



Jose L. Amante Emergency Hospital

External Services





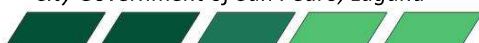
1. Out-Patient Department (OPD) Consultation

This service involves process of out-patient department consultation from the time the client was interview by the OPD staff until the time he/she receives medical consultation and appointment date for follow-up checkup (if necessary).

Office or Division:	Out Patient Department			
Classification:	Simple			
Type of Transaction:	G2C - Government-to-Citizen			
Who may avail:	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Individual Treatment Record (ITR) (1 Original Copy)		OPD		
2. OPD Card number (1 Original Copy)		OPD		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register at the OPD and wait to be interviewed. *If patient needs emergency treatment and management	1. New patient – fill-up and encode New ITR and give OPD-Card number	None	3 minutes	<i>Nurse Or Midwife Or Nursing Attendant Or Encoder Out Patient Department</i>
	1.1 Old patient – Present OPD-Card number and retrieved ITR	None	2 minutes	<i>Nurse Or Midwife Or Nursing Attendant Out Patient Department</i>
	1.2 Refer and endorse to the emergency room	None	5 minutes	<i>Nurse Or Midwife Or Nursing Attendant Out Patient Department</i>
	1.3 Interview the patient and record vital signs	None	5 minutes	<i>Nurse Or Midwife Or Nursing Attendant</i>
2. Proceed to Physician for	2. Assess, treats, and manage	Medical Certificate	10 minutes	<i>Physician Out Patient</i>



consultation or request for medical certificate	patient, schedule patient for follow up and/or procedures and Issue referral slip (if applicable).	– PHP 150.00		Department
	2.1 Provide health education.	None	5 minutes	<i>Nurse Or Midwife Or Nursing Attendant Out Patient Department</i>
	TOTAL:	PHP 150.00	25 Minutes	





2. Specialty Clinic Consultation

Consultation for Patients at the Specialty Clinic under the following services: General Surgery, Internal Medicine (Adult Cardiology and Diabetology), Nephrology, Obstetrics and Gynecology, Ophthalmology, Orthopedic Surgery, Otolaryngology (Ears, Nose, Throat), Pediatrics and Urology.

Office or Division:	Specialty Clinic			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Specialty Clinic Consultation Record (SCCR) (1 Original Copy)		Specialty Clinic		
2. Specialty Clinic Card (with year and file number) (1 Original Copy)		Specialty Clinic		
3. Accomplished Specialty Clinic Patient Screening Form (1 Original Copy)		Triage Area (Ground Floor)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register for the Specialty Clinic Consultation.	1. Write the patient's name and contact number on the provided Specialty Clinic Patients Listing Form.	None	1 minute	<i>Civil Security Personnel Security unit</i>
	1.1 Secure accomplished health declaration checklist from the Civil Security Staff on Duty.	None	2 minutes	<i>Nurse/ Midwife/Nursing Attendant Specialty Clinic</i>
2. Present Specialty Clinic Card together with accomplished Specialty Clinic Patient Screening Form.	2. Collect accomplished health declaration checklist from the patients screened from Triage Area.	None	1 minute	<i>Nurse/ Midwife/Nursing Attendant Specialty Clinic</i>



	2.1 New Patient – Filled up New SCCR and Card.	None	3 minutes	<i>Nurse/ Midwife/Nursing Attendant Specialty Clinic</i>
	2.3 Old Patient – Secure Specialty Clinic Card and retrieved from the files.	None	2 minutes	
	2.3. Interview the client, take and record the patient's vital signs.	None	4 minutes	<i>Nurse/ Midwife/Nursing Attendant Specialty Clinic</i>
3. Proceed to assigned physician for consultation or request of medical certificate. Complete discharge process	3. Assess, treats, and manage patient/ Schedule patient for follow up and/or procedures and Issue referral slip (if applicable).	Medical Certificate – P150.00	10 minutes	<i>Medical Specialist Specialty Clinic</i>
	3.1 Provide health education.	None	2 minutes	<i>Nurse/ Midwife/Nursing Attendant Specialty Clinic</i>
	TOTAL:	PHP 150.00	25 Minutes	



3. Emergency Room (ER) treatment and management

This service involves processing patient's post triage disposition from the time that the client receives post triage advice until the client a.) transfers from ER to ward/room if for Admission, transferred to referral hospital if for Referral, and receives discharge instruction as treated and sent home if Non-Admissible. In order for the patient to avail the service, the following steps are to be followed:

Office or Division:	Emergency Room			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All Patients who need emergency services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Individual Treatment Record (ITR) (1 Original Copy)		Emergency Room		
2. ER-Card number (1 Original Copy)		Emergency Room		
3. Medico-legal form (1 Original Copy)		Emergency Room		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out Health Declaration Checklist	1. Issue health declaration checklist	None	1 minute	<i>Nurse / Midwife / Nursing Attendant Emergency Room</i>
2. Proceed to the Triage Area of the Emergency Room for consultation	2. Receive and Categorize patient (Emergency, Urgent and Non-Urgent).	Medical Certificate – P150.00 Medico-Legal Certificate – P200.00	3 minutes	<i>Nurse / Midwife / Nursing Attendant Emergency Room</i>
	2.1 Interview and record vital signs	None	4 minutes	<i>Nurse / Midwife / Nursing Attendant Emergency Room</i>
	2.2 Referral to physician	None	2 minutes	<i>Nurse / Midwife / Nursing Attendant Emergency Room</i>
3. Proceed to the Physician for	3. Provide immediate	None	10 minutes	<i>Physician Emergency</i>



Consultation and Management	<p>emergency management</p> <p>3.1 Advise the patient's watcher/ representative on the ITR:</p> <ul style="list-style-type: none"> • If for Admission, direct the patient representative to the admitting section • If for Discharge, schedule patient for follow up and/or procedures and provide health education <p>If for Medico-legal, record the data to Medico legal form and refer to physician</p>	None	10 minutes	Room <i>Physician / Nurse / Midwife / Nursing Attendant / Orderly</i> Emergency Room
	TOTAL:	PHP 250.00	30 Minutes (or more depending on the case of the patient)	
Patients for Referral/ Transfer to Hospital of Choice (THOC)				
1. Patient significant other signs consent for THOC	1. Explain the process of proper coordination and endorsement of patient's case to the receiving facility.	None	2 minutes	<i>Physician / Nurse</i> Emergency Room



	1.1 Give instructions for the settlement of charges and issuance of official receipts.	Dependin g on SOA/char ge slips and based on City Ordinance No. 2015- 30	5 minutes	<i>Nurse / Cashier Emergency Room / Business office</i>
	1.2 Stabilize patient and coordinates to the receiving health facility.	None	Depends on availability and vacancy of receiving facility	<i>Nurse / Physician Emergency Room</i>
	1.3 Arranges and conducts patient transport.	None	10 minutes	<i>Nurse / Midwife Ambulance Driver ER</i>
	TOTAL:	Dependin g on SOA/char ge slips and based on City Ordinanc e No. 2015-30	17 Minutes (excluding the processing time for Agency Step 1.3)	
Patients Discharge Against Medical Advice (DAMA)				
1. Patient or significant other signs consent for DAMA. (Note: for minor patients the patient next of kin will sign the consent)	1. Inform resident physician on duty/ Medical specialist regarding DAMA of patient	None	2 minutes	<i>Nurse/Midwife/ Resident Physician/ Medical Specialist Emergency Room</i>
	1.1 Secure waiver written by patient or significant other. Explains the risks and consequence of DAMA.	None	3 minutes	<i>Nurse Emergency Room</i>
2. Proceed to billing section	2. Give instructions for the	Dependin g on	5 minutes	<i>Nurse / Cashier</i>





then to cashier for issuance of official receipts for payment of charges.	settlement of charges and issuance of official receipts.	SOA/charge slips and based on City Ordinance No. 2019-30		Emergency Room / Business office
3. Present official receipts/ proof of replaced medical supplies or medicines and receive final discharge instructions.	3. Check official receipts and/ or proof of replaced medical supplies and medicines used and give discharge instructions.	None	5 minutes	<i>Physician / Nurse</i> Emergency Room
	TOTAL:	Depending on SOA/charge slips and base on City Ordinance No. 2019-30	15 Minutes	



4. Admission of Patients (Admission process in the Medical-Surgical Ward)

This service involves the Admission process in the Emergency Room to the Medical-Surgical Ward.

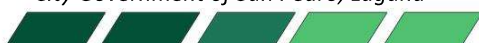
Office or Division:	Admitting Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patients Chart (1 Original Copy)		Emergency Room		
2. ER/OPD Record (1 Original Copy)		ER/OPD		
3. Eligibility Form (1 Original Copy)		Benefits Section		
4. Valid ID (1 Original Copy)		Patient		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Seek Consultation in the Emergency Room/Out-Patient Department	1. Check the condition of the patient & necessity for admission.	None	10 Minutes	<i>Physician</i> Emergency Room
	1.1 Assist the patient/relative to the Admission Area.	None	1 Minute	<i>Nurse / Midwife / Nursing Attendant</i> Emergency Room
2. Patient significant other will proceed to the Admitting section for interview.	2. The admitting staff on duty look for availability of bed thru iHOMIS system.	None	2 Minutes	<i>Admitting Staff</i> Admitting Section
	2.1 Interview the patient/relative, explain the Hospital Policies, and give room/bed assignment for the patient	None	5 Minutes	<i>Admitting Staff</i> Admitting Section



	2.2 Fill-out the data sheet, chart and other documents for admission and counter check it to the iHOMIS system. Put bracelet on patient for identification.	None	5 Minutes	<i>Admitting Staff</i> Admitting Section
3. The patient returned to the ER for admission proper.	3. Endorse the patient to the ER Nurse on duty together with the chart.	None	2 Minutes	<i>Admission Staff / Nurse</i> Admitting Section / Emergency Room
	3.1 Accompany the patient to assigned ward and endorse the chart to the Nurse on duty.	None	5 minutes	<i>Nurse</i> Emergency Room
	TOTAL:	None	27 minutes	

Note:

- In case the patient has Philhealth, the Admission Staff on Duty refer the relative/patient to the Benefit Section for further information from the Philhealth Desk Office.





5. Discharge of Patients

This service involves processing of patients for discharge, patients for Transfer to Hospital of Choice and patients for Discharge against Medical Advice. In order for the client/patient to avail the service, the following steps are to be followed:

Office or Division:	OB-Surgical Ward			
Classification:	Simple			
Type of Transaction:	Government-to-Citizen			
Who may avail:	All Patients for Discharge, Patients for referral/Transfer to Hospital of Choice (THOC), Patients for Discharge Against Medical Advice(DAMA)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Clinical Abstract (1 Original Copy)		Attached to patient's chart		
2. Discharge Summary (1 Original Copy)		Ward Nurse's Station		
3. Prescription form (1 Original Copy)		Ward Nurse's Station		
4. Philhealth Eligibility Form (1 Original Copy)		Ward Nurse's Station		
5. Referral Form (1 Original Copy)		Ward Nurse's Station		
6. Statement of Account (2 Original Copies)		Billing Department		
7. Discharge Slip/Clearance Slip (1 Original Copy)		Billing Department		
8. Waiver for DAMA (written by Patient and/or representation (1 Original Copy)		Ward Nurse's Station		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo the discharge process	1. Discharge plans ordered by attending physician on the patient's chart	None	10 minutes	<i>Resident Physician/Medical Specialist</i> OB-Surgical Ward
	1.1 Issue and accomplish Philhealth forms and clinical abstract.	None	10 minutes	<i>Resident Physician/Medical Specialist</i> OB-Surgical Ward
	1.2 Submit the patient's chart and clearance to	None	10 minutes	<i>Nurse/Midwife (OB/Medical-Surgical Ward)</i> OB-Surgical



	<p>billing section for issuance of Statement of Account.</p> <p>1.3 Give Statement of Account to patient's representative and advise them to proceed to the cashier.</p>	None	10 minutes	<p>Ward Nurse/Midwife (OB/Medical-Surgical Ward) OB-Surgical Ward</p>
2. Proceed to Philhealth Benefit Section for issuance of Philhealth Benefit Eligibility form and proceed to billing/cashier for issuance of Official receipt for payment and charges.	2.1 Instruct the patient and/or representation to wait for the Philhealth approval.	None	5 minutes	Nurse/Midwife OB/Medical-Surgical Ward
	2.1 Once patient's approval from Philhealth is secured, patient's chart together with the charge slips will be given to the cashier/billing department for Statement of Account.	None	5 minutes	Nurse/Midwife OB-Surgical Ward
	2.2 Instruct patient's relative to proceed for payment once with SOA.	Depending on SOA/charge slips and base on City Ordinance No. 2019-30	10 minutes	Billing Clerk, Nurse/Midwife OB-Surgical Ward
3. Receive discharge summary, laboratory results, prescription for take home medications and present discharge slip at admitting section or CSU	3. Instruct the patient and/or representation on discharge plans including health teaching, follow up schedule and take home medication/s.	None	5 minutes	Nurse/Midwife OB-Surgical Ward





staff	3.1 Issue fully accomplished discharge summary and prescription for take home medication/s.	None	10 minutes	<i>Nurse/Midwife OB-Surgical Ward</i>
	3.2 Instruct the patient and/or representation to give the signed discharge slip to admitting Section and CSU staff to return the watchers ID in exchange of their ID.	None	2 minutes	<i>Admitting staff/CSU on duty Admitting section / Security unit</i>
	TOTAL:	Dependin g on SOA/char ge slips and base on City Ordinanc e No. 2019-30	1 Hour and 17 Minutes	
Patients for Referral/Transfer to Hospital of Choice (THOC)				
1. Sign consent for THOC (Patient or Significant other).	1. Secure accomplished THOC form	None	15 minutes	<i>Resident Physician/ Medical Specialist OB-Surgical Ward</i>
	1.1 Explain reasons and needs for transfer to higher facility.	None	5 minutes	<i>OB-Surgical Ward</i>
	1.2 Explain the process of proper coordination and endorsement of patient's case to the receiving facility.	None	5 minutes	<i>Nurse/Midwife OB-Surgical Ward</i>





	1.3 Gives instructions for the settlement of charges and issuance of official receipts.	Dependin g on SOA/char ge slips and base on City Ordinance No. 2019- 30	2 minutes	<i>Nurse/Midwife OB-Surgical Ward</i>
	1.5 Stabilize patient and coordinates to the receiving health facility.	None	Depends on availability and vacancy of receiving facility	<i>Resident Physician/Nurse / Midwife OB-Surgical Ward</i>
	1.6 Arranges and assists in conducting patient transport.	None	15 minutes	<i>Nurse/Midwife OB-Surgical Ward</i>
	TOTAL:	Dependin g on SOA/char ge slips and base on City Ordinanc e No. 2019-30	42 Minutes (Excluding Agency Step 1.5)	
Patients Discharge Against Medical Advice (DAMA)				
1. Patient or significant other signs consent for DAMA. (Note: for minor patients the patient next of kin will sign the consent)	1. Inform resident physician on duty/ Medical specialist regarding DAMA of patient.	None	15 minutes	<i>Nurse/Midwife/R esident Physician/Medic al Specialist. OB-Surgical Ward</i>
	1.1 Secure waiver written by patient or significant other. Explains the risks and consequence of DAMA.	None	5 minutes	<i>Nurse/Midwife OB-Surgical Ward</i>
2. Proceed to billing section then to cashier for	2. Prepare charge slips forward services/ supplies	None	5 minutes	<i>Nurse/Midwife OB-Surgical Ward</i>





issuance of official receipts for payment of charges.	used. 2.1 Give instructions for settlement of charges and directs client to go to the billing section.	None	30 minutes	<i>Nurse/Midwife</i> OB-Surgical Ward
3. Presents official receipts / proof of replaced medical supplies or medicines and receives final discharge instructions.	3. Check official receipts and/ or proof of replaced medical supplies and medicines used.	Dependin g on SOA/char ge slips and base on City Ordinance No. 2019- 30	5 minutes	<i>Nurse/Midwife</i> OB-Surgical Ward
	3.1 Gives discharge instructions	None	4 minutes	<i>Nurse/Midwife</i> OB-Surgical Ward
	TOTAL:	Dependin g on SOA/char ge slips and based on City Ordinanc e No. 2019-30	1 Hour and 4 Minutes	



6. Hemodialysis treatment and management

This service involves the treatment and management of dialysis patient from arrival of patient to the hemodialysis unit to discharge

Office or Division:	Hemodialysis unit			
Classification:	Simple			
Type of Transaction:	G2C - GOVERNMENT TO CITIZEN – Government to Citizen			
Who may avail:	All Patients who need hemodialysis treatment			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Philhealth Requirements (1 Original Copy)		Hemodialysis unit		
2. Laboratory Results (1 Original Copy)		Hemodialysis unit		
3. Medical history and treatment order from Nephrologist (1 Original Copy)		Hemodialysis unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out Health Declaration Checklist and interview	1. Receive health declaration check list	None	1 minute	<i>Nurse</i> Hemodialysis unit
	1.1 Prepare Individual Treatment Record (ITR)	None	4 minutes	<i>Nurse</i> Hemodialysis unit
	1.2 Take medical history and record vital signs	None	10 minutes	<i>Nurse</i> Hemodialysis unit
	1.3 Assist nephrologist during conduct of consultation	None	15 minutes	<i>Nephrologist / Nurse</i> Hemodialysis unit
2. Get measured for pre-dialysis weight upon entering the treatment room and proceed to the assigned	2. Secure Consent form, Carry out Doctor's order, Fill-up Hemodialysis Treatment Sheet.	None	1 hour	<i>Nephrologist / Physician / Nurse</i> Hemodialysis unit



station	2.1 Preparation of dialyzer and priming of dialysis machine.	None	1 hour	<i>Nurse / Dialysis Technician Hemodialysis unit</i>
	2.2 Assess patient nutritional status	None	1 hour	<i>Nutritionist-Dietician Or Nurse Hemodialysis unit</i>
	2.3 Hemodialysis treatment and vital signs monitoring.	None	1 hour	<i>Nurse / Dialysis Technician Hemodialysis unit</i>
3. Post-dialysis weighing of patient	3. Termination of dialysis.	None	15 minutes	<i>Nurse / Dialysis Technician Hemodialysis unit</i>
	3.1 Weigh patient, record discharge note, and sign off dialysis treatment sheet.	None	15 minutes	<i>Nurse / Dialysis Technician Hemodialysis unit</i>
	TOTAL:	Refer to City Ordinance 2019-30 Article III- City Hospital Service fee	5 hours	





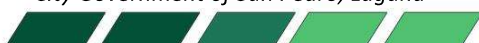
7. Laboratory Services for Outpatients

Laboratory Services must be consistent and dependable to correctly assess and manage patients with various illnesses. As a Secondary Laboratory we offer services that can be availed by the Out Patients. The process of laboratory services run from the time of presenting original request of the physician to the receiving of results by the patients or patient's relative.

Office or Division:	San Pedro Jose L. Amante Emergency Hospital - Laboratory Department			
Classification:	Simple			
Type of Transaction:	G2C - GOVERNMENT TO CITIZEN – Government to Citizen			
Who may avail:	Out-Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Laboratory request form (1 Original Copy)		OPD Physician and requesting agency or department		
2. Order of Payment (1 Original Copy)		Laboratory		
3. Official Receipt or signed request by the DWD official or authorized personnel (1 Original Copy)		Cashier/DSWD		
For releasing of result:				
1. Claim stub or Official receipt (1 Original Copy)		Laboratory or Cashier		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Physician's Laboratory request form/s	1. Verify and check the request.	None	3 minutes	<i>Medical Technologist</i> Laboratory Department
* For SARS-Cov2 Antigen Test, present 1 original request form, completely filled up Case Investigation Form (CIF) and work sheet.	1.1 Instruct out-patient to fill-out request form with complete details, following the format provided.	None	3 minutes	<i>Medical Technologist</i> Laboratory Department
* For SARS COV-2 RTPCR specimen collection, submit complete	1.2 For patients with fasting procedure, provide a number card on a first-come, first-served basis for blood extraction.	None	2 minutes	<i>Medical Technologist</i> Laboratory Department



documents consisting of CIF, MDR, Cert. of Classification and authorization letter	1.3 Instruct the patient to isolate in the swab collection area and wait for laboratory personnel.	None	5 minutes	<i>Medical Technologist</i> Laboratory Department
	1.4 Issue Order of Payment to the patient.	Refer to City Ordinance 2019-30	10 minutes	<i>Medical Technologist</i> Laboratory Department
	1.5 If patient seeks medical assistance, refer them to the DSWD for categorization of indigence and signing of officer.	None	10 minutes	<i>Medical Technologist</i> Laboratory Department
2. After payment or approved assistance of indigence present the Official Receipt or original request signed by DSWD Officer or Authorized personnel.	2. Provide specimen container.	None	10 minutes	<i>Medical Technologist</i> Laboratory Department
	2.1 Check the specimen volume and proper label.	None	5 minutes	<i>Medical Technologist</i> Laboratory Department
	2.2 Conduct extraction.	None	5 minutes	<i>Medical Technologist</i> Laboratory Department
3. Wait for the release of results.	3. Process and analyze specimen according to the procedure requested.	None	Routine and Special Test : 1 hour upon receiving of samples. *SARS COV-2 ANTIGEN	<i>Medical Technologist</i> Laboratory Department





	<p>3.1 Check and verify results for final interpretation and releasing.</p> <p>3.2 Provide releasing log book.</p>	<p>None</p> <p>None</p>	<p>TEST: 20 minutes after collection of sample</p> <p>Routine Chemistry: 7 hours upon blood extraction.</p> <p>5 minutes</p> <p>2 minutes</p>	<p><i>Medical Technologist/Pathologist</i> Laboratory Department</p>
	TOTAL:	<p>Refer to order of payment and City Ordinance 2019-30</p> <p>*patient with medical assistance depends on the availability of test requested</p>	<p>Routine and Special test : 2 hours</p> <p>*SARSCOV-2 ANTIGEN TEST: 1 hour</p> <p>Routine Blood Test: 8 hours</p> <p>*Specimen to be transported to other laboratories: Depends on the Turn-around time of referring lab.</p> <p>1. New Born Screening Test: 3 weeks to 1 month</p> <p>2. COVID-19</p>	





			RTPCR Test: 2-3 days	
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8. Laboratory Services for IN-PATIENTS AND EMERGENCY ROOM (ER)

As a Secondary Laboratory we offer services that can be availed by the IN- Patients. The process of laboratory services run from the time of presenting original request of the physician to the Releasing of results to WARD and Emergency Room.

Office or Division:	San Pedro Jose L. Amante Emergency Hospital - Laboratory Department			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	ER and IN-PATIENTS			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Completely filled-out laboratory request form (1 Original Copy)		Ward		
2. Completely filled-out Case Investigation Form (CIF) (1 Original Copy)		Emergency Room		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Input the Physicians order of iHOMIS the requested laboratory test or present 1 original completely filled up Laboratory request form. *Request for SARS COV-2 ANTIGEN test and RTPCR specimen collection must submit 1 original copy of completely filled up CIF.	1. Verify and check if the patient is registered to the iHOMIS	None	2 minutes	<i>Medical Technologist</i> Laboratory Department
	1.1 Review the laboratory test requested and check if it was entered in the Physicians order of iHOMIS.	None	2 minutes	<i>Medical Technologist</i> Laboratory Department



2. Acknowledge the blood extraction or specimen collection of the patient.	2. Inform the Nurse on duty about the blood extraction or specimen collection of the patient, then proceed.	Refer to City Ordinance 2019-30 Article III- City Hospital Service fee	15 minutes	<i>Medical Technologist Laboratory Department</i>
	2.1 After the specimen collection, input charges of laboratory test in the iHOMIS.	None	3 minutes	<i>Medical Technologist Laboratory Department</i>
3.Wait for the test result to be forwarded by laboratory personnel and received laboratory report.	3. Process and analyze specimen according to the procedure requested.	None	Routine exam: Within 30 minutes upon receiving of samples.	<i>Medical Technologist Laboratory Department</i>
	3.1 Checking and Verifying of results for final interpretation and releasing	None	Chemistry and special examination: 2 hours upon blood extraction. 3 minutes	<i>Medical Technologist/Pathologist Laboratory Department</i>
	3.2 Provide Releasing log book for Nurse on duty's signature.	None	5 minutes	<i>Medical Technologist Laboratory Department</i>
	TOTAL:	Refer to City	Routine Test and SARS	





		<p>Ordinance 2019-30 Article III- City Hospital Service fee</p>	<p>COV-2 ANTIGEN TEST: 1 hour</p> <p>Blood Chem. and Special Test: 2 hours and 30 minutes</p> <p>*Specimen to be transported to other laboratories:</p> <p>Depends on the Turn- around time of the referring lab.</p> <p>1. New Born Screening Test: 3 weeks to 1 month</p> <p>2.COVID-19 RTPCR Test: 2-3 days</p>	
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9. In-Patient Elective Major Surgery

This service involves processing of patient requiring any direct and elective surgical operation. The procedure started upon patient transfer from ward to OR

Complex until completion of surgical procedure

Office or Division:	Operating Room /Delivery Room			
Classification:	Simple			
Type of Transaction:	G2C - GOVERNMENT TO CITIZEN - Gpvernment to Citizen			
Who may avail:	All patients needing elective major surgical procedure.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Written physician's order (1 Original Copy)		Attending Surgeon		
2. Procedure Consent (1 Original Copy)		Attending Surgeon / Patient Chart		
3. Anesthesia Consent (1 Original Copy)		Attending Anesthesiologist / Patient Chart		
4. Medical Clearance (Cardio Pulmonary, and Pediatric) if applicable (1 Original Copy)		Attending Physician of relevant medical field (OPD, Clinical Ward)		
5. Completed updated laboratory and diagnostic work up (1 Original or 1 Photocopy)		Hospital/Accredited laboratory/diagnostic Facility/Patient Chart		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at OR complex in hospital gown via wheelchair/stretch er.	1. Receive and confirm correct identity of patient, contraptions and completeness of OR materials/requirements needed. follow perioperative checklist; Consent Form	None	2 minutes	<i>OR-Nurse/ OR Receiving Area Operating Room /Delivery Room</i>
Citizen specific: For patients under legal age/minor, a presence of a parent/immediate kin of legal age is mandatory	1.1 Prepare the operating Room for Surgery/Hook patient to the anesthesia monitoring machines	None	5 minutes	<i>OR-Nurse Operating Room /Delivery Room</i>



	1.2 Induction of Anesthesia/Perform Surgical Procedure	None	1 hour and 30 minutes	<i>Anesthesiologist / Surgeon</i> Operating Room /Delivery Room
	1.3 Transfer patient safely to Post Anesthesia Care Unit (PACU) via stretcher for monitoring	None	2 hours	<i>OR-Nurse</i> Operating Room /Delivery Room
2. Patient is waiting to be transfer to Surgical Ward	2. Issuance of Charge Slip/Check the completion of Doctors and Anesthesiologist signature on the Philhealth Form (CF4,CSF,CF2)	Refer to City Ordinance No.2019-30	1 minute	<i>OR-Nurse</i> OR Nurse's Station Operating Room /Delivery Room
	2.1 Transfer patient safely and endorsed to Surgical Ward via stretcher	None	20 minutes	<i>OR-Nurse/Orderly</i> Operating Room /Delivery Room
	TOTAL:	Refer to City Ordinance No.2019-30	4 Hours and 58 Minutes (or more depending on the procedure)	





10. OPD - Minor Surgery

This service involves processing of client's services requiring a surgical procedure under local anesthesia as out-patient.

Office or Division:	Operating Room /Delivery Room			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	All patients needing minor surgical procedure			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Written physician's order with Schedule (1 Original Copy)		Attending Surgeon/Operating Room		
2. Procedure Consent (1 Original Copy)		Attending Surgeon/Operating Room		
3. Cardio-Pulmonary Clearance (1 Original Copy)		Attending Physician of relevant medical field (OPD, Clinical Ward)		
4. Completed laboratory and diagnostic workup (1 Original or 1 Photocopy)		Hospital/Accredited Laboratory/Diagnostic Facility		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive patient at OR complex	1. Receive and check the identity of patient.	None	1 minute	OR-Nurse Operating Room /Delivery Room
2. Proceed to waiting area and wait for name to be called and Enter the minor OR	2. Call out patient's name and verify the patient Philhealth benefit eligibility form if with Philhealth.	None	5 minutes	OR- Nurse/Philhealth Clerk Operating Room /Delivery Room, Philhealth benefit section
	2.1 Assist patient in accomplishing the necessary forms	None	5 minutes	OR- Nurse Operating Room /Delivery Room
	2.2 Prepare chart and needs for procedure	None	15 minutes	OR-Nurse Operating Room /Delivery Room
	2.3 Provide pre-operative	None	5 minutes	OR Operating Room /Delivery Room



	checklist /Take the vital signs (VS)			
	2.4 Perform Surgery	None	1 hour or more	<i>OR-Nurse/ Surgeon Operating Room /Delivery Room</i>
3. Direct patient to go to Philhealth Office and wait for statement of account	3. Facilitate accomplishment of all necessary forms. Check the completeness of Surgeon signature at Philhealth Form (CF4, CSF, CF2)	None	5 minutes	<i>OR-Nurse Operating Room /Delivery Room</i>
	3.2 Issuance of Charge Slip	Refer to City Ordinance No. 2019-30	5 minutes	<i>OR Nurse Operating Room /Delivery Room</i>
	3.3 Instruct patients to Coordinate with Philhealth Office and settle the bill	None	1 hour	<i>OR- Nurse/Philhealth Office/Billing & Cashier Operating Room /Delivery Room, Business office</i>
4. Complete discharge process.	4. Provides post - operative instructions, Home meds prescribed	None	5 minutes	<i>OR Nurse, Surgeon Operating Room /Delivery Room</i>
	4.1 If with specimen, give to relative and receive the specimen with proper label, in the logbook. Instruct the relative to send off the specimen together with request to	None	5 minutes	<i>OR Nurse / Medical Technologist Operating Room /Delivery Room / Laboratory</i>



	laboratory.			
	TOTAL:	Refer to City Ordinance 2019-30 Article III- City Hospital Service fee	2 hours and 26 minutes (or more depending on the procedure)	

11. Medical Social Service (Application for Medical Assistance)

This service involves processing medical assistance to the poor/indigent or financially incapacitated to be able to access needed health services or interventions until the time client received the necessary assistance / support and services

Office or Division:	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Certificate of Barangay Indigency (1 Original Copy)		Barangay		
2. Voters Certification (1 Original or 1 Certified True Copy)		COMELEC		
3. Valid ID (1 Photocopy)		Requesting Client		
4. Birth Certificate (1 Photocopy)		Patient (if minor)		
5. Medical Certificate / Medical Abstract (1 Original or 1 Certified True Copy)		Physician / Medical Records Office		
6. Marriage Certificate (1 Photocopy)		Local Civil Registrar		
7. Letter addressed to the City Mayor (1 Original Copy)		Patient / Relative		
8. Statement of Account (1 Original Copy)		Business Office		
If patient is not married:				
1. Certificate of Co-Habitation (1 Original Copy)		Patient / Relative		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Hospital Medical	1. Evaluate and interview the	None	10 Minutes	CSWD staff / Social Service



Social Service Unit (Hospital Building - Ground floor)	patient /relative. 1.1 Instruct the patient/relative to produce necessary documents for Financial/Medical Assistance.	None	5 Minutes	<i>Worker CSWDO</i> <i>CSWD staff / Social Service Worker CSWDO</i>
	1.2 Prepare Social Case Study Report for Financial / Medical Assistance	None	30 Minutes	<i>CSWD staff / Social Service Worker CSWDO</i>
TOTAL:		None	45 Minutes	





12. Medical Social Service (Availment of Philhealth Enrolment through Point of Service “POS”)

This service involves the point of service program that covers all Filipino (Unregistered and inactive members) under the National Health Insurance Program. The service involves processing of Philhealth enrolment from the time client seek information for compliance of requirements up to the time client is successfully enrolled at the system and tagged as PHIC Hospital Sponsored Member.

Office or Division:	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	In-Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Certificate of Barangay Indigency (1 Original Copy)		Barangay		
2. Valid ID (1 Photocopy)		Requesting Client		
3. PMRF (1 Original Copy)		Benefit Section		
4. Self-Assessment Tool (1 Original Copy)		MSS Office		
If patient is a minor:				
1. Birth Certificate (1 Photocopy)		Philippine Statistics Authority (PSA)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Admitted patient relative or representative without Philhealth membership will proceed to the Hospital Medical Social Service Unit (Hospital Building - Ground floor)	1. Assess and interview indigent patient.	None	10 Minutes	CSWD staff / Social Service Worker CSWDO
	1.1 Instruct patient / relative will to submit the necessary documents.	None	5 Minutes	CSWD staff / Social Service Worker CSWDO
	1.2 Upon assessment if financially incapable, enroll indigent patient to point of service	None	10 Minutes	CSWD staff / Social Service Worker CSWDO
	TOTAL:	None	25 Minutes	



13. Medical Social Service (Free HIV Counseling)

This service includes free counseling and HIV awareness before referring to the laboratory for testing.

Office or Division:	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C - GOVERNMENT TO CITIZEN			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Counseling Form (1 Original Copy)		HIV Counseling office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Hospital Medical Social Service Unit (Hospital Building - Ground floor)	1. Interview patient for further evaluation and instruction and keep it confidentially.	None	28 minutes	<i>HIV Counseling Coordinator Laboratory</i>
	1.1 Instruct the patient for HIV Screening	None	2 minutes	<i>HIV Counseling Coordinator Laboratory</i>
	TOTAL:	None	30 Minutes	

14. Ambulance Transfer

This service includes the coordination and transfer of patient from the Emergency Room and Medical-Surgical Ward to higher level facility for further medical and diagnostic management.

Office or Division:	Ambulance service			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. ER Record (1 Original Copy)		Emergency Room		
2. Referral Slip (1 Original Copy)		Emergency Room		
3. Trip Ticket (1 Original Copy)		Admission Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Seek consultation in the Emergency Room / Out Patient Department	1. Check the condition of the patient & explains the need to be transferred to a higher level facility.	None	7 minutes	<i>Physician / Nurse</i> Emergency Room
	1.1 Prepare the Referral Slip signed by the resident physician	None	3 minutes	<i>Nurse</i> Emergency Room
2. Patients/ Relative choose the hospital of choice.	2. Call the hospital of choice for proper endorsement and coordination	None	15 Minutes	<i>Admission Staff</i> Admitting Section
	2.1 In case that there is no available hospital, call another facility a vacancy is found.	None	15 Minutes	<i>Admission Staff</i> Admitting Section
3. The patient significant others prepare for transfer	3. Check the availability of the ambulance; prepare the Trip	None	3 Minutes	<i>Admitting Staff / Ambulance Driver</i> Admitting



	Ticket			Section
	3.1 Call the ambulance driver and give proper instructions.	None	2 Minutes	Admitting Staff / Nurse Emergency Room or Medical-Surgical Ward, Admitting Section
	TOTAL:	None	45 Minutes	

15. Payment of Hospital Fees and Charges

This explains the process on the payment of hospital-related expenses

Office or Division:	Business Office			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	In-Patients/Out-Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient Chart (1 Original Copy)		Nurse Station		
2. Charges slip/Order Of Payment (1 Original Copy)		X-Ray, Laboratory, ECG		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Received Statement of Account (SOA)	1. Give order of payment/statement of account to patient	None	5 minutes	Nurse / Billing staff Emergency Room / Business Office
2. Present statement of account/order of payment to the cashier For in-patients: Present the statement of Account to the cashier for payment of hospital charges	2. Issue official receipt and discharge slip/clearance (admitted patients)	Refer to City Ordinance 2019-30 Article III- City Hospital Service fee	5 minutes	Cashier Business Office



For out-patients: Get an order of payment from X-Ray, Laboratory and ECG and present it to the Cashier				
	TOTAL:	Refer to City Ordinance 2019-30 Article III- City Hospital Service fee	10 Minutes	

16. Billing Process

Process of issuance of bill for payment of hospital-related expenses

Office or Division:	Business Office			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Patients / Patient significant others			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient Chart (1 Original Copy)		Nurse Station		
2. Order of Payment/Charges (1 Original Copy)		Nurse Station		
3. Statement of Account (SOA) (1 Original Copy)		Business Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for statement of account	1. Forward to business office patient charts with order of payment/charge and prepare statement of account.	None	30 minutes	<i>Nurse / Midwife, Nursing Attendant / Billing Clerk Emergency Room / Business Office</i>
	1.1 Return the Patient Chart with the Statement of Account to the	Refer to City Ordinance 2019-30	5 minutes	<i>Nurse Medical-</i>



	Nurse Station, nurse on duty shall give the SOA to the patient or patient significant other for settlement of hospital charges at the cashiers, or charge to patient's Philhealth	Article III- City Hospital Service fee		Surgical Ward
	TOTAL:	Refer to City Ordinance 2019-30 Article III- City Hospital Service fee	35 Minutes	





17. Philhealth Services

Philhealth benefit for admitted and outpatient.

Office or Division:	Philhealth Benefit Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Member/Immediate Family Member			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Valid ID (1 Original and 1 Photocopy)		Philhealth member		
2. Philhealth membership registration form (PMRF) (1 Original Copy)		Philhealth section		
3. Authorization letter (1 Original Copy)		Philhealth section		
4. Birth certificate of dependent (1 Photocopy)		Records section/Philhealth member		
5. claim signature form (1 Original Copy)		Philhealth section/patient's chart		
6. Claim Form 2 (1 Original Copy)		Philhealth section/patient's chart		
7. Receipt of Payment (1 Original Copy)		Cashier-Business Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Member or Immediate family member proceeds to Philhealth Benefits Section to check Philhealth eligibility status	1. Ask client some key point information and any documentary requirements as necessary for searching and verification of PHIC eligibility status in PHIC Portal/eclaims	None	4 minutes	<i>Philhealth Claims Processor Philhealth Benefit Section</i>
	1.1 Inform client's PHIC eligibility status. *If need to update member's data or dependent:	None	1 minute	<i>Philhealth Claims Processor Philhealth Benefit Section</i>
	1.2. Instruct the member to fill-out forms and submit	None	3 minutes	<i>Philhealth Claims Processor</i>



	documents needed for updating dependent or data.			Philhealth Benefit Section
2. Member or Immediate family member submits documents for updating member's data/dependent	2. Check the documents submitted and instructs client to follow-up for Philhealth's feedback	None	6 minutes	<i>Philhealth Claims Processor Philhealth Benefit Section</i>
3. Member or Immediate family member proceeds to Philhealth section for processing of patient discharge	3. Checks the receipt and instructs the client to have the member signed the claim forms.	In excess of Philhealth case rate indicated at the SOA	3 minutes	<i>Philhealth Claims Processor Philhealth Benefit Section</i>
	3.1 Checks the submitted claim forms and issues clearance and discharge slip to client.	None	5 minutes	<i>Philhealth Claims Processor Philhealth Benefit Section</i>
	TOTAL:	In excess of Philhealth case rate indicated at the SOA Refer to City Ordinance 2019-30 Article III- City Hospital Service fee	22 Minutes	



18. Pharmaceutical Services

This service involves the process of dispensing medicines for in-patient.

Office or Division:	Pharmacy unit			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Admitted patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Medication Prescription (1 Original Copy)		Attending Physician		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present physician's medication order	1. Check the validity of the prescription and check the following details <ul style="list-style-type: none"> • Patient information • Inscription and Subscription. • Physician's information and license number 	None	2 minute	<i>Pharmacist Pharmacy</i>
	1.1 Check the availability of the medicine	None	2 minute	<i>Pharmacist Pharmacy</i>
	1.2 Encode available medicines in the hospital operation and management information system and issue charge slip	Based on the medicine price list	7 minutes	<i>Pharmacist Pharmacy</i>
2. Receiving of medication	2. Dispense ordered medicines	None	2 minutes	<i>Pharmacist Pharmacy</i>
	2.1 Counsel the patient about their	None	2 minutes	<i>Pharmacist Pharmacy</i>



	medication as needed.			
	TOTAL:	Based on the medicine price list	15 Minutes	



19. X-Ray Services

This service is a diagnostic procedure that involves quick, painless test that produces images of the structures inside the body.

Office or Division:	Radiology Unit			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patients Request (1 Original Copy)		ER / OPD / Ward		
2. Eligibility Form: Indigency, 4PS, NTP (1 Original Copy)		RHU/Hospital Social Welfare Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Physician Radiologic Request Form and receive order of payment	1. Issue order of payment to patient and advice to proceed to cashier for payment.	Refer to City Ordinance 2019-30	5 minutes	<i>Radiologic Technologist / Cashier</i> Radiology Unit / Business Office
2. Present official receipt to the radiology unit and undergo the procedure.	2.1 Perform procedure on patient.	None	7 minutes	<i>Radiologic Technologist</i> Radiology Unit
	2.1 Develop the exposed X-Ray films	None	5 minutes	<i>Radiologic Technologist</i> Radiology Unit
	2.2 Submit to the radiologist for issuance of official reading	None	2 days	<i>Radiologist</i> Radiology Unit
3. Pick-up results of your X-Ray	3. Releasing of results.	None	3 Minutes	<i>Radiologic Technologist</i> Radiology Unit
	TOTAL:	Refer to City Ordinance 2019-30	2 days upon release of the official reading	



20. Ultrasound Services

This service is diagnostic imaging test that uses sound waves to create a picture of organs, tissues, and other structures inside the body.

Office or Division:	Radiology Unit			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patients Request (1 Original Copy)		ER / OPD / Ward		
2. Eligibility Form: Indigency, 4PS, NTP(1 Original Copy)		RHU/DSWD		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Physician Radiologic Request Form and receive order of payment	1. Issue order of payment to patient and advice to proceed to cashier for payment.	Refer to City Ordinance 2019-30 Article III- City Hospital Service fee	5 minutes	<i>Radiologic Technologist / Cashier</i> Radiology Unit / Business Office
2. Present official receipt to the radiology unit and undergo the procedure.	2. Perform the procedure on the patient.	None	20 minutes or more depends on the physicians request form	<i>Radiologist</i> Radiology Unit
3. Pick-up the results of the ultrasound.	3. Releasing of results.	None	1 day	<i>Radiologic Technologist</i> Radiology Unit
	TOTAL:	Refer to City Ordinance 2019-30 Article III- City Hospital Service fee	1 Day and 25 Minutes upon release of the official reading (Excluding Agency Step 2)	

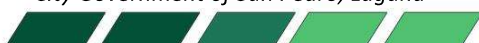
21. Issuance of Various Photocopied Health Records

This service involves the processing of issuance of various photocopied health records from the time the client presents the duly accomplished request form for a photocopied health records up to the releasing of health records like laboratory/diagnostic results, records of operations, medical abstract, discharge summary and issued certificates. This excludes initial releasing of health records and patient for transfer. In order for the client to avail the service, the following steps are to be followed:

Office or Division:	Medical Record Section (MRS)			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	a.) Spouse and next of kin of the deceased or their Authorized Representative/Patient b.) Next of kin/ Authorized Representative/Guardian c.) Courts and Administrative bodies exercising quasi-judicial and/or investigative function			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Primary requirements for principal (includes Parent of minor patient):				
1. Duly Accomplished Request Form (1 Original Copy)		MRS Window 1		
2. Valid ID (1 Photocopy)		Principal		
3. Charge Slip (1 Original Copy)		MRS Window 1		
4. Charge Slip with OR Number (1 Original Copy)		Cashier Window 1		
If representative:				
1. Valid ID (1 Photocopy)		Principal requester/Authorized Representative		
2. Authorization letter/Special Power of Attorney, Affidavit of guardianship (for minor with no next of kin) (1 Original Copy)		Principal requester		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents duly accomplished request form and undertake interviews	1. Received duly accomplished request form and interview clients	None	10 minutes	<i>Medical Records Officer / Staff</i> Medical Record Section
2. Receives charge slip and proceeds to cashier for payment, present	2. Issues charge slip and directs to cashier for payment of	None	2 minutes	<i>Medical Records Officer / Staff</i> Medical Record Section



charged slip and pay the corresponding amount.	charges 2.1 Retrieve patient's chart.	None	10 minutes	<i>Medical Records Officer / Staff</i> Medical Record Section
3. Return to Medical Record section and present the official receipt and received the photocopied health records.	3. Received the Official Receipt, photocopied the requested health records.	Php 20.00/copy	20 minutes	<i>Medical Records Officer / Staff</i> Medical Record Section
4. Signed in the released logbook.	4. Releases the photocopied health record/s	None	2 minutes	<i>Medical Records Officer / Staff</i> Medical Record Section
	TOTAL:	COR* = No. of Copies x Php 20.00/copy	44 Minutes	





22. Issuance of Unregistered Death Certificate

This service involves the processing of Issuance of Unregistered Death Certificate from the time the client presents duly accomplished request form until the time the client receives the Unregistered Death Certificate (for Inpatient & Emergency Room, except for Dead on Arrival). Further, this service is necessary for the registration of Death Certificate at the Local Civil Registry.

Office or Division:	Medical Record Section (MRS)			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Next of Kin of the deceased or their Authorized Representative			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Primary requirements for principal (includes Parent of minor patient):				
1. Duly Accomplished Request Form (1 Original Copy)	MRS Window			
2. Valid ID (1 Photocopy)	Principal Client			
3. Charge Slip (1 Original Copy)	MRS Window			
4. Charge Slip with OR Number (1 Original Copy)	Billing/Cashier			
5. Duly Signed Waiver Form (1 Original Copy)	MRS window			
6. Claim Stub (1 Original Copy)	MRS window			
Situational Requirements (additional requirements):				
1. Valid ID (1 Photocopy)	Principal Client and representative			
2. Authorization letter/Special Power of Attorney (1 Original Copy)	Requesting party			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present duly accomplished request form and undergo interview	1. Receive duly accomplished request form and interview client.	None	10 minutes	Medical Records Officer / Staff Medical Record Section
2. Receives charge slip and proceeds to cashier for payment, present charged slip and pay the corresponding amount	2. Issue charge slip and directs to cashier for payment	PHP 75.00	2 minutes	Cashier Business Office
	2.1. Retrieve patient's chart and validate the entries in the Death form and type in the Death Certificate	None	30 minutes	Medical Records Officer / Staff Medical Record Section



	to be signed by the Medical Officer.			
3. Return to Medical Record Section and present the official receipt, then validates entries and correctness on the Death Certificate.	3. Received the Official receipt and record in the order of payment logbook.	None	5 minutes	<i>Medical Records Officer / Staff</i> Medical Record Section
4. Sign in the releasing logbook and receive the unregistered Death Certificate and have the same registered with the City Civil Registrar's Office.	4. Instruct the client to sign the releasing logbook and release the unregistered Death Certificate.	None	10 minutes	<i>Medical Records Officer / Staff</i> Medical Record Section
	TOTAL:	PHP 75.00	57 Minutes	





23. Issuance of Various Medical Certificates

This service involves the processing of Issuance of Various Medical Certificates from the time the client presents duly accomplished request form until the time the clients receives the requested certificate. For detainees and WCPU cases no charges shall be applied. In order for the client to avail the service, the following steps are to be followed:

Office or Division:	Medical Record Section (MRS)			
Classification:	Simple			
Type of Transaction:	G2C– Government to Citizen; G2G – Government to Government			
Who may avail:	Patient, Next of kin/ Authorized Representative. Courts and Administrative bodies exercising quasi-judicial and/or investigative function			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Primary requirements for principal (includes Parent of minor patient):				
1. Duly Accomplished Request Form (1 Original Copy)	MRS Window 1			
2. Valid I.D. (1 Photocopy)	Patient			
3. Charge Slip (1 Original Copy)	MRS Window 1 HIMS			
Representative:				
1. Authorization Letter/Special Power of Attorney/Affidavit of Guardianship (for minor with no next of kin) (1 Original Copy)	Requesting Client			
2. Valid I.D. (1 Photocopy)	Requesting Client			
For Medico-Legal Certificates:				
1. Court Order/ Police Request indicating the name of the authorized claimant (1 Original Copy)	Clerk of Court, PNP, NBI and enforcement agencies			
For Gender Certificates:				
1. PSA Birth Certificate and other legal documents (1 Original, 1 Photocopy).	Philippine Statistics Authority, Client			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present duly accomplished request form together with the documentary requirements and undergo interview.	1. Receive duly accomplished request form together with the documentary requirements and interview client.	None	10 minutes	<i>Medical Records Officer / Staff</i> Medical Record Section
2. Receive charge slip and proceed to	2.1 Issue charge slip and directs to cashier for	None	20 minutes	<i>Medical Records Officer / Staff</i>



<p>cashier for payment, present the charge slip and pay the corresponding amount.</p>	<p>payment of charges</p> <p>2.2 Retrieves patient's record and prepare certificate and have it signed to ROD/Medical Officer.</p> <p>A. Confinement Certificate</p> <p>B. Medical Certificates</p> <p>C. Gender Certificates</p> <p>D. Medico-legal certificates</p> <p>E. Other certificates</p>	<p>None</p> <p>Php 150.00</p> <p>Php 150.00</p> <p>Php 150.00</p> <p>Php 350.00</p> <p>Php 250.00</p>	<p>25 minutes</p>	<p>Medical Record Section</p> <p><i>Medical Records Officer / Staff</i></p> <p>Medical Record Section</p>
<p>3. Present the Official receipt to Medical Record Section.</p>	<p>3. Receive the Official Receipt and record in the order of payment logbook.</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Medical Records Officer / Staff</i></p> <p>Medical Record Section</p>
<p>4. Sign in the releasing logbook and receive the certificate.</p>	<p>4. Instruct the Client to sign in the releasing logbook and release the certificate.</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Medical Records Officer / Staff</i></p> <p>Medical Record Section</p>
	<p>TOTAL:</p>	<p>Dependin g on the record availed</p>	<p>1 Hour and 15 Minutes</p>	



24. Processing of Unregistered Certificate of Live Birth

This service involves the processing of Unregistered Certificate of Live Birth from the time the client presents duly accomplished request form until the completion of certificate of live birth form or the issuance of unregistered certificate of live birth for personal submission. Further, this service is necessary for the registration of Certificate of Live Birth at the Local Civil Registry.

Office or Division:	Medical Record Section (MRS)			
Classification:	Simple			
Type of Transaction:	G2C– Government to Citizen			
Who may avail:	Parents, Next of Kin, Authorized Representative			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Primary requirements for principal:				
1. Duly Accomplished Request Form (1 Original Copy)	MRS Window 1			
2. Valid I.D. (1 Photocopy)	Requesting Client			
3. Charge Slip (1 Original Copy)	MRS Window 1			
For Married Patients:				
1. Marriage Certificate (1 Photocopy)	PSA			
For unmarried/minor patients:				
1. Certificate of Live Birth of mother (1 Photocopy)	PSA			
For minor with no parents:				
1. Affidavit of guardianship (1 Photocopy)	Lawyer			
For personal submission of Certificate of Live Birth to LCR(additional requirements:				
1. Waiver logbook	MRS			
2. Official Receipt (1 Original Copy)	MRS			
If by an Authorized Representative:				
1. Valid ID (1 Photocopy)	Requesting Client			
2. Authorization letter/Special Power of Attorney (1 Original Copy)	Requesting party			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out the request form (only parent allowed).	1. Provide the request form and instruct them how to fill it out.	None	10 minutes	<i>Medical Records Officer / Staff</i> Medical Record Section
2. Fill-out the draft form.	2. Assess and verified the Draft form fill out.	None	10 minutes	<i>Medical Records Officer / Staff</i> Medical Record



				Section
3. Receive charge slip and proceed to the cashier for Payment.	3. Issue charge slip to patient and prepare the Birth Certificate.	Php 75.00	20 minutes	<i>Medical Records Officer / Staff</i> Medical Record Section
	3.1 Receive the Official receipt and record in the order of payment logbook.	None	2 minutes	<i>Cashier</i> Business Office
4. Present the official receipt and check the correctness of entries in the typed Birth Certificate	4. Verify official receipt and typed Birth Certificate.	None	10 minutes	<i>Medical Records Officer / Staff</i> Medical Record Section
For hospital submission of Certificate of Live Birth to LCR - Married				
5. Return to Medical Record office for instruction/s.	5. For married, MRS will register the Certificate of Live Birth.	None	3 days	<i>Medical Records Officer / Staff</i> Medical Record Section
	5.2 Instruct client to comeback after 3 days to get their copy of registered live birth. And instruct them to bring the official receipt and ID.	None	5 minutes	<i>Medical Records Officer / Staff</i> Medical Record Section
For personal submission of Certificate of Live Birth to LCR-Not married				
5. Return to the Medical Records Section office to claim the copy of live birth.	5. Prepare the copy of Certificate of Live Birth for release.	None	5 minutes	<i>Medical Records Officer / Staff</i> Medical Record Section
6. Present the Official receipt and ID's for identification.	6. Verify the Official Receipt and I.D..	None	3 minutes	<i>Medical Records Officer / Staff</i> Medical Record Section
7. Sign in the releasing logbook and receive the	7. Release the unregistered Certificate of	None	3 minutes	<i>Medical Records Officer / Staff</i>



Certificate of Live Birth.	Live Birth and instruct the client to sign in the releasing logbook			Medical Record Section
	TOTAL:	Php 75.00	For hospital submission of Certificate of Live Birth to LCR – 3 Days and 57 Minutes For personal submission of Certificate of Live Birth to LCR (parents) – 1 Hour and 3 Minutes	

