



**PHILIPPINE CHILDREN'S MEDICAL CENTER**  
Quezon Avenue, Quezon City

# **CITIZEN'S CHARTER**

March 2021. 4th Edition.



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2021 (4<sup>th</sup> 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.

## **I. Vision**

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

## **II. Mission**

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

## **III. Service Pledge:**

Core Values: **P**rofessionalism  
**C**itizen-focused  
**M**alasakit  
**C**reativity





## 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.



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**EDUCATION, TRAINING and RESEARCH**  
**External Services**



## Application for Clinical Fellowship Training Program (A. Regular)

Application for Clinical Fellowship Training Program opens 2 – 3 months prior to the start of its training proper. The Education, Training and Research Services under the Education and Training Department facilitate 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.

<b>Office or Division:</b>	Education, Training and Research Services
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)
<b>Who may avail:</b>	Medical Doctors who graduated from Residency Training Program
<b>CHECKLIST OF REQUIREMENTS</b>	
<b>WHERE TO SECURE</b>	
Letter of Intent	Applicant
Curriculum Vitae with (2) 2x2 pictures	
Certificate of Completion of Pediatric Residency/General Surgery/ OB-GYNE/Anesthesia/ENT/Psychiatry/ Radiology	Hospital where the applicant completed his/her Residency Training.
Recommendation Letter from Department Chair, Training Officer, 1 Active Consultant	Hospital where the applicant completed his/her Residency Training.
Authenticated PRC Board Rating	PRC
Certificate / Certification of Passing to 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/Infraction (sealed)	Hospital where the applicant completed his/her Residency Training



<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit complete requirements	Receive and check completeness of required credentials	None	5 minutes	AA III, ETRS
2. Take Entrance Examination	2.1 Facilitate Entrance Exam for applicants	PHP 500.00	Entrance Exam: 2 hours	AAIII Div. Head, Med Education and Training
	2.2 Write communication to the concerned subspecialty sections of applicants' scores	None	5 minutes	Head, Education and Training Dept.
3. Receive notification of schedule of pre-fellowship training and requirements	3.1 Subspecialty Sections submit communication to ETD/ ETRS regarding applicants who will undergo pre-fellowship training with respective schedule	None	2 – 3 days	Heads of Concerned subspecialty sections
	3.2 ETD gives instructions of each respective schedule of pre-fellowship training and other relevant medical requirements prior to start of pre-fellowship training	None	5 minutes	AA III, ETRS
4. Undergo Pre-Fellowship Training	Subspecialty sections screens, interviews, evaluates	None	variable - depends in the sections' requirement;	TO / Heads of Concerned Department/Division Deputy Director, ETRS



			1 week – 3 months	
5. Undergo Deliberation	5.1 Sections recommends acceptance	None	2 – 3 days	Heads of Concerned Dept./Division
	5.2 Give endorsement thru channels for approval of the Executive Director	None		Management
6. Receive notification of application status	6.1 HRMD informs accepted applicants of pre-employment requirements	None	3minutes	HRMD Staff
	6.2 ETD informs not accepted applicants of status of application	None	3 minutes	AAIII, ETRS
<b>Total</b>		<b>PHP 500.00</b>	<b>1 week – 3 months</b>	





## Application for Pediatric Residency Training Program

Application for Pediatric Residency Training Program opens 4 months prior to the start of its training proper.

<b>Office or Division:</b>	Education, Training and Research Services			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Licensed Physicians			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter of Intent		Applicant		
Curriculum Vitae with two (2) 2x2 picture				
Transcript of Record		School where the applicant graduated		
Diploma				
Class Rank and Gen. Weighted Average				
PRC Board Rating		PRC		
Certificate of Commendation/Infraction		School where the applicant graduated		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit complete requirements	Receive and check completeness of required credentials	None	3 minutes	Clerk III, Medical Education and Training Division
2. Take Entrance Examination	Facilitate Entrance Exam	Php 500.00	Entrance Exam: 2 hours	Clerk III, Chief Resident, Pediatric Residency Training Officer, Head, Medical Education and Training Division



3. Attend Pre- Residency Orientation	Conduct Orientation	None	1 hour	Clerk III, Chief Resident, Pediatric Residency Training Officer, Head, Medical Education and Training Division
4. Undergo Medical Screening	Endorse to Employees' Clinic for medical clearance	None	5 minutes	Clerk III, Medical Education and Training Division
5. Undergo Pre-Residency Training	Pediatric Residency Training Committee screens, interviews, evaluates	None	3 weeks	Pediatric Residency Training Committee
6. Undergo Deliberation	Pediatric Residency Training Committee recommend acceptance for approval of the Executive Director	None	2 days	Pediatric Residency Training Committee
7. Receive notification of status of application	Informs status of applicants (accepted or waitlisted)	None	3 minutes	Clerk III, Medical Education and Training Division
8. Report for Pre-Employment Requirements	Coordinate with HRMD for the processing	None	3 minutes	Clerk III, Medical Education and Training Division
<b>TOTAL</b>		<b>PHP 500.00</b>	<b>3 weeks, 2 days, 3 hours, 14 minutes</b>	



## Application for Student's Work Immersion/Practicum Program

Application for Student's work Immersion Program opens 2 weeks prior to the start of its training proper. 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.

<b>Office or Division:</b>	Education, Training and Research Services			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Students			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter of Intent		Student's Coordinator		
Contract of Affiliation		PCMC - ETRS		
Curriculum Vitae with (1) 1x1 picture		Student's Coordinator		
Medical Certificate from School Physician				
Student's Performance Evaluation				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit endorsement letter and Contract of Affiliation	Receive and check completeness of requirements	None	2 days	Clerk III, Medical Education and Training Division
2. Receive notification regarding the start of training	Coordinate section/s for scheduling of training and inform student's coordinator for the agreed schedule	None	3 minutes	Clerk III, Medical Education and Training Division
3. Undergo Medical Screening	Endorse to Employees' Clinic for medical clearance	None	5 minutes	Clerk III, Medical Education and Training Division



4. Report to HRMD for issuance of temporary ID	Endorse to HRMD for issuance of ID	PHP 50.00 for ID lamination	5 minutes	Clerk III, Medical Education and Training Division
5. Settle Affiliation Fee within the day	Issue order of payment for applicant's affiliation fee	PHP 100.00 per student per month	3 minutes	Clerk III, Medical Education and Training Division
6. Submit Evaluation at the end of rotation	Facilitate student's Evaluation forms	None	3 minutes	Clerk III, Medical Education and Training Division
<b>Total</b>		<b>PHP 150.00</b>	<b>2 days, 19 minutes</b>	



## ISSUANCE OF MEDICAL RECORDS

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.

<b>Office or Division:</b>	Medical Records & Library Division			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Patients/ Patient's Parent/s			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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 2. Other Government Institution		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to MRS and fill up request form for medical information.	Issue request form for medical information.	None	5 minutes	Clerk, Medical Records Section, Reception Area
2. Submit duly filled up request for medical information form and get Order of Payment then pay at the Cashier	Issue Order of Payment and direct the parent/authorized representative to pay at the Cashier		5 minutes	Cashier, Ground Floor, PCMC Main Building





2.1 Certified True Copy of Results		PHP 5.00		Clerk, Medical Records Section, Reception Area
2.2 Certificate of Confinement		PHP 15.00		
2.3 Medical Certificate		PHP 30.00		
2.4 Clinical Abstract		PHP 60.00		
3 Present the Official Receipt and get the Claim Stub and contact number to know when to follow up to claim requested documents.	Get the OR number and issue claim stub with contact number	None	5 minutes	Clerk, Medical Records Section, Reception Area
3.1 Photocopy of Results			5 minutes	Clerk, Medical Records Section, Reception Area
3.2 Certificate of Confinement			15 minutes	Clerk, Medical Records Section
3.3 Medical Certificate			3 days	Clerk, Medical Records Section
3.4 Clinical Abstract		None	5 days	Clerk, Medical Records Section



4 Claim the requested documents on the designated schedule, present requirements and sign on the request form.	Check the requirements and issue the requested document	None	5 minutes	Clerk, Medical Records Section, Reception Area
		<b>See above rates</b>	<b>8 days and 40 minutes</b>	



## Medical Affiliation

Medical trainees from affiliated institutions are sent to PCMC to observe and learn on the latest trend and management of Pediatric patients.

<b>Office or Division:</b>	Education, Training and Research Services			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Medical Trainees from Affiliated Institutions			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Endorsement Letter		Affiliating institution		
Memorandum of Agreement		Affiliating institution		
Medical Clearance Requirements		Medical Trainee from Affiliated Institution		
Temporary ID and Bundy Card		PCMC HRMD		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Endorsement Letter & MOAA	1.1 Receive submitted documents 1.2 Log requests of monthly rotation 1.3 Verify accommodation to subspecialty of choice 1.4 Facilitate signing of MOAA	None	2 days	AA III, ETRS
2. Undergo Medical Clearance prior to scheduled month of rotation	Endorse to Employees' Clinic for accommodation	PHP 50.00 (reading fee of chest xray film)	10 minutes	AA III, ETRS



3. Report to HRMD for issuance of temporary ID and Bundy Card	Endorse to HRMD issuance of ID and Bundy Card	PHP 50.00 for ID lamination	3 minutes	AA III, ETRS
4. Report for General Orientation	Facilitate general orientation and endorse to area of assignment	PHP 1, 200.00 affiliation fee	20 minutes	AA III, ETRS Chief Resident
5. Submit Evaluation at the end of rotation	Facilitate evaluation forms	None	3 minutes	AA III, ETRS
<b>Total</b>		<b>PHP 1,300.00</b>	<b>2 days, 36 minutes</b>	



## ONLINE APPLICATION FOR MEDICAL INFORMATION

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.

<b>Office or Division:</b>	Medical Records & Library Division			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Patients/ Patient’s Parents / Authorized Representative			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>A. Parent/s:</b> 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. Bank, Gcash, Pay Maya and other platform		
<b>B. Parent/s/ Authorized Representative:</b> 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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Download Online Application for Medical Information Form from PCMC website and fill up the information then email at	1. Check e-mail and send acknowledgement and payment details.	None	5 minutes	Clerk, Medical Records Section





<b>medicalrecords@pcmc.gov.ph</b>				
<p>2. Pay the corresponding amount in any Land Bank using the official account of PCMC.</p> <p>Account Name: PCMC Acct. No.: 0236-1333-38</p>	<p>2. Prepare the requested document</p>		<p>5 days</p>	<p>Clerk, Medical Records Section</p>
<p>2.1. Photocopy of Results</p>		<p>PHP 5.00</p>		<p>Clerk, Medical Records Section</p>
<p>2.2. Medical Certificate</p>		<p>PHP 30.00</p>		
<p>2.3. Clinical Abstract</p>		<p>PHP 60.00</p>		
<p>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 - <a href="mailto:medicalrecords@pcmc.gov.ph">medicalrecords@pcmc.gov.ph</a></p>	<p>3. Scan the document requested and send to the e-mail address of the requesting parent/s or authorized representative.</p>	<p>None</p>	<p>5 minutes</p>	<p>Clerk, Medical Records Section</p>



3.1. Photocopy of Results			5 minutes	Clerk, Medical Records Section
3.2. Certificate of Confinement			15 minutes	Clerk, Medical Records Section
3.3. Medical Certificate			3 working days	Clerk, Medical Records Section
3.4. Clinical Abstract		None	5 working days	Clerk, Medical Records Section
<b>Total</b>		<b>See rates above</b>	<b>13 days and 30 minutes</b>	



## PROCESSING AND ISSUANCE OF BIRTH CERTIFICATE

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.

<b>Office or Division:</b>	Medical Records & Library Division			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Parents / Authorized Representative			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<p>A. Parent/s:</p> <p>A.1. Married</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. Not Married</p> <p>    A.2.1. Birth Certificate Information Data Sheet (BCIDS)</p> <p>    A.2.2. Claim Slip</p> <p>    A.2.3. Copy of Government Issued ID</p>		<p>1. Medical Records, Philippine Children's Medical Center</p> <p>2. Civil Registry or Philippine Statistics Authority</p> <p>3. Other Government Institution</p>		
<p>B. Authorized Representative:</p> <p>1. Authorization Letter</p> <p>2. Claim Slip</p> <p>3. Copy of Government issued ID of the parents</p> <p>4. Copy of Government issued ID of authorized representative</p>		<p>1. Parents</p> <p>2. Medical Records, Philippine Children's Medical Center</p> <p>3. Other Government Institution</p>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>



1. Proceed to MRS to review the typed Birth Certificate and sign on the four (4) copies of the Birth Certificate.	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	Clerk, Medical Records Section
2. For unmarried couple:  Get an Order of Payment and pay at the Cashier	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)	Clerk, Medical Records Section  Cashier, Ground Floor, PCMC Main Building
<i>2.1. Single Parent (or no declared father) pay the Birth Certificate Form</i>		PHP 20.00		
<i>2.2. For not married couple pay for the form and notarial fee</i>		PHP 160.00		



3. Present the Official Receipt	Get the OR number	None	5 minutes	Clerk, Medical Records Section
4. Get an Appointment Slip to know when to claim the registered Birth Certificate	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")	Clerk, Medical Records Section
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	Review the requirements presented then release the registered Birth Certificate and let the parent/ or authorized representative sign on the logbook	None	10 minutes	Clerk, Medical Records Section
<b>Total</b>		<b>See rates above</b>	<b>1 month and 1 hour</b>	





**EDUCATION, TRAINING and RESEARCH**  
**Internal Services**



## Application for Clinical Fellowship Training Program (Lateral Entry)

Application for Clinical Fellowship Training Program opens 2 – 3 months prior to the start of its training proper. The Education, Training and Research Services under the Education and Training Department facilitate 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.

<b>Office or Division:</b>	Education, Training and Research Services		
<b>Classification:</b>	Highly Technical		
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)		
<b>Who may avail:</b>	Medical Doctors who graduated from Residency Training Program		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>	
Letter of Intent	Applicant	Hospital where the applicant completed his/her Residency Training.	
Curriculum Vitae with (2) 2x2 pictures			
Certificate of Completion of Pediatric Residency/General Surgery/OB-GYNE/Anesthesia/ENT/Psychiatry/Radiology	Hospital where the applicant completed his/her Residency Training.		
Recommendation Letter from Department Chair, Training Officer, 1 Active Consultant	Hospital where the applicant completed his/her Residency Training.		
Authenticated PRC Board Rating	PRC		
Certificate / Certification of Passing to 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/Infraction (sealed)	Hospital where the applicant completed his/her Residency Training		
<b>Additional Requirements for Lateral Entry Applicants:</b>			
Certificate of Employment	From Sending Hospital		
Letter of Endorsement 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	From Sending Hospital		



training shall be funded by the sending hospital; iii. Assurance that the trainee will return to a position after the training.				
Concept Program Proposal		Applicant		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit complete requirements	Receive and check completeness of required credentials	None	5 minutes	AA III
2. Take Entrance Examination	2.1 Facilitate Entrance Exam for applicants	PHP 500.00	Entrance Exam: 2 hours	AAIII Div. Head, Med Education and Training
	2.2 Write communication to the concerned subspecialty sections of applicants' scores	None	5 minutes	Head, Education and Training Dept.
3. Receive notification of schedule of pre-fellowship training and requirements	3.1 Subspecialty Sections submits communication to ETD/ ETRS regarding applicants who will undergo pre-fellowship training with respective schedule	None	2 – 3 days	Heads of Concerned subspecialty sections
	3.2 ETD gives instructions of each respective schedule of pre-fellowship training and other relevant medical requirements prior to start of pre-fellowship training	None	5 minutes	AA III, ETRS



4. Undergo Pre-Fellowship Training	Subspecialty sections screens, interviews, evaluates	None	variable - depends in the sections' requirement; 1 week – 3 months	TO / Heads of Concerned Department/Division Deputy Director, ETRS
5. Undergo Deliberation	5.1 Sections recommends acceptance	None	2 – 3 days	Heads of Concerned Dept./Division
	5.2 Give endorsement thru channels for approval of the Executive Director	None		Management
6. Receive notification of application status (Lateral Entry Applicants)	ETD informs acceptance or non-acceptance of a Lateral Entry applicant	None	3 minutes	AAIII, ETRS
<b>Total</b>		<b>PHP 500.00</b>	<b>1 week – 3 months</b>	



## Application to Conduct Research Studies

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

<b>Office or Division:</b>	Clinical Research Department (CRD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	PCMC staff and Non-PCMC researchers			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Letter of Intent addressed to Executive Director				
Research proposal/protocol format			CRD Office	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
<b>Total</b>		<b>None</b>	<b>20 minutes</b>	



## 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 computers as well as free Wi-Fi within the library premises for use by the general public on a first-come, first-served basis.

<b>Office or Division:</b>	Medical Library			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	PCMC Hospital Staff and approved Referred Client			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Valid PCMC Issued ID or Approved Recommendation Letter		HRMD/ College/School/University Librarian(Students)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Inquire on how to avail the medical /virtual library service	Orient on available services and how to avail.	None	2 minutes	Librarian
1. Present PCMC ID/ Referral letter	Validation of document presented	None	1 minute	Librarian
2. Register in the Attendance Sheet Form (ETRS-PCMC- ASF1)	Assist as necessary	None	1 minute	Librarian
3. Fill out the forms conforming to what transaction/service you want to avail such as follows; a) Reference Request Form for printed/online article request	Assist as necessary	None	1 minute	Librarian
			1 minute	



<p>retrieval (ETRS-PCMC-RRF2).</p> <p>b) Discussion Room Reservation Form for Library Room Use (ETRS-PCMC-DRRF3)</p> <p>c) Service Request Form for Library Services with payment involved. (ETRS-PCMC-SRF4)</p>	<p>Assist as necessary</p> <p>Assist as necessary</p>	<p>None</p> <p>PHP 10.00 – Print Black Text</p> <p>PHP 15.00- Print Colour Images/graphi cs</p> <p>PHP 10.00 - Scan</p>	<p>2-3 minutes</p>    	<p>Librarian</p>    
<p>4. Log-out at the (ETRS-PCMC- ASF1)</p>		<p>None</p>	<p>1 minute</p>	<p>Librarian</p>
<p><b>Total</b></p>		<p><b>See above rates</b></p>	<p><b>10 minutes</b></p>	



## Request for Attendance to Staff Development Courses on Official Business

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 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.

<b>Office or Division:</b>	Personnel Development Division			
<b>Classification:</b>	Highly Technical Application			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who may avail:</b>	Permanent, Temporary, Casual, Contractual, Consultants on Honorarium and Job Order Employees of PCMC			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter of Request		Requesting Unit Division, Department, Office		
Training Invitation		Inviting External Learning Provider		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit letter of training request and training invitation addressed to Executive Director thru Channels	1.1 Receive by the Education, Training and Research Services and forward thru channels	None	4 weeks	Office of the Education, Training and Research Services
	1.2 Secure approval from the Executive Director	None		Office of the Executive Director
	1.3 Process MCO upon the receipt of approved training request from Executive Director	None		Personnel Development Division
	1.4 Receive MCO and attachments for processing of check payment	None		Finance Department
2. Pick-up check payment	Release of check to end-user	None		Cashier
<b>Total</b>		<b>None</b>	<b>4 weeks</b>	





## 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.

<b>Office or Division:</b>	Personnel Development Division			
<b>Classification:</b>	Complex Transaction			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who may avail:</b>	Permanent, Temporary, Casual, Contractual, Consultants on Honorarium and Job Order Employees of PCMC			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter of Request		Requesting Unit Division, Department, Office		
Training Invitation		Inviting External Learning Provider		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit letter of training request and training invitation addressed to Executive Director thru Channels	1.1 Receive by the Education, Training and Research Services and forward thru channels	None	7 days	Office of the Education, Training and Research Services
	1.2 Secure approval from the Executive Director	None		Office of the Executive Director
	1.3 Process MCO upon the receipt of approved training request from Executive Director	None		Personnel Development Division
Receive approved MCO	Scan, upload and send copy of approved MCO to the end-user	None		Human Resource Management Division
<b>Total</b>		<b>None</b>	<b>7 days</b>	



## Submission and Evaluation of Research Proposal/ Protocol Package

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

<b>Office or Division:</b>	Clinical Research Department (CRD)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	PCMC staff and Non-PCMC researchers			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Letter of Intent addressed to Executive Director				
Research proposal/protocol format			CRD Office	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit research proposal/protocol package.	Receive research proposal/protocol package	None	10 minutes	Clerk
2. Follow-up status of research proposal/protocol	Review and evaluate research proposal/protocol	None	7 days working days	Technical Reviewer
3. Collect evaluated research proposal/protocol	Give evaluated research proposal/protocol	None	10 minutes	Clerk
<b>Total</b>		<b>None</b>	<b>7 days, 20 minutes</b>	



## **HOSPITAL SUPPORT SERVICES**

### **External Services**



## Admission

Provide systematic and accurate registration of all admitted patients and ensure the accuracy in reporting and recording of admissions.

<b>Office or Division:</b>	Admitting Section/Patient Assistance & Support Services			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen			
<b>Who may avail:</b>	All (Pay & Service)			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Clearance from Triage/Doctor's Order / Admission Slip			Doctor's Clinic / OPD Clinic	
2. Request for Eligibility (Service)			Medical Social Service	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the clearance for Admission from Triage, Doctor's Order/Admission Slip with Medical Social Service classification to the Admitting staff.	Received and check all necessary papers for admission and if with Medical Social Service classification	None	1 minute	Admitting Staff On-Duty
2. Fill-up and sign the Admission Form, Consent Form and Admission Terms & Conditions (for PAY patients)  - <b>For Direct Triage / Emergency Room Admission</b> , give Admission documents to the Triage / ER Staff.	Process the admission of the patient. Encode all data in the Hospital Information System and check if all admission forms are signed by the informant.  <b>For Direct Triage / Emergency Room Admission</b>	None	15 minutes	Admitting Staff On-Duty



<p>- <b>For Direct Admission</b>, wait for Midwife/Nursing Aide on-Duty to escort patient to the room</p>	<p>Instruct parent / guardian to give complete admission papers to the Triage / ER Staff</p> <p><b>For Direct Admission</b>, instruct Midwife / Nursing Aide On-duty to escort patient to the room</p>			
<p>3. Inform the Admitting Staff if they will make use of Philhealth. Fill-up and sign all necessary Philhealth claim forms and submit to Philhealth section before discharge.</p>	<p>Instruct parent / guardian to submit fully accomplished Philhealth claim forms to Philhealth section within admission period.</p>	<p>None</p>	<p>4 minutes</p>	<p>Admitting Staff On-Duty</p>
<p><b>Total</b></p>		<p><b>None</b></p>	<p><b>20 minutes</b></p>	



## DISCHARGE

Provide systematic and accurate recording of all discharge patients and ensure the accuracy in reporting and recording of discharges.

<b>Office or Division:</b>	Admitting Section/Patient Assistance & Support Services			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Client (G2C)			
<b>Who may avail:</b>	All (Pay & Service)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Discharge Clearance		Cashier/Nurse Station		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to Admitting Section and present the Discharge Clearance. Return the Watcher's ID.  <b>From COVID Ward:</b> Billing Staff proceeds to Admitting Section for stamping of Discharge Clearance	Receive and check the discharge clearance if signed by the Clerk-On-Duty, Cashier and Nurse-On-duty ( <b>for Emergency Room, check ER stamp clearance</b> ). Discharge the patient in the Hospital Information System and update Patient Records.  <b>From COVID WARD:</b> Give back clearance to Billing Staff. Discharge the patient in the Hospital Information System and update Patient Records upon confirmation of discharge from COVID ward.	None	5 minutes	Admitting Staff On-Duty



2. Go to the Lobby and give the clearance to Lobby Guard On-Duty	Instruct the parent to give the clearance to Lobby Guard.	None		N/A
<b>Total</b>		<b>None</b>	<b>5 minutes</b>	



## 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.

<b>Office or Division:</b>	Billing and Claims Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Admitted Patients and Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Claim Signature Form (CSF) - signed		Philhealth member		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 from Beacon software. Beacon shall produce Philhealth Benefit Eligibility Form (PBEF). Indicated there in the:  a. Confirmation of eligibility  b. Required document/s to be submitted to Philhealth for compliance in order to qualify / eligible	None	10 minutes	Billing and Claims Staff
<b>Total</b>		<b>None</b>	<b>10 minutes</b>	





## Processing of Final Bills (In-patient)

The processing of Final bills are series of actions that validate the final financial obligation of the admitted patient/s.

<b>Office or Division:</b>	Billing and Claims Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Patient or representative of Patient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Discharge Clearance/Order		Nursing Station/Ward		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Ward Clerk gives 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  1.5 Inform nursing station/ward	None	15 minutes	Billing and Claims Staff
<b>Total</b>		<b>None</b>	<b>15 minutes</b>	



## Release of Final Bill (In-patient)

The Final bills are issued to patients or representatives to give guide on the final financial obligation of the admitted patient/s.

<b>Office or Division:</b>	Billing and Claims Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Patient or representative of Patient for Discharge			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Valid ID of Patient/ Parent and Authorization letter for representative in compliance to RA 10173 or the Data Privacy Act		Company affiliation, Land Transportation Office, or Professional Regulation Commission, GSIS, SSS, OSCA or OWWA, COMELEC, DFA, Barangay ID		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patient or relative of patient for discharge shall proceed to: <ul style="list-style-type: none"> <li>- Billing and Claims window #1 if patient is a Philhealth beneficiary or</li> <li>-Billing and Claims window #2 if not a Philhealth beneficiary.</li> </ul>	1.1 Ask the patient / guardian to receive and sign the final bill.  1.2 Release the Final Bill and advise to proceed to Cashier's window for the settlement of Final Bill.	None	5 minutes	Billing and Claims Staff
<b>Total</b>		<b>None</b>	<b>5 minutes</b>	



## 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.

<b>Office or Division:</b>	Billing and Claims Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Patient or representative of patient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request slip (Service patients only)		Medical Social Service		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Pay Patients-per request (verbal)  Service patients give the request slip to Billing staff	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
<b>Total</b>		<b>None</b>	<b>3 minutes</b>	



## Complaints Mechanism (Complex)

Procedure of filing dissatisfaction or discontent by the clients for any seen or experienced misconduct or lapses in the conduct of services in the hospital. This involves further investigation of details mentioned in the complaint and shall be answered by the concerned unit.

<b>Office or Division:</b>	Public Relations Office			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	Government to Citizen (G2C)			
<b>Who may avail:</b>	Patients, Visitors and Stakeholders			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Filled out Complaint Form		Public Information and Complaint Desk		
Or Letter addressed to Executive Director		<i>PCMC Website Contact Us (<a href="http://www.pcmc.gov.ph">www.pcmc.gov.ph</a>)</i>		
		<i>Send it to PCMC Facebook Page</i>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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.  Or send their complaint thru the Contact Us portion of the website  Or send a message to the PCMC Facebook Account.	1.1 The Public Information and Complaint Desk will forward the complaint to the Public Relations Officer	None	10 minutes	Public Information and Complaint Desk
	1.2 The Public Relations Officer (PRO) shall review the nature of complaint	None	5 minutes	Public Relation Officer
	1.3 The PRO will forward it to the concerned Department for appropriate action.	None	5 days	Public Relation Officer / Department Head
	1.4 Concerned Department will send a copy of result of investigation and action to PRO.	None	5 minutes	Public Relation Officer



	1.6 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 Relation Officer
<b>Total</b>		<b>None</b>	<b>7 days and 20 minutes</b>	



## Complaints Mechanism (Simple)

Procedure of filing dissatisfaction or discontent by the clients for any seen or experienced misconduct or lapses in the conduct of services in the hospital.

<b>Office or Division:</b>	Public Relations Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen (G2C)			
<b>Who may avail:</b>	Patients, Visitors and Stakeholders			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Filled Out Complaint Form		Public Information and Complaint Desk		
Or Letter addressed to Executive Director		PCMC Website>Contact Us (www.pcmc.gov.ph)		
		Send it to PCMC Facebook Page		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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.  Or send their complaint thru the Contact Us portion of the website	1.1 The Public Information and Complaint Desk will forward the complaint to the Public Relations Office	None	10 minutes	Public Information and Complaint Desk
	1.2 The Public Relations Officer (PRO) shall review the nature of complaint	None	5 minutes	Public Relation Officer
	1.3 The PRO shall answer it immediately.	None	5 minutes	Public Relation Officer



Or send a message to the PCMC Facebook Account				
<b>Total</b>		<b>None</b>	<b>20 minutes</b>	



## Function Room Reservation for Non-PCMC Users

Providing assistance to all Non-PCMC Users in function room reservations.

<b>Office or Division:</b>	Education Media Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C,G2B,G2G			
<b>Who may avail:</b>	Non PCMC User			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Function Room Request Form (FRRF) Approved Letter			Requesting Personnel	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Write an email Request letter address to the Office of the Director with contact details	1.1 Received the Request letter from Director's Office and check the availability of the request.	None	1 Day	Educational Media Staff
	1.2 Endorse the availability/or non-availability of the function room to the Head of MISD and Department Manager for MSD for recommendation and approval of the Executive Director	None	1 Day	Educational Media Staff
2. Receive feedback thru e-mail on the status of the request letter	2.1 Inform the client if the request is approved or disapproved	None	1 Day	Educational Media Staff





	2.2 If approved, the personnel will send an email indicating the terms and conditions, fees on the use of the facility together with the Function Room Request Form (FRRF) for conformity of the client			
<b>Total</b>		<b>None</b>	<b>3 days</b>	



## Photocopying Services

Providing services to all Non-PCMC Users and PCMC Employees in photocopying their documents.

<b>Office or Division:</b>	Education Media Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C, G2G			
<b>Who may avail:</b>	Non – PCMC User and PCMC Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Documents for Photocopy		Requesting Personnel		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Hand-over the documents to the staff on duty for Photocopy  <b>NOTE: PCMC Employees)</b> Log in the details in the logbook (name, department, number of copies and signature)	Receive and photocopy the documents	PCMC Employees - None  <b>Non – PCMC</b> A4/Short PHP 1.50/page  F4 (long) PHP 1.75/page  A3 (provided by client/end-user) PHP 3.50/page	5 minutes	Educational Media Staff
2. Receive the photocopied documents	2.1 Release the photocopied documents	PCMC Employees - None	5 minutes	Educational Media Staff



<b>NOTE:</b> Pay the amount due	2.2 Receives payment and Log in the details in the logbook (name of the customer, number of copies and total amount) for daily accomplishment report and for reference purposes	<b>Non – PCMC</b> Amount to be paid based on the size and number of copies		
<b>Total</b>		<b>See rates above</b>	<b>10 minutes</b>	



## Request for Re-issuance of PCMC ID for Plantilla/Non- Plantilla Employees

To provide PCMC employees the appropriate ID for proper recognition and identification.

<b>Office or Division:</b>	Human Resource Management Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Government (G2G)			
<b>Who may avail:</b>	All Plantilla/Non-Plantilla Employees (Job Orders, Rotators, and Interns)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request for Re-issuance of PCMC ID Form		PCMC Intranet (Downloadable Forms)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Download and accomplish Request for Re-issuance of ID and email signed form at <a href="mailto:hrmdrecords@pcmc.gov.ph">hrmdrecords@pcmc.gov.ph</a>	Receive, Check and Acknowledge receipt of request then issue Order of Payment (OP) thru email. ( <b>payment should be made within the day OP was issued</b> ).	None	10 minutes	HRM Officer HRM Assistant
2. Print Order of Payment received thru e-mail and the Treasury Division for payment.	2.1 Payment confirmation from Bizbox, prepare ID and forward to the Office of the Executive Director for signature.	PHP 160.00 (Plantilla)	4 hours	HRM Assistant OIC/Chief, HRMD Clerk/Job Order
	2.2 Receive signed ID and notify thru phone/email concerned employee/office to claim/ pick up.	PHP 50.00 (Non-Plantilla)	1 day	
		None	10 minutes	HRM Assistant Clerk/Job Order
3. Claim and receive at releasing window/area.	Release ID requested	None	5 minutes	HRM Assistant
<b>Total</b>		<b>See table of fees</b>	<b>1 day, 4 hours, 25 minutes</b>	



## Processing Endorsement of Last Pay (Endorsement of necessary documents) –Separated Employee (S.E.)

To provide PCMC assistance to former employees who resigned/retired/transferred/completed training in processing their last Payment

<b>Office or Division:</b>	Human Resource Management Division	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	Government to Government (G2G)	
<b>Who may avail:</b>	Separated Employees	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Approved Letter of Retirement/ Resignation/ Transfer	Separating Employee	
GSIS Requirements: <ul style="list-style-type: none"> <li>• Application for Separation Benefits</li> <li>• Application for Cash Surrender Value (Life Insurance)</li> <li>• Member's Request Form (GSIS Clearance)</li> <li>• GSIS Special Power of Attorney/Authorization w/ photocopy of 2 valid IDs</li> <li>• Certificate of No Pending case/Declaration of Non-Pendency or Pendency Case</li> </ul>	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.	
PCMC Clearance Form	HRMD	
Medical Trainee Clearance (for Medical Officers ONLY)	ETRS	
Terminal Leave Application Form – 2 copies	HRMD	
Latest Daily Time Record (DTR) or Certificate of Service ( <i>for Medical Specialist only</i> ) with complete entries and indicating last day of service	Printable though HR Bliz Intranet/ HRMD	
Tour of Duty/Time Schedule covering two(2) months prior to separation (FOR EMPLOYEES WITH SHIFTING SCHEDULE)	Area of Assignment	
Original Copy of SALN as of last day of service	Separated Employee	
Latest IPCR	Area of Assignment / HRMD	
PCMC ID and all other IDs issued such as but not limited to ARTA ID, HCW Pass, etc.	Separated Employee	
Landbank Closure Account Form	Land Bank of the Philippines (West Ave)	
Ombudsman Clearance (FOR RETIREES ONLY)	Office of the Ombudsman	



PAG-IBIG Provident Fund Claims (FOR RETIREES ONLY)		PAG-IBIG (The S.E. has the option to personally file at Pag-IBIG. If he/she wishes to file this personally, the S.E. no longer needs to submit the form the HRMD.)		
Philhealth Member's Registration Form (PMRF) (FOR RETIREES ONLY)		Philhealth (The S.E. has the option to personally file at Philhealth. If he/she wishes to file this personally, the S.E. no longer needs to submit the form the HRMD.)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all required documents to HRMD	1.1 Receive, Check and Acknowledge completeness of the requirements.	None	20 minutes	HRM Officer HRM Assistant
	1.2 Pull-out all DTRs necessary in the timekeeping/updating of leave card	None	20 minutes	HRM Officer HRM Assistant
	1.3 Time-keep/update and check accuracy of all the entries in the leave card from entrance to duty until the last day of duty of the concerned former employee.	None	3 days	HRM Officer HRM Assistant
	1.4 Fill-up the certification of leave credits in CSC form 6 (leave application) and print the hard copy of the duly checked	None	10 minutes	HRM Officer HRM Assistant



	/validated leave card for signature of the head of HRMD.  1.5 Gather all pertinent documents and prepare endorsement to Budget Division.			
		None	30 minutes	HRM Officer HRM Assistant
<b>Total</b>		<b>See table of fees</b>	<b>3 days 1 hour and 20 minutes</b>	



## CONTRACT REVIEW

To cover all contract for review by End-users, Contract Reviewers, Review Facilitator/s and Government Counsels, Suppliers and other party/ies involved in the contract entered into by PCMC Management and concerned parties.

<b>Office or Division:</b>	Hospital Support Services (HSS)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C), Government-to-Government (G2G)			
<b>Who may avail:</b>	Government Agency/ies, Private Party/ies			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Bidded (c/o BAC) <ol style="list-style-type: none"> <li>1. Notice of Award</li> <li>2. Bid Documents</li> <li>3. Copy of Performance Bond</li> <li>4. Draft Memorandum of Agreement (MOA)</li> </ol> Medical Assistance Fund & Various Fund Transfer <ol style="list-style-type: none"> <li>1. SARO / Resolution of Fund Allocation</li> <li>2. List of authorized signatories with specimen signature/s</li> <li>3. Sample Guarantee Letter/Letter of Guarantee</li> </ol> Others <ol style="list-style-type: none"> <li>1. Letter of endorsement from end-user approved by the Director</li> <li>2. Copy of Draft MOA</li> </ol>		BAC  DOH  Agencies / End-User		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Contract for review of Director's Office	1.1 Receive the MOA with the documentary requirements attached.	none	1 day	DO Staff
	1.2 Forward to HSS		8 days	HSS Staff





	<p>1.3 HSS to forward the same to Contract Reviewers ( End-User, Chief Accountant, Manager Finance Department, PCMC Legal Consultant, Deputy Executive Director, HSS)</p>		3 days	End-user Accounting Finance Legal
	<p>1.4 Collate all comments and revise MOA in accordance with the comments of the reviewer</p>		Maximum of 20 days	HSS Staff
	<p>1.5 Forward the revised/ reviewed MOA to OGCC for review.</p>		4 days	OGCC Staff
	<p>1.6 Finalization of the reviewed contract received from OGCC</p>		3 days	HSS Staff
	<p>1.7 Forward revised MOA to reviewers for initial and appropriate action</p>		1 day	End-user, Accounting, Finance, Legal
	<p>1.8 For initial of DDHSS and signature of the Executive Director</p>		1 day	HSS Staff
	<p>1.9 Contract for Notarization</p>		1 day	HSS Staff and End-User
	<p>1.10 If for External Client, inform the contracting party</p>			



	for pick-up of documents for signature and notarization			
2. Pick-up and receive the MOA for signature and notarization 3. Return signed and notarized MOA	2. Log in the HSS receiving Logbook		1 day	End User
<b>Total</b>		<b>None</b>	<b>43 working days</b>	



## Classification of Patient

An interview conducted by a licensed medical social worker, the result of which will be the basis of the patient's eligibility availing medical social services in government hospital.

<b>Office or Division:</b>	Medical Social Service			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen			
<b>Who may avail:</b>	All Patient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Eligibility form or Doctors admission order Patient's OPD chart and OPD card		ER/ OPD Triage/Doctor's Clinic		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Wait to be called	1. Call patient	None	5 minutes	Social Service staff
2. Subject self to interview and show admitting form or its equivalent	2. Conduct interview and classify patient based on AO-51-A.s.2000.	None	10 minutes	Medical Social Worker on duty
2.1. Listen to MSS Worker's explanation	2.1. Explain the patient's classification and briefly orient hospital policy.	None	20 minutes	Medical Social Worker on duty
2.2. Receive eligibility form or Doctor's admission order or its equivalent stamped with classification	2.2. Indicate classification in the Admitting form or Doctor's admission order or its equivalent	None	10 minutes	Medical Social Worker on duty
<b>Total</b>		<b>None</b>	<b>45 minutes</b>	



## PhilHealth Point of Service (POS) Enrollment

Point of Service (POS) refers to the program provided by the GAA for the current year, to cover all Filipinos under the National Health Insurance Program, specifically the unregistered, and inactive registered members, especially those who are financially incapable. Health Care Institutions (HCI) are directed to enroll their patients to this program ideally within 72 hours upon admission, or within their admission period.

<b>Office or Division:</b>	Medical Social Service			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen			
<b>Who may avail:</b>	All In-Patient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. For Member/Parent: Any valid government issued ID with full name and indicated date of birth (ex. SSS ID, UMID, Voter's ID, Driver's License, Brgy ID, Police Clearance ID.)  For Patient/dependent: Birth Certificate		SSS/GSIS, COMELEC, BIR, PSA, POLICE STATION, NBI, LTO  NSO		
2. Affidavit of Guardianship in the absence of parents		Barangay, Lawyer		
3. PhilHealth Member Registration Forms (PMRF and CSF)		Philhealth Cares / Philhealth Section in the hospital		
4. POS Certificate for Financially Incapable (POS FI)		Medical Social Service Unit		
5. For Financially Capable (POS FC) member/s is advised to proceed to PhilHealth Cares personnel assigned in the hospital for proper advice.		Philhealth Cares		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Verification of philhealth membership	Verify existing or non-existing philhealth membership of parents; or patient if both	None	5 minutes	Philhealth Cares/ Philhealth Section Staff



	parents are absent or if patient is an abandoned case			
2. Get Philhealth Registration Forms (PMRF and CSF) to fill-up correctly, and prepare requirements	Provide forms, instructs client to fill-up forms, and review forms for correction and/or further verification	None	5 minutes	Philhealth Cares/ Philhealth Section Staff
3. Forward filled-up forms and required documents for enrollment	<b>For Point of Service Financially Incapable (POS FI):</b> Receive, encode information correctly in POS system; and provide POS certification once enrolled	None	20 minutes	Medical Social Worker on duty
3.1. Pay at PhilHealth Main Office for the PhilHealth Membership	<b>3.1. For Point of Service Financially Capable (POS FC):</b> Instruct client to pay corresponding amount at PhilHealth Main Office for the PhilHealth Membership.	None	5 minutes	Philhealth Cares/ Philhealth Section Staff
4. Submit filled-up forms, requirements and copy of POS Certification	Receive and review forms, requirements and copy of POS Certification for claims	None	5 minutes	Philhealth Section Staff
<b>Total</b>		<b>None</b>	<b>40 minutes</b>	



## Processing of Medical Assistance

Provision of medical assistance to poor or indigent patients seeking medical treatment in the hospital.

<b>Office or Division:</b>	Medical Social Service
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Government-to-Citizen
<b>Who may avail:</b>	All Patient
<b>CHECKLIST OF REQUIREMENTS</b>	
<b>WHERE TO SECURE</b>	
<p><b>For any available fund in the hospital (Malasakit, MAIP, OVP, etc):</b></p> <ul style="list-style-type: none"> <li>• One (1) government issued ID or its equivalent like birth certificate, Police/NBI clearance, voters ID/certification</li> <li>• Proof of assistance granted (if available, if non- the social worker will still assist)</li> </ul> <p><b>Based on Need, whichever is applicable of the ff:</b></p> <ul style="list-style-type: none"> <li>• Final Bill</li> <li>• Prescription with estimated cost</li> <li>• Laboratory, Radiology, Diagnostic Test requests</li> <li>• Treatment protocol and estimated cost, etc.</li> <li>• Blood, etc</li> </ul> <p><b>Any Two (2) of the following:</b></p> <ol style="list-style-type: none"> <li>1. Certificate of Indigency</li> <li>2. Clinical Abstract/Medical Certificate</li> <li>3. Social Case Summary</li> </ol>	<p>SSS, GSIS, COMELEC, BIR, Post Office, Barangay, Police/NBI, NSO, DSWD 4Ps ID, etc. Funding agencies like DOH, OP, etc</p> <p>Hospital Attending Physician COST CENTERS (OPD, Pharmacy, Central Supply, Radiology, Laboratory, Diagnostic Center, Dental and Medical Records)</p> <p>Barangay Hospital /Attending Physician LGU DSWD, Medical Social Worker in charge of patient</p>
<p><b>For Non-PCMC Patients:</b></p> <ol style="list-style-type: none"> <li>1. Prescriptions</li> <li>2. Diagnostic test requests</li> <li>3. Medical abstract or medical certificate</li> <li>4. Inter- agency referral from the Medical Social Service of referring hospital</li> </ol>	<p>Referring Hospital</p>



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Request assistance and submit requirements for assessment	1.1 Assess patient's need, fill-up medical assistance form/Action slip, and attached applicable requirements	None	15 minutes	Medical Social Worker on duty	
	1.2 Records /encodes assistance granted		5 mins		
	1.3 Recommends approval and submit to the Head, Medical Social Service		5 Mins		
	1.4 Reviews and approves		5 mins	Head, Medical Social Service	
	1.5 Encodes to Trust Fund Information System and give ledger to patient		10 mins	PAU Staff	
<b>Total</b>		<b>None</b>	<b>40 minutes</b>		



## Receiving of Delivery of Equipment

Receiving of deliveries from the supplier's delivery man.

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





<p>2. Take the item/s at the designated place or to the site</p>	<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 during unpacking</p> <p>2.3 Request End-user to check/validate conformity of delivered equipment to the PO</p> <p>2.4 Receive verified delivered equipment by signing the Delivery Receipt and/or Sales Invoice</p>	<p>None</p>	<p>15 minutes</p> <p>1-3 hours, depending on the equipment</p> <p>2 minutes</p>	<p>Storekeeper – Receiving</p> <p>Storekeeper – Receiving</p> <p>Storekeeper – Receiving</p>
<p><b>Total</b></p>		<p><b>None</b></p>	<p><b>Earliest: 1 hr &amp; 25 mins. Longest: 3 hrs &amp; 25 mins.</b></p>	



## Receiving of Delivery of Supplies and Materials

Receiving of deliveries from the supplier's delivery man.

<b>Office or Division:</b>	Materials Management Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2B – Government to Business			
<b>Who may avail:</b>	Supplier/Delivery Man			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Five (5) copies of Delivery Receipt and/or Sales Invoice Warranty Certificate (in case of Semi-exp.)		Supplier		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Upon receipt of PO/ DOS submit five (5) copies of Delivery Receipt and/or Sales Invoice and other required documents	1.1 Check/Verify the submitted requirements	None	3 minutes	Storekeeper – Receiving
	1.2 Check quantity, specifications, expiry date, batch number and other terms stipulated in the PO	None	10 to 30 minutes depending on the volume of item/s delivered	Storekeeper – Receiving
	1.3 Receive verified delivered goods by signing the Delivery Receipt and/or Sales Invoice	None	2 minutes	Storekeeper – Receiving
<b>Total</b>		<b>None</b>	<b>Earliest: 15 minutes Longest: 35 minutes</b>	



## Nutrition and Dietary Counseling

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

<b>Office or Division:</b>	Nutrition and Dietetics Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Triage Clearance (for outpatients)			OPD Triage	
Referral			Attending Physician	
Identification card			School, Government Agency, Employer	
OPD Card			OPD	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present referral	1.1 Receive and review referral from the attending physician.  1.2 Make nutritional computation	None	10 minutes	Nutritionist-Dietitian
2. Get order of Payment  Service Patients, Proceed to step 5	Prepare and issue Order of Payment	None	1 minute	Nutritionist-Dietitian /NDD Clerk
3. Pay at the cashier	Prepare and issue Official Receipt	P200.00	10 minutes	Cashier
4. Go back to NDD and give official receipt	Check OR and record	None	1 minute	Nutritionist-Dietitian



5. Listen and participate to counseling proper	5.1 Patient Interview. 5.2 Dietary instruction. 5.3 Schedule follow-up	None	45 minutes	Nutritionist-Dietitian
<b>Total</b>		<b>None</b>	<b>1 hour and 7 minutes</b>	



## Sale of Special Milk Formula

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

<b>Office or Division:</b>	Nutrition and Dietetics Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	In-patient and Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Triage Clearance (for outpatients)			OPD Triage	
Prescription			Attending Physician	
Fund Stub			Public Assistance Unit	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
<b>Total</b>		<b>Refer to Price List</b>	<b>20 minutes</b>	



5. If claimant is a single proprietor: Authenticated Proof of Ownership (1 photocopy)		Department of Trade and Industry or Bureau of Internal Revenue		
6. Additional requirement for suppliers: a. Valid Official or Collection Receipt		Bureau of Internal Revenue authorized print		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	Retrieves the check	None	1 minute	Disbursing Officer
3. Issue Official or Collection Receipt and acknowledge BIR forms 2306 and 2307	Verify correctness of issued Official or Collection Receipt of supplier	None	1 minute	Disbursing Officer
4. Returns the signed disbursement documents	Inspects the documents for completeness and propriety of acknowledgment	None	1 minute	Disbursing Officer
5. Receives check and sign in warrant register	Releases check to client after it has been acknowledged as received in the warrant register	None	1 minute	Disbursing Officer
<b>Total</b>		<b>None</b>	<b>5 minutes</b>	



## Dispensing of Initial/Stat Orders of 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/Nurse.

<b>Office or Division:</b>	Pharmacy Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Government ( G2G)			
<b>Who may avail:</b>	In-patient (Facilitated by Midwife /Nurse Aide/Nurse)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Photo of Completely-filled Prescription sent to the Dispensing via Viber		Attending Physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send photo of Doctor's Order Sheet 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 the medicines. 1.5 Inform the COVID ward nurse as soon as the medicines are ready for pick-up	None		Inpatient Pharmacist-on-Duty
2. Get the medicines and sign the DOS.	Dispense the medicines.	None	5 minutes	Pharmacist
<b>Total</b>		<b>None</b>	<b>5 minutes</b>	



## Dispensing 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/Nurse.

<b>Office or Division:</b>	Pharmacy Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Government ( G2G)			
<b>Who may avail:</b>	In-patients (To be done by Midwife/Nurse Aide/Nurse)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Doctor's Order Sheet (completely filled) (DOS)		Prescribing Doctor		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 the medicines.	None	5 minutes	Pharmacist
2. Get the medicines and sign the DOS.	Dispense the medicines.	None	5 minutes	Pharmacist
<b>Total</b>		<b>None</b>	<b>10 minutes</b>	





## Dispensing 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.

<b>Office or Division:</b>	Pharmacy Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	All Patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<b>No discount to be availed:</b> Completely filled Prescription			Prescribing Doctor	
<b>Will avail discount:</b> Completely filled Prescription PWD/Senior ID and booklet For Gov't Employee: Company ID and Certificate of employment			Prescribing doctor City Hall(DSWD/OSCA) Employer	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Go to the outpatient window and present the prescription/s and documents (if availing discounts) to the Pharmacist. Wait for the Order of Payment.	1. 1 Review the prescription (documents if with discount) 1. 2 Prepare Order of Payment 1. 3 Apply corresponding discount.	Cost of medicine  (See Menu Card/Price List)	5 minutes	Pharmacist
2. Pay at the Cashier and get the official receipt.	Prepare the corresponding Official Receipt	None	5 minutes	Cashier



3. Return to the Pharmacy Issuance window – 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	Pharmacist
<b>Total</b>		<b>Cost of medicine (See Menu Card/Price List at the counter)</b>	<b>15 minutes</b>	



## Dispensing 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.

<b>Office or Division:</b>	Pharmacy Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	All Patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Completely filled Prescription			Prescribing Doctor	
Protocol of treatment is necessary for patients undergoing chemotherapy				
Stub(Name of Patient, Computer Number)			Public Assistance Unit (PAU)	
Valid ID			Government agencies (PRC, LTO, NBI, etc.)/employer	
Authorization Letter			Parent/Guardian	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get a queue number and wait to be called.	1. 1 Issue a queue number 1. 2 Instruct the patient to sit down and wait to be called.	None	5 minutes	Guard on Duty
2. Present the required documents and wait for the Order of Payment (OP).	2.1 Check the required documents if complete. 2.2 Verify authenticity of documents presented. 2.3 Prepare corresponding order of payment 2.4 Encode at TFIS (Trust Fund Information System) 2.5 Prepare the requirements	None	10 minutes	Pharmacist



	of the client.			
3. Get the medicines/ medical supplies and listen to the dispensing information.	3.1 Dispense the medicines/medical supplies. 3.2 Explain to the client the proper use of the medicine(s).	None	5 minutes	Pharmacist
4. Sign the order of payment (OP) then return the OP after signing.	Check the completeness of the signed OP.	None	1 minute	Pharmacist
<b>Total</b>		<b>None</b>	<b>21 minutes</b>	



## Dispensing 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.

<b>Office or Division:</b>	Pharmacy Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Out-patients (Facilitated by the Nurse)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>No discount to be availed:</b> Completely-filled Electronic Prescription		Attending Physician		
<b>Will avail discount:</b> Completely-filled Electronic Prescription PWD/Senior ID and booklet For Gov't Employee: Work ID and Certificate of employment		Attending Physician City Hall (DSWD/OSCA) Employer		
With Fund: Fund stub		PCMC Public Assistance Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Give the prescription and other applicable requirements to the Nurse	1.1 Take a photo of the prescription and other requirements 1.2 Send the prescription and applicable documents to the pharmacy.	None	2 minutes	Nurse-on-duty
2. Wait for the Order of Payment Number from Pharmacy.	2.1 Review the prescription.	None	2 minutes	Pharmacist-on-duty
	2.2 Prepare the Order of Payment (OP) include applicable discount.	None	2 minutes	
	2.3 Send the OP number and total cost of items to be	None	5 minutes	



	<p>purchased to the Nurse via viber.</p> <p>2.4 Prepare the required medicines.</p> <p>2.5 Inform the cashier of the transaction.</p>	<p>None</p> <p>None</p>	<p>5 minutes</p> <p>1 minute</p>	
3. Get the OP number and prepare the amount to be paid.	Give the OP number and amount to be paid	None	1 minute	Nurse-on-Duty
4. Pay to the Cashier and get official receipt	<p>4.1 Prepare official receipt.</p> <p>4.2 Go to COVID Triage to accept payment and issue official receipt</p>	Cost of medicine bought	5 minutes	Cashier
5. Present the OR to the Pharmacist, receive the medicines and listen to instructions on proper use, handling, and storage.	<p>5.1 Go to COVID Triage and issue the medicines.</p> <p>5.2 Provide instruction on proper use of medicine, handling, and storage.</p>	<p>None</p> <p>None</p>	5 minutes	Pharmacist-on-duty
<b>Total</b>		<b>Cost of medicine bought</b>	<b>28 minutes</b>	



## Refund of Unused Medicine (In-Patient)

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

<b>Office or Division:</b>	Pharmacy Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Government (G2G)			
<b>Who may avail:</b>	In-patients (To be processed by Midwife/Nursing Aide/Ward Clerk)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Issued Item/s from PCMC Pharmacy Turn-In Slip		Nurse in charged Nurse in charged		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	Pharmacist
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 BizBox.	None	1 minute	Pharmacist
<b>Total</b>		<b>None</b>	<b>4 minutes</b>	



## Refund of Unused Medicine (Out-Patient)

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

<b>Office or Division:</b>	Pharmacy Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	OutPatients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Purchased Item/s from PCMC Pharmacy Official Receipt Letter of refund request Identification Card Authorization letter (If the client cannot process the refund in person)		Client Client Prescribing doctor / Client Client / Authorized Representative Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	Pharmacist





2. Sign the duplicate copy of credit memo.	Check the completeness of signed CM.	None	1 minute	Pharmacist
3. Submit the original copy of CM (with attachments) and present the ID to the cashier.	Process the releasing of the approved amount for refund to the client.	None	5 minutes	Cashier
<b>Total</b>		<b>None</b>	<b>11 minutes</b>	



## Issuance of Certificate of Suppliers' Performance (CSP)

Supplier's acquisition of CSP for bidding purposes.

<b>Office or Division:</b>	Procurement Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Business (G2B)			
<b>Who may avail:</b>	Suppliers			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Order of Payment			Procurement Division	
Request for Certificate of Supplier's Form			Procurement Division	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill up the Request for Certificate of Suppliers' performance (CSP) form	Prepare Order of Payment	None	5 minutes	Administrative Officer - Procurement Division
2. Receive the Order of Payment and Pay the necessary fee	Issue Official Receipt	PHP 25.00	5 minutes	Collecting Officer - Cashier's Division
3. Claim CSP request after 3 days	Issue CSP	None	5 minutes	Administrative Officer - Procurement Division
<b>Total</b>		<b>PHP 25.00</b>	<b>15 minutes</b>	



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

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

<b>Office or Division:</b>	Procurement Division			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	Government to Business (G2B)			
<b>Who may avail:</b>	Suppliers/Service Providers/ Contractors			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request for Quotation		Procurement Division – BAC Secretariat		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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  1.2 Prepare Abstract of Canvass for End-user to assess and award (encircle)  1.3 Received Abstract of Canvass with award 1.4 Prepare/Process Purchase Order  1.4 Send Approved PO thru fax/email	None	15 working days	Procurement Division Staff
2. Acknowledge receipt of PO	Log the date of receipt of PO	None		
<b>Total</b>		<b>None</b>	<b>15 working days</b>	



## Issuance of Purchase Order/ Notice to Proceed/Notice of Award for Public Bidding

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

<b>Office or Division:</b>	Procurement Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Business (G2B)			
<b>Who may avail:</b>	Suppliers/Service Providers/ Contractors			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request for Quotation				
Bid Documents		Procurement Division – BAC Secretariat		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 If Cash, Cashier's/Managers Check	Refer to the standard rates and table below		BAC Secretariat / Procurement Division Staff
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		
<b>Total</b>		<b>Refer to the standard rates and table below</b>	<b>PB - Timeline per RA 9184</b>	
<b>Form of Performance Security</b>		<b>Amount of Performance Security (Not Less than the required percentage of the Total Contract Price)</b>		
(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%)		



## Sale of Bidding Documents

Prospective Bidders acquisition of Bidding Documents.

<b>Office or Division:</b>	Procurement Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Business (G2B)			
<b>Who may avail:</b>	Prospective Bidders			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
ID	Supplier's Company			
Authorization Letter	Supplier's Owner			
Order of Payment	Procurement Division			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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. ( <i>refer to <b>STANDARD RATES</b> below</i> )	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 form of Cash, Cashier's / Manager's Check	Issue Official Receipt	As stated in the Order of Payment	3 minutes	Collecting Officer Treasury Division
3. Check completeness of CDR-W / USB containing the bidding documents and sign the receiving copy / checklist of the Bidding Documents issued.	Hand in the Bidding Documents (CDR-W / USB and Forms) to the Prospective Bidder	None	10 minutes	Secretariat in-charge of the project Procurement Division
<b>Total</b>		<b>Refer to standard rates</b>	<b>16 minutes</b>	

**STANDARD RATES:**

<i>Approved Budget for the Contract</i>	<i>Cost of Bidding Documents (Php)</i>
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



## Issuance of Stub for GL to In and Out-patients

Stub for Guarantee Letters (GL) is issued to process medical assistance coming from donors and/or legislators.

<b>Office or Division:</b>	Public Assistance Unit (PAU)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Client (G2C)			
<b>Who may avail:</b>	Patient or representative of Patient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Guarantee Letter		Public Assistance Unit		
Barangay Indigency Certificate		Barangay Office		
Clinical Abstract		Attending Physician		
Photocopy of Valid ID (Parent/s or authorized representative)		Parent's or Authorized Representative		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Give the required documents to PAU Staff	Receive and verify submitted documents	None	2 minutes	PAU Staff
2. Claim the Stub (ledger)	Approve and release stub (ledger)	None	1 minute	PAU Staff
<b>Total</b>		<b>None</b>	<b>3 minutes</b>	





## DISBURSEMENTS EXTERNAL CREDITORS

The Treasury Division is tasked with the disbursement of payment to 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.

<b>Office or Division:</b>	Treasury Division	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	Government-to-Citizen (G2C), Government-to-Business (G2B), Government-to-Government (G2G)	
<b>Who may avail:</b>	External creditors or suppliers	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	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: <ul style="list-style-type: none"> <li>a. Authorization letter using company stationary (1 original document)</li> <li>b. Photocopy of valid identification of authorizing person with signature as shown in the identification for comparison purposes (1 copy)</li> </ul>	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 Ownership (1 photocopy)		Department of Trade and Industry or Bureau of Internal Revenue		
6. Additional requirement for suppliers: a. Valid Official or Collection Receipt		Bureau of Internal Revenue authorized print		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Presents identifying documents	1.3 Verify documents  1.4 If identification is appropriate, log out documents to be issued out	None	1 minute	Disbursing Officer
2. Acknowledge the disbursement documents by affixing signature	Retrieves the check	None	1 minute	Disbursing Officer
3. Issue Official or Collection Receipt and acknowledge BIR forms 2306 and 2307	Verify correctness of issued Official or Collection Receipt of supplier	None	1 minute	Disbursing Officer
4. Returns the signed disbursement documents	Inspects the documents for completeness and propriety of acknowledgment	None	1 minute	Disbursing Officer
5. Receives check and sign in warrant register	Releases check to client after it has been acknowledged as received in the warrant register	None	1 minute	Disbursing Officer
<b>Total</b>		<b>None</b>	<b>5 minutes</b>	



## DISBURSEMENTS INTERNAL CREDITORS

The Treasury Division is tasked with the disbursement of payments to internal 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 Mondays to Fridays 8:00am-5:00pm.

<b>Office or Division:</b>	Treasury Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Hospital Personnel			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Valid identification card of the claimant (1 ID)		Agency issued ID, Land Transportation Office, or Professional Regulation Commission, GSIS, SSS, OSCA or OWWA, COMELEC		
2. If representing a person: Special Power of Attorney (1 original document)		Notary public		
3. 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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	Retrieves the check	None	2 minutes	Disbursing Officer
3. Returns the signed disbursement documents	Inspects the documents for completeness and propriety of acknowledgment	None	1 minute	Disbursing Officer
4. Receives check and sign in warrant register	Releases check to client after it has been acknowledged as received in the warrant register	None	1 minute	Disbursing Officer
<b>Total</b>		<b>None</b>	<b>5 minutes</b>	



## DISBURSEMENTS thru PETTY CASH FUND

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.

<b>Office or Division:</b>	Treasury Division	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)	
<b>Who may avail:</b>	Patients, patient's parents or their representatives, employees	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	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"> <li>- Credit Memo</li> <li>- Official Receipt</li> <li>- Request for <ul style="list-style-type: none"> <li>■ Claim of discount</li> <li>■ Cancellation</li> </ul> </li> <li>- PWD ID</li> <li>- Senior Citizen ID</li> <li>- Certificate of Employment</li> <li>- Statement of Account/ Billing Statement</li> </ul>	Income Center/s  Parties claiming refund/s  Government agency affiliation  Billing and Claims Division



<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present documents needed for refund and ID	1.1 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 Checks filled-up PCV 2.2 Release amount of refund	None	2 minutes	Disbursing Officer
<b>Total</b>		<b>None</b>	<b>5 minutes</b>	



## ISSUANCE OF OFFICIAL RECEIPT

The Treasury Division is in charged 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.

<b>Office or Division:</b>	Treasury Division
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Government-to-Citizen (G2C), Government-to-Business (G2B), Government-to-Government (G2G)
<b>Who may avail:</b>	Patients or their representatives, employees, government agencies, health maintenance organizations
<b>CHECKLIST OF REQUIREMENTS</b>	
<b>WHERE TO SECURE</b>	
<b>Any of the following:</b>	Income center where service was rendered (eg. Emergency Department, Pharmacy, Central Supply Room, etc.)
1. Charge slip or its equivalent	
2. Professional Fee Slip	Attending physician or his authorized representative
3. If for discharge, 3 copies of Discharge Clearance Form	Nurses station of ward or area where admitted
4. Statement of Account or Billing Statement	Billing and Claims Division
5. 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 (for Paying Debtor Institution per Memorandum of Agreement, eg. School Affiliations, donors and the like) Billing and Claims Division (for paying Health Maintenance Organization)
6. Transmittal Letter (1 copy)	Billing and Claims Division (for PhilHealth ACPS transactions) Accounting Division (for government agencies e.g. DSWD)



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	Collecting Officer
2. Give cash/ check payment/ credit card payment	2.1 Receive cash / check from clients / creditors. 2.2 Issue official receipt/s (OR) for payment from clients	None	2 minutes	Disbursing Officer
3. Receive Official Receipt and/or Discharge Clearance	3.1 Clear hospital bill/ Release Official Receipt to client 3.2 Issue Customer Satisfaction Survey Form 3.3 Give instruction to the client as needed	None	1 minute	Collecting Officer
<b>Total</b>		<b>None</b>	<b>5 minutes</b>	





**HOSPITAL SUPPORT SERVICES**  
**Internal Services**



## Engineering Job Order

Engineering Division shall provide assistance to End – users on the preventive maintenance or repair works needed on their respective offices.

<b>Office or Division:</b>	Engineering Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Government (G2G)			
<b>Who may avail:</b>	End users			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Job Order Request		Engineering office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Call to 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. For Job Orders that requires materials, prepare the necessary materials needed	None	1 hour	Technical Personnel
	1.4 Perform the necessary work/s	None	1 hour	Technical Personnel and Storekeeper
2. Rate and sign the completed job request form.	Files the accomplished Job order request form.	None	1 minute	Job Order taker
<b>Total</b>		<b>None</b>	<b>2 hours and 4 minutes</b>	



## Function Room and Audio-Visual Room Reservation for Internal Use

Providing assistance to all units/division/department in Function Room and Audio-Visual Room Reservation for internal use.

<b>Office or Division:</b>	Education Media Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Government (G2G)			
<b>Who may avail:</b>	PCMC Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Function Room Request Form (FRRF)		Requesting Personnel		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Check the availability of the function room/AVR thru intranet and Fill-out Function Room Request Form (FRRF) from the Educational Media Office	1.1 Receive the filled -out request form and Input in the data base and forward to MISD Head for recommendation and Approval of the Department Manager	None	1 Day	Educational Media Staff
	1.2 Receive approved FRRF and post on the white board and encode in the database the approved request and file the form	None	1 Day	Educational Media Staff
2. Receive feedback	Inform the client the Approved/Disapproved of her/his request thru phone	None	1 day	Educational Media Staff
<b>Total</b>		<b>None</b>	<b>3 days</b>	



## ISSUANCE OF CERTIFICATE OF REMITTANCES COVERING PERIOD OF MORE THAN TEN (10) YEARS

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

1. Certificate of Loan Payments
2. Certificate of Premium Payments

<b>Office or Division:</b>	Budget Division			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	Government to Citizen, Government to Business			
<b>Who may avail:</b>	Employees and Suppliers/Service Providers			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Authorization Letter if claimant is not the requesting party (In compliance with R.A. 10173 known as Data Privacy Act of 2012)		Requesting Party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Email / or call Budget Division Office (local 351 / 414)	1.1 Verifies and validates client's data record	None	1 hour	Budget Staff
	1.2 Prepares Certificate of Remittances		7 days	Budget Staff
	1.3 Signs and certifies the Certificate of Remittances		10 minutes	Budget Head
2. Receives the certificate and signs in the logbook with date and time received.	2. Releases the Certificate of Remittances to the client	None	5 minutes	Budget Staff
<b>Total</b>		<b>None</b>	<b>7 days, 1 hour and 15 minutes</b>	



## ISSUANCE OF CERTIFICATE OF REMITTANCES COVERING PERIOD OF TEN (10) YEARS

The Budget Division issues the following certificates to the employees or suppliers / service providers 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 Compensation Payment / Tax Withheld (BIR Form 2316)
4. Certificate of Creditable / Final Tax Withheld at Source (BIR Form 2307 / 2306)

<b>Office or Division:</b>	Budget Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen, Government to Business			
<b>Who may avail:</b>	Employees and Suppliers/Service Providers			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Authorization Letter if claimant is not the requesting party (In compliance with R.A. 10173 known as Data Privacy Act of 2012)		Requesting Party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Email/or call Budget Division office (local 351/414)	1.1 Verifies and validates client's data record	None	1 hour	Budget Staff
	1.2 Prepares Certificate of Remittances		3 days	Budget Staff
	1.3 Signs and certifies the Certificate of Remittances		10 minutes	Budget Head
2. Receives the certificate and signs in the logbook with date and time received.	2. Releases the Certificate of Remittances to the client	None	5 minutes	Budget Staff
<b>Total</b>		<b>None</b>	<b>3 days, 1 hours and 15 minutes</b>	



## Issuance of Supplies and Materials

Issuance of Supplies and Materials for day to day operation of various units.

<b>Office or Division:</b>	Materials Management Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G-Government to Government (Internal Services)			
<b>Who may avail:</b>	End-user Units			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Two (2) copies Approved Requisition and Issue Slip (RIS)		Supplies Inventory Management System (SIMS)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Prepare & Submit RIS through Intranet using the Supplies Inventory Management System (SIMS), two (2) days prior to the day of issuance	Check the item/s requested in the RIS and indicate quantity for issuance	None	5 -10 minutes per RIS	Storekeeper-Materials Management Division
2. Print and submit copy of RIS signed by authorized requesting personnel of the unit and approving Official	Prepare the requested item/s per RIS	None	30 minutes to 6 hours depending on the volume of item/s requested	Storekeeper - Warehouse
3. Receive the supplies/materials issued and sign on the RIS received portion	1.1 Issue the item/s per RIS on scheduled day of issuance 1.2 Give the 2nd copy of RIS and retain the original copy for attachment to report	None	<b>SCHEDULE OF ISSUANCE:</b> Tues - Pharmacy	Storekeeper – Warehouse



			Wed - Office Supplies  2 <sup>nd</sup> week – HSS/Others  3 <sup>rd</sup> week – Med./NSO - Dietary  Thurs-Medical Supplies  (Every other week) - Housekeeping  Fri - Pharmacy - Engineering	
<b>Total</b>		<b>None</b>	<b>Earliest-35 minutes</b> <b>Longest- 6 hours</b>	



## IT TECHNICAL SUPPORT

Providing technical support and assistance to all units/division/department.

<b>Office or Division:</b>	Management Information Systems Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Government (G2G)			
<b>Who may avail:</b>	PCMC Employees			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Service Request Form (SRF)			MISD office (PCMC Intranet Downloadable Forms)	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
<b>Total</b>		<b>None</b>	<b>1 hour, 23 minutes</b>	





## IT SYSTEM DEVELOPMENT

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

<b>Office or Division:</b>	Management Information Systems Division			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	Government to Government (G2G)			
<b>Who may avail:</b>	PCMC Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter of Proposed System – Approved by the Executive Director		Requesting Unit		
Service Request Form (SRF)		MISD office (PCMC Intranet Downloadable Forms)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 days	Technical Staff, Head – MISD
<b>Total</b>		<b>None</b>	<b>5 days</b>	



## Printing of Hospital Forms (Mimeographing)

Providing assistance to all units/division/department in printing (mimeographing) hospital forms.

<b>Office or Division:</b>	Education Media Unit			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	Government-to-Government (G2G)			
<b>Who may avail:</b>	PCMC Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Duplicating (mimeographing) form Documents for Mimeographing		Educational Media Office Requesting Personnel		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill-out duplicating (mimeographing) form with documents for mimeographing	Print/Mimeograph the required forms	None	3 working days	Reproduction Machine Operator/ Educational Media Staff
2. Pick – up the Printed/Mimeographed Forms at the Educational Media Office	Release the printed/mimeographed documents	None	1 Day	Reproduction Machine Operator/ Educational Media Staff
<b>Total</b>		<b>None</b>	<b>4 days</b>	



## Request of Certificate of Employment/Service Record

The Human Resource Management Office provides services to all employees related to their employment records such as Certificate of Employment (COE), Service Record (SR), Certificate of Performance Rating, Dry Seal and Certified true copy.

<b>Office or Division:</b>	Human Resource Management Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C), Government to Government (G2G)			
<b>Who may avail:</b>	All Active & Separated PCMC Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter of Request address to Executive Director (1 Copy)  Note: For COE/SR requested by active employees request letter/form should be noted by immediate supervisor.  Request Form(1 Copy)		Requesting Employee  PCMC Intranet (Downloadable Forms)		
Authorization letter and copies of ID of employee and authorized representative (if to be claimed by a representative)		Requesting Employee		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Letter stating specific purpose or Accomplish Request Form thru <a href="mailto:hrmdrecords@pcmc.gov.ph">hrmdrecords@pcmc.gov.ph</a>	Receive, check for completeness and acknowledge receipt of Letter or Request Form then issue Order of Payment ( <b>OP</b> ) thru email.  <b>Note: Payment should be made within the day OP was issued</b>	None	10 minutes	HRM Officer



2. Print Order of payment received thru e-mail and proceed to Treasury Division to pay applicable fees	2.1 Confirmation of payment from Bizbox, prepare the document	Active: 1 <sup>st</sup> Request- None 2 <sup>nd</sup> Request – PHP 30.00 per document  Separated Employee – PHP 50.00  Certified true copy – PHP 5.00	4 hours	HRM Officer /Assistant OIC/Chief, HRMD
	2.2 Forward to the Office of the Executive Director if signature is required	None	1 day	HRM Officer Clerk/JO
	2.3 Receive and notify employee thru phone/email to pick up/claim the requested document	None	10 minutes	HRM Officer Clerk/JO
3. Claim and receive at releasing window/area	Release document requested	None	5 minutes	HRM Officer
<b>Total</b>		<b>See table of fees</b>	<b>1 day, 4 hours, 25 minutes</b>	



## 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.

<b>Office or Division:</b>	Engineering Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Government (G2G)			
<b>Who may avail:</b>	End User			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request for Check-up and Repair of Equipment (RCURE) form		Engineering office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit accomplished RCURE form Engineering office.	1.1 Received the RCURE form and forward to Project Engineer	None	1 minute	Clerk on Duty
	1.2 Assign appropriate technical personnel	None	1 minute	Project Engineer
	1.3 Inspect and assess the equipment requested for check-up and fill up assessment report thru RCURE	None	2 days	Technical Personnel
	1.4 Certify the assessment of the technical personnel	None	5 minutes	Engineering Head
2. Receive the assessed RCURE Form	2.1 Inform the End – User on the result of assessment and action to be taken i.e for disposal, for PR	None	1 minute	Technical Personnel/Project Engineer
<b>Total</b>		<b>None</b>	<b>2 days and 8 minutes</b>	



## 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.

<b>Office or Division:</b>	Motorpool office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Government (G2G)			
<b>Who may avail:</b>	PCMC Employees with authorized transaction outside, patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Trip request form		Motorpool office		
2. Trip Ticket form				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Call local 393 for request for trip	1.1 Receive call and fill up trip request form	None	5 Minutes	Motorpool Clerk/ Driver
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	Driver
3. Rate and sign the trip request form.	3.1 File the form and Trip ticket for liquidation and reports	None	1 minute	Driver
<b>Total</b>		<b>None</b>	<b>21 minutes</b>	



**MANAGEMENT SERVICES**  
**Internal Services**



## Request for Registration/Revision of Quality Hospital Forms

In compliance to ISO 9001:2015 Quality Management System, QMO issues a controlled copy of quality hospital form after thorough review and assigning control codes.

<b>Office or Division:</b>	Quality Management Office (QMO)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Government (G2G)			
<b>Who may avail:</b>	End-users			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
New/Revised Forms		Process Owners, End-users		
Request for Registration and Revision of Forms		QMO		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Bring hard copy of the new form/s for registration/ revision to QMO as approved by the Forms Committee	a. Assign control codes for new forms	None	15 min	QMO Staff
2. Accomplish the Request for Registration and revision Form for approval of the Unit Head and submit to QMO	a. Receive the request for registration and revision form	None	1 min	QMO Staff
3. Submit Soft Copy via email	a. Acknowledge receipt of the soft copy	None	1 min	QMO Staff
<b>Total</b>		<b>None</b>	<b>17 minutes</b>	





## Request for Registration/Revision of Quality Policies and Procedures

In compliance to ISO 9001:2015 Quality Management System, QMO issues a controlled copy of quality policies and procedures after thorough review and assigning control codes.

<b>Office or Division:</b>	Quality Management Office (QMO)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	Government to Government (G2G)			
<b>Who may avail:</b>	All Process Owners			
<b>CHECKLIST OF REQUIREMENTS</b>			Quality Management Office (QMO)	
New/old policies and procedures			Process Owners	
Request for registration/revision of documents			QMO	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the new/ for revision quality policies and procedures for checking	1.1 Review and check compliance with the standard template for QP 1.2 Assign control codes	None	3 days	QMO Staff
2. Revise and resubmit the QP accordingly as checked by the QMO	2.1 Review and finalized the submitted QP 2.2 Advise process owner if the QP is good for printing	None	3 days	QMO Staff
3. Print and submit the finalized QP	3.1 Marked the original copy as "master copy" 3.2 Issue the master copy to the process owner for photocopy (Maximum of 3 copies)	None	5 minutes	QMO Staff
4. Submit the photocopied sets	4.1 Marked the photocopied sets as "controlled copy"	None	5 minutes	QMO Staff



	4.2 File the controlled copy of QP for safe keeping			
<b>Total</b>		<b>None</b>	<b>6 days and 10 minutes</b>	



## Submission of Strategic Deliverable Tracker

Procedure for processing submission of the Strategic Deliverable Tracker by PCMC office units needed for Performance Governance System.

<b>Office or Division:</b>	Office for Strategy Management			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Government (G2G)			
<b>Who may avail:</b>	Hospital Units			
<b>CHECKLIST OF REQUIREMENTS</b>			Quality Management Office (QMO)	
Strategic Deliverable Tracker			OSM Office	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get schedule of submission of Unit's Strategic deliverable Tracker and / or Accomplishment Report	Inform units of scheduled date of submission	None	1 minute	Secretariat
2. Get Unit's Strategic Deliverable Tracker Form (hard or soft copy)	Provide Strategic Deliverable Tracker Form or forward by electronic mail to unit	None	2 minutes	Secretariat
3. Submit accomplished Strategic Deliverable Tracker Form and / or Accomplishment Report on scheduled date	3.1. Confirm received copy of Strategic Deliverable Tracker / Accomplishment Report from the respective unit and document in logbook 3.2. Make revisions as needed	None	2 minutes	Secretariat
			2 hours	OSM Head
			1 minute	Secretariat



	3.3. Return Strategic Deliverable Tracker Form for revision by the unit.			
4. Revise Strategic Deliverable Tracker Form according to comments/correction done.	4.1 Receive final copy of Strategic Deliverable Tracker / Accomplishment Report and document in logbook	None	2 minutes	Secretariat
4.1 Return revised Strategic Deliverable Tracker and /or Accomplishment Report on scheduled date	4.2 Review completeness of revisions made		5 minutes	Asst. OSM Head
<b>Total</b>		<b>None</b>	<b>2 hours and 13 minutes</b>	



**MEDICAL SERVICES**  
**External Services**



## Anesthesia Quotation

Total cost of the required Anesthesia medicines and supplies required for the prescribed surgical procedure.

<b>Office or Division:</b>	Division of Pediatric Anesthesia			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen (G2C)			
<b>Who may avail:</b>	All patients (Service / Pay) (Admitted / OPD)			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<ul style="list-style-type: none"> <li>• OPD Card</li> </ul>			<ul style="list-style-type: none"> <li>• OPD Division</li> </ul>	
<ul style="list-style-type: none"> <li>• Doctor Quotation request</li> </ul>			<ul style="list-style-type: none"> <li>• Surgery Office</li> </ul>	
<ul style="list-style-type: none"> <li>• Anesthesia Quotation Photocopy (5 copies)</li> </ul>			<ul style="list-style-type: none"> <li>• Photocopy Unit</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Give the OPD card and Quotation Request or Surgery Quotation	Receive the OPD card / request quotation	None	1 minute	Pediatric Anesthesia Clerk
2. Photocopy the Anesthesia quotation (5 copies)	Provide Anesthesia quotation	None	2 minutes	Pediatric Anesthesia Clerk
<b>Total</b>		<b>None</b>	<b>3 minutes</b>	



## Anesthesia Screening for CT scan / MRI / Radiographic Imaging

Pre-operative evaluation of patients who will undergo radiological procedures.

<b>Office or Division:</b>	Radiology Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	In-patient and Out-patients (Pediatric)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Procedure request form		Attending physician		
Triage Clearance (for Outpatient)		Triage		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get a queuing number	Give queuing number to the parent/caregiver	none	1 minute	Radiology clerk
2. Once number is called, give the procedure request form and submit to pre-operative evaluation.	2.1 Reviews the request form 2.2 Perform preoperative evaluation 2.3 Request for laboratory procedures and cardiopulmonary evaluation 2.4 Provide schedule for the procedure Explain anesthesia plan and preoperative instructions	none	25 minutes	Pediatric Anesthesia Fellow
<b>TOTAL</b>		<b>None</b>	<b>26 minutes</b>	



## Blood Collection from Donor

<b>Office or Division:</b>	Blood Bank , Pathology Division (Pediatric Blood Center)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen			
<b>Who may avail:</b>	Walk-In Donors, Volunteer Donors, Replacement Donors			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Triage Clearance		Doctor		
ID card from government offices		Agency where employed		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present clearance from triage	Give Donor History Questionnaire (DHQ)	None	2 minutes	Medical Technologist
2. Fill up DHQ completely.	Check completeness of DHQ	None	3 minutes	Medical Technologist
3. Wait for assessment by the Doctor	Take Vital signs and interview and check hemoglobin count	None	10 minutes	Resident on duty
4. Prepare for Blood Donation procedure	Performs phlebotomy	None	15 minutes	Medical Technologist
5. Rest	Post donation care	None	10 minutes	Medical Technologist
<b>Total</b>		<b>None</b>	<b>40 minutes</b>	





## Blood Networking/ Blood Aliquoting

<b>Office or Division:</b>	Pathology Division (Pediatric Blood Center) Blood Bank			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen			
<b>Who may avail:</b>	Outpatient			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Laboratory Request			Doctor	
Certificate of employment for Govt. discount			Agency where employed	
ID card from government offices				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Give Blood request, consent forms and get queuing number.	Assess type of request and detail charges.	None	2 minutes	Medical Technologist
2. Give the request to windows 1A/1B. Wait for the order of payment. (If from partner Agency proceed to step 5)	Issue order of payment		1 minute	Clerk
3. Pay at the Cashier	Prepare and issue official receipt	Aliquoting PHP 250.00/aliquot  PRBC PHP 1,500.00 + 300.00  Platelet Concentrate PHP 1,000.00+ 300.00	10 minutes	Cashier



		<p>Fresh Frozen Plasma PHP 1,000.00+300.00</p> <p>Cryoprecipitate PHP 1,000.00+300.00</p> <p>Cryosupernate PHP 1,000.00+300.00</p> <p>Crossmatch PHP 573.00 (Service) PHP 840.00(Pay)</p> <p>Antibody screen PHP 624.00 PHP (Service) PHPH 915.00 (Pay)</p> <p>Antibody identification PHP 2,532.00 (Service) PHP 3,713.00 (Pay)</p>		
4. Return to Blood Bank present Blood Request and Official Receipt.	<p>4.1 Log Official Receipt</p> <p>4.2 Instruct to get Blood extraction number and/or wait for the availability of blood.</p>	None	5 minutes	<p>Clerk</p> <p>Medical Technologist</p>
5. Wait at the Reception area, OPD, and Hematology area	Process blood request. Validate, print official results and/or blood issuance form.		Simple case: 20 minutes complicated	Medical Technologist



			result 4 hours to 1 day	
	<b>Total</b>	<b>Refer to rates</b>	<b>Simple Case:38 minutes Complicated Case: 4 hours &amp; 38 min to 1 day</b>	



## Cancer and Hematology - OPD Consultation

OPD Consultation/follow-up of New and Old patient

<b>Office or Division:</b>	Cancer and Hematology Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	In-patient and Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
Referral Slip		Attending Physician		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	3 minutes	CHC Triage Nurse
2. Present referral slip and/or record book or discharge instruction to the triage nurse	2.1 Check laboratory request 2.2 Give OPD number for queuing	None	1 minute	CHC Triage Nurse
3. Proceed to the Laboratory present procedure request	Perform procedure for required laboratory tests	Refer to Price List of Laboratory	10 minutes	Medical Technologist



4. Wait for the result of laboratory test	Process laboratory test procedure	None	2 hours	Medical Technologist
5. Get laboratory result	Issue laboratory result	None	2 minutes	Laboratory Clerk
6. Go back to CHC OPD for measurement of weight and height.	Get height and weight of patient	None	2 minutes	Midwife and/or nurse
7. Submit laboratory results and/or other diagnostic results. Wait to be called.	Receive the laboratory/diagnostic results and insert in the patient's chart	None	1 minute	Midwife and/or nurse
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	20 minutes	CHC Fellow
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	30 minutes	CHC Fellow
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	Cash- Php 75.00 Fund- Php150.00	1 minute  5 minutes	CHC OPD Clerk
11. Pay at the cashier	Prepare and issue Official Receipt	Php 75.00	10 minutes	Cashier
12. Give record book to the Clerk	Mark Record book as consulted	None	1 minute	CHC OPD Clerk
<b>Total</b>		<b>See above rates</b>	<b>3 hours and 27 minutes</b>	



## Cancer and Hematology - Outpatient Administration of Chemotherapeutic Drugs

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

<b>Office or Division:</b>	Cancer and Hematology Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	In-patient and Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	CHD Triage Nurse
2. Present record book or discharge instruction to the triage nurse	2.1 Check Record book for instructions and required laboratory request	None	2 minutes	CHD Triage Nurse



	2.2 Give OPD number for queuing.			
3. Get the order of payment.	3.1 Prepare and issue Order of Payment	See Price List	1 minute	CHD OPD Clerk
If with fund, give the stub to the clerk	3.2 Encode in Trust fund system	See Price List	5 minutes	CHD OPD Clerk
4. Pay at the cashier	Prepare and issue Official Receipt	See Price List	10 minutes	Cashier
5. Proceed to pharmacy for acquisition of chemotherapeutic drug	Dispense required drugs	Refer to price list of Pharmacy	30 minutes	Pharmacist
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	CHD OPD Midwife and/or Nurse
7. Submit for IV insertion, once called	Insert IV Line to patient	None	5 minutes	CHC OPD Nurse
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	CHC OPD midwife and/or nurse
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	None	10 minutes to 10 hours depending on chemotherapy drugs to be administered	CHD Fellow and CHC OPD Nurse



	administration of chemotherapeutic drugs			
10. Confirm schedule of follow up	9.1 Check record book 9.2 Give instructions for follow-up consultation/ next treatment schedule	None	1 minute	CHC OPD Nurse
<b>Total</b>		<b>*Rate of Payment as stated below</b>	<b>1 hour and 15 minutes + administration time depending on scheduled drug(s) please refer to attached list</b>	

<b>CHEMOTHERAPEUTIC DRUGS</b>	<b>Rate of Administration/ Infusion</b>	<b>MAY PHILHEALTH</b>	<b>WALANG PHILHEALTH</b>	<b>LEDGER</b>	<b>CASH</b>
Cyclophosphamide	30 minutes drip	238.00	238.00	238.00	138.00
Cyclophosphamide	1 hour drip	313.00	313.00	313.00	213.00
Cyclophosphamide	2-10 hours drip	368.00	368.00	368.00	238.00
Cytarabine	IV 4 hours	368.00	368.00	368.00	368.00
Cytarabine	slow IV push	238.00	238.00	238.00	138.00
Cytarabine	Subcutaneous	148.00	148.00	148.00	113.00
Dactinomycin	15 – 20 minutes	313.00	313.00	313.00	213.00
Doxorubicin	30 – 60 minutes	313.00	313.00	313.00	213.00
Etoposide	1 hour drip	313.00	313.00	313.00	213.00
Etoposide	2-4 hours	368.00	368.00	368.00	238.00
L-Asparaginase	4 hours	368.00	368.00	368.00	238.00
Methotrexate	slow IV push	238.00	238.00	238.00	138.00
Methotrexate	4 hours drip	368.00	368.00	368.00	238.00
Methotrexate	IT / TIT	220.00	220.00	220.00	130.00
Vinblastine	slow IV push	238.00	238.00	238.00	138.00
Vincristine	slow IV push	238.00	238.00	238.00	138.00





## Cancer and Hematology - Blood Transfusion Procedure

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

<b>Office or Division:</b>	Cancer and Hematology Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	In-patient and Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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	
Blood			Pathology Division	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	3 minutes	CHD Triage Nurse
2. Present record book or discharge instruction to the triage nurse	2.1 Check Record book for instructions and required laboratory request	None	2 minutes	CHD Triage Nurse



	2.2 Give OPD number for queuing			
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	See Price List	1 minute 5 minutes	CHD OPD Clerk CHD OPD Clerk
4. Pay at the cashier	Prepare and issue Official Receipt	See Price List	10 minutes	Cashier
5. Proceed to blood bank to submit blood request.	Facilitate blood product cross matching	Refer to price list of Laboratory	2 hours	Medical Technologist
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	CHD OPD midwife and/or nurse
7. Submit for IV insertion, once called	Insert IV Line to patient	None	5 minutes	CHC OPD Nurse
8. Return to waiting area and wait to be called for the blood transfusion	7.1 Prepare materials for procedure 7.2 Get blood product from Blood Bank	None	15 minutes	CHD OPD Nurse CHD midwife
9. Submit for Blood transfusion procedure, once called	9.1 Identify patient	None	3 hours	CHD Fellow and CHD OPD Nurse



	9.2 Hook blood product for infusion 9.3 Observe patient for any untoward reactions to the blood transfusion			
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
<b>Total</b>		<b>*Rate of Payment as stated below</b>	<b>5 hours and 45 minutes</b>	

<b>PROCEDURE</b>	<b>MAY PHILHEALTH</b>	<b>WALANG PHILHEALTH</b>	<b>LEDGER</b>	<b>CASH</b>
Blood Transfusion	330.00	330.00	330.00	200.00
Pack RBC (PRBC)	330.00	330.00	330.00	200.00
Platelet Concentrate (PC)	330.00	330.00	330.00	200.00



## Cancer and Hematology - Bone Marrow Aspirate and Lumbar Puncture Procedure

These procedures are used in diagnosing blood disorders.

<b>Office or Division:</b>	Cancer and Hematology Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	In-patient and Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	3 minutes	CHD Triage Nurse
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	2 minutes	CHD Triage Nurse
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	See Price List	1 minute 5 minutes	CHD OPD Clerk CHD OPD Clerk



4. Pay at the cashier	Prepare and issue Official Receipt	See Price List	10 minutes	Cashier
5. Proceed to laboratory to submit procedure request (e.g. BMA staining, BMA-MRD, CSF cell count and cytospin)	Facilitate laboratory request	Refer to price list of Laboratory	10 minutes	Laboratory Clerk
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	3 minutes	CHD OPD midwife and/or nurse
7. Submit for IV insertion, once called	Insert IV Line to patient	None	5 minutes	CHC OPD Nurse
8. Return to waiting area and wait to be called for the blood transfusion	Prepare materials for procedure	None	15 minutes	CHD OPD Nurse
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	CHD Fellow and CHD OPD Nurse
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
<b>Total</b>		<b>*Rate of Payment as stated below</b>	<b>1 hour and 27 minutes</b>	

PROCEDURE	MAY PHILHEALTH	WALANG PHILHEALTH	LEDGER	CASH
Bone Marrow Aspiration	440.00	440.00	440.00	250.00
Lumbar Puncture	220.00	220.00	220.00	130.00



## CARDIAC DIAGNOSTIC PROCEDURES – Appointment Scheduling

Setting of appointments may be done by phone, call 8588-9900 local 254 or by going to PCMC Diagnostic Laboratory.

<b>Office or Division:</b>	Section of Pediatric Cardiology			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen			
<b>Who may avail:</b>	Out-patients and In-patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Triage Clearance			OPD Triage	
Referral Slip or Request of procedure (completely filled out)			Attending / Requesting Doctor	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the referral slip/request for scheduling.	1.1 Review and verify the request 1.2 Verify authenticity of documents presented.	None	2 minutes	Cardio Technologist
2. Get schedule and listen to orientation on the required preparation for the procedure.  Come back on scheduled date	2.1 Schedule the patient to the nearest available date. 2.2 Give appropriate preparation.	None	3 minutes	Cardio Technologist
<b>Total</b>		<b>None</b>	<b>5 minutes</b>	



## Cardiology Consultation and Procedures

<b>Office or Division:</b>	Section of Pediatric Cardiology			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen			
<b>Who may avail:</b>	Out-patients and In-patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Triage Clearance		OPD Triage		
Referral Slip or Request of procedure (completely filled out)		Attending / Requesting Doctor		
For those availing discount (PWD & Government Employee dependent) <ul style="list-style-type: none"> <li>- Photocopy of PWD ID</li> <li>- Photocopy of Company ID and Certificate of Employment</li> </ul>		City Hall Employer		
For those availing Trust Funds (TFIS) Approved Trust Fund Slip solely for the procedure		Social Service / PAU		
For those availing Asian Life and General Assurance Corporation (ALGA) <ul style="list-style-type: none"> <li>- Filled out Diagnostic Request Form (Form C) signed by your Attending Physician</li> <li>- Approval Code</li> </ul>		ALGA Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the request and applicable documents.	1.1 Verify authenticity of documents presented. 1.2 Encode registration	None	2 minutes	Cardio Technologist
2. Get the order of payment	2. Prepare and issue Order of Payment	None	1 minute	Cardio Technologist



<p>2.1 If with fund, give the fund stub, proceed to step 5.</p> <p>2.2 If with ALGA give the required documents, proceed to step 5.</p>	<p>2.1 Encode in Trust fund system</p> <p>2.2 Process the payment documents then submit to OPD office.</p>	<p>ECG Php 520.00</p> <p>2D Echo Php 3,625.00</p> <p>Fetal 2D Echo Php 4,140.00</p> <p>Stress Test Php 2,500.00</p> <p>Holter Php 4,000.00</p>	<p>5 minutes</p>	<p>Cardio Technologist</p>
<p>3. Pay at the cashier</p>	<p>Prepare and issue Official Receipt</p>	<p>See price list</p>	<p>10 minutes</p>	<p>Cashier</p>
<p>4. Return to Cardiology Section and present official receipt once called.</p>	<p>Record Official Receipt</p>	<p>None</p>	<p>1 minute</p>	<p>Cardio Technologist</p>
<p>5. Submit to procedure to be done</p> <p>For Holter monitoring procedure, go back the following day submit to removal of recorder.</p>	<p>5.1 Perform required procedure.</p> <p>5.2 Inform patient when the result will be released.</p> <p>Remove recorder.</p>	<p>None</p> <p>None</p>	<p>1 hour</p> <p>10 minutes</p>	<p>Cardio Technologist/ Consultant</p>
<p><b>Total</b></p>		<p><b>Check price listed above</b></p>	<p>Holter: 1 week 2D Echo: 1 week ECG:2-3 weeks Fetal 2D Echo:1 hour and 29 minutes Stress test: 1 week</p>	





## SWABBING APPOINTMENT SCHEDULE FOR TIE-UP AGENCIES

The molecular laboratory provides swabbing schedule for specimen collection to systematically organize and control the number of persons in the swabbing area to limit the spread of infection.

<b>Office or Division:</b>	Pathology Division/Molecular Laboratory			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Business, Government to Government			
<b>Who may avail:</b>	Patients of Tied-Up Agencies			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Case Investigation Form (CIF)		Downloadable and Editable forms via Google		
Line List		Agency		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the CIF and complete line list for swabbing schedule	1.1 Check the swabbing schedule 1.2 Plot the schedule	None	1 minute	Encoders/ Receptionist/ Administrative Staff
2. Get swabbing schedule	Inform the company coordinator of the swabbing schedule	None	1 minute	Encoders
<b>Total</b>		<b>None</b>	<b>2 minutes</b>	



## SWABBING APPOINTMENT SCHEDULE FOR OUTPATIENTS

The molecular laboratory provides swabbing schedule for specimen collection to systematically organize and control the number of persons in the swabbing area to limit the spread of infection.

<b>Office or Division:</b>	Pathology Division/Molecular Laboratory			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen			
<b>Who may avail:</b>	Out Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Case Investigation Form (CIF)		Downloadable and Editable forms via Google		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send Inquiries to <a href="mailto:pcmccovid19schedule@gmail.com">pcmccovid19schedule@gmail.com</a>	Check and respond to emails and attached the link to the downloadable/editable Case Investigation Form	None	1 minute	Encoders/ Receptionist/ Administrative Staff
2. Fill Up and send the accomplished CIF	2.1 Ensure that the accomplished form are completely filled out 2.2 Check the available schedule for appointment and sample collection.	None	3 minutes	Encoders
3. Get appointment and take note of the instruction	Inform the client of the set appointment	None	1 minute	Encoders/ Receptionist/ Administrative Staff
<b>Total</b>		<b>None</b>	<b>5 minutes</b>	



## SAMPLE COLLECTION AND RELEASE OF RESULT

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.

<b>Office or Division:</b>	Pathology Division/Molecular Laboratory			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen			
<b>Who may avail:</b>	Out-Patient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Accomplished Case Investigation Form		Downloadable and Editable forms via Google		
Doctors Request		Family Physician		
Philhealth ID Number		Philhealth Portal (via net)		
Valid ID		Any issued ID		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to Swabbing area a. For Scheduled Patient, 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 (if available)	1.1 Check the CIF printed and submitted ID for verification 1.2 If found in order, prepare Order of Payment.	None	5 minutes  5 minutes	Encoders/ Receptionist/ Administrative Staff  Encoders



2. Receive Order of Payment and CIF Form and Pay for the required fee	Issue Official Receipt	Swabbing Rate: Off-site: Php 600.00 On-site: None  RT-PCR Regular Rate: P3,577.00  Net of Philhealth with Doctors Request/ MOA : P1,500.00	10 minutes	Collecting Officer
3. Present Official Receipt at the Swabbing Encoding Area	Give the sticker for sample label and Instruct about the release of result and advise client to proceed to swabbing booth	None	2 minutes	Encoder
4. Present Sticker for sample label	Collect swab samples via Oropharyngeal and Nasopharyngeal sites	None	10 minutes	Med Tech
5. Receive Swab result thru email	Send the result of the patient to their respective email	None	3 days	Analyst/Receptionist
<b>Total</b>		<b>Refer to the swab rates above</b>	<b>3 days and 32 minutes</b>	



## Dental Patient Scheduling

Setting of Dental Services Appointment.

<b>Office or Division:</b>	Pediatric Dentistry Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	In-patient and Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
OPD Card (For old patients)			OPD Clerk and/or Attending Physician (OPD)	
Appointment Slip			Pediatric Dentistry Division or arranged thru phone call	
Referral Slip (If any)			Attending Physician/Dentist	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Call the Pediatric Dentistry Division at 8858-9900 local 295	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.	None	1 minute	Dentist-on-duty



	3.2 Inform patient to undergo tele-screening			
<b>Total</b>		<b>None</b>	<b>7 minutes</b>	



## Special Dental Procedures

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

<b>Office or Division:</b>	Pediatric Dentistry Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	In-patient and Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Triage Clearance		OPD Triage		
OPD Card (For old patients)		OPD Clerk and/or Attending Physician (OPD)		
Appointment Slip		Pediatric Dentistry Division		
Clearances (if required)		Attending Physician		
Tele-Screening 2 days prior to appointment date		Pediatric Dentistry Division, Facebook page		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 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 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 Dentist
4. Submit to measurement of weight and height.	4.1 Take height and weight of patient.	None	1 minute	Dentist
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
6. Answer client satisfaction survey form	6.1 Give client satisfaction survey form	None	1 minute	Dentist
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	Encode OP and OR number in the database	None	2 minutes	Dental Clerk/Aide
<b>Total</b>		<b>Call 588-9900 local 295 For the latest Dental Rates</b>	<b>3 hours and 23 minutes</b>	





## Dental Telemedicine

Tele-Consultation for dental problems via Facebook.

<b>Office or Division:</b>	Pediatric Dentistry Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	In-patient and Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Referral Slip (If any)			Attending Physician/Dentist	
OPD Card (For old patients)			OPD/Clerk	
Informed Consent			Dental Telemedicine Facebook Page	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Call Pediatric Dentistry Division @ 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 recommendation	4.1 Provide oral health education and consultation 4.2 Give appointment of dental visit if necessary.	None	10 minutes	Triage 2 Dentist
5. Answer client satisfaction survey form	5.1 Give client satisfaction survey form	None	1 minute	Triage 2 Dentist
<b>Total</b>		<b>None</b>	<b>21 minutes</b>	



## Emergency Room Admission

Patients requiring immediate admission due to clinical necessity.

<b>Office or Division:</b>	Pediatric Critical Care Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Pediatric Patients (0-18 yrs. old)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Triage Clearance		OPD Triage		
Emergency Room Form		ER		
Admitting Slip		ER		
Referral Slip from Medical Social Service (MSS)		ER		
Consent for Admission (Optional)		PCMC Triage		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill up the ER Form at the Front Desk/Station	Encode patient information on database	None	3 minutes	ER Clerk
2. Submit patient for examination by a physician.	2.1 ER Resident examines the patient 2.2 Issue MSS Referral slip and Admission slip to parent/ guardian.	None	7 minutes	ER Resident
3. Proceed to MSS and present Referral slip	3.1 Assess patient's eligibility. 3.2 Fill-up referral slip 3.3 Give fully-filled referral slip	None	20 minutes	Social Worker
4. Proceed to Admitting Section, present MSS	4.1 Encode admission data in the hospital database	None	23 minutes	Admitting Clerk



referral slip and Admission slip	4.2 Return back the filled Admission slip			
5. Go back to ER and present Admission slip to the ER Clerk	5.1 Encode the admission data 5.2 Give the Admission slip to the Nurse	None	5 minutes	ER Clerk
6. Wait to be guided to the room	Guide the patient to designated room	None		ER Nurse
<b>Total</b>		<b>None</b>	<b>58 minutes</b>	



## Colonoscopy (with Biopsy, Polypectomy)

Monday thru Friday 8:00am – 5:00pm

<b>Office or Division:</b>	Section of Pediatric Gastroenterology, Hepatology and Nutrition			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-citizen (G2C)			
<b>Who may avail:</b>	Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Prescription		Attending Physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Consult at Gastro OPD and get requests for Endoscopy procedure and necessary laboratory examinations.	Assessed for the appropriate Endoscopic procedure and so this can be explained together with the possible complications.  Give request for endoscopic procedure.	None	Within 30 minutes	GI Fellow
2. Request for quotation.	Give patient quotation for endoscopy.	None	Within 5 minutes	Surgery and Anesthesia Clerks
3. Wait for endoscopy schedule.	Secure schedule at the OR	None	--	GI Fellow
4. Do pre-procedural lab tests (CBC, PT PT) & clearance	Give laboratory requests & clearance form	None	Within 4 hours	GI Fellow
5. Consult for Anesthesia evaluation and to show results of lab tests for clearance	Give pre-anesthesia evaluation	None	Within 30 minutes – 1 hour	Anesthesia Fellow



6. Go back to PCMC on day of endoscopy once with clearance for the procedure.	Secure consent for endoscopy & insert IV line	None	Within 15 minutes	Endoscopy Nurse
7. Proceed to the endoscopy unit on the assigned schedule so the GI fellow can do the endoscopy under the supervision of the consultant of the month.	Check materials and equipment for endoscopy, coordinate with Anesthesia if endoscopy can be started	None	Within 1 – 2 hours	GI Fellow
8. Explanation and releasing of endoscopy report. Explanation of what to watch out for while patient is recovering from anesthesia.	Explain & give a copy to the endoscopy report	None	Within 10 – 15 minutes	GI Fellow
9. Observe and monitor patient at recovery room	Observe and monitor patient	None	Within 2 – 4 hours	OR Nurse
10. Wait for encoding of charges.	Nurse to give to the patient charge slip for payment	None	Within 10 – 15 minutes	OR Nurse
11. Pay for charges/billing	Give the charges /bill to the cashier Show official receipt to the nurse	Pay – P7,500.00 – 9,750.00  Service – P5,625.00 – 7,315.00	Within 5 minutes	Cashier/OR Nurse
12. Patient to be sent home once cleared by the doctor and home instructions are given	Explain & give discharge instructions & prescription to patient	None	Within 10 – 15 minutes	OR Nurse



14. Patient to be sent home once cleared by the doctor and home instructions are given	Explain & give discharge instructions & prescription to patient	None	5 minutes	OR Nurse
<b>Total</b>		<b>See rates above</b>	<b>12 hours and 50 minutes</b>	



## Esophagogastroduodenoscopy (w/ Biopsy, Foreign body removal, Rubber band ligation, Epinephrine injection, Sclerotherapy, PEG insertion)

Monday thru Friday 8:00am – 5:00pm

<b>Office or Division:</b>	Section of Pediatric Gastroenterology, Hepatology and Nutrition			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-citizen (G2C)			
<b>Who may avail:</b>	Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Prescription			Prescribing Doctor	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Consult at Gastro OPD and get requests for Endoscopy procedure and necessary laboratory examinations.	Assessed for the appropriate Endoscopic procedure and so this can be explained together with the possible complications.  Give requests for endoscopic procedure and necessary laboratory examination	None	Within 30 minutes	GI Fellow
2. Request for quotation	Give patient quotation to endoscopy	None	Within 5 minutes	Surgery and Anesthesia Clerks
3. Wait for endoscopy schedule	Secure schedule at the OR	None	--	GI Fellow
4. Do pre-procedural lab tests (CBC, PT PT) & clearance.	Give laboratory requests & clearance form	None	Within 4 hours	GI Fello
5. Consult for Anesthesia evaluation and to show	Give pre-anesthesia evaluation	None	Within 30 minutes – 1 hour	Anesthesia Fellow





results of lab tests for clearance.				
6. Go back to PCMC on day of endoscopy once with clearance for the procedure	Secure consent for endoscopy & insert IV line	None	Within 15 minutes	Endoscopy Nurse
7. Proceed to the endoscopy unit on the assigned schedule so the GI fellow can do the endoscopy under the supervision of the consultant of the month.	Check materials and equipment for endoscopy, coordinate with Anesthesia if endoscopy can be started	None	Within 30 minutes – 1 hour	GI Fellow
8. Explanation and releasing of endoscopy report. Explanation of what to watch out for while patient is recovering from anesthesia	Explain & give a copy of the endoscopy report	None	Within 10-15 minutes	GI Fellow
9. Observe and monitor patients at recovery room	Observe and monitor patient	None	Within 2 – 4 hours	OR Nurse
10. Wait for encoding of charges	Nurse to give to the patient charge slip for payment	None	Within 10 – 15 minutes	OR Nurse
11. Pay for charges/billing.	Give the charges/bill to the cashier. Show official receipt to the nurse.	Pay – 5,000 – 6,500.00 Service – 3,750.00 – 4,875.00	Within 5 minutes	Cashier/OR Nurse
12. Patient to be sent home once cleared by the doctor	Explain & give discharge instructions & prescription to the patient	None	Within 10 – 15 minutes	OR Nurse



and home instructions are given.				
<b>Total</b>		<b>See rates above</b>	<b>Within 7 hours and 40 minutes</b>	



## Hemodialysis Treatment and Medical Supplies (Cash/Medical Assistance/Ledger)

Treatment for Patient with Renal Failure.

<b>Office or Division:</b>	Hemodialysis Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Out-patients and In-patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<b>Triage Clearance</b> <b>No discount to be availed:</b> <ul style="list-style-type: none"> <li>• Pay patients w/o PWD ID</li> </ul>			Triage None	
<b>Will avail Discount:</b> <ul style="list-style-type: none"> <li>• PWD ID</li> <li>• Service Patients</li> <li>• For parent/s who are Gov't Employees: Work ID and Certificate of employment.</li> </ul>			City Hall, Employer	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Give the Referral Slip with the other documents and listen attentively to the clerk	Check the required documents if complete. Verify authenticity of documents presented. And provide other necessary requirements and information for the procedure.	None	5 mins	HDU Clerk
2. Examined by the Pedia Nephrology Fellow	Proper assessment and examination of patient.	None	5 mins	Pedia Nephrology fellow-on-duty



3. Cohorting of patient once not cleared by the ICC and/or the Pediatric Nephrology	PUI patient's will be provided with a separate schedule of treatment	None	2 mins	Pedia Nephrology fellow-on-duty
4. Listen to the orientation and sign the consent for hemodialysis	Explain the HD treatment process/procedure.  Check for the Consent form if signed by the client.	None	2 mins	Pediatric Nephrology Fellow  HDU Nurse
5.1. Go to the treatment area for hemodialysis	HD treatment will be served to the patient.	None	4 hours	HDU Nurse
5.2. For Covid 19 Suspect/Probable patient who will undergo Hemodialysis treatment	Perform Donning and Doffing of PPE before and after HD treatment to the patient		4 hours 10mins	Hemodialysis staff
6.1. Wait for the Order of Payment (OP) and pay to the cashier	Receive Order of Payment and issue receipt.	See Rates	1 minute or depending on the length of the queue.	Cashier's Clerk
6.2. Give the Guarantee Letter/Ledger	Encode at TFIS (Trust Fund System)	None	1 minute or depending on the length of the queue.	HDU Clerk
7. Go back to HDU to show official receipt of payment	Check the Official Receipt	None	30 Sec	HDU Clerk



8. Take the appointment slip for the next treatment	Schedule patient for the next Hemodialysis treatment	None	30 Sec	Pedia Nephrology fellow-on-duty
<b>Total</b>		<b>See Rates Table Below</b>	<b>4 hours and 16 minutes For COVID 19 Suspect: 4 hours and 26 minutes</b>	

### SECTION OF PEDIATRIC HEMODIALYSIS

HEMODIALYSIS UNIT PROCEDURES AND USE OF EQUIPMENTS	OUT-PATIENT		IN-PATIENT	
	PAY	SERVICE	PAY	SERVICE
<b>Routine</b> Hemodialysis Treatment	3,564.00	2,400.00	4,125.00	3,750.00
<b>Urgent</b> Hemodialysis Treatment (Unscheduled treatment within operating hours)	4,277.00	2,878.00	4,290.00	3,900.00
<b>Emergency</b> Hemodialysis Treatment (Unscheduled treatment beyond operating hours)	5,346.00	3,600.00	5,363.00	4,875.00
Body Composition Analyzer/ Bioimpedance	948.00	647.00	1,054.00	958.00
Multi-functional Defibrillator	1,278.00	959.00	1,420.00	1,420.00
Suction Machine	605.00	454.00	670.00	670.00
Nebulizer	180.00	135.00	180.00	180.00



## Hemodialysis Treatment and Medical Supplies (PHILHEALTH)

Treatment for Patient with Renal Failure.

<b>Office or Division:</b>	Hemodialysis Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Out-patients and In-patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Triage Clearance</b> <b>No discount to be availed:</b> <ul style="list-style-type: none"> <li>• Pay patients w/o PWD ID</li> </ul>		Triage None		
<b>Will avail Discount:</b> <ul style="list-style-type: none"> <li>• Ledger Stub</li> <li>• PWD ID</li> <li>• Service Patients</li> <li>• For parent/s who are Gov't Employees: Work ID and Certificate of employment.</li> </ul>		City Hall, Employer, Near Philhealth Centers and Philhealth at PCMC		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Give the Referral Slip with the other documents including Philhealth requirements and listen attentively to the clerk	Check the required documents if complete. Verify authenticity of documents presented.	None	5 mins	HDU Clerk
2. Go back to the HD Unit to be examined by the Pedia Nephrology Fellow	Proper assessment and examination of patient.	None	5 mins	Pedia Nephrology fellow-on-duty



3. Listen to the orientation and sign the consent for hemodialysis	Explain the HD treatment process/procedure.  Check for the Consent form if signed by the client.	None	2 mins	Pediatric Nephrology Fellow  HDU Nurse
4. Cohorting of patient once not cleared by the ICC and/or the Pediatric Nephrology	COVID 19 suspect/probable patient's will be provided with a separate schedule of treatment	None	2 mins	Pedia Nephrology fellow-on-duty
5.1. Go to the treatment area for hemodialysis  5.2. For Covid 19 Suspect/Probable patient who will undergo Hemodialysis treatment	HD treatment will be served to the patient.  Perform Donning and Doffing of PPE before and after HD treatment to the patient	None	4 hours  4 hours 10mins	HDU Nurse  Hemodialysis staff
6. After the hemodialysis get the Statement of Account (SOA) and Philhealth approval	Provide SOA or OP  Issue receipt	None	2 minutes	HDU Clerk  Cashier's Clerk
7. Take the appointment slip for the next treatment	Schedule patient for the next Hemodialysis treatment.	None	30 Sec	Pedia Nephrology fellow-on-duty
<b>Total</b>		<b>None</b>	<b>4 hours and 16 minutes 30 seconds</b>  <b>For COVID 19 Suspects: 4 hours and 26 minutes 30 seconds</b>	



## Laboratory Services (Outpatient)

Laboratory procedures on specimens that aids in the diagnosis of patients.

OPD Service and Private Patients.

<b>Office or Division:</b>	Pathology Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Clients			
<b>Who may avail:</b>	Out-Patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Laboratory Request			Doctor	
Certificate of employment for Govt. discount			Agency where employed	
ID card from government offices			Agency where employed	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 1A/1B and wait for the order of payment.	2. Process checks all data on the request and gives the order of payment.	Please see attached Laboratory rates for Out Patients.	5 minutes	Laboratory Staff (Clerk)
3 Pay at the cashier and get the official receipt.				Cashier
4. Submit the official receipt, laboratory request and specimen to be examined at window.	4. Check the official receipt and specimen. Encode lab request. Give request to the		2 minutes	Laboratory Staff( Clerk)





	concern staff either for blood extraction or testing			
5. Wait to be called for the procedure.	5. Prepare all materials/supplies needed for blood collection. Perform the procedure.		20 minutes	Laboratory Staff (Med. Tech.)
6. Claim the result on date and time specified.	6. Look for official result and instruct client to sign on the receiving worksheet.	50% additional costs for the regular test procedure.	Rush within 1 hour Routine within 3 hours	Laboratory Staff(Clerk)
<b>Total</b>		<b>Please see attached Laboratory rates for Out Patients.</b>	<b>Rush: 1 hour and 37 minutes Routine: 3 hours and 37 minutes</b>	

<b>LABORATORY RATES (OUT PATIENT)</b>	
2 hours Post Prandial Blood Sugar	P 278
24 hours Random Urine Glucose	P 215
24 hours Urine amylase	P 268
24 hours urine calcium	P 224
24 hours urine creatinine	P 251
24 hours urine creatinine clearance	P 526
24 hours urine potassium	P 691
24 hours urine magnesium	P 339
24 hours urine phosphorus	P317
24 hours urine uric acid	P 247
24 hours/random urine sodium	P 691
ABG with sample	P 449
Anti Fast Bacilli	P 528



Alpha Feto Protein	P 1,051
Albumin	P 321
Alkaline Phosphatase	P 317
Ammonia	P 1,157
Amniotic fluid	P 233
Amylase	P 338
Antinuclear Antibody	P 1,157
Anaerobic culture	P 3,097
Antibody Identification	P 3,713
Antibody screening blood unit	P 453
Antibody screening gel method	P 889
Antibody screening patient	P 915
Anti-HAV	P 1,157
Anti-HBc	P 695
Anti-Hbe	P 863
Anti-HBs	P 581
Activated Partial Thromboplastin Time	P 651
Anti-Streptolysin O titer	P 502
Autopsy	P 11,070
Bethesda (Inhibitor assay)	P 6,156
Bilirubin	P 421
Blood culture	P 1,787
Blood typing adult(>6 months)	P 744
Blood typing Newborn (0-6 months)	P 655
Blood typing tube method	P 440
Blood/BMA culture and sensitivity	P 2,626
Bone Marrow aspirate preparation	P 1272
Blood Urea Nitrogen	P 308
Complement 3	P 936
Calcium	P 352



Carbamazepine	P 1,153
Complete blood count	P 391
Chloride	P 343
Cholesterol	P 290
CKMB	P 831
Clotting time slide method	P 92
Clotting time tube	P 127
CMV IgM	P 1,473
Cold agglutinin test	P 1,390
Combs' test (Direct and Indirect)	P 1,327
Oral Glucose Challenge Test	P 638
Oral Glucose Tolerance test	P1,465
Other body fluids	P 233
Pericardial count	P 233
Peripheral smear	P 181
Phenobarbital	P 1,131
Phenotyping, C(big C)	P 1,558
Phenotyping,c(small c)	P 1,025
Phenotyping,E (big E)	P 845
Phenotyping,e( small e)	P 1,558
Phenotyping, Fya (Duffy A)	P 2,451
Phenotyping, Fyb (Duff B)	P 2,451
Phenotyping , JKa (Kidd A)	P 2,235
Phenotyping , Jkb(Kidd B)	P 3,758
Phenotyping , k (Cellano)	P 3,340
Phenotyping , K (Kell)	P 2,701
Phenotyping , M (big M)	P 2,354
Phenotyping, S (big S)	P 2,354
Phenotyping, s (small s)	P 2,758
Phenytoin	P 1,126



Platelet administration set	P 85
Potassium	P 352
Pregnancy test	P 211
Processing Fee (aliquoting)	P 250
Prothrombin time	P 669
Reconstituted whole blood	P 3,500
Rectal swab culture and sensitivity	P 1,804
Rectal swab culture	P 1,264
Reducing sugar	P 110
Reticulocytes	P 211
Rubella IgM	P 1,261
Salmonella IgM IgG	P 819
Scotched tape method	P 65
Sensitivity	P 1,003
Serum Ferritin	P 787
SGOT	P 308
SGPT	P 374
Slide review	P 1,012
Sodium	P 352
Stercobilinogen	P 127
Stool culture and sensitivity	P 1,943
Stool concentration technique	P 312
Stool culture	P 1,624
Stool ph.	P 127
Surgical (Large specimen)	P 1,998
Surgical (Medium specimen)	P 1,340
Surgical (Small specimen)	P 873
Syphilis	P 405
TMG	P 379
TORCH	P 6,151



Total Protein	P 321
Toxoplasma IgM	P 1,261
TPA/G	P 510
Tracheal aspirate culture and sensitivity	P 2,465
Tracheal aspirate culture	P 1,264
Creatine Kinase	P 423
Creatinine	P 317
Crossmatch	P 840
Crossmatch, tube method	P 730
C-reactive protein	P 686
Clot retraction	P 167
CSF analysis	P 3,818
CSF cell count	P 233
CSF protein	P 479
CSF protein/ sugar	P 726
CSF sugar	P 294
CSF/Transudate culture and sensitivity	P 2,626
Cytology/PAPS	P 665
Cytospin	P 1,324
Dengue Antigen Assay/EIA Method	P 1,386
Dengue IgM	P 1,188
Direct antihuman globulin test	P 383
Discharge culture and sensitivity	P 1,943
Discharge culture	P 1,264
Electrolytes package	P 757
Erythrocyte Osmotic fragility test	P 484
Eosinophil	P 194
Erythrocyte Sedimentation Rate	P 211
Factor IX	P 4,594
Factor VIII	P 4,594



Fecalysis	P 137
Frozen (Every Succeeding Specimen)	P 1,785
Frozen first specimen	P 2,222
Free Thyroid 3	P 840
Free thyroid 4	P 747
Glucose	P 273
Gram stain	P 233
HbeAg	P 863
HbsAg	P 527
HCV Ag/Ab	P 752
HDL	P 520
Hepatitis Profile	P 3,929
Herpes 1 IgM	P 1,236
Herpes II IgM	P 1,236
HIV Ag/Ab	P 423
India Ink	P 458
Indices	P 211
Indirect antihuman globulin test	P 937
Inorganic phosphate	P 367
KOH/wet mount	P 285
Latex agglutination test	P 1,720
Lactate Dehydrogenase	P 348
LE Preparat1ion	P 181
Lipid Profile	P 999
Magnesium	P 378
Malarial antigen	P 581
Malarial smear	P 387
Mixed test PT	P 2,371
Mixed test PTT	P 2,371
Occult blood	P 250



Transfer bag	P 120
Triglycerides	P 357
Thyroid stimulating hormone	P 735
Uric acid	P 290
Urinalysis	P 237
Urine culture and sensitivity	P 1,616
Urine culture	P 1,434
Urine hemoglobin	P 132
Urine ketone	P 127
Urine metabolic screening	P 400
Urine pH	P 127
Urine protein	P 527
Urine specific gravity	P 127
Urine sugar	P 127
Valproic acid assay	P 1,346
Methotrexate Test	P 4,434
Vancomycin	P 1,690
D dimer	P 1,054



## Laboratory Services (In Patient)

Client: In-Patients (Service and Private)

Requirements: Laboratory Request

Total maximum duration of service: 30 minutes-1 hour.

Schedule of availability of Service: 24/7

Contact number: 5889900 local 323, 246, 247, 352, 392, and 382

<b>Office or Division:</b>	Pathology Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen			
<b>Who may avail:</b>	In-Patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Laboratory Request			Doctor	
ID card from government offices			Agency where employed	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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.	1.1 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	1 minute	Laboratory Staff (Clerk)
	1.2 Inform the Nursing Aide if all data is correct.	Change the procedure with the appropriate and correct price.	2 minutes	Laboratory Staff(Clerk) and ward
	1.3 Identify Classification if Private or Service.	Routine and Stat fee will be	NA	Laboratory Staff(Clerk)





		charged accordingly.		
	1.4 Prepare and process by barcoding. Encode laboratory request. Give the request to the concern staff either for blood extraction or for testing.		2 minutes	Laboratory Staff(Clerk)
	1.5 Laboratory request and specimen to be routed to each section of the laboratory. Prepare all materials/supplies needed for blood collection.		2 minutes	Laboratory Staff ( Med.Tech./Clerk)
	1.6 Release the result at the ward on the date and time specified. Allow them to sign on the receiving worksheet.		Rush within 1 hour Routine within 3 hours	Ward (Clerk)/Nurse.
<b>Total</b>		<b>None</b>	<b>Rush: 1 hour and 7 minutes Routine: 3 hours and 7 minutes</b>	



## Availment of Pasteurized Human Milk (In-Patient)

Procurement of pasteurized human milk for inpatients.

<b>Office or Division:</b>	PCMC-Human Milkbank			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government- to Citizen (G2C)			
<b>Who may avail:</b>	In-patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Doctor's prescription		Prescribing Doctor		
2. Cooler with ice gel packs Out-patient to include:		Patients parents/ guardian		
3. Clinical Abstract		Attending Physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>PAY/SERVICE</b>	Screen according to prioritization of the recipient and maternal factor.	None	5 minutes	<i>HMB staff</i>
1. Proceed at Human Milkbank for availing of pasteurized breastmilk				
2. Present the required documents/supplies a. prescription b. cooler	Review/ check the requirements	None	2 minutes	<i>HMB staff</i>
3. Pay the cashier	Prepare order of payment	Php 240.00/120ml (processing fee)	5 minutes	<i>Cashier staff</i>
4. Return to Human Milkbank and received the pasteurized breastmilk	Dispensed pasteurized breastmilk.	None	2 minutes	<i>HMB staff</i>



5.Listen to the HMB staff instructions	Give health teachings, how to increased milk production	None	5 minutes	HMB staff
<b>TOTAL</b>		<b>PHP 240.00/ 120mL</b>	<b>19 minutes</b>	



## Availment of Pasteurized Human Milk (Out-Patient)

Procurement of pasteurized human milk by outpatients.

<b>Office or Division:</b>	PCMC-Human Milkbank			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government- to Citizen (G2C)			
<b>Who may avail:</b>	Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Doctor's prescription		Prescribing Doctor		
2. Cooler with ice gel packs Out-patient to include:		Patients parents/ guardian		
3. Clinical Abstract		Attending Physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Call up PCMC Human Milkbank of the availability of pasteurized breastmilk	Confirm the availability	None	5 minutes	HMB Staff
2.Present the required documents/supplies a. Clinical abstract b. Prescription c. Cooler with gel pack	Review/ check the requirements and prepare consent and registration form for encoding at medical social service	None	3 minutes	HMB staff
3.Proceed at Medical Social Service for encoding	Prepare order patient registration form	None	3 minutes	Medical Social Service Staff HMB staff
4.Return to Human Milkbank and received the pasteurized breastmilk	Prepare order of payment (OP)	None	10 minutes	HMB staff



5. Pay at the cashier	Check official receipt	Php 240.00/ 120ml (processing fee) Php 150.00/storag e bottle	5 minutes	Cashier staff
6. Return to Human milkbank and received the pasteurized breastmilk	Dispense pasteurized breastmilk	None	2 minutes	HMB staff
7. Listen to the Hmb staff instructions	Give health teaching: 1. Proper storage and handling of pasteurized breastmilk. 2. How to increase Breastmilk productions (of the mother)	None	10 minutes	HMB staff
<b>TOTAL</b>		<b>PHP 390.00/ 120mL</b>	<b>38 minutes</b>	



## Human Milk Donation

Procedure of donating human milk by breastfeeding mothers with extra milk.

<b>Office or Division:</b>	PCMC- Human Milkbank			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	In-patient/ Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Doctor's Prescription		Prescribing Doctor		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Call/ proceed at Human Milkbank	Explain the requirements for milk donors  Advice regarding proper handling of breastmilk.	None	10 minutes	HMB Staff
2.Bring the frozen breastmilk secured with cooler and iced gel pack	.Checked for the correct labelling of the donor	None	5 minutes	HMB Staff
3. Fill up Donor screening form. a) Present requirements: (HIV & HBsAg result not less than 6 months	Review/ check the requirements  Call up HACT Team for an appointment of counselling	None  None	2 minutes  5 minutes	HMB Staff  HMB Staff
b) Refer to HACT Team if the requirements are not available or more than 6 months	Inform donor re: free laboratory test	None	3 minutes	HACT Team



4. Back to Milkbank and wait for the laboratory request.	Issue request & send to laboratory	None	5 minutes	Medical Technologist Staff
5. Back to Milkbank for snack or complimentary food.	inform dietary for complimentary food	None	2 minutes	Dietary
6.Listen to Staff instruction	Give health teachings	None	5 minutes	HMB Staff
<b>Total</b>		<b>None</b>	<b>30 minutes</b>	



## Human Milk Pasteurization

Pasteurization of breastmilk intended for storage or donation.

<b>Office or Division:</b>	PCMC-Human Milk Bank			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	In patient/ Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Doctor's Prescription Waiver			Prescribing Doctor	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Call up/proceed at PCMC Human Milk Bank regarding scheduling of pasteurization.	Set schedule  Instruct proper handling of frozen human breastmilk  Explain the waiver to be understood and signed before bringing the raw milk for processing	None	3 minutes	HMB staff
2 Bring frozen breastmilk via cooler secured with iced gel pack/s, and storage bottles (4oz/bottle) on scheduled date	Thaw, and then pasteurize the breastmilk	None	5-6 hours	HMB Staff
3. Fill up the waiver form	Secure signed waiver Advise when to comeback after the given time	None	5 minutes	HMB Staff





	Prepare OP and sent to the Cashier			
4. Pay at the cashier and get the official receipt	Check the official receipt for verification of payment.	PhP 100.00/4oz	5 minutes	Cashier Staff
5. Return to Milk Bank on the given time and get the Pasteurized Breastmilk.	Prepare and release the pasteurized breastmilk, secured in cooler with iced gel packs	None	5 minutes	HMB Staff
6.Listen for health teachings	Advise on the following: -milk production -diet -manual hand expression -storage and handling -other breastmilk benefits	None	10 minutes	HMB Staff
<b>TOTAL</b>		<b>Php. 100.00/4 oz.</b>	<b>6 hours and 30 minutes</b>	



## Use of Mechanical Breast Pump

Use of mechanical breast pump to extract milk from breast feeding mothers.

<b>Office or Division:</b>	PCMC-Human Milkbank			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to- Citizen (G2C)			
<b>Who may avail:</b>	Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Doctor's Prescription		Prescribing Doctor		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed at milk bank and log in	Check the data : a. Date b. Age of child c. Ward/area d. In/out e. Volume f. Remarks	None	1 minute	HMB Staff
2. Put on the Nursing cover	Instruct proper hand washing.	None	1 minute	HMB Staff
3. Wait for the staff assistance on using the breast pump machine	Assist on using breast pump	None	40 minutes	HMB Staff
4. Pay at the Cashier and take the official receipt	Prepare official receipt and proceed at the cashier.	Php 50.00/ day	3 minutes	Cashier
5 Return to Milk bank and listen to staff instructions and log out	Give health teachings	none	10 minutes	HMB Staff



6. Log out and take breastmilk collected.	Secured breastmilk collected with iced gel pack	none	1 minute	HMB Staff
<b>TOTAL</b>		<b>Php. 50.00 per use</b>	<b>1 Hour</b>	



## Expanded Newborn Screening Procedure

<b>Office or Division:</b>	Division of Neonatology			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C), Government-to-Government (G2G)			
<b>Who may avail:</b>	Out-patients and In-patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Prescription		Attending Physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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)
<b>Total</b>		<b>PHP 1,800.00</b>	<b>3 weeks, 14 minutes</b>	





## Neurodevelopmental Assessments (In-Person) During the COVID-19 Pandemic

The assessment of the strengths and weaknesses of the child to provide a developmental profile. This also includes a full medical examination to assess cognition and learning potential of the child.

<b>Office or Division:</b>	Child Neuroscience Division, Section of Neurodevelopmental Pediatrics			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Client			
<b>Who may avail:</b>	New and Old Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Referral Slip		Attending Physician (OPD)		
2. OPD Card		OPD Clerk and/or Attending Physician (OPD)		
3. Appointment Slip (For old patients)		NDS Clinic Secretary		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>For Scheduling</b>				
1. Present referral letter from doctor, school or psychologist	1.1 Check the referral and classification (Pay or Service with OPD Card) 1.2 Preliminary assessment or evaluation for classification of case	None	1 minute	NDS Clinic Secretary
2. Fill up information sheet	2.1 Give an 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	None	3 minutes	NDS Clinic Secretary



	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.			
<b>Total</b>		<b>None</b>	<b>7 minutes</b>	
<b>Actual Day of Assessment</b>				
1. Present appointment slip	1.1 Check Appointment Slip 1.2 Get height and weight of patient 1.3 Inform NDS Fellow	None	2 minutes	NDS Clinic Secretary
2. Go to the doctor's room when called and submit to assessment/evaluation	2.1 Perform Neurodevelopmental assessment/evaluation 2.2 Discuss impression and provide recommendations and follow-up schedule	None	1-3 hours Depends on the procedure to be done	NDS Fellow
3. Get order of payment	3.1 Issue order of payment	See rates	1 minute	NDS Clinic Secretary
4. Pay to the cashier	4.1 Issue official receipt	Depends on the type of assessment to be done. Refer to table on	10 minutes	Cashier



		rates of procedure.		
5. Go back to the Clinic and show Official Receipt	5.1 Record official receipt number on the duplicate copy of order of payment	None	1 minute	NDS Clinic Secretary
6. Fill-up Feedback Form and place in drop box once filled-up	6.1 Provide Feedback Form to the parent	None	2 minutes	NDS Clinic Secretary
<b>Total</b>		<b>See rates</b>	<b>1-3 hours and 16 minutes</b> <b>Depending on the type of assessment</b>	

SERVICES	DURATION	RATES (as of September 10, 2020)	
		Service (New/Old)	Pay (New/Old)
Preliminary Assessment/ Infant at Risk Clinic	1 hour	P210.00	P1,210.00
Evaluation			
Full	2 hours	P2,500.00	P6,000.00
Comprehensive	3 hours		





## Neurodiagnostic Laboratory

Neurodiagnostic lab testing evaluates how the peripheral, autonomic, and central nervous systems function to aid the practitioners in diagnosing the patient's condition.

<b>Office or Division:</b>	Child Neuroscience Division, Neurodiagnostic Laboratory			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Scheduled Out-patients, In-patients and walk-in patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Referral Slip or Request of Procedure		Attending Physician		
For Scheduled patient: - Appointment Slip		Reception area		
For those availing discount (PWD & Government Employee dependent) - Photocopy of PWD ID - Photocopy of Company ID and Certificate of Employment		City Hall Employer		
For those availing Trust Funds (TFIS) - Approved Trust Fund Slip solely for the procedure		Social Service / PAU		
For those availing Asian Life & General Assurance Corporation (ALGA) - Filled-out Diagnostic Request Form (Form C) signed by your Attending Physician - Approval Code		ALGA Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>



<p>1. Present the request of procedure. First come, first serve basis only.</p>	<p>1. Check and verify the request:</p> <p>1.1 If the request needs to be scheduled, give the nearest schedule and appropriate preparation.</p> <p>1.2 If the request, do not need to be scheduled, give the request to the technician in-charge.</p>	<p>None</p>	<p>5 minutes</p>	<p>Receptionist</p>
<p>2. Fill-up the Patient information Slip and Consent Form</p>	<p>2. Provide Patient Information Slip and Consent Form</p>	<p>None</p>	<p>15 minutes</p>	<p>Technician in-charge</p>
<p>3. Wait for the Order of Payment and proceed to the Cashier to pay.</p> <p>3.1 For patient with Trust Fund</p> <p>3.2 For patient with ALGA</p>	<p>3. Receive payment and provide Official Receipt (OR).</p> <p>3.1 Approved Trust Fund Slip</p> <p>3.2 Process the ALGA form C signed by the attending physician and with approval code</p>	<p>EEG routine - Php1,988.00</p> <p>EMU 1<sup>st</sup> 6-hour</p> <p>- Php8,304.00 succeeding hour</p> <p>- Php800.00 EMU 12-hour</p> <p>- Php13,152.00 EMU 24-hour</p> <p>- Php15,950.00 BAER/ASSR - Php2,112.00</p> <p>EMG-NCV - Php4,898.00</p> <p>NCV/RNS - Php3,976.00</p> <p>TCD - Php3,996.00</p>	<p>15 minutes</p>	<p>Cashier</p> <p>Staff in-charge</p> <p>Staff in-charge</p>
<p>4. Return to Neurodiagnostic and present the official receipt.</p>	<p>4. Log OR number and notify when the results will be released.</p>	<p>None</p>	<p>1 minute</p>	<p>Receptionist</p>



5. Go back to the waiting area and wait for your name to be called for the procedure.	5. Perform the procedure	None	1-hour and 30 minutes	Staff In-charge
6. Claiming of the official result. Present your Official Receipt.	6. Release the result	None	2 minutes	Receptionist
<b>Total</b>		<b>See rates above</b>	<b>2 hours and 8 minutes</b>	

### FEEDBACK AND COMPLAINTS MECHANISM

<b>How to send feedback</b>	Answer the Neurodiagnostic Laboratory service evaluation form and drop it at the drop box in every room.
<b>How feedbacks are processed</b>	All feedbacks are being documented and reported monthly, quarterly and annually to the Executive Director.
<b>How to file a complaint</b>	Write down the feedback on the PCMC Service Evaluation Form and can be dropped at the drop box in front of the reception area. Complaints can also be filled via telephone.  Contact at 8588-9900 local 254
<b>How complaints are processed</b>	Complaints are collated, investigated and documented, the head of the Neurodiagnostic Laboratory sits down with the concerned staff to discuss and resolve the issue. Appropriate action is implemented after.
<b>Contact Information of CCB, PCC, ARTA</b>	ARTA: <a href="mailto:complaint@arta.gov.ph">complaint@arta.gov.ph</a> Contact Center ng Bayan: 0908-888-16565 Or 1-6565 Presidential Complaint Center: 8-784-4266 local 402 Anti-Red Tape Authority: 0908-881-6565 PCC: 8888 CCB: 0908-881-6565 (SMS)



## OPD Consultation for Child Neurology

Neurological consultation for Children

<b>Office or Division:</b>	Child Neurology			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Client			
<b>Who may avail:</b>	New and Old Patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Referral Slip (New Patients)			Attending Physician (General Pediatrics, Other subspecialty OPD)	
Appointment Slip (Old Patients)			Child Neurology Fellow	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill up health declaration form and proceed to Triage Area for health classification.	Provide health declaration form, direct patient to designated areas	None	2 minutes	Triage Nurse



<p>2. Patients without fever, cough, colds and diarrhea, proceed to Neurology OPD Room G6.</p> <p>Patients with fever, cough, colds and diarrhea, proceed to designated COVID Area (Gazeebo)</p> <p>2.1 Fill up OPD Form</p> <p>2.2 Have vital signs, weight and length/height taken.</p>	<p>Check the referral slip (NEW) or Appointment Slip (Old)</p> <p>Take vital signs, weight and length/height.</p>	<p>None</p>	<p>3-5 minutes</p>	<p>Child Neurology Fellow</p>
<p>3. Register and wait for Order of Payment.</p>	<p>Encode registration and provide Order of Payment.</p>	<p>None</p>	<p>2-3 minutes</p>	<p>Neurology Clerk</p>
<p>4. Proceed to Cashier.</p>	<p>Receive payment and provide Official Receipt.</p>	<p>Php210.00</p>	<p>5 minutes</p>	<p>Cashier</p>
<p>5. Consultation with Child Neurology Fellow</p>	<p>Perform Neurology consultation, explain diagnosis, request for necessary laboratory tests and prescribed medications.</p> <p>Provide yellow slip and schedule for follow up. Provide Clinical Abstract if requested.</p>	<p>Clinical Abstract - Php60.00</p> <p>Certified True Copy - Php5.00</p>	<p>30-45 minutes</p>	<p>Child Neurology Fellow</p>
<b>Total</b>		<b>See Rates Above</b>	<b>60 minutes</b>	



## Face to Face OPD Consultation for Patients

Face to face General Pediatric consultation.

<b>Office or Division:</b>	General Pediatric services Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Client (G2C)			
<b>Who may avail:</b>	New and Old Pediatric Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Referral Slip (if available)		Attending Physician (OPD)		
OPD Card		OPD Clerk		
Appointment Slip (for old patients)		Attending Physician (OPD)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Call the PCMC Trunkline: (02)8588-9900 local 400 to set an appointment.	List down the name, age, and medical problem of the patient. Make sure that the case is not and emergency. Give the appointment schedule for the patient.	None	3 minutes	OPD Clerk
2. On scheduled date of appointment go to the Triage (beside gate 3) and fill-up the Health Declaration form.	Validate the health Declaration form.	None	15 minutes	Triage Nurse/ Resident
3. Wait to be called and be examined.	Conduct examination and get the vital signs of the patient. Determine if the patient's case is "Emergency" or OPD.	None	5 minutes	Triage Nurse/ Resident



4. Go to the main lobby write the details on the logbook then proceed to the OPD Complex.	Give the PCMC sticker and give directions going to the OPD Complex.	None	5 minutes	Lobby Guard
5. Go to the OPD Triage Area have the weight and height of the patient taken. Wait for the OPD Card	Get the weight and height of the patient. Give the OPD card of the patient.	None	5 minutes	OPD Clerk
6. New patient: go to Social Service for Socioeconomic classification and issuance of hospital number.  Old patient: proceed to step 7.	Assess the patient and give the corresponding hospital number.	None	4 minutes	OPD Social Worker
7. Go back to the OPD waiting area give the form to:  Counter 1 – General Services patients Counter 2 – Subspecialty patients	Get the form and register the patient.	None	5 minutes	OPD Clerk
8. Once called go to Counter 3 and get the Order of Payment.  8.1 Pay at the Cashier 8.2 Present the Official Receipt to OPD Counter 3	Prepare and give the order of payment.  8.1 Prepare and issue Official Receipt. 8.2 Get the official Receipt and assign the patient to the corresponding clinic.	None  New Patient: GS: P185.00  Subspecialty: P225.00	10 minutes	OPD Clerk  Cashier  OPD Clerk



		Old Patient: GS: P150.00 SubspecialtyP 210.00 Lost Car: P85.00		
9. Wait to be called by the doctor.	Examine the patient.	None	30 minutes	OPD Resident
<b>Total</b>		<b>See above rates</b>	<b>82 minutes</b>	





## OPD Immunization/Procedure Room

Administration of prescribed vaccines to infants and children.

<b>Office or Division:</b>	General Pediatric Services Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Client			
<b>Who may avail:</b>	OPD Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Prescription		Attending Physician		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Show the nurse the prescription of the needed service.  1.1. Follow the instructions of the OPD Nurse.  (OPD Room G1)	Receive and check presented service.  1.1. Give necessary instructions on materials needed.	None	3 minutes	OPD Nurse
2. Go to OPD Counter 3 to get Order of Payment  (OPD Counter 3)	Give Order of Payment.	None	5 minutes	OPD Clerk



<p>3. Pay to the cashier.</p> <p>(OPD Cashier)</p>	<p>Receive payment and issue official receipt.</p>	<p>Immunization/Injection  Service:  PHP60.00  Pay:  PHP170.00</p> <p>Suctioning  Service:  PHP105.00  Pay:  PHP 160.00</p> <p>Nebulization  Service:  PHP110.00  Pay:  PHP165.00</p> <p>NGT Insertion  Service:  PHP80.00  Pay:  PHP120.00</p> <p>PPD Skin  Testing  PHP200.00  Pay:  PHP250.00</p> <p>Gastric  Aspirate  Collection</p>	<p>5 minutes</p>	<p>OPD Cashier</p>
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		Service: PHP80.00 Pay: PHP120.00 Benzathine Pen. G Service: PHP60.00 Pay: PHP170.00		
4. Present the official receipt to OPD Counter 3  (OPD Counter 3)	Give the necessary materials	None	2 minutes	OPD Clerk
5. Wait for the call of the Nurse to provide the service. Understand and remember the instructions of the nurse. (OPD Room G1)	Give the necessary/required service.	None	10 minutes	OPD Nurse
<b>Total</b>		<b>See above rates</b>	<b>25 minutes</b>	



## Tele-Consultation for OPD General Pediatric Patients

Patient consultation via Face Book Messenger.

<b>Office or Division:</b>	General Pediatric Services Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Client			
<b>Who may avail:</b>	New and Old Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Referral Slip (if available)		Attending Physician (OPD)		
OPD Card		OPD Clerk		
Appointment Slip (for old patients)		Attending Physician (OPD)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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.	Get the parent's or guardian's consent on getting and keeping personal information data.  1.1. 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	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"> <li>• Weight</li> <li>• Height</li> <li>• Details of the disease or condition of the patient</li> <li>• Result of laboratory exam (if any) for the virtual consultation to the doctor.</li> </ul>	<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>	<p>None</p>	<p>45 minutes</p>	<p>OPD Resident</p>
<p>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>	<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>	<p>None</p>	<p>15 minutes</p>	<p>OPD Resident</p>
<p><b>Total</b></p>		<p><b>None</b></p>	<p><b>80 minutes</b></p>	



## Ultrasound Examination (Consultation for Old and New Registrants)

<b>Office or Division:</b>	Perinatology Division (Antepartum)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen			
<b>Who may avail:</b>	Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Referral letter + OPD Card			Referring Obstetrician	
Request for Ultrasound			Attending Obstetrician/Perinatologist	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
<b>PAY PATIENTS</b> 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 and Pay 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
<b>Total</b>		<b>See list of fees for procedures done</b>	<b>53 minutes</b>	



## Psychological Screening and Counseling Scheduling

**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.

<b>Office or Division:</b>	Adolescent Medicine Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Client			
<b>Who may avail:</b>	Service Patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
OPD referral			OPD	
Appointment			CNS OPD	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>PSYCHOLOGICAL SERVICES SCHEDULING</b>				
1. Give the OPD card, referral slip or schedule slip to the center clerk	Check the OPD card and referral slip of the patient from the Adolescent Medicine doctor at OPD G8	None	1 minute	Center Clerk
2. Get an appointment for psychological screening or counseling	Offer the earliest availability of psychologist to the guardian/parent of the patient	None	5 minutes	Center Clerk
3. Wait for the order of payment	Make an order of payment from the Bizbox system of the hospital	None	1 minute	Center Clerk





<p>4. Pay for the corresponding amount (<i>reservation fee</i>) to confirm the schedule/slot</p>	<p>Process the payment and give the official receipt</p>	<p>Psychological Screening 1,000 (service) 1,500 (pay) Counseling (service patients) 150 (intake interview) 112.50 (psychotherapy)</p>	<p>15 minutes</p>	<p>Cashier</p>
<p>4.1 Patient with ledger can also pay to confirm schedule/slot</p>	<p>4.1 Process the payment thru ledger using the TFbox system of the hospital</p>	<p>Psychological Screening 1,000 (service) 1,500 (pay) Counseling (service patients) 150 (intake interview)</p>	<p>15 minutes</p>	<p>Center Clerk</p>



		112.50 (psychotherapy)		
5. Present official receipt to center clerk and answer the informed consent and intake form provided	Verify the receipt and instruct the guardian/parent of the patient to answer the informed consent and intake form	None	30 minutes to 60 minutes	Center Clerk
6. Return the accomplished informed consent and intake form and wait for the schedule slip from the center clerk	Received the informed consent and intake form and give the schedule slip to the guardian/parent of the patient	None	1 minute	Center Clerk
7. Wait for the reminder text message of the center clerk	Send reminder text message to the guardian/parent of the patient for confirmation	None		Center Clerk
<b>Total</b>		<b>See Rates Above</b>	<b>1 hour 8 minutes to 1 hour 38 minutes</b>	
<b>PSYCHOLOGICAL SERVICES APPOINTMENT DATE</b>				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the schedule slip to center clerk on the day of appointment and wait for the order of payment for the remaining fee	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	Center Clerk



<p>2. Pay for the remaining fee and present the official receipt to center clerk</p>	<p>Verify official receipt from cashier</p>	<p>Psychological Screening 2,150 (service) 3,720 (pay)</p> <p>Counseling (service patients) 150 (intake interview) 112.50 (psychotherapy)</p>	<p>15 minutes</p>	<p>Cashier</p>
<p>2.1 Patient with ledger can also pay with ledger</p>	<p>2.1 Process the payment thru ledger using the TFbox system of the hospital</p>	<p>Psychological Screening 2,150 (service) 3,720 (pay)</p> <p>Counseling (service patients)</p>	<p>15 minutes</p>	<p>Center Clerk</p>



		150 (intake interview) 112.50 (psychotherapy)		
3. Wait for the psychologist	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	Psychologist
4. After the session, wait for the follow up slip given by the center clerk	Give the corresponding follow up schedule slip	N/A	1 minute	Center Clerk
5. Comeback back after two weeks for the result of psychological screening or as scheduled for follow up counseling	Feedback to guardian/parent of the patient based on screening results	N/A	Counseling: 1 hour  Psychological Screening Feedback: 1 hour	Psychologist
<b>Total</b>		<b>See rates above</b>	<b>2 hours 36 minutes to 6 hours 36 minutes</b>	



## Flexible Bronchoscopy

<b>Office or Division:</b>	Section of Pulmonary Medicine			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-citizen (G2C)			
<b>Who may avail:</b>	Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Prescription		Prescribing Doctor		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present doctor's request	Accepts and reviews doctor's request form and confirms schedule of procedure	None	1 minute	Pulmo Clerk / Respiratory Therapist
2. Fill up data in request form	Accepts and reviews entries in request form	None	2 minutes	Respiratory Therapist
3. Sign consent Form	Make sure signature of parent is affixed in consent form	None	1 minute	Consultant / Fellow / Pulmo Clerk / Respiratory Therapist
4. Proceed to the endoscopy room for the procedure	Perform procedure	Pay – PHP 3,894.00  Service PHP 2,655.00	30-60 minutes	Consultant / Fellow / Respiratory Therapist
5. Wait for the order of payment	Prepare and issues order of payment	None	1 minute	Pulmo Clerk
6. Present official receipt to get the official result	Check OR # and release official result	None	2 minutes	Pulmo Clerk / Respiratory Therapist
<b>Total</b>		<b>See rates above</b>	<b>1 hour, 7 minutes</b>	



## Pulse Oximetry, Nebulization, Pulmonary Function Test

<b>Office or Division:</b>	Section of Pulmonary Medicine			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-citizen (G2C)			
<b>Who may avail:</b>	Out-patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Prescription		Prescribing Doctor		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present doctor's request	Accepts and reviews doctor's request form	None	1 minute	Pulmo Clerk / Respiratory Therapist
2. Fill up data in request form	Accepts and reviews entries in request form	None	2 minutes	Respiratory Therapist
3. Perform procedure/test	Perform procedure	Pay PHP 140.00 Service PHP 105.00	10-20 minutes	Respiratory Therapist
a. Pulse Oximetry				
b. Nebulization				
c. Pulmonary Function Test		Pay PHP 1,650.00 Service PHP 1,125.00	30-60 minutes	



4. Wait for the order of payment	Prepare and issues order of payment	None	1 minute	Pulmo Clerk
5. Present official receipt to get the official result	Check OR # and release official result	None	2 minutes	Pulmo Clerk / Respiratory Therapist
<b>Total</b>		<b>See rates above</b>	<b>1 hour, 7 minutes</b>	



## Radiological Services Availed thru CASH/MEDICAL ASSISTANCE

X-Ray, Ultrasound, CT-Scan, MRI

<b>Office or Division:</b>	Radiology Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen; Government to Government			
<b>Who may avail:</b>	Outpatient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Referral Form (Completely Filled)		Prescribing Doctor		
Protocol of treatment preparation necessary for patients		Prescribing Doctor / Radiologic Technologist		
Fund Stub		Public Assistance Unit (PAU)/OPD Card/ Guarantee Letter		
Valid I.D.		Government Agencies (PRC, LTO, NBI, Etc.) Employer		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get queuing number and wait to be called	Provide the queuing number	None	1 minute	Radiology Staff
2. Go to Window 1. - Submit Doctor's Request - Fill up information sheet - Wait for the Order of Payment (O.P.)  *If using a ledger, you can proceed to Step 4	2.1 Get the following: *Examination Request *OPD Card *Ledger *PWD card *Certificate of Employment & Company ID (if government employee)  2.2 Encode patient information at the database and release an Order of Payment	None	5 minutes	Radiology Staff





3. Proceed to the cashier to pay	3.1 Receive the payment and release the Official Receipt	Refer to Radiology rates list	2 minutes	Cashier
4. Give the receipt to Window 1 and wait to be called	4. Get the Official Receipt and perform procedure	None	1 minutes	Radiology Staff
5. Wait for the schedule of claiming of result 5.1 Claiming of result	5.1 Provide schedule 5.2 Check the Official Receipt and release the Official Result	None	*2 days Routine (green)  * Stat (red) Immediate-4 hours	Radiology Staff
<b>Total</b>		<b>Call 588-9900 local 245 For the latest Radiology rates</b>	<b>2 days, 9 minutes</b>	



## Radiological Services for Outpatient Triage

X-Ray, Ultrasound, CT-Scan, MRI

<b>Office or Division:</b>	Radiology Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen; Government to Government			
<b>Who may avail:</b>	Outpatient (Triage)			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Referral Form (Completely Filled)			Prescribing Doctor	
Protocol of treatment preparation necessary for patients			Prescribing Doctor / Radiologic Technologist	
Fund Stub			Public Assistance Unit (PAU)/OPD Card/ Guarantee Letter	
Valid I.D.			Government Agencies (PRC, LTO, NBI, Etc.) Employer	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Triage staff will call Radiology Reception and get Order of Payment Number for requested procedure  *If using ledger, give the PID number	1.1 Encode patient information at the database  1.2 Give the Order of Payment	See list of Radiology procedures and their corresponding rates	5 minutes	Radiology Staff
2. Triage staff will call the cashier to relay the transaction number and the amount to be paid by the patient.	Check the Official Receipt number thru Bizbox	Refer to Radiology rates' list	2 minutes	Radiology Staff
3. Wait for the Radiologic Technologist at the Triage	3.1 Check patient data before doing the procedure	None	10-20 minutes	Radiologic Technologist



Area for the proper procedure	3.2 Flagging of procedures as high (green) or Stat (red)			
4. Claiming of Result	Release result thru Ramssoft/phone call	None	*Routine 4 hours (green)  *Stat (red) Immediate	Radiology Staff
<b>Total</b>		<b>Call 588-9900 local 245 For the latest Radiology rates</b>	<b>4 hours, 25 minutes</b>	



## REHABILITATION MEDICINE Frontline Services

Claiming of Requested Official Rehabilitation Medicine Division Documents

<b>Office or Division:</b>	Rehabilitation Medicine Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-citizen			
<b>Who may avail:</b>	New and Old Out Patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
OPD Triage Clearance			OPD	
Accomplished Request for Official Document Form			Rehab Clerk	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Undergo Rehab triaging and register patient or caregiver to get queuing number.	1.1 Take temperature, ask questions in the triage checklist. Log patient information in Rehab Contact Tracing Logbook. 1.2 If not cleared, advise patient to go home 1.3 If cleared, register patient information in Patient's Attendance Logbook and give queuing number.	None	2 minutes	Rehab Clerk
2. Receive the Order of Payment and pay at the Cashier.	Prepare and give Order of Payment	PHP 50.00	5 minutes	Rehab Clerk
3. Wait to be called to receive official document. Stay at designated seats at the Rehab waiting area.	Check Official Receipt and give requested official document.	None	1 minute	Rehab Clerk
<b>Total</b>		<b>PHP 50.00</b>	<b>8 minutes</b>	



## REHABILITATION MEDICINE Frontline Services

Consultation with Rehabilitation Medicine Division Doctor

<b>Office or Division:</b>	Rehabilitation Medicine Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-citizen			
<b>Who may avail:</b>	New and Old Out Patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
OPD Triage Clearance			OPD	
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	
OPD Triage Clearance			OPD	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Undergo Rehab triaging and register patient to get queuing number.	1. Take temperature, ask questions in the triage checklist. Log patient information in Rehab Contact Tracing Logbook.  1.1 If not cleared, advise patient to go home  1.2 If cleared, register patient information in Patient's Attendance Logbook and give queuing number.	None	2 minutes	Rehab Clerk
2. Receive the Order of Payment and pay at the Cashier.	Prepare and give Order of Payment	See List of Rehab Procedures and Rates	5 minutes	Rehab Clerk



3. Wait to be called for consultation. Stay at designated seats at the Rehab waiting area	Get patient for Rehab consult	None	15 minutes	Rehab Doctor-in-charge
4. After consultation, receive information regarding schedule of therapy and/or next Rehab consult	Give information regarding schedule of therapy and/or next Rehab consult	None	2 minutes	Rehab Clerk
<b>Total</b>		<b>Call 588-9900 local 297</b>  <b>For the latest Rehab Procedures and Rates</b>	<b>24 minutes</b>	



## REHABILITATION MEDICINE Frontline Services

Occupational Therapy, Physical Therapy, and Speech Therapy

<b>Office or Division:</b>	Rehabilitation Medicine Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-citizen			
<b>Who may avail:</b>	New and Old Out Patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
OPD Triage Clearance			OPD	
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	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Undergo Rehab triaging and register patient to get queuing number.	1. Take temperature, ask questions in the triage checklist. Log patient information in Rehab Contact Tracing Logbook.  1.1 If not cleared, advise patient to go home  1.2 If cleared, register patient information in Patient's Attendance Logbook and give queuing number.	None	2 minutes	Rehab Clerk
2. Receive the Order of Payment and pay at the Cashier.	Prepare and give Order of Payment	See List of Rehab Procedures and Rates	5 minutes	Rehab Clerk



3. Wait to be called for therapy. Stay at designated seats at the Rehab waiting area	Get patient and start therapy	None	45 minutes	Therapist-in-charge
4. After therapy:  4.1 Listen to feedback from therapist and home instructions, and information regarding schedule of therapy.  4.2 Sign Rehab Running Notes	Provide feedback and home instructions based on therapy session, and inform next schedule of therapy.  Have patient's caregiver sign Rehab Running Notes.	None	5 minutes  1 minute	Therapist-in-charge  Therapist-in-charge
<b>Total</b>		<b>Call 588-9900 local 297</b>  <b>For the latest Rehab Procedures and Rates</b>	<b>57 minutes</b>	





## Elective Out-Patient Surgical Procedure

<b>Office or Division:</b>	Division of Pediatric Surgery			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Patients of Pediatric General Surgery and Urology			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Doctor's referral, Pedia Clearance			General Pediatrics	
Operating Room Appointment Slip			Pediatric General Surgery & Urology Fellow	
MSS Classification				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Register at OPD following clinic steps	OPD clerk will facilitate registration	PHP 225.00		OPD Clinic
2. Proceed to Surgical clinic for Consult.	Do face to face Consultation with the Surgeon and schedule for operation if warranted.	PHP 1,260.00	15 minutes	Pediatric Surgery or Urology Fellow
3. Facilitate requirements for Surgical Procedure	3.1 Provide clinical abstract  3.2 Give Quotation for Surgical Procedure  3.3 Identify financial assistance c/o MSS, Philhealth, Guarantee Letter	Cost of procedure	5 minutes	Pediatric Surgery or Urology Fellow  Surgery & Anesthesia Office Staff  Medical Social Worker



4. Accomplish Medical Clearance	<p>4.1 Give request forms for laboratory and radiology tests</p> <p>4.2 Do Laboratory and Radiology tests</p> <p>4.3 Do face to face consultation with Pediatric Resident Surgery Rotator and give medical clearance if applicable</p>	<p>None</p> <p>See laboratory and radiology test pricing</p> <p>None</p>	1 hour (depending on the volume of transaction)	<p>Pediatric Surgery or Urology Fellow</p> <p>Laboratory and Radiology Staff</p> <p>Pediatric Resident Surgery Rotator</p>
5. Schedule for Surgical Procedure	Set final schedule for Surgical Procedure.	None	1 minute	Pediatric Surgery or Urology & Anesthesia Fellow
6. Admit patient for surgical procedure.	Do the procedure		2-3 hours	Pediatric Surgery or Urology & Anesthesia Fellow
<b>Total</b>		<p><b>1,260.00</b> (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)</p>	<p><b>4 hours and 21 minutes or beyond depending on the type of procedure.</b></p>	



## Surgery OPD Appointment Scheduling

Provides surgical OPD appointment schedule for patients

<b>Office or Division:</b>	Division of Pediatric Surgery			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Patients of Pediatric General Surgery and Urology			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		None		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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:  a. Facebook page & Contact Nos.  b. Pediatric General Surgery (fb.me/pcmcped Surg)  c. Landline phone (02-85889900 local 241)  Pedia Urology  (PCMC Pediatric Urology Clinic)	Take and list down details of patients for scheduling of appointment	None	1 minute	Pediatric Surgery Fellow          Department Secretary



(0917) 126 7146				
2. Wait for confirmation of appointment date the next regular working day	Will give appointment slip/confirmation (with schedule date and time)	None	1 minute	Pediatric Surgery Fellow
<b>Total</b>		<b>None</b>	<b>2 minutes</b>	



## TB SCREENING and REGISTRATION

TB screening and assessment for children and corresponding registration to the program for provision of free medicines during treatment.

<b>Office or Division:</b>	General Pediatric Services Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Client			
<b>Who may avail:</b>	OPD Patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Request for Chest X-ray			Attending Physician	
Sputum/Gastric AFB			Attending Physician	
XPERT MTB/RIF			Attending Physician	
PPD			Attending Physician	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get a number and wait to be called. SCREENING: Give request from the doctor to the NTP nurse to be stamped for the TB Screening/Work up.  (TB DOTS Clinic)	Get and stamp the form/s.	None	3 minutes	NTP Nurse
2. Go to Cashier to pay for procedure.  2.1. If there are no funds-pay for the corresponding amount to the cashier.	Give order of payment.	<b>CHEST XRAY PA LAT:</b> Service: PHP 397.50 Pay: PHP 606.00	10 minutes	OPD CLERK



<p>2.2. If there are funds- no payment is necessary for the following diagnostics/procedures (from DOH TB DOTS Sub-allotment fund):</p> <ul style="list-style-type: none"> <li>a. <b>CHEST XRAY</b></li> <li>b. <b>SPUTUM AFB/GASTRIC AFB</b></li> <li>c. <b>PPD/TST</b></li> </ul>		<p>C/O Radiology  <b>SPUTUM AFB/GASTRIC AFB:</b>  Service: PHP 360.00  Pay: PHP 528.00  C/O Laboratory</p> <p><b>NGT INSERTION FEE:</b>  Service: PHP 80.00  Pay: PHP120.00</p> <p><b>PPD/TST</b>  Service: PHP 200.00  Pay: PHP250.00</p>		
<p>3. Go to Radiology OPD TREATMENT ROOM and show official receipt or stamped request</p>	<p>Inform patient that receipt should be given to the Immunization Nurse / Laboratory / Radiology.</p>	<p>None</p>	<p>10 minutes</p>	<p>Radiology Technician Nurse</p>



for the procedures to be done.				
4. Follow-up on scheduled date to get results.	Instruct patient to return to the doctor to determine if patient will start treatment or not.	None	2 minutes	NTP Nurse
5. REGISTRATION: Give the registration from the doctor to NTP nurse to register to TB DOTS Clinic and to start treatment.	Register patient and discuss the treatment of TB DOTS.	None	20 minutes	NTP Nurse
<b>Total</b>		<b>See above rates</b>	<b>45 minutes</b>	



## Screening of Persons with Essential Business in the Hospital

All persons entering PCMC premises shall pass through the triage area for screening.

**Only non-COVID suspect** persons with valid transactions at PCMC shall be allowed to enter the PCMC premises.

<b>Office or Division:</b>	Pediatric Critical Care Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Patients with Appointment to Subspecialty Clinics and Persons with essential business in PCMC			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
ID	Company/Government Agency			
Documents to be submitted to Administrative offices	Company			
Proof of Official Business Transaction	Company			
Triage Screening Form	PCMC Triage			
Triage Clearance	Triage Nurse			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present ID and appointment slip or proof of official Business Transaction.	1. Check ID 2. Review documents provided/Check appointment or reason for going inside the hospital	None	1 minute	Triage Nurse-on-duty at reception are
2. Fill-up form screening form.	Give screening form and assist client as needed.	None	2 minutes	Triage Nurse-on-duty at reception are
3. Proceed Tent 1 wait to be called	Instruct the patient to sit down and wait to be called.	None	5 minutes	Triage Nurse-on-duty in Tent 1





<p>4. Approach the Nurse's Station and present filled-up form and verify the data declared on the screening form.</p>	<p>4.1 Call the patient. 4.2 Take temperature of the client 4.3 Verify accuracy of provided information on the screening form 4.4 Sign screening form and indicate the date.</p>	<p>None</p>	<p>3 minutes</p>	<p>Triage Nurse-on-duty in Tent 1</p>
<p>5. Proceed to the Guard-on-duty at the PCMC Entrance. Get sticker of the day and place visibly on top clothing.</p>	<p>Give the sticker of the day and advise to go directly to the designated area of appointment.</p>	<p>None</p>	<p>1 minute</p>	<p>Guard-on-duty</p>
<p><b>Total</b></p>		<p><b>None</b></p>	<p><b>12 minutes</b></p>	



## Triaging of Patients for Consultation

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

<b>Office or Division:</b>	Pediatric Critical Care Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen (G2C)			
<b>Who may avail:</b>	Pediatric Patients and High Risk Pregnant Women			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Referral form/SMS			Attending Physician	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the referral form/SMS message.	Review the referral form	None	1 minute	Triage Nurse-on-duty at reception area
2. Fill-up 2 screening forms (for the patient and by the accompanying person) and a Triage Form.	2.1 Provide two (2) screening forms and a triage form (for the patient). 2.2 Assist patient as required.	None	5 minutes	Triage Nurse-on-duty at reception area
3. Proceed Tent 1 wait to be called	Instruct the patient to sit down and wait to be called.	None	5 minutes	Triage Nurse-on-duty in Tent 1
4. Approach the Nurse's Station and present filled-up form and verify the data declared on the forms.	4.1 Call the patient. 4.2 Take temperature of the client 4.3 Verify accuracy of provided information on the forms 4.4 Weigh patient.	None	3 minutes	Triage Nurse-on-duty in Tent 1



	<p>4.5 Bring the Triage form to the attending physician.</p> <p>4.6 Advise patient to wait for name to be called in Tent 2</p>			
<p>5.1 For pediatric patient: Proceed to Room 2 once called. Submit to examination and assessment.</p>	<p>5.1.1 Call patient and assess condition.</p> <p>5.1.2 Advise patient need for any diagnostic examination</p> <p>5.1.3 Prescribe medication(s) as necessary</p> <p>5.1.4 Advise patient's parent/guardian on proper disposition of the patient.</p>	None	60 minutes	Pediatric Physician
<p>5.2 For Pregnant Women proceed to Room 5 and wait for the OB-Gyne Doctor.</p>	<p>5.2.1 Coordinate presence of a pregnant women at the Perinatal Center</p>	None	10 minutes	Pediatric Physician
<p>5.3 Submit to examination and assessment.</p>	<p>5.3.1 Assess patient's condition</p> <p>5.3.2 Advise patient on proper disposition of her condition</p>	None	60 minutes	OB-GYN Fellow
<b>Total for Pediatric Patient</b>		None	<b>1 hour 13 minutes</b>	
<b>Total for High Risk Pregnant Women</b>		None	<b>1 hour 23 minutes</b>	



**MEDICAL SERVICES**  
**Internal Services**



## ANNUAL PHYSICAL EXAMINATION

<b>Office or Division:</b>	Employees' Clinic			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Government			
<b>Who may avail:</b>	Regular Employees			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			Not Applicable	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Proceed to the Employees Clinic on your birth month.	Prepare the Chart	None	2 minutes	Clerk
2.Submit to screening procedures.	Screening of patient and take the vital signs.	None	7 minutes	Midwife
3.Proceed the doctor's room when called for assessment and examination.	3.1 Do a medical history 3.2 Focused physical exam 3.3 Prepare requests for laboratory and diagnostic tests 3.4 Advised to make a follow-up	None	20 minutes	Employees Clinic Physician
4. Receive requests forms for laboratory and diagnostic tests	Issue requests forms for laboratory and diagnostic tests	None	1 minute	Employees Clinic Physician
5.Fill-up Client satisfaction Survey	Issue the Client satisfaction Survey form	None	1 minute	Clerk
<b>Total</b>		<b>None</b>	<b>31 minutes</b>	



## CONSULTATION FOR EMPLOYEES AND OUTSOURCED PERSONNEL

<b>Office or Division:</b>	Employees' Clinic			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Government			
<b>Who may avail:</b>	All Employees and Outsource Personnel			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		Not Applicable		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to the Employees Clinic and give your name.	Prepare the Chart	None	2 minutes	Clerk
2. Submit to screening procedures.	Screening of patient and taking of vital signs	None	7 minutes	Midwife
3. Proceed the doctor's room when called for assessment and examination.	3.1 Examine and check available laboratory results. 3.2 Explain medical assessment 3.3 Prepare prescription and request for other diagnostic tests as needed. 3.4 Refers to a subspecialist as the case may be.	None	20 minutes	Employees Clinic Physician
4. Receives prescription and/or laboratory requests	Issue prescription and laboratory requests if needed.	None	5 minutes	Midwife
5. Fill-up Client satisfaction Survey	Issue the Client satisfaction Survey form	None	2 minutes	Clerk
<b>Total</b>		<b>None</b>	<b>36 minutes</b>	



## **NURSING SERVICES**

### **External Services**



## Affiliation of Nursing Students

<b>Office or Division:</b>	Nursing Services Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen			
<b>Who may avail:</b>	Nursing School Representatives			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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 student		Affiliating School		
Program of Clinical Rotation/Instruction		Affiliating School		
Medical Certificate		Affiliating School		
Medical Clearance		PCMC Personnel's Clinic		
Students PCMC ID		HRMD		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit School Affiliation requirements and Letter of Intent	1.1 Review if Affiliation requirements and Letter of Intent are complete and correct.	None	15 minutes	Clinical Division Nurse Administrator (CDNA)
	1.2 Submit the reviewed Letter of Intent to the Deputy Executive Director for Nursing Services (DEDNS)		5 minutes	Nursing Training Secretary





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



				Executive Director
3. Pay at the Cashier Section	3.1 Review list of approved affiliating students	None	15 minutes	CDNA
	3.2 Prepare and give the billing statement to the affiliating school's representative		10 minutes	Nursing Training Secretary
	3.3 Issue Official Receipt		3 minutes	Cashier
4. Identify students who will attend the general orientation	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 Instructor	None	20 minutes	CDNA
	4.2 Provide the Personnel's Clinic, copies of medical certificates of students		10 minutes	Nursing Training Secretary
	4.3 Forward medical clearances of students to HRMD for processing of ID cards		10 minutes	Personnel Clinic's Secretary
	4.4 Prepare ID cards for endorsement to the office of the Executive Director			HRMD Staff CDNA



	4.5 Coordinate with the school representative for schedule, areas of assignment and orientation schedule for students		15 minutes	Nursing Training Secretary  CDNA
	4.6 Prepare venue for orientation		15 minutes	
	4.7 Orients student nurses of PCMC policies and activities		1 hour	
5. Send student nurses to PCMC following the agreed clinical area and schedule of their duty	5.1 Check and monitor activities of student nurses and their Clinical Instructor	None	15 minutes	CDNA
<b>Total</b>		<b>Hospital bill</b>	<b>4 hours 3 minutes</b>	



## Discharge of Admitted Patients

All admitted patients shall go through the discharge process.

<b>Office or Division:</b>	Nursing Services Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen			
<b>Who may avail:</b>	Admitted Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Philhealth Form	<i>Philhealth Office</i>			
Clinical Abstract	<i>Attending Physician/Resident Doctor</i>			
Prescription Paper/Request of Procedure	<i>Attending Physician/Resident Doctor</i>			
Valid ID of Parent	<i>Government/Private Office</i>			
Certificate of Employment for Government Employees	<i>Government Agency where patient/parent is employed</i>			
Certificate of Indigency	<i>Barangay where patient resides</i>			
PWD Form	<i>LGU</i>			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
	Carry out doctor's order. Facilitate discharge clearance by:	None	3 minutes	Nurse on Duty
	<ul style="list-style-type: none"> <li>- Seek clearance from different hospital sections</li> <li>- Forward discharge clearance to the Billing Section</li> </ul>	None	30 minutes	Ward Clerk



<p>1. Submit the following requirements as needed:</p> <p>a.CF1</p> <p>b.PWD form, Certificate of Employment for Government Employees</p> <p>c.Clinical Abstract, Certificate of indigency, Valid ID, Prescription paper/request for procedure</p>	<p>1.1 Receive and review completeness of requirements.</p> <p>1.2 Inform the parent/watcher to settle the Hospital bill once available.</p>	<p>None</p> <p>None</p>	<p>10 minutes</p> <p>1 minute</p>	<p>Philhealth Staff</p> <p>Billing Staff</p> <p>Social Worker</p> <p>Nurse on Duty</p>
<p>2. Get the final hospital bill</p>	<p>Provide the final hospital bill</p>	<p>None</p>	<p>2 minutes</p>	<p>Billing Staff</p>
<p>3. Pay the required amount at the Cashier.</p> <p>3.1 Get Discharge clearance from Cashier at the Billing Section during office hours and at the Cashier after office hours</p>	<p>3. Receive payment and issue Official Receipt (OR) and Discharge Clearance</p>	<p>Hospital bill (varies)</p>	<p>5 minutes</p>	<p>Cashier Staff</p> <p>(Billing Staff for the Discharge clearance during office hours)</p>



3.2 Proceed to the Medical Social Service if needs financial assistance	3.2 Issue funding for payment of hospital bill	None	15 minutes	Medical Social Worker
4. Return to ward and present Discharge Clearance	4.1 Explain discharge instruction to patient/parents 4.2 Provide prescription paper of medicines and laboratory request as necessary. 4.3 Sign discharge clearance	None	10 minutes	Nurse-in-charge
5. Present discharge clearance and drop the Patients Evaluation at the designated box	5.1 Sign the discharge clearance slip 5.2 Tag that patient was discharged at the BizBox	None	3 minutes	Admitting Section Staff
6. Give discharge clearance	Get discharge clearance and allow patient to get out from the hospital	None	1 minute	Lobby Guard
<b>Total</b>		<b>Hospital bill</b>	<b>1 hour and 20 minutes</b>	



## Sale of Sterilized Medical Supplies

The Sterilization Room (SR) sells sterilized or re-processed medical items like rubber tubing, sterile bottles, and re-sterilization of rubber tubing to out-patients with chronic diseases who need suctioning of oral and nasal secretions

<b>Office or Division:</b>	Nursing Services Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen (G2C)			
<b>Who may avail:</b>	Out-Patients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
List of items needed			<i>OPD or Ward</i>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present list of items needed	Receive and review list	None	1 minute	Sterilization Room (SR) Staff
2. Get Order of Payment (OP)  * If with trust fund, give the stub and proceed to step 5	2.1 Prepare and issue OP  2.2 Double check availability and validity of fund  2.1 Encode in the Trust Fund	Check Price List	2 minutes  2 minutes	Sterilization Room (SR) Staff
3. Pay at the Cashier	Prepare and issue official receipt (OR)	Check price list	10 minutes	Cashier Staff
4. Go back to SR and present OR	Check and record OR	None	1 minute	Sterilization Room (SR) Staff



5. Get sterilized or re-processed medical supplies	Dispense items bought	None	1 minute	Sterilization Room (SR) Staff
<b>Total</b>		<b>Check price list</b>	<b>17 minutes</b>	

### Sterilization Room Price List

Medical Supplies	Selling Price
Suction Bottle	Php 25.00
Rubber Tubing	Php 125.00
Sterilization of Rubber Tubing	Php 70.00





<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	<ol style="list-style-type: none"> <li>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.</li> <li>2. The client can also send a message to the PCMC Facebook account.</li> </ol>
How feedbacks are processed	<p>The result of client satisfaction surveys of the frontliners are opened daily and analyzed. Those requiring answers and immediate attention are attended promptly. 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"> <li>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.</li> </ol> <p>Or send their complaint thru the Contact Us portion of the website Or send a message to the PCMC Facebook Account.</p>
How complaints are processed	<ol style="list-style-type: none"> <li>1. The Public Information and Complaint Desk will forward the complaint to the Public Relations Officer (PRO).</li> <li>2. The PRO shall review the nature of complaint.</li> <li>3. For simple complaints, the PRO shall answer it immediately.</li> <li>4. For complex complaints, the PRO will forward it to the concerned Department for appropriate action.</li> <li>5. Concerned Department will send a copy of result of investigation and action to PRO.</li> <li>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.</li> </ol>
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 2020**

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