Office of the	1.1 Review if Affiliation requirements and Letter of Intent are complete and correct	None	15 minutes	Nursing Training Supervisor
	1.2 Submit the reviewed Letter of		5 minutes	Nursing Training

<p>Executive Director</p>	<p>Intent to the Deputy Executive Director for Nursing Services(DEDNS)</p> <p>1.3. Approve upon review of the School's Intent for Affiliation</p> <p>1.4. Notify school of the approval.</p>		<p>15 minutes</p> <p>10 minutes</p>	<p>Secretary</p> <p>Deputy Executive Director for Nursing Services (DEDNS)</p> <p>Nursing Training Supervisor</p>
<p>2. Submit Memorandum of Agreement (MOA between Nursing School and PCMC to the Nursing Training Office</p>	<p>2.1 Review the MOA for complete and correct details once with approved Letter of Intent.</p> <p>2.2 Prepare routing slip</p> <p>2.3 Forward routing slip to the office of the DEDNS for approval and signature</p> <p>2.3 Review and sign the MOA</p> <p>2.4 Forward MOA to the Office of Professional Education, Training & Research (OPET)</p>	<p>None</p>	<p>10 minutes</p> <p>5 minutes</p> <p>5minutes</p> <p>15 minutes</p> <p>5 minutes</p>	<p>Nursing Training Supervisor</p> <p>Nursing Training Supervisor</p> <p>Nursing Training Secretary</p> <p>DEDNS</p> <p>Nursing Training Secretary</p>

	<p>2.5 Review and endorse the MOA prior to endorsement to the Executive Director</p> <p>2.5 Forward to the office of the Executive Director</p> <p>2.6 Review, approve and sign the MOA</p>			<p>OPET Deputy Executive Director</p> <p>OPET Secretary</p> <p>Executive Director</p>
3. Pay at the Cashier Section	<p>3.1 Review list of approved affiliating students</p> <p>3.2 Prepare and give the billing statement to the affiliating school's representative</p> <p>3.3 Issue official receipt</p>	None	<p>15 minutes</p> <p>10 minutes</p> <p>3 minutes</p>	<p>CDNA</p> <p>Nursing Training Secretary</p> <p>Cashier</p>
4. Identify students who will attend the general orientation	<p>4.1 Prepare communication to OPET and HRMD(Human Resource Management Division) with details that include names of students, name of school, period of affiliation and name of Clinical</p>	None	20 minutes	Nursing Training Supervisor

	<p>Instructor</p> <p>4.2 Provide the Personnel's Clinic , copies of medical certificates of students</p> <p>4.3 Forward medical clearances of students to HRMD for processing of ID cards.</p> <p>4.4 Prepare ID cards for endorsement to the office of the Executive Director</p> <p>4.4 Coordinate with the school representative for the schedule, areas of assignment and orientation schedule for students</p> <p>4.5 Prepare venue for orientation</p> <p>4.6 Orients student nurses of PCMC policies and activities</p>		<p>10 minutes</p> <p>10 minutes</p> <p>15 minutes</p> <p>15 minutes</p> <p>1 hour</p>	<p>Nursing Training Secretary</p> <p>Personnel's Clinic Secretary</p> <p>HRMD staff</p> <p>Nursing Training Supervisor</p> <p>Nursing Training Secretary</p> <p>Nursing Training Supervisor</p>
5. Send student nurses to PCMC	5.1 Check and monitor activities of student nurses and their	None	15 minutes	Nursing Training Supervisor

following the agreed clinical area and schedule of their duty	Clinical Instructor			
	Total		258 minutes (4 hours 3 mins) excluding duration at the OPET and Director's Office	



Discharge of Admitted Patients

The Nursing Services carry out and facilitate doctor's order for the admitted patients prior to discharge based on the appropriate care and services rendered during his/her hospital stay.

Office or Division:	Nursing Services Department			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	Admitted patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Philhealth Form		Philhealth Office		
Valid ID of parent		Government/Private Office		
*Certificate of Indigency		Barangay where patient resides		
*Certificate of Employment for Government Employees		Government Agency where patient/parent is employed		
*PWD Form		LGU		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Prepare for discharge by submitting the following requirements: <ul style="list-style-type: none"> a. Certificate of indigency, Valid ID, b. PWD form, Certificate of Employment for Government Employees 	1.1 Inform patient about the doctor's discharge order 1.2 Carry out doctor's discharge order. 1.3 Facilitate discharge clearance by:	None		

	<p>1.3.1 Seek clearance from different hospital sections</p> <p>1.3.2 Accomplish Final CF2 and CF4 for Philhealth member</p> <p>1.3.3 Forward discharge clearance, CF2 and CF4 to the Billing Section</p> <p>1.3.4. Facilitate Professional Fee (PF) of pay patient</p> <p>1.4 Prepare final discharge summary for Service patient</p>		<p>3 minutes</p> <p>1 minute</p> <p>60 minutes</p>	<p><i>Nurse</i></p> <p><i>Nurse</i></p> <p><i>Ward Clerk</i></p> <p><i>Attending Physician</i></p> <p><i>Ward Clerk</i></p> <p><i>Ward Clerk</i></p> <p><i>Attending Physician</i></p>
2. Wait for the final hospital bill	<p>2.1 Prepare final hospital bill</p> <p>2.2 Inform patient to settle hospital bill once available</p>	None	60 minutes	<p><i>Billing staff</i> <i>Billing and Claims Division</i></p> <p><i>Nurse</i></p>

<p>3. Get the final hospital bill and prepare the following:</p> <p>*Proceed to Social Service if needs financial assistance</p>	<p>3.1 Give the final hospital bill</p> <p>3.2 Issue funding for payment of hospital bill</p>	<p>None</p>	<p>5 minutes</p> <p>20 minutes</p>	<p><i>Billing Staff</i> Billing and Claims Division</p> <p><i>Social Worker</i></p>
<p>4. Pay the required amount at the cashier</p>	<p>4.1 Receive payment and issue Official Receipt (OR)</p>	<p>Hospital bill</p>	<p>5 minutes</p>	<p><i>Cashier Staff</i> Cashier Section</p>
<p>5. Get Discharge clearance from Cashier at the Billing Section during office hours and at the Cashier after office hours</p>	<p>5.1 Issue Discharge Clearance Slip</p>	<p>None</p>	<p>5 minutes</p>	<p><i>Billing Staff</i> Billing and Claims Division</p>

6. Go back to Ward and present discharge Clearance Slip	6.1 Explain discharge instructions to patient/parents 6.2 Give prescription of doctor for home medications and laboratory request (if need to be done on outpatient basis, with result on follow-up). 6.3 Give Final discharge summary for Service patient 6.4 Sign the discharge clearance slip 6.5 Instruct to fill out Client Satisfaction Survey	None	15 minutes	<i>Nurse</i>
7. Proceed to Admitting Office and present discharge clearance. *Drop the Client Satisfaction Survey in the designated dropbox.	7.1 Tag at BizBox database that patient was discharged	None	5 minutes	<i>Admitting Clerk</i>
8. Give discharge clearance	8.1 Check Discharge Clearance	None	3 minutes	<i>Lobby Guard</i>
Total		Hospital Bill	183 minutes	



Sale of Re-Processed (Sterilized) Medical Supplies

Sterilization Room sells sterilized or re-processed medical supplies to out-patients with chronic illnesses needing oral or nasal suctioning.

Office or Division:	Nursing Department (Sterilization Room)			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen (G2C)			
Who may avail:	Out-Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
List of items needed		OPD or Ward Area		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON / S RESPONSIBLE
1. Present list of items needed and wait for the Order of Payment at the Receiving area. * If with ledger/fund, give the stub and proceed to Step 3	1.1 Receive and review list of items. 1.2 Prepare and issue Order of Payment (OP) * Double check availability of fund and encode in the Trust Fund System	Refer to Price List	7 minutes	Clerk/NA Sterilization Room
2. Pay at the Cashier	2.1 Prepare and issue Official Receipt	Refer to OP	7 minutes	Cashier Staff Treasury Division
3. Go back to SR and present OR in exchange of bought items.	3.1 Check OR and dispense items bought	None	1 minute	Clerk/NA Sterilization Room
TOTAL:		Varies	15 minutes	

Sterilization Room Price List

Medical Supplies	Selling Price
Suction Bottle	Php 25.00
Rubber Tubing	Php 135.00
Re-processing of Rubber Tubing	Php 70.00

LIST OF OFFICES	
OFFICE OF THE EXECUTIVE DIRECTOR	
Executive Director	
Management Services Department	
Corporate Planning Division	
Management Information Systems Division	
OFFICE OF THE DEPUTY EXECUTIVE DIRECTOR FOR MEDICAL SERVICES	
Medical Services Department	
Child Neuroscience Division	
Cancer and Hematology Division	
Neonatology Division	
Adolescent Medicine Division	
Pediatric Critical Care Division	
Medical Internal Systems Specialties Division	
General Pediatric Services Division	
Surgical Services Department	
Pediatric Surgery Division	
Pediatric Anesthesia Division	
Perinatology Division	
Pediatric Dentistry Division	
Allied Medical Department	
Pathology Division	
Radiology Division	
Rehabilitation Medicine Division	
OFFICE OF THE DEPUTY EXECUTIVE DIRECTOR FOR NURSING SERVICES	
General Nursing Department	
Critical and Special Care Department	
OFFICE OF THE DEPUTY EXECUTIVE DIRECTOR FOR EDUCATION, TRAINING AND RESEARCH SERVICES	
Clinical Research Department	
Health Information Management Division (formerly Medical Records and Library Division)	
Clinical Trial and Research Division	

Education and Training Department
Medical Education and Training Division
Nursing Education and Training Division
Personnel Development Division
OFFICE OF THE DEPUTY EXECUTIVE DIRECTOR FOR HOSPITAL SUPPORT SERVICES
Finance Services Department
Accounting Division
Budget Division
Treasury Division
Billing and Claims Division
Administrative Services Department
Human Resource Management Division
General Service Division
Procurement Division
Materials Management Division
Ancillary Services Department
Nutrition and Dietetics Division
Patients Assistance & Support Services Division
Pharmacy Division

FEEDBACK AND COMPLAINTS MECHANISM

How to send feedback	<ol style="list-style-type: none"> 1. Answer the Client Satisfaction Survey Form given by hospital staff after service is rendered. Drop this at the designated box in the frontline services or at the lobby. 2. The client can also send a message to the PCMC Facebook account.
How feedbacks are processed	<p>The results of client satisfaction surveys of the front liners are opened daily and analyzed.</p> <p>Those requiring answers and immediate attention are attended promptly.</p> <p>All hospital units prepare their monthly report to be submitted to the Quality Management Office.</p>
How to file a complaint	<ol style="list-style-type: none"> 1. Fill out a complaint form provided by the Public Information and Complaint Desk or write a letter addressed to the Executive Director narrating specific details of the complaint. <p>Or send their complaint thru the Contact Us portion of the website</p> <p>Or send a message to the PCMC Facebook Account.</p>
How complaints are processed	<ol style="list-style-type: none"> 1. The Public Information and Complaint Desk will forward the complaint to the Public Relations Officer (PRO). 2. The PRO shall review the nature of complaint. 3. For simple complaints, the PRO shall answer it immediately. 4. For complex complaints, the PRO will forward it to the concerned Department for appropriate action. 5. Concerned Department will send a copy of result of investigation and action to PRO. 6. Provide the complainant a feedback after receiving result of investigation and action of the concerned Department thru a letter signed by the Executive Director.
Contact Information of CCB, PCC, ARTA	<p>Contact Center ng Bayan 0908-888 16565 or 1-6565</p> <p>Presidential Complaint Center 8-784-4286 local 4029</p> <p>Anti-Red Tape Authority 0908-881-6565;888</p>

**Philippine Children's Medical Center
KEY OFFICIALS
CY 2022**

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