



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. (1) Original - Individual Treatment Record (ITR)		OPD		
2. (1) Original - OPD Card number		OPD		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient registration and interview *If patient needs emergency treatment and management	1.1 New patient – fill-up and encode New ITR and give OPD-Card number	None	3 minutes	<i>Nurse, Midwife, Nursing Attendant, Encoder</i> Out Patient Department
	1.2 Old patient – Present OPD-Card number and retrieved ITR	None	2 minutes	<i>Nurse / Midwife / Nursing Attendant</i> Out Patient Department
	1.3 Refer and endorse to the emergency room	None	5 minutes	<i>Nurse / Midwife / Nursing Attendant</i> Out Patient Department
	1.4 Interview the patient and records vital signs	None	5 minutes	<i>Nurse / Midwife / Nursing Attendant</i> Out Patient Department
2. Proceed to Physician for consultation or request for medical certificate	2.1 Assess, treats, and manage patient, schedule patient for follow up and/or procedures and Issue referral slip (if applicable).	Medical Certificate – P180.00 (Non-San Pedro Resident) – P140.00 (San Pedro Resident)	10 minutes	<i>Physician</i> Out Patient Department



	2.2 Provide health education.	None	3 minutes	<i>Nurse / Midwife / Nursing Attendant</i> Out Patient Department
	TOTAL:	Medical Certificate PHP 180.00 (Non-San Pedro Resident) PHP 140.00 (San Pedro Residents) Refer to City Ordinance 2023-38 - City Hospital Service fee		23 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:	Government to Citizen			
Who may avail:	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. (1) original copy - Specialty Clinic Consultation Record (SCCR)		Specialty Clinic		
2. (1) original copy - Specialty Clinic Card (with year and file number)		Specialty Clinic		
3. (1) Original copy - Accomplished Specialty Clinic Patient Screening Form.		Triage Area (Ground Floor)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patients/Clients Registration	1.1 Write the patient's name and contact number on the provided Specialty Clinic Patients Listing Form.	None	1 minute	<i>Civil Security Personnel</i> Security unit
	1.2 Secure accomplished health declaration checklist from the Civil Security Staff on Duty.	None	2 minutes	<i>Nurse/ Midwife/Nursing Attendant</i> Specialty Clinic
2. Present Specialty Clinic Card together with accomplished Specialty Clinic Patient Screening Form.	2.1 Collect the accomplished health declaration checklist from the patients screened from Triage Area.	None	1 minute	<i>Nurse/ Midwife/Nursing Attendant</i> Specialty Clinic
	2.2 New Patient – Filled up New SCCR and Card.	None	3 minutes	<i>Nurse/ Midwife/Nursing Attendant</i> Specialty Clinic
	2.3 Old Patient – Secure Specialty Clinic Card and retrieved from the files.	None	2 minutes	<i>Nurse/ Midwife/Nursing Attendant</i> Specialty Clinic
	2.3. Interview the client,	None	4 minutes	<i>Nurse/ Midwife/Nursing Attendant</i> Specialty Clinic



	take and record the patient's vital signs.			<i>Attendant Specialty Clinic</i>
3. Proceed to assigned physician for consultation or request of medical certificate. Complete discharge process	3.1 Assess, treats, and manage patient/ Schedule patient for follow up and/or procedures and Issue referral slip (if applicable).	Medical Certificate – P180.00 (Non-San Pedro Resident) – P140.00 (San Pedro Resident)	8 minutes	<i>Medical Specialist Specialty Clinic</i>
	3.2. Provide health education.	None	2 minutes	<i>Nurse/ Midwife/Nursing Attendant Specialty Clinic</i>
	Total:	Medical Certificate PHP 180.00 (Non-San Pedro Resident) PHP 140.00 (San Pedro Residents) Refer to City Ordinance 2023-38 - City Hospital Service fee		23 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. (1) original - Individual Treatment Record (ITR)		Emergency Room		
2. (1) original - ER-Card number		Emergency Room		
3. (1) original - Medico-legal form		Emergency Room		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out Health Declaration Checklist	1.1 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	2.1 Receive and Categorize patients (Emergency, Urgent and Non-Urgent).	Medical Certificate – P180.00 (Non-San Pedro Resident) – P140.00 (San Pedro Resident)	3 minutes	<i>Nurse / Midwife / Nursing Attendant Emergency Room</i>
	2.2 Interview and record vital signs	Medico-Legal Certificate – P420.00 (non-San Pedro Resident P330.00 (San Pedro Residents)	4 minutes	<i>Nurse / Midwife / Nursing Attendant Emergency Room</i>
	2.3 Referral to physician		2 minutes	<i>Nurse / Midwife / Nursing Attendant Emergency Room</i>



3. Proceed to the Physician for Consultation and Management	3.1 Provide immediate emergency management	None	10 minutes	Physician Emergency Room
	3.2 Advise the patient's watcher/ representative on the ITR: <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 If for Medico-legal, record the data to Medico legal form and refer to physician 	None	10 minutes	Physician / Nurse / Midwife / Nursing Attendant / Orderly Emergency Room
Patients for Referral/ Transfer to Hospital of Choice (THOC)				
1. Patient significant other signs consent for THOC	1.3 Explains the process of proper coordination and endorsement of patient's case to the receiving facility.	None	2 minutes	Physician / Nurse Emergency Room
	1.4 Gives instructions for the settlement of charges and issuance of official receipts.	Dependin g on SOA/char ge slips and based on City Ordinance No. 2023- 38	3 minutes	Nurse / Cashier Emergency Room / Business office
	1.5 Stabilize patient and coordinates to the receiving health facility.	None	Depends on availability and vacancy of receiving facility	Nurse / Physician Emergency Room
	1.6 Arranges and conducts patient transport.	None	10 minutes	Nurse / Midwife Ambulance Driver Emergency



				Room
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)	1.1 Informs resident physician on duty/ Medical specialist regarding DAMA of patient. 1.2 Secures waiver written by patient or significant other. Explains the risks and consequence of DAMA.	None None	2 minutes 3 minutes	<i>Nurse/Midwife/ Resident Physician/ Medical Specialist.</i> Emergency Room <i>Nurse</i> Emergency Room
2. Proceed to billing section then to cashier for issuance of official receipts for payment of charges.	2.1 Gives instructions for the settlement of charges and issuance of official receipts.	Dependin g on SOA/char ge slips and based on City Ordinance No. 2023-38	5 minutes	<i>Nurse / Cashier</i> Emergency Room / Business office
3. Presents official receipts / proof of replaced medical supplies or medicines and receives final discharge instructions.	3. Checks 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:	Refer to City Ordinance 2023-38 Article III- City Hospital Service fee Medical Certificate - P180.00 (Non-San Pedro Resident) - P140.00 (San Pedro Resident) Medico-Legal Certificate - P420(non-(San Pedro Residents) - P330.00-(San Pedro Residents)		Patients Manage and Discharge 30 minutes or more depends on the case of the patient Patients for Referral/THOC 45 minutes or more depends on availability and vacancy of receiving facility DAMA 45 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			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. (1) original copy - Patients Chart		Emergency Room		
2. (1) original copy - ER/OPD Record		ER/OPD		
3. (1) original copy - Eligibility Form (for Philhealth Member)		Benefits Section		
4. (1) original copy – Valid ID		BIR, Post Office, DFA, PSA, SSS, GSIS, PAG-IBIG, LTO, COMELEC		
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	8 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 and explain the Hospital Policies and give room/bed assignment for the patient	None	5 Minutes	<i>Admitting Staff</i> Admitting Section
	2.2 Filled-up the data sheet, chart and other documents for admission and counter check it to the iHOMIS system. Put-up patient's bracelet for proper identification.	None	5 Minutes	<i>Admitting Staff</i> Admitting Section
3. The patient returned to the ER for admission proper.	3. Admitting staff on duty will 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 the assigned ward and endorse the chart to the Nurse on duty.	None	5 Minutes	<i>Nurse</i> Emergency Room
	TOTAL :	None	25 minutes	



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 Submits the			



	<p>patient's chart and clearance to billing section for issuance of Statement of Account.</p> <p>1.3 Statement of Account will be given to patient's representative and advice to proceed to cashier.</p>	<p>None</p> <p>None</p>	<p>8 minutes</p> <p>10 minutes</p>	<p><i>Nurse/Midwife</i> <i>(OB/Medical-Surgical Ward)</i> OB-Surgical Ward</p> <p><i>Nurse/Midwife</i> <i>(OB/Medical-Surgical Ward)</i> OB-Surgical Ward</p>
<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.</p>	<p>2.1 Instruct the patient and/or representation to wait for the Philhealth approval.</p> <p>2.2 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.</p> <p>2.3 Instruct patient's relative to proceed for payment once with SOA.</p>	<p>None</p> <p>None</p> <p>Depending on SOA/charge slips and base on City Ordinance No. 2023-38</p>	<p>5 minutes</p> <p>5 minutes</p> <p>10 minutes</p>	<p><i>Nurse/Midwife</i> <i>(OB/Medical-Surgical Ward)</i> OB-Surgical Ward</p> <p><i>Nurse/Midwife</i> <i>(OB/Medical-Surgical Ward)</i> OB-Surgical Ward</p> <p><i>Billing Clerk,</i> <i>Nurse/Midwife</i> OB-Surgical Ward</p>



3. Receive discharge summary, laboratory results, prescription for take home medications and present discharge slip at admitting section or CSU staff	3. Instruct the patient and/or representation on discharge plans including health teaching, follow up schedule and take home medication/s	None	5 minutes	<i>Nurse/Midwife</i> OB-Surgical Ward
	3.1 Issue fully accomplished discharge summary and prescription for take home medication/s.	None	10 minutes	<i>Nurse/Midwife</i> OB-Surgical Ward
	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</i> Admitting section / Security unit
Patients for Referral/ Transfer to Hospital of Choice (THOC)				
1. Patient or significant other signs consent for THOC	1. Secures accomplish THOC form	None	15 minutes	<i>Resident Physician/ Medical Specialist</i> OB-Surgical Ward
	1.1 Explain reasons and needs for transfer to higher facility	None	5 minutes	<i>Nurse/Midwife</i> OB-Surgical Ward
	1.2 Explains the process of proper coordination and endorsement of patient's case to the receiving facility.	None	3 minutes	<i>Nurse/Midwife</i> OB-Surgical Ward
	1.3 Gives instructions for the settlement of charges and issuance	Dependi ng on SOA/ch arge	2 minutes	<i>Resident Physician/Nurse/ Midwife</i>



	of official receipts.	slips and base on City Ordinance No. 2023-38		OB-Surgical Ward
	1.4 Stabilize patient and coordinates to the receiving health facility.	None	It depends on availability and vacancy of the receiving facility	<i>Nurse/Midwife</i> OB-Surgical Ward
	1.5 Arranges and conducts patient transport.	None	15 minutes	<i>Nurse/Midwife/Ambulance Driver</i> OB-Surgical Ward
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. Informs resident physician on duty/ Medical specialist regarding DAMA of patient. 1.1 Secures waiver written by patient or significant other. Explains the risks and consequence of DAMA.	None	15 minutes	<i>Nurse/Midwife/Resident Physician/Medical Specialist.</i> OB-Surgical Ward
		None	5 minutes	<i>Nurse/Midwife</i> OB-Surgical Ward
2. Proceed to billing section then to cashier for issuance of official receipts for payment of charges.	2. Prepares charge slips forward services/ supplies used. 2.1 Gives instructions for settlement of charges and directs client to go to the billing section.	None	5 minutes	<i>Nurse/Midwife</i> OB-Surgical Ward
		None	26 minutes	<i>Nurse/Midwife</i> OB-Surgical Ward
3. Presents official receipts / proof of replaced medical supplies or medicines	3. Checks official receipts and/ or proof of replaced medical supplies and	Depending on SOA/charge	5 minutes	<i>Nurse/Midwife</i> OB-Surgical Ward



and receives final discharge instructions.	medicines used. 3.1 Gives discharge instructions	slips and base on City Ordinance No. 2023-38 None	4 minutes	<i>Nurse/Midwife</i> OB-Surgical Ward
	TOTAL	Dependi ng on SOA/ch arge slips and base on City Ordinan ce No. 2023-38	Patients to be Discharge 1 hour and 15 minutes DAMA 1 hour Patients for Referral/THOC 40 minutes *Note: THOC Depends on availability and vacancy of receiving facility	



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



	2.4 Hemodialysis treatment and vital signs monitoring.	None	1 hour	Hemodialysis unit <i>Nurse</i> Hemodialysis unit
3. Post-dialysis weighing of patient	3.1 Termination of dialysis.	None	15 minutes	<i>Nurse / Dialysis Technician</i> Hemodialysis unit
	3.2 Weigh patient, record discharge note, and sign off dialysis treatment sheet.	None	15 minutes	<i>Nurse / Dialysis Technician</i> Hemodialysis unit
	TOTAL:	Refer to City Ordinance 2023-38 Article III- City Hospital Service fee	4 hours and 45 minutes	



7. Laboratory Services for OUT PATIENTS

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.

ROUTINE TESTS INCLUDE:

- Complete Blood Count w/wo Platelet count
- Urinalysis
- Fecalysis/stool exam
- Blood Typing

ROUTINE BLOOD CHEMISTRY:

- Glucose Test (FBS/RBS)
- BUN
- Creatinine
- Blood Uric Acid (BUA)
- Lipid Profile
- SGPT
- SGOT
- Electrolytes (Sodium, Potassium, Chloride)

SPECIAL TESTS INCLUDE:

- HIV TESTING
- COAGULATION TEST
- SEROLOGY/IMMUNOLOGY TEST (HBs Ag, Syphilis, Anti-HCV, Anti-HAV IgG, IgM, SARS COV-2 Antigen test)
- Gram Staining
- KOH

*Specimen to be transported to other Laboratories:

- NEW BORN SCREENING (Specimen Collection)
- COVID-19 RTPCR Swab Collection

Office or Division:	SAN PEDRO JOSE L. AMANTE EMERGENCY HOSPITAL-LABORATORY DEPARTMENT	
Classification:	SIMPLE	
Type of Transaction:	G2C and G2G	
Who may avail:	OUT PATIENTS	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
For conduct of Procedure		
1. (1) original copy-Laboratory request form		- OPD Physician and requesting agency or department
2. (1) original copy -Order of Payment		- Laboratory
3. (1) original copy- Official Receipt or signed request by the DWD official or authorized personnel		- Cashier/DSWD
For releasing of result:		

653 | Page



authorization letter *If patient will asked for medical assistance	patient to proceed to DSWD for categorization of indigence and signing of officer.			Technologist Laboratory Department
2. After payment or approved assistance of indigence present the Official Receipt or original request signed by DSWD Officer or Authorized personnel. *Patient will collect urine or stool specimen and submit it to the reception window and wait their Name to be called for blood extraction and other body fluid specimen collection.	2. Provide specimen container for urinalysis, fecalysis and other body fluids. 2.1 Checked the specimen volume and proper label, 2.2 Blood extraction and other body fluid specimen collection.	None None None	7 minutes 5 minutes 5 minutes	Medical Technologist Laboratory Department Medical Technologist Laboratory Department Medical Technologist Laboratory Department
3. Wait for the released of results. *Presents claim stub or Official receipt and signs releasing log book upon claiming the laboratory results	3. Process and analyzes specimen according to the procedure requested. 3.2 Checking and Verifying of results for final interpretation and releasing.	None None	Routine and Special Test : 1 hour upon receiving of samples. *SARS COV-2 ANTIGEN TEST: 20 minutes after collection of sample Routine Chemistry: 6 hours and 30 mins. upon blood extraction. 5 minutes	Medical Technologist Pathologist Laboratory Department Medical Technologist Laboratory Department



	3.3 Provide Releasing log book for claimant signature	None	2 minutes	Medical Technologist Laboratory Department
TOTAL		Refer to order of payment and City Ordinance 2023-38 *patient with medical assistance depends on the availability of test requested	Routine and Special test : 1 hour and 55 minutes *SARSCOV-2 ANTIGEN TEST: 30 minutes Routine Blood Test: 7 hours and 30 minutes *Specimen to be transported to other laboratories: Depends on the Turn- around time of referring lab. 2. COVID-19 RTPCR Test: 1 – 2 days	
LABORATORY TEST		PRICE LIST		
Clinical Microscopy		Non-San Pedro Residents	San Pedro Residents	
Urinalysis		Php 60.00	Php 50.00	
Fecalysis		Php 60.00	Php 50.00	
Pregnancy Test		Php 240.00	Php 190.00	
Semen Analysis		Php 120.00	Php 95.00	
Scotch Tape Swab		Php 240.00	Php 190.00	
Hematology		Non-San Pedro Residents	San Pedro Residents	
CBC		Php 120.00	Php 95.00	
Platelet Count		Php 70.00	Php 55.00	
Hgb/ Hct		Php 95.00	Php 75.00	
Differential Count		Php 95.00	Php 75.00	
Clotting Time		Php 95.00	Php 75.00	
Bleeding Time		Php 95.00	Php 75.00	
ESR		Php 300.00	Php 240.00	
Toxic Granules		Php 120.00	Php 95.00	



Coagulation Test	Non-San Pedro Residents	San Pedro Residents
Prothrombin Time	Php 720.00	Php 570.00
APTT	Php 990.00	Php 785.00
CLINICAL CHEMISTRY	Non-San Pedro Residents	San Pedro Residents
FBS/GLUCOSE	Php 145.00	Php 115.00
BUN	Php 145.00	Php 115.00
CREATININE	Php 145.00	Php 115.00
URIC ACID	Php 145.00	Php 115.00
CHOLESTEROL	Php 180.00	Php 145.00
TRIGLYCERIDE	Php 300.00	Php 240.00
HDL	Php 240.00	Php 190.00
LDL/VLDL	Php 240.00	Php 190.00
SGPT/ALT	Php 240.00	Php 190.00
SGOT/AST	Php 240.00	Php 190.00
OGCT	Php 280.00	Php 230.00
OGTT	Php 670.00	Php 530.00
SODIUM (Na)	Php 240.00	Php 190.00
POTASSIUM (K)	Php 240.00	Php 190.00
CHLORIDE (CL)	Php 240.00	Php 190.00
HGT/CBG/RBS	Php 145.00	Php 115.00
PACKAGE FOR CLINICAL CHEMISTRY EXAMINATION	Non-San Pedro Residents	San Pedro Residents
Electrolytes (Na, K, Cl)	Php 600.00	Php 475.00
Lipid Profile	Php 790.00	Php 620.00
CHEM 5 (FBS, BUNA, CREA, URIC, CHOLE)	Php 600.00	Php 475.00
CHEM 6 (CHEM 5+ TRIGLY)	Php 840.00	Php 665.00
CHEM 8 (CHEM 6 + HDL,LDL/VLDL)	Php 1,270.00	Php 1,010.00
CHEM 10 (CHEM 8 + SGPT + SGOT)	Php 1,700.00	Php 1,350.00
CHEM 12 (CHEM 10+ Na + K)	Php 2,060.00	Php 1,635.00



SEROLOGY (Screening Test)	Non-San Pedro Residents	San Pedro Residents
HBs Ag	Php 240.00	Php 190.00
Anti-HCV	Php 720.00	Php 570.00
Anti-HAV IgG	Php 900.00	Php 715.00
Anti-HAV IgM	Php 900.00	Php 715.00
Syphilis ICT/RPR	Php 240.00	Php 190.00
Dengue NS1 Ag	Php 840.00	Php 665.00
Dengue Blot	Php 960.00	Php 760.00
Dengue Duo	Php 1,680.00	Php 1330.00
Typhi Dot	Php 840.00	Php 665.00
HIV Test	Php 600.00	Php 475.00
SARS COV-2 Antigen Test	Php 660.00	Php 660.00
Flourescence Immuno Assay TEST (FIA)	Non-San Pedro Residents	San Pedro Residents
HBA1C	Php 660.00	Php 525.00
Troponin I	Php 1,140.00	Php 905.00
CK-MB	Php 1,140.00	Php 905.00
PSA	Php 1,170.00	Php 930.00
TSH	Php 840.00	Php 665.00
CHEMILUMINESCENCE MICROPARTICLE ASSAY (CMIA/CLIA)	Non-San Pedro Residents	San Pedro Residents
SACRS-COV2 IgG	Php 1 760.00	
SACRS-COV2 IgM	Php 1 760.00	
PACKAGE: SARSCOVE2-DUO	Php 2000.00	
New Born Screening Test	Non-San Pedro Residents	San Pedro Residents
Expanded New Born Screening	Php 2,160.00	Php 1,800.00
New Born Hearing Test	Php 420.00	Php 335.00
BLOOD STATION	Non-San Pedro Residents	San Pedro Residents
Blood Typing (ABO)	Php 120.00	Php 95.00
Blood Typing (RH)	Php 120.00	Php 95.00
Cross Matching	Php 420.00	Php 335.00



Blood Units: All Blood Types	Non-San Pedro Residents	San Pedro Residents
Whole Blood	Php 2,160.00	Php 1,710.00
Pack RBC	Php 1,800.00	Php 1,425.00
Platelet Concentrate	Php 1,200.00	Php 950.00
Fresh Frozen Plasma (FFP)	Php 1,200.00	Php 950.00



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:	G2G			
Who may avail:	Nurse on duty or Nurse attendant for the request of ER and IN PATIENTS			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. (1) Original copy- completely filled up laboratory request form		Ward		
2. (1) Original copy of completely filled up Case Investigation Form (CIF)		Emergency Room		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Input the Physicians order of iHOMIS the requested laboratory test.	1. Verify and check if the patient is registered to the iHOMIS	None	2 minutes	Medical Technologist Laboratory Department
1.2 Present 1 original completely filled up Laboratory request form.	1.1 Review the laboratory test requested and check if it was entered in the Physician's order of iHOMIS.	None	2 minutes	Medical Technologist Laboratory Department
*Request for SARS COV-2 ANTIGEN test and RTPCR specimen collection must submit 1 original copy of completely filled up CIF.				
2. Acknowledge the blood extraction or specimen collection of the patient.	2. Inform the Nurse on duty about the collection of the patient, then proceed blood extraction or specimen	Refer to City Ordinance Service fee 2023-38 Article III- City Hospital	15 minutes	Medical Technologist Laboratory Department



	2.1 After the specimen collection, input charges of laboratory test in the iHOMIS.	None	3 minutes	Medical Technologist Laboratory Department
3.Wait for the test result to be forwarded by laboratory personnel and received laboratory report	3. Process and analyzes specimen according to the procedure requested.	None	Routine exam: Within 30 minutes upon receiving of samples.	Medical Technologist Laboratory Department
	3.1 Checking and Verifying of results for final interpretation and releasing.	None	Chemistry and special examination: 1 hour and 45 minutes upon blood extraction.	Medical Technologist Pathologist Laboratory Department
	3.2 Provide Releasing log book for Nurse on duty's signature.	None	5 minutes	Medical Technologist Laboratory Department
TOTAL		Refer to City Ordinance 2023-38 Article III- City Hospital Service fee	FOR WARD AND EMERGENCY ROOM (ER) Routine Test and SARS COV-2 ANTIGEN TEST: 30 minutes Blood Chem. and Special Test: 2 hours and 15 minutes *Specimen to be transported to other laboratories: Depends on the Turn- around time of the referring lab. COVID-19 RTPCR Test: 1 – 2 days	



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			
Who may avail:	All patients needing elective major surgical procedure.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. (1) original copy - Written physician's order		Attending Surgeon		
2. (1) original copy - Procedure Consent		Attending Surgeon / Patient Chart		
3. (1) original copy - Anesthesia Consent		Attending Anesthesiologist / Patient Chart		
4. (1) original copy - Medical Clearance (Cardio-Pulmonary, and Pediatric) if applicable		Attending Physician of relevant medical field (OPD, Clinical Ward)		
5. (1) original copy or photocopy - Completed updated laboratory and diagnostic work up		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/stretchers. Citizen specific: For patients under legal age/minor, a presence of a parent/immediate kin of legal age is mandatory	1. Receives and confirms correct identity of patient, contraptions and completeness of OR materials/requirements needed. follow perioperative checklist; Consent Form	None	2 minutes	OR-Nurse/ OR Receiving Area Operating Room /Delivery Room
	1.1 Prepare the operating Room for Surgery/Hook patient to the anesthesia monitoring machines	None	5 minutes	OR-Nurse Operating Room /Delivery Room
	1.2 Induction of Anesthesia/Perform Surgical Procedure	None	1 hour and 20 minutes	Anesthesiologist/ Surgeon Operating Room /Delivery Room



	1.3 Transfer patient safely to Post Anesthesia Care Unit (PACU) via stretcher for monitoring	None	2 hours or more	OR-Nurse 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.2023-38	1 minute	OR-Nurse/ OR Nurse's Station Operating Room /Delivery Room
	2.1 Transfer patient safely and endorsed to Surgical Ward via stretcher	None	17 minutes	OR-Nurse/Orderly Operating Room /Delivery Room
TOTAL	Refer to City Ordinance 2023-38 Article III- City Hospital Service fee		4 hours and 45 minutes	



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. (1) original copy - Written physician's order with Schedule		Attending Surgeon/Operating Room		
2. (1) original copy - Procedure Consent		Attending Surgeon/Operating Room		
3. (1) original copy - Cardio-Pulmonary Clearance		Attending Physician of the relevant medical field (OPD, Clinical Ward)		
4. (1) original copy or photocopy - Completed laboratory and diagnostic workup		Hospital/Accredited Laboratory/Diagnostic Facility		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive patient at OR complex	1. Receives and checks the identity of the 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 verifies 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 necessary forms/Consent Form	None	5 minutes	OR- Nurse Operating Room /Delivery Room
	2.2 Prepare chart and needs for procedure	None	10 minutes	OR-Nurse Operating Room /Delivery Room
	2.3 Provide pre-operative	None	5 minutes	OR Operating Room



.	checklist /Take the vital signs (VS)			/Delivery Room
	2.4 Perform Surgery	None	1 hour or more	OR-Nurse/ Surgeon Operating Room /Delivery Room
3. Direct patient to go to Philhealth Office and wait for statement of account	3.1 Facilitate accomplishment of all necessary forms. Check the completeness of Surgeon signature at PhilHealth Form (CF4,CSF,CF2)	None	3 minutes	OR-Nurse Operating Room /Delivery Room
	3.2 Issuance of Charge Slip	Refer to City Ordinance No. 2023-38	3 minutes	OR Nurse Operating Room /Delivery Room
	3.3 Instruct patients to Coordinate with PhilHealth Office and settle the bill	None	30 minutes – 1 hour	OR- Nurse/Philhealth Office/Billing & Cashier Operating Room /Delivery Room, Philhealth benefit section, Business office
4. Complete discharge process.	4.1. Provides post -operative instructions, Home meds prescribed	None	5 minutes	OR Nurse, Surgeon Operating Room /Delivery Room
	4.2 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	None	3 minutes	OR Nurse / Medical Technologist Operating Room /Delivery Room / Laboratory



	request to laboratory.			
	Total	Refer to City Ordinance 2023-38 Article III- City Hospital Service fee		2 hours and 15 minutes



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. (1) original copy - Certificate of Barangay Indigency		Barangay		
2. (1) original copy or (1) Certified True Copy - Voters Certification		COMELEC		
3. (1) photocopy - Valid ID		BIR, Post Office, DFA, PSA, SSS, GSIS, PAG-IBIG, LTO, COMELEC		
4. (1) photocopy - Birth Certificate		Patient (if minor)		
5. (1) original or Certified True Copy - Medical Certificate / Medical Abstract		Physician / Medical Records Office		
6. (1) photocopy - Marriage Certificate		Patient		
7. (1) original copy - Certificate of Co-Habitation		Patient / Relative (if not married)		
8. (1) original copy - Letter addressed to Mayor		Patient / Relative		
9. (1) original copy - Statement of Account		Business Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Hospital Medical Social Service Unit (Hospital Building - Third floor)	1. Evaluate and interview the patient /relative.	None	10 Minutes	<i>Social Worker</i>
	1.1 Instruct the patient/relative to produce necessary documents for Financial/Medical Assistance.	None	5 Minutes	<i>Social Worker</i>
	1.2 Prepare Social Case Study Report for Financial / Medical Assistance	None	15 Minutes	<i>Social Worker</i>
	TOTAL:	None	30 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			
Who may avail:	In-Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. (1) original copy - Certificate of Barangay Indigency		Barangay		
2. (1) photocopy - Valid ID		BIR, Post Office, DFA, PSA, SSS, GSIS, PAG-IBIG, LTO, COMELEC		
3. (1) photocopy - Birth Certificate		Patient (if minor)		
4. (1) original copy - PMRF		Benefit Section		
5. (1) original copy - Self-Assessment Tool		MSS Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Admitted patient relative or representative without Philhealth membership will proceed to the Hospital Medical Social Service Unit (Hospital Building - Third floor)	1. Assess and interview indigent patient.	None	8 Minutes	<i>Social Worker</i>
	1.1 The patient / relative will need to submit the necessary documents.	None	5 Minutes	<i>Social Worker</i>
	1.2 Upon assessment if financially incapable, enroll indigent patient to point of service	None	7 Minutes	<i>Social Worker</i>
	Total :	None	20 minutes	



13. Ambulance Transfer (Free Transport of patient to higher level facility)

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. (1) original copy - ER Record		Emergency Room		
2. (1) original copy - Referral Slip		Emergency Room		
3. (1) original copy - Trip Ticket		Admission Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patients seek consultation in the Emergency Room / Out Patient Department	1. Physician checked the condition of the patient & explains the need to be transferred to a higher level facility.	None	7 minutes	<i>Physician / Nurse Emergency Room or Medical-Surgical Ward</i>
	1.1 The Nurse on duty will prepare the Referral Slip signed by the resident physician	None	3 minutes	<i>Nurse Emergency Room or Medical-Surgical Ward</i>
2. Patients/ Relative choose the hospital of choice.	2. Admission staff on duty will call the hospital of choice for proper endorsement and coordination	None	15 Minutes	<i>Admission Staff Admitting Section</i>
	2.1 In case that there is no available hospital, call another facility until found a vacancy	None	10 Minutes	<i>Admission Staff Admitting Section</i>



3. The patient significant others prepare for transfer	3. Check the availability of the ambulance; prepare the Trip Ticket indicating the Name, Address, Contact Number of the patient/relative and Destination.	None	3 Minutes	<i>Admitting Staff / Ambulance Driver</i> Admitting Section
	3.1 Call the ambulance driver and give proper instructions.	None	2 Minutes	<i>Admitting Staff / Nurse</i> Emergency Room or Medical-Surgical Ward, Admitting Section
	TOTAL:	None	40 Minutes	



14. 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. (1) original copy - Patient Chart		Nurse Station		
2. (1) original copy – Charges slip/Order Of Payment		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	3 minutes	<i>Nurse / Billing staff Emergency Room / Business Office</i>
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 For out-patients: Get an order of payment from X-Ray, Laboratory and ECG and present it to the Cashier	2. Issue official receipt and discharge slip/clearance (admitted patients)	Refer to City Ordinance 2023-38 Article III- City Hospital Service fee	5 minutes	<i>Cashier Business Office</i>
	TOTAL:	Refer to City Ordinance 2023-38 Article III- City Hospital Service fee	8 minutes	



15. 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. (1) original copy - Patient Chart		Nurse Station		
2. (1) original copy - Order of Payment/Charges		Nurse Station		
3. (1) original copy – Statement of Account (SOA)		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	25 minutes	<i>Nurse / Midwife, Nursing Attendant / Billing Clerk</i> Emergency Room / Business Office
	1.1 Return the Patient Chart with the Statement of Account to the 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 charged to patient's PhilHealth	Refer to City Ordinance 2023-38 Article III- City Hospital Service fee	5 minutes	<i>Nurse</i> Medical-Surgical Ward
	TOTAL:	Refer to City Ordinance 2023-38 Article III- City Hospital Service fee	30 minutes	



16. 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. (1) original and (1) photocopy - Valid ID		Philhealth member		
2. (1) original copy - Philhealth membership registration form (PMRF)		Philhealth section		
3. (1) original copy - Authorization letter		Philhealth section		
4. (1) photo copy - Birth certificate of dependent		Records section/Philhealth member		
5. (1) original copy - claim signature form		Philhealth section/patient's chart		
6. (1) original copy - claim form 2		Philhealth section/patient's chart		
7. (1) original copy - Receipt of Payment		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/E-claims	None	4 minutes	<i>Philhealth Claims Processor</i> Philhealth Benefit Section
	1.1 Informs client's PHIC eligibility status. *If need to update member's data or dependent:	None	1 minute	<i>Philhealth Claims Processor</i> Philhealth Benefit Section
	1.2 Instruct client to have the member fill-out forms and submit documents needed for updating dependent or data (PMRF, authorization letter, valid ID, birth certificate of dependent)	None	3 minutes	<i>Philhealth Claims Processor</i> Philhealth Benefit Section
2. Member or Immediate family member submits documents for updating member's data/dependent	2. Checks the documents submitted and instructs client to follow-up for Philhealth's feedback	None	4 minutes	<i>Philhealth Claims Processor</i> Philhealth Benefit Section



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</i> Philhealth Benefit Section
	3.1 Checks the submitted claim forms and issues clearance and discharge slip to client.	None	5 minutes	<i>Philhealth Claims Processor</i> Philhealth Benefit Section
	Total:	In excess of PhilHealth case rate indicated at the SOA Refer to City Ordinance 2023-38 Article III- City Hospital Service fee	20 minutes	



17. 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. (1) Medication Prescription		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</i> Pharmacy
	1.1 Check the availability of the medicine	None	2 minute	<i>Pharmacist</i> Pharmacy
	1.2 Encode available medicines in the hospital operation and management information system and issue charge slip	Based on the medicine price list	5 minutes	<i>Pharmacist</i> Pharmacy
2. Receiving of medication	2. Dispense ordered medicines	None	2 minutes	<i>Pharmacist</i> Pharmacy
	2.1 Counsel the patient about their medication as needed	None	2 minutes	<i>Pharmacist</i> Pharmacy
	Total:	Based on the medicine price list	13 minutes	



18. 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:	Government to Citizen			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. (1) original copy - Patients Request		ER / OPD / Ward		
3. (1) original copy - Eligibility Form: Indigency, 4PS, NTP		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 2023-38 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 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	1 day and 20 hours	<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 2023-38 Article III- City Hospital Service fee	1 day and 20 hours upon released of the official reading	



19. 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:	Government to Citizen			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. (1) original copy - Patients Request		ER / OPD / Ward		
3. (1) original copy - Eligibility Form: Indigency, 4PS, NTP		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 2024-02 Section 5. Service Fees and Charges	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	20 hours	<i>Radiologic Technologist</i> Radiology Unit
	Total:	Refer to City Ordinance 2024-02 Section 5, Service fees and Charges	20 hours upon released of the official reading	



Radiologic Test	Processing Time	Releasing Time	Fees per Plate/Procedure	
X-Ray				
			Non-San Pedro Resident	San Pedro Resident
Chest PA View	10 Minutes	1 – 2 days	240	190
Chest PAL View	10 Minutes	1 – 2 days	480	380
Upper / Lower Extremities	10 Minutes	1 – 2 days	240	190
Thoraco-Lumbar APL	10 Minutes	1-2 days	420	330
Lumbo-Sacral APL	10 Minutes	1-2 days	420	330
Cervical APL	10 Minutes	1-2 days	420	330
T-Cage	10 Minutes	1-2 day	240	190
Skull-APL	10 Minutes	1-2 days	420	330
Townes View	10 Minutes	1-2 days	240	190
Water View	10 Minutes	1-2 days	240	190
Temporo-Mandubular Joint	10 Minutes	1-2 days	480	380
Sub-Mento Vertical View	10 Minutes	1-2 days	240	190
Caldwells View	10 Minutes	1-2 days	240	190
STL	10 Minutes	1-2 days	420	330
All Spines	10 Minutes	1 – 2 days	240	190
Baby Gram APL	10 minutes	1-2 days	360	285
Spot Film	10 minutes	1-2 days	240	190
PNS (Paranasal Sinuses)	10 Minutes	1 – 2 days	660	520
Ultrasound				
			Non-San Pedro Resident	San Pedro Resident
BPS	10 Minutes	24 hours	720	570
Gall bladder	10 Minutes	24 hours	540	430
HBT	15 Minutes	24 hours	1320	1045
Kidney	10 Minutes	24 hours	540	430
KUB	10 Minutes	24 hours	780	620
KUB w/Prostate		24 hours	1,080	855
Liver	10 Minutes	24 hours	540	430
Pancreas	10 Minutes	24 hours	540	430
Pelvic	10 Minutes	24 hours	540	430
Prostate	10 Minutes	24 hours	540	430
TVS	10 Minutes	24 hours	720	570



Whole Abdomen	20 Minutes	24 hours	1,320	1,045
Breast	30 Minutes	24 hours	1,080	855
Transvaginal (TVS)	30 Minutes	24 hours	720	570
Pelvic	30 Minutes	24 hours	720	570
Gyne/Transabdominal				
(The 30% of cost/price shall be paid to the Ultrasonologist)				
	OB Ultrasound Procedures			
			Non-San Pedro Resident	San Pedro Resident
Transrectal			960	760
Fetal Biometry Singleton			720	570
Fetal Biometry Twin			1,560	1,235
BPS Biophysical Scoring Singleton			1,560	1,235
BPS Biophysical Scoring Twin			3,120	2,470
CAS Congenital Anomaly Scan Singleton			3,360	2,660
CAS Congenital Anomaly Scan Twin			4,560	3,610
Transvaginal with color Doppler			1,440	1,440
Transrectal with color Doppler			1,680	1,330
Cervical Funneling			2,640/2,880	2,090/2,280
Follicle Scanning			720	570
Placental Doppler			1,560	1,235
HSSG/SISH w/o materials			4,200	3,325
Doppler Velocimetry			1,560	1,235
(50% of cost/price is the professional fee of OB-GYN Sonologist)				
	OTHERS			
ECG/EKG			240	190
(Adult)2D Echocardiogram			3,600	3,000
(Pedia)2D Echocardiogram			4,200	3,500



CT SCAN (Plus 2,500 w/ Contrast)

Procedure	Non-San Pedro Resident			San Pedro Resident		
	Reg. Price	Reader's fee	Total	Reg Price	Reader's Fee	Total
Plain Abdomen	8,000	2,400	10,400	7,000	2,100	9,100
Cranial Plain	3,600	1,080	4,680	2,600	780	3,380
Cranial w/ B.W.	4,000	1,200	5,200	3,000	900	3,900
Cervical Spine Plain	4,200	1,260	5,460	3,200	960	4,160
Chest Plain	4,000	1,200	5,200	3,000	900	3,900
Chest Plain w/B.W.	4,300	1,290	5,590	3,300	900	4,200
Facial	4,200	1,260	5,460	3,200	960	4,160
Lumbar Spine	5,000	1,500	6,500	4,000	1,200	5,200
Nasopharynx	4,500	1,350	5,850	3,500	1,050	4,550
Stonogram	4,000	1,200	5,200	3,000	900	3,900
T-Spine	4,500	1,350	5,850	3,500	1,050	4,550
Upper Abdomen Plain	4,500	1,350	5,850	3,500	1,050	4,550
Lower abdomen Plain	4,500	1,350	5,850	3,500	1,050	4,550
Thoracic Plain	4,000	1,200	5,200	3,000	900	3,900
Lumbar Plain	4,200	1,260	5,460	3,200	960	4,160
Mandible Plain	5,200	1,560	6,760	4,200	1,260	5,460
Temporal Plain	5,200	1,560	6,760	4,200	1,260	5,460
Mastoid Plain	5,000	1,500	6,500	4,000	1,200	5,200
Urogram	5,000	1,500	6,500	4,000	1,200	5,200
Neck Plain	4,200	1,260	5,460	3,200	960	4,160
Mammogram	1,200	500	1,700	1,000	500	1,500



20. 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 <i>(includes Parent of minor patient):</i> <ol style="list-style-type: none"> 1 original copy – Duly Accomplished Request Form 1 photocopy - Any Valid ID 1 original copy – Charge Slip 1 original copy – Charge Slip with OR Number 		MRS Window 1 GSIS, SSS, PagIbig, LTO, DFA, COMELEC, PhilHealth, BIR, PHLPost, LGU/Barangay, School, Employer, UMID, DRIVERS LICENSE. MRS Window 1 Cashier Window 1		
Situational Requirements (additional requirements): <i>Authorized Representative:</i> <ol style="list-style-type: none"> 1 photocopy - Any Valid ID 1 original copy - Authorization letter/Special Power of Attorney, Affidavit of guardianship (for minor with no next of kin) 		GSIS, SSS, PagIbig, LTO, DFA, COMELEC, PhilHealth, BIR, PHLPost, LGU/Barangay, School, Employer Requesting party (patient/principal)		
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	None	10 minutes	Medical Records Officer / Staff Medical Record Section



	interview clients.			
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