



## **Gavino Alvarez Lying-In Center**

### **External Services**



## 1. Request for Medical Records: Birth Certificate

A process which covers the period of interviewing the mother to register for the birth certificate.

<b>Office or Division:</b>	Medical Record Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C -Government to Citizen			
<b>Who may avail:</b>	In-Patients and Out-Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Request form (1 Original Copy)		Record section		
2. Patient chart (1 Original Copy)		OB ward		
3. Authorization Letter (1 Original Copy)		Authorizing Party		
4. Valid I.D. (1 Original Copy)		Authorizing Party and Representative		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Secure Request for Application of Live Birth (Only parent allowed)	1. Provide the client the Application Request Form and instruct them how to fill it out.	None	15 Minutes	<i>Administrative Clerk</i> GALIC
<u><i>If claimed through a representative:</i></u> 2. Present authorization letter and ID	2. Check the authorization letter and valid id for verification purposes.	None	5 minutes	<i>Administrative Clerk</i> GALIC
3. Accomplish the form by providing the data Information as required and check the correctness of the Birth Certificate.	3. Checking and validate data fill-out.	None	5 Minutes	<i>Administrative Clerk</i> GALIC
	3.1 Prepare the Birth Certificate and forward to the Resident on Duty for Signature.	None	5 minutes	<i>Administrative Clerk</i> GALIC



4. Pay the amount at the Cashier and Present the Proof of payment (Issued Official Receipt), and claim birth certificate.	4. Issuance of the Official Receipt, Documents Claimant's Signature at the Birth Certificate Logbook and Issue Birth Certificate	Php 75.00	5 Minutes	<i>Administrative Clerk</i> GALIC
	<b>TOTAL:</b>	<b>Php 75.00</b>	<b>35 Minutes</b>	



## 2. Request for Medical Records: Death Certificate

The process to which covers the period of filling out a form until the releasing of a death certificate to the relative of the patient.

<b>Office or Division:</b>	Medical Record Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C-Government to Citizen			
<b>Who may avail:</b>	In-Patients and Out-Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Request form (1 Original Copy)		Record Section		
2. Patient chart ( 1 Original Copy)		OB Ward, Urgent Care		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Secure Request for Application of Death Certificate.	1. Provide the client the Application Request Form and instruct them how to fill it out.	None	8 minutes	<i>Administrative Clerk</i> GALIC
	1.1 Check the correctness of data provided.	None	5 minutes	<i>Administrative Clerk</i> GALIC
2. Accomplish the form by providing the data Information and check the correctness of the Death Certificate.	2. Checking and validate data fill-out	None	5 Minute	<i>Administrative Clerk</i> GALIC
	2.1 Prepare the Death Certificate and have it signed by the Medical Officer.	None	8 minutes	<i>Administrative Clerk</i> GALIC
	2.2 Issuance of Order of payment.	None	1 Minute	<i>Administrative Clerk</i> GALIC
3. Pay the amount at the Cashier and	3. Validate official receipt and	Php 75.00	5 minutes	<i>Administrative Clerk</i>



secure the official receipt as proof of payment.	release Death Certificate to the relative and have them sign in the logbook			GALIC
	<b>TOTAL:</b>	<b>Php 75.00</b>	<b>32 Minutes</b>	



### 3. Request for Medical Records: Confinement Certificate

A process covers the period from the receipt of the request up to the issuance of a medical record certificate.

<b>Office or Division:</b>	Medical Record Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C-Government to Citizen			
<b>Who may avail:</b>	In-Patients and Out-Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Request form (1 Original Copy)		Record section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill-up request slip	1. Retrieve and prepared patient's records.	None	10 Minutes	<i>Administrative Clerk</i> GALIC
2. Wait for confinement certificate	2. Prepare the confinement certificate.	None	5 Minutes	<i>Administrative Clerk</i> GALIC
	2.1 Issue order of payment.	None	3 Minutes	<i>Administrative Clerk</i> GALIC
3. Pay the amount at the Cashier and present the proof of payment (Issued Official Receipt.).	3. Release the Certificate	Php 150.00	5 Minutes	<i>Administrative Clerk</i> GALIC
	<b>TOTAL:</b>	<b>Php 150.00</b>	<b>23 Minutes</b>	



## 4. Admission of Patients

Admission process in the OB-Ward.

<b>Office or Division:</b>	Admitting Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	In-Patients and Out-Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Patients Chart (1 Original Copy)		Urgent Care Department		
2. UC/OPD Record (1 Original Copy)		UC/OPD		
3. Eligibility Form (for Philhealth Member) (1 Original Copy)		Benefits Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Seek Consultation in the Urgent Care/Out- Patient Department	1. Check the condition of the patient & necessity for admission.	None	10 Minutes	<i>Physician, Nurse, Midwife, Nursing Attendant</i> GALIC
	1.1 Assist the patient/relative to the Admission Area.	None	1 Minute	<i>Physician, Nurse, Midwife, Nursing Attendant</i> GALIC
2. Go to the Admission Unit for interview.	2. Check for the availability of beds.	None	2 Minutes	<i>Admission Staff</i> GALIC
	2.1 Interview the patient/relative, explain the Lying-In Policies and assign room and bed.	None	5 Minutes	<i>Admission Staff</i> GALIC
	2.2 Fill-out the data sheet, chart and other documents for	None	5 Minutes	<i>Admission Staff</i> GALIC



	admission. Put-up patient's bracelet for proper identification.			
3. The patient returned to the ER for admission proper.	3. Endorse the patient to the ER Nurse on duty together with the chart.  3.1 Accompany patient to the assigned ward and endorse the chart to the Nurse on duty.	None  None	2 Minutes  5 Minutes	<i>Admission Staff, Nurse, Midwife, Nursing Attendant GALIC</i>  <i>Admission Staff, Nurse, Midwife, Nursing Attendant GALIC</i>
	<b>TOTAL:</b>	<b>None</b>	<b>30 Minutes (or more depending on the condition of patients)</b>	





## 5. Discharge of Patients

Discharge process in the OB- Ward.

<b>Office or Division:</b>	OB-Ward			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen			
<b>Who may avail:</b>	All Patients for discharge			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Clinical Abstract (1 Original Copy)		Attached to patient's chart		
2. Discharge Summary (1 Original Copy)		Attached to patient's chart		
3. Prescription form (1 Original Copy)		Ward Nurses Station		
4. Philhealth form (1 Original Copy)		Philhealth Benefit Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Undergo the discharge process.	1. Order discharge plans on the patient's chart	None	5 minutes	<i>Physician, Nurse, Midwife, Administrative Clerk</i>
	1.1 Issue and accomplish Philhealth forms and Clinical Abstract	None	5 minutes	<i>Physician, Nurse, Midwife, Administrative Clerk</i>
	1.2 Submit the patient's chart and clearance to billing section and issue a Statement of Account (SOA).	None	5 minutes	<i>Physician, Nurse, Midwife, Administrative Clerk</i>
	1.3 Provide SOA to the patient's representative and advise them to proceed to the cashier.	None	5 minutes	<i>Physician, Nurse, Midwife, Administrative Clerk</i>



2. Present the SOA and pay the bill.	2. Check and validate the official receipt	None	5 minutes	<i>Administrative Clerk</i> GALIC
3. Receive discharge summary, laboratory requests, and prescription for take home medications.	3. Instruct the patient and/or representative on discharge plans including health teaching, follow-up schedule and take-home medication/s	Refer to City Revenue Code	10 minutes	<i>Nurse, Midwife</i> GALIC
	3.1. Issue fully accomplished discharge summary and prescription for take home medication/s	None	10 minutes	
	<b>TOTAL:</b>	<b>Refer to City Revenue Code</b>	<b>45 Minutes</b>	



## 6. Payment of Bills/Order of Payment

This explains the process of the payment of hospital-related expenses to the hospital.

<b>Office or Division:</b>	Business Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	In-Patients/Out-Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Patient Chart (1 Original Copy)		Nursing Station		
2. Charges/Order Of Payment (1 Original Copy)		X-Ray, Laboratory, Cashier		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request Order of Payment/Statement of Account	1. Give order of payment/statement of account to patient	None	5 minutes	<i>Medical Technician</i> Or <i>Nurse</i> GALIC
2. Present statement of account/order of payment to the cashier  <b>For in-patients:</b> Present the SOA to the cashier for payment of hospital charges.  <b>For out-patients:</b> Get an order of payment from X-Ray and Laboratory and present it to the Cashier	2. Issue official receipt and discharge slip/clearance	Refer to City Revenue Code	5 minutes	<i>Cashier</i> GALIC
	<b>TOTAL:</b>	Refer to City Revenue Code	<b>10 Minutes</b>	



## 7. Billing Process

Process of issuance and settlement of bill.

<b>Office or Division:</b>	Administrative Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Patients/Relative of Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Patient Chart (1 Original Copy)		Nurse Station		
2. Order of Payment/Charges (1 Original Copy)		Nurse Station		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request for statement of account	1. Forward to administrative office patient charts with order of payment/charges.	None	5 minutes	<i>Nurse Or Midwife Or Administrative Clerk</i> GALIC
	1.1 Prepare statement of account.	None	5 minutes	<i>Nurse Or Midwife Or Administrative Clerk</i> GALIC
	1.2 Return the Patient Chart with the Statement of Account to the Nurse Station to give the same to the patient for settlement of Lying-In charges at the cashiers, or charged to the patient's PhilHealth.	Refer to City Revenue Code	15 minutes	<i>Nurse Or Midwife Or Administrative Clerk</i> GALIC
	<b>TOTAL:</b>	<b>Refer to City Revenue Code</b>	<b>25 Minutes</b>	



## 8. Philhealth Services

Process of availing Philhealth benefits for admitted patients and outpatients.

<b>Office or Division:</b>	Philhealth Benefit Section	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C – Government to Citizen	
<b>Who may avail:</b>	Member/Immediate Family Member of Patients	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
1. Patient Chart (1 Original Copy)		Nurse Station
2. Eligibility Form (1 Original Copy)		Admission Section
3. Valid ID (1 Original Copy)		Philhealth member
4. Philhealth membership registration form (PMRF) (1 Original Copy)		Philhealth section
5. Authorization letter (1 Original Copy)		Philhealth section
6. Birth certificate of dependent (1 Original Copy)		Records section/philhealth member
7. Claim signature form (1 Original Copy)		Philhealth section/patient's chart
8. Claim Form 2 (1 Original Copy)		Philhealth section/patient's chart
9. Blue Form Registry Card (1 Original Copy)		Patient's chart
10. Hearing test result (1 Original Copy)		Patient's chart
11. Operative record (1 Original Copy)		Patient's chart
12. Urgent Care record (1 Original Copy)		UC station
13. Philhealth contribution receipt (1 Original Copy)		Philhealth member
14. Claim form 4 (1 Original Copy)		Patient's chart
15. Newborn screening sticker (1 Original Copy)		Laboratory section



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Avail of your Philhealth benefits.	1. Check the status of Philhealth.	None	5 minutes	<i>Philhealth Officer Or Administrative Clerk GALIC</i>
	1.1 Receive requirements	None	5 minutes	<i>Philhealth Officer Or Administrative Clerk GALIC</i>
	1.2 Generate PBEF Along With The Required Forms Before SOA Will Be Returned To Nurse Station And Will Be Given To Patient For Settlement Of Hospital Charges At Philhealth Station	None	15 minutes	<i>Philhealth Officer Or Administrative Clerk GALIC</i>
	<b>TOTAL:</b>	<b>None</b>	<b>25 Minutes</b>	



## 9. Outpatient Consultation

This service involves the patient in processing for availment of out-patient department consultation from the time the client went for consultation until the time receives clinical consultation and appointment date for follow-up checkup (if necessary).

<b>Office or Division:</b>	Outpatient Department/ Prenatal consultation			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Individual Treatment Record (ITR) (1 Original Copy)		OPD Records Clerk		
2. OPD Card (1 Original Copy, 1 Photocopy)		OPD Records Clerk		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present OPD number.	1. Prepare (ITR).	None	3 minutes	<i>Nursing Attendant</i> GALIC
	1.1 New patient – fill out New ITR and give OPD number.	None	3 minutes	<i>Encoder</i> GALIC
	1.2 Old patient – Present OPD number and retrieved ITR	None	2 minutes	<i>Encoder</i> GALIC
	1.3 Interview and record the patient's vital signs.	None	2 minutes	<i>Nursing Attendant</i> GALIC
2. Proceed to Physician for Consultation or request of medical certificate.	2. Assist physician during conduct of consultation	Non San Pedro PHP 150.00	10 minutes	<i>Physician</i> GALIC



3. Complete discharge process.	3. Schedule the patient for follow-up, procedures and issue referral slip (if applicable).	None	2 minutes	<i>Physician</i> GALIC
	3.1 Provide health Education.	None	4 minutes	<i>Nurse</i> GALIC
	<b>TOTAL:</b>	<b>PHP 150.00</b>	<b>26 Minutes</b>	





## 10. Urgent Care Department Consultation

This service involves processing patient's triaging from the time that the client submits self for assessment until transfer to the urgent care department for post-triage assessment and disposition.

<b>Office or Division:</b>	<b>URGENT CARE DEPARTMENT</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All Patients who need urgent care services			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Individual Treatment Record (ITR) (1 Original Copy)		Urgent Care Department		
2. UC-Card (1 Original Copy)		Urgent Care Department		
3. Medico-legal form (1 Original Copy)		Urgent Care Department		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill-out Health Declaration Checklist	1. Issue health declaration checklist.	None	1 minute	<i>Nursing Attendant</i> GALIC
2. Proceed to the Triage Area of the Urgent Care Department for consultation	2. Receive and Categorize patients (Urgent and Non-Urgent).	None	3 minutes	<i>Nurse</i> GALIC
	2.1 Interview and records vital signs	None	4 minutes	<i>Nurse</i> GALIC
	2.2 Referral to physician	None	2 minutes	<i>Nurse</i> GALIC
3. Proceed to the Physician for Consultation and Management	3. Assess the patient and provide immediate urgent care management.	Refer to City Revenue Code	10 minutes	<i>Physician</i> GALIC
	3.1 Advise the patient's significant others on the status /	None	10 minutes	<i>Physician</i> GALIC



	condition of the patient.			
	3.2 If for Admission, inform the patient's significant others for possible Transfer to Hospital of Choice, issue referral, coordinate and transfer the patient.	None	10 minutes	<i>Physician</i> GALIC
	3.3 If for Discharge, schedule patients for follow up and/or procedures and provide health education.	None	10 minutes	<i>Nurse</i> GALIC
	3.4 If for Medico-legal, record the data to Medico legal form and refer to physician	Medico Legal Certificate – P350.00	3 minutes	<i>Nurse</i> GALIC
	3.5 If for Medical or Medico-legal Certificate retrieves the record of the patient, refer to the physician.	None	5 minutes	<i>Nurse</i> GALIC
	3.6 If for Animal Bite Cases; record the client to the Animal Bite Logbook and encode to the Urgent care record and refer to the Physician. Issues prescription and	None	10 Minutes	<i>Nurse</i> GALIC



	instructs the patient for referral to Animal Bite Center with consent signed in the logbook.			
	<b>TOTAL:</b>	<b>Refer to Revenue Code Medico-Legal Certificate Php 350.00</b>	<b>1 Hour and 8 Minutes (or more depending on the patient's condition)</b>	



## 11. URGENT CARE- Minor Laceration Repair

Performing a minor surgical procedure under local anesthesia inside the urgent care room.

<b>Office or Division:</b>	Urgent Care Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government –to-Citizen			
<b>Who may avail:</b>	Patients advised to minor surgical management as out patient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Consent Form		Patients Chart		
2. Diagnostic work up		Laboratory, Radiology department		
3. Operation Schedule		Resident Physician on Duty		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Arrive at the Urgent Care Room	1. Assess the patient for minor laceration repair	None	10 minutes	<i>Physician, Nurse, Nursing Attendant</i> GALIC
2. Wait for name to be called and enter the Urgent Care Department	2. Refer the patient to the Physician	None	2 minutes	<i>Nurse</i> GALIC
	2.1 Secure Consent and take the vital signs (VS)	None	5 minutes	<i>Nurse</i> GALIC
	2.2 Perform Minor Surgery	Refer to City Revenue Code	1 hour (or more depending on the procedure)	<i>Physician</i> GALIC
3. Listen to post-operative wound care instructions prior to discharge	3. Give post -operative instructions, home meds prescribed and advice for follow-up checkup.	Medical supplies and medicines  <b>Refer to City Revenue Code</b>	10 minutes	<i>Nurse</i>



		<b>City Ordinanc e No. 2023-38</b>		
	<b>TOTAL :</b>	<b>Refer to City Revenue Code  City Ordinanc e No. 2023-38</b>	<b>1 hour and 27 Minutes (or more depending on the procedure).</b>	



## 12. Normal Spontaneous Delivery

Process of admission of patients to Delivery Room.

<b>Office or Division:</b>	Delivery Room			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Pregnant Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Patients Chart (1 Original Copy)		Admission Unit		
2. OB Record (1 Original Copy)		OB		
3. Eligibility Form (Philhealth Members) (1 Original Copy)		Benefits Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Seek consultation in the lying-in	1. Check the condition of the patient and necessity for admission.	None	15 Minutes	<i>Physician Or Midwife Or Nurse GALIC</i>
	1.1 Assist the patient to the Admission Staff	None	5 Minutes	<i>Physician Or Midwife Or Nurse GALIC</i>
2. Go the Admitting section for interview	2. Look for the availability of beds for admission.	None	1 Minutes	<i>Admission Staff GALIC</i>
	2.1 Interview the patient/relative and explain the Hospital Policies, give room/bed assignment of the patient.	None	5 minutes	<i>Admission Staff GALIC</i>
	2.2 Fill-out the Chart, and other documents for	None	5 minutes	<i>Admission Staff GALIC</i>



	admission, secure consent for admission then put-up patients' bracelets for proper identification.			
3. Patient will be transfer to the delivery room	3. Prepare the Delivery Room, perform Normal spontaneous delivery, and monitor the patient (s).	None	1 hour or more depends to the patient's condition	<i>Physician Or Midwife Or Nurse GALIC</i>
	<b>TOTAL:</b>	<b>None for Philhealth members  Refer to City Revenue Code  City Ordinanc e No. 2023-38</b>	<b>1 Hour (or more depending on the case of the patients)</b>	



### 13. Newborn Hearing Screening Test

Screening Test while on a 24-hour admission.

<b>Office or Division:</b>	OB-Ward			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen			
<b>Who may avail:</b>	All newborn patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Registry Card (1 Original Copy)		Newborn Hearing Screener		
2. DPOAE Result (1 Original Copy)		Newborn Hearing Screener		
3. MAICO ERO-SCAN		Newborn Hearing Screener		
4. Newborn Data (1 Original Copy)		Nurse or Midwife		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Registration of Newborn for Hearing Test.	1. Re-write all the data of the newborn to the registry card and logbook.	None	5 minutes	<i>Nurse Or Midwife Or Screener</i> GALIC
	1.1 Perform Hearing Test on both ears.	None	5 minutes	<i>Screener</i> GALIC
2. Present the Statement of Account and pay bill to cashier.	2. For In-patient: Inform the Billing Station-Cashier on Hearing Test.	Phil health Newborn Care Package	10 minutes	<i>Nurse Or Midwife Or Billing Clerk</i> GALIC
	2.1 For Out-patient: Referral slip from the referring unit.	PHP 350.00	5 minutes	<i>Billing Clerk</i> GALIC
3. Releasing of Result	3. Both for In-patient and Out-patient releasing of Newborn Hearing Screening Test Result within the	None	3 minutes	<i>Screener</i> GALIC





	day.			
	<b>TOTAL:</b>	<b>PHP 350.00</b>	<b>28 Minutes</b>	



## 14. Newborn Screening Test

Screening Test while on a 24-hour admission.

<b>Office or Division:</b>	OB-Ward			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen			
<b>Who may avail:</b>	All newborn patient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Filter Card (1 Original Copy)		NBS Coordinator		
2. NBS Result (1 Original Copy)		NBS Coordinator		
3. Master lists of Newborn Logbook		NBS Coordinator		
4. Releasing Logbook		NBS Coordinator; Midwives		
5. Pickup Logbook		NBS Coordinator		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Registration of Newborn for Newborn Screening Test.	1. Re-write all the data of the newborn to the filter card and logbook.	None	2 minutes	<i>NBS Coordinator Or Midwife</i> GALIC
	1.1 Perform blood sample extraction.	None	2 minutes	<i>NBS Coordinator Or Midwife</i> GALIC
	1.2 Drying of specimen.	None	4 minutes	<i>Midwife</i> GALIC
	1.3 Ready for pickup of blood sample by courier.	None	5 minutes	<i>NBS Coordinator</i> GALIC
2. Present the Statement of Account and pay bill to cashier.	2. For In-patient: Inform the Billing Station-Cashier on NBS Test.	PHP 1800.00	5 minutes	<i>Nurse Or Midwife Or Billing Clerk</i>



	2.1 For Out-patient: Referral slip from the referring unit.	None	5 minutes	<i>Billing Clerk</i> GALIC
3. Releasing of Result	3. Both for In-patient and Out-patient releasing of Newborn Screening Test Result within 2 weeks.	None	3 minutes	<i>NBS Coordinator Or Midwife</i> GALIC
	<b>TOTAL:</b>	<b>PHP 1800.00</b>	26 minutes	



## 15. Family Planning

All females are considered of reproductive age when they are between 18-45 years old.

<b>Office or Division:</b>	OB (Prenatal Room)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government-to-Citizen			
<b>Who may avail:</b>	All female within reproductive age			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. FP Form 1 (1 Photocopy)		FP Coordinator		
2. Contraceptive Supplies		FP Coordinator		
3 Family Planning Card (Original Copy)		FP Coordinator and Midwife		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Collate data using FP Form 1.	1. Checking of data if the patient is qualified for FP Acceptor.	None	3 minutes	Midwives GALIC
	1.1 Counselling of patients with FP method of choice (Oral pills, Injectable, IUD)	None	10 minutes	FP Coordinator GALIC
2. Sign FP Form 1	2. Give preferred choice of FP method.	None	3 minutes	Midwives ,FP coordinator
3. FP Card / FP Acceptors Card	3. Inform the patient for follow-up checkup and/or for another dose of contraceptive.	None	3 minutes	Midwives; FP Coordinator
	<b>TOTAL:</b>	<b>None</b>	<b>19 Minutes</b>	



## 16. Laboratory Services

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

Office or Division:	LABORATORY UNIT			
Classification:	SIMPLE			
Type of Transaction:	G2C			
Who may avail:	All 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 DSWD official or authorized personnel (1 Original Copy)		Cashier/DSWD		
For releasing of result:				
4. 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	Medical Technologist GALIC
* For SARS-Cov2 Antigen Test, present 1 Original Copy request form, completely filled up Case Investigation Form (CIF) and work sheet.	1.1 Out Patient will be instructed to fill up request form with patient's complete details, following the format provided.	None	3 minutes	Medical Technologist GALIC
*If patient will asked for medical	1.2 For patient	None	2 minutes	Medical



assistance	with Fasting Procedure, they will be given a Number Card for the first Come First Serve basis for blood extraction.	None	5 minutes	<i>Technologist</i> GALIC
	1.3 Instruct the patient to isolate in the swab collection area and wait for the laboratory personnel.			<i>Medical Technologist</i> GALIC
	1.5 Issue Order of Payment and instruct to proceed to the cashier.	Refer to order of payment and City Ordinance 2023-38	10 minutes	<i>Medical Technologist</i> GALIC
	1.6 Instruct the patient to proceed to DSWD for categorization of indigence and signing of officer.	None	10 minutes	<i>Medical Technologist</i> GALIC
2. After payment or approved assistance of indigency present the Official Receipt or Original Copy request signed by DSWD Officer or Authorized personnel.  *Patient will collect urine or stool specimen and submit it to the reception window and wait	2. Provide specimen container for urinalysis, fecalysis and other body fluids.	None	10 minutes	<i>Medical Technologist</i> GALIC
	2.1 Check the specimen volume and proper label.	None	5 minutes	<i>Medical Technologist</i> GALIC
	2.2 Perform extraction or collection of specimen.	None	TEST: 20 minutes after collection of sample	<i>Medical Technologist</i> GALIC
			Routine	<i>Medical Technologist</i>



their name to be called for blood extraction and other body fluid specimen collection.			Chemistry: 8 hours upon blood extraction.	GALIC
3. Wait for the release of results and present claim stub or Official receipt and sign the releasing log book upon claiming the same.	3.1 Process and analyze specimen according to the procedure requested.	None	5 minutes	<i>Medical Technologist</i> GALIC
	3.2 Check and Verify results for final interpretation and releasing.	None	2 minutes	<i>Medical Technologist</i> GALIC
	3.2 Provide Releasing log book for claimant signature.	None	2 minutes	<i>Medical Technologist</i> GALIC
	<b>TOTAL:</b>	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 : 2 hours  *SARSCOV-2 ANTIGEN TEST: 1 hour  Routine Blood Test: 8 hours  *Specimen to be transported to other laboratories: Depends on the Turn-around time of referring lab.	



## LABORATORY SERVICE FEES

1	<b>Laboratory Service Fees:</b> Ref: Resolution No. 2023-233 City Ordinance No. 2023-38	San Pedro Residents	Non-San Pedro Residents	PROCESSING TIME	
	<b>A. Clinical Microscopy</b>			IN-PATIENT	OUT PATIENT
	Urinalysis	50.00	60.00	30-45 minutes	1-2 hours
	Fecalysis	50.00	60.00	30-45 minutes	1-2 hours
	Pregnancy Test	190.00	240.00	30-45 minutes	1-2 hours
	<b>B. Hematology</b>				
	CBC	95.00	120.00	30-45 minutes	1-2 hours
	Platelet Count	55.00	70.00	30-45 minutes	1-2 hours
	Hgb/Hct	75.00	95.00	30-45 minutes	1-2 hours
	Diff Count	75.00	95.00	30-45 minutes	1-2 hours
	Clotting Time	75.00	95.00	30-45 minutes	1-2 hours
	Bleeding Time	75.00	95.00	30-45 minutes	1-2 hours
	Toxic Granules	95.00	120.00	30-45 minutes	1-2 hours
	<b>C. Clinical Chemistry</b>				
	FBS/GLUCOSE	115.00	145.00	2 hours	8 hours
	BUN	115.00	145.00	2 hours	8 hours
	CREA	115.00	145.00	2 hours	8 hours
	URIC	115.00	145.00	2 hours	8 hours
	CHOLESTEROL	145.00	180.00	2 hours	8 hours





	TRIGLYCERIDE	240.00	300.00	2 hours	8 hours
	HDL	190.00	240.00	2 hours	8 hours
	LDL/VLDL	190.00	240.00	2 hours	8 hours
	SGPT/ALT	190.00	240.00	2 hours	8 hours
	SGOT/AST	190.00	240.00	2 hours	8 hours
	OGCT	230.00	280.00	2 hours	8 hours
	OGTT	530.00	670.00	2 hours	8 hours
	(Na)	190.00	240.00	1 hour	2 hours
	(K)	190.00	240.00	1 hour	2 hours
	(CL)	190.00	240.00	1 hour	2 hours
	HGT/RBS	115.00	145.00	30 minutes	1 hour
	<b><i>D. Serology/Immunology</i></b>				
	HBs Ag	190.00	240.00	1 hour	1 hour
	Syphilis ICT/RPR	190.00	240.00	1 hour	1 hour
	Dengue NSI Ag	665.00	840.00	1 hour	1 hour
	Dengue Blot	760.00	960.00	1 hour	1 hour
	Dengue Duo	1,380.00	1,680.00	1 hour	1 hour
	Typhidot	665.00	840.00	1 hour	1 hour
	HIV Test	475.00	475.00	1 hour	1 hour
	Covid 19 Antigen Test	660.00	660.00	1 hour	1 hour
	<b><i>F. Blood Station</i></b>				
	Blood Typing (ABO)	95.00	120.00	30-45 minutes	1 hour
	Blood Typing (RH)	95.00	120.00	30- 45 minutes	1 hour
	<b><i>G.Blood Chemistry (Package)</i></b>				
	Electrolytes (Na, K, CL)	475.00	600.00	2 hours	8 hours
	Lipid Profile	620.00	790.00	2 hours	8 hours
	Chem 5 (FBS, BUN, CREA, URIC, CHOLE)	475.00	600.00	2 hours	8 hours



	Chem 6 (FBS, BUN, CREA, URIC, CHOLE, Trigly)	665.00	840.00	2 hours	8 hours
	Chem 8 (Chem6 + HDL, LDL/VLDL	1,010.00	1,270.00	2 hours	8 hours
	Chem 10 (Chem 8 + SGPT + SGOT	1,350.00	1,700.00	2 hours	8 hours
	Chem 12 (Chem 10 + Na + K)	1,635.00	2,060.00	2 hours	8 hours



## 17. Drug Testing Service

To Detect promptly the illegal use of dangerous drugs, maintaining a safe and sound environment to promote the National advocacy of a “Drug Free Country”.

<b>Office or Division:</b>	DRUG TESTING LABORATORY UNIT			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All clients/donors/subjects			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Drug Testing Laboratory request form (1 Original Copy)		OPD Physician and requesting agency or department		
2. Order of Payment (1 Original Copy)		Drug Testing Laboratory		
3. Official Receipt (1 Original Copy)		Cashier/Billing		
<b>For releasing of result:</b>				
4. Official Receipt (1 Original Copy)		Drug Testing Laboratory		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>



1. Present drug testing laboratory request form/s and government issued valid ID.	1. Verify and check the request and ID of Client/Donor/ Subject	None	2 minutes	<i>Authorized Specimen Collector (ASC)</i>
1.1 After payment, Official Receipt /Sales Invoice must be presented to Drug Testing Laboratory	- Issue Order of Payment and instruct the client/donor to proceed to the cashier. Copy the Official Receipt/Sales Invoice No.	P250.00	10 minutes	<i>Authorized Specimen Collector</i>
1.2 Submit the filled out Custody and Control Form (CCF) to Drug Testing Laboratory	1.1 Instruct the client/donor to fill up Custody and control Form (CCF) steps 1 to 5 following guides provided.	None	5 minutes	<i>Authorized Specimen Collector</i>
	1.2 Check and verify all the details of the client/donor written on the Custody and Control Form.  -Explain basic urine collection procedure before giving the specimen bottle.  -observe the client/donor while collecting urine samples.	None	5 minutes	<i>Authorized Specimen Collector</i>



2. Submit urine specimen, affix signature to the specimen bottle, and register biometrics	2. Check the specimen volume, temperature and physical characteristics of the urine. and Seal over the lid of the specimen bottle in front of the client/donor. Affixed signature and Instruct the client/donor to affix his/her signature over the seal of the bottle and indicate the date/time.	None	3 minutes	<i>Authorized Specimen Collector</i>
	2.1 Prepare and give instructions to the client/donor the registration/bio metrics in IDTOMIS	None	5 minutes	<i>Authorized Specimen Collector</i>



3. Wait for the release of the result, and present OR/sales invoice to the Drug Testing Laboratory.	3. Process the drug testing examination and release the result to the client/donor.  -Provide Releasing log book for claimant signature.	None	TEST: 30 minutes after submission of sample and biometrics.  Drug Testing Examination:  1 HOUR	<i>Drug Analyst</i>
	<b>TOTAL:</b>	<b>Php 250.00</b>	<b>2 hours &amp; 30 minutes (Testing and Examination)</b>	



## 18. Radiology Services

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

<b>Office or Division:</b>	Radiology Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen			
<b>Who may avail:</b>	All patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Patients/Physician's Request (1 Original Copy)		Urgent Care/ OPD / OB-Ward		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the 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 Revenue Code	5 minutes	<i>Radiologic Technologist</i>  <i>/ 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> GALIC
	2.1 Develop the exposed X-Ray films	None	5 minutes	<i>Radiologic Technologist</i> GALIC
	2.2 Submit to the radiologist for issuance of official reading	None	2 days	<i>Radiologic Technologist</i> GALIC
3. Pick-up results of your X-Ray	3. Release of results.	None	3 Minutes	<i>Radiologic Technologist</i> Radiology Unit
	<b>TOTAL:</b>	<b>Refer to City Revenue Code</b>	<b>2 Days and 20 Minutes upon released of the official reading</b>	



## RADIOLOGY FEES

<b>Radiology Unit Fees:</b> Ref: Resolution No. 2023-233 City Ordinance No. 2023-38		Non -San Pedro Patients	San Pedro
<b>LUNGS</b>			
	Chest Pa	240.00	190.00
	Chest PAL	480.00	380.00
	Apico-Lordotic View	240.00	190.00
	Baby Gram APL	360.00	190.00
	Spot Film (Chest)	240.00	190.00
<b>UPPER EXTREMITIES</b>			
	Skull APL	420.00	330.00
	Townes View	240.00	190.00
	Waters View	240.00	190.00
	Temporo-Mandibular Joint	480.00	380.00
	Sun-Mento Vertical View	240.00	190.00
	Caldwells View	240.00	190.00
	PNS	660.00	520.00
	STL	420.00	330.00
	Cervical APL	420.00	330.00
	Shoulder AP	240.00	190.00
	Shoulder (In-Out) Rotation	420.00	330.00
	Clavicle AP	240.00	190.00
	Arm APL	240.00	190.00
	Elbow Joint	240.00	190.00
	Forearm APL	240.00	190.00
	Wrist APL	240.00	190.00
	Hand APL	240.00	190.00
<b>LOWER EXTREMITIES</b>			
	Thigh APL	240.00	190.00





	Knee Joint	240.00	190.00
	Leg APL	240.00	190.00
	Ankle APL	240.00	190.00
	Foot APO	240.00	190.00
	Pelvis AP	240.00	190.00
	Thoraco-Lumbar APL	420.00	330.00
	Lumbo-Sacral APL	420.00	330.00
	T-Cage	240.00	190.00