



PHILIPPINE GENERAL HOSPITAL

CITIZEN'S CHARTER

Updated 31 March 2023

I. Mandate:

In 1907, the Philippine Commission passed Act No. 1688 which appropriated the sum of P780,000.00 for the construction of the Philippine General Hospital (PGH). PGH opened its door to the public on September 1, 1910; however, it was not until September 10, 1910 that PGH was formally inaugurated. PGH was established primarily to provide medical and surgical services to non-infective conditions especially among indigent Filipinos.

In 1947, by virtue of Executive Order No. 94, Philippine President Manuel Roxas transferred PGH to the University of the Philippines; this officially designated PGH as UP's teaching hospital.

II. Vision:

The country's leader in transforming the lives of the people through excellent health care, education and research, accessible to all.

III. Mission:

As the National University Hospital, we are committed to deliver globally-competitive, cost-effective, compassionate and accessible health care to the Filipinos, to provide world-class education to health professionals, and to generate relevant research that will impact on health policies.

IV. Service Pledge:

As the national university hospital and premier referral center, the Philippine General Hospital (PGH), University of the Philippines Manila is committed to:

- Provide quality service, training and research
- Develop and enhance competent and compassionate human resources and ensure a safe work environment
- Provide comprehensive, culture-sensitive and gender-responsive health services and programs
- Implement and continually improve the Quality Management System (QMS) to conform with requirements of patients, regulatory agencies, other stakeholders and the performance goals set by management
- Attend to all applicants or requesting parties who are within the premises of the office prior to the end of official working hours and during lunch break.

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Office of the Director

External Services

1. Handling of Letters/ Correspondence Received Thru Email/ Courier/ Personal Delivery

The process of handling letters/correspondence received thru email, courier, or personal delivery covers activities from receipt of letter up to sending a reply/response letter

Office or Division:	PGH Director's Office (DO)			
Classification:	Simple			
Type of Transaction:	G2C, G2B, G2G			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter/correspondence		Requesting individual/office/agency		
Receiving copy, checklist/ record/ proof of receipt (whichever is applicable)		Requesting individual/office/agency		
Contact details of the sender/sender's authorized representative (as deemed necessary)		Requesting individual/office/agency		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
A. <u>Email:</u> 1. Send letter/correspondence to od.uppggh@up.edu.ph	1. Open/Check email. Acknowledge/ forward/refer to and coordinate with offices/persons concerned for appropriate action (following flow of communications "thru channels")	None	2 Days	<i>Executive Assistant or Administrative Staff</i> Director's Office
B. <u>Courier/Personal Delivery:</u> 1. Present the letter/correspondence together with the checklist/record/ receiving copy	1. Check/screen/ receive the letter/ correspondence and forward/refer to or coordinate with offices/persons concerned for appropriate action (following flow of communications "thru channels")	None	2 Days	<i>Administrative Staff or Executive Assistant</i> Director's Office

2. Confirm/ Acknowledge response to letter/correspondence /email	2. Provide the client with the name of office, contact number/person and other details related to the letter/ correspondence, as deemed necessary	None	1 Day	<i>Administrative Staff or Executive Assistant Director's Office</i>
TOTAL:		None	A. Email: 3 Days B. Courier/ Personal Delivery: 3 Days	

2. Handling of Invitations and Requests for Appointment/ Meeting with the Director

The process of handling invitations and requests for appointment/ meeting with the Director covers activities from receipt of invitation/request letter up to sending a reply/response letter.

Office or Division:	PGH Director's Office (DO)			
Classification:	Simple			
Type of Transaction:	G2C, G2B, G2G			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letters/correspondence/invitations/programs (whichever is applicable)		Requesting individual/office/agency		
Checklist, record/proof of receipt, receiving copy, documented requests/messages (whichever is applicable)		Requesting individual/office/agency		
Contact details of requester/authorized representative		Requesting individual/office/agency		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
A. <u>Email:</u> 1. Email to od.uppggh@up.edu.ph	1. Open/Check email. 1.1 Acknowledge, forward/refer to and coordinate with the Administrative Assistant	None	1 Day	<i>Administrative Staff or Executive Assistant</i> Director's Office
B. <u>Courier:</u> Send invitation/request to the Office of the Director Philippine General Hospital, Taft Avenue, Ermita, Manila	1. Check/screen/ receive the invitation/request	None	30 Minutes	<i>Administrative Staff or Executive Assistant</i> Director's Office
C. <u>Personal Delivery:</u> 1. Present the invitation/request to the Administrative Assistant	1. Check/screen/ receive the invitation/request	None	30 Minutes	<i>Administrative Staff or Executive Assistant</i> Director's Office
2. Confirm/	2. Coordinate with the	None	2 Days	<i>Administrative</i>

Acknowledge response to invitation/request	Director and respond to the invitation/request (thru email or by phone) 2.1 If invitation/request is approved, post on the Director's calendar			Staff or Executive Assistant Director (for approval of invitation/request) Director's Office
TOTAL:		None	A. Email: 3 Days B. Courier: 2 Days, 30 Minutes C. Personal Delivery 2 Days, 30 Minutes	

3. Processing of Documents for Notarization

Processing of documents for notarization covers activities from receipt of documents for notarization up to releasing

Office or Division:	PGH Director's Office (DO)			
Classification:	Simple			
Type of Transaction:	G2C, G2B, G2G			
Who may avail:	Executive Offices under the Director's Office, other Government and Non-government Agencies/Offices/Units, and individuals with Memorandum of Agreement/Understanding and official dealings with PGH			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Original document/s		PGH Legal Office; Offices/Agencies/Units concerned		
Checklist, record/proof of receipt, receiving copy (whichever is applicable)		PGH Legal Office; Offices/Agencies/Units concerned		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send/Present original document together with the checklist, record/proof of receipt/receiving copy	1. Check/Screen/Receive the document 1.1 Forward/refer to and coordinate with the PGH Legal Office and other offices/units concerned, as needed	None	1 Day	<i>Administrative Staff or Executive Assistant</i> Director's Office
2. Wait for feedback or follow up and receive notarized document <i>NOTE: May pick up the document at the DO, if preferred</i>	2. Coordinate with the Liaison Officer (Office of Custodial Services) for notarization of the document and send back to agency/ unit/ office concerned	None	2 Days	<i>Executive Assistant or Administrative Staff</i> Director's Office <i>Liaison Officer (for notarization)</i>
TOTAL:		None	3 Days	

4. Providing Assistance

The PGH Client Service Center provides assistance to patients and their relatives/ authorized representatives based on existing hospital policies and procedures (e.g. hospital bill, consult schedule, new patients).

Office or Division:	PGH Client Service Center (PGH-CSC)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients and Patients' Relatives/Representatives			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Specific details of the concern		Requesting individual		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Visit PGH-CSC office to provide details of the request for assistance	1. Accept request for assistance 1.1. Analyze the nature of the request 1.2. Determine service of patient 1.3. Ascertain the nature of assistance to provide 1.4 Extend assistance based on existing policies and procedure 1.5 Provide feedback to client relative to his request	None	60 Minutes	<i>PGH-CSC Representative</i> Client Service Center
2. E-mail requests for assistance to: od.uppggh@up.edu.ph	2. Acknowledge receipt of email forwarded by the Director's Office 2.1 Analyze the nature of the request 2.2. Determine service of patient 2.3. Ascertain the nature of assistance to provide 2.4 Extend assistance based on existing policies and procedure 2.5 Provide feedback to client relative to his request	None	60 Minutes	<i>PGH-CSC Representative</i> Client Service Center

TOTAL:		None	60 Minutes	

5. Attending to Inquiries

Attending to inquiries (e.g. hospital procedures and policies, location and direction of department/office/unit)

Office or Division:	PGH Client Service Center (PGH-CSC)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Specific details of the concern		Requesting individual		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Visit PGH-CSC office to provide details of the inquiry	1. Analyze patient inquires 1.1 Provide specific instruction/ explanation based on existing policies and procedures and /or give specific directions	None	60 Minutes	<i>PGH-CSC Representative</i> Client Service Center
TOTAL:		None	60 Minutes	

Office of the Director

Internal Services

1. Handling of Documents for Appropriate Action

Handling of papers/documents for appropriate action/ signing/ approval of the Director on matters related to Fiscal, Health Operations, Administration and Nursing Operations/ Services, including those from other units under the Director's Office

Office or Division:	PGH Director's Office (DO)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Deputy Directors (DDs), Coordinators and Administrative Personnel under the Executive Offices; Heads of Units and their staff under the Director's Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Papers/documents for appropriate action/ signing/ approval of the Director		Executive Offices, Units under the Office of the Director		
Checklist/record/receiving copy (whichever is applicable)		Executive Offices, Units under the Office of the Director		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the paper/document together with the checklist/record/ receiving copy 1.1 Wait until the checking of paper/ document is completed; receive the checklist/record/ receiving copy <i>Note: If urgent, proceed to Step No.3</i>	1. Check the paper/ document and its completeness/ correctness against the checklist/record/ receiving copy 1.1 Sign the checklist or record/receiving copy and return to client	None	Per paper/ document: 2 Minutes	<i>Administrative Staff or Executive Assistant</i> Director's Office
2. Leave the paper/document in the office <i>Note: May follow up by phone or request DO staff to call office once acted upon/ signed by the Director</i>	2. Label/mark/tag the page/s of the paper/document to be acted upon/signed/approved by the Director	None	Per page: 1 Minute	<i>Administrative Staff or Executive Assistant</i> Director's Office
3. Wait for feedback or follow up status, as needed.	3. Take appropriate action/sign/approve the paper/document 3.1 Give feedback/ update on status, as needed	None	5 Hours	<i>Director</i> Director's Office
4. Wait for the	4. Check the	None	Per paper/	<i>Administrative</i>

prepared checklist	paper/document and prepare checklist		document: 5 Minutes	<i>Staff or Executive Assistant</i> Director's Office
5. Sign the checklist and receive the paper/document	5. Have the checklist signed by the client and hand over the paper/document. 5.1 For papers/documents to be sent to concerned offices/units, coordinate with the Message Center employee/ other assigned personnel) <i>Note: File the checklist as office record</i>	None	1 Day	<i>Administrative Staff or Executive Assistant</i> Director's Office
TOTAL:		None	1 Day, 5 Hours, 8 Minutes	

2. Performance Evaluation of Outsourced Service Providers

Accomplishing the performance evaluation of outsourced service providers (e.g. Security and Janitorial personnel)

Office or Division:	PGH Director's Office (DO)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	PGH Office of the Deputy Director for Administration, Office of Custodial Services - Secretarial Pool, UP Manila Internal Audit Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Performance Evaluation Sheet (PES)		UP Manila Internal Audit Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send the PES to the Director's Office	1. Check/ Screen/ Receive the PES	None	5 Minutes	<i>Administrative Staff or Executive Assistant</i> Director's Office
2. Receive the accomplished PES	2. Accomplish the PES for security and janitorial personnel assigned at the Director's Office, sign and send back to the office concerned	None	2 Days	<i>Executive Assistant or Administrative Staff</i> Director's Office
TOTAL:		None	2 Days, 5 Minutes	

3. Processing of Letters/ Correspondence for Mailing

Processing of letters/ correspondence for mailing including the necessary documentation after mailing

Office or Division:	PGH Director's Office (DO)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Director's Office, PGH Offices/ Units under the Office of the Director			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter/Correspondence		Director's Office, PGH Offices/ Units under the Office of the Director		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send/Present letter/correspondence for mailing	1. Check/Screen/ Receive the letter/correspondence for mailing 1.1 Prepare petty cash and coordinate with the Liaison Officer (Office of Custodial Services)	None	1 Day	<i>Executive Assistant</i> Director's Office <i>Liaison Officer (mailing)</i>
2. Request copy of the official receipt, as needed	2. Endorse petty cash and correspondence/ letter to the Liaison Officer 2.1 Make the necessary documentation after mailing and provide copy of the official receipt to the office/unit concerned, as deemed necessary	None	1 Day	<i>Executive Assistant</i> Director's Office <i>Liaison Officer (endorsement of official receipt to the Executive Assistant)</i>
TOTAL:		None	2 Days	

Information Technology Office

External Services

1. Application for Computer Exam of PGH Applicants

Receiving request and scheduling of computer literacy examination for PGH Applicants

Office or Division:	Information Technology Office			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Applicants			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Properly accomplished examination request slip (1 original)		HRDD		
Valid ID (1 original)		Government issued IDs/Recent Company ID/Recent Student ID, if newly graduated		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present accomplished examination slip and valid ID.	1. Receive exam slip and ID	None	1 minute	<i>Sr. Office Assistant/ Administrative Assistant II</i>
	1.1 Verify information and schedule exam date		2 minutes	<i>Administrative Aide VI</i>
	1.2 Return the accomplished slip with schedule to applicant and instruct to report back to HRDD		2 minutes	
TOTAL:		None	5 minutes	

2. Facilitating Computer Exam of PGH Applicants

Facilitation of Computer Exam of PGH applicants

Office or Division:	Information Technology Office			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	PGH Applicants			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Computer Examination Slip with schedule (1 original)		HRDD		
Valid ID (1 original)		Government issued IDs/Recent Company ID/Recent Student ID, if newly graduated.		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present exam slip and valid ID	1. Check and verify exam slip on schedule date	None	5 minutes	<i>Administrative Aide VI</i>
2. Take exam at IT Office	2. Explain mechanics of computer exam	None	5 minutes	<i>Administrative Aide VI</i>
	2.1 Observe during exam proper		1 hour, 30 minutes	
	2.2 Check & prepare result of examinees		1 hour	<i>Sr. Admin. Asst. / IT Officer III</i>
	2.3 Submit for review and approval		5 minutes	
	2.6 Submit summary report to HRDD		1 day	<i>Administrative Asst. II</i>
TOTAL:		None	1 day, 2 hours, 40minutes	

Information Technology Office

Internal Services

1. Request for IT Equipment Service Repair

Request for assessment of malfunctioning IT Equipment

Office or Division:	Information Technology Office			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. ITSR (ITSR) form (1 original)		IT Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit an accomplished ITSR form to ITO	1. Accept and acknowledge the receipt of request.	None	5 minutes	<i>Sr. Office Assistant/ Administrative Assistant II</i>
	1.1 Evaluate and assess:		2 hours	<i>Computer Maintenance Technologist II / Jr. Office Aide</i>
	<ul style="list-style-type: none"> If unit is under warranty, refer to vendor If unit is out of warranty, perform service 		7 days	
	1.2 Close the ITSR and advise end user		2 hours	
2. Acknowledge IT service by signing and completing customer satisfaction survey on ITSR	2. Receive signed ITSR with satisfaction rating		30 minutes	<i>Computer Maintenance Technologist II/ Administrative Aide VI/ Jr. Office Aide/ Sr. Administrative Assistant I</i>
	2.1 Upload to shared drive and file ITSR		5 minutes	<i>Sr. Office Assistant</i>
TOTAL:		None	7 days, 4 hours, 40minutes	

2. Request for IT Equipment Preventive Maintenance (PM)

Processing of request for IT equipment Preventive Maintenance procedure

Office or Division:	Information Technology Office			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH Department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Preventive Maintenance Checklist				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Prepare for PM and back up files	1. Inform end user to backup files	None	1 day	<i>Computer Maintenance Technologist II/ Administrative Aide II/Jr. Office Aide</i>
	1.2 Perform PM based on checklist		1day	
	1.3 Prepare service report and update inventory		4 hours	
2. Acknowledge IT service by signing and completing customer satisfaction survey on ITSR	2. Send PM report	None	30 minutes	<i>Computer Maintenance Technologist II/Administrative Aide VI/Jr. Office Aide/ Sr. Administrative Assistant I</i>
	2.1 Receive signed ITSR with satisfaction rating			
	2.2 Upload to shared drive and file ITSR		5 minutes	
TOTAL:		None	2 days, 4 hours, 35 minutes	

3. Request for Network / Internet Connectivity Troubleshooting

Process on requesting for Network Connectivity Troubleshooting

Office or Division:	IT Office			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH Units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter Request & Accomplished ITSR form (1 original)		IT Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter an accomplished ITSR to ITO	1. Accept and acknowledge the receipt of request. Check for authorized signatories.	None	5 minutes	<i>Sr. Office Assistant/ Administrative Assistant II</i>
	1.1 INFRA team will assess and diagnose. <ul style="list-style-type: none"> If unit is beyond repair, recommend for condemning If unit is under warranty, refer to vendor If unit is out of warranty, perform service 1.2 Close the ITSR and advise end user		7 days	<i>Computer Maintenance Technologist II / Administrative Aide VI</i>
2. Acknowledge IT service by signing and completing customer satisfaction survey on ITSR	2. Receive signed ITSR with satisfaction rating	None	5 minutes	<i>Computer Maintenance Technologist II/Administrative Aide VI / Sr Administrative Assistant I</i>
	2.1 Upload to shared drive and file ITSR			<i>Sr. Office Assistant</i>
TOTAL:		None	7 days, 10 minutes	

4. Request for Network Cabling Installation

Processing request for Network Cabling Installation

Office or Division:	IT Office			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH Department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished ITSR form (1 original)		Requesting department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit accomplished ITSR to ITO	1. Accept and acknowledge the receipt of request and check for authorized signatories	None	5 minutes	<i>Sr. Office Assistant/ Administrative Assistant II</i>
	1.2 INFRA team will survey and assess. <ul style="list-style-type: none"> If major job, refer to vendor If minor job, schedule for installation and perform cabling 		7 days	<i>Computer Maintenance Technologist II / Administrative Aide VI Vendor</i>
	1.3 Prepare service report		30 minutes	<i>Computer Maintenance Technologist II / Administrative Aide VI</i>
2. Releasing and Filing process	2. Receive signed ITSR with rating	None	30 minutes	<i>Computer Maintenance Technologist II / Administrative Aide VI /Sr. Administrative Assistant I</i>
	2.1 Upload to shared drive and file ITSR		5 minutes	<i>Sr. Office Assistant</i>
TOTAL:		None	7 days, 1 hour, 10 minutes	

5. Request for Teleconferencing/ Videoconferencing Services

Process on requesting for Teleconferencing/ Videoconferencing services

Office or Division:	IT Office			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	All PGH Department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter Request for Teleconferencing / Videoconferencing services (1 original)		Requesting department		
Accomplished ITSR form(1 original)		IT Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Make a Request Letter for Teleconference and submit to IT Office	1. Receive request	None	5 minutes	<i>Administrative Assistant II/Sr. Office Assistant/</i>
	1.1 Check for 1 week lead time, proper signatories and accomplished ITSR	None	5 minutes	<i>Computer Maintenance Technologist/ Administrative Aide VI</i>
2. Receive information about the availability of equipment from the IT Office	2. Prepare endorsement letter If equipment is unavailable, inform end user	None	30 minutes	<i>Computer Maintenance Technologist II/ Administrative Aide VI</i>
	2.1 IF equipment is available, coordinate with end-user for re-scheduling and dry run		1 day	
	2.2 Prepare service report			
3. Acknowledge IT service by signing and completing customer satisfaction survey on ITSR	3. Receive signed ITSR with satisfaction rating	None	5 minutes	<i>Computer Maintenance Technologies/ Administrative Aide VI/ Sr. Assistant I</i>
	3.1 Upload to shared drive and file ITSR			
				<i>Sr. Office Assistant</i>

TOTAL:	None	1 day, 45 minutes	
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6. Application for PGH ID

Process on applying for the official PGH ID

Office or Division:	IT Office			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All newly hired PGH Regular and Contractual Employees, Resident, Fellows and Consultant Doctors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
ID application slip (1 original)		HRRD		
Official Receipt (1 original)		Cash Division		
Properly filled up ID form (1 original)		IT Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit issuance application slip from HRDD and official receipt	1. Receive issuance application slip and Official Receipt	P 130	5 minutes	<i>Sr. Office Assistant/ Administrative Assistant II</i>
2. Accomplish online PGH ID application form with attached ID picture and signature (scanned)	2. Check & upload online ID application	None	10 minutes	<i>Administrative Aide VI</i>
	2.1 Encode data into the ID system		30 minutes	
	2.2 Edit uploaded ID picture and signature 2.3 Print ID			
3. Receive ID	3. Release ID card and ask to sign on the receiving list.	None	5 minutes	<i>Sr. Office Assistant/ Administrative Assistant II</i>
TOTAL:		None	50 minutes	

7. Application for ARTA ID

Process on applying for the official ARTA ID

Office or Division:	IT Office			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
ARTA ID slip (1 original)		IT Office		
PGH ID (1 original)		IT Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit issuance application slip from HRDD	1. Receive issuance application slip	None	5 minutes	<i>Sr. Office Assistant/ Administrative Assistant II</i>
2. Accomplish online PGH ID application form with attached ID picture	2. Check & upload online ID application 2.1 Encode data into the ID system 2.2 Edit uploaded ID picture 2.3 Print ID	None	10 minutes 30 minutes	<i>Administrative Aide VI</i>
3. Receive ID	3. Release ID card and ask to sign on the receiving list.	None	5 minutes	<i>Sr. Office Assistant/ Administrative Assistant II</i>
TOTAL:		None	50 minutes	

8. Application for Replacement of Lost PGH ID/ ARTA ID

Process on replacing lost PGH/ ARTA ID

Office or Division:	IT Office			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Affidavit of Loss Form (1 original)		HRDD		
Lost ID payment Official Receipt (1 original)		Cashier		
Properly filled up ID form (1 original)		IT Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit affidavit of loss with approval of the Office of the Deputy Director for Admin (ODDA) with Official Receipt (OR)	1. Receive properly filled out and signed Affidavit of Loss form and Official Receipt.	P 220	5 minutes	<i>Sr. Office Assistant/ Administrative Assistant II</i>
2. Accomplish online PGH ID application form and attach ID picture and signature	2. Check & upload online ID application 2.1 Encode data into the ID system 2.2 Edit uploaded ID picture 2.3 Print ID	None	10 minutes 30 minutes	<i>Administrative Aide VI</i>
3. Receive ID	3. Release ID card and ask to sign on the receiving list.	None	5 minutes	<i>Sr. Office Assistant/ Administrative Assistant II</i>
TOTAL:		None	50 minutes	

9. Application for Replacement of Damaged PGH ID/ ARTA ID/Changed Status

Process on replacing damaged PGH/ ARTA ID/ change of marital status

Office or Division:	IT Office			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
ID slip (1 original)		HRDD		
ID payment Official Receipt (1 original)		Cashier		
ID application form (1 original)		IT Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit issuance application slip from HRDD	1. Receive issuance application slip	P 130	5 minutes	<i>Sr. Office Assistant/ Administrative Assistant II</i>
2. Accomplish online PGH ID application form and attach ID picture and signature	2. Check & upload online ID application 2.1 Encode data into the ID system 2.2 Edit uploaded ID picture 2.3 Print ID	None	10 minutes 30 minutes	<i>Administrative Aide VI</i>
3. Receive ID and surrender damaged ID	3. Release ID card and ask to sign on the receiving list. Received damaged ID	None	5 minutes	<i>Sr. Office Assistant/ Administrative Assistant II</i>
TOTAL:		None	50 minutes	

10. Request for IT Equipment Specification

Process on requesting for specification for an IT equipment for Purchase Request

Office or Division:	IT Office			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH Units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
-Filled out ITSR form with IT Technician's evaluation -Filled out Request for PC and Peripheral Form (RPPF)		Requesting department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a filled out RPPF with attached filled out ITSR form with the technical evaluation of an IT Personnel	1. Receive request	None	5 minutes	<i>Sr. Office Assistant/ Administrative Assistant II</i>
	1.1 Prepare IT equipment specifications document; submit for approvals		2 days	<i>Administrative Assistant II</i>
	1.1 Review and sign 1.2 Send document to requesting unit		4 hours	<i>IT Officer III / Sr. Office Assistant</i>
2. Receive requested document	2. File receiving copy of document.	None	5 minutes	<i>Administrative Assistant II</i>
TOTAL:		None	2 days, 4 hours 10 minutes	

11. Evaluation of IT Equipment Specifications on the Abstract of Canvass

Process on evaluating IT equipment specifications on the Abstract of Canvass

Office or Division:	IT Office			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH Department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Abstract of Canvass for an IT equipment (1 original)		Procuring Department (Purchasing or BAC)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send Abstract of Canvass for evaluation	1. Receive abstract of canvass.	None	5 minutes	<i>Administrative Assistant II/ Sr. Office Assistant</i>
	1.1 Evaluate IT specs and make proper recommendations; submit for approvals.		2 days	<i>Administrative Assistant II/</i>
	1.2 Review and sign		4 hours	<i>Sr. Administrative Assistant I IT Officer III</i>
2. Receive requested document	2. Send document to requesting unit	None	5 minutes	<i>Administrative Assistant II/Sr. Office Assistant</i>
	2.1 File receiving copy of document			<i>Administrative Assistant II</i>
TOTAL:		None	2 days, 4 hours 10 minutes	

12. Certification for Provider of IT Services for Bill Payment Purposes

Providing certification for service provider/vendor on our monthly services subscription

Office or Division:	IT Office			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Vendor/ Service Provider			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Monthly billing from vendor/ service provider with monthly usage report (1 original)		Vendor		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send monthly billing of the subscription with monthly usage report	1. Receive monthly billing receipt from service provider	None	5 minutes	<i>Administrative Assistant II/Sr. Office Assistant</i>
	1.1 Prepare certification, voucher, BUR and monthly usage report; submit for approvals		2 days	<i>Administrative Assistant II</i>
	1.2 Review and sign		4 hours	<i>Sr. Administrative Assistant I/ IT Officer III</i>
	1.3 Send documents to Budget Office		5 minutes	<i>Administrative Assistant II</i>
	1.4 File receiving copy of document			<i>Administrative Assistant II</i>
TOTAL:		None	2 days, 4 hours, 10 minutes	

13. Certification of Equipment/ Project Acceptance

Providing certification to supplier/ vendor for the completion of IT project

Office or Division:	IT Office			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Supplier/ Vendor			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Project completion report (1 original)		Vendor		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send project completion report for all IT projects	1. Receive project completion report	None	5 minutes	<i>Administrative Assistant II/Sr. Office Assistant</i>
	1.1 Prepare Certification of Final Acceptance using the project report as reference then submit for approvals.		3 days	<i>Computer Maintenance Technologist II/ Administrative Aide VI</i>
	1.2 Review and sign		1 day	
2. Receive document	2. Send document to vendor for billing preparations	None	5 minutes	<i>Administrative Assistant II/Sr. Office Assistant</i>
	2.1 File receiving copy of document.			<i>Administrative Assistant II</i>
TOTAL:		None	4 days, 10 minutes	

14. Application for UP Email Account Password Reset

Providing assistance for PGH employees with deactivated UP email account.

Office or Division:	IT Office			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request for System Assistance Form (RSAF) Scanned PGH ID		Applicant Applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit fill-out request for System Assistance form (RSAF)	1. Receive filled out RSAF	None	5 minutes	<i>Administrative Assistant II/Sr. Office Assistant</i>
	1.1 Process request		2 days	Admin Asst. II/ Admin Asst. IV
2. Receive email about new information	2. Email the following to the requesting personnel: • UP Email • Password • Verification code	None	5 minutes	Admin Asst. II/ Admin Asst. IV
TOTAL:		None	2 days 10 minutes	

15. Request for System Application Support

Process of requesting for assistance and troubleshooting of production systems.

Office or Division:		Information Technology Office – Application Development Team		
Classification:		Simple		
Type of Transaction:		G2G		
Who may avail:		PGH employees accessing IT-supported application systems		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
IT Service Request (ITSR) form Request for System Access Form (RSAF) Request for Access Control Form (RACF)		Information Technology Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit ITSR, RSAF with RACF	1. Receive forms 1.1 Check for complete information and proper signatories; Acknowledge receipt 1.1 Analyze the requirement. 1.2 Provide necessary support 1.3 Present to end-user for acceptance 1.4 Complete ITSR form 1.5 Submit to end-user for acknowledgement and rating	None	5 minutes 5 days	<i>Sr. Office Assistant/ Administrative Assistant II</i> <i>Programmer III / Programmer II / Computer Maintenance Technologist II</i>
2. Acknowledge IT service by signing and completing customer satisfaction survey on ITSR	2. Receive signed ITSR with satisfaction rating 2.1 Upload to shared drive and file ITSR	None	5 minutes 10 minutes	<i>Programmer / Computer Maintenance Technologist II</i> <i>Sr. Office Assistant</i>
TOTAL:		None	5 days, 20 minutes	

16. Request for Zoom Video Webinar

Office or Division:	Information Technology Office			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	PGH employees/end-users for IT-supported application systems			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
IT Service Reques Zoom Video Webinar Request Form Letter of Request		Information Technology Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter with attached application for the Zoom Video Webinar form or email; and the ITSR	1. Receive ITSR &/or letter, with attach application Zoom Video Webinar form &/or letter;	None	5 minutes	<i>Sr. Office Assistant/ Administrative Assistant II</i>
	1.1 Check for complete information and proper signatories; Acknowledge receipt 1.1 Coordinate to end-user date of availability and number of participants		1 day	<i>Programmer II</i>
	1.2 Provide Zoom Link 1.3 Complete ITSR form 1.4 Submit to end-user for acknowledgement and rating 1.4 Sign & approve the document for release		1 day	<i>IT Officer III</i>
	TOTAL:	None	2 days, 5 minutes	

17. Request for HDTV/Website Posting

Office or Division:	Information Technology Office			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	PGH employees/end-users for IT-supported application systems			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request for Posting Form Letter of Request		Information Technology Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request for access received via letter with attach application for HDTV/Website Posting form or email; and the ITSR to ITO	1. Receive ITSR &/or letter, with attach application HDTV/Posting form &/or letter;	None	5 minutes	<i>Administrative staff ITO</i>
	1.1 Check for complete information and proper signatories; Acknowledge receipt 1.2 Coordinate to end-user date of availability and 1.3 Receive/upload file from flash drive or thru email 1.4 Complete ITSR form 1.5 Submit to end-user for acknowledgement and rating	None	2 days	<i>Computer Maintenance Technologist II</i>
	1.6 Sign & approve the document for release			<i>IT Officer III</i>
2. Acknowledge IT service by signing and completing customer satisfaction survey on ITSR	2. Receive signed ITSR with satisfaction rating	None	5 minutes	Computer Maintenance Technologist II/Admin. Aide VI
	2.1 Upload to shared drive and file ITSR 2.2 File HDTV/Website Posting		10 minutes	Sr. Office Assistant
TOTAL:		None	2 days, 20	

			minutes	
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18. Request for VPN/SYNAPSE

Office or Division:	Information Technology Office			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	PGH employees/end-users for IT-supported application systems			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
IT Service Request Equipment (Laptop/Desktop/Mobile Phone)		Information Technology Office End-User		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit ITSR to ITO	1. Receive ITSR with complete information and proper signatories; Acknowledge receipt	None	5 minutes	<i>Administrative Staff ITO</i>
	1.1 Coordinate, install and configure equipment end-user use 1.2 Complete ITSR form 1.3 Submit to end-user for acknowledgement and rating	None	20 minutes	<i>Computer Maintenance Technologist II / Admin Aide VI</i>
	2. Advise & coordinate ADS account to UPM-IMS & for Synapse coordinate to PGH Radiology for the account			
	TOTAL:	None	25 minutes	

Institutional Research, Planning and Development Staff

Internal Services

1. Processing of Request for QMS Registration of PGH Documents

The QMS registration of a PGH document (e.g. procedure, guidelines, work instructions, form, and masterlist) is processed as requested (i.e. as a new document, a document for revision or for deletion) and issued to process owner before the effectivity date.

Office or Division:	Institutional Research, Planning and Development Staff (IRPDS)			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	All PGH Departments, Divisions, and Units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Accomplished Document Control Form		IRPDS		
2. Printout and electronic copy of reviewed and approved PGH document		Requesting Department/ Division/ Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the approved DCF and printout of the PGH document for QMS registration; and send by email its electronic copy to IRPDS	1. Process the request for QMS registration of PGH document 1.1 Follow the Procedure on Control of Documented Information 1.2 Issue PGH document to process owner	None	7 Days	Document Control Custodian (DCC) and DCC Team
TOTAL:		None	7 Days	

2. Provision of Hospital Data/Information, Special Studies, and Other Relevant Documents

The IRPD staff provides technical assistance to all PGH Departments, Divisions, Units and Executives Offices through hospital data/rates, job audits, surveys and special studies relevant to management decision-making.

Office or Division:	Institutional Research, Planning and Development Staff (IRPDS)			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	All PGH Departments/Divisions/Units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For all requests for technical assistance: Request letter approved by the Office of the Director or (Deputy Director) and proof of identification		Requesting Department/ Division/ Unit/ Office or Requesting Individual		
For conduct of job audits, surveys, and special studies: Data and supporting documents relevant to the study				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the approved letter of request from the Office of the Director (or Deputy Director) specifying the needed hospital data/ information and present proof of identification to IRPDS	1. Provide the needed hospital data/ information; or prepare report for the conduct of audits, special studies, and surveys.	None	20 Days	IRPD Staff
TOTAL:		None	20 Days	

3. Provision of Client Satisfaction Survey Reports

The IRPD staff provides survey reports to various hospital departments and units covered in the conduct of Patient Satisfaction Survey (PSS).

Office or Division:	Institutional Research, Planning and Development Staff (IRPDS)			
Classification:	Highly Technical			
Type of Transaction:	G2G,			
Who may avail:	All PGH Departments/Divisions/Units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished Patient Satisfaction Survey Forms (Departmental)		Various Hospital Areas; IRPDS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the accomplished PSS Forms (from Charity Wards, Pay Areas, Outpatient Services, DEM and OBAS, Special Units, and ICUs) to IRPDS	1. Process the PSS forms and submit the final PSS reports to different departments and units and Deputy Directors Note: Consolidate data and comments from PSS reports in preparation for the Management Review	None	20 Days	IRPD Staff
TOTAL:		None	20 Days	

Internal Audit Special Services Staff

Internal Services

1. Inspection of Deliveries of Supplies, Drugs, Medicines, Chemicals and Reagents

Inspection of deliveries of Medical/Office/Housekeeping/Construction/Commissary Supplies, Drugs and Medicines, and Chemicals and Reagents

Office or Division:	Internal Audit Special Services Staff (IASSS)			
Classification:	Complex			
Type of Transaction:	G2G – Government to Government			
Who may avail:	Property and Supply Division (PSD), Laboratory Dep't. (CB/MRL/RAI), Pharmacy Dept.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Inspection and Acceptance Report (IAR), original copy		Property and Supply Division (PSD)		
Purchase Order (PO), original copy		Purchasing Office		
Sales Invoice/Delivery Receipt, original copy		Client/Supplier		
Other documents/attachments deemed necessary		Responsible unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Prepare Inspection and Acceptance Report (IAR) and submit Request for Inspection	1. Receive and check the items listed in the Request for Inspection (IAR, PO, Sales Invoice/Delivery Receipt, and other related documents)	None	25 minutes (Avg.: 25 IAR/day and 50 line items/day) 25 IAR x 1min	Admin. Asst./ IASSS
	1.1 Stamp "Received" and affix initial and time and distribute the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents to the designated Inspector	None	12 minutes, 30 seconds 25 IAR x 30 secs	Admin Asst./ IASSS
	1.2 Review the accuracy, completeness, and correctness of the IAR, PO, Sales Invoice/Delivery Receipt and other related documents by the designated	None	1 hour, 15 minutes 25 IAR x 3 mins	Admin Officer/ IASSS

	inspector			
2. Provide assistance to the Inspector during inspection of deliveries	2. Proceed and coordinate with the assigned storekeeper/custodian as to the time and location of inspection to conduct actual inspection of deliveries in the presence of the Storekeeper/Custodian	None	2 hours, 5 minutes 25 IAR x 5 mins	Admin Officer/ IASSS
	2.1 Return to office to review, make a notation, and affix signature and date of inspection in the original PO, Sales Invoice/Delivery Receipt, and other related documents	None	2 hours, 5 minutes 50 line items x 2 mins, 30 secs	Admin Officer/ IASSS
	2.2 Prepare the Inspection Report (IR) by indicating in the IAR the Findings/Recommendations and the total amount acceptable, and affix signature and date of IR preparation	None	50 minutes 25 IAR x 2 mins	Admin Officer/ IASSS
	2.3 Review as to its accuracy, completeness, and correctness of the IAR and other related documents, affix signature with date of the supervisor and the Chief of IASSS in the IAR and return approved Inspection Report to the designated	None	1 hour, 40 minutes 25 IAR x 4 mins	Admin Officer, Chief of IASSS/ IASSS

	Inspector			
	2.4 Sort and file copies of IAR, PO, Sales Invoice, and other related documents for fast and easy retrieval	None	25 minutes 25 IAR x 1 min	Admin Officer/ IASSS
	2.5 Record the relevant details in the logbook	None	18 minutes, 45 seconds 25 IAR x 45 secs	Admin Officer/ IASSS
3. Receive IAR/s with Inspection Report	3. Deliver the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents to the PSD	None	10 minutes	Admin Officer/ IASSS
TOTAL:		None	1 day, 1 hour, 26 minutes, 15 seconds	

2. Inspection of Deliveries of Linen Raw Materials

Inspection of deliveries of Linen Raw Materials

Office or Division:	Internal Audit Special Services Staff (IASSS)			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who may avail:	Property and Supply Division (PSD)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Inspection and Acceptance Report (IAR), original copy		Property and Supply Division (PSD)		
Purchase Order (PO), original copy		Purchasing Office		
Sales Invoice/Delivery Receipt, original copy		Client/Supplier		
Physical and Chemical Testing Laboratories, and Evaluation of Test Result, if applicable, original copy		Philippine Textile Research Institute (PTRI)		
Other documents/attachments deemed necessary		Responsible unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Prepare Inspection and Acceptance Report (IAR) and submit Request for Inspection	1. Receive and check the items listed in the Request for Inspection (IAR, PO, Sales Invoice/Delivery Receipt, and other related documents)	None	1 minute (Avg.: 1 IAR/day and 1 line item/day) 1 IAR x 1 min	Admin. Asst./ IASSS
	1.1 Stamp "Received" and affix initial and time and distribute the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents to the designated Inspector	None	30 seconds 1 IAR x 30 secs	Admin Asst./ IASSS
	1.2 Review the accuracy, completeness, and correctness of the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents	None	3 minutes 1 IAR x 3 mins	Admin Officer/ IASSS

	by the designated inspector			
2. Provide assistance to the Inspector during inspection of deliveries	2. Proceed to the location to randomly select portion of the bale where the supplier or its authorized representative will cut the two (2) meter sample to be taken to PTRI for testing	None	15 minutes	Admin Officer/ IASSS
Note: Succeeding agency action will commence once the PTRI Test Result is faxed or e-mailed to the designated Inspector	2.1 Submit the sample together with the Storekeeper/Custodian and the authorized representative of the supplier	None	4 hours	Admin Officer/ IASSS
3. Pick-up the test result from PTRI together with the authorized representative of the supplier on the date scheduled by PTRI and submit the original copy to IASSS	3. After the PTRI Test Result is received, conduct the actual inspection of the delivery by checking the measurement in the packing list against the actual delivery using the 10% random sampling	None	4 hours 150 bale/Sl (delivery) x 1 hour	Admin Officer/ IASSS
	3.1 Return to office to review, make a notation, and affix signature and date in the original PO, Sales Invoice/Delivery Receipt, PTRI Test Result, and other related documents	None	2 minutes, 30 seconds 1 line item x 2 mins, 30 secs	Admin Officer/ IASSS
	3.2 Prepare the Inspection Report (IR) by indicating in the IAR the Findings/ Recommendations	None	2 minutes	Admin Officer/ IASSS

	and the total amount acceptable, and affix signature and date of IR preparation		1 IAR x 2 mins	
	3.3 Review as to its accuracy, completeness, and correctness of the IAR and other related documents, affix signature with date of the supervisor and the Chief of IASSS in the IAR and return approved Inspection Report to the designated Inspector	None	4 minutes 1 IAR x 4 mins	Admin Officer, Chief of IASSS/ IASSS
	3.4 Record the relevant details in the logbook	None	45 seconds 1 IAR x 45 secs	Admin Officer/ IASSS
4. Receive IAR/s with Inspection Report	4. Deliver the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents to the PSD	None	10 minutes	Admin Officer/ IASSS
TOTAL:		None	1 day, 38 minutes, 45 secs	

3. Inspection of Deliveries of Medical Gases

Inspection of deliveries of Medical Gases

Office or Division:	Internal Audit Special Services Staff (IASSS)			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who may avail:	Property and Supply Division (PSD)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Inspection and Acceptance Report (IAR), original copy		Property and Supply Division (PSD)		
Purchase Order (PO), original copy		Purchasing Office		
Sales Invoice/Delivery Receipt, original copy		Client/Supplier		
Other documents/attachments deemed necessary		Responsible unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Notify the Inspector of the deliveries of medical gases and provide assistance in the inspection thereof	1. Proceed to the designated area/storeroom upon receipt of notice for inspection	None	3 minutes	Admin Officer/ IASSS
	1.1 Check the details and the validity of the Sales Invoice and PO, verify the serial number embossed in the medical gas cylinder against the Sales Invoice, and make a 10% random check of the pressure of the medical gas cylinder thru the assistance of the Storekeeper/Custodian by using pressure gauge	None	1 hour, 10 minutes 140 medical gas cylinders (10%) = 30 mins 40 compressed air (all) = 40 mins	Admin Officer/ IASSS
	1.2 Make a notation in the original Sales Invoice and affix signature and date of inspection	None	45 seconds 3 Sales Invoice x 15 secs	Admin Officer/ IASSS
Note: Succeeding	1.3 Entrust noted and	None		Admin Officer/

agency action will commence once the IAR is prepared by the client with attached necessary documents	signed Sales Invoice to the Storekeeper/Custodian for IAR preparation			IASSS
2. Submit prepared IAR and necessary documents for Inspection Report preparation	2. Receive and check the IAR, Sales Invoice and other related documents	None	3 minutes (Avg.: 3 IARs/day; 3 line items/IAR 3 IAR x 1 min	Admin Asst./ IASSS
	2.1 Stamp "Received" and affix initial and time and distribute the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents to the designated Inspector	None	1 minute, 30 seconds 3 IAR x 30 secs	Admin Asst./ IASSS
	2.2 Review the accuracy, completeness, and correctness of the IAR, PO, Sales Invoice/Delivery Receipt and other related documents by the designated inspector	None	9 minutes 3 IAR x 3 mins	Admin Officer/ IASSS
	2.3 Prepare the Inspection Report (IR) by indicating in the IAR the Findings/ Recommendations and the total amount acceptable, and affix signature and date of IR preparation	None	6 minutes 3 IAR x 2 mins	Admin Officer/ IASSS
	2.4 Review as to its accuracy, completeness, and correctness of	None	12 minutes	Admin Officer, Chief of IASSS/ IASSS

	the IAR and other related documents, affix signature with date of the supervisor and the Chief of IASSS in the IAR and return approved Inspection Report to the designated Inspector		3 IAR x 4 mins	
	2.5 Sort and file copies of IAR, PO, Sales Invoice, and other related documents for fast and easy retrieval	None	3 minutes 3 IAR x 1 min	Admin Officer/ IASSS
	2.6 Record the relevant details in the logbook	None	2 minutes, 15 seconds 3 IAR x 45 secs	Admin Officer/ IASSS
3. Receive IAR/s with Inspection Report	3. Deliver the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents to the PSD	None	10 minutes	Admin Officer/ IASSS
TOTAL:		None	2 hours, 30 seconds	

4. Inspection of Deliveries of Equipment (except Big Ticket Equipment)

Inspection of deliveries of Equipment (Except Big Ticket Equipment)

Office or Division:	Internal Audit Special Services Staff (IASSS)			
Classification:	Complex			
Type of Transaction:	G2G – Government to Government			
Who may avail:	Property and Supply Division (PSD)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Inspection and Acceptance Report (IAR), original copy		Property and Supply Division (PSD)		
Purchase Order (PO), original copy		Purchasing Office		
Sales Invoice/Delivery Receipt, original copy		Client/Supplier		
Other documents/attachments deemed necessary		Responsible unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Prepare Inspection and Acceptance Report (IAR) and submit Request for Inspection	1. Receive and check the items listed in the Request for Inspection (IAR, PO, Sales Invoice/Delivery Receipt, and other related documents)	None	3 minutes (Avg.: 3 IAR/day and 7 line items/day) 3 IAR x 1 min	Admin. Asst./ IASSS
	1.1 Stamp "Received" and affix initial and time and distribute the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents to the designated Inspector	None	1 minute, 30 seconds 3 IAR x 30 secs	Admin Asst./ IASSS
	1.2 Review the accuracy, completeness, and correctness of the IAR, PO, Sales Invoice/Delivery Receipt and other related documents by the designated	None	45 minutes 3 IAR x 15 mins	Admin Officer/ IASSS

	inspector			
2. Provide assistance to the Inspector during inspection of deliveries	2. Proceed and coordinate with the assigned storekeeper/custodian as to the time and location of inspection to conduct actual inspection of deliveries in the presence of the Storekeeper/Custodian	None	1 hour, 10 minutes 7 line items x 10 mins	Admin Officer/ IASSS
	2.1 Return to office to review, make a notation, and affix signature and date in the original PO, Sales Invoice/Delivery Receipt and other related documents	None	17minutes, 30 seconds 7 line items x 2 mins, 30 secs	Admin Officer/ IASSS
	2.2 Prepare the Inspection Report (IR) by indicating in the IAR the Findings/ Recommendations and the total amount acceptable, and affix signature and date of IR preparation	None	6 minutes 3 IAR x 2 mins	Admin Officer/ IASSS
	2.3 Review as to its accuracy, completeness, and correctness of the IAR and other related documents, affix signature with date of the Chief of IASSS in the IAR and return approved Inspection	None	12 minutes	Admin Officer, Chief of IASSS/ IASSS

	Report to the designated Inspector		3 IAR x 4 mins	
	2.4 Sort and file copies of IAR, PO, Sales Invoice, and other related documents for fast and easy retrieval	None	3 minutes 3 IAR x 1 min	Admin Officer/ IASSS
	2.5 Record the relevant details in the logbook	None	5 minutes, 15 seconds 7 line items x 45 secs	Admin Officer/ IASSS
3. Receive IAR/s with Inspection Report	3. Deliver the IAR, PO, Sales Invoice/Delivery Receipt, and other related documents to the PSD	None	10 minutes	Admin Officer/ IASSS
Note: Succeeding agency action will commence once the necessary documents for compliance to the terms and conditions stated in the contract are attached	3.1 Entrust signed approved IAR to the designated Storekeeper/Custodian for attachment of other necessary documents for compliance to the terms and conditions stated in the contract	None		Admin. Officer/ IASSS
4 Submit approved IAR with the attached necessary documents for compliance to the terms and conditions stated in the contract for notation of designated Inspector	4. Receive IAR and other necessary documents with the attached requirements for compliance	None	3 minutes 3 IAR x 1 min	Admin. Asst./ IASSS
	4.1 Review, make a notation, and	None	15 minutes	Admin. Asst./ IASSS

	affix signature and date in the documents submitted with the attached requirements for compliance		3 IAR x 5 mins	
	4.2 Get a copy of the documents with notation and signature for file, and record the relevant details in the logbook	None	7 minutes 7 line items x 1 min	Admin Officer/ IASSS
	4.3 Deliver the approved IAR with the necessary documents noted	None	10 minutes	Admin Officer/ IASSS
TOTAL:		None	3 hours, 28 minutes, 15 seconds	

inspection of deliveries Note: The succeeding agency action will commence until the delivery of the remaining undelivered items.	inspection of deliveries in the presence of the Storekeeper/Custodian and supplier			
3. Inform the designated Inspector for the delivery of the remaining undelivered items for inspection	3. Proceed and coordinate with the assigned storekeeper/custodian as to the time and location of inspection to conduct actual inspection of deliveries of the remaining undelivered items in the presence of the Storekeeper/Custodian and supplier	None	30 minutes	Admin Officer/ IASSS
Note: Succeeding agency action will commence once the IAR is prepared	3.1 Entrust all documents signed by the representatives from IASSS, PSD and PITC/DBM used during inspection to the storekeeper/custodian for IAR preparation	None		Admin Officer/ IASSS
4. Submit prepared IAR with the all the documents to IASSS	4. Stamp "Received" and affix initial and time in the submitted documents and give to the designated inspector	None	30 seconds	IASSS Staff/ IASSS
	4.1 Review, make a notation, and affix signature and date on all the documents submitted	None	1 hour	Admin Officer/ IASSS

	4.2 Prepare the Inspection Report (IR) by indicating in the IAR the Findings/ Recommendations and the total amount acceptable, and affix signature and date of IR preparation	None	10 minutes 5 IAR x 2 mins	Admin Officer/ IASSS
	4.3 Review as to its accuracy, completeness, and correctness of the IAR and other related documents, affix signature with date of the Chief of IASSS in the IAR and return approved Inspection Report to the designated Inspector	None	30minutes	Chief of IASSS/ IASSS
	4.4 Sort and file copies of necessary documents for fast and easy retrieval	None	2 minutes	Admin Officer/ IASSS
5. Receive IAR/s with Inspection Report Note: Succeeding agency action will commence once the necessary Certificates are submitted for notation of the designated inspector	5. Deliver the IAR to PSD for attachment of Certificate of Testing and Final Acceptance by the end-user, Certificate of Training, Certificate of Work Accomplished by OETS (infrastructure portion, if applicable), and other related documents	None	10 minutes	Admin Officer/ IASSS
6. Submit IAR and	6. Receive IAR	None	1 minute	Admin. Asst./

Certificates for notation of the designated inspector, for compliance	and other necessary documents			IASSS
	6.1 Stamp "Received" and affix initial and time in the submitted documents and give to the designated inspector	None	30 seconds	Admin. Asst./ IASSS
	6.2 Review, make a notation, and affix signature and date in the documents submitted with the attached requirements for compliance	None	5 minutes 5 IAR x 1 min	Admin. Asst./ IASSS
	6.3 Get a copy of the documents with notation for attachment to IASSS file and record the relevant details in the logbook	None	1 minute	Admin Officer/ IASSS
	6.4 Deliver the approved IAR with the necessary documents noted	None	10 minutes	Admin Officer/ IASSS
TOTAL:		None	8 hours, 12 minutes, 30 seconds	

6. Inspection of Deliveries of Foodstuff

Inspection of deliveries of Foodstuff

Office or Division:	Internal Audit Special Services Staff (IASSS)			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who may avail:	Dietary Department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Inspection and Acceptance Report (IAR), original copy		Dietary Department		
Purchase Order (PO), original copy		Purchasing Office		
Letter Order, original copy		Dietary Department		
Sales Invoice, original copy		Client/Supplier		
Other documents/attachments deemed necessary		Responsible unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Letter Order	1. Receive and check the Letter Order	None	2 minutes	Admin. Officer/ IASSS
2. Provide assistance to the Inspector during inspection of deliveries	2. Proceed to the location to conduct actual inspection and to check compliance as to quantity and quality of deliveries in the presence of the Dietician/Assigned Officer and check the Sales Invoice issued by the supplier for the day against Letter Order	None	3 hours (Avg.: 20invoices with a total of 65 line items/day)	Admin. Officer/ IASSS
Note: Succeeding agency action will commence once the IARs are prepared by the client with attached necessary documents	2.1 Entrust noted and signed Sales Invoice to the Dietician on duty for IAR preparation	None		Admin. Officer/ IASSS
3. Submit prepared IAR and necessary documents for	3. Receive and check the IAR, Sales Invoice and other related	None	6 minutes	Admin. Asst./ IASSS

Inspection Report preparation	documents		20 IAR x 30sec	
	3.1 Stamp "Received" and affix initial and time and distribute the IAR, Sales Invoice and other related documents to the designated Inspector	None	10 minutes 20 IAR x 30 sec	Admin. Asst./ IASSS
	3.2 Review IAR, Sales Invoice prices against prices indicated in the Notice of Award (NOA)	None	1 hour, 5 minutes 65 line items x 1 mins	Admin Officer/ IASSS
	3.3 Prepare the Inspection Report (IR) by indicating in the IAR the Findings/ Recommendations and the total amount acceptable, and affix signature and date of IR preparation	None	40 minutes 20 IAR x 2 mins	Admin Officer/ IASSS
	3.4 Review as to its accuracy, completeness, and correctness of the IAR and other related documents, affix signature and date of the supervisor and the Chief of IASSS in the IAR and return approved Inspection Report to the designated Inspector	None	1 hour, 20 minutes 20 IAR x 4 mins	Admin Officer, Chief of IASSS/ IASSS
	3.5 Sort and file copies of IAR, Sales Invoice and other related documents for fast	None	20 minutes 20 IAR x 1 min	Admin Officer/ IASSS

	and easy retrieval			
	3.5 Record the relevant details in the logbook	None	15 minutes 20 IAR x 45secs	Admin Officer/ IASSS
4. Receive IAR/s with Inspection Report	4. Deliver the IAR, Sales Invoice and other related documents to Dietary Department	None	10 minutes	Admin Officer/ IASSS
TOTAL:		None	7 hours, 8 minutes	

7. Inspection of Purchases (Petty Cash)

Inspection of goods purchased through Petty Cash

Office or Division:	Internal Audit Special Services Staff (IASSS)			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who may avail:	Purchasing Office and other Departments			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Inspection and Acceptance Report (IAR), original copy		Responsible unit		
Requisition and Issue Slip (RIS), original copy		Purchasing Office		
Cash Invoice/Official Receipt, original copy		Client/Supplier		
Other documents/attachments deemed necessary		Responsible unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Notify the Inspector of the goods purchased through petty cash and provide assistance in the inspection thereof	1. Coordinate with the designated person and proceed to the area upon receipt of notice for inspection	None	10 minutes	IASSS Staff/ IASSS
2. Present goods purchased with necessary documents	2. Conduct inspection upon presentation of goods and check correctness against Cash Invoice/Official Receipt and approved RIS	None	1 hour, 10 minutes (Avg. 5 IAR/day; 35 line items/day) 35 line items x 2 mins	IASSS Staff/ IASSSn
	2.1 Make a notation in the original copy of the Cash Invoice/Official Receipt and RIS and take note also the expiration date of the goods, if applicable. Affix initial/signature and the date of inspection and return the goods to the concerned Buyer	None	15 minutes 5 IAR x 3 mins	IASSS Staff/ IASSS

	2.2 Sort and file copies of IAR, Sales Invoice and other related documents for fast and easy retrieval	None	5 minutes 5 IAR x 1 min	IASSS Staff/ IASSS
	2.3 Record the relevant details in the logbook	None	3 minutes, 45 seconds 5 IAR x 2 mins	IASSS Staff/ IASSS
3. Receive IAR/s with Inspection Report	3.1 Return the IAR, RIS, Cash Invoice/Official Receipt and other related documents to the concerned unit	None	10 minutes	IASSS Staff/ IASSS
TOTAL:		None	1 hour, 53 minutes, 45 seconds	

Legal Office

Internal Services

1. Preparation of MOAs/Service Contracts (Facilities Management, Laundry, Internet, Consultancy), Preventive Maintenance Agreement, General Construction Agreement and Lease Contracts Requiring BAC Resolution

Drafting and finalization of various MOAs/ Contracts entered into by PGH

Office or Division:	Legal Office			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Departments/Wards/Divisions/Units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> • BAC Resolution • Budget Clearance • Scope of Works • Information on the contracting party – name and designation of signatory(ies), address of company 		BAC1, BAC2 Budget Services Division Department/Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Write request-letter to the Director through channels	1. Receive and check all documents delivered from the Director's Office 1.1 Encode documents for easy monitoring 1.2 Draft the contract 1.3 Photocopy and attach Annexes 1.4 Review and initial the contract 1.5 Encode outgoing contract	None	9 days, 7 hours	<i>Office Assistant</i> Legal Office <i>Office Assistant</i> Legal Office <i>Legal Assistant</i> Legal Office <i>Administrative Aide VI</i> Legal Office <i>Chief Legal Officer</i> Legal Office <i>Office Assistant</i> Legal Office
2. Receive documents for signature of Chair or Chief then forward the contract to the Offices listed in the tracking form, the	2. Deliver contract to end-user for signature	None	25 minutes	<i>Administrative Aide I</i> Legal Office

end-point of which is the Director's Office				
	2.1 Receive signed contract from the Director's Office 2.2 Encode document 2.3 Route contract to end-user or OETS (in case of PMA and GCA) for signature of the contracting party and for notary			<i>Office Assistant</i> Legal Office <i>Office Assistant</i> Legal Office <i>Legal Assistant</i> Legal Office
3. Receive contract for contracting party's signature and for notary	3. Deliver contract to end-user or OETS (in case of PMA and GCA) for contracting party's signature and for notary	None	15 minutes	<i>Administrative Aide I</i> Legal Office
4. Deliver to Legal Office original copy of perfected contract with photocopies	4. Receive contract and check all documents and attachments 4.1 File original contract and furnish photocopies to Accounting, COA, Internal Audit, Chancellor, BAC and Property (in case of Contract for Laundry Services)	None	20 minutes	<i>End-user</i> Concerned Office/ Department <i>Office Assistant and Administrative Aide I</i> Legal Office
TOTAL:		None	10 days	

2. Preparation of MOAs on Observership, Training, Fellowship, HMO Affiliation, LGU Affiliation, Limited Practice and Referral Lab

Drafting and finalization of various MOAs/ Contracts entered into by PGH

Office or Division:	Legal Office			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Departments/Wards/Divisions/Units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> Letter/request duly approved by the Director (1 original) Information on the contracting party – name and designation of signatory(ies), address 		Through channels Department/Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Write request-letter to the Director through channels	1. Receive and check all documents delivered from the Director's Office	None	9 days, 7 hours	<i>Office Assistant</i> Legal Office
	1.1 Encode documents for easy monitoring			<i>Office Assistant</i> Legal Office
	1.2 Draft the contract			<i>Legal Assistant</i> Legal Office
	1.3 Photocopy and attach Annexes			<i>Administrative Aide VI</i> Legal Office
	1.4 Review and initial the contract			<i>Chief Legal Officer</i> Legal Office
	1.5 Encode outgoing contract			<i>Office Assistant</i> Legal Office
2. Receive documents for signature of Chair or Chief then forward the contract to the Offices listed in the tracking form, the end-point of which is the Director's Office	2. Deliver contract to concerned office/department for signature	None	25 minutes	<i>Administrative Aide I</i> Legal Office

	2.1 Receive signed contract from the Director's Office 2.2 Encode document 2.3 Route contract to concerned office/department for signature of the contracting party and for notary			<i>Office Assistant</i> Legal Office <i>Office Assistant</i> Legal Office <i>Legal Assistant</i> Legal Office
3. Receive contract for contracting party's signature and for notary	3. Deliver contract to concerned office/department for contracting party's signature and for notary	None	15 minutes	<i>Administrative Aide I</i> Legal Office
4. Deliver to Legal Office original copy of perfected contract with photocopies	4. Receive contract and check all documents and attachments 4.1 File original contract and furnish photocopies to Accounting, COA, Internal Audit, Chancellor	None	20 minutes	Concerned Office/ Department <i>Office Assistant and Administrative Aide I</i> Legal Office
TOTAL:		None	10 days	

3. Legal Assistance to PGH Officials/ Employees with Work-related Legal Queries, including Administrative, Civil or Criminal Cases, etc.

Assistance to PGH officials/employees includes legal consultation, mediation, coordination, preparation of pleadings and representation in courts and quasi-judicial courts

Office or Division:	Legal Office			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	PGH Employees			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Accomplished Request for Legal Assistance Form (1 original)			Legal Office	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to the Legal Office or make a phone call to the Legal Office to seek assistance	1. Give Legal Assistance Form for walk-in query or fill-up Legal Assistance Form for phone query	None	1 day	<i>Office Assistant</i> Legal Office
	1.1 Encode Form for easy monitoring			<i>Office Assistant</i> Legal Office
	1.2 Review Form and talk to client and render advise, determine if the initial findings of the department show that the employee complained against is not negligent, and/or refer to the Chief Legal Officer			<i>Legal Assistant</i> Legal Office
	1.3 Review Form and endorsement of Legal Assistant; assign the case to lawyer	None	2 days	<i>Chief Legal Officer</i> Legal Office
	1.4 Study documents and conduct investigation/ inquiry; advise concerned employee; prepare necessary pleadings; appear in courts and	Mailing and notarial fees are shouldered by the employee	17 days	<i>Attorney III</i> Legal Office

	quasi-judicial courts (Note: status of the case is reported to the UP System Office of the Vice President for Legal Affairs through the PGH Director quarterly and/or twice a year)			
	TOTAL:	Mailing and notarial fees are shouldered by the employee	20 days	

4. Preparation of Comments/ Opinions, Review of Policy and All Matters Referred by the Director

Comments/opinions are rendered in answer to various queries of officials and employees

Office or Division:	Legal Office			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	PGH Officials and Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Written request from PGH officials and employees with endorsement from the department/office chair/chief (1 original)		PGH officials and employees		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Write request-letter to the Director through channels	1. Receive and check all documents	None	1 day	<i>Office Assistant</i> Legal Office
	1.1 Encode documents for easy monitoring	None		<i>Office Assistant</i> Legal Office
	1.2 Review the documents for referral to the Chief Legal Officer	None		<i>Legal Assistant</i> Legal Office
	1.3 Review documents and determine; assign the query to lawyer	None	2 days	<i>Chief Legal Officer</i> Legal Office
	1.4 Study documents and conduct investigation/inquiry, if necessary; render an opinion	None	15 days	<i>Attorney III</i> Legal Office
	1.5 Review and approve written opinion	None	1 day, 7 hours 45 minutes	<i>Chief Legal Officer</i> Legal Office
2. Receive opinion/comment	2. Deliver written opinion to requesting party/office, copy furnished the Director and/or concerned Deputy Director	None	15 minutes	<i>Administrative Aide I</i> Legal Office
TOTAL:		None	20 days	

Department of Anesthesiology

External Services

1. Administration of Anesthesia Services in the Non-operating Room Anesthesia (NORA) Areas

This procedure covers activities from receipt of referral to providing discharge instructions

Office or Division:	Department of Anesthesiology Division of Non-operating Room Anesthesia			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients of referring services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral information		Primary or referring physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive a schedule for provision of anesthesia services after the primary or referring physician has submitted and transacted the following referral information: <ul style="list-style-type: none"> • Referring service • Patient clinical diagnosis and other relevant information, including COVID status • Date and time, and duration of procedure • Reason for referral to anesthesia services 	1. Accept referral information for NORA anesthesia services	None	5 minutes	<i>Nurse on duty</i> PATEC
	1.1 Receive and check for completeness of information	None	5 minutes	<i>Resident rotator</i> PATEC
	1.2 Verify with the NORA calendar the availability of date and time for provision of anesthesia services	None	5 minutes	<i>Resident rotator</i> PATEC
	1.3 Record referral in NORA scheduler	None	5 minutes	<i>Resident rotator</i> PATEC
	1.4 Conduct consultation with the referring service if there is conflict with the date and time	None	5 minutes	<i>Resident rotator</i> PATEC
	1.5 Give the primary or referring physician feedback on the recorded date and time of the NORA procedure	None	5 minutes	<i>Resident rotator</i> PATEC
	1.6 Instruct the referring physician to refer the patient to Preoperative Anesthesia Testing and Evaluation Center (PATEC) at least a day before the scheduled NORA procedure for pre-anesthetic evaluation	None	5 minutes	<i>Resident rotator</i> PATEC
2. Get pre-anesthetic (PATEC) consult a day prior to	2. Accept patient for pre-anesthetic evaluation <ul style="list-style-type: none"> 2.1 Log referral to PATEC no later than 2:00 pm on the day 	None	5 minutes	<i>Referring physician</i>

scheduled NORA procedure	before PATEC consult through the RADISH-OCRA Scheduler	None	5 minutes	Medical Records Division
	2.2 Send the list of patients referred to PATEC with the passcodes	None	15 minutes	<i>Resident rotator</i> PATEC
	2.3 Access patient record in the EMR	None	20minutes	<i>Resident rotator</i> PATEC
	2.4 Perform pre-anesthetic consult by way history taking, physical examination, review of available workup or input from co-managing services, risk-stratification, giving patient education and fasting instructions, prescribing workup, and instruction pertinent to scheduled NORA procedure	None	15 minutes	<i>Resident rotator</i> PATEC
3. Proceed to assigned NORA site an hour before the scheduled time to receive anesthesia services forNORA procedure	2.5 Log pertinent entry in the patient record in RADISH and refers patient to consultant referral	None	15 minutes	<i>Resident rotator</i> PATEC
	3. Admit patient for NORA procedure	None	5 minutes	<i>Admitting Nurse/</i> <i>Personnel</i>
	3.1 Verify patient information	None	5 minutes	<i>Admitting Nurse/</i> <i>Personnel</i>
	3.2 Check completeness of necessary documents	None	5 minutes	<i>Admitting Nurse/</i> <i>Personnel</i>
	3.3 Secure informed consent	None	5 minutes	<i>Admitting Nurse/</i> <i>Personnel</i>
	3.4 Conduct preparation prior to anesthesia services	None	5 minutes	<i>Resident</i> <i>rotatorNORA</i>
	3.5 Quick pre-procedure Evaluation, including review of systems	None	5 minutes	<i>Resident</i> <i>rotatorNORA</i>
	3.6 Check suction, oxygen delivery system, airway needs, medications, monitors, workstation	None	5 minutes	<i>Resident</i> <i>rotatorNORA</i>
	3.8 Establish peripheral intravenous access	None	10 minutes	<i>Resident</i> <i>rotatorNORA</i>
	3.9 Attach monitors	None	5 minutes	<i>Resident</i>

	3.10 Provide anesthesia Services	None	60 minutes	<i>rotator</i> NORA
	3.11 Endorseto nurse-in-charge for post-anesthesia care	None	10 minutes	<i>Resident rotator</i> NORA
	3.12Provide post-anesthesia care and until discharge criteriafulfilled	None	60 minutes	<i>Resident rotator Nurse on duty / Personnel</i>
	3.13 Provide patient and responsible watcher discharge instructions	None	5 minutes	<i>Nurse on duty / Personnel</i>
TOTAL:		None	4 Hours, 30 Minutes	

2. Acceptance of Application for the Residency/ Post-Residency Fellowship Training Program

This procedure covers activities from processing of application requirements up to setting the schedule for pretest and psychological exam.

Office or Division:	Department of Anesthesiology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Doctor of Medicine graduates			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Application form for residency/post residency fellowship program – PGH Form No. A-310006 (2 original)			Deputy Director for Health Operations and Department of Anesthesiology	
2” x 2” photo with white background (1 copy)				
General weighted average grade (GWAG) (1 original, 1 certified true copy)				
Certification of class rank (1 original, 1 certified true copy)				
Transcript of Records (1 photocopy)				
Doctor of Medicine Diploma (1 photocopy)				
Certificate of internship (1 photocopy)				
Board Rating (1 photocopy)				
Certificate of residency, if applying for Post-Residency Fellowship (1 photocopy)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pay the fees for application form for the residency/post-residency fellow training program	1. Receive the payment and give the receipt to the applicant	PHP 200.00	5 minutes	Cash Clerk Cashier
2. Give the official receipt to Administrative Aide	2. Get the official receipt and give the application form to the applicant	None	2 minutes	Administrative Aide Deputy Director for Health Operations
3. Submit the filled-up form together with the requirements	3. Check the completeness of the form together with the documents	None	5 minutes	Administrative Aide Deputy Director for Health Operations
4. Send the application to the Department of Anesthesiology	4. Receive the set of application and complete requirement	None	10 minutes	Administrative Assistant Department of Anesthesiology
	4.1 Inform the consultant in-charge of the acceptance of the	None	30 minutes	Administrative Assistant Department of

	incoming resident			Anesthesiology
	4.2 Set the schedule of interview	None	14 days	<i>Admission Committee</i> Department of Anesthesiology
	4.3 Email or send text message to applicants	None	1 day	<i>Administrative Assistant</i> Department of Anesthesiology
	4.4 Encode the details of the applicant for reference	None	1 day	<i>Administrative Assistant</i> Department of Anesthesiology
5. Come on the scheduled interview	5. Entertain the scheduled applicants for interview 5.1 Give a short questionnaire to the applicant to be answer before the interview 5.2 Interview each applicant according to schedule	None None	10 minutes 30 minutes	<i>Administrative Assistant</i> Department of Anesthesiology <i>Admission Committee</i> Department of Anesthesiology
6. Wait for more instruction before leaving the office	6. Give instruction to the applicant when will be the schedule of pretest and psychological exam	None	5 minutes	<i>Administrative Assistant</i> Department of Anesthesiology
TOTAL:		None	16 Days, 1 Hour, 37 minutes	

3. Observership Training Program

This procedure covers activities from receipt of letter of intent up to the start of the observership training program.

Office or Division:	Department of Anesthesiology			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Residents from Other Hospitals			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of intent from the observer's hospital (1 original)		Chair of the Observer's Hospital		
Endorsement letter (1 original)		Department of Anesthesiology		
Memorandum of Agreement		Legal Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send a letter of intent for the observership training program	1. Receive letter of intent to be approved by the Chair	None	1 day	<i>Administrative Assistant / Department Chair / Chief Resident</i>
	1.1 Give the copy to the Chief Resident for scheduling of the observership program	None	3 days	<i>Department of Anesthesiology</i>
2. Wait for the response of the department for the acceptance and schedule	2. Write a response letter stating the schedule of observership	None	1 day	<i>Administrative Assistant</i>
	2.1 Send a letter of endorsement address to the Director regarding the accepted observer	None	1 day	<i>Department of Anesthesiology</i>
	2.2 Prepare Memorandum of Agreement	None	14 days	<i>Administrative Assistant</i>
	2.3 Send MOA to the Department of Anesthesiology for signature of Chair	None	3 days	<i>Department of Anesthesiology</i>
	2.4 Send the signed MOA to the Deputy Director for Health	None	7 days	<i>Administrative Assistant</i>

	Operations and other signatories 2.5 Receive the fully signed MOA	None	5 minutes	Anesthesiology <i>Administrative Assistant</i> Department of Anesthesiology
3. Receive the signed Memorandum of Agreement (MOA) for notarization	3. Give the signed MOA to the observer	None	7 days	<i>Administrative Assistant</i> Department of Anesthesiology
4. Submit the notarized MOA in set (1 original, 6 photocopy)	4. Accept the notarized MOA and give copy to the following: •1 photocopy for the observer •1 photocopy for the department •1 original, 4 photocopy for the Legal Office	None	5 minutes	<i>Administrative Assistant</i> Department of Anesthesiology
5. Pay the observership fee and give a photocopy of receipt to the department	5. Receive the photocopy of receipt	Provincial/ Under DOH Hospital: PHP 2,491.50 Tertiary: PHP 4,983.00 Abroad: USD 200.00	5 minutes	<i>Administrative Assistant</i> Department of Anesthesiology
TOTAL:		Provincial/ Under DOH Hospital: PHP 2,491.50 Tertiary: PHP 4,983.00 Abroad: USD 200.00	37 Days, 15 Minutes	

4. Acceptance of Participants for Post Graduate Program

This procedure covers activities from registration up to payment of program fees.

Office or Division:	Department of Anesthesiology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All doctors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Invitation		Department of Anesthesiology		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Advice the department the willingness to attend the post graduate program by sending text or email	1. Acknowledge and list down the name of the participant	None	30 minutes	<i>Administrative Assistant</i> Department of Anesthesiology
2. Pay the amount for the post graduate program fees through on-line	2. Acknowledge on-line payment	PHP 3,000	30 minutes	<i>Administrative Assistant</i> Department of Anesthesiology
TOTAL:		PHP 3,000	1 hour	

5. Providing Close and Specialized Nursing Care to Patients Recovering from the Effects of Anesthesia and Surgery

This procedure covers activities from receipt of handover from OR nurse/anesthesiologist to providing postoperative care.

Office or Division:	Post Anesthesia Care Unit – Operating Room Complex			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Postoperative patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
O.R. documents (Intraoperative Record, O.R. Technique, Verification Checklist, Instruments and Sponge Count, Anesthesia Record) Physician's postoperative orders		OR Nurse Surgeon/ Anesthesiologist		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Transfer to PACU from OR for post-anesthesia care	1. Admit patient to PACU following endorsement from the O.R. Nurse/ Anesthesiologist 1.1 Review of patient's chart for treatment plan 1.2 Perform immediate post-operative nursing care	None	30 minutes	<i>Nurse on duty PACU</i>
TOTAL:		None	30 minutes	

6. Transfer of Patient to Clinical/Critical Units

This procedure covers activities from securing of disposition form up to transfer of post-operative patients.

Office or Division:	Post Anesthesia Care Unit – Operating Room Complex			
Classification:	Simple			
Type of Transaction:	G2C / G2G			
Who may avail:	Post-operative patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Admitting order		Primary Service		
Allocated bed		Clinical / Critical Units		
Anesthesia discharge order		PACU Anesthesiologist on duty		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Transfer out to ward/ room/ critical care unit	1. <u>Transfer from Post Anesthesia Care Unit to General Ward:</u> Secure discharge order from Anesthesiologist on duty	None	15 minutes	<i>Nurse on Duty PACU</i>
	<u>For Emergency Admission:</u> Secure disposition from Primary service			
	<u>To Critical Care Units:</u> Secure admitting order from Critical Care Unit Resident on duty	None	30 minutes	<i>Nurse on duty PACU</i>
	1.1 Document nursing care rendered and endorse patient to respective clinical/ critical care unit			
	1.2 Transfer patient to the:			
	• General Ward	None	30 minutes	<i>Nurse on Duty/ Utility Worker General Ward</i>
	• Critical Care Unit	None	60 minutes	<i>Nurse on Duty/ Anesthesiologist on duty, Resident in charge, Utility Worker Critical Care Unit</i>
TOTAL:		None	General Wards: 1 Hour and 15 minutes Critical Care Unit: 1 hour and 45 minutes	

7. Discharging Patient from Post Anesthesia Care Unit

This procedure covers activities from processing of documents needed for discharge to issuance of discharge clearance.

Office or Division:	Post Anesthesia Care Unit – Operating Room Complex			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Postoperative patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
OR documents (Intraoperative Record, O.R. Technique, Verification Checklist, Instruments and Sponge Count, Anesthesia Record)		Nurse Station		
Discharge Order		PACU Anesthesiologist on duty		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Complete documents needed for discharge	1. Discharge patient and render health education	None	30 minutes	<i>Nurse on duty</i> PACU
2. Present discharge clearance to security personnel	2. Inform security that patient is for discharge	None	10 minutes	<i>Nurse on duty</i> PACU
	2.1 Wheel out of Post Anesthesia Care Unit to the PGH Lobby	None	20 minutes	<i>Nursing Attendant/ Utility Worker</i> PACU
TOTAL:		None	1 Hour	

Department of Anesthesiology

Internal Services

1. Provision of Anesthesia Services Enabling the Different Cutting Specialties like Surgery, Orthopedics, Otorhinolaryngology, Obstetrics and Gynecology and Others for the Charity Patients

This procedure covers activities from retrieval of OR schedule to discharging patient.

Office or Division:	Department of Anesthesiology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Surgical departments			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PATEC Consult Schedule of Surgery		Department of Anesthesiology Surgical departments		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Encode to the Registry of Admission and Discharges (RADISH) the following information: Room, Type, Case Number, Date/Time, Patient's Name, Age, Sex, Room Number, Procedure, Doctors, Duration, and Service	1. Retrieve the operating room schedule	None	15 minutes	<i>Resident on duty Anesthesiology Resident on duty Anesthesiology</i>
	1.1 Print the schedule for dissemination 1.2 Inform the anesthesiologist-in-charge of the cases	None	15 minutes	
2. Do preoperative round to patient	2. Provide anesthesia care	None	1 hour	<i>Resident on duty Anesthesiology</i>
	2.1 Perform preoperative anesthesia evaluation		1 hour	<i>Resident on duty Anesthesiology Anesthesiologist-in-charge Anesthesiology</i>
	2.2 Refer the case to the consultant	None	1 hour	
	2.3 Administer appropriate anesthesia to the patient	None	1 hour	<i>Anesthesiologist-in-charge Anesthesiology Resident on duty PACU Resident on duty PACU</i>
	2.4 Transfer patient to the recovery area	None	15 minutes	
	2.5 Provide post anesthesia care	None	1 hour	
	2.6 Discharge patient to appropriate level of care	None	15 minutes	
TOTAL:		None	5Hours	

2. Participation in the In-House and Outreach Surgical Mission of the Hospital

This procedure covers activities from receipt of request letter up to the start of the mission.

Office or Division:		Department of Anesthesiology		
Classification:		Complex		
Type of Transaction:		G2C		
Who may avail:		Surgical Departments		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter request for surgical mission with the complete information such as date, time and place of the surgical mission and list of patients		Surgical Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of request for surgical mission	1. Accept letter of request for mission	None	5 minutes	<i>Administrative Assistant</i> Anesthesiology
	1.1 Check letter of request for completeness of information			
	1.2 Receive letter and record in the incoming logbook			
	1.3 Inform and give advance copy of the letter to the Chief Resident about the requested mission			
	1.4 Sign for approval to the requested mission			
	1.5 Send approved letter to the requesting unit			
	1.6 List down and inform the residents who will be participating in the mission	None	1 day	<i>Chief Resident</i> Anesthesiology
2. Start surgical mission	2. Participate in the surgical mission	None	1 day	<i>Resident on duty</i> Anesthesiology
TOTAL:		None	4 Days and 25 Minutes	

Cancer Institute

External Services

1. Elective Admission for Chemotherapy

Elective admission for patients requiring Chemotherapy

Office or Division:	Cancer Institute Ward (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All cancer patients requiring Chemotherapy Infusion			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished Kaalaman Form (1 original) and Case Record		Malasakit Center		
Blue Card (1 original)		Department of Out Patient Services – Palistahan - Window C		
White card (1 original)		Medical Social Service Office at Cancer Institute		
Admitting Orders		Attending Physician		
Accomplished Clinical Abstract		Attending Physician		
Accomplished Chemotherapy Protocol		Attending Physician		
Accomplished PhilHealth CF2 form (1 original)		PhilHealth Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the admission requirements at Nurse Station	1. Check the completeness of the above requirements	None	3 Minutes	<i>Nurse/Nursing Attendant</i> CI Ward
	1.1 Orient patient (and watcher) to unit/facility rules and policies	None	5 Minutes	<i>Nurse</i> CI Ward
2. Read and signify consent by signing consent for admission, chemotherapy and Fall Prevention waiver form	2. Secure consent for admission, chemotherapy and Fall Prevention waiver form	None	5 Minutes	<i>Nurse</i> CI Ward
3. Wait to be assisted to the assigned bed 3. 22. 2.	3. Assist patient to assigned bed	None	5 Minutes	<i>Nurse</i> CI Ward
	3.1 Perform history taking with initial vital signs	None	15 Minutes	<i>Nurse</i> CI Ward
	3.2 Document the admission on the patient's chart	None	5 Minutes	<i>Nurse</i> CI Ward
TOTAL:		None	38 Minutes	

2. Elective Admission of Patients for Blood Transfusion

Elective admission for patients requiring Blood Transfusion

Office or Division:	Cancer Institute Ward (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All cancer patients requiring Blood Transfusion			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished Kaalaman Form (1 original) and Case Record		Malasakit Center		
Blue Card (1 original)		Department of Out Patient Services – Palistahan - Window C		
White card (1 original)		Medical Social Service Office at Cancer Institute		
Admitting Orders		Attending Physician		
Accomplished PhilHealth CF2 form (1 original)		PhilHealth Office		
Accomplished Clinical Abstract		Attending Physician		
Proof of availability of blood products (preferably a deposit slip)		PGH Blood Bank		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the admission requirements at Nurse Station	1. Check the completeness of the above requirements	None	3 Minutes	<i>Nurse/Nursing Attendant</i> CI Ward
	1.1 Orient patient (and watcher) on unit/facility rules and policies	None	5 Minutes	<i>Nurse</i> CI Ward
2. Read and signify consent by signing consent for admission, chemotherapy and Fall Prevention waiver form	2.1 Secure consent for admission, chemotherapy and Fall Prevention waiver form	None	5 Minutes	<i>Nurse</i> CI Ward
3. Wait to be assisted to the assigned bed 3.	3. Assist patient to assigned bed	None	5 Minutes	<i>Nurse</i> CI Ward
	3.1 Perform history taking with initial vital signs	None	15 Minutes	<i>Nurse</i> CI Ward
	3.2 Document the admission on the patient's chart	None	5 Minutes	<i>Nurse</i> CI Ward
TOTAL:		None	38 Minutes	

3. Elective Admission of Patient to High Dose Brachytherapy

Elective admission of patients requiring High Dose Brachytherapy treatment

Office or Division:	Cancer Institute High Dose Brachytherapy Section (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All cancer patients requiring High Dose Brachytherapy Treatment			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Latest laboratory results of CBC and Urinalysis		Diagnostic Laboratory		
Blue Card (1 original)		Department of Out Patient Services – Palistahan - Window C		
White card (if necessary) (1 original)		Medical Social Service Office at Cancer Institute		
Medical Clearance (if applicable)		Internal Medicine		
Anesthesia evaluation		Pain Clinic – Dept. of Outpatient Services		
PhilHealth validation		PhilHealth Office -PGH		
Proof of payment for the procedure if without or exhausted PhilHealth benefits		Cashier		
Proof of payment for Brachytherapy kit if without or exhausted PhilHealth benefits		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at Nurse Station on the day and predetermined time of admission	1. Check the completeness of the above requirements	None	10 Minutes	Nurse CI Ward
	1.1 Orient patient (and watcher) on unit/facility rules and policies	None	10 Minutes	Nurse CI Ward
2. Read and signify consent by signing consent for admission	2. Secure consent for the procedure	None	5 Minutes	Nurse CI Ward
3. If without or exhausted PhilHealth benefits, pay at the Cashier	3. Send patient's watcher to the cashier with the charge slip for the payment	<i>Refer to approved schedule of fees</i>	10 Minutes	Nurse/ Administrative Aide CI Ward
	3.1 Ask for receipt for Brachytherapy kit (if applicable)	None	15 Minutes	Nurse/ Administrative Aide CI Ward

4. Wait to be assisted to the assigned bed	3.2 Procure Brachytherapy kit at the Pharmacy	None	3 Minutes	Nurse/ Administrative Aide CI Ward
	4. Assist patient to bed of assignment	None	4 Minutes	Nurse/ Administrative Aide CI Ward
	4.1 Assess and prepare the patient for the procedure	None	10 Minutes	Nurse/ Administrative Aide CI Ward
TOTAL:		Refer to approved schedule of fees	1 Hour, 7 Minutes	

4. Elective Admission of Patient to Low Dose Brachytherapy

Elective admission of patients requiring Low Dose Brachytherapy treatment

Office or Division:	Cancer Institute Low Dose Brachytherapy Section (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All cancer patients requiring Low Dose Brachytherapy Treatment and Radio Active Iodine Uptake			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished Kaalaman Form and Case Record		Malasakit Center		
Admitting Orders		Attending Physician		
Accomplished Clinical Abstract		Attending Physician		
Negative Pregnancy test result		Diagnostic Laboratory		
Blue Card (1 original)		Department of Out Patient Services Palistahan Window C		
White card (1 original)		Medical Social Service Office at Cancer Institute		
Medical Clearance (if applicable)		Internal Medicine		
PhilHealth Monitoring Sheet		PhilHealth Office - PGH		
Attendance of Responsible Watcher to the orientation on low dose brachytherapy/Radio Active Iodine		Attendance logbook at Nurse Station		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at Nurse Station on the day and predetermined time of admission	1. Validate watchers orientation of the procedure	None	5 Minutes	Nurse CI Ward
	1.1 Orient patient (and watcher) to unit/facility rules and policies	None	10 Minutes	Nurse CI Ward
2. Read and signify consent by signing consent for admission, chemotherapy and Fall Prevention waiver form	2.1 Secure consent for admission, procedure and Fall Prevention Waiver form	None	5 Minutes	Nurse CI Ward
3. Wait to be assisted to the assigned bed	3. Assist patient to assigned bed	None	5 Minutes	Nurse CI Ward

	3.1 Perform history taking with initial vital signs	None	15 Minutes	<i>Nurse</i> CI Ward
	3.2 Document the admission	None	5 Minutes	<i>Nurse</i> CI Ward
TOTAL:		None	45 Minutes	

5. Discharge of Patient from Cancer Institute

Discharge of elective patient from Cancer Institute

Office or Division:	Cancer Institute Ward (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All cancer patients who have completed their chemotherapy regimen, high and low dose brachytherapy treatment and blood transfusion			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Discharge Orders		Attending Physician		
Accomplished Discharge Summary		Attending Physician		
Accomplished Clinical Abstract		Attending Physician		
Accomplished PhilHealth CF2 and CF4 form		Attending Physician		
Pertinent laboratory results		Nurse in Charge		
Parenteral flow sheet		Nurse in Charge		
Justification Letter (if needed)		Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ask for discharge papers	1. Facilitate a written discharge order	None	30 Minutes	Nurse CI Ward
2. Submit all the requirements	2. Check the completeness of the requirements	None	30 Minutes	Nurse CI Ward
3. Proceed to Malasakit Center	3. Send watcher to the Malasakit Center for clearance	None	30 Minutes	Nurse CI Ward
4. Return to Nurse Station	4. Provide Health education to watcher and patient	None	5 Minutes	Nurse CI Ward
	4.1 Assist in the discharge of patient	None	10 Minutes	Administrative Aide CI Ward
TOTAL:		None	1 Hour, 45 Minutes	

6. Outpatient Consultation for Breast Cancer Patients

Consultation for Cancer Institute Outpatient Services Breast Care Clinic (CI-OPS BCC);
Mondays to Fridays 8:00 am to 4:00 pm

Office or Division:	Cancer Institute Out Patient Services (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All breast cancer patients requiring consult, and chemotherapy			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card (1 original)		Department of Out Patient Services - Palistahan Window C		
Result of biopsy (histopath)		Diagnostic Center		
Retrieved Chart		Medical Records Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register and submit Blue Card at the guard before 8:00 am; wait to be called	1. List down name of patient and time of arrival	None	5 Minutes	<i>Guard on duty</i> CI-OPS
	1.1 Give the Blue Cards to the nursing attendant	None	5 Minutes	<i>Guard on duty</i> CI-OPS
	1.2 Verify the above requirements	None	5 Minutes	<i>Nurse</i> CI-OPS
	1.3 Encode the patient information in the CARROT system	None	3 Minutes	<i>Nurse/ Nursing Attendant</i> CI-OPS
	1.4 Queue patient for consultation to attending physician	None	4 Hours	<i>Nurse/ Nursing Attendant</i> CI-OPS
2. Consult with doctor	2. Conduct the examination of patient	None	30 Minutes	<i>Medical Officer</i> CI-OPS
	2.1 Assist physician during conduct of consultation			<i>Nurse</i> CI-OPS
3. Submit the chart to the Nurse to complete the Outpatient Services consult	3. Provide health education on home care, follow up and necessary diagnostics	None	10 Minutes	<i>Nurse</i> CI-OPS
	3.1 Schedule patient for follow up and/or procedures	None	5 Minutes	<i>Nurse</i> CI-OPS

	3.2 Issue referral slip and instructs patient on appropriate clinic/ department (if applicable)	None	5 Minutes	<i>Nurse</i> CI-OPS
	3.3 Return blue card to the patient with schedule and appointments	None	3 Minutes	<i>Nurse</i> CI-OPS
TOTAL:		None	5 Hours, 16 Minutes	

7. Outpatient Consultation for Gynecological Oncology Patients

Consultation for Cancer Institute Outpatient Services (CI-OPS) Clinic Room 101
(Gynecological Oncology; Mondays to Fridays 8:00 am to 4:00 pm)

Office or Division:	Cancer Institute Out Patient Services (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All gynecological cancer patients requiring consult and chemotherapy			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card (1 original)		Department of Out Patient Services – Palistahan - Window C		
Histopath result		Diagnostic Laboratory		
CBC result (within 1 week of consult)		Diagnostic Laboratory		
Retrieved Chart		Medical Records Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register and Submit blue card at the guard before 8:00 am; wait to be called	1. Verify the above requirements	None	5 Minutes	Guard on duty CI-OPS
	1.1 Instruct watcher to list name of patient and time of arrival	None	3 Minutes	Guard on duty CI-OPS
	1.2 Give the Blue Card to the Nursing Attendant	None	5 Minutes	Guard on duty CI-OPS
	1.3 Encode the patient information in the CARROT system	None	3 Minutes	Nurse/Nursing Attendant CI-OPS
	1.4 Queue patient for consultation to attending physician	None	1 Hour	Nurse/Nursing Attendant CI-OPS
2. Consult with doctor	2. Conduct the examination of patient	None	30 Minutes	Medical Officer CI-OPS
	2.1 Facilitate consult			Nurse CI-OPS
3. Submit the chart to complete the Out Patient Service consult	3. Provide health education on home care, follow up and necessary diagnostics	None	10 Minutes	Nurse CI-OPS

	3.1 Schedule patient for follow up and/or procedures	None	5 Minutes	<i>Nurse</i> CI-OPS
	3.2 Issue referral slip and instructs patient on appropriate clinic/department (if applicable)	None	5 Minutes	<i>Nurse</i> CI-OPS
	3.3 Return the Blue Card to the patient with schedule and appointments	None	3 Minutes	<i>Nurse</i> CI-OPS
TOTAL:		None	2 Hours, 9 Minutes	

8. Outpatient Consultation for Medical Oncology, Multiple Disciplinary Committee and Adult Hematology Patients

Consultation for Cancer Institute Outpatient Services (CI-OPS) Clinic Room 107 (Medical Oncology - Mondays, Tuesdays and Wednesdays 8:00 am to 4:00 pm; Multiple Disciplinary Committee - Thursdays 8:00 am to 4:00 pm; Adult Hematology - Fridays 8:00 am to 4:00 pm)

Office or Division:	Cancer Institute Out Patient Services (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All cancer patients requiring consult from Medical Oncology, Multiple Disciplinary Committee and Adult Hematology Services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card (1 original)		Department of Outpatient Services – Palistahan - Window C		
Retrieved Chart		Medical Records Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register and submits Blue Card at the guard before 8:00 am; wait to be called	1. Verify the above requirements	None	5 Minutes	Guard on duty CI-OPS
	1.1 Instruct watcher to list name of patient and time of arrival	None	3 Minutes	Guard on duty CI-OPS
	1.2 Give the Blue Card to the nursing attendant	None	5 Minutes	Guard on duty CI-OPS
	1.3 Encode the patient information in the CARROT system	None	3 Minutes	Nurse/Nursing Attendant CI-OPS
	1.4 Queue patient for consultation to attending physician	None	2 Hours	Nurse/Nursing Attendant CI-OPS
2. Consult with doctor.	2. Conduct the examination of patient 2.1 Assist physician during conduct of consultation	None	30 Minutes	Nurse CI-OPS
3. Submit the chart to complete the OPS consult	3. Provide health education on home care, follow up and necessary diagnostics	None	10 Minutes	Nurse CI-OPS

	3.1 Schedule patient for follow up and/or procedures	None	5 Minutes	<i>Nurse</i> CI-OPS
	3.2 Issue referral slip and instruct patient on appropriate clinic/department (if applicable)	None	5 Minutes	<i>Nurse</i> CI-OPS
	3.3 Return Blue Card to the patient with schedule and appointments	None	3 Minutes	<i>Nurse</i> CI-OPS
TOTAL:		None	3 Hours, 9 Minutes	

9. Outpatient Consultation for Pediatric Hematology Oncology

Consultation of Cancer Institute Outpatient Services (CI-OPS) Pediatric Hematology Patients
(Room 108; Tuesdays, Thursdays and Fridays 1:00 p.m. to 5:00 pm)

Office or Division:	Cancer Institute Out Patient Services (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All cancer pediatric patients requiring Chemotherapy treatment, Bone Marrow Aspirate, Intrathecal infusion and biopsy			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card (1 original)		Department of Out Patient Services – Palistahan - Window C		
Retrieved Chart		Medical Records Division		
CBC result (within 1 day of consult)		Diagnostic Laboratory		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Blue Card at the Nurse Station	1. Verify the above requirements	None	3 Minutes	Nurse/Nursing Attendant CI-OPS
2. Register patient name	2. Instruct watcher to list name of patient and time of arrival	None	5 Minutes	Nurse/Nursing Attendant CI-OPS
	2.1 Encode the patient information in the CARROT system	None	3 Minutes	Nurse/Nursing Attendant CI-OPS
	2.2 Queue patient for consultation to attending physician	None	2 Hours	Nurse/Nursing Attendant CI-OPS
3. Consult with doctor regarding procedure	3. Assist primary service during conduct of consultation	None	15 Minutes	Nurse CI-OPS
	3.1 Assist anesthesiologist during conduct of consultation	None	15 Minutes	Nurse CI-OPS
	3.2 Assist in the conduction of the collective orientation of watchers whose patients are cleared	None	15 Minutes	Nurse CI-OPS

	for the procedure (Bone Marrow Aspirate, Intrathecal chemotherapy and biopsy)			
4. Read and signify consent by signing consent for procedure	4. Secure consent for procedure	None	5 Minutes	<i>Nurse</i> CI-OPS
	4.1 Queue patient for the procedure	None	2 Hours	<i>Nurse</i> CI-OPS
	4.2 Assist the patient to the area of procedure	None	5 Minutes	<i>Nurse</i> CI-OPS
	4.3 Assist the physician in the performance of the procedure	None	30 Minutes	<i>Nurse</i> CI-OPS
5. Submit the chart to complete the Out Patient Services consult	5. Provide health education on home care, follow up and necessary diagnostics	None	10 Minutes	<i>Nurse</i> CI-OPS
	5.1 Schedule patient for follow up and/or procedures	None	5 Minutes	<i>Nurse</i> CI-OPS
	5.2 Issue referral slip and instructs patient on appropriate clinic/department (if applicable)	None	5 Minutes	<i>Nurse</i> CI-OPS
	5.3 Return Blue Card to the patient with schedule and appointments	None	3 Minutes	<i>Nurse</i> CI-OPS
TOTAL:		None	5 Hours, 59 Minutes	

10. Outpatient Consultation for Radiation Oncology Patients

Consultation of Cancer Institute Outpatient Services (CI-OPS) Radiation Oncology Patients
(Room 108; Mondays to Fridays 8:00 pm to 12:00 pm)

Office or Division:	Cancer Institute Out Patient Services (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All cancer patients requiring Radiation and consult to Radiation Oncology			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card (1 original)		Department of Out Patient Services – Palistahan - Window C		
Retrieved Chart		Medical Records Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register and Surrender blue card at the nurses' station	1. Verify the above requirements	None	3 Minutes	<i>Nurse/Nursing Attendant</i> CI-OPS
2. Register patient name	2. Instruct watcher to list name of patient and time of arrival	None	5 Minutes	<i>Nurse/Nursing Attendant</i> CI-OPS
	2.1 Encode the patient information in the CARROT system	None	3 Minutes	<i>Nurse/Nursing Attendant</i> CI-OPS
3. Consult with doctor	3. Facilitate consult	None	30 Minutes	<i>Nurse</i> CI-OPS
4. Submit chart to complete the Out Patient Service consult	4. Provide health education on home care, follow up and necessary diagnostics	None	10 Minutes	<i>Nurse</i> CI-OPS
	4.1 Schedule patient for follow up and/or procedures	None	5 Minutes	<i>Nurse</i> CI-OPS
	4.2 Issue referral slip and instructs patient on appropriate clinic/department (if applicable)	None	5 Minutes	<i>Nurse</i> CI-OPS
	4.3 Return blue card to the patient with schedule and appointments	None	3 Minutes	<i>Nurse</i> CI-OPS
TOTAL:		None	1 Hour, 4 Minutes	

11. Administration of Chemotherapy as Outpatient Basis

Administration of chemotherapy drugs in the Ambulatory Chemotherapy Unit

Office or Division:	Cancer Institute Outpatient Services (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Cancer patients requiring chemotherapy infusion as Outpatient basis			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Retrieved Chart		Medical Records Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirement for chemotherapy	1. Verify for the above requirement	None	3 minutes	<i>Nurse</i> CI-OPS
	1.1 Orient patient (and watcher) to procedure	None	5 minutes	<i>Nurse</i> CI-OPS
2. Read and signify consent by signing consent for chemotherapy	2. Secure consent for procedure	None	5 minutes	<i>Nurse</i> CI-OPS
	2.1 Queue patient for the procedure and the issuance of chemotherapy drugs	None	3 hours	<i>Nurse</i> CI-OPS
	2.2 Retrieve the chemotherapy drug and needs of the patient from the Oncology Pharmacy once available	None	20 minutes	<i>Nurse</i> CI-OPS
	2.3 Administer the prescribed chemotherapy infusion (this includes: establishing an Intravenous fluid access, infusion of prehydration, giving of pre medications and post hydration)	None	5 hours	<i>Nurse</i> CI-OPS
3. Complete the infusion of Chemotherapy	3. Assess for post chemotherapy adverse reactions	None	10 minutes	<i>Nurse</i> CI-OPS

Regimen for the consult	3.1 Provide health education on home care: including delayed reactions and their appropriate treatment, follow up and necessary diagnostics	None	10 minutes	<i>Nurse</i> CI-OPS
TOTAL:		None	8 Hours, 53 Minutes	

Department of Dermatology

External Services

1. Outpatient Consultation for NEW Dermatology Patients

Consultation for new patients at the Department of Dermatology

Office or Division:		Department of Dermatology		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All patients who need Dermatology Services		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card (1 original)		DOPS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present blue card at Dermatology Department	1. Verify that patient has blue card and case number. 1.1 Secure passcode to access electronic medical record for consultation. 1.2 Queue patient for consultation to attending physician	None	20 minutes	<i>Ward Clerk/Nursing Attendant/ Encoder/ Nurse Dermatology Department</i> <i>Medical Records Officer Outpatient Services Department</i>
2. Consult with doctor at Dermatology Department	2. Conduct consultation 2.1 Update electronic medical record. 2.2 Schedule patient for follow up and/or procedures	None	35 minutes	<i>Doctor of Clinic Dermatology Department</i>
3. Complete discharge process at Dermatology Department	3. Provide health education on home care, follow up and necessary diagnostics. 3.1 Return blue card to patient.	None	5 minutes	<i>Nurse in Charge Dermatology Department</i>
TOTAL:		None	Processing Time: 60 minutes	

2. Outpatient Consultation for Old Dermatology Patients

Consultation for old patients at the Department of Dermatology

Office or Division:		Department of Dermatology		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All patients who need Dermatology Services		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card (1 original)		DOPS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present blue card with schedule to clinic for retrieval of records.	1. Check blue card and verify schedule of consultation with the attending physician. 1.1 Secure passcode to access electronic medical record for consultation. 1.2 Queue patient for consultation to attending physician	None	20 minutes	<i>Ward Clerk/ Nursing Attendant/ Encoder/Nurse Dermatology Department</i> <i>Medical Records Officer Outpatient Services Department</i>
2. Consult with doctor at the Dermatology Department	2. Conduct the consultation 2.1 Update electronic medical record. 2.2 Schedule patient for follow up and/or procedures	None	35 minutes	<i>Attending Physician Dermatology Department</i>
3. Complete discharge process	3. Provide health education on home care, follow up and necessary diagnostics. 3.1 Return blue card to patient	None	5 minutes	<i>Nurse-in-Charge Dermatology Department</i>
TOTAL:		None	Processing Time 60 minutes	

3. Outpatient Dermatological Procedures, Department of Dermatology (With PhilHealth Coverage)

Services which are covered by PhilHealth for patients at the Department of Out Patient Services

Office or Division:		Department of Dermatology		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Patients scheduled for Biopsy, Ungiectomy, Dermatologic Surgery/Excision		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Blue Card (1 original)			DOPS	
Procedure Form with Schedule			Attending Physician	
PhilHealth assessment form			PhilHealth Express Office (Room 116)	
Procedural needs c/o PhilHealth			DOPS Pharmacy	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present self on day of schedule with blue card.	1. Validates schedule.	None	5 minutes	<i>Nurse in Charge/ Ward Clerk</i> Dermatology Department
2. Settle financial obligations.	2. Accomplish all necessary forms 2.2 Issue charge slip 2.3 Coordinate with PhilHealth Express Office	Refer to approved schedule of fees	25 minutes	<i>Attending Physician</i> Dermatology Department <i>Ward Clerk</i> <i>Nurse</i> Dermatology Department
3. Return to nurse's station at the Dermatology clinic.	3. Prepare needs for procedure 3.1 Secure passcode for access of electronic medical record. 3.2 Prepares needs for procedure 3.3 Provides pre-		20 minutes	<i>Nurse in Charge/ Ward Clerk</i> Dermatology Department <i>Medical Records Officer</i> Outpatient Services Department

	operative instructions and takes pre-operative vital signs			
4. Undergo procedure	4. Conduct procedure. Note: Procedure is variable and depends on the type of case done	None	Variable	<i>Attending Physician/ Surgical Team Dermatology Department</i>
5. Complete discharge process	5. Instruct patient on home care and follow up	None	10 minutes	<i>Attending Physician Dermatology Department</i>
TOTAL:		Refer to approved schedule of fees	Processing Time: 60 minutes Actual Surgery: Variable	

4. Outpatient Dermatological Procedures, Department of Dermatology (Without PhilHealth Coverage, Payable to CASHIER)

Dermatological Services which are not covered by PhilHealth for patients at the Department of Out Patient Services including Electrosurgery under Eutectic Mixture of Local Anesthetics (EMLA), Electrosurgery under Local Anesthesia (EDLA), Acne Surgery, Direct Immunofluorescence, Phototherapy, Laser

Office or Division:		Department of Dermatology		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Patients scheduled EMLA, EDLA, Acne Surgery, DIF, Phototherapy, Laser		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card (1 original)		DOPS		
Procedure Form with Schedule		Attending Physician		
Procedure Needs		Attending Physician's Prescription		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present self on day of schedule with blue card at Dermatology Department	1. Validates schedule 1.1 Issue appropriate charge slip and directs to cashier.	None	10 minutes	<i>Nurse in charge/ Nursing Attendant Dermatology Department</i>
2. Pay charges to cashier	2. Accept payment and issue Official Receipt	Refer to the Approved schedule of fees	10 minutes	<i>DOPS Cashier Cash Division</i>
3. Return to nurse's station at the Dermatology clinic.	3. Prepare needs for procedure 3.1 Secure passcode for access of electronic medical record. 3.2 Prepares needs for procedure 3.3 Provides pre-operative instructions and	None	10 minutes	<i>Nurse in charge/ Nursing Attendant Dermatology Department Medical Records Officer Outpatient Services Department</i>

	takes pre-operative vital signs			
4. Undergo procedure	4. Conduct procedure Note: Procedure is variable and depends on the type of case done	None	Variable	<i>Attending Physician Nurse</i> Dermatology Department
5. Complete discharge process	5. Instruct patient on home care and follow up	None	10 minutes	<i>Attending Physician</i> Dermatology Department
TOTAL:		None	Processing Time: 40minutes Actual Surgery: Variable	

Department of Emergency Medicine

External Services

1. Patient Consultation at the DEM

Patient consultation at the Department of Emergency Medicine (DEM) covers activities from receiving of patient at the Triage Area up to disposition

Office or Division:	Department of Emergency Medicine			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients who need emergency services			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
PIS Form (Patient Information Sheet) (1 original)			DEM Triage	
Blue Card (1 original)			Medical Records	
Clinical Abstract (1 original)			Medical Records	
Discharge Summary (1 original)			Medical Records	
Discharge Slip (1 original)			Medical Records	
Prescription (1 original)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Consult at the Triage Area of Emergency Department	1.0 Prioritize patient according to Emergency Severity Index Adult and Trauma Pediatric Non-Trauma (<19 years old) 1. 1 Issue Patient Information Sheet (PIS) form to patients' representative	None	10 Minutes	<i>Doctor/Nurse</i> DEM
2. Submit Patient information sheet (PIS) Form to the ED Medical Records Section for registration and proceed to Medical Social Service for evaluation	2.0 Check completeness of PIS form, issue blue card, and patient consult/OPD chart 2.1 Evaluate for MSS classification and Philhealth registration	None	10 Minutes	<i>Administrative Staff</i> Medical Records DEM <i>Social Worker</i> Medical Social Service DEM
3. Proceed to patient treatment area based on emergency severity index	3.0 Attend to patient according to ESI category <ul style="list-style-type: none"> Assessment, initial management, diagnostics, referrals 	None	30 Minutes to 1 hour	<i>Doctor</i> DEM

	3.1 Establish IV access, administer medications, insertion of contraptions as needed	None	30 Minutes to 1 hour	Nurse DEM
4. Stay at the patient treatment area for observation, monitoring, and final disposition	4.0 Reassess patients after initial management 4.1 Identify disposition status: <i>Admit, Discharge, or Transfer to hospital of choice</i>	None	15 Minutes to 4 hours	Doctor DEM
5. Prepare for admission, discharge, or transfer to hospital of choice	5.0 Accomplish necessary documents and direct patient to areas based on patient disposition status <ul style="list-style-type: none"> • Admit – direct patient to designated ward • Discharge – endorse discharge slip, discharge summary, clinical abstract, and prescription (if necessary) to patient and/or patient's representative • THOC – endorse discharge summary and clinical abstract to patient and/or patient's representative 5.1 Admission or Discharge from ED	None	30 Minutes to 1 hour	Doctor/Nurse DEM
		None	10 minutes to 23 hours and 59 minutes	Institutional Worker DEM
TOTAL:		None	1 Hour, 55 Minutes to	

		23 hours and 59 minutes	
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Department of Family and Community Medicine

External Services

1. Consultation – Ambulatory Unit

Involves examination, diagnosis and treatment of patients with a Family Medicine related complaint at the Ambulatory Clinic and Out Patient Services

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All individuals with a chief complaint related to Family Medicine			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral from other departments or institutions (as applicable) (1 original)		Referring physician		
Blue card (1 original)		ER Palistahan		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
DECKED TO DFCM AS PRIMARY SERVICE				
1. Proceed to the Ambulatory Unit after being triaged by DEM for chief complaint	1. Receive patient and perform thorough history taking and physical examination 1.1 Give advice regarding the appropriate diagnostic and therapeutic management	None	1 hour 30 minutes	<i>Physician and Intern DFCM</i>
2. Give consent to further management	2. Perform the appropriate diagnostic and therapeutic management	Please refer to the approved Schedule of Fees	3 hours 15 minutes	<i>Physician and Intern/ Radiology or Laboratory</i>
TOTAL:			4 hours and 15 minutes	
REFERRED TO OTHER SERVICES FOR CO-MANAGING				
1. Wait to be seen by other services	1. Call the patient	None	1 hour	<i>Physician from other service</i>
	1.1 Receive patient and perform thorough history taking and physical examination 1.2 Give advice regarding appropriate diagnostic and therapeutic management	None	30 minutes	<i>Physician from other service</i>

2. Give consent to further management	3. Perform appropriate diagnostic and therapeutic management	None	30 minutes	<i>Physician from other service Radiology or Laboratory</i>
TOTAL:		Please refer to the approved Schedule of Fees	3 hours	

2. Consultation – UP Health Services Unit

Involves examination, diagnosis and treatment of patients with a Family Medicine related complaint at the Ambulatory Clinic and Out Patient Services

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All individuals with a chief complaint related to Family Medicine			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral from other departments or institutions (as applicable) (1 original)		Viewed via OCRA		
Blue card (1 original)		Malasakit Center PGH		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
DECKED TO DFCM AS PRIMARY SERVICE				
1. Go to the UPHS Unit	1. Receive patient and perform thorough history taking and physical examination 1.1 Give advice regarding the appropriate diagnostic and therapeutic management	None	30 minutes	<i>Physician and Intern UPHS</i>
2. Give consent to further management	2. Perform the appropriate diagnostic and therapeutic management	Please refer to the approved Schedule of Fees	15 minutes	<i>Physician and Intern/ Radiology or Laboratory</i>
TOTAL:		Please refer to the approved Schedule of Fees	45 minutes	

3. Consultation – Family Practice Center (FPC), Hospice Clinic

The Family Practice Center is the outpatient ambulatory unit of the Department of Family and Community Medicine. It is a primary care center which simulate the family practice, which is the comprehensive medical care with emphasis on the family unit and where the physician's continuing care is not limited by the patient's age or sex nor by the organ system or disease entity.

The Family Health Service is the service arm of the Family Practice Center that caters to the Patient-Centered (except individual primary care) and Family-Focused Services.

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All individuals with a primary care complaint and desirous of a comprehensive, continuing and family-focused medical care.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral from other departments or institutions (as applicable) (1 original)		Viewed via OCRA		
Blue card (if on follow up) (1 original)		DOPS Palistahan		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
NEW PATIENT				
1. Proceed to the FPC Clinic	1. Receive patient's name	None	10 minutes	<i>Nurse on duty</i> FPC Clinic
2. Wait to be called for vital signs	2. Call the name of patient and take vital signs	None	10 minutes	<i>Nurse on duty</i> FPC Clinic
3. Wait to be called for initial interview	3. Put name of patient on queue	None	2 hours	<i>Physician and interns</i> FPC Clinic
4. Enter the clinic once called	4. Call the name of the patient and do appropriate history taking and physical examination, explain the findings and management plan 4.1 Give prescriptions and/or laboratory requests as needed 4.2 Send the patient to the nurse for scheduling	None	1 hour	<i>Physician and Interns</i> FPC Clinic

5. Give the chart to the nurse for scheduling via OCRA	6. Give the instructions regarding the laboratory and/or medications prescribed 5.1 Give schedule of follow up or consult to subspecialty clinic	None	10 minutes	<i>Nurse on duty</i> FPC Clinic
TOTAL:		None	3 hours, 30 minutes	
FOLLOW UP CONSULT				
1. Proceed to the FPC Clinic	1. Receive patient's name	None	5 minutes	<i>Nurse on duty</i> FPC Clinic
2. Wait to be called for vital signs	2. Call the name of patient and take vital signs	None	10 minutes	<i>Nurse on duty</i> FPC Clinic
3. Wait to be called for initial interview	3. Put name of patient on queue	None	2 hours	<i>Nurse on duty</i> FPC Clinic
4. Enter the clinic once called	3. Call the name of the patient and do appropriate history taking and physical examination, explain the findings and management plan 4.1 Give prescriptions and/or laboratory requests as needed 4.2 Send the patient to the nurse for scheduling	None	30 minutes	<i>Physician</i> FPC Clinic
5. Give the chart to the nurse for scheduling via OCRA	5. Give the instructions regarding the laboratory and/or medications prescribed 5.1 Give schedule of follow up or consult to subspecialty clinic	None	10 minutes	<i>Nurse on duty</i> FPC Clinic
TOTAL:		None	2 hours, 55 minutes	

4. Scheduling of Consult at OPD

Providing a follow up schedule for consultation at the OPD

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patient who were advised to follow up at the OPD			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		DOPS Palistahan		
Physician advises patient to follow up or consult at the FPC		Written in Blue card or viewed via OCRA		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
New Patient				
1. Secure schedule via OCRA	1. Schedule the patient on earliest available clinic slot	None	5 minutes	<i>Clinic Encoder Information</i>
TOTAL:		None	5 minutes	
Follow Up Consult				
1. Bring Blue card to the nurse after concluding consult	1. Receive the blue card and note physician's orders for follow up 1.1 Write the follow up schedule 1.2 Return Blue card to patient	None	5 minutes	<i>Nurse on duty DFCM Clinic</i>
TOTAL:		None	5 minutes	

5. Pap Smear

Providing a Pap smear to Patient of DFCM

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patient who were advised for Pap Smear procedure			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		DOPS Palistahan		
Physician advice to follow up or consult at the Specialty Clinic		Viewed via OCRA		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Pap Smear Procedure				
1. Go to the DFCM Clinic	1. Receive Blue card	None	5 minutes	<i>Nurse on duty DFCM Clinic</i>
2. Wait to be called for vital signs	2. Call the name of patient and take vital signs	None	10 minutes	<i>Nurse on duty DFCM Clinic</i>
3. Wait to be called for initial interview	3. Put patient name on queue	None	2 hours	<i>Nurse on duty DFCM Clinic</i>
4. Enter the clinic once called	4. Call the name of the patient and do appropriate history taking and physical examination, and provide advice regarding appropriate diagnostic and therapeutic management	None	30 minutes	<i>Physician DFCM Clinic</i>
5. Give consent to further management	5. Perform Pap smear and therapeutic management 5.1 Give prescriptions and/or laboratory requests as needed	None	30 minutes	<i>Physician DFCM Clinic</i>
6. Go to Cashier and pay for the procedure	6.1 Accept the payment and issue official receipt	PHP 150.00	15 minutes	<i>PGH Cashier</i>
7. Give the Blue card to the nurse for scheduling via OCRA	7. Give the additional instructions regarding the Pap Smear 7.1 Give schedule of follow up.	None	10 minutes	<i>Nurse on duty DFCM Clinic</i>
TOTAL:		PHP 150.00	3 hours, 40 minutes	

6. NGT Insertion/ Removal

Providing NGT Insertion/ Removal to Patient of DFCM

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patient who were advised for NGT Insertion / Removal			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		DOPS Palistahan		
Physician advice to follow up or consult at the Specialty Clinic		Viewed via OCRA		
Naso-Gastric Tube		Pharmacy, Outside Pharmacies		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
NGT Insertion/ Removal Procedure				
1. Go to the DFCM Clinic	1. Receive Blue card	None	5 minutes	<i>Nurse on duty</i> DFCM Clinic
2. Wait to be called for vital signs	2. Call the name of patient and take vital signs	None	10 minutes	<i>Nurse on duty</i> DFCM Clinic
3. Wait to be called for initial interview	3. Put name of patient on queue	None	2 hours	<i>Nurse on duty</i> DFCM Clinic
4. Enter the clinic once called	4. Call the name of the patient and do appropriate history taking and physical examination, and provide advice regarding appropriate diagnostic and therapeutic management	None	30 minutes	<i>Physician</i> DFCM Clinic
5. Give consent to further management	5. Perform NGT Insertion/ Removal and therapeutic management 5.1 Give prescriptions and/or laboratory requests as needed	None	30 minutes	<i>Physician</i> DFCM Clinic
6. Give the Blue card to the nurse for scheduling via OCRA	6. Give the additional instructions regarding the NGT Insertion/ Removal 6.2 Give schedule of follow up.	None	10 minutes	<i>Nurse on duty</i> DFCM Clinic
TOTAL:		None	3 hours, 25 minutes	

7. IM Injection of Medications

Providing IM Injection of Medications to Patient of DFCM

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patient who were advised for IM Injection of Medications			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		DOPS Palistahan		
Physician advice to follow up or consult at the Specialty Clinic		Viewed via OCRA		
Medicine		Pharmacy, Outside pharmacies		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
IM Injection of Medications Procedure				
1. Go to the DFCM Clinic	1. Receive Blue card	None	5 minutes	<i>Nurse on duty</i> DFCM Clinic
2. Wait to be called for vital signs	2. Call the name of patient and take vital signs	None	10 minutes	<i>Nurse on duty</i> DFCM Clinic
3. Wait to be called for initial interview	3. Put name of patient on queue	None	2 hours	<i>Nurse on duty</i> DFCM Clinic
4. Enter the clinic once called	4. Call the name of the patient and do appropriate history taking and physical examination, and provide advice regarding appropriate diagnostic and therapeutic management	None	30 minutes	<i>Physician</i> DFCM Clinic
5. Give consent to further management	5. Perform IM Injection of Medications and therapeutic management 5.1 Give prescriptions and/or laboratory requests as needed	None	30 minutes	<i>Physician</i> DFCM Clinic
6. Give the Blue card to the nurse for scheduling	6. Give the additional instructions regarding the IM Injection of Medications 6.1 Give schedule of follow up.	None	10 minutes	<i>Nurse on duty</i> DFCM Clinic
TOTAL:		None	3 hours, 25 minutes	

8. Foley Catheter Insertion and Removal

Providing Foley Catheter Insertion and Removal to Patient of DFCM

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patient who were advised for Foley Catheter Insertion and Removal			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		DOPS Palistahan		
Physician advice to follow up or consult at the Specialty Clinic		Viewed via OCRA		
Foley Catheter		Pharmacy, Outside pharmacies		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Foley Catheter Insertion and Removal Procedure				
1. Go to the DFCM Clinic	1. Receive Blue card	None	5 minutes	<i>Nurse on duty</i> DFCM Clinic
2. Wait to be called for vital signs	2. Call the name of patient and take vital signs	None	10 minutes	<i>Nurse on duty</i> DFCM Clinic
3. Wait to be called for initial interview	2. Put name of patient on queue	None	2 hours	<i>Nurse on duty</i> DFCM Clinic
4. Enter the clinic once called	4. Call the name of the patient and do appropriate history taking and physical examination, and provide advice regarding appropriate diagnostic and therapeutic management	None	30 minutes	<i>Physician</i> DFCM Clinic
5. Give consent to further management	5. Do Foley Catheter Insertion and Removal and therapeutic management 5.1 Give prescriptions and/or laboratory requests as needed	None	30 minutes	<i>Physician</i> DFCM Clinic
6. Give the Blue card to the nurse for scheduling via OCRA	6. Give the additional instructions regarding the Foley Catheter Insertion and Removal 6.1 Give schedule of follow up.	None	10 minutes	<i>Nurse on duty</i> DFCM Clinic

TOTAL:	None	3 hours, 25 minutes	
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9. Ward Admission from ER

Patients with anticipated prolonged ER (Ambulatory) stay will be admitted to the ward

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients with anticipated prolonged ER (Ambulatory) stay who will be admitted to the ward			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Admitting orders		Physician		
Availability of ward bed		Pay Admitting		
Management plan conferred with consultant in charge		Physician		
Completed work up		Laboratory, Imaging		
Physician advice for surgical management as inpatient		Chart entry and ASI form		
Available funding		Various sources available		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Wait for advice from the attending physician	1. Assess patient who needs more than 24 hours stay in the hospital	None	12 hours	<i>Nurse on duty, Physician Ambulatory</i>
	1.1 Insert admitting orders in the chart and endorse to ER nurses		30 minutes	<i>Physician Ambulatory</i>
2. Receive message, confirm completion of requirements, and readiness for admission	2. Accept endorsement	None	1 hour	<i>Nurse on duty Ambulatory</i>
	2.1 Patient endorsed to ward nurses			
TOTAL:		None	13 hours, 30 minutes	

10. Outpatient Consultation – Face-to Face at the Cancer Institute Hospice Clinic

Covers activities involved in the examination, diagnosis and treatment of patients with a Supportive, Hospice, and Palliative Medicine related complaint at Room 110, 1st Floor, Cancer Institute

Office or Division:	Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Supportive, Hospice, and Palliative Medicine cancer patients requiring consult			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral from other departments or institutions (as applicable) (1 original)		Referring physician		
Blue card (1 original)		Department of Out Patient Services - Palistahan		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register and Submit blue card to the guard	1. Verify requirements	None	5 minutes	<i>Guard on duty</i> CI – OPS
	1.1 Instruct the patient or their watcher to list the name of the patient and time of arrival	None	5 minutes	<i>Guard on duty</i> CI – OPS
	1.2 Give the Blue Card to Medical Records	None	5 minutes	<i>Guard on duty</i> CI – OPS
	1.3 Encode the patient information and prepare the patient chart	None	20 minutes	<i>Clerk on duty</i> CI – Medical Records
2. Wait to be called for initial interview	2.1 Receive patient chart	None	5 minutes	<i>Fellow/ Resident in charge</i>
	2.2 Put name of patient on queue	None	5 minutes	Hospice Clinic

3. Enter the clinic once called	3. Call the name of the patient and conduct appropriate history taking, physical examination, and explanation of the findings and management plan	None	1 hour	<i>Fellow/ Resident in charge</i> Hospice Clinic
4. Give consent to and undergo further management	4. Perform appropriate diagnostic and therapeutic management	None	30 minutes	<i>Fellow/ Resident in charge</i> Hospice Clinic
5. Receive discharge instructions, prescriptions, and follow up schedule	5.1 Give prescriptions and/or laboratory requests as needed with appropriate instructions	None	10 minutes	<i>Fellow/ Resident in charge</i> Hospice Clinic
	5.2 Give follow up schedule	None	5 minutes	<i>Fellow/ Resident in charge</i> Hospice Clinic
	5.3 Complete the patient chart and submit	None	15 minutes	<i>Fellow/ Resident in charge</i> Hospice Clinic
TOTAL:			2 hours, 45 minutes	

11. Outpatient Referral for Enrollment to the Home Care Program

Covers activities involved in the examination, diagnosis and treatment of patients with a Supportive, Hospice, and Palliative Medicine related complaint via telemedicine.

Office or Division:		Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM)		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Supportive, Hospice, and Palliative Medicine patients who fulfill the Home Care Program enrollment criteria		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral from other departments or institutions (as applicable) (1 original)		Referring physician		
Latest diagnostic results (as applicable)		Referring physician		
Blue card (1 original)		Department of Out Patient Services - Palistahan		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Wait for home care consultation	1.1 Receive referral and latest diagnostics from referring physician	None	15 minutes	<i>Fellow in charge SHPM</i>
	1.2 Schedule patient for home care consultation	None	Up to 14 days	<i>Fellow/ Nurse in charge SHPM</i>
	1.3 Inform patient of schedule	None	5 minutes	<i>Fellow/ Nurse in charge SHPM</i>
	1.4 Coordinate transportation for schedule home care consultation	None	15 minutes	<i>Fellow/ Nurse in charge SHPM</i>

2. Give consent to and undergo further management	2.1 Prepare home care consultation supplies	None	15 minutes	<i>Nurse in charge SHPM</i>
	2.2 Receive home care consultation supplies and proceed with transportation to patient home	None	1 hour	<i>Fellow/ Nurse in charge SHPM</i>
	2.3 Conduct appropriate history taking, physical examination, and explanation of the findings and management plan	None	1 hour	<i>Fellow in charge SHPM</i>
	2.4 Perform appropriate diagnostic and therapeutic management	None	30 minutes	<i>Fellow in charge SHPM</i>
3. Receive discharge instructions, prescriptions, and follow up schedule	3.1 Give prescriptions and/or laboratory requests as needed with appropriate instructions	None	10 minutes	<i>Fellow in charge SHPM</i>
	3.2 Give follow up schedule	None	5 minutes	<i>Fellow/ Nurse in charge SHPM</i>
	3.4 Complete the patient chart and submit	None	15 minutes	<i>Fellow/ in charge SHPM</i>
TOTAL:			14 days, 3 hours, 45 minutes	

12. Elective Admission to the Cancer Institute Hospice Unit/PhilHealth Ward

Covers activities for the elective admission for patients requiring in-patient hospice and palliative care

Office or Division:	Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All SHPM cancer patients requiring inpatient hospice and palliative care and who fulfill the Hospice Unit admission criteria			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished Kaalaman Form (1 original) and Case Record		Malasakit Center		
Blue Card (1 original)		Department of Out Patient Services – Palistahan		
Availability of ward bed		Wards		
Admitting orders		Physician		
Advance care directives form indicating Do not Resuscitate – Do not Intubate status		Physician		
Negative SARS-Cov 2 RT-PCR results		Diagnostics Laboratory		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the admission requirements at nurse's station	1.1 Check requirements	None	5 minutes	Nurse on duty CI
	1.2 Orient patient to unit rules and policies	None	5 minutes	Nurse on duty CI
	1.3 Secure consent for admission and Fall Prevention waiver form	None	5 minutes	Nurse on duty CI
	1.4 Assist patient to assigned bed	None	5 minutes	Nurse on duty CI
	1.5 Secure initial history with initial vital signs	None	15 minutes	Nurse on duty CI
	1.6 Document admission	None	5 minutes	Nurse on duty CI
TOTAL:		None	40 minutes	

13. Discharge of Patient from Cancer Institute Hospice Unit

Covers activities for the discharge of elective patient from the Cancer Institute Hospice Unit

Office or Division:	Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All SHPM cancer patients who have been deemed fit for discharge from the Hospice Unit			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Discharge Orders		Attending Physician		
Accomplished Discharge Summary		Attending Physician		
Accomplished Clinical Abstract		Attending Physician		
Accomplished CF2 and CF4 form		Attending Physician		
Endorsement Letter		Attending Physician		
Justification Letter (if needed)		Attending Physician		
Pertinent laboratory results		Nurse in Charge		
Parenteral flow sheet		Nurse in Charge		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Ask for discharge papers and receive health education	1.1 Facilitate a written discharge order	None	30 minutes	<i>Nurse in charge</i> CI
	1.2 Ask for the photocopy of the PhilHealth requirements: <ul style="list-style-type: none"> • Accomplished clinical abstract • Accomplished discharge summary • Therapeutic sheet • Doctor's order of discharge • Pertinent laboratory results • Parenteral flow sheet • Justification Letter (if needed) 	None	30 minutes	<i>Nurse in charge</i> CI
	1.3 Send watcher to the Malasakit center for clearance (Refer to Malasakit Center process of securing a clearance)	None	30 minutes	<i>Nurse in charge</i> CI
	1.4 Prepare endorsement letter, diagnostic request, prescription, follow-up schedule	None	15 minutes	<i>Fellow/Resident in charge</i> SHPM
	1.5 Provide patient with health education, discharge instructions, and discharge papers	None	10 minutes	<i>Fellow/Resident / Nurse in charge</i> SHPM/CI
	1.6 Assist in discharge of patient	None	5 minutes	<i>Administrative Aide</i> CI
TOTAL:		None	2 hours	

14. Emergency Room Referral for Co-Managing Service

Covers activities involved in emergency room referrals for co-managing service from patient assessment up to documentation of findings and management in the patient chart

Office or Division:		Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM)		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Emergency room patients requiring palliative and hospice evaluation and management as deemed by their attending physicians		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Phone and written chart referral to SHPM for co-managing service		Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. Wait for emergency room hospice and palliative care consultation	1.1 Receive referral from attending physician	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	1.2 Secure and review patient chart	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>
2. Receive hospice and palliative care assessment and management	2.1 Conduct appropriate history taking, physical examination, and explanation of the findings and management plan	None	1 hour	<i>Fellow/Resident in charge SHPM</i>
	2.2 Perform appropriate diagnostic and therapeutic management as needed	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>
	2.3 Document findings and plan on patient chart	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>
	2.4 Give prescriptions and/or laboratory requests as needed	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	2.5 Endorse plan, diagnostic requests, and prescriptions to nurse in charge	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	TOTAL:		3 hours, 15 minutes	

15. Emergency Room Referral for Primary Service

Covers activities involved in emergency room referrals for primary service from patient assessment up to documentation of findings and management in the patient chart

Office or Division:		Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM)		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Emergency room patients requiring palliative and hospice evaluation and management as deemed by their attending physicians		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Phone and written chart referral to SHPM for co-managing service		Attending Physician		
Chart entry of referral for transfer of service		Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Wait for emergency room hospice and palliative care consultation	1.1 Receive referral from attending physician	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	1.2 Secure and review patient chart	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>

2. Receive hospice and palliative care assessment and management	2.1 Conduct appropriate history taking, physical examination, and explanation of the findings and management plan	None	1 hour	<i>Fellow/Resident in charge SHPM</i>
	2.2 Perform appropriate diagnostic and therapeutic management as needed	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>
	2.3 Document findings and plan on patient chart including acceptance of patient as primary service	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>
	2.4 Give prescriptions and/or laboratory requests as needed	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	2.6 Endorse plan, diagnostic requests, and prescriptions to nurse in charge	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
TOTAL:		None	5 hours	

16. Ward Admission from ER

Covers activities involved in admission of patients from the emergency room to an appropriate ward or bed under Supportive, Hospice, and Palliative Medicine

Office or Division:		Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM)		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Emergency room patients requiring palliative and hospice evaluation and management as deemed by their attending physicians		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Admitting orders		Physician		
Availability of ward bed		Wards		
SARS-Cov 2 RT-PCR result		Diagnostics Laboratory		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive advice from the physician	1.1 Inform patient of disposition for admission	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	1.2 Document admitting orders in patient chart	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	1.3 Prepare diagnostic requests and prescriptions as needed	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	1.4 Endorse management plan, diagnostic requests, and prescriptions to nurse in charge	None		<i>Fellow/Resident in charge SHPM</i>
2. Receive confirmation of readiness for admission	2.1 Endorse patient to ward nurse on duty	None	12 hours	<i>Nurse in charge DEM</i>
	2.2 Assist in patient transfer to ward	None	30 minutes	<i>Nurse in charge DEM</i>
TOTAL:		None	13 hours, 30 minutes	

17. Emergency Room Referral for Transition to Home Care

Covers activities involved in emergency room patients requiring palliative and hospice care and referred for assistance in transition to home care

Office or Division:		Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM)		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Emergency room patients requiring palliative and hospice care requiring assistance in transition to home care		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Phone and written chart referral to SHPM for transfer of service		Attending Physician		
Endorsement Letter		SHPM Physician		
Diagnostic requests and prescription as needed		SHPM Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Wait for emergency room hospice and palliative care consultation	1.1 Receive referral from attending physician	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	1.2 Secure and review patient chart	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>
2. Receive hospice and palliative care assessment and management, including instructions in transition to home care	2.1 Conduct appropriate history taking, physical examination, evaluation of home care needs, and explanation of the findings and management plan	None	1 hour	<i>Fellow/Resident in charge SHPM</i>
	2.2 Perform appropriate diagnostic and therapeutic management as needed	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>
	2.3 Document findings and plan in patient chart	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>

3. Facilitate instructions on needs to be secured for transition to home care	3.1 Document in chart if no objections to discharge patient or if still with needs to be secured for transition to home care	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	3.2 Endorse needs for transition to home care to referring physician	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
4. Receive discharge instructions	4.1 Provide endorsement letter, discharge instructions, diagnostic requests, and prescriptions as needed	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
TOTAL:		None	3 hours, 30 minutes	

18. Inpatient Referral for Assessment or Comanagement

Covers activities involved from receiving in-patient referral for supportive, hospice, and palliative care up to the documentation of the findings and plan in the patient chart

Office or Division:		Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM)		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All admitted patients requiring supportive, hospice, and palliative care		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Phone and written chart referral to SHPM indicating reason for referral		Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Wait for inpatient hospice and palliative care consultation	1.1 Receive referral from attending physician	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	1.2 Secure and review patient chart	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>

2. Receive hospice and palliative care assessment and management	2.1 Conduct appropriate history taking, physical examination, and explanation of the findings and management plan	None	1 hour	<i>Fellow/Resident in charge SHPM</i>
	2.2 Perform appropriate diagnostic and therapeutic management as needed	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>
	2.3 Document findings and plan on patient chart	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>
	2.4 Give prescriptions and/or laboratory requests as needed	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	2.6 Endorse plan, diagnostic requests, and prescriptions to nurse in charge	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
TOTAL:		None	3 hours, 15 minutes	

19. Inpatient Referral for Transition to Home Care

Covers activities involved from receiving in-patient referral for transition to home care up to the patient's discharge

Office or Division:		Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM)			
Classification:		Simple			
Type of Transaction:		G2C			
Who may avail:		All admitted patients requiring supportive, hospice, and palliative care at home			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
Phone and written chart referral to SHPM indicating reason for referral		Attending Physician			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Wait for emergency room hospice and palliative care consultation	1.1 Receive referral from attending physician	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>	
	1.2 Secure and review patient chart	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>	
2. Receive hospice and palliative care assessment and management, including instructions in transition to home care	2.1 Conduct appropriate history taking, physical examination, evaluation of home care needs, and explanation of the findings and management plan	None	1 hour	<i>Fellow/Resident in charge SHPM</i>	
	2.2 Perform appropriate diagnostic and therapeutic management as needed	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>	
	2.3 Document findings and plan in patient chart	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>	

3. Facilitate instructions on needs to be secured for transition to home care	3.1 Document in chart if no objections to discharge patient or document needs for transition to home care that still need to be secured	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	3.2 Endorse management plan and needs for transition to home to referring physician and nurse in charge	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	3.3 Update status of needs to be secured	None	Up to 7 days	<i>Fellow/Resident in charge SHPM</i>
4. Receive discharge instructions	4.1 Provide endorsement letter, discharge instructions, diagnostic requests, and prescriptions as needed	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
TOTAL:		None	7 days, 3 hours, 30 minutes	

20. Inpatient Referral for Enrollment to the Home Care Program

Covers activities involved from receiving in-patient referral for enrollment to the home care program up to the documentation of the findings and plan in the patient chart

Office or Division:		Department of Family and Community Medicine (DFCM) – Division of Supportive, Hospice, and Palliative Medicine (SHPM)		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All Supportive, Hospice, and Palliative Medicine patients who fulfill the Home Care Program enrollment criteria		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Phone and written chart referral to SHPM indicating referral for enrollment to the Home Care Program		Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Wait for inpatient hospice and palliative care consultation	1.1 Receive referral from attending physician	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	1.2 Secure and review patient chart	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>
2. Receive hospice and palliative care assessment and management	2.1 Conduct appropriate history taking, physical examination, evaluation of home care needs, and explanation of the findings and management plan	None	1 hour	<i>Fellow/Resident in charge SHPM</i>
	2.2 Perform appropriate diagnostic and therapeutic management as needed	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>
	2.3 Document findings and plan in patient chart	None	30 minutes	<i>Fellow/Resident in charge SHPM</i>

3. Facilitate instructions on needs to be secured for transition to home care	3.1 Document in chart if no objections to discharge patient or document needs for transition to home care that still need to be secured	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	3.2 Endorse management plan and needs for transition to home to referring physician and nurse in charge	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	3.3 Update status of needs to be secured	None	up to 7 days	<i>Fellow/Resident in charge SHPM</i>
4. Receive discharge instructions	4.1 Provide endorsement letter, discharge instructions, diagnostic requests, and prescriptions as needed	None	15 minutes	<i>Fellow/Resident in charge SHPM</i>
	4.2 Provide schedule of home visit	None	5 minutes	<i>Fellow/Resident in charge SHPM</i>
TOTAL:		None	7 days, 3 hours, 35 minutes	

21. Issuance of Fit to Work/ Medical Certificate to OPD Patients

Issuance of Fit to Work/ Medical Certificate to OPD Patients

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	DFCM Patient requesting for fit to work/medical certificate			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Medical Record		OPD Medical Records		
Blue card (1 original)		DOPS Palistahan		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to the DFCM Clinic	1. Receive and interview the patient for the purpose of the request	None	1 hour	<i>Physician</i> DFCM Clinic
2. Wait for text/call from Medical Records for issuance of Fit to Work/Medical Certificate	2. Refer to Medical Records via OCRA	None	72 hrs	<i>Nurse in duty</i> DFCM Clinic
TOTAL:		None	73 hours	

22. Residency and Fellowship Training - Application

Processing applications for Residency and Fellowship Training Programs

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	All applicants for Residency and Fellowship Program			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> • Endorsement of DDHO with the application form (2 copies) • Letter of intent • 2x2 picture • Certificate of class rank • Photocopies of the following: <ul style="list-style-type: none"> - Transcript of Records (TOR) - Medical Diploma - PRC Board Rating - Certificate of Internship • Certificate of Residency – <i>for fellowship</i> 		Deputy Director for health Operations From the applicant Graduate School Graduate School Medical School Medical School Philippine Regulatory Commission (PRC) Training Hospital		
Other Requirements :				
Letter of intent (1 original copy)				
Picture 2x2in				
Certificate of Class Rank				
Photocopies:				
- Transcript of Records (TOR)				
- Medical Diploma				
- PRC Board Rating				
- Certificate of Internship				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. Submit application form and complete requirements to the Deputy Director for Health Operations	1. Accept Residents and Fellowship Training Application	PHP 100.00 (application)	1 day	Administrative staff ODDHO
	a. Forward application to the department	PHP 500.00 (exam fee)		
	b. Instruct to attend pre-residency activities			
2. Receive acceptance/rejection letter	2. Deliberate and send acceptance/ rejection letter 2.1 Submit accepted applicants to DDHO	None	7 days	Residency Training Committee DFCM
TOTAL:		PHP 600.00	8 days	

23. Issuance of Clearance to Graduate/ Retired and Resigned DFCM Employees

Processing and issuance of clearance to graduate, retired or resigned DFCM employee

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	All graduated/retired/resigned DFCM employees in the DFCM			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<input type="checkbox"/> Clearance form from the Administrative Assistant. <input type="checkbox"/> Fully accomplished clearance form with complete signature (1 original)		DFCM Office From the employee		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ask Clearance form from the Administrative Assistant	1. Provide clearance form	None	5 minutes	<i>Administrative staff DFCM</i>
2. Submit fully accomplished clearance form to the DFCM Office	2.1 Receive the fully accomplished clearance form to the DFCM Office	None	10 days	<i>Administrative Assistant and the graduated/retired/ resigned</i>
TOTAL:		None	10 days and 5 minutes	

24. Annual Post Graduate Course

Annual Conduct of Post Graduate Course

Office or Division:		Department of Family and Community Medicine (DFCM)		
Classification:		Simple		
Type of Transaction:		G2G		
Who may avail:		Physician		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Properly filled out registration form (1 original) and payment		Chief resident and Administrative Officer		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. See the postgraduate course schedule	1. Post postgraduate course schedule and program	None	5 minutes	Chief Resident DFCM
2. Register and pay for the event	2. List registered attendees 2.1 Receive cash payment or confirm payment made through bank	Pre-registration Fee: Resident Physicians/ Medical Students/ Allied Health Professionals PHP 2,500.00; Consultants/ Government Physicians/ General Practitioners PHP 3,000; Onsite registration fee: Resident Physicians/ Medical Students/ Allied Health Professionals PHP 3,000.00; Consultants/ Government Physicians/ General Practitioners PHP 3,500.00	1 hour	Chief Resident/ Registration Committee DFCM
TOTAL:		Refer to above rates	1 hour, 5 minutes	

25. Issuance of Post Graduate Course Certificate

Issuance of certificates for Post Graduate Course

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Physician			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Attendance signature		Postgraduate course event		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign the attendance	1. Provide attendance sheet 1.1 Submit the name of participants to society or government agency	None	5 minutes	<i>Chief Resident/ Registration Committee DFCM</i>
2. Receive certificate of attendance	2. Issue certificate of attendance	None	5 minutes	<i>Chief Resident/ Registration Committee DFCM</i>
TOTAL:		None	10 minutes	

26. Acceptance of Observership (Rotators)

Clinical Observership in the Department of Family and Community Medicine (DFCM)

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Highly technical			
Type of Transaction:	G2C			
Who may avail:	Physician			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of intent/approved letter by the PGH-Director (observers outside of PGH) (1 original)		PGH Director's Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present letter of intent to the department	1. Receive the letter	None	5 minutes	<i>Administrative Assistant</i>
	1.1 Forward the letter to the Administrative Officer to prepare endorsement letter to the Director and forward to the Department Chair for signature	None	1 day	<i>Administrative Officer DFCM</i>

2. Wait for the letter to be approved and the MOA to be prepared	2. Forward letter to the Director's Office, Through Channels for approval	None	10 minutes	<i>Administrative Assistant/ Utility Worker</i> DFCM
	2.1 Receive the letter for recommending approval by the Deputy Director and forwards to Director's Office for approval.	None	1 day	DDHO
	2.2 Receive/ approve the letter and forwards to the Legal Office for preparation of Memorandum of Agreement (MOA)	None	1 day	Director's Office
	2.3 Receive approved letter and prepares the MOA	None	1 day	Legal Office
	2.4 Forward the MOA to the Department of Family and Community Medicine (DFCM)	None	1 day	Legal Office
	2.5 Receive the MOA and forward it to the Department Chair for signing	None	1 day	<i>Administrative Assistant/Administrative Officer/ Chairman</i> DFCM
3. Receive MOA for signature of the authorized signatories	3. Release the MOA to the rotator for signing and have it signed by the signatories in their hospital	None	5 minutes	<i>Administrative Assistant</i>
4. Submit the signed and notarized MOA to Department of Family and Community Medicine Office (DFCM)	4. Receive/ Record the MOA and forward to the DDHO/ Directors Office	None	10 minutes	<i>Administrative Assistant</i>
	4.1 Sign the MOA	None	1 day	<i>Executive Secretary</i> DDHO/ Director
	4.2 Forward the fully accomplished MOA to the Department of Family and Community Medicine (DFCM) for notary	None	1 day	<i>Administrative Assistant</i> DFCM
	4.3 Receive the fully	None	5 minutes	<i>Administrative</i>

5. Receive the MOA for notary	5.Wait for the notarized MOA	None	5 minutes	<i>Administrative Assistant</i>
6.Submit notarized MOA (7sets including the original)	6.Receive the notarized MOA (7 sets including the original)	None	7 days	<i>Administrative Assistant</i>
	6.1 .Record and forward the 4 copies of the MOA including the original to Legal Office	None	10 minutes	<i>Administrative Assistant/Utility Worker</i>
7. Start the rotatorship	7.1 Release Payment Form to the rotator to pay the Rotator's Fee	None	5 minutes	<i>Administrative Assistant</i>
8. Proceed to the Cashier's Office to pay the Rotator's Fee and submit one (1) photo copy of the Official Receipt and Payment Form to Department of Family and Community Medicine Office (DFCM)	8.Accept Photocopy of the OR and Payment Form	Rotators Fee: Private Hospital: PHP 4,983.00; Public Hospital PHP 2,491.50 International: USD 200.00	15 minutes	<i>Administrative Assistant /Rotator</i>
TOTAL:		Rotators Fee: Private Hospital: PHP 4,983.00; Public Hospital PHP 2,491.50 International: USD 200.00	18 days, 1 hour and 10 minutes	

27. Preparation of Vouchers

Preparation and endorsement of vouchers

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2B			
Who may avail:	Suppliers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Approved Purchase Order		Purchasing Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward the approved Purchase Order with complete requirements	1. Receive/ record the approved Purchase Order with complete requirements	None	5 minutes	<i>Administrative Assistant Purchasing Office</i>
	1.1 Forward to the Administrative Officer for the preparation of voucher	None	20 minutes	
	1.2 Forward the voucher to the Department Chair for signing	None	1 hour	<i>Administrative Officer DFCM</i>
	1.3 Forward the voucher to the Accounting Division and wait for the approved voucher	None	10 minutes	<i>Administrative Assistant/ Utility Worker DFCM</i>
TOTAL:		None	1 hour and 35 minutes	

Department of Family and Community Medicine

Internal Services

1. House Staff Lectures

Conduct of lectures for fellows, residents and students on a scheduled basis

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Physicians/students			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Monthly schedule of department activities		Chief resident		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive schedule of lectures	1. Send schedule of lectures 1 week prior	None	5 minutes	Chief Resident DFCM
2. Attend lecture	2. Remind scheduled lecture 1 day prior	<u>Outside Rotators</u> Private Hospital: PHP 4,983.00 Government Hospital: PHP 2,491.50	1 hour	Chief Resident DFCM
TOTAL:		Please refer to above rates	1 hour, 5 minutes	

2. Processing of Application Papers of Consultants for Medical Specialist Item

Processing of application papers of consultants for Medical Specialist item

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	DFCM Consultants			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Endorsement from the Department Chair		DFCM Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the DFCM Office to submit resume	1. Prepare recommendation letter signed by the Department Chair and attach Resume	None	1 day	<i>Administrative Assistant, Administrative Officer and Department Chair DFCM</i>
2. Wait for the approval of the Director for the submission of requirements to the HRDD	2. Submit the recommendation to the Director's Office (Through Channels)	None	1 hour	<i>Utility Worker/ Administrative Assistant DFCM</i>
TOTAL:		None	1 day, 1 hour	

3. Granting the Use of the Department of Family and Community Medicine (DFCM) Conference Rooms

Processing of requests for the use of the DFCM conference rooms

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Other PGH Departments			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of request (1 original)		From the department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the letter of request to the DFCM Office	1. Receive the letter of request and forward to the Administrative Officer	None	5 minutes	<i>Administrative Assistant</i> DFCM
	1.1 Check the availability of the room requested in the Department Calendar for Conferences	None	5 minutes	<i>Administrative Officer</i> DFCM
2. Wait for the reply	2. Inform the requester if approved/denied	None	5 minutes	<i>Administrative Officer</i> DFCM
TOTAL:		None	15 minutes	

4. Provision of Evaluation Report for Product Sample (Medical Supplies, Office Supplies, Others)

Accomplishment of evaluation report for product sample (medical supplies, office supplies, and others)

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Suppliers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Product Sample Evaluation Form		From the Supplier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the product sample and evaluation form	1. Receive the product sample and evaluation form	None	5 minutes	<i>Administrative Officer</i> DFCM
	1.1 Forward the product sample to the Head Nurses for evaluation.	None	1 day	<i>Head Nurses</i>
	1.2 Wait for the results for the evaluation	None	1 day	<i>Administrative Officer</i> DFCM
	1.3 Submit the evaluation form to Pedia Office	None	5 minutes	<i>Head Nurses</i>
TOTAL:		None	2 days, 10 minutes	

5. Preparation/Submission of Consolidated Record of Attendance of Residents, Fellows, and Medical Specialists

Preparation and submission of CRA residents, fellows, and medical Specialists

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Medical Officers and Medical Specialists			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Signed DTR and approved leave application and CRA		DFCM		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the signed DTR and approved leave to the Pediatric Office	1. Receive the signed DTR and leave form, if there is any	None	5 minutes	<i>Administrative Officer</i> DFCM
	1.1 Prepare the Consolidated Record of Attendance (CRA)	None	1 day	<i>Administrative Officer</i> DFCM
	1.2 Forward the CRA and DTRs to the Office of the Department Chair for approval	None	2 hours	<i>Administrative Officer and Department Chair</i> DFCM
	1.3 Record and submit the CRA and DTRs to the HRDD	None	2 hours	<i>Administrative Assistant / Utility Worker</i> DFCM
TOTAL:		None	1 day, 4 hours and 5 minutes	

6. Issuance of Certification of Training (After Grades are Available)

Issuance of Certification of Training to trainees/observers

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All PGH DFCM trainees/ observers upon completion of their 1- day, 1- week, or 1- month training			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Completion form / clearance form		Will be produced by the requesting party (trainee/ observer)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the completion form / clearance form to Admin Staff	1. Issue Certification of Training upon receipt of request	None	5 minutes	<i>Education Committee</i> DFCM
2. Provide signature	2. Request the trainee/ observer to sign as proof that the certificate has been claimed	None	1 minute	<i>Education Committee</i> DFCM
TOTAL:		None	6 minutes	

7. Issuance of Student Clearance

Issuance of student clearance upon completion of training

Office or Division:	Department of Family and Community Medicine (DFCM)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	DFCM trainees upon completion of their 1- month training			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Receipt of payment of affiliation fee (for non-UP)		DFCM Office		
No deficiencies		As accomplished by trainee		
Daily time record		As accomplished by trainee		
Monthly treatment record (as necessary)		As accomplished by trainee		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present requirements to DFCM staff on site after 3:00 PM	1. Verify that the requirements are complete	None	30 minutes	<i>Education committee; Service Committee; Chief DFCM</i>
	1.1 Issue student clearance	None	1 minute	<i>Education Committee DFCM</i>
TOTAL:		None	31 minutes	

Department of Hospital Dentistry

External Services

1. Consultation

Check-up

Office or Division:		Department Dentistry		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Patients needing dental management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card (1 original)		1 st floor, Admitting Section, OPD Bldg.		
X-ray film		Pharmacy		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For old and new patients – present the Blue Card to the Admitting Officer.	1. Check if the patient is included in the daily schedule.	None	3 minutes	Admitting Officer of the day/ Ward Assistant/ Administrative Aide
	1.1 Get and record patients' vital signs in the RADISH System and update disposition.	None	5 minutes	Admitting Officer of the day/ Ward Assistant/ Administrative Aide
	1.2. Refers the case to the available Junior Extern.	None	2 minutes	Admitting Officer of the day/ Ward Assistant/ Administrative Aide
2. Enter the clinic once their name called.	2. Evaluate the patient including diagnostic exams, i.e. x-rays	None	30 minutes	Extern-in-charge and Rad on duty
	2.1 Give the payment slip and inform the patient to pay at the cashier	(Please refer to succeeding table)	1 minute	Extern-in-charge and Rad on duty
TOTAL:		(Please refer to succeeding table)	41 minutes	

Service Charge for Radiographs

Radiographic Service	Material	Service Charge if with Blue Card	Service Charge if with Blue Card and Medical Social Services Card (White Card)	Service Charge if with Referral from other Hospital/ Clinic
Periapical X-ray	PHP 30.00	PHP 15.00	PHP 0	PHP 45.00
Occlusal X-ray	200.00	35.00	0.00	97.00
Digital Periapical X-ray	0.00	160.00	140.00	265.00
Digital Occlusal X-ray	0.00	335.00	305.00	550.00

Service Charge for Procedures

Procedure	With Blue Card	With Blue and Medical Social Services Card (White Card)
Alveolectomy	PHP 80.00	None
Alveoplasty	80.00	None
Apicoectomy	65.00	None
Curettage	75.00	None
Cystectomy	75.00	None
Frenectomy	75.00	None
Gingivectomy	65.00	None
Incision and drainage	75.00	None
IDW-MMF	95.00	None
Odontectomy	65.00	None
Operculectomy	60.00	None
Oro-Antral Management	75.00	None
Perio Therapy (Preventive)	30.00	None
Perio Therapy (Treatment)	65.00	None
Pulpectomy	35.00	None
Soft Tissue Excision	75.00	None
Hard Tissue Removal	75.00	None
Tooth Extraction	35.00	None
Vestibuloplasty	75.00	None

2. Extraction

Removal of tooth

Office or Division:		Department of Dentistry		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Patients needing dental management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card (1 original)		1 st floor Admitting Section, OPD Bldg.		
Anesthesia, needle, x-ray film		Pharmacy		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For old and new patients – present the Blue Card to the Admitting Officer.	1. Check if the patient is included in the daily schedule.	None	3 minutes	Admitting Officer of the day/ Ward Assistant/ Administrative Aide
	1.1 Get and record patients' vital signs in the RADISH System and update disposition.	None	5 minutes	Admitting Officer of the day/ Ward Assistant/ Administrative Aide
	1.2. Refers the case to the available Junior Extern.	None	2 minutes	Admitting Officer of the day/ Ward Assistant/ Administrative Aide
2. Enter the clinic once their name is called.	2. Evaluate the patient including diagnostic exams, i.e. x-rays	None	30 minutes	Extern-in-charge and Rad on duty
	2.1 Give the payment slip and inform the patient to pay at the cashier	P35.00 service charge per tooth extraction	3 minutes	Extern-in-charge and Rad on duty
	2.2. Do the Extraction	None	15 minutes	Extern In-charge
TOTAL:		P35.00 service charge per tooth extraction	59 minutes	Extern-in-charge

3. Oral Prophylaxis (currently unavailable due to pandemic)

Cleaning of teeth

Office or Division:	Department of Dentistry			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	UP-Manila employees, UP Students, and PGH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		Health Service/Employees Clinic/Admitting Section OPD Building		
Referral form (1 original)		Health Service/Employees Clinic		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Blue Card and referral form	1. Inform the consultant of the day regarding the request	None	2 minutes	Administrative Aide/Ward Assistant
	1.1 Give schedule/ appointment slip	None	3 minutes	Dental Consultant of the day
	1.2 Do the oral prophylaxis	None	30 minutes	Dental Consultant of the day
TOTAL:		None	35 minutes	

4. Periapical X-ray, Occlusal X-ray, Digital Periapical X-ray and Digital Occlusal X-ray

Provision of radiographic examination

Office or Division:	Department of Dentistry			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients needing radiographic examination			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card or stub (1 original)		1 st floor Admitting Section, OPD Bldg.		
Referral letter (1 original)		From other hospital/clinic outside PGH		
X-ray film		Pharmacy		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Blue Card or stub and referral form	1. Inform the Rad on Duty for x-ray requests. Write the name, age and gender of the patient in radiograph form.	None	2 minutes	Administrative Aide/Ward Assistant
	1.1 Take the radiograph	None	10 minutes per radiograph	Extern Rad on Duty
	1.2 Give payment slip and inform the patient to pay at the cashier	(Please refer to succeeding table)	1 minute	Extern Rad on Duty
2. Present the receipt for the payment slip	2. Give the x-ray result	None	1 minute	Extern Rad on Duty
TOTAL:		(Please refer to succeeding table)	14 minutes per radiograph	

Service Charge for Radiographs

Radiographic Service	Material	Service Charge if with Blue Card	Service Charge if with Blue Card and Medical Social Services Card (White Card)	Service Charge if with Referral from other Hospital/ Clinic
Periapical X-ray	PHP 30.00	PHP 15.00	PHP 0	PHP 45.00
Occlusal X-ray	200.00	35.00	0.00	97.00
Digital Periapical X-ray	0.00	160.00	140.00	265.00
Digital Occlusal X-ray	0.00	335.00	305.00	550.00

5. Special Cases – Odontectomy, Biopsy, Curettage, Cystectomy, Frenectomy, Incision and Drainage, Oro-antral management, Vestibuloplasty, Operculectomy, Apicoectomy, Gingivectomy, Interdental Wiring and Maxillo-mandibular Fixation (IDW-MMF)

Minor surgical procedures

Office or Division:	Department of Dentistry			
Classification:	Highly technical			
Type of Transaction:	G2C			
Who may avail:	Patients with special cases			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card (1 original)		1 st floor Admitting Section, OPD Bldg.		
Materials: 0.12% Chlorhexidine Gluconate (Orahex) oral mouthwash 120ml 70% Isopropyl Alcohol Dental Anesthesia Dental needle Suction connecting tube (round white connectors) 0.9% NSS solution for irrigation 1 liter Vicryl suture 4-O RB1 Roeko surgical suction tip with microtip Asepto Syringe 4"x4" operating sponge / gauze Blade #15 Gel foam Bone wax Surgical Bur #4 (High speed handpiece) Surgical Bur #701, 702 or 703 (High speed handpiece) Surgical Bur #701 or 702 (Low speed straight handpiece) Specimen bottle Iodoform emulsion Dead soft wire Erich arch bar Orthodontic wax Orthodontic elastics X-ray films		Pharmacy, Dental Stores		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For old and new patients – present the Blue Card to the Admitting Officer.	1. Check if the patient is included in the daily schedule.	None	3 minutes	Admitting Officer of the day/ Ward Assistant/ Administrative Aide

	1.1 Get and record patients' vital signs in the RADISH System and update disposition.	None	5 minutes	Admitting Officer of the day/ Ward Assistant/ Administrative Aide
	1.2 Deck the patient to a Senior Extern	None	2 minutes	Admitting Officer of the day/ Ward Assistant/ Administrative Aide
2. Enter the clinic once their name is called.	2. Evaluate the patient including diagnostic exams, i.e. x-rays, impression taking	None	1 hour	Senior Extern-in-charge
	2.1 Give the payment slip and list of materials needed for surgery; and inform the patient to pay at the cashier and buy the materials. Ask the patient to process PhilHealth requirements and secure materials for surgery.	(Please refer to succeeding tables)	10 minutes	Senior Extern-in-charge
	2.2 Schedule the patient for the procedure	None	2 minutes	Senior Extern-in-charge
	2.3 Discuss the special case with the consultant	None	14 days	Senior Extern-in-charge
	2.4 Do the procedure	None	2 hours	Senior Extern-in-charge
TOTAL:		(Please refer to succeeding tables)	14 days, 3 hours, 22 minutes	

Service Charge for Radiographs

Radiographic Service	Material	Service Charge if with Blue Card	Service Charge if with Blue Card and Medical Social Services Card (White Card)	Service Charge if with Referral from other Hospital/ Clinic
Periapical X-ray	PHP 30.00	PHP 15.00	PHP 0	PHP 45.00
Occlusal X-ray	200.00	35.00	0.00	97.00
Digital Periapical X-ray	0.00	160.00	140.00	265.00
Digital Occlusal X-ray	0.00	335.00	305.00	550.00

Service Charge for Procedures

Procedure	With Blue Card	With Blue and Medical Social Services Card (White Card)
Alveolectomy	PHP 80.00	None
Alveoplasty	80.00	None
Apicoectomy	65.00	None
Curettage	75.00	None
Cystectomy	75.00	None
Frenectomy	75.00	None
Gingivectomy	65.00	None
Incision and drainage	75.00	None
IDW-MMF	95.00	None
Odontectomy	65.00	None
Operculectomy	60.00	None
Oro-Antral Management	75.00	None
Perio Therapy (Preventive)	30.00	None
Perio Therapy (Treatment)	65.00	None
Pulpectomy	35.00	None
Soft Tissue Excision	75.00	None
Hard Tissue Removal	75.00	None
Tooth Extraction	35.00	None
Vestibuloplasty	75.00	None

6. Oral Rehabilitation of Medically Compromised Patients

Office or Division:	Department of Dentistry			
Classification:	Highly technical			
Type of Transaction:	G2C			
Who may avail:	Medically compromised patients needing dental management			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card or stub (1 original)		1 st floor Admitting Section, OPD Bldg.		
Materials: 1% Povidone-Iodine oral antiseptic 60ml 10% Povidone-Iodine skin antiseptic 60 ml 7.5% Povidone-Iodine skin cleanser 60 ml Suction connecting tube (white round rubber connector on both ends) Micropore Tape 1" 0.9% NSS solution for irrigation 1L D5NR solution 1L Vicryl suture 4-0 RB1 Asepto Syringe Roeko Surgical suction tip with microtip 4x8 Gauze (sterile) Cotton Balls Gel foam (sterile) Bone Wax Surgical gloves size 6.0 Surgical gloves size 6.5 Surgical gloves size 7.0 70% Isopropyl Alcohol Dental Anesthesia Dental Needle Glass Ionomer Cement / Filling Material (GC Fuji 9) Feather Blade #15 Restorative burs X-ray films Specimen bottle		OPD Pharmacy, Dental Stores		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For old and new patients – present the Blue Card to the Admitting Officer.	1. Check if the patient is included in the daily schedule.	None	3 minutes	Admitting Officer of the day/ Ward Assistant/ Administrative Aide
	1.1 Get and record patients' vital signs in	None	5 minutes	Admitting Officer of the

	the RADISH System and update disposition.			day/ Ward Assistant/ Administrative Aide
	1.2 Deck the patient to a Senior Extern	None	2 minutes	Admitting Officer of the day/ Ward Assistant/ Administrative Aide
2. Enter the clinic once their name is called.	2. Evaluate the patient including diagnostic exams, i.e. x-rays, impression taking	None	1 hour	Senior Extern-in-charge
	2.1 Give the payment slip and list of materials needed for surgery; and inform the patient to pay at the cashier and buy the materials. Ask the patient to process PhilHealth requirements.	(Please refer to succeeding table)	10 minutes	Senior Extern-in-charge
	2.2 Schedule the patient for the procedure at OR	None	2 minutes	Senior Extern-in-charge
	2.3 Discuss the special case with the consultant	None	14 days	Senior Extern-in-charge
3. Present the blue card and all the materials needed for oral rehabilitation.	3. Admit the patient in the ward with available bed. Drop referrals to co-managing services.	None	4 hours	Senior Extern-in-charge
	3.1 Do the procedure at the OR	None	4 hours	Senior Extern-in-charge
TOTAL:		(Please refer to succeeding table)	14 days, 9 hours and 22 minutes	

Service Charge for Radiographs

Radiographic Service	Material	Service Charge if with Blue Card	Service Charge if with Blue Card and Medical Social Services Card (White Card)	Service Charge if with Referral from other Hospital/ Clinic
Periapical X-ray	PHP 30.00	PHP 15.00	PHP 0	PHP 45.00
Occlusal X-ray	200.00	35.00	0.00	97.00
Digital Periapical X-ray	0.00	160.00	140.00	265.00
Digital Occlusal X-ray	0.00	335.00	305.00	550.00

7. Externship Training Program in Oral Surgery

Training in Oral Surgery for Licensed Dentists

Office or Division:	Department of Dentistry			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Licensed dentist who wants to train in Oral Surgery			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished application form (1 original)		Department of Dentistry		
Two (2) 2"x2" pictures		Applicant		
Certified true copy of the applicant's Transcript of Records		Dental School where the applicant graduated from		
Certified true copy of diploma		University where the applicant graduated from		
Certified true copy of dental board rating		PRC		
Certified true copy of Certificate of Registration		PRC		
Two (2) sealed letters of recommendation attesting that the applicant has the ability and good moral character to pursue the program addressed to the Chairman of the Department of Dentistry.		One letter must come from the Dean of the Dental School from which the applicant graduated and one from a dental faculty		
A short essay of not more than 200 words and not less than 150 words as to why the applicant is seeking admission to the program				
All the requirements must be submitted in a folder with plastic jacket.				
*All admission requirements must be submitted not later than one (1) month before the starting date of the program period.				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the application requirements	1. Receive the application requirements 1.1. Inform the applicant of the examination schedule. First Wednesday of the last month of every quarter.	PHP 500.00	3 minutes	Department Secretary
		None	2 minutes	Department Secretary
2. Pass the evaluation examination and submit to a personal interview	2. Give the evaluation examination and interview	None	1 day	Dental Consultants
3. Pay the training fee	3. Receive the training	PHP	5 minutes	Department

and start the seven-months training program	fee 3.1 Pay to the PGH Cashier all the new extern's training fee; receive the Official Receipt	40,000.00	30 minutes	Secretary Administrative Aide
TOTAL:		PHP 40,500.00	1 day, 40 minutes	

8. Internship Training Program in Oral Surgery

Extensive training in Oral Surgery for Licensed Dentists

Office or Division:	Department of Dentistry			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Licensed dentists who completed the UP-PGH Externship Program in Oral Surgery			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Certificate of Completion		Department of Dentistry		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Apply for the Internship Program in Oral Surgery	1. Receive the application requirements	None	2 minutes	Dental Consultants
2. Pass the evaluation examination and submit to a personal interview	2. Give the evaluation examination and interview	None	180 minutes	Dental Consultants
3. Pay the training fee and start the one-year training program	3. Receive the training fee	Training Fee: PHP 6,000.00	5 minutes	Department Secretary
	3.1 Pay to the PGH Cashier all the new intern's training fee; receive the Official Receipt		30 minutes	Administrative Aide
TOTAL:		PHP 6,000.00	3 hours, 37 minutes	

Department of Laboratories

External Services

1. Residency Training – Selection Process

A four year residency training in combined Anatomic Pathology and Clinical Pathology (AP-CP) fully accredited by the Philippine Society of Pathologist (PSP). It is composed of 24 months of rotation in AP interdigitating with 24 months of rotation in CP

Office or Division:	Department of Laboratories – Residents Room			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Residency Training Applicants			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Complete and appropriately filled-out application form (1 original)		Office of the Deputy Director for Health Operations (ODDHO)		
2. Transcript of Records (1 original)		School attended		
3. Curriculum Vitae (1 original)		Furnished by applicant		
4. Medical School Diploma 1 original)		School attended		
5. Certificate of Class Rank (1 original)		School attended		
6. Certificate of Good Moral Character (1 original)		School attended		
7. Certificate of Internship (1 original)		Hospital attended		
8. PRC Board Rating Result (1 original, 2 authenticated)		PRC Office		
9. PRC License (1 original, 2 authenticated)		PRC Office		
10. Qualifying Examination (Basic Anatomic and Clinical Pathology)		UP-PGH Department of Laboratories		
11. Observership		UP-PGH Department of Laboratories		
12. Interview		UP-PGH Department of Laboratories		
13. Reporting		UP-PGH Department of Laboratories		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements to the ODDHO	1. Receive requirements	Php 200.00	20 minutes	<i>Executive Assistant</i> ODDHO
	1.1. Forward requirements and list of applicants to the Department	None	1 day	
2. Take the Qualifying Examination in the Department of Laboratories (Basic Anatomic and Clinical Pathology)	2. Facilitate examination	None	3 hours	<i>Medical Officer</i> Department of Laboratories
	2.1. Check and compute scores		2 hours	

3.Participate in observership in the Department of Laboratories	3. Provide schedule for observers	None	1 hour	Medical Officer
	3.1.Orient and provide feedback to applicants during their observership	None	10 days	Medical Officer
4.Report an assigned topic in the Department of Laboratories	4. Evaluate and rate the reporting	None	25 minutes	Medical Specialists and Medical Officer
5.Undergo interview	5. Interview the applicants	None	1 day	Medical Specialist
6.Receive the result of application in the Department of Laboratories	6. Deliberation of each applicant	None	5 days	Medical Specialists and Medical Officer
	6.1.Furnish final list of accepted applicants	None	1 hour	Medical Officer
TOTAL:		Php 200.00	17 days, 7 hours and 45 minutes	

2. Acceptance of Deliveries of Chemicals and Reagents

Acceptance of deliveries of chemicals and reagents used in processing of laboratory examination

Office or Division:	Department of Laboratories – Chairman's Office			
Classification:	Simple			
Type of Transaction:	G2B			
Who may avail:	Suppliers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Purchase Order (PO) with complete attachments (1 original)		Purchasing Office		
2. Sales Invoice (1 original, 5 photocopy)		Supplier		
3. 5 photocopy of PO		Supplier		
4. Items or Products		Supplier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all requirements in the Department of Laboratories	1. Receive and validates documents	None	5 minutes	Administrative Assistant/ Administrative Officer
2. Present the items/products to the Department of Laboratories	2. Accept and proceed to stockroom for checking, validation and counting of items/products	None	2 hours	Administrative Assistant/ Administrative Officer
	2.1 Sign Sale Invoice		2 minutes	
TOTAL:		None	2 hours and 7 minutes	

3. Acceptance of Evaluation Form for Chemicals/ Reagents/ Medical/ Office and Housekeeping Supplies

Evaluation for chemicals and reagents not included in the bidding and medical, office and housekeeping supplies requested for the department

Office or Division:	Department of Laboratories – Chairman's Office			
Classification:	Complex			
Type of Transaction:	G2B			
Who may avail:	Suppliers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Properly filled-out evaluation form		BAC Office		
2. Item/Product		Supplier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit evaluation form to the Department of Laboratories	1. Receive evaluation form	None	2 minutes	Administrative Assistant/ Administrative Officer
2. Submit the item/product for evaluation to the Department of Laboratories	2. Receive item/product (for evaluation)	None	7 days	Administrative Assistant/ Administrative Officer
TOTAL:		None	7 days and 2 minutes	

4. Inter-Institutional Observership

Provision of training for Residents from other institutions in the field of Anatomic and Clinical Pathology for a specified duration. This service is availed by other hospital institutions who would like to provide additional skills and knowledge for their respective residents.

Office or Division:	Department of Laboratories – Chairman's Office			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	All Residents			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter of Intent		Furnished by requester		
2. Memorandum of Agreement		Legal Office		
3. Observership Fee		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of intent address to the PGH Director thru the Chair of the Department of Laboratories	1. Receive letter of intent	None	7 days	Administrative Assistant/ Administrative Officer
1.1. Indicate the period of training				
1.2 Pay Observership Fee to the Cashier Services	1.1 Issue charges slip	Php 4,983.00/ month	2 minutes	
TOTAL:		Php 4,983.00/ month	7 days and 2 minutes	

5. Slide Photomicrography

Provision of photomicrography services of surgical pathology cases submitted to the department. The service is availed by other department within the hospital or other institutions.

Office or Division:	Department of Laboratories – Resident's Room/Chairman's Office			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	All Residents			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter of Intent		Furnished by requester		
2. Payment/Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of intent address to the Chair of the Department of Laboratories	1. Receive letter of intent	None	2 minutes	Administrative Assistant/ Administrative Officer / Resident in Charge
	1.1 Approval of the Chair	None	2 minutes	Chairman
	1.2 Retrieve slides from Stockroom files	None	2 days	Administrative Aide
	1.3 Check pictures and number of copies of pictures	None	1 hour	Medical Officer in charge
	1.4 Issue Charge Slip	Php 120.00	2 minutes	Administrative Assistant/ Administrative Officer
2. Present the Official Receipt to the Chairman's Office	2. Give photo in CD	None	2 minutes	Administrative Assistant/ Administrative Officer
TOTAL:		Php 120.00 /picture	2 days, 1 hour and 8 minutes	

6. Issuance of Blood Collecting Tubes and Specimen Containers

Provision of blood collecting tubes and specimen containers to different wards of the hospital.

Office or Division:	Department of Laboratories – Chairman’s Office			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Service wards of the hospital (IWs/NAs)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Approved Requisition and Issue Slip		Respective service wards		
2. Trolley/reusable bag		Respective service wards		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Requisition and Issue Slip (RIS) to the Chairman’s Office	1. Receive Requisition and Issue Slip (RIS)	None	5 minutes	Administrative Assistant/ Administrative Officer
2. Get the supplies from the Department of Laboratories	2. Issue blood collecting tubes and specimen containers	None	30 minutes	Administrative Assistant/ Administrative Officer
TOTAL:		None	35 minutes	

7. Processing of Blood Typing (including Emergency Typing)

Provide blood type of patient for possible blood transfusion

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Completely filled up laboratory request form		Attending Physician/Nurse on Duty		
2. Blood specimen whole blood (2-4ml) EDTA Tube if neonates whole blood (1-2 ml microtainer EDTA with complete label (Name of Patient, Date and Time, extracted by)		Attending Physician/Nurse on Duty		
3. Payment/Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present laboratory request to the Laboratory Information Section	1. Receive and charge the blood typing request: for “ emergency ”- instruct client to bring the specimen and request immediately to Blood Bank	None	5 minutes	Laboratory Information Staff
2. Pay the blood typing test to the Cashier Services	2. Accept the payment and issue the receipt	*Refer to the approved schedule of fees	15 minutes	Cashier
3. Submit the laboratory request form completely filled up with blood specimen sample properly labeled to the Blood Bank Section	3. Check and verify the laboratory request form and blood specimen. Processed the blood typing. Print	None	1 hour (for emergency 30 minutes)	Medical Technologist
4. Claim the result in the Laboratory Information Section	4. Print the result and sent to Laboratory Information Section	None	5 Minutes	Laboratory Information Staff
TOTAL:		*Refer to the approved schedule of fees	1 hour and 25 minutes (for emergency 30 minutes)	

8. Processing of ABO Typing Discrepancy Investigation

Resolving the front and reverse blood typing of the patient

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Completely filled up laboratory request form		Attending Physician/Nurse on Duty		
2. Blood specimen whole blood (5 ml) EDTA Tube/plain tube if neonates whole blood (4ml) with complete label (Name of Patient, Date and Time, extracted by)		Attending Physician/Nurse on Duty		
3. Payment/Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present laboratory request to Laboratory Information Section to charge ABO typing discrepancy request	1. Receive and charge the ABO blood discrepancy request:	None	5 minutes	Laboratory Information Staff
2. Pay the ABO typing discrepancy test to the Cashier	2. Accept the payment and issue the receipt	*Refer to the approved schedule of fees	15 minutes	Cashier
3. Submit the laboratory request form completely filled up with blood specimen sample properly labeled to the Blood Bank Section together with proof of payment	3. Check and verify the laboratory request form, blood specimen and proof of payment. Processed the ABO typing discrepancy. 3.1 If not resolved, inform NOD, Pathologist rotator and refer to Hematologist Fellow	None	1day:24 hours	Medical Technologist/ Pathology Rotator/ Hematologist Fellow
TOTAL:		*Refer to the approved schedule of fees	1 day and 20 minutes	

9. Processing of Direct Coombs, Indirect Agglutination Test, Antibody Screening

Detection of antibody present in the red blood cells and serum of the patient/blood unit

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Completely filled up laboratory request form		Attending Physician/Nurse on Duty		
2. Blood specimen whole blood (2-4ml) EDTA Tube if neonates whole blood (1-2ml) microtainer EDTA with complete label (Name of Patient, Date and Time, extracted by).		Attending Physician/Nurse on Duty		
3. Payment/Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present laboratory request form to Laboratory Information Section to charge Direct Coombs, Indirect Agglutination Test, Antibody Screening	1. Receive and charge Direct Coombs, Indirect Agglutination Test, Antibody Screening request	None	5 minutes	Laboratory Information Staff
2. Pay the Direct Coombs, Indirect Agglutination Test, Antibody Screening to the Cashier	2. Accept the payment and issue the receipt	*Refer to the approved schedule of fees	10 minutes	Cashier
3. Submit the laboratory request form completely filled up Direct Coombs, Indirect Agglutination Test, Antibody Screening with blood specimen sample properly labeled to the Blood Bank Section. Present the official receipt	3. Check and verify the laboratory request form, blood specimen and proof of payment. Processed the Direct Coombs, Indirect Agglutination Test, Antibody Screening	None	1 hour	Medical Technologist
TOTAL:		*Refer to the approved schedule of fees	1 hour and 15 minutes	

10. Processing of Crossmatching (including emergency Crossmatching)

Compatibility testing for antibody occurs when donor red cells are incubated with recipients' serum and upon addition of anti-human globulin result in to no agglutination

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Completely filled up laboratory request form		Attending Physician/Nurse on Duty		
2. Blood specimen whole blood (2-4 ml) in EDTA. If neonates, 1-2ml microtainer EDTA with complete label (Name of Patient, Date and Time, extracted by).		Attending Physician/Nurse on Duty		
3. Payment/Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present laboratory request form to Laboratory Information Section to charge crossmatching request	1. Receive and charge crossmatching request(for emergency crossmatching)	None	5 minutes	Laboratory Information Staff
2. Patient/Agent must go to cashier and pay the crossmatching test	2. Accept the payment and issue the receipt	*Refer to the approved schedule of fees	15 minutes	Cashier
3. Submit the laboratory request form completely filled up blood specimen sample properly labeled to the Blood Bank Section. Present the official receipt	3. Check and verify the laboratory request form, blood specimen and proof of payment. Processed the crossmatching	None	4 hours (for emergency crossmatching 1 hour)	Medical Technologist
TOTAL:		*Refer to the approved schedule of fees	4 hours and 20 minutes (for emergency crossmatching 1 hour)	

11. Processing of Difficult Crossmatching

Resolving the incompatibility testing of patient to blood unit

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Patients with incompatible result in crossmatching			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Completely filled up laboratory request form		Attending Physician/Nurse on Duty		
2. Blood specimen whole blood (5ml) EDTA tube/ (10ml) plain tube if neonates whole blood (4ml) microtainer EDTA with complete label (Name of Patient, Date and time, extracted by)		Attending Physician/Nurse on Duty		
3. Payment/Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present laboratory request form to the Laboratory Information Section to charge Difficult crossmatching request	1. Receive and charge difficult crossmatching request	None	5 minutes	Laboratory Information Staff
2. Pay the Difficult crossmatching test to the cashier	2. Accept the payment and issue the receipt	*Refer to the approved schedule of fees	15 minutes	Cashier
3. Submit the laboratory request form completely filled up blood specimen sample properly labeled to the Blood Bank Section. Present the official receipt	3. Check and verify the laboratory request form, blood specimen and proof of payment. Processed the Difficultcross matching 3.1 If not resolve inform NOD/RIC and refer to Pathologist rotator and Hematologist Fellow	None	1day:24 hours 15 minutes	Medical Technologist
TOTAL:		*Refer to the approved schedule of fees	1 day and 35 minutes	

12. Blood Donor Registration

Acceptance and screening of qualified donor

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Donors (Volunteer, Autologous, Donor with patients)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Valid ID (1 original) (any of this : PRC,SSS, GSIS, PAG-IBIG, POSTAL, Barangay Clearance with photo, Police Clearance, NBI, COMPANY ID)		Government Agency		
2. Donor Form (1 original)		Blood Donor Center Counter		
3. Blue Card (1 original)		Admitting Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Donor Form to the Blood Bank Section	1.Receive, check and verify the request for Donor Form	None	1 minute	Medical Technologist
2. Present valid ID in the Blood Bank Section	2. Receive, check and verify valid ID presented	None	1 minute	Medical Technologist
3. Donor register in the Blood Bank Section	3.Log donor 's name, patient's name and ward	None	3 hours	Medical Technologist
TOTAL:		None	3 hours and 2 minutes	

13. Conducting of Donor Pep Talk

Provision of information regarding the mode of transmission transmissible infection

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Donors (Volunteer, Autologous, Donor with patients)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Valid ID (1 original) (any of this : PRC,SSS, GSIS, PAG-IBIG, POSTAL, Barangay Clearance with photo, Police Clearance, NBI, COMPANY ID)		Qualified Donor		
2. Donor Form completely filled up (1 original)		Blood Donor Center Counter		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Donor Form to the Blood Bank Section	1. Receive, check and verify the request for Donor Form.	None	2 minutes	Medical Technologist
2. Present valid ID in the Blood Bank Section	2. Accept the donor	None	3 minutes	Medical Technologist
3. Attend donor Pep Talk in the Blood Bank Section	3. Conduct pep talk regarding the flow of donation and mode of transfer of transfusion transmissible infection	None	15 minutes	Medical Technologist
TOTAL:		None	20 minutes	

14. Donor Interview, Encoding Biometrics, Image Capturing, Barcoding and Physical Examination

This process is for collecting data of blood donor

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Donors (Volunteer, Autologous, Donor with patients)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Valid ID (1 original) (any of this : PRC,SSS, GSIS, PAG-IBIG, POSTAL, Barangay Clearance with photo, Police Clearance, NBI, COMPANY ID)		Qualified Donor		
2. Donor Form completely filled up (1 original)		Blood Donor Center Counter		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit Donor Form to the Blood Bank Section	1. Receive, check and verify the request for Donor Form.	None	2 minutes	Medical Technologist
2. Present valid ID in the Blood Bank Section	2. Accept the donor	None	3 minutes	Medical Technologist
3. Wait for the QUE assigned in the donor form in the Blood Bank Section	3. Call donor for interview 3.1 Process the biometrics, image capturing and barcoding 3.2 Perform the physical examination	None	30 minutes	Medical Technologist
TOTAL:		None	35 minutes	

15. Blood Donation at Blood Donor Center

Hemoglobin determination and serological examination (Transmission Transmissible Infection)

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Donors (Volunteer, Autologous, Donor with patients)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Valid ID (1 original) (any of this : PRC,SSS, GSIS, PAG-IBIG, POSTAL, Barangay Clearance with photo, Police Clearance, NBI, COMPANY ID)		Qualified Donor		
2. Donor Form completely filled up with physical examination report (1 original)		Blood Donor Center Counter		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Donor Form completely filled up with physical examination report to the Blood Bank Section 1.1. Donor will wait in the waiting area	1. Accept Donor Form with valid ID	None	5 minutes	Medical Technologist
	1. 1 Ask the full name of the Donor, check and disinfect the site of phlebotomy of the donor before extraction.	None	5 minutes	Medical Technologist
	1.2 Get blood specimen and drop to copper sulfate for hemoglobin test ▪ If low hemoglobin – donor is rejected ▪ If normal hemoglobin proceeds to Serological Examination	None	2 minutes	Medical Technologist
	1.3. Process screening serological examination (for transmissible transfusion infection (TTI's, HbsAg, syphilis, HCV, HIV	None	3 hours	Medical Technologist

	and Malaria) if non-reactive call the donor for bleeding if reactive advice the donor to wait for repeat testing/wait for the doctor call.			
2. Proceed to bleeding area in the Blood Bank Section	2. Instruct the donor to read the donor instruction	None	1 minute	Medical Technologist
	2.1 Ask full name of donor	None	1 minute	Medical Technologist
	2.2 Ask donor will sign the form	None	1 minute	Qualified Donor
	2.3 Check and disinfect the site of phlebotomy	None	2 minutes	Medical Technologist
	2.4 Start the bleeding process	None	30 minutes	Medical Technologist
	2.5 Extract blood specimen from the blood unit of the donor in EDTA tube with donor barcode. Release the blood issuance form to the donor	None	15 minutes	Medical Technologist
	2.6. Encode the specimen for blood typing	None	15 minutes	Medical Technologist
TOTAL:		None	4 hours and 17 minutes	

16. Autologous Donor

Phlebotomy for future procedure

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Patient advice to donate their own blood			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Donor Form completely filled up (1 original)		Blood Donor Center Counter		
2. Donor Form completely filled up consent for autologous blood donation (1 original)		Blood Donor Center Counter		
3. Completely filled up permission for autologous blood donation (1 original)		Attending Physician		
4. Valid ID (1 original) (any of this: PRC,SSS, GSIS, PAG-IBIG, POSTAL, Barangay Clearance with photo, Police Clearance, NBI, COMPANY ID)		Government Agency		
5. Blood collecting bag (Triple)		Blood Donor Center		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all requirements to the Blood Donor Center Counter	1. Receive, check and verify all requirements 1.1 Interview and do the physical examination of the donor	None	2 minutes	Medical Technologist
2. Proceed to screening area in the Blood Bank Section	2. Do the biometrics, imaging capture and barcoding	None	3 minutes	Medical Technologist
3. Proceed to blood extraction area in the Blood Bank Section	3. Extract blood specimen and drop to copper sulfate for hemoglobin test. ▪ If low hemoglobin – donor is rejected ▪ If normal hemoglobin, instruct the donor to proceed to the bleeding area	None	5 minutes	Medical Technologist

	donor.			
4. Proceed to bleeding area in the Blood Bank Section	4. Check and disinfect the site of phlebotomy and perform the bleeding process	None	1 hour	Medical Technologist
	TOTAL:	None	1 hour and 10 minutes	

17. Donor Counseling

For reactive Transfusion Transmissible Infection

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Deferred Donor			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Donor Form completely filled up (1 original)		Blood Donor Center Counter		
2. Completely filled up laboratory examination for processing of blood donors reactive to Transfusion Transmissible Infections (HbsAg, Syphilis, HIV, HCV, Malaria)		Blood Donor Center Counter		
3. Valid ID (1 original) (any of this (PRC,SSS, GSIS, PAG-IBIG, POSTAL, Barangay Clearance with photo, Police Clearance, NBI, COMPANY ID)		Furnish by Donor		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Wait the doctor's call/medical technologist in the Blood Bank Section	1. Call the pathologist on duty for donor counseling	None	15 minutes	Pathologist Rotator
TOTAL:		None	15 minutes	

18. Processing of Plateletpheresis

Collection of maximum of 8 units of platelet concentrates from a single donor through apheresis machine

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Qualified Donor with Prominent Vein			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. Donor Form completely filled up (1 original)			Blood Donor Center Counter	
2. Laboratory Examination Form (back of Donor Form) fully accomplished for Non-Reactive to Transfusion Transmissible Infections, HBsAg, Syphilis, HIV, HCV, Malaria			Blood Donor Center Counter	
3. Complete Blood Count (CBC) and Blood Typing Result			Hematology and Blood Bank	
4. Apheresis Kit with Anticoagulant (ACD) 2 (500ml)			Blood Donor Center	
5. Apheresis Machine			Blood Donor Center	
6. Payment/Official Receipt			Cashier	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Donor Form in the Blood Bank Section	1. Receive, check and verify Donor Form	None	2 minutes	Medical Technologist
2. Pay the procedure in the Cashier Services	2. Receive payment for the procedure	*Refer to the approved schedule of fees	15 minutes	Laboratory Information/ Cashier
3. Submit Laboratory request form and proof of payment In the Blood Bank Section	3. Receive laboratory request form and proof of payment	None	2 minutes	Medical Technologist
4. Proceed to Pheresis Room in the Blood Bank Section	4. Disinfect the arm, look for prominent vein (site of phlebotomy) 4.1 Start the running procedure	None	1 minute 3 hours	Medical Technologist
TOTAL:		*Refer to the approved schedule of fees	3 hours and 20 minutes	

19. Processing of Therapeutic Plasma Exchange Procedure

Plasma removal with fluid exchange through apheresis machine

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Patients with Myasthenia Gravis, GuillanBarre Syndrome, Thrombotic Thrombocytopenic Purpura, NeuromyelitisOptica, Vasculitis and Multiple Sclerosis			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Referral Slip completely filled up (1 original)		Attending Physician		
2. Apheresis Kit with Anticoagulant (ACD) 2 (500ml)		Blood Bank		
3. Thawed Fresh Frozen Plasma (Type Specific) 1000ml-2500ml		Blood Bank		
4. Intra-jugular/subclavian line		Attending Physician		
5. Bovine Albumin 1000ml-2500ml		Attending Physician		
6. Laboratory Request		Attending Physician		
7. Payment/Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Referral Slip to the Blood Bank Section	1. Receive referral slip	None	1 minutes	Medical Technologist
	Note: Resident in Charge will coordinate with the Blood Bank Pathologists for possible TPE patient			
	1.1 Check patient's intra-jugular/ subclavian/ femoral line if with access (good flow)	None	1 minute	Medical Technologist
	1.2 Proceed with the TPE procedure	None	4 hours	Medical Technologist/ Pathologist/ Hematologist/ RIC

	1.3 Give the list of TPE kit for charging to Laboratory Information section	*Refer to the approved schedule of fees	2 minutes	Laboratory Information Staff
TOTAL:		*Refer to the approved schedule of fees	4 hours 3 and minutes	

20. Processing of Blood Product Request and Issuance of Blood Unit

Assign blood units to the patient

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Blood Product Request if emergency(properly filled up)(1 original)		Attending Physician		
2. Completely filled up laboratory request form		Attending Physician		
3. Blood Specimen 2-4ml EDTA Tube		Attending Physician		
4. Proof of Donor (Blood Issuance and Replacement Form)		Blood Bank		
5. Authority to Accept Blood Form		Attending Physician/Nurse on Duty		
6. Page Number (if with donor)		Blood Bank		
7. Payment/Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit the following to the Blood Bank Section 1.1. Blood Product Request Form 1.2. Laboratory Request Form 1.3. Blood Specimen 2.4ml EDTA Tube	1. Receive, check and verify Blood Product Request Form, Laboratory Request Form and Blood Specimen	None	2 minutes	Medical Technologist
2. Submit Proof of Donor (Blood Issuance and Replacement Form) to the Blood Bank Section	2. Receive, check and verify Proof of Donor	None	2 minutes	Medical Technologist
	2.1. Assign control number, assign blood product, page number and issue blood product response form	None	5 minutes	Medical Technologist
	2.2. Process the crossmatching and blood typing	None	4 hours (for emergency 1 hour)	Medical Technologist
3. Submit Authority to Accept Blood to the Blood Bank Section(completely	3. Receive, check the Authority to Accept Blood	None	2 minutes	Medical Technologist

filled up, indicating the component and number of units)				
4. Present Proof of Payment to the Blood Bank Section	4. Verify if the Authority to Accept Blood is already paid as to proof of payment presented	None	2 minutes	Medical Technologist
	4.1 Check logbook, signed and indicate the date and time of release of blood unit	*Refer to the approved schedule of fees	15 minutes	Medical Technologist
5. Sign the logbook in the Blood Bank Section	5. Release the blood unit	None	5 minutes	Medical Technologist
TOTAL:		*Refer to the approved schedule of fees	4 hours and 43 minutes (for emergency 1 hour and 43 minutes)	

21. Issuance of Blood Donor and Replacement Form

Releasing of blood donor slip

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Patients with Donor and Agents			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Blue Card (1 original)		Admitting Section		
2. Letter to release donor slip		Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Blue Card to the Blood Bank Section	1. Receive, check and verify Blue Card	None	2 minutes	Medical Technologist
2. Submit letter to release donor slip to the Blood Bank Section	2. Receive letter	None	2 minutes	Medical Technologist
	2.1. Issue Blood Donor slip a replacement form (indicating the blood component, serial and page number)	None	1 hour	Medical Technologist
3. Return after 1 hour to claim the Donor slip in the Blood Bank Section	3. Release the Donor slip to the client.	None	3 minutes	Medical Technologist
TOTAL:		None	1 hour and 7 minutes	

22. Issuance of Blood Typing and Coomb's Test Result

Releasing of result of the patient

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Patients and Agents			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Blue Card (1 original)		Admitting Section		
2. Authorization Letter		Attending Physician/Nurse on Duty		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Blue Card to the Blood Bank Section	1. Receive, check and verify case number of patient	None	2 minutes	Medical Technologist
2. Submit authorization letter to claim result to the Blood Bank Section	2. Receive authorization letter	None	2 minutes	Medical Technologist
	2.1 Issue Blood Typing and Coomb's Test Result	None	6 minutes	Medical Technologist
TOTAL:		None	10 minutes	

23. Receiving of Blood Units from Other Hospital and Issuance of Deposit Slip

Receive blood units for future use of the patient

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Patients with Deposit Blood and Other			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Blue Card (1 original)		Admitting Section		
2. Blood product from Other Institution (in Proper Storage)		Institution of Origin		
3. Blood Product Request (completely filled up) (1 original)		Attending Physician		
4. Blood Component Result		Blood Bank		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Blue Card to the Blood Bank Section	1. Receive, check and verify case number of patient	None	2 minutes	Medical Technologist
2. Deposit the blood product in the Blood Bank Section	2. Receive, check blood product unit	None	2 minutes	Medical Technologist
3. Submit blood component result to the Blood Bank Section (serology result)	3. Receive blood component result	None	2 minutes	Medical Technologist
4. Receive Deposit Slip from the Blood Bank Section	4. Issue Deposit Slip	None	6 minutes	Medical Technologist
TOTAL:		None	12 minutes	

24. Purchase of Blood Product from Philippine Blood Center/ Philippine Red Cross and Other Institution

Purchase of blood product from other institution

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Patients Needs Transfusion			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Blue Card (1 original)		Admitting Section		
2. Blood Product Request Form (BPR)(completely filled up (1 original)		Attending Physician/Nurse on Duty		
3. Blood Cold Chain (Blood Storage)		Blood Bank		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Blue Card to the Blood Bank Section	1. Receive, check and verify case number of patient	None	2 minutes	Medical Technologist
2. Submit Blood Product Request Form to the Blood Bank Section	2. Receive, check and sign blood product request form (indicate date and time received	None	2 minutes	Medical Technologist
	2.1 Call the Philippine Blood Center/Philippine Red Cross (for availability of blood product) 2.2 If available: Ask for reference number (a confirmation that the blood product is already reserve)	None	10 minutes	Medical Technologist
3. Waiting for the instruction of Medical Technologist in the Blood Bank Section	3. Instruct patient's watcher to pick up the blood product	None	2 minutes	Medical Technologist
	3.1 Give the Blood Product Request Form (with reference number)	None	2 minutes	Medical Technologist
4. Go to the Philippine Blood Center/ Philippine Red Cross to pick up blood product	4. Waiting for the blood product from PBC or Phil. Red Cross	None	5 hours	Patient's Watcher

5. Go to the Blood Bank Section - give the blood product - give serological/blood result - present blue card	5. Receive, check and verify the blood product, serological/blood result and blue card	None	5 minutes	Medical Technologist
6. Receive deposit slip from the Blood Bank Section and go back to ward and give to attending physician of nurse on duty	6. Issue deposit slip	None	2 minutes	Medical Technologist
TOTAL:		None	5 hours and 25 minutes	

25. Sharing of Blood Products to Other Institution

Sharing of blood products to other institution

Office or Division:	Department of Laboratories – Blood Bank			
Classification:	Highly Technical			
Type of Transaction:	G2B			
Who may avail:	Other Hospital			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. Request for Blood (completely fill up) (1 original)			Requesting Hospital	
2. Cold Chain (Blood Storage)			Requesting Hospital	
3. Payment/Official Receipt			Cashier	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Request for Blood to the Blood Bank Section	1.Receive, check and verify request for blood	None	2 minutes	Medical Technologist
	1.1 Instruct to pay the Request for Blood	*Refer to the approved schedule of fees	2 minutes	Medical Technologist
2. Present proof of payment to the Blood Bank Section	2. Receive and check proof of payment	None	1 minute	Medical Technologist
	2.1 Check and verify result of blood product in Donor Logbook	None	30 minutes	Medical Technologist
	2.2 Record the details in Sales Logbook	None	2 minutes	Medical Technologist
3. Receive the blood product, blood component result from the Blood Bank Section (serology result)	3. Release the blood product, blood component result (serology result)	None	2 minutes	Medical Technologist
4. Sign the Sales Logbook in the Blood Bank Section and bring the blood product and component result to the requesting hospital	4. Give the Sales Logbook to affix the signature	None	1 minute	Medical Technologist
TOTAL:		*Refer to the approved schedule of fees	40 minutes	

26. Processing of Hemoglobin, Serum Protein, Urine Electrophoresis

Determination of Hemoglobinopathy and gamopathy

Office or Division:	Department of Laboratories – Clinical Chemistry Section			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Completely filled up Laboratory request		1.For Inpatient- Attending physician/Nurse For Outpatient- Lab Info For Employees - UPHS		
2. Results of CBC, Ferritin, Iron, dTIBC for Hemoglobin 2.1 No blood transfusion for the last 3 months 2.2 3 months old and above, please refer to NIH 2.3 CBC result not more than 3 days		2.Hematology Section and Clinical Chemistry Section		
3. Result of serum Total Protein for Protein 3.1 Fasting for at least 6 hours 3.2 No Beta Lactams intake (anti-bacterial drug) 3 days before testing 3.3 No X-ray contrast media 3 days before testing 3.4 No anticoagulant treatment (Heparin, Coumadin, Warfarin) within 24 hours before testing		3.Clinical Chemistry Section		
4. Payment / Official Receipt		4. Cashier		
5. Acknowledgment receipt for Reader's fee		5. Clinical Chemistry Section		
6. Authorization letter to get result from the patient or nearest kin		6. Patient/nearest kin		
7. Identification of authorizing individual (1 photocopy)		7. Patient/nearest kin		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present request to the Clinical Chemistry Section	1. Transfer to PGH official request form for outpatient.	None	10 minutes	Medical Technologist
2. Patient gives the necessary details in	2. Ask patient's medical history.	None	10 minutes	Medical Technologist

the Clinical Chemistry Section	2.1 Give the request and ask the patient to pay	*Refer to the approved schedule of fees	5 minutes	Medical Technologist
3. Pay to the Cashier Services	3. Accepts the payment and issues a receipt	*Refer to the approved schedule of fees	10 minutes	Cashier
4. Give the receipt and request to the Clinical Chemistry Section	4. Checks the request and payment	None	5 minutes	Medical Technologist
	4.1 Extract blood sample	None	10 minutes	Medical Technologist
5. Pay Reader's fee in the Clinical Chemistry Section	5. Accept the payment for Reader's fee and issue acknowledgment receipt	None	5 minutes	Medical Technologist
	5.1 Instruct the patient to come back after 3 working days for the results	None	5 minutes	Medical Technologist
	5.2 Process the requested test	None	2 hours	Medical Technologist
	5.3 Interpret the result	None	2.5 days	Resident/ Pathologist Consultant
6. Claim the result from the Clinical Chemistry Section	6. Issue the Result	None	5 minutes	Medical Technologist
	TOTAL:	*Refer to the approved schedule of fees	2 days ,15 hours and 5 minutes	

27. Post Graduate Externship (Regular)

Provision of training for licensed Medical Technologist for clinical laboratory within the specified duration

Office or Division:	Department of Laboratories – Clinical Chemistry Section			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Registered Medical Technologists			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter of Intent address to PGH Director thru Chair of the Dept. of Laboratories 1.1 Indicate the period of training 1.2 Reason for training		Furnished by Applicant		
2. Curriculum vitae/Resume 3. Xerox copy of diploma 4. Xerox copy of transcript of records 5. Xerox copy of PRC Certificate 6. Xerox copy of Board rating		Furnished by Applicant		
7. Medical Certificate (w Hepatitis result)		Attending Physician		
8. PGH HICU clearance as required prior to start of training 9. For application of ID (1pc 1 x 1 ID picture and 2pcs 2 X 2 ID picture)		PGH HICU Unit		
10. Applicant's Training Referral Slip from HRDD Recruitment & Placement section		HRDD Recruitment & Placement section		
11. Training fee of 8,725 pesos/6 months		Cashier		
12. Memorandum of Agreement (MOA) – 1 original and 6 photocopies		Legal		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present requirements to the Clinical Chemistry Section	1. Verify the requirements if complete	None	5 minutes	Program Coordinator/ Assistant Program Coordinator
	1.1 Give letter of intent template and HICU clearance form	None	5 minutes	
2. Submit complete requirements to the Clinical Chemistry	2. Check and accepts requirements	None	15 minutes	Program Coordinator/ Assistant

Section	2.1 Interview and inform when to come back	None	15 minutes	Program Coordinator
	2.2 Process Memorandum of Agreement (MOA)	None	18 days	
3. Get MOA for signature and for notarize from the Legal Office	3. Give MOA and give instruction	None	5 minutes	Program Coordinator/ Assistant Program Coordinator
4. Submit the notarized MOA and photocopies to the Clinical Chemistry Section	4. Accept and issue charge slip	Php 8,725	10 minutes	Program Coordinator/ Assistant Program Coordinator
	4.1 Give the schedule of training	None	5 minutes	Program Coordinator
5. Come back on the 1 st day of training schedule in the Clinical Chemistry Section	5. Instruct the trainee to come back on the 1 st day of training schedule	None	5 minutes	Program Coordinator
	TOTAL:	Php 8,725	18 days 1 hour and 5 minutes	

28. Post Graduate Externship (Special)

Provision for training of specialization of licensed Medical Technologist to a certain section of the laboratory

Office or Division:	Department of Laboratories – Clinical Chemistry Section			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Registered Medical Technologists			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter of Intent address to PGH Director thru Chair of the Dept. of Laboratories 1.1 Indicate the period of training 1.2 Reason for training		Furnished by Applicant		
2. Curriculum vitae/Resume 3. Xerox copy of diploma 4. Xerox copy of transcript of records 5. Xerox copy of PRC Certificate 6. Xerox copy of Board rating		Furnished by Applicant		
7. Medical Certificate (w/ Anti HBs &HBsAg)		Attending physician		
8. For application of ID(1pc 1 x 1 ID picture and 2pcs 2 X 2 ID picture)		Furnished by Applicant		
9. Letter of Intent must be favorably endorsed by the Medical Director		Furnished by Applicant		
10. Training fee of 3,680 pesos/month		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present requirements to the clinical chemistry section	1. Verify the requirements if complete	None	5 minutes	Program Coordinator/ Assistant Program Coordinator
	1.1 Give letter of intent template	None	5 minutes	
2. Submit complete requirements to the Clinical Chemistry Section	2. Check and accepts requirements	None	15 minutes	Program Coordinator/ Assistant Program Coordinator
	2.1. Interview and inform when to come	None	15 minutes	

	back			
	2.2. Process Memorandum of Agreement (MOA)	None	18 working days	
3. Get MOA for signature and for notarize from the Legal Office	3. Give MOA and give instruction Note: MOA shall be submitted with the signature of Head of Laboratory, Medical Director and trainee	None	5 minutes	Program Coordinator/ Assistant Program Coordinator
4. Submit the notarized MOA and photocopies to the Clinical Chemistry Section	4. Accept and issue charge slip 4.1. Give the schedule of training	Php 3,680 None	10 minutes 5 minutes	Program Coordinator/ Assistant Program Coordinator Program Coordinator
5. Come back on the 1 st day of training schedule in the Clinical Chemistry Section	5. Instruct the trainee to come back on the 1 st day of training schedule	None	5 minutes	Program Coordinator
	TOTAL:	Php 3,680	18 days 1 hour and 5 minutes	

29. Receiving / Processing / Releasing of Laboratory Specimen

Acceptance and processing of different specimen and releasing of laboratory result

Office or Division:	Department of Laboratories			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Completely filled up laboratory request form (name, birthday, age/sex, case number, ward, room/bed, attending physician, specimen, site of collection, collected by, laboratory examination desired, date and time collected)		Respective Wards/Laboratory Information Section/UPHS		
Specimen Sample		Patient		
Referral/Router Slip (for Outpay/SAGIP Patient)		Requesting Hospital/Clinic		
Blue Card		Admitting Section (OPD/Inpatient)		
White Card (for OPD Lab)		Medical Social Service (MSS)		
Payment/Official Receipt		Cashier		
For Research <ul style="list-style-type: none"> Approved letter of Intent Memorandum of Agreement/Terms of Reference ERHO Approved (if applicable) 		Furnished by Researcher Legal Office ERHO Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present laboratory request to the Laboratory Information Section	1. Receive and check laboratory request form	None	10 minutes	Laboratory Information clerk
2. Submit proof of payment to the Laboratory Information Section	2. Receive and check proof of payment	*Refer to the approved schedule of fees	10 minutes	Laboratory Information clerk
3. Submit specimen sample to the Laboratory Information Section <ul style="list-style-type: none"> With sample Without sample 	Receive specimen <ul style="list-style-type: none"> Accept sample Proceed to specimen collection 	None	<ul style="list-style-type: none"> 10 minutes 30 minutes 	Laboratory Information clerk
4. Accept claim stub from the Laboratory Information Section	4. Issue claim stub	None	2 minutes	Laboratory Information clerk
5. Wait for the laboratory result in the Laboratory Information Section	5. Process the specimen by its respective section	None	Inpatient/ Outpay: Blood Bank : Stat – 1 hour Routine – 4	Medical Technologist

			<p>hours *Difficult exam – 1 day Immunopath: Routine – 1 day *Special – 2 weeks Clinical Microscopy: Routine – 2 hours Stat – 1 hours *Special- time allowable extension in difficult cases upon consultation with the Pathologist Clinical Chemistry: Routine – 4 hours STAT – 2 hours *Special – 3 days Hematology: STAT – 2 hours Routine – 4 hours *Special Coag – Every Wednesday 6pm Microbiology: Microscopic exam – within the day STAT – 1 hour *AFB Smear 1-2 days *Aerobic Culture and Sensitivity – 5 days *Anaerobic and fungal Culture and Sensitivity – 14</p>	
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			days OPD Lab: 1 day (except for Microbiology and Surgical Pathology) Note: Processing time of each section may vary to the following cases for difficult and special examination	
6. Present claim stub/proof of payment/ authorization letter and valid ID(for Outpay) to the Laboratory Information Section	6.Release result 6.1 Sort/ release the result to the designated area/ward through pneumatic tube	None None	10 minutes 30 minutes	Laboratory Information clerk Laboratory Information clerk
7. Present the following documents to the Laboratory Information Section for the request of duplication of result Inpatient/Outpatient: ▪ PGH ID (for inpatient) ▪ Claim stub ▪ Authorization Letter to request duplicate result form ▪ Valid ID ▪ Blue Card (for OPD Lab)	7.Receive the following documents for the request of duplication of result 7.1 Check and verify result in the computer 7.2 Print result 7.3 Release result	None	2 hours	Laboratory Information clerk
TOTAL:		*Refer to the approved schedule of fees	1day, 3 hours and 32 minutes	

30. Central Laboratories- Phlebotomist

Collection of blood samples for different analysis

Office or Division:	Department of Laboratories a			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Completely filled up laboratory request form (name, birthday, age/sex, case number, ward, room/bed, attending physician, specimen, site of collection, collected by, laboratory examination desired, date collected and time collected)		1. Nurse station/clinic/hospital/UPHS		
2. Referral slip (1 original)		Availability of Phlebotomist in Central Laboratory: Monday to Friday only 6:00am—12:30pm (Outpatient Department) 1:00 pm – 9:30pm (Laboratory Information) Saturday – Sunday 8:00am - 9:30pm (Laboratory Information)		
3. Payment/Official Receipt		2. From the hospital /clinic of origin		
4. Blue Card		3. Cashier		
		4. Admitting Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the laboratory Information section to submit the request	1. Receive Laboratory request	*Refer to the approved schedule of fees	15 minutes	Laboratory Information clerks
	1.1. Check request for completeness of data			
1.1 Wait to be called by Phlebotomist on duty	1.2. Notify Phlebotomist on duty		30 minutes	Laboratory Information clerk
	1.3. Extract blood sample		15 minutes	Medical Technologist
	1.4. Receive, check and encode the specimen		5 minutes	Laboratory Information clerk

	1.5. Inform the clients when the results will be release		5 minutes	Medical Technologist (OPD Lab) Laboratory Information clerk (Central Lab)
	1.6. Provide claim stub to the clients		5 minutes	Laboratory Information clerk
TOTAL:		*Refer to the approved schedule of fees	1 hour and 10 minutes	

31. Scheduling and Follow up of Laboratory Examinations

Provision of schedule and instructions for patient with laboratory examination

Office or Division:	Department of Laboratories – OPD Laboratory			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Patients and their Agents			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Laboratory Request Form (completely filled out) Laboratory Request Form (completely filled out)		Patients' respective clinic		
2. Blue Card (1 original)		OPD Admitting Section		
3. White Card for indigent patients of PGH		Medical Social Service (MSS)		
4. Guarantee Letter with consent from Accounting Division and Charge Slip		Accounting Division		
5.Payment/Official Receipt		OPD Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present Laboratory Request Form/Referral Slip to the Laboratory Information Section	1.Receive, check, schedule and instruct patients' preparation prior to laboratory examination	None	10 minutes	Laboratory Information clerk
	FOR OUTPATIENT: 1.1 Transfer laboratory test in the official PGH laboratory request form	None	10 minutes	Laboratory Information clerk
	1.2 Secure blue card (for Outpayonly)	None	1 hour	Administrative Aide IV
2.Payment on the same day (For Outpay patient only)	2. Receive and check proof of payment	None	5 minutes	Laboratory Information clerk
For PGH Charity Patient 3.Present blue card with letter from the Doctor	3.Verify the laboratory result in the releasing logbook	None	30 minutes	Laboratory Information clerk
For Outpay Patients 4.Present the following:	.Verify laboratory result in the computer and outpay pigeon	None	30 minutes	Laboratory Information

<ul style="list-style-type: none"> ▪ Proof of payment ▪ Blue Card ▪ Authorization Letter 	hole			clerk
TOTAL		None	50 minutes (for OPD Patient) 1 hour and 35 minutes (for Outpay)	

32. Processing of Specimens (Histopathology – In Patient)

To process the given specimen, through preparation of sections thin enough for microscopic examination, and provide interpretation/ diagnosis that does not require further re-processing and additional interpretation/reading before releasing the result.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Fully accomplished Surgical Pathology request form/ Doctor's request form with contact information of the patient and/or requesting physician		Attending Physician, PGH-authorized individuals		
Appropriately labeled and oriented specimen		Attending Physician, Operating Room, Wards, Clinics		
*For claiming of results: If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual: 1 Valid ID (Government Issued) If the person doing the transaction (claiming of results) is a representative of the patient: 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID		Patient/PGH authorized individual Patient Patient Authorized Representative		
Processing fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requirements forwarded to the Surgical Pathology Section by the requesting unit/individual through PGH-authorized or Patient-authorized individuals	1. Accept and check requirements 1.1 Charge processing fees/reader's fee through the MRP	None	10 minutes 1 working day	Administrative Aide IV (Surgical Pathology Section)
	1.2 Gross description of specimen			Medical Officer III (Department of Laboratories)

	1.2.1 (Regular/ Routine) 1.2.2 (Large/ Non - Routine) (i.e. decalcification, special stains, etc.)	None None	2 working days 2 working days (<i>paused-clock</i>)	Resident-in- Charge)
	1.3. Process the specimen 1.3.1 (Regular/ Routine) 1.3.2 (Large/ Non - Routine) (i.e. decalcification, special stains, etc.)	Refer to the approved schedule of fees (Subject to Change)	2 working days 14 working days (<i>paused-clock</i>)	Medical Technologist II
	1.4 Read and Interpret slides (Note: *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 3)	Refer to the approved schedule of fees (Subject to Change)	2 working days	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in- Charge/Consult ant-in-charge)
2. Claim results in the Surgical Pathology Section A. Patient is still admitted upon claiming and releasing of results: - Proceed to STEP 2.3. B. Patient has already been discharged: - Proceed to STEP 2.1 2.1. Settle the payment for the processing/profession al's fee to the Cashier	If patient is still admitted upon claiming and releasing of results 2.1. Release the result to the patient/patient's representative If patient has already been discharged prior to claiming and releasing of results: 2.2. Charge processing fees/professional's fee 2.3. Accept payment for the processing/ professional fee (cashier)	None Refer to the approved schedule of fees (Subject to Change)	30 minutes 5 minutes Refer to Cash Division Services (<i>paused-clock</i>)	Administrative Aide IV (Surgical Pathology Section) Administrative Aide IV (Surgical Pathology Section) Cashier Clerk (Refer to Cash Division Services)

<p>Services</p> <p>2.2. Present official receipt to the Surgical Pathology Section</p> <p>2.3 If the person doing the transaction (claiming of results) is:</p> <p>2.3.1. The patient or a PGH authorized individual: Present Valid ID (Government Issued)</p> <p>2.3.2. A patient representative: Present the following:</p> <ol style="list-style-type: none"> 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID 	<p>2.4. Check official receipt of payment and record in logbook, then release results</p> <p>(Note: *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 3.)</p>		10 minutes	Administrative Aide IV (Surgical Pathology Section)
TOTAL:		Refer to the approved schedule of fees + Professional Fee	20 working days	

33. Processing of Specimens (Histopathology – Out Patient)

To process the given specimen, through preparation of sections thin enough for microscopic examination, and provide interpretation/ diagnosis that does not require further re-processing and additional interpretation/reading before releasing the result.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Fully accomplished Surgical Pathology request form/ Doctor's request form with contact information of the patient and/or requesting physician		Attending Physician, Surgical Pathology clerk		
Appropriately labeled and oriented specimen		Attending Physician, Operating Room, Wards, Clinics		
Processing/Readers fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
*For claiming of results: If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual: Valid ID (Government Issued)		Patient/PGH authorized individual		
If the person doing the transaction (claiming of results) is a representative of the patient: <ol style="list-style-type: none"> 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID 		Patient Patient Authorized Representative		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit requirements to the Surgical Pathology Section	1. Accept and check requirements 1.1 Instruct patient/patient's representative to settle payment for the processing/reader's fee at the cashier	none	10 minutes	Administrative Aide IV (Surgical Pathology Section)
2.Settle the payment for the processing/professional's fee to the cashier services	2. Accept payment for the processing/professional fee (cashier)	Refer to the approved schedule of fees (Subject to Change)	Refer to Cash Division Services <i>(paused-clock)</i>	Cashier Clerk (Refer to Cash Division Services)

3. Present official receipt to the Surgical Pathology Section	3. Check official receipt of payment and record in logbook 3.1 Inform the patient/ representative on the schedule of claiming of result	None	10 minutes	Administrative Aide IV (Surgical Pathology Section)
	3.2 Gross description of specimen 3.2.1 (Regular/ Routine) 3.2.2 (Large/ Non - Routine) (i.e. decalcification, special stains, etc.)	None None	2 working days 2 working days <i>(paused-clock)</i>	Medical Officer III (Department of Laboratories Resident-in-Charge)
	3.3 Process the specimen 3.3.1 (Regular/ Routine) 3.3.2 (Large/ Non - Routine) (i.e. decalcification, special stains, etc.)	None None	2 working days 14 working days <i>(paused-clock)</i>	Medical Technologist II
	3.4 Read and Interpret slides (Note: *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 4.)	None	2 working days	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)
4. Claim results in the Surgical Pathology Section 4.1. Present official receipt to the Surgical Pathology Section	4. Check requirements (Note: *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 4.)	None	30 minutes	Administrative Aide IV (Surgical Pathology Section)

<p>4.2 If the person doing the transaction (claiming of results) is:</p> <p>4.2.1. The patient or a PGH authorized individual: Present Valid ID (Government Issued)</p> <p>4.2.2. A patient representative: Present the following:</p> <p>1. Authorization Lettersigned by the patient</p> <p>2. Patient's Valid ID</p> <p>3. Authorized Representative's ID</p> <p>4.3 If professional fee has not yet been settled at <i>STEP 2</i>:</p> <p>- Settle the payment for the processing/profes sional's fee at the Surgical Pathology Section</p>	<p>4.2. Release the result to the patient/patient's representative</p>			
<p>TOTAL:</p>	<p>Refer to the approved schedule of fees + Professional Fee</p>	<p>20 working days</p>		

34. Re-processing of Specimens for Results with Recommendation for Further Examination/Testing/Evaluation (Histopathology – In Patient)

To process specimens, with initial preliminary interpretation, requiring further testing/re-processing and interpretation/reading to diagnose.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Copy of the previous Final and/or Provisional Surgical Pathology Result with recommendations.		Attending Physician, PGH-authorized individuals		
Fully accomplished Surgical Pathology request form/Doctor's request form with recommendations for further testing and contact information of the patient and/or requesting physician		Attending Physician, PGH-authorized individuals		
*For claiming of results: If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual: Valid ID (Government Issued)		Patient/PGH authorized individual		
If the person doing the transaction (claiming of results) is a representative of the patient: 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID		Patient Patient Authorized Representative		
Processing fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requirements forwarded to the Surgical Pathology Section by requesting unit/individual through PGH-authorized or Patient-authorized individuals	1.1 Accept and check requirements	None	10 minutes	Administrative Aide IV (Surgical Pathology Section)
	1.2 Charge processing fees/reader's fee through the MRP		1 working day	
	1.3 Gross description of specimen	None	2 working days	Medical Officer III (Department of Laboratories Resident-in-Charge)
	1.3.1 (Regular/ Routine) 1.3.2 (Large/ Non - Routine)		2 working days	

	(i.e. decalcification, special stains, etc.)		(<i>paused-clock</i>)	
	1.4. Process the specimen 1.4.1 (Regular/ Routine) 1.4.2 (Large/ Non - Routine) (i.e. decalcification, special stains, etc.)	Refer to the approved schedule of fees (Subject to Change)	2 working days 14 working days (<i>paused-clock</i>)	Medical Technologist II
	1.5 Read and Interpret slides	Refer to the approved schedule of fees (Subject to Change)	2 working days	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)
2. Claim of results in the Surgical Pathology Section A. Patient is still admitted upon claiming and releasing of results: - Proceed to STEP 2.3. B. Patient has already been discharged: - Proceed to STEP 2.1	If patient is still admitted upon claiming and releasing of results 2.1. Release the result to the patient/patient's representative If patient has already been discharged prior to claiming and releasing of results: 2.2. Charge processing fees/professional's fee 2.3. Accept payment for the processing/ professional fee (cashier) 2.4. Check official receipt of payment and record in logbook, then release results	None Refer to the approved schedule of fees (Subject to Change) None	30 minutes 5 minutes Refer to Cash Division Services 10 minutes	Administrative Aide IV (Surgical Pathology Section) Administrative Aide IV (Surgical Pathology Section) Cashier Clerk (Refer to Cash Division Services) Administrative Aide IV (Surgical Pathology Section)
2.1. Settle the payment for the processing/professional's fee in the Cashier Services				
2.2. Present official receipt to the Surgical				

Pathology Section				
<p>2.3 If the person doing the transaction (claiming of results) is:</p> <p>2.3.1. The patient or a PGH authorized individual: Present Valid ID (Government Issued)</p> <p>2.3.2. A patient representative: Present the following:</p> <ol style="list-style-type: none"> 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID 				
TOTAL:		Refer to the approved schedule of fees + Professional Fee	20 working days	

35. Re-processing of Specimens for Results with Recommendation for Further Examination/Testing/Evaluation (Histopathology – Out Patient)

To process specimens, with initial preliminary interpretation, requiring further testing/re-processing and interpretation/reading to diagnose.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Copy of the previous Final and/or Provisional Surgical Pathology Result with recommendations.		Attending Physician, PGH-authorized individuals		
Fully accomplished Surgical Pathology request form/Doctor's request form with recommendations for further testing and contact information of the patient and/or requesting physician		Attending Physician, PGH-authorized individuals		
Processing fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
*For claiming of results: If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual: Valid ID (Government Issued) If the person doing the transaction (claiming of results) is a representative of the patient: 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID		Patient/PGH authorized individual Patient Patient Authorized Representative		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit requirements to the Surgical Pathology Section	1. Accept and check requirements 1.1 Instruct patient/patient's representative to settle payment for the processing/reader's fee at the cashier	None	10 minutes	Administrative Aide IV (Surgical Pathology Section)
2.Settle the payment for the processing/professional's fee in the cashier services	2. Accept payment for the processing/professional fee (cashier)	Refer to the approved schedule of fees (Subject to Change)	Refer to Cash Division Services	Cashier Clerk (Refer to Cash Division Services)

3. Present official receipt to the Surgical Pathology Section	3. Check official receipt of payment and record in logbook 3.1 Inform the patient/representative on the schedule of claiming of result	None	10 minutes	Administrative Aide IV (Surgical Pathology Section)
	3.2 Gross description of specimen 3.2.1 (Regular/ Routine) 3.2.2 (Large/ Non - Routine) (i.e. decalcification, special stains, etc.)	None None	2 working days 2 working days (<i>paused-clock</i>)	Medical Officer III (Department of Laboratories Resident-in-Charge)
	3.3 Process the specimen 3.3.1 (Regular/ Routine) 3.3.2 (Large/ Non - Routine) (i.e. decalcification, special stains, etc.)	None None	2 working days 14 working days (<i>paused-clock</i>)	Medical Technologist II
	3.4 Read and Interpret slides		2 working days	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)
4. Claim of results in the Surgical Pathology Section	4.1. Check requirements 4.2. Release the result to the patient/patient's representative	None	30 minutes	Administrative Aide IV (Surgical Pathology Section)

<p>4.1. Present official receipt to the Surgical Pathology Section</p> <p>4.2 If the person doing the transaction (claiming of results) is:</p> <p>4.2.1. The patient or a PGH authorized individual: Present Valid ID (Government Issued)</p> <p>4.2.2. A patient representative: Present the following:</p> <p>1. Authorization Letter signed by the patient</p> <p>2. Patient's Valid ID</p> <p>3. Authorized Representative's ID</p> <p>4.3 If professional fee has not yet been settled at <i>STEP 2</i>:</p> <p>- Settle the payment for the processing/profession al's fee to the Surgical Pathology Section</p>				
<p>TOTAL:</p>	<p>Refer to the approved schedule of fees + Professional Fee</p>	<p>20 working days</p>		

36. Processing of Specimens (Frozen Section – In Patient)

This provides a rapid gross and microscopic analysis of a specimen, which will determine further conduction of surgical procedure or changes in patient management after operation.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Fully accomplished Surgical Pathology request form/ Doctor's request form with the doctor's contact information		Attending Physician, Surgical Pathology clerk		
Fresh (unfixed) Specimen		Attending Physician, Operating Room, Wards, Clinics		
Processing fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requirements forwarded to the Surgical Pathology Section by requesting unit/individual through PGH-authorized or Patient-authorized individuals	1. Accept and check requirements 1.1 Charge processing fees/reader's fee through the MRP *(Charging through the MRP runs concurrently with the processing of the tissue)	None Refer to the approved schedule of fees (Subject to Change)	10 minutes (1 working day)*	Administrative Aide IV (Surgical Pathology Section)
	1.2 Gross description/ tissue sampling	none	3 minutes / slide	Medical Officer III-IV (Department of Laboratories Resident-in-Charge)
	1.4 Process specimen on Cryostat	none	5 minutes / slide	Medical Technologist II
	1.5 Read and Interpret slides; relay results		15 minutes / slide	Medical Officer III-IV / Medical Specialist II-IV (Department of

	(Note: *For specimens that will require further testing/processing /reading or for which a definitive specimen will be subsequently sent for processing, refer to <i>Service 1</i> . (Official paper results to be released as part of results released with Service 1).			Laboratories Resident-in- Charge/Consult ant-in-charge)
	TOTAL:	Refer to the approved schedule of fees + Profession al Fee	38 minutes / slide	

37. Processing of Specimens (Frozen Section – Out Patient)

This provides a rapid gross and microscopic analysis of a specimen, which will determine further conduction of surgical procedure or changes in patient management after operation.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Fully accomplished Surgical Pathology request form/ Doctor's request form with the doctor's contact information		Attending Physician, Surgical Pathology clerk		
Fresh (unfixed) Specimen		Attending Physician, Operating Room, Wards, Clinics		
Processing fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit requirements to the Surgical Pathology Section	1.1 Accept and check requirements 1.2 Charge processing fees/professional's fee (Note: *Processing of the specimen runs concurrently with the processing of payment)	Refer to the approved schedule of fees (Subject to Change)	10 minutes	Administrative Aide IV (Surgical Pathology Section)
2.Settle the payment of the processing/professional fee in the cashier services	2. Accept payment for the processing/ professional's fee (cashier)	Refer to the approved schedule of fees (Subject to Change)	Refer to Cash Division Services	Cashier Clerk (Refer to Cash Division Services)
3.Present official receipt to the Surgical Pathology Section	3.1 Check official receipt of payment and record in logbook 3.2 Inform the patient/ representative on the schedule of claiming of result	None	3 minutes / slide	Administrative Aide IV (Surgical Pathology Section)

	3.3 Gross description/ tissue sampling	None	5 minutes / slide	Medical Officer III-IV (Department of Laboratories Resident-in- Charge)
	3.4 Process specimen on Cryostat	None	5 minutes / slide	Medical Technologist II
	3.5 Read and Interpret slides; relay results (Note: *For specimens that will require further testing/processing/rea ding or for which a definitive specimen will be subsequently sent for processing, refer to <i>Service 2</i> . (<i>Official paper results to be released as part of results released with Service 2</i>).	None	15 minutes / slide	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in- Charge/Consult ant-in-charge)
TOTAL:		Refer to the approved schedule of fees + Profession al Fee	38 minutes per slide	

38. Processing of Specimens (Adequacy – In Patient)

This provides assessment of adequacy (quantity/cellularity) of fine needle aspiration biopsy.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Fully accomplished Surgical Pathology request form/ Doctor's request form with the doctor's contact information		Attending Physician, Surgical Pathology clerk		
Slides for staining, tissues for cytology/paraffin block		Attending Physician, Operating Room, Wards, Clinics		
Processing fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requirements forwarded to the Surgical Pathology Section by requesting unit/individual through PGH-authorized or Patient-authorized individuals	1.1 Accept and check requirements 1.2 Charge processing fees/reader's fee through the MRP (Note: *Charging through the MRP runs concurrently with the processing of the tissue)	None Refer to the approved schedule of fees (Subject to Change)	10 minutes (1 working day)*	Administrative Aide IV (Surgical Pathology Section)
	1.3 Processing of slides for staining	None	20 minutes / slide	Medical Officer III-IV (Department of Laboratories Resident-in-Charge) Or Medical Technologist II
	1.3 Read and Interpret slides; Relay results *For specimens that will require further testing/processing/reading or for which a		15 minutes / slide	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)

	definitive specimen will be subsequently sent for processing, refer to <i>Service 9</i> . <i>(Official paper results to be released as part of results released with Service 9).</i>			
	TOTAL:	Refer to the approved schedule of fees + Professional Fee	45 minutes / slide	

39. Processing of Specimens (Adequacy – Out Patient)

This provides assessment of adequacy (quantity/cellularity) of fine needle aspiration biopsy.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Fully accomplished Surgical Pathology request form/ Doctor's request form with the doctor's contact information		Attending Physician, Surgical Pathology clerk		
Slides for staining, tissues for cytology/paraffin block		Attending Physician, Operating Room, Wards, Clinics		
Processing fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit requirements to the Surgical Pathology Section	1.1 Accept and check requirements 1.2 Charge processing fees/professional's fee *(Processing of the specimen runs concurrently with the processing of payment)	Refer to the approved schedule of fees (Subject to Change)	10 minutes	Administrative Aide IV (Surgical Pathology Section)
2.Settle the payment for the processing/reader's fee in the cashier services	2. Accept payment for the processing/ professional's fee (cashier)	Refer to the approved schedule of fees (Subject to Change)	Refer to Cash Division Services	Cashier Clerk (Refer to Cash Division Services)
3.Present official receipt to the Surgical Pathology Section	3.1 Check official receipt of payment and record in logbook 3.2 Inform the patient/ representative on the schedule of claiming of result	None	3 minutes* (Not added to the total time since processing is running concurrent to the processing of the specimen)	Administrative Aide IV (Surgical Pathology Section)

	3.3 Processing of slides for staining	None	20 minutes / slide	Medical Officer III-IV (Department of Laboratories Resident-in-Charge) Or Medical Technologist II
	3.3 Read and Interpret slides; relay results *For specimens that will require further testing/processing/reading or for which a definitive specimen will be subsequently sent for processing, refer to <i>Service 10</i> (<i>Official paper results to be released as part of results released with Service 10</i>).		15 minutes / slide	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)
TOTAL:		Refer to the approved schedule of fees + Professional Fee	45 minutes / slide	

40. Processing of Specimens (Cytology – In Patient)

This provides diagnosis of disease/s and conditions through examination of various body fluids and aspirated tissue samples.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Fully accomplished Surgical Pathology request form/ Doctor's request form with the doctor's contact information		Attending Physician, Surgical Pathology clerk		
Slides for staining, tissues for cytology/paraffin block		Attending Physician, Operating Room, Wards, Clinics		
Processing fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
*For claiming of results: If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual: Valid ID (Government Issued)		Patient/PGH authorized individual		
If the person doing the transaction (claiming of results) is a representative of the patient: <ol style="list-style-type: none"> 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID 		Patient Patient Authorized Representative		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requirements forwarded to the Surgical Pathology Section by requesting unit/individual through PGH-authorized or Patient-authorized individuals	1.1 Accept and check requirements 1.2 Charge processing fees/professional fee through the MRP	Refer to the approved schedule of fees (Subject to Change)	10 minutes 1 working day	Administrative Aide IV (Surgical Pathology Section)
	1.3 Processing of specimen	None	1 working day	Medical Technologist II
	1.4 Read and Interpret slides	None	3 working days *For specimens and cases	Medical Officer III-IV / Medical Specialist II-IV (Department of

			provisionally assessed to require additional processing and reading --- proceed to Service 3.	Laboratories Resident-in-Charge/Consultant-in-charge)
2.Claim results in the Surgical Pathology Section A. Patient is still admitted upon claiming and releasing of results: - Proceed to STEP 2.3. B. Patient has already been discharged: - Proceed to STEP 2.1	If patient is still admitted upon claiming and releasing of results 2.1. Release the result to the patient/patient's representative If patient has already been discharged prior to claiming and releasing of results: 2.2. Charge processing fees/professional's fee 2.3. Accept payment for the processing/ professional fee (cashier) 2.4. Check official receipt of payment and record in logbook, then release results	None	30 minutes	Administrative Aide IV (Surgical Pathology Section)
2.1.Settle the payment for the processing/professional's fee in the Cashier Services		Refer to the approved schedule of fees (Subject to Change)	5 minutes	Administrative Aide IV (Surgical Pathology Section)
			Refer to Cash Division Services (<i>paused-clock</i>)	Cashier Clerk (Refer to Cash Division Services)
2.2. Present official receipt to the Surgical Pathology Section			10 minutes	Administrative Aide IV (Surgical Pathology Section)

<p>2.3 If the person doing the transaction (claiming of results) is:</p> <p>2.3.1. The patient or a PGH authorized individual: Present Valid ID (Government Issued)</p> <p>2.3.2. A patient representative: Present the following: 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID</p>				
TOTAL:		Refer to the approved schedule of fees + Professional Fee	5 working days	

41. Processing of Specimens (Cytology – Out Patient)

This provides diagnosis of disease/s and conditions through examination of various body fluids and aspirated tissue samples.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished Surgical Pathology request form/ Doctor's request form		Attending Physician, Surgical Pathology clerk		
Cytology Specimen		Attending Physician, Operating Room, Wards, Clinics		
Processing fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
<p>*For claiming of results:</p> <p>If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual:</p> <p>1 Valid ID (Government Issued)</p> <p>If the person doing the transaction (claiming of results) is a representative of the patient:</p> <ol style="list-style-type: none"> 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID 		<p>Patient/PGH authorized individual</p> <p>Patient</p> <p>Patient Authorized Representative</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit requirements to the Surgical Pathology Section	1.1 Accept and check requirements 1.2 Instruct patient/patient's representative to settle payment for the processing/reader's fee at the cashier	Refer to the approved schedule of fees (Subject to Change)	10 minutes	Administrative Aide IV (Surgical Pathology Section)
2.Settle the payment for the processing/professional's fee to the cashier services	2. Accept payment for the processing/professional's fee (cashier)	Refer to the approved schedule of fees (Subject to Change)	Refer to Cash Division Services	Cashier Clerk (Refer to Cash Division Services)

3. Present official receipt to the Surgical Pathology Section	3. Check official receipt of payment and record in logbook 3.1 Inform the patient/representative on the schedule of claiming of result	None	15 minutes	Administrative Aide IV (Surgical Pathology Section)
	3.2 Processing of specimen	None	1 working day	Medical Technologist II
	3.4 Read and Interpret slides	None	3 working days *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 4.	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)
4. Claiming of results in the Surgical Pathology Section 4.1. Present official receipt to the Surgical Pathology Section 4.2 If the person doing the transaction (claiming of results) is: 4.2.1. The patient or a PGH authorized individual: Present Valid ID (Government Issued) 4.2.2. A patient representative: Present the following: 1. Authorization Letter signed	4.1. Check requirements 4.2. Release the result to the patient/patient's representative	None	30 minutes	Administrative Aide IV (Surgical Pathology Section)

by the patient 2. Patient's Valid ID 3. Authorized Representative's ID 4.3 If professional fee has not yet been settled at <i>STEP 2</i> : Settle the payment for the processing/professional's fee at the Surgical Pathology Section		Refer to the approved schedule of fees (Subject to Change)		Administrative Aide IV (Surgical Pathology Section)
TOTAL:		Refer to the approved schedule of fees + Professional Fee	5 working days	

42. Processing of Specimens (Immunohistochemical Stains – In Patient)

To process the given specimen and provide interpretation/reading of the diagnosis that does not require further re-processing and additional interpretation/reading before releasing the result.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Fully accomplished Surgical Pathology request form/ Doctor's request form with the patient and/or doctor's contact information		Attending Physician, Surgical Pathology clerk		
Slides for staining, tissues for cytology/paraffin block		Attending Physician, Operating Room, Wards, Clinics		
Copy of Histopathology Result		Attending Physician, Operating Room, Wards, Clinics		
Processing fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
*For claiming of results:				
If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual:				
1 Valid ID (Government Issued)		Patient/PGH authorized individual		
If the person doing the transaction (claiming of results) is a representative of the patient:				
1. Authorization Letter signed by the patient		Patient		
2. Patient's Valid ID		Patient		
3. Authorized Representative's ID		Authorized Representative		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requirements forwarded to the Surgical Pathology Section by requesting unit/individual through PGH-authorized or Patient-authorized individuals	1.1 Accept and check requirements	Refer to the approved schedule of fees (Subject to Change)	10 minutes	Administrative Aide IV (Surgical Pathology Section)
	1.2 Screen Paraffin blocks / slides		30 minutes	Medical Officer III-IV (Department of Laboratories Resident-in-

	1.3 Charge processing fees/professional fee through the MRP		1 working day	Charge) Administrative Aide IV (Surgical Pathology Section)
	1.4 Processing of IHC	None	10 working day	Medical Technologist II
	1.5 Read and Interpret slides (Note: *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 3.)	None	5 working days	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)
2.Claim of results in the Surgical Pathology Section A. Patient is still admitted upon claiming and releasing of results: - Proceed to STEP 2.3. B. Patient has already been discharged: - Proceed to STEP 2.1 2.1. Settle the payment for the processing/profession	If patient is still admitted upon claiming and releasing of results 2.1. Release the result to the patient/patient's representative If patient has already been discharged prior to claiming and releasing of results: 2.2. Charge processing fees/professional's fee 2.3. Accept payment for the processing/ professional fee (cashier)	None Refer to the approved schedule of fees (Subject to Change)	30 minutes 5 minutes Refer to Cash Division Services (<i>paused-clock</i>)	Administrative Aide IV (Surgical Pathology Section) Administrative Aide IV (Surgical Pathology Section) Cashier Clerk (Refer to Cash Division Services)

<p>al's fees in the cashier services</p> <p>2.2. Present official receipt to the Surgical Pathology Section</p> <p>2.3 If the person doing the transaction (claiming of results) is:</p> <p>2.3.1. The patient or a PGH authorized individual: Present Valid ID (Government Issued)</p> <p>2.3.2. A patient representative: Present the following:</p> <ol style="list-style-type: none"> 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID 	<p>2.4. Check official receipt of payment and record in logbook, then release results</p>		<p>10 minutes</p>	<p>Administrative Aide IV (Surgical Pathology Section)</p>
TOTAL:		<p>Refer to the approved schedule of fees + Professional Fee</p>	<p>16 working days</p>	

43. Processing of Specimens (Immunohistochemical Stains – Out Patient)

To process the given specimen and provide interpretation/reading of the diagnosis that does not require further re-processing and additional interpretation/reading before releasing the result.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Fully accomplished Surgical Pathology request form/ Doctor's request form with the patient and/or doctor's contact information		Attending Physician, Surgical Pathology clerk		
Slides for staining, tissues for cytology/paraffin block		Attending Physician, Operating Room, Wards, Clinics		
Copy of Histopathology Result		Attending Physician, Operating Room, Wards, Clinics		
Processing fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
*For claiming of results:				
If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual:				
Valid ID (Government Issued)		Patient/PGH authorized individual		
If the person doing the transaction (claiming of results) is a representative of the patient:				
1. Authorization Letter signed by the patient		Patient		
2. Patient's Valid ID		Patient		
3. Authorized Representative's ID		Authorized Representative		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit requirements to the Surgical Pathology Section	1.1 Accept and check requirements	Refer to the approved schedule of fees (Subject to Change)	10 minutes	Administrative Aide IV (Surgical Pathology Section)
	1.2 Screen Paraffin Blocks / slides		30 minutes	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories)

	1.3 Instruct patient/patient's representative to settle payment for the processing/reader's fee at the cashier		10 minutes	Resident-in-Charge/Consultant-in-charge) Administrative Aide IV (Surgical Pathology Section)
2.Settle the payment for the processing/professional's fee to the cashier services	2. Accept payment for the processing/professional's fee (cashier)	Refer to the approved schedule of fees (Subject to Change)	Refer to Cash Division Services	Cashier Clerk (Refer to Cash Division Services)
3.Present official receipt to the Surgical Pathology Section	3. Check official receipt of payment and record in logbook 3.1 Inform the patient/representative on the schedule of claiming of result	None	15 minutes 10 minutes	Administrative Aide IV (Surgical Pathology Section)
	3.2 Processing of IHC	None	10 working days	Medical Technologist II
	3.4 Read and Interpret slides (Note*: For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 4)		5 working days	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)
4.Claim results in the Surgical Pathology Section 4.1. Present official receipt to the Surgical Pathology Section 4.2 If the person doing the transaction	4.1. Check requirements 4.2. Release the result to the patient/patient's representative	None	30 minutes	Administrative Aide IV (Surgical Pathology Section)

<p>(claiming of results) is:</p> <p>4.2.1. The patient or a PGH authorized individual: Present Valid ID (Government Issued)</p> <p>4.2.2. A patient representative: Present the following:</p> <ol style="list-style-type: none"> 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID <p>4.3 If professional fee has not yet been settled at <i>STEP 2</i>: - Settle the payment for the processing/professional's fee at the Surgical Pathology Section</p>				
		Refer to the approved schedule of fees (Subject to Change)		Administrative Aide IV (Surgical Pathology Section)
TOTAL:		Refer to the approved schedule of fees + Professional Fee	16 working days	

44. Processing of Specimens (Flourescent In-Situ Hybridization) (FISH) – In Patient

FISH is a technique used in the identification of genetic abnormalities (mutations, deletion, etc.). It makes use of specific DNA probes to localize targets of immunity.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Fully accomplished Surgical Pathology request form/ Doctor's request form with the patient and/or doctor's contact information		Attending Physician, Surgical Pathology clerk		
Copy of Histopathology Result Copy of result of previous IHC done Paraffin blocks/slides		Attending Physician, Operating Room, Wards, Clinics		
Processing fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
*For claiming of results: If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual: 1Valid ID (Government Issued) If the person doing the transaction (claiming of results) is a representative of the patient: 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID		Patient/PGH authorized individual Patient Patient Authorized Representative		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requirements forwarded to the Surgical Pathology Section by requesting unit/individual through PGH-authorized or Patient-authorized individuals	1.1 Accept and check requirements	Refer to the approved schedule of fees (Subject to Change)	10 minutes	Administrative Aide IV (Surgical Pathology Section)
	1.2 Screen Paraffin blocks / slides		30 minutes	Medical Officer III-IV (Department of Laboratories Resident-in-Charge)

	1.3 Charge processing fees/professional fee through the MRP		1 working day	Administrative Aide IV (Surgical Pathology Section)
	1.4 Processing of FISH	None	2 weeks	Medical Technologist II
	1.5 Read and Interpret slides		1 week *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 3.	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)
2.Claim of results in the Surgical Pathology Section	If patient is still admitted upon claiming and releasing of results	None	30 minutes	Administrative Aide IV (Surgical Pathology Section)
A. Patient is still admitted upon claiming and releasing of results:	2.1. Release the result to the patient/patient's representative			
- Proceed to STEP 2.3.	If patient has already been discharged prior to claiming and releasing of results:			
B. Patient has already been discharged:	2.2. Charge processing fees/professional's fee	Refer to the approved schedule of fees (Subject to Change)	5 minutes	Administrative Aide IV (Surgical Pathology Section)
- Proceed to STEP 2.1	2.3. Accept payment for the processing/ professional fee (cashier)		Refer to Cash Division Services (<i>paused-clock</i>)	Cashier Clerk (Refer to Cash Division Services)
2.1. Settle the payment for the				

<p>processing/professional's fee in the Cashier Services</p> <p>2.2. Present official receipt to the Surgical Pathology Section</p> <p>2.3 If the person doing the transaction (claiming of results) is:</p> <p>2.3.1. The patient or a PGH authorized individual: Present Valid ID (Government Issued)</p> <p>2.3.2. A patient representative: Present the following:</p> <ol style="list-style-type: none"> 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID 	<p>2.4. Check official receipt of payment and record in logbook, then release results</p>		<p>10 minutes</p>	<p>Administrative Aide IV (Surgical Pathology Section)</p>
TOTAL:		<p>Refer to the approved schedule of fees + Professional Fee</p>	<p>22 working days</p>	

45. Processing of Specimens (Flourescent In-Situ Hybridization) (FISH) – Out Patient

FISH is a technique used in the identification of genetic abnormalities (mutations, deletion, etc.). It makes use of specific DNA probes to localize targets of immunity.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Fully accomplished Surgical Pathology request form/ Doctor's request form with the patient and/or doctor's contact information		Attending Physician, Surgical Pathology clerk		
Copy of Histopathology Result Copy of result of previous IHC done Paraffin blocks/slides		Attending Physician, Operating Room, Wards, Clinics		
Processing fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
*For claiming of results: If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual: Valid ID (Government Issued) If the person doing the transaction (claiming of results) is a representative of the patient: 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID		Patient/PGH authorized individual Patient Patient Authorized Representative		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit requirements to the Surgical Pathology Section	1.1 Accept and check requirements	Refer to the approved schedule of fees (Subject to Change)	10 minutes	Administrative Aide IV (Surgical Pathology Section)
	1.2 Screen Paraffin Blocks / slides		30 minutes	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)

	1.3 Instruct patient/patient's representative to settle payment for the processing/reader's fee at the cashier		10 minutes	Administrative Aide IV (Surgical Pathology Section)
2. Settle the payment for the processing/professional's fee in the cashier services	2. Accept payment for the processing/professional's fee (cashier)	Refer to the approved schedule of fees (Subject to Change)	Refer to Cash Division Services	Cashier Clerk (Refer to Cash Division Services)
3. Present official receipt to the Surgical Pathology Section	3. Check official receipt of payment and record in logbook 3.1 Inform the patient/representative on the schedule of claiming of result	None	15 minutes 10 minutes	Administrative Aide IV (Surgical Pathology Section)
	3.2 Processing of FISH	None	2 weeks	Medical Technologist II
	3.4 Read and Interpret slides		1 week *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 3.	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)
4. Claiming of results in the Surgical Pathology Section 4.1. Present official receipt to the Surgical Pathology Section 4.2 If the person doing the transaction	4.1. Check requirements 4.2. Release the result to the patient/patient's representative	None	30 minutes	Administrative Aide IV (Surgical Pathology Section)

<p>(claiming of results) is:</p> <p>4.2.1. The patient or a PGH authorized individual: Present Valid ID (Government Issued)</p> <p>4.2.2. A patient representative: Present the following:</p> <ol style="list-style-type: none"> 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID <p>4.3 If professional fee has not yet been settled at <i>STEP 2</i>: - Settle the payment for the processing/professional's fee at the Surgical Pathology Section</p>				
		Refer to the approved schedule of fees (Subject to Change)		Administrative Aide IV (Surgical Pathology Section)
TOTAL:		Refer to the approved schedule of fees + Professional Fee	22 working days	

46. Processing of Specimens (Special Stains) - In Patient

This refers to the large number of alternative staining techniques which aim to look for the presence or prevalence of particular cellular types and structures when the routine H&E stain does not provide all the information the pathologist needs.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Fully accomplished Surgical Pathology request form/ Doctor's request form with the patient and/or doctor's contact information		Attending Physician, Surgical Pathology clerk		
Slides for staining, tissues for cytology/cell block, biopsy specimens, paraffin blocks		Attending Physician, Operating Room, Wards, Clinics		
*If previously processed: Copy of Histopathology Result Paraffin blocks/slides		Attending Physician, Operating Room, Wards, Clinics		
Processing fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
*For claiming of results: If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual: Valid ID (Government Issued) If the person doing the transaction (claiming of results) is a representative of the patient: 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID		Patient/PGH authorized individual Patient Patient Authorized Representative		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requirements forwarded to the Surgical Pathology Section by requesting unit/individual through PGH-authorized or Patient-authorized individuals	1.1 Accept and check requirements	Refer to the approved schedule of fees (Subject to Change)	10 minutes	Administrative Aide IV (Surgical Pathology Section)
	1.2 Screen Paraffin blocks / slides		30 minutes	Medical Officer III-IV (Department of

	1.3 Charge processing fees/professional fee through the MRP		1 working day	Laboratories Resident-in-Charge) Administrative Aide IV (Surgical Pathology Section)
	1.4 Gross description and sampling for tissue specimens	None	1 working day	Medical Officer III-IV (Department of Laboratories Resident-in-Charge)
	1.5 Processing of specimens / staining of slides	None	2 working days	Medical Technologist II
	1.6 Read and Interpret slides	None	3 working days *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 3.	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)
2.Claiming of results in the Surgical Pathology Section A. Patient is still admitted upon claiming and releasing of results: - Proceed to STEP 2.3. B. Patient has already been discharged: - Proceed to STEP 2.1	If patient is still admitted upon claiming and releasing of results 2.1. Release the result to the patient/patient's representative If patient has already been discharged prior to claiming and releasing of results:	None	30 minutes	Administrative Aide IV (Surgical Pathology Section)

<p>2.1. Settle the payment for the processing/professional's fee in the Cashier Service</p> <p>2.2. Present official receipt to the Surgical Pathology Section</p> <p>2.3 If the person doing the transaction (claiming of results) is:</p> <p>2.3.1. The patient or a PGH authorized individual: Present Valid ID (Government Issued)</p> <p>2.3.2. A patient representative: Present the following:</p> <ol style="list-style-type: none"> 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID 	<p>2.2. Charge processing fees/professional's fee</p>	<p>Refer to the approved schedule of fees (Subject to Change)</p>	<p>5 minutes</p>	<p>Administrative Aide IV (Surgical Pathology Section)</p>
	<p>2.3. Accept payment for the processing/professional fee (cashier)</p>		<p>Refer to Cash Division Services <i>(paused-clock)</i></p>	<p>Cashier Clerk (Refer to Cash Division Services)</p>
	<p>2.4. Check official receipt of payment and record in logbook, then release results</p>		<p>10 minutes</p>	<p>Administrative Aide IV (Surgical Pathology Section)</p>
TOTAL:		<p>Refer to the approved schedule of fees + Professional Fee</p>	<p>7 working days</p>	

47. Processing of Specimens (Special Stains) – Out Patient

This refers to the large number of alternative staining techniques which aim to look for the presence or prevalence of particular cellular types and structures when the routine H&E stain does not provide all the information the pathologist needs.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Fully accomplished Surgical Pathology request form/ Doctor's request form with the patient and/or doctor's contact information		Attending Physician, Surgical Pathology clerk		
Slides for staining, tissues for cytology/cell block, biopsy specimens, paraffin blocks		Attending Physician, Operating Room, Wards, Clinics		
*If previously processed: Copy of Histopathology Result Paraffin blocks/slides		Attending Physician, Operating Room, Wards, Clinics		
Processing fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
*For claiming of results: If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual: Valid ID (Government Issued) If the person doing the transaction (claiming of results) is a representative of the patient: 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID		Patient/PGH authorized individual Patient Patient Authorized Representative		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements to the Surgical Pathology Section	1.1 Accept and check requirements	Refer to the approved schedule of fees (Subject to Change)	10 minutes	Administrative Aide IV (Surgical Pathology Section)
	1.2 Screen Paraffin Blocks / slides		30 minutes	Medical Officer III-IV / Medical Specialist II-IV

	1.3 Instruct patient/patient's representative to settle payment for the processing/reader's fee at the cashier		10 minutes	(Department of Laboratories Resident-in-Charge/Consultant-in-charge) Administrative Aide IV (Surgical Pathology Section)
2.Settle the payment for the processing/professional's fee in the cashier services	2. Accept payment for the processing/professional's fee (cashier)	Refer to the approved schedule of fees (Subject to Change)	Refer to Cash Division Services	Cashier Clerk (Refer to Cash Division Services)
3.Present official receipt to the Surgical Pathology Section	3. Check official receipt of payment and record in logbook 3.1 Inform the patient/representative on the schedule of claiming of result	None	15 minutes 10 minutes	Administrative Aide IV (Surgical Pathology Section)
	3.2 Processing of specimens / staining of slides	None	2 working day	Medical Technologist II
	3.4 Read and Interpret slides (Note: *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 4.)		3 working days	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)
4.Claim results in the Surgical Pathology Section	4.1. Check requirements	None	30 minutes	Administrative Aide IV (Surgical Pathology Section)

<p>4.1. Present official receipt to the Surgical Pathology Section</p> <p>4.2 If the person doing the transaction (claiming of results) is:</p> <p>4.2.1. The patient or a PGH authorized individual: Present Valid ID (Government Issued)</p> <p>4.2.2. A patient representative: Present the following:</p> <ol style="list-style-type: none"> 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID <p>4.3 If professional fee has not yet been settled at <i>STEP 2</i>: - Settle the payment for the processing/professional's fee at the Surgical Pathology Section</p>	<p>4.2. Release the result to the patient/patient's representative</p>			
TOTAL:		Refer to the approved schedule of fees + Professional Fee	7 working days	Administrative Aide IV (Surgical Pathology Section)

48. Slide Review

This aims to provide agreement or second opinion on slides that have been previously read/interpreted by a pathologist.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Fully accomplished Surgical Pathology request form/ Doctor's request form with the patient and/or doctor's contact information		Attending Physician, Surgical Pathology clerk		
Previous Histopathology Report		Attending Physician, Patient		
Slides and paraffin blocks		Attending Physician, Operating Room, Wards, Clinics		
Processing fee /Official Receipt		Cashier Services		
Professional Fee (to be determined by the Physician)		Medical Officer, Surgical Pathology Section		
*For claiming of results:				
If the person doing the transaction (claiming of results) is the patient or a PGH authorized individual: Valid ID (Government Issued)		Patient/PGH authorized individual		
If the person doing the transaction (claiming of results) is a representative of the patient:				
1. Authorization Letter signed by the patient		Patient		
2. Patient's Valid ID		Patient		
3. Authorized Representative's ID		Authorized Representative		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit requirements to the Surgical Pathology Section	1.1 Accept and check requirements	Refer to the approved schedule of fees (Subject to Change)	10 minutes	Administrative Aide IV (Surgical Pathology Section)
	1.2 Screen Paraffin Blocks / slides		30 minutes	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)

	1.3 Instruct patient/patient's representative to settle payment for the processing/reader's fee at the cashier		10 minutes	Administrative Aide IV (Surgical Pathology Section)
2. Settle the payment for the processing/professional's fee in the cashier services	2. Accept payment for the processing/professional's fee (cashier)	Refer to the approved schedule of fees (Subject to Change)	Refer to Cash Division Services	Cashier Clerk (Refer to Cash Division Services)
3. Present official receipt to the Surgical Pathology Section	3. Check official receipt of payment and record in logbook 3.1 Inform the patient/representative on the schedule of claiming of result	None	15 minutes 10 minutes	Administrative Aide IV (Surgical Pathology Section)
	3.2 Recut from the blocks / processing of slides	None	2 working day	Medical Technologist II
	3.3 Read and Interpret slides (Note: *For specimens and cases provisionally assessed to require additional processing and reading --- proceed to Service 4)		3 working days	Medical Officer III-IV / Medical Specialist II-IV (Department of Laboratories Resident-in-Charge/Consultant-in-charge)
4. Claim results in the Surgical Pathology Section 4.1. Present official receipt to the Surgical Pathology Section	4.1. Check requirements	None	30 minutes	Administrative Aide IV (Surgical Pathology Section)

<p>4.2 If the person doing the transaction (claiming of results) is:</p> <p>4.2.1. The patient or a PGH authorized individual: Present Valid ID (Government Issued)</p> <p>4.2.2. A patient representative: Present the following: 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID</p> <p>4.3 If professional fee has not yet been settled at <i>STEP 2</i>: - Settle the payment for the processing/profession al's fee at the Surgical Pathology Section</p>	<p>4.2. Release the result to the patient/patient's representative</p>			
<p>TOTAL:</p>		<p>Refer to the approved schedule of fees (Subject to Change)</p>		
		<p>Refer to the approved schedule of fees + Profession al Fee</p>	<p>6 working days</p>	

49. Research/Accessing Surgical Pathology Files

This aims to assist researchers/ doctors in their studies concerning patients' histopathology records.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	Research author/ Doctors/ Research assistants, Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Approved Letter of Request to access files (results, paraffin blocks, and/or slides)		Attending physician, Department administration		
If for research, additional requirements include: 1. "Permit to Conduct Research" 2. Copy of research paper		UPMREB or EHRO Principal Investigator		
Deposit Fee		Surgical Pathology Section		
Return of borrowed Slides		Surgical Pathology Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit requirements to the Surgical Pathology Section	Receive requirements		1 hour	Administrative Aide IV (Surgical Pathology)
	Retrieve results, paraffin blocks, and/or slides		5 working days	Administrative Aide IV (Surgical Pathology)
Pay Deposit Fee at the Surgical Pathology Section	Issue deposit slip and accept deposit fee	P100 per slide and P100 per paraffin block	30 minutes	Administrative Aide IV (Surgical Pathology)
Claim paraffin blocks, and/or slides to the Surgical Pathology Section	Release paraffin blocks, and/or slides to requesting physician		1 hour (<i>paused-clock</i>)	Administrative Aide IV (Surgical Pathology)
Return paraffin blocks/slides to the Surgical Pathology Section	Surrender/Return deposit fee		30 minutes	Administrative Aide IV (Surgical Pathology)
TOTAL:		P100 per slide and P100 per paraffin block	6 working days	

50. Borrowing of Slides and/or Blocks

To provide paraffin blocks and slides to patients for further examination not available in the laboratory.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	Research author/ Doctors/ Research assistants, Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Approved Letter of Request to access files (results, paraffin blocks, and/or slides)		Attending physician, Patient		
Deposit Fee		Surgical Pathology Section		
Return of borrowed Slides		Surgical Pathology Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit requirements to the Surgical Pathology Section	Receive requirements		1 hour	Administrative Aide IV (Surgical Pathology)
	Retrieve results, paraffin blocks, and/or slides		5 working days	Administrative Aide IV (Surgical Pathology)
Pay Deposit Fee to the Surgical Pathology Section	Issue deposit slip and accept deposit fee	P100 per slide and P100 per paraffin block	30 minutes	Administrative Aide IV (Surgical Pathology)
Claim paraffin blocks, and/or slides from the Surgical Pathology Section	Release paraffin blocks, and/or slides to requesting physician		1 hour (<i>paused-clock</i>)	Administrative Aide IV (Surgical Pathology)
Return paraffin blocks/slides to the Surgical Pathology Section	Surrender/Return deposit fee		30 minutes	Administrative Aide IV (Surgical Pathology)
TOTAL:		P100 per slide and P100 per paraffin block	6 working days	

51. Duplicate of Results

This aims to provide additional copies of the surgical pathology results.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Original Surgical Pathology Report		Requesting Party/Patient		
If requesting party is the patient and is the one doing the transaction: - Valid ID (Government Issued)		Requesting Party/Patient		
If requesting party is the patient but is not the one doing the transaction: 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID		Patient Patient Authorized Representative		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements to Surgical Pathology result/s	1. Retrieval of File Copy of the requested Surgical Pathology Report		3 working days	Administrative Aide IV (Surgical Pathology Section)
2. Claim copies of surgical pathology result in the Surgical Pathology Section	2.1 Check requirements 2.2. Release the copies of surgical pathology result to the patient/patient's representative	Refer to the approved schedule of fees (Subject to Change)	30 minutes	Administrative Aide IV (Surgical Pathology Section)
3. Present official receipt to the Surgical Pathology Section If the person doing the transaction (claiming of results) is: 3.1. The patient or a PGH authorized individual: Present Valid ID (Government Issued)				

3.2. A patient representative: Present the following: 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID				
TOTAL:		Refer to the approved schedule of fees (Subject to Change)	4 working days	

52. Certified True Copy Certification

This aims to provide certification of true copies of documents by the personnel in charge.

Office or Division:	Surgical Pathology Section			
Classification:	HT			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Photocopy of Result		Requesting Party/Patient		
If requesting party is the patient and is the one doing the transaction: - Valid ID (Government Issued)		Requesting Party/Patient		
If requesting party is the patient but is not the one doing the transaction: 1. Authorization Letter signed by the patient 2. Patient's Valid ID 3. Authorized Representative's ID		Patient Patient Authorized Representative		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit copy of Surgical Pathology result/s to the Surgical Pathology Section	1. Provide Stamp and Signature of the personnel in charge	None	10 minutes	Medical Technologist III-V (Section Supervisor/Officer-In-Charge)
TOTAL:		None	10 minutes	

Department of Medicine

External Services

1. Provision of ECG Services for OPD Patients

Provision of ECG services to OPD patients, Outpay patients, and others

Office or Division:	Central ECG Station – Department of Medicine			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	OPD patients / OUTPAY patients, New & Old PGH Employees and UP Employees (also retirees) / Dependents and UP Students			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. ECG request (1 original)		Requesting physician / Consultant		
2. PGH Blue card (1 original)		Palistahan		
3. PGH White card (1 original)		MSS		
4. National OSCA/PWD ID (1 original)		City Hall		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Show ECG request and blue card at Receiving counter	1. Issue queuing number to each patient with ECG request and blue card	None	1 minutes	<i>OPD Personnel in charge of Queuing</i>
2. Submit ECG request together with required documents to ECG Room	2. Receives the request and checks the completeness of the information including the valid signature and trodat of the requesting physician	None	3 minutes	<i>Med. Tech./ Lab. Techn. On-duty</i>
	2.1 Check if cards are valid, copy the card numbers and validity date of MSS cards, ID nos. found on OSCA and PWD ID.	None	3 minutes	<i>Med. Tech./ Lab. Techn. On-duty</i>
	2.2 Write down the date and clinic of patient at the back of the blue card	None	2 minutes	<i>Med. Tech./ Lab. Techn. On-duty</i>
	2.3 Check the Official receipt for the payment of current fee made	Refer to approved schedule of fees	2 minutes	<i>Med. Tech./ Lab. Techn. On-duty</i>
3. As per instruction, enters	3. Instruct patient or companion for the	None	15 minutes	

patients' room and lie down on bed for the procedure	<p>patient to bare anterior chest for the connection of ECG electrodes/ leads</p> <p>3.1 Covers the chest after connecting the electrodes/leads</p> <p>3.2 Runs ECG machine to record 12-Lead ECG tracing</p>			<p><i>Med. Tech./ Lab. Techn. On-duty</i></p>
4. Waits for final instruction on the result of the ECG. Upon instruction, shall return on the scheduled check-up at the OPD clinic indicated in the blue card	<p>4. Refer patients with fatal / abnormal arrhythmias to residents of Internal Medicine</p> <p>4.1 Patient with normal ECG shall be instructed to return on scheduled check-up</p>	None	15 minutes	<p><i>Med. Tech. On-duty</i></p>
	TOTAL:	Refer to approved schedule of fees	41 minutes	

2. Provision of ECG Services for ER/OBAS Patients

Provision of ECG services to emergency patients

Office or Division:	Central ECG Station – Department of Medicine			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Emergency Room (ER) Patients including OB Admitting Section, New & Old, Charity and Pay patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
ECG request (1 original)		Requesting physician		
PGH Blue card (1 original)		Palistahan		
PGH White card (1 original)		MSS		
National OSCA/PWD ID (1 original)		City Hall / Municipality		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit ECG Request together with required documents to ECG station	1. Receive and checks the completeness of the information on the ECG Request including valid signature of the requesting physician	None	5 minutes	<i>Administrative Aide/ Medical Technology LabLaboratory Technician ECG</i>
	1.1 Check computer if patient is listed on ERP for charging purposes	None	5 minutes	<i>Administrative Aide/ Medical Technology LabLaboratory Technician ECG</i>
	1.2 Check if cards are valid; numbers and date of MSS cards, ID nos. found on OSCA and PWD ID, copy the card number	None	10 minutes	<i>Administrative Aide/ Medical Technology LabLaboratory Technician ECG</i>
	1.3 Write down the date and ward where patient is at the back of the blue card	None	5 minutes	<i>Administrative Aide/ Medical Technology LabLaboratory Technician ECG.</i>
A 2. As per instruction of the attending physician, patients'	A2. Verifies/ locates patient in the wards and performs ECG at	None	25 minutes	<i>Medical Technology LabLaboratory</i>

ECG shall be done at bedside	<p>bedside for Non-ambulatory patients on a first-come-first-served basis except for Emergency/STAT diagnosis</p> <p>A2.1 Instructs patient to bare anterior chest for the connection of ECG electrodes/leads</p> <p>A2.2 Cover chest with linen when connection is done</p> <p>A2.3 Runs ECG machine to record 12-Lead ECG tracing or other leads</p>			<i>Technician ECG</i>
B2 As per instruction of the attending physician, patient shall proceed to the ECG station	B2. Performs ECG to Ambulatory patients at the ECG station	None	*15 minutes	<i>Medical Technology Laboratory Technician ECG</i>
	TOTAL:	None	1 hour, 5 minutes	

3. Provision of ECG Services for In-Patients

Provision of ECG services to new and old inpatients

Office or Division:	Central ECG Station – Department of Medicine			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	IN-Patients' New & Old, Charity and Pay patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
ECG request (1 original)		Requesting physician / Consultant		
PGH Blue card (1 original)		Palistahan		
PGH White card for Charity Patients (1 original)		MSS		
National OSCA/PWD ID (1 original)		City Hall / Municipality		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit ECG Request together with required documents to ECG station	1. Receive and check the completeness of the information on the ECG Request including valid signature of the requesting physician	None	5 minutes	<i>Administrative Aide Medical Technologist. Laboratory Technician ECG Unit</i>
	1.1 Check if cards are valid, numbers and date of MSS cards, ID nos. found on OSCA and PWD ID, copy the card number	None	10 minutes	<i>Administrative Aide Medical Technologist. Laboratory Technician ECG Unit</i>
	1.2 Write down the date and ward where patient is at the back of the blue card	None	5 minutes	<i>Administrative Aide Medical Technologist. Laboratory Technician ECG Unit</i>
	1.3 Check computer if patient is listed in ERP for charging purposes	None	20 minutes	<i>Medical Technologist. Laboratory Technician- on-duty ECG Unit</i>
	1.4 Write down the received request in the IN- Patients Receiving Logbook for Ward patients	None	5 minutes	<i>Administrative Aide Medical Technologist. Laboratory</i>

				<i>Technician</i> ECG Unit
A 2. As per instruction of the attending physician, patient shall be done at bedside	<p>2. Verifies/ locates patient in the wards and performs ECG at bedside for Non-ambulatory patients on a first-come-first-served basis except for Emergency/ STAT diagnosis</p> <p>2.1 Instructs patient to bare anterior chest for the connection of ECG electrodes/leads</p> <p>2.2 Cover with linen when connection is done</p> <p>2.3 Runs ECG machine to record 12-Lead ECG tracing or other leads</p>	None	<p>25 minutes</p> <p>(or *)</p>	<i>Medical Technologist. Laboratory Technician-on-duty</i> ECG Unit
B.2. As per instruction of the attending physician, patient shall proceed to the ECG station	2.1 Performed ECG to Ambulatory patients at the ECG station	None	*15 mins	Med. Tech/ Lab. Techn. On-duty
	TOTAL:	None	1 hour or 1 hour & 10 mins.	

4. ECG Processing and Official Reading

Office or Division:	Central ECG Station – Department of Medicine			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	All Patients of OPD, ER and In-Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
ECG tracing (12-Lead or other special leads)		Out Patients Dept./OPD Emergency Room/ DEM In-Patient's Wards		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The patients finished the ECG procedure and wait for the official reading of the ECG	1. List patients' name and info on logbook for OPD, IN and ER patients and process ECG tracing	None	5 minutes	<i>Medical Technologist/ Medical Laboratory Technician/ Laboratory Technician on duty ECG Unit</i>
	1.1 Assign ECG number on each tracing; mount tracings as needed	None	3 minutes	<i>Medical Technologist- on-duty</i>
	1.2 Deck to Resident Readers on schedule with equal number of ECG tracings on the logbook for provisional reading		3 minutes	<i>Administrative. Aide</i>
	1.3 Receive back ECG tracings with provisional reading and marks logbook	None	2 minutes	<i>Administrative. Aide</i>
	1.4 Deck to Cardio checkers/ fellows ECG on the logbook with provisional reading according to area assigned for the official reading		8 minutes	<i>Administrative. Aide</i>
	1.5 Receive back ECG tracings with official reading from Cardio checkers/ fellows and marks logbook	None		
	1.6 Encode official reading on Open MRS			
	1.7 Prepare print	None	8 minutes	<i>Administrative.</i>

	outs/ results 1.8 List down name of patient with official results on logbook for delivery to OPD clinics, charity and pay wards			
2. Follow-ups for the photocopy of the ECG tracing after 30 mins. From the procedure	2 Provide photocopy of ECG tracings	PHP 3.00 per page	3 minutes.	<i>Administrative. Aide</i>
3 Shows request for Certified True Copy (CTC) of the ECG Tracing (as needed)	3 Provide Certified true copy of tracings/ results	PHP 15.00 per tracing	3 minutes	<i>Administrative. Aide</i>
	3.1. Arrange finished tracings according to type of ECG paper	None	15 minutes	<i>Laboratory Technician./ Laboratory Aide</i>
	3.2. Interfile maintains file of finished tracings according to month done	None	15 minutes	<i>Laboratory Technician./ Laboratory. Aide</i>
TOTAL:		PHP 3.00 per page + PHP 15.00 per tracing	1 hour, 5 minutes	

5. Provision of ECG Services on Holter 24-Hour Monitoring

Office or Division:	Central ECG Station – Department of Medicine			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Charity and Pay patients, PGH employees, UP Manila employees and students, as Out Patient or admitted in the wards			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Holter 24° ECG Monitoring Request (use ECG request form)		Requesting physician / Consultant		
PGH Blue card (1 original)		Palistahan		
National OSCA/PWD ID if charity (1 original)		City Hall/ Municipality		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Show Holter Request together with required documents to ECG station	1. Schedule patient and allow OPD patients to choose admission date (if for admission)	None	10 minutes	<i>Medical Technologist on duty ECG Unit</i>
	1.1 Instruct patients to present Admitting Order to Ward 1 or 3 for the schedule	None	20 minutes	<i>Medical Technologist on duty ECG Unit</i>
	1.2 Verify admission as needed	None	10 minutes	<i>Ward personnel encodes patient to ERP</i>
1. Submit Holter request on the day of admission	2. Receive 24° Holter request together with required documents	Refer to approved schedule of fees	30 minutes	<i>Medical Technologist on duty ECG Unit</i>
	2.1 Charge through ERP according to patient's classification			
3. Receive all required documents for completion before the procedure	3. Prepare necessary documents for signing: RIC Monitoring, Notice of Liability of watcher/patient, and Patients' Diary 3.1 Prepare the Holter recorder; assign number in	None	30 minutes	<i>Medical Technologist on duty ECG Unit</i>

	the computerized Holter System.			
4. Prepare for the procedure	4. Connect Holter Recorder and electrodes to the patient's chest and instructs for the 24 hour activities	None	30 minutes	<i>Medical Technologist on duty ECG Unit</i>
5. Return to the ECG Station after 24 hours	5. Disconnect Holter recorder after 24 hours	None	30 minutes	<i>Medical Technologist on duty ECG Unit</i>
6. Return for the official result	6. Analysis of 24 ^o Holter recording 6.1 Upload Holter recording from the recorder to the system 6.2 Measure, select, re-label ECG Leads and prepares the provisional reading 6.3 Deck to Cardio Fellows and Consultants for checking 6.4 Checkers return the reading for typing 6.5 Print the final reading to be signed by Cardio Fellow and Consultant 6.6 Once signed, the results are ready to be picked up by watcher/ patients	None	1 hour and 30 minutes	<i>Medical Technologist on duty ECG Unit</i>
TOTAL:		Refer to approved schedule of fees	4 hours and 10 minutes	

6. ECG Observership Training Program Training Program for External and Internal Clients

Office or Division:	Central ECG Station – Department of Medicine			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Graduates from allied medical professions			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Intent (1 original)		Personal		
Resume (1 original)		Personal		
Transcript of Records		Personal		
College Diploma		Personal		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements	1. Check the completeness of the information 1.1 Instruct to prepare for payment at the Cashier's office 1.2 Issue Charge slip for payment	2,400.00 or Existing Rates	30 minutes	<i>Supervisor</i>
2. Follow up approval of application	2. Process approval of application 2.1 Attach all requirements	None	15 minutes	<i>Supervisor</i>
3. Attends Orientation to the program	3. Provides schedule and coverage	None	2 hours	<i>Supervisor</i>
4. Perform required ECGs	4. Monitors activities and performance 4.1 Issue checklists and other forms 4.2 Issue handouts and ECG exercises	None	2 weeks	<i>Supervisor and Med.Tech/ Lab. Techn. on-duty</i>
5. Attend lectures/ complete attendance forms	5. Conducts preliminary lecture on ECG reading & interpretations	None	30 minutes	<i>Supervisor</i>
6. Complete exercises	6. Evaluation and checking of grades 6.1 Issuance of certificate of completion	None	1 week	<i>Supervisor/ Lecturer</i>
TOTAL		2,400.00 or Existing Rates	15 Days, 3 hours and 15 minutes	

7. Non-Invasive Diagnostic Cardiovascular Procedure

The Division is doing Non-Invasive Cardiovascular Procedure namely:

- Transthoracic Echocardiography (TTE) - 2D and 3D Echocardiogram, 2D echocardiogram with Doppler, Plain 2D echocardiogram
- Vascular Studies (Venous Duplex Scan (VDS), Arterial Duplex Scan (ADS), Carotid Duplex Scan, Segmental Pressures and Waveform Study with Pulse Volume Recording
- 24-hour Ambulatory Blood Pressure Monitoring (ABPM)
- Tilt table test
- Treadmill Exercise Test (TET)
- Myocardial Perfusion Imaging (MPI)
- Pacemaker Interrogation
- Special Transthoracic Echocardiography (Trans-Esophageal Echocardiography (TEE); Intra Operative Trans-Esophageal Echocardiography (IOTEE); Dobutamine Stress Echocardiography (DSE); Treadmill Stress Echocardiography (TSE)

Office or Division:		Department of Medicine, Section of Cardiovascular		
Classification:		Highly Technical		
Type of Transaction:		G2C		
Who may avail:		All admitted clients (pay and service)		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Procedure's Request Form		Area where the client is admitted		
2. Applicable Client's Preparation (for Special TTE procedure)		Division of Cardiovascular Medicine-Reception area		
3. Client's chart		Area where the client is admitted		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present request form and proceed to DCVM	1. Receive and check completeness of request form specifying type of test, test indication and requesting physician.	None	1 minute	<i>Staff-On-Duty</i> CVS
	1.1. For TTE: TRIAGE request: (Post-duty fellow decides requests for urgency (urgent or elective) and location (bedside or station) using guidelines for urgent echo procedures)		3 minutes	<i>Post Duty Fellow-In-Charge</i> CVS
	For Special TTE procedure: Inform fellow-in-charge and coordinates schedule with consultant in-		5 minutes	<i>Staff-On-Duty/Echo Fellow-In-Charge</i> CVS

	<p>charge.</p> <p>1.2. Records the date of request and schedules the patient in the logbook/ database.</p> <p>1.3. Calls and Instructs the ward nurse/ service team regarding the date and time of the schedule.</p> <p>1.4 IF BEDSIDE TTE: activates team (sonographer and fellow-in-charge) for bedside procedures</p> <p>1.5 Team goes to ward for bedside TTE</p>		<p>1 minute</p> <p>3 minutes</p> <p>3 minutes</p> <p>10 minutes</p>	<p><i>Staff-On-Duty</i> CVS</p> <p><i>Staff-On-Duty</i> CVS</p> <p><i>Staff-On-Duty</i> CVS</p> <p><i>Echo- Fellow-On-Duty/ Medical Technologist In-Charge/ Laboratory Technologists III In-Charge</i> CVS</p>
2. Arrival at the station (Ward personnel brings client at the station).	<p>2. Register client's data in the database.</p> <p>2.1 Complete client's data in the procedure worksheet.</p> <p>2.2 Review the history indication for a requested procedure.</p>	None	<p>1 minute</p> <p>1 minute</p> <p>5 minutes</p>	<p><i>Staff-on-Duty</i> CVS</p> <p><i>Staff-on-Duty</i> CVS</p> <p><i>Fellow-on-Charge</i> CVS</p>
3. Sign consent form (if applicable).	<p>3. Confirm client's identity.</p> <p>3.1 Orient and explain the entire procedure, including the do's and don'ts, and possible side effects.</p> <p>3.2 Assist client in filling out of consent form.</p>	None	5 minutes	<p><i>Staff-On-Duty/ Nurse In-Charge/ Medical Technologist In-Charge/ Laboratory Technologists III In-Charge</i> CVS</p>
4. Cooperate during the preparation of the procedure.	4. Prepare client depending on the requested procedure to be performed.	None	5 minutes	<p><i>Nurse-In-Charge/ Medical Technologist-In-Charge/</i></p>

	3.1 Perform physical examination if indicated.		5 minutes	<i>Laboratory Technologists III-In-Charge Fellow-In-Charge</i>
5. Cooperate during the procedure.	5. Perform the requested procedure. 5.1 Supervise the procedure, identifies need for further interrogation, and addresses need for further intervention. 5.2 Do and record vital signs, do nursing care.		15 minutes-2 hours (depending on type of procedure requested)	<i>Nurse-In-Charge/ Medical Technologist-In-Charge/ Laboratory Technologists III-In-Charge CVS Fellow-In-Charge/ Consultant-In-Charge CVS Nurse-In-Charge CVS</i>
6. Cooperate after the procedure	6. Do post-procedure assessment. 6.1 Do post-procedure care 6.2 Charge procedure via OERP	None Refer to the approved schedule of fees	5 minutes 5 minutes 1 minute	<i>Fellow-In-Charge/Consultant-In-Charge Nurse-In-Charge/ Medical Technologist-In-Charge/ Laboratory Technologists III-In-Charge CVS Staff-On-Duty CVS</i>
7. Conduction back to floors/wards	7. Coordinates conduction of client back to the floors/wards.	None	1 minute	<i>Staff-On-Duty CVS</i>
8. Process of official result	8. Reads the preliminary report 8.1 Types the official result	None None	25 mins 10mins	<i>Echo Fellow-In-Charge/ Consultant-In-Charge CVS Staff-On-Duty CVS</i>

9. Claims result	9. Pay patients = delivers official result 9.1 Service patients = releases official results	None None	48 working hours	<i>Administrative Aide VI (Foreman) CVS</i> <i>Staff-On-Duty CVS</i>
TOTAL:		Refer to approved schedule of fees	Processing Time 6 Days, 3 hours and 50 minutes	

8. Hemodialysis Treatment

Inpatient and Outpatient Pay/ Charity Hemodialysis Treatment

Office or Division:	Hemodialysis Unit			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Patients (with or without watcher)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Dialysis Order		Accredited Nephrologist or Nephrology Fellow in PGH		
2. Latest Laboratory results CBC and Blood Chemistry (at Least 1 month) (1 original or photocopy)		Laboratory where test was taken		
3. Latest Hepatitis Profile results (at Least 6 months) (1 original or photocopy)		Laboratory where test was taken		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Requirements to dialysis nurse or clerk	1. Check Schedule of patient for dialysis 1.1 Review requirements for dialysis 1.2 Review of dialysis order	None	12 minutes	<i>Nurse / Clerk</i> Hemodialysis Unit
2. Sign consent by the patient or watcher	2. Explain to the patient and watcher the dialysis process, orient on the unit policies. 2.1 Provide health teaching	None	3 Minutes	<i>Nurse</i> Hemodialysis Unit
3. Procure needs at the pharmacy by the watcher	3. Provide RIV for dialysis needs 3.1 Provide prescription for dialysis medication	None	10 Minutes	<i>Nurse</i> Hemodialysis Unit <i>Fellow</i> Hemodialysis Unit
4. Settle payment (only for patients with suspended accounts)	4. Issue charge slip (for patient with suspended accounts) 4.1 Charge dialysis expenses via OpenERP	Refer to the approved schedule of fees For Pay: <u>5,000*</u>	5 Minutes	<i>Clerk</i> Hemodialysis Unit <i>Clerk</i> Hemodialysis Unit

	4.2 Charge to PhilHealth or DOH for charity patients	maximum For Charity: <u>4,200*</u> maximum		<i>Clerk</i> Hemodialysis Unit <i>Clerk</i> Hemodialysis Unit
	4.3 Charge to PhilHealth or billing for pay patients			
5. Undergo hemodialysis treatment	5.1 Weigh Patient before Dialysis 5.2. Check dialyzer to be used and rinses dialyzer 5.3 Monitor patient vital signs, Report any significant findings to the renal HD Fellow 5.4 Give post Hemodialysis Care 5.5 Weigh patient after Dialysis	None	4 Hours and 20 minutes	<i>Nurse</i> Hemodialysis Unit <i>Nurse</i> Hemodialysis Unit <i>Nurse</i> Hemodialysis Unit <i>Nurse</i> Hemodialysis Unit <i>Nurse</i> Hemodialysis Unit
6. Patient and watcher exit hemodialysis unit	6. For in-patient, Endorses patient back to receiving ward 6.1 For out-patient, fellow schedules next dialysis session	None	10 Minutes	<i>Nurse</i> <i>Hemodialysis Unit</i> <i>Fellow</i> Hemodialysis Unit
TOTAL:		Refer to the approved schedule of fees For Pay: <u>5,000*</u> maximum For Charity: <u>4,200*</u> maximum	5 hours	

9. Hemodialysis Treatment - Purchase of Non-Treatment Related Items

Purchase of non-treatment Related Items for Hemodialysis Treatment

Office or Division:		Hemodialysis Unit		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All Patients (with or without watcher)		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ask to purchase non-treatment related item by the patients watcher	1. Ask what kind of non-treatment item 1.1 Check for item availability 1.2 Issue charge slip for payment 1.3 Instruct watcher to pay at the cashier	Please refer to succeeding tables	10 minutes	Clerk Hemodialysis Unit
2. Settle payment by the patient or watcher	2. Clerk to receive paid charge slip 2.1 Clerk to issue requested item	None	10 minutes	Clerk Hemodialysis Unit
TOTAL:		Please refer to succeeding tables	20 minutes	

ITEM	AMOUNT IN PESO
Low Flux Dialyzer	
10	700
12	750
15	800
18	850
20	900
High Flux Dialyzer	
15	1,700
18	2,000
20	2,300
Xevonta Dialyzer	
18	1,800
20	2,000
23	2,200

HDF Online Tubing	300
Bloodline	200
*Additional Renal PGH Charge every purchase of Dialyzer	300

*Prices may be changed at any time without further notice

ITEM	AMOUNT IN PESO
A. In-Patient Pay Hemodialysis Treatment (Low Flux New Dialyzer)	
B-Braun	2,500
Renal PGH	775
Total:	3,275
B. In-Patient Pay Hemodialysis Treatment (High Flux New Dialyzer)	
B-Braun	2,800
Renal PGH	1,105
Total:	4,425
C. In-Patient Pay Hemodialysis Treatment (Low Flux and High Flux Re-Use Dialyzer)	
Low Flux	
B-Braun	1,395
Renal PGH	1,030
Total:	2,425
High Flux	
B-Braun	1,450
Renal PGH	975
Total:	2,425
D. In-Patient Charity Hemodialysis Treatment (Low Flux New Dialyzer)	
B-Braun	2,500
Renal PGH	255
Total:	2,755
E. In-Patient Charity Hemodialysis Treatment (High Flux New Dialyzer)	
B-Braun	2,800
Renal PGH	1,105
Total:	3,905
F. In-Patient Charity Hemodialysis Treatment (Low Flux and High Flux Re-Use Dialyzer)	
Low Flux	
B-Braun	1,395
Renal PGH	510
Total:	1,905
F. In-Patient Charity Hemodialysis Treatment (Low Flux and High Flux Re-Use Dialyzer)	
High Flux	

B-Braun	1,450
Renal PGH	455
Total:	1,905
G. Out-Patient Pay Hemodialysis Treatment (Low Flux New Dialyzer)	
B-Braun	2,500
Renal PGH	775
Total:	3,275
H. Out-Patient Pay Hemodialysis Treatment (High Flux New Dialyzer)	
B-Braun	2,800
Renal PGH	1,105
Total:	4,425
I. Out-Patient Pay Hemodialysis Treatment (Low Flux and High Flux Re-Use Dialyzer)	
Low Flux	
B-Braun	1,395
Renal PGH	1,030
Total:	2,425
High Flux	
B-Braun	1,450
Renal PGH	975
Total:	2,425
J. Out-Patient Charity Hemodialysis Treatment (Low Flux New Dialyzer)	
B-Braun	2,500
Renal PGH	255
Total:	2,755
K. In-Patient Charity Hemodialysis Treatment (High Flux New Dialyzer)	
B-Braun	2,800
Renal PGH	1,105
Total:	3,905
L. In-Patient Charity Hemodialysis Treatment (Low Flux and High Flux Re-Use Dialyzer)	
Low Flux	
B-Braun	1,395
Renal PGH	510
Total:	1,905
High Flux	
B-Braun	1,450
Renal PGH	455
Total:	1,905

* Prices may be changed at any time without further notice.

** For PhilHealth - additional Charges may apply depends on PhilHealth case rate

10. SPIROMETRY (PFT) Services

For Outpatient and PGH-OPD patients requiring Spirometry

Office or Division:	OPD – Pulmonary Unit			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients in need of PFT			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request Form/ Referral Form properly filled-out (1 original)		Requesting physician		
2. Schedule / appointment slip (1 original)		Pulmonary Unit (Laboratory Technician)		
3. Official Receipt (1 original)		Cashier		
4. Blue card or White Card for PGH patients (1 original)		MSS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a queuing number and wait for the number to be called at the OPD Pulmonary Division	1. Call patient on queue. 1.2 Receive and evaluate request form/referral form signed by the doctor. 1.3 Set patient's appointment 1.4 Attach patient's preparation list to the request and explain it properly.	None	10 minutes	<i>Laboratory Technician</i> Pulmonary Unit
2. Proceed to Cashier on the Scheduled date. Present Request Form/ Referral Form, blue card or White Card for PGH-OPD patients and pay the corresponding fees. Receive Official Receipt.	2. Receive payment and issue Official Receipt.	Pay-1340 Class B-670 Class D-270	10 Minutes	<i>Cashier</i> Cash Division
3. Get a queuing number and wait for your number to be	3. Receive request Form, Official Receipt, Blue Card	None	10 minutes	<i>Laboratory Technician</i> Pulmonary Unit

called. Proceed to OPD- Pulmonary Unit once your queue number is called.	<p>or White Card.</p> <p>3.1 Input patient's data into the computer.</p> <p>3.2 Prepare the patient for the test. Explain the procedure to the patient</p>			
4. Perform the procedure as instructed by the Laboratory Technician.	<p>4. Perform the test.</p> <p>4.1 Direct the patient to execute the required steps.</p>	None	45 minutes	<i>Laboratory Technician</i> Pulmonary Unit
5. Come back for the result after 5 working days. Get a queuing number and wait for your number to be called.	5. Release the result to patient or to the authorized representative upon signing in the logbook.	None	5 minutes	<i>Laboratory Technician</i> Pulmonary Unit
6. Photocopy the result and leave the copy to the laboratory technician.	6. Receive the photocopy of the official result for safe keeping.	None	1 minute	<i>Laboratory Technician</i> Pulmonary Unit
TOTAL		Pay-1340 Class B-670 Class D-270	1 Hour and 21 minutes	

11. BODY PLETHYSMOGRAPHY (**BODY BOX**) TEST

For Outpatient and PGH-OPD patients requiring Body Plethysmography Test.

Office or Division:	OPD – Pulmonary Unit			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients in need of Body Box Test			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request Form/ Referral Form properly filled-out (1 original)		Requesting physician		
2. Schedule / appointment slip (1 original)		Pulmonary Unit (Laboratory Technician)		
3. Official Receipt (1 original)		Cashier		
4. Blue card or White Card for PGH patients (1 original)		MSS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a queuing number and wait for your number to be called at the Pulmonary Division	1. Call patient on queue. 1.1. Receive and evaluate request form/referral form signed by the doctor. 1.2 Set patient's appointment 1.3 Attach patient's preparation list to the request and explain it properly.	None	10 minutes	<i>Laboratory Technician</i> Pulmonary Unit
2. Proceed to Cashier on the Scheduled date. Present request Form/Referral Form, blue card or White Card for PGH-OPD patients and pay the corresponding fees. Receive Official Receipt.	1. Receive payment and issue Official Receipt.	Outpatient- 6225 Class B- 4210 Class C- 4025 Class D- 3845	10 minutes	<i>Cashier</i> Cash Division
3. Get a queuing number and wait for your number to be called. Proceed to OPD- Pulmonary Unit once your queue number is called	3. Receive request Form, Official Receipt, Blue Card or White Card. 3.1 Input patient's data into the computer 3.2 Prepare the	None	15 minutes	<i>Laboratory Technician</i> Pulmonary Unit

	patient for the test. Explain the procedure to the patient			
4. Perform the procedure as instructed by the Laboratory Technician.	4. Perform the test. 4.1 Direct the patient to execute the required steps.	None	1 hour and 30 minutes	<i>Laboratory Technician</i> Pulmonary Unit
5. Come back for the result after 5 working days. Get a queuing number and wait for your number to be called.	5. Release the result to patient or to the authorized representative upon signing in the logbook.	None	5 minutes	<i>Laboratory Technician</i> Pulmonary Unit
6. Photocopy the result and leave the copy to the laboratory technician.	6. Receive the photocopy of the official result for safe keeping.	None	1 minute	<i>Laboratory Technician</i> Pulmonary Unit
	Total	Outpatient- 6225 Class B- 4210 Class C- 4025 Class D- 3845	2 hours and 6 minutes	

12. CARDIOPULMONARY EXERCISE TEST (CPET)

For patients from other hospital and PGH-OPD patients requiring CPET

Office or Division:		OPD– Pulmonary Unit		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All patients in need of CPET		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request Form - properly filled-out (1 original)		Requesting physician		
2. Schedule/Appointment slip (1 original)		Pulmonary Unit's Laboratory Technician		
3. Official Receipt (1 original)		Cashier		
4. Blue card/White card for PGH patients (1 original)		1. OPD Palistahan for new patient 2. Medical Social Services		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Central Block-Pulmonary Unit	1. Receive and evaluate the request form/referral form signed by a doctor. 1.1 Set patient's appointment. 1.2 Give proper instruction to patient prior to procedure.	None	10 minutes	<i>Laboratory Technician</i> Central Block-Pulmonary Unit
2. Proceed to the Cashier on the Scheduled date: Present the request form/ Referral form, blue card or White Card for PGH-OPD patients and pay the corresponding fees. Get the Official Receipt.	2. Receive payment and issue Official Receipt.	Pay-3220 Class B-1900 Class C-1810 Class D-1730	10 minutes	<i>Cashier</i> Cash Division
3. After paying to the cashier proceed to Central Block-Pulmonary Unit	3. Receive request form, Official Receipt, Blue Card or White Card. 3.1. Input the patient's data into the computer. 3.2 Prepare the patient for the test. Explain the procedure	None	30 minutes	<i>Laboratory Technician</i> Central Block-Pulmonary Unit

	to the patient.			
4. Perform the procedure as instructed by the Laboratory Technician.	4. Perform the test. 4.1 Direct the patient to execute the required steps	None	1 hour and 30 minutes	<i>Laboratory Technician</i> Central Block-Pulmonary Unit
5. Come back for the result after 5 working days.	5. Release the result to patient or to the authorized representative upon signing in the logbook.	None	5 minutes	<i>Laboratory Technician</i> Central Block-Pulmonary Unit
TOTAL:		Pay- Php3220 Class B- Php1900 Class C- Php1810 Class D- Php1730	2 hours and 25 minutes	

13. SPIROMETRY (PFT)

For In-patients admitted to PGH who are in need of Spirometry test.

Office or Division:		Central Block-Pulmonary Unit		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All patients in need of PFT		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request Form - properly filled-out (1 original)		1. Requesting physician/Nurse In-charge		
2. Patient's Chart		1. Nurse In-charge		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Central Block-Pulmonary Unit on the assigned schedule.	1. Receive request form and check patient's chart. 2. Input patient's data into the computer. 3. Prepare patient for the test. Explain the procedure to the patient.	None	10 minutes	<i>Laboratory Technician</i> Central Block-Pulmonary Unit
2. Perform the procedure as instructed by the Laboratory Technician.	2. Perform the test. 2.1 Direct the patient to execute the required steps.	None	45 minutes	<i>Laboratory Technician</i> Central Block-Pulmonary Unit
3. Wait for the provisional result. Receive the provisional result. Return to respective wards	3. Print the provisional result. 3.1 Record patient's data in the logbook. 3.2 Input the corresponding charges to Open-ERP. 3.2 Release provisional result	Pay-1510 Service Patient-670	5 minutes	<i>Laboratory Technician</i> Central Block-Pulmonary Unit
TOTAL:		Pay-Php 1510 Service Patient-Php 670	1 Hour	

14. BODY PLETHYSMOGRAPHY (BODY BOX) TEST

For In-patients admitted to PGH who are in need of Body Plethysmography (Body Box) test.

Office or Division:		OPD-Pulmonary Unit		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All Patients In Need of Body Box		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request Form properly filled-out (1 original)		1. Requesting physician/Nurse In-charge		
2. Patient's Chart		1. Nurse In-charge		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to OPD-Pulmonary Unit on the assigned schedule.	1. Receive request form and check patient's chart. 1.1 Input patient's data into the computer. 1.2 Prepare patient for the test. Explain the procedure to the patient.	None	10 minutes	Laboratory Technician
2. Perform the procedure as instructed by the Laboratory Technician.	2. Perform the test. 2.1 Direct the patient to execute the required steps.	None	1 hour and 30 minutes	Laboratory Technician
3. Wait for the provisional result. Receive the provisional result. Return to respective wards	3. Print provisional result. 3.1. Record patient's data in the logbook. 3.2 Input the corresponding charges to Open-ERP. 3.3 Release provisional result.	Private Ward- 6,225; Private room (Small/ Big)- 6,590; Suite/De Luxe room- 6,955	5 minutes	Laboratory Technician
TOTAL:		Private Ward- Php 6225; Private room (Small/Big)- Php 6590; Suite/De Luxe room- Php 6955	1 Hour and 45 minutes	

15. CARDIOPULMONARY EXERCISE TEST (CPET)

For In-patients admitted to PGH requiring CPET

Office or Division:		Central Block – Pulmonary Unit		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All patients in need of CPET		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request Form - properly filled-out (1 original)		Requesting physician		
2. Patient's chart		Nurse In-charge		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Central Block-Pulmonary Unit.	1. Receive request and check patient's chart. 2. Input patient's data into the computer. 3. Prepare patient for the test. Explain the procedure to the patient.	None	30 minutes	<i>Laboratory Technician</i> Central Block Pulmonary Unit
2. Perform the procedure as instructed by the Laboratory Technician.	2. Perform the test. 2.1. Direct the patient to execute the required steps.	None	1 hour	<i>Laboratory Technician</i> Central Block Pulmonary Unit
3. Wait for the provisional result. Receive the provisional result. Return to respective wards	3. Print provisional result. 3.1. Record patient's data in the logbook. 3.2. Input the corresponding charges to Open-ERP. 3.3 Release provisional result.	Semi-private/Ward-3600 Suite/De Luxe-3795	15 minutes	<i>Laboratory Technician</i> Central Block Pulmonary Unit
TOTAL:		Semi-private/Ward 3600 Suite/De Luxe-3795	1 Hour and 45 minutes	

16. ARTERIAL/VENOUS BLOOD GAS ANALYSIS

For In-patients (admitted to PGH service wards) who are in need of ABG/VBG test.

Office or Division:		ABG Unit – Pulmonary Unit		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All patient's in need of ABG/VBG Test		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Heparinized blood - properly labeled (complete patient's data) - sufficient volume - freshly collected - properly stored (immersed in ice slurry) - properly collected (free from clot)		1. Requesting physician		
2. ABG/Laboratory Request Form (1 original) - properly filled-out - signed by the requesting Physician		1. Requesting physician 2. Ward Nurses		
3. Blue card (1 original)		1. ER palistahan (for new patients)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit specimen along with ABG/VBG request to ABG receiving counter.	1. Check the quality of the sample. 2. Validate ABG request and other required documents.	None	3 minutes	<i>Medical Technologist on duty Pulmo-ABG</i>
2. Listen to the instruction being given by the medical Technologist. If sample is suitable for analysis proceed to step 3. If sample is rejected return to the respective ward and return ABG request to the requesting Physician or the Nurse in-charge.	2. Instruct patient's representative to come back for the official result upon validation of request. 2.1 Give further instruction in case sample is unsuitable for analysis.	None	5 minutes	<i>Medical Technologist on duty Pulmo-ABG</i>
3. Go back to respective service wards.	3. Assign accession number, write in the request form, and enter in ABG receiving log sheet. 3.1 Analyze sample and generate official result. 3.2 Record patient's	None	20 minutes	<i>Medical Technologist on duty Pulmo-ABG</i>

	data and ABG results in the logbook. 3.3 Ensure that results are transmitted to Open-MRS. 3.4 Input corresponding charges to Open-ERP.			
4. Collect the result from ABG Unit at a set time. State patient's name and present blue card.	4. Get the result from the Unit's result box.	None	5 minutes	<i>Medical Technologist on duty Pulmo-ABG</i>
5. Sign on the receiving log sheet and receive result.	4. Assist the patient's representative in signing the releasing log sheet. 4.1. Release result to the patient's authorized representative upon signing.	None	2 minutes	<i>Medical Technologist on duty Pulmo-ABG</i>
TOTAL:		None	35 minutes	

17. ARTERIAL/VENOUS BLOOD GAS ANALYSIS

For Outpay and PGH-OPD patient's requiring arterial or venous blood extraction.

Office or Division:		ABG Unit – Pulmonary Unit		
Classification:		SIMPLE		
Type of Transaction:		G2C		
Who may avail:		All patient's in need of ABG/VBG Test		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. ABG/Laboratory Request Form (1 original) - properly filled-out - signed by the requesting physician		Requesting physician		
2. Schedule / appointment slip (1 original)		ABG Counter		
3. Official Receipt (1 original)		Cashier		
4. Blue card for PGH patients (1 original)		OPD Palistahan (for new patient)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to ABG Counter. Present completely filled out ABG/VBG request together with blue card (for PGH patients).	1. Check blue card for next schedule of Doctor's appointment.	None	3 minutes	<i>Medical Technologist on duty</i> Pulmo-ABG
2. Listen to the instruction being given by the Medical Technologist and wait for the appointment slip.	2. Explain patient's preparation. 2.1 Schedule patient's blood extraction based on their next Doctor's appointment. 2.2. Prepare appointment slip.	None	3 minutes	<i>Medical Technologist on duty</i> Pulmo-ABG
3. Receive your blue card, ABG/VBG request and appointment slip.	3. Return patient's blue card and ABG/VBG request with attached appointment slip.	None	2 minutes	<i>Medical Technologist on duty</i> Pulmo-ABG
4. Proceed to the Cashier. Present ABG/VBG request, blue card for PGH-OPD patients and pay corresponding fees.	4. Receive payment and issue official receipt.	775- Outpay 250- Class B 100- Class D		Cashier
5. Go to ABG Unit on the	5. Validate	None	10 minutes	Medical

designated time and date. Submit your ABG/VBG request, official receipt, appointment slip. Rest for at least 10minutes and wait to be called.	patient's ABG request, official receipt, and appointment slip. 5.2 Advise patient to rest for 10mins.			Technologist on duty
6. Enter the unit once name is called.	6. Instruct the patient to get inside the Unit. 6.1 Put the patient in a comfortable sitting position. 6.2 Perform ABG/VBG extraction.	None	10 minutes	Medical Technologist on duty
7. Press the puncture site while waiting for the result.	7. Assign accession number, write in the request form, and enter in ABG receiving log sheet. 7.1. Analyze sample and generate official result. 7.2 Record patient's data and their ABG results in the logbook. 7.3. Ensure that results are transmitted to Open-MRS.	None	20 minutes	Medical Technologist on duty
8. Sign on the receiving log sheet and receive result.	8. Release result to the patient upon signing.	None	2 minutes	Medical Technologist on duty
TOTAL:		775- Outpay 250- Class B 100- Class D	50 minutes	

18. ARTERIAL/VENOUS BLOOD GAS ANALYSIS

For Outpatient patients (admitted in other hospital) that are in need of ABG/VBG.

Office or Division:		ABG Unit – Pulmonary Unit		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All patient's in need of ABG/VBG Test		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Heparinized blood - properly labeled (complete patient's data) - sufficient volume - freshly collected - properly stored (immersed in ice slurry) - properly collected (free from clot)		Requesting physician		
2. ABG/Laboratory Request Form (1 original) - properly filled-out - signed by the requesting physician		Requesting physician		
3. Official Receipt (1 original)		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to ABG receiving counter. Submit blood specimen along with completely filled out ABG request form.	1. Checked the quality of the sample. 1.1 Validate ABG request and other required documents.	None	2 minutes	<i>Medical Technologist on duty</i> Pulmo-ABG
2. Listen to the instructions given by the Medical Technologist and wait for payment slip. 2.1 If sample is suitable for analysis proceed to step 3. 2.2 If sample is rejected return to your respective hospital and return ABG request to the requesting Physician.	2. Instruct the patient to pay corresponding fee at the Cashier.	None	4 minutes	<i>Medical Technologist on duty</i> Pulmo-ABG
3. Proceed to the cashier and present payment slip. Pay the corresponding	3. Receive payment and issue official receipt.	Php775	10 minutes	Cashier

amount.				
4. Return to ABG counter after payment and present official receipt.	4. Receive and record the official receipt.	None	2 minutes	<i>Medical Technologist on duty</i> Pulmo-ABG
5. Wait for the result.	5. Assign accession number, write in the request form, and enter in ABG receiving log sheet. 5.1 Analyze the sample and generate official result. 5.2 Record patient's data and their ABG results in the logbook.	None	20 minutes	<i>Medical Technologist on duty</i> Pulmo-ABG
6. Proceed to ABG counter when called. Sign on the receiving log sheet and receive result.	6. Release result to the authorized representative upon signing.	None	2 minutes per	<i>Medical Technologist on duty</i> Pulmo-ABG
TOTAL:		Php775	40 minutes	

19. ARTERIAL/VENOUS BLOOD GAS ANALYSIS

For PGH Payward patients that are in need of ABG/VBG.

Office or Division:		ABG Unit – Pulmonary Division		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All patient's in need of ABG/VBG test		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. ABG/Laboratory Request Form (1 original) - properly filled-out		1. Requesting physician 2. Payward Nurses		
2. Official Receipt (if applicable) (1 original)		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Nurse in-charge or the requesting physician shall call ABG Unit 1.1 Inform the Medical Technologist about your patient for arterial or venous blood extraction. 1.2 Give patient's Name, room number, FiO2 and its due time.	1. Record patient's information given thru phone by the Nurse or requesting Physician in blood extraction log sheet.	None	2 minutes	<i>Medical Technologist on duty</i> Pulmo-ABG
2. Wait for the Medical Technologist to go to the nurse station.	2. Proceed to Nurses Station. 2.1 Validate request. 2.2 Sign on the blood extraction logbook. 2.3 Proceed to patient's room and perform Phlebotomy. 2.4 If extraction needs to be repeated, inform the nurse in-charge.	None	15 minutes	<i>Medical Technologist on duty</i> Pulmo-ABG
3. Check patient result in MRS.	3. Go back to ABG Unit after blood extraction. 3.1 Assign accession number, write in the request form, and enter in ABG receiving log sheet.	Private: 950 Semi-private: 860 Payward:	20 minutes	Medical Technologist on duty

	3.2 Analyze sample and generate official result 3.3 Record patient's data and their ABG results in the logbook. 3.4 Ensure that results are transmitted to Open-MRS. 3.5 Input corresponding charges to Open-ERP.	775		
4. Get official result in ABG Unit. Sign on the receiving log sheet and receive result.	4. Release result to the nurse in-charge/utility worker in-charge or to an authorized representative upon signing.	None	3 minutes per patient	Medical Technologist on duty
TOTAL		Private: 950 Semi-Private: 860 Payward: 775	40 minutes	

20. Nuclear Medicine Imaging Procedure

Imaging using various radiopharmaceuticals for assessment of the patient's medical condition.

Office or Division:	Department of Medicine - Division of Nuclear Medicine			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Patients of the Philippine General Hospital			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Imaging Request - Completely filled-out Nuclear Medicine Request form. Must include patient demographics, clinical impression, reason for requesting scan, referring physician and any available clinical data (1 original)		1. Request provided by the referring physician. May be filled up by Radioisotope Laboratory staff if requested from a non-PGH affiliated doctor		
2. Official Receipt of payment - Official receipt from the cashier of the Philippine General Hospital (1 original)		2. Will be provided upon payment at the PGH cashier		
3. Other documents which may be accepted as proof of payment. Includes, but not limited to, Malasakit Center papers, Phil Health documents, Guarantee letters etc - as long as it is accepted by PGH		3. Concerned agency (pending approval of the PGH administration)		
4. Blue Card. Proof that the patient is a patient of PGH. The Patient Information Sheet should be filled up properly. (1 original)		4. For Service Out-patient and Admission: Upon consult in the PGH-OPD For Private Out-patient : Thru Radioisotope Laboratory For Admitted Private Patient: Pay admitting Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit imaging request to the Radioisotope Laboratory	1. Review and completion of imaging request if needed.	None	3 minutes	<i>Administrative Assistant</i> Radio Isotope Laboratory
	1.1 Pricing of the requested imaging procedure	None	1 minute	<i>Administrative Assistant</i> Radio Isotope Laboratory
2. Pay at the PGH cashier	2. Provide patient with a properly priced request which they shall presented to the cashier	Refer to the approved schedule of fees	5 minutes	<i>Administrative Assistant</i> Radio Isotope Laboratory

3. Present the proof of payment and scheduling	3 Check if payment was done properly	None	1 minute	<i>Administrative Assistant Radio Isotope Laboratory</i>
	3.1 Schedule the scan	None	5 minutes	<i>Administrative Assistant Radio Isotope Laboratory</i>
4 Return on scheduled date and time for imaging	4. Review of proof of proper documents (including OR and request)	None	3 minutes	<i>Administrative Assistant Radio Isotope Laboratory</i>
5 Receive the Injection of the radiopharmaceutical	5. Arrange in proper sequencing of patients for injection	None	1 hour	<i>Nuclear Medicine Technologist</i>
	5.1 Inject of radiopharmaceutical	None	5 minutes	<i>Nuclear Medicine Technologist</i>
	5.2 Uptake and washout (Waiting time) of radiopharmaceutical	None	5 hours	<i>Nuclear Medicine Technologist</i>
6 Imaging of the patient	6. Position the patient	None	10 minutes	<i>Nuclear Medicine Technologist</i>
	6.1 Adjust the camera setting	None	10 minutes	<i>Nuclear Medicine Technologist</i>
	6.2 Start the imaging protocol	None	4 hours	<i>Nuclear Medicine Technologist</i>
	6.3 Post-processing of the data	None	15 minutes	<i>Nuclear Medicine Technologist</i>
	6.4 Take Initial reading	None	1 hour	<i>Nuclear Medicine Resident</i>
	6.5 Review and correct the reading	None	2 working days	<i>Nuclear Medicine Consultant</i>
	6.6 File and release of	None	10 minutes	<i>Administrative Assistant</i>

	results			
TOTAL:		Refer to the approved schedule of fees	3 days, 4 hours and 8 minutes	

- Some Scans may be classified as Highly Technical:
 - Brain Imaging
 - Octreotide Scan
 - 1-131 MIB
 - Venography

21. Radioimmunoassay Blood Tests

Measurement of various hormones and other patient blood tests using the radioimmunoassay method

Office or Division:		Department of Medicine - Division of Nuclear Medicine		
Classification:		Highly Technical		
Type of Transaction:		G2C		
Who may avail:		Patients of the Philippine General Hospital		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Laboratory Request - Completely filled-out request form. Must include patient demographics, clinical impression, reason for requesting scan, referring physician and any available clinical data (1 original)		Request provided by the referring physician. May be filled up by Radioisotope Laboratory staff if requested from a non-PGH affiliated doctor.		
2. Official Receipt of payment - Official receipt from the cashier of the Philippine General Hospital (1 original)		Will be provided upon payment at the PGH cashier		
3. Other documents which may be accepted as proof of payment. Includes, but not limited to, Malasakit Center papers, Phil Health documents, Guarantee letters etc - as long as it is accepted by PGH		Concerned agency (pending approval of the PGH administration)		
4. Blue Card. Proof that the patient is a patient of PGH. The Patient Information Sheet should be filled up properly (1 original)		For Service Out-patient and Admission: Upon consult in the PGH-OPD For Private Out-patient : Thru Radioisotope Laboratory For Admitted Private Patient: Pay Admitting Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit laboratory request to the Radioisotope Laboratory	1. Review and completion of radioimmunoassay request.	None	3 minutes	<i>Administrative Assistant</i> Radio Isotope Laboratory
	1.1 Pricing of the requested test/procedure	None	1 minute	<i>Administrative Assistant</i> Radio Isotope Laboratory
2. Pay at the PGH cashier	2. Will provide patient with a properly priced request which they shall bring to the cashier	Refer to the Approved Schedule of fees	5 Minutes	<i>Administrative Assistant</i> Radio Isotope Laboratory

3. Present the proof of payment and scheduling	3. Review if payment was done properly	None	1 minute	<i>Administrative Assistant Radio Isotope Laboratory</i>
	3.1 Scheduling of extraction if needed	None	5 minutes	<i>Administrative Assistant Radio Isotope Laboratory</i>
4. Blood extraction	4. Position the patient	None	2 minutes	<i>Nuclear Medicine Technologist</i>
	4.1 Blood extraction	None	5 minutes	<i>Nuclear Medicine Technologist</i>
	4.2 Prepare and incubate sample	None	24 hours	<i>Nuclear Medicine Technologist</i>
	4.3 Wait to complete minimum sample numbers (5 or 10 samples)	None	Pause time	<i>Nuclear Medicine Technologist</i>
	4.4 Calibrate the counter	None	45 minutes	<i>Nuclear Medicine Technologist</i>
	4.5 Count the sample	None	1 minute	<i>Nuclear Medicine Technologist</i>
	4.6 Print the results	None	15 minutes	<i>Nuclear Medicine Technologist</i>
	4.7 File and release of results	None	10 minutes	<i>Administrative Assistant Radio Isotope Laboratory</i>
TOTAL:			3 days, 1 hour, 33 minutes	

22. Bone Densitometry

Measurement of a patient's bone density using Dual X-ray Absorptiometry

Office or Division:		Department of Medicine - Division of Nuclear Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Patients of the Philippine General Hospital		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Imaging Request - Completely filled-out Nuclear Medicine Request form. Must include patient demographics, clinical impression, reason for requesting scan, referring physician and any available clinical data (1 original)		Request provided by the referring physician. May be filled up by Radioisotope Laboratory staff if requested from a non-PGH affiliated doctor		
Official Receipt of payment - Official receipt from the cashier of the Philippine General Hospital (1 original)		Will be provided upon payment at the PGH cashier		
Other documents which may be accepted as proof of payment. Includes, but not limited to, Malasakit Center papers, Phil Health documents, Guarantee letters etc - as long as it is accepted by PGH		Concerned agency (pending approval of the PGH administration)		
Blue Card. Proof that the patient is a patient of PGH. The Patient Information Sheet should be filled up properly (1 original)		For Service Out-patient and Admission: Upon consult in the PGH-OPD For Private Out-patient : Thru Radioisotope Laboratory For Admitted Private Patient: Pay Admitting Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit imaging request to the Radioisotope Laboratory	1. Review and complete the imaging request if needed.	None	3 minutes	<i>Administrative Assistant</i> Radio Isotope Laboratory
	1.1 Pricing of the requested imaging procedure	None	1 minutes	<i>Administrative Assistant</i> Radio Isotope Laboratory
2. Pay at the PGH cashier	2. Provide patient with a properly priced request which they shall presented to the cashier	Refer to the approved schedule of fees	5 minutes	<i>Administrative Assistant</i> Radio Isotope Laboratory

3. Present the proof of payment and scheduling	3. Review if payment was done properly	None	1 minute	<i>Administrative Assistant Radio Isotope Laboratory</i>
	3.1 Interviewing the Patient for Pertinent Medical Information	None	5 minutes	<i>Administrative Assistant Radio Isotope Laboratory</i>
4. Imaging of the patient	4. Position the patient	None	15 minutes	<i>Nuclear Medicine Technologist</i>
	4.1 Adjust the camera setting	None	10 minutes	<i>Nuclear Medicine Technologist</i>
	4.2 Start the imaging protocol	None	1 hour	<i>Nuclear Medicine Technologist</i>
	4.3 Post-process the data	None	15 minutes	<i>Nuclear Medicine Technologist</i>
	4.4 Do the Initial reading	None	1 hour	<i>Nuclear Medicine Resident</i>
	4.5 Review and correction of reading	None	2 working days	<i>Nuclear Medicine Consultant</i>
	4.6 File and release of results	None	10 minutes	<i>Administrative Assistant Radio Isotope Laboratory</i>
TOTAL:		Refer to the approved schedule of fees	2 days, 3 hours and 5 minutes	

23. Patient consultation at the Department of Outpatient Services

For Internal Medicine Patients consulting at the Department of Outpatient Services

Office or Division:		Department of Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Adult outpatients with illness		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		Main OPD Ground Floor		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<u>NEW PATIENTS</u>				
1. Give the patient's name to the information desk	1. Record the name of the patient.	None	1 minute	<i>Clerk</i> General Medicine Clinic, DOPS
2. Wait for the name to be called.	2. Instruct the patient to wait for the name to be called	None	Up to 1 hour	<i>Doctor</i> General Medicine Clinic, DOPS
3. Enter the clinic once name is called	3. Call the name of the patient 3.1. Take the history of the patient 3.2 Examine the patient 3.3 Explain findings and management plans for the patient 3.4 Give prescriptions and/or laboratory requests needed 3.5 Give the schedule for follow up 3.6 Instruct patients requirements for laboratory and / or medications prescribed	None	1 hour	<i>Doctor</i> Medicine Clinic, DOPS

	3.7 Instruct patients on securing schedule for subspecialty consults if needed			
TOTAL:		None	2 hours and 1 minute	

24. Patient consultation at the Department of Emergency Medicine

For Internal Medicine Patients consulting at the Department of Emergency Medicine

Office or Division:		Department of Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Adult patients with illness at DEMS		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		DEMS Palistahan		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Triage area for focused clinical assessment and taking of vital signs	1. Quick assessment of patient's problem for proper triaging	None	10 minutes	<i>Triage officer</i> DEMS
2. Give patient's name to the information desk.	2. Record the name of the patient.	None	1 minute	<i>Clerk</i> DEMS
3. Proceed at the Resuscitation Room for resuscitation and immediate management	3. Provide resuscitation and emergent management of patient's condition	none	1 hour	<i>Treatment Officer</i> DEMS
4. Await assessment from IM Doctor on duty	4. Receive endorsement from DEMS Treatment Officer for continuation of patient's management	None	15 minutes	<i>Internal Medicine Doctor</i> DEMS
5. Receive management of the rest of acute medical problems	5. Call the patient 5.1 Take the history of the patient 5.2 Examine the patient 5.3 Explain the findings and management plans for the patient 5.4 Give	None	Up to 1 hour	<i>Internal Medicine Doctor</i> DEMS

	<p>prescription and/or laboratory requests as needed</p> <p>5.5 Monitoring for treatment or referral for admission to concerned Wards.</p>			
TOTAL:		None	2 hours and 26 minutes	

25. Patient Management - Decision Making

Consultation and patient management at the Department of Internal Medicine

Office or Division:		Department of Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All patients securing medical treatment		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Consultant opinion and referral		Attending Physicians & Medical Consultants		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Wait for the scheduled appointment with the Attending Physicians	1. Attending Physician seek the opinion and assessment of their Senior Consultant or Chief Resident . 1.1 Attending Physician refer cases to sub-specialty for management and treatment	None	2 hours	<i>Attending Physician</i> Internal Medicine
TOTAL:		None	2 hours	

26. Sub-specialty Patient Management – Assessment and Treatment Management

Consultation and Sub – specialty patient management at the Department of Internal Medicine

Office or Division:	Department of Medicine			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients securing medical treatment			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Consultant opinion		Attending Physician		
2. PhilHealth : Membership Data Record		PHIC		
3. Guarantor or guaranty letter for fund needed		Funding Agencies: PCSO, DSWD, Offices of Mayor, Congressman , Senators, etc		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient comes to the sub-specialty clinic for treatment	1. Attending Physician inform the patient about his illness and the corresponding treatment management plan 1.2 Attending Physician prescribes medications or other needed additional diagnostic tests 1.3 Issue clinical abstracts and Health Management Record to patients for processing of funds from different funding agencies 1.4 Instruct referral to Medical	None	2 hours	<i>Attending Physician</i> Internal Medicine

	Social Services for classification and granting of white card			
2. Patient proceeds to the MSS to secure WHITE CARD	2. MSS to issue WHITE CARD for indigent patients	None	30 minutes	<i>Social Worker</i> MSS
3. Patient goes to the Accounting Division for patients with guarantee letter	3. Clerk verifies, assess or confirms availability of funds of guarantor. 3.1 Clerk approves or confirms funds available for charging of Laboratory & Pharmacy.	None	10 minutes	<i>Clerk</i> Accounting Division
TOTAL:			2 hours and 40 minutes	

27. Residency and Fellowship Training - Application

Office or Division:	Department of Medicine			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Physicians who intends to take residency or fellowship training in the Department of Medicine			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Application form, letter of intent and checklist of requirements of the Office of the Deputy Director for Health Operations		Office of the Deputy Director for Health Operations		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. File application for residency or fellowship training	1. Receive Applicant's letter of intent, issue application form and checklist of requirements.	P200.00	10 minutes	Clerk DDHO
TOTAL:		P200.00	10 minutes	

28. Residency and Fellowship Training - Selection Process

Office or Division:	Department of Medicine			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Physicians who intends to take residency or fellowship training in the Department of Medicine			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Criteria for selection, interview and letter of acceptance or non-acceptance		Department of Medicine		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit to the selection processes required by the Department	1. Prepare all tools for the selection processes: exams, interview, pre-residency assignments (scheduled for 30 days) to be evaluated.	None	15 days	Chief Resident Department
2. Receive a letter of acceptance or non – acceptance to the training	2. Clerk issue a letter of acceptance or non – acceptance to the training.	None	10 minutes	Clerk Department
TOTAL:			15 days, 10 minutes	

29. Residency and Fellowship Training - Research Presentation

Office or Division:	Department of Medicine			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	Residents or Fellows in training			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Data Collected and Analyzed		Residents or Fellows research / data		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of intent to present locally or international, endorsed by Training Officer	1. Approve request.	None	1 week	Chair & Asst Chair for Research Department
TOTAL:		None	1 week	

30. Residency and Fellowship Training – Manuscript Submission

Office or Division:	Department of Medicine			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Residents or Fellows in training			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
TURNITIN, RGAO certificate of registration; permit to conduct research; final forms		EHRO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit final research paper, TURNITIN, RGAO certificate of registration, permit to conduct research and final forms to CRD	1. Submit to Review and Ethics Board (REB).	None	14 days	CRD
TOTAL:		None	14 days	

31. Post Graduate Courses - Registration and Issuance of Certificate of Attendance

Office or Division:	Department of Medicine			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Residents or Fellows or applicants			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Registration forms and payment		DDHO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Signify attendance	1. Organize post graduate courses 1.1 Collect registration fees 1.2 Issue certificate of attendance	None	14 days	Vice Chair for Post Graduate Programs
TOTAL:		None	14 days	

32. Observership

Office or Division:	Department of Medicine			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Residents or Fellows			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of intent (1 original)		Applicants		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of intent and recommendation from origin to PGH.	1. Endorse to PGH Director's Office for the program. 1.1 Prepare MOA	None	4 days 10 days	Chair Department Staff-in-Charge Legal Office
2. Pay corresponding fee indicated at the MOA.	2. Collect payment and issue receipt	None	10 minutes	Cash Clerk Cashier's Office
TOTAL:		None	14 days 10 minutes	

33. Receiving, Acceptance and Rejection of Laboratory Specimen for Diagnostic Procedures

For patients requiring diagnostic services

Office or Division:	Medical Research Laboratory - Department of Medicine			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients requiring diagnostic tests prescribed by the attending Physician			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request from the physician		1. Physician Clinic		
2. Request form from the MRL		2. MRL		
3. For charity-patient present white card		3. MSS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queue number from MRL	1. Issue queue number to Client	None	2 minutes	<i>Laboratory/Admin Staff MRL</i>
2. Give request from attending Physician	2. Check the details of the request and give MRL request form (MRL-QF-013A)	None	5 minutes	<i>Medical Technologist/Receptionist MRL</i>
3. Fill-out MRL request form (MRL-QF-013A) based on request given by attending Physician	3. Check for the completeness and correctness of filled out request form.	None	10 minutes	<i>Medical Technologist/Receptionist MRL</i>
4. Secure charge slip for payment to the cashier.	4. Issue charge slip with the corresponding amount to be paid at the cashier	Refer to the approved schedule of fees	5 minutes	<i>Medical Technologist/Receptionist MRL</i>
5. Bring request form with charge slip to the cashier for payment	5. Receive charge slip for payment	None	30 minutes	<i>Cashier</i>
5. Submit request form with official	5. Confirm payment with official receipt and enter in the	None	5 minutes	<i>Medical Technologist/Receptionist MRL</i>

receipt from the cashier	Laboratory Information System (LIS)			
6. Undergo blood Extraction	6. Extract blood from client	None	5-10 minutes	<i>Phlebotomist MRL</i>
7. Receive claim stub and official receipt	7.1 Provide claim stub and return official receipt to client	None	2 minutes	<i>Medical Technologist/Receptionist MRL</i>
	7.2 Inform client on the availability of result (Date and Time)	None	2 minutes	<i>Medical Technologist/Receptionist MRL</i>
TOTAL:		Refer to the approved schedule of fees	1 hour and 11 minutes	

34. Releasing of Laboratory Results

For releasing of laboratory results of MRL diagnostic services

Office or Division:		Medical Research Laboratory - Department of Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All patients requiring diagnostic tests prescribed by the attending Physician		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Claim Stub (MRL-QF-048)		1. MRL		
2. Authorization Letter with ID		2. Patient		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get Number	1. Give number to Client while waiting to be called	None	1 minute	Laboratory/Admin Staff MRL
2. Give claim stub (MRL-QF-048)	2. Check the details of claim stub (MRL-QF-048)	None	1 minute	Medical Technologist/Receptionist MRL
3. Sign -out MRL request Releasing Logbook	3. Check for the signature in the Releasing Logbook	None	1 minute	Medical Technologist/Receptionist MRL
4. Receive result	4. Get result from the LIS. 4.1 Print result 4.2 Release result accordingly to client	Refer to the approved schedule of fees	3 minutes	Medical Technologist/Receptionist MRL
	TOTAL	Refer to the approved schedule of fees	6 minutes	

35. Receiving Request for Conduct of Research/Study

For patient requiring diagnostic test prescribed by the Attending Physician

Office or Division:		Medical Research Laboratory/Department of Medicine		
Classification:		Highly Technical		
Type of Transaction:		G2C		
Who may avail:		All patients requiring diagnostic tests prescribed by the attending Physician		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter of Intent		1. Primary Investigator		
2. Copy of Protocol		2. Primary Investigator		
3. Request form from the MRL (MRL-QF-053)		3. MRL		
4. Permit to Conduct Research		4. EHRO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Letter of Intent	1. Accept Letter of Intent	None	2 minutes	Laboratory/Admin Staff MRL
2. Fill out Request Form to Conduct Research	2. Check the details of the request and give MRL request form (MRL-QF-053)	None	5 minutes	Laboratory/Admin Staff MRL
3. Submit Request Form and copy of protocol	3. Check for the completeness and correctness of filled out request form and copy of protocol 3.1 Make feasibility costing for tests requested 3.2 Response letter with Quotation	None	10 working days	MRL Supervisor/Division Chief
4. Start Conduct of Study	4. Give approval to conduct Research/ Study	Refer to the approved schedule of fees	5 minutes	MRL Supervisor/Division Chief
TOTAL:			10 days, 12 minutes	

Department of Neurosciences

External Services

1. Consultation (Outpatient Department)

Process of consultation in the department's outpatient clinics

Office or Division:	Department of Neurosciences			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients triaged to the Neurosciences outpatient clinic; Those with referrals from other clinics			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. New patients: Scheduled consult through Online Consultation Request and Appointment System (OCRA) 2. Old Patients: Blue Card issued by PGH (PGH Form No. P-310045)(1 original)		Online Consultation Request and Appointment System (OCRA)/ OPD Triage / Palistahan		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present blue card to OPD nurse for decking	1. Accept blue card	None	2 minutes	<i>Nurse</i> OPD Clinic
	1.1. For new patients, deck to resident/fellow-in-charge			
	1.2. For old patients, retrieve patient chart at Medical Records Section	None	10 minutes (max)	<i>Nurse and Clerk</i> OPD Clinic
	1.3. Instruct patient to wait to be called for consultation	None	15 minutes for first patient on deck to maximum of 4 hours for last patient on deck	<i>Nurse and Clerk</i> OPD Clinic
2. Proceed to clinic for consultation and evaluation	2. For new patients, perform history-taking, physical and neurologic examination	None	45 minutes (max)	<i>Resident/Fellow-in-charge</i> OPD Clinic
	2.1. For old patients, perform evaluation and neurologic examination	None	15 minutes (max)	<i>Resident/Fellow-in-charge</i> OPD Clinic
3. Get requests for diagnostic examination, prescription (if	3. Provide patients with fully accomplished requests for	None	10 minutes (max)	<i>Resident/Fellow-in-charge</i> OPD Clinic

applicable)	diagnostic tests and prescription for medications 3.1. Instruct patients regarding said tests and prescription			
4. Wait to be informed of schedule for follow-up	4. Indicate follow-up schedule on blue card, and instruct patient	None	3 minutes	<i>Nurse</i> OPD Clinic
TOTAL:		None	For new patients: 53 minutes - 5 hours For old patients: 33 minutes - 4.5 hours	

2. Consultation (Emergency Room)

Process of referral and evaluation at the Emergency Room

Office or Division:	Department of Neurosciences			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred to (1) Adult Neurology, (2) Neurosurgery, or (3) Pediatric Neurology			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient's Medical Chart		Emergency Room (ER) Palistahan		
2. Blue Card issued by PGH (if applicable, for old patients)(1 original)		Outpatient Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to ER triage for initial evaluation and assessment	1. If deemed admissible, instruct patient or patient's watcher to fill out patient information sheet and submit to ER palistahan for creation of patient chart	None	Immediately for patients with active seizures Within 15 minutes for emergent cases Within 2 hours for urgent cases	<i>Triage Officer</i> ER
	1.1. Refer patient with a neurologic chief complaint to the respective service	None	For Brain Attack Team (BAT), immediately after getting chief complaint and vital signs For other cases, immediately after complete evaluation	<i>Triage Officer</i> ER)
2. Undergo neurologic evaluation and assessment	2. Attend to patient for history-taking, neurologic examination, assessment, and plan/orders	None	Patient seen within 15 minutes from referral Evaluation time: 60 minutes (max) Accomplishment of Doctor's Order: 30 minutes (max)	<i>Resident/Fellow in charge</i> ER

3. Undergo necessary tests and receive appropriate medications	3.1. Carry out doctor's orders a. Perform blood extraction for urgent diagnostic tests b. Perform Electrocardiogram c. Chest x-ray	None Please refer to the approved schedule of rates Please refer to the approved schedule of rates	a. Within 10 minutes (max) b. For BAT, within 5 minutes. For other cases, within 2 hours (max) c. Within 1 hour to 24 hours	<i>Resident/Intern/ Clerk in charge</i> ER <i>ECG Technician</i> Central ECG Station <i>Radiology Technician</i> Dept. of Radiology
	3.2. Carry out doctor's orders (medications)	None	a. Within 1-4 hours except for anticonvulsants for active seizures	<i>Nurse, Utility Worker</i> ER <i>Pharmacist</i> Pharmacy Dept
TOTAL:		Please refer to the approved schedule of rates	24 hours (max) except for BAT and active seizures	

3. Diagnostics – Electroencephalography (EEG)

Office or Division:	Department of Neurosciences-Electroencephalography Unit			
Classification:	C			
Type of Transaction:	G2C			
Who may avail:	Those with requests for the diagnostic examination			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Neurophysiology and Neurovascular Laboratory Request Form (PGH Form No. P-490001)(1 original)		Inpatients: Accomplished upon doctor's order in patient's medical chart Outpatient: Issued by resident/fellow-in-charge		
2.Laboratory Request / Referral Slip for Outpay (1 original)		Private patients: Issued by attending physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Inpatient 1.Undergo inpatient EEG examination	1. Schedule inpatient for EEG examination	Please refer to the approved schedule of rates	5 minutes from doctor's order	<i>Nurse-in-charge</i> EEG Unit (Central Block)
	1.1. Deck patient for actual performance of procedure For portable EEG: If with available slot, within 30 minutes. If with ongoing procedure, within 2 hours. For routine EEG: If with slot, within 30 minutes. If schedule is full, within 2 days		2 days (max)	<i>EEG Technician</i> EEG Unit (Central block)
	1.2. Perform the actual procedure		60 minutes (max)	<i>EEG Technician</i> EEG Unit (Central Block)
2. Get copy of official result	2.Issue official EEG result to patient Note: Waiting time starts from the conduct of the procedure		7 days (max)	<i>Resident/Fellow and Consultant on deck</i> <i>EEG Technician</i> EEG Unit (Central Block)

	TOTAL	Please refer to the approved schedule of rates	9 days, 1 hour, 5 minutes	
Outpatient 1. Undergo outpatient EEG examination	<p>1. Schedule outpatient for EEG examination</p> <p>1.1 Deck patient. for actual performance of EEG examination Note: Within 1-3 months</p> <p>Outpatient: 1-3 months* (Currently, there is only one EEG machine and one dedicated EEG technician at the outpatient department)</p> <p>1.2. Perform the actual procedure</p>	Php1,125	<p>5 minutes (max)</p> <p>(paused clock)</p> <p>45 minutes (max)</p>	<p><i>EEG Technician</i> EEG Unit (OPD)</p> <p><i>EEG Technician</i> EEG Unit (OPD)</p> <p><i>EEG Technician</i> EEG Unit (OPD)</p>
2. Get copy of official result	<p>2. Issue official EEG result to patient Note: Waiting time starts from the conduct of the procedure</p>		10 working days (max)	<i>Resident/Fellow and Consultant on deck</i> <i>EEG Technician</i> EEG Unit (OPD)
	TOTAL	Please refer to the approved schedule of rates	10 days, 50 minutes	

4. Diagnostics – EEG Monitoring

Process of scheduling, conduct, and issuance of official results of EEG Monitoring

Office or Division:	Department of Neurosciences-Electroencephalography Unit			
Classification:	Scheduling, Decking, and Actual Performance: a. Inpatient 2- and 6-hr: S b. Outpatient 2- and 6-hr: S c. Outpatient 24-hr: S Issuance of report: C			
Type of Transaction:	G2C			
Who may avail:	Those with requests for the diagnostic examination			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Neurophysiology and Neurovascular Laboratory Request Form (PGH Form No. P-490001)(1 original)		Inpatients: Accomplished upon doctor's order in patient's medical chart Outpatient: Issued by resident/fellow-in-charge		
2.Laboratory Request / Referral Slip for Outpay (1 original)		Private patients: Issued by attending physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to EEG Unit for scheduling of video EEG	1. Accept request and schedule patient for the procedure	Please refer to the approved schedule of rates	5 minutes (max) 5 minutes (max)	Inpatient: <i>Nurse-in-charge</i> EEG Unit (Central Block) Outpatient: <i>EEG Technician</i> EEG Unit (OPD)
2. Proceed for decking for actual performance of procedure	2.Inpatient Deck patient for actual performance of 2-hr and 6-hr video EEG monitoring		2-6-hr video EEG: If with available slot, within 30 minutes. If with ongoing procedure, within 2 hours.	<i>EEG Technician</i> EEG Unit (Central Block)
	2.1. Outpatient Deck patient for actual performance of 2-hr and 6-hr video EEG monitoring		2-6-hr video EEG: If with available slot, within the day. If no available slot, within 1 week	<i>EEG Technician</i> EEG Unit (OPD)

	2.2. Deck patient for actual performance of 24-hr video EEG monitoring		24-hr video EEG: If with available slot, 1 week. If no available slot, within 2 weeks.	
3. Undergo actual performance of procedure	3. Perform actual performance of procedure 2-hr vEEG: 2 hours 6-hr vEEG: 6 hours 24-hr vEEG: 24 hours		24 hours (max)	<i>EEG Technician</i> EEG Unit (Central Block/OPD)
TOTAL FOR SCHEDULING, DECKING, AND PERFORMANCE:			Inpatient 2- and 6-hr video EEG: 2 hours (max) Outpatient 2 and 6-hr video EEG: 7 days (max) Outpatient 24-hr video EEG: 2 weeks (max)	
4. Get copy of official report	4 Issue copy of official video EEG result to patient Note: From performance of procedure		10 working days (max)	<i>Resident/Fellow and consultant on deck</i> <i>EEG Technician</i> EEG Unit (Central Block/OPD)
TOTAL FOR ISSUANCE		Please refer to the approved schedule of rates	10 days	

5. Diagnostics – Electromyography and Nerve Conduction Study (EMG-NCV), Evoked Potentials, Repetitive Nerve Stimulation (RNS)

Process of scheduling, conduct, and issuance of official results of EMG-NCV, Evoked Potentials, and RNS

Office or Division:	Department of Neurosciences-Electrophysiology Unit			
Classification:	Scheduling, Decking, and Actual Performance 1. Inpatient – S 2. Outpatient – S Issuance of report 1. Adult – S 2. Pediatric - HT			
Type of Transaction:	G2C			
Who may avail:	Those with requests for the diagnostic examination			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Neurophysiology and Neurovascular Laboratory Request Form (PGH Form No. P-490001)(1 original)		Inpatients: Accomplished upon doctor's order in patient's medical chart Outpatient: Issued by resident/fellow-in-charge		
2. Laboratory Request / Referral Slip for Outpay (1 original)		Private patients: Issued by attending physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Electrophysiology Unit for scheduling of video Electrodiagnostic Procedure	1. Accept request and schedule for procedure	Please refer to approved schedule of rates	5 minutes (max)	Inpatient: <i>Nurse in charge</i> EMG-NCV Unit (Central Block)
			5 minutes (max)	Outpatient: <i>EMG-NCV Technician</i> EMG-NCV Unit (OPD)
2. Proceed for decking of actual performance of procedure	2. Inpatient Deck patient for actual performance of Electrodiagnostic Procedure		If with slot, within 30 minutes. If full schedule, the following day	<i>EMG-NCV Technician</i> EMG-NCV Unit (Central Block)
	2.1 Walk-in patient Deck patient for actual performance of Electrodiagnostic Procedure		Walk-in, Pay: If with slot, within the day. If full schedule, the following day. Walk-in,	<i>EMG-NCV Technician</i> EMG-NCV Unit (Central Block)

			Service: If with slot, within the day. If full schedule, within 2 days (service schedule)	
3. Undergo actual performance of procedure	3. Perform actual performance of procedure		EMG-NCV: 1.5 hours (max) Evoked Potentials: 45 minutes (max) (extends up to 4 hours if patient is unable to sleep)	<i>EMG-NCV Technician EMG-NCV Unit (Central Block)</i>
TOTAL FOR SCHEDULING, DECKING, AND ACTUAL PERFORMANCE:			Inpatient: 4 hours (max) Outpatient: 48 hours (max)	
4. Get copy of official report/result	4 Issue copy of official video EEG result to patient		Adult (Pay and Service): 3 days (max) Pediatrics (Pay and Service): 4 weeks (max) (No full-time consultant reader)	<i>Resident/fellow and consultant on deck EMG-NCV Technician EMG-NCV Unit (Central Block)</i>
TOTAL:		Please refer to approved schedule of rates	7-10 days	

6. Diagnostics – Transcranial Doppler (TCD)

Process of scheduling, conduct, and issuance of results of TCD

Office or Division:	Department of Neurosciences-Neurovascular Unit			
Classification:	C			
Type of Transaction:	G2C			
Who may avail:	Those with requests for the diagnostic examination			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Neurophysiology and Neurovascular Laboratory Request Form (PGH Form No. P-490001)(1 original)		Inpatients: Accomplished upon doctor's order in patient's medical chart Outpatient: Issued by resident/fellow-in-charge		
2. Laboratory Request / Referral Slip for Outpay (1 original)		Private patients: Issued by attending physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed for scheduling of video TCD	1. Accept request and schedule for procedure	Please refer to the approved schedule of rates	5 minutes (max)	Inpatient: <i>Nurse-in-charge</i> Neurovascular Unit
			5 minutes (max)	Outpatient: <i>Stroke Fellow</i> Neurovascular Unit
2. Proceed for decking of actual performance of procedure	2. Conduct procedure in designated unit (inpatient or outpatient)		3 days (max)	<i>Stroke Fellow</i> Neurovascular Unit
3. Undergo actual performance of procedure	3. Perform the actual procedure		2 hours, 15 minutes (max)	<i>Stroke Fellow</i> Neurovascular Unit
4. Get copy of official report	4. Issue copy of official TCD result to the patient		3 days (max)	<i>Resident/fellow and consultant on deck, Stroke fellow</i> Neurovascular Unit
TOTAL:		Please refer to the approved schedule of rates	6 days, 2 hours, 25 minutes	

7. Diagnostics – Memory Screening

Process of scheduling, conduct, and issuance of results of memory screening

Office or Division:	Department of Neurosciences - Center for Memory and Cognition			
Classification:	C			
Type of Transaction:	G2C			
Who may avail:	Those with requests for the diagnostic examination			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Laboratory Request / Referral Slip for all kinds of patients (pay or charity inpatient / outpatient)(1 original)		Issued by attending physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present laboratory request form / referral slip to Neurosciences Office	1. Accept request and schedule for procedure	Php 480	5 minutes	<i>Administrative Officer (AO)</i> Dept of Neurosciences
2. Proceed to center for decking of memory screening	2. Schedule and deck patient for memory screening. Note: From acceptance of request		1 week (max)	<i>Resident on deck</i> (Center for Memory and Cognition)
3. Undergo memory screening	3. Conduct memory screening		1 hour	<i>Resident on deck</i> (CMC)
3. Get the Analysis done and the official result of memory screening	4. Analyze Memory screening result Note: From performance of memory screening 4.1. Issue copy of official memory screening result to patient		1 week (max)	<i>Resident/stroke fellow and consultant on deck/Dementia Specialist</i> (CMC) <i>Administrative Officer (AO)</i> Dept. of Neurosciences
TOTAL:		Service Rate: Php 480	14 days, 1 hour, 5 minutes (No full-time neuro-psychologist; residents-in-training perform the test; No full-time dementia consultant)	

8. Procedure - Chemodenervation

Process of chemodenervation for movement disorders

Office or Division:	Department of Neurosciences-Chemodenervation Unit			
Classification:	Inpatient – S Outpatient - C			
Type of Transaction:	G2C			
Who may avail:	Those with requests for the diagnostic examination			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Referral form for chemodenervation (1 original)		Inpatient: Ordered in the patient's chart Outpatient: Issued by attending physician (resident / movement clinic resident rotator / consultant)		
2. Informed consent for procedure (PGH Form No. P-310005 (b))(1 original)		Explained by physician; consent form attached to patient's chart		
3. Botulinum toxin vial		Procured at PGH Main Pharmacy / Central Block Pharmacy OR issued in outside pharmacy c/o PCSO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present referral form or inform attending physician during consult	1. Schedule patient for chemodenervation during consult	Please refer to the approved schedule of rates	5 minutes	<i>Resident / Movement Clinic Rotator / Consultant</i> Chemodenervation Clinic
2. Deck patient for chemodenervation	2. Once with botulinum toxin vial available, deck patient for chemodenervation		Inpatient: Within the day Outpatient: 2 weeks (maximum)	<i>Resident / Movement Clinic Rotator / Consultant</i> Chemodenervation Clinic
3. Accomplish the Informed Consent form	3. Explain the procedure, obtain Informed Consent, and attach Informed Consent to patient's chart		10 minutes (max)	<i>Physician in Charge</i> Chemodenervation Clinic
4. Undergo chemodenervation	4. Perform chemodenervation under the supervision of Movement Disorder specialist		15 minutes (max)	<i>Resident/stroke Fellow and consultant on deck</i> Chemodenervation Clinic <i>Administrative Officer (AO)</i> Dept. of Neurosciences

TOTAL:	Please refer to the approved schedule of rates	<p>Inpatient: Within the day</p> <p>Outpatient: 14 days, 30 minutes (Botox clinic only held once a week)</p>	
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9. Neurosurgery – Presurgical Evaluation

Evaluation of patients for neurosurgical management

Office or Division:	Division of Neurosurgery			
Classification:	S			
Type of Transaction:	G2C			
Who may avail:	All patients triaged to the Neurosurgery outpatient clinic or referred by other clinics			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p>New patients:</p> <p>1. Scheduled consultation through Online Consultation Request and Appointment System (OCRA)</p> <p>Old Patients:</p> <p>2. Blue Card issued by PGH (PGH Form No. P-310045)(1 original)</p>		Online Consultation Request and Appointment System (OCRA)/ OPD Triage / Palistahan		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present blue card or referral slip to OPD nurse	1. Accept blue card 1.1. For new patients, deck to resident / fellow-in-charge	None	2 minutes	<i>Nurse</i> OPD
	1.2. For old patients, retrieve patient chart from the Medical Records Division	None	10 minutes (max)	<i>Nurse and Clerk</i> OPD
2. Undergo consultation, evaluation, and surgery scheduling	2. For new patients, perform history-taking, physical examination, and patient education. Schedule patient for surgery, if indicated.	None	45 minutes (max)	<i>Resident in charge</i> OPD
	2.1. For old patients, perform history-taking, physical examination, and patient education. Schedule patient for surgery, if indicated.	None	15 minutes (max)	<i>Resident in charge</i> OPD
3. Get requests for diagnostic examinations and/or prescriptions	3. Provide patients with fully accomplished requests for diagnostic tests and	None	5 minutes (max)	<i>Resident in charge</i> OPD

	prescription for medications			
4. Get schedule for follow up	4. Indicate follow-up schedule on blue card, and instruct the patient	None	3 minutes (max)	<i>Resident in charge</i> OPD
TOTAL:		None	For new patients, 60 minutes (max) For old patients, 40 minutes (max)	

10. Neurosurgery – Admission for Elective Neurosurgical Procedure

Process of scheduling of neurosurgical procedure for elective cases

Office or Division:	Division of Neurosurgery			
Classification:	S			
Type of Transaction:	G2C			
Who may avail:	All patients seen at the Outpatient Neurosurgery Clinic and scheduled for surgery			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Blue card (PGH Form No. P-310045) (1 original)		ER / OPD palistahan		
Admitting order		Accomplished by the attending physician (consultant staff / resident-in-charge)		
2.Informed consent form (PGH Form No. P-310005(b))(1 original)		Issued upon admission to ward if with vacancy		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo patient evaluation for admission	1. Accomplish the admitting order		10 minutes (max)	<i>Resident in charge</i> Ward 6
	1.1. Receive the admitting order to the Ward or ICU nurse (charity) or to the Pay Admitting Unit (pay)	Please refer to the approved schedule of rates	10 minutes if with vacancy (max)	<i>Attending physician, Nurse</i> Ward 6/ICU/Pay <i>Clerk</i> Pay admitting Unit
2. Admit patient to designated bed/ward/room for pre-operative work-up and surgery.	2. Conduct patient to designated bed/ward/room		60 minutes if with vacancy (max)	<i>Utility Worker</i> Ward 6/ICU/Pay
TOTAL:		Please refer to the approved schedule of rates	80 minutes (max)	

11. Intensive Care Unit (ICU) / Ward / Room Admission

Process of admission to the ICU / Ward / Private Room

Office or Division:	Division of Adult Neurology (Ward 5), Division of Neurosurgery (Ward 6), Department of Neurosciences Department of Pay Patient Services, PGH			
Classification:	S			
Type of Transaction:	G2C			
Who may avail:	All patients deemed admissible to the Adult Neurology or Neurosurgery wards / ICU			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Blue Card (PGH Form No. P-310045) (1 original)		ER / OPD Palistahan		
Admitting Order		Accomplished by attending physician (consultant / resident)		
2.Informed consent form (PGH Form No. P-310005 (b))(1 original)		Issued upon admission to ward / ICU		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo evaluation and assessment for admission (see pp. 1-4)	1. If deemed admissible, accomplish the admitting order	Please refer to the approved schedule of rates	30 minutes (max)	<i>Attending Physician (Consultant, Resident)</i> Ward 5,Ward 6
	1.1. For emergency admissions, endorse admitting order to the nurse-in-charge			<i>Attending Physician (Consultant, Resident), Nurse</i> ER
	1.2. For elective admissions, present admitting order to ward/ICU nurse (charity) or to Pay Admitting Unit (pay) Note: For pay patients: payment varies depending on room type (c/o Pay Admitting Unit)			<i>Attending Physician, Nurse</i> Ward/ICU

2. Undergo admission to designated ICU bed/ward/room	2. For emergency admissions, conduct patient to designated ICU / ward 2.1. For elective admissions, conduct patient to designated ward elective bed/ private room		Once bed is available: 4 hours (max)	<i>Utility Worker</i> ER
3. Accomplish Informed Consent for admission to ICU / ward / room	3. Explain admission policies and contents of informed consent to patient or caregiver. Accomplished informed consent form is attached to patient's chart		Once in the ICU/ward: 30 minutes (max)	<i>Nurse in charge</i> ICU/Ward/ Room
TOTAL:		Please refer to the approved schedule of rates	5 hours (max)	

12. Inpatient Neurologic / Neurosurgical Management

Process of inpatient management of adult neurology and neurosurgery patients

Office or Division:	Division of Adult Neurology (Ward 5), Division of Neurosurgery (Ward 6), Department of Neurosciences Department of Pay Patient Services, PGH			
Classification:	HT*			
Type of Transaction:	G2C			
Who may avail:	All admitted patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Blue Card issued by PGH (PGH Form No. P-310045)(1 original)		ER / OPD Palistahan (Service patients) Pay Admitting Unit (Pay patients)		
2.Various laboratory requests		ICU / Ward / Pay Nurses' station		
3.Pharmacy Requisition and Issue Voucher (RIV) for Individual Patients (PGH Form No. P-310016)(1 original)		ICU / Ward / Pay Nurses' station		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo intensive care or ward inpatient neurologic/neurosurgical management	1. Attending physician renders intensive care or ward inpatient neurologic/neurosurgical management	Please refer to the approved schedule of rates	Average length of stay in the hospital:5-7 days Range of stay: 1 day to 12 weeks	<i>Consultants, Residents, nurses, Allied Medical Professionals)</i> Division of Adult Neurology and Neurosurgery services
TOTAL:		Please refer to the approved schedule of rates	Variable (Service may take more than 20 days to render clinical care depending on complexity and severity of patient's condition)	

13. Discharge from ICU / Ward

Discharge process in the Neurology or Neurosurgery ICU / Ward

Office or Division:	Division of Adult Neurology (Ward 5), Division of Neurosurgery (Ward 6), Department of Neurosciences Department of Pay Patient Services, PGH			
Classification:	S			
Type of Transaction:	G2C			
Who may avail:	All admitted patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Blue Card issued by PGH (PGH Form No. P-310045)(1 original)		ER / OPD Palistahan (Service patients) Pay Admitting Unit (Pay patients)		
2.PhilHealth Claims Form 2 and 4		Attached to patient’s chart		
3.Clinical Abstract (PGH Form No. P-310010)		ICU / Ward / Pay Nurses’ Station		
4.Discharge Summary (PGH Form No. P-310029)		ICU / Ward / Pay Nurses’ Station		
5.Prescription form (PGH form No. P-3100018)		ICU / Ward / Pay Nurses’ Station		
CLIENT STEPS	AGENCY ACTION	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 1.1. Issue fully accomplished Clinical Abstract, PhilHealth Claims Form 2 and 4 to patient for processing of clearance and instruct to proceed to the Billing Section for processing of clearance	None	5 minutes	Attending physician Ward/Pay Room
			5 minutes	Nurse in charge Ward/Pay Room
2. Once clearance for discharge is issued by Billing Section, receive discharge summary, laboratory requests, and prescription for take home medications.	2. Instruct the patient and/or caregiver on discharge plans including follow-up schedule and take home medication/s 2.1. Issue fully accomplished discharge summary and prescription for take home medication/s	None	30 minutes (max)	Attending physician Ward/Pay Room
				Nurse in charge Ward/Pay Room
TOTAL:		None	40 minutes (max)	

14. Brain Attack Team and ASU Admission/Discharge

Brain Attack Team (BAT) Protocol and process of ASU admission/discharge

Office or Division:	Department of Neurosciences			
Classification:	1. BAT activation and implementation – S 2. ASU admission/discharge - C			
Type of Transaction:	G2C			
Who may avail:	All patients referred to (1) Adult Neurology, (2) Neurosurgery, or (3) Pediatric Neurology			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Patient's Medical Chart		Emergency Room (ER) Palistahan		
2.Blue Card issued by PGH (if applicable, for old patients)(1 original)		Outpatient Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Seek consult for hyperacute stroke (for possible thrombolysis)	1.1. Activate BAT 1.2. BAT team responds	None	Immediately Door to Triage Officer: 10 minutes Door to Neurology Service: 15 minutes Door to CT scan: 25 minutes Door to CT interpretation: 45 minutes Door to Needle time: 1 hour Door to Neurosurgery if warranted: 2 hours Door to	<i>Triage Officer/ Ward Residents</i> ER (through Paging System) Brain Attack Team: • Medical practitioners on-duty (Neurology stroke consultant, resident, NSS resident if warranted, Triage Officer, Radiology resident/consultant, Clinical pathologist • Department of Emergency Medicine (DEM) Nurses on-duty • Lab Technologists

			Monitored Bed (Acute Stroke Bed): 3 hours	
TOTAL FOR BAT ACTIVATION AND IMPLEMENTATION			7 hours, 35 minutes	
2. Stay at ASU for intensive neurologic/neurosurgical care	2. Carry out doctor's orders (medications)	None	7 days (max)	<i>Consultants, Residents, Nurses, Allied Medical Professional Division of Adult Neurology and Neurosurgery services</i>
Discharge from ASU (direct) 3. Once clearance for discharge is issued by Billing Section, receive discharge summary, laboratory requests, and prescription for take home medications.	3. Instruct the patient and/or caregiver on discharge plans including follow-up schedule and take home medication/s 3.1. Issue fully accomplished discharge summary and prescription for take home medication/s	None	30 minutes (max)	<i>Attending physician ASU Nurse-in-charge ASU</i>
Discharge from ASU 4. Transfer to regular bed / room (pay and service)	4. Accomplish transfer orders 4.1. Coordinate and facilitate the transfer	None	30 minutes (max)	<i>Attending Physician ASU Nurse in charge ASU</i>
TOTAL FOR ASU ADMISSION AND DISCHARGE		None	7 days, 1 hour (max)	

15. UP-PGH Faculty & Alumni of the Neurosciences Annual Meeting (UPFANS Annual Meeting, “Neurology in Your Practice”) – Registration

Registration Process for the UPFANS Annual Meeting

Office or Division:	Department of Neurosciences, UP-PGH Faculty & Alumni of the Neurosciences (UPFANS, Inc.)			
Classification:	S			
Type of Transaction:	G2C			
Who may avail:	Those who wish to attend the annual meeting and post-graduate course			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Registration Form (1 original)		Online (made accessible through the department website, http://pghneuro.com)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. (Delegate) fill out online registration form	1. Inform delegate of registration fee 1.1. Collate list of registered delegates	Please refer to the approved rates	5 minutes (max)	<i>Resident and Consultant members of the Organizing Committee (Registration sub-committee) Department</i>
2. (Delegate) pay registration fee via bank deposit and send copy of the deposit slip via e-mail	2. Acknowledge receipt of the copy of bank deposit 2.1. Issue official receipt during the event		48 hours (max) from online registration	<i>Resident and Consultant members of the Organizing Committee (Registration sub-committee) Department</i>
3. (Delegate) may pay registration fee on-site during the event	3. Issue official receipt during the event		15 minutes (max)	<i>Resident and Consultant members of the Organizing Committee (Registration sub-committee) Department</i>
TOTAL:		Please refer to the approved rates	On-site: 20 minutes (max) Pre-registration: 48 hours (max)	

16. UP-PGH Faculty & Alumni of the Neurosciences Annual Meeting (UPFANS Annual Meeting, Neurology in Your Practice) – Issuance of Certificate of Attendance

Issuance of certificate attendance to the UPFANS Annual Meeting

Office or Division:	UP-PGH Faculty & Alumni of the Neurosciences (UPFANS, Inc.), Department of Neurosciences			
Classification:	S			
Type of Transaction:	G2C			
Who may avail:	Those who attended the annual meeting and post-graduate course			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Signature in the Attendance Sheet		Attendance Sheet available for each day of the event		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign the attendance sheet per day of the activity	1. Countercheck attendance of delegate to the event	None	5 minutes	<i>Resident and Consultant members of the Organizing Committee (Registration sub-committee) Department</i>
2. Receive certificate of attendance	2. Issue certificate of attendance upon conclusion of the event	None	60 minutes (max) after conclusion of event	<i>Resident and Consultant members of the Organizing Committee (Registration sub-committee) Department</i>
TOTAL:		None	65 minutes (max)	

17. Observership

Process of observership in the Department of Neurosciences

Office or Division:	Division of Adult Neurology, Division of Neurosurgery, Division of Pediatric Neurology – Department of Neurosciences			
Classification:	C			
Type of Transaction:	G2C			
Who may avail:	Physicians who are interested in doing an observership in the respective divisions of the department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Curriculum Vitae (CV)(1 original)		Client		
2. Letter of Intent (1 original)		Client		
3. Memorandum of Agreement (MOA)		UP-PGH Legal Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit online the letter intent and CV via email to uppggh.neuro@yahoo.com	1. Acknowledge receipt of letter of intent 1.1. Advise client regarding observership fee		24 hours (max) from submission of requirements	<i>Administrative Officer (AO)</i> Department
2. Undergo deliberation process	2. Respective divisions deliberate on the application for observership		7 days (max) from submission of requirements	<i>Respective Division Chiefs, Chair</i> Department
3. Wait for approval	3. Once approved by the division chief and department chair, contact client and advise to pay observership fee 3.1. Contact Legal Office to issue MOA for observership		24 hours (max) from final decision of the Division Chief and Department Chair	<i>Administrative Officer (AO)</i> Department
4. Pay and sign the MOA	4. Issue official receipt 4.1. Advise client regarding date and period of observership	Php 4,983 / month of observer-ship	7 days (max) from final decision of the Division Chief and Department Chair	<i>Administrative Officer (AO)</i> Department
TOTAL:		Php 4,983 / month of observer-ship	16 days (max)	

18. EEG Technician Training Course – Application

Application process for the EEG Technician Training Course

Office or Division:	EEG Unit and Epilepsy Service, Department of Neurosciences			
Classification:	S			
Type of Transaction:	G2C			
Who may avail:	Qualified hospital or laboratory personnel who wish to undergo the training course			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Letter of Intent (1 original)		Secured by client		
2.Curriculum Vitae (CV) (1 original)				
3.(BLS) Certificate (may be waived if graduate of nursing or allied medical science course)				
4.National Bureau of Investigation (NBI) clearance				
5.College diploma				
6.Transcript of records				
7.Certificate of employment				
8.Letter of recommendation/Character reference (2)				
9.Letter of endorsement from Philippine Neurological Association (PNA) fellow supervising the EEG laboratory where applicant is connected				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements via e-mail to uppggh.neuro@yahoo.com	1. Acknowledge receipt of requirements	None	24 hours (max) from receipt of requirements	Administrative Officer (AO) Department
	2. Check and verify submitted requirements	None	2 days (max)	Chief Resident, Chair Department
	3. Once requirements are completed and verified, advise client regarding date of interview	None		Administrative Officer (AO) Department
TOTAL:		None	3 days (max)	

19. EEG Technician Training Course – Admission

Admission Process for the EEG Technician Training Course (once scheduled for interview)

Office or Division:	Department of Neurosciences, EEG Unit and Epilepsy Service			
Classification:	C			
Type of Transaction:	G2C			
Who may avail:	Qualified hospital or laboratory personnel who wish to undergo the training course			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Requirements as specified in Service 19		Client		
2.Other requirements specified by the Human Resource and Development Office (HRDO)		HRDO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo the interview process	1. Interview applicant	None	45 minutes (max)	<i>Chair, Epilepsy Service consultants</i> Department/ Epilepsy Service
2. Undergo deliberation process	2. Perform deliberation by the Department Chair and Epilepsy Service	None	3 days (max) after interview	<i>Chair, Epilepsy Service Consultants</i> Department/ Epilepsy Service
	3. Inform applicant of the final decision via SMS and e-mail	None	24 hours (max) from final decision of the Chair and Epilepsy Service	<i>Administrative Officer (AO)</i> Department
4. Pay the training course	4. Receive payment	Php 45,000 for 3 months Extension of training beyond 3 months will be charged Php15,000 per month.		<i>Cashier</i> Cash Services Division

TOTAL:	<p>Php 45,000 for 3 months</p> <p>Extension of training beyond 3 months will be charged Php15,000 per month</p>	4 days (max)	
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20. EEG Technician Training Course – Issuance of Certificate of Completion

Issuance of Certificate of Completion for the EEG Technician Training Course

Office or Division:	EEG Unit and Epilepsy Service, Department of Neurosciences			
Classification:	S			
Type of Transaction:	G2C			
Who may avail:	Qualified hospital or laboratory personnel who wish to undergo the training course			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Proof of Passing the Written and Practical Exam		EEG Unit, Department of Neurosciences		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Take the Written and Practical Exam	1. Supervise written and practical exam of the trainee	Please refer to the approved rates	1 day for written exam 1 day for practical exam	<i>EEG Technician Training Course Director / EEG Technicians / Epilepsy Service consultant/s</i> EE Unit and Epilepsy Service
2. Receive certificate of completion	2. Once the applicant has passed the written and practical exam, issue certificate of completion of EEG training course		1 day after the last day of exam	<i>EEG Technician Training Course Director</i> EEG Unit <i>Administrative Officer (AO)</i> Department
	TOTAL:	Please refer to the approved rates	3 days	

21. EMG-NCV Technician Training Course – Application

Application process for the EEG Technician Training Course

Office or Division:	EMG-NCV Unit and Electrodiagnostic Medicine Service, Department of Neurosciences			
Classification:	S			
Type of Transaction:	G2C			
Who may avail:	Qualified hospital or laboratory personnel who wish to undergo the training course			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Letter of Intent (1 original)		Secured by client		
2.Curriculum Vitae (CV) (1 original)				
3.(BLS) Certificate (may be waived if graduate of nursing or allied medical science course)				
4.National Bureau of Investigation (NBI) clearance				
5.College diploma				
6.Transcript of records				
7.Certificate of employment				
8.Letter of recommendation/Character reference (2)				
9.Letter of endorsement from Philippine Neurological Association (PNA) fellow supervising the EMG-NCV laboratory where applicant is connected				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit of requirements via e-mail to uppggh.neuro@yahoo.com	1. Acknowledgment receipt of requirements	Please refer to the approved rates	24 hours (max) from receipt of requirements	<i>Administrative Officer (AO) Department</i>
	2. Check and verify submitted requirements		2 days (max)	<i>Chief Resident, Chair Department</i>
	3. Once requirements are completed and verified, advise client regarding date of interview			<i>Administrative Officer (AO) Department</i>
TOTAL:		Please refer to the approved rates	3 days (max)	

22. EMG-NCV Technician Training Course – Admission

Admission Process for the EMG-NCV Technician Training Course (once scheduled for interview)

Office or Division:	EMG-NCV Unit and Electrodiagnostic Medicine Service, Department of Neurosciences			
Classification:	C			
Type of Transaction:	G2C			
Who may avail:	Qualified hospital or laboratory personnel who wish to undergo the training course			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1.Requirements as specified in Service 19			Client	
2.Other requirements specified by the Human Resource and Development Office (HRDO)			HRDO	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo interview process	1. Interview applicant		45 minutes (max)	<i>Chair, Consultants</i> Dpartment/ Electrodiagnostic Medicine Service
	1.1. Perform deliberation		3 days (max) after interview	<i>Chair, Consultants</i> Dpartment/ Electrodiagnostic Medicine Service
	1.2. Inform applicant of the final decision via SMS and e-mail		1 day (max) from final decision of the Chair and Epilepsy Service	<i>Administrative Officer (AO)</i> Department
2. Pay the training course fee	2. Receive payment for the training fee	Php 45,000 for 3 months Extension of training beyond 3 months will be charged Php15,000 per month.	5 minutes	<i>Cashier</i> Cash Services Division
TOTAL:		Php 45,000 for 3 months Extension of training beyond 3 months will be charged Php15,000 per month	4 days, 50 minutes	

23. EMG-NCV Technician Training Course – Issuance of Certificate of Completion

Issuance of Certificate of Completion for the EMG-NCV Technician Training Course

Office or Division:	EMG-NCV Unit and Electrodiagnostic Medicine Service, Department of Neurosciences			
Classification:	S			
Type of Transaction:	G2C			
Who may avail:	Qualified hospital or laboratory personnel who wish to undergo the training course			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Proof of Passing the Written and Practical Exam		EMG-NCV Unit, Department of Neurosciences		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. take the Written and Practical Exam	1. Supervise written and practical exam of the trainee	None	1 day for written exam 1 day for practical exam	<i>EMG-NCV Technician Training Course Director / EMG-NCV Technicians / Electrodiagnostic Medicine consultant/s</i> EMG-NCV Unit/ Electrodiagnostic Medicine Service
2. Receive certificate of completion	2. Once applicant passes the written and practical exam, issue certificate of completion of EMG-NCV training course	None	1 day after the last day of exam	<i>EMG-NCV Technician Training Course Director</i> EMG-NCV Unit/ Electrodiagnostic Medicine Service <i>Administrative Officer (AO)</i> Department
	TOTAL:		3 days	

Department of Neurosciences

Internal Services

1. Residency and Fellowship Training - Application

Application Process for the Residency and Fellowship Training Program

Office or Division:	Department of Neurosciences			
Classification:	S			
Type of Transaction:	G2C			
Who may avail:	Qualified physicians who wish to apply to the residency and fellowship training programs offered by the department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Application Form (1 original)		Office of the Deputy Director for Health Operations (ODDHO)		
2. Letter of Intent (1 original)		Client		
3. Other requirements specified by ODDHO		ODDHO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit accomplished application form and other requirements to ODDHO. Wait for notification from respective divisions of the department after the deadline of submission of requirements	1. Forward submitted requirements to respective divisions of the department	Php 200 (application form)	1 day	Staff in charge ODDHO
	1.1. Notify applicant via SMS and e-mail regarding schedule of qualifying exam, pre-residency or fellowship interview schedule			<i>Chief Residents (Adult Neurology, Neurosurgery) / Chief Fellow (Pediatric Neurology) Respective Divisions</i>
TOTAL:		Php 200	1 day	

2. Residency Application – Pre-residency

Pre-residency process for Adult Neurology and Neurosurgery residency applicants

Office or Division:	Department of Neurosciences			
Classification:	C			
Type of Transaction:	G2C			
Who may avail:	Qualified applicants for the Adult Neurology and Neurosurgery pre-residency			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo pre-residency clinical rotations in the Adult Neurology and Neurosurgery wards	1. Oversee pre-residency clinical rotations in the Adult Neurology and Neurosurgery wards 1.1. Evaluate performance in the clinical rotations	None	2 weeks	<i>Residents and consultants Respective Divisions</i>
TOTAL:		None	2 weeks (Minimum time set by the department for pre-residency clinical rotation)	

3. Residency and Fellowship Training - Admission

Admission process for applicants to the residency and fellowship training programs of the Department of Neurosciences

Office or Division:	Department of Neurosciences			
Classification:	C			
Type of Transaction:	G2C			
Who may avail:	Qualified applicants for the Adult Neurology and Neurosurgery residency training program			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Pre-residency grades with composite scores for class ranking, medical school awards, qualifying exam score, pre-residency evaluation/grade		Prepared by the respective division chief residents (Adult Neurology, Neurosurgery) / chief fellow (Pediatric Neurology)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo interview process	1. Interview applicant	None	60 minutes (max)	<i>a. Adult Neurology residency applicants – Division of Adult Neurology consultants</i> <i>b. Neurosurgery residency applicants – Division of Neurosurgery consultants</i> <i>c. Adult Neurology fellowship program applicants – respective consultants from the Cerebrovascular – Stroke service, Epilepsy Service, or Electrodiagnostic Medicine service</i> <i>d. Pediatric Neurology fellowship program applicants – Division of Pediatric Neurology consultants</i> Respective Divisions

	2. Do the deliberation and notify applicant	None	3 days (max)	<p>a. Adult Neurology residency applicants – Division of Adult Neurology consultants</p> <p>b. Neurosurgery residency applicants – Division of Neurosurgery consultants</p> <p>c. Adult Neurology fellowship program applicants – respective consultants from the Cerebrovascular – Stroke service, Epilepsy Service, or Electrodiagnostic Medicine service</p> <p>d. Pediatric Neurology fellowship program applicants – Division of Pediatric Neurology consultants</p> <p>Respective Divisions</p> <p>Respective division chief residents (Adult Neurology, Neurosurgery) / chief fellow (Pediatric Neurology)</p>
TOTAL:		None	3 days, 1 hour	

4. Residency and Fellowship Training – Technical Review of Research Proposal

Process of technical review of the trainees' research proposal

Office or Division:	Department of Neurosciences UP Manila Research Ethics Board (UPMREB) Expanded Health Research Office (UP-PGH EHRO)			
Classification:	S			
Type of Transaction:	G2C			
Who may avail:	Residents and Fellows of the department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Research Proposal		Prepared by client (primary investigator, PI)		
2. Requirements specified by the UPMREB		Downloadable forms from http://upmreb.up.edu.ph		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit prepared research proposal for technical review	1. Perform technical review of the proposal 1.1. Approve the TRB-reviewed proposal	None	3 days (max) upon receipt of proposal	<i>Technical Review Board (TRB)</i> Department <i>Chair</i> Department
TOTAL:		None	3 days (max)	

Department of Obstetrics and Gynecology

External Services

1. Consultation and Management of Patients at the OB Admitting Section

Patients with a chief complaint related to the obstetric and gynecologic cases are seen at the OB Admitting Section

Office or Division:	Department of Obstetrics and Gynecology
Classification:	Simple
Type of Transaction:	G2C
Who may avail:	All individuals with a chief complaint related to the obstetric and gynecologic cases
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
OBSTETRIC CONSULTS: Elective obstetric admission to actual surgical procedure or cesarian section: <ul style="list-style-type: none"> • <i>Kaalaman</i> Form • Admitting Order • Preoperative clearance from co-managing service if warranted • Consent • Blood Products for OR use • PhilHealth Member Data Record • Consultant opinion Patient consultation to initial assessment and work-up, to admission/discharge <ul style="list-style-type: none"> • Obstetric complaint • Positive pregnancy test or ultrasound documenting pregnancy/other laboratories/workup • Consultant opinion for complicated cases or those requiring immediate surgical/obstetric intervention • PhilHealth • Funds GYNECOLOGIC CONSULTS: Patient consultation to initial assessment and workup, to admission/discharge <ul style="list-style-type: none"> • Gynecologic complaint • Laboratory tests • Imaging – transvaginal ultrasound, chest x-ray • Consultant opinion • PhilHealth 	<ul style="list-style-type: none"> • ER Palistahan/Medical records personnel • Admitting doctor • Anesthesia Resident/consultant • OBAS Nurse/Patient/Patient's relative/Legal guardian • Patient's donor / Blood Bank • PHIC / PCSO, LGUs, etc. • Attending Consultants/Consultant-on-duty <ul style="list-style-type: none"> • Patient • Laboratory/Files from patient • Attending consultant/consultant-on-duty • PHIC • Patient/Patient's relative, medical assistance from private donors/government) <ul style="list-style-type: none"> • Patient • Laboratory • Laboratory/Radiology • Attending consultant/consultant-on-duty • PHIC

<ul style="list-style-type: none"> Funds 		<ul style="list-style-type: none"> Patient/Patient's relative, medical assistance from private donors/government) 		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
DECKED TO GENERAL SERVICE (A, B or C)				
1. Proceed to the OBAS	1. Receive and chart patient	None	1.5 hours	Admitting Section (AS) Senior, AS Junior, Intern-on-duty (IOD),
2. Accomplish <i>Kaalaman</i> form and give consent to further management	2. Assess patient	None	1 hour (Period from arrival of patient to initial assessment)	AS Senior, AS Junior, IOD
3. Allow the management of condition to continue	3. Manage patient (Final disposition / plan of non-admitted patient)	None	6 hours (Period from assessment to referral and final disposition)	AS Junior, AS Senior, Assistant Chief Resident (ACR)
3. Give consent on the procedure to be performed	3. Perform appropriate procedure	Please refer to the approved schedule of fees	Monitor labor: variable Vaginal delivery: 30 minutes to 1 hour (may be variable) Cesarean: 1 hour 30 minutes (may be variable depending on indication) CS hysterectomy: 2 hours Curettage: 1 hour *Additional 1 hour for transition of cases	IOD, NOD, DR/LR Junior, DR Senior, RIC

4. Wait for instructions / order	4. Transfer patient to ward from OBAS / Recovery Room	None	4 hours (from completion of procedure)	LD/DR Junior, DR Senior, RIC, ACR, NOD
TOTAL:		Please refer to the approved schedule of fees	<p>If not admitted: 4 hours</p> <p>If managed with procedure:</p> <p>Vaginal delivery: 2 hours (variable depending on stage of labor)</p> <p>Cesarean Section: 3 hours* (variable depending on the indication)</p> <p>CS hysterectomy* 3 hours, 30 minutes* (variable depending on indication)</p> <p>Curettage: 2 hours 30 minutes</p> <p>*Duration may be variable depending on stage of labor, indication for procedure, need for further work-up and availability of Operating Room</p>	

2. General OPD Consultation Service

Involves examination, diagnostic and treatment of patients with an OB-Gyne –related complaint at the outpatient services.

Office or Division:	Department of Obstetrics and Gynecology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All individuals with chief complaint related to obstetrics and gynecologic cases			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Referral from other departments or institution 2. Gynecologic / Obstetric complaint (for Obstetrics complaint may also require positive pregnancy test and/or ultrasound documenting pregnancy) 3. Online appointment with confirmation message regarding schedule of appointment and the type of consultation (face-to-face or telemedicine consultation) 3. Blue card (1 original)		Referring physician Referring Physician Online Consultation Request and Appointment (OCRA) System (see PGH website: www.pgh.gov.ph) DOPS Palistahan		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
NEW PATIENTS- Patients consultation to initial assessment/ management				
1. Arrive at the OB-Gyne Counter 1 (Triage Section).	1. Confirm the patient's schedule of appointment in the RADISH system. 1.1. Assess and evaluate the patient for any COVID-19-related symptoms. 1.2. Categorize patient's case (OB or Gyne case). 1.3. Check and issue Patient's Number. 1.4. Advise the patient to wait for their name/patient's number to be called at the patient's waiting area. 1.5. Enter patient's information in the CARROT System. 1.6. Take baseline vital signs at the OB-Gyne Counter 2.	None	10 minutes	Triage Nurse/ Clinic Clerk
		None	1 minute	Midwife

2. Enter the clinic once called.	2. Call the name of the patient. 2.1. Do appropriate history taking and physical examination. 2.2. Refer to Residents/Senior Resident/ACR	None	1 minute 15 minutes	Nurse on Duty Intern on Duty/ Resident
3. Give consent to further management.	3. Explain physical examination findings and management plan. 3.1. Advise/provide appropriate diagnostic and therapeutic management. <ul style="list-style-type: none"> • For simple, non-surgical complaints, treatment may be advised in the initial consultation. • Complicated concerns or patients necessitating surgical intervention may require additional steps for diagnostics, clearances etc. • Other patients may be referred to subspecialty clinic/other departments depending on the assessment • For patients necessitating immediate admission, they may be sent to the OB Admitting Section 	None	10 minutes	Resident on Duty/Assistant Chief Resident
	3.2. Enter prescription and/or laboratory/ diagnostic requests at the patient's OPD Electronic Medical Records or at the RADISH, as needed. 3.3. Give schedule for follow up and/or referral to subspecialty. 3.4. Assist the patient to the Nurse on Duty for further instructions and confirmation of schedule.	None	30 minutes	Resident in charge

	3.5. Reiterate instructions concerning laboratory/ diagnostics requests and prescribed medications. 3.6. Advice to get their new blue card at the DOPS Palistahan.	None	5 minutes	Nurse on Duty
	TOTAL:	None	1 hour 30 minutes	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
<u>FOLLOW- UP CONSULT</u>				
1. Arrive and drop the blue card at Counter	1. Get the blue card from the box provided at Counter 1. 1.1. Confirm the patient's schedule of appointment in the RADISH System. 1.2. Assess and evaluate the patient for any COVID-19-related symptoms. 1.3. Assign a patient's number. 1.4. Update CARROT System for chart retrieval, if necessary. 1.5. Take baseline vital signs at the Ob-Gyne Counter 2.	None	10 minutes	OB-Gyne Clinic Clerk
		None	1 minute	Midwife
2. Enter the clinic once called.	2. Call the name of the patient. 2.1. Do appropriate history taking and physical examination. 2.2 Refer to Residents/senior resident/ACR for disposition.	None	1 minute	Nurse
		None	15 minutes	Intern on Duty/ Resident/Senior Resident/ACR

<p>3. Give consent to further management.</p>	<p>3. Explain physical examination findings and management plan. 3.1 Advise/provide appropriate diagnostic and therapeutic management.</p> <ul style="list-style-type: none"> ● For simple, non-surgical complaints, treatment may be advised in the initial consultation. ● Complicated concerns or patients necessitating surgical intervention may require additional steps for diagnostics, clearances etc. ● Other patients may be referred to subspecialty clinics/other departments depending on the assessment. ● For patients necessitating immediate admission, they may be sent to the OB Admitting Section. 	None	10 minutes	Resident on Duty
	<p>3.2. Enter prescription and/or laboratory/ diagnostic requests at the patient's OPD Electronic Medical Records or at the RADISH, as needed. 3.3. Give schedule for follow up and/or referral to subspecialty. 3.4. Assist the patient to the Nurse on Duty for further instructions and scheduling. 3.5. Reiterate instructions concerning laboratory/diagnostics requests and prescribed medications. 3.6. Return the blue card to the patient.</p>	None	5 minutes	Resident/Intern on duty Nurse on Duty
TOTAL:		None	42 minutes	

3. OPD Subspecialty Clinic Consultation Service

Involves examination, diagnosis and treatment of patients with complex cases previously seen at the general clinic or those who have completed work-ups

Office or Division:	Department of Obstetrics and Gynecology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients with chief complaint related to obstetrics and gynecologic cases deemed complicated or requiring specialty consultation opinion			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Referral from General Clinic		Physician from General Clinic		
2. Schedule consult at subspecialty clinic		Physician from General Clinic		
3. Complete work-up (if applicable) (e.g. laboratory/diagnostic results)		Nurse in charge of scheduling (subspecialty clinic)		
		Laboratory and Diagnostics Units		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Arrive at the OB-Gyne Counter 1 (Triage Section).	1. Confirm the patient's schedule of appointment in the RADISH system. 1.1. Assess and evaluate the patient for any COVID-19-related symptoms. 1.2. Categorize patient's case (OB or Gyne case). 1.3. Check and issue Patient's Number. 1.4. Advise the patient to wait for their name/patient's number to be called at the patient's waiting area. 1.5. Enter patient's information in the CARROT System. 1.6. Take baseline vital signs at the OB-Gyne Counter 2.	None	10 minutes	Triage Nurse/ Clinic Clerk
		None	1 minute	Midwife
2. Enter the clinic once called.	2. Call the name of the patient. 2.1. Do appropriate history taking and physical examination. 2.2. Refer to Residents/Senior Resident/ACR	None	1 minute 15 minutes	Nurse on Duty Intern on Duty/ Resident
3. Give consent to further management.	3. Explain physical examination findings and management plan. 3.1. Advise/provide appropriate diagnostic and therapeutic management. • For simple, non-surgical complaints, treatment may be advised in the initial consultation. • Complicated concerns or patients necessitating surgical intervention may require additional	None	10 minutes	Resident on Duty/Assistant Chief Resident

	<p>steps for diagnostics, clearances etc.</p> <ul style="list-style-type: none"> • Other patients may be referred to subspecialty clinic/other departments depending on the assessment • For patients necessitating immediate admission, they may be sent to the OB Admitting Section 			
	<p>3.2. Enter prescription and/or laboratory/ diagnostic requests at the patient's OPD Electronic Medical Records or at the RADISH, as needed.</p> <p>3.3. Give schedule for follow up and/or referral to subspecialty.</p> <p>3.4. Assist the patient to the Nurse on Duty for further instructions and confirmation of schedule.</p>	None	30 minutes	Resident in charge
	<p>3.5. Reiterate instructions concerning laboratory/ diagnostics requests and prescribed medications.</p> <p>3.6. Advice to get their new blue card at the DOPS Palistahan.</p>	None	5 minutes	Nurse on Duty
	TOTAL:	None	1 hour 30 minutes	

4. Scheduling of consult at OPD

Providing a follow up schedule for consultation at OPD

Office or Division:	Department of Obstetrics and Gynecology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients who were advised to make a follow up consult at OPD			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Blue card(1 original) 2. Physician advise to follow-up or consult at the subspecialtyclinic		DOPS Palistahan Scheduled in electronic medical record (RADISH); written in the electronic medical record (RADISH)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<u>GENERAL CLINIC FOLLOW UP CONSULT</u>				
1. Check her account in Online Consultation Request and Appointment (OCRA) System (see PGH website: www.pgh.gov.ph) OR Check her bluecard	1. Schedule the patient's follow-up through RADISH (Electronic Medical Record) or write the follow-up schedule on the blue card. 2. Return blue card to patient	None	5 mins	Resident-in-charge
TOTAL:			5 mins	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<u>SUBSPECIALTY CLINIC FOLLOW UP CONSULT</u>				

1. Check her account in Online Consultation Request and Appointment (OCRA) System (see PGH website: www.pgh.gov.ph) OR Check her bluecard for the schedule indicated by the RIC	<ol style="list-style-type: none"> 1. Refer the patient to the appropriate subspecialty. 2. Schedule the patient's follow-up through RADISH (Electronic Medical Record) or write the follow-up schedule on the blue card. 3. Return blue card to patient 	None	5 mins	Resident in charge
TOTAL:			5 minutes	

5. Scheduling of Surgery

Gives surgical schedule to patient with surgical management recommendation

Office or Division:	Department of Obstetrics and Gynecology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients with surgical management recommendation			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Complete work up		Laboratory/Diagnostic units, Imaging (PGH or outside PGH), Surgical recommendation entry in the chart		
2. Preoperative riskassessment		Internal Medicine Clinic		
3. Anesthetic clearance		PATEC clinic		
4. Assistant Chief Resident		OBGYN Clinic / Assistant chief resident		
4. Availability of schedule		Surgery schedule is determined by the availability of OR slots and urgency of the case		
5. Available Funding		Various sources available		
6. PhilHealth requirements		PhilHealth office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Arrive at the OB-Gyne Counter 1 (Triage Section).	1. Confirm the patient's schedule of appointment in the RADISH system. 1.1. Assess and evaluate the patient for any COVID-19-related symptoms. 1.2. Categorize patient's case (OB or Gyne case). 1.3. Check and issue Patient's Number. 1.4. Advise the patient to wait for their name/patient's number to be called at the patient's waiting area. 1.5. Enter patient's information in the CARROT System. 1.6. Take baseline vital signs at the OB-Gyne Counter 2.	None	3 minutes	Triage Nurse/ Clinic Clerk
		None	1 minute	Midwife
2. Enter the clinic once called.	2. Call the name of the patient. 2.1. Do appropriate history taking and physical examination. 2.2. Refer to Residents/Senior Resident.	None	1 minute 10 minutes	Nurse on Duty Intern on Duty/ Resident
3. Give consent to further management.	3. Explain physical examination findings and management plan. 3.1. Advise/provide appropriate diagnostic and therapeutic management. • For simple, non-surgical complaints, treatment may be advised in the initial consultation. • Complicated concerns or patients necessitating	None	15 minutes	Resident
		None	10 minutes	Resident

	<p>surgical intervention may require additional steps for diagnostics, clearances etc.</p> <ul style="list-style-type: none"> • Other patients may be referred to subspecialty clinic/other departments depending on the assessment • For patients necessitating immediate admission, they may be sent to the OB Admitting Section 			
	<p>3.2. Enter prescription and/or laboratory/ diagnostic requests at the patient's OPD Electronic Medical Records or at the RADISH, as needed.</p> <p>3.3. Give schedule for follow up and/or referral to subspecialty.</p> <p>3.4. Assist the patient to the Nurse on Duty for further instructions and confirmation of schedule.</p>			
	<p>3.5. Reiterate instructions concerning laboratory/ diagnostics requests and prescribed medications.</p> <p>3.6. Advice to get their new blue card at the DOPS Palistahan.</p>	None	5 minutes	Nurse on Duty
	TOTAL:	None	45 minutes	

Department of Ophthalmology and Visual Sciences

External Services

1. Patient Consultation at the SOJR Outpatient Services

Patient consultation at the SOJR Outpatient services

Office or Division:	Department of Ophthalmology and Visual Sciences			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients with eye problems			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		Main OPD Ground Floor		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
NEW PATIENTS				
1. Patient will register and secure an appointment via online Consultation and Request and Appointment System	1. Triage the patient and give a face-to-face appointment schedule	None	10 minutes	<i>Clerk</i> DOVS Outpatient service
2. Give the name of the patient and subject self to COVID screening	2. Check patient for COVID symptoms and temperature check	None	1 minute	<i>Guard</i> DOVS Outpatient service
3. Give the name of the patient to the information counter.	3. Record the name of the patient.	None	1 minute	<i>Clerk</i> DOVS Outpatient service
3.1 Wait for the name to be called		None	2 hours	
4. Enter the clinic once name is called	4. Call the name of the patient 4.1 Take the history of the patient 4.2 Examine the patient 4.3 Explain the findings and management plans for the patient 4.4 Give prescription and/or	None	1 hour	<i>Doctor</i> DOVS Outpatient service

	laboratory requests as needed 5.5 Send the patient to the nurse for scheduling			
5. Give the chart to the nurse for scheduling	5. Give instructions regarding the laboratory and or medications prescribed 6.1. Give schedule of follow-up or consult to subspecialty clinic	None	5 minutes	<i>Nurse</i> DOVS Outpatient service
TOTAL:		None	3 hours, 17 minutes	

2. Patient Consultation at the Emergency Room

Patient consultation or referral at the Emergency Room

Office or Division:	Department of Ophthalmology and Visual Sciences			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients at the emergency room referred for eye problems			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral to Ophthalmology		Emergency Room		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give the patient's case record to clerk/intern on duty.	1. Receive referral 1.2. Take the history of the patient 1.3. Examine the patient 1.4. Refer to eye doctor in charge	None	10 minutes	<i>Clerk or intern-on-duty</i> Emergency Room
2. Go to Ophtha ER and/or SOJR (if ambulatory or wheel-chair borne) or wait at the emergency room (for stretcher-borne)	2.1. Complete the examination of the patient 2.2. Explain the findings and management plans for the patient 2.3. Give prescription and/or laboratory requests as needed	None	30 minutes	<i>Eye Doctor-on-duty</i> DOVS clinic or Emergency Room
3. Go back to the emergency room with the case record	3.1. Complete necessary papers for discharge 3.2. Complete the patient's follow up schedule in the discharge paper via RADISH	None	15 minutes	<i>Eye Doctor-on-duty</i> DOVS clinic or Emergency Room
TOTAL:		None	55 minutes	

3. Diagnostic Services

Diagnostic services available at the SOJR Eye Instrument Center (EIC)

Office or Division:		Department of Ophthalmology and Visual Sciences		
Classification:		Highly Technical		
Type of Transaction:		G2C		
Who may avail:		All patients requiring laboratories prescribed by the eye doctor		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Laboratory request (RADISH)		Eye doctor		
Serum creatinine level for fluorescein angiography		Laboratory		
Appointment		Nurse		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. Comes to Eye Instrument Center on day of appointment and approaches nurse	1. Confirms patient is schedule and procedure 1.1 List down the name of the patient in the logbook 1.2 List the cost of the procedure to the charge slip	None	2 minutes	<i>Nurse</i> Eye Instrument Center
2. Pay at the cashier	2.Receive payment and issue official receipt	Refer to succeeding table	10 minutes	<i>Cashier</i> DOVS
3. Present official receipt at the EIC reception area	3.Receive official receipt 3.1.Call out the name of patient once technician is ready	None	5 minutes	<i>Nurse/Nursing Attendant</i> Eye Instrument Center
4. Go to instrument room	4.Perform the test	None	Refer to succeeding table	<i>Technician</i> Eye Instrument Center
5. Go to reception area for instructions	5.Give results/ instructions on when to go back for official results	None	5 minutes	<i>Nurse/Nursing Attendant</i> Eye Instrument Center
6. None	6.Interpretation of results	None	Refer to succeeding table	<i>Eye Doctor</i>
7.Receive result with official reading	7.Give the result with official reading	None	2 minutes	<i>Nurse/Nursing Attendant</i> Eye Instrument Center
TOTAL:		Refer to succeeding table	Refer to succeeding table	

Current Procedure Rates based on Memo No. 2014 – 030 and Memo No. 2015 – 047

Procedure	Duration of the Test	Release of results	Private		Charity	
			One eye	Both eyes	One eye	Both eyes
Biometry (A scan)	5 minutes	Same day	245.00	610.00	200.00	500.00
Ocular Coherence Tomography	5 minutes	14 days	2,050.00	3,440.00	1,195.00	2,335.00
Ocular Coherence Tomography Angiography	5 minutes	14 days	2,960.00		1910.00	
Fundus/Disc Photo	30 minutes	14 days	500.00	900.00	275.00	500.00
Ocular Ultrasound	5 minutes	Same day	1,850.00	---	800.00	---
Ultrasound Biomicroscopy (Water bath Technique)	10 minutes	Same day	2,500.00	4,200.00	1,500.00	2,800.00
Ultrasound Biomicroscopy (Clear Scan Probe Set-up)	10 minutes	Same day	4,360.00	4,740	3,280.00	3,565.00
Automated Visual Fields	45 minutes	14 days	N/A	1,800.00	N/A	1000.00
Corneal Topography	5 minutes	14 days	390.00	730.00	280.00	560.00
Fluorescein Angiography	1 hour	14 days		3440.00		2,100.00
Fluorescein Angiography (Wide Field)	1 hour	14 days		3440.00		2,100
Fluorescein Angiography +ICG Angiography	1 hour	14 days		5,090.00		3090.00
Pachymetry	5 minutes	Same day	235.00	470.00	160.00	315.00
Specular Microscopy	5 minutes	Same day	490.00	915.00	290.00	580.00
Pentacam	5 minutes	14 days	720.00	1,440.00	500.00	1,000.00
Wide Angle Photo	5 minutes	14 days		1,295.00		700.00
Biometry (IOL Master)	5 minutes	Same day	245.00	720.00	200.00	600.00
ICG Angiography (excluding Dye)	1 hour	14 days		1,650.00		990.00

4. Laser Procedure – Decision Making

Decision making process for patients who will be needing laser procedures done in the Eye Instrument Center (EIC)

Office or Division:	Department of Ophthalmology and Visual Sciences			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All patients requiring laser procedures as prescribed by the eye doctor			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		Main OPD		
Appointment		Nurse		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. Arrives on day of appointment	1.Receive blue card 1.1 Instruct patient to wait for their name to be called	None	1 minute	<i>Guard</i> DOVS
2. Wait for the name to be called	2. Retrieve blue card 2.1. Retrieve records of patients 2.2. Call out the patient name and return blue card	None	15 minutes	<i>Nurse</i> OPD
3. Proceed to subspecialty clinic/general clinic	3. Bring records to the subspecialty clinic 3.1. Instruct patient to wait for name to be called	None	5 minutes	<i>Nurse</i> OPD
4. Enter the clinic once name is called	4.Call the name of the patient 4.1. Take the history of the patient 4.2. Examine the patient 4.3. Explain the findings to patient 4.4. Formulate management plans for the patient 4.5. Show for consultant opinion (either same day or on follow up)	None	20 minutes	<i>Eye Doctor</i> Clinic
5. Proceed to nurses station for scheduling of consultant opinion	5. Write schedule of consultant opinion in the blue card	None	5 minutes	<i>Nurse</i> OPD
5.1 Wait for the schedule of the		None	13 days	

consultant opinion				
6. Come back to SOJR during the scheduled day. Follow steps 1-3. (See Steps 1 to 3 above)	6. See Steps 1 to 3 above	None	21 minutes	<i>Guard/ Nurse OPD</i>
7. Enter the clinic once name is called	7. Call the name of the patient 7.1. Examine the patient	None	10 minutes	<i>Eye doctor Clinic</i>
7.1. Wait for the consultant to arrive	None	None	5 hours	
8. Enter the clinic once name is called	8. Call the name of the patient 8.1 Examine the patient 8.2. Formulate management plan for patient 8.3 Sign the formulated management plan 8.4 Explain the management plans to the patient 8.5. Schedule the procedure	None	15 minutes	<i>Resident doctor Consultant doctor Resident doctor Clinic</i>
11. Proceed to nurses station for scheduling of laser procedure	11. Write schedule of laser procedure on the blue card	None	5 minutes	<i>Nurse OPD</i>
TOTAL:		None	13 days, 6 hours, 37 minutes	

5. Laser Procedure – Actual Procedure

Actual laser procedure

Office or Division:	Department of Ophthalmology and Visual Sciences			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients requiring laser procedures as prescribed by the eye doctor			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		Main OPD		
Consultant opinion		Subspecialty/General clinic		
Appointment		Nurse		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. Arrives on day of appointment	1.Receive blue card 1.1 Instruct patient to wait for their name to be called	None	1 minute	<i>Guard</i> DOVS
1.1 Wait for the name to be called	1.2 Retrieve blue card 1.3 Retrieve records of patients 1.4 Call out the patient name and return blue card	None	15 minutes	<i>Nurse</i> OPD
2. Proceed to subspecialty/ general clinic	2. Bring records to the subspecialty clinic 2.1 Instruct patient to wait for name to be called	None	5 minutes	<i>Nurse</i> OPD
3. Enter the clinic once name is called	3. Call the name of the patient 3.1 Administer pre-treatment eye drops as needed 3.2 Instruct the patient to proceed to Eye Instrument Center with patient records	None	20 minutes	<i>Eye Doctor</i> Clinic
4. Present patient records at reception area of EIC	4. Receive the patient records and confirm schedule and procedure 4.1 List down the name of the patient and procedure in the logbook	None	2 minutes	<i>Nurse</i> Eye Instrument Center

	4.2 List the cost of the procedure to the charge slip			
5. Pay at the cashier	5. Receive payment and issue official receipt	Refer to succeeding table	10 minutes	Cashier DOVS
6. Present official receipt to reception area	6. Receive official receipt 6.1 Call out the name of patient once eye doctor is ready	None	5 minutes	Nurse/Nursing Attendant Eye Instrument Center
7. Go to the laser room	7. Perform the procedure 7.1 Accomplish laser procedure form 7.2 Prescribe post-op medications 7.3 Instruct how to instill post-op eye drops 7.4 Write follow up schedule on the chart	None	Refer to succeeding table	Eye doctor Laser Room
8. Proceed to the reception area	8. Call the name of the patient 8.1 Instruct to proceed to nurses' station	None	2 minutes	Nurse Eye Instrument Center
9. Proceed to the nurses' station	9. Write schedule of follow up on the blue card	None	5 minutes	Nurse OPD
TOTAL:		Refer to succeeding table	Maximum: 1 hour, 52 minutes per eye	

Current Procedure Rates based on Memo No. 2014 – 030 and Memo No. 2015 – 047.

Procedure	Duration of the Test	Private		Charity	
		One eye	Both eyes	One eye	Both eyes
Nd: YAG Laser	5 minutes/eye	1,740.00	3,435.00	1,180.00	2,300.00
532 nm Laser	15 minutes/eye	1,915.00	3,650.00	1,180.00	2,300.00
Diode Laser	20 minutes/eye	1,480.00	2,870.00	980.00	2,000.00
Laser Indirect Ophthalmoscopy	45 minutes/eye	1,480.00	2,870.00	980.00	2,000.00
Selective Laser Trabeculoplasty	5 minutes/eye	2,800.00	5,600.00	2,500.00	5,000.00

6. Surgery – Decision Making

Decision making process for patients who will be needing surgery

Office or Division:	Department of Ophthalmology and Visual Sciences			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All patients requiring surgery as prescribed by the eye doctor			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		Main OPD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present blue card to guard	1. Receive blue card 1.1 Instruct patient to wait for their name to be called	None	1 minute	<i>Guard</i> SOJR
2. Wait for the name to be called	2. Retrieve blue card 2.1. Retrieve records of patients 2.2. Call out the patient name and return blue card	None	15 minutes	Nurse OPD
3. Proceed to subspecialty clinic/ general clinic	3. Bring records to the subspecialty clinic 3.1. Instruct patient to wait for name to be called	None	5 minutes	<i>Nurse</i> OPD
4. Enter the clinic once name is called	4. Call the name of the patient 4.1. Take the history of the patient 4.2. Examine the patient 4.3. Explain the findings to patient 4.4. Formulate management plans for the patient 4.5. Schedule consultant opinion (either same day or on follow up)	None	20 minutes	<i>Eye Doctor</i> Clinic
5. Proceed to nurses station for scheduling of consultant opinion	5. Write schedule of consultant opinion in the blue card	None	5 minutes	<i>Nurse</i> OPD

5.1 Wait for the schedule of the consultant opinion		None	13 days	
6. Come back to SOJR during the scheduled day. Follow Steps 1-3. (See Steps 1 to 3 above)	6. See Steps 1 to 3 above	None	21 minutes	<i>Guard SOJR Nurse OPD</i>
7. Enter the clinic once name is called	7. Call the name of the patient 7.1. Examine the patient	None	10 minutes	<i>Eye doctor Clinic</i>
7.1 Wait for the consultant to arrive		None	5 hours	
8. Enter the clinic once name is called	8. Call the name of the patient 8.1. Examine the patient 8.2. Formulate management plan for patient 8.3 Sign the formulated management plan 8.4 Explain the management plans to the patient 8.5 Give prescription and/or laboratory requests as needed 8.6 Send the patient to the nurse for scheduling	None	15 minutes	<i>Resident doctor Consultant doctor Resident doctor Clinic</i>
9. Proceed to nurses station for scheduling	9. Write schedule of follow up on the blue card 9.1. Instruct patient to facilitate all labs/clearance prior to schedule of follow up.	None	5 minutes	<i>Nurse OPD</i>
TOTAL:			13 days, 6 hours, 37 minutes	

7. Surgery – Scheduling

Scheduling process for patients who will be needing surgery

Office or Division:	Department of Ophthalmology and Visual Sciences			
Classification:	simple			
Type of Transaction:	G2C			
Who may avail:	All patients requiring surgery as prescribed by the eye doctor			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		Main OPD		
Consultant opinion		Subspecialty/General clinic		
Laboratory results (original copy)		Diagnostic center		
Risk stratification/Clearance		Internal Medicine OPD/Anesthesia OPD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. Present blue card to guard	1.Receive blue card 1.1 Instruct patient to wait for their name to be called	None	1 minute	<i>Guard</i> SOJR
2. Wait for the name to be called	2. Retrieve blue card 2.1. Retrieve records of patients 2.2. Check if with complete requirements 2.2. Call out the patient name and return blue card	None	15 minutes	<i>Nurse</i> OPD
3. Proceed to subspecialty clinic/general clinic	3. Bring records to the subspecialty clinic 3.1. Instruct patient to wait for name to be called	None	5 minutes	<i>Nurse</i> OPD
4. Enter the clinic once name is called	4.Call the name of the patient 4.1. Examine the patient 4.2. Secure contact details 4.3. Give tentative OR schedule	None	20 minutes	<i>Eye Doctor</i> Clinic
TOTAL:		None	41 minutes	

8. Surgery – Pre-operative Care

Pre-operative care for patients who will undergo surgery at the SOJR OR

Office or Division:	Department of Ophthalmology and Visual Sciences			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All surgical patient scheduled at the SOJR-OR			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		OPD/5 th floor		
PhilHealth form/Guarantee letter (1 original)		SOJR building 1 st floor - PhilHealth office		
Negative RT-PCR test result Form		DOH accredited Covid-19 testing Center		
Medical Clearance/ Risk stratification		Internal Medicine		
Registration of patient name to RADISH OR Scheduler for all patient scheduled for the day		Attending Physician		
Fully accomplished Patient Treatment Record/Chart		Attending Physician		
Must be accompanied by legal guardian or relative of legal age				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present requirements for operation 1.1 All scheduled outpatients must be accompanied by a watcher of legal age	1. Verifies the name of patient from the list of RADISH scheduled patients for operation using the patient's blue card and Patient Treatment Record/Patient Chart 1.1. Checks the completeness of all pertinent documents required by the SOJR-OR: a. Pre-approved PhilHealth clearance form b. Guarantee letter from respective donors c. Negative RT-PCR test result form 1.2. Secures consents for operation, anesthesia and data privacy for all	None	30 minutes	OR Info Nurse/ Nursing Attendant

	patients. 1.3. Perform and document pre-operative nursing care			
2. Proceed to OR suites to undergo operation	2. Assists in the performance of operation 2.1. Performs and documents intra and post operative nursing care <ul style="list-style-type: none"> a. Registers to RADISH to fill up necessary details of operation for respective patients. b. Accomplishes and signs necessary OR documents c. Facilitates transfer of post operative patients from OR bed to respective recovery room areas. 	None	Variable 180 minutes	<i>Scrub Nurse</i> <i>Circulating Nurse</i> Attending Physicians Utility Workers
TOTAL:		None	Processing Time: 210 minutes Surgery time: Variable	

9. Surgery – Transfer out to ward

For admitted patients, patients will be transferred to a ward once stable.

Office or Division:	Department of Ophthalmology and Visual Sciences			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All In-Patient that undergone operation at the SOJR-OR			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Anesthesiologist Clearance/ transfer order		Attending physician		
Hospital bill charged through Open ERP		SOJR-OR PhilHealth Office (1 st floor SOJR building)		
Accomplished and signed PhilHealth forms		Attending Physician		
Allotted bed from service unit		Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. Present Order for Trans Out	1. Verifies doctor's order for trans out	None	10 minutes	<i>PACU Nurse/ Utility worker/ Residents in charge</i>
	1.1 Accomplishes and checks the completeness of the following OR documents: a. PhilHealth forms: CSF, CF2 & CF4 b. Intraoperative record c. Verification Form d. OR technique form e. Anesthesia Record f. Doctor's post op order form		10 minutes	
	1.2. Endorses and facilitates the transfer back of patient from OR to respective unit/ward		15 minutes	
TOTAL:		None	35 minutes	

10. Surgery – Patient Discharge

Discharge of out-patients after surgery

Office or Division:	Department of Ophthalmology and Visual Sciences			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Out-Patient that undergone operation at the SOJR-OR			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Discharge order		Attending physician		
Hospital clearance		SOJR-OR Billing Office (1 st floor SOJR building)		
Accomplished and signed PhilHealth forms		Attending physician		
Pharmacy clearance		SOJR-Pharmacy 2 nd floor SOJR building		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. Present Order for discharge	1. Verifies doctor's order for discharge	None	10 minutes	<i>OR Info Nurse</i>
2. Settle hospital bill	2. Guides patients & relatives to fill out and accomplish incomplete necessary forms needed for hospital discharge. 2.1. Verifies and rechecks the completeness of all necessary forms needed for clearance: a. OR Record b. Anesthesia Record c. CSF, CF2 d. Pre-cataract authorization form e. Clinical abstract f. PhilHealth benefit eligibility form g. Pharmacy slip charges 2.3. Instructs patients/relatives the proper locations of different offices within the SOJR building where they need to do account settlement to secure clearances 2.4. Issues charge slips, if necessary, to be settled by patients or relatives	Refer to succeeding tables	30 minutes	<i>Nurse/ Nursing Attendant OR Staff-in-Charge SOJR-OR Billing Office</i>

3. Prepare for discharge	3. Assists patient to change clothes from hospital gown to street clothes 3.1. Validates hospital clearance form 3.2. Instructs post op health education 3.3. Provides copy of post-operative health instructions to the patient and relatives	None	30 minutes	OR Info Nurse Nursing Attendants Resident-in charge
TOTAL:		Refer to succeeding tables	70 minutes	

Current Procedure Rates of In-Patient based on Memo Nos. 2012-231 & 2017-96.

Basic Operating Room Fee	Service Rates	Pay Patients Rates			
		Ward	Semi-Private	Private/Studio/ICU	Suite/De Luxe
			Private		
Major A - 3 hrs	1,600	1,915	2,145	2,405	3,360
Additional/hr in excess of 3 hrs		500			
Major B - 4 hrs	1,600	2,380	2,650	3,880	4,740
Additional/hr in excess of 3 hrs		500			
Major C - 5 hrs	1,600	3,430	4,900	8,970	11,075
Additional/hr in excess of 3 hrs		500			
PACU		570			

Current Procedure Rates of Out-Patient based on Memo Nos. 2012-231 & 2017-96.

Basic Operating Room Fee	Outpatient Rates	
	Service	Pay
1st 1 1/2 hours	1,600	3,010
Succeeding hours		750/hr

Current Procedure Rates of Minor OR based on Memo Nos. 2012-231 & 2017-96.

Basic Operating Room Fee	Service	Pay
30 minutes	1,500	2,100

Current Rates of Machine Use based on Memo Nos. 2012-231 & 2017-96.

Machine Use	Service Rates	Pay Patients Rates			
		Outpay	Ward/ Semi Private	Private (Big/Small)	Suite/ De Luxe
Microscope (LEICA)	690	1,020	1,020	1,020	1,020
Microscope (LUMERA)	830	1,040	1,100	1,160	1,220

700)						
Phaco Machine	1,665	2,445	2,445	2,445	2,445	
Anesthesia Machine	1,500	1st 3 hrs			2,340	
		succeeding hr			260/hr	
Cardiac Monitor	-	1st 4 hrs			300/hr	
		succeeding hr			25/hr	
Cautery Machine	-	1st 3 hrs			750	
		succeeding hr			400/hr	
Suction Machine	-	1st 3 hrs			390	
		succeeding hr			70/hr	
Vitrectomy Machine	2,475	3,655	3,655	3,655	3,655	
I/O	150	250	250	250	250	
Endolaser Probe	1,300	1,800	1,910	2,010	2,120	
Cryo Machine	2,130	3,290	3,480	3,680	3,870	
Ocutome ATIOP	6,240	6,240	6,240	6,240	6,240	
Crosslinking (Per Eye)	2,250	3,480	3,680	3,890	4,090	
Oxygen (Per hour)	-	75	75	75	75	

New Equipment Charges as per MEMO no. 2021-163
Phacovitrectomy Machine: (Oertli/OS4)

Test Procedure	Service	Outpatient Pay	Ward/Semi Private	Big/Small Private	Suite / Deluxe
Phacoemulsification (anterior segment) Machine use OERTLI OS4	2,140.00	3,300.00	3,490.00	3,690.00	3,880.00
Phacoemulsification (posterior segment) Machine use OERTLI OS4	2,580.00	3,980.00	4,210.00	4,450.00	4,680.00

11. Ward Admission

Admission to the SOJR Ward

Office or Division:	Department of Ophthalmology and Visual Sciences			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients requiring admission for eye problems			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Admitting order		Eye doctor		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. Secure admitting order and negative COVID19 RT-PCR swab result	1. Write admitting order 1.1 Schedule the patient for COVID19 RT-PCR swab 1.2 Attach negative result of RT-PCR swab with admitting order	None	10 minutes	<i>Eye doctor</i> OPD/ER
2. Present admitting order and negative COVID19 RT PCR swab result to nurse	2. Check details of admitting order	None	5 minutes	<i>Nurse</i> Ward
3. Take note of bed number	3. Assign bed number to patient 3.1. Write bed number in the admitting order 3.2. Sign beside bed number	None	1 minute	<i>Nurse</i> Ward
4. Go to Malasakit Center (Monday to Friday 8:00AM - 4:30PM) or Emergency Room (ER) (Weekdays after 4:30PM or Weekends and Holidays) Palistahan with admitting order	4. Return admitting order 4.1. Instruct patient to go to ER Palistahan to get Patient's Case Record	None	15 minutes	<i>Nurse</i> Ward
5. Present Patient's Case Record to nurses' station	5. Receive Patient's Case Record 5.1. Verify if information in case record and admitting orders are correct	None	5 minutes	<i>Nurse</i> Ward

	5.2 Prepare the bed assigned to the patient	None	10 minutes	<i>Nursing Attendant Ward</i>
6. Familiarize with the nurse-on-duty and other staff	6. Introduce staff to the patient and companion	None	1 minute	<i>Nurse Ward</i>
7. Remain at the nurses' station and answer questions	7. Interview patient and companion 7.1. Check vital signs of the patient 7.2. Orient rules and regulations in the ward	None	10 minutes	<i>Nurse Ward</i>
8. Receive patient and companion's ID and medication tray and proceed to the assigned bed	8. Give IDs and medication tray 8.1. Guide the patient on the way to assigned bed	None	2 minutes	<i>Nurse Ward</i>
	8.2 Facilitate admitting orders 8.3. Write details of the patient in the Admission logbook, Ward Report and Patient's Case Record	None	20 minutes	<i>Nurse and Nursing Attendant Ward</i>
9. Inform nurse regarding any food restrictions	9. Call dietary department and inform them regarding food restrictions of the patient	None	2 minutes	<i>Nurse Ward</i>
TOTAL:		None	1 hour, 21 minutes	

12. Resident and Fellowship Training – Selection Process

Selection process for residency or fellowship training in the department

Office or Division:	Department of Ophthalmology and Visual Sciences			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All doctors who submitted their application form for residency or fellowship training to the Office of the DDHO			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Application Form (2 original copies)		ODDHO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. Receive interview schedule	1. Pre-select candidates for interview based on submitted requirements 1.1. Formulate criteria for pre-selection and interview selection 1.2 Send out interview schedule to pre-selected applicants	None	5 minutes	<i>Admissions Committee</i> DOVS
2. Go to the interview	2. Conduct interview of selected applicants	None	15 minutes	<i>Admissions Committee</i> DOVS
	2.1 Deliberate with the admissions committee 2.2 Submit committee's recommendation to the Chair	None	2 hours	<i>Admissions Committee</i> DOVS
3. Receive letter of acceptance or non-acceptance	3. Send letter of acceptance or non-acceptance	None	10 minutes	<i>Admissions Committee</i> DOVS
TOTAL:		None	2 hours, 30 minutes	

13. Post graduate Courses – Registration

Registration to post-graduate course offered by the department

Office or Division:	Department of Ophthalmology and Visual Sciences			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All interested to attend postgraduate courses offered by the department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Registration form		Google form, URL from the poster		
Payment		Personal funds/Funds from the institution		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register for the course	1.Receive registration form	None	5 minutes	<i>Resident doctor DOVS</i>
2. Deposit payment	2.Receive payment and issue receipt	Refer to succeeding table	10 minutes	<i>Cashier DOVS</i>
3. Send deposit slip/ receipt to designated email address	3.Receive the deposit slip/receipt 3.1. Send confirmatory email of receipt 3.2. Confirm registration to the course	None	10 minutes	<i>Resident doctor DOVS</i>
TOTAL:		Refer to succeeding table	25 minutes	

Current Rates of Postgraduate Course Registration as of October 13, 2022.

Post-graduate Course	In-training	Consultant
Basic Course in Phacoemulsification	Php 2,500	Php 3,000
Basic Course in Clinical Diagnostics & Instrumentation	Php 2,500	Php 3,000
Contact Lens Workshop (with Skill Transfer Session)	Php 2,000	Php 2,500
Basic Course in Ophthalmology	Php 6,000	N/A

14. Post graduate courses – Issuance of Certificate of Attendance

Issuance of Certificate of attendance to post-graduate course offered by the department

Office or Division:		Department of Ophthalmology and Visual Sciences		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All interested to attend postgraduate courses offered by the department		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Registration form		Google form, URL from the poster		
Payment		Personal funds/Funds from the institution		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. Attend the course	1. Verify attendance to the course via signature in the attendance sheet	None	5 minutes	<i>Administrative Assistant</i> DOVS
	1.1 Check if attendance is at least 60% of total number of days or hours	None	1 hour	<i>Administrative Assistant</i> DOVS
	1.2 Print certificate of attendance 1.3 Have the certificate signed by the Post-graduate course Coordinator and the Chair	None	5 hours	<i>Administrative Assistant</i> DOVS
2. Accomplish evaluation form	2. Receive accomplished evaluation form	None	1 minute	<i>Administrative Assistant</i> DOVS
3. After the end of the course, receive the certificate of attendance (if eligible)	3. Check if eligible to receive certificate of attendance 3.1. Distribute certificate of attendance to eligible participants 3.2. Have the participant sign once received	None	5 minutes	<i>Administrative Assistant</i> DOVS
TOTAL:		None	6 hours, 11 minutes	

15. Observership

Application for observership to the department

Office or Division:	Department of Ophthalmology and Visual Sciences			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All ophthalmologists-in-training desirous of doing observership to the department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of intent (1 original)		Observer		
Memorandum of Agreement (MOA)		Legal office		
Payment		Observer		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send letter of request from Training institution/ hospital addressed to DOVS Chairperson	1.Receive letter of request 1.1. Acknowledge receipt of the letter	None	5 minutes	<i>Administrative Assistant/ Office Aide/ Administrative Personnel DOVS</i>
	1.2 Approve or deny request	None	10 minutes	<i>Chair DOVS</i>
	1.3 If request is approved, send endorsement letter addressed to PGH Director with attached schedule of rotation of residents for the MOA	None	20 minutes	<i>Administrative Assistant/ Officer/ Administrative Personnel DOVS</i>
	1.4 Formulate MOA with the following signatories: DOVS Chairperson, PGH Director, Deputy Director for Health Operations, Chair of respective hospital/institution, Hospital director, Observer	None	10 days	<i>Staff-in-Charge PGH Legal office</i>
2. Notarize the MOA and		None	(paused-clock)	Observer/ Training

photocopy				Institution/ Hospital
3. Keep 1 copy of the MOA. Submit other copies to DOVS	3. Receive MOA and keep 1 photocopy. Submit original copy of the MOA and 4 photocopies to PGH legal office	None	15 minutes	Administrative Assistant/ Officer/ Administrative Personnel DOVS
4. Pay to PGH cashier	4. Receive official receipt from the observer	Refer to succeeding table	10 minutes	Administrative Assistant/ Administrative Personnel DOVS
TOTAL:		None	10 days 1 hour	

Observership Rates based on Memo No. 2014 – 181 (Local) and Memo No. 2014 – 121 (Abroad)

Observership Fee	Cost per month
Local	PHP 4,983
Abroad	USD 210
Government hospital/ institution	Less 50% of above rates

16. Facility Rental

Application for rental of SOJR facility

Office or Division:		Department of Ophthalmology and Visual Sciences		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All users desirous of renting SOJR Facility		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Letter of intent (1 original)			Requesting unit	
Payment			Requesting unit	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. Send letter of intent addressed to DOVS Chairperson	1.Receive letter of request 1.1. Acknowledge receipt of the letter	None	10 minutes	<i>Administrative Personnel</i> DOVS
	1.2. Assess availability of facility during the requested date	None	5 minutes	<i>Administrative Officer</i> DOVS
2. Receive copy of approval	2. Approve or deny request (Depending on the availability)	None	10 minutes	<i>Administrative Officer</i> DOVS
3. Fill out request form for the use of facility	3.Receive request form	None	5 minutes	<i>Administrative Officer</i> DOVS
4. Receive Billing statement	4.Prepare billing statement	Refer to succeeding table	10 minutes	<i>Administrative Officer</i> DOVS
5. Pay to PGH cashier	5.Receive official receipt copy	Refer to succeeding table	5 minutes	<i>Administrative Personnel</i> DOVS
TOTAL:		Refer to succeeding table	45 minutes	

Rates of Rental as of as of October 13, 2022(based on PGH Memo No. 2006-085 and CM Utility and Space Rental Charges as of December 16, 2016)

	Minimum of 2 hrs rate			Charge per additional hour		
Facility	UPM Users	Other UP users	Non-UP users	UPM Users	Other UP users	Non-UP users
Conference Room	85	355	615	45	180	310
RBE Auditorium	841.20	4,124.83	7,408.46	420.60	2,062.42	3,704.23

17. Space Rental - New

Application for rental of space in the SOJR building

Office or Division:		Department of Ophthalmology and Visual Sciences		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All stakeholders desirous of renting space in the SOJR building		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of request (1 original)		SOJR Administrative Officer		
Payment				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. Send letter of request addressed to DOVS Chairperson with attached terms of reference	1.Receive letter of request	None	10 minutes	Administrative Personnel DOVS
	1.1. Acknowledge receipt of the letter			
	1.2 Forward letter of request addressed to Department Chair	None	10 minutes	Administrative Personnel DOVS
	1.3 Approval of the Department Chair	None	1 day	Staff-in-Charge PGH Legal Office
2. Notification of requesting unit	2. Notification of requesting unit and scheduling of approved request	None	5 minutes	Administrative Personnel DOVS
4. Pay to PGH cashier and submit official receipt to DOVS	4. Receive official receipt	Depends on Approved Terms of Reference	5 minutes	Administrative Personnel DOVS
TOTAL:		Depends on Approved Terms of Reference	1 day, 30 minutes	

Department of Orthopedics

External Services

1. Consultation and Management of Orthopedic Out-Patients at General Clinic

This service covers the activities involved from the arrival of the patient at the OPD General Clinic to their final disposition

Office or Division:	Department of Orthopedics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Those seeking consultation for an orthopedic related complaint or those with referral for outpatient consultation			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card issued by PGH (PGH Form No. P-310045) (1 original)		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center Private patients: PGH Main Building - Pay Admitting		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1. Present blue card; submit referral form (if referred from another physician)	1.1. Accept blue card with or without a referral form - Clinic clerk receives the patient's name and blue card on a first come, first served basis	None	5 minutes	<i>Clinic Clerk / Nurse Assistant</i>
2. Await consultation in waiting area	2.1 Receive front of chart from triage for new patients or retrieve the chart from the Record Section (for follow-up patients) 2.2 Arrange the patient charts based on the order and arrange patients accordingly in the waiting area 2.3 Call patients strictly following patient sequence 2.4 Write down the time on chart when a patient does not respond to a call	None	1 hour	<i>Clinic Clerk / Nurse Assistant</i>

3. Proceed to Interview and Evaluation	<p>3.1 New Cases are evaluated in the Orthopedics General Clinic (OPD Room 105)</p> <p>3.2 Follow-up patients are seen in the subspecialty clinics.</p> <p>3.3 All data and findings are recorded in the patient's chart</p>	None	20 minutes	<i>Supervising Consultant and Resident</i>
4. Await Management	<p>4.1 Explain assessment and plan to the patient</p> <p>4.2 Write down referral to appropriate Orthopedic subspecialty clinic if for further workup and management</p> <p>4.3 Perform appropriate office procedure if applicable; may include the following:</p> <ul style="list-style-type: none"> • steroid injection • percutaneous trigger finger release • core needle biopsy • casting / removal of cast • removal of pins <p>4.4 Prepare laboratory request forms, prescriptions and referral slips</p>	None	30 minutes	<i>Supervising Consultant and Resident</i>
5. Await Disposition	<p>5.1 Receive patient's chart after evaluation and management</p> <p>5.2 Carry out plans and discharge the patient as follows:</p> <ul style="list-style-type: none"> • for follow-up • for subspecialty referral • for operation (minor/major) 	None	5 minutes	<i>Clinic Nurse</i>

	<ul style="list-style-type: none"> • discharge from clinic • referred to other department for opinion, co-management, or final disposition <p>5.3 Update patient follow-up schedule for consult or special procedures</p> <p>5.4 Return patient's blue card and advice patient</p>			
TOTAL:		None	2 hours	

2. Consultation and Management of Orthopedic OPD Patients at Specialty Clinics

This service covers the activities involved from the arrival of the patient at the OPD Specialty Clinic to their final disposition

Office or Division:	Department of Orthopedics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Those seeking consultation for an orthopedic related complaint or those with referral for outpatient consultation			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Schedule of consult written in the Blue Card		Nurse in charge of scheduling		
Completed work up (as applicable) - 1 original		Medical Records, Patient Labs		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1.1. Present blue card	1.1. Accept blue card with or without a referral form • Clinic clerk receives the patient's name and blue card on a first come, first served basis	None	5 minutes	<i>Clinic Clerk / Nurse Assistant</i>
2. Await consultation in waiting area	2.1 Retrieve the chart from the Record Section 2.2 Arrange the patient charts with labs based on the order and arrange patients accordingly in the waiting area 2.3 Call patients strictly following patient sequence 2.4 Write down the time on chart when a patient does not respond to a call	None	1 hour	<i>Clinic Clerk / Nurse Assistant</i>
3. Proceed to Interview and Evaluation	3.1 All patients at subspecialty clinics are evaluated 3.2 All data and findings are recorded in the patient's chart	None	20 minutes	<i>Supervising Consultant and Resident</i>
4. Await Management	4.1 Explain assessment and plan to the patient 4.2 Write down referral to other appropriate Orthopedic subspecialty	None	30 minutes	<i>Supervising Consultant and Resident</i>

	<p>clinic if for further workup and management</p> <p>4.3 Perform appropriate office procedure if applicable; may include the following:</p> <ul style="list-style-type: none"> • steroid injection • percutaneous trigger finger release • core needle biopsy • casting / removal of cast • removal of pins <p>4.4 Prepare laboratory request forms, prescriptions and referral slips</p>			
5. Await Disposition	<p>5.1 Receive patient's chart after evaluation and management</p> <p>5.2 Carry out plans and discharge the patient as follows:</p> <ul style="list-style-type: none"> • for follow-up • for subspecialty referral • for operation (minor/major) • discharge from clinic • referred to other department for opinion, co-management, or final disposition <p>5.3 Update patient follow-up schedule for consult or special procedures</p> <p>5.4 Return patient's blue card and advice patient</p>	None	5 minutes	<i>Nurse</i>
TOTAL:		None	2 hours	

3. Consultation and Management of Orthopedic Emergency Patients

This service aims at providing quality orthopedic patient care in the emergency room. It begins with the activities involved from patient's referral to Orthopedics at the emergency room until the final disposition.

Office or Division:	Department of Orthopedics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Those triaged or referred to Orthopedics at the emergency room			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Records Section – ER Palistahan Private patients: PGH Main Building - Pay Admitting		
Front of Chart		PGH Records Section – ER Palistahan		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure and fill-out patient information sheet at ER triage	1.1 Do Initial assessment 1.2 Triage to Ortho if primarily an orthopedic case 1.3 Primary service refers to Orthopedics for co-management	None	15 minutes	<i>ER Officer</i>
2. Await Interview and Assessment 2.1 Patient proceeds to Orthopedics area in ER	2.1 Do Initial evaluation • history of injury or illness and perform focused physical examination 2.2 All data and findings are recorded in the patient's chart	None	30 minutes	<i>Consultant-on-Call and Resident-on-duty</i>
3. Await Diagnostics and Treatment	3.1 Ordering of diagnostics (X-ray, CT scan, MRI, laboratory examinations) 3.2 Provide appropriate initial treatment, including: • wound care • splinting / skeletal traction	None	5 hours	<i>Resident, Lab Technician, Radiologist, Nurse</i>

	<ul style="list-style-type: none"> • antibiotics (to be given by nurse) <p>3.3 Referral to other department for co-management</p> <p>3.4 Referral to Consultant-on-Call</p> <p>3.5 Provide definitive ER treatment (if applicable), including:</p> <ul style="list-style-type: none"> • casting • suturing • completion of IV antibiotics 			
4. Await Disposition	<p>4.1 Carry out plans and discharge the patient as follows:</p> <ul style="list-style-type: none"> • Discharge with OPD follow-up • Emergency Surgery • Admission • Transfer of Service • Others: Home against medical advice, Absconded, Coordinated hospital transfer <p>4.2. Update patient follow-up schedule for consult or special procedures</p> <p>4.3 Return patients blue card and advice patient</p>	None	30 minutes	<i>Consultant-on-Call and Resident-on-duty, and Nurse</i>
TOTAL:		None	6 hours and 15 minutes	

4. Provision of Schedule of Orthopedic Surgery (Out-Patient)

Gives the patient a schedule for surgical management for cases that may be done on out-patient basis.

Office or Division:	Department of Orthopedics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients advised by the clinic for surgical management as outpatient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Records Section – ER Palistahan Private patients: PGH Main Building - Pay Admitting		
2. Complete work up		Laboratory, Imaging (PGH or outside PGH) Chart entry		
3. Physician's advice for surgical management as outpatient		Chart entry		
4. Cardiopulmonary and anesthetic clearance (as needed)		PATEC clinic for Adult patients and Gen Ped clinic for pediatric patients		
5. Availability of schedule		OPD OR Scheduling logbook		
6. Available funding		Various sources available		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to nurse after consultation with medical officer	1. Receive the patient's chart and ascertain completeness of medical officer's chart entries including: • plan for surgery • indicate if in minor or major OPD OR • consent form signed by patient • referral to PATEC clinic for anesthetic clearance (as needed)	None	5 minutes	<i>Clinic Clerk / Nurse</i>
2. Await to be given schedule of surgery	2.1 Log patient in the OPD OR Logbook and RADISH OR Scheduler 2.2 Inform patient of OR schedule and instructions to be followed on the day 2.3 Refer to PATEC clinic for anesthetic clearance (as needed)	None	10 minutes	<i>Clinic Clerk / Nurse</i>
TOTAL:		None	15 minutes	

5. Provision of Schedule of Orthopedic Surgery (In-Patient)

Gives the patient a schedule for surgical management for cases that require admission to the Orthopedics Ward.

Office or Division:	Department of Orthopedics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients advised by the clinic for surgical management as inpatient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Records Section – ER Palistahan Private patients: PGH Main Building - Pay Admitting		
2. Completed work up and photocopy of medical records		Laboratory, Imaging, Chart entry (Medical records, OPD)		
3. Consultant's approval for surgical management as inpatient		Chart entry (Medical Records, OPD)		
4. Cardiopulmonary and anesthetic clearance (as needed)		PATEC clinic for Adult patients and Gen Ped clinic for pediatric patients		
5. Available funding (e.g. PCSO Guarantee Letter, DSWD Guarantee Letter)		Various sources available		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at OPD Specialty Clinic on scheduled follow-up 1.1 Present Blue Card	1.1. Accept blue card and/or referral form - Clinic clerk receives the patient's name and blue card on a first come, first served basis	None	5 minutes	<i>Clinic Clerk / Nurse Assistant</i>
2. Await consultation in waiting area	2.1 Receive front of chart from triage for new patients or retrieve the chart from the Record Section (for follow-up patients) 2.2 Arrange the patient charts based on the order and arrange patients accordingly in the waiting area 2.3 Call patients strictly following patient sequence	None	1 hour	<i>Clinic Clerk / Nurse Assistant</i>

	2.4 Write down the time on chart when a patient does not respond to a call			
3. Proceed to Resident in Charge	3.1 Receive chart and ascertain completeness of requirements for admission including: <ul style="list-style-type: none"> • consultant-approved plan of surgery • completed workup • available funding • blood donor slips (as needed) 3.2 Refer to Senior Resident for scheduling 3.3 Patient details including contact number written on the OR Schedule Logbook	None	15 minutes	<i>Supervising Consultant, Resident in Charge, Senior Resident</i>
4. Receive schedule of surgery	4. Inform patient of schedule of surgery and disclose instructions <ul style="list-style-type: none"> • all scheduled dates are tentative and subject to final confirmation via text or call from the Senior Resident (factors such as availability of bed, funding, may affect the final schedule) 	None	5 minutes	<i>Supervising Consultant, Resident in Charge, Senior Resident</i>
TOTAL:		None	1 hour and 25 minutes	

6. Orthopedic Ward Admission (Elective)

Provides schedule of admission for planned surgery

Office or Division:	Department of Orthopedics			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Patients already waitlisted in the OR logbook per specialty			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Records Section – ER Palistahan Private patients: PGH Main Building - Pay Admitting		
2. Completed work up and photocopy of medical records		Laboratory, Imaging, Chart entry (Medical records, OPD)		
3. Consultant's approval for surgical management as inpatient		Chart entry (Medical Records, OPD)		
4. Cardiopulmonary and anesthetic clearance (as needed)		PATEC clinic for Adult patients and Gen Ped clinic for pediatric patients		
5. Available funding (e.g. PCSO Guarantee Letter, DSWD Guarantee Letter)		Various sources available		
6. Available bed		Senior resident		
7. Blood donor slips (as needed)		Various sources available		
8. Available watcher		Various sources available		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Wait for admission	1.1 Confirm priority number of patient in OR logbook 1.2 Contact patient for possible admission	None	12 hours	<i>Resident in Charge</i>
2. Receive message, confirm completion of requirements, and confirm readiness for admission	2. Receive confirmation 2.1. Admit patient for surgical management based on an appropriate day agreed upon by both parties • Admitting orders may be given at OPD or at the Ward Nurses Station on day of admission	None	5 working days	<i>Resident in Charge</i>
3. Arrive for admission	3. Facilitate admission, orient regarding basic ward rules	None	3 hours	<i>Nurse</i>

4. Go to assigned bed and awaits schedule	4. Ensure that patient has proper clearances and work up 4.1. Refer to appropriate co-managing services	None	5 days	<i>Resident in Charge</i>
5. Patient given a schedule, signs written informed consent	5. Prepare patient for OR - preoperative evaluation, orientation, NPO	None	8 hours	<i>Resident in Charge</i> <i>Nurse</i>
TOTAL:		None	5 days and 12 hours	

7. Orthopedic Ward Admission (Emergency)

Provides admission for patient at Emergency Room to Ward.

Office or Division:	Department of Orthopedics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients at the emergency requiring admission for further work-up and management			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Records Section – ER Palistahan Private patients: PGH Main Building - Pay Admitting		
2. Patient's Chart		ER Nurses' Station		
3. Admitting Orders		Resident		
3. Consultant's approval for surgical management as inpatient		Chart Entry		
4. Available bed		Senior resident		
5. Available watcher		Various sources available		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Wait for admitting orders and prepare for admission for admission to ward	1.1 Resident refers to Consultant-on-call 1.2 Consultant-on-call confirms management plan 1.3 Resident endorses admitting orders to nurse	None	12 hours	<i>Supervising Consultant, Resident in Charge</i>
	1.4 ER Nurse endorses admission to Ward Nurse 1.5 Custodian facilitates transfer of patient to Ward 1.6 Ward Nurse accepts patient to Ward	None	12 hours	<i>ER Nurse, Custodian, and Ward Nurse</i>
TOTAL:		None	24 hours	

8. Orthopedic Surgery- Actual Procedure (OPD Minor OR)

Performing a surgical procedure under local anesthesia at the OPD Minor OR

Office or Division:	Department of Orthopedics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients advised surgical procedure under local anesthesia at the OPD OR			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Completed work up and copy of medical records - 1 original		Laboratory, Imaging, Chart entry (OPD, Medical records)		
2. Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center Private patients: PGH Main Building - Pay Admitting		
3. Available funding		Various sources available		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. Arrive at OPD OR at designated time	1. Receive blue card and name of patient	None	5 minutes	Nurse
2. Wait for name to be called	2. Call out patient's name	None	2 hours	Nurse or Resident
3. Enter the minor OR	3. Confirm consent, take vital signs (VS) and prepare patient for surgery if VS is within acceptable limit	Based on approved hospital rates	15 minutes	Nurse
4. Receive surgery	4. Perform surgery	None	45 minutes	Supervising Consultant, Resident Surgeon
5. Receive post operative instructions prior to discharge	5.1 Give post operative instructions <ul style="list-style-type: none"> wound care and precautions medications follow-up 5.2 Submit properly fixed specimen (if applicable)	Based on approved hospital rates	15 minutes	Supervising Consultant, Resident Surgeon
TOTAL:		Based on approved hospital rates	3 hours, 20 minutes	

9. Orthopedic Surgery- Actual Procedure (OPD Major OR)

Performing surgery under IV sedation, spinal or general anesthesia at the OPD Major OR

Office or Division:	Department of Orthopedics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients advised surgical procedure under IV sedation, spinal or general anesthesia at the OPD Major OR			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Completed updated work up and copy of medical records - 1 original		Laboratory, Imaging, Chart entry (OPD, Medical Records)		
2. Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center Private patients: PGH Main Building - Pay Admitting		
3. Physician advise for surgical management as inpatient - 1 original		Chart entry (OPD, Medical Records)		
4. Cardiopulmonary and anesthetic clearance (as needed) - 1 each original		PATEC clinic for adults or Gen Ped clinic for pediatric patients		
5. Consultant and co-managing services opinion and availability (as needed) - 1 original		Chart entry		
6. Available watcher		Various sources available		
7. Available funding		Various sources available		
8. Compliant with perioperative instructions (Good NPO, no antiplatelets taken, etc.)		Patient		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at OPD OR at designated time	1. Receive blue card and name of patient	None	5 minutes	Nurse
2. Wait for name to be called	2. Call out patient's name	None	2 hours	Nurse or Resident
3. Enter the major OR	3. Confirm consent, assure good NPO, take vital signs (VS) and prepare patient for surgery if VS is within acceptable limits	Based on approved hospital rates	15 minutes	Nurse
	3.1. Induction of patient		30 minutes	Anesthesiologist

	3.2. Perform surgery		2 hours	Surgeon
	3.3. Send patient to PACU for observation		2 hours	Anesthesiologist
4. Receive post operative instructions prior to discharge	4.1 Give post operative instructions <ul style="list-style-type: none"> • wound care and precautions • medications • follow-up 4.2 Submit properly fixed specimen (if applicable)	Based on approved hospital rates	15 minutes	Supervising Consultant, Resident in Charge
TOTAL:		Based on approved hospital rates	7 hours, 5 minutes	

10. Orthopedic Surgery- Actual Procedure (Inpatient)

Performing surgery under IV sedation or general anesthesia as inpatient

Office or Division:	Department of Orthopedics			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	In-patients advised surgical procedure under IV sedation, spinal or general anesthesia			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Completed updated work up and copy of medical records - 1 original		Laboratory, Imaging, Chart entry (OPD, Medical Records)		
2. Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center Private patients: PGH Main Building - Pay Admitting		
3. Physician advise for surgical management as inpatient - 1 original		Chart entry (OPD, Medical Records)		
4. Cardiopulmonary and anesthetic clearance (as needed) - 1 each original		PATEC clinic for adults or Gen Ped clinic for pediatric patients		
5. Consultant and co-managing services opinion and availability (as needed) - 1 original		Chart entry		
6. Available watcher		Various sources available		
7. Available funding		Various sources available		
8. Compliant with perioperative instructions (Good NPO, no antiplatelets taken, etc.)		Patient		
9. Admitted patient		Pls. see 6 Or 7		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Transit to OR	1. Transfer patient to OR complex	None	1 hour	<i>Custodian</i>
2. Arrive at OR complex and transfer to surgical bed	2. Confirm identity of patient, follow preoperative checklist	<i>Based on approved hospital rates</i>	15 minutes	<i>Nurse</i>
	2.1. Induction of patient		1 hour	<i>Anesthesiologist</i>
	2.2. Perform surgery		12 hours	<i>Supervising Consultant and Resident Surgeon</i>

	2.3 Take off anesthesia	None	1 hour	Anesthesiologist
	2.4 Send to PACU for observation		12 hours	Anesthesiologist, Nurse, Custodian
TOTAL:		Based on approved hospital rates	6 days, 14 hours, 15 minutes	

11. Issuance of Subsidized Orthopedic Implants Under PGH Consignment (Emergency)

This service provides Class D patients admitted from the emergency room with subsidized orthopedic implants under PGH Consignment.

Office or Division:	Department of Orthopedics			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Class D patients admitted from the emergency room			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card issued by PGH (PGH Form No. P-310045) - 1 original + 1 photocopy		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center		
Prescription of Implants needed		Resident in Charge		
Approved Justification letter with Class D MSS evaluation		Fiscal Office, MSS		
Clinical Abstract – 3 certified true copy		PGH Outpatient Department - Medical Records		
Operation and Anesthesia Record – 3 certified true copy		PGH Outpatient Department - Medical Records		
“Pagkilala sa Tinanggap na Tulong” form		Malasakit Center		
Medical Assistance Voucher		Chairman’s Office, 3 rd Flr, Orthopedics Bldg		
Official Receipt for payment of excess of guaranteed amount given by hospital – original + 1 photocopy		Patient, various sources		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. Await MSS evaluation at Ward	1.1 Preparation of justification letter for consigned orthopedic implant and prescription of implants 1.2 Referral to MSS for evaluation 1.3 Confirmation of patient’s Status as Class D	None	6 hours	<i>Resident, MSS Officer</i>
2. Submit Justification Letter to Fiscal Office	2.1 Approve justification letter	None	3 hours	<i>Deputy Director for Fiscal Services</i>

3. Submit approved justification letter and prescription of implants to Orthopedics Administrative Assistant (AA)	3.1 Receive justification letter and implant prescription 3.2 Prepare the Inspection and Acceptance Report (IAR) 3.3 Resident in charge is informed of approved justification letter 3.4 Surgeon informs the designated supplier for consigned orthopedic implant to be used	None	3 hours	<i>Administrative Assistant (Orthopedics), Resident in Charge,</i> <i>Surgeon</i>
4. Submit post-operative requirements to Orthopedics AA: • Clinical Abstract • Operation and Anesthesia Record • Official Receipt for excess payment (amount to be agreed upon by patient and MSS) • Signed Medical Assistance Voucher • Signed “Pagkilala sa Tinanggap na Tulong” form	4.1 Receive postop requirements from patient 4.2 Receive postop forms from supplier • Delivery Receipt • Sales Invoice 4.3 Prepare IAR 4.4 Prepare Charged Slip 4.5 Forward original Justification letter and Charged Slip to Malasakit Center 4.6 Forward all forms to Consignment Office for processing of Disbursement Voucher	None	5 working days	<i>Administrative Assistant (Orthopedics)</i>
TOTAL:		None	5 days, 12 hours	

12. Issuance of Subsidized Orthopedic Implants Under PGH Consignment (Elective)

This service provides Class D patients admitted from the emergency room with subsidized orthopedic implants under PGH Consignment.

Office or Division:	Department of Orthopedics			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Class D patients admitted from the emergency room			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card issued by PGH (PGH Form No. P-310045) - 1 original + 1 photocopy		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center		
Prescription of Implants needed		Resident in Charge		
Approved Justification letter with Class D MSS evaluation		Fiscal Office, MSS		
Clinical Abstract – 3 certified true copy		PGH Outpatient Department - Medical Records		
Operation and Anesthesia Record – 3 certified true copy		PGH Outpatient Department - Medical Records		
“Pagkilala sa Tinanggap na Tulong” form		Malasakit Center		
Medical Assistance Voucher		Chairman’s Office, 3 rd Flr, Orthopedics Bldg		
Official Receipt for payment of excess of guaranteed amount given by hospital – original + 1 photocopy		Patient, various sources		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Await MSS evaluation at Ward OPD	1.1 Preparation of justification letter for consigned orthopedic implant and prescription of implants 1.2 Referral to MSS for evaluation 1.3 Confirmation of patient’s Status as Class D	None	1 week	<i>Resident, MSS Officer</i>
2. Submit Justification Letter to Fiscal Office	2.1 Approve justification letter	None	1 day	<i>Deputy Director for Fiscal Services</i>
3. Submit approved	3.1 Receive	None	3 hours	<i>Administrative</i>

justification letter and prescription of implants to Orthopedics Administrative Assistant (AA)	justification letter and implant prescription 3.2 Prepare the Inspection and Acceptance Report (IAR) 3.3 Resident in charge is informed of approved justification letter 3.4 Surgeon/RIC informs the designated supplier for consigned orthopedic implant to be used			<i>Assistant (Orthopedics), Resident in Charge,</i> <i>Surgeon / Resident-in-Charge</i>
4. Submit post-operative requirements to Orthopedics AA: • Clinical Abstract • Operation and Anesthesia Record • Official Receipt for excess payment (amount to be agreed upon by patient and MSS) • Signed Medical Assistance Voucher • Signed "Pagkilala sa Tinanggap na Tulong" form	4.1 Receive postop requirements from patient 4.2 Receive postop forms from supplier • Delivery Receipt • Sales Invoice 4.3 Prepare IAR 4.4 Prepare Charged Slip 4.5 Forward original Justification letter and Charged Slip to Malasakit Center 4.6 Forward all forms to Consignment Office for processing of Disbursement Voucher	None	5 working days	<i>Administrative Assistant (Orthopedics)</i>
TOTAL:		None	5 days, 12 hours	

13. GAIT Lab (Motion Analysis Program)

Provides gait analysis to patients in need, most especially those with cerebral palsy, clubfeet, post reconstructive surgery and stroke patients.

Office or Division:	Department of Orthopedics			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Patients advised by the clinic for gait lab analysis			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Referral from Physicians for PGH and Non-PGH Patients		Residents, Consultants		
2. Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Records Section – ER Palistahan Private patients: PGH Main Building - Pay Admitting		
3. Complete work up		Imaging (PGH or outside PGH) Chart entry		
4. Availability of schedule		Gait Laboratory Scheduling logbook		
5. Availability of Funding		Various Sources Available		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at scheduled date and time	1. Check blue card and log necessary entries	None	5 minutes	<i>Physical Therapist</i>
2. Signing of Informed Consent	2. Explain the rationale behind the analysis 2.1 Explain the content of the informed consent form. 2.2 Make sure that the consent is signed before proceeding	None	5 minutes	<i>Physical Therapist</i>
3. Proceed to Evaluation	3. Perform evaluation on the patient in accordance with the laboratory's physical examination form	None	15 minutes	<i>Resident/ Physical Therapist</i>
4. Proceed to Actual Motion Analysis	4. Prepare the patient • proper draping • make sure all needed assistive device are present 4.1 Perform desired motion analysis 4.2 Provide charge	<i>Based on approved hospital rates</i>	45 minutes	<i>Resident/ Physical Therapist</i>

	slip 4.3 Make sure that payment is settled • ask for the receipt number once paid			
5. Await Result	5. Schedule delivery of result to referring physician 5.1 Make sure that necessary payments are settled. 5.2 Send result to referring physician on scheduled date	None	5 working days	<i>Physical Therapist</i>
TOTAL:		<i>Based on approved hospital rates</i>	5 working days, 1 hour and 10 minutes	

14. Tissue Bank (Donation and Storage)

Tissue Bank is used for receiving Cranial Flaps, Large Segment Allografts and Femoral Head Allografts

Office or Division:	Department of Orthopedics			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	1. Those who wish to have the Cranial Flaps of their patients stored at the Tissue bank, to be received at a later date for reconstruction. 2. Those who are submitting bone allografts (Large segment/Femoral Heads) For Banking and Distribution			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Referral letter from surgeons/Data for allografts		Residents, Surgeons		
2. Cranium Registry form		Tissue Bank		
3. Donor form		Tissue Bank		
4. Available Funding		Various sources available		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present referral letter from surgeons	1.1 Accept Referral letter/ Fill up form	Based on approved hospital rates	5 minutes	<i>Tissue Bank Personnel</i>
2. Submit Bones	2.1 Receive bones from person submitting 2.2 Label the Bone with pertinent information 2.3 Store the labeled specimen in appropriate freezer	None	10 minutes	<i>Tissue Bank Personnel</i>
TOTAL:		Based on approved hospital rates	15 minutes	

15. Tissue Bank (Distribution)

Releasing of stored cranial flaps/allografts to requesting surgeons/authorized representative.

Office or Division:	Department of Orthopedics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients requiring tissue grafts for surgery			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request for release of stored cranial flaps		1. Neurosurgery clinic or Out Patient Clinic of other Hospitals		
2. Recipient form for allografts		Tissue Bank		
3. Cranium Registry Form		Tissue Bank		
4. Available Funding		Various sources available		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESS-ING TIME	PERSON RESPONSIBLE
1. Receive request form from surgeon	1.1 Receive letter of request	None	5 minutes	<i>Tissue Bank Personnel</i>
	1.2 Retrieve Cranium Registry Form/ Fill up Recipient form for allograft recipient		5 minutes	
2. Prepare Bone Graft	2.1 Prepare container with ice label	None <i>Based on approved hospital rates</i>	10 minutes	<i>Tissue Bank Personnel</i>
	2.2 Locate Cranial Flap/ retrieve allograft Bone requested		10 minutes	
	2.3 Seal container			
	2.4 Give instructions to patients or authorized representative			
TOTAL:		<i>Based on approved hospital rates</i>	20 minutes	

Based on PGH Memo No. 2021-177

	Service	Outpatient-Pay	Ward/Semi Private	Private Big/Small	Suite/Deluxe
Large Segment Allograft (per cm)	960.00	1,480.00	1,560.00	1,650.00	1,740.00
Femoral Head Allograft	3,720.00	5,750.00	6,090.00	6,430.00	6,760.00
Cranial Flap Autograft	1,500.00	2,320.00	2,460.00	2,600.00	2,730.00
Bone Chip	750.00	1,160.00	1,230.00	1,300.00	1,360.00
Amnion Dressing	2,320.00	3,590.00	3,800.00	4,010.00	4,220.00
Extract (per ml)	4.00	6.00	7.00	7.00	7.00

16. Facility Rental

Application for rental of Ambrosio F. Tangco Conference Room facility

Office or Division:	Department of Orthopedics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All users desirous of renting Orthopedics Facility			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of intent (1 original)		Requesting unit		
Payment		Requesting unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send letter of intent addressed to Orthopedics Chairperson	1. Receive letter of request	None	10 minutes	<i>Administrative Personnel</i>
	1.1. Acknowledge receipt of the letter 1.2. Assess availability of facility during the requested date	None	5 minutes	<i>Chair/ Administrative Officer</i>
2. Receive copy of approval	2. Approve or deny request (Depending on the availability)	None	10 minutes	<i>Chair/ Administrative Officer</i>
3. Fill out request form for the use of facility	3. Receive request form	None	5 minutes	<i>Administrative Personnel</i>
4. Receive Billing statement	4. Prepare billing statement	Refer to succeeding table	10 minutes	<i>Administrative Personnel</i>
5. Pay to PGH cashier	5. Receive official receipt copy	Refer to succeeding table	5 minutes	<i>Administrative Personnel</i>
TOTAL:		Refer to succeeding table	45 minutes	

Rates of Rental as of as of May 18, 2021 (based on PGH Memo No. 2021-087)

Facility	UPM-PGH Users	Other UP Users	Non-UP Users
Ambrosio F. Tangco Conference Room for the first two (2) hours	Php 460.00	Php 1,350.00	Php 2,240.00
Additional per hour in excess of two (2) hours	Php 230.00	Php 675.00	Php 1,120.00

In determining the type of user, the Purpose of activity shall be considered

Department of Otorhinolaryngology

External Services

1. Emergency Room Consultation Service

Involves examination, diagnosis and treatment of patients with an Otorhinolaryngology-related complaint at the emergency room

Office or Division:	Department of Otorhinolaryngology (ORL)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All individuals with a chief complaint related to the ears, nose, throat			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Referral from other departments or institutions (as applicable)		Referring physician		
2. Blue card (1 original)		ER Palistahan		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
DECKED TO ORL AS PRIMARY SERVICE				
1. Arrive at the ORL ER unit after being triaged by DEM for chief complaint	1. Receive patient and perform thorough history taking and physical examination 1.1. Give advice regarding the appropriate diagnostic and therapeutic management	None	30 minutes	Physician and intern on duty (ORL ER Unit)
2. Give consent to further management	2. Perform the appropriate diagnostic and therapeutic management	Please refer to the approved schedule of fees	48 hours	ORL Physician and intern on duty, Radiology
TOTAL:		Please refer to the approved schedule of fees	2 days, 30 minutes	
REFERRED TO ORL FOR CO-MANAGING SERVICE				
1. Wait to be seen by ORL service	1. Receive patient and perform thorough history taking and physical examination 1.2. Give advice regarding the appropriate	None	55 minutes	ORL Physician and intern

	diagnostic and therapeutic management			
2. Give consent to further management	2. Perform appropriate diagnostic and therapeutic management	Please refer to the approved schedule of fees	48 hours	ORL Physician, intern, Radiology
TOTAL:		Please refer to the approved schedule of fees	2 days, 55 minutes	

2. General OPD Consultation Service

Involves examination, diagnosis and treatment of patients with an ORL-related complaint at the outpatient services

Office or Division:	Department of Otorhinolaryngology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All individuals with a chief complaint related to the ears, nose, throat			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Referral from other departments or institutions (as applicable)		Referring physician		
2. Blue card (if on follow up) (1 original)		DOPS Palistahan		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
NEW PATIENT				
1. Arrive at the ORL clinic after being triaged at 1 st floor and wait to be called for initial interview	1. Receive patient's name, check if patient has issued passcode for Radish retrieval of chart	None	2 hours, 5 minutes	Nurse on duty, Physician and interns on duty (Dept. of ORL)
2. Enter the clinic once called	2. Call the name of the patient and do appropriate history taking and physical examination, explain the findings and management plan	None	2 hours	Physician and Intern on duty (Dept. of ORL)
3. Give consent to further management	3. Perform appropriate diagnostic and therapeutic management 3.1. Give prescription and/or laboratory requests as needed 3.2. Send the patient to the nurse for scheduling	None	30 minutes	Physician and intern on duty (Dept. of ORL)
4. Enter Room 211 clinic for final disposition	4. Give instructions regarding the laboratory and/or medications	None	30 minutes	Nurse on duty (Dept. of ORL)

	prescribed 4.1. Give schedule of follow up or consult to subspecialty clinic			
TOTAL:		None	5 hours, 5 minutes	
FOLLOW UP CONSULT				
1. Arrive at the ORL clinic	1. Receive blue card&check if patient has issued passcode for Radish retrieval of chart	None	5 minutes	Nurse on duty (Dept. of ORL)
2. Wait to be called for initial interview	2. Check Radish for chart entries	None	2 hours	Nurse on duty (Dept. of ORL)
3. Enter the clinic once called	3. Call the name of the patient and do appropriate history taking and physical examination, and provide advice regarding appropriate diagnostic and therapeutic management	None	30 minutes	Physician on duty (Dept. of ORL)
4. Give consent to further management	4. Perform appropriate diagnostic and therapeutic management 4.1. Give prescriptions and/or laboratory requests as needed	None	30 minutes	Physician on duty (Dept. of ORL)
5. Enter Room 211 clinic for final disposition	5. Give the instructions regarding the laboratory and/or medications prescribed 5.1. Give schedule of follow up or consult to subspecialty clinic	None	30 minutes	Nurse on duty (Dept. of ORL)
TOTAL:		None	3 hours, 35 minutes	

3. OPD Specialty Clinic Consultation Service

Involves examination, diagnosis and treatment of patients with complex cases already previously seen at the general clinic or those who have completed work-ups

Office or Division:	Department of Otorhinolaryngology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All individuals with a chief complaint related to the ears, nose, throat deemed complicated or requiring specialty consultant opinion			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Referral from General Clinic		Physician consulted at the general clinic		
2. Schedule of consult written in the Blue Card		Nurse in charge of scheduling		
3. Complete work up (as applicable)		Medical records, patient labs		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at the specialty clinic and submit his/her blue card to the nurse	1. Receive the Blue card and check if patient has issued passcode for Radish retrieval of chart	None	5 minutes	Nurse on duty (Dept. of ORL)
2. Wait for his/her turn to be called	2. Nurse inform physician/resident regarding patient's arrival 2.1. Chart and relevant diagnostic results reviewed	None	2 hours	Nurse on duty (Dept. of ORL) Medical Records staff, 3 rd Flr, OPD
3. Enter the clinic when name is called and answer questions regarding his/her history	3. Call the name of the patient and do appropriate history taking and physical examination, and provide advice regarding appropriate diagnostic and therapeutic management	None	2 hours	Physician on duty (Dept. of ORL)
4. Give consent to plan.	4. Perform appropriate diagnostic and therapeutic management	None	30 minutes	Physician on duty (Dept. of ORL)

	4.1. Give instructions, prescriptions and/or laboratory requests as needed			
5. Enter Room 211 clinic for final disposition	5. Give the instructions regarding the laboratory and/or medications prescribed 5.1. Give schedule of follow up	None	30 minutes	Nurse on duty (Dept. of ORL)
TOTAL:		None	5 hours, 5 minutes	

4. Scheduling of Consult at OPD

Providing a follow up schedule for consultation at the OPD

Office or Division:	Department of Otorhinolaryngology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patient who were advised to follow up at the OPD			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Blue card (1 original)		OPD Ground Floor		
2. Physician advise to follow up or consult at the Specialty Clinic		Written in the Patient Chart		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
OPD Follow Up Consult				
1. Bring his/her blue card and submit to nurse	1. Receive the blue card and check physician orders via Radish for follow up	None	5 minutes	Nurse on duty (Dept. of ORL)
	1.1. Schedule follow up appointment via Radish and write on Blue card	None	5 minutes	Nurse on duty (Dept. of ORL)
	1.2. Blue card is returned to patient			
TOTAL:		None	10 minutes	
OPD Specialty Clinic Consult				
1. Brings Blue Card to the Room 211 nurse after concluding his/her consult	1. Receive the blue card and note physician's orders for follow up via Radish	None	5 minutes	Nurse on duty (Dept. of ORL)
	1.1. Schedule follow up appointment via Radish and write on Blue card	None	5 minutes	Nurse on duty (Dept. of ORL)
TOTAL:		None	10 minutes	

5. OPD Scheduling of Surgery

Gives the patient a schedule for surgical management for cases that can be done at the OPD OR

Office or Division:	Department of Otorhinolaryngology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients advised by the clinic for surgical management as outpatient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Complete work up		Laboratory, Imaging (PGH or outside PGH) Chart entry		
2. Physician's advise for surgical management as outpatient		Chart entry		
3. Cardiopulmonary and anesthetic clearance (as needed)		PATEC clinic (Room 210)		
4. Availability of schedule		Chief Resident to check availability of OR slot		
5. Available funding		Various sources available		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring Blue Card to the nurse after concluding consult	1. Receive the Blue Card and note physician's orders for surgery at OPD OR 1.1. Advise to proceed to await notification from Chief Resident regarding OR schedule	None	5 minutes	Nurse on duty (Dept. of ORL)
TOTAL:		None	5 minutes	

6. Inpatient Queueing for Admission

Gives the patient a schedule for surgical management for cases that require admission

Office or Division:	Department of Otorhinolaryngology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients advised by the clinic for surgical management as inpatient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Completed work up and photocopy of medical records		Laboratory, Imaging, Chart entry (Medical records, OPD)		
2. Physician advise for surgical management as inpatient		Chart entry and ASI form (Medical Records, OPD)		
3. Cardiopulmonary and anesthetic clearance (as needed)		PATEC clinic (Room 210)		
4. Available funding		Various sources available		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Await notification from Chief Resident regarding OR schedule	1. Check file containing list of patients advised for surgery and classify by specialty service	None	2 hours	Chief Resident (Dept. of ORL)
TOTAL:			2 hours	

7. Inpatient Scheduling of Admission for Surgery

Provides schedule of admission for planned surgery

Office or Division:	Department of Otorhinolaryngology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients already waitlisted at the OCR			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Completed updated work up and photocopy of medical records		Laboratory, Imaging, Chart entry (Medical records, OPD)		
2. Advise for surgical management as inpatient		Chart entry and ASI form (Medical records, OPD)		
3. Cardiopulmonary and anesthetic clearance (as needed)		PATEC clinic (Room 210)		
4. Consultant and co-managing services' opinion and availability (as needed)		Resident in charge		
5. Availability of bed		Chief resident, Ward 10		
6. Available funding		Various sources available		
7. Blood donor slips (as needed)		Various sources available		
8. Available designated adult caregiver		Various sources available		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Wait for admission	1. Contact patient for possible admission	None	30 minutes	Chief Resident (Dept. of ORL)
2. Receive message, confirm completion of requirements, and confirm readiness for admission	2. Receive confirmation 2.1. Admit patient for surgical management based on agreed day between Chief Resident and patient	None	12 hours	Chief Resident (Dept. of ORL)
TOTAL:			12 hours, 30 minutes	

8. Surgery- Actual Procedure (OPD Minor OR)

Performing a surgical procedure under local anesthesia at the OPD Minor OR

Office or Division:	Department of Otorhinolaryngology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients advised surgical procedure under local anesthesia at the OPD OR			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Completed work up and copy of medical records		Laboratory, Imaging, Chart entry (OPD, Medical records)		
2. Blue card (1 original)		OPD Ground floor		
3. Available funding		Various sources available		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at OPD OR	1. Receive name of patient	None	5 minutes	Nurse on duty (OPD Minor OR)
2. Wait for name to be called	2. Call out patient's name	None	2 hours	Nurse on duty (OPD Minor OR) or Physician (Dept of ORL)
3. Enter the minor OR	3. Confirm consent, check COVID swab result, take vital signs (VS) and prepare patient for surgery if VS is within acceptable limits	Please refer to the approved schedule of fees	15 minutes	Nurse on duty (OPD Minor OR) or Physician (Dept of ORL)
	3.1. Perform surgery		2 hours	Physician (Dept. of ORL)
4. Listen to post operative wound care instructions prior to discharge	4. Give post operative instructions, fixes specimen	Please refer to the approved schedule of fees	15 minutes	Physician and Intern (Dept. of ORL)
TOTAL:		Please refer to the approved schedule of fees	4 hours, 35 minutes	

9. Surgery- Actual Procedure (OPD Major OR)

Performing a surgical procedure under IV sedation or general anesthesia at the OPD Major OR

Office or Division:	Department of Otorhinolaryngology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients advised surgical procedure under IV sedation or general anesthesia at the OPD Major OR			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Completed updated work up and copy of medical records		Laboratory, Imaging, Chart entry (OPD, Medical Records)		
2. Physician advise for surgical management as inpatient		Chart entry (OPD, Medical Records)		
3. Cardiopulmonary and anesthetic clearance (as needed)		PATEC clinic (Room 210)		
4. Consultant and co-managing services opinion and availability (as needed)		Resident in charge		
5. Available designated adult caregiver		Various sources available		
6. Available funding		Various sources available		
7. Compliant with perioperative instructions (Good NPO, no antiplatelets taken, etc.)		Patient		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at OPD OR	1. Receive name of patient	None	5 minutes	Nurse on duty (OPD Major OR)
2. Wait for name to be called	2. Call out patient's name	None	2 hours	Nurse on duty (OPD Major OR) or Physician (Dept. of ORL)
3. Enter the major OR	3. Confirm consent, check COVID swab result, assure good NPO, take vital signs (VS) and prepare patient for surgery if VS is within acceptable limits	Please refer to the approved schedule of fees	15 minutes	Nurse on duty (OPD Major OR) or Physician (Dept. of ORL)
	3.1. Induce patient		30 minutes	Physician (Dept of Anesthesiology)
	3.2. Perform surgery		Up to 2 hours	Physician (Dept. of ORL)

	3.3. Take off anesthesia 3.4. Send patient to PACU for observation		30 minutes 2 hours	Physician (Dept of Anesthesiology) Physician (Dept of ORL and Anesthesiology) Nurse on duty
4. Listen to post operative wound care instructions prior to discharge	4. Give post operative instructions, fix specimen	None	15 minutes	Physician and Intern
TOTAL:		Please refer to the approved schedule of fees	7 hours, 35 minutes	

10. Surgery- Actual Procedure (Inpatient)

Performing a surgical procedure under IV sedation or general anesthesia as inpatient

Office or Division:	Department of Otorhinolaryngology			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Patients advised surgical procedure under IV sedation or general anesthesia as inpatient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Completed updated work up and photocopy of medical records		Laboratory, Imaging, Chart entry (OPD, Medical records)		
2. Cardiopulmonary and anesthetic clearance (as needed)		PATEC clinic (Room 210)		
3. Consultant and co-managing services opinion and availability (as needed)		Resident in charge		
4. Available funding		Various sources available		
5. Blood donor slips (as needed)		Various sources available		
6. Available designated adult caregiver		Various sources available		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive for admission	1. Facilitate admission, orient regarding basic ward rules	None	3 hours	Ward nurse on duty, ER palistahan, Physician
2. Go to assigned bed and await schedule	2. Ensure that patient has proper clearances, check COVID swab result, and work up 2.1. Refer to appropriate co-managing services	None	4 days	Physician, Intern (Dept of ORL)
3. Receive given schedule, sign written informed consent	3. Prepare patient for OR—preoperative evaluation, orientation, NPO	None	8 hours	Nurse on duty, Physician, Intern (Dept of ORL)
4. Transfer to transport bed	4. Send patient to OR complex	None	1 hour	Institutional worker
5. Arrive at OR complex and transfer to surgical bed	5. Confirm identity of patient, follow preoperative checklist	Please refer to the approved schedule of fees	15 minutes	Nurse on duty (RCB OR)

	5.1. Commit patient to the anesthesia monitoring machines, induce		1 hour	Physician (Dept of Anesthesiology)
	5.2. Perform surgery		18 hours	Physician (Dept. of ORL)
	5.3 Take off anesthesia		1 hour	Physician (Dept of Anesthesiology)
	5.4 Send to PACU for observation		24 hours	Physician, Institutional worker, Nurse on duty
TOTAL:		Please refer to the approved schedule of fees	6 days, 8 hours, 15 minutes	

11. Ward Admission from ER

Patients with anticipated prolonged ER stay will be admitted to the ward

Office or Division:	Department of Otorhinolaryngology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients with anticipated prolonged ER stay that will be admitted to the ward			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Admitting orders		Physician		
2. Availability of ward bed		Wards		
3. Management plan conferred with consultant in charge		Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Wait for advise from the attending physician	1. Assess patient who needs more than 24 hour stay in the hospital	None	24 hours	Nurse on duty (DEM), Physician (Dept of ORL)
	2. Entry admitting orders in the Radish chart and endorse to ER nurses	None	15 minutes	Physician (Dept of ORL)
	3. Endorse patient to ward nurses	None	12 hours	Nurse on duty (DEM)
TOTAL:		None	1 day, 12 hours, 15 minutes	

12. Videostroboscopy

For patients referred for videostroboscopy

Office or Division:	Department of Otorhinolaryngology; Videostroboscopy Unit			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred for videostroboscopy by an ORL specialist			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Videostroboscopy Request Form		Dept of ORL – Outpatient Dept.; Referring private physician		
2. MSS White Card (1 original)		Medical Social Services Office		
3. PhilHealth Forms (CSF, CF2, CF4)		Dept of ORL Office		
4. Blue Card (1 original)		DOPS ER or DOPS Palistahan		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Patients with Blue Card only:				
1. Present the Videostroboscopy Request form for scheduling of procedure	1. Schedule the patient for the procedure and outpatient swabbing	None	5 minutes	Administrative Aide (Dept. of ORL)
2. Arrive at Ward 10 on the scheduled date and time of procedure	2. Check all the requirements including COVID swab result, prepare the videostroboscopy room.	None	3 minutes	Administrative Aide (Dept. of ORL)
3. Wait to be called	3. Call the patient and perform the procedure	None	30 minutes	Physician, Dept. of ORL
4. Proceed to Cash Division Office for payment	4. Instruct the patient to go to the Cash Division Office and present the Blue Card and Videostroboscopy request form	₱3,010 (Regular Patients) ₱2,486 (Senior Citizen)	5 minutes	Cashier, Cash Division Office Ground Flr, Main Bldg.
5. Present the Official Receipt	5. Scan the Official Receipt and release the Result	None	3 minutes	Administrative Aide (Dept. of ORL)
	Total	₱3,010 (Regular Patients) ₱2,486	46 minutes	

		(Senior Citizen)		
For Patient with Blue/MSS White Card:				
6. Present the Videostroboscopy Request form for scheduling of procedure	6. Schedule the patient for the procedure and outpatient swabbing	None	5 minutes	Administrative Aide (Dept. of ORL)
7. Arrive at Ward 10 on the scheduled date and time of procedure	7. Check all the requirements, including COVID swab result, prepare the videostroboscopy room.	None	3 minutes	Administrative Aide (Dept. of ORL)
8. Wait to be called	8. Call the patient and perform the procedure	None	30 minutes	Physician, Dept. of ORL
9. Proceed to Cash Division Office for payment	9. Instruct the patient to go to the Cash Division Office and present the MSS White Card and Videostroboscopy request form	₱1,150	5 minutes	Administrative Aide (Dept. of ORL), Cashier, Cash Division Office, Ground Flr, Main Bldg.
10. Present the Official Receipt	10. Scan the Official Receipt and release the result	None	3 minutes	Administrative Aide (Dept. of ORL)
	Total	₱1,150	46 minutes	
For Patients with PhilHealth (OPD-Charity Patients):				
1. Present the Videostroboscopy Request form for scheduling of procedure	1. Schedule the patient for the procedure and outpatient swabbing	None	5 minutes	Administrative Aide (Dept. of ORL)
2. Arrive at Ward 10 on the scheduled date and time of procedure	2. Check all the requirements (MSS White Card, PhilHealth Member Data Record, PhilHealth Forms CSF, CF2, CF4), including COVID swab result, prepare the videostroboscopy room.	None	3 minutes	Administrative Aide (Dept. of ORL)
3. Wait to be called	3. Call the patient and	None	30 minutes	Physician, Dept.

	perform the procedure			of ORL
4. Prepare for processing of PhilHealth papers	4. Check that PhilHealth Forms are properly filled out, and ensure patient has MSS White Card, and Charge Slip	None (PhilHealth covered)	5 minutes	Administrative Aide (Dept. of ORL)
5. Go to OPD PhilHealth Office for processing of charged procedure	5. Process the papers	None	15 minutes	Medical Claims Assistant, PhilHealth Office, OPD
6. Go back to ORL office once processing of PhilHealth paper is complete	6. Verify the PhilHealth acknowledgement receipt, then release the Videostroboscopy result	None	5 minutes	Administrative Aide (Dept. of ORL)
	Total		1 hour, 3 minutes	

For Pay Patients with PhilHealth under private physician

1. Ask schedule for Videostroboscopy	1. Schedule for the procedure and outpatient swabbing, inform patient to prepare the PhilHealth Member Data Record Form	None	5 minutes	Administrative Aide, Dept. of ORL, Ward 10
2. Arrive at Ward 10 on the scheduled date and time of procedure	2. Check all the requirements, including COVID swab result, prepare the videostroboscopy request form	None	3 minutes	Administrative Aide (Dept. of ORL)
3. Enroll for electronic admission	3. Fill out Patient's data information	None	15 minutes	Administrative/ Office Aide, Pay Admitting Section
4. Wait to be called	4. Call the patient and perform the procedure	None	30 minutes	Physician, Dept. of ORL
5. Prepare for processing of PhilHealth papers	5. Check that PhilHealth Forms are properly filled out, and provide Charge Slip	None	5 minutes	Administrative Aide (Dept. of ORL)

6. Go to PhilHealth Billing Section to process PhilHealth papers	6. Process the papers	None (PhilHealth covered)	20 minutes	Office Asst., Billing Section, Ground Flr, Central Block Bldg.
7. Go back to ORL office once processing of PhilHealth paper is complete	7. Verify the PhilHealth acknowledgement receipt, then release the Videostroboscopy result	None	5 minutes	Administrative Aide (Dept. of ORL)
	Total	None	1 hour, 23 minutes	
For Pay Patients, non-PhilHealth under private physician				
1. Ask schedule for Videostroboscopy	1. Schedule for the procedure ad and outpatient swabbing, inform patient to prepare the PhilHealth Member Data Record Form	None	5 minutes	Administrative Aide (Dept. of ORL)
2. Arrive to the scheduled date and time of procedure	2. Check all the requirements, including COVID swab result, prepare the videostroboscopy request form	None	3 minutes	Administrative Aide (Dept. of ORL)
3. Wait to be called	3. Call the patient and perform the procedure	None	30 minutes	Physician, Dept. of ORL
4. Proceed to Cash Division Office for payment	4. Prepare videostroboscopy form with corresponding amount	₱2,620- Videostrob oscopy Fee ₱390- Reader's Fee ₱2,096- Videostrob oscopy Fee (Senior Citizen) ₱390- Reader's	10 minutes	Cashier, Cash Division, Ground Flr, Main Bldg.

		Fee		
5. Go back to ORL office once processing of PhilHealth papers is complete	5. Verify and scan official receipt and release the Videostroboscopy result	None	5 minutes	Administrative Aide (Dept. of ORL)
TOTAL:			53 minutes	

13. Craniomaxillofacial Prosthesis and Bioengineering Unit

For patient requiring craniomaxillofacial prosthesis

Office or Division:	Department of Otorhinolaryngology; Craniomaxillofacial Prosthesis and Bioengineering Unit			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All patients referred for craniomaxillofacial prosthesis			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Prosthesis Request Slip		Dept of ORL – Outpatient Department/Ward 10		
2. MSS White Card (1 original)		Medical Social Services		
3. Prosthesis Billing Form		Dept of ORL Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Schedule for prosthesis	1. Set schedule including outpatient swabbing, and inform about the payment for prosthesis	None	3 minutes	Administrative Aide (Dept. of ORL)
2. Arrive to the scheduled date and time of procedure	2. Inform Prosthesis fellows/doctors, check swab result	None	3 minutes	Administrative Aide (Dept. of ORL)
3. Prepare for procedure	3. Do the initial impression of the prosthesis	None	30 minutes	Prosthesis Fellow.doctors, Dept. of ORL
4. Prepare for fitting of prosthesis	4. Fit the prosthesis to the patient	None	19 days	Prosthesis Fellow/doctors, Dept. of ORL
5. Proceed to Cash Division Office for payment	5. Prepare prosthesis billing form	Please refer to the approved schedule of fees	10 minutes	Cashier, Cash Division, Ground Flr, Main Bldg.
TOTAL:		Please refer to the approved schedule of fees	19 days, 46 minutes	

Department of Outpatient Services

External Services

1. Setting up an Appointment with DOPS Clinics

Setting up of an appointment using the Online Consultation Request and Appointment (OCRA) system

Office or Division:	Bayanihan Na Operation Center (BNOC) / DOPS Clinics - Nursing Services			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All (old and new) DOPS patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Proof of Schedule of Appointment (Virtual)		DOPS TELEMED (Online)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register and create a consult request via the website: pghopd.up.edu.ph	1. Check messages with Online Consultation Request and Appointment (OCRA) system	None	10 minutes	<i>Nurse in Charge or Junior Office Aide</i> DOPS
2. Wait for the messages or call of the doctor	2. Review the request of triaging or scheduling of patients for face-to-face consultations	None	Within 48 hours	<i>Nurse in Charge, Junior Office Aide and the Doctor</i> DOPS
Total:		None	48 hours, 10 minutes	

Note: Limitation as to number of patients to be accommodated due to COVID-19 protocol (physical distancing).

2. Outpatient Consultation for New Patients

Consultation of new patients with schedule in DOPS clinics

Office or Division:	DOPS Clinics - Nursing Services			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All new patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Proof of Schedule of Appointment		Hand-held device of the patient		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the virtual appointment or schedule at the entrance of DOPS	1. Send to clinic for further instructions	None	5 minutes	<i>Junior Office Aide/ Utility Worker DOPS</i>
2. Nurse instruction Consult with doctor	2. Seek blue card at the Counter of Medical Records Division (MRD)	None	5 minutes	<i>Staff in Claim C MRD</i>
	2.1 Vital signs of patients are usually taken before the consult		5 minutes	<i>Nurse in Charge DOPS</i>
	2.2 Assist physician during conduct of consultation		30 minutes	<i>Attending Physician DOPS</i>
3. Complete discharge process	3. Schedule patient for follow up and/or procedures 3.1 Provide health education 3.2 Issue referral slip (if applicable)	None	10 minutes	<i>Nurse in Charge/ Junior Office Aide DOPS</i>
TOTAL:		None	55 minutes	

3. Outpatient Consultation for Old Patients with Schedule

Consultation for old patients with schedule within the Department of Outpatient Services

Office or Division:	Nursing Services – DOPS			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Old patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card with Schedule/ Virtual Appointment		DOPS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present blue card or schedule of appointment at the entrance of DOPS clinic	1. Send to clinic for further instructions	None	2 minutes	<i>Triage Staff</i> DOPS
2. Proceed to clinic and have patient's vital signs	2. Verify schedule of patient in blue card or the virtual appointment 2.1 Enter patient case number into the Registry of Admission and Discharges (RADISH) system to facilitate retrieval of chart if necessary	None	5 minutes 5 minutes	<i>Ward Clerk/ Nursing Attendant/ Junior Office Aide/ Nurse in Charge</i> DOPS
3. Consult with doctor	3. Assist physician during conduct of consultation	None	30 minutes	<i>Nurse in Charge/ Attending Physician</i> DOPS
4. Complete discharge process	4. Schedule patient for follow up and/or procedures 4.1 Provide health education 4.2 Issue referral slip (if applicable)	None	10 minutes	<i>Nurse in Charge/ Junior Office Aide</i> DOPS
TOTAL:		None	52 minutes	

4. Outpatient Consultation for Referred Patients

Consultation for patients with interdepartmental referrals within the Department of Outpatient Services

Office or Division:	Nursing Services – DOPS			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All DOPS patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card		DOPS Clinics		
Referral Slip (PGH Form No. Q-615606)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present referral slip of desired clinic (May ask Public Assistance Officer (PAO) for clarification)	1. Check referral slip and validate	None	10 minutes	<i>Nurse in Charge or Junior Office Aide/ Public Assistance Officer DOPS</i>
	1.1 Schedule patient for consultation	None	5 minutes	
TOTAL:		None	15 minutes	

5. Outpatient Surgical Services (DOPS-OR)

Surgical services for patients at the Department of Outpatient Services

Office or Division:	Nursing Services – DOPS			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients scheduled for surgery			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card with Schedule		DOPS		
PhilHealth Assessment Form		PhilHealth Express Office (Room 116)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present self on day of schedule with blue card	1. Retrieve chart 1.1 Assist patient in accomplishing necessary forms 1.2 Prepare chart and needs for procedure 1.3 Provide pre-operative instructions	None	20 minutes	<i>Nurse in Charge/ Ward Clerk DOPS</i>
2. Undergo surgery	2. Conduct of surgery assisted by Nurse on duty	None	Variable	<i>Surgeon/ Nurse DOPS</i>
3. Settle financial obligations	3. Facilitate accomplishment of all necessary forms 3.1 Issue charge slip 3.2 Coordinate with PhilHealth Express Office	<i>Procedure Rates depending on Manual</i>	30 minutes	<i>Ward Clerk/ Nurse DOPS</i>
4. Complete discharge process	4. Instruct patient on home care and follow up	None	10 minutes	<i>Nurse DOPS</i>
TOTAL:		None	Processing Time: 60minutes Actual Surgery: Variable	

Department of Pay Patient Services

External Services

1. Admission of Patients to the DPPS

The Department of Pay Patient Services (DPPS), one of the income generating departments of the hospital, aims to provide the best quality health care to many Filipinos at the most affordable cost. The admission of patients covers activities from registration at the Pay Admitting Unit up to endorsement of patient to the Nurse-on-duty at the Payfloor.

Office or Division:	Pay Admitting Unit – DPPS			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Pay Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Admitting Order 2. Online Waitlist Registration 3. RT-PCR Result 4. KaalamanForm (1 original) 5. Broad Consent Form 6. LOA (HMO) 7. eHope/Guarantee Form (UP-PGH Employees) (1 original) 8. Undertaking Form (1 original) 9. Blue Card (1 original)		Attending Physician and or his/her representative https://bit.ly/patientinfo-pghdpps Any DOH accredited molecular laboratory Pay Admitting Unit Pay Admitting Unit Accredited HMO Billing Section Pay Admitting Unit Pay Admitting Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register to the Online Waitlist Link	1. Check Responses if patient is already registered	None	1 minute	<i>Patient/relative</i>
1.1 Proceed to Pay Admitting Unit on day of admission to secure Kaalaman Form and other forms needed	1.1 Ask patient/ relative to fill up Kaalaman form and explain the service and requirements to patient/ relative	None	2.5 minutes	<i>Pay Admitting Unit Clerk on duty DPPS</i>
2. Submit filled up Kaalaman Form, Admitting Order and other related documents	2. Accept and check if Kaalaman Form is completely filled up	None	1 minute	<i>Pay Admitting Unit Clerk on duty DPPS</i>
	2.1 Countercheck the Admitting Orders	None	1 minute	
	2.2 Offer alternative rooms to patient/ relative if their room of choice is not available	None	2 minutes	

3. Patient will accept the room offered and proceed with the admission	3. Inform patient/ relative of the approved hospital deposit amount.	None	1 minute	<i>Pay Admitting Unit Clerk on duty</i> DPPS
	3.1 Input patient details using the core information systems for proper hospital profiling based on the completed Kaalaman Form.	None	2 minutes	
	3.2 Provide the Undertaking Form and Broad Consent Form then inform patient/ relative to read and fully understand the hospital regulations and conditions prior to signing the forms	None	1 minute	
4. Sign the Undertaking Form and Broad Consent form as an affirmation that patient agrees to the conditions indicated and return the form to the PAU clerk on duty	<p>4. Accept Undertaking Form and provide Notice of Admission (NOA) which states patient's complete name, name of admitting physician, case number, room number and amount to be deposited.</p> <p>*Reminder: Waiver of initial deposit is only applicable to UPM Manila/PGH, UP Diliman employees, UPM Manila Students, dependents/ immediate family of regular employees and contractual employees who have been in service for 5 years and above and Employees/Members of company/ institutions</p>	None	1 minute	<i>Pay Admitting Unit Clerk on duty</i> DPPS

	with Memorandum of Agreement (MOA) with PGH			
5. Proceed to PGH Cash Services Division/ DPPS Cashier to pay the initial hospital deposit	5. Accept payment and provide Official Receipt	Please refer to the approved schedule of fees	5 minutes	<i>PGH Cashier (24 hours); DPPS Cashier (9:00 AM–4:00 PM) on weekdays</i>
6. Return to Pay Admitting Unit Counter and present official receipt	6. Print Patient Case Record and note patient's classification (official receipt/ Salary Deduction/ Guarantee Letter/ name of Company or institution with MOA), PAU A or B at the upper right hand corner of the patient case record	None	1 minute	<i>Pay Admitting Unit Clerk on duty DPPS</i>
	6.1 Make sure that a PhilHealth Member will be stamped with "PHILHEALTH MEMBER" in his/ her Patient Case Record	None	1 minute	
	6.2 Provide all the papers of acceptance to patient/relative/watcher	None	1 minute	
7. Verify and sign if details on patient case record are certified correct and receive all pertinent documents	7. Ask patient/ representative to affix signature below the printed name (at the back portion of the NOA) as proof that the patient received the ID Bracelet and watchers ID.	None	1 minute	<i>Pay Admitting Unit Clerk on duty DPPS</i>
8. Patient to be wheeled out to the designated Pay Room	8. Called patient's name and put the ID bracelet on the patient's wrist prior to taking the patient to the pay floor	None	1.5 minutes	<i>Orderly on duty DPPS</i>

	8.1 Endorse patient to the Nurse on duty together with the Admitting order, Accomplished Kaalaman Form, Print out of Patient's case record, Accomplished Undertaking form and Broad Consent Form.	None	5 minutes	
TOTAL:			28 minutes	

2. Admission and Decking of Pay Patients – Admission of Pay Patients from Pay ER

The procedure on admission and decking of Pay patients from Pay ER covers activities from registration at the Pay Admitting Unit up to endorsement of patient to the nurse-on-duty at the Pay floor.

Office or Division:	Pay Admitting Unit – DPPS			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Pay Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Acknowledgement of Estimated Hospitalization Cost 2. Admitting Order 3. Broad Consent Form 4. KaalamanForm (1 original)		Pay Admitting Unit Attending Physician and or his/her representative Pay Admitting Unit Pay Admitting Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Pay Admitting Unit, present Admitting Order and fully accomplished Acknowledgement of Estimated Hospitalization Cost	1. Check admitting order and if Acknowledgement of Estimated Hospitalization Cost is accomplished properly and accurately	None	2 minutes	<i>Pay Admitting Unit Clerk</i> DPPS
	1.1 Inform the patient/relative/watcher of the type and rate of room assigned to the patient and required initial deposit	None	1 minute	
	1.2 Provide the Undertaking Form and Transfer slip, request patient/relative/watcher to read and understand the hospital regulations and conditions prior to signing the form.	None	2 minute	
2. Fill up the Undertaking Form and Transfer Slip as an affirmation that patient agrees to the conditions written in the form and return to	2. Accept the signed undertaking form and Transfer slip, call the Nurses' Station where the patient will be conducted for acknowledgement of	None	3 minute	<i>Pay Admitting Unit Clerk</i> DPPS

PAU clerk on duty	the Admission 2.1 Instruct relative of patient to go to PGH-Billing Section for update of ER charges then at DPPS Cashier to pay the ER charges using Order of Payment (Billing Section) and have the Official receipt noted/ recorded at the Pay Admitting Unit Acknowledgement Form for approval of Dr. M. Lat-Luna/SHO	None	1 minute	
3. Proceed to PGH Cash Division/ DPPS Cashier to pay the hospital deposit	3. Accept payment and provide Official Receipt 3.1 Issue the Admission Kit to the patient/ relative. Request patient/ relative/watcher to duplicate copy of the NOA. 3.2 Advise relative to return to Pay ER and wait for the Orderly to pick up the patient for conveyance to the Pay Floors after endorsement to the pay room.	Please refer to the approved schedule of fees None None	5 minutes 1 minute 1 minute	<i>PGH cashier (24 hours); DPPS Cashier (9:00 AM – 4:00 PM) on weekdays</i>
4. Wait to be wheeled out to the designated Pay Room	4. Announce patient's name and put the ID bracelet on the patient's wrist prior to taking the patient to the pay floor 4.1 Endorse patient to the Nurse on duty together with the Admitting order, Accomplished Kaalaman Form, Print out of Patient's case record, Accomplished Undertaking form and	None None	1 minute 4 minutes	<i>Orderly on duty DPPS</i>

	Broad Consent Form.			
	TOTAL:		21 minutes	

3. Admission and Decking of Pay Patients – Waitlist and Advance Reservation Process

The procedure on admission and decking of Pay patients who are waitlisted or who have advance reservation covers activities from registration at the Pay Admitting Unit up to payment and confirmation of scheduled admission date.

Office or Division:	Pay Admitting Unit – DPPS			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Pay Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Admitting Order 2. KaalamanForm (1 original)		Attending Physician Pay Admitting Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pay Admitting Unit to secure a Waitlist Form and other forms needed	1. Check and confirm that patient's intention is to be admitted to the DPPS	None	1 minute	Pay Admitting Unit Clerk on duty DPPS
	1.1 Ask patient/relative/watcher to fill up Waitlist Form and explain all the necessary information they need to know.	None	2.5 minutes	
2. Submit filled up Waitlist Form, Admitting order and other related documents	2. Accept and Check if Waitlist Form is Completely filled up	None	1 minute	Pay Admitting Unit Clerk on duty DPPS
	2.1 Countercheck the Admitting Order	None	1 minute	
	2.2 Check the patient's directory/ Reservation List if room of choice is available	None	2 minutes	
	2.3 Inform patient/relative/watcher to choose an alternative room if their room of choice is not available	None	2 minutes	
*Patients with desired room will be listed in				

	the daily Waitlist and informed immediately once room is available			
3. If patient prefers to avail of the Advance Reservation inform the PAU Clerk	<p>3. Check and make sure if the case of the patient is confirmed as an elective admission 7 days – 4 weeks prior to admission or upon availability of slots at the DPPS.</p> <p>3.1 Countercheck the Admitting Order</p> <p>3.2 Check the Reservation List if room of choice is available on the requested date</p> <p>3.3 Upon confirmation of the scheduled admission, issue a notice of admission for payment of the Advance Reservation Fee</p> <p>3.4 Instruct patient/ representative to pay the NON-refundable and NON-deductible amount at the PGH Cash division/DPPS Cashier</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>2 minutes</p> <p>1 minute</p> <p>1 minute</p> <p>2 minutes</p> <p>1 minute</p>	<p><i>Pay Admitting Unit Clerk on duty</i> DPPS</p>
4. Proceed to PGH Cash Division / DPPS Cashier to pay the Advance Reservation Fee	4. Accept payment and provide Official Receipt	Reservation Fee: PHP 300.00	3 minutes	<i>PGH cashier (24 hours); DPPS Cashier (9:00 AM – 4:00 PM) on weekdays</i>
5. Return to Pay Admitting Unit and present official receipt	5. Take note of the date and time of admission including	None	3 minutes	<i>Pay Admitting Unit Clerk on duty</i>

	<p>the name of the patient and the O.R. number in the Advance Reservation Monitoring Sheet</p> <p>*The selected advance reservation date is considered final. A change to the advance reservation date is subject to approval. Failure on the part of the patient to arrive on or before the scheduled time of admission will mean forfeiture of the reservation fee unless there is an acceptable reason for the delay.</p>			DPPS
TOTAL:		PHP 300.00	22.5 minutes	

4. Admission and Decking of Pay Patients – Transfer from Other Hospitals

The procedure on admission and decking of Pay patients who will be transferred from other hospital covers activities from registration at the Pay Admitting Unit up to providing information about room availability.

Office or Division:	Pay Admitting Unit – DPPS			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Pay Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Admitting Order 2. Kaalaman Form (1 original) 3. Hospital Transfer Form 4. Acknowledgement of Estimated Hospitalization Cost		Attending Physician Pay Admitting Unit Pay Admitting Unit Pay Admitting Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pay Admitting Unit and present Admitting Order	1. Check and confirm that patients intention is to be transferred/ admitted to the DPPS	None	1 minute	<i>Pay Admitting Unit Clerk on duty</i> DPPS
	1.1 Ask patient/ relative to fill up Hospital Transfer form and Acknowledgement of Estimated Hospitalization Cost form and explain all the necessary information they need to know.	None	4.5 minutes	
	*Consultant should explain to the patient/ relative the estimated hospitalization cost prior to transfer to the DPPS.			
	1.2 Instruct patient/ relative to have the "Acknowledgement of Estimated Hospitalization Cost" form approved by the Deputy Director for Fiscal Services.	None	1 minute	

	*After office hours the SHO (Senior House Officer) on duty will be in-charge.			
2. Proceed to the Office of the Deputy Director for Fiscal Services	2. Assess and approve the "Acknowledgement of Estimated Hospitalization Cost" form.	None	15 minutes	<i>Deputy Director for Fiscal Service (DDFS)/ Senior House Officer (SHO) on duty</i>
3. Return Approved form to the PAU	3. Receive approved "Acknowledgement of Estimated Hospitalization Cost" form	None	2 minutes	<i>Pay Admitting Unit Clerk on duty DPPS</i>
	3.1 Assign a control number and file accordingly *Patient will be listed and will be informed immediately once room is available	None	1 minute	
TOTAL:			21.5 minutes	

5. Admission and Decking of Pay Patients – Room-to-Room Transfers

The procedure on admission and decking of Pay patients who have expressed intention to transfer to another room covers activities from processing of request at the Pay Admitting Unit up to providing information about the incoming transfer to the Nurses' Station.

Office or Division:	Pay Admitting Unit			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Pay Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Transfer slip (1 original)		Pay Admitting Unit		
2. Updated Billing Statement		Billing Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pay Admitting Unit, express intention to transfer	1. Advise relative to proceed to Billing Section and request for an updated billing statement.	None	1 minute	<i>Pay Admitting Unit Clerk</i> DPPS
2. Secure updated billing statement from the Billing Section; return to PAU and present updated billing statement	2. Advise relative to fill-out transfer slip form in quadruple copies and inform relative that patient will be charged for the transfer fee.	None	1 minute	<i>Pay Admitting Unit Clerk</i> DPPS
	<u>*Lateral Transfer</u> , Advise the relative that there is a Transfer Fee charge to the account of the patient.	PhP 200.00	2 minutes	
	<u>Downgrade</u> <u>Upgrade</u> , Advise the relative to proceed to the Billing Section and request for an updated billing statement and settle the amount plus the required initial deposit.	None Variable (depending on the amount required)		
	<u>Transfer from ICU to Regular Room/ Ward,</u>	None	2 minutes	

	<p>Advise the relative to proceed to the Billing Section and request for an updated billing statement and settle the amount.</p> <p>2.1 Call the Nurses' Station where the patient is decked to inform the nurse on duty of the incoming transfer.</p> <p>2.2 Advise the relative to update/ pay their bill at the Cashier.</p>	<p>None</p> <p>None</p>	<p>2 minutes</p> <p>3 minutes</p>	
3. Proceed to PGH Cash Division to pay the required amount indicated by the Billing Section	3. Accept payment and provide Official Receipt	Variable (depending on outstanding bill of the patient)	1 minute	<i>PGH cashier (24 hours); DPPS Cashier (9:00 AM – 4:00 PM) on weekdays</i>
4. Return to Pay Admitting Unit and present official receipt	<p>4. Record the OR Number and advice relative to bring the completely filled-out Transfer Slip in four copies to the Billing Section. Billing clerk signs the transfer slip and retains one copy</p> <p>4.1 Encode the patient's transfer to the Daily Transfer report and update to OpenERP/Radish,.</p> <p>4.2 Replace the patient's Room Number in the Watchers' ID.</p>	<p>None</p> <p>None</p> <p>None</p>	<p>2 minutes</p> <p>1 minute</p> <p>1 minute</p>	<p><i>Pay Admitting Unit Clerk on duty DPPS</i></p> <p>NOD</p>
TOTAL:			16 minutes	

6. Out-Patient Profiling

Generation of Case Record for Out-Pay Patients

Office or Division:	Pay Admitting Unit			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All OutPay Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Kaalaman Form (1 original)		Pay Admitting Unit		
2. Admitting Order		Attending Physician and or his/her representative		
3. Blue Card (1 original)		Pay Admitting Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pay Admitting Unit, secure and fill-out Kaalaman Form	1. Encode the Patient's Case Record and print the document.	None	3 minutes	<i>Pay Admitting Unit Clerk on duty</i> DPPS
2. Check, verify and sign case record if details are certified correct.	2. Advise client to return to the appropriate unit where the procedure will be performed.	None	2 minutes	<i>Pay Admitting Unit Clerk on duty</i> DPPS
TOTAL:		None	5 minutes	

Department of Pediatrics

External Services

1. Patient Consultation (OPD)

Patient consultation at the Pediatrics Outpatient services

Office or Division:	Department of Pediatrics – Outpatient Services			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients 18 years old and below			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		Main OPD Ground Floor		
Referral letter (if any) (1 original)				
Information or “Kaalaman” form (1 original)				
Queue number		Pediatrics Clinic, 2 nd OPD building		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
New Patients				
1. Give name to the information counter.	1. Record the name of the patient and ask to fill up the “Kaalaman form” for issuance of blue card 1.1 Instruct the patient to proceed to the Pediatrics Clinic	None	2 minutes	Clerk Information Counter
2. Proceed to the clinic and enlist name	2. List the name and give queue number	None	2 minutes	Nurse OPD Clinic
3. Patient waits for the name or queue number to be called	3. None	None	2 hours	None
4. Enter the clinic once name is called	4. Call the name or queue number of the patient 4.1 Take the history of the patient 4.2 Examine the patient 4.3 Explain the findings and management plans for the patient 4.4 Give prescription and/or laboratory requests as needed 4.5 Send the patient to the nurse for scheduling	None	1 hour	Doctor OPD Clinic
5. Give the chart to the nurse for	5. Give instructions regarding the	None	5 minutes	Nurse OPD Clinic

scheduling	laboratory and or medications prescribed 5.1. Give schedule of follow-up or consult to subspecialty clinic			
TOTAL:		None	3 hours, 9 minutes	
Old Patients				
1. Give blue card to the information counter.	1. Instruct the patient to proceed to the Pediatrics Clinic	None	1 minute	<i>Clerk</i> Information Counter
2. Proceed to the clinic and enlist name	2. List the name and give queue number	None	2 minutes	<i>Nurse</i> OPD Clinic
3. Patient waits for the name or queue number to be called	3. None	None	2 hours	None
4. Enter the clinic once name is called	4. Call the name or queue number of the patient 4.1 Take the history of the patient 4.2 Examine the patient 4.3 Explain the findings and management plans for the patient 4.4 Give prescription and/or laboratory requests as needed 4.5 Send the patient to the nurse for scheduling	None	1 hour	<i>Doctor</i> OPD Clinic
5. Give the chart to the nurse for scheduling	5. Give instructions regarding the laboratory and or medications prescribed 5.1. Give schedule of follow-up or consult to subspecialty clinic	None	5 minutes	<i>Nurse</i> OPD Clinic
TOTAL:		None	3 hours, 8 minutes	

2. Patient Consultation (ED)

Patient consultation at the Emergency Department (ED)

Office or Division:	Department of Pediatrics- Emergency Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients 18 years old and below			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		Emergency Department		
Referral letter (if any) (1 original)				
Information or “Kaalaman” form (1 original)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
New Patients				
1. Give name to the triage officer.	1. Record the name of the patient. 1.1 Do Initial history and physical examination	None	5 minutes	Doctor Emergency Department
2.Proceed to the emergency room (ER) “Palistahan”	2. List the name and provide blue card and front of chart	None	2 minutes	Clerk ED Palistahan
3. Enter the ED resuscitation or observation area	3. Take the history of the patient 3.1 Examine the patient 3.2 Explain the findings and management plans for the patient 3.3 Give prescription and/or laboratory requests as needed 3.4 Chart is given to the nurse on duty	None	1 hour	Doctor/Nurse ED
TOTAL:		None	1 hour, 7 minutes	
Old Patients				
1. Give name to the triage officer.	1. Record the name of the patient. 1.1Do initial history and physical examination	None	5 minutes	Doctor Emergency Department
2. Patient proceeds to the emergency room (ER) “Palistahan”	2. List the name and provide front of chart	None	2 minutes	Clerk ER Palistahan

3. Enter the ER resuscitation or observation area	3. Take the history of the patient 3. Examine the patient 3.1 Explain the findings and management plans for the patient 3.2 Give prescription and/or laboratory requests as needed 3.3 Give chart to the nurse on duty	None	1 hour	<i>Doctor/Nurse</i> ED
TOTAL:		None	1 hour, 7 minutes	

3. Admission of Patients

Admission of patients to the wards

Office or Division:	Department of Pediatrics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients 18 years old and below			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Admitting Order Sheet (1 original)		Emergency Department (ED)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give the admitting order sheet to Doctor at ED	1. Endorse the patient to the ward physician 1.1 Give the admitting order to the nurse on duty	None	15 minutes	<i>Doctor</i> ED
2. Wait to be transported to the ward	2. Nurse in charge endorses to ward nurse 2.1 Utility staff wheels in the patient to the ward	None	1 hour	<i>Nurse and Utility Staff</i> ED
TOTAL:		None	1 hour, 15 minutes	

4. Issuance of Discharge Papers

Discharge process in the pediatrics wards, emergency department, intensive care units

Office or Division:	Department of Pediatrics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients 18 years old and below			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Chart with discharge orders		Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Wait for discharge orders from Doctor	1. Give discharge orders and instruction to patient 1.1 Give the chart to the nurse in charge	None	10 minutes	<i>Doctor</i> Ward/ER/ICU
2. Process the papers for discharge at the PhilHealth Office	2. Give instruction on the discharge process 2.1 PhilHealth personnel receive the document and reviews discharge papers completeness 2.2 Process the discharge	None	2 hours	<i>Nurse</i> Ward/ER/ICU <i>Staff-on-duty</i> PhilHealth Office
3. Return to the ward/to beds	3. Issue clearance form	None	10 minutes	<i>Nurse</i> Ward/ER/ICU
4. Prepare to go home	4. Assist in vacating the bed	None	20 minutes	<i>Nursing Attendant</i> Ward/ER/ICU
TOTAL:		None	2 hours, 40 minutes	

5. Diagnostic Services

Diagnostic services at the outpatient services and emergency department

Office or Division:	Department of Pediatrics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients 18 years old and below			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Laboratory request form (1 original)		Doctor		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present laboratory request at reception area of OPD/ED	1. Receive the laboratory request 1.1 List down the name of the patient in the logbook	None	2 minutes	<i>Nurse or clerk</i> OPD/ER
2. Wait for name to be called	2. Call out name of patient	None	30 minutes	<i>Nurse or clerk</i> OPD/ER
3. Go to the procedure room and wait	3. Perform the test	None	1 hour	<i>Technician</i> OPD/ER
4. Go to reception for instructions	4. Give instructions to patient to come back on scheduled follow up date. 4.1 Results are encoded and attached to the medical charts of patients	None	5 minutes	<i>Nurse or clerk</i> OPD/ER
TOTAL:		None	1 hour, 37 minutes	

6. Immunization at the Outpatient Department

Diagnostic services at the outpatient services and emergency department

Office or Division:	Department of Pediatrics – Outpatient services			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients 18 years old and below			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Medical chart or record		Records Office		
Blue card (1 original)		OPD Main Building		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give name to the OPD information counter.	1. Record the name of the patient 1.1 Instruct the patient to proceed to the Pediatrics Clinic	None	2 minutes	<i>Clerk</i> OPD Information Counter
2. Proceed to the clinic and enlist name Wait for the name or queue number to be called	2. List the name and give queue number 2.1 Retrieve chart	None None	2 minutes 2 hours	<i>Nurse</i> OPD clinic
3. Enter the clinic once name is called	3. Call the name or queue number of the patient 3.1 Take the history of the patient 3.2 Examine the patient 3.3 Administer the vaccine 3.4 Give prescription and/or laboratory requests as needed 3.5 Send the patient to the nurse for scheduling	None	15 minutes	<i>Doctor</i> OPD Clinic
TOTAL:		None	2 hours, 19 minutes	

7. Issuance of Clearance prior to Operative Procedure

Process on the issuance of clearance prior to contemplated operative procedure

Office or Division:	Department of Pediatrics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients 18 years old and below			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		Pediatrics OPD clinic		
Referral letter (if any) (1 original)				
Medical record or chart				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present blue card or referral letter to Nurse at the OPD Clinic Wait for the name to be called	1. Record the name of the patient	None	30 minutes	Nurse OPD Clinic
	1.1 Retrieve medical chart or record	None	30 minutes	
2. Enter the clinic once name is called	2. Call the name or queue number of the patient 2.1 Take the history of the patient 2.2 Examine the patient 2.3 Explain the findings and management plans for the patient 2.4 Issue clearance 2.5 Send the patient to the nurse for final instruction	None	30 minutes	Doctor OPD Clinic
3. Give the chart to the nurse for scheduling	3. Give instructions regarding the laboratory and or medications prescribed 3.1. Give schedule of follow-up or consult to subspecialty clinic	None	5 minutes	Nurse OPD Clinic
TOTAL:		None	1 hour, 35 minutes	

8. Transfer of Inpatient to Local Health Center

Process of transferring inpatients to local health center

Office or Division:	Department of Pediatrics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients 18 years old and below			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Chart with transfer orders		Ward		
Discharge papers		Ward		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Wait for transfer order from the Doctor	1. Give transfer order 1.1 Give the chart to the nurse in charge 1.2 Coordinate and endorse the case to another institution or hospital	None	1 hour	<i>Doctor</i> Ward
2. Process the papers for discharge at the PhilHealth Office	2. Give instruction on the discharge process 2.1 Receive the document and review discharge papers for completeness 2.2 Process the discharge	None	2 hours	<i>Nurse</i> Ward <i>Staff-in-Charge</i> PhilHealth Office
3. Return to the ward	3. Issue clearance form for transfer	None	10 minutes	<i>Nurse</i> Ward
TOTAL:		None	3 hours, 10 minutes	

9. Medical Mission of the Hospital

Participation in the in-house and outreach medical mission of PGH

Office or Division:	Department of Pediatrics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients 18 years old and below			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter request from the department in-charge of the medical mission (1 original)		Department in-charge		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give the name of the patient to the clerk at the OPD Clinic	1. Record the name and details of the patient	None	2 minutes	Clerk OPD clinic
Wait in line until the name is called	1.1 Instruct the patient to wait in line	None	30 minutes	
2. Approach the doctor once name is called	2. Call the name or queue number of the patient 2.1 Take the history of the patient 2.2 Examine the patient 2.3 Explain the findings and management plans for the patient 2.4 Give prescription and/or laboratory requests as needed 2.5 Send the patient to the nurse for scheduling	None	30 minutes	Doctor OPD Clinic
3. Go back to the nurse at the OPD Clinic	3. Give instruction	None	2 minutes	Nurse OPD Clinic
TOTAL:		None	1 hour, 4 minutes	

10. Acceptance of Residency and Fellowship Training Program Application

The acceptance of application for Residency and Fellowship Training covers activities from submission of application requirements up to deliberation and sending decision letter

Office or Division:	Department of Pediatrics			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All Applicants for Residency and Fellowship Program			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<input type="checkbox"/> Endorsement of DDHO with the application form (2 copies) <input type="checkbox"/> Letter of intent <input type="checkbox"/> 2x2 picture (2 copies) <input type="checkbox"/> Certificate of Class Rank <input type="checkbox"/> Photocopies of the following: - Transcript of Records (TOR) (1 copy) - Medical Diploma (1 copy) - PRC Board Rating (1 copy) - Certificate of Internship (1 copy) <input type="checkbox"/> Certificate of Residency – <i>for fellowship</i>		Deputy Director for Health Operations From the Applicant Medical School Medical School Medical School Philippine Regulatory Commission (PRC) Training Hospital		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit application form and complete requirements to the Deputy Director for Health Operations	1. Accept Residents and Fellowship Training Application 1.1 Forward application to the department	PHP 100 Application Fee	1 day	<i>Administrative Staff</i> DDHO
2. Attend pre-residency activities at designated venue	2. Give instruction on the schedule of pre-residency activities 2.1 Schedule 3-week rotations in the wards, NICU and ER 2.2 Schedule case management and interview 2.3 Give qualifying examination	PHP 1,000 Exam Fee	1 day --- 1 day 1 day	<i>Chief Resident</i> <i>Chief Resident/Consultant</i> <i>Chief Resident Department</i>
3. Receive acceptance/ rejection letter from Residency Training Committee	3. Deliberate and send acceptance/ rejection letter 3.1 Submit accepted applicants to DDHO	None	7 days	<i>Residency Training Committee</i> Department
TOTAL:		PHP1,100	11 days	

11. Issuance of Clearance to Graduated/ Retired/ Resigned Pediatrics Employees

This procedure covers activities from submission of accomplished clearance form up to issuance of clearance

Office or Division:	Department of Pediatrics			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All graduated/ retired/ resigned pediatrics employees in the Department of Pediatrics			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Clearance form from the Administrative Assistant. (1 original)		Pedia Office		
2. Fully accomplished clearance form with complete signature (1 original)		From the Employee		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ask Clearance form from Pedia Office	1. Provide clearance form	None	1 minute	<i>Administrative Staff</i> Pedia Office
2. Submit fully accomplished clearance form to Pedia Office	2.Receive the fully accomplished clearance form 2.1 Issue clearance	None	10 days	<i>Administrative Assistant</i> Pedia Office
TOTAL:		None	10 days, 1 minute	

12. Provision of Medical Assistance (Supplies/ Equipment, Drugs) to the Pediatric Patients

This procedure covers activities from receipt of referral up to providing medical assistance

Office or Division:	Department of Pediatrics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Pediatric Consultants and Other Health Care Providers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Endorsement from the Medical Social Service (1 original)		Department of Pediatrics Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Pedia Office with a referral from the MSS	1. Refer to the Child Foundation	None	5 minutes	<i>Administrative Assistant</i> Pedia Office
2. Proceed to the Child Foundation	2. If available: Give assistance	None	5 minutes	<i>Child Foundation</i> Department
	If not available: Process the need		2 days	<i>Child Foundation</i> Department
TOTAL:		None	If available: 10 minutes If not available: 2 days, 5 minutes	

13. Annual Postgraduate Course

Conduct of annual postgraduate course

Office or Division:		Department of Pediatrics		
Classification:		Simple		
Type of Transaction:		G2G		
Who may avail:		Physician		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Properly filled out registration form (1 original) and payment		Chief resident		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Be informed of postgraduate course schedule	1. Post postgraduate course schedule and program	None	5 minutes	<i>Chief Resident</i> Pedia Office
2. Register and pay for the event online or onsite	2. List registered attendees 2.1 Receive cash payment or confirm payment made through bank	Pre-registration fee: PHP 2,800.00 Onsite registration fee: PHP 3,000.00 (for alumni) PHP 3,500.00 (for non-alumni)	1 hour	<i>Chief Resident/</i> <i>Registration Committee</i> Pedia Office
TOTAL:		Pre-registration fee: PHP 2,800.00 Onsite registration fee: PHP 3,000.00 (for alumni) PHP 3,500.00 (for non-alumni)	1 hour, 5 minutes	

14. Issuance of postgraduate course certificate

Issuance of postgraduate course certificate

Office or Division:	Department of Pediatrics			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Physician			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Attendance signature		Postgraduate course event		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign the attendance at the designated venue	1. Provide attendance sheet 1.1 Submit the name of participants to society or government agency	None	5 minutes	<i>Chief Resident/ Registration Committee Pedia Office</i>
2. Receive certificate of attendance from Pedia Office	2. Issue certificate of attendance	None	5 minutes	<i>Chief Resident/ Registration Committee Pedia Office</i>
TOTAL:		None	10 minutes	

15. Acceptance of Observership (External)

Clinical Observership in the Department of Pediatrics

Office or Division:	Department of Pediatrics			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Physician			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of intent/approved letter by the PGH-Director (observers outside of PGH) (1 original)		PGH Director's Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present letter of intent to the department	1. Receive the letter	None	5 minutes	<i>Administrative Assistant</i>
	1.1 Forward the letter to the Administrative Officer to prepare endorsement letter to the Director and forward to the Department Chair for signature	None	1 day	<i>Administrative Officer Pedia Office</i>
2. Wait for the letter to be approved and the MOA to be prepared	2. Forward letter to the Director's Office, Through Channels for approval	None	10 minutes	<i>Administrative Assistant/ Utility Worker Pedia Office</i>
	2.1 Receive the letter for recommending approval by the Deputy Director and forward to Director's Office for approval	None	1 day	<i>Staff-in-Charge DDHO</i>
	2.2 Receive and have the letter approved by the Director then forward to the Legal Office for preparation of Memorandum of Agreement (MOA)	None	1 day	<i>Staff-in-Charge Director's Office</i>
	2.3 Prepare MOA then forward to the Department	None	10 days	<i>Staff-in-Charge Legal Office</i>

	2.4 Receive MOA for signature of Department Chair, DDHO, and Director then release to the rotator for notarization	None	2 days	<i>Administrative Assistant Pedia Office</i>
3. Submit notarized MOA (7sets including the original)	3. Receive and record the notarized MOA (7 sets including the original) then forward the 4 copies including the original to Legal Office	None	1 day	<i>Administrative Assistant Pedia Office</i>
4. Proceed to the Cashier's Office to pay the Rotator's Fee and submit one (1) photo copy of the Official Receipt and Payment Form to Pedia Office	4. Release Payment Form to the rotator to pay the Rotator's Fee	<u>Rotators Fee:</u> Private Hospital : PHP 4,983.00 Public Hospital: PHP 2,491.50 International : USD 150.00	10 minutes	<i>Administrative Assistant/ Utility Worker Pedia Office</i>
5. Start of the rotatorship	4.1 Accept photocopy of the OR and Payment Form		2 minutes	<i>Administrative Assistant Pedia Office</i>
TOTAL:		<u>Rotators Fee:</u> Private: PHP 4,983.00; Public: PHP 2,491.50; International : USD 150.00	16 days, 27 minutes	

16. Preparation of Vouchers

This procedure covers activities from receipt of approved voucher up to endorsement to the Accounting Services.

Office or Division:	Department of Pediatrics			
Classification:	Simple			
Type of Transaction:	G2B			
Who may avail:	Suppliers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Approved Purchase Order (1 original)		Purchasing Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Wait for the approved voucher	1. Receive/record the approved Purchase Order with complete requirements from the Purchasing Office then forward to Administrative Officer	None	5 minutes	<i>Administrative Assistant</i> Pedia Office
	1.1 Prepare voucher	None	20 minutes	<i>Administrative Officer</i> Pedia Office
	1.2 Sign voucher	None	1 hour	<i>Department Chair</i> Pedia Office
	1.3 Forward voucher to the Accounting Division	None	10 minutes	<i>Administrative Assistant/ Utility Worker</i> Pedia Office
TOTAL:		None	1 hour, 35 minutes	

Department of Pediatrics

Internal Services

1. House Staff Lectures

Conduct of lectures for fellows, residents and students on a scheduled basis

Office or Division:	Department of Pediatrics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Physicians/students			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Monthly schedule of department activities		Chief resident		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive schedule of lectures from Pedia Office	1. Send schedule of lectures 1 week prior	None	5 minutes	<i>Chief Resident</i> Department
2. Attend lecture at designated venue	2. Remind scheduled lecture 1 day prior	None	1 hour	<i>Chief Resident</i> Department
TOTAL:		None	1 hour, 5 minutes	

2. Acceptance of Observership (Internal)

Clinical observership in the Department of Pediatrics

Office or Division:	Department of Pediatrics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Physician			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of intent/approved letter by the Department Chair (intradepartmental) (1 original)		Department Chair		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Internal				
1. Present letter of intent to the department	1. Receive the original letter of intent 1.1 Forward the letter to the department chair for approval	None	5 minutes	<i>Administrative Assistant</i> Pedia Office <i>Administrative Officer</i> Pedia Office
2. Wait for the letter to be approved	2. Approve letter	None	1 day	<i>Department Chair</i> Pedia Office
3. Receive approval letter	3. Give approved letter to interested party 3.1 Inform chief resident and involved section of the arrangement	None	5 minutes	<i>Administrative Assistant</i> Pedia Office
TOTAL:		None	1 day, 15 minutes	

3. Processing of Application Papers of the Consultants for Medical Specialist Item

This procedure covers activities from submission of resume and recommendation letter up to endorsement of requirements to HRDD.

Office or Division:	Department of Pediatrics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Pediatric Consultants			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Endorsement from the Department Chair (1 original)		Department of Pediatrics Office		
Resume (1 original copy)		Applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Pedia Office to submit resume	1. Prepare recommendation letter and have it signed by the Department Chair and attach resume of Pediatric consultant	None	1 day	<i>Administrative Assistant, Administrative Officer Pedia Office</i>
2. Wait for the approval of the Director for the submission of requirements to the HRDD	2. Submit the recommendation to the Director's Office (Through Channels)	None	1 hour	<i>Utility Worker/ Administrative Assistant Pedia Office</i>
TOTAL:		None	1 day, 1 hour	

4. Granting to Use the Department of Pediatrics Conference Rooms

This procedure covers activities from submission of request letter up to providing information about availability of conference room.

Office or Division:	Department of Pediatrics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Other PGH Departments			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of request (1 original)		From the Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the letter of request to the Pediatrics Office	1. Receive the letter of request and forward to the Administrative Officer	None	5 minutes	<i>Administrative Assistant</i> Pedia Office
	1.1 Check the availability of the room requested in the Department Calendar for Conferences	None	5 minutes	<i>Administrative Officer</i> Pedia Office
2. Wait for the reply	2. Inform the requester if approved/denied	None	5 minutes	<i>Administrative Officer</i> Pedia Office
TOTAL:		None	15 minutes	

5. Provision of Evaluation Report for the Product Sample (Medical Supplies, Office Supplies, Others)

This procedure covers activities from submission of product sample up to accomplishment of evaluation report.

Office or Division:	Department of Pediatrics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Suppliers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Product Sample Accomplished Evaluation Form (1 original)		From the Supplier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the product sample and evaluation form to Pediatrics Office	1. Receive the product sample and evaluation form	None	5 minutes	<i>Administrative Officer</i> Pedia Office
	1.1 Forward the product sample to the Head Nurses for evaluation	None	1 day	<i>Head Nurses</i> Pedia Ward
	1.2 Wait for the results of the evaluation	None	1 day	<i>Administrative Officer</i> Pedia Office
	1.3 Submit the evaluation form to Pedia Office	None	None	<i>Head Nurses</i> Pedia Ward
TOTAL:		None	2 days, 5 minutes	

6. Request for Equipment Presentation/ Demonstration

This procedure covers activities from submission of letter of intent up to releasing of approved request.

Office or Division:	Department of Pediatrics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	suppliers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of intent (1 original)		From the supplier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the letter of intent to the Pediatrics Office	1. Receive the letter of intent and forward to the Administrative Officer	None	5 minutes	<i>Administrative Assistant</i> Pedia Office
	1.1 Forward the letter to the Department Chair for approval	None	5 minutes	<i>Administrative Officer/</i> <i>Department Chair</i> Pedia Office
	1.2 Approve the letter	None	2 hours	<i>Department Chair</i> Pedia Office
	1.3 Forward copy of the letter to the Subspecialty concerned for endorsement then release the approved letter	None	10 minutes	<i>Administrative Assistant</i> Pedia Office
TOTAL:		None	2 hours, 20 minutes	

7. Request for Gate Pass

This procedure covers activities from submission of request letter up to issuance of gate pass.

Office or Division:	Department of Pediatrics			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Other PGH Departments			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of request (1 original) with the following: 1. Name of the person to bring out/in the items. 2. Date of effectivity 3. List of items to be brought in/out		From the Requester		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the letter of request to the Pediatrics Office	1. Receive the letter of request and forward to the Administrative Officer	None	5 minutes	<i>Administrative Assistant</i> Pedia Office
	1.1 Prepare the gate pass and forward to Department Chair for approval	None	5 minutes	<i>Administrative Officer</i> Pedia Office
	1.2 Sign the gate pass	None	2 hours	<i>Department Chair</i> Pedia Office
	1.3 Forward to the Deputy Director for Administration for approval.	None	1 hour	<i>Administrative Assistant/Utility Worker</i> Pedia Office
2. Wait for the approved gate pass	2. Give the gate pass approved by the Deputy Director for Administration	None	2 days	<i>Administrative Officer</i> Pedia Office
TOTAL:		None	2 days, 3 hours, 10 minutes	

Department of Psychiatry and Behavioral Medicine

External Services

1. Emergency Room Referral (As Co-managing Service)

This procedure covers activities from patient assessment up to documentation of psychiatric findings and plan on patient chart.

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Patients requiring psychiatric evaluation and management as deemed by their attending physicians		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> • Phone referral by attending physician AND • Written referral on ER chart by attending physician 		Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present self to the doctor	1. Secure and Review patient chart	None	30 minutes	<i>Resident-on-Duty</i> <i>Fellow-on-Duty</i> DEM
2. Cooperate with the assessment process by answering questions and by following steps during physical examination	2. Conduct psychiatric interview and physical examination	None	1 hour	<i>Resident-on-Duty</i> <i>Fellow-on-Duty</i> DEM
	2.1 Write psychiatric findings and plan on patient chart	None	30 minutes	<i>Resident-on-Duty</i> <i>Fellow-on-Duty</i> DEM
TOTAL:		None	2 hours	

2. Emergency Room Referral (As Primary Service: Assessment)

This procedure covers activities from patient assessment up to endorsement of plan of care.

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Patients who are requiring psychiatric evaluation and management as deemed		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> • Phone referral by ER Officer or • Transfer of service to Psychiatry by other services through chart written entry by another service (Acceptability of transfer of service entry subject to Psychiatry resident on duty assessment) 		ER Officer Patient Chart		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present self to the doctor	1. Secure and Review patient chart	None	30 minutes	<i>Resident-on-Duty;</i> <i>Fellow-on-Duty</i> DEM
2. Cooperate with the assessment process by answering questions and by following steps during physical examination	2. Conduct psychiatric interview and physical examination	None	1 hour	<i>Resident-on-Duty;</i> <i>Fellow-on-Duty</i> DEM
	2.1 Write psychiatric findings and plan on patient chart	None	30 minutes	<i>Resident-on-Duty/</i> <i>Fellow-on-Duty</i> DEM
	2.2 Write laboratory and diagnostic requests and prescriptions for patient	None	30 minutes	<i>Resident-on-Duty;</i> <i>Fellow-on-Duty</i> DEM
	2.3 Endorse plan of care, laboratory and diagnostic requests and prescriptions to nurse-in-charge	None	15 minutes	<i>Resident-on-Duty;</i> <i>Fellow-on-Duty</i> DEM
TOTAL:		None	2 hours, 45 minutes	

3. Emergency Room Referral (As Primary Service: Preparation for Admission to Psychiatry Ward)

This procedure covers activities from patient assessment up to endorsement of plan of care.

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Patients who are requiring psychiatric evaluation and management as deemed .		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> • Completed necessary diagnostic and laboratory tests • Written medical clearance by appropriate co-managing services • Admitting Orders 		Patient Chart Resident-on-duty		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present self to the doctor	1. Secure and review patient chart ensuring diagnostic and laboratory tests are complete and clearance by appropriate co-managing services are written and acceptable	None	30 minutes	<i>Resident-in-Charge or Resident-on-Duty;</i> <i>Fellow-in-Charge or Fellow-on-Duty</i> DEM
2. Cooperate with the assessment process by answering questions and by following steps during physical examination	2. Conduct psychiatric interview and physical examination during patient rounds.	None	1 hour	<i>Resident-in-Charge or Resident-on-Duty;</i> <i>Fellow-in-Charge or Fellow-on-Duty</i> DEM
	2.1 Write on chart current patient findings and indicate that he/she may be admitted to Psychiatry ward	None	15 minutes	<i>Resident-in-Charge or Resident-on-Duty;</i> <i>Fellow-in-Charge or Fellow-on-Duty</i> DEM
	2.2 Write admitting orders	None	15 minutes	<i>Resident-in-Charge or Resident-on-Duty;</i> <i>Fellow-in-Charge or Fellow-on-Duty</i>

				DEM
	2.3 Endorse to Nurse-in-charge	None	15 minutes	<i>Resident-in-Charge or Resident-on-Duty; Fellow-in-Charge or Fellow-on-Duty DEM</i>
TOTAL:		None	2 hours, 15 minutes	

4. Emergency Room Referral (As Primary Service: Preparation for Discharge from Emergency Room)

This procedure covers activities from patient assessment up to endorsement of plan of care.

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Patients who are requiring psychiatric evaluation and management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
• Completed necessary diagnostic and laboratory tests		Patient Chart		
• Written medical clearance by appropriate co-managing services		Patient Chart		
• Discharge Papers		Resident-in-Charge		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present self to the doctor.	1. Secure and review patient ensuring diagnostic and laboratory tests are complete and clearance by appropriate co-managing services are written and acceptable	None	30 minutes	<i>Resident-in-Charge or Resident-on-Duty; Fellow-in-Charge or Fellow-on-Duty DEM</i>
2. Cooperate with the assessment process by answering questions and by following steps during physical examination	2. Conduct psychiatric interview and physical examination during patient rounds	None	1 hour	<i>Resident-in-Charge or Resident-on-Duty; Fellow-in-Charge or Fellow-on-Duty DEM</i>
	2.1 Write on chart current findings on patient and indicate that he/she may be discharged	None	30 minutes	<i>Resident-in-Charge or Resident-on-Duty; Fellow-in-Charge or Fellow-on-Duty DEM</i>
	2.2 Prepare Discharge Papers	None	15 minutes	<i>Resident-in-Charge or Resident-on-Duty; Fellow-in-Charge or Fellow-on-Duty DEM Duty</i>

				DEM
	2.3 Attach discharge papers to chart and endorse to ER Nurse-on-Duty	None	15 minutes	<i>Resident-in-Charge or Resident-on-Duty; Fellow-in-Charge or Fellow-on-Duty</i> DEM
TOTAL:		None	2 hours, 30 minutes	

5. Consultation-Liaison Psychiatry Referral (Non-Emergency Cases)

This procedure covers activities from patient assessment up to documentation of psychiatric findings and plan on patient chart

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Patients who are requiring psychiatric evaluation and management as deemed by respective attending physicians		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> • Written referral on patient chart by attending physician • Submitted complete referral form by intern or attending physician to the department • Log on referral logbook at ward 7 		Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present self to the doctor	1. Secure and Review patient chart	None	30 minutes	<i>Resident-in-Charge; Fellow-in-Charge Ward</i>
2. Cooperate with the assessment process by answering questions and by following steps during physical examination	2. Conduct psychiatric interview and physical examination	None	1 hour	<i>Resident-in-Charge; Fellow-in-Charge Ward</i>
	2.1 Write psychiatric findings and plan on patient chart	None	30 minutes	<i>Resident-in-Charge; Fellow-in-Charge Ward</i>
TOTAL:		None	2 hours	

6. Consultation-Liaison Psychiatry Referral (Emergency Case)

This procedure covers activities from patient assessment up to documentation of psychiatric findings and plan on patient chart

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Patients who are requiring psychiatric evaluation and management as deemed by their attending physicians.		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
• Phone referral by attending physician		Attending Physician		
• Written referral on ward chart by attending physician		Patient Chart		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present self to the doctor	1. Secure and Review patient chart	None	15 minutes	<i>Resident-on-Duty; Fellow-on-Duty Ward</i>
2. Cooperate with the assessment process by answering questions and by following steps during physical examination	2. Conduct psychiatric interview and physical examination	None	1 hour	<i>Resident-on-Duty; Fellow-on-Duty Ward</i>
	2.1 Write psychiatric findings and plan on patient chart	None	30 minutes	<i>Resident-on-Duty; Fellow-on-Duty Ward</i>
TOTAL:		None	1 hour, 45 minutes	

7. Outpatient Department Consultations (Initial Consult)

This procedure covers activities from receiving patient in the clinic up to endorsement for follow-up scheduling and referrals

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Patients requiring psychiatric evaluation and management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card (1 original)		Main OPD Ground Floor		
Referral from Primary Services		OPD Records Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to clinic and enlist name	1. List name and arrange their charts	None	2 minutes	<i>Nurse</i> OPD Psych Clinic
2. Wait for name to be called	2. Ask patient to proceed to waiting area	None	1 hour	<i>Nurse</i> OPD Psych Clinic
3. Enter clinic once name is called	3. Call patient name 3.1 Conduct Psychiatric interview and physical examination 3.2 Explain the findings and management to the patient 3.3 Give prescription and/or laboratory requests as needed 3.4 Send Patient to nurse for follow-up scheduling and referrals to other services	None	1 hour and 30 minutes	<i>Resident Screener</i> OPD Psych Clinic
4. Give the chart to the nurse	4. Give instructions on prescriptions, laboratory exams, diagnostic exams, follow-up schedule with Psychiatry, or referral to other co-managing services	None	5 minutes	<i>Nurse</i> OPD Psych Clinic
TOTAL:		None	2 hours, 37 minutes	

8. Outpatient Department Consultations (Follow-up Consult)

This procedure covers activities from receiving patient in the clinic up to endorsement for follow-up scheduling and referrals

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Patients requiring psychiatric evaluation and management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
• Blue Card (1 original)		Main OPD Ground Floor		
• Patient Chart		OPD Records Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to clinic and enlist name	1. List name and arrange their charts	None	2 minutes	<i>Nurse</i> OPD Psych Clinic
2. Patient waits for his/her name to be called	2. Ask patients to proceed to waiting area	None	1 hour	<i>Nurse</i> OPD Psych Clinic
3. Enter the clinic once name is called	3. Call patient name 3.1 Conduct Psychiatric interview and physical examination 3.2 Explain the findings and management to the patient 3.3 Give prescription and/or laboratory requests as needed 3.4 Send Patient to nurse for follow-up scheduling and referrals to other services	None	1 hour	<i>Resident-in-Charge</i> OPD Psych Clinic
4. Give the chart to the nurse	4. Give instructions on prescriptions, laboratory exams, diagnostic exams, next follow-up schedule with Psychiatry, or referral to other co-managing services	None	5 minutes	<i>Nurse</i> OPD Psych Clinic
TOTAL:		None	2 hours, 7 minutes	

9. Women's Desk Evaluation (Decking Procedure)

This procedure covers activities from patient registration up to setting evaluation schedules.

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Complex		
Type of Transaction:		G2C		
Who may avail:		Clients requiring psychiatric evaluation for VAWC (Violence Against Women and Their Children) cases.		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card (1 original)		Medical Social Service (MSS) Section		
Patient Chart from MSS Women's Desk		Medical Social Service (MSS) Section		
Request for psychiatric evaluation from authorized DSWD personnel, police, or client's attorney		DSWD, Police Station, Client's attorney		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Room 107, Ward 7	1. List name on Women's Desk Logbook	None	5 minutes	Secretary Ward
	1.1 Inform the Resident-in-Charge of Women's Desk client decked to him/her	None	5 minutes	Secretary Ward
2. Wait to be contacted by Resident-in-Charge	2. Contact client for her evaluation schedules	None	3 days	Resident-in-Charge Ward
TOTAL:		None	3 days, 10 minutes	

10. Women's Desk Evaluation (Client Psychiatric Evaluation)

This procedure covers activities from patient registration up to conduct of psychiatric evaluation.

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Clients requiring psychiatric evaluation for VAWC (Violence Against Women and Their Children) cases.		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient Identification Card (1 original)		Government agencies, employer, school		
Blue Card (1 original)		Medical Social Service (MSS) Section		
Patient Chart from MSS Women's Desk		Medical Social Service (MSS) Section		
Request for psychiatric evaluation from authorized DSWD personnel, police, or client's attorney		DSWD, Police Station, Client's attorney		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to clinic and enlist name	1. List name	None	5 minutes	<i>Nurse</i> OPD Psych Clinic
2. Wait for name to be called	2. Ask clients to proceed to waiting area	None	1 hour	<i>Nurse</i> OPD Psych Clinic
3.Enter clinic once name is called	3.Call client's name 3.1 Conduct Psychiatric evaluation 3.2 Give follow-up schedule (Note: Evaluation may take a minimum of three (3) meetings)	None	1 hour	<i>Resident-in-Charge</i> OPD Psych Clinic
TOTAL:		None	2 hours and 5 minutes	

11. Women's Desk Evaluation (Release of Psychiatric Evaluation Report)

This procedure covers activities from patient registration up to releasing of psychiatric evaluation report.

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Clients requiring psychiatric evaluation for VAWC (Violence Against Women and Their Children) cases.		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
• Patient Identification Card (1 original)		Patient		
• Blue Card (1 original)		Medical Social Service (MSS) Section		
• Court order for release of Psychiatric Evaluation Report		Medical Social Service (MSS) Section		
• Patient's consent form to release report		Patient		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to clinic and enlist name	1. List name	None	5 minutes	<i>Nurse</i> OPD Psych Clinic
2. Wait for name to be called	2. Ask client to proceed to waiting area	None	1 hour	<i>Nurse</i> OPD Psych Clinic
3.Enter the clinic once name is called	3. Call client's name 3.1 Check documentary requirements if satisfactory 3.2 Release psychiatric evaluation report to client	None	30 minutes	<i>Resident-in-Charge</i> OPD Psych Clinic
TOTAL:		None	1 hour and 35 minutes	

12. Acceptance of Residency and Fellowship Training Program

This procedure covers activities from receipt of application requirements up to sending of decision letter about the application.

Office or Division:	Psychiatry and Behavioral Medicine (DPBM)			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	All applicants for Residency and Fellowship Program			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
• Endorsement of DDHO with the application form (2 copies)		Deputy Director for health Operations		
• Essays on 1. Your Anamnesis/Life story and 2. Why you chose Psychiatry (for residency applicants only)		Applicant		
• 2x2 picture		Applicant		
• Certificate of class rank • Photocopies of the following: - Transcript of Records (TOR) - Medical Diploma - PRC Board Rating - Certificate of Internship		Graduate School Philippine Regulatory Commission (PRC) Training Hospital		
• Certificate of Residency (for fellowship applicants only)		Training Hospital		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit copy of the requirements above to the DDHO and the DPBM	1. Give instruction on the schedule of pre-residency activities	None	1 day	<i>Residency Training Officer and Chief Resident Department</i>
2. Attend pre-residency activities	2. Give qualifying examination 2.1 Schedule applicant interviews with consultants 2.2 Schedule Psychiatry rotation (Trainees rotate in the department for four (4) weeks)	None	5 days	<i>Chief Resident Department</i>
3. Receive acceptance/ rejection letter	3. Deliberate and send acceptance/ rejection letter 3.1 Submit accepted applicants to DDHO	None	5 days	<i>Residency Training Committee Department</i>
TOTAL:		None	11 days	

13. Acceptance of Clinical Observership

This procedure covers activities from receipt of application requirements up to sending of decision letter about the application.

Office or Division:	Department of Psychiatry and Behavioral Medicine			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Physician, Psychology Undergraduate / Graduate Students, Occupational Therapist Students, Medical Clerks			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
• Endorsement Letter (Addressed to PGH Director, Thru Department Chair)		Department/School		
• Curriculum Vitae				
• Recent copy of grades				
• Memorandum of Agreement		PGH		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all requirements to the Department for approval	1. Receive the letter 1.1 Forward the letter to the Office Assistant to prepare endorsement letter to the Director and forwards to the Department Chair for signature	None	1 day	Office Assistant Department of Psychiatry
2. Wait for the letter to be approved and the MOA to be prepared	2. Forward letter to the Director's Office, Through Deputy Director for Health Operations	None	15 minutes	Office Assistant Department of Psychiatry
	2.1 Receive the letter for recommending approval by the Deputy Director and forward to Director's Office for approval	None	1 day	Staff-in-Charge DDHO
	2.2 Receive approved letter and prepare the MOA	None	10 days	Staff-in-Charge Legal Office
	2.3 Receive the MOA and forward it to the Department Chair for signing, then to DDHO and Director	None	1 day	Office Assistant Department of Psychiatry

	2.4 Forward MOA to PGH Legal Office for routing of MOA then release to department	None	1 day	<i>Staff-in-Charge</i> Legal Office
3. Pick up MOA at the Department of Psychiatry and Behavioral Medicine for signature of respective departments, and for notarization	3. Release the MOA to be signed by their hospitals and/or school	None	2 days	<i>Office Assistant</i> Department
4. Submit Original copy of MOA and 4 photocopies to the Department of Psychiatry and Behavioral Medicine	4. Return to PGH Legal office original copy together with 4 photocopies of MOA with notarization	None	1 day	<i>Office Assistant</i> Department
5. Pay rotator's fee	5. Receive payment and issue Official Receipt	<u>Rotators' Fee</u> Physician Private Hospital: PHP 4,983.00 Public Hospital PHP 2,491.50 Psychology Undergrad/ Grad School: 100 hrs: PHP 3,000.00 150 hrs: PHP 4,500.00 200 hrs: PHP 6,000.00 300 hrs: PHP 9,000.00 Occupational Therapist Rotators: 8 weeks: PHP 3,200.00 Medical Clerks 2 weeks: PHP	15 minutes	<i>Staff-on-Duty</i> PGH Cash Office

		4,000.00		
6. Submit photocopy of Official Receipt to the department and show Original Copy for verification	6. File accomplished MOA and payment	None	5 minutes	Office Assistant Department
6.1 Report for Observership Rotation	6.1 Start observership program	---	---	---
TOTAL:		<u>Rotators' Fee</u>	17 days and 35 minutes	
		Physician Private Hospital: PHP 4,983.00 Public Hospital PHP 2,491.50 Psychology Undergrad/ Grad School: 100 hrs: PHP 3,000.00 150 hrs: PHP 4,500.00 200 hrs: PHP 6,000.00 300 hrs: PHP 9,000.00 Occupational Therapist Rotators: 8 weeks: PHP 3,200.00 Medical Clerks 2 weeks: PHP 4,000.00		

Department of Psychiatry and Behavioral Medicine

Internal Services

1. UP Student Consultation (Decking Procedure)

This procedure covers activities from registration up to scheduling.

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Complex		
Type of Transaction:		G2C		
Who may avail:		UP Students referred by Health Service deemed requiring psychiatric consultation		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
• Blue Card (1 original)		OPD Ground Floor		
• Referral from Health Service		Health Service		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to Room 107, Ward 7	1. List name on UP Student Consultation Logbook	None	5 minutes	Secretary Ward
	1.1 Inform Resident-in-Charge of newly decked to patient	None	5 minutes	Secretary Ward
2.Wait to be contacted by Resident-in-Charge	2. Contact patient for his/her consultation schedule	None	3 days	Resident-in-Charge Ward
TOTAL:		None	3 days and 10 minutes	

2. UP Student Consultation (Psychiatric Evaluation Procedure)

This procedure covers activities from registration up to patient management.

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		UP Students referred by Health Service deemed requiring psychiatric consultation		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
• Blue Card (1 original)		OPD Ground Floor		
• Referral from Health Service		Health Service		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to clinic and enlist name	1. List name and arrange their charts	None	5 minutes	<i>Nurse</i> OPD Psych Clinic
2.Wait for name to be called	2. Ask clients to proceed to waiting area	None	1 hour	<i>Nurse</i> OPD Psych Clinic
3.Enter clinic once name is called	3.Call in patient's name 3.1 Conduct Psychiatric interview and physical examination 3.2 Explain the findings and management to the patient 3.3 Give prescription and/or laboratory requests as needed 3.4 Give patient follow-up schedule	None	1 hour and 30 minutes	<i>Resident-in-Charge</i> OPD Psych Clinic
TOTAL:		None	2 hours and 35 minutes	

3. UP Student Medical Clearance to Enroll (Decking Procedure)

This procedure covers activities from registration up to patient management.

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		UP Students referred by Health Service deemed requiring psychiatric consultation		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
• Blue Card (1 original)		OPD Ground Floor		
• Referral from Health Service		Health Service		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Room 107, Ward 7	1. Staff lists name on UP Student Clearance Logbook	None	5 minutes	Secretary Ward
	1.1 Staff informs Resident-on-Duty of newly decked to patient	None	5 minutes	Secretary Ward
2. Wait to be contacted by Resident-in-Charge	2. Resident-on-Duty contacts patient for his/her consultation schedule	None	Within 1 hour	Resident-on-Duty Ward
TOTAL:		None	1 hour and 10 minutes	

4. UP Student Medical Clearance to Enroll (Psychiatric Evaluation Procedure)

This procedure covers activities from registration up to patient management.

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		UP Students referred by Health Service deemed requiring psychiatric consultation		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
• Blue Card (1 original)		OPD Ground Floor		
• Referral from Health Service		Health Service		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to clinic and enlist name	1.List name and arrange their charts	None	5 minutes	<i>Nurse</i> OPD Psych Clinic
2.Wait for name to be called	2. Ask clients to proceed to waiting area	None	1 hour	<i>Nurse</i> OPD Psych Clinic
3.Enter the clinic once name is called	3. Call in patient's name 3.1 Conduct Psychiatric interview and physical examination 3.2 Explain management if psychopathology is noted and gives patient follow-up schedule if needed. If without psychopathology, patient is given medical clearance at the end of the clinical session	None	1 hour and 30 minutes	<i>Resident-in-Charge</i> OPD Psych Clinic
TOTAL:		None	2 hours and 35 minutes	

5. PGH Employee Consultation (Scheduling Procedure with Chief Resident)

This procedure covers activities from registration up to consultation scheduling.

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Complex		
Type of Transaction:		G2C		
Who may avail:		PGH Employees referred by Health Service deemed requiring psychiatric consultation		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
• Blue Card (1 original)		OPD Ground Floor		
• Referral from Health Service		Health Service		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to Room 107, Ward 7	1. Ask employee to fill-out consultation sheet	None	5 minutes	Secretary Ward
	1.1 Inform Chief Resident of newly referred patient	None	5 minutes	Secretary Ward
2.Wait to be contacted by the Chief-Resident	2. Contact patient for his/her consultation schedule	None	3 days	Chief Resident Ward
TOTAL:		None	3 days and 10 minutes	

6. PGH Employee Consultation (Scheduling Procedure with Consultant)

This procedure covers activities from registration up to consultation scheduling.

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		PGH Employees referred by Health Service deemed requiring psychiatric consultation		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
• Blue Card (1 original)		OPD Ground Floor		
• Referral from Health Service		Health Service		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Room 107, Ward 7	1. Provide list of consultants with contact number and clinic schedules	None	5 minutes	Secretary Ward
TOTAL:		None	5 minutes	

7. PGH Employee Consultation (Psychiatric Evaluation Procedure with Chief Resident)

This procedure covers activities from patient assessment up to documentation of psychiatric findings and plan on patient chart

Office or Division:		Psychiatry and Behavioral Medicine		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		PGH Employees referred by Health Service deemed requiring psychiatric consultation		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
• Blue Card (1 original)		OPD Ground Floor		
• Referral from Health Service		Health Service		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Proceed to Room 107, Ward 7	1. Staff takes name of patient and informs chief resident	None	5 minutes	<i>Secretary Ward</i>
2.Wait for his/her name to be called	2. Staff asks patient to wait at bench area	None	1 hour	<i>Secretary Ward</i>
3.Enter the chief resident's clinic once name is called	3. Call in patient's name 3.1 Conduct Psychiatric interview and physical examination 3.2 Explain the findings and management to the patient 3.3 Give prescription and/or laboratory requests as needed 3.4 Give patient follow-up schedule	None	1 hour	<i>Chief Resident Ward</i>
TOTAL:		None	2 hours and 5 minutes	

Department of Radiology

External Services

1. CT Scan Service

Provision of CT Scan Services

Office or Division:	Radiology CT Scan			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All needing CT scan services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card, both PGH patient and NON-PGH (patient from other hospital or private clinic)		PGH "Palistahan", either OPD, ER, Pay Admitting or Malasakit Center		
Completely filled-out CT Scan Request thru RADISH (computerized Registry of Admissions & Discharges) account or Referral Slip with brief relevant history (including surgical) and pertinent physical examination. Completely filled-out CT Scan Request from private outpay patient (non-pgh) Inter-Agency Referral Request coming from other government hospital		PGH Requesting Clinic/Doctor, service or private in patient thru RADISH (Computerized Registry of Admissions & discharges) accounts. Pay patients (non-pgh) requests coming from private clinic/doctor. Social service of the requesting Government Hospital (to be approved by PGH Health Operations)		
PGH Receipt (1 original)		PGH Cashier's Office		
Previous CT scan CD or films and reports, if follow-up		PGH Radiology Records Unit, if done in PGH or from patient, if done in another clinic/hospital		
Patient Chart, if needed		Ward or ER		
Latest (within 1 month) result of Creatinine, if a contrast-study		PGH Department of Laboratories or any outside laboratories		
Renal clearance if with elevated creatinine results with eGFR of less than 30 for non-ICU patients and less than 45 for ICU patients.		Nephrologist		
Anesthesia evaluation for patients requiring sedation		Anesthesiologist		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to room 2 ground floor, Department of Radiology for final instruction and completion of data needed for appropriate information. •CT Scan Room near the elevator (for patients confined in the charity wards, ER patients, and OPD	1. Assess request and schedule procedure upon final approval of RIC (resident incharge). Print request thru RADISH (computerized Registry of Admissions and Discharges) account •Assess appropriate fees for procedure and indicate in the	None	15 minutes	Administrative Aide/Resident or Fellow

<p>patients 7:30 AM – 4:30 PM)</p> <ul style="list-style-type: none"> •Room 7 from 6:00 AM to 5:00 AM) both for patients from private/charity/OPD/ & outpay patients 	<p>request along with the signature of the Administrative Aide or CT Scan Resident to certify that this is an original copy and charge payment to open ERP Account</p> <ul style="list-style-type: none"> •Submit the pre-CT Scan Instructions to the Nurses thru RADISH account. •Attach the completed Professional Fee Form in the CT request (for patients of the DPPS). 			
<p>2. Proceed to the PGH Cashier's Office and pay the indicated amount for private outpatients and interagency charity service patients.</p> <ul style="list-style-type: none"> •If patient is from the DPPS or service inpatient, Admitting Area Clerk will charge payment thru OPEN ERP (charging account) and prepare charge slip for ingeragency referred patients 	<p>2. Receive the payment</p> <ul style="list-style-type: none"> •List and encode the charge slip in the computer (open ERP); and release a professional fee form for patients of the DPPS 	<p>Please refer to approved Schedule of Fees</p> <p>None</p>	<p>15 minutes</p> <p>15 minutes</p>	<p>PGH Cashier</p> <p>Administrative Aide or Radiologic Technologist</p>
<p>3. Return to the Radiology Department.</p> <ul style="list-style-type: none"> •Show the request form/referral with the attached official receipt. 	<p>3. Receive the official receipt and request form.</p> <ul style="list-style-type: none"> •List the patient's name, schedule, and other important data on the Logbook for Radiologic Examinations (Radiology computerized log book). •Indicate the 	<p>None</p>	<p>30 minutes</p>	<p>CT Scan Admitting Area Clerk or Radiologic Technologist</p>

	<p>schedule of the patient along with the complete name and signature of the Administrative Aide or CT Scan Resident to ensure validity.</p> <ul style="list-style-type: none"> •Instruct the patient regarding the procedure and needs (private outpatient-non-pgh). 			
<p>4. Go to the appropriate room at least one hour before the time and day of the schedule.</p> <ul style="list-style-type: none"> •Submit the complete form to the CT Scan Radiologic Technologist or Resident (for private outpatients and inter-agency referrals). •Stay in the waiting area until name is called. 	<p>4. Receive the schedule and paid request.</p> <ul style="list-style-type: none"> • Print request taken from RADISH ACCOUNT, with patient case number in the request form (for pgh patients) •Call the patient •Prepare the patient and machine for the procedure. 	None	30 minutes	Administrative Aide or Radiologic Technologist
5. Undergo the procedure	5. Perform the appropriate procedure	None	30 minutes per study (minimum)	Radiologic Technologist/ Resident
6. Wait for the instructions of the Radiologic Technologist or CT Scan doctor	6. Inform the patient (for charity patients) that they may return to their respective wards, otherwise, inform the Utility Worker of the ward.	None	15 minutes	Radiologic Technologist/ Resident/ Administrative Aide
7. Claim result	7. Advise patient that result will be available after 3 to 5 working days, excluding Saturday and Sunday, or they can follow up to the Record Section , room 1 (releasing area) for private outpatients and inter-agency	None	5 days	MRI Radiologic Technologist/ Resident or Administrative Aide/Records Section

	referred patients •Provide every patient CD copy of their CTSCAN images after procedure was done • For pgh patients, results may be taken or viewed by their doctors from OPEN MRS (open medical records system) account.			
	TOTAL:	Please refer to approved Schedule of Fees	5 days, 2 hours 30 minutes	

Notes:

- (1) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention or during machine maintenance.
- (2) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.

2. MRI Section Service

Provision of MRI Section Services

Office or Division:	MRI Section			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All needing MRI services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card, both PGH patient and NON-PGH (patient from other hospital or private clinic)		PGH "Palistahan", either OPD, ER, Pay Admitting or Malasakit Center		
Completely filled-out MRI Request thru RADISH (computerized Registry of Admissions & Discharges) account or Referral Slip with brief relevant history (including surgical) and pertinent physical examination. Completely filled-out MRI Request from private outpay patient (non-pgh)		PGH Requesting Clinic/Doctor, service or private in patient thru RADISH (Computerized Registry of Admissions & discharges) accounts. Pay outpatients (non-pgh), request coming from private clinic/doctor (Non-PGH Charity patients) requests coming from other government hospital Physician (inter-agency referrals)		
Approved Inter-Agency/ Hospital referral, for those Non-PGH patients from other government hospital who opted for charity service		Social service of the requesting Government Hospital (to be approved by PGH Health Operations)		
Consent form prior to MRI procedure		MRI Room, in front of room 21 & MRI Room near the elevator (for patients confined in the charity wards, ER patients, and OPD patients)		
PGH Receipt (1 original)		PGH Cashier's Office		
Previous related imaging done (X-ray, CT scan, or MRI) with results, if possible		PGH Radiology Records Unit, if done in PGH or from patient, if done in another clinic/hospital		
Latest (within 1 month) result of Creatinine, if a contrast-study		PGH Department of Laboratories or any outside laboratories		
Renal clearance if with elevated creatinine results with eGFR of less than 30 for non-ICU patients and less than 45 for ICU patients.		Nephrologist		
Anesthesia evaluation for patients requiring sedation		Anesthesiologist		
Clearance for any body metallic implant		PGH Doctor or Private Doctor who put the implant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to room 2 ground	1. Accept and ensure the completeness of the request form/referral.	None	15 minutes	Administrative Aide/MRI Resident or Fellow

<p>floor, Department of Radiology for final instruction and completion of data needed for appropriate information.</p> <ul style="list-style-type: none"> • MRI Room, in front of room 21 • MRI Room near the elevator (for patients confined in the charity wards, ER patients, and OPD patients) 	<ul style="list-style-type: none"> • Inform MRI residents or Pay Resident on Duty to approve the request. • Approval: resident will double check the completeness of the request (with pertinent history and physical examination) and make sure that a complete diagnosis as well as the reason for requesting the study are provided. • If a study requiring contrast media, resident will check if the creatinine and eGFR are within the cut-off values. • Write in the request the amount to be paid for the examination, as well as the signature of the Administrative Aide or MRI resident, to ensure that the request is authentic. • Incorporate in the request the Pre-MRI Scan Instructions for Nurses (for patients who are confined). • Create and incorporate a Professional Fee Form in the MRI request (for patients of DPPS). 			
<p>2. Proceed to PGH Cashier's Office for payment of desired examination (for charity patients or private outpatients)</p> <ul style="list-style-type: none"> • If patients from DPPS or service inpatient, Admitting Areas Clerk will charge payment thru OPEN ERP 	<p>2. Receive the payment</p> <ul style="list-style-type: none"> • List and encode payment by charging at open ERP account; and release a professional fee form for patients of the DPPS 	<p>Please refer to approved Schedule of Fees</p>	<p>15 minutes</p>	<p>PGH Cashier</p>

(charging account) and prepare charge slip for interagency referred patients				
3. Return to Radiology Department. •Present the request form/referral form with the official receipt attached	3. Receive request form with official receipt. • List or encode the charge slip into the computer system (thru OPEN ERP) and fill up the professional fee form for the DPPS patients. • List patient name and requested examination, schedule of examination, and other pertinent data in the computer system (Radiology computerized log book). • Write down the schedule in the request form, together with the signature of the Administrative Aide or MRI Resident to ensure authenticity of request form and identity of patient. •Give a short explanation of the requested examination and other pertinent information for the patient. • Print request (from RADISH account) and give to Radiologic Technologist on duty (for pgh patients)	None	25 minutes	MRI admitting area clerk or Radiologic Technologist
4. Proceed to MRI room on the scheduled day of examination. •Present the completed MRI request form to Radiologic Technologist or Resident (for	4. Accept the request form in the schedule day of examination. • Log the MRI case number in the patient's request form and blue card or official receipt. • Do the necessary patient preparation and equipment preparation for	None	30 minutes	Administrative Aide or Radiologic Technologist

private outpatients and inter-agency referred patients. •Stay in waiting area and wait for the patients turn (at least one relative to stay with the patient).	the examination. Inserting and checking of IV lines including rectal contrast if needed			
5. Undergo requested examination.	5. Perform requested examination.		1 hour per study minimum	Radiologic Technologist/Resident
6. Await further instructions from Radiologic Technologist of MRI resident.	6. Identify and inform patients and/or Utility Worker once examination is completed and patient is cleared to proceed back to charity wards.	None	10 minutes	MRI Radiologic Technologist/ Resident or Administrative Aide
7. Claim result	7. Advise patient that result will be available after 3 to 5 working days, excluding Saturday and Sunday, or they can follow up to the Record Section , room 1 (releasing area) for private outpatients and inter-agency referred patients •Provide every patient CD copy of their MRI images after procedure was done • For pgh patients, results may be taken or viewed by their doctors from OPEN MRS (open medical records system) account.	None	5 days	MRI Radiologic Technologist/ Resident or Administrative Aide/Records Section
TOTAL:		Please refer to approved Schedule of Fees	5 days, 2 hours, 35 minutes	

Notes:

(1) If request forms are not complete, the Administrative Aide/Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled.

- (2) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention or during machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.

3. Ultrasound Section (Central Block)

Diagnostic Ultrasound for Inpatients of UP-Philippine General Hospital

Office or Division:	Ultrasound Section			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All needing ultrasound services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card, both PGH patient and NON-PGH (patient from other hospital or private clinic)		PGH "Palistahan", either OPD, ER, Pay Admitting or Malasakit Center		
Completely filled-out CT Scan Request thru RADISH (computerized Registry of Admissions & Discharges) account or Referral Slip with brief relevant history (including surgical) and pertinent physical examination. Completely filled-out Ultrasound Request from private outpay patient (non-pgh)		PGH Requesting Clinic/Doctor, service or private in patient thru RADISH (Computerized Registry of Admissions & discharges) accounts. Pay patients (Non-PGH) requests coming from private clinic/doctor.		
PGH Receipt		PGH Cashier's Office		
Patient Chart, if needed		Nurse's station/Records section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Tag completely filled-out electronic ultrasound request with relevant clinical impression to the study thru RADISH (computerized Registry of Admissions & Discharges) account; bring the completely filled •Present completely filled-out Ultrasound request at Room 2 (for Non-Pgh patients 7:30 am to 4:00 pm)	1. Receive and assess request •Schedule procedure •give a short explanation on the procedure to be done and preparations needed	None	10 minutes	Administrative Aide/Radiology Resident on Duty
2. Return on the specified day and time of the procedure and bring the approved request form along with other indicated needs •If patient is an inpatient there is no need to go to the PGH Cashier		None		

<ul style="list-style-type: none"> •For pay outpatients and UPHS, proceed to PGH Cashier's Office and pay the appropriate fee of the ultrasound examination •For outpatients with no blue card yet, proceed to Malasakit Center and get one 	<ul style="list-style-type: none"> •Receive and give the patient an official receipt or tape receipt • Ask the patient to fill-out the "Kaalaman Form" 	<p>Please refer to approved Schedule of Fees</p> <p>None</p>	<p>15 minutes</p> <p>15 minutes</p>	<p>PGH Cashier</p> <p>PGH Medical Records staff assigned at Malasakit Center</p>
<p>3. Proceed to Room 2 where schedule was given; present the approved ultrasound request form with the official receipt or tape receipt for those who are outpatients and blue card for both outpatient and admitted patient</p>	<p>3. If outpatient, Receive the request form, blue card and Official receipt; For inpatients, Print the scheduled ultrasound request</p> <ul style="list-style-type: none"> •List down the ultrasound case number and other relevant data in the Logbook for Radiologic Examinations (computerized logbook) •Write down the ultrasound procedure and date in the blue card 	<p>None</p>	<p>10 minutes</p>	<p>Administrative Aide/Radiologic Technologist on Duty</p>
<ul style="list-style-type: none"> •For inpatients (Pay and Charity) and outpatients proceed to the Lobby of the Department of Radiology in front of Room 2 (Patient's Waiting Area) on the date and time of the ultrasound examination •For emergency and COVID cases, kindly coordinate to Resident on Duty in Room 3 •Wait for your turn to be called 	<ul style="list-style-type: none"> •Receive the request form and usher the patient to the ultrasound room 	<p>None</p>	<p>15 minutes</p>	<p>Administrative Aide/Radiology Resident on Duty</p>

4. Undergo the ultrasound examination	4. Perform the ultrasound examination	None	1 hour per study	Radiology Resident/Fellow/Consultant
5. Wait for further instructions from the Radiology Resident on Duty	5. Inform the patients, their watchers, and/or assigned utility workers that they can return to their rooms or wards •Inform inpatients that their results will be available via OpenMRS and Room 1 at 9:00 am the next working day •Inform outpatients that their results will be available via Room 1 at 9:00 am the next working day	None	15 minutes	Radiology Resident on Duty
TOTAL:		Please refer to approved Schedule of Fees	2 hours, 10 minutes	

Notes:

- (1) If request forms are not complete, the Administrative Aide/Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled up in order to perform a proper ultrasound examination.
- (2) Patients may expect delays in the time of their ultrasound examination in the event of other patients requiring urgent/emergent attention, ongoing procedures such as biopsies, or during ultrasound machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.

4. X-ray Section-Flouro (Central Block)

Diagnostic x-ray imaging

Office or Division:	Central Block Fluoroscopic procedures			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All needing fluoroscopic x-ray services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card, both PGH patient and NON-PGH (patient from other hospital or private clinic)		PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS or Malasakit Center (for private outpatients)		
Completely filled-out X-ray Request (PGH Form No. P-310033) Completely filled-out CT Scan Request thru RADISH (computerized Registry of Admissions & Discharges) account or Referral Slip with brief relevant history (including surgical) and pertinent physical examination. Completely filled-out Ultrasound Request from private outpay patient (non-pgh) and Inter-Agency referral (government hospital)		PGH Requesting Clinic/Doctor, service or private in patient thru RADISH (Computerized Registry of Admissions & discharges) accounts. Pay patients (Non-PGH) requests coming from private clinic/doctor. Social service of the requesting Government Hospital (to be approved by PGH Health Operations)		
Updated clinical abstract		PGH Requesting Clinic		
Relevant operation technique		PGH Medical Records Section or from requesting clinic, if done in PGH, or from patient, if done in another hospital		
PGH Receipt/ White Card for charity patients(1 original)		PGH Cashier's Office/PGH MSS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Tag completely filled-out electronic x-ray request with relevant clinical impression to the study thru RADISH (computerized Registry of Admission & Discharges) account; bring the completely filled request form • Present completely filled-out x-ray request at Room 2 (for Non-	1. Receive and assess request • Schedule procedure • Give short explanation on the procedure to be done & preparations needed if there is any	None	30 minutes	Administrative Aide/Radiologic Technologist Radiologist

PGH- patients 7:30 am to 4:00 pm)				
<p>2. Return on the specified day and time of the procedure & bring the approved request along with other indicated needs</p> <ul style="list-style-type: none"> • If patient is an inpatient or UP-PGH employee there is no need to go to the PGH Cashier • For pay outpatients proceed to PGH Cashier's Office & pay the corresponding fee of the x-ray examination • For outpatients with no blue card yet, proceed to Malasakit Center and get one 	<ul style="list-style-type: none"> • Receive & give the patient an official receipt of tape receipt • Ask the patient to fill-out the "Kaalaman Form" 	<p>Please refer to approved Schedule of Fees</p> <p>None</p>	<p>15 minutes</p> <p>15 minutes</p>	<p>PGH Cashier</p> <p>PGH Medical Records Staff assigned at Malasakit Center</p>
3. On the day of schedule, bring approved request with schedule, proof of payment (receipt) & blue card	<p>3. Receive the request form, blue card & Official receipt of the pay outpatients; for inpatients, ask for patient's blue card only, print the request if necessary.</p> <ul style="list-style-type: none"> • List down the patient's x-ray case number & other pertinent data in the Logbook for Radiologic Examinations (computerized 	None	20 minutes	Administrative Aide/Radiologic Technologist

	<p>google sheet logbook)</p> <ul style="list-style-type: none"> •Write down the x-ray procedure and date in the blue card. •Secure informed consent •Prepare patient , the machine, and the needs if outpatient 			
4. Undergo the procedure	4. Do the procedure.	None	2 hours per study	<p>Radiologic Technologist</p> <p>Radiologist</p>
5. Await further instructions at the waiting area.	<p>5. Assess the images. Repeat procedure, if warranted.</p> <ul style="list-style-type: none"> •Instruct the patients to return to the ward, •Inform the patient, their watchers, and/or assigned utility workers that they can return to their rooms or wards •Inform inpatients that their results will be available via OPEN MRS (open medical recors system) thru their attending doctors, 9:00 am the next working day •Inform outpatients and inter-agency referred patients that their results will be available via Room 1 at 9:00 am the next 	None	30 minutes.	<p>Radiologic Technologist</p> <p>Radiologist</p>

	working day			
TOTAL:		Please refer to approved Schedule of Fees	3 hours and 45 minutes	

Notes:

- (1) The administrative aide/radiologists may require more relevant documents before, during or even after the procedure, that would help interpret the studies. Also, radiologists may suggest more appropriate study/ies for the indication or purpose of the study, subject to agreement with the primary service.
- (2) Patients may be rescheduled if pre-procedural preparations are not carried out by the patient/primary service.
- (3) Procedures may be delayed if radiologists are attending emergencies.
- (4) Patients may be requested to come back for completion of studies on a later date, once case is endorsed to seniors/consultants.
- (5) Radiologists may require the presence of the primary service in order to assist the patients especially for adjustment/removal of contraptions, as well as, if procedure has high risk for complications. May delay the procedure if patient is uncooperative/combative/etc. which may require sedation.
- (6) Patients who come in late for the scheduled procedure may be rescheduled to a later date.
- (7) May vary depending on the scheduled procedures for the day.
- (8) Based on the average time it takes to complete a normal procedure, from preparation to removal/disassembly of all apparatuses used. The actual length of the study may vary depending on factors such as the type of illness and compliance with instructions during the procedure.

5. X-ray Section (Central Block)

Provision of X-ray Services at the Central Block

Office or Division:	X-ray Section			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All needing x-ray services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card, both PGH patient and NON-PGH (patient from other hospital or private clinic)		PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS or Malasakit Center (for private outpatients)		
Completely filled-out CT Scan Request thru RADISH (computerized Registry of Admissions & Discharges) account or Referral Slip with brief relevant history (including surgical) and pertinent physical examination. Completely filled-out Ultrasound Request from private outpay patient (non-pgh) and Inter-Agency referral (government hospital)		PGH Requesting Clinic/Doctor, service or private in patient thru RADISH (Computerized Registry of Admissions & discharges) accounts. Pay patients (Non-PGH) requests coming from private clinic/doctor. Social service of the requesting Government Hospital (to be approved by PGH Health Operations)		
Updated clinical abstract		PGH Requesting Clinic or Private Doctor		
Bedside stamp and logbook entry for bedside x-rays		PGH Requesting Clinic for bedside stamp and Radiology Room 23 for logbook		
PGH Receipt/ White Card for charity patients (1 original)		PGH Cashier's Office/PGH MSS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring completely filled-out x-ray request and other requirements (for bed side, private outpatients & inter-agency referred patients) 2. Other than #1, all requests are tag at RADISH account.	1. Receive and assess request	None	20 minutes	Administrative Aide/Radiologic Technologist Radiologist
2. Go to PGH Cashier's Office and pay the amount indicated in the request. (if not	2. Assess request and receive payment	Please refer to approved Schedule of Fees	15 minutes	PGH Cashier

covered by White Card)				
3. Bring receipt back to Window 2	3. Schedule procedure •Instruct patients for pre-procedural preparations.	None	10 minutes	Administrative Aide
4. Undergo the procedure.	4. Do the procedure.	None	1 hour per study (maximum)	Radiologic Technologist Radiologist
5. Await further instructions at the waiting area.	5. Assess the images. Repeat procedure, if warranted. •Instruct the patients to return to the ward, and that results will be made available to their physicians (THRU OPEN MRS) & at the records section, room 1 for pay outpatients and interagency referrals (from other government hospital, charge as charity)	None	30 minutes	Radiologic Technologist Radiologist
TOTAL:		Please refer to approved Schedule of Fees	2 hours, 15 minutes	

Notes:

- (1) The administrative aide/radiologists may require more relevant documents before, during or even after the procedure, that would help interpret the studies. Also, radiologists may suggest more appropriate study/ies for the indication or purpose of the study, subject to agreement with the primary service.
- (2) Patients who come in late for the scheduled procedure may be rescheduled to a later date.
- (3) Radiologists may require the presence of the primary service in order to assist the patients especially for adjustment/removal of contraptions, as well as, if procedure has high risk for complications. May delay the procedure if patient is uncooperative/combatative/etc. which may require sedation.
- (4) May vary depending on the scheduled procedures for the day.

(5) Patients may be requested to come back for completion of studies on a later date, once case is endorsed to seniors/consultants.

6. Radiation Oncology Consultation for External Beam Radiation Therapy(EBRT)

Provision of Radiation Oncology Consultation for External Beam Radiation Therapy

Office or Division:	Radiology - Division of Radiation Oncology, Section of External Beam Radiotherapy			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	All patients referred for external beam radiotherapy			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PGH Blue Card(1 original)		PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS		
Referral Letter for External Beam Radiotherapy		Attending Physician		
Patient Chart		PGH Records Section (if outpatient); PGH Ward or Emergency Room (if in-patient)		
Surgical Technique/OR Technique		PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital		
Diagnostic Evaluation: <ul style="list-style-type: none"> Histopathology Report Imaging studies (Report and DICOM Images) – Examples Include but are not limited to: X-ray, Ultrasound, CT-scan, MRI, Bone Scan Laboratory Tests – Examples Include but are not limited to: Complete Blood Count, Alkaline Phosphatase, Creatinine, Beta-HCG 		PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital		
Chemotherapy Protocol (if applicable)		Referring Oncology Specialist (Pediatric Oncology, Medical Oncology, Adult Hematology, Gynecologic Oncologist)		
Dental Clearance (if needed)		PGH Dentistry Outpatient Clinic, if done in PGH or from patient, if done in another clinic/hospital		
Completely filled-out Physician Assessment Record (PGH Form No. Q-460101)		PGH Radiation Oncology Clinic		
Funds for External Beam Radiotherapy Treatment: <ul style="list-style-type: none"> With PhilHealth: PhilHealth Clearance and PhilHealth Monitoring Sheet (or Z-package approval if eligible) No PhilHealth: Cash or Financial Assistance/Guarantee Letter 		PGH PhilHealth Office, Medical Social Services (MSS)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to CI-108 (1 st floor PGH Cancer Institute).	1. Prepare/retrieve Patient Chart	None	4 hours	CI-108 Nurse

Present referral letter for EBRT to the CI-108 Nurse and wait to be called for consult.				
2. Consultation with Radiation Oncologist	Assessment of Referral for External Beam Radiotherapy (EBRT–LINAC). Assessment of metastatic work-up and other requirements	Please refer to approved Schedule of Fees	2 hours	Radiation Oncology Consultant/ Resident
	Provision of Referral Letter to Hospital of Choice (if applicable, i.e. proximity, patient's request) Inform patient once referral letter is ready for pick-up, waiting time of 2-3 working days (other instances may require MSS and PGH Director approval)	None	15 minutes	Radiation Oncology Consultant, Resident, and Clerk
TOTAL:		Please refer to approved Schedule of Fees	6 hours, 15 minutes	

7. Simulation and Planning

Provision of Simulation and EBRT Treatment Planning

Office or Division:	Radiology - Division of Radiation Oncology, Section of External Beam Radiotherapy			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	All patients referred for external beam radiotherapy			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
CT Simulation Request/Schedule		Radiation Oncology Clinic		
Photocopies of Documents from Radiation Oncology Clinic		Radiation Oncology Clinic		
Creatinine (if applicable)		Patient		
2" x 2" ID photo		Patient		
Funds for External Beam Radiotherapy Treatment: <ul style="list-style-type: none"> With PhilHealth: PhilHealth Clearance and PhilHealth Monitoring Sheet (or Z-package approval if eligible) No PhilHealth: Cash or Financial Assistance/Guarantee Letter 		PGH PhilHealth Office, Medical Social Services (MSS)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the PGH Radiotherapy Facility	1. Prepare patient for procedure.	None	2 hours	Radiation Oncology Clerk/Nurse/Resident
2. Proceed to the Simulation Room	2. Simulation	Please refer to approved Schedule of Fees	2 hours	Radiation Oncology Consultant/Resident, Medical Physicist, Radiation Therapist
3. Wait for completion of EBRT Treatment Planning	3. EBRT Treatment Planning	Please refer to approved Schedule of Fees	10 days	Radiation Oncology Consultant/Resident, Medical Physicist
TOTAL:		Please refer to approved Schedule of Fees	10 days, 4 hours	

8. Daily Treatment

Provision of Daily EBRT Treatment

Office or Division:	Radiology - Division of Radiation Oncology, Section of External Beam Radiotherapy			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred for external beam radiotherapy			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Complete Blood Count (if applicable)		Patient		
Funds for External Beam Radiotherapy Treatment: <ul style="list-style-type: none"> With PhilHealth: PhilHealth Clearance and PhilHealth Monitoring Sheet (or Z-package approval if eligible) No PhilHealth: Cash or Financial Assistance/Guarantee Letter 		PGH PhilHealth Office, Medical Social Services (MSS)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Undergo daily EBRT Treatment	1. Inform patient of schedule of Day 1 treatment (schedule depends on availability of slots). Deliver daily EBRT Treatment	Please refer to approved Schedule of Fees	1 hour	Radiation Therapist
TOTAL:		Please refer to approved Schedule of Fees	1 hour	

9. Brachytherapy Consult Service

Provision of Brachytherapy Consult Service

Office or Division:	Radiology - Division of Radiation Oncology, Section of Brachytherapy			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred for brachytherapy			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PGH Blue Card(1 original)		PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS		
Referral Letter for Brachytherapy		Attending Physician		
Patient Chart		PGH Records Section		
Surgical Technique/OR Technique		PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital		
Diagnostic Evaluation: <ul style="list-style-type: none"> Histopathology Report Imaging studies (Report and DICOM Images) – Examples Include but are not limited to: X-ray, Ultrasound, CT-scan, MRI, Bone Scan Laboratory Tests – Examples include but are not limited to: Complete Blood Count, Alkaline Phosphatase, Creatinine, Beta-HCG 		PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital		
Completely filled-out Physician Assessment Record (PGH Form No. Q-460101)		PGH Radiation Oncology Clinic		
Medical Clearance and/or Anesthesia Evaluation (if applicable)		Department of Medicine (or from patient if done in clinics outside PGH, if applicable) & Department of Anesthesiology		
Funds for Brachytherapy Treatment: <ul style="list-style-type: none"> With PhilHealth: PhilHealth Clearance and PhilHealth Monitoring Sheet No PhilHealth: Cash or Financial Assistance/Guarantee Letter 		PGH PhilHealth Office, Medical Social Services (MSS)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Brachytherapy Nurses Station (1 st floor PGH Cancer Institute). Present referral letter for brachytherapy to the Brachytherapy Nurse and wait to be called for consult.	1. Process patient's chart.	None	2 hours	Brachytherapy Clerk, Brachytherapy Nurse

2. Consultation with Radiation Oncologist	2. Assessment of Referral for Brachytherapy, Physical examination (Internal examination), Assessment of metastatic work-up and other requirements	Please refer to approved Schedule of Fees	45 minutes per consult	Radiation Oncology Consultant & Resident
	<ul style="list-style-type: none"> •Provision of Referral Letter to Hospital of Choice (if applicable, i.e. proximity, patient's request) •Inform patient once referral letter is ready for pick-up 	None	15 minutes	Radiation Oncology Consultant, Resident, & Clerk
3. Attend the Brachytherapy Orientation	3. Orient patients regarding the risks, benefits, and procedures of brachytherapy	Please refer to approved Schedule of Fees	30 minutes	Radiation Oncology Resident
TOTAL:		Please refer to approved Schedule of Fees	3 hours, 30 minutes	

10. High Dose Rate (HDR) Brachytherapy Treatment

Provision of HDR Brachytherapy Treatment

Office or Division:	Radiology - Division of Radiation Oncology, Section of Brachytherapy			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred for brachytherapy			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PGH Blue Card(1 original)		PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS		
Referral Letter for Brachytherapy		Attending Physician		
Patient Chart		PGH Records Section		
Surgical Technique/OR Technique		PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital		
Diagnostic Evaluation: <ul style="list-style-type: none"> Histopathology Report Imaging studies (Report and DICOM Images) – Examples Include but are not limited to: X-ray, Ultrasound, CT-scan, MRI, Bone Scan Laboratory Tests – Examples include but are not limited to: Complete Blood Count, Alkaline Phosphatase, Creatinine, Beta-HCG 		PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital		
Completely filled-out Physician Assessment Record (PGH Form No. Q-460101)		PGH Radiation Oncology Clinic		
Medical Clearance and/or Anesthesia Evaluation (if applicable)		Department of Medicine (or from patient if done in clinics outside PGH, if applicable) & Department of Anesthesiology		
Funds for Brachytherapy Treatment: <ul style="list-style-type: none"> With PhilHealth: PhilHealth Clearance and PhilHealth Monitoring Sheet No PhilHealth: Cash or Financial Assistance/Guarantee Letter 		PGH PhilHealth Office, Medical Social Services (MSS)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Brachytherapy Nurses Station (1 st floor PGH Cancer Institute) on scheduled date of HDR treatment.	1. Prepare patient for procedure.	None	1 hour, 30 minutes	Brachytherapy Clerk, Brachytherapy Nurse
2. Undergo daily Brachytherapy Treatment	2. Inform patient of schedule of brachytherapy (Schedule of start of	Please refer to approved Schedule	3 hours per fraction	Radiation Oncology Consultant/Resident, Medical

	brachytherapy will depend on availability of slots) •Deliver Brachytherapy Treatment	of Fees		Physicist, Radiation Therapist, Anesthesiologist , Brachytherapy Nurse
TOTAL:		Please refer to approved Schedule of Fees	4 hours, 30 minutes	

11. Intraoperative radiotherapy (IORT) Consult

Provision of IORT Service

Office or Division:	Radiology - Division of Radiation Oncology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred for IORT			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PGH Blue Card(1 original)		PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS		
Referral Letter for IORT indicating the IORT Multidisciplinary Team disposition		Attending Physician		
Patient Chart		PGH Records Section		
Surgical Technique/OR Technique		PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital		
Diagnostic Evaluation: <ul style="list-style-type: none"> Histopathology Report Imaging studies (Report and DICOM Images) – Examples Include but are not limited to: X-ray, Ultrasound, CT-scan, MRI, Bone Scan Laboratory Tests – Examples Include but are not limited to: Complete Blood Count, Alkaline Phosphatase, Creatinine, Beta-HCG 		PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital		
Completely filled-out Physician Assessment Record (PGH Form No. Q-460101)		PGH Radiation Oncology Clinic		
Funds for IORT Treatment: <ul style="list-style-type: none"> Cash or Financial Assistance/Guarantee Letter 		Medical Social Services (MSS)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to CI-108 (1 st floor PGH Cancer Institute). Present referral letter for IORT to the CI-108 Nurse and wait to be called for consult.	1. Prepare patient for procedure.	None	4 hours	CI-108 Nurse
2. Consultation with Radiation Oncologist	2. Assessment of Referral for IORT. Assessment of metastatic work-up and other requirements	Please refer to approved Schedule of Fees	2 hours	Radiation Oncology Consultant/ Resident
TOTAL:		Please	6 hours	

	refer to approved Schedule of Fees		
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12. Intraoperative radiotherapy (IORT)

Provision of IORT

Office or Division:	Radiology - Division of Radiation Oncology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred for IORT			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PGH Blue Card(1 original)		PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS		
Referral Letter for IORT indicating the IORT Multidisciplinary Team disposition		Attending Physician		
Patient Chart		PGH Records Section		
Surgical Technique/OR Technique		PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital		
Diagnostic Evaluation: <ul style="list-style-type: none"> Histopathology Report Imaging studies (Report and DICOM Images) – Examples Include but are not limited to: X-ray, Ultrasound, CT-scan, MRI, Bone Scan Laboratory Tests – Examples include but are not limited to: Complete Blood Count, Alkaline Phosphatase, Creatinine, Beta-HCG 		PGH Records Section, if done in PGH or from patient, if done in another clinic/hospital		
Completely filled-out Physician Assessment Record (PGH Form No. Q-460101)		PGH Radiation Oncology Clinic		
Medical Clearance andAnesthesia Evaluation		Department of Medicine & Department of Anesthesiology		
Funds for IORT: <ul style="list-style-type: none"> Cash or Financial Assistance/Guarantee Letter 		Medical Social Services (MSS)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the designated operating room on the scheduled date of surgery andIORT.	1. Prepare patient for procedure.	None	1 hour	Operating room (OR) Nurse, Anesthesiologist
2. Undergo surgery	2. Perform surgery	Please refer to approved Schedule of Fees	5 hours	Surgeon, Operating nurse (OR)
3. Undergo IORT	3. Deliver IORT as planned	Please refer to	1 hour	Radiation Oncology

		approved Schedule of Fees		Consultant/Resi dent, Medical Physicist, Radiation Therapist, Anesthesiologist
TOTAL:		Please refer to approved Schedule of Fees	7 hours	

13. Radiation Oncology Follow-up

Radiation Oncology follow-up of patients treated with EBRT/Brachytherapy

Office or Division:	Radiology - Division of Radiation Oncology, Section of External Beam Radiotherapy and Section of Brachytherapy			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients treated with external beam radiotherapy, brachytherapy, and/or intraoperative radiotherapy in PGH			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Treatment Summary		Radiation Oncology Facility		
Photocopies of Relevant Clinical Documents (e.g. latest laboratories and imaging as applicable)		Patient		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Follow-up	Follow-up consultation	Please refer to approved Schedule of Fees	30 minutes	Radiation Oncology Consultant & Resident
TOTAL:		Please refer to approved Schedule of Fees	30 minutes	

14. Interventional Radiology Service

Provision of Interventional Radiology Services

Office or Division:	Interventional Radiology Section			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All needing non-cathlab interventional procedure			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card, in and out patients (charity and pay) (1 original)		PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS		
For service patients: A completely filled-out Xray, CT or UTZ Request (PGH Form No. P-310033, P-460001) via the EMR (RADISH)		PGH Requesting Clinic/Doctor or Private Doctor		
For Pay Outpatients: Referral Slip with brief relevant history (including surgical) and pertinent physical examination.				
Informed Consent form prior to interventional procedure		Window 2		
PGH Receipt (1 original)		PGH Cashier's Office (for outpatients) Charge to bill (for in patients)		
Previous related imaging done (X-ray, CT scan, or MRI) with results, if possible		PGH Radiology Records Unit, if done in PGH or from patient, if done in another clinic/hospital		
Review of chart or available laboratory results		Patient's chart (EMR)		
Clearance related to the procedure (e.g CVS, Pulmonary, Renal)		c/o Referring physician		
Anesthesia evaluation for patients requiring sedation		Anesthesiologist		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure schedule for consultation: • PGH patients (both inpatient and outpatient): Via doctor-to-doctor communication/referral . Consult with your primary physician in PGH and request a referral. A pre-scan request must be submitted via the EMR for formal documentation. • Pay Outpatients: Proceed to Window 2	1. Accept and ensure the completeness of the request form/referral. • Inform IR residents/fellow to approve the request/referral (for outpatient) • Approval: resident will double check the completeness of the request (with pertinent history and physical examination) and make sure that a complete diagnosis is noted	None	Clinic Schedule: By appointment (office hours) Time of procedures: By appointment	Administrative Aide/ Resident or Fellow

and secure a schedule for consultation.	<ul style="list-style-type: none"> • Discuss the procedure, benefits, risks and costs. • If a study requiring contrast media, resident will check if the creatinine and eGFR are within the cut-off values. • Write in the request the amount to be paid for the examination, as well as the signature (may be electronic via the EMR) of the Administrative Aide or IR resident, to ensure that the request is authentic. • Incorporate in the request the Pre-procedural Instructions for Nurses (for patients who are confined). • Secure schedule for the procedure and come on time on the scheduled date 			
2. On the day of schedule, proceed to Radiology Window 2 for registration and charging. A charge slip may be given if applicable.	<p>2. Log patient in the masterlist and inform the Interventional team that patient has arrived.</p> <p>Instruct patient on charges to be settled (if applicable; for pay outpatients or service patients not fully covered by medical assistance)</p>	None	15 minutes	Administrative Aide
3. Proceed to the PGH Cashier if payment is needed (for pay outpatients, and service outpatients not fully covered by medical assistance)	<p>3. Receive the payment (for outpatient)</p> <ul style="list-style-type: none"> • List or encode the charge slip for the materials into the computer system (for inpatient) 	Please refer to approved Schedule of Fees	15 minutes	PGH Cashier/ Billing Section

4. Return to Radiology Department. • Present the request form/referral form with the official receipt attached	4. Receive request form with official receipt. • List patient name and requested examination, schedule of examination, and other pertinent data in the computer system (PGH Form No. A-460001) • Ensure the authenticity of request form and identity of patient. • Give a short explanation of the requested procedure and other pertinent information for the patient.	None	10 minutes	Admitting Area Clerk/ Resident/ Radiologic Technologist
5. Proceed to designated procedure room • Present the completed request form to Radiologic Technologist or Resident. • Stay in waiting area and wait for the patients turn (at least one relative to stay with the patient).	5. Accept the request form on the scheduled day of examination. • Log the procedure file number in the patient's request form and blue card or official receipt. • Do the necessary patient preparation and equipment preparation for the procedure.	None	20 minutes First come, first served basis (for logging)	Administrative Aide/ Resident/ Radiologic Technologist
6. Undergo requested procedure.	6. Perform requested procedure	None	4 hours	Consultant/ Fellow/Resident
7. Await further instructions	7. Inform patient/relative/watcher/ward/pay floor/Utility Worker once examination is completed and patient is cleared to proceed back to wards (for inpatient) • Advise outpatients on precautionary	None	15 minutes	Consultant/ Fellow/ Resident

	measures and follow-up with primary service • Fill up the professional fee form for the DPPS patients. • Instruct patient to settle professional fee as agreed upon			
8. Claiming of results (if applicable)	8. Advise patient that result will be available after 3 to 5 working days, excluding Saturday and Sunday.	None	5 days	Radiologic Technologist/ Resident or Administrative Aide/Records Section
9. Follow-up for complicated procedures	9. Follow-up for complications until discharge or as necessary	None	1 day	Consultant/ Fellow/ Resident
	Total:	Please refer to approved Schedule of Fees	6 days, 4 hours, 15 minutes from schedule of appointment	

LIST OF NON-CATHLAB IR PROCEDURES

Paracentesis	Thoracentesis
Pigtail Catheter Insertion	Microwave Ablation
Radiofrequency Ablation	Fistulogram
Sialogram	Hysterosalpingogram
Ductogram	Ultrasound/CT guided biopsy

TABLE OF FEES

*Fees are estimates barring complications

*Price is subject to change without prior notice

Pigtail Catheter Insertion

Disposable Drapes	2,535.00
Needs	1,970.00
Ultrasound use	1,490.00
Pigtail set**	6,250.00
Total	12,245.00

** Direct purchase from the supplier

Professional fee not yet included for pay patients

Thoracentesis/paracentesis

Disposable Drapes	2,535.00
Needs	1,970.00
Ultrasound use	1,490.00
Centesis needle**	3,000.00
Total	9,045.00

** Direct purchase from the supplier

Professional fee not yet included for pay patients

Fistulogram/ Sialogram/ Hysterosalpingogram/ Ductogram

Non-ionic contrast (1 vial at P1,922.70 each)	1,922.70
Needs	1,970.00
Fluoroscopy use	1,490.00
Kodak X-ray plates (10pcs at P210.00 each)	2,100.00
Total	7,482.70

Professional fee not yet included for pay patients

Ultrasound/CT guided biopsy

Non-ionic contrast (1 vial at P1922.70 each)	1,922.70
Needs	1,970.00
Ultrasound use	1,490.00
CT scan use	5,000.00
Co-axial system core biopsy needle**	5,500.00
Total	15,882.70

** Direct purchase from the supplier

Professional fee not yet included for pay patients

Histopathology fee not included

Ablation procedure

Needs	1,970.00
Ultrasound use	5,000.00
CT scan use	4,000.00
Microwave machine**	30,000.00
Microwave antenna**	115,000.00
Total	155,970.00

** Direct purchase from the supplier

Professional fee not yet included for pay patients

15. Ultrasound Section (OPD)

Diagnostic Ultrasound for Outpatients of UP-Philippine General Hospital

Office or Division:	Ultrasound Section			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All needing ultrasound services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card, if PGH patient (1 original)		PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS		
White Card (optional), if eligible PGH patient		PGH MSS, either OPD, Main, ER, CI, SOJR		
PGH Receipt (original)		PGH Cashier's Office		
Completely filled out RADISH request for Ultrasound from PGH OPD Clinic which should include one or more of the ff: procedure to be done, complete clinical diagnosis, history, PE		PGH requesting Clinic / Doctor		
Previous ultrasound studies (if follow up)		If done at PGH, PGH Medical Records or openMRS. If done outside or another clinic/hospital, c/o patient		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to OPD room 129. Get queue number at the entrance. Bring original blue card (and/or white card whenever available). • Wait for number to be called.	• Receive and assess request in RADISH. Make sure requests are complete with indicated procedure to be done and clinical impression. As for special procedure of ultrasound (i.e AV Duplex, Carotid Artery, MSK) – RADISH request should include procedure to be done, complete clinical diagnosis, history and PE). Special procedure of ultrasound is subject to approval and is not covered by white card. • Encode and process request accordingly. • Provide schedule and explanation to the procedure to be done	None	3-5 mins	Administrative Aide

	which may include one or more of the ff: preparation, payment to be made, date and time of procedure.												
2. Return on the specified date and time of procedure . Get queue number at the entrance. Give original blue card (and/or white card whenever available) • Wait for number to be called.	<ul style="list-style-type: none">Receive and process request accordingly. Ask necessary question to patient. Copy the patient number and other pertinent information in the Logbook for Radiologic Examinations (PGH Form No. A-46001). Charge all request in openERP. Queue patient for ultrasound procedure. Refer to the table below for payment. <table><tr><td></td><td>With White Card Class D</td><td>With White Card Class C/ no white card</td></tr><tr><td>Regular UTZ</td><td>FREE</td><td>Not covered. Refer to approved Schedule of Fees</td></tr><tr><td>Special Procedure UTZ</td><td>Not covered. Refer to approved Schedule of Fees</td><td>Not covered. Refer to approved Schedule of Fees</td></tr></table> <ul style="list-style-type: none">For regular ultrasound with white card class D, advise patient to wait for his/her name to be called. Go to Step 5.		With White Card Class D	With White Card Class C/ no white card	Regular UTZ	FREE	Not covered. Refer to approved Schedule of Fees	Special Procedure UTZ	Not covered. Refer to approved Schedule of Fees	Not covered. Refer to approved Schedule of Fees	Please refer to approved Schedule of Fees	3-5 mins	Administrative Aide
	With White Card Class D	With White Card Class C/ no white card											
Regular UTZ	FREE	Not covered. Refer to approved Schedule of Fees											
Special Procedure UTZ	Not covered. Refer to approved Schedule of Fees	Not covered. Refer to approved Schedule of Fees											

	<ul style="list-style-type: none"> For regular ultrasound with Class C white card or no white card, direct patient to Cashier for payment. Go to Step 3. 			
3. Bring payment slip to the PGH Cashier's Office and pay the appropriate procedure fee	<ul style="list-style-type: none"> Receive and assess request Receive payment and provide an official receipt 	Please refer to approved Schedule of Fees	15 mins	PGH Cashier
4. Return to Ultrasound receptionist with the official receipt.	<ul style="list-style-type: none"> Receive receipt and update information in the Logbook for Radiologic Examinations (PGH Form No. A-46001). Advise patient to wait for his/her name to be called. 	None	3-5 mins	Administrative Aide
5. Undergo procedure	Perform the ultrasound examination	None	1 hour per study	Radiology Resident / Fellow / Consultant
6. Await further instructions from doctor of ultrasound receptionist	Advise the patient to return to their clinic on the specified day of their follow-up	None	10 minutes	Administrative Aide / Resident / Fellow / Consultant
TOTAL		Please refer to approved Schedule of Fees	1 hour and 40 mins	

Note:

(1) Patients may expect delays in the time of their ultrasound examination in the event of other patients requiring urgent/emergent attention, ongoing procedures such as biopsies, or during ultrasound machine maintenance.

16. X-RAY Section (OPD)

Diagnostic x-ray imaging

Office or Division:	Outpatient X-ray Section			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All needing x-ray services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card, if PGH patient(1 original)		PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS		
Completely filled-out RADISH X-ray Request (PGH Form No. P-310033)		PGH Requesting Clinic/Doctor		
PGH Receipt or White card(1 original)		PGH OPD Cashier's Office or Medical Social Services		
Previous x-ray studies, if follow-up		PGH Radiology Records Unit, if done in PGH Central Block or from patient, if done in another clinic/hospital		
Patient Chart, if needed		Ward, ER, or Medical records		
Signed consent form, if applicable		Requesting physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
7. Proceed to OPD room 126. Bring original blue card (and/or white card whenever available). • Wait to be called into the x-ray room	1. Receive and assess request in RADISH. Make sure requests are completely filled-out. 2. For patient with Class D white card, request is processed and charge in ERP system. • Queue patient for procedure. 3. For patient with Class C white card or no white card, direct patient to Cashier for payment.	None	10 minutes	Administrative Aide/Radiologic Technologist

8. Bring payment slip to the PGH Cashier's Office.	4. Receive payment and provide receipt	Please refer to approved Schedule of Fees	15 minutes	PGH Cashier
9. Return paid request, receipt • Wait to be called into the x-ray room	5. Receive request and queue patients for procedure	None	15 minutes	Administrative Aide/Radiologic Technologist
10. Undergo the x-ray procedure	6. Conduct a short interview and pertinent physical exam on the patient, if necessary • Perform the x-ray procedure	None	1 hour per study	Radiologic Technologists/ Radiologist
11. Wait at the designated waiting area	7. Examine images and repeat if necessary.	None	1 hour	Radiologic Technologists/ Radiologist
TOTAL:		Please refer to approved Schedule of Fees	2 hours, 40 minutes	

Notes:

- (1) Patients who come in late for the scheduled procedure may be rescheduled to a later date.
- (2) Patients may be requested to come back for completion of studies on a later date, once case is endorsed to seniors/consultants.

17. X-RAY Section-Flouro (OPD)

Diagnostic x-ray imaging

Office or Division:	OPD Fluoroscopic procedures			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All needing fluoroscopic x-ray services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card(1 original)		PGH "Palistahan", either OPD, ER, Pay Admitting or UPHS		
Completely filled-out X-ray Request (PGH Form No. P-310033)		PGH Requesting Clinic		
Updated clinical abstract		PGH Requesting Clinic		
Relevant operation technique		PGH Radiology Records Unit, if done in PGH or from patient, if done in another hospital		
PGH Receipt/ White Card for charity patients(1 original)		PGH Cashier's Office/PGH MSS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to OPD room 126. Bring original blue card (and/or white card whenever available).	1. Receive and assess request in RADISH. Make sure requests are completely filled-out. Radish request should include procedure to be done, complete clinical diagnosis, history and PE, and Operative Technique (if applicable). Special procedure of x-ray is subject for approval.	None	30 minutes	Administrative Aide/Radiologist
2. Go to PGH Cashier's Office and pay the amount indicated in the request.	2. Assess request and receive payment	Please refer to approved Schedule of Fees	15 minutes	PGH Cashier

3. Bring receipt back to Room 126	3. Schedule procedure • Instruct patients for pre-procedural preparations.	None	10 minutes	Administrative Aide
4. On the day of schedule, bring approved request with schedule and receipt	4. Receive the request and call on the patient on time of schedule. • Secure informed consent. • Prepare the patient, the machine, and the needs.	None	20 minutes	Administrative Aide/Radiologic Technologist
5. Undergo the procedure	5. Do the procedure.	None	2 hours per study	Radiologic Technologist Radiologist
6. Wait at the waiting area.	6. Assess the images.Repeat procedure, if warranted. • Inform the patients that results are forwarded to their respective clinics, once available.	None	30 minutes	Radiologic Technologist Radiologist
TOTAL:		Please refer to approved Schedule of Fees	3 hours, 45 minutes	

Notes:

(1) The administrative aide/radiologists may require more relevant documents before, during or even after the procedure, that would help interpret the studies. Also, radiologists may suggest more appropriate study/ies for the indication or purpose of the study, subject to agreement with the primary service.

(2) Patients may be rescheduled if pre-procedural preparations are not carried out by the patient/primary service.

(3) Procedures may be delayed if radiologists are attending emergencies.

(4) Patients may be requested to come back for completion of studies on a later date, once case is endorsed to seniors/consultants.

- (5) Radiologists may require the presence of the primary service in order to assist the patients especially for adjustment/removal of contraptions, as well as, if procedure has high risk for complications. May delay the procedure if patient is uncooperative/combative/etc which may require sedation.
- (6) Patients who come in late for the scheduled procedure may be rescheduled to a later date.
- (7) May vary depending on the scheduled procedures for the day.

Department of Rehabilitation Medicine

External Services

1. Issuance of Certification of Training (after grades are available)

Certificate issued after completion of Basic Physical Therapy Clinical Program or Observership Program.

Office or Division:	Physical Therapy			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All PGH physical therapy trainees/ observers upon completion of their 1- day, 1- week, or 1- month training			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Completion form / clearance form		Will be produced by the requesting party (trainee / observer)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present the completion form / clearance form to any PT staff	Issuance of Certification of Training upon receipt of request	None	5 mins	Education committee
Provide signature	Have the trainee / observer sign as proof that the certificate has been claimed	None	1 min	Education committee
TOTAL:		None	6 mins	

2. Releasing of Physical Therapy Clinical Training Program Grades

A quantitative score sent to the affiliate schools upon completion of the Basic Physical Therapy Clinical Training Program.

Office or Division:	Physical Therapy			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Internship coordinators of affiliated schools			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Conduct of Assessment (4)		Through an online channel (encrypted)		
Conduct of Treatment (8)				
Documentation of Evaluation (2)				
Documentation of Progress Notes (8)				
Peer Evaluation (1)				
Self Evaluation (2)				
Case Presentation (1)				
Journal Report (1)				
Small Group Discussion (4)				
Attitude Scale (1)				
Administrative Tasks (1)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Request for grades	Send grades on the succeeding month of rotation to the respective internship coordinators of all physical therapy intern rotators	None	10 working days	BPTCTP
TOTAL:		None	13 days	

3. Implementation of Basic Physical Therapy Clinical Training Program

A one-month clinical placement of physical therapy interns from affiliate schools that focuses on provision of evidence-based physical therapy to trainees and patients.

Office or Division:	Physical Therapy			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Physical therapy interns from affiliated schools			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of intent addressed to the department chairman		As accomplished by the requesting party (affiliated institutions)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Accomplish and submit letter of intent to PGH – DRM addressed to the department chairman	Acknowledge letter and direct the letter to the office of the department chairman for approval	None	7 days	BPTCTP
None	Once approved, notify the institutions about the inclusion of their interns to the roster of the physical therapy rotators for the next academic year	None	STOP TIME	BPTCTP
Participate in the Basic Physical Therapy Clinical Training Program (BPTCTP)	Implement the training activities enumerated in the instructional design	None	1 month	Clinical Supervisors (Staff Physical Therapist)
Pay for the internship fee after completion of the 1- month training	Collect internship fee upon completion of 1-month training	P 4,500.00	1 day	Budget Finance and Accounting Officer
TOTAL:		P 4,500.00	1 month and 8 days	

4. Issuance of Student Clearance

A document provided to trainees after completing the basic physical therapy clinical training program or observership program.

Office or Division:	Physical Therapy			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Physical therapy trainee upon completion of their 1- month training			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
ipt of payment of affiliation fee (for non-UP)		PT Main clinic		
No deficiencies		As accomplished by trainee		
Daily time record		As accomplished by trainee		
Monthly treatment record (as necessary)		As accomplished by trainee		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present requirements to PT staff on site after 3:00 PM	Verify completeness of requirements	None	30 mins	Education committee; Service committee; Chief
None	Issue of student clearance	None	1 min	Education committee
TOTAL:		None	31 mins	

5. Scheduling of Assessment and Treatment of Outpatients and Inpatients

(Time Interval: Outpatients \leq 5 days; Inpatients \leq 1 day)

Office or Division:	Physical Therapy Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients/ Clients referred by DRM residents or DRM consultants and alumni			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral from a rehabilitation doctor		DRM residents or DRM consultants and alumni		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present Physical Therapy Referral Form	Verify details of the referral are complete (Patient demographics, diagnosis, frequency of treatment, specific PT management being requested)	None	1 min	DRM resident or consultant
Provide details being asked by the PT staff	Probe for details pertinent to the completion of patient record (whether patient is new or old, address, white card classification (if with white card) and contact number)	None	1 min	Physical therapy staff
Agree on a schedule as set by the PT staff	Seek for the earliest available schedule	None	1 min	Physical therapy staff
	Issue a Physical Therapy Schedule Form and orientation on the rules and guidelines for receiving PT service	None	2 mins	Physical therapy staff
	Issue a charge slip for the first scheduled treatment session	None	1 min	Physical therapy staff
TOTAL:		None	6 mins	

6. Scheduling of Assessment and Treatment of Tele-outpatients

(Time Interval: Outpatients \leq 5 days; cut-of time at 4:00PM, to schedule and contact)

Office or Division:	Physical Therapy Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients/ Clients referred by DRM residents or DRM consultants and alumni			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral from a rehabilitation doctor		DRM residents or DRM consultants and alumni		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	Verify details of the referral are complete (Patient demographics, diagnosis, frequency of treatment, specific PT management being requested)	None	1 min	DRM resident or consultant
	Probe for details pertinent to the completion of patient record (whether patient is new or old, address, white card classification (if with white card) and contact number)	None	1 min	Physical therapy staff
Receive the call or respond to the text	Call or text the patient for the schedule	None	2 mins	Physical therapy staff
Agree on a schedule as set by the PT staff	Seek for the earliest available schedule	None	1 min	Physical therapy staff
	Issue a Physical Therapy Schedule Form and orientation on the rules and guidelines for receiving PT service	None	2 mins	Physical therapy staff
	Issue a charge slip for the first scheduled treatment session	None	1 min	Physical therapy staff
TOTAL:		None	8 mins	

7. Conduct of Physical Therapy sessions of Inpatients and Outpatients

Provision of evidence-based physical therapy assessment and treatment to duly referred patients.

Office or Division:	Physical Therapy Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients/ Clients referred by DRM residents or DRM consultants and alumni with scheduled appointments for physical therapy			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patients' Treatment Session		PGH PT clinic and satellite clinics (OPD, Pay clinic)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Attend physical therapy section on the date of appointment	Provide physical therapy management to patient/ client Issue charge slip for the next scheduled session	Please refer to the approved schedule of fees	1 hour	Physical therapy staff/ physical therapy interns
TOTAL:			1 hour	

8. Preparation of Initial Evaluation report, *Re-evaluation* report and Initial PT notes

Preparation of Initial Evaluation report, Re-evaluation report and Initial PT notes
(Comprehensive documentation of patients' performance, assessment and treatment)

Office or Division:	Physical Therapy Division			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Patients/ Clients referred by DRM residents or DRM consultants and alumni after attending all scheduled appointments for physical therapy			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Attendance to Initial evaluation/ Re-evaluation schedule		All PGH physical therapy clinics		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	Prepare of the evaluation report and initial PT and running notes on an online platform	None	24 hours	Physical therapy staff and trainee
	Forward report to the Medical Records Division		3 days after discharge	Physical therapy staff and trainee and institutional worker
Request a copy of the physical therapy report and state for what purpose it would serve	Direct patient to Medical Records Division (MRD)		2 mins (releasing time is based on MRD)	Physical therapy staff
			2 mins	

9. Correspondence to affiliate schools and other inquiries

Consistent communication with affiliate schools and potential affiliate through electronic or written communication.

Office or Division:	Physical Therapy Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Internship coordinators of affiliated schools			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Request or Inquiry		Accomplished by the requesting party		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Send letter of request or inquiry to the section None	Acknowledge receipt of letter and redirect letter to department level	None	5 mins	BPTCTP; Department chairperson
	Send a response letter to the requesting party if the inquiry is answered or if resolution of request is achieved	None	3 working days	BPTCTP
TOTAL:		None	3 days and 5 mins	

10. Provision of Quotation for Therapy or Splinting Services (Outpatient)

Providing quotation for protocol of therapy or splint / brace to outpatients

Office or Division:	Department of Rehabilitation Medicine, Division of Occupational Therapy			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Those with referral for Occupational Therapy (OT) service of evaluation and treatment or splinting / bracing orders from DRM doctors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center Private patients: PGH Main Building - Pay Admitting		
Occupational Therapy Referral Form from Rehab Resident (PGH Form No. Q-470002) - 1 original		Department of Rehabilitation Medicine, PGH Outpatient - Room 112		
Referral form from a Rehab Consultant affiliated with PGH - 1 original		Clinic of a Rehab Consultant affiliated with PGH		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for therapy or splint	1.1. Accept blue card and referral form - Physical referral: Room G7 for Pediatric Clinic; Room G9 for Adult Clinic and Splinting Clinic - Online referral: pgh.drm.ot2@gmail.com 1.2. Review need for OT service	None	Therapy 5 minutes Splint 20 minutes	OT-in-Charge
2. Receive quotation form	2. Accomplish quotation form for the specific splint / brace ordered (Splinting Clinic) or duration of the protocol (1/4/5/8-sessions)	None	5 minutes	OT Staff-in-Charge
TOTAL:		None	Therapy 10 minutes	

		Splint 25 minutes	
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11. Provision of Quotation for Splinting Services (Inpatient)

Providing quotation for splint / brace to inpatients

Office or Division:	Department of Rehabilitation Medicine, Division of Occupational Therapy			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Those with referral for Occupational Therapy (OT) service of splinting / bracing from DRM doctors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center Private patients: PGH Main Building - Pay Admitting		
Occupational Therapy Referral Form from Rehab Resident (PGH Form No. Q-470002) - 1 original		Department of Rehabilitation Medicine, PGH Outpatient - Room 112		
Referral form from a Rehab Consultant affiliated with PGH - 1 original		Clinic of a Rehab Consultant affiliated with PGH		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for splint	1.1. Rehab resident-in-charge/ Rehab consultant-in-charge to prepare OT referral form with the splint / brace order 1.2. Rehab resident-in-charge/ Rehab consultant-in-charge to send referral to OT Division - Physical referral: Room G9, Division of Occupational Therapy, Rehabilitation Medicine Complex - Online referrals: pgh.drm.ot2@gmail.com	None	5 minutes	Rehab resident-in-charge
None	2.1. OT to accept referral form from Rehab resident-in-	None	5 minutes	OT Staff-in-Charge

	<p>charge or Rehab consultant-in-charge</p> <p>2.2. Encode relevant information in electronic database (Splinting In Logbook):</p> <ul style="list-style-type: none"> - Date of enlistment - Date of referral - Case number - Ward / Bed - Name of patient - Age / Sex - Diagnosis - Type of splint <p>2.3. Review need for OT service</p>			
3. Accept quotation form	<p>3.1. Proceed to patient's location inside PGH</p> <p>3.2. Confirm patient's identity via blue card</p> <p>3.3. Measure size of material to be used for the patient</p> <p>3.4. Compute for the cost of the splint / brace</p> <p>3.5. Accomplish quotation form with the following details:</p> <ul style="list-style-type: none"> - Date of quotation - Name of patient - Diagnosis of patient - Orthotic device - Specifications - Total price - Trodat of OT Staff-in-charge 	Based on approved hospital rates	24 hours	OT Staff-in-Charge
TOTAL:		None	24 hours 10 minutes	

12. Issuance of Certificate of Attendance (Outpatient / Inpatient)

Providing certification of attendance to therapy / splinting sessions to outpatients and inpatients

Office or Division:	Department of Rehabilitation Medicine, Division of Occupational Therapy			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Those with schedule for therapy services for a 4/5/8-session protocol at the Division of Occupational Therapy (OT), Pediatric Clinic or Adult Clinic, requiring proof of attendance to therapy for social service or school purposes			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center Private patients: PGH Main Building - Pay Admitting		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present blue card to Section of Occupational Therapy, Rehabilitation Medicine Complex: - Room G7 for Pediatric Clinic - Room G9 for Adult Clinic	1. Accept blue card	None	5 minutes	OT-in-Charge
None	2. IF CURRENTLY DECKED: Check patient schedule in Pedia Decking Board / Adult Decking Board IF WAITLISTED: Check patient information in respective logbook	None	5 minutes	OT Staff-in-charge
3. Receive certificate of attendance	3. Prepare certificate of attendance with the following information: - Date, day, time of 4/5/8 sessions - Cost per session - Signature of OT-	None	5 minutes	OT Staff-in-Charge

	in-charge			
TOTAL:		None	15 minutes	

13. Splint / Brace Fabrication (Outpatient)

Fabrication and release of splints or braces ordered by Rehab MD to outpatients

Office or Division:	Department of Rehabilitation Medicine, Division of Occupational Therapy			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Those with referral and schedule for Occupational Therapy (OT) service of splinting / bracing from DRM doctor			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center Private patients: PGH Main Building - Pay Admitting		
Occupational Therapy Referral Form from Rehab Resident (PGH Form No. Q-470002) - 1 original		Department of Rehabilitation Medicine, PGH Outpatient - Room 112		
Referral form from a Rehab Consultant affiliated with PGH - 1 original		Clinic of a Rehab Consultant affiliated with PGH		
Occupational Therapy Schedule Slip (PGH Form No. Q-471042) signed by authorized OT Staff - 1 original		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G9		
Record of paid charge slip for the splint / brace: Official receipt - 1 original, Green / pink charge slip - 1 original		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G9		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1. Present blue card and submit OT referral OR quotation form to Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G9 for Splinting Clinic	1.1. Accept blue card and referral form OR quotation form 1.2. Review need for OT service	None	5 minutes	OT Staff-in-Charge
None	2. Encode referral in Splinting Out Logbook	None	5 minutes	OT Staff-in-Charge
3. Accept charge slip	3. Issue charge slip for the splint / brace	None	3 minutes	OT Staff-in-Charge
4. Pay amount of splint / brace in Cash Division	None	Based on approved hospital rates	Depends on Cash Division -STOP TIME-	Cashier on Duty

5. Present paid charge slip	5.1. Accept green / pink charge slip with paid stamp	None	3 minutes	OT Staff-in-Charge
6. Confirm the availability of patient and caregiver on the schedule given	6. Accomplish OT Schedule Slip with the following details: - Date - Day, - Time - Person-in-charge Signature of OT Staff	None	3 minutes -STOP TIME-	OT-staff in charge
7. Present blue card and OT schedule slip on the day and time of splint / brace fabrication	7. Confirm patient identity via blue card; schedule via schedule slip	None	5 minutes	OT Staff-in-Charge
8. Patient (with or without the caregiver) attends splint / brace fabrication session	8. Fabricate splint / brace	None	4 hours	OT Staff-in-charge
None	9. Finish splint / brace	None	14 hours	OT Staff-in-charge
10.1. Patient fit splint / brace	10.1. Release splint / brace	None	4 hours	OT Staff-in-charge
10.2. Sign Splint Release Logbook as proof of acceptance of splint with proper fit and wearing and care instructions	10.2. Explain wearing schedule and care instructions 10.3. Ask patient / caregiver to sign Splint Release Logbook			
TOTAL:		Based on approved hospital rates	Splints 2 hours Conformers 4 hours Body braces 7 days	

14. Splint / Brace Fabrication (Inpatient)

Fabrication and release of splints or braces ordered by Rehab MD to inpatients

Office or Division:	Department of Rehabilitation Medicine, Division of Occupational Therapy			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Those with referral and schedule for Occupational Therapy (OT) service of splinting / bracing from DRM doctors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center Private patients: PGH Main Building - Pay Admitting		
Occupational Therapy Referral Form from Rehab Resident (PGH Form No. Q-470002) - 1 original		Department of Rehabilitation Medicine, PGH Outpatient - Room 112		
Referral form from a Rehab Consultant affiliated with PGH - 1 original		Clinic of a Rehab Consultant affiliated with PGH		
Occupational Therapy Quotation Sheet (PGH Form No. A-470004) - 1 original		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G9		
Occupational Therapy Schedule Slip (PGH Form No. Q-471042) signed by authorized OT Staff - 1 original		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G9		
Record of successful transaction in OpenERP		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G9		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1. Present blue card and submit quotation form to Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G9 for Splinting Clinic	1.1. Accept blue card and quotation form 1.2. Review need for OT service	None	5 minutes	OT-in-Charge
None	2. Encode referral in Splinting In logbook	None	5 minutes	OT Staff-in-Charge
None	3. Charge amount of splint / brace in OpenERP	Based on approved hospital rates	5 minutes	OT Staff-in-Charge
None	4. Check Splinting Decking Board for	None	10 minutes	OT Staff-in-charge

	available schedule			
5. Confirm the availability of patient and caregiver on the schedule given	5. Accomplish OT schedule slip with the following details: - Date - Day, - Time - Person-in-charge - Signature of OT Staff	None	3 minutes -STOP TIME-	
None	6. Notify ward / Nurse-in-Charge of patient's schedule for splint / brace fabrication and ask to bring patient to Division of Occupational Therapy, Department of Rehabilitation Medicine - Room G9	None	5 minutes -STOP TIME-	OT Staff-in-Charge
7. Present blue card and OT schedule slip on the day and time of splint / brace fabrication	7. Confirm patient identity via blue card; schedule via schedule slip	None	3 minutes	OT Staff-in-Charge
8. Patient (with or without the caregiver) attends splint / brace fabrication session	8. Fabricate splint / brace	None	4 hours	OT Staff-in-Charge
None	8. Finish splint / brace	None	14 hours	OT Staff-in-Charge
9.1. Patient fit splint / brace 9.2. Sign Splint Release Logbook as proof of acceptance of splint with proper fit and wearing and care instructions	9.1. Release splint / brace 9.2. Explain wearing schedule and care instructions 9.3. Ask patient / caregiver to sign Splint Release Logbook	None	4 hours	OT Staff-in-Charge
TOTAL:		Based on approved hospital rates	Splints - 2hrs Conformers 4hrs Body braces	

		7 days	
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15. Conduct of Initial Evaluation (Outpatient)

Identification of chief complaint, goals for Occupational Therapy, assessment of occupations, performance skills and client factors to outpatients

Office or Division:	Department of Rehabilitation Medicine, Division of Occupational Therapy			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Those with referral and schedule for Occupational Therapy (OT) service of initial evaluation / standardized assessment			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card issued by PGH (PGH Form No. P-310045) - 1 original, 1 photocopy		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center Private patients: PGH Main Building - Pay Admitting		
Occupational Therapy Referral Form from Rehab Resident (PGH Form No. Q-470002) - 1 original		Department of Rehabilitation Medicine, PGH Outpatient - Room 112		
Referral form from a Rehab Consultant affiliated with PGH - 1 original		Clinic of a Rehab Consultant affiliated with PGH		
Occupational Therapy Schedule Slip (PGH Form No. Q-471042) signed by authorized OT Staff - 1 original		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)		
Record of paid charge slip for the initial evaluation session: Official receipt - 1 original, Green / pink charge slip - 1 original		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)		
Alituntunin Form Para sa Pasyenteng Charity / Private signed by patient or caregiver and OT-in-charge (PGH Form No. P-470040 (a)/(b)) - 1 original		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)		
Occupational Therapy Attendance Card for 5/8 OT Sessions Protocol (PGH Form No. Q-471027) signed by authorized OT Staff - 1 original		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1.Request for therapy	1.1. Rehab resident-in-charge/ Rehab consultant-in-charge to send referral to OT Division - Physical referral: Room G9, Division of Occupational Therapy,	None	5 minutes	Rehab resident-in-charge / Rehab consultant-in-charge

	Rehabilitation Medicine Complex - Online referrals: pgh.drm.ot2@gmail.com / telerehab.ot.upm@up.edu.ph 1.2. Review need for OT service			
None	2. Encode referral in respective logbook	None	5 minutes	OT Staff-in-charge
None	3. Check decking board for available schedule	None	10 minutes	OT Staff-in-charge
4. Confirm the availability of patient and caregiver on the schedule given	4. Accomplish OT schedule slip with the following details: - If without schedule: date of follow-up - If with schedule: Date, day, time, person-in-charge, signature of OT Staff	None	5 minutes -STOP TIME-	OT-in-charge
5. Present blue card and schedule slip on the day and time of initial evaluation session	5.1. Confirm patient identity via blue card; schedule via schedule slip 5.2. Issue charge slip for the initial evaluation session	None	5 minutes	OT-in-charge
6. Pay amount of initial evaluation in Cash Division	None	Based on approved hospital rates	Depends on Cash Division -STOP TIME-	Cashier on Duty
6.1. Present blue card 6.2. Sign alituntunin form 6.3. Patient (with or without the caregiver) attends the initial evaluation session	6.1. Accept blue card 6.2. Conduct OT initial evaluation 6.3. Accomplish attendance card with the following information: - Date, day, time of	None	45 minutes	OT-in-charge

	4/5/8 sessions - Signature/s of OT-in-charge			
TOTAL:		Based on approved hospital rates	75 minutes	

16. Conduct of Initial Evaluation (Inpatient)

Identification of chief complaint, goals for Occupational Therapy, assessment of occupation, performance skills and client factors to inpatients

Office or Division:	Department of Rehabilitation Medicine, Division of Occupational Therapy			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Those with referral for Occupational Therapy (OT) service of initial evaluation / standardized assessment			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card issued by PGH (PGH Form No. P-310045) - 1 original, 1 photocopy		Charity patients: PGH Main Building - Malasakit Center Private patients: PGH Main Building - Pay Admitting		
Occupational Therapy Referral Form from Rehab Resident (PGH Form No. Q-470002) - 1 original		Department of Rehabilitation Medicine, PGH Outpatient - Room 112		
Referral form from a Rehab Consultant affiliated with PGH - 1 original		Clinic of a Rehab Consultant affiliated with PGH		
Record of successful transaction in OpenERP		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1. Request for therapy	1.1. Rehab resident-in-charge/ Rehab consultant-in-charge to send referral to OT Division - Physical referral: Room G9, Division of Occupational Therapy, Rehabilitation Medicine Complex - Online referrals: pgh.drm.ot2@gmail.com / telerehab.ot.upm@up.edu.ph 1.2. Review need for OT service	None	5 minutes	Rehab resident-in-charge / Rehab consultant-in-charge
None	2. Encode referral in respective logbook	None	5 minutes	OT Staff-in-charge

None	3. Check decking board for available schedule	None	10 minutes -STOP TIME-	OT Staff-in-charge
3. Patient/caregiver presents blue card to OT-in-charge	3. Confirm patient identity via blue card	None	5minutes	OT-in-charge
4. Patient and caregiver attends the initial evaluation session	4. Conduct OT initial evaluation	None	45 minutes	OT-in-charge
None	5. Charge amount of initial evaluation session in OpenERP	Based on approved hospital rates	5 minutes	OT-in-charge
TOTAL:		Based on approved hospital rates	75 minutes	

17. Conduct of Treatment (Outpatient)

Perform Occupational Therapy intervention techniques to improve participation or performance in occupations to outpatients

Office or Division:	Department of Rehabilitation Medicine, Division of Occupational Therapy			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Those with referral for Occupational Therapy (OT) service of therapy sessions			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center Private patients: PGH Main Building - Pay Admitting		
Occupational Therapy Attendance Card for 5/8 OT Sessions Protocol (PGH Form No. Q-471027) signed by authorized OT Staff - 1 original		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)		
Record of paid charge slip for the treatment session: Official receipt - 1 original, Green / pink charge slip - 1 original		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present blue card and attendance card to Division of Occupational Therapy, Rehabilitation Medicine Complex: - Room G7 for Pediatric Clinic - Room G9 for Adult Clinic	1.1. Confirm patient identity via blue card; schedule via attendance card 1.2. Issue charge slip for the treatment session	None	5 minutes	OT-in-charge
2. Pay amount of treatment session in Cash Division	None	Based on approved hospital rates	Depends on Cash Division -STOP TIME-	Cashier on Duty
3. Patient (with or without the caregiver) attends the treatment session	3. Conduct OT treatment	None	55 minutes	OT-in-charge
TOTAL:		Based on approved	1 hour	

	hospital rates		
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18. Conduct of Treatment (Inpatient)

Perform Occupational Therapy intervention techniques to improve participation or performance in occupations to inpatients

Office or Division:	Department of Rehabilitation Medicine, Division of Occupational Therapy			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Those with referral for Occupational Therapy (OT) service of therapy sessions			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center Private patients: PGH Main Building - Pay Admitting		
Record of successful transaction in OpenERP		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. IF AMBULATORY: Patient/caregiver presents blue card to Section of Occupational Therapy, Rehabilitation Medicine Complex: - Room G7 for Pediatric Clinic - Room G9 for Adult Clinic IF BEDSIDE: Patient/caregiver presents blue card to OT-in-charge	1. Confirm patient identity via blue card	None	5 minutes	OT-in-charge
2. Patient and caregiver attend the treatment session	2. Conduct OT treatment	None	55 minutes	OT-in-charge
None	3. Charge amount of treatment session in OpenERP	Based on approved hospital rates	5 minutes	OT-in-charge
TOTAL:		Based on	1 hour	

	approved hospital rates		
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19. Conduct of Re-evaluation (Outpatient)

Identification of chief complaint, goals for Occupational Therapy, assessment of occupation, performance skills and client factors to outpatients at the last session of the protocol

Office or Division:	Department of Rehabilitation Medicine, Division of Occupational Therapy			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Those with schedule for Occupational Therapy (OT) services of re-evaluation / who completed the protocol			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center Private patients: PGH Main Building - Pay Admitting		
Occupational Therapy Attendance Card for 5/8 OT Sessions Protocol (PGH Form No. Q-471027) signed by authorized OT Staff - 1 original		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)		
Record of paid charge slip for the re-evaluation session: Official receipt - 1 original, Green / pink charge slip - 1 original		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present blue card and attendance card to Division of Occupational Therapy, Rehabilitation Medicine Complex: - Room G7 for Pediatric Clinic - Room G9 for Adult Clinic	1.1. Confirm patient identity via blue card; schedule via attendance card 1.2. Issue charge slip for the re-evaluation session	None	5 minutes	OT-in-charge
2. Pay amount of re-evaluation session in Cash Division	None	Based on approved hospital rates	Depends on Cash Division -STOP TIME-	Cashier on Duty
3. Patient (with or without the caregiver) attends the re-evaluation session	3. Conduct OT re-evaluation	None	55 minutes	OT-in-charge
TOTAL:		Varies	1 hour	

20. Preparation of Initial Evaluation Report

Submission of Initial Evaluation report by the Occupational Therapy Trainee for checking by OT Staff-in-charge

Office or Division:	Department of Rehabilitation Medicine, Division of Occupational Therapy			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Those who attended Occupational Therapy initial evaluation / standardized assessment session			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center Private patients: PGH Main Building - Pay Admitting		
Outpatients: Record of paid charge slip for the initial evaluation session: Official receipt - 1 original, Green / pink charge slip - 1 original Inpatients: Record of successful transaction in OpenERP for the initial evaluation		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient (with or without caregiver) attends initial evaluation/ standardized assessment session at Division of Occupational Therapy, Rehabilitation Medicine Complex: - Room G7 for Pediatric Clinic - Room G9 for Adult Clinic 1.2. Patient/ caregiver settles initial evaluation/ standardized assessment session attended	1. Conduct OT initial evaluation/ standardized assessment	None	1 hour	OT-in-charge

None	2. Submit evaluation report containing the following, but not limited to: <ul style="list-style-type: none"> - Occupational Profile - Evaluation of occupation - Evaluation of performance skills - Evaluation of client factors - Assessment and plan 	None	3 days	OT-in-charge
None	2.1. Monitor to check evaluation report prepared by intern for accuracy of information 2.2 Monitor to provide feedback on documentation to intern	None None	7 days	OT Staff-in-charge
None	3.1. Trainee to revise evaluation report accordingly 3.2. Trainee to submit revised evaluation report	None None	3 days	OT-in-charge
4. Receive Initial Evaluation report from MRD	4.1. Prepare a list of endorsed inpatient / outpatient files 4.2. Submit documents and list to Medical Records Department every Friday	None None	7 days	OT Yellow Forms Monitor
TOTAL:		None	20 days 1 hour	

21. Preparation of Re-evaluation Report

Submission of Re-evaluation report by the Occupational Therapy Trainees for checking by OT Staff-in-charge

Office or Division:	Department of Rehabilitation Medicine, Division of Occupational Therapy			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Those who attended Occupational Therapy re-evaluation session			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card issued by PGH (PGH Form No. P-310045) - 1 original		Charity patients: PGH Outpatient Department - Palistahan; PGH Main Building - Malasakit Center Private patients: PGH Main Building - Pay Admitting		
Outpatients: Record of paid charge slip for ALL of the treatment sessions attended: Official receipt - 1 original, Green / pink charge slip - 1 original		Division of Occupational Therapy, Rehabilitation Medicine Complex - Room G7 (Pedia Clinic), Room G9 (Adult Clinic)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient (with or without caregiver) attends re-evaluation session at Section of Occupational Therapy, Rehabilitation Medicine Complex: <ul style="list-style-type: none"> - Room G7 for Pediatric Clinic - Room G9 for Adult Clinic 1.2. Patient/ caregiver settles all treatment sessions attended	1. Conduct OT re-evaluation	None	1 hour	OT-in-charge
	2. Submit evaluation report containing the following, but not limited to: <ul style="list-style-type: none"> - Occupational Profile - Evaluation of occupation - Evaluation of performance 	None	3 days	

	skills - Evaluation of client factors - Assessment and plan			
	2.1. Monitor to check evaluation report prepared by intern for accuracy of information	None	7 days	OT staff-in-charge
	2.2 Monitor to provide feedback on documentation to intern	None		
	3.1. Trainee to revise evaluation report accordingly	None	3 days	
	3.2. Trainee to submit revised evaluation report	None		
4. Receive Re-evaluation report from MRD	4.1. Prepare a list of endorsed inpatient / outpatient files 4.2. Submit documents and list to Medical Records Department every Friday	None None	7 days	OT Yellow Forms Monitor
TOTAL:		None	20 days 1 hour	

22. Scheduling for Psychological Services

Office or Division:	Department of Rehabilitation Medicine, Psychology Division Office – M9 DRM			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients who were seen by the Department of Rehabilitation Medicine residents.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient Blue Card (1 original)		PGH Out-Patient Department Lobby		
2. Rehab Medicine Online appointment form		Through PGH Online Consultation Request and Appointment System (OCRA), PGH Out-Patient Rehabilitation Medicine Department		
3. Psychology Referral Form		DRM Psychology Division, via e-mail		
4. Psychology Schedule details for assessment or therapy.		DRM Psychology Division, via text message		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure OCRA account. Wait for contact from staff for scheduling and be given a proper psychology referral.	1. Accept patient referral and message the patient for scheduling.	None	5 minutes	Psychology division staff
2. Patient replies to the staff to secure slot and be sent of reminders.	2. Staff secures the slot and plots it on the calendar. Staff will also send reminders for the session.	None	10 minutes	Psychology division staff
	Total:		15 minutes	

23. Psychological Evaluation and Testing

Office or Division:	Department of Rehabilitation Medicine, Psychology Division Office – M9 DRM			
Classification:	Highly technical			
Type of Transaction:	G2C			
Who may avail:	Patients seen by the Department of Rehabilitation Medicine and were already referred for psychological evaluation and testing.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient with blue card (1 original)		PGH Out-patient Department lobby		
2. Text confirmation of schedule from the DRM Psychology staff for psychological evaluation and testing schedule		DRM Psychology staff text message		
3. Issued charge slip by the Psychology Division		Psychology division office (M9), PGH main building, Ward 5, Rehab complex		
4. Paid charge slip		PGH main building cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to Ward 5, Rehab complex and show up on the scheduled slot of Psychology staff.	1. Accept the patient for the scheduled session for psychological evaluation and testing.	None	5 mins.	Psychology division staff
2. The patient will be seen for their psychological evaluation and testing session.	2. Psychology staff will direct the patient to the room. Staff shall conduct case history and administer standardized psychological testing.	Please refer to the approved rate of fees (subject to change)	3 hours	Psychology division staff

3. The caregiver/ patient will receive feedback regarding the session and brief interventions needed.	3. Psychology staff will provide feedback and discuss necessary rehabilitative interventions and home instructions.	None	10 minutes	Psychology division staff
4. Charge slip to be paid at the cash services division of PGH and paid charge slip shall be surrendered to the staff in charge.	4. Accept the paid charge slip and tear the green slip. The green slip shall be kept by the staff for documentation purposes.	None	10 minutes	Psychology division staff
	Total:		3 hours and 25 minutes	

24. Psychotherapy Sessions

Office or Division:	Department of Rehabilitation Medicine, Psychology Division Office – M9 DRM			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Patients who were seen by the Department of Rehabilitation Medicine with psychology referral and initial assessment results.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient with blue card (1 original)		PGH Out-patient Department lobby		
2. Text confirmation of schedule from the DRM Psychology staff for psychotherapy schedule.		DRM Psychology staff text message		
3. Issued charge slip by the Psychology Division.		Psychology division office (M9), PGH main building, Ward 5, Rehab complex		
4. Paid charge slip.		PGH main building cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to Ward 5, Rehab complex and show up on the scheduled slot of Psychology staff	1. Accept the patient for the scheduled session for psychotherapy.	None	5 mins.	Psychology division staff
2. The patient will be seen for their psychotherapy session.	2. Psychology staff will direct the patient to the room. Staff shall conduct the psychotherapy session.	Please refer to the approved rate of fees (subject to change)	50 minutes	Psychology division staff
3. The caregiver/ patient will receive feedback regarding the session and interventions needed.	3. Psychology staff will provide feedback and discuss necessary rehabilitative interventions and home instructions.	None	10 minutes	Psychology division staff

4. Charge slip to be paid at the cash services division of PGH and paid charge slip shall be surrendered to the staff in charge.	4. Accept the paid charge slip and tear the green slip. The green slip shall be kept by the staff for documentation purposes.	None	10 minutes	Psychology division staff
	Total:		1 hour and 10 minutes	

25. Psychology Full Evaluation Report

Office or Division:	Department of Rehabilitation Medicine, Psychology Division Office – M9 DRM			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Patients who were seen for psychological initial evaluation referred by the Department of Rehabilitation Medicine.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient Blue Card (1 original)		PGH Out-patient Department		
2. Paid charge slip of the session		PGH cash services division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquire availability of psychology evaluation report via text message to the Psychology Division.	1. Confirm release of psychological evaluation report.	None	1 month	Psychology division staff
2. On the date of report claiming, proceed with the requirements to the Psychology Division at the rehab complex and message a Psychology staff to be accommodated.	2. Accept all requirements for releasing.	None	5 minutes	Psychology division staff
3. The caregiver/ patient will receive an explanation of results.	3. Staff will go through and explain the results of the psychological report.	None	10 minutes	Psychology division staff

	Total:		1 month and 15 minutes	
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26. Psychology Records of Treatment

Office or Division:	Department of Rehabilitation Medicine, Psychology Division Office – M9 DRM			
Classification:	Technical			
Type of Transaction:	G2C			
Who may avail:	Patients who were seen for psychological initial evaluation referred by the Department of Rehabilitation Medicine			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient blue card (1 original)		PGH Out-patient Department		
2. Paid charge slips of therapy sessions		PGH Cash services division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquire availability of record of treatment via text message to the Psychology Division.	1. Confirm availability of records of treatment.	None	1 month	Psychology division staff
2. On the date of report claiming, proceed with the requirements to the Psychology Division at the rehab complex.	2. Accept all requirements and release the report.	None	5 minutes	Psychology division staff
3. The patient/ caregiver will receive feedback regarding the treatment record	3. Conduct feedback on the treatment record.	None	5 minutes	Psychology division staff
	Total:		11 minutes	

27. Speech, Language and Swallowing Schedule for Therapy Sessions

Patients in need of speech, language and swallowing therapy sessions are given schedule for speech therapy sessions.

Office or Division:	Division of Speech & Language Pathology – M7 DRM			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients seen by the Department of Rehabilitation Medicine			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient Blue Card		PGH Out-Patient Department Lobby		
2. Speech Therapy Referral Form (Pink) from the Department of Rehabilitation Medicine – Out Patient Department or Official referral sent to the division email		PGH Out-Patient Rehabilitation Medicine Department – Room 112		
3. Vaccination Card (with 1 complete series, and booster shot) for AGP cases: voice, apraxia, and dysphagia cases;		LGU, vaccination site		
4. Speech Therapy schedule confirmation (including date and time) through text message		PGH Main Building, Ward 5 – Department of Rehabilitation Medicine, Speech and Language Section Office, Mezzanine 7 (M7)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit documents to Rehab RIC and confirm schedule for speech therapy sent through message/ phone call	1. Confirm patient schedule with the following details for their schedule (date, day, time and duration) for assessment/ therapy session	None	10 minutes	Speech Therapists
TOTAL:		None	10 minutes	

28. Speech, Language and Swallowing Initial Evaluation

Speech, Language and Swallowing Initial evaluations are conducted in order to know the current speech, language and swallowing concerns of the patient and set appropriate goals for therapy.

Office or Division:	Division of Speech & Language Pathology – M7 DRM, G5- Speech Therapy Room			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Patients seen by the Department of Rehabilitation Medicine with Schedule Form			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient Blue Card and Vaccination Card		PGH Out-Patient Department Lobby		
2. Proof of schedule confirmation sent through text message and name reflected on out-patient therapy decking		PGH Main Building, Ward 5 – Department of Rehabilitation Medicine, Speech Therapy Room (G5)		
3. Issued Charge Slip by the Speech and Language Section		Speech and Language Section Office – Mezzanine 7 (M7) or Speech Therapy Rooms (G5)		
4. Paid Charge Slip		PGH Main Building Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to DRM Rehab Complex waiting area to be called by STIC for the schedule and show the following requirements: Blue Card & Vaccination Card	Accept the Blue Card and Schedule form and confirm patient's schedule on the schedule logbook and staff/ intern patient deck and issue a charge slip for the session		5 minutes	Speech Therapist Staff/ Speech Pathology Interns
2. Charge slip will be issued and shall be paid at the cash services division of PGH and a paid charge slip shall be surrendered to the staff in charge	Accept the paid charge slip and tear the green slip. The patient will be directed to the room where the session will be conducted	Variable No white Card – 200 Class B & C – 150 Class D – 75	5 minutes	Speech Therapist Staff/ Speech Pathology Interns
3. The patient will be seen for initial evaluation, 10 minutes with caregiver, and 20 minutes with speech therapist, and 15 minutes for feedback	The staff in charge shall conduct a case history with the patient/ caregiver and perform speech, language and swallowing testing. Results of the testing will be discussed and home care instructions		45 minutes	Speech Therapist Staff/ Speech Pathology Interns

	will be provided			
	TOTAL:		45-50 minutes	

29. Speech, Language and Swallowing Therapy Session

Speech, Language and Swallowing Therapy Sessions are conducted for patients who present with communication and swallowing difficulties/ disorders seen during the evaluation.

Office or Division:	Division of Speech & Language Pathology, G5- Speech Therapy Room			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Patients seen by the Department of Rehabilitation Medicine with Schedule Form and Initial Assessment Result			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient Blue Card and Vaccination Card		PGH Out-Patient Department Lobby		
2. Proof of schedule confirmation sent through text message and name reflected on out-patient therapy decking		PGH Main Building, Ward 5 – Department of Rehabilitation Medicine, Speech and Language Section Office, Mezzanine 7 (M7)		
4. Issued Charge Slip by the Speech and Language Section		Speech and Language Section Office – Mezzanine 7 (M7) or Speech Therapy Rooms (G5)		
5. Paid Charge Slip		PGH Main Building Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to DRM Rehab Complex waiting area to be called by STIC for the schedule and show the following requirements: Blue Card & Vaccination Card	The staff in charge will accept all documents and confirm patient's schedule in the patient decking and issue a charge slip for the session	Variable No white Card – 150 Class B & C – 130 Class D - 50	5 minutes	Speech Therapist Staff/ Speech Pathology Interns
2. Charge slip will be issued and shall be paid at the cash services division of PGH and a paid charge slip shall be surrendered to the staff in charge	Accept the paid charge slip and tear the green slip. The patient will be directed to the room where the session will be conducted		5 minutes	Speech Therapist Staff/ Speech Pathology Interns
3. The patient will be seen for therapy session – 50 minutes	The staff in charge will conduct the therapy session.		30-45 minutes	Speech Therapist Staff/ Speech Pathology Interns
TOTAL:			60 minutes	

30. Modified Barium Swallow Evaluation

Modified Barium Swallow Evaluations are instrumental and objective swallowing assessments for patients with dysphagia.

Office or Division:	Division of Speech & Language Pathology – M7 DRM, Radiology Department			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Patients referred for Modified Barium Swallow by the Department of Rehabilitation Medicine			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Speech Therapy Referral Form (Pink) from the Department of Rehabilitation Medicine – Out Patient Department or Official referral sent to the division email		PGH Out Patient Department		
2. Patient Blue Card, Vaccination Card, Speech Therapy Session Notes (Summary/Screening Report)		PGH Out-Patient Rehabilitation Medicine Department – Room 112		
3. MBS Schedule Form with date and time		PGH Department of Radiology (OPD, Main)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Speech Therapy referral form sent to official division email and endorsed by RIC, schedule for initial evaluation/ screening session is given via text message/ phone call	Accept all requirements, schedule patient for initial evaluation session through text message or phone call		5 minutes	Speech therapist staff
Confirm speech therapy schedule for evaluation, charge slip will be issued and shall be paid at cash services division of PGH	The staff in charge shall confirm patient schedule and issue charge slip	Variable No white Card – 200 Class B & C – 150 Class D - 75	15-30 minutes	Speech therapist staff, Rehabilitation Resident in charge
The patient will be seen for initial evaluation and briefed on things to bring and MBS procedure	Staff in charge will conduct the initial evaluation session and counsel patient regarding things to bring and discuss conduct of the procedure			
The MBS will be	The staff in charge shall		45-120	Speech

conducted on the patient	conduct the MBS with the rehab resident, radiology resident and rad tech on duty		minutes	therapist staff, Rehabilitation Resident in charge
TOTAL:			120 minutes	

31. Speech and Language Initial Evaluation Summary Report

This report contains a summary of the findings during the initial evaluation conducted by a speech therapist. This contains subjective and objective information for patients referred under the section.

Office or Division:	Division of Speech & Language Pathology – M7 DRM			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Patients who were referred to speech therapy by the department of rehabilitation medicine and who has undergone speech and language initial or re-evaluation			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient Blue Card		PGH Out-Patient Department		
2. Copy of paid charge slip from initial evaluation		PGH Cash Services Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client shall present paid charge slip and blue card on the day of claiming the report	Accept all requirements and give the summary report	None	30 minutes	Speech Therapist Staff
TOTAL:			30 minutes	

32. Speech and Language Full Evaluation Report

Full Initial Evaluation reports contain results of the initial evaluation for pediatric dysphagia and adult clients seen by the Section.

Office or Division:	Division of Speech & Language Pathology – M7 DRM			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Patients who were seen for speech, language and swallowing initial evaluation referred by the Department of Rehabilitation Medicine – Adult and Pediatric Dysphagia Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient Blue Card		PGH Out-Patient Department		
Paid Charge Slip of the Evaluation Session		PGH Cash Services Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. On the date of report claiming, proceed with the requirements to the Speech and Language Section	Accept all requirements, confirm report availability, and release the report	None	30 minutes	Speech Therapist Staff
TOTAL:			30 minutes	

33. Speech and Language Progress Report

This reports contain the goal list, management strategies, performance and recommendations for patients after they have completed once cycle of speech therapy.

Office or Division:	Division of Speech & Language Pathology – M7 DRM			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Patients who were seen for speech, language and swallowing therapy for at least referred by the Department of Rehabilitation Medicine – Adult and Pediatric Dysphagia Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient Blue Card		PGH Out-Patient Department		
Paid Charge Slip of the Evaluation Session		PGH Cash Services Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. On the date of report claiming, proceed with the requirements to the Speech and Language Section	Accept all requirements, confirm report availability, and release the report	None	30 minutes	Speech Therapist Staff
TOTAL:			30 minutes	

34. Speech and Language Individualized Home Program

The aim of this document is to encourage the carry over of therapy goals and activities at home in order to maximize the progress of the patient once they have finished 1 therapy cycle.

Office or Division:	Division of Speech & Language Pathology – M7 DRM			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients who were seen for speech, language and swallowing therapy for at least 2 sessions and referred by the Department of Rehabilitation Medicine			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient Blue Card		PGH Out-Patient Department		
Paid Charge Slip of the Last Therapy Session		PGH Cash Services Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. on the last date of the therapy session, proceed with the requirements to the Speech and Language Section	Accept all requirements, counsel the caregiver regarding the contents of the home program	None	30 minutes	Speech Therapist Staff/ Speech Pathology Interns
TOTAL:			30 minutes	

35. Modified Barium Swallow Report

The Modified Barium Swallow Report contains a detailed description of the oral and pharyngeal phases of the swallow seen during the study.

Office or Division:	Division of Speech & Language Pathology – M7 DRM			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Patients who were seen for Modified Barium Swallow referred by the Department of Rehabilitation Medicine			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient Blue Card		PGH Out-Patient Department		
Paid Charge Slip for the MBS report		PGH Cash Services Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to the speech and language section office with the requirements	Accept all requirements and release the report	None	30 minutes	Speech Therapist Staff
TOTAL:			30 minutes	

Department of Surgery

External Services

1. ER Surgery Consultation

Involves examination, diagnosis and treatment of patients with a Surgery-related complaint at the emergency room

Office or Division:	Surgeon on Duty (SOD)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All individuals with a chief complaint related to the general surgery who consult the emergency room			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Surgery chief complaint		Patient		
Referral from other departments or institutions (as applicable)		Referring physician		
Blue card(1 original)		ER Palistahan		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
DECKED TO SURGERY AS PRIMARY SERVICE				
1.Arrive at the SOD unit after being triaged by DEM	1.Receive patient and perform thorough history taking and physical examination 1.1Give advice regarding appropriate diagnostic and therapeutic management	None	30 minutes	<i>Surgeon and Intern SOD Unit</i>
2.Give consent for further management	2. Perform initial therapeutic management after all laboratories and diagnostic procedures have been done Refer to specific surgical subspecialty for further management	Please refer to approved Schedule of Fees for laboratories and diagnostic procedures	1 hour	<i>Surgeon and Intern SOD Unit</i> <i>Surgeon and Intern SOD Unit</i>
TOTAL:			1 hour, 30 minutes	
REFERRED TO SURGERY FOR CO-MANAGING SERVICE				
1.Wait at ER to be seen by Surgery service	1. None	None	30 minutes	
2. Arrive at the SOD	2.Receive patient and	None	30 minutes	<i>Surgeon and</i>

unit after being referred by another service	perform thorough history taking and physical examination 2.1 Give advice regarding to appropriate diagnostic and therapeutic management	None		<i>Intern</i> SOD Unit
3. Give consent for further management	3. Refer to specific surgical subspecialty for further management after appropriate diagnostic and therapeutic management have been performed	Please refer to approved Schedule of Fees for diagnostic and therapeutic procedures	1 hour	<i>Surgeon and Intern</i> SOD Unit
TOTAL:		Please refer to approved Schedule of Fees for diagnostic and therapeutic procedures	2 hours	

2. ER Surgical Subspecialty Consultation

Involves examination, diagnosis and treatment of patients with a Surgery-related complaint at the emergency room

Office or Division:	Division of Surgical Oncology, Head and Neck, Breast, Skin and Soft Tissue and Esophagogastric Surgery, Division of Colorectal Surgery, Division of Hepatobiliary, Pancreatic and Hernia Surgery, Division of Trauma, Division of Thoracic and Cardiovascular Surgery, Division of Urology, Division of Pediatric Surgery, Division of Plastic Surgery, Division of Burns			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All individuals with a chief complaint related to the specific subspecialty surgery			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Surgery chief complaint		Patient		
Referral from Surgeon on Duty		Surgeon on Duty		
Referral from other departments or institutions (as applicable)		Referring physician		
Blue card(1 original)		ER Palistahan		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
DECKED TO SURGICAL SUBSPECIALTY AS PRIMARY SERVICE				
1.Wait to be seen by subspecialty surgeon	1.Receive patient and perform thorough history taking and physical examination 1.1Give advice regarding appropriate diagnostic and therapeutic management	None	1 hour	<i>Surgeon and Intern</i> Subspecialty Clinic, ER Surgery
2.Give consent for further management	2.Perform appropriate diagnostic and therapeutic management after requested diagnostic procedures have been done 2.1Deck the patient for ward admission, if necessary	Please refer to approved Schedule of Fees for diagnostic procedures requested	1 hour	<i>Surgeon and Intern</i> Subspecialty Clinic, ER Surgery
TOTAL:		Please refer to approved Schedule of Fees for diagnostic procedures requested	2 hours	

3. General DOPS Consultation

Involves examination, diagnosis and treatment of patients with a Surgery-related complaint at the outpatient services

Office or Division:	Department of Surgery			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All individuals with a chief complaint related to general surgery			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Surgery Chief Complaint		Patient		
Referral from other department or institutions (as applicable)		Referring Physician		
Blue car (if on follow up) (1 original)		DOPS Ground Floor		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at Surgery Counter (H) then log complete details in the designated Clinic Folders	1. Get designated Clinic Folders and verify log in patients if scheduled or not.	None	15 minutes	<i>Ward Clerk</i> DOPS
2. Scheduled patients may proceed directly to the designated Clinics. Unscheduled patients will be called for Verification and Re-scheduling	2. Call the names of patients who are not scheduled. Verify if with text from doctor. If with text, accept for clinic consultation; if with no text, re schedule to the nearest available date	None	15 minutes	<i>Nurse in Charge/ Ward Clerk</i> DOPS
3. Enter the Clinic once name is called	3. Call the name of the patient and do appropriate history taking and physical examination, explain the findings and management plan	None	30 minutes	<i>Nurse in Charge/ Surgeon</i> DOPS
4. Give consent for further management	4. Perform appropriate diagnostic and therapeutic management 4.1 Give prescriptions and/or laboratory requests as needed 4.2 Send the patient to the nurse for	None	30 minutes	<i>Surgeon and Intern</i> DOPS

	scheduling of follow up or referrals to other departments			
5. Receive health teaching; date of follow up (if applicable); additional instructions based on doctors order in the Radish	5. Give the instructions regarding the laboratory and/ or medications prescribed 5.1 Give schedule for follow up or consult to subspecialty clinic	None	30 minutes	<i>Nurse on duty</i> DOPS
TOTAL:			2 hours	

4. DOPS Specialty Clinic Consultation

Involves examination, diagnosis and treatment of patients with complex cases already previously seen at the general clinic or those who have completed diagnostic work-up

Office or Division:	Division of Surgical Oncology, head and Neck, Breast, Skin and Soft Tissue and Esophagogastric Surgery, Division of Colorectal Surgery, Division, Division of Hepatobiliary, Pancreatic and Hernia Surgery, Division of Trauma, Division of Thoracic and Cardiovascular Surgery, Division of Urology, Division of Pediatric Surgery, Division of Plastic Surgery, Division of Burns			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All individuals with a chief complaint related to specific surgical subspecialty			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral from General Surgery Clinic		Physician consulted at the general clinic		
Schedule of consult/ follow up written in the Blue Card (1 original), with text from the Doctor, with text from the clinic via OCRA		Nurse in-charge of scheduling/Discharge orders from attending physician on previous admission		
Blue car (if on follow up) (1 original)		OPD Ground Floor		
Initial work up or record of previous admission (as applicable)		Medical records, patient labs		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at Surgery Counter (H) then log complete details in the designated Clinic Folders	1. Get designated Clinic Folders and verify log in patients if scheduled or not.	None	15 minutes	<i>Ward Clerk</i> DOPS
2. Scheduled patients may proceed directly to the designated Clinics. Unscheduled patients will be called for Verification and Re-scheduling	2. Call the names of patients who are not scheduled. Verify if with text from doctor. If with text, accept for clinic consultation; if with no text, re schedule to the nearest available date	None	15 minutes	<i>Nurse in Charge/ Ward Clerk</i> DOPS
3. Enter the Clinic once name is called	3. Call the name of the patient and do appropriate history taking and physical examination, explain the findings and management plan	None	30 minutes	<i>Nurse in Charge/ Surgeon</i> DOPS
4. Secure consent for special proced4.	4. Perform appropriate diagnostic and	None	30 minutes	<i>Surgeon and Intern</i>

Give consent for further management	therapeutic management 4.1 Give prescriptions and/or laboratory requests as needed 4.2 Send the patient to the nurse for scheduling of follow up or referrals to other departments			DOPS
5. Receive health teaching; date of follow up (if applicable); additional instructions based on doctors order in the Radish	5. Give the instructions regarding the laboratory and/ or medications prescribed 5.1 Give schedule for follow up or consult to subspecialty clinic	None	30 minutes	<i>Nurse on duty</i> DOPS
TOTAL:			2 hours	

5. Scheduling of Follow-up Consult at DOPS

Providing a follow up schedule for consultation at the DOPS

Office or Division:	Department of Surgery			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patient who were advised to follow up at DOPS			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (1 original)		DOPS Ground Floor		
Physician advise to follow up or consult at the Specialty Clinic		Encoded in patient's chart found in Radish		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at Surgery Counter (H) then log complete details in the designated Clinic Folders	1. Get designated Clinic Folders and verify log in patients if scheduled or not.	None	15 minutes	<i>Ward Clerk</i> DOPS
2. Scheduled patients may proceed directly to the designated Clinics. Unscheduled patients will be called for Verification and Re-scheduling	2. Call the names of patients who are not scheduled. Verify if with text from doctor. If with text, accept for clinic consultation; if with no text, re schedule to the nearest available date	None	15 minutes	<i>Nurse in Charge/ Ward Clerk</i> DOPS
3. Enter the Clinic once name is called	3. Call the name of the patient and do appropriate history taking and physical examination, explain the findings and management plan	None	30 minutes	<i>Nurse in Charge/ Surgeon</i> DOPS
4. Give consent for further management	4. Perform appropriate diagnostic and therapeutic management 4.1 Give prescriptions and/or laboratory requests as needed 4.2 Send the patient to the nurse for scheduling of follow up	None	30 minutes	<i>Surgeon and Intern</i> DOPS

	or referrals to other departments			
5. Receive health teaching; date of follow up (if applicable); additional instructions based on doctors order in the Radish	5. Give the instructions regarding the laboratory and/ or medications prescribed 5.1 Give schedule for follow up or consult to subspecialty clinic	None	30 minutes	<i>Nurse on duty</i> DOPS
TOTAL:			2 hours	

6. In-patient Elective Admission at Surgical Wards

Process of admission of patients to surgical wards

Office or Division:	Department of Surgery			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients advised by the clinic for surgical management as inpatient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Completed work up and photocopy of medical records		Laboratory, Imaging, Chart entry		
Admitting order for surgical management as inpatient		Surgeon in Charge		
Cardiopulmonary and anesthetic clearance (as needed)		PATEC clinic		
Available funding		Various sources available		
Arrival at wards on set date		Notification from surgeon in charge		
Operation Schedule		Surgeon in Charge		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at Ward 4, 6, 12 or 14-A	1.Receive and check admission requirements 1.1Provide Clinical abstract and Discharge Summary	None None	30 minutes	<i>Nurse on Duty</i> <i>Surgeon in Charge and Intern on Duty</i>
2.Fill out Kaalaman/ Patient Information Sheet	2.Send copy of accomplished Kaalaman through PGH chat system and patient's case record will be sent back for print out	None	30 mins	<i>Patient/patient's relatives</i> <i>Nurse on Duty</i> <i>Clerk on Duty</i>
3.Admit to bed	3.Receive the patient and do initial history and physical examination 3.1Complete necessary admission papers and request laboratories 3.2Conduct orientation on ward set-up and hospital policies 3.3Refer patient to necessary services for co-management	None	2 hours	<i>Surgeon in Charge and Intern on Duty</i>
TOTAL:		None	3 hours	

7. Ward Admission from ER

Patients with anticipated prolonged hospital stay will be admitted to the ward

Office or Division:	Department of Surgery			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients with anticipated prolonged ER stay will be admitted to the ward			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Admitting orders		Surgeon in Charge		
Availability of ward bed		Wards		
Management plan conferred with consultant in charge		Surgeon in Charge		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present self to the doctor	1. Assess if patient need more than 24 hours stay in the hospital	None	30 minutes	<i>Physician</i> ER
	1.1 Insert admitting order in the chart and endorse to ER nurses	None	15 minutes	<i>Physician</i> ER
	1.2 Endorse patient to ward nurses	None	24 hours	<i>Nurse on duty</i> ER
TOTAL:			24 hours, 45 minutes	

8. OPD Minor Surgery- Actual Procedure

Performing a surgical procedure under local anesthesia at the OPD Minor OR

Office or Division:	Department of Surgery			
Classification:	Highly technical			
Type of Transaction:	G2C			
Who may avail:	Patients advised surgical procedure under local anesthesia at the OPD OR			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Completed work up and copy of medical records through RADISH		Laboratory, Imaging, Chart entry through RADISH		
Blue card(1 original)		OPD Ground floor		
Available funding		Various sources available		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Arrive at OPD OR	1.Receive name of patient	None	5 minutes	<i>Nurse on duty</i> OPD OR
2.Wait for name to be called	2.Call out scheduled patient's name	None	10 minutes	<i>Nurse on duty</i> <i>or Physician</i> OPD OR
3.Enter the minor OR	3.Secure Consent then take vital signs (VS)	Please refer to approved Schedule of Hospital Fees	15 minutes	<i>Nurse on duty</i> <i>or Physician</i> OPD OR
	3.1Perform surgery		45 minutes	<i>Physician</i> OPD OR
4.Listen to post operative wound care instructions prior to discharge	4.Give post operative instructions (specimen is fixed)	Please refer to approved Schedule of Hospital Fees	15 minutes	<i>Physician and Intern</i> OPD OR
TOTAL:		Please refer to approved Schedule of Hospital Fees	1 hour, 30 minutes	

9. OPD Major Surgery- Actual Procedure (OPD Major OR)

Performing a surgical procedure under local or general anesthesia at the OPD Major OR

Office or Division:	Department of Surgery			
Classification:	Highly technical			
Type of Transaction:	G2C			
Who may avail:	Patients advised surgical procedure under IV sedation or general anesthesia at the OPD Major OR			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Completed updated work up and copy of medical records through RADISH		Laboratory, Imaging, Chart entry		
Physician advise for surgical management as inpatient		Chart entry through RADISH		
Cardiopulmonary and anesthetic clearance (as needed)		PATEC clinic		
Consultant and co-managing services opinion and availability (as needed)		Resident in charge		
Available designated adult caregiver		Various sources available		
Available funding		Various sources available		
Good NPO		Patient		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at OPD OR	1.Receive name of patient	None	5 minutes	<i>Nurse on duty</i> OPD OR
2.Wait for name to be called	2.Call out patient's name	None	10 minutes	<i>Nurse on duty</i> <i>or Physician</i> OPD OR
3.Enter the major OR	3. Secure Consent ,interview patient take, good NPO assured and take vital signs.	Please refer to approved Schedule of Fees	10 minutes	<i>Nurse on duty</i> <i>or Physician</i> OPD OR
	3.1 Wheel patient in for surgery		5 minutes	
	3.2 Induce patient		15 minutes	<i>Anesthesiologist</i> OPD OR
	3.3 Perform Surgery		1 hour m	<i>Surgeon</i> OPD OR
	3.4 Take off anesthesia from patient		15 minutes	<i>Anesthesiologist</i> OPD OR
	3.5 Send to PACU for observation		2 hours	<i>Physician,</i> <i>Nurse on duty</i> OPD OR

4.Listen to post-operative wound care instructions prior to discharge	4.Give post-operative instructions, specimen is fixed	None	15 minutes	<i>Physician and Intern</i> OPD OR
TOTAL:		Please refer to approved Schedule of Fees	4 hours and 15 minutes	

10. Inpatient Elective Surgery- Actual Procedure

Performing a surgical procedure under local or general anesthesia as inpatient elective

Office or Division:	Department of Surgery			
Classification:	Highly technical			
Type of Transaction:	G2C			
Who may avail:	Patients advised surgical procedure under local or general anesthesia as inpatient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Completed updated work up and photocopy of medical records		Laboratory, Imaging, Chart entry		
Cardiopulmonary and anesthetic clearance (as needed)		PATEC Clearance, Chart entries		
RT-PCR Result/Vaccination Card		Obtained Pre-op		
Consultant and co-managing services opinion and availability (as needed)		Surgeon in charge		
Available funding		Various sources available		
Blood donor slips (as needed)		Various sources available		
Available designated adult caregiver		Various sources available		
In-patient Bed		Surgeon in charge		
Operation Schedule		Surgeon in charge		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Arrive at OR complex and transfer to surgical bed	1.Confirm identity of patient; follow preoperative checklist	Please refer to approved Schedule of Fees	15 minutes	<i>Nurse on duty</i> OR Complex
	1.1Commit patient to the anesthesia monitoring machines and induce		1 hour	<i>Anesthesiologist</i> OR Complex
	1.2 Perform Surgery		Variable	<i>Surgeon</i> OR Complex
	1.3 Take off anesthesia of patient	None	1 hour	<i>Anesthesiologist</i> OR Complex
	1.4Send to PACU for observation	None	30 mins	<i>Physician, Institutional Worker, Nurse on duty</i> OR Complex
TOTAL:		Please refer to approved Schedule	Total time is variable, depending on the length of	

	of Fees	surgery	
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11. Inpatient Emergency Surgery- Actual Procedure

Performing a surgical procedure under local or general anesthesia as emergency case at the emergency operating room.

Office or Division:	Department of Surgery			
Classification:	Highly technical			
Type of Transaction:	G2C			
Who may avail:	Patients advised surgical procedure under local or general anesthesia as inpatient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Completed updated work up and photocopy of medical records		Laboratory, Imaging, Chart entry		
Cardiopulmonary and anesthetic clearance (as needed)		PATEC Clearance, Chart entries		
RT-PCR Result/Vaccination Card		Obtained Pre-op		
Consultant and co-managing services opinion and availability (as needed)		Surgeon in charge		
Available funding		Various sources available		
Blood donor slips (as needed)		Various sources available		
Available designated adult caregiver		Various sources available		
In-patient Bed		Surgeon in charge		
Operation Schedule		Surgeon in charge		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at OR complex and transfer to surgical bed	1. Confirm Identity of patient, follow preoperative checklist	Please refer to approved Schedule of Fees	15 minutes	<i>Nurse on duty</i> OR Complex
	1.1 Commit patient to the anesthesia monitoring machines, induce		1 hour	<i>Anesthesiologist</i> OR Complex
	1.2 Perform surgery		Surgery Time is variable	<i>Surgeon</i> OR Complex
	1.3 Take off anesthesia from patient		1 hour	<i>Anesthesiologist</i> OR Complex
	1.4 Send to PACU for observation		30 mins	<i>Physician, Institutional Worker, Nurse on duty</i> OR Complex
TOTAL:		Please refer to	Variable; depending on	

	approved Schedule of Fees	time fo surgery	
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12. Ultrasound-guided Fine Needle Biopsy (Breast and Thyroid) Service

A diagnostic procedure to provide cytologic diagnosis of small nodules of the thyroid and breast.

Office or Division:	Division of Surgical Oncology, Head and Neck, Breast, Skin and Soft Tissue and Esophagogastric Surgery (GS1)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred for procedure			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Surgery OPD, Referring private physician		
MSS White Card(1 original)		Medical Social Services		
PhilHealth Forms (CSF, CF2, CF4)		Division Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Service Patients with Blue Card and MSS White Card:				
1.Arrive at GS1 Office on the scheduled date and time of procedure	1.Check all the requirements, prepare the room.	None	10 minutes	<i>Administrative Aide</i> GS I Office
2.Proceed to Cash Division Office for payment	2.Get the Blue Card, request form and payment 2.1 Issue Official Receipt	PHP 410	30 minutes	<i>Cash Clerk</i> Cashier's Office
3.Present the Official Receipt	3.Scan the Official Receipt	None	5 minutes	<i>Administrative Aide</i> GS I office
4.Wait to be called	4.Call the patient, perform the procedure and release the Result	None	60 minutes	<i>Physician</i> GS I
TOTAL:		PHP 410	1 hour, 45 minutes	
For Pay Patients				
1.Arrive at the scheduled date and time of procedure	1.Check all the requirements, prepare the request form	None	10 minutes	<i>Administrative Aide</i> GS I Office
2.Proceed to Cash Division Office for payment	2.Get the request form and payment 2.1 Issue Official Receipt	Please refer to approved Schedule of Fees	30 minutes	<i>Cash Clerk</i> Cashier's Office
3.Present the Official Receipt	3.Scan the Official Receipt	None	5 minutes	<i>Administrative Aide</i> GS I office

4.Wait to be called	4.Call the patient, perform the procedure and release the Result	None	60 minutes	<i>Physician</i> GS I
TOTAL:		Please refer to approved Schedule of Fees	1 hour, 45 minutes	

13. Breast Core Needle Biopsy (CNB) Service

Done in order to secure adequate tissue for biopsy from palpable breast masses

Office or Division:	Division of Surgical Oncology, Head and Neck, Breast, Skin and Soft Tissue and Esophagogastric Surgery (GS1)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred for procedure			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Surgery OPD, Referring private physician		
MSS White Card(1 original)		Medical Social Services		
PhilHealth Forms (CSF, CF2, CF4)		Division Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Service Patients with Blue Card and MSS White Card:				
1. Arrive at GS1 Office on the scheduled date and time of procedure	1. Check all the requirements, prepare the room.	None	10 minutes	Administrative Aide GS I Office
2.Proceed to Cash Division Office for payment	2.Get the Blue Card, request form and payment 2.1 Issue Official Receipt	Please refer to approved Schedule of Fees	30 minutes	Cash Clerk Cashier's Office
3.Present the Official Receipt	3.Scan the Official Receipt	None	5 minutes	Administrative Aide GS I Office
4.Wait to be called	4.Call the patient, perform the procedure and release the Result	None	60 minutes	Physician GS I
TOTAL:		Please refer to approved Schedule of Fees	1 hour, 45 minutes	
For Pay Patients (ADMITTED)				
1.Arrive at the scheduled date and time of procedure	1.Check all the requirements, prepare the request form	None	10 minutes	Administrative Aide GS I Office
2.Proceed to Cash Division Office for payment	2.Get the request form and payment 2.1 Issue Official Receipt	Please refer to approved Schedule of Fees	30 minutes	Cash Clerk Cashier's Office
3.Present the Official	3. Scan the Official	None	5 minutes	Administrative

Receipt	Receipt			Aide GS I Office
4.Wait to be called	4.Call the patient, perform the procedure and release the Result	None	60 minutes	Physician GS I
TOTAL:		Please refer to approved Schedule of Fees	1 hour, 45 minutes	

14. Fine Needle Biopsy (FNAB) Thyroid Service

First line workup in diagnosis of thyroid nodules to be able to get cytologic samples for examination.

Office or Division:	Division of Surgical Oncology, Head and Neck, Breast, Skin and Soft Tissue and Esophagogastric Surgery (GS1)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred for procedure			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Surgery OPD, Referring private physician		
MSS White Card(1 original)		Medical Social Services		
PhilHealth Forms (CSF, CF2, CF4)		Division Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Service Patients with Blue Card and MSS White Card:				
1.Arrive at GS1 Office on the scheduled date and time of procedure	1. Check all the requirements, prepare the room.	None	10 minutes	<i>Administrative Aide</i> GS I Office
2.Proceed to Cash Division Office for payment	2.Get the Blue Card, request form and payment 2.1 Issue Official Receipt	PHP 240	30 minutes	<i>Cash Clerk</i> Cashier's Office
3.Present the Official Receipt	3.Scan the Official Receipt	None	5 minutes	<i>Administrative Aide</i> GS I Office
4.Wait to be called	4.Call the patient, perform the procedure and release the Result	None	60 minutes	<i>Physician</i> GS I
TOTAL:		PHP 240	1 hour, 45 minutes	
For Pay Patients				
1.Arrive at the scheduled date and time of procedure	1.Check all the requirements, prepare the request form	None	10 minutes	<i>Administrative Aide</i> GS I Office
2.Proceed to Cash Division Office for payment	2.Get the request form and payment 2.1 Issue Official Receipt	Please refer to approved Schedule of Fees	30 minutes	<i>Cash Clerk</i> Cashier's Office

3. Present the Official Receipt	3. Scan the Official Receipt	None	5 minutes	<i>Administrative Aide</i> GS I Office
4. Wait to be called	4. Call the patient, perform the procedure and release the Result	None	60 minutes	<i>Physician</i> GS I
TOTAL:		Please refer to approved Schedule of Fees	1 hour, 45 minutes	

15. Flexible Nasopharyngoscopy Service

A diagnostic procedure used for examination of the nose, throat, and airway.

Office or Division:	Division of Surgical Oncology, Head and Neck, Breast, Skin and Soft Tissue and Esophagogastric Surgery (GS1)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred for procedure			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Surgery OPD, Referring private physician		
MSS White Card(1 original)		Medical Social Services		
PhilHealth Forms (CSF, CF2, CF4)		Division Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Service Patients with Blue Card and MSS White Card:				
1.Arrive at GS1 Office on the scheduled date and time of procedure	1.Check all the requirements, prepare the room.	None	10 minutes	<i>Administrative Aide</i> GS I office
2.Proceed to Cash Division Office for payment	2.Get the Blue Card, request form and payment 2.1 Issue Official Receipt	PHP 200	15 minutes	<i>Cash Clerk</i> Cashier's Office
3.Present the Official Receipt	3.Scan the Official Receipt	None	10 minutes	<i>Administrative Aide</i> GS I office
4.Wait to be called	4.Call the patient, perform the procedure and release the Result	None	30 minutes	<i>Physician</i> GS I
TOTAL:		PHP 200	1 hour, 5 minutes	
For Pay Patients				
1.Arrive at the scheduled date and time of procedure	1.Check all the requirements, prepare the request form	None	10 minutes	<i>Administrative Aide</i> GS I Office
2.Proceed to Cash Division Office for payment	2.Get the request form and payment 2.1 Issue Official Receipt	Please refer to approved Schedule of Fees	15 minutes	<i>Cash Clerk</i> Cashier's Office
3.Present the Official Receipt	3.Scan the Official Receipt		10 minutes	<i>Administrative Aide</i> GS I Office
4.Wait to be called	4.Call the patient,	None	30 minutes	<i>Physician</i>

	perform the procedure and release the Result			GS I
TOTAL:		Please refer to approved Schedule of Fees	1 hour, 5 minutes	

16. Endoanal Ultrasound Service

Diagnostic procedure performed for patient with anal disease such as abscesses, fistulas, and fissures.

Office or Division:	Division of Colorectal Surgery (GS2)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred for procedure			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Surgery OPD, Referring private physician		
MSS White Card(1 original)		Medical Social Services		
PhilHealth Forms (CSF, CF2, CF4)		Division Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Charity Patients:				
1. Arrive at GS2 Office on the scheduled date and time of procedure	1. Check all the requirements. 1.1 Issue charge slip for procedure.	None	10 minutes	<i>Administrative Aide</i> GS 2 Office
2.Proceed to Cashier for payment	2.Get the Blue Card, charge slip and payment 2.1 Issue Official Receipt	Please refer to approved Schedule of Fees	30 minutes	<i>Cash Clerk</i> Cashier
3.Present the Official Receipt	3. Verify and scan the Official Receipt	None	5 minutes	<i>Administrative Aide</i> GS 2 Office
4.Wait to be called	4.Call the patient, perform the procedure and release result	None	60 minutes	<i>Surgeon</i> GS 2
TOTAL:		Please refer to approved Schedule of Fees	1 hour, 45 minutes	
For Pay Patients				
1.Arrive at the scheduled date and time of procedure	1. Check all the requirements. 1.1 Issue charge slip for procedure.	None	10 minutes	<i>Administrative Aide</i> GS 2 Office
2. Proceed to Cashier for payment	2.Get the charge slip and payment 2.1 Issue Official Receipt	Please refer to approved Schedule of Fees	30 minutes	<i>Cash Clerk</i> Cashier's Office
3.Present the Official	3.Verify and scan	None	5 minutes	<i>Administrative</i>

Receipt	official receipt			<i>Aide</i> GS 2 Office
4.Wait to be called	4.Call the patient, perform the procedure and release result	None	60 minutes	<i>Surgeon</i> GS 2
TOTAL:		Please refer to approved Schedule of Fees	1 hour, 45 minutes	

17. Endorectal Ultrasound Service

Diagnostic procedure performed for patients with rectal cancer to determine stage by tumor size, invasion of surrounding tissues and for complex anal disease

Office or Division:	Division of Colorectal Surgery (GS2)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred for procedure			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Surgery OPD, Referring private physician		
MSS White Card(1 original)		Medical Social Services		
PhilHealth Forms (CSF, CF2, CF4)		Division Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Charity Patients:				
1. Arrive at GS2 Office on the scheduled date and time of procedure	1. Check all the requirements. 1.1 Issue charge slip for procedure	None	10 minutes	<i>Administrative Aide</i> GS 2 Office
2.Proceed to Cash Division Office for payment	2.Get the Blue Card, charge slip, and payment. 2.1 Issue Official Receipt.	Please refer to approved Schedule of Fees	30 minutes	<i>Cash Clerk</i> Cashier's Office
3.Present the Official Receipt	3. Verify and scan the Official Receipt	None	5 minutes	<i>Administrative Aide</i> GS 2 Office
4. Wait to be called	4. Call the patient, perform the procedure and release result	None	60 minutes	<i>Surgeon</i> GS 2
TOTAL:		Please refer to approved Schedule of Fees	1 hour, 45 minutes	
For Pay Patients				
1. Arrive at the scheduled date and time of procedure	1. Check all the requirements. 1.1 Issue charge slip for procedure.	None	10 minutes	<i>Administrative Aide</i> GS 2 Office
2.Proceed to Cash Division Office for payment	2.Get the charge slip and payment. 2.1 Issue Official Receipt.	Please refer to approved Schedule of Fees	30 minutes	<i>Cash Clerk</i> Cashier's Office
3.Present the Official	3. Verify and scan	None	5 minutes	Administrative

Receipt	official receipt			Aide GS 2 Office
4.Wait to be called	4.Call the patient, perform the procedure and release result	None	60 minutes	Surgeon GS 2
TOTAL:		Please refer to approved Schedule of Fees	1 hour, 45 minutes	

18. Urology Ultrasound Service

Initial diagnostic imaging for urologic assessment. Tool/guide for prostate biopsies.

Office or Division:	Division of Urology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred for procedure			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Surgery OPD, Referring private physician		
MSS White Card(1 original)		Medical Social Services		
PhilHealth Forms (CSF, CF2, CF4)		Division Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Arrive at Urology Office on the scheduled date and time of procedure	1. Check all the requirements, prepare the room. 1.1 Prepare charge slip	None	10 minutes	<i>Urology ward resident</i> <i>Urology secretary</i> Urology Office
2.Proceed to Cash Division Office for payment	2.Present the Blue Card and request form 2.1 Issue Official Receipt	Please refer to approved Schedule of Hospital Fees	30 minutes	<i>Cash Clerk</i> Cashier's Office
3.Present the Official Receipt	3. Scan the Official Receipt / Record OR number onto charge slip and logbook	None	10 minutes	<i>Urology secretary</i> Urology Office
4.Wait to be called	4. Call the patient, perform the procedure and release the Result	None	60 minutes	<i>Urology ward resident</i> Urology Office
TOTAL:		Please refer to approved Schedule of Hospital Fees	1 hour, 50 minutes	

19. Urodynamics Voiding Dysfunction Systems Service

Diagnostic study that evaluates the pressure-flow relationship of the urinary system

Office or Division:	Division of Urology			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred for procedure			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Surgery OPD, Referring private physician		
MSS White Card(1 original)		Medical Social Services		
PhilHealth Forms (CSF, CF2, CF4)		Division Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at Urology Office on the scheduled date and time of procedure	1. Check all the requirements, prepare the room. 1.1 Prepare charge slip	None	10 minutes	<i>Urology ward resident</i> <i>Urology secretary</i> Urology Office
2. Proceed to Cash Division Office for payment	2. Present the Blue Card and request form 2.1 Issue Official Receipt	Please refer to approved Schedule of Fees	30 minutes	<i>Cash Clerk</i> Cashier's Office
3. Present the Official Receipt	3. Scan the Official Receipt / Record OR number onto charge slip and logbook	None	10 minutes	<i>Urology secretary</i> Urology Office
4.Wait to be called	4.Call the patient, perform the procedure and release the Result	None	60 minutes	<i>Urology ward resident</i> Urology Office
TOTAL:		Please refer to approved Schedule of Fees	1 hour, 50 minutes	

20. Cystoscopy Service

Direct visualization of the urethra and bladder through a cystoscope

Office or Division:	OPD OR			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred for procedure			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Surgery OPD, Referring private physician		
MSS White Card(1 original)		Medical Social Services		
PhilHealth Forms (CSF, CF2, CF4)		Division Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Arrive at OPD Major OR on the scheduled date and time of procedure	1. Check all the requirements, prepare the room.	None	10 minutes	<i>Ward Clerk/ Nurse</i> Major OPD OR
2.Proceed to the Radiology Department	2.Provide charge slip for X-ray use and contrast dye	Please refer to the approved Hospital Fees	15 minutes	<i>Staff-in-Charge</i> Radiology Department
3.Proceed to Cash Division Office for payment	3. Present the Blue Card and request form 3.1 Issue Official Receipt	None (PhilHealth Covered)	30 minutes	<i>Cash Clerk</i> Cashier's Office
4.Present the Official Receipt	4. Scan the Official Receipt	None	10 minutes	<i>Ward Clerk/ Nurse</i> Major OPD OR
5. Wait to be called	5. Call the patient, perform the procedure and release the Result	None	2 hours	<i>Ward Clerk/ Nurse</i> <i>Physician</i> OPD OR
TOTAL:		Please refer to the approved Hospital Fees	3 hours, 5 minutes	

21. DJS Removal Service

Removal of a Double J stent through cystoscopy.

Office or Division:	OPD OR			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients referred for procedure			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Surgery OPD, Referring private physician		
MSS White Card(1 original)		Medical Social Services		
PhilHealth Forms (CSF, CF2, CF4)		Division Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at OPD OR on the scheduled date and time of procedure	1. Check all the requirements, prepare the room.	None	10 minutes	<i>Ward Clerk Nurse</i>
2. Proceed to the Radiology Department	2. Provide charge slip for X-ray use and contrast dye	Please refer to the approved Schedule of Fees	15 minutes	<i>Staff-in-Charge Radiology Department</i>
3. Proceed to Cash Division Office for payment	3. Present the Blue Card and request form 3.1 Issue Official Receipt	None (PhilHealth Covered)	30 minutes	<i>Cash ClerkCashier's Office</i>
4. Present the Official Receipt	4. Scan the Official Receipt	None	10 minutes	<i>Ward Clerk Nurse</i>
5. Wait to be called	5. Call the patient, perform the procedure and release the Result	None	2 hours	<i>Physician OPD OR</i>
TOTAL:		Please refer to the approved Schedule of Fees	3 hours	

22. Pre-Transplant Orientation and Health Teachings

Provision of Pre-Transplant Orientation and Health Teachings

Office or Division:		Transplant Unit		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Patients who are eligible for transplant as evaluated by their respective transplant surgeon or nephrologist.		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral for orientation from Attending Physician		Clinic of Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Visit the PGH Transplant Unit and present referral letter	1. Check the referral letter from Attending Physician	None	5 minutes	<i>Coordinator</i> Transplant Unit
2. Fill out the Patient Information Form	2. Assist the client in filling up of form	None	25 minutes	<i>Coordinator</i> Transplant Unit
3. Answer questions during interview	3. Take patient health history through interview	None	30 minutes	<i>Coordinator</i> Transplant Unit
4. Listen to and participate in the Pre-Transplant Orientation. Ask questions and clarifications if needed.	4. Conduct pre-transplant orientation. 4.1. Answer client's questions and clarifications. 4.2. Evaluate client's understanding of the information provided.	None	4 hours	<i>Coordinator</i> Transplant Unit
TOTAL:		None	5 hours	

23. Submission of Application to Avail PhilHealth Z-package for Kidney Transplant

Availment of PHIC Z-package for kidney transplant

Office or Division:	Transplant Unit			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Kidney transplant candidates who wish and are qualified to avail of the PhilHealth Z-Benefits Package			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
<ol style="list-style-type: none"> 1. Completely filled-up and signed PhilHealth Z-Package Application Form 2. Supporting Documents/ Laboratory Results (1 photocopy each): <ol style="list-style-type: none"> a. Complete hepatitis profile (particularly Anti-HCV and Hbs-Ag) <ul style="list-style-type: none"> • If Hbs-Ag positive: HBV-DNA result and clearance from gastroenterologist b. HIV screening <ul style="list-style-type: none"> • If HIV positive: HIV-1 RNA viral load and CD4+ count c. CMV IgG <ul style="list-style-type: none"> • If CMV IgG negative: CMV IgG result of donor d. Tissue crossmatch e. PRA Class I and 2 Screening <ul style="list-style-type: none"> • If PRA Screening positive: PRA Specific and PRA Single Antigen Bead f. Serum creatinine g. Kidney/Whole Abdominal Ultrasound h. Urinalysis (if not anuric) i. If for pre-emptive kidney transplantation, either one of the following: <ul style="list-style-type: none"> • 24-hour urine creatinine clearance • Calculated GFR (CKD-EPI formula) • Nuclear GFR 3. PhilHealth MDR (1 photocopy) 4. Certificate of Contributions (1 original) 5. If patient undergoing dialysis, submit certificate of number of times that patient has used PhilHealth for dialysis (1 original) 			<ol style="list-style-type: none"> 1. PhilHealth Z-Package Application Form from Transplant office 2. Laboratory requests and referral to gastroenterologist (if needed) from attending physician's clinic 3. Gastrointestinal clearance from clinic of gastroenterologist (if needed) 4. Test results from Laboratory or Diagnostic Center/Hospital where tests were done 5. PhilHealth documents from PhilHealth office 6. Certification of dialysis use from dialysis center 	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present requirements to PGH Transplant unit	1. Assess requirements for completeness	None	30 minutes	<i>Coordinator</i> Transplant Unit
2. Visit the PhilHealth Processor for the interview	2. Accompany and/or endorse patient to PhilHealth Processor for Interview	None	15 minute	<i>Coordinator</i> Transplant Unit
TOTAL:		None	45 Minutes	

24. Scheduling of Interview for Ethics Approval

Scheduling for Ethics Approval

Office or Division:	Transplant Unit			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Kidney transplant candidates with living donors (transplant surgeon or nephrologist).			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
a. Must have undergone pre-transplant orientation by PGH TC b. Psychiatric Clearance of both donor and recipient (1 original) c. Birth Certificate of both donor and recipient (1 photocopy) d. Valid ID both donor and recipient (1 photocopy) e. Laboratory test results of the donor and recipient, including, but not limited to, the following (1 photocopy each): <ul style="list-style-type: none"> • Blood type • Complete blood count • Serum creatinine, BUN, uric acid • Serum electrolytes • Urinalysis f. Social Case Study of both donor and recipient g. Certificate of relationship/consanguinity/ family tree h. Substantial Proof of relationship (ex. Pictures, videos, messages) i. Notarized informed consent of donor j. Notarized deed of Donation k. Notarized Oath of Undertaking l. Certificate of Orientation m. Request for Ethics Evaluation		1. Orientation from PGH transplant unit 2. Clearance from Psychiatrist's clinic 3. Philippine Statistics Authority or Municipal Registry 4. Laboratory requests from Attending physician 5. Test results from Laboratory or Diagnostic Center/Hospital where tests were done 6. Social Case Study from PGH Medical Social Service 7. Certificate of Relationship/ Consanguinity/ Family tree to be done by the recipient-donor pair 8. Substantial proof of relationship to be provided by the recipient- donor pair 9. Notarized informed consent of donor form Notarized deed of Donation and Notarized Oath of Undertaking to be explained by the transplant coordinator to the recipient-donor pair. These forms will be given to the patient for notary. 10. Certificate of Orientation from the Transplant Coordinator 11. Letter of Request for Ethics Evaluation to be submitted by the Transplant Coordinator to the Ethics Committee		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Requirements to the Transplant Unit	1. Assess requirements for completeness	None	30 minute	<i>Coordinator</i> Transplant Unit
2. Wait for the TC to inform of the schedule for Ethics Interview	2. Call the Ethics Committee point person for scheduling of Ethics	None	20 minute	<i>Coordinator</i> Transplant Unit

	Interview			
3. Listen to the Instructions of the TC. Ask questions and clarifications if necessary	3. Inform the clients of their schedule for Ethics Interview and provide instructions. 3.1. Ensure client's understanding of instructions	None	40 minute	<i>Coordinator</i> Transplant Unit
TOTAL:		None	1 hour, 30 Minutes	

25. Reservation of Medications and Supplies for Transplant

Reservation of medications and medical supplies for transplant

Office or Division:	Transplant Unit			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Kidney transplant patients with scheduled transplantation			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Approval from Committee on Donor and Transplant Acceptance (CDTA) 2. Induction and immunosuppression protocol from Physician 3. Physician's Orders on supplies to be prepared for transplant 4. PhilHealth Z-Benefits Package approval form, if qualified (1 photocopy)		1. CDTA 2. List of medications and supplies from Attending physician 3. PhilHealth Z-Benefits Package approval form PhilHealth Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit PhilHealth Z-package Approval form to the transplant office	1. Submit PhilHealth Z-package Approval form to the transplant office	None	5 minutes	<i>Coordinator</i> Transplant Unit
2. Wait for the instructions from TC	2. Call the pharmacist for reservation of medications and supplies	None	20 minutes	<i>Coordinator</i> Transplant Unit
3. Listen to the instructions of the TC. Ask questions and clarifications if needed	3. Inform the clients on the status of reservation of medications and needs.	None	15 minutes	<i>Coordinator</i> Transplant Unit
TOTAL:		None	40 minutes	

26. Reservation of Room for Transplant

Reservation of room for transplant

Office or Division:	Transplant Unit			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Kidney transplant patients with scheduled transplantation			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Schedule of transplant surgery 2. Admitting Orders from Physician (1 original) 3. PhilHealth Z-Package Approval, if patient qualified and approved to avail benefits (1 photocopy)		1. Schedule of transplant surgery and admitting orders from Attending Physician 2. PhilHealth Z-Package Approval from PhilHealth Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Visit the transplant unit	1. Check completeness of requirements	None	10 minutes	<i>Coordinator</i> Transplant Unit
2. Wait for the instructions from TC	2. Call the Pay Admitting Section for initial reservation of room for patients	None	20 minutes	<i>Coordinator</i> Transplant Unit
3. Listen to the instructions of the TC. Ask questions and clarifications if needed	3. Inform the clients on the status of room reservation. 3.1. Instruct patient on admission preparation. 3.2. Ensure patient's understanding of the instructions	None	1 hour	<i>Coordinator</i> Transplant Unit
4. Wait for further instruction	4. Write reservation letter to Pay Admitting Section	None	15 minutes	<i>Coordinator</i> Transplant Unit
5. Wait for further instruction	5. Fill up of reservation forms 5.1. Submit reservation letter and forms) to the pay admitting officer	None	30 minutes	<i>Coordinator</i> Transplant Unit
TOTAL:		None	2 hours, 15 minutes	

27. Submission of Enrollment Form to the National Waiting List of the Philippine Network for Organ Sharing (PhilNOS)

Enrollment to the National Waiting List of the Philippine Network for Organ Sharing (PhilNOS)

Office or Division:	Transplant Unit			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Kidney transplant candidates with no living donor who wish to enroll to the National Waiting List of PhilNOS			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Photocopy of the following laboratory and diagnostic test results (1 photocopy each): a. Blood Typing b. Human Leukocyte Antigen (HLA) typing c. Panel Reactive Antibody (PRA) d. Cytomegalovirus (CMV) e. Epstein Barr Virus (EBV) 2. Completely filled-up Kidney Transplant Candidate Enlistment Form (1 original)		1. Laboratory requests from attending physician 2. Test results from Laboratory or Diagnostic Center/Hospital where tests were done 3. Enlistment Form from transplant office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Visit the transplant unit and submit requirements	1. Assess requirements for completeness	None	30 minutes	<i>Coordinator</i> Transplant Unit
2. Listen to the instructions of the TC. Ask questions and clarifications if needed	2. Provide instructions on the process of waiting for a kidney from a deceased donor and admission preparation	None	1 hour	<i>Coordinator</i> Transplant Unit
3. Wait for further instruction	3. Scan documents and send to PhilNOS TC for Enrollment	None	30 minutes	<i>Coordinator</i> Transplant Unit
TOTAL:		None	2 hours	

28. Preparation of Kidney Perfusion Solution

Preparation Perfusion Solution for the Kidney

Office or Division:	Transplant Unit			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Surgeons and Operating Room Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Complete needs for perfusion (may vary per physician's orders): a. Heparin 5000IU/vial #2 b. Lidocaine 2% polyamp #1 c. Verapamil 5mg/amp #2 d. Cold Lactated Ringer's Solution (1L) #1 e. 10mL syringes #2 f. Sterile gloves #1pair g. Macroset #1 h. Pressure infusor bag #1 2. Order from surgeon to prepare perfusion solution		1. Supplies and medications from Operating Room Pharmacy 2. Infusor bag from Transplant office 3. Transplant or Donor Surgeon		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inform TC by the donor surgeon to prepare perfusion solution	1. Wait for the order from the donor surgeon	None	1 hour	<i>Coordinator</i> Transplant Unit
2. Assist TC by the OR personnel during preparation, as needed	2. Prepare the perfusion solution for the kidney	None	10 minutes	<i>Coordinator</i> Transplant Unit
3. Inform TC by the transplant surgeon that kidney is adequately perfused	3. Regulate the flow of the perfusion solution from the pressure infusor bag	None	30 minutes	<i>Coordinator</i> Transplant Unit
TOTAL:		None	1 hour, 40 minutes	

29. Timing of Cold and Warm Ischemia of Kidney during Transplant

Timing of the cold ischemia and warm ischemia of the kidney

Office or Division:	Transplant Unit			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Transplant surgeons and nephrologists			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Kidney has been retrieved by the donor surgeon		Operating room		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inform the TC that the kidney is about to be retrieved	1. Observe the retrieval of organ 1.1. Start timing the cold and warm ischemia time	None	10 minutes	<i>Coordinator</i> Transplant Unit
2. Inform the TC that the blood vessels of the transplanted kidney are to be unclamped	2. End timing of the cold ischemia and warm ischemia of the kidney 2.1. Document the cold and warm ischemia times	None	60 minutes	<i>Coordinator</i> Transplant Unit
TOTAL:		None	1 hour, 10 minutes	

30. Post-operative Rounds

Carrying out post operative rounds

Office or Division:	Transplant Unit			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Admitted post-transplant recipient or post-nephrectomy donor			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient's chart		Ward/unit where patient is admitted		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Cooperate with the assessment process. Answers questions if necessary.	1. Review the patient's chart at the nurses' station	None	15 minutes	Coordinator Transplant Unit
	1.1. Visit the patient's room 1.2. Assess the patient's condition	None	15 minutes	
2. Listen to the TC's health teachings. Ask questions and clarifications, if needed	2. Provide health teachings.	None	30 minutes	Coordinator Transplant Unit
	2.1. Address patient's concerns, if any 2.2. Document care provided	None	10 minutes	
TOTAL:		None	1 hour, 10 Minutes	

31. Discharge Planning and Home Instructions

Provision of discharge instructions and health teachings

Office or Division:		Transplant Unit		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Admitted post-transplant recipient or post-nephrectomy donor		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient's chart 2. Discharge orders		1. Ward/unit where patient is admitted 2. Attending physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Cooperate with the assessment process. Answers questions if necessary.	1. Review patient's chart for discharge orders	None	15 minutes	Coordinator Transplant Unit
	1.1. Visit patient's room 1.2. Assess patient's readiness for discharge and home care	None	15 minutes	
2. Listen to the TC's health teachings. Ask questions and clarifications, if needed	2. Provide discharge instructions and health teachings.	None	1 hour	Coordinator Transplant Unit
	2.1. Address patient's concerns, if any 2.2. Document care provided	None	10 minutes	
TOTAL:		None	1 hour, 40 Minutes	

32. Endorsing Patient to Operating Room for Stent Removal

Endorsing Patient to OR for Stent Removal

Office or Division:	Transplant Unit			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Post-transplant patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Order and schedule of Stent Removal as from transplant surgeon		Nurses' station upon discharge or the transplant surgeon's clinic		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at the PGH transplant unit at least 30 minutes before the schedule.	1. Inform Urology office secretary of patient's arrival.	None	5 minutes	<i>Coordinator</i> Transplant Unit
2. Listen to the TC's health teachings. Ask questions and clarifications, if needed	2. Provide health teachings on what to expect and watch out for after stent removal. 2.1. Address patient's concerns, if any	None	15 minutes	<i>Coordinator</i> Transplant Unit
3. Proceed to the operating room as instructed.	3. Accompany patient to OR and endorse to OR nurse/Urology resident	None	10 minutes	<i>Coordinator</i> Transplant Unit
TOTAL:		None	30 Minutes	

33. Identification of Potential Multiple Organ Donor (PMOD)

Identification of potential multiple organ donor

Office or Division:		Transplant Unit		
Classification:		Simple		
Type of Transaction:		G2G		
Who may avail:		Organ allocation and procurement agencies, like NKTi-HOPE, PhilNOS, etc (collaborative function of transplant coordinators)		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient's Chart		Ward/unit where patient is admitted		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Coordinate with TC regarding PMOD identification	1. Review patient's chart. Take note of laboratory test results (if available):	None	30 minutes	Coordinator Transplant Unit
	a. Blood typing			
	b. Creatinine			
	c. Urinalysis			
	d. Other pertinent tests	None	45 minutes	
	1.1. Verify diagnosis of brain death and if the family has been primed by the attending physician	None	2 hours	
	1.2. Look of the PMOD's legal next-of-kin			
TOTAL:		None	3 hours, 15 Minutes	

34. Providing Information on Organ Donation to Families of Potential Multiple Organ Donor (PMOD)

Providing information on organ donation to families of potential multiple organ donor

Office or Division:	Transplant Unit			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Families of Potential Multiple Organ Donors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Diagnosis of brain death 2. Family appraised by attending physician of PMOD'S prognosis		1. Diagnosis written in patient's chart 2. Attending physician of PMOD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Introduce self to transplant coordinator	1. Introduce self to family member/s of PMOD (stating role as part of the health care team)	None	15 minutes	<i>Coordinator</i> Transplant Unit
2. Provide information and freely express concerns as necessary.	2. Assess understand of family member/s regarding PMOD's condition	None	30 minutes	<i>Coordinator</i> Transplant Unit
	2.1. Provide psychosocial support and grief counseling	None	1 hour	<i>Coordinator</i> Transplant Unit
3. Listen to the information provided by the TC. Ask questions and clarifications if necessary	3.3. Introduce possibility of organ donation, highlighting the opportunity to save lives of others in spite of death of loved one. 3.1. Answer questions if needed	None	1 hour	<i>Coordinator</i> Transplant Unit
4. State decision whether to donate organs or not.	4.4. Obtain decision of family member/s. 4.1. Secure consent if family agrees to deceased organ donation. 4.2. Regardless if the family consented or not, express appreciation for the time taken by the family member/s to listen and talk about organ donation.	None	30 minutes	<i>Coordinator</i> Transplant Unit
TOTAL:		None	3 hours, 15 Minutes	

35. Referral of Potential Multiple Organ Donor (PMOD) to the Human Organ Preservation Effort (HOPE) for Organ Retrieval

Referral of potential multiple organ donor to the Human Organ Preservation Effort (HOPE)

Office or Division:	Transplant Unit			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Organ procurement agencies, like NKTi-HOPE, etc (collaborative function of transplant coordinators)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Declaration of Brain Death (completely filled up and signed by two physicians, of which one of them must be a neurologist) 2. Consent for Deceased Organ Donation (completely filled-up and signed by the PMOD's legal next-of-kin) 3. Death Certificate (completely filled-up and signed by attending physician)		1. Forms (Declaration of Brain Death and Death certificate) available in Nurses' Station, to be filled up and signed by attending physician 2. Consent for organ donation at the transplant office, to be secured by the attending physician, signed by the legal next-of-kin, and witnessed by the transplant coordinator		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Coordinate with PGH TC regarding PMOD referral	1. Assess requirements for completeness 1.1. Verify consent from legal next-of-kin. 1.2. Ensure complete understanding of procedure for organ donation	None None	15 minutes 30 minutes	<i>Coordinator</i> Transplant Unit
2. Acknowledge referral from PGH TC and provide estimated time of arrival at PGH.	2. Notify NKTi-HOPE TC of available PMOD to facilitate additional work-ups and organ retrieval. 2.1 Provide necessary information on PMOD.	None	15 minutes	<i>Coordinator</i> Transplant Unit
TOTAL:		None	3 hours, 15 Minutes	

36. Submission of Reports to the Philippine Network for Organ Sharing (PhilNOS)

Submission of reports to PhilNOS

Office or Division:	Transplant Unit			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	PhilNOS			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Completely filled up forms 1. Kidney Transplant Candidate Enlistment Form 2. Hospital Kidney Transplant Candidate Registration Summary 3. Living Donor Registration Form 4. Transplant Recipient Registration Form		Forms available at Transplant office (may be requested from PhilNOS TC)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide Transplant unit with template of forms to be submitted	1. Fill up forms	None	2 hours	Coordinator Transplant Unit
	1.1. Check requirements for completeness	None	30 minutes	
	1.2. Send forms to PhilNOS TC via electronic mail	None	15 minutes	
2. Acknowledge the receipt of the reports	2. Inform PhilNOS via phone call or SMS that forms have been sent via e-mail	None	15 minutes	Coordinator Transplant Unit
TOTAL:		None	3 hours	

37. Submission of Reports to the Renal Disease Control Program (REDCOP)

Submission of reports to REDCOP

Office or Division:	Transplant Unit			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	REDCOP			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Completely filled up forms 1. Donor Registry Form 2. Recipient Registry Form 3. Summary of Submission of Hospital Transplant Registry 4. Certification of Submission of Hospital Donor and Recipient Registry 5. Kidney Transplant Registry Form		Forms available at NKTl		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide Transplant unit with template of forms to be submitted	1. Fill up forms 1.1. Check requirements for completeness	None None	2 hours 30 minutes	<i>Coordinator</i> Transplant Unit
2. Acknowledge receipt of reports	2. Submit requirements to NKTl	None	5 hours (including travel time and queueing in REDCOP office)	<i>Coordinator</i> Transplant Unit
TOTAL:		None	7 hours, 30 minutes	

Dietary Department

External Services

1. Conduct of Lecture

Processing of Request for Conduct of Lecture

Office or Division:	Dietary Department			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH Departments and Other Government Offices			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Request with endorsement from the Chair(1 original)		Departments or other offices requesting for conduct of lecture		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of request to the Office of the Chief	1. Receive the letter of request	None	2 Minutes	<i>Clerk</i> Dietary
	1.1 Submit the letter of request to the Chief for approval	None	3 Minutes	<i>Clerk</i> Dietary
	1.2. Approve the request	None	5 Minutes	<i>Chief</i> Dietary
2. Receive notification of approval	2.1 Inform the approval of the request for lecture	None	2 Minutes	<i>Clerk</i> Dietary
TOTAL:		None	12 Minutes	

2. Provision of Training Services

Provision of Training Services for Elective Rotation of Medical Residents, Student Affiliates and Trainees

Office or Division:	Dietary Department			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Medical Residents from the Department of Family and Community Medicine or other interested parties; Nutrition Students eligible for Practicum Affiliation; Licensed Nutritionist-Dietitians			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Medical Residents and Student Affiliates: Letter of Request with endorsement from the Chair/ College Dean(1 original)		Department or universities requesting the training		
Licensed Nutritionist-Dietitians: Letter of Request with endorsement from former professor or college dean(1 original); TOR; PRC board rating		University PRC		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the letter of request for training with the required documents to the Office of the Chief Nutritionist-Dietitian	1. Receive the letter of request	None	2 Minutes	<i>Clerk</i> Dietary
	1.1 Submit the letter to the Chief for approval	None	2 Minutes	<i>Clerk</i> Dietary
	1.2 Approve the letter of request	None	2 Minutes	<i>Chief</i> Dietary
	1.3 Endorse trainee to the supervisor of Patient Care, Training and Research Division for schedule of qualifying exam	None	2 Minutes	<i>Chief</i> Dietary
2. Receive submitted documents with endorsement to the supervisor of Patient Care, Training and Research Division	2. Give directions regarding endorsement to the Patient Care, Training and Research Division	None	2 Minutes	<i>Clerk</i> Dietary
TOTAL:		None	10 Minutes	

3. Provision of Meals and Snacks for Patients

Processing of provision of meals and snacks for patients

Office or Division:		Dietary Department		
Classification:		Simple		
Type of Transaction:		G2G		
Who may avail:		Patients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Duly accomplished diet list(1 original)		Wards at service areas and pay areas		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit diet list	1. Receive diet list	None	2 Minutes	<i>Dietitian on duty and Administrative Staff</i> Clinical Nutrition Division
	1.1 Summarize the diet list	None	5 Minutes	
	1.2 Endorse census	None	2 Minutes	
	1.3 Dish out food	None	10 Minutes	
2. Receive and load food of patients	2.1 Endorse food	None	3 Minutes	<i>Dietitian or Foreman on Duty</i> Dietary
TOTAL:		None	22 Minutes	

4. Processing of Daily Acceptance and Inspection Reports (DAIRs)

Processing of DAIRs covers activities from receiving of foodstuff delivery up to approval of DAIR

Office or Division:		Food Service Administration Division, Dietary Department		
Classification:		Simple		
Type of Transaction:		G2G		
Who may avail:		Suppliers of Foodstuffs		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Invoices of Items delivered		Suppliers		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Deliver foodstuffs and submit corresponding invoices	1. Receive foodstuffs and corresponding invoices	None	10 Minutes	<i>Food Procurement Dietitian for the day</i> Dietary
	1.1 Check accuracy and completeness of submitted invoice (Representative from IASSS attests inspection of deliveries in the invoices)	None	5 Minutes (paused-clock)	<i>Staff Auditor</i> Internal Audit
	1.2 Prepare the Daily Acceptance and Inspection Report (DAIR)	None	10 Minutes	<i>Accounting Clerk or Procurement Dietitian</i> Dietary
	1.3 Review and submit DAIR for verification	None	5 Minutes	<i>Procurement Dietitian</i> Dietary
	1.4 Verify accuracy of Submitted DAIR	None	10 Minutes	<i>FSAD Supervisor or Quality Management Assistant</i> Dietary
	1.5 Approve and endorse DAIR	None	10 Minutes	<i>Chief</i> Dietary
TOTAL:		None	50 Minutes	

5. Processing of Statement of Accounts

Processing of Statement of Account (SOA) covers activities from the receipt of SOA up to its approval and endorsement

Office or Division:		Food Service Administration Division, Dietary Department		
Classification:		Simple		
Type of Transaction:		G2G		
Who may avail:		Suppliers of Foodstuffs		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Statement of Account with DAIRs and invoices Copies of Purchase Order, approved purchase request, BUR/OBR, Notice of Award, Performance bond		Suppliers Purchasing Office BAC Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit SOA with all required attachments	1. Receive SOA with all required attachments	None	5 Minutes	<i>Senior Food Procurement Dietitian</i> Dietary
	1.1 Check accuracy of submitted SOA	None	20 Minutes	<i>Accounting Clerk</i>
	1.2 Compute taxes to be deducted from payables; prepare disbursement vouchers and RIS Form 3	None	20 Minutes	
	1.3 Review and submit SOA with disbursement voucher and RIS for verification	None	10 Minutes	<i>Senior Food Procurement Dietitian</i> Dietary
	1.4 Verifies accuracy of Submitted SOA	None	10 Minutes	<i>FSAD Supervisor</i> Dietary
	1.5 Approve and endorse SOA	None	10 Minutes	<i>Chief</i> Dietary
TOTAL:		None	1 Hour, 15 Minutes	

6. Provision of Nutritional Care to Inpatients

Processing of Provision of Nutritional Care to Patients confined at the service wards or Pay Wards

Office or Division:		Dietary Department		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Confined patients at the Service Areas or Pay wards		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Medical Chart		Service Wards and Pay Services		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Referral from attending physician; can be done through phone call or endorsement by the nurse on duty	1. Receive referral	None	2 Minutes	<i>Staff on duty</i> Dietary
2. Wait for the Dietitian in charge	2. Attend to referral; read through the chart and start the Nutrition Care Process	None	10 Minutes	<i>Dietitian</i> Dietary
3. Undergo Nutritional Assessment	3. Nutritional Assessment which includes anthropometric measurement and dietary assessment	None	20 Minutes	<i>Dietitian on duty</i> Dietary
4. Receive appropriate nutrition intervention and instructional materials.	4. Provide nutrition intervention; diet modification and provision of dietary counseling	None	30 Minutes	<i>Dietitian on duty</i> Dietary
TOTAL:		None	1 Hour, 2 Minutes	

7. Provision of Nutritional Care to Outpatients

Processing of Provision of Nutritional Care to Outpatients

Office or Division:		Dietary Department		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		PGH patients in the Service Ward		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. Referral from other departments or institutions 2. Online appointment with confirmation message regarding schedule of appointment 3. Blue Card(1 original)			Referring Physician Online Consultation Request and Appointment (OCRA) System (see website: pghopd.up.edu.ph) DOPS Palistahan	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the confirmation message regarding the schedule of appointment and submit Blue Card for queueing	1. Receive Blue Card and get passcode to access medical chart at the Computerized Registry of Admissions and Discharges (RADISH)	None	2 Minutes	<i>Dietitian on duty</i> Dietary
2. Go to the Dietitian when the name is called	2. Read doctor's referral and medical history; Complete the Nutrition Assessment Form	None	5 Minutes	<i>Dietitian on duty</i> Dietary
3. Undergo Nutritional Assessment	3. Nutritional Assessment which includes anthropometric measurement and dietary assessment	None	15 Minutes	<i>Dietitian on duty</i> Dietary
4. Wait for the instructional materials	4. Prepare instructional materials including meal plan	None	5 Minutes	<i>Dietitian on duty</i> Dietary
5. Listen to the diet counseling	5. Give diet counseling	None	30 Minutes	<i>Dietitian on duty</i> Dietary
6. Receive the nutrition hand-out/s. Give blue card for the follow-up schedule	6. Give the nutrition hand-out and write on the Blue Card the follow-up appointment; Schedule patient's follow-up appointment through Computerized Registry of Admissions and Discharges (RADISH)	None	15 Minutes	<i>Dietitian on duty</i> Dietary

	System and Document the Nutrition Care Plan as chart entry.			
TOTAL:			1 Hour, 12 Minutes	

8. Processing of Job Applications

Processing of Job Applications in coordination with the Human Resource Development Division (HRDD)

Office or Division:	Dietary Department			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Job applicants			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Resume(1 original) Transcript of Records Certificate of Eligibility (if applicable) PRC License (if applicable) Certificate of Employment (COE)		Applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit referral letter with complete requirements	1. Receive application papers	None	2 Minutes	<i>Clerk</i> Dietary
2. Undergo initial Job Interview	2. Conduct initial job interview	None	30 Minutes	<i>ND V</i> Patient Care, Training and Research Division
3. Undertake unit exam (if applicable)	3. Administer unit exam (if applicable)	None	60 Minutes	<i>Supervising Dietitian</i> Dietary
4. Wait for result of unit exam	4. Check unit exam	None	20 Minutes	<i>Supervising Dietitian</i> Dietary
5. Await result of evaluation	5. Refer for further evaluation	None	5 Minutes	<i>Supervising Dietitian</i> Dietary
6. Interview with the Chief	6. Evaluation by the Chief	None	45 Minutes	<i>Chief</i> Dietary
7. Receive feedback	7. Referral of application to the HRDD	None	5 Minutes	<i>Chief</i> Dietary
TOTAL:			2 Hours, 47 Minutes	

Dietary Department

Internal Services

1. Participation in Research

Processing of Request for Participation in Research

Office or Division:		Dietary Department		
Classification:		Complex		
Type of Transaction:		G2G		
Who may avail:		All PGH Departments		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Request with endorsement from the Chair(1 original) Research Protocol approved by Research and Ethics Board		Departments or other offices requesting for participation in a research activity		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the letter of request with the required documents to the Office of the Chief	1. Receive the letter of request	None	2 Minutes	Clerk Dietary
	1.1 Submit the letter of request to the Chief for approval	None	3 Minutes	Clerk Dietary
	1.2 Give details on scheduled follow up	None	2 Minutes	Clerk Dietary
	1.3 Read through the research protocol, clarify participation roles; evaluate submitted protocol	None	3 Days	Chief/ Supervising Dietitian Patient Care, Training and Research Division
2. Follow up status of request	2. Inform the status of the request for participation in Research	None	2 Minutes	Chief/ Supervising Dietitian Patient Care, Training and Research Division
TOTAL:		None	3 Days, 9 Minutes	

2. Provision of Meals and Snacks

Processing of Request for Meals and Snacks for Various Functions

Office or Division:	Dietary Department			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH Departments			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Completely filled out and approved PGH Form No. Q-074019 Request for Snack/Meal (1 original) with Budget clearance		Departments or other offices requesting for provision of meals or snacks Budget Services Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit PGH Form No. Q-074019 Request for Snack/Meal with Budget clearance	1. Receive the letter of request	None	2 Minutes	<i>Clerk</i> Dietary
	1.1 Submit the letter of request to the Chief for approval	None	2 Minutes	<i>Clerk</i> Dietary
	1.2 Approve of request	None	2 Minutes	<i>Chief</i> Dietary
TOTAL:		None	6 Minutes	

3. Facilitating Clearance of Employees

Processing of Clearance of PGH employees at the Dietary Department

Office or Division:	Dietary Department			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH Departments			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Form for Clearance Whichever is applicable: Approved Leave Form/ Letter of Resignation or Retirement		HRDD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present form for clearance	1. Receive the Form for Clearance	None	2 Minutes	<i>Clerk</i> Dietary
	1.1 Check and verify meal card record of employ	None	5 Minutes	<i>Meal Service Dietitian</i> Dietary
2. Receive notification of approval	2. Update status of clearance •If cleared, submit clearance form to the Chief Dietitian •If not, prepare applicable billing statement to be paid at the Cashier	None	2 Minutes	<i>Meal Service Dietitian</i> Dietary
	2.1 Sign clearance	None	1 Minute	<i>Chief</i> Dietary
3. Receive form for Clearance	3. Endorse form for clearance	None	1 Minute	<i>Chief or Clerk</i> Dietary
TOTAL:		None	11 Minutes	

4. Provision of Meals to Employees and Trainees

Processing of provision of meals to employees and trainees

Office or Division:	Dietary Department			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Employees, Medical residents, Medical Interns and Clinical Clerks			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Meal ticket/ meal chit		Dietary department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present meal ticket to the Dietitian-on-duty	1. Check meal ticket	None	1 Minute	<i>Dietitian on Duty</i> Dietary
	1.1 Dish out meal	None	2 Minutes	<i>Administrative Aide on Duty</i> Dietary
2. Receive meal	2. Endorse food	None	1 Minute	<i>Administrative Aide on Duty</i> Dietary
TOTAL:		None	4 Minutes	

5. Provision of Catering Services

Processing of Provision of Meals by the Canteen and Catering Section

Office or Division:	Canteen/Catering Section, Dietary Department			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Customers availing catering services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Form for Catering Services		Dietary Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request Catering services form from Dietitian-on-Duty	1. Provide catering services form	None	1 Minute	<i>Dietitian on duty</i> Dietary Canteen Services
2. Fill out catering services form and discuss with dietitian requests/prices.	2. Receive filled out form and explain to client about food and services offered.	None	15 Minutes	<i>Dietitian on duty</i> Dietary Canteen Services
	2.1 Submit catering request with price quotation to supervisor	None	2 Minutes	<i>Dietitian on duty</i> Dietary Canteen Services
	2.2 Verify submitted catering request with price quotation	None	2 Minutes	<i>Supervising NDFood Service Administration Division</i>
	2.3 Approve request for catering service	None	2 Minutes	<i>Chief Dietary</i>
3. Receive approved request for catering service.	3. Endorse approved request for catering	None	1 Minute	<i>Dietitian on duty</i> Dietary Canteen Services
TOTAL:		None	23 Minutes	

6. Function Room Reservation

Processing of Function Room Reservation

Office or Division:	Food Service Administration Division, Dietary Department			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Customers availing the use of the function room			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Form for Catering Services		Dietary Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request Function Room Reservation form from Dietitian on duty at the Food Service Administration	1. Provide Function room Reservation form	None	1 Minute	<i>Any Dietitian on-duty</i> Food Service Administration
2. Fill out function room reservation form and discuss with dietitian request/ prices	2. Receive filled out form and explain to client about function room reservation details	None	5 Minutes	<i>Any Dietitian on-duty</i> Food Service Administration
	2.1 Finalize function room reservation by affixing signature on the form	None	2 Minutes	<i>Any Dietitian on-duty</i> Food Service Administration
	2.2 Prepare and endorse billing statement which has to be settled at the PGH cashier	None	2 Minutes	<i>Any Dietitian on-duty</i> Food Service Administration
3. Receive Function room reservation form and billing statement	3. Endorse counter signed function room reservation form and billing statement	None	1 Minute	<i>Dietitian on-duty</i> Dietary Canteen Services
TOTAL:		None	11 Minutes	

Health Information Management Division

External Services

1. Retrieval of Patient Health Records for Purpose of Research and Case Review

This service is intended for doctors and researchers requesting for retrieval of records for research and case review purposes. In compliance to **RA 10173** - Data Privacy Act of 2012, **Memorandum No. 2019-108** Re: Chart Retrieval for Re-admitted Patients and **Memorandum No. 2019-109** Re: Chart Retrieval for Training and Research Purposes, review of records shall be done within the HIMD premises only. Picture taking and photocopying of records are not allowed.

Office or Division:	HEALTH INFORMATION MANAGEMENT DIVISION			
Classification:	Review / Readmission - Simple Research – Highly Technical			
Type of Transaction:	G2C; G2G			
Who may avail:	Physicians and authorized clients requesting for retrieval of records for: 1. Research and Study 2. Case Review/ Presentation and Mortality Review			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For Chart Review/ Audit 1. Letter of Request stating the purpose and endorsed by the Chief Resident or Department Chair (for physical chart access) or Request for Access to Charts in the RADISH for Training Purposes (PGH Form No. Q310055) 2. List of Records for Retrieval (with complete details such as Case Number , Name, Date of Admission/Discharge, Disposition)		Personal letter EHRO Office or HIMD for the soft copy		
For Research 1. EHRO Permit to Conduct Research 2. List of Records for Retrieval (with complete details such as Case Number , Name, Date of Admission/Discharge, Disposition)		EHRO Office		
Chart review for clients outside of PGH (DOH other agencies) 1. Letter of request stating the purpose, endorsed by the department head of the agency/company and approved by the Director / Data Privacy Officer.		Personal and endorsed by the agency head and approved by the PGH Director/Data Privacy Officer		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For physical chart				

retrieval: 1. Submit letter of request (with approval of the Director or EHRO) to HIMD along with the list of patient's records for retrieval via email or personal visit to HIMD office. Email add: mrd-research.uppgh@up.edu.ph	1. Scrutinize the letter and list of records for retrieval. Check requirements if complete. a. Acknowledge receipt of request and inform the requestor when the records will be available. b. Verify, prepare locator cards and retrieve requested physical records at various filing areas and update the same at the RADISH system.	None	5 minutes 2 mins 5 mins/record	Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD
2. On scheduled date, secure the requested records at the HIMD.	2. Release requested records to researcher for review at HIMD premises only. Note: The retrieval of records needed for research depends on the volume and availability being requested. We allot a maximum of 10 records/requestor/day to ensure that everyone is accommodated.	None	5 minutes	Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD
3. Return records after review	3. Check returned records if complete	None	3 minutes	Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD
TOTAL:		None	20 minutes	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For electronic records access: 1. Submit letter of request to MRD or PGH Form No. Q310055 (Request for Access Form) along with the list of patient's records for retrieval via email or personal visit to HIMD office. Email address: mrd-passcode.uppgh@up.edu.ph	1. Scrutinize the letter and list of records for retrieval. Check requirements if complete. 1.1 Retrieve individual patient passcode at the RADISH system and release the same to the requesting doctor via email. Maximum of 30 passcodes a day may be given to a requesting doctor.	None	3 minutes 2 mins/ record	Staff-on-Duty Outpatient Health Records Management Section (OHRMS), HIMD
2. Access the electronic chart thru the RADISH system using the passcode given by HIMD within the validity period of 5 working days.	2. Reset the passcodes given after the end of the validity period.	None	*(5 minutes/ done daily for all passcodes released for various purposes)	Staff-on-Duty Outpatient Health Records Management Section (OHRMS), HIMD
TOTAL:		None	5 minutes	

2. Issuance of Medical Certificate and Photocopy/Certified True Copies of Medical Records

This service is intended for patients who need a medical certificate, photocopies/ certified true copies of the essential parts of their medical records. In compliance to RA 10173, the release of medical records/information is strictly to the **patients concerned only**. Authorization letter is required with complete and proper requirements as mentioned below if patient is unavailable except for mortality, minor and mentally incapacitated patients.

Office or Division:	HEALTH INFORMATION MANAGEMENT DIVISION	
Classification:	Simple	
Type of Transaction:	G2C; G2G	
Who may avail:	Patients/Authorized representatives who needs: <ol style="list-style-type: none"> 1. Medical Certificate 2. Medical Certificate for medico-legal purposes (<i>service patients only</i>). 3. Copy/certified true copies of medical record for SSS, GSIS, Insurance Claims, PHILHEALTH and other legitimate purposes. 	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. Patient's Blue Card (1 original)		OPD patients- OPD Admitting Section DEM Patients- DEM Palistahan Pay Patients- Pay Admitting (upon Admission) Lost blue Card- OPD Admitting Section
2. 1 Valid I.D. (1 original)		Personal Company ID, any gov't issued ID
3. For Patients with authorized representative: <ul style="list-style-type: none"> - Authorization Letter (state purpose and the name of the representative) - Patient Blue Card (original) - 1 valid I.D. of the patient (original & photocopy) - 1 valid I.D. of the representative (original + photocopy) 		Patient As mentioned above Company ID, any gov't issued ID
4. For SSS claims <ul style="list-style-type: none"> - follow requirements 1-3 - SSS forms 		SSS/company of the patient
5. For other insurance claims: <ul style="list-style-type: none"> - follow requirements 1-3 - waiver of the policy holder (original and photocopy) if being processed by the insurance representative - needed forms (if any) 		Insurance company
6. for Mortality Patients <ul style="list-style-type: none"> - Death Certificate (if died outside PGH) 		PSA /City Hall of Place of Death

<ul style="list-style-type: none"> - 1 Valid ID of the requesting nearest kin - Birth Certificate, Marriage Certificate as proof of relation <p>Order of Nearest Kin:</p> <ul style="list-style-type: none"> - if married – spouse, children of legal age, parents - if single – parents, siblings of legal age (priority whose name appears in the record) - if minor/mentally incapacitated – parents, siblings of legal age (priority whose name appears in the record) <ul style="list-style-type: none"> - if with live-in partners – children of legal age, parents, siblings of legal age (priority whose name appears in the record). 		Nearest Kin		
<p>7. for Minors/Mentally incapacitated patients:</p> <ul style="list-style-type: none"> - Patient's Blue Card - 1 Valid ID of the requesting nearest kin - Birth Certificate as proof of relation (parents, siblings) 		As mentioned above		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For currently admitted patients	1. Interview for proper window assignment.	None	3 minutes	Officer-of-the-Day: (According to their schedule) Health Info Research and Issuances Section (HIRIS), HIMD
1. Proceed to the Information Window A at room 313 HIMD, 3 rd floor OPD Bldg. and wait for interview by the Officer-of-the-Day.	1.1 Ask for the blue card, check the requirements and prepare locator card. 1.2 Endorse locator cards to the clerk-in-charge of the request.			
2. Wait for the final interview of the clerk-in-charge.	2. Scrutinize the requirements and ask the purpose of the request.	None	3 minutes	Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD
	a. *Check availability of electronic record at RADISH system		3 minutes	

3. Pays at the Cashier	3. Issue payment slip according to the requested document	<i>See below reference for fees</i>	<i>(paused-clock)</i> Depends on the queue at the cashier	Cash clerk Cashier's Office, DOPS
4. Wait for the release of the requested document	4. Process requested document. 4.1 Check, proofread and countersign the document. 4.2 Final check and sign the document.	None	10 minutes 3 minutes 2 minutes	Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD Records Officer III Records Officer V
5. Receive requested document	5. Verify payment receipt and release requested document	None	3 minutes	Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD
TOTAL:		<i>See below reference for fees</i>	27 minutes for electronic chart	

FEES:

Medical Certificate	-	P30.00/certificate
Medico-Legal Certificate	-	P30.00/ certificate (service case only)
Certified True Copy	-	P30.00/1-5 copies
Xerox	-	P2.00 /photocopy
Insurance document	-	P90.00 + fee for photocopy

Note: The time for processing of each request starts from the time the record/s has already been retrieved and available. If the patient's record is incomplete (no signature of physician, incomplete chart entries), the processing time might be delayed as projected in the Citizen's Charter.

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Online requests(for all patients) 1. Make a Request for Health Records at the	1. Retrieve Patient's request and contact details via the OCRA system.	None	*1-3 days depending on the volume of requests received	Staff-on-Duty Health Info Research and Issuances Section (HIRIS),

OCRA website pghopd.up.edu.ph	Send an SMS to patient's registered number to verify request and ask for additional details regarding the request.		5 mins	HIMD
2. Confirm request via reply to the SMS sent by the MRD and provide additional details if necessary. Wait for the SMS reply on the schedule of the release of document.	2. Check availability of health records requested. Send SMS to the patient to provide date of schedule of release. * If patient is requesting for Medical Certificate, type ,prepare and save the certificate for printing, checking and signing upon pick-up of the patient.	None	10 minutes for physical record 5 mins for electronic record	Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD
On scheduled day of release of document:				
3.Proceed to Information window on the day of schedule for pick-up of document	3. Check and verify patient details and requirements and refer to designated window. Print, stamp, proofread and sign requested document.	None	3 minutes 5 mins	Officer of the Day, HIMD Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD
4.Pay corresponding fees and wait for the release of document	Issue payment slip according to the requested document	See reference for fees	(paused-clock) Depends on the queue at the cashier	Cash Clerk, Cashier's Office, DOPS
5.Receive the document	Release the document to the patient.	None	3 mins	Staff-on-Duty Health Info Research and

				Issuances Section (HIRIS), HIMD
TOTAL:		<i>See reference for fees</i>	26 minutes for physical record 21 minutes for electronic record	

Note: * The time for processing of each request starts from the time the HIMD staff has sent the first SMS acknowledging receipt of OCRA request and depends on the replies of the requesting clients. If more questions and clarifications are sent via SMS regarding a request, additional time will be added.

Requested health records are only printed, stamped and signed upon the arrival of the requesting patient. This is to lessen paper waste and ensure that accurate date is stamped on the copies of authenticated health records as some requestors do not come on the scheduled day of release.

3. Passcode Retrieval and Release for Various Purposes

This service is intended for doctors, nurses, and other PGH personnel requesting for access to the Electronic Health Records of patients at the RADISH for valid and legitimate purposes..

Office or Division:	HEALTH INFORMATION MANAGEMENT DIVISION			
Classification:	Passcode Release- Simple			
Type of Transaction:	G2C; G2G			
Who may avail:	PGH Staff requesting for the following purposes <ol style="list-style-type: none"> 1. Re-admission of Patient 2. Completion and Updating of Clinical forms 3. OPD ff-up, review of Inpatient Admission 4. MSS , PHIC, HICU purposes 5. Research and Case Studies 			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ol style="list-style-type: none"> 1. Letter of request for passcodes sent via email to mrd-passcode.uppggh@up.edu.ph 2 List of Records for Retrieval (with complete details such as Case Number , Name, Date of Admission/Discharge, Disposition) 3 Permit to Conduct Study (for Researches) 4 Request for Radish Access Form, PGH Form No. Q-31005 (para samga Case Review, Presentations) 		Personal letter		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send an email to mrd-passcode.uppggh@up.edu.ph using the employee's UP email or the department email, state patient details and purpose of request for access	1. Scrutinize the request and check appropriate requirements.	None	2 minutes	Staff-on-Duty Outpatient Health Records Management Section (OHRMS), HIMD
2. Receive the passcode.	2. Retrieve requested passcodes at the RADISH system and release the same to the requesting employee via email reply.	None	2 minutes/ record	Staff-on-Duty Outpatient Health Records Management Section

				(OHRMS), HIMD
TOTAL:		None	4 minutes	

4. Preparation and Transmittal of Certificate of Live Birth (COLB) for Timely Registration

This service is for patients who gave birth in this hospital. The preparation of the Certificate of Live Birth (COLB) is being done at the Health Information Management Division for service wards and at the Department of Pay Patient Services (DPPS) for pay patients. The registration of COLBs is within 30 days after birth *only*, otherwise it is considered as *late registration* which requires additional documents to be submitted to Local Civil Registry Office, Manila (as prescribed).

Office or Division:	Health Information Management Division	
Classification:	Highly Technical (Certificate of Live Birth must be registered within 30 th day of the child)	
Type of Transaction:	G2C, G2G	
Who may avail:	Patients who gave birth in this hospital and their authorized representative	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
For Timely Registration:		
1. For Married Couple:		
<ul style="list-style-type: none"> • Patient's Blue Card • 1 Valid I.D. • Marriage Certificate 		Palistahan, DOPS Gov't issued ID Philippine Statistics Authority
2. For minor/mentally incapacitated mother/father of the Child: <i>(must be accompanied by parents or guardian)</i> <ul style="list-style-type: none"> • 1 valid I.D./ or Community Tax Certificate of mother & father of the child • 1 Valid ID of parents/guardian • Notarized affidavit of guardianship (if accompanied by guardian) • Birth Certificate (if accompanied by parents) 		Gov't issued ID Community Tax Certificate issued by City Hall Notary Public Philippine Statistics Authority
5. For unmarried couple: <ul style="list-style-type: none"> ➤ If acknowledged by the father: • Affidavit to Use the Surname of the Father (AUSF) form • 1 Valid I.D. or Community Tax Certificate of both Parents <i>* both parents must be present during processing of the COLB if not done during admission</i>		HIMD/PGH (form must be accomplished by mother) Personal Gov't issued ID Community Tax Certificate issued by City Hall
6. For Single Mother of legal age: <ul style="list-style-type: none"> • Patient's Blue Card • 1 Valid I.D. 		DOPS Admitting Section Gov't issued ID

7. for Deceased Mother:				
<div>➤ If Married:</div> <div><ul style="list-style-type: none">Father of the Child to facilitate processing of COLB1 Valid IDMarriage ContractCertificate of Death</div> <div>➤ if Not Married:</div> <div><ul style="list-style-type: none">father of the child (if acknowledged), parents, siblings of the deceased to facilitate processingBirth Certificate as proof of relation to the deceasedCertificate of Death1 Valid IDNotarized Affidavit of guardianship (if processing done by the father of the child)</div>		Gov't issued ID Philippine Statistics Authority Philippine Statistics Authority Philippine Statistics Authority Philippine Statistics Authority Gov't issued ID Notary Public		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Still Admitted Patients 1. Father of the child/representative brings the interview Sheet (<i>PGH Form No. Q-530006</i>) at the HIMD and answer accurately questions asked by HIMD staff	1.1 Interview patient for the needed and accurate information 1.2. Verify the accuracy of entries in the PGH form Q-530006 (Interview Sheet) 1.3 Encode and print the COLB 1.4 Instruct the father / representative to bring the COLB to ward for signature of the mother 1.5 Issue payment slip	P30.00/child (For married Couple) P60.00/child (for not married couple)	25 min	Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD
2. Mother of the child signs the COLB & accomplishes the AUSF form (not married)	2.1 Instruct mother to sign the COLB and accomplish the AUSF form, then submit to completed COLB and AUSF to nurse-on-duty	none	(paused-clock) until HIRIS-HIMD staff collects the COLB at the	Nurse-on-duty at ward 15 or ward 16

			ward	
3. Receives duplicate copy of COLB as personal copy	3.1 Facilitate signing of the COLB of the Attending Physician 3.2 Give duplicate copy of COLB to the Father/ authorized representative for personal copy 3.3 Collects and brings back the signed COLBs to HIMD office 3.4 Review/check the accuracy and completeness of entries	none	60 min. 5 min.	Nurse-on-duty at ward 15 or ward 16 Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD
TOTAL			1 hour 30 minutes (client process only) excl. time consumed until final registration to LCR by HIMD	
For Discharged Patients				
1. Mother of the child request appointment thru OCRA system at <i>pghopd.up.edu.ph</i>	1.1 Inform patient (mother) for the processing of their COLB 1.2 Check OCRA system for the request of patients for COLB processing	None	5min	Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD
2. Mother/parents secures the requirements	2.1 Sendlist of requirements /instructions and appointment/ schedule thru email /sms	None	5min	Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD
3. Be at HIMD at RM 312 3 rd Floor OPD Bldg. on the appointment/ scheduled date: For married couple: <i>Either the Mother or Father can sign the accomplished COLB and Release of</i>	3.1 Interview patient for the needed information 3.2 Verify the accuracy of entries in the interview sheet (PGH form Q-530006) 3.3 Prepare, print and check the Certificate of Live Birth for accuracy of information. 3.4 Facilitate signing of the		30min	Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD

<p><i>Responsibility of erroneous entry Form)</i> For not married couple: <i>The mother and the father of the child must be present. Mother completes and signs the AUSF form and the father signs the acknowledgement/admission of paternity form.</i> <i>Note: The signing of COLB must be done at the HIMD only once discharged.</i></p>	<p>COLB, AUSF (for unmarried couple) and <i>Release of Responsibility of erroneous entry Form</i> 3.5 Issue payment slip</p>	<p>P30.00/child (For married Couple)</p> <p>P60.00/child (for not married couple)</p>		
<p>4. Bring COLB to Ward 16 OB Residents Lounge for signature of Attending Physician</p>	<p>4.1 Instruct parents to bring the COLB to Ward 16 OB Residents Lounge for signature of Attending Physician, then bring back to HIMD office</p>	<p>none</p>	<p>(paused-clock) until return of COLB to HIMD office</p>	<p>Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD</p>
<p>5. Receive duplicate copy of COLB as personal copy</p>	<p>5.1 Instruct parents to get the official copy with registry number after a month at the Manila City Hall, LCR</p> <p>Facilitate Signing of COLB's of the OADA</p> <p>Review/check all COLBs for the accuracy of entries and completeness of signatures</p> <p>Prepare Letter of Transmittal and counter check all entries</p> <p>Transmit to LCR, Manila City Hall every Friday</p>	<p>none</p>	<p>5 min</p> <p>(paused-clock) until return of COLB to HIMD office</p>	<p>Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD</p>
TOTAL:			<p>45 min (clients process only) exc. The time consumed until final registration to LCR by HIMD</p>	

5. Preparation and Transmittal of Certificate of Live Birth for Delayed/ Late Registration

Delayed/Late Registration of Certificate of Live Birth is accomplished when the birth is registered beyond the 30-day reglementary period.

Office or Division:	Health Information Management Division
Classification:	Simple
Type of Transaction:	G2C, G2G
Who may avail:	Patients who gave birth in PGH
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
For Late Registration (31st day onwards of the baby)	
1. Certificate of no record of birth	Manila City Hall (1-6 months old of the baby) Philippine Statistics Authority (for 7 months old & above)
2. For Married Couple: <ul style="list-style-type: none"> • Marriage Contract • 1 Valid ID and Cedula Note: Either of the parent can process the Certificate of Live Birth (COLB).	Philippine Statistics Authority Gov't issued ID Community Tax Certificate issued by City Hall
3. for Unmarried Couple: <ul style="list-style-type: none"> ➤ If acknowledged by the father: <ul style="list-style-type: none"> • Affidavit to Use the Surname of the Father (AUSF) form • 1 Valid I.D. and Community Tax Certificate (Cedula) of both parents Note: Both parents must be present during the processing of COLB	HIMD (form must be accomplished by mother of the child) Gov't issued ID Community Tax Certificate issued by City Hall
4. For minor/mentally incapacitated patients: <ul style="list-style-type: none"> • accompanied by either of parents/guardian • 1 valid I.D. and Community Tax Certificate of patient (Cedula) • 1 Valid ID of parents/guardian • Notarized Affidavit of guardianship - If accompanied by guardian 	Gov't issued ID Community Tax Certificate issued by City Hall Gov't issued ID Notary Public
5. For Deceased/Missing Mother: <ul style="list-style-type: none"> ➤ If Married : <ul style="list-style-type: none"> • Father of the Child to facilitate processing of COLB • 1 Valid ID • Marriage Contract • Certificate of Death ➤ if Not Married: <ul style="list-style-type: none"> • parents, siblings of the deceased mother, 	gov't issued ID Philippine Statistics Authority Philippine Statistics Authority

and father of the child can facilitate processing of COLB <ul style="list-style-type: none"> • Certificate of Death • 1 Valid ID • Notarized Affidavit of guardianship (<i>indicate in the affidavit that mother is missing/cannot be located and is nowhere to be found</i>) 		Philippine Statistics Authority gov't issued ID Notary Public		
7. for OFW parents <ul style="list-style-type: none"> • Special power of Attorney or duly notarized Authorization Letter • 1 Valid ID of authorized representative • Passport (photocopy) of parents of the child • Marriage Contract (if married) • The authorized representative cannot sign in behalf of parents (<i>*see additional instructions below</i>)		Notary public gov't issued ID Department of Foreign Affairs Philippine Statistics Authority		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Parents/guardian request appointment thru OCRA system at <i>pghopd.up.edu.ph</i>	1. Sends requirements/ instructions and appointment schedule thru email and sms	None	10 minutes	Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD
2. Proceed to HIMD at Rm 313 OPD Bldg once with appointment date	1. Interview patient/authorized representative of the details of request 2. Retrieve patient record, check COLB for completeness of data	None	** 10 minutes	Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD
3. Present requirements	1. Process COLB if requirements are complete 1.1 Issue list of requirements and instructions if not complete 2. Prepare, print and check the Certificate of Live Birth for accuracy of information 3. Facilitate signing of the COLB, AUSF (for unmarried couple) and <i>Release of Responsibility of erroneous entry Form</i>	None	30 minutes	Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD
4. Bring COLB to Ward 16 OB Residents Lounge	4.1 Instruct parents to bring the COLB to Ward 16 OB	none	(paused-clock)	Staff-on-Duty Health Info

for signature of Attending Physician	Residents Lounge for signature of Attending Physician, then bring back to HIMD office		until return of COLB to HIMD office	Research and Issuances Section (HIRIS), HIMD
5. Pay at the cashier	1. Issue payment slip for the required attachments	P30.00/child- BC fee P30.00/child – AUSF P30.00 – Med. Cert P50.00- Affidavit Note: <i>If married, fee for Affidavit to Use the Surname of the Father not required</i>	(paused-clock) Depends on the queue at the cashier	Cash Clerk Cashier's Office
5. Receive Medical Certificate as requirement for delayed registration at the LCR, Manila	5. Prepare Affidavit for Late Registration and Letter of Transmittal. 5.1 Check the accuracy of entries and sign the Letter of Transmittal.	None	10 minutes 5 minutes	Staff-on-Duty Health Info Research and Issuances Section (HIRIS), HIMD Records Officer III Health Info Research and Issuances Section (HIRIS), HIMD
6. Bring Certificate of Live Birth to the Deputy Director for Administration for the signing of Affidavit of Late Registration and transmit to the Local Civil Registrar Manila	6. Sign the document.	None	2 minutes	Deputy Director for Administration
TOTAL:		None	1 hour, 7 minutes	

Legend: ** Ten (10) minutes retrieval of records is for active files only. Old records filed in the storage areas may consume more retrieval time.

Additional Instructions for OFW parents:

1. Once the Certificate of Live Birth (COLB) have been processed in the HIMD, the authorized representative/guardian must send it to the parents for their signatures.
2. The Affidavit to Use the Surname of the Father (AUSF) form will be signed by the mother only.

3. The signing of these documents must be witnessed by the Consul General of the State and should be notarized (both the COLB and the AUSF form) and send it back to the authorized representative/guardian.
4. After which, these documents must be authenticated at the Department of Foreign Affairs, signed by the Philippine Consul General and sealed with red ribbon.
5. The authorized representative/guardian shall then bring these documents back to the Health Information Management Division for preparation of Affidavit of Late Registration and Letter of Transmittal.
- . The authorized representative/guardian will be the one to bring these documents to the Local Civil Registrar, Manila for registration

6. Patients Registration for Elective Admissions

This service is for patients for elective admission at designated service wards.

Office or Division:	Health Information Management Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	People with illnesses for admission at service wards (non-emergency)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Doctor's request from UPPGH chat		Nurse of concerned ward		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for admission and send thru uppgh chat	1.1 Open the filled out KaalamanForm at the uppgh chat room 1.2 Verify and update the information of the patient at the open ERP system 1.3 Update the specific ward and service at the RADISH systems 1.4 . Generate case record. Send link for the case record and passcode to the concerned wards for printing	None	10 minutes	Staff-on-Duty Health Records Registration Section (HRRS), HIMD
2. Complete the registration process. Relative shall proceed to Malasakit Center.	2.1 Issue wrist tag, Admission Registration Info and essential kit to patient's relative	None	5 minutes	Staff-on-Duty Health Records Registration Section (HRRS), HIMD
TOTAL:		None	15 minutes	

7. Patients Registration at the Department of Emergency/ OB-Gyne Admitting Section

This service is for patients who need urgent treatment at the Department of Emergency Medicine/ OB-Gyne Department

Office or Division:	Health Information Management Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	1.DEM -People with sickness or with injury who need urgent treatment. 2. OBAS – Pregnant patients who seek urgent consultation or due for delivery / female patient with gynecologic problem who needs immediate consultation.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient Information Slip – PGH Form No. P-310009 (1 original)		DEM/OBAS Triage Officer		
2. Blue Card – PGH Form No. P-310045 if old Patient		DEM Palistahan/OB-Gyne Admitting Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Triageing (ER/OBAS Consults)	1.1 Interview and evaluate 1.2 Issue Patient Information Slip and Broad Consent Form 1.3 Instruct to fill-out the Patient Information Slip and submit to DEM-Palistahan / OB-Gyne Admitting Section.	None	paused clock (depending on the volume of patients at the Triage Area)	Triage Officer
2. Complete the registration process.	2.1 Verify the accuracy of entries in the Patient Information Slip. 2.1 Encode patient's information in the computer system (RADISH/ERP) and prepare and issue blue card (<i>for new patient</i>). 2.2 Generate Patient's Case Record.	None	10 minutes	Admitting Staff on Duty DEM-Palistahan/ OB-Gyne Admitting Section
TOTAL:		None	10 minutes	

Patients who come for consultation at the ER/OBAS (consults) may be admitted when the attending physician declare them as ER/OBAS admissions and with additional steps as stated below:

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For ER/ OBAS admissions 3. Receive the wrist tag, Admission Registration Info slip to be given by the Nurse on duty	3. 1. Update patient's record to "Admission" at the Radish system. a. Generate Patient Case Record b. Give Wrist tag, Patient Case Record and Admission Registration Information to Nurse on Duty	None	5 mins	Admitting Staff on Duty DEM-Palistahan/ OB-Gyne Admitting Section
4. Proceed to ER Palistahan to get the Essential Kit (for ER admissions only)	4.1 Release Essential Kit to patient's watcher.	None	5 minutes	Admitting Staff on Duty DEM-Palistahan/ OB-Gyne Admitting Section
TOTAL:		None	10 minutes	

8. New Patients Registration at the Department of Outpatient Services

This service is for new patients seeking consultation at the Department of Outpatient Services.

Office or Division:	Health Information Management Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	People seeking consult as outpatients (non-emergency cases).			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> ○ make sure to have an online appointment via OCRA (Online Consultation Request and Appointment) system ○ Patient's Valid ID 		Sign in at <i>pghopd.up.edu.ph</i>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
NEW PATIENT:				
ONLINE Registration 1. Register thru OCRA System at pghopd.up.edu.ph . <i>Note: Minor or mentally incapacitated patients should be accompanied by a parent or guardian during consultation.</i>	1. Check if with existing case number, if none, print the patient profile, encode in the ERP/RADISH system the patient information and generate case record 2. The concerned clinic will communicate and schedule the patient for Tele-consult or face to face consultation	None	5 minutes	OPD- Health Records Registration Section Staff HIMD Nurse of concerned clinic
WALK-INS 1. Proceed to counter-C of the OPD Admitting Section and submit the accomplished Kaalaman Form (from the Clinic Nurse who accepted the walk-in patient)	1. Check and verify the accuracy of information 2. Issue Blue card 3. Instruct patient to proceed to respective clinic assignment	None	10min	OPD- Health Records Registration Section Staff HIMD
2. Complete the registration process.	1. Encode patient's information in the computer system . 2 Generate Patient's Case Record	None	10 min	OPD- Health Records Registration Section Staff HIMD

TOTAL:		None	25 minutes	

9. Retrieval of Health Records for Outpatient Consultation

This service is for old patients seeking consultation at the Department of Outpatient Services.

Office or Division:	Health Information Management Division			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	People with sickness who need consultation at the Department of Outpatient Services.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
E-mail from the DOPS clinics		DOPS clinics		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
WALK-In Patients 1. Concerned DOPS clinics and other Ancillary Units send request thru e-mail Email add: mrd-oprspasscode.uppgh@up.edu.ph	1. Check email for requests 2. Retrieve passcodes from the RADISH system 3. Release passcodes to the requesting clinics via e-mail	None	3 minutes/5 patients	OHRMS – HIMD staff
TELEMEDICINE CONSULTATION (Scheduled Patients) 1. Request for appointment thru OCRA (Online Consultation Request and Appointment) System	1. View and check OCRA schedule in RADISH system 2. Retrieve and preview passcode set 3.. Release and download passcodes 4. Send to the respective DOPS clinics thru e-mail	None	2 min/ clinic by batch /set	OHRMS – HIMD staff
TOTAL:		None	5 minutes	

Medical Social Services Division

External Services

1. Social Work Counseling

Counseling for patients needing medical assistance

Office or Division:	MEDICAL SOCIAL SERVICE			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Charity patients needing medical social service intervention			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referred or assessed by the SW		Ward/Clinical Department/MSS		
PGH Blue Card (1 original)		Admitting Section		
MSS White Card (1 original)		MSS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to MSS office	1.1. Conducts intake interview on patient and/or family member	None	5 minutes	Social Worker
	1.2. Identify and prioritize possible problem areas	None	10 minutes	Social Worker
	1.3. Plan strategies and SW intervention	None	10 minutes	Social Worker
	1.4. Implement plans	None	5 minutes	Social Worker
TOTAL:		None	30 minutes	

2. Location/ Contact of Family/Relatives

Finding the location and contact information of family/relatives of neglected abandoned patients

Office or Division:	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Neglected/Abandoned Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral from Ward or assessed by the SW		MSS		
PGH Blue Card (1 original)		Admitting Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive referrals or assessed by SW for location of relatives/family	1. Accept referrals. (Conduct intake interview if not yet evaluated; if evaluated already, proceed to 3.2)	None	5 minutes	Social Worker
	1.1. Conduct follow-up/collateral interview/obtain information/data about patient and family relatives	None	5 minutes	Social Worker
	1.2. Coordinate with doctor regarding medical status and treatment plan for patient	None	5 minutes	Social Worker
	1.3. Collaborate with related agencies/ media etc. for assistance to locate contact family/ relatives	None	15 minutes	Social Worker
TOTAL:		None	30 minutes	

3. PHILHEALTH Point of Service (POS)

Registration of PhilHealth non-members and inactive members

Office or Division:	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PhilHealth Non-Members and In-active Members			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PMRF completely filled up and signed by patient PGH Sponsored PhilHealth member slip signed by SW		PhilHealth Medical Claim Assistance Office (MCA) MSS		
PGH Blue Card (1 original)		Admitting Section		
PGH MSS-White Card (1 original)		MSS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. PhilHealth Non-Member and In-Active member go to MSS	1. Assess/screen patients eligibility for POS	None	5 minutes	Social Worker
	1.1 Issue PGH Sponsored PhilHealth member slip signed by SW	None	5 minutes	Social Worker
2. Send to PhilHealth MCA office to secure PMRF form	2. Issue PMRF form and orient relative to fill up the form completely together with the signature of member	None	10 minutes	MCA staff
3. Instruct to go back to MSS for POS enrollment	3. Enroll to POS	None	5 minutes	Office Assistant for POS
4. Go back to MCA for filing and processing of PhilHealth	4. Receive PhilHealth documents	None	5 minutes	MCA staff
TOTAL:		None	30 minutes	

4. Referrals for Special Diagnostic Procedures (Not available in PGH) to Other Hospitals

Processing of patient requests for special diagnostic procedures which are not available in PGH

Office or Division:	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patient referred to other hospitals for special procedure not available at PGH			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Inter-agency referral signed by RIC and Dept. Chair for approval of the DDHO		Resident In-Charge of Clinical Department		
Clinical Abstract		RIC of Clinical Department		
Diagnostic request		RIC of Clinical Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to MSS for referral for diagnostic procedure not available at PGH	1. Accept referrals and conduct follow-up interview focused on financial preparations of the family	None	10 minutes	Social Worker
	1.1 Prepare profile for referral to other hospital	None	5 minutes	Social Worker
	1.2 Submit profile to supervisor for checking	None	5 minutes	Supervisor
	1.3 Print profile	None	3 minutes	Clerk
	1.4 Approval and signature of the Chief	None	5 minutes	Chief
	1.5. Release profile to patient/watcher and instruct them to forward documents to the ODDHO for final approval	None	2 minutes	Clerk
TOTAL:		None	30 minutes	

5. Case Management of CPU/VAW cases

Patient management and support for CPU and VAW cases

Office or Division:	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Sexual/Physical abuse, Neglected/Abandoned patients, Teen Mom and VAW cases			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Assessed by the Social Worker/Referred CPU		MSS/CPU		
PGH Blue Card (1 original)		Admitting Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to MSS for referral of CPU/VAW Cases	1. Receive referral and conduct intake interview	None	15 minutes	Social Worker
	1.1. Evaluate and assess safety of patient prior to discharge	None	15 minutes	Social Worker
	1.2. Plan intervention	None	5 minutes	Social Worker
2. Prepare Suspected Child Abuse Report (SCAR)	2. Fill-up SCAR	None	5 minutes	Social Worker
	2.1. Coordinate with local government unit (LGU) social worker regarding status of patient and send the SCAR through e-mail	None	15 minutes	Social Worker
	2.2. Conduct counseling	None	20 minutes	Social Worker
	2.3. Coordinate with doctor on medical management/plans with patient; if patient is safe at home, may discharge with family; if not, needs to find temporary placement	None	10 minutes	Social Worker/ RIC
	2.4. Find/coordinate with GOs & NGOs for	None	15 minutes	Social Worker

	temporary placement; arrange admission conference for scheduling of official vehicle use 2.5. Attend admission conference; conduction of patient to agency for placement; arrange schedule of official vehicle for transfer of patient; arrange availability of doctor to accompany SW during transfer	None	15 minutes	SW, RIC
TOTAL:		None	1 hour, 55 minutes	

6. Referral to PCSO Help Desk for Charity Patients Needing Medical Assistance

Processing referrals to PCSO Help Desk

Office or Division:	Medical Social Service		
Classification:	Complex		
Type of Transaction:	G2C		
Who may avail:	All Charity Patients needing medical assistance		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
PCSO IMAP form fully accomplished		MSS	
1. for medicines/chemotherapy: Updated Prescription		Ward/Clinical Departments	
2. For diagnostics/laboratory requests with quotation from accredited supplier (PGH, Genesis, Iscan and NKTi for PET scan request)		Ward/Clinical Departments	
3. For implant - Prescription with printed full name and license of RIC. for medico legal cases – orig./CTC of police report; proof of counterpart; official price quotation from accredited PCSO supplier		RIC/PCSO accredited supplier	
4. For medical device - Physician order with specification of device with schedule of operation; price quotation from 3 different PCSO supplier less PhilHealth deduction.		RIC/PCSO accredited supplier	
5. For hearing aid (3 updated quotations from different PCSO accredited supplier; for hearing aid- audiological evaluation report);		PCSO accredited supplier	
6. For prosthesis – updated price quotation from 3 accredited PCSO supplier, whole body picture of patient, request from the doctor stating the need for prosthesis with specification		RIC and PCSO accredited supplier	
7. for operation need - price quotation with breakdown of expenses with PhilHealth and senior deduction; schedule of surgery; photocopy of Xray, MRI/CT scan result.		RIC of Clinical Department/ OR Pharmacy/Radiology	
8. For Dialysis (Hemodialysis, Peritoneal, Epoetin) Dialysis within PGH Hemodialysis Center, Prescription with printed full name, signature, license number of RIC, official quotation from Dialysis Center, PhilHealth certificate, photocopy of relevant laboratory result		RIC/PGH Dialysis Center/PhilHealth Office/Laboratory	
9. For transplant – official price quotation with breakdown of expenses, photocopy of relevant laboratory result, PhilHealth tracking number if applicable, proof of counterpart		Laboratory/RIC/PhilHealth Office	

from patient/family				
10. For Radiotherapy/Brachytherapy/RAI/Cobalt –official price quotation from service provider with PhilHealth/Senior citizen deduction; photocopy of histopath/biopsy result		Radiology/RIC		
11. For Rehab therapy/PT/OT/Speech therapy – official price quotation with breakdown of expenses from service provider with less professional fee.		RIC and PCSO Accredited Supplier		
12. For wheel chair - one whole body picture of patient; request from the doctor stating the need for wheel chair with specifications with printed full name , signature and license number of RIC. For regular wheel chair, quotation is provide by Tahanang Walang Hagdanan; For wheel chair with specific requirements, official sealed from 3 different supplier.		Tahanang Walang Hagdanan/RIC/PCSO Accredited Supplier		
Clinical abstract (Updated and original/Certified True copy)		Ward/Clinical Departments		
Management plan/Treatment protocol (Updated and original)		Ward/Clinical Departments		
Personal letter addressed to PCSO Chairman		Patient		
Printed picture of patient with current newspaper and valid ID		Patient		
PGH Blue Card (1 original)		Admitting Section		
MSS white card (1 original)		MSS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to MSS for assistance	1. Orient, screen and accept referrals; Screen qualified patients for referral to PCSO	None	30 minutes	Social Worker
	1.1. IMAP application form filled up by patients	None	10 minutes	Patients/ watchers
	1.2. Validate and encode IMAP assessment form is printed for signature of supervisor together with other requirements	None	15 minutes	Social Worker

	1.3. Prepare transmittal for signature of SW in-charge and supervisor	None	20 minutes	Clerk/SW/
	1.4. Scan documents and transmittal and send to PCSO through e-mail	None	20 minutes	Supervisor Clerk
	1.5. Approval from PCSO through e-mail	None	3 days	PCSO staff
	1.6. Preparation of Guarantee letter (GL) by PCSO; Issuance of approved referrals.	None	2 days	PCSO staff
2. Patient/watcher brought approved referrals to PCSO for release of GL	2. Release of GL	None	1 day	PCSO staff
TOTAL:		None	7 days, 35 minutes	

7. Referral to PCSO Help Desk for Pay Patients Needing Assistance for Hospital Bill/ Confinement

Processing referrals to PCSO Help Desk

Office or Division:	Medical Social Service			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Admitted Pay Patients needing assistance for hospital bill/confinement			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Duly accomplished PCSO IMAP application form		MSS		
Original copy of Statement of Account/Hospital Bill (Final Bill) with printed name duly signed by the Billing officer with PhilHealth/Senior citizen/HMO discount/deduction.		Billing Section		
Clinical abstract (updated and original/Certified true copy)		Ward/Clinical Departments		
Photocopy of valid ID (patient and authorized representative)		Patient/Family		
PGH Blue Card (1 original)		Admitting Section		
Personal letter addressed to PCSO		Patient/Family		
If expired, filing within 7 working days; promissory note from hospital duly signed by hospital representative		Billing Section		
For medico legal cases, original/CTC of police report		PNP		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to MSS for referral assistance	1. Orient, screen and accept referrals; Screen qualified patients for referral to PCSO	None	5 minutes	Social Worker
	1.1. IMAP application form filled up by patients	None	10 minutes	Patients/ watchers
	1.2 Validated and encoded IMAP assessment form is printed for signature of supervisor together with other requirements	None	20 minutes	Social Worker

	1.3. Prepare transmittal for signature of SW in-charge and supervisor	None	20 minutes	Clerk/SW/
	1.4. Scan documents and transmittal and send to PCSO through e-mail	None	20 minutes	Supervisor Clerk
	1.5. Approval from PCSO through e-mail	None	1 day	PCSO staff
	1.6. Preparation of Guarantee letter (GL) by PCSO; Pick up of GL by PGH Liaison officer; GL forwarded to Billing Section	None	7 days	PCSO staff/ PGH Liaison officer/MSS clerk
TOTAL:		None	9 days, 15 minutes	

8. Evaluation of Admitted Pay Patients for Discharge Needing Assistance for Hospital Bill with GL from DOH

Evaluating Pay patients for discharge needing assistance for hospital bill with GL from DOH

Office or Division:	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Admitted Pay Patients for discharge needing assistance for hospital bill with GL from DOH			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Guarantee letter (GL) from DOH Office (Tayuman)/Politicians received and verified by PGH DOH/Malasakit Center staff		DOH Office Tayuman/Politicians PGH DOH/Malasakit Center staff		
DSWD Case Study Report		DSWD		
Justification Letter from Consultant In-Charge		Consultant/Service Department		
Clinical Abstract (original/CTC)		Consultant/Service Department		
Photocopy of valid ID		Patient/Family		
Photocopy of PGH Blue Card		Admitting Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Watcher/family go to MSS	1. With complete requirements, evaluate watcher/family and prepare case summary	None	15 minutes	Social Worker
	1.1 Approval and final signature of the Chief	None	3 minutes	MSS Chief
	1.2 Forward case summary to the Office of Deputy Director for Fiscal Services	None	2 minutes	MSS clerk
TOTAL:		None	20 minutes	

9. Referral to DOH-MAF/PGH MAF/OPF

Processing referrals to DOH-MAF/ PGH-MAF/ OPF

Office or Division:	Medical Social Service			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	All charity patients needing medical assistance			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Prescription with costing , stamped by PGH Pharmacy		Clinical Department		
Clinical abstract (Updated and Original/CTC)		RIC/Medical Records		
Justification letter from RIC if drugs are extremely expensive like IV IG (Ward only)		RIC		
Photocopy of valid ID		Patient/Family		
Photocopy of MSS Card		MSS		
Photocopy of PGH Blue Card		Admitting Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to MSS for referral	1. Accept referrals with complete documents/conduct follow-up interview/accomplish the PGH MAF/DOH/OPF form	None	10 minutes	Social Worker
	1.1. Submit to supervisor for review, approval and signature.	None	10 minutes	Supervisor
	1.2. Encode documents and forward to PGH DOH office for funding.	None	5 minutes	MSS Clerk
	1.3. Approval	None	7 days	PGH DOH/ Malasakit Center
TOTAL:		None	7 days, 25 minutes	

10. Home and Community Assessment

Assessment of charity patients who have home safety issues and family concerns

Office or Division:	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All charity patients assessed to have home safety issues/family concerns			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Assessed by the SW		MSS		
PGH Blue Card (1 original)		Admitting Section		
MSS white card (1 original)		MSS		
Chart of patient		Ward		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to MSS (as referred or assessed by the Social Worker)	1. Interview/ evaluation and assessment	None	15 minutes	Social Worker
	1.1. Coordinate with LGU/barangay regarding plan for home visit	None	10 minutes	Social Worker
	1.2. Request for transportation for home visit use	None	5 minutes	Social Worker
	1.3 Home visit to family	None	4 hours	Social Worker
TOTAL:		None	4 hours, 30 minutes	

11. Social Groupwork

Conduct of social groupwork with patient participation

Office or Division:	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All charity patients who expressed desire to participate in the groupwork activity			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Assessed/evaluated by the SW		MSS		
PGH Blue Card (1 original)		Admitting Section		
MSS white card (1 original)		MSS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to MSS (as assessed by the Social Worker)	1. Interview/ evaluation and assessment	None	10 minutes	Social Worker
	1.1. Need assessment	None	1 hour	Social Worker
	1.2 Groupwork orientation and program planning	None	1 hour	Social Worker
	1.3. Groupwork activity/session	None	2 hours	Social worker
	1.4 Groupwork evaluation	None	1 hour	Social worker
TOTAL:		None	5 hours, 10 minutes	

12. Proseso ng Ebalwasyon ng Pasyente

Office or Division:	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PGH Blue Card (1 original)		HIMD Palistahan		
Diagnostic Procedure Request		Residente/Doktor na Tumitingin sa Pasyente		
GAGAWIN NG PASYENTE	GAGAWIN NG OPISINA/YUNIT	FEES TO BE PAID	ITATAGAL NG GAWAIN	EMPLOYADONG NAMAMAHALA
Para sa mga pasyente sa DOPS (DOPS Bldg); CI/OPS (Green House-Padre Faura); SOJR (Katabing CI Bldg)				
1. Pumilasa waiting area ng MSS 6:00 a.m; Mag-fill up ng appointment slip at ibalik muli sa SW	1.Magbibigay ng oryentasyon sa mga serbisyong MSS at mamamahaging “appointment slip” parasagutan ng pasyente/ kaanak nito/Pagkuha ng Blue Card ng Pasyente	None	10 minutes	Social Worker
	1.1.Tawagin ang pasyente para sa interbyu	None	1 min	Social Worker
2. Pumasok sa MSS office at lumapit sa SW para sa interbyu	2. Isagawa ang interbyu at magbigay ng kaukulang MSS kard;	None	10 Mins	Social Worker
3. Tanggapin ang MSS kard; pirmahan ng pasyente ang kard	3.Ipaliwanag ang tamang paggamit at pag-iingat nito.	None	2 mins	Social Worker
TOTAL:		None	23 minutes	

13. Proseso ng Ebalwasyon ng Pasyente (ER)

Office or Division:	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PGH Blue Card (1 original)		HIMD Palistahan		
Diagnostic Procedure Request		Residente/Doktor na Tumitingin sa Pasyente		
GAGAWIN NG PASYENTE	GAGAWIN NG OPISINA/YUNIT	FEES TO BE PAID	ITATAGAL NG GAWAIN	EMPLOYADONG NAMAMAHALA
Para sa mga pasyente sa Emergency Room : Ang opisina ay sa Emergency room complex matatagpuan.				
1. Lumapit sa MSS office	1. Alamin ang pangangailangan ng pasyente o kaanak	None	2 minutes	Social Worker
	1.1. Isagawa ang panayam o interbyu; (maaari din kausapin ang pasyente bedside o ang kaanak ng pasyente para sa panayam)	None	10 mins	Social Worker
2. Tanggapin ang MSS card; unawain ang paliwanag ng SW sa tamang gamit at pag-iingat nito	2. Ipaliwanag ang tamang paggamit at pag-iingat ng MSS kard.	None	2 minutes	Social Worker
TOTAL:		None	14 minutes	

Para sa mga naka-admit o naka-confine sa Wards:

1. Ang bawat wards ay may naka-assign na SW, sila po ay nag-iikot/ bumibisita sa kanilang area bawat umaga araw-araw para doon isagawa ang panayam o/ interbyu sa mga bagong admit napasyente.
2. Sakali po na mayroon kayong ibang usapin na ilalapit sa SW, magtungo sa MSS main office para maparating ito sa kanila.
3. Ang katulad ng #2 ang ipinatutupad sa mga pasyente mula sa Pay/Private Wards.

14. Proseso ng Pagkuha ng Tulong Medikal (Medical Assistance)

Office or Division:	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Management Plan		Resident-in-charge		
Protocol		Resident-in-charge		
Clinical Abstract		Resident-in-charge		
Justification Letter		Resident-in-charge		
Diagnostic Procedure Request		Residente/Doktor na Tumitingin sa Pasyente		
Reseta mula sa Doktor		Resident-in-charge		
White Card		MSS Office		
PGH Blue Card (1 original)		HIMD Palistahan		
GAGAWIN NG PASYENTE	GAGAWIN NG OPISINA/YUNIT	FEES TO BE PAID	ITATAGAL NG GAWAIN	EMPLOYADONG NAMAMAHALA
<p>Paalala:</p> <p>Sa mga pasyenteng nangangailangan ng tulong sa gamut mahalaga ang kumpleto ang inyong mga requirements*para sa agarang/ mabilisang pagprosesong assistance.</p>				
<p>1. Isumite sa SW ang mga papeles/ requirements:</p> <p>a) reseta- para sa gamot</p>	<p>1. Pagsusurin ang tamang papeles na kinakailangan. Mag-encode ng mga gamut na irerekomendang mapondohan; ibahagi ito sa PGH MAP, at Pharmacy; (papuntahin ang pasyente sa pharmacy para makuha ang tulong sa gamot.</p>	None	15 minutes	Social Worker
<p>b) referral letter ng doctor- para sa eksaminasyon na gagawin sa ibang ospital</p>	<p>Repasuhin ang request na dala ng pasyente, maaaring mag- coordinate sa duktur kung kinakailangan; alamin mula sa pasyente o kaanak nito ang kanilang paghahanda</p>	None	10 minutes	Social Worker/ Doktor

	sa usapin ng bayarin para sa eksaminasyon na gagawin;			
5. Tanggapin ang inter-agency referral at isumite sa ODDHO kasama ang iba pang dokumento para mapirmahan ang endorsement.	5. Ihanda ang inter-agency referral na dadalhin ng pasyente sa ibang ospital at ibigay sa pasyente.	None	5 mins	Social Worker
TOTAL:		None	30 minutes	

15. Proseso ng paglapit ng Tulong Medikal (Malasakit Center)

Office or Division:	Medical Social Service			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Clinical Abstract		Ward kung saan naka-admit ang pasyente		
Discharge Summary Xerox (2 Photocopies)		Ward kung saan naka-admit ang pasyente		
Blue Card (Hospital Card) (2 Photocopies)		HIMD Palistahan		
MSS (White Card) (2 Photocopies)		MSS Office		
Justification Letter (Kapag ang Hospital Bill ay mahigit sa P 50,000.00)		Mula sa Doktor na Tumitingin sa Pasyente		
GAGAWIN NG PASYENTE	GAGAWIN NG OPISINA/YUNIT	FEES TO BE PAID	ITATAGAL NG GAWAIN	EMPLOYADONG NAMAMAHALA
1. Pumila sa waiting area ng MSS- Malasakit Center dala ang Philhealth Clearance at mga dokumentong galing sa Ward	1. Pagsusuri ng impormasyon ng pasyente sa ERP sa coverage ng Philhealth; Pagsisiguro sa kompletong dokumento na kinakailangan.	None	2 minutes	Social Worker
2. Pagpirma sa PGH-MAP Form bilang pagtanggap ng assistance/ tulong.	2. Paggawa ng rekomendasyon/ assistance gamit ang PGH-MAP form.	None	2 minutes	Social Worker
	2.1 Karagdagang pagpapaliwanag sa pagsumite ng dokumento sa Accounting Unit	None	3 minutes	Social Worker
	2.2 upang matapos ang proseso ng pagtulong pinansiyal	None	1 min	Social Worker
TOTAL:		None	14 minutes	

Pharmacy Department

External Services

1. Provision of all available drugs/medicines/medical supplies and other pharmaceuticals (Cash Transaction – Regular Client)

Provision of available needs of paying patients

Office or Division:	OPD Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C,G2G			
Who may avail:	PGH patients/ Patients of Physicians with affiliation to UP-PGH UP-PGH employees and students			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p>With complete information and three (3) months validity from date of issuance. Invalid prescription will not be accepted for processing</p> <p>PGH Prescription / Personalized Physicians Prescription with affiliation to PGH (1 original with 3months validity from date of issuance) or Pharmacy Requisition and Issue Voucher for Individual patients (1 original, valid only during the patient's confinement) or Prescription Transposition Form (1 original) Blue Card</p>		<p>Physician of clinic where patient seek consultation</p> <p>Ward where patient is presently confined</p> <p>Pharmacy satellite where original prescription was submitted</p> <p>OPD Palistahan</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present prescription to Receiving window for validation	1.Accept prescription and check validity ,completeness of required information	None	3 minutes	Clerk / Pharmacist on duty
2. Inform which of the listed items will be bought and the quantity to be purchased	2.1 Process transaction on Open ERP to produce order slip and inform client the total amount to be paid. (Maximum two-month supply except for refrigerated items) 2.2 Provide claim stub. 2.3 Instruct client to	None	5 minutes	Clerk / Pharmacist on duty

	seat in front and wait for the name of the patient to be called in the Cashier window			
3.Seat in front and wait for the name of the patient to be called in the cashier window	3.1 Process and fills transaction of client. (Refer to Guidelines on Processing and Filling of Prescription) 3.2 Endorse to cashier on duty	None	5 minutes	Clerk / Pharmacist on duty
4.Provide payment for the items being purchased	4.1Accept and process payment and give change (if any). 4.2 Instruct client to wait for their name to be called in the Releasing window	Depends on the items being purchased	5 minutes	Cashier on duty
5.Approach Releasing Window and present the claim stub once name was called	5.1Checks the stub, prescription, order slip, medicines and receipt. 5.2 Ask patient/watcher to sign over printed name at the back of the prescription or order slip to acknowledge receipt	None	5 minutes	Pharmacist on duty
6. Sign over printed name at the back of the prescription or order slip to acknowledge receipt	6. Issues the items and receipt to the client.	None	2 minute	Pharmacist on duty
7. Client receives purchased items and receipt	7.1 Receives signed prescription or ERP order slip. 7.2 Files order slip	None	5 minute	Pharmacist on duty

	or prescription. purchased			
TOTAL:			30 minutes	

2. Provision of all available drugs/medicines/medical supplies and other pharmaceuticals (Cash Transaction – Senior Citizen / PWD)

Provision of available needs of paying Senior Citizen / PWD patients

Office or Division:	OPD Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C,G2G			
Who may avail:	PGH patients/ Patients of Physicians with affiliation to UP-PGH aged 60 years old and above (Senior Citizen) or with disability (PWD) UP-PGH employees and students aged 60 years old and above (Senior Citizen) or with disability (PWD)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
With complete information and three (3) months validity from date of issuance. Invalid prescription will not be accepted for processing		Physician of clinic where patient seek consultation		
PGH Prescription / Electronic Prescription / Personalized Physicians Prescription with affiliation to PGH (1 original with 3months validity from date of issuance)		Ward where patient is presently confined		
or Pharmacy Requisition and Issue Voucher for Individual patients (1 original, valid only during the patient's confinement)		Pharmacy satellite where original prescription was submitted		
or Prescription Transposition Form (1 original) Blue Card		OPD Palistahan		
Principal				
ID of Senior Citizen or PWD OSCA or PWD Medicine Booklet		Local Government Unit		
Representative				
ID of Senior Citizen or PWD OSCA / PWD Medicine Booklet		Local Government Unit		
Authorization Letter with present date (1 original) or Special Authorization letter with present date (1 original) Birth Certificate for minors (for parent / child relationship) (1 original and 1 photocopy) Doctor's certification (for psychiatric, stroke patients and other special case) (1 original)		Person being represented PSA Physician of clinic where patient seek consultation		
Government Issued Identification Card of the representative (1 original and 1 photocopy)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Present client prescription and other pertinent documents to Receiving window to avail discount and for validation	1. Accept prescription and check completeness of required information, validity and requirements.	None	3 minutes	Clerk / Pharmacist on duty
2. Inform which of the listed items will be bought and the quantity to be purchased	2.1 Process transaction on Open ERP to produce order slip and inform client the total amount to be paid(Maximum one-month supply) 2.2 Provide claim stub. 2.3 Instruct client to seat in front and wait for the name of the patient to be called in the Cashier window	None	10 minutes	Clerk / Pharmacist on duty
3. Seat in front and wait for the name of the patient to be called in the cashier window	3.1 Process and fills transaction of client. (Refer to Guidelines on Processing and Filling of Prescription) 3.2 Endorse to cashier on duty	None	5 minutes	Clerk / Pharmacist on duty
4. Provide payment for the items being purchased	4.1 Calls the name of the patient 4.2 Accept and process payment and give change (if any). 4.3 Instruct client to wait for their name to be called in the Releasing window	Depends on the items being purchased	5 minutes	Cashier on duty
5. Approach Releasing Window and present the claim stub once name was called	5.1 Checks the stub, prescription, order slip, medicines and receipt. 5.2 Ask patient/watcher to	None	5 minutes	Pharmacist on duty

	sign over printed name at the back of the prescription or order slip to acknowledge receipt			
6. Sign over printed name at the back of the prescription or order slip to acknowledge receipt	6. Issues the items and receipt to the client including documents presented.	None	2 minutes	Pharmacist on duty
7. Client receives purchased items, receipt and other documents presented	7.1 Receives signed prescription or ERP order slip. 7.2 Records transaction on the medicine booklet 7.3 Records transaction on OSCA Logbook and files order slip or prescription with the authorization letter and photocopy of authorized representative identification card attached (if applicable).	None	10 minutes	Pharmacist on duty
TOTAL:			40 minutes	

3. Provision of all available drugs/medicines/medical supplies and other pharmaceuticals (Charge to Philhealth)

Provision of available needs of patients charge to Philhealth

Office or Division:	OPD Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Out-patients for operation and blood transfusion with philhealth UP-PGH employees and students for operation with philhealth			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PGH Prescription (valid only up to the day of patients operation)		Physician and Nurse in charge in the operating room		
Philhealth outright Patients scheduled for operation		OPD Operating Room		
Philhealth approval slip		Philhealth office		
Philhealth CF2		Philhealth office		
Principal				
Blue card		OPD Palistahan		
Government Issued Identification Card (1 original and 1 photocopy)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC		
Representative				
Blue card		OPD Palistahan		
Government Issued Identification Card of the representative (1 original and 1 photocopy)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit prescription and complete requirements to Receiving window for checking and validation	1.1 Accept prescription with Philhealth approval slip and check completeness of required information, validity and requirements. 1.2 Check patient name in the list of patients scheduled for operation 1.3 Instruct client to sit in front and wait for the name of the patient to be called	None	5 minutes	Clerk / Pharmacist on duty

	1.3 Prepare charge slip and fill the OR kits needed and the additional request (if any) 1.4 Prepares tape receipt for total charges 1.5 Encode charges to Open ERP 1.6 Call patients' name	None	30 minutes	Clerk / Pharmacist on duty
2. Approach Receiving window once name of the patient was called	2.1 Check the prescription, kits, additional request (if any) and charge slip 2.2 Ask patient/watcher to sign over printed name on the charge slip.	None	5 minutes	Pharmacist on duty
3. Sign over printed name on the charge slip	3.1 Attach the signed original copy of charges to CF2 3.1 Instruct patient/watcher to proceed to Philhealth office	None	2 minutes	Pharmacist on duty
4. Receive/pick-up the items by O.R. representative	4.1 Issue kits and additional request (if any)	None	5 minutes	Pharmacist on duty
TOTAL:			47 minutes	

4. Provision of all available drugs/medicines/medical supplies and other pharmaceuticals (Charge to Philhealth)

Provision of available needs of patients charge to Philhealth

Office or Division:	Ambulatory Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Dental and Derma Out-patients with philhealth UP-PGH employees and students with philhealth			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PGH Prescription (valid only up to the day of patients operation)		Physician in charge in the Derma and Dental clinic		
Philhealth approval slip		Philhealth office		
Philhealth CF2		Philhealth office		
Principal				
Blue card		OPD Palistahan		
Government Issued Identification Card of the representative (1 original and 1 photocopy)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC		
Representative				
Blue card		OPD Palistahan		
Government Issued Identification Card of the representative (1 original and 1 photocopy)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present and submit prescription and complete requirements to Receiving window for checking and validation	1.1 Accept prescription with Philhealth approval slip and check completeness of required information, validity and requirements 1.2 Instruct patient/watcher to seat in front and wait for their name to be called	None	5 minutes	Clerk / Pharmacist on duty
	1.3Prepare charge slip and fill the OR kits needed and the additional request (if any) 1.4 Prepares tape receipt for total Charges 1.5 Encode charges	None	30 minutes	Clerk / Pharmacist on duty

	to Open ERP 1.6 Call patients' name			
2. Approach Receiving window once name of the patient was called	2.1 Check the prescription, kits, additional request (if any) and charge slip 2.2 Ask patient/watcher to sign over printed name on the charge slip	None	5 minutes	Pharmacist on duty
3. Sign over printed name on the charge slip	3 Attach the signed original copy of charges to CF2	None	2 minutes	Pharmacist on duty
4 Client receives items	4. Issue kits and additional request (if any) 4.1 Instruct patient/watcher to proceed to Philhealth office	None	5 minutes	Pharmacist on duty
TOTAL:			47 minutes	

item/s	purchased item/s to the client at Window (4 or 5)			
TOTAL:		<i>Please refer to the approved schedule of fees</i>	1 hour	

6. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals

Provision of available needs of Charity In-Patient

Office or Division:	Charity In-Patient Pharmacy, UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients admitted at Charity Wards and all patients at DEMS			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Pharmacy Requisition and Issue Voucher (RIV) for Individual Patients		Nurses		
Blue Card		Admitting Unit (Palistahan)		
White Card		Medical Social Service (MSS)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring the Requisition and Issue Voucher (RIV) for individual patient at the Central Block Pharmacy Dispensing Area Window (1 or 2)	1. Receive the RIV from the patient's representative/ watcher (Bantay) and process the RIV by checking the availability of requested item/s	None	30 minutes	Pharmacist/ Clerk
	1.1 Fill the Prescription	None	2 hours	Pharmacist/ Clerk
	1.2 Encode/ charge the served items	None	3 hours	Clerk/Pharmacy Assistant
	1.3 Endorse to Pharmacist for issuance			
2. Receive/claim the item/s	2. Issue the requested item/s to the patient's representative/ watcher (Bantay) at Window (4 or 5)	None	2 hours	Pharmacist
TOTAL:		None	7 hours, 30 minutes	

7. Provision and Replacement of Multiple Dose Emergency Drugs for Service Wards

Provision and replacement of multiple dose emergency drugs that require disposition sheets for service patients.

Office or Division:	Charity In-Patient Pharmacy, UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients admitted at Charity Wards, Requesting Unit/Wards/Clinics			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Requisition and Issue Slip Form (RIS) (1 original)		Requesting Unit/Wards/Clinics		
Pharmacy Requisition and Issue Voucher (RIV) for Individual Patients		Requesting Unit/Wards/Clinics		
Accomplished Record of Emergency Drugs for In-Patients form		Requesting Unit/Wards/Clinics		
For replacement of stocks, empty ampule or vial of previously issued drug, or empty box of previously issued medical supply.		Requesting Unit/Wards/Clinics		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For initial request: Submit Requisition and Issue Slip Form (RIS) at the Central Block Dispensing Area Window 1 or 2 For replacement of emergency drugs: Submit RIS, RIV, accomplished disposition sheets and empty vial/box	1. Receive the required documents and check if all fields are completely accomplished 1.1. Inform the client that they will receive a call if request is ready for pick up 1.2. Process and fill the request (RIS) (Note: Refer to Guidelines on Processing and filling of Emergency Drugs) 1.3 Call the clinic that disposition sheet and item is ready for pick up	None	3 hours	Pharmacist
2. Proceed to Pharmacy and	2. Issue processed item, disposition	None	15 minutes	Pharmacist on duty

receive the item, disposition sheet and duplicate copy of RIS	sheet and duplicate copy of the RIS 2.1 Request to sign over printed name on the space provided for in the RIS			
3. Sign over printed name on the space provided in the RIS	3. Accept the signed original RIS 3.1 Encode requested item to Open ERP 3.2 File the disposition sheet	None None	15 minutes 30 minutes	Pharmacist on duty Clerk / Pharmacist on duty
TOTAL:		None	4 hours	

8. Replacement of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals in the Emergency Cart

Provision of Emergency Cart Replacement of the different wards/units/clinics of the hospital

Office or Division:	Charity In-Patient Pharmacy, UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All wards/units/clinics of the hospital			
CHECKLIST OF REQUIREMENT/S		WHERE TO SECURE		
Pharmacy Requisition and Issue Voucher (RIV) for Individual Patients (1 original)		Requesting Unit/Wards/Clinics		
Emergency Cart Logbook (E-cart logbook)		Requesting Unit/Wards/Clinics		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Emergency Cart logbook and Pharmacy Requisition and Issue Voucher (RIV) for Individual Patients at the Central Block Dispensing Area Window 1 or 2	1. Receive the E-cart logbook and RIV and instruct the client to wait at the releasing area to be called.	None	2 hour	Clerk/Pharmacist
	1.1. Check RIV versus the approved Par level of the requesting Unit/Ward/Clinic 1.2 Process and fill the request (RIV) (Note: Refer to Guidelines on Emergency Cart Replacement) 1.3 Call the client.	None		Clerk/Pharmacist
3. Approach the releasing counter to receive the Emergency cart replacement	3. Ask Client to sign over printed name at the space provided. 3.1 Issue the requested Emergency cart replacement Drug/s at Window 4 or 5	None	30 minutes	Pharmacist
TOTAL:		None	2 hours, 30 minutes	

9. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals

Provision of Narcotics/Dangerous Drugs of Charity In-Patient

Office or Division:	Charity In-Patient Pharmacy, UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All patients admitted at Charity Wards and all patients at DEMS			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Requisition for Dangerous Drug Preparation or Drug Preparation Containing Controlled Chemical For In-Patient Use Form (1 original)		Central Block Dispensing Area		
Accomplished Record of Dangerous Drug Preparations Containing Controlled Chemical Dispensed to In-Patients (through floor stock)/ Controlled Drugs Administration Sheet Form (1 original)		Requesting Unit/Wards/Clinics		
Requisition and Issue Slip Form (RIS) (1 original)		Requesting Unit/Wards/Clinics		
For replacement of stocks, empty ampule or vial of previously issued drug		Requesting Unit/Wards/Clinics		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For initial request: Submit Requisition and Issue Slip Form (RIS) and Requisition for Dangerous Drug Preparation or Drug Preparation Containing Controlled Chemical	1. Receive the required documents and check if all fields are completely accomplished	None	3 hours	Pharmacist
For In-Patient Use: Format at the Central Block Dispensing Area Windows 1 or 2	1.1. Inform the client that they will receive a call if request is ready for pick up	None		Pharmacist
For replacement of Narcotics/Dangerous Drugs stocks: Submit RIS and accomplished Record of Dangerous Drug Preparations Containing Controlled Chemical Dispensed	1.2. Process and fill the request (RIS) (Note: Refer to Guidelines on Processing and filling of RIS) 1.3 Call the clinic that disposition sheet and item is ready for pick up	None		Pharmacist Pharmacist

to In-Patients (through floor stock)/ Controlled Drugs Administration Sheet Form				
2. Proceed to Pharmacy and receive the item, disposition sheet and duplicate copy of RIS	2. Issue processed item, disposition sheet and duplicate copy of the RIS 2.1 Request to sign over printed name on the space provided for in the RIS.	None	15 minutes	Pharmacist on duty
3. Sign over printed name on the space provided in the RIS.	3. Accept the signed original RIS.	None	15 minutes	Pharmacist on duty
	3.1 Encode requested item to Open ERP 3.2 File the disposition sheet	None	30 minutes	Clerk / Pharmacist on duty
TOTAL:		None	4 hours	

10. Provision Pharmacy Clearance

Provision of pharmacy clearance for service in-patients through the Malasakit Center.

Office or Division:	Charity In-Patient Pharmacy, UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients admitted at Service Wards			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Notification through UP-Chat		Malasakit Center		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send notification for discharge through UP-Chat	1. Check and charge all issuances and encode all returns	None	4 hours	Clerk/ Pharmacy Assistant
	1.1 Coordinate with other satellite pharmacies and ensure that all pending transactions are completed 1.2. Send confirmation to Malasakit Center if ok for discharge			Clerk/ Pharmacy Assistant
2. Receive the confirmation from the pharmacy.	2. Print patient's profile for filing	None		Clerk
TOTAL:		None	4 hours	

11. Provision of Drug Information

Provision of Drug Information

Office or Division:	Clinical Pharmacy Services			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Patients, Caregivers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Drug information worksheet (Form)		Clinical Pharmacy Services Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquiry pertaining to drug information	1. Clarify the needed information Probe/Ask for additional necessary information regarding the concern, if needed	None	10 minutes	Pharmacist
	1.1 Research on the answer to the drug information inquiry	None	1 hour	Pharmacist
	1.2 Relay answer to the drug information inquiry	None	30 minutes	Pharmacist
	1.3 Document drug information using the Drug Information Worksheet.	None	30 minutes	Pharmacist
TOTAL:		None	2 hours 10 minutes	

12. Provision of Unit Dose Drug Distribution Services (Charity/Service Wards)

Provision of Unit Dose Drug Distribution Services (Charity/Service Wards)

Office or Division:	Clinical Pharmacy Services			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Electronic Medical Record (EMR)		RADISH		
Patient Medication Profile (PMP)		Clinical Pharmacy Services		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Admit to UDDDS wards	1. Review electronic medical record via RADISH.	None	30 minutes	Pharmacist
	a. Take note of all drug orders using the Patient Medication Profile.	None	30 minutes	Pharmacist
	b. Prepare drug orders for patient. Prepare Medication Order Print-out (MOP) for charity inpatients.	None	30 minutes	Pharmacist
	c. Endorse MOP to Central Block Pharmacy for filling and encoding	None	10 minutes	Pharmacist
TOTAL:		None	1 hour 40 minutes	

13. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction – Regular Client)

Provision of available needs of paying patients

Office or Division:	Main Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C,G2G			
Who may avail:	PGH patients/ Patients of Physicians with affiliation to UP-PGH UP-PGH employees and students			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p>With complete information and three (3) months validity from date of issuance. Invalid prescription will not be accepted for processing</p> <p>PGH Prescription / Personalized Physicians Prescription with affiliation to PGH or Pharmacy Requisition and Issue Voucher for Individual patients or Prescription Transposition Form</p> <p>(Note: The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing)</p>		<p>Physician of clinic where patient seek consultation</p> <p>Ward where patient is presently confined</p> <p>Pharmacy satellite where original prescription was submitted</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present client number and prescription to receiving Window for validation once called	1. Accept prescription and check the validity and completeness of required information	None	1 minute	Clerk / Pharmacist on duty
2. Coordinate with the pharmacy staff assigned at the Window which of the listed items will be bought and the quantity to be purchased	2. Process transaction on point of sale to produce order slip and inform client the total amount to be paid. (Note: Maximum two-months supply except for refrigerated items)	None	2 minutes	Clerk / Pharmacist on duty
3.Provide payment for the items being purchased	3. Accept payment and provide claim stub with the amount received indicated	<i>Please refer to the approved schedule of</i>	1 minute	Clerk / Pharmacist on duty

	<p>3.1 Instruct client to sit in front of the Releasing Window and wait for their name to be called</p> <p>3.2 Process and fills transaction of client.</p> <p>(Note: Refer to Guidelines on Processing and Filling of Prescription)</p> <p>3.3 Provide receipt and change (if any)</p> <p>3.4 Call the name of the client for issuance of their request</p>	<p><i>fees</i> (subject to change)</p> <p>None</p>	15 minutes	<p>Clerk / Pharmacist on duty</p> <p>Cashier on-duty</p> <p>Pharmacist on duty</p>
4. Present the Claim Stub at the Releasing Window once name was called	<p>4. Check the stub, medicines, receipt and change (if any)</p> <p>4.1 Ask patient/watcher to sign over printed name at the back of the prescription or order slip to acknowledge receipt</p> <p>4.2 Receive signed prescription or POS order slip</p> <p>4.3 Issue the items, receipt and change (if any) to the client</p>	None	10 minutes	Pharmacist on duty
5. Receive purchased items, receipt and change (if any)	5. File order slip or prescription	<p>None</p> <p>None</p>	1 minute	Pharmacist on duty
TOTAL:		<i>Please refer to the approved schedule of fees</i>	30 minutes	

14. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction – Senior Citizen / PWD)

Provision of available needs of paying Senior Citizen / PWD patients

Office or Division:	Main Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C,G2G			
Who may avail:	PGH patients/ Patients of Physicians with affiliation to UP-PGH aged 60 years old and above (Senior Citizen) or with disability (PWD) UP-PGH employees and students aged 60 years old and above (Senior Citizen) or with disability (PWD)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
With complete information and three (3) months validity from date of issuance. Invalid prescription will not be accepted for processing				
PGH Prescription / Personalized Physicians Prescription with affiliation to PGH or Pharmacy Requisition and Issue Voucher for Individual patients or Prescription Transposition Form		Physician of clinic where patient seek consultation Ward where patient is presently confined Pharmacy satellite where original prescription was submitted		
(Note: The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing)				
Principal				
ID of Senior Citizen or PWD (original) OSCA or PWD Medicine Booklet		Local Government Unit		
Representative				
ID of Senior Citizen or PWD OSCA / PWD Medicine Booklet		Local Government Unit		
Authorization Letter with present date or Special Authorization letter with present date Birth Certificate for minors (for parent / child relationship) Doctor's certification (for psychiatric, stroke patients and other special case)		Person being represented PSA Physician of clinic where patient seek consultation		
Government Issued Identification Card of the representative (original and photocopy)		SC, PWD,BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Present client number, prescription and other pertinent documents to avail discount for validation to Receiving window once called	1. Accept prescription and check the completeness of required information and the validity and requirements	None	2 minutes	Clerk / Pharmacist on duty
2. Coordinate with the pharmacy staff assigned at the Window which of the listed items will be bought and the quantity to be purchased	2. Process transaction on point of sale to produce order slip and inform client the total amount to be paid. (Note: Maximum one-month supply)	None	5 minutes	Clerk / Pharmacist on duty
3. Provide payment for the items being purchased	3. Accept payment and provide claim stub with the amount received indicated	<i>Please refer to the approved schedule of fees (subject to change)</i>	1 minute	Clerk / Pharmacist on duty
	3.1 Instruct client to seat in front of Releasing window and wait for their name to be called			
	3.2 Process and fill transaction of client (Note: Refer to Guidelines on Processing and Filling of Prescription)	None	15 minutes	Clerk / Pharmacist on duty
	3.3 Cashier to provide receipt and change (if any) 3.4 Call the name of the client for issuance of their request	None		Cashier on duty Pharmacist on duty

4. Present the Claim Stub at the Releasing Window once name was called	<p>4. Check the stub, medicines, receipt and change</p> <p>4.1 Ask patient/watcher to sign over printed name at the back of the prescription or order slip to acknowledge receipt</p> <p>4.2 Record transaction on the medicine booklet</p> <p>4.3 Receive signed prescription or POS order slip</p> <p>4.4 Issue the items, receipt and change (if any) to the client including documents presented</p>	<p>None</p> <p>None</p>	15 minutes	Pharmacist on duty
5. Receive purchased items, receipt and change (if any) and other documents presented	5. Record transaction on OSCA Logbook and files order slip or prescription with the authorization letter and photocopy of authorized representative identification card attached (if applicable)	None	2 minutes	Pharmacist on duty
TOTAL:		<i>Please refer to the approved schedule of fees</i>	40 minutes	

15. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Donor with Government Funds)

Provision of available needs of patients charge to donor with government funds

Office or Division:	Main Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C,G2G			
Who may avail:	PGH Out-patients with donor from government funds UP-PGH employees and students with donor from government funds			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Principal				
With complete information and three (3) months validity from date of issuance. Invalid prescription will not be accepted for processing PGH Radish Prescription presented at MSS (Note: The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing)		Physician of clinic where patient seek consultation		
Principal				
Government Issued Identification Card presented at MSS (Original & photocopy)		SC, PWD, BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC		
Representative				
Government Issued Identification Card of presented at MSS (Original& Photocopy)		SC, PWD, BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present client number and submit the complete requirements to the Receiving window for checking and validation once called	1. Accept and check completeness of required information, validity and requirements 1.1 Check on ERP if patient is already listed with approved funds 1.2 Instruct client to sit in front of Releasing Window and wait for their	None <i>Please refer to the approved schedule of fees (subject to change)</i>	2 minutes	Clerk / Pharmacist on duty

	<p>name to be called</p> <p>1.3. Process transaction on point of sale to produce order slip and RIV</p> <p>1.4 Fill and record transaction of client to Donor's Logbook, (Refer to Guidelines on Processing and Filling of Prescription)</p> <p>1.5 Endorse to cashier if with additional payment.</p> <p>1.6 Call the name of the client for issuance of their request</p>	None	20 minutes	Clerk / Pharmacist on duty
2. Approach Releasing Window once name was called	2. Check the medicines and ask patient/watcher to sign over printed name on the RIV to acknowledge receipt	None	10 minutes	Pharmacist on duty
3. Sign over printed name on the RIV to acknowledge receipt	<p>3.1 Receive signed RIV</p> <p>3.2 Issue the items</p>	None	3 minutes	Pharmacist on duty
4. Receive the items and other documents presented	<p>4.1 Charge transaction and record on Patient's profile and Radish Medication Profile</p> <p>4.2 File RIV, radish prescription and photocopy of authorized claimant's identification card</p>	None	10 minute	<p>Pharmacist on duty</p> <p>Clerk / Pharmacist on duty</p> <p>Pharmacist on duty</p>
TOTAL:		<i>Please refer to the approved schedule of fees</i>	45 minutes	

16. Provision of all Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Private Donors)

Provision of available needs of patients charge to Private Donors

Office or Division:	Main Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C,G2G			
Who may avail:	PGH Out-patients with private donor UP-PGH employees and students with donor from private donor			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
With complete information and three (3) months validity from date of issuance. Invalid prescription will not be accepted for processing PGH Radish Prescription presented at Accounting (Note: The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing)		Physician of clinic where patient seek consultation		
Principal				
Government Issued Identification Card presented at Accounting (Original& Photocopy)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC		
Representative				
Government Issued Identification Card presented at Accounting (Original& Photocopy)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present client number and submit prescription and complete requirements to receiving window for checking and validation once called	1. Accept prescription and check completeness of required information, validity and requirements 1.1 Check on ERP if patient is already listed with approved funds 1.2 Instruct client to sit in front of releasing window	None	2 minutes	Clerk / Pharmacist on duty

	<p>and wait for their name to be called</p> <p>1.3 Process transaction on point of sale to produce order slip and RIV</p> <p>1.4 Fill and record transaction of client to Donor's Logbook (Refer to Guidelines on Processing and Filling of Prescription</p> <p>1.5 Endorse to cashier if with additional payment</p> <p>1.6 Call the name of the client for issuance of their request</p>		20 minutes	
2. Approach Releasing Window once name was called	2. Check the medicines and ask patient/watcher to sign over printed name on the RIV to acknowledge receipt	None	10 minutes	Pharmacist on duty
3. Sign over printed name on the RIV to acknowledge receipt	3.1 Receive signed RIV 3.2 Issue the items	None	3 minutes	Pharmacist on duty
4. Receive the items and other documents presented	<p>4. Receive signed RIV</p> <p>4.1 Charge transaction and record on Patient's profile and Radish Medication Profile</p> <p>4.2 File RIV, radish prescription and photocopy of authorized claimant's identification card</p>	None	10 minutes	<p>Pharmacist on duty</p> <p>Clerk / Pharmacist on duty</p> <p>Pharmacist on duty</p>
	TOTAL:	<i>Please refer to the approved schedule of fees</i>	45 minutes	

17. Cash Transaction with Discount (Senior Citizen and Persons with Disability)

Provision of available needs of paying Senior Citizen / PWD patients

Office or Division:	Pharmacy Department – Oncology Pharmacy
Classification:	Simple
Type of Transaction:	G2C
Who may avail:	UP-PGH Cancer Institute Patient (Out-patient, Pay In-patient on suspended status) aged 60 years old and above (Senior Citizen) or person with disability (PWD)
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing	
Official PGH prescription form or Personalized prescription of UP-PGH affiliated physicians or Prescription Transposition Form	Attending Physician Pharmacy Satellite where original prescription was submitted
Principal	
Office of the Senior Citizen's Affair (OSCA) or Persons with disability (PWD) ID of patient (1 original)	Local Government Unit (LGU) where the patient belongs
OSCA or PWD booklet (1 original)	LGU where the patient belongs
Blue card of patient (1 original)	Department of Out-patient services ; Department of In-patient services
Representative	
Office of the Senior Citizen's Affair (OSCA) or Persons with disability (PWD) ID of patient (1 original and 1 photocopy)	Local Government Unit (LGU) where the patient belongs
OSCA or PWD booklet (1 original)	LGU where the patient belongs
Blue card of patient (1 original)	Department of Out-patient services ; Department of In-patient services
Valid ID of the representative (Government Issued ID, Company ID, School ID, NBI/Police Clearance or Barangay clearance (with picture and dry seal) (1 original and 1 photocopy)	Respective government agency, Company, School, Barangay
Authorization Letter of patient with present date and must indicate that authorization is to claim patient's medicines (1 original) Or Special Authorization letter with present date Birth Certificate for minors (for parent / child	Person being represented Philippine Statistics Authority(PSA)

relationship) (1 original) Doctor's certification (for psychiatric, stroke patients and other special case) (1 original)		Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Line up at designated OSCA/PWD lane (Actual Senior Citizen or PWD only) if with authorized representative that are not Senior Citizen or PWD, line up at the regular lane Operating hours : 7am – 3pm only	Arrange the line according to the arrival	None		Guard-on-duty
2. Present the prescription at the OSCA/PWD window	Validation of the prescription	None	30 minutes	Lab Aide/ Clerk/ Pharmacist
3. Inform the pharmacy personnel of the items and quantity to be purchased and submit necessary requirements	Process the prescription using *OERP and inform the patient of the total amount to be paid. Inform the patient or authorized representative to wait for the patient's name to be called (Please note that only 1 month supply are entitled to discount)	None	1 hour	Lab Aide/ Clerk/ Pharmacist
4. Wait for the patients name to be called	Fill the prescription	None	1 hour	Lab Aide/ Clerk/ Pharmacist
5. Once the patient name was called, proceed to window 2 to get the prescription and the computation of the amount to be paid	Call the patient's name and instruct to proceed to cashier for payment. Instruct client to return to the pharmacy after payment.	None	10 minutes	Lab Aide/ Clerk/ Pharmacist
6. Proceed to window 2, present prescription and receipt	Validate the prescription and the payment	None	1 hour	Pharmacist

7. Claim the items paid for and sign on the receiving portion of the prescription	Dispense items requested and paid for by the patient/ authorized representative and ask to sign on the receiving portion of the prescription. Log at the SC/PWD booklet the items purchased with discount. Log at the SC/PWD logbook the transactions with discount.	None	1 hour	Pharmacist
TOTAL:		None	5 hours and 40 minutes	

18. Donor Transactions – UP-PGH Outpatients with Guarantee Letter

Office or Division:	Pharmacy Department – Oncology Pharmacy			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	UP-PGH Cancer Institute Patient (Out-patient)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing				
Official PGH prescription form (with 3 months validity)		Attending Physician		
- Signed and approved with fund		- Deputy Director for Fiscal Services and Accounting Services		
Approved guarantee letter with verification from accounting services and MAP Stub (1 original)		Deputy Director for Fiscal Services and Accounting Services		
Principal				
Valid ID (Government Issued ID, Company ID, School ID, NBI/Police Clearance or Barangay clearance (with picture and dry seal), Birth certificate (1 Original and 1 photocopy)		Respective government agency, Company, School, Barangay		
Blue card and white card of patient (1 original and 1 photocopy)		Department of Out-patient services		
Representative				
Valid ID (Government Issued ID, Company ID, School ID, NBI/Police Clearance or Barangay clearance (with picture and dry seal) (1 original and 1 photocopy)		Respective government agency, Company, School, Barangay		
Authorization Letter of patient with present date and must indicate that authorization is to claim patient's medicines (1 original) Or Special Authorization letter with present date Birth Certificate for minors (for parent / child relationship) (1 original)		Person being represented Philippine Statistics Authority(PSA)		
Doctor's certification (for psychiatric, stroke patients and other special case) (1 original)		Attending Physician		
Blue card and white card of patient (1 Original and 1 photocopy)		Department of Out-patient services		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the blue	1. Retrieve the funded	None	20 minutes	Lab Aide/ Clerk/

card of the patient with claim stub from "Malasakit Center" and the necessary requirements at the designated lane	prescription with approved guarantee letter/claim stub issued by "Malasakit Center" and endorse to the Lab Aide/ Clerk in charge. Inform the patient/authorized representative to wait for the patient's name to be called Note: Receiving time: 9 am – 12nn only			Pharmacist
2. Wait for the patient's name to be called	2. Validation of the prescription	None	10 minutes	Lab Aide/ Clerk/ Pharmacist
	2.1. Process the prescription using the *OERP	None	60 minutes	Lab Aide/ Clerk/ Pharmacist
	2.3. If *insufficient fund – inform the patient/authorized representative that an additional payment in excess of the approved fund has to be paid (OSCA and PWD discounts are not applicable in claiming items with donor) or	None	30 minutes	Lab Aide/ Clerk/ Pharmacist
	If the patient has additional donor, it can be used in conjunction with the other donor provided it has been approved by accounting services and separate charge slip were made	None	30 minutes	Lab Aide/ Clerk/ Pharmacist
	2.4. If the fund exceeds the cost of items requested, adjustment has to be made with accounting	None	60 minutes (paused-clock)	Lab Aide/ Clerk/ Pharmacist

	services (after issuance to the patient/authorized representative) 2.5 Fill the prescription	None	60 minutes	Lab Aide/ Clerk/ Pharmacist
3. Once the patient name was called, proceed to window 2	3. Call the patient's name	None	10 minutes (<i>paused-clock</i>)	Lab Aide/ Clerk/ Pharmacist
If insufficient fund and agreed to pay the amount in excess of approved fund:	If insufficient fund and the patient/ representative agreed to pay the amount in excess of approved fund:	None	30 minutes	Lab Aide/ Clerk/ Pharmacist
3.1 Get the prescription and the computation of the amount to be paid	3.1 Instruct the patient/authorized representative to proceed to cashier for payment			
4. If insufficient fund - Proceed to cashier for payment otherwise proceed to step 5	4. Receive payment and issue receipt, advise patient to go back to window 2	<i>Amount in excess of the approved fund</i>	30 minutes	Cashier
5. Proceed to window 2	5. Validate the prescription	None	1 hour	Pharmacist
If insufficient fund - present prescription and receipt	If insufficient fund - Validate the prescription and the payment			
6. Claim the items and sign on the receiving portion of the prescription	6. Dispense items requested and ask the patient/authorized representative to sign on the receiving portion of the prescription.	None	1 hour	Pharmacist
TOTAL:		<i>Amount in excess of the approved fund</i>	6 hours, 30 minutes	

19. Donor Transactions – UP-PGH Outpatients with Private Ledger

Office or Division:	Pharmacy Department – Oncology Pharmacy			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	UP-PGH Cancer Institute Patient (Out-patient)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing		Attending Physician		
Official PGH prescription form (with 3 months validity) (1 original)		- Accounting Services		
- Signed and approved with fund				
Patient's ledger (1 original)		Accounting Services		
Principal				
Valid ID (Government Issued ID, Company ID, School ID, NBI/Police Clearance or Barangay clearance (with picture and dry seal) Birth certificate (1 original)		Respective government agency, Company, School, Barangay		
Blue card and white card of patient (1 Original and 1 photocopy)		Department of Out-patient services		
Representative				
Valid ID (Government Issued ID, Company ID, School ID, NBI/Police Clearance or Barangay clearance (with picture and dry seal) (1 Original and 1 photocopy)		Respective government agency, Company, School, Barangay		
Authorization Letter of patient with present date and must indicate that authorization is to claim patient's medicines (1 original) Or Special Authorization letter with present date Birth Certificate for minors (for parent / child relationship) (1 original) Doctor's certification (for psychiatric, stroke patients and other special case) (1 original)		Person being represented		
Blue card and white card of patient (1 Original and 1 photocopy)		Philippine Statistics Authority(PSA)		
		Attending Physician		
		Department of Out-patient services		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give the prescription, patient's ledger, original and photocopy of blue card of the patient and the necessary	1. Gather the necessary documents and endorse to the Lab Aide/ Clerk in charge. Inform the patient/authorized	None	10 minutes	Guard-on-duty

requirements to guard-on-duty	representative to wait for the patient's name to be called Note: Receiving time: 9 am – 12nn only			
2. Wait for the patient's name to be called	2. Validation of the prescription	None	10 minutes	Lab Aide/ Clerk/ Pharmacist
	2.1. Process the prescription using the *OERP	None	1 hour	Lab Aide/ Clerk/ Pharmacist
	2.2. If *insufficient fund – inform the patient/authorized representative that an additional payment in excess of the approved fund has to be paid (OSCA and PWD discounts are not applicable in claiming items with donor) or	None	30 minutes	Lab Aide/ Clerk/ Pharmacist
	If the patient has additional donor, it can be used in conjunction with the other donor provided it has been approved by accounting services and separate charge slip were made	None	30 minutes	Lab Aide/ Clerk/ Pharmacist
	If the fund exceeds the cost of items requested, adjustment has to be made with accounting services (after issuance to the patient/authorized representative)	None	1 hour (<i>paused-clock</i>)	Lab Aide/ Clerk/ Pharmacist
		None	1 hour	Lab Aide/ Clerk/

	2.3 Fill the prescription			Pharmacist
3. Once the patient name was called, proceed to window 2	3. Call the patient's name	None	1 hour	Lab Aide/ Clerk/ Pharmacist
If insufficient fund and agreed to pay the amount in excess of approved fund:	If insufficient fund and the patient/representative agreed to pay the amount in excess of approved fund:	None		Lab Aide/ Clerk/ Pharmacist
3.1 Get the prescription and the computation of the amount to be paid	3.1 Instruct the patient/authorized representative to proceed to cashier for payment			
4. If insufficient fund - Proceed to cashier for payment otherwise proceed to step 5	4. Receive payment and issue receipt, advise patient to go back to window 2	<i>Amount in excess of the approved fund</i> <i>Please refer to the approved schedule of fees (subject to change)</i>	30 minutes	Cashier
5. Proceed to window 2	5. Validate the prescription	None	1 hour	Pharmacist
If insufficient fund - present prescription and receipt	If insufficient fund - Validate the prescription and the payment			
6. Claim the items and sign on the receiving portion of the prescription	6. Dispense items requested and ask the patient/authorized representative to sign on the receiving portion of the prescription.	None	1 hour	Pharmacist

TOTAL:	<p><i>Amount in excess of the approved fund</i></p> <p><i>Please refer to the approved schedule of fees</i></p>	6 hours and 30 minutes	
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20. Cash Transaction – Regular Transaction

Provision of available needs of paying patients

Office or Division:	Pharmacy Department – Oncology Pharmacy			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	UP-PGH Cancer Institute Patient (Out-patient, Pay In-patient on suspended status)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing				
Official PGH prescription form or Personalized prescription of UP-PGH affiliated physicians (1 original) or Prescription Transposition Form (1 original)		Attending Physician Pharmacy Satellite where original prescription was submitted		
Valid ID (Government Issued ID, Company ID, School ID, NBI/Police Clearance or Barangay clearance (with picture and dry seal) Birth certificate (1 original)		Respective government agency, Company, School, Barangay		
Blue card of patient (1 original)		Department of Out-patient services ; Department of In-patient services		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the prescription window 1	1. Validation of the prescription	None	30 minutes	Lab Aide/ Clerk/ Pharmacist
2. Inform the pharmacy personnel of the items and quantity to be purchased and submit necessary requirements	2. Process the prescription using *OERP and inform the patient of the total amount to be paid. Inform the client to wait for the patient's name to be called (Note: 2 months supply can be issued depending on the availability of stocks)	None	60 minutes	Lab Aide/ Clerk/ Pharmacist
3. Wait for the patients name to be called	3. Fill the prescription	None	60 minutes	Lab Aide/ Clerk/ Pharmacist
4. Once the patient name was called,	4. Call the patient's name and instruct to	None	10 minutes (<i>paused-clock</i>)	Lab Aide/ Clerk/ Pharmacist

proceed to window 2 to get the prescription and the computation of the amount to be paid	proceed to cashier for payment			
5. Proceed to cashier for payment	5. Receive payment and issue receipt, advise patient to go back to window 2	<i>Please refer to the approved schedule of fees (subject to change)</i>	60 minutes	Cashier
6. Proceed to window 2, present prescription and receipt	6. Validate the prescription and the payment	None	60 minutes	Pharmacist
7. Claim the items paid for and sign on the receiving portion of the prescription	7. Dispense items requested and paid for by the client and ask to sign on the receiving portion of the prescription.	None	60 minutes	Pharmacist
TOTAL:		<i>Please refer to the approved schedule of fees</i>	5 hours and 40 minutes	

21. Outpatients with PhilHealth Coverage

UP-PGH Cancer Institute Out-Patients with PhilHealth coverage

Office or Division:	Pharmacy Department – Oncology Pharmacy			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	UP-PGH Cancer Institute Out-patients with PhilHealth Coverage			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing Official PGH prescription form with chemotherapy protocol(for initial chemo) (1 original) and PhilHealth stub (1 original)		Attending Physician <		

PhilHealth stub and acknowledge the request by signing on the received by portion of the prescription	<p>2.1 Check for the validity and completeness of the prescription</p> <p>2.2 Check if the patient has a schedule for chemo</p> <p>2.3 Search for patient's profile at OERP to determine if the patient's PhilHealth coverage</p> <p>2.4 If the fund is insufficient, Inform the client that an additional payment is needed in excess of the approved PhilHealth coverage and if the client agreed to pay, instruct to wait for the patient's name to be called at the dispensing area</p> <p>2.5 If the fund is sufficient, instruct the patient to wait for the patient's name to be called at the dispensing area</p> <p>2.6 Endorse the prescription to the charging clerk for processing</p>			
3. Wait for the patients name to be called	<p>3. Process the prescription at OERP</p> <p>3.1 Fill the prescription</p> <p>3.2 Call the patient's name</p>	<p>None</p> <p>None</p>	<p>1 hour</p> <p>1 hour</p>	<p>Lab Aide/ Clerk/ Pharmacist</p> <p>Lab Aide/ Clerk/ Pharmacist</p>

4. Proceed to window 2. If insufficient fund, get the prescription and the computation of the amount to be paid	4. If fund is sufficient, proceed to step 7. Otherwise, instruct client to proceed to cashier for payment	None	10 minutes	Lab Aide/ Clerk/ Pharmacist
5. Proceed to cashier for payment	5. Receive payment and issue receipt, advise patient to go back to window 2	<i>Please refer to the approved schedule of fees</i>	1 hour	Cashier
6. Proceed to window 2, present prescription and receipt	6. Validate the prescription and the payment	None	1 hour	Pharmacist
7. Claim the items paid for and sign on the receiving portion of the prescription	7. Dispense items requested and paid for by the client and ask to sign on the receiving portion of the prescription.	None	1 hour	Pharmacist
TOTAL:		<i>Please refer to the approved schedule of fees</i>	6 hours, 40 minutes	

22. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction – Regular Client)

Provision of available needs of paying patients

Office or Division:	OR Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH In-Patients needing drugs/medicines/medical supplies and other pharmaceuticals in the operating room			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing.				
Patient's Charge Slip(PCS) (1 original with pink and yellow copy) or PGH Prescription/Personalized Physicians Prescription with affiliation to PGH (1original) or Pharmacy Requisition and Issue Voucher for Individual patients (1original) Or Prescription Transposition Form (1original)		Physician and Nurse in charge in the Operating Room		
Dangerous Prescription Form (1 original 1 patient's copy with two (2) months validity from date of issuance)		Physician of clinic where the patient seek consultation		
Official Receipt (1 original)		Ward where the patient is currently confined		
		Pharmacy satellite where the original prescription was submitted		
		Anesthesiologist in charge of the patient in the operating room with S2 License (a copy of which was submitted to the pharmacy)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present PCS to Receiving Window for validation	1. Accept PCS and check validity, completeness of required information 1.1 Instruct client to stay in the waiting area and wait to be called	None	15 minutes	Clerk / Pharmacist on duty
2. Proceed to waiting area and wait to be called	2. Process, fill, and compute the total amount of the requested items	None	1 hour	Clerk / Pharmacist on duty

	<p>(Note: Refer to Guidelines on Processing and Filling of Prescription)</p> <p>2.1 Call the client from the waiting area and request to go back to Receiving Window</p>			
3. Approach Receiving Window once name was called	<p>3. Inform client of the amount to be paid</p> <p>3.1 Request the client to bring the PCS to the Central Block Cash Services Division for payment</p> <p>3.2 Advise the client to bring back the PCS if payment has been done</p>	<i>Please refer to the approved schedule of fees (subject to change)</i>	15 minutes	Clerk / Pharmacist on duty
4. Approach Receiving Window and present the original and triplicate PCS stamped paid by the cashier and Official Receipt	<p>4. Check if payment corresponds to the costing</p> <p>4.1 Record Official Receipt Number and the amount paid in the PCS</p> <p>4.2 Ask client to sign over printed name on the space provided in the PCS to acknowledge receipt</p>	None	15 minutes	Clerk / Pharmacist on duty
5. Sign over printed name on the space provided in the PCS to acknowledge receipt	5. Issue the items, Official Receipt and triplicate PCS to the client	None	30 minutes	Pharmacist on duty
6. Receive purchased items, Official Receipt and triplicate PCS	<p>6. Receive signed original PCS</p> <p>6.1 Endorse PCS to clerk for encoding</p>	None	15 minutes	Pharmacist on duty

	6.2 Encode issued items in the OERP, print and file the PCS		1 hour, 30 minutes	Clerk on duty
TOTAL:		<i>Please refer to the approved schedule of fees</i>	4 hours	

23. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction – Senior Citizen / PWD)

Provision of available needs of paying Senior Citizen / PWD patients

Office or Division:	OR Pharmacy – UP-PGH Pharmacy Department
Classification:	Simple
Type of Transaction:	G2C
Who may avail:	PGH In-Patients aged 60 years old and above (Senior Citizen) or with disability (PWD) needing drugs/medicines/medical supplies and other pharmaceuticals in the operating room
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing.	
Patient's Charge Slip(PCS) (1 original with pink and yellow copy) or PGH Prescription/Personalized Physicians Prescription with affiliation to PGH (1original) or Pharmacy Requisition and Issue Voucher for Individual patients (1original) Or Prescription Transposition Form (1original)	Physician and Nurse in charge in the Operating Room Physician of clinic where the patient seek consultation Ward where the patient is currently confined Pharmacy satellite where the original prescription was submitted
Dangerous Prescription Form (1 original 1 patient's copy with two (2) months validity from date of issuance)	Anesthesiologist in charge of the patient in the operating room with S2 License (a copy of which was submitted to the pharmacy)
Principal	
ID of Senior Citizen or PWD (1 original ID 1 photocopy)	Local Government Unit
Representative	
ID of Senior Citizen or PWD (1 original ID 1 photocopy)	Local Government Unit
Authorization Letter with present date (1original) or Special Authorization letter with present date (1original)	Person being represented PSA
Birth Certificate for minors (for parent / child relationship) (1 original ID 1 photocopy)	Physician of clinic where patient seek consultation

Doctor's certification (for psychiatric, stroke patients and other special case) (1original) or Operating Room Schedule (1 photocopy) or Endorsement from Operating Room (1 original)		Office of the OR Chief Nurse or Physician in charge of the schedule Physician and Nurse in charge in the Operating Room		
Government Issued Identification Card of the representative (1 original and 1 photocopy)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PRC		
Official Receipt (1 original)		Cash Services Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present PCS and other pertinent documents to avail discount for validation to Receiving Window	1. Accept PCS and check completeness of required information, validity and requirements 1.1 Instruct client to stay in the waiting area and wait to be called	None	15 minutes	Clerk / Pharmacist on duty
2. Proceed to waiting area and wait to be called	2. Process, fill and compute the total amount of the requested items (Note: Refer to Guidelines on Processing and Filling of Prescription) 2.1 Deduct the 20% discount from the total amount 2.2 Call the client from the waiting area and request to go back to Receiving Window	None	1 hour, 15 minutes	Clerk / Pharmacist on duty

3. Approach Receiving Window once name was called	<p>3. Inform client of the amount to be paid</p> <p>3.1 Ask client to bring the PCS and proceed to the Central Block Cash Services Division for payment</p> <p>(Note: Total amount of the purchased items after deduction of 20% discount)</p> <p>3.2 Advise client to bring back the PCS after payment</p>	<i>Please refer to the approved schedule of fees (subject to change)</i>	15 minutes	Clerk / Pharmacist on duty
4. Approach Receiving Window and present the original and triplicate PCS stamped paid by the cashier, Official Receipt and photocopied ID of Senior Citizen/PWD	<p>4. Check if payment corresponds to the costing</p> <p>4.1 Record Official Receipt Number and the amount paid in the PCS</p> <p>4.2 Ask client to sign over printed name on the space provided in the PCS to acknowledge receipt</p> <p>4.3 Attach photocopied ID of Senior Citizen/PWD</p>	None	15 minutes	Clerk/ Pharmacist on duty
5. Sign over printed name on the space provided in the PCS to acknowledge receipt	5. Issue the items, Official Receipt and triplicate PCS to the client	None	30 minutes	Pharmacist on duty

6. Receive purchased items, Official Receipt and triplicate PCS	6. Receive signed original PCS	None	15 minutes	Pharmacist on duty
	6.1 Endorse PCS and photocopied ID of Senior Citizen/PWD to clerk for encoding in the OERP			
	6.2 Encode issued items in the OERP, print and file the PCS and photocopied ID of Senior Citizen/PWD	None	1 hour, 30 minutes	Clerk on duty
TOTAL:		<i>Please refer to the approved schedule of fees</i>	4 hours, 15 minutes	

24. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (PhilHealth Outpatients)

Provision of available needs of Out-patients charged to PhilHealth

Office or Division:	OR Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	PGH Out-patients with PhilHealth needing drugs/medicines/medical supplies and other pharmaceuticals in the operating room			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
With complete information and valid up to the day of the patient's operation. Invalid prescription will not be accepted for processing.				
Patient's Charge Slip(PCS) (1 original with pink and yellow copy)		Physician and Nurse in charge in the Operating Room		
Dangerous Prescription Form (1 original 1 patient's copy with two (2) months validity from date of issuance)		Anesthesiologist in charge of the patient in the operating room with S2 License (a copy of which was submitted to the pharmacy)		
PhilHealth Identification Card (PIC)		PhilHealth, Main or Regional office		
PhilHealth Payment Slip		PGH-OPD PhilHealth Office (for Charity Patients) or Billing Section (for Pay Patients)		
Official Receipt		Cash Services Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present PCS to Receiving Window for validation	1. Accept PCS and check validity, completeness of required information 1.1 Instruct client to stay in the waiting area and wait to be called	None	15 minutes	Clerk / Pharmacist on duty
2. Proceed to waiting area and wait to be called	2. Process, fill, and compute the total amount of the requested items. (Note: Refer to Guidelines on Processing and Filling of Prescription)	None	1 hour, 30 minutes	Clerk / Pharmacist on duty

	<p>(Note: Awaiting for client to approach the Receiving Window)</p> <p>2.1 Call the client from the waiting area and request to go back to Receiving Window</p>			
3. Approach Receiving Window once name was called	<p>3. Inform client of the amount of the transaction</p> <p>3.1 Instruct client to bring PCS and proceed to PGH-OPD PhilHealth Office (for charity patients) or Billing Section (for pay patients)</p> <p>3.2 Advise client to bring back the original and triplicate PCS, PhilHealth Payment Slip and Official Receipt, if any, once transaction with PhilHealth has been done</p>	<p><i>Amount not subsidized by PhilHealth</i></p> <p><i>Please refer to the approved schedule of fees (subject to change)</i></p>	15 minutes	Clerk / Pharmacist on duty
4. Approach Receiving Window and present original and triplicate PCS, PhilHealth Payment Slip and Official Receipt, if any	<p>4. Check if PhilHealth subsidy and payment, if any, corresponds to the costing</p> <p>4.1 Record Official Receipt Number and amount paid in the PhilHealth Payment Slip, if any</p> <p>4.2 Issue the Official Receipt and triplicate PCS to the client</p>	None	15 minutes	Clerk / Pharmacist on duty

	<p>4.3 Inform client that items will be released to OR Nurse</p> <p>4.4 Instruct client to submit triplicate PCS and Official Receipt, if any, to OR Nurse</p>			
5. OR Nurse to pick up the items	5. Ask the OR Nurse to sign on the space provided in the original PCS to acknowledge receipt	None	15 minutes	Clerk/ Pharmacist on duty
6. Sign over printed name on the space provided in the PCS to acknowledge receipt	6. Issue the items to the OR Nurse	None	30 minutes	Pharmacist on duty
7. OR nurse receive the items	7. Receive signed original PCS	None	15 minutes	Pharmacist on duty
	<p>7.1 Endorse PCS and PhilHealth Payment Slip to clerk for encoding in the OERP system</p> <p>7.2 Encode issued items in the OERP system, print and file the original PCS and PhilHealth Payment Slip</p>	None	1 hour 30 minutes	Clerk on duty
	TOTAL	<i>Please refer to the approved schedule of fees</i>	4 hours, 45minutes	

Operating Room (OR) schedule (1 photocopy)		Office of the OR Chief Nurse or Physician in charge of the schedule		
Return Slip for Drugs and Medical Supplies (1 original)		OR Pharmacy		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit OR schedule at the Receiving Window or Dispensing Area Counter	1. Accept copy of OR Schedule and check for the completeness of needed information	None	30 mins	Pharmacist on duty
2. Return to respective area	2. Validate name of patient in the OR Schedule in OERP	None	30 mins	Clerk/ Pharmacist on duty
	2.1 Prepare and fill the OR kit needed for the patient	None	1 hour	Clerk on duty
	2.2 Prepare Anesthesia Drug Tray A (High Alert Drugs) and Drug Tray B (Refrigerated Drugs) and provide Anesthesia Forms 1, 2 and 3 (Note: Awaiting for OR Nurse to pick up the OR kit and Anesthesia Drug Trays)			Pharmacist on duty
3. Approach Receiving Window or Dispensing Area counter and ask for the prepared OR kit and Anesthesia Drug Trays	3. Request to accomplish the forms	None	30 mins	Pharmacist on duty
4. Accomplish OR Kit Form and Anesthesia Forms 1, 2 and 3 completely	4. Accept forms and check for the completeness and accuracy of the required information 4.1 Indicate the Anesthesia Drug Tray number on the Anesthesia Forms 1, 2 and 3	None	30 mins	Pharmacist on duty

	4.2 Request to sign on the space provided in the OR kit Form and Anesthesia Form 1 to acknowledge receipt			
5. Sign over printed name on the space provided in the OR Kit form and Anesthesia Form 1 to acknowledge receipt	5. Issue OR kit, Anesthesia Drug Trays and Anesthesia Forms 2 and 3 (Note: Awaiting for the OR Nurse to check the issued items)	None	1 hour	Pharmacist on duty
6. Receive OR kit, Anesthesia Drug Trays and Anesthesia Forms 2 and 3	6. Accept signed forms of OR Kit and Anesthesia Form 1 6.1 Endorse OR kit form and Anesthesia Form 1 to Clerk on duty for processing of transaction	None	30 minutes	Pharmacist on duty
	6.2 Process the transaction (Note: Refer to Guidelines on Processing and Filling of Transaction) (Note: Awaiting for the return of Anesthesia Drug Trays)	None	15 minutes	Clerk on duty
7. Return Anesthesia Drug Trays, unused items, if any, empty containers for used drugs and fully accomplished Anesthesia Forms 2 and 3 to Receiving Window/Dispensing area Counter	7. Accept returned Anesthesia Trays, unused items, if any, empty containers, and fully accomplished Anesthesia Forms 2 and 3 7.1 Check Anesthesia Forms 2 and 3 for the	None	1 hour	Pharmacist on duty

	<p>completeness of the required information</p> <p>7.2 Account for the used and unused items in the Anesthesia Trays</p> <p>7.3 Request OR Nurse to accomplish PGH Form No. Q-550184 for used Dangerous Drugs</p>			
8. Accomplish PGH Form No. Q-550184	<p>8. Check for the completeness of the required information</p> <p>8.1 Process the returned anesthesia needs and endorse to Clerk on duty for encoding (Refer to Guidelines on Processing of Returns)</p>	None	30 mins	Pharmacist on duty
	<p>8.2 Encode the issued items in OERP, print and file</p>	None	1 hour, 30 mins	Clerk on duty
TOTAL:		None	7 hours, 45 minutes	

In-Patients (Through Floor Stock) (PGH Form No. Q-550184) (1 original)				
Operating Room (OR) schedule (1 photocopy)		Office of the OR Chief Nurse or Physician in charge of the schedule		
Return Slip for Drugs and Medical Supplies (1 original)		OR Pharmacy		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit OR schedule at the Receiving Window or Dispensing Area Counter	1. Accept copy of OR Schedule and check for the completeness of needed information	None	30 mins	Clerk / Pharmacist on duty
2. Present ORMAT PCS or PCS to the Receiving Window/Dispensing Area Counter for Validation	2. Check name of patient in the OR Schedule and in OERP	None	30 mins	Clerk/ Pharmacist on duty
	2.1 Check ORMAT Form or PCS for the completeness of the required information			
	2.2 Fill the request (Please refer to Guidelines on Processing and Filling of Transaction)	None	1 hour, 30 mins	Clerk on duty
	2.3 Prepare Anesthesia Drug Tray A (High Alert Drugs) and Drug Tray B (Refrigerated Drugs) and provide Anesthesia Forms 1, 2 and 3			Pharmacist on duty
	2.4 Request to accomplish the forms			
3. Accomplish Anesthesia Forms 1, 2 and 3 completely	3. Accept forms and check for the completeness and accuracy of the required information	None	30 minutes	Pharmacist on duty
	3.1 Indicate the Anesthesia Drug Tray number on the			

	Anesthesia Forms 1, 2 and 3 3.2 Request to sign on the space provided in the Anesthesia Form 1 and in ORMAT PCS or PCS to acknowledge receipt			
4. Sign over printed name on the space provided in the ORMAT PCS or PCS and Anesthesia Form 1 to acknowledge receipt	4. Issue the items, Anesthesia Drug Trays and Anesthesia Forms 2 and 3 (Note: Awaiting for the OR Nurse to check the issued items)	None	1 hour	Pharmacist on duty
5. Receive the items, Anesthesia Drug Trays and Anesthesia Forms 2 and 3	5. Accept signed forms of ORMAT PCS or PCS and Anesthesia Form 1 5.1 Process the transaction (Note: Refer to Guidelines on Processing and Filling of Transaction) (Note: Awaiting for the return of Anesthesia Drug Trays)	None	30 mins 15 minutes	Pharmacist on duty
6. Return Anesthesia Drug Trays, unused items, if any, empty containers for used drugs and fully accomplished Anesthesia Forms 2 and 3 to Receiving Window/Dispensing area Counter	6. Accept returned Anesthesia Trays, unused items, if any, empty containers, and fully accomplished Anesthesia Forms 2 and 3 6.1 Check Anesthesia Forms 2 and 3 for the completeness of the required information	None	1 hour	Pharmacist on duty

	<p>6.2 Account for the used and unused items in the Anesthesia Trays</p> <p>6.3 Request OR Nurse to accomplish PGH Form No. Q-550184 for used Dangerous Drugs.</p>			
7. Accomplish PGH Form No. Q-550184	<p>7. Check for the completeness of the required information</p> <p>7.1 Process the returned anesthesia needs and endorse to Clerk on duty for encoding</p> <p>(Note: Refer to Guidelines on Processing of Returns)</p> <p>7.2 Encode the issued items in OERP, print and file</p>	<p>None</p> <p>None</p>	<p>30 mins</p> <p>1 hour. 30 mins</p>	<p>Pharmacist on duty</p> <p>Clerk on duty</p>
TOTAL:		None	7 hours, 45 minutes	

27. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction – Regular Client)

Provision of available needs of paying patients

Office or Division:	Payward Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Suspended Pay In-patients/ Outpatients Undergoing Dialysis			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p>The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing</p> <p>Official PGH Prescription / Personalized Physicians Prescription with affiliation to PGH (1 original) or Patients Charge Slip (1 original) or Prescription Transposition Form (1 original) or Dangerous Prescription Form (1 original 1 patient's copy with two (2) months validity from date of issuance)</p>		<p>Physician of clinic where patient seek consultation</p> <p>Ward/Unit where patient is presently confined</p> <p>Pharmacy satellite where original prescription was submitted</p> <p>Physician with S2 license (a copy of which was submitted to the Pharmacy)ward where patient seek consultation or presently confined</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present prescriptions/PCS/ transposition forms	1.Record the time received 1.1 Forward the requests to RPh-on-duty/Clerks on duty	None	15 minutes	Guard on-duty
2. Sit in front of Releasing window and wait for the name to be called	2.Accept prescription and check validity ,completeness of required information	None	30 minutes	Clerk / Pharmacist on duty
3. Inform which of the listed items will be bought and the quantity to be purchased	3. Process transaction by writing the total cost of the items to be purchased with transaction codes based on the price encoded in the OERP	None	30 minutes (Paused clock)	Clerk / Pharmacist on duty

	<p>3.1 Encode and generate price based on the items to be purchased</p> <p>3.2 Inform the patients/relatives to pay the total cost at the Cash Division (ground floor)</p>			
4. Present proof of payment (Official Receipt) with prescriptions/PCS/transposition forms	<p>4. Accept prescriptions/PCS/transposition forms and Dangerous Prescription Form with Official Receipt</p> <p>4.1 Instruct client to seat in front of the Releasing window and wait for their name to be called</p> <p>4.2 Endorse prescriptions/PCS/transposition forms and Dangerous Drug Prescription to Clerk-on-duty or Pharmacist-on-duty</p>	None	30 minutes	Guard-on-duty
5. Seat in front of Releasing window and wait for the name to be called	<p>5. Process and fills transaction of client. (Refer to Guidelines on Processing and Filling of Prescription)</p> <p>5. Generate computer print outs of the items purchased</p> <p>5.1 Calls the name of the client for issuance of their request</p>	None	60 minutes	Clerk / Pharmacist on duty
6. Approach Releasing Window	6. Checks the medicines, receipt and prescriptions/PCS/transposition forms and	None	30 minutes	Pharmacist on duty

	<p>Dangerous Drug Prescription over computer print outs.</p> <p>6.1 Dispensing Pharmacist affix trodat with signature on the space (Dispensed by)</p> <p>6.2 Ask patient/watcher to sign over printed name at the back of the prescriptions/PCS/transposition forms and Dangerous Drug Prescription to acknowledge receipt</p>			
7. Sign over printed name at the back of the prescription or order slip to acknowledge receipt	7. Issues the items, receipt and yellow copy (PCS) to the client.	None	15 minutes	Pharmacist on duty
8. Client receives purchased items, receipt and yellow copy (PCS)	<p>8. Receives signed original copy of prescriptions/PCS/transposition forms and Dangerous Drug Prescription</p> <p>8.1 Files prescription/PCS/transposition forms and Dangerous Drug Prescription.</p>	None	20 minutes	Pharmacist on duty
TOTAL:		None	3hours, 50 minutes	

28. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction – Senior Citizen / PWD)

Provision of available needs of paying Senior Citizen / PWD patients

Office or Division:	Payward Pharmacy – UP-PGH Pharmacy Department		
Classification:	Simple		
Type of Transaction:	G2C, G2G		
Who may avail:	PGH Suspended Pay Inpatients/ Patients of Physicians with affiliation to UP-PGH aged 60 years old and above (Senior Citizen) or with disability (PWD) UP-PGH Dialysis Outpatient Undergoing Dialysis aged 60 years old and above (Senior Citizen) or with disability (PWD)		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid prescription will not be accepted for processing			
Official PGH Prescription / Personalized Physicians Prescription with affiliation to PGH (1 original) or Patients Charge Slip (1 original) or Prescription Transposition Form (1 original) or		Physician of clinic where patient seek consultation Ward/Unit where patient is presently confined Pharmacy satellite where original prescription was submitted	
Dangerous Prescription Form (1 original 1 patient’s copy with two (2) months validity from date of issuance)		Physician with S2 license (a copy of which was submitted to the Pharmacy)ward where patient seek consultation or presently confined	
Principal			
ID of Senior Citizen or PWD OSCA or PWD Medicine Booklet (1 original)		Local Government Unit	
Representative			
ID of Senior Citizen or PWD OSCA / PWD Medicine Booklet (1 original)		Local Government Unit	
Government Issued Identification Card of the representative (1 original and 1 photocopy) for Dangerous Drug Prescription		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present prescriptions/PCS/transposition forms with Senior Citizen/PWD ID	1.Record the time received 1.1 Forward the requests with IDs to RPh-on-duty/Clerks on duty	None	15 minutes (<i>paused-clock</i>)	Guard on-duty
2. Seat in front of Releasing window and wait for the name to be called	2.Accept prescription with ID (Senior Citizen/PWD) and check validity ,completeness of required information	None	30 minutes	Clerk / Pharmacist on duty
3. Inform which of the listed items will be bought and the quantity to be purchased	3. Process transaction by writing the total cost with discounts of the items to be purchased with transaction codes based on the price encoded in the OERP 3.1 Encode and generate price based on the items to be purchased 3.2 Inform the patients/relatives to pay the total cost at the Cash Division (ground floor)	None	30 minutes (<i>paused-clock</i>)	Clerk / Pharmacist on duty
4.Present proof of payment (Official Receipt) with prescriptions/PCS/transposition forms	4. Accept prescriptions/PCS/transposition forms and Dangerous Prescription Form with Official Receipt 4.1 Instruct client to seat in front of the Releasing window and wait for their name to be called 4.2 Endorse prescriptions/PCS/transposition forms and	None	30 minutes	Guard-on-duty

	Dangerous Drug Prescription to Clerk-on-duty or Pharmacist-on-duty			
5. Seat in front of Releasing window and wait for the name to be called	<p>5. Process and fills transaction of client. (Refer to Guidelines on Processing and Filling of Prescription)</p> <p>5.1. Generate computer print outs of the items purchased</p> <p>5.2 Calls the name of the client for issuance of their request</p>	None	60 minutes	Clerk / Pharmacist on duty
6. Approach Releasing Window	<p>6. Checks the medicines, receipt and prescriptions/PCS/transposition forms and Dangerous Drug Prescription over computer print outs.</p> <p>6.1 Dispensing Pharmacist affix trodat with signature on the space (Dispensed by)</p> <p>6.2 Ask patient/watcher to present patient's ID and sign over printed name at the back of the prescriptions/PCS/transposition forms and Dangerous Drug Prescription to acknowledge receipt</p>	None	30 minutes	Pharmacist on duty
7. Sign over printed name at the back of the prescription PCS, Transposition Form to acknowledge receipt	7. Issues the items, receipt and yellow copy (PCS) to the client.	None	15 minutes	Pharmacist on duty

8. Client receives purchased items, receipt and yellow copy (PCS)	8. Receives signed original copy of prescriptions/PCS/transposition forms/ Dangerous Drug Prescription 8.1 Files prescription/PCS/transposition forms and Dangerous Drug Prescription.	None	20 minutes	Pharmacist on duty
TOTAL:		None	3 hours, 50 minutes	

29. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Donor with Government Funds)

Provision of available needs of patients charge to donor with government funds

Office or Division:	Payward Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Charity In-patients for Emergency OR with donor from government funds (OP funds and PhilHealth)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Principal				
Blue card and white card of patient (1 original)		MSS (Medical Social Service)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present ORMAT Pharmacy Charge Slips/prescriptions/PCS/Dangerous Prescription Form with Blue Card of patient	1. Record the time received 1.1 Forward the requests with Blue Card of patient to RPh-on-duty	None	5 minutes	Guard on-duty
2. Sit in front of Releasing window and wait for the name to be called	2. Accept ORMAT PCS/Patient Charge Slips/prescriptions/Dangerous Prescription Form and check completeness of required information with OERP account, validity and requirements 2.1 Call the name of the client and inform that the items will be issued to OR personnel only 2.3 Fill items based on the requested quantity 2.4 Assign control number from the Office of the President and	None	8 hours	Pharmacist on duty

	<p>PhilHealth Logbook</p> <p>2.5 Encode requests in the OERP system</p> <p>(Note: Refer to Guidelines on Processing and Filling of Prescription)</p>			
3. Approach Releasing Window once OR personnel arrives to claim the items	<p>3. Check the medicines and medical supplies over ORMAT Pharmacy Charge Slips/prescriptions/P CS and printout charges</p> <p>3.1 Issue the items to OR Personnel; for Dangerous Prescriptions, only nurses are required to claim the items</p>	None	2 hours	Pharmacist on duty
4. Affix trodat with signature on the "Received by"	<p>4. Receive signed ORMAT PCS/Patient Charge Slips/prescriptions and Prescription form for Dangerous Drugs</p> <p>4.1 Record line items issued with total cost (Regular and Consignment)</p> <p>4.2 Record narcotics in the Dangerous Drugs Register</p> <p>4.3 File ORMATPCS/prescriptions /Patient Charge Slips and Prescription form for Dangerous Drugs</p>	None	1 hour	Pharmacist on duty
TOTAL:		None	11 hours, 5 minutes	

30. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Pay Inpatients - STAT Request)

Provision of available needs of pay inpatients

Office or Division:	Payward Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Pay In-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p>The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid computer generated patients charge slip will not be accepted for processing</p> <p>Dangerous Prescription Form (1 original 1 patient's copy with two (2) months validity from date of issuance)</p>		<p>Physician of clinic where patient seek consultation</p> <p>Ward/Unit where patient is presently confined</p> <p>Pharmacy satellite where original prescription was submitted</p> <p>Physician with S2 license (a copy of which was submitted to the Pharmacy)ward where patient seek consultation or presently confined</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Encode STAT requests in the OERP Send Prescription form for Dangerous Drug	1. Access and print request of STAT computerized PCS 1.1 For request of Dangerous Drugs. RPh on Duty shall receive/check and validates Special Prescription Form for Dangerous Drug	None	5 minutes (<i>paused-clock</i>)	RPh/Clerk on Duty
2. Nursing Attendant/Porter inform RPh on Duty of their stat requests	2. Process requests 2.1 Check OERP system for newly admitted patients 2.2 Record requests on patient's profile and affix trodat with signature on the Recorder space	None	1 hour	Pharmacist on duty

	<p>2.3 Assign control number from the Numbering Logbook</p> <p>2.4 Fill the items from the shelves based on the quantity and place it on a tray. Affix trodat with signature on the filler space</p> <p>2.5 Encode requests in the OERP system Affix trodat on the Encoder space (Note: Refer to Guidelines on Processing and Filling of Prescription)</p>			Clerks on duty
3. Approach Releasing Window	<p>3. Check the medicines and medical supplies over PCS Dangerous Drug Prescriptions and computer printouts</p> <p>3.1 Affix trodat with signature on the Checking/dispensing space and computer printouts for validation.</p> <p>3.1 Issue the items to NA (Nursing Attendant) or nurses and Porter</p>	None	30 minutes	Pharmacist on duty
4. Affix trodat with signature on the "Received by"	<p>4. Receive signed PCS and Dangerous Drug Prescription</p> <p>4.1 Record narcotics in the Dangerous Drugs Register</p> <p>4.2. File PCS in the pigeon hall per patient</p>	None	4hours	Pharmacist on duty Clerks-on-duty

	and room number			
	4.3 File the Special Prescription Form for Dangerous Drugs in their respective folders			
TOTAL:		None	5 hours and 35 minutes	

31. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Pay Inpatients - Pending Request)

Provision of available needs of pay inpatients

Office or Division:	Payward Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Pay In-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p>The following requirements must have the complete information pursuant to RA 6675 (Generic Law). Invalid computer generated PCS will not be accepted for processing</p> <p>Dangerous Prescription Form (1 original 1 patient's copy with two (2) months validity from date of issuance)</p>		<p>Physician of clinic where patient seek consultation</p> <p>Ward/Unit where patient is presently confined</p> <p>Pharmacy satellite where original prescription was submitted</p> <p>Physician with S2 license (a copy of which was submitted to the Pharmacy)ward where patient seek consultation or presently confined</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Encode requests in the OERP</p> <p>Send Prescription form for Dangerous Drug</p>	<p>1. Access and print computerized PCS</p> <p>1.1 For request of Dangerous Drugs. RPh on Duty shall receive/check and validates Special Prescription Form for Dangerous Drug</p> <p>1.2 Check OERP system for newly admitted patients</p> <p>1.3 Record requests on patient's profile and affix trodat with signature on the Recorder space</p> <p>1.4 Assign control number from the Numbering Logbook</p>	None	1 hour (<i>paused-clock</i>)	Pharmacist/ Clerk on duty

	<p>1.5 Fill the items from the shelves based on the quantity and place it on a tray and put it on the designated pending shelves. Affix trodat with signature on the filler space</p> <p>1.6 Encode requests in the OERP system Affix trodat on the Encoder space Put the Computer generated PCS and the computer printouts in the tray with the items in the designated shelves</p> <p>(Note: Refer to Guidelines on Processing and Filling of Prescription)</p>			
2. Approach Releasing Window once personnel from the wards arrives to claim the pending requests	<p>2. Check the medicines and medical supplies over PCS Dangerous Drug Prescriptions and computer printouts</p> <p>2.1 Affix trodat with signature on the Checking/dispensing space and computer printouts for validation.</p> <p>2.2 Issue the items to NA (Nursing Attendant) or nurses and Porter</p>	None	30 minutes	Pharmacist on duty

3. Affix trodat with signature on the "Received by"	<p>3. Receive signed PCS and Dangerous Drug Prescription</p> <p>3.1 Record narcotics in the Dangerous Drugs Register</p> <p>3.2. File PCS in the pigeon hall per patient and room number</p> <p>3.3 File the Special Prescription Form for Dangerous Drugs in their respective folders</p>	None	4 hours	<p>Pharmacist on duty</p> <p>Pharmacist on Duty</p> <p>Clerks-on-duty</p> <p>Pharmacist on Duty</p>
TOTAL:		None	5 hours and 30 minutes	

	<p>patient</p> <p>4.2 If still needed, charge pending request immediately or cancel pending requests</p> <p>4.3 Send manual charges using the the proper forms to the Billing Section</p> <p>4.4 For returned items, notify clerk in charge and prioritize processing of returns</p> <p>5 Update patients status in the OERP by clicking the word "Pharmacy Cleared"</p> <p>6 Type on the space "Notes" the following:</p> <p>6.1 PC (Pharmacy Cleared)</p> <p>6.2 Date</p> <p>6.3 Time</p> <p>6.4 Name of the Clerk</p> <p>7. Click the heart emoji through the UPPGH Chat</p>			
TOTAL:		None	8 hours	

33. Provision of Returned Medicines and Medical Supplies (Returned Medicines and Medical Supplies of Pay Inpatients and Charity Inpatients for Emergency OR)

Provision of return slip for Drugs and Medical Supplies for Pay Inpatients and Charity Inpatients for Emergency OR

Office or Division:	Payward Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Pay In-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Return Slip for Drugs and Medical Supplies with completeness of required information (1 original) (1 duplicate)		Ward/Unit where patient is presently confined		
Items for Return				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present return slip with receiving logbook	1. Record the time received	None	8 hours	Guard on duty
	2. Check the completeness of information as required in the form			Return Clerks on duty
	3. Check the quality and quantity of the items being returned and written in the logbook			Return Clerks on duty
	4. Acknowledge slip by signing on the Receiving space of return slip and the receiving logbook of ward			Return Clerks on duty
	5. Sign on the space “Approved by”			Pharmacist on Duty
	6.Assign Control Number in the Logbook			Return Clerks on duty
	7. Return items in the OERP system based on the lists written in the return slip.			

	<p>For Not Charged Items, record on the Not Taken Logbook for returned to respective wards</p> <p>For late return items, wards should provide letter of explanation approved by the Chief Nurse</p> <p>8. Attach computer printouts in the return slip</p> <p>9. Check for the correctness of the returned items</p> <p>10. File return slip with printouts in the pigeon hall based on the name and room provided</p> <p>11. Endorse the items to the incoming clerks on duty for correctness in returning to the respective shelves</p>			<p>Return Clerks on duty</p> <p>Return Clerks on duty</p> <p>Return Clerks on duty</p> <p>Return Clerks on duty</p>
TOTAL:		None	8 hours	

34. Provision of Extemporaneous Preparations of Pharmaceutical Products

Open 7:00 am – 3:30 pm, Monday to Friday except Saturday, Sunday and Holidays
Cut-off time in receiving extemporaneous preparation is on or before 2:00 pm except for Potassium Iodide Solution (24 hours)

Office or Division:	Pharmacy Laboratory – UP-PGH Pharmacy Department
Classification:	Simple
Type of Transaction:	G2C
Who may avail:	PGH Out-patients/ In-patients, Patients of Physician with affiliation to UP-PGH
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<p>The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing.</p> <p>Out-Patient PGH Prescription / Personalized Physicians Prescription with affiliation to PGH (1 original with 3 months validity) Or Prescription Transposition Form(1 original) Blue card / white card of patient (1 original) 1L Amber bottle (applicable only for Potassium Citrate preparation)</p> <p>Principal ID of Senior Citizen or PWD(1 original) OSCA or PWD Medicine Booklet(1 original)</p> <p>Representative ID of Senior Citizen or PWD(1 original and 1 photocopy) OSCA / PWD Medicine Booklet(1 original) Authorization Letter with present date(1 original)</p> <p>In-Patient Blue card / white card of patient (1 original) Go-Live / Open ERP request Pharmacy Requisition and Issue Voucher (RIV) for Individual patients(1 original)</p>	<p>Physician of clinic where patient seek consultation</p> <p>Pharmacy satellite where original prescription was submitted OPD Palistahan / Medical Social Service (MSS)</p> <p>Charged before (for reuse)</p> <p>Local Government Unit</p> <p>Local Government Unit</p> <p>Person being represented</p> <p>OPD Palistahan / MSS</p> <p>Admitting unit (Palistahan) / MSS</p> <p>Ward where patient is presently confined</p>

Remarks: Provide preparation needs/consumable if needed				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

<p>1. If Out-patient, present prescription and other pertinent documents (senior ID, PWD) to avail discount for validation windows 1 or 2</p> <p>In-patient, present RIV to Charity In-patient pharmacy windows 1 or 2</p>	<p>1. Accept prescription/RIV and check validity and completeness of required information, then endorse to the Pharmacy Laboratory</p>	None	15 minutes	Clerk/ Pharmacist (Dispensing Area/DA)
	<p>(Note: Receiving time for requests until 2:00pm only)</p> <p>1.1 Endorse the prescription/RIV to the Compounding Pharmacist</p> <p>1.2 Process and compute then the consumables(if needed) and handling fee for extemporaneous preparation</p> <p>1.3 For in-patients, encode the charges in the system and instruct client to return to the ward and wait for the nurse's instruction if the request is ready for pick up.</p> <p>For out-patients, write the charges on the order of payment form and instruct the client to go to the cashier to settle the charges, and then go back to the pharmacy and present official receipt. Sit and wait for the patient's name to be called.</p>		2 hours	<p>Pharmacist (DA)</p> <p>Pharmacist (DA) / Compounding Pharmacist</p>
2. For in-patients,	2. For in-patients,	None	2 hours	Compounding

<p>wait at the respective wards for the instruction of the nurse on duty.</p> <p>For out-patients, go to the cashier and pay the amount on the order of payment form. Return to the pharmacy and present the official receipt at the releasing window.</p>	<p>proceed with the preparation of extemporaneous product, then call the nurse on duty once finished.</p> <p>For out-patients, receive the official receipt and record the OR number on the RIV/prescription. Instruct the client to be seated and wait for the name of the patient to be called. Proceed with the preparation. (Note: Refer to Guidelines on the Preparation of Extemporaneous Preparations)</p> <p>2.1 Once finished, call the nurse on duty for pick-up of the extemporaneous preparation. 2.2 Endorse the prepared request to the pharmacist (DA)</p>			Pharmacist
<p>3. For in-patients, go back to the pharmacy releasing window once instructed by the nurse on duty. * For out-patients, go to the releasing window and present the official receipt.</p>	<p>3. Ask the client to sign over printed name at the back of the prescription to acknowledge receipt. 3.1 .Issue the request and return the official receipt once copied.</p>	<p>None</p> <p>None</p>	<p>30 minutes</p>	Pharmacist (DA)
TOTAL:		<p><i>Please refer to the approved schedule of fees</i></p>	<p>4 hours, 45 minutes</p>	

35. Preparation of IV Antidote (25% Sodium Thiosulfate / 3% Sodium Nitrite)

Provision of antidotes for in and out-patients endorsed from the National Poison Control and Management Center. 24/7 acceptance of request.

Office or Division:	Pharmacy Laboratory – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C,G2G			
Who may avail:	PGH In-patients/Out-patients, Patients of Physician with affiliation to UP-PGH, Patients of Physician coordinated to Toxicology Department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p>The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing.</p> <p>PGH Prescription / Personalized Physicians Prescription with affiliation to PGH / (1 original) or Personalized Physician Prescription coordinated/transposed by the Toxicology Department(1 original) or Blue card / white card of patient (1) original</p> <p>Pharmacy Requisition and Issue Voucher for Individual patients(1 original)</p>		<p>Physician of clinic where patient seek consultation</p> <p>Toxicology Department</p> <p>OPD Palistahan / Medical Social Service(MSS)</p> <p>Ward where patient is presently confined</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present prescription (Out-patient) / RIV (In-patient) to Charity In-patient pharmacy windows 1 or 2	1.Accept prescription/ RIV and check completeness of required information	None	15 minutes	Clerk/ Pharmacist Dispensing area(DA)
	<p>1.2 Endorse prescription to the TPN pharmacist for processing and computation of charges including handling fees.</p> <p>Note: In the absence of TPN pharmacist, the pharmacist (DA)</p>	<i>Please refer to the approved schedule of fees (subject to change)</i>	30 minutes	Pharmacist (DA)

	<p>prepares antidote</p> <p>1.3 For in-patients, encode the charges in the system and instruct client to return to the ward and wait for the nurse's instruction if the antidote is ready for pick up.</p> <p>For out-patients, write the charges on the order of payment form and instruct the client to go to the cashier to settle the charges, and then go back to the pharmacy and present official receipt. Sit and wait for the patient's name to be called</p>		30 minutes	Clerk/ Pharmacist (DA) / TPN Pharmacist
<p>2. For in-patients, wait at the respective wards for the instruction of the nurse on duty.</p> <p>For out-patients, go to the cashier and pay the amount on the order of payment form. Return to the pharmacy and present the official receipt at the releasing window.</p>	<p>2. For in-patients, proceed with the preparation of antidote, then call the nurse on duty once finished.</p> <p>For out-patients, receive the official receipt and record the OR number on the RIV/prescription. Instruct the client to be seated and wait for the name of the patient to be called. Proceed with the preparation.</p> <p>(Note: Refer to Guidelines on the Preparation of Antidote)</p>	None	2 hours	TPN Pharmacist/ Pharmacist (DA)

	<p>2.1 Pack and label the prepared antidote.</p> <p>2.2 Once finished, call the nurse on duty for pick up of the extemporaneous preparation.</p> <p>2.3 Endorse the prepared request to the pharmacist (DA)</p>			
<p>3. For in-patients, go back to the pharmacy releasing window once instructed by the nurse on duty.</p> <p>For out-patients, go to the releasing window and present the official receipt.</p>	<p>3. Ask the client to sign over printed name at the back of the prescription to acknowledge receipt.</p> <p>3.1 Issue the antidote and return the official receipt once copied.</p>	None	15 minutes	Pharmacist (DA)
TOTAL:		<i>Please refer to the approved schedule of fees</i>	3 hours, 30 minutes	

36. Preparation of Oral Antidote (N-Acetylpenicillamine (NAPA))

Provision of antidote for heavy metal poisoning endorsed by the National Poison Control and Management Center. 24/7 acceptance of request.

Office or Division:	Pharmacy Laboratory – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH In-patients/Out-patients, Patients of Physician with affiliation to UP-PGH, Patients of Physician coordinated to Toxicology Department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing.				
PGH Prescription / Personalized Physicians Prescription with affiliation to PGH (1 original) or Personalized Physician Prescription coordinated/transposed by the Toxicology Department(1 original) Or Blue card / white card of patient (1) original		Physician of clinic where patient seek consultation Toxicology Department OPD Palistahan / Medical Social Service(MSS)		
Pharmacy Requisition and Issue Voucher for Individual patients(1 original)		Ward where patient is presently confined		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present prescription (Out-patient) / RIV (In-patient) to Charity In-patient pharmacy windows 1 or 2	1.Accept prescription/ RIV and check completeness of required information	None	15 minutes	Clerk/ Pharmacist Dispensing area(DA)
	1.1 Endorse prescription to the Compounding pharmacist for processing and computation of the quantity of NAPA papertabs and total charges to be paid including handling fees. Note: In the absence	<i>Refer to the approved schedule of fees(subject to change)</i>	30 minutes	Pharmacist (DA)

	<p>of Compounding pharmacist, the pharmacist on duty (DA) prepares NAPA 1.2 For in-patients, encode the charges in the system and instruct client to return to the ward and wait for the nurse's instruction if the NAPA antidote is ready for pick up.</p> <p>For out-patients, write the charges on the order of payment form and instruct the client to go to the cashier to settle the charges, and then go back to the pharmacy and present official receipt. Sit and wait for the patient's name to be called.</p>		30 minutes	Clerk/ Pharmacist (DA) / Compounding Pharmacist
<p>2. For in-patients, wait at the respective wards for the instruction of the nurse on duty.</p> <p>For out-patients, go to the cashier and pay the amount on the order of payment form. Return to the pharmacy and present the official receipt at the releasing window.</p>	<p>2. For in-patients, proceed with the preparation of antidote, then call the nurse on duty once finished.</p> <p>For out-patients, receive the official receipt and record the OR number on the RIV/prescription. Instruct the client to be seated and wait for the name of the patient to be called. Proceed with the preparation.</p> <p>(Note: Refer to Guidelines on the Preparation of NAPA Papertabs)</p>	None	3 hours	Compounding Pharmacist/ Pharmacist (DA)

	<p>2.1 Pack and label the prepared antidote.</p> <p>2.2 Once finished, call the nurse on duty for pick up of the extemporaneous preparation.</p> <p>2.3 Endorse the prepared request to the CBDA pharmacist</p>		<p>30 minutes</p> <p>10 minutes</p> <p>10 minutes</p>	
<p>2. For in-patients, go back to the pharmacy releasing window once instructed by the nurse on duty.</p> <p>For out-patients, go to the releasing window and present the official receipt.</p>	<p>2. Ask the client to sign over printed name at the back of the prescription to acknowledge receipt.</p> <p>2.1 .Issue the NAPA papertabs and return the official receipt once copied.</p>	<p>None</p> <p>None</p>	<p>20 minutes</p>	<p>Pharmacist (DA)</p>
TOTAL:		<i>Please refer to the approved schedule of fees</i>	5 hours, 25 minutes	

37. Preparation of Papertabs

Open 7:00 am – 3:30 pm, Monday to Friday except Saturday, Sunday and holidays.
Cut- off time in receiving papertabs is on or before 2:00 pm.

Office or Division:	Pharmacy Laboratory – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C – Government to Client			
Who may avail:	PGH Out-patients/ In-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p>The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing</p> <p>Out-Patient PGH Prescription / Personalized Physician's Prescription with affiliation to PGH (1 original) Or Prescription Transposition Form (1 original) Blue card / white card of patient (1 original) Drugs/Medicine with visible expiration date</p> <p>In-Patient Blue card and white card of patient (1 original) Go-Live / Open ERP request Pharmacy Requisition and Issue Voucher (RIV) for Individual patients (1 original) Drugs/Medicine request via Open ERP</p>		<p>Physician of clinic where patient seek consultation</p> <p>Pharmacy satellite where original prescription was submitted OPD Palistahan / MSS</p> <p>Any registered drug retail outlets</p> <p>OPD Palistahan / MSS</p> <p>Admitting unit (Palistahan)</p> <p>Nurse's station at the ward where patient is presently confined</p> <p>Charity In-patient pharmacy – Dispensing area</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present prescription and drugs (Out-patient) / RIV (In-patient) to Charity In-patient pharmacy windows 1 or 2	1. Accept prescription/RIV/drugs and check validity, completeness of required information	None	15 minutes	Clerk / Pharmacist Dispensing area (DA)
	1.1 Endorse to compounding pharmacist to check	None	45 minutes	Pharmacist (DA)

	the suitability of the tablet to be compounded into oral divided powders or papertabs (Note: see references)			
	<p>1.2. Process and compute the total number of papertabs then charge handling fee for papertabs (Note: Refer to Guidelines on Preparation of Papertabs)</p> <p>1.3. For in-patients, encode the charges in the system and instruct client to return to the ward and wait for the nurse's instruction if the request is ready for pick up.</p> <p>For out-patients, write the charges on the order of payment form and instruct the client to go to the cashier to settle the charges, and then go back to the pharmacy and present official receipt. Sit and wait for the patient's name to be called</p>	<p><i>Please refer to the approved schedule of fees subject to change</i></p> <p>None</p>	<p>30 minutes</p> <p>30 minutes</p>	<p>Compounding Pharmacist / Pharmacist (CBDA)</p> <p>Clerk /Laboratory Technician/Aide / Pharmacist on duty</p>
<p>2. For in-patients, wait at the respective wards for the instruction of the nurse on duty</p> <p>For out-patients, go to the cashier and pay the amount on</p>	<p>2. For in-patients, proceed with the preparation of papertabs, then call the nurse on duty once finished</p> <p>For out-patients, receive the official receipt and record the</p>	<p><i>Please refer to the approved schedule of fees (subject to change)</i></p>	<p>5 hours</p>	<p>Compounding Pharmacist</p>

the order of payment form. Return to the pharmacy and present the official receipt at the releasing window.	<p>OR number on the RIV/prescription. Instruct the client to be seated and wait for the name of the patient to be called. Proceed with the preparation.</p> <p>(Note: Refer to Guidelines on the Preparation of Papertabs) (Note: Depends of the number of papertabs)</p> <p>2.1 Once finished, call the nurse on duty for pick up of papertabs.</p> <p>2.2 Endorse the prepared request to the CBDA pharmacist</p>			
<p>3. For in-patients, go back to the pharmacy releasing window once instructed by the nurse on duty.</p> <p>For out-patients, go to the releasing window and present the official receipt.</p>	<p>3. Ask the client to sign over printed name at the back of the prescription to acknowledge receipt.</p> <p>3.1 .Issue the request and return the official receipt once copied.</p>	None	30 minutes	Pharmacist (DA)
TOTAL:		<i>Please refer to the approved schedule of fees</i>	4 hours	

38. Preparation of Total Parenteral Nutrition (Charity In-Patient)

Provision of total parenteral nutrition for special patients to meet their nutritional needs. Open 7:00 am – 3:30 pm, Monday to Sunday and holidays. Acceptance of TPN protocol is on or before 2:00pm at Central Block Pharmacy.

Prepares the preparation the following day.

Office or Division:	Pharmacy Laboratory – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C – Government to Client			
Who may avail:	PGH In-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing				
Charity In-Patient				
Blue card / white card of patient(1 original)		OPD Palistahan / Medical Social Service(MSS)		
Go-live / Open ERP request		Admitting unit (Palistahan) / MSS		
Pharmacy Requisition and Issue Voucher (RIV) for Individual patients (1 original) send via telegram		Nurse's station at the ward where patient is presently confined		
Total Parenteral Nutrition (TPN) Protocol (1 original) send via telegram		Nurse's station at the ward where patient is presently confined		
Other needs as the pharmacy deemed necessary for the preparation of TPN		Charity In-patient pharmacy – Dispensing area		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit RIV and TPN protocol via telegram, and process and fill required needs to Charity In-patient pharmacy windows 1 or 2	1. Print RIV and TPN protocol, check completeness of required information, entries and total volume of the preparation. 1.1 Review TPN protocol, make necessary computation and adjustment and	None	1 hour	Laboratory Technicia/Aide/ TPN Pharmacist on duty

	<p>prepare label</p> <p>1.2 Process, fills RIV/TPN needs for Nutritional Intravenous Infusion form and compute the total cost and charge handling fee for TPN solution</p> <p>1.4 Endorse RIV/TPN needs for Nutritional Intravenous Infusion form to clerk (DA) for encoding (Note: for processing on the following day)</p>	<p><i>Please refer to the approved schedule of fees (subject to change)</i></p>		
2. Client waits at their respective ward until 3:30pm (Note: Proceed to the central block pharmacy at the advice of the nurse)	<p>Following day:</p> <p>2. Receive encoded RIV TPN needs for Nutritional Intravenous Infusion form</p> <p>2.1 Call ward nurses for confirmation of the TPN preparation</p> <p>2.2 Record all TPN protocol in the logbook</p> <p>2.3 Prepare all TPN request (by batch) aseptically (Note: Depends of the number of TPN preparation)</p> <p>2.4 Check prepared TPN solution</p> <p>2.5 Pack and label finished product</p> <p>2.6 Call ward and inform nurse for pick</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>15 minutes</p> <p>15 minutes</p> <p>30 minutes</p> <p>5 hours</p> <p>1 hour</p> <p>1hour</p> <p>15 minutes</p>	<p>Laboratory Technician/Aide / TPN Pharmacist on duty</p> <p>TPN Pharmacist</p> <p>TPN Pharmacist</p> <p>TPN Pharmacist</p> <p>Senior Pharmacist on duty Laboratory Technicia/Aide/ TPN Pharmacist</p> <p>Laboratory Technicia/Aide/</p>

	up			TPN Pharmacist Laboratory
	2.7 Endorse prepared TPN solution to CB-DA for issuance	None	15 minutes	Laboratory Technician/Aide / TPN Pharmacist
3. Approach Releasing Window 4 or 5 and present the blue card by 4pm.	3. Ask the client to sign over printed name on the RIV and TPN needs for Nutritional Intravenous Infusion form to acknowledge receipt. 3.1 Hand over the TPN solution and advise client for special instructions if there is any.	None	30 minutes	Pharmacist (DA)
4. Receive the TPN solution and return to the ward.	4. File the RIV and TPN needs for Nutritional Intravenous Infusion form.	None	10 minutes	Pharmacist (DA) / TPN Pharmacist
TOTAL:		None	9 hours	

39. Preparation of Total Parenteral Nutrition (Pay In-Patient)

Provision of total parenteral nutrition for special patients to meet their nutritional needs. Open 7:00 am – 3:30 pm, Monday to Sunday and holidays. Acceptance of TPN protocol is on or before 2:00pm at Payward Pharmacy and to be submitted on or before 3:00pm at the Pharmacy Laboratory.

Office or Division:	Pharmacy Laboratory – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C,G2G			
Who may avail:	PGH In-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
With complete information Pay-Patient Total Parenteral Nutrition (TPN) Protocol (1 original) TPN needs (items)		Ward where patient is presently confined Payward Pharmacy		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit TPN protocol to Payward Pharmacy before 2:00pm	1.1 Accept TPN protocol, check completeness of required information, entries and total volume of the preparation then endorse to Pharmacy Laboratory.	None	30 minutes	Pharmacist (Payward)
	1.2 Receive TPN protocol,TPN needs and charged handling fee from Payward Pharmacy	<i>Refer to the approved schedule of fees (subject to change)</i>	30 minutes	Laboratory Technician/Aide / TPN Pharmacist
	1.3 Review TPN protocol, make necessary computation and adjustment and prepare label (Note: for processing on the following day)		30 minutes	TPN Pharmacist
	Following day: 1.4 Call ward nurses	None	15 minutes	TPN Pharmacist

	for confirmation of the TPN preparation			
	1.5 Process, record all TPN protocol in the logbook	None	15 minutes	TPN Pharmacist
	1.6 Prepare all TPN request (by batch) aseptically	None	5 hours	TPN Pharmacist
	(Note: depends on the number of TPN preparation)	None		
	1.7 Check prepared TPN solution		1 hour	TPN Pharmacist
	1.8 Pack and label finished product then call Payward Pharmacy for pick up		1 hour	Laboratory Technician/Aide / TPN Pharmacist
2. Go to Charity In-patient pharmacy to pick up the TPN solution	2. Issue prepared TPN solution to Payward staff	None	15 minutes	Pharmacist (DA) / TPN Pharmacist
TOTAL:		<i>Refer to the approved schedule of fees</i>	8 hours	

40. Preparation of Intravenous (IV) Admixture

Open 7:00 am – 2:30 pm, Monday to Sunday and holidays. Acceptance of IV Admixture is on or before 2:00pm

Office or Division:	Pharmacy Laboratory – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C,G2G			
Who may avail:	PGH In-patients (Charity) / Pay patients (Payward Pharmacy)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Pay In-Patients PGH Prescription (1 original , with complete information) IV Admixtures needs (items) Service In-Patients Blue card and white card of patient (1 original) Go-Live / Open ERP request Pharmacy Requisition and Issue Voucher (RIV) for Individual patients (1 original , with complete information) IV admixtures needs (items) request thru Open ERP		Physician of clinic where patient seek consultation Payward Pharmacy where items is process and fills OPD Palistahan / Medical Social Service(MSS) Admitting unit (Palistahan) / MSS Ward where patient is presently confined Charity In-patient pharmacy – Dispensing area		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present the following: If In-patient (charity), RIV to Charity In-patient pharmacy windows 1 or 2 If Pay-patients, Prescription and IV admixture (items) to Pharmacy Laboratory	1. Accept RIV/ prescription and items and check completeness of required information	None	30 minutes	Clerk /Laboratory Technician/ Aide/ Pharmacist (DA)
	1.1 Receive RIV from Dispensing area (DA) if In-patient and prescription and items from Payward Pharmacy if Pay patient and check the completeness of items received	None	30 minutes	Laboratory Technician/Aide / Pharmacist on duty

	<i>schedule of fees</i>		
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41. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction – Regular Client)

Provision of available needs of paying patients

Office or Division:	SOJR Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C,G2G			
Who may avail:	PGH patients/ Patients of Physicians with affiliation to UP-PGH UP-PGH employees and students			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p>The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing.</p> <p>PGH Prescription / Personalized Physician's Prescription with affiliation to PGH (1 original with 3 months validity) or Electronic Prescription or Patients Charge Slip(1 original) or Prescription Transposition Form(1 original)</p>		<p>Physician's clinic where patient seek consultation</p> <p>Ward/Unit where patient is presently confined</p> <p>Pharmacy satellite where original prescription was submitted</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present prescription at the receiving counter/window for validation once called	1. Accept prescription and check validity, completeness of required information	None	5 minutes	Clerk / Pharmacist on duty
2. Coordinate with the pharmacy staff assigned at the counter/window which of the prescribed items will be bought and quantity to be purchased	<p>2. Process and compute for the amount to be paid and provide order of payment slip for the items to be purchased</p> <p>(Note: Maximum two-month supply except for refrigerated items)</p> <p>2.1 Instruct the client to pay at the</p>	<p>None</p> <p><i>Please refer to the approvedsc</i></p>	15 minutes	<p>Clerk / Pharmacist on duty Clerk / Pharmacist on duty</p> <p>Cashier on duty</p>

	cashier then return to SOJR Pharmacy once paid	<i>chedule of fees (subject to change)</i>		
3. Approach releasing counter/window and present the client's prescription together with the Official Receipt (OR)	3. Advise client to sit in front of the releasing counter/window and wait for their name to be called.	None	10 minutes	Clerk / Pharmacist on duty
4. Take a sit and wait for name to be called	4. Fill the Prescription (Note: Refer to Guidelines on Processing and Filling of Prescription) 3.1 Copy the Official Receipt (OR) Number of the amount paid on the order of payment slip		15 minutes	Clerk / Pharmacist on duty
5. Approach the releasing counter/window once called	5. Call the name of the patient and ask patient/watcher to sign over printed name at the back of the prescription (received by) or order slip to acknowledge receipt	None	5 minutes	Pharmacist on duty
6. Sign over printed name at the back of the prescription (received by) or order slip to acknowledge receipt	6. Receive signed prescription or order slip. 6.1 Sign over printed name at the	None	15 minutes	Pharmacist on duty

	back of the prescription (issued by) or order slip 6.2 Issue the items and official receipt (OR) to the client			
7. Receive purchased items and official receipt at the releasing counter/window	7. File prescription or order slip	None	5 minutes	Pharmacist on duty
TOTAL:		<i>Please refer to the approved schedule of fees</i>	1 hour, 10 minutes	

42. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction – Senior Citizen / PWD)

Provision of available needs of paying Senior Citizen / PWD patients

Office or Division:	SOJR Pharmacy – UP-PGH Pharmacy Department	
Classification:	Simple	
Type of Transaction:	G2C	
Who may avail:	PGH patients/ Patients of Physicians with affiliation to UP-PGH aged 60 years old and above (Senior Citizen) or with disability (PWD) UP-PGH employees and students aged 60 years old and above (Senior Citizen) or with disability (PWD)	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
The following requirements must have the complete information pursuant to RA 6675 (Generics Law). Invalid prescription will not be accepted for processing. PGH Prescription / Personalized Physicians Prescription with affiliation to PGH (1 original with 3 months validity) or Electronic Prescription or Patients Charge Slip(1 original) or Prescription Transposition Form(1 original)		Physician's clinic where patient seek consultation Ward/Unit where patient is presently confined Pharmacy satellite where original prescription was submitted
Principal		
ID of Senior Citizen or PWD OSCA or PWD Medicine Booklet		Local Government Unit
Representative		
ID of Senior Citizen or PWD OSCA / PWD Medicine Booklet		Local Government Unit
Authorization Letter with present date or Special Authorization letter with present date Birth Certificate for minors (for parent / child relationship) Doctor's certification (for psychiatric, stroke patients and other special case)		Person being represented Philippine Statistics Authority (PSA) Physician's clinic where patient seek consultation
Government Issued Identification Card of the representative (1 original and 1 photocopy)		BIR, Post Office, DFA, PSA, SSS, GSIS, PAG-IBIG,LTO,PRC

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present prescription at the receiving counter/window for validation once called	1. Accept prescription and check validity, completeness of required information	None	5 minutes	Clerk / Pharmacist on duty
2. Coordinate with the pharmacy staff assigned at the counter/window which of the prescribed items will be bought and quantity to be purchased.	<p>2. Process and compute for the amount to be paid and provide order of payment slip for the items to be purchased</p> <p>(Note: Maximum two-month supply except for refrigerated items)</p> <p>2.1. Instruct the client to pay at the cashier then return to SOJR Pharmacy once paid</p>	<p>None</p> <p><i>Please refer to the approved schedule of fees (subject to change)</i></p>	15 minutes	<p>Clerk / Pharmacist on duty</p> <p>Clerk / Pharmacist on duty Cashier on duty</p>
3. Approach releasing counter/window and present the client's prescription together with the official receipt	3. Advise client to sit in front of the releasing window and wait for their name to be called	None	10 minutes	Clerk / Pharmacist on duty
4. Take a sit and wait for name to be called	<p>4. Fill the Prescription</p> <p>(Note: Refer to Guidelines on Processing and Filling of Prescription)</p> <p>4.1 Copy the Official Receipt (OR) Number of the amount paid on the</p>	None	15 minutes	Clerk / Pharmacist on duty

	order of payment slip			
5. Approach releasing counter/window and present the client's prescription together with the official receipt once called	5. Call the name of the patient and ask patient/watcher to sign over printed name at the back of the prescription (received by) or order slip to acknowledge receipt	None	5 minutes	Pharmacist on duty
6. Sign over printed name at the back of the prescription (received by) or order slip to acknowledge receipt	6. Receive signed prescription or order slip 6.1 Record transaction on the medicine booklet 6.2 Sign over printed name at the back of the prescription (issued by) or order slip 6.3 Issue the items and official receipt (OR) to the client	None	15 minutes	Pharmacist on duty
7. Receive purchased items and official receipt at the releasing counter/window	7. Receive signed prescription 7.1 File prescription with the authorization letter and photocopy of authorized representative identification card attached (if applicable)	None	5 minutes	Pharmacist on duty
TOTAL:		<i>Please refer to the approved schedule of fees</i>	1 hour, 10 minutes	

43. Provision of all Available Drugs/Medicines/Medical Supplies and other pharmaceuticals (Charge to Donor with Government Funds)

Provision of available needs of patients charge to donor with government funds

Office or Division:	SOJR Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Out-patients with donor from government funds UP-PGH employees and students with donor from government funds			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Principal				
Blue card and white card of patient (Original)		OPD Palistahan / Medical Social Service (MSS)		
Government Issued Identification Card (Original)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC		
MAP Stub (Original)		PGH Malasakit Center		
Representative				
Blue card and white card of patient		OPD Palistahan / Medical Social Service (MSS)		
Government Issued Identification Card of patient (1 Original & 1 Photocopy)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC		
MAP Stub (1 Original)		PGH Malasakit Center		
Authorization Letter with present date and must indicate that <u>authorization is to claim patient's medicines</u> .		Person being represented		
Special Authorization letter Birth Certificate for minors (for parent / child relation) Doctor's certification (for psychiatric, stroke patients and other special case)		Philippine Statistics Authority (PSA) Physician's clinic where patient seek consultation		
Government Issued Identification Card of the representative (1 original and 1 photocopy)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present and submit the complete requirements at the receiving counter/ window for checking and validation once called	1. Accept and check completeness of required information, validity and requirements 1.1 Inform client for the additional payment if total amount of items	None	15 minutes	Clerk / Pharmacist on duty

	exceeds the approved fund			
2. Take a sit and wait for name to be called	<p>2 Instruct client to sit in front of releasing counter/ window and wait for their name to be called</p> <p>2.1 Process transaction on point of sale to produce order slip</p> <p>2.2 Fill and record transaction of client to Donor's Logbook, Patient's profile. (Refer to Guidelines on Processing and Filling of Prescription)</p> <p>2.3 Endorse to cashier to produce charge slip and official receipt if with additional payment.</p> <p>2.4 Call the name of the client for issuance of their request</p>	None	1 hour	Clerk / Pharmacist on duty
5. Approach releasing counter/window once name was called	5. Check the medicines and ask patient/watcher to sign over printed name on the charge slip and at the back of the prescription (received by) to acknowledge receipt	None	15 minutes	Pharmacist on duty
6. Sign over printed name on the charge slip and at the back of the prescription (received by) to acknowledge receipt	<p>6. Sign over printed name on the charge slip and at the back of the prescription (issued by)</p> <p>6.1 Issue the items</p>	None	15 minutes	Pharmacist on duty

7. Receive the items and other documents presented	<p>7. Receive signed prescription and charged slip</p> <p>6.1 File prescription, MAP Stub, Charge slip with the authorization letter and photocopy of authorized representative identification card attached (if applicable).</p>	None	5 minutes	Pharmacist on duty
TOTAL:		None	1 hour, 50 minutes	

44. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Private Donors)

Provision of available needs of patients charge to Private Donors

Office or Division:	SOJR Pharmacy – UP-PGH Pharmacy Department	
Classification:	Simple	
Type of Transaction:	G2C,G2G	
Who may avail:	PGH Out-patients with private donor UP-PGH employees and students with donor from private donor	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
With complete information and three (3) months validity from date of issuance. Invalid prescription will not be accepted for processing		
PGH Prescription / Personalized Physicians Prescription with affiliation to PGH Or Pharmacy Requisition and Issue Voucher for Individual patients or Prescription Transposition Form		Physician's clinic where patient seek consultation Ward where patient is presently confined Pharmacy satellite where original prescription was submitted
Principal		
Blue card and white card of patient		OPD Palistahan / Medical Social Service (MMS)
Government Issued Identification Card		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC
Patient's Ledger (with updated record of transaction – 1 original and 1 photocopy)		Accounting Department
Representative		
Blue card and white card of patient		OPD Palistahan / MSS
Government Issued Identification Card of patient		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC
Authorization Letter with present date and must indicate that <u>authorization is to claim patient's medicines.</u>		Person being represented
Special Authorization letter Birth Certificate of minors (for parent / child relation) Doctor's certification (for psychiatric, stroke patients and other special case		Philippine Statistics Authority Physician's clinic where patient seek consultation
Government Issued Identification Card of		BIR, Post Office, DFA, PSA, SSS, GSIS,

the representative (1 original and 1 photocopy)		Pag-IBIG,LTO,PRC		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit the complete requirements at the receiving counter/window for checking and validation	<p>1. Accept prescription and check completeness of required information, validity and requirements</p> <p>2.1 Instruct client to sit in front of the releasing counter/window and wait for their name to be called</p> <p>2.2 Process the transaction, assign control number and record in the Donor's logbook and produce charge slip (Point of Sale)</p>	None	45 minutes	Clerk / Pharmacist on duty
2.Approach receiving counter/window once name was called	<p>2. Ask patient/watcher to sign over printed name on the charge slip to acknowledge receipt for funding</p> <p>2.1 Instruct patient to proceed at the Malasakit Center for funding of their request</p> <p>2.2 For patient's with Las Pinas Funds proceed at the Billing section</p> <p>2.3 Endorse to cashier if with additional payment</p>	<p>None</p> <p>None</p> <p><i>Total amount in excess of approved fund</i></p> <p><i>Please refer to the approved schedule of fees</i></p>	45 minutes	<p>Clerk / Pharmacist on duty</p> <p>Malasakit Center/Billing Section</p> <p>Cashier on duty</p>

	<p>2.4 After funding, instruct the client to return at the SOJR Pharmacy the following:</p> <p>photocopy of funded ledger, patient's blue card, patient's identification card and/or authorized identification card of representative</p>	(subject to change)		
3. Approach releasing counter/window and submit Funded Prescription, Charge slip and Patient's Ledger for processing	<p>3. Accept funded prescription and charge slip and checks if transaction was recorded on the Patient's Ledger</p> <p>3.1 Advise client to sit in front of the releasing window and wait for their name to be called</p>	None	15 minutes	Clerk / Pharmacist on duty
4. Sit in front of releasing counter/window and wait for name to be called	<p>4. Fill transaction</p> <p>4.1 Check the medicines and checks if transaction was recorded on the Patient's Ledger</p>	None	15 minutes	
5. Approach releasing counter/window once name was called	5. Ask patient/watcher to sign over printed name on the charge slip and at the back of the prescription (received by) to acknowledge receipt	None	5 minutes	

6. Sign over printed name at the back of the prescription (received by) to acknowledge receipt	6. Receive signed prescription and charge slip 6.1 Sign over printed name on the charge slip and at the back of the prescription (issued by) 6.2 Issue the items	None	20 minutes	
7. Receive the items and other documents presented	7. File prescription, Charge slip, photocopy of patient's blue card, patient's identification card, Patient's Ledger with the authorization letter and photocopy of authorized representative identification card attached (if applicable)	None	5 minutes	
TOTAL:		<i>Total amount in excess of approved fund + Please refer to the approved schedule of fees (subject to change)</i>	2 hours, 30 minutes	

45. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to PhilHealth Fund)

Provision of available needs of patients charge to PhilHealth Fund

Office or Division:	SOJR Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C,G2G			
Who may avail:	PGH Out-patients with PhilHealth funds UP-PGH employees and students with PhilHealth funds			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
SOJR Ophthalmology OR kit form (Ophtha kit – 1 original)		SOJR Pharmacy		
SOJR Ophthalmology OR kit form (Ophtha kit – duplicate)		SOJR-OR Complex		
Completely filled up PGH Prescription(1 original, for additional requests)		Physician's clinic/ward where patient seek consultation		
OR Schedule (1 photocopy)		RADISH (Registry of Admissions and Discharges) Department Chief Resident		
PhilHealth outright form (1 original) PhilHealth endorsement form/letter (1 original)		PhilHealth office PhilHealth office		
Senior Citizen/PWD ID		Local Government Unit (LGU)		
Principal				
Blue card and white card of patient (1 original)		OPD Palistahan / Medical Social Service (MSS)		
Government Issued Identification Card (1 original)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, PRC,OSCA		
Representative				
Blue card of patient (1 original)		OPD Palistahan / MSS		
Government Issued Identification Card of patient (1 original) or Government Issued Identification Card of the representative (1 original)		BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG,LTO,PRC		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. After the	1. Accept Prescription	None	1 hour	Clerk /

Operation/Procedure: Present and submit the Prescription/the duplicate copy of the OR Kit form (issued every morning to OR-Complex staff) and unused items	<p>and check validity, completeness of required information/look for the original copy of the OR kit form vs the duplicate copy surrendered by the patient/watcher</p> <p>1.1 Ask patient for Senior Citizen/PWD ID</p> <p>1.2 Instruct the patient/watcher to sit in front of the releasing counter/window and wait for their name to be called.</p> <p>1.3 Process and encode the transaction</p> <p>1.4 Print charges through Point of Sale (POS) printer</p> <p>1.5 Prepare the order of payment slip</p>			Pharmacist on duty
2. Approach receiving counter/window once name was called	<p>2. Give to the patient/watcher and instruct to submit the following documents at the Philhealth office for outright deduction:</p> <ul style="list-style-type: none"> -order of payment slip, -prescription/ ophthalmology OR kit form, -printed charges through Point of Sale (POS) <p>2.1 Inform the patient/watcher to return to Pharmacy for clearance.</p>	None	10 minutes	Clerk / Pharmacist on duty

3. Submit the documents from Philhealth office at the Pharmacy receiving counter/window	<p>3. Check submitted documents and copy the Official Receipt number of the amount paid on the order of payment slip if with additional payment</p> <p>3.1 Fill if with Prescription</p>	None	15 minutes	Clerk / Pharmacist on duty
4. Receive official receipt and purchased item/s (sign over printed name at the of the prescription – received by- or order slip to acknowledge receipt	<p>4. Receive signed prescription or order slip</p> <p>4.1 Sign over printed name at the of the prescription (issued by) or order slip</p> <p>Issue the items and official receipt to the client</p> <p>Stamp “cleared by” on the Post-Operative Instructions form of the patient</p> <p>Write the date, name of the patient, time, and discharged by in the Clearance Logbook.</p>	None	15 minutes	Pharmacist on duty
TOTAL:		None	1 hour, 40 minutes	

46. Provision of Pharmacy Clearance

Provision of Pharmacy Clearance to Charity In-Patients and Pay In-Patients

Office or Division:	SOJR Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C,G2G			
Who may avail:	PGH Charity In-Patients and Pay In-Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request for Clearance through Telegram		SOJR-Ward		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. SOJR-Ward send request for clearance through telegram (SOJR Pharmacy group chat)	1. Check for pending charges of the patient 1.1 Encode pending charges through OPEN ERP 1.2 Print charges through Point of Sale (POS) printer	None	30 minutes	Clerk/ Pharmacist on duty
2. Receive and confirm clearance through telegram (SOJR Pharmacy group chat)	2. Confirm clearance through Telegram (SOJR Pharmacy group chat)	None	5 minutes	Clerk/ Pharmacist on duty
TOTAL:		None	35 minutes	

47. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charity and Pay In-patients)

Provision of available needs of Charity and Pay In-patients

Office or Division:	SOJR Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2C,G2G			
Who may avail:	PGH Charity and Pay In-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Pharmacy Requisition and Issue Voucher (RIV) for Individual patients (1 Original) or Patient Charge Slip (PCS) or PGH Prescription Form		SOJR Ward SOJR Ward SOJR Ward		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit RIV/PCS/Prescription at the receiving counter/window for checking and validation	1. Accept the request and check validity, completeness of required information 1.1 Instruct the client to sit and wait in front of the releasing window 1.2 Process the request and write the control number from Charge to patient logbook 1.3 Charge/encode the request in the OPEN ERP thru Charge to patient as the creditor 1.4 Fill the request	None	2 hours	Clerk / Pharmacist on duty
2. Approach releasing counter/window once name was called	2. Ask the client to sign over printed name in the space provided (received by) to acknowledge receipt	None	5 minutes	Pharmacist on duty

3. Sign over printed name at the back of the prescription (received by) to acknowledge receipt	3. Receive signed prescription and charge slip 6.1 Sign over printed name on the charge slip and at the back of the prescription (issued by) 6.1 Issue the items	None	30 minutes	Pharmacist on duty
TOTAL:		None	2 hours, 35 minutes	

48. Acceptance of Request for 6 months Clinical Pharmacy Training Program from Pharmacists.

This program is designed for practitioners or postgraduates with a degree in Pharmacy or Industrial Pharmacy who wish to acquire knowledge, skills and attitudes integral in the practice of Clinical Pharmacy.

Office or Division:	Training and Research Section, UP-PGH Pharmacy Department			
Classification:	Complex			
Type of Transaction:	G2C, G2G			
Who may avail:	All Registered Pharmacists			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of intent and/or recommendation addressed to the Hospital Director through the Chief Pharmacist for MOA preparation		trainee/ employer Note: indicate two (2) signatories for the MOA		
Curriculum vitae with picture (2x2 or passport size, white background)				
One 1x1 ID picture (white background)				
Two 2x2 ID picture (white background)				
Medical certificate indicating trainee is fit to undergo training		Physician of choice or hospital where applicant is employed		
Accomplished medical history/vaccination/antibody titers		TRS Pharmacy Department (to be emailed to trainee)		
Membership to the Philippine Pharmacists Association (PPhA)		Philippine Pharmacists Association (PPhA)		
Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the letter of intent or recommendation by the Chief Pharmacist and Chief/Director of the hospital personally or through email.	1. Accept or download the letter from the email.	None	1 hour	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
	1.1. Coordinate with trainee for available schedule of training through email (Note: Await response from trainee)	None	1 hour	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
2. Confirm through email the agreed schedule of training	2. Acknowledge confirmation of agreed schedule and send the list of other	None	1 hour	Clinical Pharmacy Training Coordinator,

	training requirements.			Training Research Section (TRS)
	2.1 Indicate the schedule of the training period and forward the letter of intent/ recommendation to the Office of the Chief/OIC for endorsement to the Director.	None	2 Days upon receipt	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
	2.2 Receive from Legal office the signed MOA (PGH signatories) 2.3 Coordinate with trainees the name of receiver and address to which the MOA will be forwarded to. (Note: Await response from trainee)	None	2 days upon receipt of receiver's name and address	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
3. Inform PGH Pharmacy the name of receiver and address to which the MOA will be forwarded to.	3. Send through courier the signed MOA by PGH (1 st Party) for signature of the second party.	Amount subject to Courier's fee	2 days	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
	3.1 Prepare letter to HRDD for preparation of IDs	None	1 hour	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
4. Receive from courier the MOA sent by PGH Pharmacy. 4.1 Have it signed by the signatories (trainee/ or employer if employed) then have it notarized.	4. Receive and check the submitted 1 original copy and 5 photocopies of MOA then send to Legal Office for filing.	None	30 minutes	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)

4.2 Photocopy (5 copies for 1 st party) (1 copy for 2 nd party) 4.3 Send back to PGH on or before the start of the training personally or through courier.				
5. Payment of fees	5. Instruct trainees to pick up ID in HRDD and settle payment in Cash Division.	ID- Php 50.00 Php 5665.00 per month	1 hour	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
6. Present OR as proof of payment to TRS office	6. Receive OR and secure 1 photocopy for filing	None	15 minutes	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
TOTAL:		ID Fee – Php 50.00 + Php 5,665.00 + Amount subject to Courier's Fee	5 days, 5 hours 45 minutes	

49. Acceptance of Request for 3 months Clinical Pharmacy Training Program from Pharmacy Students

This program is designed for Pharmacy students who wish to acquire knowledge, skills and attitudes integral in the practice of Clinical Pharmacy.

Office or Division:	Training and Research Section, UP-PGH Pharmacy Department			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	5 th year Clinical Pharmacy students			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of recommendation addressed to the Hospital Director thru the Chief Pharmacist for MOA preparation		Dean of College of Pharmacy Note: indicate two (2) signatories for the MOA		
Curriculum vitae with picture (2x2 or passport size, white background)				
One 1x1 ID picture (white background)				
Two 2x2 ID picture (white background)				
Medical certificate		Physician of choice		
Accomplished medical history/vaccination/antibody titers		TRS Pharmacy Department (to be emailed to trainee)		
CHED certificate of accreditation		CHED, Department of Education		
Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the letter of recommendation by the Dean of the College of Pharmacy personally or through email.	1. Accept or download the letter.	None	1 hour	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
	1.1. Coordinate with the college for available schedule of training through email. (Note: Awaits response from trainee)	None	1 hour	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
2. Confirm through email the agreed schedule of training	2. Acknowledge confirmation of agreed schedule and send the list of other training requirements.	None	1 hour	Clinical Pharmacy Training Coordinator, Training Research

				Section (TRS)
	2.1 Indicate the schedule of the training period and forward the letter of recommendation to the Office of the Chief/OIC for endorsement to the Director.	None	2 Days upon receipt	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
	2.2 Receive from Legal office the signed MOA (PGH signatories) and coordinate with trainees the name of receiver and address to which the MOA will be forwarded to (Note: Await response from student/school)	None	2 days upon receipt of receiver's name and address	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
3. Inform PGH Pharmacy the name of receiver and address to which the MOA will be forwarded to.	3. Send through courier the signed MOA by PGH (1 st Party) for signature of the second party.	Amount subject to Courier's fee	1 day	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
	3.1 Prepare letter to HRDD for preparation of ID	None	1 hour	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
4. Receive from courier the MOA sent by PGH Pharmacy 4.1 Have it signed by the signatories (trainee/ or employer if employed) then have it notarized. 4.2 Photocopy (5 copies for 1 st party) (1 copy for 2 nd party)	4. Receive and check the submitted 1 original copy and 5 photocopies of MOA then send to Legal Office for filing.	None	30 minutes	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)

4.3 Send back to PGH on or before the start of the training personally or through courier.				
5. Payment of fees	5. Instruct trainees to pick up ID in HRDD and settle payment in Cash Division.	ID- P50.00 P5665.00 per month	1 hour	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
6. Present OR as proof of payment to TRS office	6. Receive OR and secure 1 photocopy for filing	None	15 minutes	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)/TRS clerk
TOTAL:		ID Fee – Php 50.00 + Php 5,665.00 + Amount subject to Courier's Fee	5 days, 5 hours, 45 minutes	

50. Acceptance of Request for Clinical Pharmacy Observership Program from Hospital Pharmacists

This program is designed for licensed pharmacists to provide an overview of Clinical Pharmacy activities in the hospital. Orientation, lectures and limited rotation in the wards and pharmacy areas will be provided.

Office or Division:	Training and Research Section, UP-PGH Pharmacy Department			
Classification:	Complex			
Type of Transaction:	G2G, G2B			
Who may avail:	Hospital Pharmacists			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of intent and/or recommendation addressed to the Hospital Director through the Chief Pharmacist for MOA preparation		Trainee/Employer Note: indicate two (2) signatories for the MOA		
Curriculum vitae with picture (2x2 or passport size, white background)				
One 1x1 ID picture (white background)				
Two 2x2 ID picture (white background)				
Medical certificate		Physician of choice or hospital where applicant is employed		
Accomplished medical history/vaccination/antibody titers		TRS Pharmacy Department (to be emailed to trainee)		
Membership to the Philippine Pharmacists Association (PPhA)		Philippine Pharmacists Association (PPhA)		
Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the letter of intent/ recommendation by the Chief Pharmacist and Chief/Director of the hospital personally or through email.	1. Accept or download the letter from the email.	None	1 hour	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
	1.1. Coordinate with trainee for available schedule of training through email. (Note: Await response from trainee)	None	1 hour	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
2. Confirm through email the agreed schedule of training	2. Acknowledge confirmation of agreed schedule and send the list of other	None	1 hour	Clinical Pharmacy Training Coordinator,

	training requirements.			Training Research Section (TRS)
	2.1 Indicate the schedule of the training period and forward the letter of intent/ recommendation to the Office of the Chief/OIC for endorsement to the Director.	None	2 days upon receipt	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
	2.2 Receive from Legal office the signed MOA (PGH signatories) and coordinate with trainees the name of receiver and address to which the MOA will be forwarded to (Note: Await response from trainee)	None	2 days upon receipt of receiver's name and address	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
3. Inform PGH Pharmacy the name of receiver and address to which the MOA will be forwarded to.	3. Send through courier the signed MOA by PGH (1 st Party) for signature of the second party.	Amount subject to Courier's fee	1 day	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
	3.1 Prepare letter to HRDD for preparation of ID	None	1 hour	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
4. Receive from courier the MOA sent by PGH Pharmacy. 4.1 Have it signed by the signatories (trainee/ or employer if employed) then	4. Receive and check the submitted 1 original copy and 5 photocopies of MOA then send to Legal Office for filing.	None	30 minutes	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)

have it notarized. 4.2 Photocopy (5 copies for 1 st party) (1 copy for 2 nd party) 4.3 Send back to PGH on or before the start of the training personally or through courier.				
5. Payment of fees	5. Instruct trainees to pick up ID in HRDD and settle payment in Cash Division.	ID- Php 50.00 Php 5665.00 per month	1 hour	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)
6. Present OR as proof of payment to TRS office	6. Receive OR and secure 1 photocopy for filing	None	15 minutes	Clinical Pharmacy Training Coordinator, Training Research Section (TRS)/TRS Clerk
	TOTAL:	ID- P50.00 P5665.00 per month + Amount subject to Courier's fee	6 days, 45 minutes	

51. Conduct of Training Programs

The training programs are conducted from 8:00 to 4:00pm, Mondays to Friday at the TRS office or at the Pharmacy Conference Room by the assigned Training coordinators.

Office or Division:	Training and Research Section, UP-PGH Pharmacy Department			
Classification:	Highly Technical			
Type of Transaction:	G2B, G2G			
Who may avail:	Pharmacists/Pharmacy students			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1 original copy of MOA between PGH and trainee/Hospital and 5 photocopies.				
Temporary PGH ID (1 original)		HRDD		
Official receipt (1 original copy)		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present proof of payment	1. Receive proof of payment and secure photocopy for filing	None	30 minutes	CPTP training Coordinator, TRS/TRS clerk
2. Attend the orientation lecture on the 1 st day of training	2. Provide orientation lecture.	None	1 day	CPTP training Coordinator, TRS
3. Attend lectures/ exams and participate in activities as per schedule	3. Provide lectures, exams and other activities as per training module. (note: refer to PGH Training Manual for the duration of the training)	None	(paused-clock)	CPTP training Coordinator, TRS
	3.1 Prepare and print Certificate of Training to be awarded on the last day of training	None	1 day	CPTP training Coordinator, TRS
	3.2 Forward certificates for signature of signatories	None	1 day (paused-clock)	CPTP training Coordinator, TRS
4. Attend awarding of certificate to trainee at the Pharmacy Conference Room	4. Award certificate	None	1 day	CPTP training Coordinator, TRS/TRS Supervisor/Chief
	4.1 Submit final grade to the office of the Chief for Approval	None	7 days after the last activity	CPTP training Coordinator, TRS

5. Check the final grade at the TRS office.	5. Present the final grade to the trainee	None	15 minutes	CPTP training Coordinator, TRS
TOTAL:		None	10 days, 45 minutes	

52. Acceptance of Pharmacy Students for Minor (200 hours) and Major (360 hours) Hospital Pharmacy Internship Program

This program is offered to Pharmacy students who have completed their minor community pharmacy internship and Pharmacy students who have completed their minor hospital pharmacy internship as well as the Clinical Pharmacy subject in their schools/universities/colleges, respectively.

Office or Division:	Training and Research Section, UP-PGH Pharmacy Department		
Classification:	Complex		
Type of Transaction:	G2B, G2G		
Who may avail:	Pharmacy students who have completed their minor community pharmacy internship (Minor Hospital Pharmacy Internship); Pharmacy students who have completed their minor hospital pharmacy internship and have taken and passed Clinical Pharmacy subject in their respective schools/universities/colleges (Major Hospital Pharmacy Internship)		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Letter of intent and/or recommendation addressed to the Hospital Director through the Chief Pharmacist for MOA preparation		Letter from the Dean or endorsed by the Dean, College of Pharmacy Note: indicate the names of students and the names of two (2) signatories for the MOA	
Certificate of minor community pharmacy internship (original and photocopy) for Minor Hospital Pharmacy Internship Program			
Certificate of minor hospital pharmacy internship (original and photocopy) for Major Hospital Pharmacy Internship Program			
Curriculum vitae with picture (2x2 or passport size, white background)			
Accomplished Hospital Pharmacy Internship Waiver and Consent Form		Secure forms from Training and Research Section office	
Accomplished Hospital Pharmacy Internship Waiver and Permission Form		Secure forms from Training and Research Section office	
Accomplished Hospital Pharmacy Internship Waiver and Consent Form for Rotation in the Oncology Pharmacy		Secure forms from Training and Research Section office	
Accomplished Personnel Directory Form		Secure forms from Training and Research Section office	
Long brown envelope in a plastic envelope with the following information written at the back upper left corner a. complete name (surname first) b. school c. contact no. (cellphone) d. email address			
Three 1x1 ID picture (white background)(name & school written at the			

back)				
One 2x2 ID picture (white background)(name & school written at the back)				
One notebook filler (7inches x10inches)				
CHED certificate of Accreditation		CHED, Department of Education		
Photocopy of government-issued ID (with signature) of parents/guardians who will sign the waiver forms				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the letter of intent from the dean or endorsed by the dean of College of Pharmacy, personally or through email.	1. Accept or download the letter	None	1 hour	Internship Coordinator, Training and Research Section (TRS)
	1.1 Coordinate with internship coordinator of the school for schedule confirmation through acknowledgement email	None	2 hours (<i>paused-clock</i>)	Internship Coordinator, Training and Research Section (TRS)
	1.2. Indicate the schedule of the training period and forward the letter of intent to the director's office through channels	None	4 days	Internship Coordinator, Training and Research Section (TRS)
	1.3 Receive from Legal office the signed MOA (PGH signatories) and coordinate with the school internship coordinator where and how to send the MOA or when to pick-up the MOA. (Note: Await response of school)	None	1 day upon receipt	Internship Coordinator, Training and Research Section (TRS)
2. Coordinate with Training and Research Section (TRS) as to when to	2. Endorse the MOA signed by PGH (1 st Party) to the school/college/univer	None or Amount subject to courier's	1 day (<i>paused-clock</i>)	Internship Coordinator, Training and Research

pick up the MOA or where to send the MOA if it is to be sent through courier.	sity for signature of the second party upon pick-up or send through courier.	fee		Section (TRS)
	2.1 Prepare letter to director for preparation of ID by HRDD.	None	1 hour	
<p>3. Receive the MOA and have it signed by the signatories and notarized.</p> <p>3.1. Prepare 6 photocopies of the MOA: (5 copies for 1st party) (1 copy for 2nd party)</p> <p>3.2. Submit the MOA and photocopies and the rest of the requirements 1 month before the start of internship.</p>	3. Receive and check submitted 1 original copy and 5 photocopies of the MOA and requirements for completeness. then send to Legal Office for filing.	None	2 hours	Internship Coordinator, Training and Research Section (TRS)
4. Payment of fees	<p>4. Instruct the students or internship coordinator to settle payment at the Cash Division</p> <p>(Note: Await OR from student/school)</p>	<p>Minor Hospital Pharmacy Internship Program:Php 1,740.00 (non-UP students) or Php 615.00 (UP students)</p> <p>Major Hospital Pharmacy Internship Program:Php 4,260.00 (non-UP students) or Php 1,425.00 (UP students)</p>	1 hour	Internship Coordinator, Training and Research Section (TRS)

5. Present OR as proof of payment to TRS office.	5. Receive OR and secure 1 photocopy for filing.	None	1 hour	Internship Coordinator, Training and Research Section (TRS)/TRS clerk
TOTAL:		Minor Hospital Pharmacy Internship Program: Php 1,740.00 (non-UP students) or Php 615.00 (UP students) Major Hospital Pharmacy Internship Program: Php 4,260.00 (non-UP students) or Php 1,425.00 (UP students)	6 days	

53. Acceptance of Request for 1 month Aseptic Dispensing Program (TPN & Oncology)

This program is designed for practitioners or postgraduates with a degree in Pharmacy or Industrial Pharmacy who wish to acquire knowledge and skill in preparing Total Parenteral Nutrition (TPN) and Oncology products.

Office or Division:	Training and Research Section, UP-PGH Pharmacy Department			
Classification:	Complex			
Type of Transaction:	G2C, G2G			
Who may avail:	All Registered Pharmacists			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of intent and/or recommendation addressed to the Hospital Director through the Chief Pharmacist for MOA preparation		trainee/ employer Note: indicate two (2) signatories for the MOA		
Curriculum vitae with picture (2x2 or passport size, white background)				
One 1x1 ID picture (white background)				
Two 2x2 ID picture (white background)				
Medical certificate indicating trainee is fit to undergo training		Physician of choice or hospital where applicant is employed		
Accomplished medical history/vaccination/antibody titers		TRS Pharmacy Department (to be emailed to trainee)		
Membership to the Philippine Pharmacists Association (PPhA)		Philippine Pharmacists Association (PPhA)		
Official Receipt		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the letter of intent or recommendation by the Chief Pharmacist and Chief/Director of the hospital personally or through email.	1. Accept or download the letter from the email.	None	1 hour	TPN/Oncology Pharmacy Training Coordinator, Training Research Section (TRS)
	1.1. Coordinate with trainee for available schedule of training through email (Note: Await response from trainee)	None	1 hour	TPN/Oncology Pharmacy Training Coordinator, Training Research Section (TRS)
2. Confirm through email the agreed schedule of training	2. Acknowledge confirmation of agreed schedule and send the list of other	None	1 hour	TPN/Oncology Pharmacy Training Coordinator,

	training requirements.			Training Research Section (TRS)
	2.1 Indicate the schedule of the training period and forward the letter of intent/ recommendation to the Office of the Chief/OIC for endorsement to the Director.	None	2 Days upon receipt	TPN/Oncology Pharmacy Training Coordinator, Training Research Section (TRS)
	2.2 Receive from Legal office the signed MOA (PGH signatories) 2.3 Coordinate with trainees the name of receiver and address to which the MOA will be forwarded to. (Note: Await response from trainee)	None	2 days upon receipt of receiver's name and address	TPN/Oncology Pharmacy Training Coordinator, Training Research Section (TRS)
3. Inform PGH Pharmacy the name of receiver and address to which the MOA will be forwarded to.	3. Send through courier the signed MOA by PGH (1 st Party) for signature of the second party.	Amount subject to Courier's fee	2 days	TPN/Oncology Pharmacy Training Coordinator, Training Research Section (TRS)
	3.1 Prepare letter to HRDD for preparation of IDs	None	1 hour	TPN/Oncology Pharmacy Training Coordinator, Training Research Section (TRS)
4. Receive from courier the MOA sent by PGH Pharmacy. 4.1 Have it signed by the signatories (trainee/ or employer if employed) then have it notarized.	4. Receive and check the submitted 1 original copy and 5 photocopies of MOA then send to Legal Office for filing.	None	30 minutes	TPN/Oncology Pharmacy Training Coordinator, Training Research Section (TRS)

4.2 Photocopy (5 copies for 1 st party) (1 copy for 2 nd party) 4.3 Send back to PGH on or before the start of the training personally or through courier.				
5. Payment of fees	5. Instruct trainees to pick up ID in HRDD and settle payment in Cash Division.	ID- Php 50.00 Php 9,070.00 per month	1 hour	TPN/Oncology Pharmacy Training Coordinator, Training Research Section (TRS)
6. Present OR as proof of payment to TRS office	6. Receive OR and secure 1 photocopy for filing	None	15 minutes	TPN/Oncology Pharmacy Training Coordinator, Training Research Section (TRS)

Pharmacy Department

Internal Services

1. FLOOR STOCK (Fluphenazine decanoate ampule)

Provision of available needs of UP-PGH Department

Office or Division:		OPD – UP-PGH Pharmacy Department		
Classification:		Simple		
Type of Transaction:		G2G		
Who may avail:		UP-PGH Departments		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Requisition and Issue Slip (RIS) of request		Department's Chair		
Disposition Sheet		Pharmacy Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit RIS and Disposition sheet at Receiving Window	1.1.Accept request, filled disposition sheet 1.2 Inform client that they will receive a call if request is ready for pick-up	None	2 minutes	Clerk/ Pharmacist on duty
2. Return to clinic and wait for the notice of Pharmacy if request is ready for pick up	2.1 Check for the completeness of the disposition sheet 2.2Assigns control number on the RIS 2.3 Process and fill RIS (Refer to Guidelines on Processing and filling of RIS 2.4 Call the clinic that disposition sheet and item is ready for pick up	None	30 minutes	Pharmacist on duty
3. Proceed to Pharmacy and receive the item, disposition sheet and duplicate copy of RIS	3.1 Issue processed item, disposition sheet and duplicate copy of the RIS 3.2 Request to sign over printed name on the space provided for in the RIS.	None	2 minutes	Pharmacist on duty
4. Sign over printed name on the space provided in the RIS.	4.1 Accepts the signed original RIS.	None	1 minute	Pharmacist on duty
	4.2 Encode requested item to Open ERP 4.3 File the	None	5 minutes	Clerk / Pharmacist on duty

	disposition sheet			
TOTAL:			40 minutes	

2. Clinical Pharmacy Services, UP-PGH Department of Pharmacy

Provision of Drug Information

Office or Division:	Clinical Pharmacy Services			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Doctors, nurses, pharmacists, other members of the healthcare team			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Drug Information Worksheet (Form)		Clinical Pharmacy Services Office		
Electronic medical record		RADISH		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquiry pertaining to drug information	1. Clarify the needed information. Probe/Ask for additional necessary information regarding the concern, if needed	None	10 minutes	Pharmacist
	1.1 Research on the answer to the drug information inquiry	None	1 hour	Pharmacist
	1.2 Relay answer to the drug information inquiry	None	30 minutes	Pharmacist
	1.3 Document drug information using the Drug Information Worksheet or via an entry in RADISH electronic medical record	None	30 minutes	Pharmacist
TOTAL:		None	2 hours, 10 minutes	

3. Clinical Pharmacy Services, UP-PGH Department of Pharmacy

Provision of Pharmacist's Interventions in Unit Dose Drug Distribution Services/ Clinical Pharmacy Areas

Office or Division:	Clinical Pharmacy Services			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Doctors, nurses, pharmacists, other members of the healthcare team			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Electronic medical chart		RADISH		
Patient Medication Profile (PMP)		Clinical Pharmacy Services Office		
Pharmacist's Notes (form)		Clinical Pharmacy Services Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Prepare entries in the patient medical chart	1. Review the patient's electronic medical chart via RADISH	None	30 minutes	Pharmacist
	1.1 Take note of drug orders using a Patient Medication Profile	None	30 minutes	Pharmacist
	1.2 Take note of pertinent data in the chart including laboratory test results, etc.	None	30 minutes	Pharmacist
	1.3 Countercheck drug orders with the therapeutic sheet	None	30 minutes	Pharmacist
	1.4 Interview concerned healthcare personnel for any questions, concerns	None	30 minutes	Pharmacist
	1.5 Evaluate patient drug therapy for actual and/or potential drug therapy problems	None	1 hour 30 minutes	Pharmacist
	1.6 Prepare Pharmacist's Intervention. Document using Pharmacist's Notes Form or through an entry in the electronic medical chart.	None	30 minutes	Pharmacist
	1.7 Coordinate with concerned healthcare personnel to resolve the drug therapy problem	None	30 minutes	Pharmacist

TOTAL:	None	5 hours	
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4. Provision of all Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to UP System's Fund)

Provision of available needs of Pharmacy UPHS Diliman / Pharmacy UPHS Los Baños

Office or Division:	Main Pharmacy – UP-PGH Pharmacy Department			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	Pharmacy UPHS Diliman / Pharmacy UPHS Los Baños			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of request (scanned advance copy sent to email)		Director of respective system		
List of requests (scanned advance copy sent to email)		Pharmacy Department (UPHS Diliman)		
Or				
Request for Quotation (scanned advance copy sent to email)		Pharmacy Department (UPHS Los Baños)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide email letter of request and list of requested items or request for quotation	1.1 Download and print letter and list of requests or request for quotation	None	15 minutes	Senior Pharmacist / Pharmacist on duty
	1.2 Inform client through email that they will receive an email notification if request is ready for pick-up			
	1.3. Forward letter to the Office of the Chief for endorsement for approval of the Director			
	1.4 Request to PSD via OERP requested items, print RIS and endorse to the Office of the Chief for Approval		2 hours	
	1.5 Endorse approved RIS to PSD CS unit			

	<p>1.6 Receive deliveries of requested items from PSD CS unit</p> <p>(Note: Refer to Guidelines on Receiving Deliveries)</p> <p>1.7. Request ITO for enrollment of requested items to UP System Pricelist</p> <p>1.8 Process and fill requested items</p> <p>(Note: Refer to Guidelines on Processing and filling of RIS)</p> <p>1.9 Prepare and print the quotation</p> <p>1.10 Endorse to accounting clerk for billing</p> <p>1.11Submits the billing statement and quotation to the Office of the Chief for approval and endorsement to the Director's Office for approval</p> <p>1.12 E-mail the requesting system that request is ready for pick up</p>	None	<p>1 day</p> <p>2 days</p> <p>4 hours</p> <p>1 day</p> <p>2 days</p>	Senior Pharmacist / Pharmacist on duty
2. Proceed to Pharmacy to receive requested items	<p>2.1 Checks the items listed on the quotation</p> <p>2.2. Request to sign over printed name on the space provided on the quotation</p>	None	1 hour	Senior Pharmacist / Pharmacist on duty

3. Sign over printed name on the quotation to acknowledge receipt	3.1 Accept copy of signed quotation 3.2 Issues the items, original quotation and billing statement		30 minutes	Senior Pharmacist / Pharmacist on duty
4.. Receive the item, quotation and billing statement	4.1 Present to guard on duty the copy of signed quotation as gate pass 4.2 Record quotation number, system's name and number of boxes released and return quotation to Senior Pharmacist 4.3 File quotation, copy of billing statement and wait for the system to return to pay their bill.	<i>Please refer to the schedule of fees (subject to change)</i> None None	15 minutes	Senior Pharmacist / Pharmacist on duty Guard on-duty Senior Pharmacist / Pharmacist on duty
TOTAL:		<i>Please refer to the schedule of fees</i>	7 days	

5. Provision of all Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Department's Fund)

Provision of available needs of UP-PGH Department

Office or Division:	Main Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	UP-PGH Departments			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Requisition and Issue Slip (RIS) of request (Original)		Department's Chair		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit RIS at Receiving Window	1.Accept request and check the completeness of information	None	5 minutes	Senior Pharmacist / Pharmacist on duty
	1.1 Inform client that they will receive a call if request is ready for pick-up			
	1.2. Encode requested items to OERP, print and endorse to the Office of the Chief for Approval	None	1 hour	
	1.3 Endorse approved RIS to respective PSD units (CS / PSD DMU / PSD MSU)			
	1.4 Receive deliveries of requested items from respective PSD units. (Note: Refer to Guidelines on Receiving Deliveries)	None	1 day	Senior Pharmacist / Pharmacist on duty
	1.5 Request ITO for enrollment of requested items to PGH Dept. Pricelist	None	2 days	Senior Pharmacist / Pharmacist on duty

	<p>1.6 Process and fill RIS</p> <p>(Note: Refer to Guidelines on processing and filling of RIS)</p> <p>1.7 Endorse to accounting clerk for billing</p> <p>1.8 Attach billing statement to RIS</p> <p>1.9 Call the department that request is ready for pick up</p>	<p>None</p> <p>None</p> <p>None</p>	<p>2 hours</p> <p>1 day</p> <p>15 minutes</p>	<p>Senior Pharmacist / Pharmacist on duty</p> <p>Senior Pharmacist / Pharmacist on duty</p> <p>Senior Pharmacist / Pharmacist on duty</p>
2. Proceed to Pharmacy to receive requested items	<p>2.1 Check items to issue</p> <p>2.2 Request to sign over printed name on the space provided for in the RIS</p>	<p>None</p>	<p>1 hour</p>	<p>Senior Pharmacist / Pharmacist on duty</p>
4. Sign over printed name on the RIS to acknowledge receipt	<p>4.1 Accept the signed original RIS</p> <p>4.2 Issue processed items, copy of RIS and billing statement</p>	<p>None</p>	<p>15 minutes</p>	<p>Senior Pharmacist / Pharmacist on duty</p>
5. Receive the item, RIS and billing statement	<p>5.1. Present to Guard on duty the copy of signed RIS as gate pass.</p> <p>5.2 Record RIS number, department's name and number of boxes released and then return RIS to Senior Pharmacist.</p>	<p>None</p>	<p>5 minutes</p> <p>5 minutes</p>	<p>Senior Pharmacist / Pharmacist on duty</p> <p>Guard on duty</p>

	5.3 Provide accounting department with the billing statement		15 minutes	Senior Pharmacist / Pharmacist on duty
TOTAL:		<i>Please refer to the approved Schedule of fees</i>	4 days , 5 hours	

6. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Department's Fund)

Provision of available needs of UP-PGH Department

Office or Division:	OR Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Central Endoscopy Unit (CENDU)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Requisition and Issue Slip (RIS) of request (1 original)		Department's Chair		
Requisition for Dangerous Drug Preparation or Drug Preparation Containing Controlled Chemicals for In-Patient Use (For Dangerous Drug request. This can be issued to CENDU Nurses only) (1 original)		Physician In Charge		
Approved and funded Budget Utilization Request (BUR) (1 original)		Budget office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Encode request in the OERP, print and submit the approved RIS at Receiving Window	1. Accept the RIS and check for the completeness of information 1.1 Inform client to wait for a call if the RIS is ready for pick-up for budget approval	None	15 minutes	Senior Pharmacist / Pharmacist on duty
2. Return to respective office and wait for the notice of Pharmacy if request is ready for pick up	2. Process and fill the RIS (Note: Refer to guidelines on Processing and Filling of RIS)	None	1 hour	Utility Worker/Clerk on duty/ Senior Pharmacist / Pharmacist on duty
	2.1 In the OERP, confirm and transfer the requested items and print at the back of the same RIS received from the client	None	45 mins	Clerk on duty/ Senior Pharmacist / Pharmacist on duty
	2.2 Call the department that RIS	None	15 minutes	Senior Pharmacist /

	(with costing) is ready for pick up			Pharmacist on duty
3. Proceed to Pharmacy and receive the duplicate copy of RIS with costing	3. Instruct to proceed to Budget Services Division to process the funding of the RIS	None	15 minutes	Senior Pharmacist / Pharmacist on duty
4. Present RIS and approved BUR to receiving window	4. Accept RIS and check if approved BUR funds corresponds to the costing. 4.1 Request to sign over printed name on the space provided in the RIS.	<i>Charged to Department's fund</i>	30 minutes	Senior Pharmacist / Pharmacist on duty
5. Sign over printed name on the space provided in the RIS.	5. Issue processed items	None	1 hour, 30 minutes	Senior Pharmacist / Pharmacist on duty
6. Receive items and duplicate copy of RIS	6. Accept signed original RIS and attach the approved BUR 6.1 Endorse to clerical section for preparation of report and filing.	None	15 minutes	Senior Pharmacist / Pharmacist on duty
TOTAL:		<i>Charged to Department's fund</i>	4 hours, 45 minutes	

7. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Cash Transaction - Ugnayan ng Pahinungod)

Provision of available needs of Ugnayan ng Pahinungod

Office or Division:	OR Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Central Endoscopy Unit (CENDU)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Requisition and Issue Slip (RIS) of request		Department's Chair		
Official Receipt		Cash Services Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit RIS at Receiving Window for pricing	1. Accept request and check completeness of information 1.1 Inform client to wait for a call if request is ready for pick-up for budget approval	None	15 minutes	Senior Pharmacist / Pharmacist on duty
2. Return to respective office and wait for the notice of Pharmacy if request is ready for pick up	2. Indicate price of each item in the RIS. 2.1 Call the department that RIS (with costing) is ready for pick up (Note: Awaiting for representative to pick-up the RIS)	None	4 hours	Senior Pharmacist/ Clerk/ Pharmacist on duty
3. Proceed to Pharmacy and receive RIS with costing	3. Issue RIS with costing (Note: Awaiting for the return of RIS for processing)	None	15 minutes	Senior Pharmacist / Pharmacist on duty
4. Present RIS to Receiving Window and inform which of the listed items will be bought and the quantity to be purchased	4. Accept RIS and inform client to wait for a call if the request is ready for pick-up for payment	None	30 minutes	Senior Pharmacist / Pharmacist on duty

5. Return to respective office and wait for the notice of Pharmacy if payment slip is ready for pick up	5. Encode requested items to OERP, print and endorse to the Office of the Chief for Approval.	None	4 hours	Senior Pharmacist / Pharmacist on duty
	5.1 Forward approved RIS to respective PSD units (CS / PSD DMU / PSD MSU) (Note: Awaiting deliveries of stock)	None	2 hours 30 minutes	Senior Pharmacist / Pharmacist on duty
	5.2 Receive deliveries of requested items from respective PSD units. (Refer to Guidelines on Receiving Deliveries)	None	1 day	Senior Pharmacist / Pharmacist/ Clerk on duty
	5.3 Process and fill RIS (Refer to Guidelines on Processing and filling of RIS)			
	5.4 Prepare payment slip (PCS) 5.5 Call the department that payment slip is ready for pick up (Note: Awaiting for the representative to pick-up the payment slip)			
Approach the Receiving Window and ask for the payment slip (PCS)	6. Issue the PCS and instruct representative to pay at the Cash Services Division (Note: Awaiting for the representative to process payment)	<i>Please refer to the approved schedule of fees (subject to change)</i>	30 minutes	Senior Pharmacist / Pharmacist/ Clerk on duty
7. Present to Receiving Window the stamped PCS and the Official Receipt	7. Accept PCS and Official Receipt 7.1 Photocopy the	None	30 minutes	Senior Pharmacist / Pharmacist/ Clerk on duty

	Official Receipt and attach to PCS and RIS 7.2 Request the representative to sign on the space provided in the RIS			
8. Sign over printed name on the space provided in the RIS.	8. Issue processed items, duplicate copy of the RIS and the Official Receipt	None	3 hours	Senior Pharmacist / Pharmacist on duty
9. Receive items, duplicate copy of RIS and Official Receipt	9. Accept signed original RIS and attach the photocopied Official Receipt 9.1 Endorse to clerk on duty for encoding in OERP, print and file	None	15 minutes	Senior Pharmacist / Pharmacist on duty
TOTAL:		<i>Please refer to the approved schedule of fees</i>	2 days, 7 hours, 45 minutes	

8. Provision of All Available Drugs/Medicines/Medical Supplies and Other Pharmaceuticals (Charge to Department's Fund)

Provision of available needs of Offices/Areas under UP-PGH Department of Ophthalmology and Visual Sciences (DOVS)

Office or Division:	SOJR Pharmacy – UP-PGH Pharmacy Department			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Offices/Areas under UP-PGH Department of Ophthalmology and Visual Sciences (DOVS): Eye Instrument Center (EIC) SOJR-DOPS SOJR-OR Complex SOJR-Ward			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Requisition and Issue Slip (RIS) (Approved by Department's Chair/Chief Resident/OIC)		Requesting Office/Area Department's Chair		
Approved Floorstock Par Level of the Office/Area		Requesting Office/Area SOJR Pharmacy		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit RIS at the receiving counter/window for checking	<p>1. Accept request and check completeness of information and attachment/s</p> <p>For initial request (attachment):</p> <p>-Prescription Form</p> <p>For Stock Replenishment request (attachment):</p> <p>-Prescription Form -filled Disposition Sheet</p> <p>1.1 Check the submitted Disposition Sheet (if for Replenishment). Check the entries, if tallied, in the Disposition Sheet versus previously issued quantity</p>	None	30 minutes	Senior Pharmacist / Pharmacist on duty

	1.2 Inform client that they will receive a call if request is ready for pick-up			
2. Return to respective office/area and wait for the notice/call of Pharmacy if request is ready for pick up	<p>2. Retrieve previously submitted RIS attached with the Prescription form with the control number same with the control number written on the submitted Disposition Sheet</p> <p>2.1 Check SOJR Floor Stocks logbook versus the control number of the retrieved RIS and Prescription Form and submitted Disposition Sheet. Sign on the column "Disposition Sheet received by/date"</p> <p>2.2 Detach Prescription Form from the RIS and attach the Prescription Form with the submitted Disposition Sheet. File separately the RIS and Prescription Form with the Disposition Sheet</p> <p>2.3 Process the new request/RIS</p> <p>(Note: Refer to Guidelines on Processing and Filling of RIS)</p> <p>Check requested item versus the approved par level of the requesting</p>	None	2 hours	Senior Pharmacist / Pharmacist on duty

	<p>Office/area (issue quantity that is within the par level)</p> <p>2.4 Fill out the SOJR Floor Stocks logbook</p> <p>2.5 Write on the RIS and Prescription Form the control number obtained from the SOJR Floor Stocks logbook</p> <p>Fill out a blank/new Disposition Form and write the same control number written on the RIS and Prescription Form</p> <p>2.6 Fill the RIS</p> <p>(Note: Refer to Guidelines on Processing Filling of RIS)</p> <p>2.7 Encode/approve the RIS in the OERP.</p> <p>2.8 Once encoded, print at the back page of the RIS from the requesting office the generated RIS from the OERP.</p>			
3. Sign over printed name on the "received by" on the RIS	<p>3. Sign on the "issued by" on the RIS.</p> <p>Issue the requested item and the duplicate copy of the RIS, and blank disposition sheet</p>	None	15 minutes	Senior Pharmacist / Pharmacist on duty
4. Receive the item and the duplicate copy of RIS and blank disposition	5. Accept the signed original RIS attached with Prescription Form	None	15 minutes	Senior Pharmacist / Pharmacist on duty

sheet	5.1 File the signed RIS attached with Prescription Form			
TOTAL:		<i>Please refer to the approved schedule of fees</i>	3 hours	

Central Endoscopy Unit

External Services

1. Performance of a Diagnostic Endoscopic Procedure

The PGH Central Endoscopy Unit (CENDU) provides both diagnostic and therapeutic endoscopic procedures to PGH patients.

Office or Division:	CENDU			
Classification:	G2C			
Type of Transaction:	Simple			
Who may avail:	Patients scheduled for a diagnostic endoscopic procedure			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card/ Chart		DOPS Palistahan/ ER Palistahan		
Procedure scheduled in electronic scheduler		CENDU		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the schedule of procedure	1. Validate the schedule at electronic scheduler	None	10 Minutes	<i>Nurse/Nurse Attendant/ Acting Ward Assistant</i>
2. Sign the consent for the procedure	2. Physician discusses the procedure and consent with the patient	None	15 Minutes	<i>Physician</i>
3. Pre-procedure evaluation	3. Physician evaluates patient pre-procedure	None	30 Minutes	<i>Physician</i>
4. Undergo the procedure	4. Physician performs the procedure	None	1 Hour	<i>Physician</i>
5. Rest at the Recovery Room (if patient underwent sedation)	5. Transfer to Recovery Room for monitoring (if patient underwent sedation)	None	30-45 minutes	<i>Nurse/Nursing attendant</i>
6. Procedural results received by the patient	6. Explain the results of the procedure, post procedure discharge instructions	None	30 Minutes	<i>Physician</i>
7. Discharge	7. Instruction on Philhealth/payment process given	<i>Based on the approved hospital charges</i>	1 Hour	<i>Nurse/Nursing Attendant</i>
TOTAL:			3 hrs. 55 mins. to 4 hrs. 10 mins.	

2. Performance of a Therapeutic Endoscopic Procedure

The PGH Central Endoscopy Unit (CENDU) provides both diagnostic and therapeutic endoscopic procedures to PGH patients.

Office or Division:	CENDU			
Classification:	G2C			
Type of Transaction:	Simple			
Who may avail:	Patients scheduled for therapeutic endoscopic procedure			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card/ Chart		DOPS Palistahan/ER Palistahan		
Procedure scheduled in electronic scheduler		CENDU		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the schedule of procedure	1. Validate the schedule with electronic scheduler/blue card	None	10 Minutes	<i>Nurse/Acting Ward Assistant/Nursing Attendant</i>
2. Sign consent for the procedure	2. Physician discusses the procedure and consent with the patient	None	15 Minutes	<i>Physician</i>
3. Pre-procedure evaluation	3. Physician evaluates the patient pre-procedure	None	30 Minutes	<i>Physician</i>
4. Undergo the procedure	4. Physician performs the procedure	None	1.5-3 Hours	<i>Physician</i>
5. Rest at the recovery room (if patient underwent sedation)	5. Transfer patient to Recovery Room for monitoring (if patient underwent sedation)	None	1 Hour	<i>Nurse/Nursing attendant</i>
6. Result released to patient	6. Explain the results and discharge instructions post-procedure	None	30 Minutes	<i>Physician</i>
7. Discharge	7. Instruction on the payment process given	<i>Based on approved hospital charges</i>	1 Hour	<i>Nurse/Acting Ward Assistant/Nursing Attendant</i>
TOTAL:			4 hours 55 minutes to 6 hours, 25 Minutes	

3. Scheduling of Procedures

Scheduling of procedures indicated for endoscopic procedures

Office or Division:		CENDU		
Classification:		G2C		
Check Type of Transaction:		Simple		
Who may avail:		Patient indicated for endoscopic procedure		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card		Palistahan (DEM/OPD/Pay Admitting Section)		
Accomplished referral form from Resident-in Charge; Fellow-in-Charge; Consultant (OPD) Doctor's order (for Inpatients)		Resident in charge, Fellow in charge or Consultant in charge		
Medical Clearance (if indicated)		Department of Internal Medicine		
PhilHealth requirements (if applicable)		PhilHealth Office/Malasakit Center		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Accomplished Referral Form/Relay Doctor's Order	1. Check for completeness of Referral Form/ Doctors Order	None	5 minutes	<i>Nurse/Nursing Attendant</i>
2. Patient (outpatient)/Nurse -in-charge (inpatient)awaits for the schedule	2. Instruct for the following: a. PhilHealth requirements b. Bowel preparation	None	10 minutes	<i>Nurse/Nursing Attendant</i>
3. Receive the schedule of the procedure	3. Schedule the patient for the requested procedure, and document in the Electronic Scheduler/ Blue Card	None	15 minutes	<i>Nurse/Nursing Attendant</i>
TOTAL:		None	30 minutes	

4. Assistance in Diagnostic or Therapeutic Procedure

Provide assistance in diagnostic or therapeutic procedure

Office or Division:		CENDU		
Classification:		G2C		
Type of Transaction:		Simple		
Who may avail:		Patients scheduled for an endoscopic procedure		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card		Patient		
Accomplished referral form		CENDU		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Drop the Blue Card at the provided box and wait to be called	1. Validate the schedule with the blue card/electronic scheduler 1.1 Verify if bowel preparation is done	None	5 minutes	<i>Nurse/ Nursing Attendant</i>
2. Read and sign the consent for the procedure	2. Secure patient's consent for the procedure	None	5 Minutes	<i>Nurse/Nursing Attendant</i>
	2.1 Perform pre-procedure preparations and provide instructions	None	30 minutes	<i>Nurse/Nursing Attendant</i>
3. Undergo procedure	3. Assist the physician during the entire procedure 3.1 Transfer and monitor the patient at the Recovery room 3.2 Collect, label and send specimen to the laboratory	None	1 hour	<i>Nurse/Nursing Attendant/Utility Worker</i>
4. Receive charge slip and pay the prescribed fees at the Cashier	4. Issue charge slip 4.1 Request for a duplicate copy of the Official Receipt	Refer to approved hospital fees	30 Minutes	<i>Nurse/ Nursing Attendant</i>
Total:			2 hours, 10 minutes	

Critical Care Unit – Management Action Team

Internal Services

1. Hooking of PGH Acquired Ventilator Equipment

Providing different Intensive Care Units in the hospital Ventilators that they can use to manage critically-ill patients

Office or Division:	Critical Care Unit Management Action Team (CCUMAT)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All ICUs needing ventilator equipment			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Consumables <ul style="list-style-type: none"> • Tubings • Expiratory Filter • 2 Set Bacterial filter • Humidifier • Flex connector 		Pharmacy		
PGH Acquired Ventilator Equipment		Requesting Area/s		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Make a phone call to the CCU-Mat requesting ventilator for a particular patient	1. Receive the call	None	2 Minutes	<i>Administrative Staff/ Respiratory Therapist CCU-MAT</i>
	1.1 Acknowledge the call	None	5 Minutes	<i>Respiratory Therapist CCU-MAT</i>
2. Ensure completeness of the consumables	2. Proceed to the requesting area	None	15 Minutes	<i>Respiratory Therapist CCU-MAT</i>
	2.1 Check completeness of consumables	None	5 Minutes	<i>Respiratory Therapist CCU-MAT</i>
	2.2 Ensure equipment calibration	None	15 Minutes	<i>Respiratory Therapist CCU-MAT</i>
	2.3 Hook the patient to ventilator	None	10 Minutes	<i>Respiratory Therapist CCU-MAT</i>
	2.4 Coordinate with and endorse to the Nurse/Doctor	None	10 Minutes	<i>Respiratory Therapist CCU-MAT</i>

3. Receive endorsement and sign accordingly	3. Make the endorsement	None	5 Minutes	<i>Respiratory Therapist</i> CCU-MAT
	3.1 Monitor and manage the equipment	None	15 Minutes	<i>Respiratory Therapist</i> CCU-MAT
TOTAL:		None	1 Hour, 22 Minutes	

2. Transport of Critically-ill Patient

Providing different Intensive Care Units in the hospital assistance in transporting critically-ill patients

Office or Division:	Critical Care Unit Management Action Team (CCUMAT)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All ICUs needing transport ventilator			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> • Transport tubings • Bacterial filter 		Pharmacy		
<ul style="list-style-type: none"> • Transport Ventilator • Ambu bag • Oxygen tank • Oxygen gauge • Wrench 		Requesting Area/s		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Make a phone call to the CCU-MAT requesting a Respiratory Therapist	1. Receive the call	None	2 Minutes	<i>Administrative Staff/ Respiratory Therapist CCUMAT</i>
	1.1 Confirm the schedule	None	5 Minutes	<i>Respiratory Therapist CCUMAT</i>
2. Ensure complete consumables	2. Proceed to the requesting area	None	10 Minutes	<i>Respiratory Therapist CCUMAT</i>
	2.1 Check completeness of consumables	None	15 Minutes	<i>Respiratory Therapist CCUMAT</i>
3. Confirm availability of Physician, Nurse or Institutional Worker	3. Coordinate availability of Physician, Nurse or Institutional Worker	None	5 Minutes	<i>Nurse CCUMAT</i>
4. Request hooking of ventilator to patient	4. Hook the patient to ventilator	None	15 Minutes	<i>Respiratory Therapist CCUMAT</i>

	4.1 Transport patient to designated area	None	20 Minutes	<i>Respiratory Therapist, Medical Officer, Nurse or Utility Worker</i> CCUMAT
	4.2 Coordinate with and endorse to the Nurse/Doctor	None	10 Minutes	<i>Respiratory Therapist, Nurse, and Medical Officer</i> CCUMAT
5. Make a phone call to the CCU-MAT to send Respiratory Therapist back to designated area	5. Receive the call	None	2 Minutes	<i>Administrative Staff/ Respiratory Therapist</i> CCUMAT
	5.1 Acknowledge the call	None	5 Minutes	<i>Respiratory Therapist</i> CCUMAT
	5.2 Proceed to the designated area and hook patient to the transport ventilator	None	10 Minutes	<i>Respiratory Therapist</i> CCUMAT
	5.3 Transport patient back to requesting area	None	15 Minutes	<i>Respiratory Therapist, Medical Officer, Nurse or Utility Worker</i> CCUMAT
6. Receive endorsement and sign accordingly	6. Make endorsement	None	5 Minutes	<i>Respiratory Therapist</i> CCUMAT
	6.1 Monitor and manage the equipment	None	10 Minutes	<i>Respiratory Therapist</i> CCUMAT
TOTAL:		None	2 Hours, 9 Minutes	

3. Hooking of PGH Acquired High Flow Nasal Cannula Machine

Providing different Intensive Care Units in the hospital High Flow Nasal Cannula Machines that they can use to manage critically-ill patients

Office or Division:	Critical Care Unit Management Action Team (CCUMAT)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All ICUs needing high flow nasal cannula machine			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Consumables 1. High Flow Tubings 3. Oxygen Nipple Adaptor 2. High Flow Nasal Cannula 4. Sterile Water			Pharmacy	
PGH Acquired High Flow Nasal Cannula Machine			Requesting Area/s	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Make a phone call to the CCU-Mat requesting high flow nasal cannula machine for a particular patient	1. Receive the call	None	2 Minutes	<i>Administrative Staff;</i>
	1.1 Acknowledge the call	None	5 Minutes	<i>Respiratory Therapist Respiratory Therapist CCU-MAT</i>
2. Ensure completeness of the consumables	2. Proceed to the requesting area where the patient is	None	15 Minutes	<i>Respiratory Therapist CCU-MAT</i>
	2.1 Check completeness of consumables	None	5 Minutes	<i>Respiratory Therapist CCU-MAT</i>
	2.2 Hook the patient to the high flow nasal cannula machine	None	10 Minutes	<i>Respiratory Therapist CCU-MAT</i>
	2.3 Coordinate with and endorse to the nurse/doctor	None	10 Minutes	<i>Respiratory Therapist CCU-MAT</i>
3. Receive endorsement and sign accordingly	3. Endorse and have the turnaround time signed by the nurse/doctor	None	5 Minutes	<i>Respiratory Therapist CCU-MAT</i>
	3.1 Monitor and manage the equipment	None	15 Minutes	<i>Respiratory Therapist CCU-MAT</i>
	3.2 Disinfect the equipment	None	15 Minutes	<i>Respiratory Therapist CCU-MAT</i>
TOTAL:		None	1 Hour, 22 Minutes	

Hospital Infection Control Unit

Internal Services

1. Management of Needlestick Injury or Splash Incident

HICU provides services to UP-PGH employees and students who incurred sharp or needlestick injury and splashes from contaminated blood and body fluids.

Office or Division:	Hospital Infection Control Unit (HICU)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	UP-PGH Healthcare Workers (Employees and Students)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Narrative Report (1 original)		UP-PGH Healthcare Workers		
Accomplished Blood-borne Exposure among PGH HCWs Interview Form (1 original)		HICU		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Report incident to HICU	1. Reporting Document details about the incident (date and time of incident, place of incident and other relevant information)	None	5 Minutes	<i>Nurse VI/ Nurse IV/ Nurse II/ Administrative Assistant II HICU</i>
2. Fill out Blood-borne Exposure among PGH HCWs Interview Form	2. Investigation and Formulation of Action Plan Refer incident to the IDS Fellow-on-duty for management, if necessary	None	15 Minutes	<i>Nurse VI/ Nurse IV/ Nurse II/ Administrative Assistant II HICU</i>
3. Give Consent for laboratory tests to be done	3. Implementation of Plan of Action After securing consent, do blood extraction from employee/student, and source patient, if necessary 3.1 Do HIV rapid test on blood sample (from employee/student and source patient) 3.2 Bring blood samples to the Central Laboratory for Hepatitis Profile	None	25 Minutes	<i>Nurse VI/ Nurse IV/ Nurse II/ Administrative Assistant II HICU</i>

4. Receive treatment, if necessary	4.Evaluation and Monitoring 4.1 Get result from Laboratory and interpret. Based on results, give: 4.1.1 Anti-retroviral 4.1.2 Hepatitis B Immunoglobulin 4.1.3 Hepatitis B vaccine 4.2. Instruct employee/ student to come back after 1 month for follow-up HIV rapid test	None None Hepatitis B vaccine will be purchased by the employee/ student either from the PGH Pharmacy or outside pharmacy	1 Day	Nurse VI/ Nurse IV/ Nurse II/ Administrative Assistant II HICU
TOTAL:		None except for Hepatitis B Vaccine	1 Day, 45 Minutes	

National Poison Management and Control Center

External Services

1. Charity In-Patient Consultation

Services concerning consultation of patients admitted in Charity Wards

Office or Division:	National Poison Management and Control Center (NPMCC)			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	Attending Physicians of Charity Patients referring to Toxicology			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Form PGH-Form P-310001 (1 Original Copy) (For Ward Patients)		NPMCC Office, Concerned Wards/Department (Referral form to be accomplish by referring physician)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide endorsement of referral through call (emergency patients) or submit completed referral form (ward patients)	1. Accept the referral and conduct patient evaluation	None	1 hour	<i>Toxicology Fellow or Resident Rotator-on-Duty NPMCC</i>
TOTAL:		None	1 hour	

2. Charity Outpatient Consultation

Services concerning consultation of patients discharged from Charity Wards for follow-up consultation or new patients referred by specialty services at Outpatient Department

Office or Division:	National Poison Management and Control Center (NPMCC)			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	Attending Physicians of Charity Patients referred to Toxicology and Charity Patients on follow-up after Hospital Admission			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Form (PGH-Form P-310001) and orders written at the OPD Chart for Toxicology Referral (1 Original Copy)		NPMCC Office, OPD Clinics (Referral Form to be accomplished by referring physician) (For New Cases: Attending physicians must write to patient chart "Refer to Toxicology")		
Discharge Summary and Home Instructions (If Follow-up Cases) (1 Original Copy)		Primary Service (PGH Form P-310009 filled-out from previous admission by primary service)		
Blue Card (1 Original)		OPD Admitting Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Drop the following documents at the OPD Counter H	1. Accept the submitted documents 1.1 Retrieve the patient chart (If Follow-up Cases) 1.2 Endorse chart to the Toxicology Fellow or Resident-Rotator-on-Duty	None	1 hour	OPD Nurse Clinic Coordinator NPMCC
1. Wait for the name to be called by the physician for patient evaluation	2. Call the name of the patient and conduct patient evaluation	None	30 minutes	Toxicology Fellow or Resident Rotator-on-Duty NPMCC
TOTAL:		None	1 hour, 30 minutes	

3. Pay Inpatient Consultation

Services concerning consultation of patients admitted in Pay Wards

Office or Division:	National Poison Management and Control Center (NPMCC)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Attending Physicians of Pay Patients referring to Toxicology			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Written orders on Patient Chart (1 Original Copy)		Concerned Department/Clinics (to be accomplished by referring physician)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide endorsement of referral through call	1. Accept the referral and conduct patient evaluation	Professional Fee* (*Note: PF will be given to the attending consultant)	1 hour	<i>Toxicology Fellow or Resident Rotator-on-Duty NPMCC</i>
	TOTAL:	Professional Fee	1 hour	

4. 24/7 Phone Consultation for Request for Information on Clinical Toxicology Matters

Services concerning consultation of healthcare personnel outside PGH or lay persons for 24/7 toxicologic phone consultation for request for information on clinical toxicology matters.

Office or Division:	National Poison Management and Control Center (NPMCC)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Healthcare Personnel outside PGH with patients for toxicologic consultation and Lay Persons for toxicologic consultation			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call the NPMCC hotline numbers to endorse the case with necessary information	1. Accept the phone call referral 1.1 Record all relevant information through the Telephone Referral Form (PGH-Form P-3170073) and provide provision of Poison Information and Management regarding patient enquiry	None	30 minutes	<i>Toxicology Fellow or Resident Rotator on Duty</i> NPMCC
TOTAL:		None	30 minutes	

5. 24/7 Phone Consultation for Providing Request of Procurement of Antidote

Services concerning consultation of healthcare personnel outside PGH 24/7 toxicologic phone consultation for providing request of procurement of antidote

Office or Division:	National Poison Management and Control Center (NPMCC)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patient's Representative referred by Attending Physicians to Toxicology			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Prescription Form for the Antidote Request Signed by Referring Physician (1 Original Copy)		Referring Hospital (Note: Physician or Nurse-in-charge from the referring hospital will call the NPMCC hotline numbers to coordinate the request for antidote. The referring physician will create prescription for the antidote upon NPMCC's recommendation.)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide the signed Prescription Form for request of antidote	1. Acknowledge the signed Prescription Form from the referring hospital and endorse the PGH Prescription Form to the patient's representative 1.1 Instruct the patient's representative to proceed to the PGH Central Block Pharmacy	None	10 minutes	<i>Toxicology Fellow or Resident Rotator on Duty NPMCC</i>
	1.2 Advise the Compounding Section of the Central Block Pharmacy regarding the request for antidote	None	10 minutes	<i>Toxicology Fellow or Resident Rotator on Duty NPMCC</i>
TOTAL:		None	20 minutes	

6. Application for Fellowship Training

Services concerning application for clinical toxicology fellowship training

Office or Division:	National Poison Management and Control Center (NPMCC)			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Filipino Citizen, Board-Certified Medical Specialist from Duly-Accredited Residency Program from Clinical Specialties (<i>Internal Medicine, Family Medicine, Emergency Medicine, Pediatrics, Neurology, Psychiatry</i>)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Requirements of Office of the Deputy Director for Health Operations (ODDHO)				
1. Completed Application Form for Residency/Post-Residency Fellowship (1 Original Copy)		PGH-Form-A-310006 from ODDHO; other requirements from the applicant		
2. Application Fee Php 200.00		Cashier's Office		
3. Official Receipt of Payment		Cashier's Office		
2. 1 pc 2" x 2" or passport size picture (not more than 1 year)		Obtained by the Applicant		
3. Certification of class rank and general weighted average grade (GWAG) from the office of the Dean / Office of the Registrar (1 original copy or certified true copy)		Obtained by the Applicant		
4. Xerox copy of the following (1pc. each)		Obtained by the Applicant		
a. Transcript of records				
b. M.D. Diploma				
c. Board Rating				
d. Certificate of Internship				
e. Certificate of Residency				
Certification of Good Moral Character from Professor or Consultant (1 Copy)		Obtained by the Applicant		
Letter of Reference from Chairman of Respective Department or Residency Training Coordinator (1 Copy)		Obtained by the Applicant		
Written Examination		NPMCC (Schedule given by NPMCC to the applicant)		
Screening Interview		NPMCC (Schedule given by NPMCC to the applicant)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the following requirements to ODDHO and follow the application steps	1.1. Accept requirements 1.2. Endorse to NPMCC	Application Form Fee: PHP 200.00	3 days	ODDHO

for the processing of the application for fellowship training	1.3 Contact and inform applicant on the schedule of examination and interview (Note: Once ODDHO provides endorsement)			
2. Proceed to NPMCC Office, 2 nd Floor OETS Building on the day of the examination and interview	2. Administer written examination and panel interview of NPMCC consultants according to the scheduled date 2.1 Provide letter of acceptance to applicants who passed	None	5 days	<i>Secretariat and Consultants NPMCC</i>
TOTAL:		Application Form Fee: PHP 200.00	8 days	

7. Application for Resident Clinical Rotation

Services concerning application for resident clinical rotation within or outside PGH

Office or Division:	National Poison Management and Control Center (NPMCC)			
Classification:	Highly Technical			
Type of Transaction:	G2C, G2G			
Who may avail:	At least 1 st year resident physician in their primary specialty department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Intent addressed to the PGH Director through the Head of NPMCC for application of resident clinical rotation (1 Original Copy)		Requesting Department		
Notarized Final MOA (1 Original Copy)		To be obtained by Applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide letter of intent through hard/soft copy	1. Accept submitted requirement	None	2 days	NPMCC Staff
	1.1 For Rotators within PGH: Prepare scheduling of Rotators	PHP 4,983 per Month plus 10% every year	2 days	NPMCC Staff
	For Rotators outside PGH: Endorse application to the Director's Office and Legal Office (Note: For the duration of processing, refer to the commitment time of the concerned office/s)			
2. Circulate the MOA for signing of concerned officials in their hospital	1.2 Endorse MOA to the requesting department through pick-up or through mail	Subject to Courier Fees if sent through mail	(paused-clock)	
		None		

3. Return MOA to NPMCC	<p>3. Endorse signed MOA to Legal Office (Note: For the duration of processing once endorsed, refer to the commitment time of the concerned office/s)</p> <p>3.1 Give the final MOA to the requesting department for pick-up or through mail and inform applicant to notarize final MOA and to provide NPMCC a copy of Notarized Final MOA</p>	<p>None</p> <p>Subject to Courier Fees if sent through mail</p>	<p>2 days</p> <p>2 days</p>	NPMCC Staff
4. Provide NPMCC a copy of the notarized final MOA	<p>4. Accept the submitted copy of MOA</p> <p>4.1 Provide a photocopy of notarized final MOA to Legal Office for documentation and filing</p>	<p>None</p> <p>Notarization Fee</p>	2 days	NPMCC Staff
TOTAL:		<p>PHP 4,983 per Month plus 10% every year + Courier Fee (if sent through mail) + Notarization Fee</p>	10 days	

8. Application for Training Courses

Services concerning application for training courses offered by NPMCC

Office or Division:	National Poison Management and Control Center (NPMCC)			
Classification:	Highly Technical			
Type of Transaction:	G2G, G2C			
Who may avail:	Requesting Department (Inside and Outside PGH)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Intent addressed to the PGH Director thru the Head of NPMCC for application for training courses (1 Hard Copy, 1 Electronic Copy)		Requesting Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide letter of intent for application of training courses	1. Accept and acknowledge letter of intent (Note: Provide acknowledgement/ feedback 2 days after all available slots has been filled)	Refer to the approved Schedule of Fees	2 days	NPMCC Staff
TOTAL:		Refer to the approved Schedule of Fees	2 days	

National Poison Management and Control Center

Internal Services

1. Application for Leave from Training

Services concerning application for leave from clinical toxicology fellowship training

Office or Division:	National Poison Management and Control Center (NPMCC)			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Toxicology Fellows			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of application for leave with explanation and proposed adjustment in duties and services addressed to the NPMCC Head (1 Hard Copy)		Requesting Fellow		
Application for Leave Form		CSC Form 6 obtained from HRDD		
Photocopy of Daily Time Record (DTR)		Requesting Fellow, signed by NPMCC Head		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the following application for leave with the Application for Leave Form to NPMCC Office	1. Accept Letter of Application for Leave	None	2 days	Head NPMCC
	1.1 Sign the Application for Leave from Training and advise the fellow to proceed to HRDD for the submission of requirements	None		
TOTAL:		None	2 Days	

Women's Desk

External Services

1. Intake Interview

Initial interview process conducted on the patient, which includes securing consent for interview and any other service that may be requested or required, and orientation on services that can be availed

Office or Division:	Women's Desk			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients and Walk-in Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (only for PGH patients) (1 original)		OPD Admissions or ER Palistahan		
Referral letter (if available) (1 original)		External Agency		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the recommendation of clinical service or referral letter of external agency to Women's Desk	1. Conduct intake interview after securing the consent 1.1 Provide Orientation regarding requested services	None	1 Hour	<i>Medical Social Worker/ Administrative Aide Women's Desk</i>
TOTAL:		None	1 Hour	

2. Crisis Counseling

Gender-sensitive, empowering and personalized counseling which aims to provide the clients an opportunity to validate their experiences and enable them to make informed decisions on their own

Office or Division:	Women's Desk			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients and Walk-in Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (only for PGH patients) (1 original)		OPD Admissions or ER Palistahan		
Referral letter (if available) (1 original)		External Agency		
Consent form (duly signed) (1 original)		Women's Desk Office or ER Medical Social Service		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit consent form for crisis counseling	1. Provide crisis counseling	None	2 Hours	<i>Medical Social Worker</i> Women's Desk
TOTAL:		None	2 Hours	

3. Facilitate Referral to Clinical Services

Assist clients with their appointments by coordinating with clinical departments involved, and directing them to the designated clinics on their schedule

Office or Division:	Women's Desk			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	Patients and Walk-in Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (only for PGH patients) (1 original)		OPD Admissions or ER Palistahan		
Referral letter (if available) (1 original)		External Agency		
Consent form (duly signed) (1 original)		Women's Desk Office or ER Medical Social Service		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Women's Desk with the referral letter requesting an appointment to clinical services, if available	1. Direct to DEM for cases involving physical injuries within documentable signs	None	1 Hour	Medical Social Worker/ Administrative Aide Women's Desk
	1.1 Direct to OBAS for sexual assault cases within 72 hours	None	1 Hour	Medical Social Worker/ Administrative Aide Women's Desk
	1.2 Refer to OB-IDS clinic on Tuesday and Wednesday for sexual assault cases beyond 72 hours	None	1 Hour	Medical Social Worker/ Administrative Aide Women's Desk
	1.3 Coordinate with the Psych Resident for clients requesting referral to psychiatry, and will inform the patient regarding their appointment	None	3 Days	Medical Social Worker/ Administrative Aide Women's Desk
TOTAL:		None	3 Days, 3 Hours	

4. Facilitate Referral to External Agencies/Resources

Assist clients in accessing services from external agencies which are not available in PGH

Office or Division:	Women's Desk			
Classification:	Simple			
Type of Transaction:	G2B,G2G			
Who may avail:	Patients and Walk-in Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (only for PGH patients) (1 original)		OPD Admissions or ER Palistahan		
Referral letter (if available) (1 original)		External Agency		
Consent form (duly signed) (1 original)		Women's Desk Office or ER Medical Social Service		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Women's Desk with the referral letter requesting for assistance of external agency/resources, if available	1. Identify if the service/resource is available in PGH 1.1 Identify agencies that can accommodate referral and coordinate with them 1.2 Write referral letter/ case study (if requested)	None	3 Days	Medical Social Worker/ Administrative Aide Women's Desk
TOTAL:		None	3 Days	

5. Provide Paralegal Orientation

Provide basic orientation on legal processes and requirements to clients after their medical consult to ensure that they go through the proper channels

Office or Division:	Women's Desk			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients and Walk-in Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card (only for PGH patients) (1 original)		OPD Admissions or ER Palistahan		
Consent form (duly signed) (1 original)		Women's Desk Office or ER Medical Social Service		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Women's Desk for paralegal orientation	1. Provide paralegal orientation after medical management/ counseling/ interview	None	1 Hour	<i>Medical Social Worker/ Administrative Aide Women's Desk</i>
TOTAL:		None	1 Hour	

6. Respond to Requests by Law Enforcement/Courts

Attending to court or law enforcement requests to appear as witness, or to respond to orders such as evidence material transfer

Office or Division:	Women's Desk			
Classification:	Highly Technical			
Type of Transaction:	G2G,G2B			
Who may avail:	Law Enforcement, Trial Courts			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Subpoena or court order		Trial Court		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send the subpoena or court order to Women's Desk	1. Identify the case in question 1.1 Prepare the necessary documents or evidence materials 1.2 Request for Transportation 1.3 Respond to court order to appear as witness and present the necessary documents or evidence materials 1.4 Transfer any necessary material to agency where processing will be made, if applicable	None	20 Days	<i>Medical Social Worker/ Administrative Aide Women's Desk</i>
TOTAL:		None	20 Days	

Women's Desk

Internal Services

1. Provide Paralegal Orientation/Assistance to Hospital Staff

Provide basic orientation on legal processes and requirements to hospital staff.

Preparing for testimony, assisting and accompanying the same to court appearance.

Office or Division:	Women's Desk			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	PGH Staff			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Subpoena or court order		Trial Court		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Women's Desk for assistance in court appearance	1. Provide paralegal orientation and assistance to PGH staff in court appearance 1.1 Request for Transportation if the venue is outside Manila 1.2 Accompany the staff to court	None	7 Days	<i>Medical Social Worker/ Administrative Aide Women's Desk</i>
TOTAL:		None	7 Days	

2. Respond to Communications and Comply to Administrative Requirements

Involved responding to letters, internal memorandum, and administrative requirements of the university and hospital administration or clinical departments

Office or Division:	Women's Desk			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	UPM PGH Administration/ Staff/ Departments			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Communication/ Request Letter		PGH Departments concerned		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send communication/ request to Women's Desk	1. Review the communication/ request 1.1 Prepare the response and have it signed by staff concerned 1.2 Send the response to the Department concerned	None	3 Days	<i>Program Coordinator/ Administrative Aide</i> Women's Desk
TOTAL:		None	3 Days	

3. Respond to Requests for Training/Orientation

Provide orientation on Gender Sensitivity, VAWC, as well as laws related to women's rights

Office or Division:	Women's Desk			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	UPM/PGH Departments			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request letter for orientation/training		UPM/PGH department needing training/orientation		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send request letter to Women's Desk	1. Review scope of request 1.1 Prepare presentation and handouts, if applicable	Honorarium for speaker: PHP 1,500 per hour	7 Days	<i>Staff Concerned</i> Women's Desk
TOTAL:		Honorarium for speaker: PHP 1,500 per hour	7 Days	

Office of the Deputy Director for Administration External Services

1. Application and Approval for Ingress and Egress of Equipment and Outside Services

Approval of the letter request for the Ingress and Egress of PGH Equipment and of Outside Services

Office or Division:	PGH – Deputy Director for Administration (DDA)			
Classification:	Simple			
Type of Transaction:	G2B,G2G			
Who may avail:	PGH outside Business Partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Letter of Request with attached Regulatory Permits and End-users' endorsement		Outside Business Partners PGH		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For outside services, make a letter request addressed to the Deputy Director for Administration.	1.Receive letter request, check attachments, and forward to the Deputy Director for Administration's table for endorsement	None	2 min	<i>Administrative Aide/ Administrative Assistant/ Executive Assistant ODDA</i>
2. For PGH staff, make a letter request addressed to the Director through channels. (Property Number of the item should be indicated)	2. Receive the letter request and forward the letter to the Deputy Director for Administration's table for endorsement.	None	2 min	<i>Administrative Aide/ Administrative Assistant/ Executive Assistant ODDA</i>
3. Wait for feedback or follow up status, as needed.	3. Take appropriate action/sign/approve the paper/document.	None	5 min	<i>Deputy Director for Administration ODDA</i>
4. Get letter request approved by the Director and Deputy Director for Administration.	4. Give copy of approved letter to the security office.	None	2 min	<i>Administrative Aide/ Administrative Assistant/ Executive Assistant ODDA</i>
Total		None	11 min	

2. Signing of Certificate of Live Birth (Affidavit of Acknowledgement/ Admission of Paternity/ Affidavit for Delayed Registration of Birth) and Affidavit to Use the Surname of the Father

Approval/signing of Child's Birth Certificate (Affidavit of Acknowledgement /Admission of Paternity/Affidavit for Delayed Registration of Birth) and Affidavit to use the surname of the Father)

Office or Division:	PGH – Deputy Director for Administration (DDA)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Duly accomplished certificate of live birth (Affidavit of Acknowledgement /Admission of Paternity/Affidavit for Delayed Registration of Birth) and Affidavit to use the surname of the Father)		Medical Records		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring the Certificate of Live Birth to the Deputy Director for Administration Office.	Check the document and forward the same to the Deputy Director for Administration.	None	2 min	<i>Administrative Aide/ Administrative Assistant/ Executive Assistant ODDA</i>
2. Wait for feedback or follow up status, as needed.	3. Take appropriate action/sign/approve the paper/document.	None	5 min	<i>Deputy Director for Administration ODDA</i>
Total		None	7 min	

Office of the Deputy Director for Administration Internal Services

1. Handling of Papers/Documents for appropriate action/ signing/ approval of the Deputy Director for Administration

Matters related to Fiscal, Health Operations, Administration and Nursing operations/services, including those from other units under the Deputy Director for Administration Office)

Office or Division:	PGH – Deputy Director for Administration (DDA)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Deputy Directors (DDs), Coordinators and Administrative Personnel under the Executive Offices; Heads of Units and their staff under the Deputy Director for Administration Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. papers/documents for appropriate action/signing/approval of the Deputy Director for Administration 2. checklist/record/receiving copy (whichever is applicable)		Executive Offices, Units under the Office of the Deputy Director for Administration and Fiscal Services.		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the paper/document together with the checklist/record/ receiving copy. Wait until the checking of paper/document is completed; receive the checklist/record/ Receiving copy.	1. Check the paper/document and its completeness/ correctness against the checklist/record/ receiving copy 1.1 Sign the checklist or record/receiving copy and return to client	None	3 min	<i>Administrative Aide/ Executive Assistant (EA) ODDA</i>
2. Leave the paper/document in the office.	2. Label/mark/tag the page/s of the paper/document to be acted upon/signed/approved by the Deputy Director for Administration	None	4 min	<i>Administrative Aide/ Executive Assistant ODDA</i>
3. Wait for feedback or follow up status, as needed.	3. Take appropriate action/sign/approve the paper/document. 3.1 Give feedback/update on status, as needed.	None	10 min	<i>Deputy Director for Administration ODDA</i>
4. Wait for the prepared checklist	3. Check the paper/document and prepare checklist	None	5 min	<i>Administrative Aide/ Executive</i>

				<i>Assistant ODDA</i>
5. Sign the checklist and receive the paper/document	<p>4. Instruct client to sign the checklist and hand over the paper/document.</p> <p>4.1 For papers/documents to be sent to concerned offices/units, coordinate with the Message Center employee/other assigned personnel)</p>	None	3 min	<i>Administrative Aide / Executive Assistant ODDA</i>
Total		None	25 min	

2. Accomplishing the Performance Evaluation of Outsourced Personnel (Janitorial)

Action taken on the Performance Evaluation of Outsourced Personnel Rendering Janitorial Services at ODDA

Office or Division:	PGH – Deputy Director for Administration (DDA)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	PGH, Office of Custodial Services – Secretarial Pool, UP Manila Internal Audit Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Performance Evaluation Sheet (PES)		UP Manila Internal Audit Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send the PES to the Deputy Director for Administration Office	1. Check/Screen/Receive the PES	None	5 min	<i>Administrative Assistant / Administrative Aide / Executive Assistant ODDA</i>
2. Receive the accomplished PES.	2. Accomplish the PES for janitorial personnel assigned at the Deputy Director for Administration Office.	None	5 min	<i>Executive Assistant ODDA</i> Note: May be done by the Administrative Assistant in the absence of the EA.
3. Wait for feedback or follow up status, as needed.	3. Take appropriate action/sign/approve the paper/document.	None	5 min	<i>Deputy Director for Administration ODDA</i>
Total		None	15 min	

3. Application for PGH Car and Motorcycle Sticker

Application for Car/Motorcycle Sticker that would Entitle PGH Employees to Parking Privileges

Office or Division:	PGH – Deputy Director for Administration (DDA)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH employees (Contractual & Permanent)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Official Receipt (OR) 2. Certificate of Registration (CR) 3. Application Form		Different Departments		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring OR & CR to the Office of the Deputy Director for Administration and get application form.	1. Check/Screen OR and CR then give application form	None	5 min	<i>Administrative Assistant</i> ODDA
Total		None	5 minutes	

4. Application and Approval for Use of Facilities (Ex. Social Hall, Science Hall, Room 218 etc.)

Approval of the letter request to use designated facilities within PGH (either for free or with payment of the approved rate)

Office or Division:	PGH – Deputy Director for Administration (DDA)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	PGH Department Chairs, UP PGH officials and students			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter of Request 2. Application Form 3. Payment of Facility Fee		Different Departments		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call ODDA for the availability of facility and reserve the slot.	1. Check logbook of room schedule	None	2 min	<i>Administrative Assistant</i> ODDA
2. If available, make a letter request to use the available facility/room and submit to the ODDA.	2. Receive the letter request and forward the letter to DDA's table for approval.	None	2 min	<i>Administrative Assistant</i> ODDA
3. Upon approval, get application form for facility use and order of payment.	3. Give application form to use facility and order of payment.	Please refer to the approved schedule of rates	5 min	<i>Administrative Assistant</i> ODDA
4. After payment, bring official receipt to the ODDA.	4. Check the official receipt issued by the cashier.	None	2 min	<i>Administrative Assistant</i> ODDA
5. If for waiving of facility fee, submit letter request to use the facility and request to waive the facility fee addressed to the Director through channels.	5. Receive letter request and forward to the DDA for endorsement and to the Director's Office for approval.	None	4 min	<i>Administrative Assistant / Administrative Aide / Executive Assistant</i> ODDA
Total		None	15 min	

5. Approval of Materials for Posting (i.e. Posters/ Tarpaulins) to be Posted on PGH Bulletin Boards

Approval of posters, tarpaulins, etc. for posting on designated bulletin boards in PGH

Office or Division:	PGH – Deputy Director for Administration (DDA)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	PGH Department Chairs, UP PGH officials and students			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Posters 2.Tarpaulins		Different Departments of PGH and UP officials/students Outside Services		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring tarpaulin/posters to the Deputy Director for Administration office for UP PGH activities	1.Stamp the poster/tarpaulin with ok for posting on the bulletin board	None	2 min	<i>Administrative Assistant</i> ODDA
2. For outside poster and tarpaulins, submit to the Office of the Deputy Director for Administration	2. Seek approval of the Deputy Director for Administration and if approve, Stamp the poster/tarpaulin with “ok for posting” on the bulletin board	None	5 min	<i>Administrative Assistant</i> ODDA
Total		None	7 min	

6. Approval/ Recommending Approval of other Official Hospital Documents (e.g. Transfer Orders, Purchase Order/Requests, Checks, Voucher, Affidavits, Certificates)

Approval or Recommending Approval of other hospital documents such as Transfer Orders, Purchase Orders/Requests. Checks, Vouchers, Affidavits, and Certificates by the Deputy Director for Administration

Office or Division:	PGH – Deputy Director for Administration (DDA)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Deputy Directors (DDs), Coordinators and Administrative Personnel under the Executive Offices; Heads of Units and their staff under the Deputy Director for Administration Office, Cashier, Accounting			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Duly accomplished Form/Document with required endorsements and attachments		Executive Offices, Units under the Office of the Deputy Director for Administration, Units under the office of Deputy Director for Fiscal Services		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the paper/document together with the checklist/record/ receiving copy, wait until the checking of paper/document is completed, and receive the checklist/record/ Receiving copy.	1. Check the paper/document and its completeness/ correctness against the checklist/record/ receiving copy 1.1 Sign the checklist or record/receiving copy and return to client	None	3 min	<i>Administrative Aide / Executive Assistant (EA) ODDA</i>
2. Leave the paper/document in the office.	2. Label/mark/tag the page/s of the paper/document to be acted upon/signed/approved by the Deputy Director for Administration	None	4 min	<i>Administrative Aide / Executive Assistant ODDA</i>

3. Wait for feedback or follow up status, as needed.	3. Take appropriate action/sign/approve the paper/document. 3.1 Give feedback/update on the status, as needed.	None	10 min	<i>Deputy Director for Administration</i> ODDA
4. Wait for the prepared checklist	3. Check the paper/document and prepare checklist	None	5 min	<i>Administrative Aide / Executive Assistant</i> ODDA
5. Sign the checklist and receive the paper/document	4. Instruct client to sign the checklist and hand over the paper/document. 4.1 For papers/documents to be sent to concerned offices/units, coordinate with the Message Center employee/other assigned personnel	None	3 min	<i>Administrative Aide / Executive Assistant</i> ODDA
Total		None	25 min	

Human Resource Development Division

External Services

1. Talent Acquisition (External)

Shortlisting and selecting from among the reviewed and screened applications of external applicants.

Office or Division:	Human Resource Development Division (HRDD) – Recruitment and Placement Section (RPS)			
Classification:	Highly Technical			
Type of Transaction:	G2C; G2G			
Who may avail:	External applicant			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Resume or Personal Data Sheet (PDS) with 2x2 colored picture (2 original for Skilled Workers and Paramedical & 1 original for Admin applicants)		http://www.pgh.gov.ph/en/hospcareers/ (for PDS)		
2. Scholastic Records/ Academic Records/Transcript of Records (bring original & submit 2 photocopies for Skilled Workers and Paramedical & 1 photocopy for Admin applicants)		From applicant's respective school/university		
3. College Diploma/ High School Diploma (bring original & submit 2 photocopies for Skilled Workers and Paramedical & 1 photocopy for Admin applicants)		From applicant's respective school		
4. Authenticated Career Service Eligibility – bring original & to submit one (1) photocopy		CSC		
5. RA 1080/ TESDA Eligibility - bring original & to submit two (2) photocopies		Professional Regulatory Commission (PRC)/TESDA		
6. PSA Birth Certificate - bring original & to submit two (2) copies for Skilled Workers and Paramedical & one (1) copy for Admin applicants		Philippine Statistics Authority (PSA)		
7. Certificate of Employment - bring original & to submit two (2) copies for Skilled Workers and Paramedical & one (1) copy for Admin applicants		From applicant's previous employer		
8. Vaccination Card - bring original & to submit two (2) copies for Skilled Workers and Paramedical & one (1) copy for Admin applicants		Applicant's vaccination card		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete requirements	1.1. Receive, assess and evaluate	None	30 minutes	Administrative Assistant II;

	complete requirements			Administrative Officer II (PGH HRDD-RPS)
	1.2. Refer the applicant to OETS/ Paramedical Departments for training with the issuance of PGH Form No. A-071014 (Applicant's Training Referral Slip)	None	5 minutes	Administrative Assistant II; Administrative Officer II (PGH HRDD-RPS)
	1.3. Schedule the applicant for Psychological and Computer Exam with the issuance of PGH Form No. A-071007 (Schedule Slip) and Acknowledgement Receipt	None	10 minutes	For Computer Schedule: Information Technology Office (ITO)- Administrative Aide IV; Administrative Officer For Psychological Schedule: HRDD- Administrative Assistant II; Administrative Officer II
2. Take computer and psychological examinations	2.1. Administer Psychological Exam	None	5 hours	Administrative Assistant II; Administrative Officer II; Administrative Officer IV (PGH HRDD-RPS)
	2.2. Score, evaluate and interpret Psychological Exam	None	5 hours	Administrative Assistant II; Administrative Officer II Administrative Officer IV

	2.3. Notify through text/call/ email the applicant of the initial interview schedule	None	5 minutes	(HRDD-RPS) Administrative Assistant II; Administrative Officer II (PGH HRDD-RPS)
3. Undergo interview	3.1. Interview the applicant	None	30 minutes	Administrative Assistant II; Administrative Officer II; Administrative Officer IV; Administrative Officer V (PGH HRDD-RPS)
	3.2. Refer qualified applicant to the Requesting Office with the issuance of PGH Form No. A-071010 (Applicant's Referral Slip) and forward all pertinent documents	None	30 minutes	Administrative Assistant II; Administrative Officer II; Administrative Officer IV (PGH HRDD-RPS)
	3.3. Assess/evaluate all the documents and submit endorsement to the HRDD-RPS	None	7days	Head of the Requesting Office
	3.4. Submit endorsement to the PGH-HRMPSB	None	1 day	Administrative Officer II (PGH HRDD-RPS)

	3.5. Prepare and submit request for CSC verification of the successful candidate's eligibility	None	2 days	Administrative Officer II (PGH HRDD-RPS)
	3.6. Follow-up and await for the release of verification	None	15 days	Administrative Officer II (PGH HRDD-RPS)
	3.7. Notify the candidate thru text / call/ email of the success of his/her application	None	5 minutes	Administrative Assistant II; Administrative Officer II (PGH HRDD-RPS)
TOTAL:		None	26 days, 3 hours and 55 minutes	

2. Issuance of Certificate of On-the-Job Training Completion

Granted to a trainee who successfully completed the required training hours.

Office or Division:	Human Resources Development Division - Development and Performance Evaluation and Monitoring Section			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	On-the-Job Trainee Applicants			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Rating Form (1 original and 1 photocopy)		HRDD-DPEMS		
2. Daily Time Record (1 original and 1 photocopy)		HRDD-DPEMS		
3. Temporary ID		HRDD-DPEMS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward to HRDD DPEMS the complete requirements and receive an acknowledgement receipt	1.1. Receive and check all the documents and issue an acknowledgement receipt	None	10 minutes	Administrative Officer IV (HRDD-DPEMS)
	1.2. Encode the details of the application into the logbook	None	5 minutes	Administrative Officer IV (HRDD-DPEMS)
	1.3. Assess the application and prepare the certificate the forward to the Administrative Officer V	None	30 minutes	Administrative Officer IV (HRDD-DPEMS)
	1.4. Attest the certificate then forward to the Chief Administrative Officer	None	10 minutes	Administrative Officer V (HRDD-DPEMS)
	1.5. Validate and sign the certificate then forward to HRDD DPEMS	None	1 day	Chief Administrative Officer (HRDD)
	1.6. Send a notice that the certificate is ready for release.	None	10 minutes	Administrative Officer II (HRDD-

2. Acknowledge the notice and receive the approved application	2.1. Release the approved application and retain a copy of the certificate together with the original copy of the requirements. Stamp "Claimed" the claim stub and application form	None	10 minutes	Administrative Officer IV (HRDD-DPEMS)
TOTAL:		None	1 day, 1 hour and 15 minutes	None

3. Submission of Requirements and Processing of Appointment

The appointee will submit the necessary requirements for processing of appointment.

Office or Division:	Human Resource Development Division-Appointment and Information Management Section (HRDD-AIMS)	
Classification:	HT	
Type of Transaction:	G2C; G2G	
Who may avail:	Recommended Applicants/PGH employees	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. Recommendation endorsed by the PGH-HRMPSB (original)		PGH-HRMPSB
2. Personal Data Sheet - <i>CS Form No. 212</i> (with passport size picture 3.5 cm x 4.5 cm colored - white background) (2 original)		http://www.pgh.gov.ph/en/hospcareers/
3. Work Experience Sheet – <i>Attachment to CS Form No. 212</i> (2 original)		http://www.pgh.gov.ph/en/hospcareers/
4. Position Description Form – <i>DBM-CSC Form No. 1</i> (2 original)		http://www.pgh.gov.ph/en/hospcareers/
5. Oath of Office - <i>CS Form No. 32</i> (3 original)		http://www.pgh.gov.ph/en/hospcareers/
6. Medical Certificate - <i>CS Form No. 211</i> (1 original)		
7. Memorandum of Agreement (for Medical Officers only) (1 copy)		
8. Authenticated copy of Civil Service Eligibility/RA 1080 (Board Rating) (2 copies)		
9. Authenticated copy of PRC ID (2 copies)		
10. Diploma – Certified true copy (1 copy)		
11. Transcript of Records – Certified true copy (1 copy)		
12. NBI Clearance (within 1 year validity) (1 original)		
13. PSA Birth Certificate (1 original)		
14. Marriage Certificate (<i>if applicable</i>) (1 original & 1 photocopy)		
15. IPCR - Jan to June / July to Dec (certified true copy)		
16. Certificate of Employment (as stated in Item 28 of PDS) (1 original & 1 photocopy)		
17. Certificate of Learning/s & Development (seminar/trainings attended as stated in Item 30 of PDS)		

(1 original & 1 photocopy)				
18. Explanation for the delay (if requirements are submitted after the deadline set)				
19. Long Cream or White THICK Folder				
20. For Transfer Employees: a. Approved request for transfer b. Certified copy of latest appointment c. Certified copy of clearance from former employer d. Service Record (original) e. Certification of last salary received f. Certification of Deductions g. Certification of leave balance h. Certified copy of last two (2) performance rating				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure checklist of requirements at HRDD	1.1 Issue list of requirements and advise recommendee to submit the complete requirements within 14 working days	None	5 minutes	AIMS staff/officer
	1.2. Prepare and submit request for IBP/PRC/LTO verification of the successful candidate's eligibility	PGH to pay 200.00 for IBP Verification	2 days	AIMS staff/officer
	1.3. Follow-up and await for the release of verification *Note: Processing of PRC verification depends on the schedule given by PRC personnel in-charge		(paused-clock)	AIMS staff/officer
2. Submit complete documentary requirements and duly accomplished Forms	2.1. Receive and check the completeness of documents submitted, prepare	None	7 days	AIMS staff/officer; Head of Unit; Deputy Director; Chief, HRD;

	Basic Paper and forward to the Head of requesting unit, respective Deputy Director, Chief Budget Division			Budget staff/officer; Chief, Budget
	2.2. Prepare Final Appointment for signature of the Chief - HRDD, Chair – HRMPSB and the Director	None	3 days	AIMS staff/officer; Chief, HRDD; Chair – HRMPSB and the Director
3. Attend orientation for deployment	3.1. Contact recommendee	None	5 minutes	AIMS staff/officer
4. Receive Appointment	4.1. Issue Final Appointment and other requirements needed for salary	None	5 minutes	AIMS staff/officer
TOTAL:		PhP200	12 days and 15 minutes*	

4. Issuance of Service Record

A Service Record (SR) is a collection of either electronic or printed material which provides the employment history of an employee. It contains the following information:

- 1) employee's name;
- 2) date of birth;
- 3) place of birth;
- 4) position title;
- 5) status of appointment;
- 6) salary;
- 7) effectivity and duration of appointment; and
- 8) changes/movement in the position.

Office or Division:	Human Resource Development Division-Appointment and Information Management Section (HRDD-AIMS)			
Classification:	Complex			
Type of Transaction:	G2C; G2G			
Who may avail:	PGH present/previous employees/Other government agencies			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. UIS Request/Request Form		HRDD-BWRS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Active employee to apply thru UIS or former employee to apply personally at BWRS	1.1. Check/prepare for any LWOP/ forward request to AIMS for preparation	None	1 day, 4 hours	BWRS staff
	1.2. AIMS staff to prepare the request for signature of the Officer.	None	4 days, 4 hours	AIMS staff
2. Pay the required fees, if applicable	2.1. Forward the SR to BWRS staff	None for official use; P10.00 if for personal use	20 minutes	AIMS staff
3. Receive the requested SR	3.1. Release the SR to requesting client.	None	20 minutes	BWRS staff
TOTAL:		PhP10/ copy	6 days and 40 minutes	

5. Submission of Personal Services Itemization and Plantilla of Personnel (PSIPOP)

The PSIPOP serves as the primary data source for manpower information and as basis for determining the Personal Services (PS) budgetary requirements of Philippine General Hospital.

Office or Division:	Human Resource Development Division-Appointment and Information Management Section (HRDD-AIMS)			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	Department of Budget and Management/ UP System			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Updated Plantilla Records		HRDD-AIMS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. DBM to upload PSIPOP	1.1. Update/edit the uploaded PSIPOP	None	5 days	AIMS staff
	1.2. Forward edited/updated PSIPOP to 1 st level agency approver.	None	5 minutes	AIMS staff
	1.3. Review/approve the uploaded PSIPOP and send back to HRDD if there are revisions. Forward to 2 nd Level approver if there is no revision.	None	1 day	Budget staff
2. DBM specialist to approve and upload the PSIPOP	1.4. Approve the PSIPOP and forward to the DBM specialist.	None	15 minutes	UP System Budget
TOTAL:		None	6 days and 20 minutes	

6. Submission of HR Statistical Report

Statistical Reports are organized synthesis of data that span a whole array of forms going from tables of numbers to a text summarizing the findings. Reports are based on the Human Resource Plantilla records.

Office or Division:	Human Resource Development Division-Appointment and Information Management Section (HRDD-AIMS)			
Classification:	Highly Technical			
Type of Transaction:	G2C; G2G			
Who may avail:	UP Systems /PGH Executives & Committees/ Other Agencies			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter request for statistics (from PGH Offices, UP System, and Other Agencies)		Requester		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. UP and other Agencies request the Agency through HRDD	1.1. Prepare the data needed in the report.	None	4 days	AIMS staff
	1.2. Review and validate the correctness of data and affix initials or sign the documents	None	2 days	Section Chief- AIMS Chief, HRDD Deputy Director for Administration
	1.3. Check the details and sign/approve the final data requested	None	1 day	Director
2. Receive and acknowledge the sent data	2.1. Forward or e-mail the signed document to the requesting party.	None	1 day	AIMS Staff Liaison Officer
TOTAL:		None	8 days	

7. Updating with GSIS an Employee's Membership Profile (ARA)

Any update/change in the employment status or correction of personnel information of a member should be reported to GSIS through the submission of the Agency Remittance Advice (ARA) by the designated Agency Authorized Officer.

Office or Division:	Human Resource Development Division-Appointment and Information Management Section (HRDD-AIMS)			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	PGH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Correction of personal information 2. Service Record		HRDD-AIMS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. GSIS require the Agency on the monthly submission of ARA	1.1. Identify PGH employees with updates/change or correction in personal data and employment status for reporting	None	4 hours	AIMS staff
	1.2. Prepare a report using the appropriate form: <input type="checkbox"/> Form A-Newly hired employees <input type="checkbox"/> Form B-Transfer from other agency <input type="checkbox"/> Form C-Salary adjustment (With multiple salary lines) <input type="checkbox"/> Form E-Update/Correction of Personal Information Form F-Salary adjustment (Single, Last salary lines)	None	5 days	AIMS staff
	1.3 E-mail the ARA report to the Agency Authorized Officer (AAO).	None	1 day	AIMS staff, Agency
	1.4 Upload to GSIS Web msp.gsis.gov.ph	None	1 day	Agency Authorized Officer (AAO)
TOTAL:		None	7 days and 4 hours	

8. Employee Verification

Certifying the employment history of a current or former employee.

Office or Division:	Human Resource Development Division			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	All Private Agencies, Government Agencies			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter request for verification approved by the Deputy Director/ Request thru email		HRDD-BWRS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request letter to the office of the concerned Deputy Director or thru email	1.1 Receive/ acknowledge the approved request/email	None	5 minutes	Administrative Aide VI (HRDD-BWRS)
	1.2 Check/validate the record of the concerned employee/former employee		3 days	Administrative Aide VI (HRDD-BWRS)
	1.3 Prepare certification/ fill up verification form provided for the signature of PGH Officer		3 days	Administrative Aide VI (HRDD-BWRS)
	1.4 Issue the certification/ send verification form thru email		5 minutes	Administrative Aide VI (HRDD-BWRS)
TOTAL:		None	6 days and 10 minutes	

9. Issuance of Temporary ID

Temporary ID is issued to non- PGH employee for proper identification while inside the hospital premises.

Office or Division:	Human Resource Development Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Job Order Employees, Private employees, Post Graduate Interns, Trainees, Consultants, Service Providers, Clinical Rotators/Observers and PGH Retirees			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
A. Job Order Employee: 1. 1x1 ID picture 2. Personnel Directory Form B. Private Employee/Service Provider: 1. 1x1 ID picture 2. NBI Clearance 3. Request Permission of Private Employees to Enter PGH Compound Form C. Trainee/Consultant/Clinical Rotator/Observer: 1. Letter endorsed by the Deputy Director for Health Operations and Deputy Director for Administration 2. 1x1 ID picture 3. Personnel Directory (except Consultants, Rotator/Observer) D. PGH Retiree: 1. 1x1 ID picture			HRDD – BWRS	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up application form and attach all the requirements	1.1 Receive and check the completeness of the application form and the requirements 1.2 Prepare and print the ID, affix initials and forward to the Office of the Director for signature	None	10 minutes 2 days	Administrative Aide VI (HRDD-BWRS) Administrative Aide VI, Administrative Officer V (HRDD-BWRS) Director
2. Pay the required fees	2.1 Accept payment and issue tape receipt	PHP 50.00	4 hours	Cash Clerk (Cash Division)

3. Submit payment receipt and Receive ID	3.1 Release/ issue the ID	None	10 minutes	Administrative Aide VI (HRDD-BWRS)
TOTAL:		PHP 50.00	2 days, 4 hours and 20 minutes	

10. PhilHealth Membership Requirement for Newly Hired Permanent and Contractual employees

PhilHealth membership duly endorsed by the Head of Agency to be submitted to PhilHealth.

Office or Division:	Human Resource Development Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All PGH permanent and contractual employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. PhilHealth Membership Registration Form 2. Photocopy of PSA Birth certificate or PRC ID of new member (1 copy) 3. Photocopy of PSA Marriage contract of spouse (1 copy if applicable) 4. Photocopy PSA Birth certificate of dependent (1 copy if applicable)		HRDD – BWRS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit accomplished PMRF with attached photocopies of the documentary requirements	1.1 Receive and check the completeness of the form and attachment/s	None	10 minutes	Administrative Assistant II (HRDD-BWRS)
	1.2 Accomplish the PhilHealth ER2 form for the initials of the BWRS Chief and the Chief Administrative Officer and signature of the Director		2 days	Administrative Assistant II (HRDD-BWRS)
	1.3 Submit to PhilHealth Office		4 hours	Liaison Officer (OCS-Message Center)
	TOTAL:	None	2 days, 4 hours and 10 minutes	

11. PhilHealth Membership Requirement for Job Order Employees

PhilHealth membership of Job Order employee is duly endorsed by the Head of Agency to be submitted to PhilHealth.

Office or Division:	Human Resource Development Division			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH Job Order employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. PhilHealth Membership Registration Form 2. Photocopy PSA Birth certificate or PRC ID of new member (1 copy) 3. Photocopy PSA Marriage contract of spouse (1 copy) 4. Photocopy PSA Birth certificate of dependent (1 copy)		HRDD – BWRS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit accomplished PMRF with attached photocopies of the documentary requirements	1.1 Receive and check the completeness of the submitted form and attachment/s	None	10 minutes	Administrative Assistant II (HRDD-BWRS)
	1.2 Accomplish the PhilHealth ER2 form for the initials of the BWRS Chief and the Chief Administrative Officer and signature of the Director		2 days	Administrative Assistant II (HRDD-BWRS) Administrative Officer V Chief Administrative Officer Director
	1.3 Submit to PhilHealth Office		4 hours	Liaison Officer (OCS-Message Center)
TOTAL:		None	2 days, 4 hours and 10 minutes	

12. Re-issuance of Certificate of Completion of Residency/ Fellowship Training Program

This is issued as requested by a graduate of a Residency/Fellowship Training.

Office or Division:	Human Resource Development Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All PGH Residency/Fellowship Graduates			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter requesting for re-issuance for approval by the Deputy Director for Health Operations		Requesting individual		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit approved letter requesting for re-issuance of the certificate of completion of Residency/Fellowship Training program	1.1 Prepare the certificate of completion	None	4 hours	Administrative Officer IV (HRDD-BWRS)
	1.2 Facilitate for the signing of the certificate by the Department Chair, Director, Dean of the College of Medicine and the Chancellor		2 days	
2. Receive the Certificate of completion	2.1 Issue the certificate and retain a copy for file	None	10 minutes	Administrative Officer IV (HRDD-BWRS)
TOTAL:		None	2 days, 4 hours and 10 minutes	

13. Issuance of Certificate of Employment (For Separated Employee)

A Certificate of Employment (for separated employee) shows the last position held, last salary and the duration of employment of a former employee.

Office or Division:	Human Resource Development Division			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	All PGH former employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request Form 2. PGH Employee's Clearance		HRDD – BWRS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Former employee to fill up request form	1.1 Check whether the former employee has already been cleared from money, property and other accountabilities and prepare the request for the initials of BWRS Chief and signature of the HR Officer (for local use);	None	2 days, 4 hours	Administrative Assistant II (HRDD-BWRS)
	1.2 Forward the certificate for the initials of the BWRS Chief, signature of the Chief Administrative Officer and the Deputy Director for Administration (for overseas)		3 days, 4 hours	Administrative Officer V Chief Administrative Officer (HRDD), Deputy Director for Administration (ODDA)
2. Pay the required fees	2.1 Acceptance of payment	PHP10.00 per copy	4 hours	Cash Clerk (Cash Division)
3. Present the tape receipt and receive the requested COE	3.1 Get the tape receipt and release the COE to requesting client	None	10 minutes	Administrative Assistant II (HRDD-BWRS)
TOTAL:		PHP10.00 per copy	5 days, 12 hours, 10 minutes	

14. Processing of Requirements for GSIS Claims

GSIS claims includes Maturity of Policy, Cash Surrender Value, Separation Benefits, Death, Disability Retirement, Survivorship and Funeral

Office or Division:	Human Resource Development Division			
Classification:	Simple			
Type of Transaction:	G2G; G2C			
Who may avail:	All PGH employees, All PGH Former Employees and/or their dependents			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. GSIS Form 2. Service Record 3. Certificate of Leave Without Pay (if applicable) 4. PSA Death Certificate (for deceased member) 5. PSA Birth Certificate of Claimant of Deceased Member (if applicable)		HRDD – BWRS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit properly accomplished GSIS form with Service Record and other attachments (if applicable)	1.1 Receive and check the completeness of the accomplished GSIS form and the attachments	None	10 minutes	Administrative Assistant/Administrative Officer (HRDD-BWRS)
	1.2 Collate all the documentary requirements and prepare the endorsement to GSIS		30 minutes	Agency Authorized Officer
2. Forward the endorsement to GSIS	2. Give the prepared endorsement to the Liaison Officer/Employee	--	--	Liaison Officer/Employee/GSIS Agency In-charge
TOTAL:		None	40 minutes	

15. Submission of Leave Record Related Statistics

Statistical Report is an organized synthesis of data that span a whole array of forms going from tables of numbers to a text summarizing the findings. Report is based on the Leave records of employees.

Office or Division:	Human Resource Development Division			
Classification:	Complex			
Type of Transaction:	G2G; G2C			
Who may avail:	UP System, PGH Executives and Committees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request from UP System, and Other Offices				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request through Memorandum, letter or via Phone Call	1.1 Prepare the data needed in the report requested.	None	4 days	BWRS staff
	1.2 Review, check and verify the correctness of data and affix initials or signature in the documents		1 day	BWRS Section Chief, HRD Chief, Deputy Director for Administration
	1.3 Sign/Approve the final data requested		1 day	Director
2. Receive via e-mail or through the liaison officer the requested data	2.1 Forward or e-mail the signed document to the requesting party.	None	1 day	BWRS Staff, Liaison Officer (OCS-Message Center)
TOTAL:		None	7 days	

Human Resource Development Division

Internal Services

1. Unfreezing of Vacant Administrative Positions

Concerned department/division where the vacant administrative position exists due to retirement, resignation, transfer or death of a personnel occupying the position requests for the Authority to Fill (ATF) as a means to unfreeze.

Office or Division:	Human Resource Development Division (HRDD) – Recruitment and Placement Section (RPS)			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	Concerned department/division			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. Checklist of Requirements for ATF: <ol style="list-style-type: none"> Justification for filling an item (original) Statement on the Mission & Goals of the Unit over the next five (5) years (original) List of specific duties and responsibilities with corresponding weights (percentage) (original) Contribution of the new employee to the Mission and Goals of UP (original) Organizational Chart (original) Functional Chart (original) Current Staff Chart (original) Signs & degrees of backlog in performance targets and accomplishments (original) Coping mechanisms (original) 			HRDD	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Check/verify completeness of requirements	1.1. Receive complete requirements from the requesting division/department	None	1 minute	Administrative Assistant II; Administrative Officer II; Administrative Officer IV (HRDD-RPS)
	1.2. Assess and evaluate the submitted requirements then return to the concerned department/division for uploading in the UP UIS	None	1 day	Administrative Assistant II; Administrative Officer II; Administrative Officer IV (HRDD-RPS)
2. Uploading of requirements in the UP UIS	2.1. Validate, approve and transfer ownership of ATF	None	4 hours	Administrative Officer IV (HRDD-RPS)

	request through the UP UIS portal until it reaches the UP President for final approval.		4 hours	Chief Administrative Officer (HRDD)
				Chief Administrative Officer (Budget)
			1 day	Deputy Director for Administration (ODDA)
			3 days	PGH Director (DO)
	* Note: Processing and approval of forwarded ATF documents depend on the schedule given by the UP System Administration		(paused-clock)	Vice Chancellor for Administration (OVCA) UP Manila Chancellor (UPM Chancellor's Office)
				Vice President for Administration (OVPA)
				UP President
	2.2 Receive Approved ATF request from the Requesting Unit/ Department	None	1 minute	Administrative Assistant II; Administrative Officer II; Administrative Officer IV (HRDD-RPS)
TOTAL:		None	6 days and 2 minutes*	

2. Engaging Contract of Service (COS)/ Job Order (JO) Workers

Concerned department/division requests for Authority to Hire (ATH) and engage the service of COS/JO workers as a means to augment personnel staffing to ensure smooth, effective and efficient delivery of service to the public.

Office or Division:	Human Resource Development Division (HRDD) – Recruitment and Placement Section (RPS)			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	Concerned department/division			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
2. Checklist of Requirements for ATH: <ol style="list-style-type: none"> Justification for hiring Nature of Contract Type of Contract Position to be Hired Rate (Daily) Premium Rate (per day for the 20% premium) Rate Basis Date of vacancy, if replacement Funding Source Start Date End date Organizational Chart Functional Chart Personnel/Current Staff Chart (Original/Renewal) Previous Contract JO (Replacement) 			HRDD-RPS	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Check/verify completeness of requirements	1.1. Receive complete requirements from the requesting division/department	None	1 minute	Administrative Assistant II; Administrative Officer II; Administrative Officer IV (HRDD-RPS)
	1.2. Assess and evaluate the submitted requirements then return to the concerned department/division and shall be endorsed to the next approver, including	None	1 day	Administrative Assistant II; Administrative Officer II; Administrative Officer IV (HRDD-RPS)

	the Budget Services Division for Budget Clearance and eventually for uploading in the UP UIS			
2. Uploading of requirements in the UP UIS	2.1. Validate, approve and transfer ownership of ATH request thru the UP UIS portal until it reaches the authorized approvers until approved by the Chancellor/ Vice President for Administration / UP President for final approval.	None	4 hours	Administrative Officer IV (HRDD-RPS) Chief Administrative Officer (HRDD)
			4 hours	Chief Administrative Officer (Budget)
			1 day	Deputy Director for Administration (ODDA)
			3 days	PGH Director (DO)
			(paused-clock)	Vice Chancellor for Administration (OVCA) UP Manila Chancellor (UPM Chancellor's Office)
	* Note: Processing and approval of forwarded ATF documents depend on the schedule given by the UP System Administration			Vice President for Administration (OVPA)
				UP President
	2.2 Receive Approved ATH request from the Requesting Unit/ Department	None	1 minute	Administrative Assistant II; Administrative Officer II; Administrative

				1907 Officer IV (HRDD-RPS)
TOTAL:		None	6 days and 2 minutes*	

3. Talent Acquisition (Internal)

Shortlisting and selecting from among the reviewed and screened applications of current employees of the hospital.

Office or Division:	Human Resource Development Division (HRDD) – Recruitment and Placement Section (RPS)			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Internal applicant			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Application Form (PGH Form No. A-071009) (1 original)		HRDD-RPS		
2. Updated Personal Data Sheet (PDS) – (1 original)		http://www.pgh.gov.ph/en/hospicareers/		
3. Authenticated IBP/PRC/CSC/LTO Eligibility/License (1 original)		IBP/PRC/CSC/LTO		
4. Letter of Intent to Apply for a Vacant Position (PGH Form No. Q-071017) (1 original)		HRDD-RPS		
5. Vaccination Card - bring original & to submit one (1) photocopy		Applicant's vaccination card		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete requirements	1.1. Receive, assess and evaluate complete requirements	None	30 minutes	Administrative Assistant II; Administrative Officer II; Administrative Officer IV (HRDD-RPS)
	1.2. Schedule the applicant for Psychological Exam with the issuance of PGH Form No. A-071007 (Schedule Slip) and Acknowledgement Receipt	None	10 minutes	Administrative Assistant II; Administrative Officer II (HRDD-RPS)
2. Take computer and psychological examinations	2.1. Administer Psychological Exam	None	5 hours	Administrative Assistant II; Administrative Officer II Administrative Officer IV (HRDD-RPS)

	2.2. Score, evaluate and interpret Psychological Exam	None	5 hours	Administrative Assistant II; Administrative Officer II Administrative Officer IV (HRDD-RPS)
	2.3. Refer qualified applicant to the Requesting Office	None	30 minutes	Administrative Assistant II; Administrative Officer II; Administrative Officer IV (HRDD-RPS)
	2.4. Assess, validate and confirm the ranking or profiling of qualified/shortlisted candidate/s provided by the Office HRMPSB	None	7 days	Administrative Assistant II; Administrative Officer II; Administrative Officer IV (HRDD-RPS)
	2.5. Receive endorsement from the Requesting Office	None	5 minutes	Administrative Assistant II; Administrative Officer II; Administrative Officer IV (HRDD-RPS)
	2.6. Submit endorsement to the PGH-HRMPSB	None	1 day	Administrative Officer II (HRDD-RPS)
	2.7. Prepare and submit request for CSC verification of the successful candidate's eligibility	None	2 days	Administrative Officer II (HRDD-RPS)
	2.8. Notify the candidate thru text/ call/email of the success of his/her application	None	5 minutes	Administrative Assistant II; Administrative Officer II (HRDD-RPS)

TOTAL:	None	11 days, 3 hours, and 20 minutes	
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4. Management of SPMS Target

Accessing documentary requirements via online, checking the completeness of the submitted requirements related to SPMS Target.

Office or Division:	Human Resources Development Division - Development and Performance Evaluation and Monitoring Section (HRDD-DPEMS)			
Classification:	G2G			
Type of Transaction:	Complex			
Who may avail:	All PGH Employees (Per department/division/unit)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Accomplished digital copy of SPMS Form 1 (Individual Performance Commitment and Review Form)		University Information System (UIS) or downloadable from HRDD-DPEMS website		
2. Accomplished digital copy of SPMS Summary Report and Performance Standard Matrix		HRDD-DPEMS (template downloadable from HRDD-DPEMS website)		
3. Digital Copy of Unit/Sectoral/PMT Minutes of the Meeting – Review and Feedback		HRDD-DPEMS (template downloadable from HRDD-DPEMS website)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward to HRDD-DPEMS the accomplished digital copy of all the requirements by uploading through the assigned link for Google Drive Folder of the Department/ Division/Unit	1.1. Access the google drive folder and verify the completeness of personnel included in the SPMS Summary Report	Ne	1 day	Administrative Officer II Administrative Officer IV Administrative Officer V (HRDD-DPEMS)
	1.2. Record the total number of the uploaded SPMS Form 1 (IPCR) per Department/Division/ Unit in the database and send an acknowledgement receipt and assign the unique identification number	None	1 hour	Administrative Officer II Administrative Officer IV Administrative Officer V (HRDD-DPEMS)
2. Acknowledge the notice and if necessary, revise the document.	2.1. Assess the document received and store the necessary details of the documents into	None	3 days	Administrative Officer II Administrative Officer IV

	the database. The officer shall notify the client through email of any revision.			Administrative Officer V (HRDD-DPEMS)
3. Forward to HRDD-DPEMS the revised document.	3.1. Receive and validate the revised document.	None	1 day	Administrative Officer II Administrative Officer IV Administrative Officer V (HRDD-DPEMS)
TOTAL:		None	5 days, 1 hour	

5. Management of SPMS Rating

Accessing documentary requirements via online, checking the completeness of the submitted requirements related to SPMS Rating (IPCR Rating, SPMS Summary Report, SPMS Monitoring Sheet, Performance Standard Matrix and PMT Minutes of the Meeting - Review and Evaluation).

Office or Division:	Human Resources Development Division - Development and Performance Evaluation and Monitoring Section			
Classification:	G2G			
Type of Transaction:	Highly Technical			
Who may avail:	All PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Accomplished digital copy of SPMS Form 1 (Individual Performance Commitment and Review Form)		University Information System (UIS) or downloadable from HRDD-DPEMS website		
2. Accomplished digital copy of SPMS Summary Report, SPMS Monitoring Sheet and Performance Standard Matrix. If applicable, UP SPMS Form 4 and UP SPMS Form 5		HRDD-DPEMS (template downloadable from HRDD-DPEMS website)		
3. Unit/Sectoral/PMT Minutes of the Meeting (1 original)		HRDD-DPEMS (template downloadable from HRDD-DPEMS website)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward to HRDD-DPEMS the accomplished digital copy of all the requirements by uploading through the assigned link for Google Drive Folder of the Department/ Division/Unit	1.1. Access the google drive folder and verify the completeness of personnel included in the SPMS Summary Report and SPMS Monitoring Sheet	None	1 day	Administrative Officer II Administrative Officer IV Administrative Officer V (HRDD-DPEMS)
	1.2. Validate the Rating from the SPMS form vis-à-vis SPMS Summary Report and SPMS Monitoring Sheet, and the assigned unique identification number and other necessary details of the document into the e-logbook/database. The officer shall notify	None	5 days	Administrative Officer II Administrative Officer IV Administrative Officer V (HRDD-DPEMS)

	the client through email of any revision.			
2. Acknowledge the notice and if necessary, revise the document.		None	3 days	Administrative Officer II Administrative Officer IV Administrative Officer V (HRDD-DPEMS)
3. Forward to HRDD-DPEMS the revised document.	3.1. Receive and validate the revised document and store the necessary details/changes of the documents into the database.	None	1 day	Administrative Officer II Administrative Officer IV Administrative Officer V (HRDD-DPEMS)
TOTAL:		None	10 days	

6. Issuance of Certified True Copy of IPCR Rating

Issuance of Certified True Copy of IPCR Rating of the employees for promotion, transfer, etc.

Office or Division:	Human Resources Development Division - Development and Performance Evaluation and Monitoring Section			
Classification:	G2G; G2C			
Type of Transaction:	Simple			
Who may avail:	PGH Employee/Department/Division/Unit			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Accomplished e-Application Form		HRDD-DPEMS (template downloadable from HRDD-DPEMS website)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward request to HRDD-DPEMS email the accomplished e-application form and receive the claim stub	1.1. Access the HRDD-DPEMS email and assess the accomplished application, and send acknowledgement receipt and assign a unique identification number for the claim stub	None	5 minutes	Administrative Officer II Administrative Officer IV (HRDD-DPEMS)
	1.2. Retrieve the uploaded validated file copy of SPMS Rating from Google File Folder Storage. Print or Photocopy. the file copy and stamp "certified true copy" to the document.	None	1 hour	Administrative Officer II Administrative Officer IV (HRDD-DPEMS)
	1.3. A. Affix signature on SPMS certification for internal purposes. B. Affix initial on SPMS certification for external purposes.	None	2 minutes	Administrative Officer V (HRDD-DPEMS)
	C. Affix signature on SPMS certification for external purposes,	None	10 minutes	Chief Administrative Officer (HRDD)
	1.4. Send a notice			Administrative

	thru the employee university email or call the concerned employee that the document has been certified and available for pick up.	None		Officer II Administrative Officer IV (HRDD-DPEMS)
2. Acknowledge the notice and receive the certified document. If representative will receive the document, present an authorization letter from the applicant.	2.1. Stamp "claimed" on the claim stub and application form	None	5 minutes	Administrative Officer II Administrative Officer IV (HRDD-DPEMS)
TOTAL:		None	1 hour and 22 minutes	

7. Issuance of Authority to Travel (Personal)

Preparation and Issuance of Authority to Travel for employees traveling abroad for personal purposes.

Office or Division:	Human Resources Development Division - Development and Performance Evaluation and Monitoring Section			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	All PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Accomplished Application for Authority to Travel Abroad (1 original)		HRDD-DPEMS (template downloadable from HRDD-DPEMS website)		
2. Accomplished Leave Form (CSC Form No. 6) (1 original)		HRDD – BWRS		
3. Booking Ticket/Flight Details (1 photocopy)		Travel Agency		
4. Accomplished online (UIS) application for Travel Order		uis.up.edu.ph		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward to HRDD-DPEMS the complete requirements and receive an acknowledgement receipt	1.1. Receive all documents and issue an acknowledgement receipt via employee electronic mail	None	10 minutes	Administrative Officer II/Administrative Officer IV (HRDD-DPEMS)
	1.2. Encode the details of the application into the e-logbook/database	None	10 minutes	Administrative Officer II/Administrative Officer IV (HRDD-DPEMS)
	1.3. Assess the application and prepare the 1 st Endorsement and 2 nd Endorsement of the Authority to Travel and forward to Administrative Officer V	None	1 hour	Administrative Officer II/Administrative Officer IV (HRDD-DPEMS)
	1.4. Review the endorsements and affix initials for the 1 st Endorsement and forward to CAO	None	1 hour	Administrative Officer V (HRDD-DPEMS)

1.5. Validate the endorsements and affix initials for the 1 st and 2 nd Endorsement and forward to the DDA	None	1 day	Chief Administrative Officer (HRDD)
1.6. Review the endorsements and affix the initials for the 1 st and 2 nd Endorsement and forward to the Director	None	1 day	Deputy Director for Administration - Office of the Deputy Director for Administration (ODDA)
1.7. Assess and attest the endorsement, sign the first Endorsement and affix initials for and 2 nd Endorsement and forward to the VCA	None	1 day	Director IV - PGH Director's Office (DO)
1.8. Validate the documents and affix the initials for 2 nd Endorsement and forward to the Chancellor	None	1 day	Vice Chancellor for Administration - UP Manila Office of the Vice Chancellor for Administration (UPM-OVCA)
1.9. Approve the 2 nd Endorsement of Authority to Travel. Forward the approved application at the PGH HRDD-DPEMS.	None	1 day	Chancellor – UPM Chancellor's Office (CO)
1.10. Receive the approved application from the Office of the Chancellor	None	5 minutes	Administrative Officer II/Administrative Officer IV (HRDD-DPEMS)
1.11. Send thru the	None	10 minutes	Administrative

	employee university email a notice that the application has been approved			Officer II/ Administrative Officer IV (HRDD-DPEMS)
2. Acknowledge the notice and receive the 2nd endorsement (Travel Authority). In case a representative will receive the document, he/she will present an authorization letter from the applicant.	2.1. Release the 2nd endorsement (Travel Authority) and secure a receiving copy of the approved application. Stamp "claimed" the claim stub and application form	None	5 minutes	Administrative Officer II/ Administrative Officer IV (HRDD-DPEMS)
TOTAL:		None	5 days, 2 hours and 40 minutes	None

8. Issuance of Training Clearance and Authority to Travel for Foreign/ Special Detail

This is for clients who will have oral or poster presentation, observership/fellowship program and seminar, conferences abroad

Office or Division:	Human Resources Development Division - Development and Performance Evaluation and Monitoring Section			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	All PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Accomplished Application for Foreign Training Clearance and Authority to Travel (Foreign Travel) (1 original)		HRDD – DPEMS		
2. Invitation Letter/Letter of Acceptance		Organizer of the conference/seminar		
3. Booking Ticket/Flight Details (1 photocopy)		Travel Agency		
4. Accomplished online (UIS) application for Travel Order		uis.up.edu.ph		
5. Foreign Fellowship Contract (1 original and 1 photocopy) (if the duration of the application is more than 30 days)		Organizer of the fellowship program		
6. Return Service Contract/MOA (1 original and 1 photocopy) (if the duration of the application is more than 30 days)		HRDD – DPEMS		
7. Suretyship Agreement (1 original and 1 photocopy) (if the duration of the application is more than 30 days)		HRDD – DPEMS		
8. Accomplished and completed Clearance (1 original) (if the duration of the application is more than 30 days)		HRDD – DPEMS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward to HRDD-DPEMS the complete requirements and receive an acknowledgement receipt	1.1. Receive all documents delivered and issue an acknowledgement receipt via employee university electronic mail	None	10 minutes	Administrative Officer II/ Administrative Officer IV (HRDD-DPEMS)
	1.2. Encode the details of the application into the logbook/database	None	10 minutes	Administrative Officer II/ Administrative Officer IV (HRDD-DPEMS)

	1.3. Assess the application and prepare the 1 st Endorsement, 2 nd Endorsement of the Authority to Travel and Memorandum of Special Detail and forward to Administrative Officer V	None	1 hour	Administrative Officer II/ Administrative Officer IV (HRDD-DPEMS)
	1.4. Review the endorsements/memorandum and affix initials for the 1 st Endorsement	None	1 hour	Administrative Officer V (HRDD-DPEMS)
	1.5. Assess and sign the training clearance			
	1.6 Forward to Chief Administrative Officer			
	1.7. Validate the endorsements/ memorandum, and affix initials for the 1 st and 2nd Endorsement	None	1 day	Chief Administrative Officer (HRDD)
	1.8. Endorse the training clearance			
	1.9. Forward to the Deputy Director for Administration			
	1.10. Assess the endorsements/ memorandum and recommend for the approval of the Director	None	1 day	Deputy Director for Administration (ODDA)
	1.11. Approve the training clearance			
	1.12. Forward to Budget Services Division (if applicable)			
	1.13. Assess the request for funding and sign the budget	None	1 day	Chief Administrative Officer - Budget

	clearance (if applicable)			Services Division (BSD)
	1.14. Approve the budget clearance	None	1 day	Deputy Director for Fiscal Services
	1.15. Recommend the approval of the request and forward to Director (if applicable)			- Office of the Deputy Director for Fiscal Services (ODDFS)
	1.16. Assess the endorsement/ memorandum	None	1 day	Director IV (PGH-DO)
	1.17. Sign the first Endorsement and affix initials for and 2 nd Endorsement and Memorandum for Special Detail			
	1.18. Forward to the Vice Chancellor for Administration			
	1.19. Validate the documents and affix the initials for 2 nd Endorsement and sign the Memorandum for Special Detail	None	1 day	Vice Chancellor for Administration (UPM-OVCA)
	1.20. Forward to the Chancellor			Vice Chancellor for Academic Affairs - UPM Office of the Vice Chancellor for Academic Affairs (UPM-OVCAA)
	1.21. Approve the 2 nd Endorsement of Authority to Travel.	None	1 day	Chancellor (UPM-CO)
	1.22. Forward the approved application at the PGH HRDD-DPEMS.			

	1.23. Receive the approved application from the Office of the Chancellor	None	5 minutes	Administrative Officer II/ Administrative Officer IV (HRDD-DPEMS)
	1.24. Send a notice thru the employee university email that the application has been approved	None	10 minutes	Administrative Officer II/ Administrative Officer IV (HRDD-DPEMS)
2. Acknowledge the notice and receive the 2nd endorsement (Travel Authority). In case a representative will receive the document, he/she will present an authorization letter from the applicant.	2.1. Release the 2nd endorsement (Travel Authority) with Input Worksheet and retain a copy of the approved application. 2.2 Stamp "Claimed" the claim stub and application form. 2.3 Stamp "Submit Input Worksheet and Conduct a Re-echo within 30 days upon return to work"	None	5 minutes	Administrative Officer II/ Administrative Officer IV Administrative Assistant II
TOTAL:		None	7 days, 2 hours and 40 minutes	None

9. Issuance of Training Clearance for Local Training/Seminar

This is for clients who will have oral or poster presentation, seminar, conferences, and convention within the country.

Office or Division:	Human Resources Development Division - Development and Performance Evaluation and Monitoring Section			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	All PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Accomplished Application for Local Training Clearance (1 original)		HRDD – DPEMS		
2. Invitation Letter/Letter of Acceptance		Organizer of the conference/seminar		
3. Accomplished online application for Travel Order		uis.up.edu.ph		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward to HRDD-DPEMS the complete requirements and receive an acknowledgement receipt	1.1. Receive all documents and issue an acknowledgement receipt via electronic mail	None	10 minutes	Administrative Officer II (HRDD-DPEMS)
	1.2. Encode the details of the application into the logbook/database then forward to the Personnel Analyst	None	5 minutes	Administrative Officer II (HRDD-DPEMS)
	1.3. Assess and evaluate the application then forward all the documents to the Administrative Officer V	None	1 hour	Administrative Officer II (HRDD-DPEMS)
	1.4. Validate and countersign sign the training clearance then forward to Chief Administrative Officer	None	1 hour	Administrative Officer V (HRDD-DPEMS)
	1.5. Endorse and sign the training clearance then forward to the Deputy Director for	None	1 day	Chief Administrative Officer (HRDD)

	Administration			
	1.6. Approve the training clearance and recommend for the approval of the Director then forward to the Budget Services Division (if applicable)	None	1 day	Deputy Director for Administration (ODDA)
	1.7. Assess the request for funding and sign the budget clearance (if applicable) then forward to ODDFS for recommending approval	None	1 day	Chief Administrative Officer (BSD)
	1.8. Approve the budget clearance and recommend for the approval of the Director then forward to the Director for approval	None	1 day	Deputy Director for Fiscal Services (ODDFS)
	1.9. Assess and approve the application then forward to HRDD-DPEMS	None	1 day	Director IV (PGH-DO)
	1.10. Receive the approved application	None	5 minutes	Administrative Officer II (HRDD-DPEMS)
2. Acknowledge the notice and receive the certified true copy of the form. In case a	1.11. Prepare Certified True Copy of the approved application for the concerned office			
	1.12. Notify the client that the application has been approved			
	2.1. Release the certified true copy of the form 2.2 Stamp "Claimed"	None	5 minutes	Administrative Officer II (HRDD-DPEMS)

representative will receive the document, he/she will present an authorization letter from the applicant.	and "Submit Input Worksheet and Conduct a Re-echo within 30 days upon return to work" the Acknowledgement Receipt			
TOTAL:		None	5 days, 2 hours, and 25 minutes	None

10. Approval of Limited Practice of Profession and Management of Enterprise

Requested by those who plan to engage in limited/private practice of profession and enterprise management outside the hospital.

Office or Division:	Human Resources Development Division - Development and Performance Evaluation and Monitoring Section			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	All PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Approved online (UIS) application for Limited Practice of Profession		uis.up.edu.ph		
Memorandum of Agreement (if Applicable)		University and/or College		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Log in to UIS using the employee university email account	1. Approve the application	None	5 minutes	Immediate Supervisor of the Applicant
	1.1. Assess the application If applicable, the officer shall notify the client for the correction/s on the entries made by the client through the employee university email account.	None	1 day	Administrative Officer V (HRDD-DPEMS)
	1.2. Endorse and approve the application	None	1 day	Chief Administrative Officer (HRDD)
	1.3. Recommend and approve the application	None	1 day	Deputy Director for Administration (ODDA)
	1.4. Approve the application	None	1 day	Director IV (PGH-DO)
2. Provide to HRDD-DPEMS the printed copy of the approved application	2.1. Receive 2 printed copies of the approved application with attachments and store	None	5 minutes	Administrative Officer II (HRDD-DPEMS)

	the document in the File Storage Facility (DPEMS) and 201 File (BWRS)			
TOTAL:		None	4 days and 10 minutes	

11. Application for Privilege to Study at Reduced Fees

Granted to a regular employee who studies at any of the constituent universities of the University of the Philippines.

Office or Division:	Human Resources Development Division - Development and Performance Evaluation and Monitoring Section			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	All PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Accomplished Application for Privilege to Study at Reduced Fee (1 original)		HRDD – DPEMS		
2. Copy of the curriculum of the Degree program to be taken (For new applicant)		Registrar of the University/College		
3. Copy of grades of the subject taken in the latest term (For renewal)		Registrar of the University/College		
4. Promissory Note (If the copy of grade is not available)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward to HRDD-DPEMS the complete requirements and receive an acknowledgement receipt	1.1. Receive all documents and release an acknowledgement receipt via electronic mail	None	10 minutes	Administrative Officer IV (HRDD-DPEMS)
	1.2. Encode the details of the application into the logbook	None	5 minutes	Administrative Officer IV (HRDD-DPEMS)
	1.3. Assess and process the application then forward to Administrative Officer V	None	1 day	Administrative Officer IV (HRDD-DPEMS)
	1.4. Evaluate the application and affix initials then forward to the Chief Administrative Officer	None	30 minutes	Administrative Officer V (HRDD-DPEMS)
	1.5. Endorse the application for	None	1 day	Chief Administrative

	Reduced fee then forward to the Deputy Director for Administration			Officer (HRDD)
	1.6. Validate and approve the application then forward to Office of the Director	None	1 day	Office of the Deputy Director for Administration (ODDA)
	1.7. Approve/ Disapprove the Application then return to HRDD DPEMS	None	1 day	Office of the Director
	1.9. Receive the approved application	None	5 minutes	Administrative Officer IV (HRDD-DPEMS)
	1.10. Send the notice of approval to the applicant	None	5 minutes	Administrative Officer IV (HRDD-DPEMS)
2. Acknowledge the notice and receive the approved application. In case a representative will receive the document, he/she will present an authorization letter from the applicant.	2.1. Release the approved application and retain a copy of the approved application and the original copy of requirements. Stamp "Claimed" the claim stub and application form	None	10 minutes	Administrative Officer II (HRDD-DPEMS)
TOTAL:		None	4 days, 1 hour and 5 minutes	None

12. Request for Reservation of HRDD Training Room

For the use of the HRDD Training Room.

Office or Division:	Human Resources Development Division - Development and Performance Evaluation and Monitoring Section			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Accomplished Application Form for the Reservation of HRDD Training Room (2 original copies)		HRDD – DPEMS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward to HRDD-DPEMS the complete requirements and receive an acknowledgement receipt	1.1. Receive all the documents and issue an acknowledgement receipt via electronic mail	None	10 minutes	Administrative Officer IV (HRDD-DPEMS)
	1.2. Encode the details of the application into the logbook	None	5 minutes	Administrative Officer IV (HRDD-DPEMS)
	1.3. Assess the application and the availability of the facility then forward to Administrative Officer V	None	10 minutes	Administrative Officer IV (HRDD-DPEMS)
	1.4. Recommend the approval of the application then forward to the Chief Administrative Officer	None	20 minutes	Administrative Officer V (HRDD-DPEMS)
	1.5. Approve the application then forward to HRDD-DPEMS	None	20 minutes	Chief Administrative Officer - HRDD
	1.6. Receive the approved application	None	5 minutes	Administrative Officer IV

	1.7. Send a notice of approval	None	10 minutes	Administrative Officer IV
2. Acknowledge the notice and receive the approved application	2.1. Release the approved application and retain a copy of the approved application together with the original copy of requirements. Stamp "Claimed" the claim stub and application form	None	10 minutes	Administrative Officer IV
TOTAL:		None	1 hour and 30 minutes	None

13. Referral of On-the-Job Trainees

For students who prefer to have their on-the-job training as administrative personnel in the hospital.

Office or Division:	Human Resources Development Division - Development and Performance Evaluation and Monitoring Section			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	On-the-Job Trainee Applicants			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request Letter (1 original and 1 photocopy)		University/College		
2. Memorandum of Agreement (1 original and 4 photocopies)		HRDD-DPEMS		
3. Resume/Curriculum Vitae (2 original)				
4. 1x1 ID Picture (1 piece)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward to HRDD DPEMS with complete requirements and receive an acknowledgement receipt	1.1. Receive and Check all the documents and issue an acknowledgement receipt	None	10 minutes	Administrative Officer IV (HRDD-DPEMS)
	1.2. Encode the details of the application into the logbook	None	5 minutes	Administrative Officer IV (HRDD-DPEMS)
	1.3. Assess the application and identify the place of assignment of the trainee then forward to Administrative Officer V	None	2 days	Administrative Officer IV (HRDD-DPEMS)
	1.4. Endorse the application then forward to the Deputy Director for Administration	None	1 day	Administrative Officer V (HRDD-DPEMS)
	1.5. Recommend the application then forward to Director	None	1 day	Deputy Director for Administration (ODDA)

	1.6. Approve the application then forward to HRDD	None	1 day	Director IV (PGH-DO)
	1.7. Receive the approved application then endorse to the Legal Office	None	10 minutes	Administrative Officer IV (HRDD-DPEMS)
	1.8. Process and prepare the Memorandum of agreement then forward to HRDD-DPEMS	None	10 days	Legal Officer (PGH Legal Office)
2. Receive the notice of approval and memorandum of agreement for signature of the representative of the University/College	2.1. Send a notice of approval and memorandum of agreement to the applicant	None	5 minutes	Administrative Officer IV (HRDD-DPEMS)
3. Return the signed memorandum of agreement to HRDD-DPEMS	3.1. Receive the signed memorandum of agreement then forward to the Director IV	None	10 minutes	Administrative Officer IV (HRDD-DPEMS)
	3.2. Sign the memorandum of agreement	None	1 day	Director IV (PGH-DO)
	3.3. Send a notice of approval to the client and the schedule of the start of training	None	30 minutes	Administrative Officer V (HRDD-DPEMS)
4. Acknowledge the notice and receive the referral letter to the department/division/unit	4.1. Conduct a briefing about the guidelines of the training and prepare a referral letter to the department/ division /unit	None	3 hours	Administrative Officer V (HRDD-DPEMS)
	4.2. Endorse the students to the department/ division/			

	unit			
5. Give the 1x1 ID Picture for the temporary ID	5.1. Preparation and release of the temporary ID	None	1 hour	Administrative Officer IV (HRDD-DPEMS)
TOTAL:		None	16 days, 5 hours and 10 minutes	None

14. Application for Change of Name/Status

An employee applies for change of name due to change of marital status.

Office or Division:	Human Resource Development Division-Appointment and Information Management Section (HRDD-AIMS)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	PGH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request Form (6 original)		http://www.pgh.gov.ph/en/hospcareers/		
2. PSA Marriage Certificate (1 photocopy)		PSA		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Download application for Change of Name or Status thru PGH website and submit to the Deputy Director for Administration for approval	1.1. Check the details and approve request	None	2 days	Deputy Director for Administration (ODDA)
2. Submit request to HRDD for recording	2.1. Receive request for notation and recording 2.2. Distribute copy to Payroll, UP Health Service, Dietary Department and Budget Office 2.3. Report to GSIS for updating of record	None	1 day	BWRS Staff AIMS Staff
TOTAL:		None	3 days	

15. Processing of Resignation

An employee who wishes to sever from the service must file for a resignation.

Office or Division:	Human Resource Development Division-Appointment and Information Management Section (HRDD-AIMS)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Resignation Form – PGH Form No. A-072001		HRDD-AIMS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure resignation form	1.1. Provide official form	None	10 minutes day	AIMS staff Respective Supervisor/ Head of Unit
2. Submit application form to Budget Division	2.1. Receive application for notation and recording and forwards to HRDD	None	10 minutes	Budget Staff
	2.2. Receive application for notation, recording, updating of plantilla and UIS. Forward to the Office of the Deputy Director for approval	None	1 day	BWRS Staff AIMS Staff
	2.3. Check the details and approve the application then forward to HRDD	None	1 day	Deputy Director for Administration
3. Receives Acceptance of Resignation	3.1. Prepare Acceptance of Resignation	None	30 minutes	DPEMS Staff AIMS Staff
TOTAL:		None	2 days, 50 minutes	

16. Issuance of Certificate of Completion of Residency/Fellowship Training Program

A Certificate of Completion of Residency/Fellowship Training Program is given to a Medical Officer/Fellow who completed all the requirements for training.

Office or Division:	Human Resource Development Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All PGH Residency/Fellowship Graduates			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. PGH Employee's clearance		HRDD – BWRS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present accomplished PGH Employee's clearance	1.1 Prepare the certificate of completion 1.2 Facilitate for the signing of the certificate by the Department Chair, Director, Dean of the College of Medicine and the Chancellor	None	4 hours 2 days	Administrative Officer IV (HRDD-BWRS)
2. Receive the Certificate of completion	2.1 Issue the certificate and retain a copy for file	None	10 minutes	Administrative Officer IV (HRDD-BWRS)
TOTAL:		None	2 days, 4 hours and 10 minutes	

17. Issuance of Certificate of Employment (For Active Employee)

A Certificate of Employment shows the present position, salary and the date of employment of an active employee.

Office or Division:	Human Resource Development Division			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	All PGH active employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. UIS Request		HRDD – BWRS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Active employee to apply thru UIS	1.1 BWRS staff to check record and prepare the request for signature of the HR Officer (for local use);	None	2 days, 3 hours	Administrative Assistant II (HRDD-BWRS)
	1.2 Forward the certificate for signature of the Chief Administrative Officer and the Deputy Director for Administration (for overseas)		3 days, 3 hours	Chief Administrative Officer (HRDD), Deputy Director for Administration (ODDA)
2. Pay the required fees	2.1 Acceptance of payment	Php10.00 per copy	1 hour	Cash Clerk (Cash Division)
3. Present the tape receipt and receive the requested COE	3.1 Get the tape receipt and release the COE to requesting client	None	1 hour	Administrative Assistant II (HRDD-BWRS)
TOTAL:		Php10.00 per copy	5 days, 8 hours	

18. Updated Leave Credits

Certification of updated Leave Credits as of the last submitted bundy card is provided.

Office or Division:	Human Resource Development Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All PGH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request Form		HRDD-BWRS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Employee to fill out request form	1.1 Accept request and issue acknowledgement receipt with a unique identification number	None	10 minutes	BWRS Staff
	1.2 Retrieve the employee's leave ledger card	None	1 day	
	1.3 Update leave records <input type="checkbox"/> For simple leave transactions, the employee can be advised to wait for the updating.	None	10 minutes	
	<input type="checkbox"/> For complex leave transactions, employee will be notified thru university e-mail account or phone call that their request has been updated.	None	4 hours	
2. Secure the certification of leave credits	2. Stamp "claimed" the acknowledgement receipt and application form	None	2 minutes	
TOTAL:		None	1 day, 4 hours and 22 minutes	

19. Issuance and Processing of Leave Clearance

This is issued to employees who will take a leave of absence from work for 30 days or more.

Office or Division:	Human Resource Development Division			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Duly approved Application for Leave of Absence		HRDD – BWRS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly approved application for leave of absence (CSC Form No. 6)	1.1 Accept and issue an acknowledgement receipt with a unique identification number 1.2 Retrieve and check leave record 1.3 Prepare leave clearance 1.4 Issue leave clearance together with Tracking Form before sending out to concerned offices	None	2 hours	BWRS Staff
2. Facilitate the signing of clearance	2. Check employee's accountability and the concerned offices will affix their signature	None	2 days	Head of Department, Human Resource Development Division, Deputy Director for Administration
3. Follow-up with HRDD the accomplished clearance	3.1 Provide employee's copy 3.2 Incorporate in the report of long leave and then, file clearance	None	10 minutes 30 minutes	BWRS Staff
TOTAL:		None	2 days, 2 hours, 40 minutes	

20. Issuance of PGH Employee's Clearance

This is issued to an employee who is on the verge of separation (retirement, resignation, transfer and graduation).

Office or Division:	Human Resource Development Division			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	PGH Employees separating from the agency—retirement, resignation, completion of residency/fellowship training, dropped from the rolls			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Approved letter of resignation, recommendation for graduation, and Intent to Retire Form 2. SALN 3. Exit Interview 4. PGH ID		HRDD – BWRS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the approved letter of resignation/ transfer/ Intent to Retire/ Recommendation for Graduation	1.1 Receive the approved letter	None	2 hours	BWRS Staff
	1.2 Email concerned offices (Department/ Unit, Accounting, CSR, OASH, UP Housing, Legal Office, MRD, ODDN, PGHBMC, PSD, PAAS, University Library, UPD Credit Coop, and UPPFI) in advance for their certification as to clearance of employee from money and property accountabilities.		15 minutes	HR Officer Head of concerned offices
	*A notice of clearance will be issued by the concerned offices. 1.3 Collation of notices from all concerned offices		2 days	

	and Preparation of the Clearance Form. 1.4 Certify clearance from HRDD matters and submit to HRDD-BWRS		15 minutes	
2. Facilitate the signing of clearance	2.1 Affix initials and sign the clearance	None	1 hour	Chief, BWRS Chief Administrative Officer Deputy Director for Administration
3. Follow-up the accomplished clearance	3.1 Issue the Clearance 3.2 File a copy of the clearance	None	10 minutes	BWRS Staff
TOTAL:		None	2 days, 3 hours, 40 minutes	

21. Commutation of Leave Credits

The commutation of vacation and sick leave credits is requested by a retired/ resigned/ transferred personnel

Office or Division:	Human Resource Development Division			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All Former PGH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Approved Commutation form 2. Final computation of leave credits 3. Service record 4. Latest NOSA /Appointment 5. Employee's Clearance 6. Latest SALN 7. Certification of Outstanding Loan from GSIS/GSIS Clearance		HRDD - BWRS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the approved commutation form	1.1 Receive the approved commutation form 1.2 Collate all the documentary requirements for Commutation of leave credits. Photocopy and stamp "Certified True Copy" on all documents	None	10 minutes 2 hours	BWRS Staff
2. Follow-up the preparation of voucher to Payroll	2. Submit to Payroll Section, Accounting Division	None	15 minutes	Payroll Section, Accounting Division
TOTAL:		None	2 hours, 25 minutes	

22. Processing of Service Recognition Pay for Submission to Payroll

Service Recognition Pay (SRP) is an additional benefit for staff with employer-employer relations with UP whose salaries are paid out of the Personnel Services allocations in the General Appropriation Act, whether full time or part time, who have applied for compulsory retirement, optional retirement starting at age 60 until just before age 65 with at least 25 years of service to UP, early retirement due to permanent disability (under the rules of GSIS) regardless of age but at least 25 years of service to UP and in case of death of eligible staff regardless of age and length of service. SRP is equivalent to ten (10) days for every calendar year of service.

Office or Division:	Human Resource Development Division			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	All Retiring PGH employees eligible to eSRP			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Approved SRP Form 2. SRP computation 3. Service record 4. Latest NOSA / Appointment 5. Employee's Clearance 6. Latest SALN		HRDD – BWRS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign prepared SRP Application Form for approval	1.1 Receive the SRP application form	None	10 minutes	BWRS Staff
	1.2 Processing and computation of the SRP	None	4 days	
	1.3 Collate all the documentary requirements. Photocopy and stamp "Certified True Copy" on all documents	None	1 hour	
2. Follow-up the preparation of voucher to Payroll	2. Submit the approved SRP Form to Payroll Section	None	10 minutes	Payroll Section, Accounting Division
TOTAL:		None	4 days, 1 hour, 20 minutes	

Office and Custodial Services

External Services

1. Release of Cadaver

Releasing of cadaver to the relatives or funeral services

Office or Division:	Office and Custodial Services			
Classification:	Simple			
Type of Transaction:	G2B			
Who may avail:	Relative of the Patient or the Funeral Service			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Death Certificate or White Form (for undetermined cause of death) (1 original)		At the Ward/Emergency Room (ER)		
2. Receipt of Cadaver (ROC) (1 original)		At the Ward/ER		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Death Certificate to be acquired from the attending doctor and ROC from the assigned nurse at the ward. For Dead on Arrival (DOA), acquire the White Form and the ROC at the ER to be presented to the Custodial Services Section	1. Check and receive the requirements needed.	None	5 minutes	<i>Custodial Services Staff</i> Custodial Services Section
	1.1 Release the cadaver.	None	20 minutes	<i>Custodial Services Staff</i> Custodial Services Section
TOTAL:		None	25 minutes	

Office and Custodial Services

Internal Services

1. Reproduction and Issuance of Hospital's Official Forms and Documents

Reproduction of hospital forms, departmental forms and memoranda

Office or Division:	Office and Custodial Services			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Employees of PGH; Departments/Wards/Divisions/Units for Forms, and Secretarial Pool for Hospital Bulletin and Memoranda			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request for Hospital Official Forms (1 original)		1. Reproduction Unit		
2. Job Request Form for Departmental Forms, Memoranda and Hospital Bulletin (1 original)		2. Reproduction Unit		
3. Minimum of 3 reams copy paper for Departmental Forms		3. Enduser/Requesting Unit/Office/Department		
4. Hospital Bulletin approved by the DDHO (1 original)		4. Secretarial Pool		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out request for forms or Job Request Form	1. Receive accomplished form.	None	2 minutes	<i>Reproduction Unit Staff</i> Reproduction Unit
2. Submit the accomplished form to the Reproduction Unit	2. Reproduce forms according to the number of copies requested.	None	1 day and 10 minutes	<i>Reproduction Unit Staff</i> Reproduction Unit
3. Receive the reproduced forms from the Reproduction Unit	3. Issue the forms to the enduser	None	3 minutes	<i>Reproduction Unit Staff</i> Reproduction Unit
TOTAL:		None	1 day and 15 minutes	

2. Encoding of Hospital Bulletin and Official Documents

Schedule of doctors, memoranda, office orders and administrative orders

Office or Division:	Office and Custodial Services			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Employees of PGH; Departments/Wards/Divisions/Units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Schedule of Doctors approved by the Chair (1 photocopy)		Clinical Departments		
2. Letter of Request to Leave, Letter of Appointment (1 photocopy) or Original Memoranda approved by the Director (1 original)		Director's Office or HRDD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit schedule of doctors approved by the Chair 1 week before the encoding of the hospital bulletin to the Secretarial Pool.	1. Receive the schedule of doctors.	None	2 minutes	<i>Secretarial Pool Staff</i> Secretarial Pool
	1.1 Encode the schedule of doctors into the Hospital Bulletin.	None	2 days	<i>Secretarial Pool Staff</i> Secretarial Pool
2. Provide approved letter request of leave absence, Letter of Appointment or original copy of Memoranda to the Secretarial Pool	2. Encode the Memoranda Number, Office Order or Administrative Order	None	30 minutes	<i>Secretarial Pool Staff</i> Secretarial Pool
TOTAL:		None	2 days and 32 minutes	

3. Issuance of Hospital Bulletin and Official Documents

Disseminating reproduced hospital bulletin, memoranda, Office and Administrative Orders

Office or Division:	Office and Custodial Services			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All concerned employees of Philippine General Hospital			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Hospital Bulletin (1 original) 2. Memoranda, Office and Administrative Orders (1 original)		Reproduction Center Secretarial Pool		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Deliver reproduced Hospital Bulletin, memoranda, Office and Administrative Orders from the Reproduction Center/Secretarial Pool to the Message Center.	1. Receive Hospital Bulletin, Memoranda, Office and Administrative Orders.	None	2 minutes	<i>Messengerial Staff</i> Message Center
	1.1 Disseminate the documents to the areas concerned.	None	1 day	<i>Messengerial Staff</i> Message Center
TOTAL:		None	1 day and 2 minutes	

4. Providing Assistance to the Executive Offices

Attending meeting, transcribing and providing minutes of the meeting

Office or Division:	Office and Custodial Services			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	Executive Offices and Hospital Committee Members			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Notice of meetings (1 photocopy)		Executive Offices		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide Notice of Meeting signed by the Director, Deputy Directors or Chair of the Committees to the Secretarial Pool.	1. Receive Notice of the Meeting.	None	2 minutes	<i>Secretarial Pool Staff</i> Secretarial Pool
	1.1 Attend the meeting as per schedule stated in the Notice of Meeting given.	None	2 hours	<i>Secretarial Pool Staff</i> Secretarial Pool
	1.2 Transcribe the minutes of the meeting attended.	None	7 days	<i>Secretarial Pool Staff</i> Secretarial Pool
TOTAL:		None	7 days, 2 hours and 2 Minutes	

5. Special Janitorial, Custodial and Other Services

Various special janitorial and custodial services including grounds maintenance services (i.e. general cleaning/disinfection/sanitation and haul/transfer of equipment and supplies from wards/offices to other areas, etc)

Office or Division:	Office and Custodial Services			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	Employees of PGH; Departments/Wards/Divisions/Units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter of Request addressed to the Head of the Office and Custodial Services (1 photocopy)		Requesting Unit/Office/Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide the Letter of Request to the Head or Administrative Officer of the Office and Custodial Services.	1. Receive the Letter of Request from the requesting unit/office/department	None	2 minutes	<i>Secretarial Pool Staff</i>
	1.1 Accomplished sheduled task as stated in the request letter.	None	1 day	<i>Custodial Services Staff</i> <i>Contracted Janitorial Services Staff</i> <i>Grounds and Sanitation Services Staff</i>
	TOTAL:	None	1 day and 2 minutes	

Office of Engineering and Technical Services

External Services

1. Accomplishment of Job Order Request (Works Requiring Outsource Service Provider for Corrective/Preventive Maintenance of Equipment/Facility)

This is any job request where works require outsource due to lack of equipment and/ or require special works.

Office or Division:	Office of Engineering and Technical Services			
Classification:	Simple			
Type of Transaction:	G2B			
Who may avail:	Service Provider/ Business Partner			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Proposal from business partner - 1 Original Copy		OETS		
Copy of Previous Contract – 1 photocopy (if previous Business Partner)		Business Partner		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit completely filled-out Job Order Request (JOR) Form at the OETS Office	1. Accept and record received Job Order Requests	None	30 minutes	OETS Administrative Staff
	1.1 Receives, record and assign corresponding JOR sequence number	None	15minutes	Unit Foreman or Authorized Representative
	1.2 Receives the JOR and Assess the area/site/equipment and the scope of work needed to be prepared	None	30 minutes	Craftsman/ Technician
	1.3 Returns the JOR requiring outsourcing to the Unit Foreman	None	10 minutes	Craftsman/ Technician
	1.4 Prepare and submit Pre-repair Inspection Report to the Internal Audit Office	None	30 minutes	OETS Concerned Engineer
	(awaiting return of all Original and Complete Documents)	None	Paused	OETS Concerned Engineer

	1.5 Prepare and submit for approval required documents to various PGH stakeholders (Request for funding, Justification letter, Supplemental Project Procurement Management Plan, Purchase Request and Scope of Works with Materials Specifications	None	2 hours	OETS Concerned Engineer
	(Awaiting return of all Original and Completed documents)	None	Paused	OETS Concerned Engineer
	1.6 Prepares and endorses all documents/submittals to the Bids and Awards Committee for Resolution	None	2 hours	OETS Concerned Engineer
	(awaiting return of all Original, Accurate and Complete Documents)	None	Paused	OETS Concerned Engineer
	1.7 Endorses all documents with the winning bidder to the Legal Office for processing of Contract or Agreement	None	2 hours	OETS Concerned Engineer
	(awaiting return of all Complete Documents with Contract)	None	Paused	OETS Concerned Engineer
	1.8 Prepare and submit Notice to Proceed and Certificate of Wear	None	2 hours	OETS Concerned Engineer

	<p>and Tear to the PGH Administration for approval</p> <p>1.4 Advise Service provider to sign the Original copy of Preventive Maintenance Agreement and provide 7 copies after notarization</p> <p>(Awaiting return of Notarized Contract with 7 copies from the Outsource provider)</p> <p>1.5 Submit Original Notarized Copy of Contract with 7 copies to the Legal Office with Outsource provider</p> <p>1.6 Advise/Inform the Service provider to accept/sign the Notice to Proceed and perform what is stated in the Contract including posting of bond Cash/Performance if required</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>1 hour</p> <p>Paused</p> <p>30 minutes</p> <p>30 minutes</p>	<p>OETS Concerned Engineer</p> <p>OETS Concerned Engineer</p> <p>OETS Concerned Engineer</p> <p>OETS Concerned Engineer</p>
2. Conduct the necessary corrective/preventive works for the JOR and provide the Service Report, Sales Invoice and Warranty/ Guaranty Certificate	2. Test and assess the install repaired equipment (Note: the testing/ delivery /installation of the equipment will start upon the completion of the corrective/preventive	None	4 hours	OETS Concerned Engineer and Craftsman/ Technician

	works performed by the outsource service provider) 2.1 Prepare Disbursement Voucher with complete and accurate requirements for processing of payment	None	3 hours	OETS Concerned Engineer
TOTAL:		None	2 working Days, 2 hours, 55 minutes	

Note: Given hours is in working hours. 8 working hours is equivalent to 1 day.

2. Preparation, Implementation and Accomplishment of Infrastructure/Development Project

This is any renovation and / or construction works that require outsource due to large scope of works, lack of equipment and/ or require special works.

Office or Division:	Office of Engineering and Technical Services			
Classification:	Simple			
Type of Transaction:	G2B			
Who may avail:	Contractors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request letter approved by the PGH Director		PGH Administration		
Additional requirements upon request of payment (pls refer to set of requirements of COA)		External Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.End-user submit letter to the OETS with approval from the PGH Administration	1. Conduct coordination meeting with the end-user(s)/ stakeholders for the proposed project	None	2 hours	OETS Concerned Engineer
	2. Preparation of plans including supporting documents (Estimates, Scope of Works and Materials Specifications) for signature of concerned stakeholders	None	45 days	OETS Concerned Engineer
	3. Preparation of Funding Request and other attachments for approval by the PGH Administration	None	2 Hours	OETS Concerned Engineer
	(waiting for the return of accurate and completely signed documents)	None	Paused	OETS Concerned Engineer
	4. Endorsement of Project documents to the PGH Bids and Awards Committee (BAC) for resolution	None	2 Hours	OETS Concerned Engineer

<p>2. Contractor Start Construction Work provided all requirements have been completely and accurately submitted (Note: refer to COA requirements no. 2012 -001)</p> <p>3. Submit progress billing with accomplishment report (% of accomplishment, pictures of work done) for progress payment & COA requirements (Note: refer to COA requirements no. 2012 -001)</p>	<p>(waiting for the return of accurate and complete project documents from BAC with awarded contractor)</p>	None	Paused	OETS Concerned Engineer
	<p>5. Endorsed/Transmit complete documents to the Legal Office for Contract Preparation</p>	None	2 Hours	OETS Concerned Engineer
	<p>(waiting for the return of accurate and complete documents)</p>	None	Paused	OETS Concerned Engineer
	<p>6. Conduct Pre-construction/ coordination meeting with the contractor and concerned stakeholders</p>	None	2 Hours	OETS Concerned Engineer
	<p>7. Monitor the project and conduct weekly coordination meeting with the contractor and stakeholders</p>	None	Paused	OETS Concerned Engineer
	<p>8. Inspect/Evaluate the actual work accomplished prior to the preparation, submission and processing of payment</p>	None	4 Hours	OETS Concerned Engineer
OETS				

	9. Monitor Project until Final Acceptance	None	Paused	Concerned Engineer
	TOTAL:	None	45 days 14 hours	OETS Concerned Engineer

Office of Engineering and Technical Services

Internal Services

1. Accomplishment of Job Order Request (for Works with Available Materials)

This is any job request with stock materials that can be done by any section and / or coordination with other sections of OETS.

Office or Division:	Office of Engineering and Technical Services			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	All PGH Departments, Offices, and Wards			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Job Order Request Form (1 Original Copy)		Requesting Department, Office, Ward		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit completely filled-out Job Order Request Form (JOR) at the OETS Office	1. Accept and record received Job Order Requests (JOR)	None	10 minutes	OETS Administrative Staff
	1.1 Check, record and assign corresponding JOR sequence number	None	5 minutes	Unit Foreman or Authorized Representative
	1.2 Receives the JOR and Assess the area/site/equipment and the scope of work needed to be prepared	None	1 hour	Craftsman/ Technician
	1.3 Coordinate with the Property and Supply Division regarding the availability of materials, supplies, and tools needed	None	15 minutes	Craftsman/ Technician
	1.4 Prepare Request and Issue Slip (RIS), Stock Position Sheet (SPS) with photocopy of JOR for available materials and supplies	None	30 minutes	Unit Engineer
	1.5 Submit approved RIS, SPS with photocopy of JOR to PSD Construction	None	30 minutes	Craftsman/ Technician

	Supply Section for issuance of materials and supplies			
	1.6 Perform JOR corrective maintenance as requested (Note: coordinate with other section if the JOR requires multi-section work)	None	10 working	Craftsman/ Technician
	1.7 Test and Assess workmanship prior to turn-over of accomplishment to the requesting end-user	None	15 minutes	Craftsman/ Technician
	1.8 Hands Customer Satisfaction Survey form to end-user for evaluation. Submit the accomplished JOR documents to the Unit Foreman for documentation.	None	10 minutes	Craftsman/ Technician
TOTAL:		None	10 working days, 2 hours and 55 minutes	

Note: Given hours is in working hours. 8 working hours is equivalent to 1 day.

2. Accomplishment of Job Order Request (for Works without Available Materials)

This is any job request where materials needed are not usual and beyond PPMP request. This JOR can be done by any section and / or coordination with other sections of OETS when materials are available.

Office or Division:	Office of Engineering and Technical Services			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	All PGH Departments, Offices, and Wards			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Job Order Request Form (1 Original Copy)		Requesting Department, Office, Ward		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit completely filled-out Job Order Request Form (JOR) at the OETS Office	1. Accept and record received Job Order Request (JOR)	None	10 minutes	OETS Administrative Staff
	1.1 Check, record and distributes JOR with sequence number	None	15 minutes	Unit Foreman or Authorized Representative
	1.2 Assess the area/site/equipment and the scope of work needed to be accomplished	None	1 hour	Craftsman/ Technician
	1.3 Coordinate with the Property and Supply Division regarding the availability of materials, supplies, and tools needed	None	15 minutes	Craftsman/ Technician
	1.4 Endorses the Job Order Request to the Unit Foreman for preparation of feedback by the Unit Head	None	30 minutes	Craftsman/ Technician
	1.5 Provides official feedback to the end-user regarding the unavailability of materials/supplies	None	30 minutes	Unit Head/ Concerned Engineer

2. The end-user is encourage to prepare a requitition as per OETS Feedback for the requested work to be accomplished	from PSD (Note: the duration for the acquisition of the needed material may vary depending on the approval of budget, purchase of materials and time of delivery)	None	Paused	Unit Head/ Concerned Engineer
TOTAL:		None	2 hours, 40 minutes	

Property and Supply Division

External Services

1. Processing of Request for Certification on the Refund of Performance Bond/Retention Fee

Facilitate the issuance of certification intended for the refund of Performance Bond/Retention Fee as requested by the supplier.

Office or Division:	Property and Supply Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Concerned Supplier			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter Request – 1 original 2. Purchase Order/s – 1 photocopy (refund of Performance Bond) 3. Sales Invoice – 1 photocopy (refund of retention fee)		PSD - Equipment Section (ES)/Special Supplies Section (SSS)/General Supplies Section (GSS)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward letter request with required attachment to the PSD Equipment Section	1. Receive and record letter request	None	5 mins	<i>Administrative Staff,</i> PSD - ES/SSS/GSS
	2. Verify and check	None	10 mins	<i>Storekeeper/Administrative Officer</i> PSD - ES/SSS/GSS
	3. Prepare the Certification on the Refund of the Performance Bond/Retention Fee	None	10 mins	<i>Administrative Staff,</i> PSD - ES/SSS/GSS
	4. Review and affix initials	None	5 mins	<i>Section Head,</i> PSD - ES/SSS/GSS
	5. Forward certification for signature of the Division Chief	None	5 mins	<i>Administrative Staff,</i> PSD - ES/SSS/GSS
	6. Receive and record	None	5 mins	<i>Administrative Staff,</i> PSD-Admin Office
	7. Review and Sign	None	5 mins	Division Chief
	8. Forward signed certification	None	5 mins	<i>Administrative Staff,</i> PSD-Admin

				Office
	9. Receive and record signed Certification on the Refund of Performance Bond/Retention Fee	None	5 mins	<i>Administrative Staff,</i> PSD-Admin Office
	10. Release of the Certification	None	5 mins	<i>Administrative Staff,</i> PSD-Admin Office
TOTAL:		None	1 hour *	

*Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled is not considered in the determination of the processing time.

Note: Pick-up of Certification may be subject for the availability of the supplier and the maximum time may be extended

2. Processing of Request for Extension of Delivery/ Cancellation/ Assurance Letter and Other Matters Related to Deliveries

Facilitate the request for extension of delivery/cancellation/assurance letter and other matters related to deliveries prior to acceptance

Office or Division:	Property and Supply Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Concerned Supplier			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter Request – 1 original 2. Purchase Order (PO) – 1 photocopy		PSD – Admin Office/Special Supplies Section/General Supplies Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of request together with photocopy of PO to the PSD Admin Office	1. Receive and record the letter request	None	5mins	<i>Administrative Staff, PSD - SSS/GSS/ Admin Office</i>
	2. Verify/check/ comment on the availability of stock/status	None	15 mins	<i>Section Head/Admin Assistant, PSD - SSS/GSS/ Admin Office</i>
	3. Forward to Division Chief for endorsement	None	5 mins.	<i>Administrative Staff, PSD – SSS/GSS/ Admin Office</i>
	4. Endorse letter request for initial of the Deputy Director for Fiscal Services and approval of the Director	None	15 mins	<i>Division Chief, PSD</i>
	5. Forward letter request for approval	None	15 mins	<i>Administrative Staff, PSD – Admin Office</i>
	6. Receive and record letter request, affix initial and forward to Office of the Director	None	1 day	<i>Office of the Deputy Director for Fiscal Services</i>
	7. Receive and record letter request, approve and forward to PSD	None	1 day	<i>Office of the Director</i>
	8. Receive, record and forward approved letter request to the Division Chief for notation	None	15 mins	<i>Administrative Staff and Division Chief, PSD</i>
	9. Forward approved	None	5 mins	<i>Administrative</i>

	letter request to concerned office			Staff, PSD – Admin Office
	10. Receive and record approved letter request and coordinate accordingly	None	15 mins	Administrative Staff, Purchasing Office/PSD - DMU
TOTAL:		None	2 days, 1hour and 30mins*	

* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

3. Processing of Gate Pass for Hospital Equipment Property

Facilitate the issuance of gate pass to track equipment due for external repair or for replacement

Office or Division:	Property and Supply Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Departments, Offices and Units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Approved Letter Request – 1 original and 3 photocopies 2. Valid Company ID of Authorized Representative – 1 photocopy		PSDEquipment Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward Approved Letter Request to the PSD-Equipment Section	1. Receive approved letter request with complete pertinent documents for outside repair/ preventive maintenance	None	10mins	<i>Administrative Staff</i>
	2. Check/verify if PGH property	None	1 hour	<i>Assigned Storekeeper and Supply Officer</i>
	3. Prepare the Gate Pass and check the equipment/SE	None	10 mins	<i>Assigned Storekeeper</i>
	4. Secure signature of the accountable officer, Office of the Engineering and Technical Services (OETS)/Information Technology Office (IT Office) (for equipment beyond the warranty period)	None	1 hour	<i>Assigned Storekeeper</i>
	5. Receive and record gate pass and forward to Section Head for initial and signature of the Division Chief	None	30mins	<i>Administrative Staff/Section Head/Division Chief</i>
	6. Coordinate with end-user to pick-up the approved Gate	None	15mins	<i>Administrative Staff/Assigned Storekeeper,</i>

	Pass and request to inform the supplier's representative to provide one copy of ID upon acknowledging the receipt of the equipment/SE			Equipment Section - PSD
	7. Acknowledge the Gate Pass by signing the "Received by" portion in the presence of the End-user/Assigned Storekeeper	None	10mins	Supplier's Authorized Representative
	8. Record and release the Gate Pass	None	10 mins	<i>Supply Officer</i> , Equipment Section, PSD
TOTAL:		None	3 hours and 25 mins*	

* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

4. Processing of Request for Transfer of Serviceable/Unserviceable Equipment/Semi-Expendable/Waste Material/s No Longer in Use

Facilitate the request for transfer, record transaction and coordinate with Accounting Services Division for reconciliation.

Office or Division:	Property and Supply Division			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Requesting Unit/Office/Government Agency			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Approved Letter Request - 1 original and 1 photocopy 2. Valid Government/Company ID - 1 photocopy		PSD - Equipment Section (ES)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward Letter Request to the PSD Equipment Section	1. Receive and record letter request	None	5 mins	<i>Administrative Staff - ES, PSD</i>
	2. Check/verify and validate status of request	None	20 mins	<i>Administrative Officer/Section Head, ES-PSD</i>
	3. Receive and record letter request with validation	None	5 mins	<i>Administrative Staff, Admin Office - PSD</i>
	4. Confirm and endorse letter request	None	10 mins	Division Chief
	5. Forward letter request for initial/approval	None	5 mins	<i>Administrative Staff, Admin Office - PSD</i>
	6. Receive and record letter request, affix initial/approval and forward to PSD	None	1 day	Office of the Deputy Director for Administration/ Office of the Director
	7. Receive and record approved letter request	None	5 mins	<i>Administrative Staff, ES - PSD</i>
	8. Coordinate with concerned office/agency for release/pull-out of the item	None	5 mins	<i>Storekeeper/Administrative Officer, ES-PSD</i>
	9. Record and forward pertinent documents to	None	10 mins	<i>Storekeeper/Administrative Officer, ES-</i>

	Accounting Services Division for reconciliation			PSD
	10. Provide valid company ID and acknowledge receipt of the item/s	None	10 mins	Authorized representative
TOTAL:		None	1 day, 1 hour and 15 mins*	

* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

5. Receipt of Delivery for Newly Acquired Supplies and Materials

Facilitate the acceptance/receipt of newly acquired supplies and materials

Office or Division:	Property and Supply Division
Classification:	Simple
Type of Transaction:	G2C
Who may avail:	Concerned Supplier
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<ol style="list-style-type: none"> 1. Approved Purchase Order (PO) – 1 original and 7 photocopies 2. Approved Purchase Request – 1 photocopy; and/or 3. Approved Request to Deliver (RD) – 1 photocopy 4. Budget Utilization Request and Status (BURS)/Obligation and Budget Request and Status (OBRS) – 1 photocopy (as per fund classification) 5. Other required documents based on Mode of Procurement (stamped – certified true copy) <ol style="list-style-type: none"> a. Competitive Bidding <ol style="list-style-type: none"> a.1 Notice of Award (NOA) a.2 Notice to Proceed (NTP) a.3 Performance Bond (PB) a.4 Transmittal Sheet (TS) a.5 Other Pertinent Bidding Documents b. Alternative Mode of Procurement: <ol style="list-style-type: none"> b.1 Direct Contracting <ol style="list-style-type: none"> b.1.1 Approved Price Quotation b.1.2 Certificate of Exclusive Distributorship b.1.3 Approved Justification b.1.4 BAC Resolution b.2 Repeat Order <ol style="list-style-type: none"> b.2.1 Approved Justification b.2.2 Notice of Repeat Order b.2.3 Notice to Proceed b.2.4 BAC Resolution 	<p><u>Property and Supply Division</u></p> <ul style="list-style-type: none"> ➤ General Supplies Section <ul style="list-style-type: none"> - Office Supplies - Inks and Toners - Commissary Supplies - Housekeeping/Janitorial Supplies - Construction Supplies - Linen Raw Materials ➤ Special Supplies Section <ul style="list-style-type: none"> - Medical Supplies Floor Stock - Medical Oxygen and Other Gases - Liquid Oxygen ➤ Drugs and Medicines Unit, Special Supplies Section <ul style="list-style-type: none"> - Drugs and Medicines (RF & GF) - Chemicals and Reagents (RF & GF) - Medical Supplies Unit, Special Supplies Section ➤ Medical Supplies Unit, Special Supplies Section <ul style="list-style-type: none"> - Medical Supplies (RF) - Medical Devices/Implants

<p>b.3 Shopping</p> <p> b.3.1 Price Quotations</p> <p> b.3.2 Abstract of Canvass (Sealed/Open)</p> <p> b.4 Negotiated Procurement – <i>Small Value Procurement</i></p> <p> b.4.1 Abstract of Sealed/Open Canvass</p> <p> b.4.2 Price/Bid Offer/s</p> <p> b.5 Negotiated Procurement – <i>Two Failed Biddings</i></p> <p> b.5.1 Notice of Award</p> <p> b.5.2 Notice to Proceed</p> <p> b.5.3 BAC Resolution</p> <p> b.6 Negotiated Procurement – <i>Emergency Cases</i></p> <p> b.6.1 Approved justification</p> <p> b.6.2 BAC Resolution</p> <p>6. Approved Sample (if applicable)</p> <p>NOTE: All photocopied documents attached should be stamped “Certified True Copy” and duly signed by the issuing office.</p>				
<p>7. Sales Invoice (SI) – 1 original and 7 photocopies</p> <p>8. Delivery Receipt (DR) – 1 original and 7 photocopies</p> <p>9. Valid Certificate of Product Registration (CPR) – 1 photocopy (if applicable)</p> <p>10. Valid Certificate of Analysis (COA) (for drugs and medicines) – 1 photocopy</p>				
Concerned Supplier				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Purchase Order and other pertinent documents to the PSD Admin Office as obtained from Purchasing Office for the specific delivery	1. Check the completeness of the documents	None	10 mins	Administrative Staff/ Storekeeper/ Supply Officer, PSD
	2. Check/verify the item/s delivered if in conformity with the Purchase Order (PO) specifications;	None	30 mins/variable (depending on the quantity and number of items/ supplies delivered)	Administrative Staff/ Storekeeper/ Supply Officer, PSD

	Count the item/s delivered			
	3. Acknowledge/ accept the items/supplies delivered; Affix initial/sign the Sales Invoice/Delivery Receipt.	None	10 mins	<i>Administrative Staff/ Storekeeper/ Supply Officer, PSD</i>
TOTAL:		None	50 mins*	

* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

- Outright rejection of delivery for non-conformance to PO/Supply Contract specifications, damaged and other concerns related to the delivery

6. Receipt of Delivery for Newly Acquired Equipment/Semi-Expendable Item/s/Spare Parts and Accessories

Facilitate the acceptance/receipt of newly acquired equipment/semi-expendable item/s/spare parts and accessories.

Office or Division:	Property and Supply Division
Classification:	Simple
Type of Transaction:	G2C
Who may avail:	Concerned Supplier
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<ol style="list-style-type: none"> 1. Approved Purchase Order (PO) – 1 original and 7 photocopies 2. Approved Purchase Request – 1 photocopy 3. Budget Utilization Request and Status (BURS)/Obligation and Budget Request and Status (OBRS) – 1 photocopy (as per fund classification) 4. Brochure/Catalogue – 1 original and 1 photocopy (if applicable) 5. Other required documents based on Mode of Procurement (stamped – certified true copy) <ol style="list-style-type: none"> a. Competitive Bidding <ol style="list-style-type: none"> a.1 Notice of Award (NOA) a.2 Notice to Proceed (NTP) a.3 Performance Bond (PB) a.4 Transmittal Sheet (TS) a.5 Other Pertinent Bidding Documents b. Alternative Mode of Procurement: <ol style="list-style-type: none"> b.1 Direct Contracting <ol style="list-style-type: none"> b.1.1 Approved Price Quotation b.1.2 Certificate of Exclusive Distributorship b.1.3 Approved Justification b.1.4 BAC Resolution b.2 Repeat Order <ol style="list-style-type: none"> b.2.1 Approved Justification b.2.2 Notice of Award (Repeat Order) b.2.3 Notice to Proceed b.2.4 BAC Resolution 	PSD-Equipment Section

b.3 Shopping b.3.1 Price Quotations b.3.2 Abstract of Canvass (Sealed/Open) b.4 Negotiated Procurement – <i>Small Value Procurement</i> b.4.1 Abstract of Sealed/Open Canvass b.4.2 Price/Bid Offer/s b.5 Negotiated Procurement – <i>Two Failed Biddings</i> b.5.1 Notice of Award b.5.2 Notice to Proceed b.5.3 BAC Resolution b.6 Negotiated Procurement – <i>Emergency Cases</i> b.6.1 Approved justification b.6.2 BAC Resolution 6. Approved Sample (if applicable) NOTE: All photocopied documents attached should be stamped “Certified True Copy” and duly signed by the issuing office.				
7. Sales Invoice (SI) – 1 original and 7 photocopies 8. Delivery Receipt (DR) – 1 original and 7 photocopies 9. Warranty Certificate – 1 original and 1 photocopy 10. Brochure/Catalogue – 1 original and 1 photocopy (if applicable)		Concerned Supplier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Purchase Order and other pertinent documents to the PSD Equipment Section as obtained from Purchasing Office for the specific delivery	1. Check the completeness of the documents	None	30 mins	Administrative Staff/ Storekeeper/ Supply Officer, PSD
	2. Check/verify the item/s delivered if in conformity with Purchase Order (PO) specifications; Count the item/s delivered	None	2 hours/variable (depending on the quantity of item/s delivered)	Administrative Staff/ Storekeeper/ Supply Officer, PSD

	3. Acknowledge/accept the item/s delivered; Affix initial/sign the Sales Invoice/Delivery Receipt.	None	20 mins	<i>Administrative Staff/ Storekeeper/ Supply Officer, PSD</i>
TOTAL:			2 hours and 50 mins*	

* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

- Outright rejection of delivery for non-conformance to PO/Supply Contract specifications, damaged and other concerns related to the delivery

7. Receipt of Laundered Hospital Linen/s

Facilitate the acceptance/receipt of newly laundered linen/s

Office or Division:	Property and Supply Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Concerned Supplier			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Valid Supply Contract – 2 photocopies 2. Performance Bond – 1 photocopy 3. Daily Delivery Sheet (DDS) – 1 original and 1 photocopy NOTE: All photocopied documents attached should be stamped “Certified True Copy” and duly signed by the issuing office.		Linen Section, Property and Supply Division		
4. Sales Invoice (SI) – 1 original and 7 photocopies 5. Delivery Receipt (DR) – 1 original and 7 photocopies		Concerned Supplier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Daily Delivery Sheet for the specific delivery together with the required documents to the PSD Linen Section	1. Check the completeness of the documents	None	10 mins	<i>Administrative Staff/ Laundry Worker/ Supply Officer, PSD</i>
	2. Check/verify the completeness of the delivered item/s and if in conformity with the requisites stated in the laundry contract Routine count and record the total number of delivered clean linen in the “Clean Returned Column” of the DLS. Regular reporting for undelivered/ unaccounted linen	None	2 hours/variable (depending on the quantity item/s delivered)	<i>Administrative Staff/ Laundry Worker/ Supply Officer, PSD</i>
	3.	None	15 mins	<i>Administrative</i>

	Acknowledge/accept clean linen deliveries based on the quantities reflected in the daily soiled linen sent per DLS. Affix initial/sign the Sales Invoice/Delivery Receipt.			Staff/ Laundry Worker/ Supply Officer, PSD
TOTAL:		None	2 hours and 25 mins*	

* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

Note:

- Outright rejection of delivery for non-conformance to PO/Supply Contract specifications, damaged and other concerns related to the delivery

8. Processing of Disbursement Voucher for Payment of Delivered Supplies and Materials (Regular Stock/Item/s)

Facilitate the preparation of Disbursement Voucher (DV) for delivered supplies and materials due for payment (regular stock/item/s)

Office or Division:	Property and Supply Division
Classification:	Simple
Type of Transaction:	G2G
Who may avail:	Concerned Supplier
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<ul style="list-style-type: none"> ➤ Documents received during acceptance of delivery (stamped - certified true copy and duly signed by the issuing office): <ol style="list-style-type: none"> 1. Approved Purchase Order (PO) duly noted by IASSS for the deliveries made – 1 original 2. Approved Purchase Request – 1 photocopy; and/or 3. Approved Request to Deliver (RD) – 1 photocopy 4. Budget Utilization Request and Status (BURS)/Obligation and Budget Request and Status (OBRS) – 1 photocopy (as per fund classification) 5. Other required documents to be obtained from Purchasing Office based on Mode of Procurement (stamped – certified true copy) <ol style="list-style-type: none"> a. Competitive Bidding <ol style="list-style-type: none"> a.1 Notice of Award (NOA) a.2 Notice to Proceed (NTP) a.3 Performance Bond (PB) a.4 Transmittal Sheet (TS) a.5 Other Pertinent Bidding Documents b. Alternative Mode of Procurement: <ol style="list-style-type: none"> b.1 Direct Contracting <ol style="list-style-type: none"> b.1.1 Approved Price Quotation b.1.2 Certificate of Exclusive Distributorship b.1.3 Approved Justification 	Property and Supply Division <ul style="list-style-type: none"> ➤ General Supplies Section (GSS) <ul style="list-style-type: none"> - Office Supplies - Inks and Toners - Commissary Supplies - Housekeeping/Janitorial Supplies - Construction Supplies - Linen Raw Materials ➤ Special Supplies Section (SSS) <ul style="list-style-type: none"> - Medical Supplies Floor Stock - Medical Oxygen and Other Gases - Liquid Oxygen - Drugs and Medicines (RF & GF) - Chemicals and Reagents (RF & GF) - Medical Supplies (RF)

<p> b.2 Repeat Order b.2.1 Approved Justification b.2.2 Notice of Award (Repeat Order) b.2.3 Notice to Proceed b.3 Shopping b.3.1 Price Quotations b.3.2 Abstract of Canvass (Sealed/Open) b.4 Negotiated Procurement – <i>Small Value Procurement</i> b.4.1 Abstract of Sealed/Open Canvass b.4.2 Price/Bid Offer/s b.5 Negotiated Procurement – <i>Two Failed Biddings</i> b.5.1 Notice of Award b.5.2 Notice to Proceed b.6 Negotiated Procurement – <i>Emergency Cases</i> b.6.1 Approved justification 6. BAC Resolution/Certificate for Negotiated Procurement (53.1) (if applicable) 7. Sales Invoice (SI) duly noted by IASSS for the deliveries made – 1 original 8. Delivery Receipt (DR) duly noted by IASSS for the deliveries – 1 original 9. Valid Certificate of Product Registration (CPR) – 1 photocopy (if applicable) 10. Valid Certificate of Analysis (COA) (for drugs and medicines) – 1 photocopy 11. Supply Contract (for Laundry Services – 1 photocopy </p>				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward all pertinent documents to the PSD Supply Section for the preparation of the DV	1. Receive, check and record the forwarded documents	None	5 mins	<i>Administrative Staff, SSS/GSS - PSD</i>
	2. Check and verify the completeness of the documents and	None	40 mins	<i>Section Head, SSS/GSS – PSD</i>

	instruct Admin Staff to prepare the DV; Attach checklist and all pertinent documents prior to DV preparation			
	3.Prepare the DV through the FMIS and attach all pertinent documents; forward to Section Head for review/initial	None	25 mins	<i>Administrative Staff, SSS/GSS - PSD</i>
	4.Review and record DV; encode pertinent information in the DV Monitoring Report Affix initial in the DV and forward to Division Chief for signature.	None	15 mins	<i>Section Head, SSS/GSS – PSD</i>
	5.Review and sign	None	10 mins	<i>Division Chief, PSD</i>
	6.Record and release signed DV and other pertinent documents to Accounting Services Division	None	10 mins	<i>Administrative Staff, Admin. Office-PSD</i>
TOTAL:		None	1 hour and 45 mins*	

*Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

9. Processing of Disbursement Voucher for Payment of Delivered Supplies and Materials (Direct Charges)

Facilitate the preparation of Disbursement Voucher (DV) for delivered supplies and materials due for payment (direct charges)

Office or Division:	Property and Supply Division
Classification:	Simple
Type of Transaction:	G2G
Who may avail:	Concerned Supplier
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<p>➤ Documents received during acceptance of delivery (stamped - certified true copy and duly signed by the issuing office):</p> <ol style="list-style-type: none"> 1. Approved Purchase Order (PO) duly noted by IASSS for the deliveries made – 1 original 2. Approved Purchase Request – 1 photocopy; and/or 3. Approved Request to Deliver (RD) – 1 photocopy (if applicable) 4. Budget Utilization Request and Status (BURS)/Obligation and Budget Request and Status (OBRS) – 1 photocopy (as per fund classification) 5. Other required documents to be obtained from Purchasing Office based on Mode of Procurement (stamped – certified true copy) <ol style="list-style-type: none"> a. Competitive Bidding <ol style="list-style-type: none"> a.1 Notice of Award (NOA) a.2 Notice to Proceed (NTP) a.3 Performance Bond (PB) a.4 Transmittal Sheet (TS) a.5 Other Pertinent Bidding Documents b. Alternative Mode of Procurement: <ol style="list-style-type: none"> b.1 Direct Contracting <ol style="list-style-type: none"> b.1.1 Approved Price Quotation b.1.2 Certificate of Exclusive Distributorship b.1.3 Approved Justification b.2 Repeat Order <ol style="list-style-type: none"> b.2.1 Approved 	Property and Supply Division and All Requisitioning Offices/Unit

<p>Justification</p> <p>b.2.2 Notice of Repeat Order</p> <p>b.2.3 Notice to Proceed</p> <p>b.3 Shopping</p> <p>b.3.1 Price Quotations</p> <p>b.3.2 Abstract of Canvass (Sealed/Open)</p> <p>b.4 Negotiated Procurement – <i>Small Value Procurement</i></p> <p>b.4.1 Abstract of Sealed/Open Canvass</p> <p>b.4.2 Price/Bid Offer/s</p> <p>b.5 Negotiated Procurement – <i>Two Failed Biddings</i></p> <p>b.5.1 Notice of Award</p> <p>b.5.2 Notice to Proceed</p> <p>b.6 Negotiated Procurement – <i>Emergency Cases</i></p> <p>b.6.1 Approved justification</p> <p>b.6.2 Approved price quotation</p> <p>6. BAC Resolution/Certificate for Negotiated Procurement (53.1) (if applicable)</p> <p>7. Sales Invoice (SI) duly noted by IASSS for the deliveries made – 1 original</p> <p>8. Delivery Receipt (DR) duly noted by IASSS for the deliveries – 1 original</p> <p>9. Valid Certificate of Product Registration (CPR) – 1 photocopy (if applicable)</p> <p>10. Supply Contract – 1 photocopy (if applicable)</p>				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward all pertinent documents to PSD relative to the deliveries accepted	1. Review, check and verify the completeness of the documents; Attach the checklist and all pertinent documents and forward to requisitioning unit/office;	None	15 mins	Section Head, SSS/GSS – PSD

	2. Record and forward all pertinent documents to requisitioning unit/office	None	10 mins.	<i>Administrative Staff, SSS/GSS - PSD</i>
	3. Receive, check and record the forwarded documents	None	10 mins	<i>Administrative Staff, Concerned Office/Unit</i>
	4. Check and verify the completeness of the documents and instruct Admin Staff to prepare the DV	None	40 mins	<i>Section Head, Concerned Office/Unit</i>
	5. Prepare the DV through the FMIS and attach all pertinent documents; forward to Section Head for review/initial	None	20 mins	<i>Administrative Staff, Concerned Office/Unit</i>
	6. Review and record DV; encode pertinent information in the DV Monitoring Report Affix initial in the DV and forward to Head of Office/Unit for signature.	None	15 mins	<i>Section Head of Concerned Office/Unit</i>
	7. Review and sign	None	10 mins	<i>Head of Department Office/Unit</i>
	8. Record and release signed DV and other pertinent documents to Accounting Services Division	None	10 mins	<i>Administrative Staff, Concerned Office/Unit</i>
TOTAL:		None	2 hours and 10 mins*	

*Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

10. Processing of Disbursement Voucher for Payment of Delivered Equipment/Semi-Expendable/Spare Parts and Accessories

Facilitate the preparation of Disbursement Voucher (DV) for delivered equipment/semi-expendable/spare parts and accessories due for payment

Office or Division:	Property and Supply Division
Classification:	Simple
Type of Transaction:	G2G
Who may avail:	Concerned Supplier
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<p>➤ Documents received during acceptance of delivery (stamped - certified true copy and duly signed by the issuing office):</p> <ol style="list-style-type: none"> 1. Approved Purchase Order (PO) – 1 original 2. Approved Purchase Request – 1 photocopy 3. Budget Utilization Request and Status (BURS)/Obligation and Budget Request and Status (OBRS) – 1 photocopy (as per fund classification) 4. Brochure/Catalogue –1 photocopy (if applicable) 5. Other required documents based on Mode of Procurement (stamped – certified true copy) <ol style="list-style-type: none"> a. Competitive Bidding <ol style="list-style-type: none"> a.1 Notice of Award (NOA) a.2 Notice to Proceed (NTP) a.3 Performance Bond (PB) a.4 Transmittal Sheet (TS) a.5 Other Pertinent Bidding Documents b. Alternative Mode of Procurement: <ol style="list-style-type: none"> b.1 Direct Contracting <ol style="list-style-type: none"> b.1.1 Approved Price Quotation b.1.2 Certificate of Exclusive Distributorship b.1.3 Approved Justification b.1.4 BAC Resolution b.2 Repeat Order <ol style="list-style-type: none"> b.2.1 Approved 	Equipment Section, PSD and All Requisitioning Offices/Unit

<p>Justification</p> <p>b.2.2 Notice of Repeat Order</p> <p>b.2.3 Notice to Proceed</p> <p>b.3 Shopping</p> <p>b.3.1 Price Quotations</p> <p>b.3.2 Abstract of Canvass (Sealed/Open)</p> <p>b.4 Negotiated Procurement – <i>Small Value Procurement</i></p> <p>b.4.1 Abstract of Sealed/Open Canvass</p> <p>b.4.2 Price/Bid Offer/s</p> <p>b.5 Negotiated Procurement – <i>Two Failed Biddings</i></p> <p>b.5.1 Notice of Award</p> <p>b.5.2 Notice to Proceed</p> <p>b.6 Negotiated Procurement – <i>Emergency Cases</i></p> <p>b.6.1 Approved justification</p> <p>b.6.2 Approved price quotation</p> <p>6. BAC Resolution/Certificate for Negotiated Procurement (53.1) (if applicable)</p> <p>7. Sales Invoice (SI) duly noted by IASSS for the deliveries made – 1 original</p> <p>8. Delivery Receipt (DR) duly noted by IASSS for the deliveries – 1 original</p> <p>9. Supply Contract – 1 photocopy</p> <p>10. Accomplished Inspection and Acceptance Report (IAR) – 1 original</p> <p>11. Accomplished Requisition Issue Slip (RIS) – 1 original</p> <p>12. Accomplished Property and Acknowledgement Receipt (PAR) – 1 photocopy</p> <p>13. Accomplished Inventory Custodian Slip (ICS) - 1 photocopy</p> <p>14. Certificate of Completion for the Installation and Commissioning – 1 original (if applicable)</p> <p>15. Certificate of Acceptance – 1 original</p> <p>16. Certificate of Training – 1 photocopy</p> <p>17. Other pertinent documents that may be required by Accounting Services Division</p>				
CLIENT STEPS	AGENCY ACTION	FEES TO	PROCESSING	PERSON

		BE PAID	TIME	RESPONSIBLE
1. Forward all pertinent documents to PSD relative to the deliveries accepted	1. Review, check and verify the completeness of the documents; Attach the checklist and all pertinent documents and forward to requisitioning unit/office;	None	15 mins	Section Head, SSS/GSS – PSD
	2. Record and forward all pertinent documents to requisitioning unit/office	None	10 mins.	Administrative Staff, SSS/GSS - PSD
	3. Receive, check and record the forwarded documents	None	10 mins	Administrative Staff, Concerned Office/Unit
	4. Check and verify the completeness of the documents and instruct Admin Staff to prepare the DV	None	40 mins	Section Head, Concerned Office/Unit
	5. Prepare the DV through the FMIS and attach all pertinent documents; forward to Section Head for review/initial	None	20 mins	Administrative Staff, Concerned Office/Unit
	6. Review and record DV; encode pertinent information in the DV Monitoring Report Affix initial in the DV and forward to Head of Office/Unit for signature.	None	15 mins	Section Head of Concerned Office/Unit
	7. Review and sign	None	10 mins	Head of Department Office/Unit
	8. Record and release signed DV and other pertinent documents to Accounting	None	10 mins	Administrative Staff, Concerned Office/Unit

	Services Division			
	TOTAL:	None	2 hours and 10 mins*	

*Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

Note: Completion of documents may vary depending on the required tasks to be performed and certification to be provided as what is stated in the Terms and Conditions of the Contract.

11. Processing of Disbursement Voucher for Consigned Goods

Facilitate the preparation of Disbursement Voucher (DV) for consigned goods (regular and just-in-time transactions)

Office or Division:	Property and Supply Division		
Classification:	Simple		
Type of Transaction:	G2G		
Who may avail:	Concerned Supplier		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Consignment Office (Complete Delivery)			
<div>1. Sales Report (SR) – 1 original</div> <div>2. Delivery Receipt (DR)/Sales Invoice (SI) – 1 original</div> <div>3. Approved Consignment Order (CO) with notation from the IASSS – 1 original</div> <div>4. Approved Price Quotation (for new items or with price adjustment)– 1 original</div> <div>5. Consignment Agreement (CA), notarized – 1 photocopy (with crosschecked/certified true copy)</div> <div>6. Approved Consignment List (CL) – 1 photocopy (with crosschecked/certified true copy)</div> <div>7. Valid Certificate of Product Registration (CPR) – 1 photocopy (for Drugs and Medicines and Medical Supplies)</div> <div>8. Inspection and Acceptance Report (IAR) – 1 original</div>		PSD- Consignment Office (CO)	
Consignment Office (Partial Delivery)			
<div>1. Sales Report (SR) – 1 original</div> <div>2. Delivery Receipt (DR) - 1 photocopy (with crosschecked/certified true copy)</div> <div>3. Sales Invoice (SI) – 1 original</div> <div>4. Approved Consignment Order (CO) with notation from the IASSS – 1 photocopy (with crosschecked/certified true copy)</div> <div>5. Approved Price Quotation (for new items or with price adjustment) – 1 photocopy (with crosschecked/certified true copy)</div> <div>6. Consignment Agreement (CA), notarized – 1 photocopy (with crosschecked/certified true copy)</div> <div>7. Approved Consignment List (CL) – 1</div>		PSD - Consignment Office (CO)	

photocopy (with crosschecked/ certified true copy) 8. Valid Certificate of Product Registration (CPR) – 1 photocopy (for Drugs and Medicines and Medical Supplies) 9. Inspection and Acceptance Report (IAR) – 1 photocopy (with crosschecked/certified true copy)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward all pertinent document to PSD Consignment Office for the preparation of the DV For Complete/Final Payment – attach original DR, Approved CO, IAR duly certified/noted by IASSS For Partial Payment – attach 1 photocopy of DR, Approved CO, IAR duly certified/noted by IASSS (stamped - certified true copy/ crosschecked from the original)	1. Receive, check and record the completeness of the documents forwarded	None	5 mins	<i>Administrative Staff, CO-PSD</i>
	2. Check and verify the movement of the consigned item through Open-ERP in preparation of SR	None	40 mins	<i>Administrative Staff, CO-PSD</i>
	3. Prepare and print the SR by encoding all required entry field in the monitoring report and affix signature on the SR to be forwarded to the Consignment OIC.	None	10 mins	<i>Administrative Staff, CO-PSD</i>
	4. Review, record/ encode on the	None	10 mins	OIC, CO - PSD

	Consignment Monitoring Report and affix signature			
	5. Inform the company representative of the availability of SR and to submit Sales Invoice	None	5 mins	<i>Administrative Staff, CO-PSD</i>
	6. Receive the Sales Invoice from the company representative and will affix signature on the SR	None	2 days	<i>Administrative Staff, CO-PSD</i>
	7. Forward, photocopy of SR, SI and all pertinent documents for DV preparation	None	10 mins	<i>Administrative Staff, CO-PSD</i>
	8. Receive, check SR/SI and other pertinent documents and prepare DV, affix initial to be forwarded to Consignment OIC for initial. Attach checklist and all attached photocopy (documents) are for crosschecked from the original copy	None	30 mins	<i>Administrative Staff, CO-PSD</i>
	9. Review and initial DV and update the consignment monitoring report and forward to Division Head for signature	None	15 mins	OIC, CO - PSD
	10. Review and sign	None	10 mins	Division Head, PSD
	11. Release and record all pertinent documents to Accounting Services Division for payment	None	10 mins	<i>Administrative Staff, Admin. Office-PSD</i>
TOTAL:		None	2 days, 2 hour and 25 mins*	

*Actual delivery time of the related service may vary from the actual processing time as the line item per transaction/volume of transactions handled is not considered in the determination of the processing time.

Property and Supply Division

Internal Services

1. Provision of Supplies and Materials (Newly Acquired)

Facilitate preparation of Purchase Request/Request to Deliver Awarded Items and issuance of newly acquired supplies and materials to respective Requesting Units/Offices

Office or Division:	Property and Supply Division
Classification:	Highly Technical
Type of Transaction:	G2G
Who may avail:	Requisitioning Unit/Office
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<ol style="list-style-type: none"> 1. Purchase Request (PR) – 1 original and 2 photocopies 2. Request to Deliver for Awarded Items with attached photocopy of Notice of Award (NOA) – 1 original and 2 photocopies (if with available NOA) 3. Approved Project Procurement Management Plan (PPMP) – 1 photocopy 4. Approved Supplemental Project Procurement Management Plan (SPPMP) – 1 photocopy 5. Stock Position Sheet (SPS) – 1 original and 1 photocopy 6. Purchase Order (PO) – 1 original and 7 photocopies 7. Budget Utilization Request and Status (BURS)/Obligation and Budget Request and Status (OBRS) – 1 photocopy 8. Other Pertinent Documents related to deliveries and based on the approved mode of procurement, to be secured from Purchasing Office (refer to checklist) 9. Notice to Supplier (NTS) – 1 photocopy (if applicable) 10. Request for Inspection – 1 original and 1 photocopy 11. Accomplished Inspection and Acceptance Report (IAR) – 1 original and 6 photocopies 12. Requisitioning Issue Slip (RIS) – 1 original and 2 photocopies 	<p>Property and Supply Division</p> <ul style="list-style-type: none"> ➤ General Supplies Section <ul style="list-style-type: none"> - Office Supplies - Inks and Toners - Commissary Supplies - Housekeeping/Janitorial Supplies - Construction Supplies - Linen Raw Materials ➤ Special Supplies Section <ul style="list-style-type: none"> - Medical Supplies Floor Stock - Medical Oxygen and Other Gases - Liquid Oxygen ➤ Drugs and Medicines Unit, Special Supplies Section <ul style="list-style-type: none"> - Drugs and Medicines (RF & GF) - Chemicals and Reagents (RF & GF) - Medical Supplies Unit, Special Supplies Section ➤ Medical Supplies Unit, Special Supplies Section <ul style="list-style-type: none"> - Medical Supplies (RF) - Medical Devices/Implants
<ol style="list-style-type: none"> 13. Sales Invoice (SI) – 1 original and 7 photocopies 14. Delivery Receipt (DR) – 1 original and 7 photocopies 15. Valid Certificate of Product Registration (CPR) (if applicable) – 1 	Concerned Supplier

photocopy 16. Valid Certificate of Analysis (COA) (for drugs and medicines) – 1 photocopy				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Determine the need for stock replenishment/ provision of the needs the requesting unit/office and submit the request to the PSD Admin Office	1. Prepare Purchase (PR) Request, Stock Position Sheet (SPS) and attached photocopy of approved PPMP/SPPMP Prepare Request to Deliver for Awarded Items, Stock Position Sheet (SPS) and attached photocopy of Notice of Award (NOA)	None	1 hour	<i>Administrative Staff/ Administrative Officer of concerned Department/ Office/Unit</i>
	2. Forward PR with complete attachment for funding and approval Forward Request to Deliver (RD) with complete attachment for approval of the Head of Unit	None	30 mins	<i>Administrative Staff/ Administrative Officer of concerned Department/ Office/Unit</i>
	3. Receive/record PR; review/ recommend approval and forward to Accounting Services Division (ASD)/Budget Services Division (BSD) for fund availability	None	1 day	<i>Administrative Staff, Executive Offices; Respective Deputy Director based on the Level of Approving Authority</i>
	4. Receive PR, record, certify fund availability, approve funding and forward to ODDFS/DO for initial/approval	None	2 days	<i>Administrative Assistant/ Administrative Officer/Division Chief - Accounting Services Division/Budget Services</i>

				Division
	5. Receive/record PR; review and affix initial/signature and forward to Purchasing Office	None	3 days	<i>Administrative Staff, Executive Office; Deputy Director for Administration/ Deputy Director for Fiscal Services/PGH Director</i>
	6. Receive/record approve PR and forward to BAC for resolution Receive/record RD and forward to Buyer in charge for processing	None	1 day	<i>Administrative Staff, Purchasing Office</i>
	7. Receive/record PR and process accordingly	None	Refer to RA 9184 for the procurement timeline	Bids and Awards Committee I (BAC-I)
	8. Prepare PO and forward to requesting unit/office	None	1 day	<i>Administrative Staff/Supervisor /Unit Head, Purchasing Office</i>
	9. Receive/record Purchase Order forwarded by Purchasing Office; prepare BURS/OBRS for initial/signature of the Section Head/Division Chief and forward to Accounting Services Division/ Budget Services Division	None	1 day	<i>Administrative Staff, GSS/SSS/ Admin Office, PSD; Section Head/Division Chief, PSD</i>
	10. Receive PO, record, certify fund availability, approve funding and forward to ODDA/ ODDFS/DO for	None	2 days	<i>Administrative Assistant/ Administrative Officer/Division Chief - Accounting</i>

	initial/approval			Services Division/Budget Services Division
	11. Receive/record PO; affix initial/approval and forward to Purchasing Office	None	3 days	<i>Administrative Staff</i> , Executive Offices; Respective Deputy Director based on the Level of Approving Authority; PGH Director
	12. Fax approved PO and inform supplier to pick-up the document and deliver the goods as per PO specifications/delivery schedule/delivery point	None	30 mins	<i>Administrative Staff</i> , Purchasing Office
	13. Receive copy of PO from Purchasing Office; prepare Notice to Supplier (NTS) if necessary/applicable and seek initial/approval of Section Head/Division Chief	None	30 mins	<i>Administrative Staff</i> , Admin Office/GSS/SSS, PSD; Section Head/Division Chief, PSD
	14. Acknowledge receipt of PO/NTS and schedule delivery	None	variable	Concerned Supplier
	15. Receive, accept/acknowledge delivery based on the approved PO and completeness of documents	None	50 mins	<i>Administrative Staff</i> /Storekeeper/Supply Officer, PSD
	16. Prepare IAR/Notice of Inspection and forward to Section Head for initial and Division Chief for signature	None	30 mins	<i>Administrative Staff</i> , SSS – PSD/Section Head/Division Chief
	17. Inspect delivered item/s	None	1 hour	<i>IASS Staff</i> /Storekeeper -

				PSD
	18. Accomplish IAR and forward to PSD	None	3 days	IASS
	19. Receive and record accomplished IAR; segregate copies for Accounting Services Division, Commission on Audit (COA); DMU/MSU/GSS Warehouse and file copy; attach original IAR as part of the documents needed for processing of payment	None	30 mins	<i>Administrative Staff/</i> Storekeeper-SSS, PSD
	20. Record delivered item/s on the stock card	None	15 mins	<i>Administrative Staff/</i> Storekeeper-SSS, PSD
	21. Encode delivery in the Open ERP	None	15 mins	<i>Administrative Staff,</i> PSD
	22. Fill in item/s based on the approved RIS received	None	1 hour (depending on the number of line items)	<i>Administrative Aide</i> VI/IV/III/I/Supply Officer – SSS/GSS, PSD
	23. Issue/deliver goods to respective areas and have the RIS acknowledge receipt of the item/s	None	2 hours	<i>Administrative Aide III/I –</i> SSS/GSS, PSD
	24. Post issued item/s on the stock card/Open ERP	None	30 mins	<i>Administrative Staff,</i> PSD
	25. Prepare Report of Supplies and Materials Issued (RSMI) and submit to Accounting Services Division	None	30mins	<i>Administrative Staff/</i> Storekeeper-SSS, PSD
TOTAL:		None	- Purchase Request (PR) preparation up to approval; PO preparation up to approval;	

		<p>Receipt of delivery up to issuance of goods to requesting unit/s = 18 days, 1 hour and 50 mins. *</p> <p>- Request to Deliver (RD) preparation up to approval; PO preparation up to approval; Receipt of delivery up to issuance of goods to requesting unit/s = 12 days, 1 hour and 50mins. *</p>	
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* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

Note:

- Refer to the procurement timeline stated in RA 9184 for BAC activities as this is not included in the total number of days.
- Delivery of goods from the supplier may vary based on the conditions indicated in the Purchase Order.
- Outright rejection of delivery for non-conformance to PO/Supply Contract specifications, damaged and other concerns related to the delivery

2. Provision of Consigned Goods

Process Consignment Request Slip (CRS) and issuance of consigned goods to respective requisitioning unit

Office or Division:	Property and Supply Division			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	Requisitioning Unit/Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ol style="list-style-type: none"> 1. Approved Consignment Request Slip (CRS) – 1 original and 1 photocopy 2. Approved Consignment Order - 1 original and 1 photocopy 3. Consignment Agreement (CA) – 1 photocopy 4. Consignment List (CL) - 1 photocopy 5. Notice to Supplier (NTS) – 1 photocopy (if applicable) 6. Delivery Receipt (DR) – 1 original and 2 photocopies 7. Valid Certificate of Product Registration (CPR) (if applicable) – 1 photocopy 8. Valid Certificate of Analysis (COA) (for drugs and medicines) – 1 photocopy 9. Request for Inspection – 1 original and 1 photocopy 10. Accomplished Inspection and Acceptance Report (IAR) – 1 original and 6 photocopies 11. Requisitioning Issue Slip (RIS) – 1 original and 2 photocopies 		PSD Consignment Office (CO) PSD Special Supplies Section (SSS)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward duly approved Consignment Request Slip (CRS) to the PSD Consignment Office	1. Receive and record CRS	None	5 mins	<i>Administrative Staff</i> - Consignment Office, PSD
	2. Check if the requested item is included on the CL of a particular consignor	None	20 mins	<i>Administrative Assistant/Administrative Officer</i> - Consignment Office, PSD
	3. Coordinate with the possible consignor	None	20 mins	Administrative Assistant/

	with regard to availability of stocks and delivery schedule			<i>Administrative Officer - Consignment Office, PSD</i>
	4. Prepare, record and initial CO	None	20 mins	<i>Administrative Assistant/ Administrative Officer - Consignment Office, PSD</i>
	5. Review, record and initial/sign	None	20 mins	<i>Head, Consignment Office/ Division Chief, PSD</i>
	6. Forward CO for approval of the Deputy Director for Fiscal Services (DDFS) and PGH Director	None	10 mins	<i>Administrative Staff, Administrative Office, PSD</i>
	7. Affix initial and sign	None	1 day	Deputy Director for Fiscal Services and PGH Director
	8. Pick-up approved CO, scan & email to respective consignor and forward to Special Supplies Section	None	30 mins	<i>Administrative Staff - Consignment Office, PSD</i>
	9. Acknowledge receipt of CO and prepare Notice to Supplier (NTS) (if applicable)	None	15 mins	<i>Administrative Staff, DMU/MSU, SSS - PSD</i>
	10. Receive delivery based on the approved CO and required attachments	None	45 mins	<i>Storekeeper/ Supply Officer, Drugs and Medicines Unit (DMU)/Medical Supplies Unit (MSU) SSS - PSD</i>
	11. Prepare Request for Inspection and Inspection	None	30 mins	<i>Administrative Staff - DMU/MSU,</i>

	Acceptance Report (IAR); forward to Section Head for initial and Division Chief for signature			SSS – PSD/ <i>Section Head/</i> <i>Division Chief</i>
	12. Inspect delivered item/s with assistance from PSD Staff	None	1 hour	<i>IASS Staff/</i> <i>Storekeeper -</i> <i>PSD</i>
	13. Accomplish IAR and forward to PSD	None	3 days	<i>IASS</i>
	14. Receive and record accomplished IAR; segregate copies for Accounting Services Division, Commission on Audit (COA); DMU/MSU Warehouse and file copy; attach original IAR as part of the documents needed for processing of payment	None	30 mins	<i>Administrative</i> <i>Staff/</i> <i>Storekeeper -</i> <i>SSS, PSD</i>
	16. Post/record delivered item/s on the stock card; check/validate entries and affix initial	None	15 mins.	<i>Administrative</i> <i>Staff/</i> <i>Storekeeper/</i> <i>Supply Officer,</i> <i>DMU/MSU –</i> <i>SSS, PSD</i>
	17. Encode delivery in the Open ERP based on the forwarded IAR	None	15 mins	<i>Administrative</i> <i>Staff,</i> <i>DMU/MSU –</i> <i>SSS, PSD</i>
	18. Fill in and issue item/s based on the approved RIS received	None	1 hour (variable - depending on the total number of line items per RIS)	<i>Administrative</i> <i>Aide</i> <i>VI/IV/III/I/Supply</i> <i>Officer –</i> <i>DMU/MSU -</i> <i>SSS, PSD</i>
	19. Deliver consigned goods to respective areas and have the respective Pharmacy Staff acknowledge receipt of the goods in the RIS	None	2 hours (variable - depending on the bulk of the goods and total number of line item per RIS)	<i>Administrative</i> <i>Aide III/I –</i> <i>DMU/MSU -</i> <i>SSS, PSD</i>

	20. Post/record issued items in the Open ERP based on the duly acknowledge RIS; check/validate entries and affix initial/remarks; attach original RIS as part of the documents needed for processing of payment	None	30 mins	<i>Administrative Staff/ Storekeeper/ Supply Officer, DMU/MSU – SSS, PSD</i>
TOTAL:		None	5 days, 1 hour and 5 mins*	

* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

Note:

- Outright rejection of delivery for non-conformance to PO/Supply Contract specifications, damaged and other concerns related to the delivery

3. Release/Issuance of Newly Delivered Equipment/Semi-Expendable, Spare Parts and Accessories

Facilitate the issuance of newly delivered equipment/semi-expendable items, spare parts and accessories to respective requisitioning unit

Office or Division:	Property and Supply Division			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	Requisitioning Unit/Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ol style="list-style-type: none"> 1. Complete documentation of the delivery c/o Equipment Section, PSD 2. Request for Inspection – 1 original and 1 photocopy 3. Accomplished Inspection and Acceptance Report (IAR) – 1 original and 6 photocopies 4. Requisitioning Issue Slip (RIS) – 1 original and 2 photocopies 5. Property and Acknowledgement Receipt (PAR) – 1 original, 5 photocopies. 6. Inventory Custodian Slip (ICS) - 1 original, 5 photocopies 		PSD Equipment Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a schedule of the delivery of equipment to the PSD Equipment Section	1. Receive and process pertinent documents for newly delivered item/s	None	30 mins	<i>Administrative Assistant/ Supply Officer, ES - PSD</i>
	2. Prepare Request for Inspection, IAR, PAR/ICS and RIS	None	30 mins	<i>Administrative Staff/ Storekeeper, ES-PSD</i>
	3. Check and initial/sign IAR, PAR/ICS	None	30 mins	ES-PSD Section Head/Division Chief
	4. Coordinate with IASSS and forward the IAR/Request for Inspection	None	15 mins	<i>Supply Officer, ES-PSD</i>
	5. Receive IAR/Request for Inspection	None	10 mins	IASS Staff
	6. Inspect the delivery	None	3 days	<i>Storekeeper/</i>

	and certify the IAR to be forwarded to PSD			Supply Officer, ES-PSD IASS Staff
	7. Receive certified IAR	None	5 mins	<i>Administrative Assistant</i> , ES-PSD
	8. Coordinate availability of the item/s for pick-up	None	15 mins	End-users/ Requisition Office/ Identified Recipient
	9. Issue deliveries to the end-user/identify recipient and have the RIS acknowledge receipt of the items	None	30 mins	<i>Storekeeper/ Supply Officer</i> , ES-PSD
	10. Forward PAR/ICS to the accountable officer for signature to acknowledge accountability	None	15mins	<i>Storekeeper</i> , ES-PSD
	11. Return accomplished PAR/ICS	None	2 days	End-users/ Requisition Office/ Identified Recipient
	12. Check and receive the accomplished PAR/ICS for documentation	None	10 mins	<i>Storekeeper/ Storekeeper</i> , ES-PSD
TOTAL:		None	5 days, 3 hours and 10mins*	

* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

4. Receipt and Issuance of Donated Goods/Equipment/Semi-Expendable Item/s)

Facilitate the acceptance/receipt of donated goods and equipment/semi-expendable item/s and issuance to respective end-users.

Office or Division:	Property and Supply Division			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Department/Offices/Units/Other Agencies			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ol style="list-style-type: none"> 1. Duly approved/noted Letter Request of Donation - 1 original and 1 photocopy 2. Deed of Donation - 1 original and 1 photocopy (if applicable) 3. Sales Invoice (SI)/Delivery Receipt (DR) – 1 photocopy 4. Request for Inspection – 1 original and 1 photocopy 5. Accomplished Inspection and Acceptance Report (IAR) – 1 original and 6 photocopies 6. Requisitioning Issue Slip (RIS) – 1 original and 2 photocopies 		PSD General Supplies Section (GSS) Special Supplies Section (SSS) Equipment Section (ES),		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward letter request of donation/deed of donation with photocopy of SI/DR to the PSD Equipment Section	1. Receive and record letter request/deed of donation	None	15 mins	Administrative Staff, Admin Office, PSD
	2. Affix notation on the letter and forward to concerned section for validation/ coordination with concerned office	None	10 mins	Division Chief/ Section Head, GSS/SSS/ES - PSD
	3. Prepare Request for Inspection and Inspection Acceptance Report (IAR); forward to Section Head for initial and Division Chief for signature	None	30 mins	Administrative Staff – GSS/SSS/ES; Section Head/ Division Chief

	4. Inspect delivered item/s with assistance from PSD Staff	None	1 hour	IASS Staff/ Storekeeper – GSS/SSS/ES, PSD
	5. Accomplish IAR and forward to PSD	None	2 days	IASS
	6. Receive and record accomplished IAR; segregate copies for Accounting Services Division, Commission on Audit (COA) and file copy	None	30 mins	Administrative Staff/ GSS/SSS/ES; PSD
	7. Acknowledge/ accept the donated item/s; <ul style="list-style-type: none"> - Affix initial/sign the Sales Invoice/Delivery Receipt (c/o end-users) - Post/record /encode in the stock card/Open ERP (c/o PSD) - 	None	20 mins	Concerned Department/ Office/Unit; PSD – GSS/SSS
	8. Issue donated goods to respective areas and have the respective end-user/s acknowledge receipt of the goods in the RIS (drugs and medicines/ medical supplies); End-user/s to pick-up donated item/s with	None	1 hour (variable - depending on the bulk of the goods and total number of line item per RIS)	Administrative Aide III/I – DMU/MSU - SSS/GSS, PSD; Concerned Department/ Office/Unit

	accomplished RIS			
	9. Post/record issued items based on the duly acknowledge RIS; check/validate entries and affix initial/remarks; attach original RIS as part of the documents needed by Accounting Services Division	None	30 mins	Administrative Staff/ Storekeeper/ Supply Officer, DMU/MSU – SSS/GSS, PSD
TOTAL:		None	2 days, 4 hours and 15 mins*	

* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

5. Processing of Request to Pull-Out Item/s

Facilitate the request to pull-out items with product complaints, near expiring product, rejected deliveries and for return/replacement.

Office or Division:	Property and Supply Division			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Requesting Units/Offices			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Accomplished Pull-Out Form – 1 original with the required attachments to serve its purpose: <ul style="list-style-type: none"> ➤ Product Complaint Form – 1 photocopy ➤ Notice of Rejected Delivery – 1 photocopy ➤ Return Voucher– 1 photocopy ➤ Letter Request from the supplier – 1 original 2. Purchase Order (PO)/Consignment Order (CO) – 1 photocopy 3. Sales Invoice (SI)/Delivery Receipt (DR) – 1 photocopy		PSD – Equipment Section (ES), Special Supplies Section (SSS), General Supplies Section (GSS)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplished pull-out form with the required attachments and Submit to the PSD Supply Section	1. Receive accomplished pull-out form	None	10 mins	Administrative Staff, ES/SSS/GSS, PSD
	2. Check and verify item/s for pull-out	None	30mins	Supply Officer, ES/SSS/GSS, PSD
	3. Receive, record and forward pull-out form for validation and initial of the Section Head	None	15 mins	Administrative Staff/Section Head, ES/SSS/GSS
	4. Receive, record pull-out form and forward for approval of the Division Chief	None	15 mins	Administrative Staff/Division Chief, PSD
	5. Receive approved pull-out form and coordinate with Supplier on the schedule of pull-out	None	30 mins	Supply Officer, ES/SSS/GSS, PSD

	6. Pull-out the item/s as coordinated with PSD	None	Within 7 to 10 days	Concerned Supplier
	7. Check, record and release item for pull-out, acknowledge by the company representative	None	15 mins	Administrative Staff/Supply Officer, ES/SSS/GSS, PSD
	8. Acknowledge receipt of Credit Memo (CM); replacement of the item/s and document accordingly	None	30 mins	Administrative Staff/Supply Officer, ES/SSS/GSS, PSD
TOTAL:		None	2 hours and 25 mins*	

* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

Note: Supplier is expected to pull-out the item/s within 7 – 10 calendar days, failure to do so will mean automatic issuance of a Debit Memo/cancellation of PO/NOA and documentation of performance relative to deliveries.

6. Manufacture and Issuance of Requested Linen

Determine the need for the requested linen, manufacture and issue as validated

Office or Division:	Property and Supply Division			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Requisitioning Units/Offices			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Requisition and Issue Slip (RIS) – 1 original and 3 photocopies 2. Approved Letter Request – 1 original		PSD – Manufacturing Unit (MU), Linen Section (LS)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit accomplished RIS/ approved letter request to the PSD Linen Section	1. Receive accomplished RIS/ and approved letter request and forward to Section Head for endorsement	None	10mins	Administrative Assistant, MU-PSD
	2. Verify stock/raw materials at Stock Room if available and at GSS	None	15 mins	Administrative Assistant, MU-PSD
	3. Coordinate concerns with the end-user/ requisitioning unit/ office the complete specification of the request	None	20 mins	Master Cutter, MU-PSD
	4. Prepare JOR (compute estimated raw materials), MU-RIS (for the requisition of raw materials at GSS) and forward to Section Head for signature	None	1 hour	Administrative Assistant, MU-PSD
	5. Check and sign JOR/MU-RIS and to be forwarded to Division Chief for approval	None	5 mins	Section Head, LS-PSD
	6. Check and approved JOR/MU-RIS	None	10 mins	Division Chief, PSD
	7. Forward approved JOR/MU-RIS to GSS to facilitate request	None	5 mins	Administrative Assistant, MU-PSD
	8. Receive and prepare JOR/MU-RIS	None	30 mins	Storekeeper, GSS-PSD
	9. Issue raw materials and acknowledge by	None	30 mins	Storekeeper, GSS-PSD

	signing at MU-RIS			
	10. Check and receive raw materials and endorse to Master Cutter/Master Tailor and for marking	None	1 hour	Administrative Assistant, MU-PSD
	11. Receive and process by Master Cutter/ Master Tailor to cut/set pattern and sew/manufacture the request and endorse for marking	None	16 days	Master Cutter/ Master Tailor, MU-PSD
	12. Receive and mark all manufactured linen	None	4 days	Administrative Aide, MU-PSD
	13. Coordinate with the end-users/ requisitioning unit/ office the availability of the request and for release	None	10 mins	Administrative Assistant, MU-PSD
	14. Check and release the manufactured linen	None	30 mins	Administrative Assistant, MU-PSD
	15. Check, receive and acknowledge by signing on the accomplished RIS	None	5 mins	End-users/ Requisitioning unit/Office
	16. Record issued linen for control and monitoring	None	20 mins	Manufacturing Staff, Linen Section, PSD
	17. Prepare Report of Supplies and Materials Issued (RSMI) and submit to Accounting Services Division	None	20 mins	Administrative Assistant, MU-PSD
TOTAL:		None	20 days, 5 hours and 35 mins*	

* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

7. Receipt of Soiled and Issuance of Clean Linen

Facilitate receipt of soiled and issuance of clean linen to respective wards/areas/offices

Office or Division:	Property and Supply Division			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	Department/Office/Unit			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Daily Laundry List (DLL) - 1 original		PSD – Laundry Unit (LU), Linen Section (LS)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward soiled linen and accomplish DLL to the PSD Laundry Unit	1. Receive and record the accomplished DLL	None	10 mins	Administrative Aide, LU-PSD/Laundry Contractor
	2. Supervise and assist the Laundry Contractor in receiving/handling the soiled linen and counter checking the items being receive	None	30 mins	Administrative Aide/Supply Officer, LU-PSD
	3. Receive the soiled linen as acknowledge by signing on DLL	None	30 mins	Administrative Aide/Supply Officer, LU-PSD/Laundry Contractor
2. Forward acknowledged DLL to the PSD Linen Section	4. Check and receive the acknowledged DLL for the issuance of Clean Linen and endorse to the Laundry Staff	None	10mins	Supply Officer, LU-PSD
	5. Prepare clean linen for issuance based on the DLL soiled linen returned	None	20mins	Administrative Aide, LU-PSD
	6. Issuetheclean linen and acknowledge release by signing on DLL	None	30 mins	Laundry Staff, Supply Officer, Laundry Unit, PSD
	7. Receive and acknowledge receipt of the clean linen by signing the DLL	None	10mins	End-user/ Requisitioning Unit/Office
	8. Record, encode, prepare and initial on	None	30 mins	Administrative Aide/

	the Daily Laundry Summary (DLS)			Storekeeper, LU-PSD
TOTAL:		None	2 hours and 50 mins*	

*Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

8. Processing of Clearance and Accountability Release

Facilitate the processing of clearance and accountability release to ensure that the employee has been cleared and has fulfilled all the responsibilities/accountabilities under his/her custody.

Office or Division:	Property and Supply Division			
Classification:	Simple			
Type of Transaction:	G2G			
/Who may avail:	All Retiring Employees and Employee's Planning to Resign/Transfer to other Department/Office/Unit or Agency			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A. Employees without equipment/ semi-expendable accountability: 1. Employees Clearance Form/Receipt of Accountability Release – 1 original B. Employees with Equipment/Semi-Expendable Accountability 1. Employees Clearance Form/ Receipt of Accountability Release – 1 original 2. Property Acknowledgement Receipt (PAR)/Inventory Custodian Slip (ICS) – 1 original and 2 photocopies 3. Inventory Report of Equipment/Semi-Expendable/ Physical Inventory of Equipment/Semi-Expendable – 1 original and 2 photocopies		Human Resource Development Division (HRDD) PSDEquipment Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
A. Employees without equipment/ semi-expendable accountability				
1. Forward Employees Clearance Form or Receipt of Accountability Release to the PSD Equipment Section	1. Receive Employees Clearance Form or Receipt of Accountability Release	None	10 mins	Administrative Staff, ES-PSD
	2. Check and verify record if with accountability	None	2 hours	Storekeeper/ Supply Officer, ES-PSD
	3. Check and Initial/sign on the Employees	None	30 mins	Storekeeper/ Supply Officer /Section Head,

	Clearance Form or Receipt of Accountability Release			ES-PSD Division Chief, PSD
	4. Record and release Employees Clearance Form or Receipt of Accountability Release	None	10 mins	Administrative Staff, ES-PSD
TOTAL:		None	2 hours and 50 mins*	
B. Employees with Equipment/ Semi-Expendable Accountability				
1. Forward Employees Clearance Form or Receipt of Accountability Release to the PSD Equipment Section	1. Receive Employees Clearance Form or Receipt of Accountability Release	None	10 mins	Administrative Staff, ES-PSD
	2. Check and verify record if with accountability	None	2 hours	<i>Supply Officer, ES-PSD</i>
	3. Prepare and forward Inventory of Equipment/ Semi-Expendable/ Physical Inventory of Equipment/Semi-Expendable, PAR/ICS	None	2 hours	<i>Storekeeper/ Supply Officer, ES-PSD</i>
	4. Receive and accomplish the Inventory of Equipment/ Semi-Expendable/ Physical Inventory of Equipment/Semi-Expendable or PAR/ICS	None	5 days	<i>Accountable Officer</i>
	5. Conduct inventory schedule for the turn-over/Physical Count of the Equipment & SE to new accountable officer	None	4 hours	<i>Storekeeper, ES-PSD</i> <i>Accountable Officer</i> New Accountable

				Officer
	6. Receive, check and review the PAR/ICS signed by the new accountable officer	None	30 mins	Supply Officer, ES-PSD
	7. Review and initial/sign on the Employees Clearance Form or Receipt of Accountability Release with attached new PAR/ICS of new accountable officer	None	30 mins	All Staff/Section Head, ES-PSD Division Chief, PSD
	8. Release of Employees Clearance Form or Receipt of Accountability Release	None	10 mins	Supply Officer, Equipment Section, PSD
TOTAL:		None	6 days, 1 hour and 20 mins*	

* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

9. Processing Request to Update Property and Accountability

Facilitate request to update the accountability of each employee for all issued hospital property and to avoid holding of clearance for the retiring/resigning employees.

Office or Division:	Property and Supply Division			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All Employee			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request Form to Update Accountability – 1 original and 1 photocopy 2. Updated Inventory of Equipment/Semi-Expendable/ Physical Inventory of Equipment/Semi-Expendable – 1 photocopy		PSD – Equipment Section (ES)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Request Form to Update Accountability to the PSD Equipment Section	1. Receive and record request	None	5mins	<i>Administrative Staff, ES-PSD</i>
	2. Check, review and verify if with accountability	None	4 hours	<i>Assigned Supply Officer, ES-PSD</i>
	3. Prepare an updated Inventory of Equipment/ Semi-Expendable/Physical Inventory of Equipment/Semi-Expendable as attachment to the Request Form to Update Accountability	None	30 mins	<i>Storekeeper, ES-PSD</i>
	4. Check and sign updated Inventory of Equipment/ Semi-Expendable/Physical Inventory of Equipment/Semi-Expendable	None	20mins	<i>Assigned Storekeeper/ Supply Officer, Section Head, ES-PSD Division Chief, PSD</i>
	5. Record and release updated Inventory of Equipment/ Semi-Expendable/Physical Inventory of	None	10 mins	<i>Assigned Supply Officer, Equipment Section, PSD</i>

	Equipment/Semi-Expendable			
	6. Receive the updated Inventory of Equipment/ Semi-Expendable/Physical Inventory of Equipment/Semi-Expendable	None	5 mins	<i>Concerned Employee</i>
	7. Check and validate completeness of the listed Inventory of Equipment/ Semi-expendable on record Submit written report for unaccounted Equipment/ Semi-Expendable for checking Inform PSD for item/s already condemned/for condemned/ transferred to other accountable officer for issuance of new PAR/ICS	None	Variable (timeline not to exceed 2 months)	<i>Accountable Officer/Requesting Employee</i>
TOTAL:		None	5 hours and 10 mins*	

* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

Note:

- A certification shall be issued to employee/s that has no accountability stating, “as of _____ (date), no record found of any hospital property under your custody. This certification is not valid as clearance or basis for release of any accountability from the hospital. The official hospital clearance shall be issued by the PGH Human Resource Development Division.
- Employees with accountability and who is planning to retire, resign or transfer to other department, office, unit or agency can start to process and transfer his/her accountability to the new accountable officer, to avoid holding of his/her clearance and for immediate processing of the official clearance once filed.

10. Inventory Taking/Tagging of Equipment/Semi-Expendable Item/s

Facilitate the inventory taking/tagging of equipment/semi-expendable item/s to maintain up to date record, ensure maximum utilization of the unit and proper handling of hospital properties.

Office or Division:	Property and Supply Division			
Classification:	Complex (Offices/Units); Highly Technical (Clinical Department/Large Areas)			
Type of Transaction:	G2G			
Who may avail:	All Departments, Offices and Units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Inventory List of Equipment/Semi-Expendable – 1 original and 2 photocopies 2. Confirmation letter on the Schedule of Inventory – 1 original 3. Property Acknowledgement Receipt (PAR)/Inventory Custodian Slip (ICS) – 1 original and 2 photocopies (for renewal/new accountable officer)		PSD – Equipment Section (ES)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Acknowledge the letter regarding the schedule to conduct the physical count of equipment and SE to the PSD Equipment Section	1. Coordinate with the accountable officer/ representative on the schedule of inventory to be conducted, prepare and forward the List of Inventory for advance checking and verification of their equipment/semi-expendable	None	1 hour (Offices/Units) 3 hours (Clinical Department/ Large Areas)	Supply Officer, ES-PSD
	2. Conduct the physical inventory of equipment/semi-expendable based on the inventory list of equipment/semi-expendable forwarded and list down all concerns relating to the inventory list to be forwarded to Supply Officer	None	2 hours** (Offices/Units) 3 days** (Clinical Department/ Large Areas)	Storekeeper, ES-PSD and Accountable Officer
	3. Prepare sign and forward letter informing accountable	None	2 hours	Supply Officer/ Section Head, ES and Division Head, PSD

	<p>personnel of the unaccounted/missing equipment under his/her accountability and to locate the whereabouts on or before the given period.</p> <p>Endorsement to the Office of the Director shall be effected for cases of no feedback/response before the given time.</p>			
	<p>4. Verify and locate the unaccounted/missing equipment/SE; report unregistered equipment/semi-expendable and other item/s found but not on the list</p>	None	<p>3 days (Offices/Units)</p> <p>5 days (Clinical Department/ Large Areas)</p>	<i>Accountable Officer</i>
	<p>5. Check/verify and conduct physical inventory for equipment/semi-expendable item/s that cannot be located and items that are found in the area but not on the inventory list</p>	None	2 hours	<i>Storekeeper, ES-PSD</i>
	<p>6. Update record in consideration of the new accountable officer; issue new/renew PAR/ICS and proceed with the tagging of equipment;</p> <p>Update the area for item/s found during physical inventory but not registered, as new PAR/ICS shall be issued to the accountable officer for documentation.</p>	None	2 hours	<i>Storekeeper/ Supply Officer, ES-PSD</i>
	7. Review and	None	4 hours	<i>Accountable</i>

	sign/acknowledge the correctness of the updated list of Equipment/SE as a result of the physical inventory and tagging of properties.			Officer and Head of the Accountable Office
	8. Review, check and initial/sign the List of Inventory as acknowledged by the Head of the Office	None	2 hours	Supply Officer, Section Head, ES and Division Head, PSD
Total:		None	➤ 4 days and 7 hours* (Offices and Units) ➤ 9 days and 7 hours (Clinical Department/ Large Areas)	

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** Availability of the Accountable Officer/Representative will affect the schedule and completion of the inventory and tagging of equipment/semi-expendable item/s.

Note: Concern on the possible delay on the conduct of the inventory taking/tagging may be as follows:

1. Unlocated equipment/semi-expendable
2. Found items in the area but not on the List of Equipment
3. List of Equipment accountable not updated
4. Tagging of the equipment (no tag/unreadable tag)
5. Unregistered equipment/semi-expendable

11. Receiving and Documentation of Waste Materials Report (WMR)

Facilitate the receipt and documentation of unusable hospital equipment/SE with no PGH property number.

Office or Division:	Property and Supply Division			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All Departments, Offices and Units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Waste Material Report (WMR) – 1 original, 3 photocopies		Equipment, Section, PSD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Coordinate the turn-over of the waste materials with validation and recommendation from IASS Staff/Officer to the PSD Equipment Section	1. Check and verify accomplished WMR duly validated by the IASS Staff/Officer, recommending disposal of waste material for re-sale or re-issuance shall be accepted	None	5 mins	<i>Supply Officer in charge of condemned equipment/SE, ES-PSD</i>
	2. Receive materials for turn-over and acknowledge by signing on the WMR	None	1 hour	<i>Supply Officer in charge of condemned equipment/SE, ES-PSD</i>
	3. Initial accomplished/ acknowledged WMR and forward to Division Chief for approval	None	15 mins	<i>Supply Officer in charge of condemned equipment/SE, ES-PSD; Section Head, ES-PSD</i>
	4. Receive and record WMR	None	5 mins	<i>Administrative Aide, Administrative Office - PSD</i>
	5. Review and sign the WMR and forward to Supply Officer in charge of condemned equipment/SE, ES - PSD	None	15 mins	<i>Division Chief, PSD</i>
	6. Receive and record necessary information	None	5 mins	<i>Supply Officer in charge of condemned equipment/SE,</i>

				ES-PSD
	7. Segregate the waste materials for resale and/or for re-issuance to other users	None	1 hour	<i>Administrative Aide and Supply Officer, ES-PSD</i>
	8. Distribute copies of the received/ acknowledged WMR to the respective offices	None	2 hours	<i>Administrative Assistant, ES-PSD</i>
	9. Prepare the consolidated list and Report of Waste Materials	None	30 mins	Supply Officer in charge of condemned equipment/SE, ES-PSD
TOTAL:		None	5 hours	

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Note:

- Item/s considered as trash/thrown to garbage should be disposed immediately in the presence of the IASS Staff/Officer
- Waste material/s that can be accommodated within the limited space of PSD Bodega Area will be accepted but for waste material/s in bulk belonging to a specific end-user will be considered “as is where is” after documentation. However, waste materials shall remain under the custody/control of the concerned end-user.

12. Receiving and Documentation of Condemned Equipment

Facilitate receipt of unserviceable PGH equipment

Office or Division:	Property and Supply Division			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All Departments, Offices and Units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Reverted Equipment Form (REF) – 1 original and 3 photocopies		Equipment, Section, PSD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Coordinate the turn-over of the condemned equipment to the PSD Equipment Section	1. Check and verify the Property Number and description if it conforms to the data stated in the REF and PAR/ICS	None	25 mins	<i>Storekeeper/ Supply Officer, ES-PSD</i>
2. Turn-over the condemned equipment to the PSD Equipment Section together with the REF as evaluated by the Technical Staff of OETS/IT Office including copy of PAR/ICS	2. Check, verify and acknowledge receipt of the condemned equipment by signing on the REF if it conforms to the data stated in the REF and to the attached PAR/ICS	None	1 hour	<i>Administrative Aide and Supply Officer, ES-PSD</i>
	3. Tag for easy identification in the store room and take pictures for presentation to COA during inspection and appraisal of items	None	40 mins	<i>Administrative Aide and Supply Officer, ES-PSD</i>
	4. Classify and place all similar condemned equipment in one area and pile accordingly	None	30 mins	<i>Administrative Aide and Supply Officer, ES-PSD</i>
	5. Return all copies of acknowledged REF to the PSD Administrative Officer/Staff in charge for recording/ documentation and	None	4 hours	<i>Administrative Officer, ES-PSD</i>

	cancellation of the PAR/ICS			
	6. Forward all copies of the REF for signature of the Equipment Section Head and the Division Chief, PSD	None	10 mins	<i>Administrative Officer, ES-PSD</i>
	7. Review and initial/sign REF	None	20 mins	<i>Head Section, ES and Division Chief, PSD</i>
	8. Record and forward signed REF	None	5 mins	<i>Administrative Aide, Administrative Office-PSD</i>
	9. Receive and record signed REF	None	5 mins	<i>Administrative Officer/PSD Staff</i>
TOTAL:		None	6 hours and 15 mins*	

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Note: Control number and date are indicated on the REF and record the received condemned equipment in the record book.

13. Processing of the Inventory and Inspection Report of Unserviceable Property (IIRUP)/List of Equipment/Semi-Expendable for Disposal

Facilitate the preparation and approval of the IIRUP/List of Equipment/Semi-Expendable Item/s for Disposal

Office or Division:	Property and Supply Division			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	PGH Administration/Disposal and Appraisal Committee			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Inventory and Inspection Report of Unserviceable Property (IIRUP)/ 2. Summary List of Condemned Equipment/Semi-Expendable - 1 original and 3 photocopies 3. Approved Reverted Equipment Form (REF) - 1 photocopy 4. Approved Waste Material Report (WMR) – 1 photocopy		PSD Equipment, Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1 Coordinate with PSD Equipment Section to conduct regular disposal of unserviceable equipment/semi-expendable item/s	1. Prepare the IIRUP based on the REF/WMR received on the given period	None	1 hour	Storekeeper/ Supply Officer, ES-PSD
	2. Forward all copies of the IIRUP for review and signature of the Equipment Section Head and the Division Chief, PSD	None	30 mins	Head Section, ES and Division Chief, PSD
	3. Record and forward signed IIRUP to the Office of the Deputy Director for Administration Office of the Director for approval	None	5 mins	Administrative Aide, Administrative Office-PSD
	4. Receive, record the document; secure initial/approval of DDA/PGH Director Forward approved IIRUP to PSD	None	1 day	Administrative Staff, Executive Offices Deputy Director for Administration/

				PGH Director
	5. Receive, record and forward to assigned Supply Officer, PSD	None	15 mins	<i>Administrative Staff, ES-PSD</i>
	6. Received approved IIRUP and prepare the Summary List of Condemned Equipment/ Semi-expendable Item/s Forward to Section Head for signature	None	1 hour	<i>Supply Officer, ES-PSD</i> <i>Section Head, ES-PSD</i>
	7. Forward approved original IIRUP and Summary List of Condemned Equipment/ Semi-Expendable to the Disposal and Appraisal Committee (DAC)	None	15 mins.	<i>Administrative Staff, ES-PSD</i>
	8. Receive and facilitate process of appraisal and disposal in coordination with BAC II	None	15 mins	<i>Administrative Staff, DAC</i>
TOTAL:		None	6 hours and 15 mins*	

* Actual delivery time of the related service may vary from the actual processing time as the volume of transactions handled or concerns arise are not considered in the determination of the processing time.

Public Assistance and Auxiliary Services

External Services

1. Action on the preparation of disbursement voucher for PLDT Accounts

The Telephone & Paging Section, Public Assistance & Auxiliary Services prepares the disbursement voucher and the Obligation Request &/or Budget Utilization Request of the PGH ISDN Line and PGH Paid Direct Lines. The processing of payment for PLDT of the Private Paid Direct Lines should be prepared and process by the concerned secretaries or Administrative Officer of the different units/sections.

Office or Division:		Public Assistance & Auxiliary Services		
Classification:		Complex		
Type of Transaction:		G2B		
Who may avail:		PLDT		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A) Statement of Accounts		PLDT		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Deliver the ISDN & the complete PGH Paid Direct Lines PLDT Statement of Account.	1. Accept & receive the PLDT Statement of Accounts (SOA). ✓ Separate the ISDN Lines SOA, ✓ the Cash Division direct line SOA, ✓ Pharmacy Department direct lines SOA ✓ Collate the remaining PGH Paid Consolidated Direct Lines SOA as per PLDT Listings.	None	120 minutes	In-Charge CEO II / Head Telephone & Paging Section
	1.2 Prepare the disbursement voucher and the Obligation Request of PGH ISDN Line SOA. (This is cannot be done if the Internet and/or UIS is down or very slow.) ✓ Submit to PAAS Chief for Approval ✓ Upon approval record & submit to Budget Services Division	None	120 minutes 5 minutes 15 minutes	Head Telephone & Paging Section PAAS Chief Office of the Chief Head Telephone & Paging Section

	1.3 Prepare the disbursement voucher of Cash Division & Pharmacy Department SOA. Record & submit at the concerned offices for Budget Utilization Request preparation. <i>(This is cannot be done if the Internet and/or UIS is down or very slow.)</i>	None	120 minutes	Head Telephone & Paging Section
	1.4 Encode the PGH Paid Consolidated Direct Lines SOA on the payment list, print and submit to Bookkeeping Section.	None	60 minutes	Head Telephone & Paging Section
	1.5 Check one by one the PGH Consolidated Direct Lines SOA versus the payment list. Then return to TPS Office.	None	5 working days	Administrative Aide VI, Bookkeeping Section, Accounting Division
	1.6 Revised the payment list of the PGH Paid Consolidated Direct Lines SOA, if there is correction, then print in triplicate copies.	None	15 minutes	Head Telephone & Paging Section
	1.7 Prepare the disbursement voucher & Obligation Request of the PGH Paid Consolidated Direct Lines SOA. <i>(Disbursement Voucher preparation cannot be done if the Internet connection &/or UIS is down or very slow.)</i>	None	30 minutes	Head Telephone & Paging Section

	1.8 Submit to PAAS Chief for signature of Disbursement Voucher & Obligation Request form.	None	5 minutes	PAAS Chief Office of the Chief
	1.9 Upon approval record & submit to Budget Services Division.	None	15 minutes	CEO on duty Telephone & Paging Section
TOTAL:		None	6 days & 25 minutes	

2. Action on the preparation of disbursement voucher for equipment Preventive Maintenance provider

The Telephone & Paging Section, Public Assistance & Auxiliary Services prepares the disbursement voucher and the Budget Utilization Request of the Siemens Hi-Path 4000 IP-PBX equipment & Bosch Plena Voice Alarm & Public Address System equipment preventive maintenance & engineering services.

Office or Division:	Public Assistance & Auxiliary Services			
Classification:	Complex			
Type of Transaction:	G2B			
Who may avail:	PLDT			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A) Billing Statement / Invoice (one original copy)		Preventive Maintenance Contractor		
B) Service Report/s – one (1) photo copy		Preventive Maintenance Contractor		
C) Notarized Preventive Maintenance Agreement Contract – one (1) photo copy		Bids and Awards Committee		
D) BAC Resolution – one (1) photo copy		Bids and Awards Committee		
E) Notice to Proceed – one (1) photo copy		Bids and Awards Committee		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the following at the office of Telephone & Paging Section: a) Billing Statement/Invoice, b) Service Report/s, c) notarized Preventive Maintenance Agreement d) BAC Resolution e) Notice to Proceed	1. Accept, receive & check completeness of all the documents.	None	10 minutes	Head Telephone & Paging Section
	1.1 Prepare the Preventive Maintenance Certification, sign and attach all the documents. Submit to PAAS Chief for signature.	None	30 minutes 15 minutes	Head Telephone & Paging Section PAAS Chief Office of the Chief
	1.2 Record & send to OETS, ODDA, & Director's Office for	None	15 minutes	CEO on duty Telephone & Paging Section

	approval of the Preventive Maintenance Certificate.			
	1.3 Approve the Preventive Maintenance Certificate.	None	5 working days	OETS Chief Deputy Director for Administration & PGH Director
	1.4 Deliver the completely signed & approved Preventive Maintenance Certificate with complete attachment.	None	60 minutes	Administrative Aide Message Section, OCS
	1.5 Accept & check completeness of the documents. Prepare Disbursement Voucher & Budget Utilization Request. <i>(DV preparation cannot be done if the Internet and/or UIS is down or very slow.)</i>	None	120 minutes	Head Telephone & Paging Section
	1.6 Submit to PAAS Chief for signature of DV & BUR.	None	5 minutes	PAAS Chief Office of the Chief
	1.7 Record & submit the complete documents to the Budget Services Division.	None	15 minutes	Head Telephone & Paging Section
TOTAL:		None	5 days,4 hours & 30 minutes	

3. Accommodation of Special Unit Patient's Watchers at the Bantay Antayan

Provision of clean, safe and comfortable seat / space to the ICU patients' watchers

Office or Division:	Public Assistance and Auxiliary Services Division (PAAS)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Special Unit patient's watchers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Watcher's I.D. issued by the nurse in the ICU		Concerned Special Unit Area, PGH		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the watcher's I.D. issued by the Nurse to the BantayAntayan Receptionist	1. Check the watcher's I.D.	None	5 minutes	Receptionist BantayAntayan
2. Fill-up Registration Form	2. Issue Registration Form and explain / assist on how to properly accomplish the Registration Form	None	30 minutes	Receptionist BantayAntayan
3. Submit Registration Form to the Receptionist	3. Check completeness and accuracy of filled-up Registration Form	None	5 minutes	Receptionist BantayAntayan
	3.1. Assign a seat corresponding to the ICU and bed number of the patient	None	5 minutes	Receptionist BantayAntayan
4. Familiarize self with the BantayAntayan House Rules and Regulations	4. Orient the watcher on the BantayAntayan House Rules and Regulations	None	30 minutes	Receptionist BantayAntayan
TOTAL:		None	1 hr.15 minutes	

4. Issuance of Visitor's Pass

Issue Visitor's Pass to clientele/s with business transaction/s at the **main building** passing through the main Information lobby

Office or Division:	Public Assistance and Auxiliary Services Division (PAAS)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	General Public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Valid personal Identification Card (ID) of the visitor e.g. Government Issued Identification Card such a GSIS / SSS / Office / School / Driver's license/TIN, SC, PWD. <i>(Photo copied / scanned IDs and NBI/Police/Barangay Certificates are not acceptable)</i>		BIR, Post Office, DFA, PSA, SSS, GSIS, HMDF, LTO, Affiliated School, Office / Agency, SCAO, Municipal Hall, Comelec, PhilHealth		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to the Information Section counter to secure a Visitor's Pass	1. Screens the visitor.	None	3 minutes	Staff on Duty Information Lobby
2. Present valid ID to the staff on duty	2. Receives & checks validity of Identification Card	None	2 minutes	Staff on Duty Information Lobby
	2.1 Issue Visitor's Pass to client in exchange of valid personal ID	None	2 minutes	Staff on Duty Information Lobby
TOTAL:		None	7 minutes	

ADVISORY:

1. Due to the pandemic, everyone who has valid official business and wishes to enter the main building will surrender one valid ID per visitor in exchange of a Visitor's Pass, regardless whether they are or they have a charity or pay patient.
2. Issuance of Visitor's Pass to Pay Ward visitor/s starts at 9:00 AM-12:00 NN and 4:00 PM up to 7:00 PM only.
3. Visitor's Pass should be returned to the Information Counter at the Main Lobby before leaving the premises **on or before 9 p.m. on the same day**, otherwise, personal ID/s will be turned over to the Security Office.
4. Personal ID may be claimed **only** once the Visitor's Pass is surrendered to the Information Section **and** it is advised that visitors can get their valid ID at the Security Office.
5. Visitors are advice to read instructions at the back of the Visitor's Pass.

5. Provision of Wheelchairs

Provision of wheelchairs to Patients who will undergo treatment/diagnostic procedures in the main hospital building.

Office or Division:	Public Assistance and Auxiliary Services Division (PAAS)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Patients and relatives			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A. Valid Identification Card (ID) of the borrower e.g. Government Issued Identification Card such as GSIS/SSS/Employment/School/Driver's license/TIN/SC, PWD. <i>(Photo copied / scanned IDs and NBI/Police/Barangay Certificates are not acceptable)</i> for patients who will undergo treatment / diagnostic procedures in the main hospital building and for patient's visitors as approved by the area nurse, and as per memo on Visiting Hours		BIR, Post Office, DFA, PSA, SSS, GSIS, HDMF, LTO, Affiliated School, Office / Agency, SCAO, Municipal Hall, Comelec, PhilHealth		
B. Patient's Blue Card for old patient and two (2) Valid Identification Cards (IDs) for new patient who are at the main lobby borrowing wheelchairs for transport to DEM, OPD, CI, SOJR.		1. Department Out Patient Services (DOPS), PGH (for Patient's Blue Card) 2. BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, School, Office/Agency, SCAO/PWD, Comelec, PhilHealth (for valid ID)		
C. 1. Accomplished Borrower's Slip Form for <i>Physician/Nurse/Ward Personnel</i> 2. Valid ID		1. Information Section, Main Lobby, Administration Bldg. PGH 2. BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG, LTO, School, Office/Agency, SCAO/PWD, Comelec, PhilHealth (for valid ID)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to the Information Section counter to borrow wheelchair	1. Screen request for wheelchair.	None	2 minutes	Staff on Duty Information Lobby
2.a Present the required valid identification card or Patient's Blue Card to the Information	2. If wheelchair is Available: a Check and receive complete requirement/s	None	3 minutes	Staff on Duty Information Lobby

Section 2.b Receives Borrower's Slip Form	b Advise patient / relative regarding Borrower's Slip Form.			
3. Affix signature on the Whereabouts of Wheelchairs Logbook.	3. The Information staff-on-duty shall log in the Whereabouts of Wheelchairs Logbook the following: a. Code Number of wheelchair b. Time the wheelchair is borrowed c. Name of patient d. Printed name of the person who is borrowing the wheelchair e. Destination of Patient f. Address, telephone or cell phone number of the patient / borrower. g. Signature of the person who is borrowing the wheelchair	None	5 minutes	Staff on Duty Information Lobby
TOTAL:		None	10 minutes	

ADVISORY:

1. Wheelchairs assigned at the Information Section shall cater **only** to patients who will undergo treatment/diagnostic procedures in the main hospital building.
2. The DOPS, DEM, CI, SOJR and other departments / wards shall utilize their own wheelchairs for their patient's needs.
3. Personal ID may be claimed **only** once the wheelchair is returned to the Information Section.)
4. For patient/s who are **already** in the DOPS, DEM, CI, SOJR and other departments / wards: In case there is a need to borrow wheelchair from the Information Section, the Physician-on-duty / Nurse-on-duty shall directly coordinate with the Information staff and accomplish the **Borrower's Slip form for Physician/Nurse/Ward Personnel** and returns to the Information staff-on-duty together with the patient/relative's valid ID.

Public Assistance and Auxiliary Services

Internal Services

1. Request for Paging

Paging is intended for the Official announcements (e.g. flag ceremony, hospital programs and activities); HEICS Standard Emergency Code Nomenclature and Disaster coordination and other catastrophic occurrences. Paging is exclusive for PGH personnel. Request for paging to call for personnel who are out of post, calls for patients, watchers and visitors and personal greetings are NOT ALLOWED.

Office or Division:	Public Assistance & Auxiliary Services			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	UP-PGH Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A) Accomplished & signed official Paging Request Form (PGH Form No.Q-093007) – original copy		TPS-PAAS Office		
B) Letter of request (original copy) for paging announcement/s that is not included in the Paging Request Guidelines intended use approved by the Deputy Director for Administration.		Requesting personnel		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-up & sign the official Paging Request Form and submit to TPS-PAAS office / present approved letter of request for paging announcement that is not included in the Paging Request Guidelines intended use to TPS-PAAS office	1. Accept & check accuracy & completeness of the signatories of the filled-up official Paging Request Form	None	3 minutes	CEO on duty Telephone & Paging Section
	2. Screen and edit for accuracy, clarity and concise announcement.	None	20 minutes	CEO on duty Telephone & Paging Section
	3. Page the announcement request on the intended / requested time.	None	2 minute	CEO on duty Telephone & Paging Section
TOTAL:		None	25 minutes	

2. Request for Broadcast Messaging

Broadcast Messaging is exclusive for PGH medical, nursing, paramedical, administrative personnel, allied medical trainees and other PGH support groups. Broadcast Messaging is intended for the Official announcements (e.g. hospital programs and activities); HEICS Standard Emergency Code Nomenclature and Disaster coordination and other catastrophic occurrences. Request for Broadcast Messages to call for personnel who are out of post, calls for patients, watchers and visitors and personal greetings are NOT ALLOWED.

Office or Division:	Telephone & Paging Section, Public Assistance & Auxiliary Services			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	UP-PGH Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A) Accomplished & signed official Broadcast Messaging Form (PGH Form No.Q-0930075) – original copy		TPS-PAAS Office		
B) Request letter (original copy) for Broadcast Messaging not allowed &/or not included on the Broadcast Messaging intended use favorably endorsed by the Department Chair or Administrative Officer and approved by the Deputy Director for Administration.		Requesting personnel		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-up the official Broadcast Messaging Form with the Chair &/or Supervisor signature & approval and submit to TPS-PAAS office. / present approved letter request for Broadcast Messaging Request that is not included on the Guidelines on Broadcast Messaging intended use	1. Accept & check accuracy & completeness of the signatories of the filled-up official Broadcast Messaging Request Form ✓ Request form should be approved & signed by the Department / Division Chair &/or Supervisor / approval of the Deputy Director for Administration	none	5 minutes	CEO on duty Telephone & Paging Section
	1.1 Screen and edit for accuracy, clarity and concise broadcast messaging.	None	20 minutes	CEO on duty Telephone & Paging Section
	1.2 Log-in and open	None	5 minutes	CEO on duty

	the Broadcast Messaging service provider website. <i>(This will not be done if the Data Application is down or slow.)</i>			Telephone & paging Section
	1.3. Pick one by one names of intended broadcast message/s receiver. <i>(Only those who registered their names, cellular phone numbers and department at the Information System Office can receive broadcast messages from PGH through their cellular phones)</i>	None	10 minutes	CEO on duty Telephone & Paging Section
	1.4. Encode and send the broadcast messages request. <i>(This will not be done if the Data Apps is down or slow.)</i>	None	20 minutes	CEO on duty Telephone & Paging Section
TOTAL:		None	1 hour	

3. Local Telephone Apparatus Repair / Replacement

Provides operational local telephone apparatus to the units/offices/sections of the hospital. .

Office or Division:	Public Assistance & Auxiliary Services			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	UP-PGH Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A) The defective Siemens Telephone Apparatus		End-user		
B) Filled-up, signed & PSD received/approved Reverted Equipment Form (photo copy)		Property & Supply Division		
C) Property Custodian Slip or Property Acknowledgement (Original Copy)		Telephone & Paging Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring the defective telephone apparatus at the Telephone & Paging Section, PAAS Office	1. Accept & record the defective telephone apparatus	None	10 minutes	Any CEO on duty Telephone & Paging Section
	1.1 Repair, replace defective parts & test the functionality of the telephone apparatus.	None	3 days	In-charged CEO III, II, & I on duty Telephone & Paging Section
	1.2 When repaired, install and test again the telephone apparatus at the end-user local line area. a. If the local line has dial tone, end-user will accept the apparatus & sign the TPS Logbook 215-B b. If the end-user local line has no dial tone, advise the end-user to submit JOR to OETS for the local line repair. The end-user will accept the apparatus & sign the TPS Logbook 215-B	None	1 day	In-charged CEO III, II, & I on duty Telephone & Paging Section
	1.3 If the apparatus is beyond repair, advise the end-user to	None	2 minutes	In-charged CEO III, II, & I on duty Telephone &

	process the reverting of the telephone apparatus.			Paging Section
2. Submit completely filled-up, signed & approved Reverted Equipment Form to TPS office	2. Accept the completely filled-up, signed & approved Reverted Equipment Form	None	1 minute	In-charged CEO III, II, & I on duty Telephone & Paging Section
	2.1 Install the new telephone apparatus.	None	4 hours	In-charged CEO III, II, & I on duty Telephone & Paging Section
3. Sign the Property Custodian Slip or Property Acknowledgement Receipt & the TPS Logbook 215-A & submit to in-charged CEO on duty.	3. Accept the completely signed Property Custodian Slip or Property Acknowledgement Receipt & have the end-user receive the new telephone apparatus by signing the TPS Logbook 215-A	None	15 minutes	In-charged CEO III, II, & I on duty Telephone & Paging Section
TOTAL:		None	4 days 4 hours 28 minutes	

4. Action on the request for replacement of defective PLDT telephone apparatus of PGH Paid Direct Lines

Provides operational PLDT telephone apparatus to the units/offices/sections of the hospital

Office or Division:	Public Assistance & Auxiliary Services			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	UP-PGH Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A. Telephone number of PLDT defective apparatus		End-user		
B. PLDT defective apparatus unit		End-user		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring the unit of PLDT telephone apparatus at the Telephone & Paging Section & give the complete telephone number of the unit. (Only the PGH Paid Direct Lines are being reported by TPS for replacement. The Private Paid Direct Lines should be the responsibility of the concerned unit/office Secretaries & Administrative Officers.)	1. Accept & record the unit of defective PLDT telephone apparatus	None	3 minutes	CEO on duty Telephone & Paging Section
	1.1 Report to PLDT Customer Service 177 telephone line or email. ✓ Record the PLDT ticket number for follow up	None	10 minutes	CEO on duty Telephone & Paging Section

	reference, the name of the Customer Services Assistant, the time & date the call was made.			
	<p>1.2 Follow-up report when the new unit is not delivered within the week or until it is delivered.</p> <p>(Delivery time of PLDT telephone apparatus is undetermined. It is on the PLDT, Inc. timeline, when the telephone apparatus is available.)</p>	None	10 minutes	CEO on duty Telephone & Paging Section
	1.3 Once delivered, surrender the old and defective unit to PLDT personnel.	None	3 minutes	CEO on duty Telephone & Paging Section
	1.4 Accept & receive the new PLDT telephone apparatus.	None	1 minute	CEO on duty Telephone & Paging Section
	1.5 Check the telephone apparatus functionality then sign the PLDT delivery receipt.	None	30 minutes	CEO on duty Telephone & Paging Section
	<p>1.6 Install the new PLDT telephone apparatus and test again the telephone apparatus at the end-user local line area.</p> <p>a. If the PLDT line has dial tone, end-user will accept the apparatus & sign the TPS Logbook 215-B</p> <p>b. If the end-user PLDT line has no dial tone, advice the end-</p>	None	2 hours	CEO on duty Telephone & Paging Section

	user to submit JOR to OETS for the local line repair. The end-user will accept the apparatus & sign the TPS Logbook 215-B			
TOTAL:		None	2 hours, 57 minutes	

5. Action on Request for Dormitory Accommodation

Prompt response and appropriate action on request for Dormitory Accommodation.

Office or Division:	Public Assistance and Auxiliary Services Division (PAAS)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter request for Dormitory Accommodation endorsed by concerned Dean of College / Chair/Chief of the Department and Deputy Office.		Concerned individual requesting for dormitory accommodation		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Letter request for Dormitory Accommodation	1. Receive letter request complete with proper endorsement	None	5 minutes	Admin. Officer V Office of the Head
	1.1 Check endorsement from the Deputy Director for Administration: ➤ for comments / recommendations = prepare the needed response letter	None	1 day	Admin. Officer V Office of the Head
	➤ for appropriate action = endorse Letter request to the Office of the Director for approval	None	30 minutes	Admin. Officer V Office of the Head
TOTAL:		None	1 day and 35 minutes	

6. Action on Renewal of Dormitory Accommodation

Prompt response and appropriate action on request for Renewal of Dormitory Accommodation.

Office or Division:	Public Assistance and Auxiliary Services (PAAS)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	PGH Dormitory Resident/s			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished Form of Application for Admission / Renewal to the Dormitory		Residence Halls Office, Nurse's Home, PGH		
Signed Dormitory Agreement Form		Residence Halls Office, Nurse's Home, PGH		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring documents with complete requirements to the Office of the Head of PAAS	1. Receive document/s with complete requirements	None	5 minutes	Admin. Officer V Office of the Head
	1.1 Check/review for completeness of entry, signature / initial of resident and Dormitory Manager	None	30 minutes	Admin. Officer V Office of the Head
	1.2 Affix signature for Recommending Approval	None	5 minutes	Admin. Officer V Office of the Head
	1.3 Send document to the Office of the Deputy Director for Approval	None	30 minutes	Admin. Officer V Office of the Head
TOTAL:		None	1 hr. 10 minutes	

7. Action on Request for Clearance

Provision of clearance from accountability to Public Assistance and Auxiliary Services Division of Resigned, Retired and Expired Employees

Office or Division:	Public Assistance and Auxiliary Services Division (PAAS)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Resigned, Retired and Expired Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Clearance Form		Human Resource and Development Division (HRDD)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Clearance Form to the Dormitory Manager at the Residence Halls Office, Nurse's Home	1. Dormitory Manager received Clearance Form and check list of dormitory residents. If employee is in the list, check the 201 File of the employee and verify the following: Check-out form and verify if the employee has already moved out of the dormitory Keys – if the employee has already returned the keys If the employee has already moved-out and has returned the keys, sign the Clearance Form	None	20 minutes	Dormitory Manager, Nurse's Home
	2. If the employee has already moved-out and returned the keys, sign the Clearance and hand over the client giving her/him instruction to the next signatory	None	5 minutes	Dormitory Manager, Nurse's Home
2. Bring the Clearance Form to the Telephone and Section's Office	Receive and check List of Telephone Apparatus Accountability in the database. If	None	10 minutes	Head of TPS

	employee is cleared of any telephone accountability, the Head of TPS signs the clearance and forward clearance to the Head of PAAS for signature. If there is pending accountability, employee is advised to request transfer of accountability to another person/submit copy of Reverted Equipment Form.			
TOTAL:		None	35 minutes	

8. Dormitory Accommodation

Provision of clean, comfortable and safe temporary abode/bed slots to qualified employees.

Office or Division:	Public Assistance and Auxiliary Services Division (PAAS)	
Classification:	Simple	
Type of Transaction:	G2G	
Who may avail:	1. Medical Officers/ Fellows /Interns 2. Medical Officers from other Hospitals 2. Nurses, Nursing Attendants and Midwives 3. Selected Administrative and Paramedical personnel who are on shifting (24/7 operation area, assigned in ward of patients with infectious disease, those with permanent address in the province) 4. Students from U.P. Extension Campuses 5. Foreign Students	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
A. For Nurses, Nursing Attendants and Midwives > Admission Slip from the Deputy Director for Nursing		Office of the Deputy Director for Nursing, Administrative Bldg., PGH
B. For Medical Officers / Fellows > Letter request for dormitory accommodation favorably endorsed by the Chair of Department, Deputy Director for Health Operations and Deputy Director for Administration and duly approved by the Director For Medical Interns > Letter request for dormitory accommodation favorably endorsed by the Deputy Director for Health Operations and Deputy Director for Administration and duly approved by the Director For Medical Officer from other hospital > Letter request for dormitory accommodation favorably endorsed by the Chair of Department, Deputy Director for Health Operations and Deputy Director for Administration and duly approved by the Director with MOA attachment		Concerned individual requesting for dormitory accommodation
C. For Selected Administrative and Paramedical Staff on shifting (24/7 operation area, assigned in ward of patients with infectious disease and those with permanent address in the province)		Individual requesting for dormitory accommodation

<p>> Letter request for dormitory accommodation favorably endorsed by the Deputy Director for Administration / Health Operations and duly approved by the Director</p>				
<p>D. For Students from U.P. Extension Campuses:</p> <p>> Letter request for dormitory accommodation favorably endorsed by the Deputy Director for Nursing, Deputy Director for Administration and duly approved by the Director</p>		Dean/Coordinator of concerned Extension Campus		
<p>E. Students from Foreign countries</p> <p>> Letter request for dormitory accommodation favorably endorsed by the Dean of concerned College and duly approved by the U.P. Manila Chancellor; favorable endorsed by Deputy Director for Health Operations/Nursing and Deputy Director for Administration and duly approved by the Director.</p>		Concerned individual requesting for dormitory accommodation		
<p>F. Two (2) pieces recent colored passport size pictures</p>		Concerned individual requesting for dormitory accommodation		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Go to the Dormitory Manager and follow up approved letter request for dormitory accommodation.</p>	<p>1. Check if approved letter has been forwarded to/received by the RHS office.</p> <p>1.1 If request has been forwarded / received, checked for availability of bed slot;</p> <p>1.2 If not yet forwarded / received, inform the applicant and instruct him/her to follow-up/call up RHS office; advise applicant re: requirement/s.</p> <p>1.3 If no slot is available,</p>	<p>Rate per month</p> <p>A. <u>For Lodging:</u> ph200.00</p> <p>B. <u>For Appliances</u> :</p> <p>Electric Fan: >6"-10" = 65.00 >12" = 80.00 >14" = 85.00 >16"-18"=95.00</p> <p>Television:</p>	30 minutes	Dormitory Manager Residence Halls Section (RHS)

	advise applicant that she / he will be notified as soon as there is an available bed slot and instruct him/her re: requirement/s.	>14" - 15"=75.00 >17" - 18"=80.00 Personal Refrigerator = 150.00 Laptop = 55.00		
2 Go with the Dormitory Manager for ocular inspection of the room & facilities.	2. If bed slot and requirements are available, proceed with the ocular inspection of the designated room for the applicant; If the applicant is interested after the ocular inspection, show the different facilities of the dormitory and orient her/him on the dormitory rules & regulations, and Dormitory/appliances rates.		2 hours	Dormitory Manager Residence Halls Section (RHS)
3. Accomplish the required forms	3. After ocular inspection, have the applicant accomplish the required forms. Give clear and accurate instructions on how to accomplish the dormitory forms: a. Application for Admission to the Dormitory Form b. Dormitory Agreement Form c. Checking-in Form d. Registering-in of Electrical Appliances Form e. Dormitory Rules and Regulations		30 minutes	Dormitory Manager Residence Halls Section (RHS)

4. Submit accomplished forms and the requirement/s to the Dormitory Manager	4. Check forms and requirement/s		5 minutes	Dormitory Manager Residence Halls Section (RHS)
5. Receive keys and acknowledge receipt in the designated logbook	5. Issue keys and request applicant to acknowledge receipt of keys in the designated logbook.		10 minutes	Dormitory Manager Residence Halls Section (RHS)
TOTAL			3 hrs.&15 minutes	

ADVISORY:

1. Cost of duplicating keys will be shouldered by the applicant.
2. Upon checking-out of dormitory user, keys must be surrendered to the Dormitory Manager. The cost of duplicating keys will not be refunded to the former dormitory user. It shall be the property of the Residence Halls Section.
3. Any changes in the rates of electrical appliances is subject to the discretion of the Hospital Rates Committee.
4. Dormitory Accommodation fee and charges for electrical appliances will be deducted from the salary of dormitory user.
5. Dormitory accommodation fee is waived for non-plantilla Medical Fellows and Medical Interns. However, they shall be charged accordingly for the electrical consumption of the appliances they will use in the dormitory.
6. Rates applicable **only** if Dormitory electrical capacity (wattage) is capable of handling them.
7. Accommodation is subject for renewal every year.

9. Request for Clearance

Provision of clearance from accountability to the Dormitory of Resigned, Retired and Expired Employees

Office or Division:	Public Assistance and Auxiliary Services Division (PAAS)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Resigned, Retired and Expired Employees who availed of the dormitory services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Clearance Form		Human Resource and Development Division (HRDD)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Clearance Form to the Dormitory Manager at the RHS Office, Nurse's Home.	1. Dormitory Manager received Clearance Form and check list of dormitory residents. If employee is in the list, check the 201 File of the Employee & verify the following: > Check-out form and verify if the employees has already moved out of the dormitory > Keys - if the employee has already returned the keys > If the employee has already moved-out and has returned the keys, sign the Clearance Form	None	20 minutes	Dormitory Manager Nurses Home
	1.1. If the employee has already moved-out and returned the keys, sign the Clearance Form and hand over the Clearance Form to the client giving him/her instruction to the next signatory.	None	5 minutes	Dormitory Manager Nurses Home
2. Bring Clearance Form to the TPS	2. Receive and check list of <i>Inventory</i>	None	2 hours	Staff-in-Charge Telephone and

office	<i>Custodian Slip (ICS) for Telephone Apparatus Accountability.</i> If employee is cleared of any telephone accountability, the Head of TPS signs the clearance and forward clearance to the Chief of PAAS for signature. If there is pending accountability, employee is advised what next step to take.			Paging Section
TOTAL:			2 hours 25 minutes	

10. Request for repair of defective facility/ies of Dormitory

Facilitation of immediate repair of defective facility/ies of dormitory.

Office or Division:	Public Assistance and Auxiliary Services Division (PAAS)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Dormitory Residents			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Report to the dormitory staff the facility/ies that need/s to be repaired	1. Check the facility/ that needs to be repaired	None	30 minutes	Staff on duty Residence Hall Section (RHS)
	1.1. If facility/ies is/are found to be non-functioning, report to the Dormitory Manager	None	30 minutes	Staff on Duty Residence Hall Section (RHS)
	1.2. Prepare Job Order Request (JOR) and record in the JOR logbook.	None	10 minutes	Dormitory Manager/Staff on duty in the absence of the Dormitory Manager
	1.3. Forward JOR to the Office of the Engineering and Technical Services (OETS). Note: RHS staff follows-up request with the Office of the Engineering and Technical Services (OETS) after a reasonable time has lapsed from the date of receipt of the JOR by OETS.	None	30 minutes	Staff on duty Residence Hall Section (RHS)
TOTAL:			1 hr. and 40 minutes	

11. Issuance of entrusted office keys -

Provision to authorized employees of entrusted office keys from the different offices for safekeeping to the Information Section.

Office or Division:	Public Assistance and Auxiliary Services Division (PAAS)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Valid PGH Identification Card (ID) of the Borrower, for verification only. 2. Authorization letter from the Chief/Head of Office for borrowers after office hour, weekends and holidays, and designated alternate/s borrower.		1. Employee borrowing the key 2. Chief/Head of concerned office/s who entrusted their keys to the Information Section Counter		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to the Information Section counter and ask the staff for the key to be borrowed presenting PGH ID to the staff (<i>and authorization letter if during weekends, holidays and after office hour and borrower is an alternate</i>).	1. Check borrower's PGH ID and refer to concerned office's list of authorized personnel to borrow keys. If borrower is not included in the list, ask for an authorization letter from the chief / head of the office. During weekends, holidays, and after office hour, ask for an authorization letter from the chief / head of the office.	none	2 minutes	Staff on duty Information Lobby
2. Logs in the pertinent information at the Key Borrowers Logbook and affix signature	2. Check entry to the logbook before handling the key to the authorized borrower. Do not hand key if entry is obscure. (<i>Once the key has been signed out from the Information Section, it should</i>	none	3 minutes	Staff on duty Information Lobby

	<i>only be returned to the Information Section after office hours. The concerned office should have only one (1) set of key/s entrusted to the Information Section. No staff should have a spare/duplicate key.)</i>			
TOTAL:			5 minutes	

ADVISORY:

1. The chief/chair of concerned office submits to the Information Section the name/s of the authorized representative/s entrusted to borrow the keys.
2. If authorized representative/s is/are not available, the chief/chair of the concerned office should write an authorization letter addressed to the Information Section designating the alternate.
3. Borrowers after office hour, weekends and holidays, shall present an authorization letter from the Chief/Head of the Office to the Information Section's staff-on-duty.
Authorization through text messaging or telephone call is not acceptable.
4. Once the key has been signed out from the Information Section, it should only be returned to the Information Section after office hours.
5. The concerned office should have only one (1) set of key/s entrusted to the Information Section. **No staff should have a spare/duplicate key.**
6. **In case of emergency cases that patients' and personnel's safety is compromised, authorization letter is no longer needed.**

Security Services Division

External Services

1. Investigation of Untoward Incidents

Investigation and report writing for untoward incidents

Office or Division:	Security Services Division (SSD)			
Classification:	Complex			
Type of Transaction:	G2C, G2G			
Who may avail:	All UP-PGH Offices, Outsourced Staff, and the Public with official business at UP-PGH			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Present any of the following: Memorandum/order (1 original) Request letter for investigation (1 original) Verbal complaint		Administration Requesting unit or person Victim or complainant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward Memo/request letter to the Security Office, or proceed to Security Office to file the complaint, or call thru telephone and state the untoward incident details.	1. Record the untoward incident and assign the Shift investigator for verification and/or investigation	None	20 Minutes	<i>Shift Desk Officer</i> SSD
2. Give statements and necessary facts to the assigned investigator	2. Conduct ocular inspection when necessary and/or proceed to the investigation proper 2.1. Interview the complainant, suspect, witnesses, etc. 2.2. Gather evidences and other relevant facts	None	3 Days	<i>Shift Investigator</i> SSD
3. Await the result of investigation	3. Evaluate the evidences, facts and findings gathered and accomplish an investigation report with corresponding recommendations to the Chief of Police. 3.1 Evaluate the report and endorse the same to designated	None	2 Days	<i>Shift Investigator</i> SSD
		None	1 Day	<i>Chief of Police</i> SSD

	authorities, concerned units or departments; and/or person/s.			
TOTAL:		None	6 Days, 20 Minutes	

2. Screening and Approval of Duties of Private Security Guards

Screening, evaluating, testing and confirmation of duties of privately hired security guards

Office or Division:	Security Services Division (SSD)			
Classification:	Complex			
Type of Transaction:	G2B			
Who may avail:	All privately hired security guards of the current Security Services Provider of UP-PGH			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
All requirements listed on the checklist from Security Services Provider based on the Security Services Contract		The Security Agency		
24-hour On-the-job training at UP-PGH Certification		The Security Agency		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all the documents required	1. Verifysubmitted documents 1.1. If complete: Proceed to the interview and testing 1.2. If incomplete: return the documents to the applicant for completion	None	30 Minutes	<i>Screening Officer</i> SSD
2. Proceed to initial interview and testing	2. Conduct interview and/or testing based on Basic Security guard training, UP-PGH on-the-job training and some other relevant information	None	3 Days	<i>Screening Officer</i> SSD
3. Proceed to final interview and testing	3. Conduct final interview and/or testing based on Basic Security guard training, UP-PGH on-the-job training and some other relevant information 3.1. If passed: sign the application form of the applicant and forward the same with the attached documents to the	None	2 Days	<i>Deputy Chief of Police and/or Chief of Police</i> SSD

	security agency for deployment 3.2. If failed: return the application form and documents of the applicant to the security agency			
TOTAL:		None	5 Days, 30 Minutes	

3. Response to Ongoing Incident

Response and action taken to ongoing incident

Office or Division:	Security Service Division (SSD)			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	All UP-PGH Offices, Outsourced Staff, and the Public with official business at UP-PGH			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Report and details of the ongoing incident		N/A		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Report the available details of the ongoing incident *If incident need further action and investigation, see Process on Investigation of Untoward Incidents.	1. Verify the report, assess the necessary steps to be taken and deploy needed workforce in response to the incident	None	5 Minutes	<i>Shift Supervisor</i> SSD
TOTAL:		None	5 Minutes	

Security Services Division

Internal Services

1. Issuance of UP Manila and PGH Vehicular Stickers

Screening of required documents and installation of stickers to the vehicle

Office or Division:	Security Services Division (SSD)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All staff of UP Manila and PGH including outsourced personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
The subject vehicle that is for sticker application		Owner		
Printed claim stub (Claim stub is forwarded to the applicant once online application is approved) (1 original)		<p>For PGH, application form can be access through the link provided in the Memo issued by the Director.</p> <p>For UP Manila, application form can be access through the link provided in the Memo issued by the Chancellor.</p>		
Payment receipt form (1 original)		<p>For PGH stickers only/ PGH Cashiers</p> <p>Note: For UPM stickers, payments are made online prior to the issuance of claim stub</p>		
Photocopy of PGH/UP Manila ID (1 copy)		Applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring the vehicle to the Security Office	1. Verify the subject vehicle	None	3 Minutes	Shift Desk Officer SSD
<p>2. For UPM Sticker: Submit the printed copy of claim stub and photocopy of UP Manila ID to on-duty police staff</p> <p>For PGH Sticker: Submit the printed copy of claim stub with attached payment receipt and photocopy of PGH ID to on-duty police staff</p>	<p>2. Verify the accuracy and completeness of the documents submitted</p> <p>2.1. If complete, attach the sticker to the subject vehicle</p> <p>2.2. If incomplete, return the documents to the applicant for completion</p>	None	7 Minutes	Shift Desk Officer SSD
TOTAL:		None	10 Minutes	

2. Accomplishment of Contingency and/or Action Plan for Special Events

Preparation and submission of Contingency and/or action plan for the proposed special event

Office or Division:	Security Services Division (SSD)			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	The UP-PGH Administration, UP-PGH Event Organizer			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Memo/order Request Letter		UP-PGH Administration UP-PGH Event Organizer		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward Memo/ order or request letter to Security Office	1. Evaluate and assess requirements of the memo/order or request letter and conduct ocular inspection when necessary	None	5 Days	<i>Deputy Chief of Police SSD</i>
2. Wait for the submission of Contingency/ Action Plan	2. Prepare and Submit Contingency/ Action Plan	None	2 Days	<i>Deputy Chief of Police/ Chief of Police SSD</i>
TOTAL:		None	7 Days	

Accounting Services Division

External Services

1. Issuance of Final Hospital Bill

To release/issue final hospital bill of pay ward patient for discharge

Office or Division:	Accounting Service Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Pay ward patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Notice for the Availability of Hospital bill (for discharge of pay ward patient)		Nurses Station		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get number stub at the queuing machine (hospital bill) and wait for the number to be called	1.Call the number of patient to be served	None	1 Minute	<i>Clerk on duty</i> Billing and Collection Office
2. Present the Notice of the Availability of Hospital bill at the counter	2.Receive and verify the Notice presented	None	2 Minutes	<i>Clerk on duty</i> Billing and Collection Office
3. Receive the Final Hospital bill and Order of Payment	3. Issue the Final Hospital bill and Order of Payment	None	5 Minutes	<i>Clerk on duty</i> Billing and Collection Office
TOTAL:		None	8 Minutes	

2. Issuance of Hospital Clearance

To release hospital clearance for Pay ward patients scheduled for discharge

Office or Division:	Accounting Services Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Pay ward patients scheduled for discharge			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Official Receipts		Cash Services Division		
Complete/Fully filled out PhilHealth forms		Pay/Service Ward Billing Office/Nurses Station		
Approved Financial Assistance voucher		Service Ward Billing Office		
Approved Guaranty (SD) Form		Admitting Office/Billing Section		
Approved LOA (HMO)		HMO Office with MOA		
Approved PCSO Guaranty Letter		Medical Social Service		
Other Approved Guaranty Letter		LGU's / Guaranteeing Office with MOA		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the required documents (based on the checklist) whichever is applicable	1. Check/verify document presented and Issue Hospital Clearance	None	5 Minutes	<i>Clerk on duty</i> Billing and Collection Section
TOTAL:		None	5 Minutes	

3. Availment of PhilHealth Benefits

To avail PhilHealth benefits, if applicable

Office or Division:		Accounting Services Division		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		Pay (Billing) and Service ward patients (Malasakit)		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Complete and fully filled out PhilHealth forms: CF1, CF2, CSF, CF4/3		CF1/CF4 and 3 - Billing Section CF2/CSF- Nurses Station		
Optional as needed: • Member's Data Record (MDR) • Birth Certificate (dependent) • Clinical Abstract/ OR Records/ Discharge Summary		PHIC Office/Portal PHIC Member, PSA Nurses Station		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the fully filled out PhilHealth forms and other required documents	1. Check, validate and receive PhilHealth forms and issue acknowledgement receipts	None	5 Minutes	For Pay ward: <i>Billing Clerk on duty</i> Billing Office For Service ward: <i>Medical Claims Assistant/ Office Assistant on duty</i> Malasakit Center
TOTAL:		None	5 Minutes	

4. Issuance of Cheque/Cash with Refunds

To release cheque or cash for payment of refunds

Office or Division:	Accounting Services Division			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Client/patient with refund			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Refund for Excess hospital payment/ PhilHealth case rate: • 1 Photocopy of two (2) valid IDs		Government Offices / Company (Employer)		
Refund for Procedure not Done: • 1 photocopy of valid ID • Original Official Receipt of payment • Original Request from (diagnostics) • Refund form duly signed by Area Supervisor		Government Offices/Company (Employer) Payee/Cash Division Requesting Hospital Unit Billing Office		
Claimant of refund is not the payee: • Authorization letter • 1 photocopy of two valid ID's of the person authorized		Claimant/Payee Government Offices /Company (Employer)		
Other requirement, as necessary • Birth certificate • Marriage contract • Death certificate		Philippine Statistics Authority Philippine Statistics Authority Medical Records Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present all required documents whichever is applicable	1. Check/ verify and accept the complete documents and issue acknowledgement receipt	None	7 Days	Clerk Billing Other units under Fiscal Services
TOTAL:		None	7 Days	

5. Availment of Allowable Discounts

To avail necessary/allowable discounts, if applicable

Office or Division:	Accounting Services Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Pay ward patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Senior Citizens' ID or any other Government issued ID with Date of Birth (1 photocopy)		Personal / Local Government Unit/Other Government offices		
Persons with Disability: PWD ID (1 photocopy)		Personal / DSWD		
Certification as government employee, and for government employee dependent; birth certificate of child (below 21 years old)/ marriage contract for spouse		Concerned Government Offices		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the original ID for verification and submit a photocopy of the ID, whichever is applicable	1. Check, validate and receive a photocopy of ID presented	None	2 Minutes	<i>Clerk on duty</i> Billing and Collection Office
TOTAL:		None	2 Minutes	

6. Checking/Validation of PhilHealth Eligibility of Service Ward Patients

To conduct interview and validate if patient is qualified for PhilHealth benefits

Office or Division:	Accounting Services Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Service ward/ OPD patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth ID		PHIC Member/PHIC Office		
Member Data Record (MDR)		PHIC Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number stub at the queuing machine and wait for the number to be called	1. Call the number to be served	None	1 Minute	<i>Medical Claim Assistant/ Office Assistant on duty Malasakit Center</i>
2. Present PhilHealth ID or MDR, whichever is available	2. Conduct interview, check and validate through PHIC Portal if eligible for PhilHealth benefits • If YES, give a checklist of requirements (refer to Process on Availment of PhilHealth Benefits) • If NO, inform the member of deficiencies and the required documents to be eligible of PhilHealth benefits and give checklist of requirements (refer to Process on Availment of PhilHealth Benefits)	None	15 Minutes	<i>Medical Claims Assistant/ Office Assistant on duty Malasakit Center</i>
TOTAL:		None	16 Minutes	

7. Issuance of Hospital Clearance for Service Ward Patients

To issue hospital clearance for patient schedule for discharge.

Office or Division:	Accounting Services Division - Service Ward Billing Office (Malasakit)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Service ward In-patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Hospital bill covered by PhilHealth: a) Notice of Discharge b) Complete and properly filled-out PhilHealth forms and required documents		Nurses Station PHIC Member/Nurses Station		
2. Hospital bill covered by Medical Assistance Fund (MAF) aside from PhilHealth, if applicable. a) Notice of Discharge b) Clinical Abstract for expired patient and HAMA(Home against medical advice) form for HAMA patients c) Patient's blue card or ID w/MCA stub d) MSS evaluation or white card e) Justification from the doctor f) MAP voucher		Nurses Station Nurses Station MAP Office or DEMS Palistahan Medical Social Service Attending Physician MAP clerk in Malasakit Center		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<u>For Hospital bill covered by PhilHealth :</u> 1. Present the Notice of Discharge and required documents, whichever is applicable	1. Check/validate the documents presented, issues/releases Hospital clearance for discharge.	None	10 minutes	Medical Claims Assistance/Office Assistance on duty
<u>For Hospital bill covered by MAP :</u> Get a number stub and sign in the client logbook in the MAP desk and wait for your turn	Call the number to be entertained	None	5 minutes	MAP clerk in Malasakit Center

2) Present the Notice of Discharge and other required documents, whichever is applicable	Check/validate the documents presented, and verify that the patient has been cleared in the system	None	60 minutes	MAP clerk in Malasakit Center
3) Acknowledge the received assistance	Close the patient's account and generate the MAP voucher	None	15 minutes	MAP clerk in Malasakit Center
4) Sign in the client logbook and receive the clearance	Issue clearance for discharged	None	5 minutes	MAP clerk in Malasakit Center
TOTAL:		None	1 hour, 35 minutes	

8. Processing of Medical Assistance (Service Ward and OPD Patients)

To process medical assistance of Service Ward and OPD Patients

Office or Division:	Accounting Services Division, Medical Assistance Office			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	PGH – Service Ward-OPD Patients who requested medical assistance in the MSS			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Blue Card		OPD-Palistahan		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number stub and sign in the client Logbook in the MAP desk and wait for your turn.	1.Call the number to be entertained	None	5 minutes	MAP clerk in Malasakit Center
2. Submit the patient's blue card	2. Verify status of referral in the computer & pull out the MAP voucher	None	30 minutes	MAP clerk in Malasakit Center
3.Wait the blue card with attached MAP stub and acknowledge the received assistance	<p>3.1 <u>For Drug & Medicine</u> Attach the MAP stub in the blue card and instructed the patient to proceed to the Pharmacy to claim the medicine.</p> <p>3.2 <u>For Laboratories and Procedures</u> Attach the MAP stub in the blue card and instructed the client to proceed to designated cost center to get charge slip & back to Malasakit Center for funding.</p>	None	15 minutes	MAP clerk in Malasakit Center
TOTAL:		None	50 minutes	

9. Processing of Medical Assistance (Pay Inpatients)

To process medical assistance of Pay Inpatients

Office or Division:	Accounting Services Division, Medical Assistance Office			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	PGH – Payward In-Patients who seek medical assistance from DOH			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. DOH-Indorsement 2. Approved justification/reasons of admission to payward 3. Social case summary 4. Approved MSS referral 5. Original or certified true copy of clinical abstract 6. Patient's ID/ blue card 7. Patient's hospital bill 8. Others as per MOA		DOH Attending physician Client's municipality Medical Social Service Medical records Client Billing office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number stub and sign in the client Logbook in the MAP desk and wait for your turn.	1.Call the number to be entertained	None	5 minutes	MAP clerk in-charge in DOH at Malasakit Center
2. Present all required documents	Check/validate and accept the complete documents & issue acknowledgment receipt. Email to DOH-Central for validation. Prepare MAP voucher then forward to signatories	None	3 days	MAP clerk in-charge in DOH at Malasakit Center
3.Acknowledge received assistance	Issue MAP stub and instructed the patient to present to billing office	None	15 minutes	MAP clerk in-charge in DOH at Malasakit Center
TOTAL:		None	3 days and 20 minutes	

10. Processing of Medical Assistance (Inter-Hospital Referral)

To process medical assistance for Inter-Hospital Referral

Office or Division:	Accounting Services Division, Medical Assistance Office			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	Non-PGH patients who are referred by other hospital for Laboratories & Procedures			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Indorsement Letter 2. Letter of endorsement from the Chief of the Hospital/Medical Center Chief, approved by PGH -Deputy Director for Health Operation 3. Updated medical social worker case summary report 4. Updated medical abstract 5. Laboratory/Procedure Request Form 6. Patient's ID 7. Others as per MOA		Donor		
		Originating hospital		
		Originating hospital		
		Originating hospital		
		Originating hospital		
		Patient		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number stub and sign in the client Logbook in the MAP desk and wait for your turn.	1.Call the number to be entertained	None	5 minutes	MAP clerk in-charge in DOH at Malasakit Center
2. Present all required documents	Check/validate and accept the complete documents & issue acknowledgment receipt. Validate from the donor. Prepare MAP voucher then forward to signatories	None	3 days	MAP clerk in-charge in DOH at Malasakit Center
3.Acknowledge the received assistance	Issue MAP stub and instructed the patient to present to cost center including their approved referral & request	None	15 minutes	MAP clerk in-charge in DOH at Malasakit Center
TOTAL:		None	3 days and 20 minutes	

11. Processing of Medical Assistance (PCSO Referral)

To process medical assistance with PCSO referral

Office or Division:	Accounting Services Division, Medical Assistance Office			
Classification:	Complex			
Type of Transaction:	G2C			
Who may avail:	PGH – Service Ward Patients with PCSO referral			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Approved PCSO guarantee letter - original & (2) xerox copy 2. Documents submitted to IMAP 3. Patient's ID & Blue Card - 2 xerox copies 4. Pagkilala sa tinanggap na tulong (PGH form No. Q-200010) – 2 copies 5. Claimant's ID – 1 xerox copy		PCSO helpdesk in PGH Malasakit Center PCSO helpdesk in PGH Malasakit Center Patient & OPD Palistahan for blue card MAP staff in PGH Malasakit Center Claimant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number stub and sign in the client Logbook in the MAP desk and wait for your turn.	1.Call the number to be entertained	None	5 minutes	MAP clerk in-charge in Various Donors in Malasakit Center
2. Present all required documents	Check/validate and accept the complete documents & issue acknowledgment receipt. Prepare Patient's Ledger then forward to signatories	None	3 days	MAP clerk in-charge in Various Donors in Malasakit Center
3.Acknowledge the received assistance	Issue Patient's Ledger and instructed the patient to present to cost center	None	15 minutes	MAP clerk in-charge in Various Donors in Malasakit Center
TOTAL:		None	3 days and 20 minutes	

12. Processing of Medical Assistance (Referrals from LGUs, Foundations and Private Donors with Funds)

To process medical assistance with referrals from LGUs, Foundations and Private Donors with funds

Office or Division:	Accounting Services Division, Medical Assistance Office			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH – Service Ward Patients with PCSO referral			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Endorsement letter/ Donor's Form and/or Check from Donor – original & 1 xerox copy		Donor		
2. Patient's ID/Blue Card & claimant's ID (1 xerox copy)		Patient		
3. Official Receipt for patient with check (Original & 1 xerox copy)		Cash Division		
4. Patient's request (RX, Lab/ Procedures request form/Hospital bill) – original & 1 xerox copy		Doctor		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number stub and sign in the client Logbook in the MAP desk and wait for your turn.	1.Call the number to be entertained	None	5 minutes	MAP clerk in Malasakit Center
2. Present all required documents	Check/validate and accept the complete documents & issue acknowledgment receipt. Prepare Patient's Ledger then forward to signatories	None	4 hours	MAP clerk in-charge in Various Donors in Malasakit Center
3.Acknowledge the received assistance	Issue Patient's Ledger and instructed the patient to present to cost center	None	15 minutes	MAP clerk in-charge in Various Donors in Malasakit Center
TOTAL:		None	4 hours and 20 minutes	

13. Funding of Patient's Request

To fund patient's request with approved referrals

Office or Division:	Accounting Services Division, Medical Assistance Office			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients with charge slip/RX & MAP stub/Patient's Ledger			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Blue Card 2. Patient's Ledger/MAP stub 3. Charge slip/PGH Rx		OPD-Palistahan MAP office PGH Cost Center		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number stub and sign in the client Logbook in the MAP desk and wait for your turn.	1.Call the number to be entertained	None	5 minutes	MAP clerk in Malasakit Center
2. Submit the required documents	Check/validate and accept the complete documents. Stamp fund available then forward to signatories	None	30 minutes	MAP clerk in Malasakit Center
3.Wait the funded request	Issue funded request & instructed to proceed to designated cost center	None	5 minutes	MAP clerk in Malasakit Center
TOTAL:		None	40 minutes	

Accounting Services Division

Internal Services

1. Issuance of Certificate of Contribution/ Reconciliation of GSIS Records

Reconciliation of discrepancies between PGH and GSIS records

Office or Division:	Accounting Service Division			
Classification:	Simple for those below 5 years in service; Complex for those more than 5 years in service			
Type of Transaction:	G2G			
Who may avail:	PGH current and previous employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Service Record		HRDD (may provide employee with GSIS number for reference)		
Premium/ Loan Payment History		GSIS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Service Record and Premium/ Loan Payment history record	1. Receive and verify the documents presented 1.1 Check and verify record from prior year's remittances 1.2 Prepare and issue the certificate to requesting employee	None	3 Days (for <5 years in service); 7 Days (for ≥5 years in service)	<i>Staff on duty</i> Payroll Section
TOTAL:		None	3 Days (for <5 years in service); 7 Days (for ≥5 years in service)	

2. Issuance of Certificate of PhilHealth Contribution

To be used by employees for PHIC claims and/or for accreditation purposes

Office or Division:	Accounting Service Division			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	PGH current and previous employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Number		Payroll Section/ HRDD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request Certificate of PhilHealth Contribution	1. Check and verify record from prior year's remittances	None	15 Minutes	<i>Staff on duty</i> Payroll Section
	1.1 Prepare and issue the certificate to requesting employee	None	2 Minutes	<i>Staff on duty</i> Payroll Section
TOTAL:		None	17 Minutes	

3. Issuance of NHMFC/ Acquired Assets Certificate

To be used by NHMFC/Acquired assets records reconciliation

Office or Division:	Accounting Service Division			
Classification:	Simple			
Type of Transaction:	G2C , G2G			
Who may avail:	PGH current and previous employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		N.A.		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for issuance of certificate	1. Check and verify record from prior year's remittances	None	15 Minutes	<i>Staff on duty</i> Payroll Section
	1.1 Prepare and issue the certificate to requesting employee	None	2 Minutes	<i>Staff on duty</i> Payroll Section
TOTAL:		None	17 Minutes	

4. Issuance of Certificate of PAG-IBIG Contribution/ Loans with Official Receipt

To be used to reconcile records with Pag-IBIG

Office or Division:	Accounting Service Division			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Employee ESAV		Pag-IBIG		
Subsidiary Ledger		Accounting Services		
SOA		Pag-IBIG		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Employee ESAV and SOA from Pag-IBIG	1. Receive and verify the documents presented	None	2 Minutes	Staff on duty Payroll Section
	1.1 Check and verify record from prior year's remittances	None	1 Day	Staff on duty Payroll Section
	1.2 Prepare and issue the certificate to requesting employee	None	3 Minutes	Staff on duty Payroll Section
TOTAL:		None	6 Minutes	

5. Issuance of Certificate of Name Discrepancy (HDMF)

To be used to reconcile records with Pag-IBIG

Office or Division:	Accounting Service Division			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Note from Pag-IBIG Employees Records		Pag-IBIG		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present note from Pag-IBIG Employees Record	1. Receive and verify the documents presented	None	20 Minutes	<i>Staff on duty Payroll Section</i>
	1.1 Process and issue the certificate to requesting employee	None	3 Minutes	<i>Staff on duty Payroll Section</i>
TOTAL:		None	25 Minutes	

6. Issuance of Certificate of Employees Compensation

To be used by employees for different transactions

Office or Division:	Accounting Service Division			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		N.A.		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request from payroll section his/her certificate of employees compensation	1. Verify employee name and payroll records	None	15 Minutes	<i>Staff on duty</i> Payroll Section
	1.1 Prepare and issue the certificate to requesting employee	None	2 Minutes	<i>Staff on duty</i> Payroll Section
TOTAL:		None	17 Minutes	

7. Verification of Payslip

To be used by employees for different transactions

Office or Division:	Accounting Service Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Photocopy of Payslip		Employee		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present to payroll section the photocopy of his/her payslip	1. Verify employee name and payroll records	None	10 minutes	<i>Staff on duty</i> Payroll Section
	1.1 Stamp and issue the certified true copy of payslip	None	2 minutes	<i>Staff on duty</i> Payroll Section
TOTAL:		None	12 minutes	

8. Issuance of Income Tax Return Copy

To be used by employees for different transactions

Office or Division:	Accounting Service Division			
Classification:	Simple (Current Year); Complex (Prior Years)			
Type of Transaction:	G2C			
Who may avail:	PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Authorization letter if requested through a representative		Employee		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request from payroll section the copy of his/her income tax return personally or thru presentation of authorization letter	1. Verify employee name and payroll records	None	<i>Simple:</i> 10 Minutes <i>Complex:</i> 6 Days	<i>Staff on duty</i> Payroll Section
	1.1 Process and issue employee's ITR	None	2 Minutes	<i>Staff on duty</i> Payroll Section
TOTAL:		None	<i>Simple:</i> 12 Minutes <i>Complex:</i> 6 Days, 2 Minutes	

9. Issuance of Certificate of Last Salary Received

To be used by employees for different transactions

Office or Division:	Accounting Service Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Authorization letter if requested through a representative		Employee		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request from payroll section the certificate of last salary received	1. Verify employee name and payroll records	None	1 Hour	<i>Staff on duty</i> Payroll Section
	1.1 Prepare and issue employee's certificate of last salary received	None	2 Minutes	<i>Staff on duty</i> Payroll Section
TOTAL:		None	1 Hour, 2 Minutes	

10. Remittance of Doctor's Professional Fees

To provide doctors in the hospital their remittance of professional fees

Office or Division:	Accounting Service Division			
Classification:	G2C			
Type of Transaction:	Complex			
Who may avail:	Doctors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Certificate of Registration		Bureau of Internal Revenue		
Debit Card Account Number		DBP		
Professional Fee Form		Billing		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For new doctors, forward COR (Certificate of Registration) and Debit Card Account Number to Bookkeeping Section	1. File and record the document	None	1 Day	<i>Staff on duty</i> Bookkeeping Section
2. Forward all the issued PF forms to Billing Section	2. Update the Hospital Bills of patients and forward the PF form to Bookkeeping	None	1 Day	<i>Staff on duty</i> Billing Section
3. Wait for the remittance of Professional Fees every month	3. Prepare the remittance according to PF Form and Report of Collection	None	5 Days	<i>Staff on duty</i> Bookkeeping Section
TOTAL:		None	7 Days	

11. Issuance of Employee's Clearance

Clearance of Retired/Resigned Employees

Office or Division:	Accounting Service Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished Clearance form		HRDD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Clearance form to the following personnel for verification: Rowena Prado, Leah Dela Rosa, Felomina Ponce, Lyan Anisco, Julie Malgapo, Agnes Jacinto, Elizabeth Cardenas	1. Verify financial obligations 1.1 Issue processed Clearance form then advise employee to return form to HRDD for approval	None	1 Day	<i>Staff-in-charge/ Accounting Staff Accounting Office</i>
TOTAL:		None	1 Day	

12. Processing of DV for Payment to Suppliers of Drugs & Medicines, Chemicals & Reagents, Office/ Medical/ Housekeeping Supplies

Release of Processed Disbursement Voucher for Payment

Office or Division:	Accounting Services Division			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Property and Supply Division; End-User Division/Department/Unit			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Disbursement Voucher, Original Copy		1.Client		
2.Purchase Order, Original Copy		2.Purchasing Office		
3.Budget Clearance (OBR/BUR), Original Copy		3.Prepared by Client, Certified by Budget Division		
4.Purchase Request, CTC		4.Client		
5.Delivery Receipt, Original Copy		5.Supplier		
6.RIS, if applicable, Original Copy		6.End-User Division/Department/Unit		
7.Inspection and Acceptance Report, Original Copy		7.Prepared by Client, with notation of IASSS		
8.Sales Invoice, Original Copy		8.Supplier		
9.Other Attachments according to the Mode of Procurement, as per 2016 Revised IRR of RA 9184 and COA Circular 2012-001		9.Responsible Unit such as the BAC/ Purchasing Office/ PSD/ End-User/ Supplier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Disbursement Voucher and related attachments	1. Receive the DV, check on the related Purchase Order, records and forward to Disbursement	None	20 days (Depending on the volume of DVs received)	Receiving and Releasing Staff
	1.1 Pre-audit, check, verify completeness and correctness of all attachments to the DV	None		Disbursement Voucher Processor
	1.2 Input relevant DV data to the FMIS and print related Tax Certificates	None		Disbursement Staff
	1.3 Initial on Box C of DV	None		Disbursement Accountant
	1.4 Print final copies of DV	None		Accounting – Bookkeeping Staff

	1.5 Certify on Box C of processed DV	None		Chief Accountant
	1.6 Record and release processed DV for approval of the DDA/ DDFS/ Director	None		Accounting Receiving and Releasing Staff
TOTAL:		None	20 days	

13. Processing of DV for Payment to Suppliers of Food Commissaries

Release of Processed Disbursement Voucher for Payment

Office or Division:	Accounting Services Division			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Property and Supply Division/ Dietary Department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Disbursement Voucher, Original Copy		1.Client		
2.Purchase Order, Original Copy		2.Purchasing Office		
3.Budget Clearance (OBR/BUR), Original Copy		3.Prepared by Client, Certified by Budget Division		
4.Purchase Request, CTC		4.Client		
5.RIS, if applicable, Original Copy		5.Dietary Department		
6.DR and/or Statement of Account, whenever applicable, Original Copy		6. Supplier		
7.Inspection and Acceptance Report, Original Copy		7.PSD or Dietary Department, with notation of IASSS or duly authorized representative		
8.Sales Invoice, Original Copy		8.Supplier		
9.Other Attachments according to the Mode of Procurement, as per 2016 Revised IRR of RA 9184 and COA Circular 2012-001		9.Responsible Unit such as the BAC/ Purchasing Office/ PSD/ Dietary Department/ Supplier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Disbursement Voucher and related attachments	1. Receive the DV, check on the related Purchase Order, record and forward to Disbursement	None	20 days (Depending on the volume of DVs received)	Receiving and Releasing Staff
	1.1 Pre-audit, check, verify completeness and correctness of all attachments to the DV	None		Disbursement Voucher Processor
	1.2 Input relevant DV data to the FMIS and print related Tax Certificates	None		Disbursement Staff
	1.3 Initial on Box C of DV	None		Disbursement Accountant
	1.4 Print final copies of DV	None		Accounting – Bookkeeping Staff

	1.5 Certify on Box C of processed DV	None		Chief Accountant
	1.6 Record and release processed DV for approval of the DDA/DDFS/Director	None		Accounting Receiving and Releasing Staff
TOTAL:		None	20 days	

14. Processing of DV for Payment to Suppliers of Equipment

Release of Processed Disbursement Voucher for Payment

Office or Division:	Accounting Services Division			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	End-User Division/Department/Unit			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Disbursement Voucher, Original Copy		1.Client		
2.Purchase Order, Original Copy		2.Purchasing Office		
3.Budget Clearance (OBR/BUR), Original Copy		3.Prepared by Client, Certified by Budget Division		
4.Purchase Request, CTC		4.Client		
5.Delivery Receipt, Original Copy		5.Supplier		
6.Inspection and Acceptance Report, Original Copy		6.Prepared by Client, with notation of IASSS		
7.Sales Invoice, Original Copy		7.Supplier		
8.PAR or ICS, Original Copy		8.Client, prepared by PSD-Equipment		
9.Certificate of Acceptance, Original Copy		9. Client		
10.Warranty Certificate, if applicable, CTC		10.Supplier		
11.Other Attachments according to the Mode of Procurement, as per 2016 Revised IRR of RA 9184 and COA Circular 2012-001		11.Responsible Unit such as the BAC/ Purchasing Office/ PSD/ End-User/ Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Disbursement Voucher and related attachments	1. Receive the DV, check on the related Purchase Order, record and forward to Disbursement	None	20 days (Depending on the volume of DVs received)	Receiving and Releasing Staff
	1.1 Pre-audit, check, verify completeness and correctness of all attachments to the DV	None		Disbursement Voucher Processor
	1.2 Input relevant DV data to the FMIS and print related Tax Certificates	None		Disbursement Staff
	1.3 Initial on Box C of DV	None		Disbursement Accountant
	1.4 Print final copies of DV	None		Accounting – Bookkeeping Staff

	1.5 Certify on Box C of processed DV	None		Chief Accountant
	1.6 Record and release processed DV for approval of the DDA/DDFS/Director	None		Accounting Receiving and Releasing Staff
TOTAL:		None	20 days	

15. Processing of DV for Payment to Utility Service Providers (Electricity, Water, Telecommunication Services)

Release of Processed Disbursement Voucher for Payment

Office or Division:	Accounting Services Division			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	End-User Division/Department/Unit			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1.Disbursement Voucher, Original Copy			1.Client	
2.Budget Clearance (OBR/BUR), Original Copy			2.Prepared by Client, Certified by Budget Division	
3.Statement of Account, or similar document, Original Copy			3.Utility Service Provider	
4.Detailed Summary of Subscription/ Consumption for the Period Covered, if applicable, Original Copy			4.Client	
5.Other Attachments, as per 2016 Revised IRR of RA 9184 and COA Circular 2012-001			5.Client/ Utility Service Provider	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Disbursement Voucher and related attachments	1. Receive the DV, check on the related attachments, record and forward to Disbursement	None	20 days (Depending on the volume of DVs received)	Receiving and Releasing Staff
	1.1 Pre-audit, check, verifies completeness and correctness of all attachments to the DV	None		Disbursement Voucher Processor
	1.2 Input relevant DV data to the FMIS and prints related Tax Certificates	None		Disbursement Staff
	1.3 Initial on Box C of DV	None		Disbursement Accountant
	1.4 Print final copies of DV	None		Accounting – Bookkeeping Staff
	1.5 Certify on Box C of processed DV	None		Chief Accountant
	1.6 Record and release processed DV for approval of the DDA/DDFS/Director	None		Accounting Receiving and Releasing Staff
TOTAL:		None	20 days	

16. Processing of DV for Payment to Laundry Service Providers

Release of Processed Disbursement Voucher for Payment

Office or Division:	Accounting Services Division			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Property and Supply Division			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1.Disbursement Voucher, Original Copy			1.Client	
2.Budget Clearance (OBR/BUR), Original Copy			2.Prepared by Client, Certified by Budget Division	
3.Collection & Delivery Receipt, and Statement of Account, Original Copy			3.Laundry Service Provider	
4.Certification of Completion of Service, Original Copy			4.Client	
5.Notarized Certification of Compliance to Labor Laws, or similar document, Original Copy			5.Laundry Service Provider	
6.Other Attachments, whenever applicable, as per 2016 Revised IRR of RA 9184 and COA Circular 2012-001			6.Responsible Unit such as the BAC/ Client/ Laundry Service Provider	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Disbursement Voucher and related attachments	1. Receive the DV, check on the related attachments, record and forward to Disbursement	None	20 days (Depending on the volume of DVs received)	Receiving and Releasing Staff
	1.1 Pre-audit, check, verify completeness and correctness of all attachments to the DV	None		Disbursement Voucher Processor
	1.2 Input relevant DV data to the FMIS and prints related Tax Certificates	None		Disbursement Staff
	1.3 Initial on Box C of DV	None		Disbursement Accountant
	1.4 Print final copies of DV	None		Accounting – Bookkeeping Staff
	1.5 Certify on Box C of processed DV	None		Chief Accountant
	1.6 Record and release processed DV for approval of the DDA/DDFS/Director	None		Accounting Receiving and Releasing Staff
TOTAL:		None	20 days	

17. Processing of DV for Payment of Healthcare Waste Disposal Services

Release of Processed Disbursement Voucher for Payment

Office or Division:	Accounting Services Division			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Office and Custodial Services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Disbursement Voucher, Original Copy		1.Client		
2.Budget Clearance (OBR/BUR), Original Copy		2.Prepared by Client, Certified by Budget Division		
3.Service Invoice, or similar document, Original Copy		3.Service Provider		
4.Disposal Report, Original Copy		4.Client, approved by IASSS		
5.Other relevant attachments, whenever applicable, such as Pathologic Waste Daily Disposal Summary, Certificate of Treatment and Disposal, Transport Receipts, DENR EMB form of Hazardous Waste Manifest System		5.Client/ Service Provider		
6.Other Attachments, as per 2016 Revised IRR of RA 9184 and COA Circular 2012-001		6.Responsible Unit such as the BAC/ Client/ Service Provider		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Disbursement Voucher and related attachments	1. Receive the DV, check on the related attachments, record and forward to Disbursement	None	20 days (Depending on the volume of DVs received)	Receiving and Releasing Staff
	1.1 Pre-audit, check, verify completeness and correctness of all attachments to the DV	None		Disbursement Voucher Processor
	1.2 Input relevant DV data to the FMIS and print related Tax Certificates	None		Disbursement Staff
	1.3 Initial on Box C of DV	None		Disbursement Accountant
	1.4 Print final copies of DV	None		Accounting – Bookkeeping Staff

	1.5 Certify on Box C of processed DV	None		Chief Accountant
	1.6 Record and release processed DV for approval of the DDA/DDFS/ Director	None		Accounting Receiving and Releasing Staff
TOTAL:		None	20 days	

18. Processing of DV for Payment of Security Services

Release of Processed Disbursement Voucher for Payment

Office or Division:	Accounting Services Division			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Security Services Division			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Disbursement Voucher, Original Copy		1.Client		
2.Budget Clearance (OBR/BUR), Original Copy		2.Prepared by Client, Certified by Budget Division		
3.Billing Invoice, or similar document, Original Copy		3.Service Provider		
4.Other attachments, if applicable, such as Detailed Computation of Security Service-Agency Fee, Employee Payroll for the Period, Compliance with Labor Laws, etc		4.Service Provider		
5.Other relevant attachments such as Detailed Report of Post of Security Services, photocopy of DTRs, etc		5.Client		
6.Contract for Security Services, CTC		6.Client		
7.Other Attachments, as per 2016 Revised IRR of RA 9184 and COA Circular 2012-001		7.Responsible Unit such as the BAC/ Client/ Service Provider		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Disbursement Voucher and related attachments	a. Receive the DV, check on the related attachments, record and forward to Disbursement	None	20 days (Depending on the volume of DVs received)	Receiving and Releasing Staff
	b. Pre-audit, check, verify completeness and correctness of all attachments to the DV	None		Disbursement Voucher Processor
	c. Input relevant DV data to the FMIS and print related Tax Certificates	None		Disbursement Staff
	d. Initial on Box C of DV	None		Disbursement Accountant

	e. Print final copies of DV	None		Accounting – Bookkeeping Staff
	f. Certify on Box C of processed DV	None		Chief Accountant
	g. Record and release processed DV for approval of the DDA/DDFS/ Director	None		Accounting Receiving and Releasing Staff
TOTAL:		None	20 days	

19. Processing of DV for Payment of Repairs and Maintenance

Release of Processed Disbursement Voucher for Payment

Office or Division:	Accounting Services Division			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	End-user Division/Department/Unit			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Disbursement Voucher, Original Copy		1.Client		
2.Budget Clearance (OBR/BUR), Original Copy		2.Prepared by Client, Certified by Budget Division		
3.Certificate of Work Accomplishment, or similar document, Original Copy		3.Service Provider/Office of the Engineering and Technical Services		
4.Service Invoice/ Billing Invoice, or similar document, Original Copy		4.Service Provider		
5.Other relevant documents, if applicable, such as Request for Funding of Equipment Maintenance, Request for PM/Calibration Inspection, Job Order Request, Service Report/ Certificate of Completion and Acceptance, Original Copy or CTC		5.Service Provider/ Client		
6.Other Attachments, as per 2016 Revised IRR of RA 9184 and COA Circular 2012-001		6.Responsible Unit such as the BAC/ Client/ Service Provider		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Disbursement Voucher and related attachments	1. Receive the DV, check on the related attachments, record and forward to Disbursement	None	20 days (Depending on the volume of DVs received)	Receiving and Releasing Staff
	1.1 Pre-audit, check, verify completeness and correctness of all attachments to the DV	None		Disbursement Voucher Processor
	1.2 Input relevant DV data to the FMIS and print related Tax Certificates	None		Disbursement Staff
	1.3 Initial on Box C of DV	None		Disbursement Accountant
	1.4 Print final copies of DV	None		Accounting – Bookkeeping Staff

	1.5 Certify on Box C of processed DV	None		Chief Accountant
	g. Record and releases processed DV for approval of the DDA/DDFS/ Director	None		Accounting Receiving and Releasing Staff
TOTAL:		None	20 days	

Budget Services Division

Internal Services

<ul style="list-style-type: none"> ○ Signed appointment paper ○ Approved letter request. <p>RESIGNATION FORM/ APPLICATION FOR RETIREMENT</p> <ul style="list-style-type: none"> ○ Endorsed by the department/division head. <p>REQUEST FOR PAYMENT OF OVERTIME PAY FORM</p> <ul style="list-style-type: none"> ○ Signed by department/division head with HRDD clearance. <p>REQUEST FOR TRAINING FORM</p> <ul style="list-style-type: none"> ○ Signed by department/division head with HRDD clearance. <p>REQUEST FOR REPAIR AND MAINTENANCE OF EQUIPMENT FORM</p> <ul style="list-style-type: none"> ○ Letter request signed the Dept/Div. Head and endorsed by the Deputy Director for Administration. ○ OETS Feedback 					PGH employee
					HRDD
					HRDD
					End-user
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Forward the request to the Budget Division	1. Receive and check completeness of form/attachment/ requirements. Encodes in the record of incoming/outgoing requests. Forward to division chief.	None	5 minutes	<i>Administrative Assistant II</i> Budget Division	
	Forward request to AO concerned as per funding source.	None	5 minutes	<i>Chief</i> Budget Division	
	Evaluate and earmark/allocate fund as to requested amount for the ff: -PR -Meals/Snacks -Training -Repair & Maint. of Equipment. Recommend budget clearance. Forward to division chief for budget clearance.	None	1 hour	<i>Supervising Administrative Officer</i> <i>Admin Officer V</i> <i>Admin Officer IV</i> <i>Admin Officer II</i> Budget Division	
		None	1 day	SAO/ AO VI	

<p>Evaluate and earmark/allocate fund as to requested amount for the ff: -Numerical replacement/ Additional personnel -Overtime Pay Give initial recommendation. Recommend budget clearance. Forward to division chief for budget clearance.</p> <p>Process Basic Appointment Paper, Contract of Service (JO), Resignation and Retirement. Forward to division chief for signature.</p> <p>Prepare request for Terminal Leave Benefits. Forward to division chief for signature.</p> <p>Process ORS/ BURS/DV. Forward to division chief for budget clearance.</p> <p>Review and sign all Documents. Forward to Administrative Assistant II for release.</p> <p>Encode in the record of incoming/outgoing requests. Prepare checklist of outgoing documents. Send to appropriate office (DDFS/DDA/ Accounting Division/ HRDD).</p>	None	1 hour	AO IV/ AO II Budget Division
	None	30 minutes	SAO/AO V/ AO IV Budget Division
	None	30 minutes	AO IV Budget Division
	None	30 minutes	AO IV Budget Division
	None	15 minutes	Chief Budget Division
	None	10 minutes	AA II Budget Division
TOTAL:	None	1 day, 3 hours, 35 minutes	

2. Budget Preparation

Determination of requirement for the Budget Proposal of the hospital and preparation of Internal Operating Budget.

Office or Division:	Budget Services Division			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	UP System			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
National Budget Call issued by DBM. Budget Proposal submitted by various departments Priorities/projects/activities given by management.		Office of the VP for Planning and Finance Department chair Management		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Furnish National Budget Circular in the Budget Division	1. Prepare budget proposal. Discuss with management for comments and approval. Finalize and submit budget proposal to UP System. Prepare budget forms and other documents as requested. Attend technical and plenary budget hearing for Congress and Senate.	None	20 days	Chief / SAO/ AO V/ AO IV Budget Division
2. Furnish Guidelines for the preparation of IOB in the Budget Division	2. Prepare IOB as per the approved General Appropriation Act (GAA) and guidelines, including BOR approved Trust Liability Account. Discuss with management for comments and approval. Finalize and submit IOB to UP System. Prepare IOB forms and other documents as requested.			Chief / SAO/ AO V/ AO IV Budget Division
TOTAL:		None	20 days	

3. Funding Terminal Leave Benefits (TLB), Service Recognition Pay (SRP) and Commutation of Leave Credits for Completion of Training Program for Residents and Fellows

Processing requests for payment of TLB, SRP and CRTP/CFTP.

Office or Division:	Budget Services Division			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Employees of PGH			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
DISBURSEMENT VOUCHER (DV) COPY OF SUB-ALLOTMENT RELEASE ORDER (SARO) FOR TLB		Payroll Section UP System		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Forward the request to the Budget Division	Receive DV. Encodes in the record of incoming/outgoing requests. Forward to division chief.	None	5 minutes	AA II Budget Division
	Division chief forward DV to Admin. Officer concerned.	None	5 minutes	Chief Budget Division
	Prepare ORS/BURS. Forward to Admin. Officer concerned for processing.	None	15 minutes	AO IV Budget Division
	Review and sign report. Forward to Administrative Assistant II for release.	None	15 minutes	Chief Budget Division
	Encode in the record of incoming/outgoing requests. Prepare checklist of outgoing documents. Send to HRDD	None	10 minutes	AA II Budget Division
TOTAL:		None	50 minutes	

4. Budget and Financial Accountability Reports

Preparation of Budget and Financial Accountability Reports.

Office or Division:	Budget Services Division			
Classification:	Complex			
Type of Transaction:	G2G			
Who may avail:	UP System			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Memo on submission of Quarterly Financial Accountability Reports		Office of the VP for Planning and Finance		
Registry of Allotment and Obligation by fund		SAO/Administrative Officer V/IV		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Furnish memorandum on Budget and Financial Accountability in the Budget Division.	1. Encode in the provided form the entries in the obligation column and submit online to Accounting Division for filling up of the disbursement column.	None	7 days	SAO/ AO V/ AO IV Budget Division
TOTAL:		None	7 days	

5. Personnel Services Itemized Plantilla of Positions

Updating of Department of Budget and Management's PSIPOP.

Office or Division:	Budget Division			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	UP System Budget			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
DBM PSIPOP online and open for revision. List of edited entries in PSIPOP made by HRDD.		HRDD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
HRDD send notification to the Budget Division	Check/Review correctness of entries made by HRDD in the online PSIPOP against the list/file they provided. Return file to HRDD if there are entries to be revised. Forward to UP System once completed.	None	2 days	AO IV Budget Division
TOTAL:		None	2 days	

6. Monthly Cost of Operation

Computation of the hospital's monthly cost of operation

Office or Division:	Budget Services Division			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Departments/Wards/Units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Actual Payroll Supplies Adjustment Sheet Actual Billing of Utilities/Telephone Report from Dietary, PSD (Linen Laundered), Laboratory (Chemicals and Reagents) BURS and ORS Deployment of Security and Janitorial Services		Accounting PSD OETS/PAAS Dietary Dept., PSD, Dept of Lab. Budget file OCSD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request the hospital's monthly cost of operation in the Budget Services through Letter or phone	1. Gather data/reports for the monthly cost of operation. Compute cost per object of expenditure. Submit report to the chief of division.	None	19 days	AO V/ AA III Budget Division
	1.1 Prepare and print report of cost of operation as requested by client. Forward to division chief for signature.	None	30 minutes	AO IV/ AA III Budget Division
	1.2 Review and sign report. Forward to Administrative Assistant II for release.	None	25 minutes	Chief Budget Division
	1.3 Encode in the record of incoming/ outgoing requests. Prepare checklist of outgoing documents.	None	5 minutes	AA II Budget Division
TOTAL:			19 days, 1 hour	

Cash Services Division

External Services

1. Payment of Hospital Obligations

Collection of payment for services rendered and various supplies and equipment delivered to the hospital

Office or Division:	Cash Services Division			
Classification:	Simple			
Type of Transaction:	G2B,G2G			
Who may avail:	Collectors, Agents, and Suppliers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Official Receipt (1 original) 2. Letter of Authorization (1 original) 3. Valid Identification Card (1 original)		SSS, BIR, GSIS, PAG-IBIG, Post Office, and Company ID		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquire if the collectibles are already available in the Cash Services Division.	1. Release checks for payment of hospital obligations	None	10 Minutes	<i>Administrative Assistant/ Disbursing Officer</i> Cash Services Division
TOTAL:		None	10 Minutes	

2. Collection of Hospital Fees

Collection of payment for various hospital services rendered to clients

Office or Division:	Cash Services Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Patients/Payor			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Request Form (1 original) 2.Charge Slip (1 original)		Ward/Laboratory/Clinic		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Request Form/Charge Slip/SOA from Billing to the Cash Services Division.	1. Collect payment for various examinations/hospital bill	None	5 Minutes	<i>Cash Clerks/ Cashier</i> Cash Services Division
TOTAL:		None	5 Minutes	

3. Payment for Refund

Payment for refund of fee for hospital services not done and dues for PhilHealth benefits

Office or Division:	Cash Services Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Patients/Payor			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Letter of Authorization (1 original) 2.Valid Identification Card (1 original)		SSS, BIR, GSIS,PAG-IBIG, Post Office and Company		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquire if the refund is already available in the Cash Services Division.	1. Release the check to payee/ representative	None	5 Minutes	<i>Administrative Assistant/ Disbursing Officer</i> Cash Services Division
TOTAL:		None	5 Minutes	

4. Issuance of Certified Copy of Lost Official Receipts

Issuance of certified triplicate copy of lost Official Receipts

Office or Division:	Cash Services Division			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	PGH Patients/Payor			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Notarized Affidavit of Loss (1 original)		Law Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request a certification of the lost Official Receipt in the Cash Services Division.	1. Receive and verify the affidavit and prepare the certification to be signed by the Chief of Office	None	15 Minutes	<i>Administrative Assistant</i> Cash Services Division
TOTAL:		None	15 Minutes	

Purchasing Office

External Services

1. Issuance of Request for Quotation/Request for Proposal

Processing of Issuance of Request for Quotation/Request for Proposal for Supplier to Officially Quote their Offer/s

Office or Division:	Purchasing Office (PUR)			
Classification:	Simple			
Type of Transaction:	G2B			
Who may avail:	PhilGEPS Registered Suppliers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.PhilGEPS Certificate of Registration (1 photocopy for new PGH supplier)		PhilGEPS Website		
2.Company ID (original)		Company		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Inquire and state commodity item for Alternative Mode of Procurement (AMP) in the Purchasing Office	1.Instruct to check the Request for Quotation (RFQ)/ Request for Proposal (RFP)	None	10 Minutes	<i>Office Assistant/ Buyer-in-charge Purchasing Office</i>
2.Receive RFQ/RFP Form and sign in the last page of the Buyer's copy RFQ/RFP Form in the Purchasing Office •Suppliers may download RFQ/RFP form sent through their e-mail address or access the PhilGEPS/ UPM Procurement Websites for project with Approved Budget for the Contract (ABC) of PHP 50,000.00 and above. •Suppliers may inquire any concern related to the procurement of the item on hand	2.Issue RFQ/RFP form and remind the following: 2.1 Inform the place and deadline for submission of accomplished form 2.2 Open Quotation/ Proposal to be submitted/ dropped at Purchasing Office or submit electronically at pgh-purchasing@up.edu.ph 2.3 Sealed Quotation/ Proposal to be submitted/ dropped at Purchasing Office	None	15 Minutes	<i>Buyer-in-charge/Staff Purchasing Office</i>
TOTAL:		None	25 Minutes	

2. Issuance of Purchase Order/Letters/Amendment of Contract

Processing and Issuance of Purchase Order/Letters/ Amendment of Contract and Other Document to Suppliers

Office or Division:	Purchasing Office (PUR)			
Classification:	Simple			
Type of Transaction:	G2B			
Who may avail:	PhilGEPS Registered Suppliers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.Company ID (original)		Company		
2.Authorization Letter for the new staff whose company ID is on process		Company		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.State company/ supplier's name and inquire availability of documents from the Releasing Counter of the Purchasing Office a. Purchase Order /Call-Off number b. Notice to Proceed c. Notice of Award d. Response Letter e. Amendment of Contract <i>Reminders:</i> • Third Party (Principal/logistic/forwarder) representative is not allowed to receive the original document • End-user is not allowed to receive document in behalf of the supplier	1.Check/verify availability of document in the database/designated Logbook/recently received document	None	3 Minutes	<i>Office Assistant/ Purchasing Staff Purchasing Office</i>
2.Present company ID/Authorization Letter to the Releasing Counter of the Purchasing Office	2. Check ID of the person requesting for the issuance of the document and have it photocopied	None	3 Minutes	<i>Office Assistant Purchasing Office</i>
3.Receive document From the Releasing Counter of the Purchasing Office	3. Issue document 3.1 Check and ensure all copies of	None	23 Minutes	<i>Office Assistant Purchasing Office</i>

3.1 Sign all copies of Purchase Order/Call-Off receiving copy of letter or amendment of contract; indicate date of receipt; 3.2 Check supporting document listed in the Checklist/ Router Slip of Vouchers and Supporting Documents 3.3 Sign in the Logbook of Issued Purchase Order/Call-Off	document/ receiving copies are signed; stamp date of receipt; scan document 3.2 Check completeness of attachment per Checklist 3.3 Have it acknowledged in the designated logbook			
4. Submit/forward document to the delivery point	4. Instruct supplier to submit complete set of documents to the delivery point	None	1 Minute	<i>Office Assistant Purchasing Office</i>
TOTAL:		None	30 Minutes	

3. Issuance and Submission of Supplier's Information Sheet

Processing of submission of Supplier's Information Sheet and Documentary Requirements

Office or Division:	Purchasing Office (PUR)			
Classification:	Simple			
Type of Transaction:	G2G, G2B			
Who may avail:	PhilGEPS Registered Suppliers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Supplier's Information Sheet (SIS) (original)		Purchasing Office		
2. Valid PhilGEPS Certificate of Registration (1 Certified True Copy)		PhilGEPS Website		
3. Valid Business/Mayor's Permit (1 Certified True Copy)		Local Government Unit		
4. BIR Registration (1 Certified True Copy)		BIR		
5. Business Registration (1 Certified True Copy)		SEC/DTI/CDA		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
●MANUAL SUBMISSION				
1. Secure SIS Form in the Purchasing Office	1. Issue SIS Form, explain documentary requirements ●Certified True Copy must be originally signed with printed name of the authorized signatory	None	2 Minutes	<i>Administrative Assistant /Purchasing Staff</i> Purchasing Office
2. Submit duly accomplished SIS together with required documents to the Purchasing Office <i>Reminder:</i> ● Documentary requirements will not form part of submitted RFQs/RFPs <i>Additional Detail:</i> ● Submission of accomplished SIS form may not happen on the same day of issuance	2. Receive, check completeness of SIS and supporting documents 2.1 Record in the logbook 2.2 Encode details on the Supplier's Database 2.3 Scan submitted documents 2.4 File document		13 Minutes	<i>Administrative Assistant / Purchasing Staff</i> Purchasing Office
TOTAL:		None	15 Minutes	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
●ELECTRONICSUB MISSION				
<p>1. Supplier access the link https://docs.google.com/forms/d/e/1FAIpQLSfiVxwNY6ZPl6a_mWDmAoJoA12pzzdBlJ7SoyTxQkOOXAEuzQ/viewform?vc=0&c=0&w=1&flr=0</p> <p>1.1 Fill-out and submit the SIS Form on-line together with the documentary requirements</p> <ul style="list-style-type: none"> Documentary requirements will not form part of submitted RFQs/RFPs 	<p>1. Acknowledge receipt of documents</p>	<p>None</p>	<p>2 Minutes</p>	<p><i>Administrative Assistant /Purchasing Staff</i></p>
TOTAL:		None	2 Minutes	

4. Submission of Request for Quotation/Request for Proposal

Processing of Submission of Request for Quotation/Request for Proposal

Office or Division:	Purchasing Office (PUR)			
Classification:	Simple			
Type of Transaction:	G2B, G2G			
Who may avail:	PhilGEPS Registered Suppliers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. PhilGEPS Certificate of Registration (1 Valid and Photocopy or Certified True Copy)		PhilGEPS Website		
2. Valid Mayor's Permit (1 Valid and Photocopy or Certified True Copy)		Local Government Unit		
3. Income Tax Return for ABC above PHP 500,000.00 for Small Value Procurement / Emergency Cases/Direct Contracting (1 Valid and Photocopy or Certified True Copy)		Bureau of Internal Revenue (BIR)		
4. Omnibus Sworn Statement for ABC above PHP 500,000.00 for Small Value Procurement / Emergency Cases (1 original or photocopy of notarized document)		Company		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
●MANUAL SUBMISSION				
1. Submit accomplished RFQ/RFP form together with the required documentary requirements <i>Additional Details:</i> ●Refer to the specific documentary requirements stipulated in the form	1. Receive duly signed RFQ/RFP and necessary/supporting documents stipulated in the form.	None	5 Minutes	<i>Buyer-in-charge/ Purchasing Staff</i>
2. Log the details of RFP/RFQ in the designated Record Book.	2. Check details in the Record Book.		2 Minutes	<i>Buyer-in-charge Purchasing Staff</i>
TOTAL:		None	7 Minutes	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
●ELECTRONIC				

SUBMISSION				
<p>1. Submit accomplished RFQ/RFP together with the documentary requirements to pgh-purchasing@up.edu.ph</p> <p>Reminder: For Open Quotation/Proposal only</p>	<p>1. Receive/acknowledge accomplished RFQ/RFP form together with the required documents</p>	<p>None</p>	<p>5 Minutes</p>	<p><i>Buyer-in-charge</i> Purchasing Office</p>
TOTAL:		<p>None</p>	<p>5 Minutes</p>	

* Submission of RFQ/RFP is covered by RA 9184.

5. Processing Submission of Letter Request for Cancellation/Extension/Acceptance of Delivery and other Related Request

Processing of Letter Request for Cancellation/Extension/ Acceptance of Delivery and Other Related Request

Office or Division:	Purchasing Office (PUR)			
Classification:	Complex			
Type of Transaction:	G2B			
Who may avail:	PhilGEPS Registered Suppliers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter Request with the Company's Letter Head (original/ photocopy/e-mailed copy)		Company		
Purchase Order / Call-Off (1 photocopy)		Company, Purchasing Office (if not yet received)		
Supporting Document (e.g. original or photocopy of the Principal-End of Life of Product, Phase-out, Catalogue if applicable)		Principal		
Abstract of Quotation/Proposal, etc. (if applicable)		Purchasing Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit letter request with the supporting document/s	1. Receive and record letter request in the database/logbook.	None	4 Minutes	<i>Office Assistant/ Purchasing Staff</i>
	1.1 Review and refer to the End-User		10 Minutes	<i>Head, Purchasing Office</i>
	1.2 Assess/comment/endorse		1 Day	<i>End-user</i>
	1.3 Recommend approval/disapproval		1 Day	<i>Deputy Director for Fiscal Services ODDFS</i>
	1.4 Approval of the recommendation		1 Day	<i>PGH Director Office of the Director</i>
	1.5 Receive/encode in the database and record the approved letter request		5 Minutes	<i>Office Assistant/ Purchasing Staff</i>

	<p>1.6 Forward the letter to the assigned staff for response preparation.</p> <p>1.7 Facilitate preparation of response letter <i>Note:</i> With the exception of letters for correction or verification</p> <p>1.8 Review/initial response letter and forward to Legal Office</p> <p>1.9 Review/ check/ assess/initial letter <i>Additional detail:</i> The letter may be returned by Legal Office for any concern</p> <p>1.10 Review/Initial and forward to Office of the Director</p> <p>1.11 Approved/ disapproved the letter and forward to Purchasing Office</p>		<p>1 Minute</p> <p>30 minutes</p> <p>5 Minutes</p> <p>1 Day</p> <p>1 Day</p> <p>1 Day</p>	<p><i>Head Purchasing Office</i></p> <p><i>Administrative Assistant II</i></p> <p><i>Head Purchasing Office</i></p> <p><i>Legal Officer</i> Legal Office</p> <p><i>Deputy Director for Fiscal Services</i> ODDFS</p> <p><i>PGH Director</i> Office of the Director</p>
2. Receive/ acknowledge response letter	2. Issue/ Release response letter		5 Minutes	<i>Office Assistant/ Purchasing Staff</i>
TOTAL:		None	6 Days, 1 Hour	

Purchasing Office

Internal Services

1. Purchase through Petty Cash

Purchase and Issuance of Items through Petty Cash Purchase

Office or Division:	Purchasing Office (PUR)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH departments, offices and wards (End-users)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Approved Requisition and Issue Slip (RIS) Form		Requesting Unit (End-user)		
OETS/IT Office Feedback (for Construction Supplies and Materials including Rewinding Services/IT Supplies)		Office of the Engineering and Technical Services (OETS)/ Information Technology Office (IT Office)		
Sample of Item if needed		End-user/OETS		
Justification Letter exceeding PHP15,000.00 limit per transaction (original and approved)		End-user		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished and approved RIS; stamped and signed by Property and Supply Division for non-availability of stocks together with justification/OETS feedback/ sample to the Purchasing Office	1. Receive, check completeness of the RIS including appropriate signatories and record in the Logbook of incoming RIS	None	3Minutes	<i>Office Assistant/ Purchasing Staff</i>
	1.1. Review and forward RIS to Unit Head		2Minutes	<i>Head Purchasing Office</i>
	1.2 Receive RIS and sign in the logbook		6 Minutes	<i>Administrative Officer</i>
	1.3 Assign, encode, log RIS number and details on the PMR database and logbook		3 Minutes	<i>Administrative Officer</i>
	1.3 Review RIS and forward to Buyer-in-charge		1 Minute	<i>Administrative Officer</i>
	1.4 Receive RIS and sign in the logbook		1 Minute	<i>Buyer-in-charge</i>
	1.5 Facilitate canvass •Telephone canvass		4 Hours	<i>Buyer-in-charge</i>

	<ul style="list-style-type: none"> •Open market canvass 			
	1.6 Prepare Petty Cash Voucher (PCV) and secure cash from SDO		15 Minutes	<i>Buyer-in-charge</i>
	1.7 Facilitate purchase of item		4 Hours	<i>Buyer-in-charge</i>
	1.8 Liquidation of daily transaction together with other supporting document/s such as Abstract of (Telephone) Canvass for purchases of P1,000.00 per item/BIR Form 2306/2307 if applicable/PCV		30 Minutes	<i>Buyer-in-charge</i>
	1.9 Prepare Inspection and Acceptance Report (IAR) for inspection of item		10 Minutes	<i>Buyer-in-charge</i> Purchasing Staff
	1.10 Request inspection of item/s to IASSS		5 Minutes	<i>Buyer-in-charge</i> Purchasing Staff
	1.11 Assist IASS for the inspection of item/s		1 hour	As <i>Buyer-in-charge</i> Purchasing Staff
	1.12 Inform End-user on the availability and pick-up purchased item/s		2 Minutes	<i>Buyer-in-charge</i> Purchasing Staff
	1.13 Encode details of purchases made on the PMR Petty Cash database.		30 Minutes	<i>Buyer-in-charge</i> Purchasing Office
	<i>Additional details:</i>			

	<ul style="list-style-type: none"> •Time/day spent for canvass/actual purchase/inspection of item/s varies •Subject to availability of official transportation and traffic condition •Item/s on order basis are subject to availability of stock/schedule of delivery 			
2. Receive and acknowledge requested item/s on the RIS and IAR form	<p>2. Issue item/s and have it acknowledged on the RIS and IAR form</p> <p><i>Additional Detail:</i></p> <ul style="list-style-type: none"> •Receipt of item/s may not happen on the same day the End-user was informed 	None	5 Minutes	<i>Buyer-in-charge/ Purchasing Staff</i>
TOTAL:		None	10 Hours, 53 Minutes	

2. Purchase through Special Purpose Cash Advance

Purchase and Issuance of Items through Special Purpose Cash Advance

Office or Division:	Purchasing Office (PUR)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Property and Supply Division (PSD)/Pharmacy Department / Department of Laboratories/Other Department/Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Approved Purchase Request of Drugs and Medicines, medical supplies, chemicals and reagents (being bought even advance copy only due to urgency)		Requesting Unit/Office		
Requisition and Issue Slip		Requesting Unit/Office		
PDEA/Special Permit (if applicable)		Requesting Unit/Office		
Stock Position Sheet		Requesting Unit/Office		
Sample of item/s (if applicable)		Requesting Unit/Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly approved SPCA-PR	1. Receive, check completeness of the SPCA – PR including appropriate signatories and record in the Logbook	None	5 Minutes	<i>Office Assistant/ Purchasing Staff</i>
	1.1. Review and forward SPCA to Unit Head		2Minutes	<i>Head Purchasing Office</i>
	1.2 Assign, encode SPCA number and details on the PMR database		20 Minutes	<i>Administrative Officer/ Purchasing Staff</i>
	1.3 Review SPCA and forward to Buyer-in-charge		5 Minutes	<i>Administrative Officer</i>
	1.4 Facilitate canvass •Telephone canvass •Open market canvass market		2 days	<i>Buyer-in-charge</i>
	1.5 PrepareSPCAVouche rand secure cash		15 Minutes	<i>Buyer-in-charge</i>

	from SDO		3 days	<i>Buyer-in-charge</i>
	1.7 Facilitate purchase of item			
	1.8 Liquidation of daily transaction together with other supporting document/s such as Abstract of Canvass/BIR Form 2306/2307 if applicable/SPCA Voucher		45 Minutes	<i>Buyer-in-charge</i>
	1.9 Prepare Inspection and Acceptance Report (IAR) for inspection of item/s		5 Minutes	<i>Buyer-in-charge</i>
	1.10 Request inspection of item/s to IASS		5 Minutes	<i>Buyer-in-charge</i>
	1.11 Assist IASS for the inspection of item/s		1 hour	<i>Buyer-in-charge</i>
	1.12 Inform End-user on the availability and pick-up of item/s purchased		2 Minutes	<i>Buyer-in-charge</i>
<p><i>Additional details:</i></p> <ul style="list-style-type: none"> •Time/day spent for canvass/actual purchase/inspection of item/s varies •Subject to availability of official transportation and traffic condition •Item/s on order basis are subject to availability of stock/schedule of delivery 				

	<ul style="list-style-type: none"> •Drugs and medicines item/s are treated as urgent and acted upon receipt of advance copy of SPCA-PR 			
2. Receive and acknowledge requested item/s on the SPCA PR and IAR form	<p>2. Issue item/s and have it acknowledged in the SPCA PR and IAR form</p> <ul style="list-style-type: none"> • Encode details of purchases made on the SPCA PMR database. <p><i>Additional Detail:</i></p> <ul style="list-style-type: none"> •Receipt of item/s may not happen on the same day the End-user was informed 	None	<p>5 Minutes</p> <p>30 Minutes</p>	<i>Buyer-in-charge/ Purchasing Staff</i>
TOTAL:		None	5 Days, 3 Hours, 19 Minutes	

3. Procurement through Alternative Mode of Procurement

Facilitate procurement through alternative mode of procurement as recommended by Bids and Awards Committee 1

Office or Division:	Purchasing Office (PUR)			
Classification:	Highly Technical			
Type of Transaction:	G2G,G2B			
Who may avail:	All PGH departments, offices and wards (End-users)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Approved Purchase Request		End-user		
Approved Justification Letter (for Direct Contracting, Emergency and Repeat Order)		End-user		
Valid Certificate of Exclusive Distributor (1 Certified True Copy)		Supplier		
Price Quotation (approved and original/photocopy for Direct Contracting, Emergency and Repeat Order)		Supplier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward/submit approved Purchase Request (PR) to the Purchasing Office	1. Receive, check completeness of the signatories	None	2 Minutes	Office Assistant/ Purchasing Staff
	1.1 Assign PR number, record in the database and logbook		2 Minutes	Office Assistant/ Purchasing Staff
	1.2 Review, assign to buyer-in-charge		2 Minutes	Head Purchasing Office
	1.3 Scan/encode details in the data-base and distribute to respective buyer-in-charge		6 Minutes	Office Assistant/ Purchasing Staff
	1.4 Receive, check/review, logand forward photocopy of PR to BAC 1 for the recommendation of alternative mode of procurement		5 Minutes	Buyer-in-charge Purchasing Office
	1.5 Log and forward		10 Minutes	Office Assistant

	to BAC 1 Office			
	1.6 Determine and recommend Alternative Mode of Procurement		1 day	BAC 1 Committee
	1.7 Receive/record/log/scan and encode in the database PR with Mode of Procurement		6 Minutes	Office Assistant
	1.8 Facilitate Alternative Mode of Procurement* through the following: •Shopping •Direct Contracting •Negotiated Procurement 53.2 (Emergency Cases) •Negotiated Procurement 53.5 (Agency to Agency) •Negotiated Procurement 53.9 (Small Value Procurement) •Repeat Order		(Covered by RA 9184)	Buyer-in-charge
	1.9 Prepare/Review/Initial/Log/Encode Purchase Order (PO)/Notice of Award (NOA)/Notice to Proceed (NTP) on the PMR database including photocopying of supporting/required documentary requirement under regular/standard transaction <i>Note: Time varies for multiple line items</i>		45 Minutes	Buyer-in-charge Purchasing Staff
	1.10		10 Minutes	Head,

	<p>Review/check/initial appropriate document <i>Additional details:</i></p> <ul style="list-style-type: none"> •PR for Direct Contracting/Emergency Purchase/ Repeat Order will only be forwarded to BAC upon completion of required document/s •Please refer to Manual of Procedure at Purchasing Office for the different Modes of Procurement, supporting document and documentary requirements •BAC 1 meeting as per schedule •PR with incomplete specification will be returned to the End-user 			Purchasing Office
2. Prepare/attach BURS/ORS to PO and forward to the appropriate offices for funding and approval:	2. Encode, log, forward prepared PO to the End-user for BURS/ORS		10 Minutes	<i>Purchasing Staff</i>
2.1 Budget Services Division/Accounting Services Division	2.1 Certify availability of fund/budget		1 Day	<i>Budget Officer Budget Accountant Accounting</i>
2.2 Office of the Deputy Director for Fiscal Services/ Office of the Deputy Director for Administration	2.2 Sign/initial/approve and forward document to concerned unit/office		1 Day	<i>Deputy Director ODDFS/ODDA</i>
2.3 Office of the Director <i>Additional Detail:</i> Please refer to the Approval Authority Limits for PGH effective July 1, 2016	2.3 Sign, approve and forward document to Purchasing Office		1 Day	<i>Director Office of the Director</i>

TOTAL:		None	4 Days, 1 Hours, 38 Minutes	

*Alternative Mode of Procurement is covered by RA 9184.

4. Procurement through Competitive Bidding

Facilitate procurement through Competitive Bidding

Office or Division:	Purchasing Office (PUR)			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	All PGH departments, offices and wards (End-users)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Purchase Request (PR) (approved and original)		End-user		
Notice of Award/Notice to Execute Framework Agreement (photocopy)		Bids and Awards Committee 1 Office		
Request for Delivery of Awarded Item (RDAI) (original) with Stock Position Sheet (SPS)		End-user		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward/submit approved PR and RDAI with SPS	1. Receive, check completeness of the signatories.	None	2 minutes	Office Assistant/ Purchasing Staff
	1.1 Assign PR/RDAI number, record in the database and logbook		2 minutes	Office Assistant/ Purchasing Staff
	1.2 Review, assign to buyer-in-charge		2 minutes	Head Purchasing Office
	1.3 Scan/encode details in the data-base and distribute to respective buyer-in-charge		6 minutes	Office Assistant/ Purchasing Staff
	1.4 Receive, check and log PR/RDAI		5 minutes	Buyer-in-charge
	1.5 Facilitate Procurement through Competitive Bidding*		(Covered by RA 9184)	Bids and Awards Committee 1
	Note: Time varies for multiple line items			
	1.6 Facilitate preparation of Call-Off (CO), Purchase		45 Minutes	Buyer-in-charge

	Order (PO) and Notice to Proceed (NTP)			
	1.7 Review/check/initial appropriate document		10 Minutes	Head Purchasing Office
2. Prepare/attach BURS/ORS to PO/CO and forward to appropriate offices for funding and approval:	2. Encode, log, forward prepared PO/CO to the End-user.		10 Minutes	Office Assistant/ Purchasing Staff
2.1 Budget Services Division/Accounting Services Division	2.1 Certify availability of fund/budget		1 Day	Budget Officer Budget Services/ Accountant Accounting Services
2.2 Office of the Deputy Director for Fiscal Services/ Office of the Deputy Director for Administration	2.2 Sign/initial/approve and forward document to concerned unit/office		1 Day	Deputy Director ODDFS/ODDA
2.3 Office of the Director <i>Additional Detail:</i> Please refer to the Approval Authority Limits for PGH effective July 1, 2016	2.3 Sign, approve and forward document to Purchasing Office		1 Day	Director Office of the Director
TOTAL:		None	3 Days, 1 Hour, 22 Minutes	

*Procurement through Competitive Bidding is covered by RA 9184.

Office of the Deputy Director for Nursing External Services

1. Conduct of Panel Interview for Entry Level Nurse/Nursing Attendant

Assess and endorse accordingly, the most fit nursing applicant for hiring.

Office or Division:	Office of the Deputy Director for Nursing			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Nurse/Nursing Attendant applying for a vacant position			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For Nurses: <ul style="list-style-type: none"> • PRC ID • Board Rating Certificate • Copy of recent PNA ID • Transcript of Records • Related Learning Experience • Accomplished Dean's Form • Copy of seminars attended (if applicable) • Certificate of Employment (only applicable if work experience is in a 100 bed tertiary hospital for at least 1 year) 		Note: All these Documents/Credentials are automatically forwarded by the Division of Nursing Research and Development to the Nursing Service Office upon submission of corresponding report and applicant are already scheduled for interview.		
For Nursing Attendants: <ul style="list-style-type: none"> • Transcript of Records • Accomplished Dean's Form • Copy of seminars attended (if applicable) • Certificate of Employment (if applicable) 		Note: All these Documents/Credentials are automatically forwarded by the Division of Nursing Research and Development to the Nursing Service Office upon submission of corresponding report and applicant are already scheduled for interview.		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at the Office of the Deputy Director for Nursing for interview	1. Prepare documents required for interview	None	10 minutes	Nursing and Administrative Staff ODDN
	1.1 Conduct panel Interview		15 minutes	Members NHRMPSB
	1.2 Conduct final interview		10 minutes	DDN
	1.3 Summarize generated scores of applicants during panel & final interview		30 minutes	Nursing and Administrative Staff ODDN
	1.4 Endorse qualified applicants for employment		10 minutes	DDN
TOTAL:		None	1 hour, 15 minutes	

2. Review/Refer Complaints and Incident Reports to Appropriate Offices/Committees

Review, decide, and act accordingly to all referred complaints

Office or Division:		Office of the Deputy Director for Nursing		
Classification:		Complex		
Type of Transaction:		G2G/G2C		
Who may avail:		All Staff, General Public		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Written complaint, incident report of the patients/clients		Submitted by the complainant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complaint letter/incident report to the ODDN	1. Receive the complaint letter and incident report.	None	5 minutes	<i>Nursing and Administrative Staff</i> ODDN
	1.1 Review /assess nature of complaint		10 minutes	<i>DDN</i>
	1.2 Refer to the Area Nurse VI for initial assessment & recommended action(s)		2 days	<i>Nurse VI</i> Clinical Area
	1.3 Refer to the NPRB as necessary for further investigation and recommendation		8 days	NPRB
2. Receive the initial action/ decision	2. Recommend and communicate the initial action/ decision on the complaint. 2.1 Review and evaluate the initial action/decision 2.2 Implement and communicate the initial action/ decision. 2.3 Refer to the Director, all matters that can only acted upon at said level	None	9 days	<i>DDN</i>
TOTAL:		None	19 days, 15 minutes	

Office of the Deputy Director for Nursing Internal Services

1. Conduct of Final Interview of Applicants for Promotion of Nursing Personnel

Assess and endorse accordingly, the most fit nursing applicant for promotion

Office or Division:	Office of the Deputy Director for Nursing			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All Nurses, Nursing Attendants, Utility Workers under the Nursing Services Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> • IPCR Rating for the last 2 rating periods • Copy of Transcript of Records / certification of units earned (For applicant's who earned additional education in excess of the minimum requirement) • Copy of seminars attended for the last 5 years • Award/s / citation/s received • Accomplishment/s / achievement/s / Innovation/s with notation of the Area Chief Nurse 		Note: All these Documents/Credentials are automatically forwarded by the Division of Nursing Research and Development to the Nursing Service Office upon submission of corresponding report and applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at the Office of the Deputy Director for Nursing for interview	1. Prepare documents required for interview	None	10 minutes	<i>Nursing and Administrative Staff</i> ODDN
	1.1 Conduct panel interview		15 minutes	<i>Members</i> NHRMPSB
	1.2 Conduct final interview		10 minutes	<i>DDN</i>
	1.3 Summarize generated scores of applicants during panel & final interview		30 minutes	<i>Nursing and Administrative Staff</i> ODDN
	1.4 Endorse qualified applicants for employment		10 minutes	<i>DDN</i>
TOTAL:		None	1 hour, 15 minutes	

Division of Clinical Nursing Operations

External Services

1. Admission of Elective Patient to Service Units

Admission of elective patient to charity service units

Office or Division:	Nursing Service Units (Wards 1 – 16)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Admitting Orders		Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at nurse's station on day of admission	1. Ask for admitting orders	None	10 minutes	<i>Nurse on Duty</i> Service Unit
2. Present admitting orders from attending physician	2. Receives and verify admitting orders	None	10 minutes	<i>Nurse on Duty</i> Service Unit
	2.1 Accompany patient to assigned bed, perform history, secure consents for admission and fall precaution forms and take initial vital signs	None	20 minutes	<i>Nurse on Duty</i> Service Unit
	2.2 Orient patient (and watcher) to unit/facility rules and policies including taking necessary safety precautions	None	20 minutes	<i>Nurse on Duty</i> Service Unit
TOTAL:		None	1 hour	

2. Transfer in/ Transfer out of Patient to Service Units

Trans-in of Patient from one charity service unit to another

Office or Division:	Nursing Service Units (Wards 1 – 16)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Trans-out orders		Attending Physician		
Complete pertinent documents		Nurse on duty		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive order transfer of patient from one service area to another	1. Verify the orders 1.1 Complete required documents for transfer	None	30 minutes	<i>Nurse on duty Attending Physician Service Unit</i>
2. Await transfer from one service area to another	2. Endorse the patient via telephone 2.1 Transport the patient from one unit to another	None	10 minutes	<i>Nurse on duty Service Unit</i>
3. Transfer from one service area to another	3. Receive the patient and assist to bed assignment	None	20 minutes	<i>Nurse on duty Utility worker Service Unit</i>
	3.1 Perform history taking and take initial vital signs	None		<i>Nurse on duty Service Unit</i>
	3.2 Orient patient (and watcher) to unit/facility rules and policies including patient safety precautions	None	20 minutes	<i>Nurse on duty Service Unit</i>
TOTAL:		None	1 hour, 20 minutes	

3. Discharge of Patient from Service Units

Discharge of patient from the Service wards

Office or Division:	Nursing Service Units (Wards 1 – 16)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Discharge orders		Physician on duty		
Complete discharge documents (CF2, CF3, CF4)		Nurse on duty		
Home instructions (Rx, Laboratory/ Diagnostic request, schedule of follow up check up)		Physician on duty		
Malasakit Center Clearance		Malasakit Center		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive request for Notice of Discharge	1. Explain process of discharge	None	10 minutes	Nurse on duty Service Unit
2. Secure clearance from the Malasakit Center and return to service unit	2. Instruct client to secure clearance from the Malasakit Center (Refer to process of procuring Malasakit Center Clearance)	None	5 minutes	Nurse on duty Service Unit
3. Present the Malasakit clearance	3. Verify for completeness	None	5 minutes	<i>Nurse on duty</i> Service Unit
	3.1 Provide home instructions including follow up check-up, copy of discharge documents, medications and laboratory or diagnostic request if any and others	None	10 minutes	<i>Nurse on duty</i> Service Unit
	3.2 Escort the patient to lobby	None	20 minutes	<i>Utility worker</i> Service Unit
TOTAL:		None	50 minutes	

4. Discharge for Expired Patients

Discharge of expired patients from the service wards

Office or Division:	Nursing Service Units (Wards 1 – 16)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Immediate Family Members of Expired Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Malasakit Center Clearance		PhilHealth Office/ Malasakit Center		
Death Certificate (1 original copy)		Physician in charge		
Clinical Abstract (1 photocopy, if applicable)		Physician in charge		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive psychosocial support from nursing personnel	1. Provide post mortem care	None	30 minutes	<i>Nursing Attendant Service Unit</i>
	1.1 Allow the family of the deceased brief grieving time 1.2 Provide postmortem care to the cadaver and psychosocial support to the bereaved family, as culturally appropriate	None	30 minutes	<i>Nurse on duty Service Unit</i>
2. Ask for notice of discharge	2. Explain process of discharge	None	10 minutes	<i>Nurse on duty Service Unit</i>
3. Secure clearance from the Malasakit Center and return to service unit	3. Instruct client to secure clearance from the Malasakit Center (Refer to process of procuring Malasakit Center Clearance)	None	5 minutes	<i>Nurse on duty Service Unit</i>
4. Present Malasakit clearance	4. Verify for completeness	None	5 minutes	<i>Nurse on duty Service Unit</i>
5. Transport to morgue	5. Inform custodial or utility worker for transport	None	5 minutes	<i>Nurse on duty Service Unit</i>
	5.1 Transport patient from ward to morgue with required documents	None	30 minutes	<i>Utility worker/ Custodial Service Unit</i>
TOTAL:		None	1 hour, 55 minutes	

5. Facilitation of Prescribed Laboratory Examinations (Routine)

Facilitation of prescribed laboratory examination done at Central Laboratory for service wards

Office or Division:	Nursing Service Units (Wards 1 – 16)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Written order of the Physician		Physician in charge		
Filled-up request form		Physician in charge		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive orders for laboratory examination	1. Verify the order and the completeness of the filled-up request form and if there is a tick on the word routine	None	10 minutes	<i>Nurse on duty</i> Service Unit
2. Permit collection of specimen	2. Collect the requested specimen	None	20 minutes	<i>Nurse on duty</i> <i>Med Tech on duty</i> Service Unit
	2.1 Complete the label of the specimen container	None	10 minutes	<i>Nurse on duty</i> Service Unit
	2.2 Submit the specimen to the laboratory	None	10 minutes	<i>Nurse on duty</i> Service Unit
TOTAL:		None	50 minutes	

6. Facilitation of Prescribed laboratory examinations (Stat)

Facilitation of prescribed laboratory examination done at Central laboratory for service wards

Office or Division:	Nursing Service Units (Wards 1 – 16)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Written order of the Physician		Physician in charge		
Filled-up request form		Physician in charge		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive orders for STAT laboratory examination	1. Verify the order and the completeness of the filled-up request form ensuring there is a tick on the word STAT in the request	None	5 minutes	<i>Nurse on duty</i> Service Unit
2. Permit collection of specimen	2. Collect specimen 2.1. Complete the specimen container labels 2.2 Send the specimens to the laboratory STAT 2.3 Document the procedure done	None	30 minutes	<i>Nurse on duty</i> Service Unit
TOTAL:		None	35 minutes	

7. Facilitation of Requested Diagnostic Procedures

Facilitation of requested diagnostic procedures for service wards

Office or Division:	Nursing Service Units (Wards 1 – 16)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Written order of the Physician		Physician in charge		
Filled-up request form		Physician in charge		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive physician orders for diagnostic procedure	1. Verify the order and the completeness of the filled-up request form	None	10 minutes	<i>Nurse on duty</i> Service Unit
2. Give the request form to the utility worker for scheduling	2. Schedule the diagnostic procedure	None	20 minutes	<i>Nurse on duty</i> Service Unit
3. Undergo scheduled diagnostic procedure	3. Ensure timely sending of patient to scheduled diagnostic procedure together with the request, chart if necessary and perform proper preparation applicable	None	30 minutes	<i>Nurse on duty</i> Service Unit
TOTAL:		None	1 hour	

8. Facilitation of Healthcare Treatment Plan

Facilitation of Healthcare Treatment plan in the Service wards

Office or Division:	Nursing Service Units (Wards 1 – 16)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Written orders of the Physician		Physician in charge		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Physician orders healthcare treatment plan	1. Verify physician's order	None	5 minutes	<i>Nurse on duty</i> Service Unit
	1.1 Carry out physician's order	None	60 minutes	<i>Nurse on duty</i> Service Unit
	1.2. Execute efficient, safe and timely delivery of physician's management plan			
	1.3. Document all implemented nursing actions based on the Physician's order	None	10 minutes	<i>Nurse on duty</i> Service Unit
TOTAL:		None	75 minutes	

9. Assessment, Initial Investigation and Action, and Endorsement of Administrative Matters

Assessment, Initial investigation & action, and Endorsement, if needed to appropriate levels and offices, All administrative matters needing appropriate action/s under the Nursing Service

Office or Division:	Nursing Service Units (Wards 1 – 16)			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	Public and PGH Staff			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Verbal or written comment or complaint from staff or other stakeholders		Public and PGH Staff		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present verbal or written complaint	1. Receives the verbal or written complaint	None	10 minutes	<i>Head Nurse/ Chief Nurse Service Unit</i>
	1.1 Reviews the nature of the complaint	None	20 minutes	
	1.2 Investigate the situation	None	8 hours	
2. Receive initial action/ endorsement	2. Initial action depends upon the severity of the complaint	None	1 hour	<i>Chief Nurse Service Unit</i>
	2.1 Endorsement to higher body	None	1 hour	<i>Chief Nurse Service Unit</i>
TOTAL:		None	10 hours, 30 minutes	

10. Outpatient Consultation for New Patients

Consultation for old patients at the Department of Outpatient Services

Office or Division:	Nursing Services - DOPS			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All new patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Queue Number/ Identification Stub		Records Officer at Triage (DOPS)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Identification Stub and/or Queue Number	1. Prepare chart for consultation	None	20 minutes	<i>Ward Clerk/ Nursing Attendant/ Encoder/ Nurse on duty DOPS</i>
2. Consult with doctor	2. Assist physician during conduct of consultation	None	30 minutes	<i>Nurse on duty Attending Physician DOPS</i>
3. Complete discharge process	3. Schedule patient for follow up and/or procedures	None	10 minutes	<i>Nurse on duty DOPS</i>
	3.1 Provide health education	None		
	3.2 Issue referral slip (if applicable)	None		
TOTAL:		None	1 hour	

11. Outpatient Consultation for Patients with Schedule

Consultation for old patients at the Department of Outpatient Services

Office or Division:	Nursing Services - DOPS			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card with Schedule		DOPS		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present blue card with schedule to clinic for retrieval of records.	1. Verify schedule of patient in blue card and gives queue number. 1.1 Enter patient case number into the CARROT system and facilitate retrieval of chart. 1.2 Prepare chart for consultation	None None None	40 minutes	<i>Ward Clerk/ Nursing Attendant/ Encoder/ Nurse in Charge DOPS</i>
2. Consult with doctor	2. Assist physician during conduct of consultation	None	30 minutes	<i>Nurse in Charge Attending Physician DOPS</i>
3. Complete discharge process	3. Schedule patient for follow up and/or procedures 3.1 Provide health education 3.2 Issue referral slip (if applicable)	None None None	10 minutes	<i>Nurse in Charge DOPS</i>
TOTAL:		None	1 hour, 20 minutes	

12. Outpatient Consultation for Referred Patients

Consultation for patients with interdepartmental referrals within the Department of Outpatient Services

Office or Division:	Nursing Services - DOPS			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All OPD patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card		DOPS Clinics		
Referral slip (PGH Form No. Q-615606)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present referral slip of desired clinic. May ask Public Assistance Officer for clarification	1. Check referral slip and validate information 1.1 Schedule patient for consultation	None None	10 minutes	Nurse in Charge DOPS
TOTAL:		None	10 minutes	

13. Outpatient Surgical Services (DOPS-OR)

Surgical services for patients at the Department of Outpatient Services

Office or Division:	Nursing Services - DOPS			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients scheduled for surgery			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card with Schedule		DOPS		
PhilHealth assessment form		PhilHealth Express Office (Room 116)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Presents self on day of schedule with blue card.	1. Retrieves chart 1.1 Assist patient in accomplishing necessary forms 1.2 Prepare chart and needs for procedure 1.3 Provide pre-operative instructions	None	20 minutes	<i>Nurse in Charge/ Ward Clerk</i> DOPS
2. Undergoes surgery	2. Assist in conduct of surgery	None	Variable	<i>Nurse in Charge</i> DOPS
3. Coordinate with PhilHealth Express Office and settle financial obligations	3. Facilitate accomplishment of all necessary forms 3.1 Issue charge slip 3.2 Instruct client to coordinate with PhilHealth Office	Refer to approved schedule of fees	30 minutes	<i>Ward Clerk</i> <i>Nurse in Charge</i> DOPS
4. Completes discharge process	4. Instruct patient on home care and follow up	None	10 minutes	<i>Nurse in Charge</i> DOPS
TOTAL:		Refer to approved schedule of fees	Processing Time – 1 hour Actual Surgery - Variable	

14. Elective Admission for Chemotherapy

Elective admission for patients requiring Chemotherapy

Office or Division:	Cancer Institute Ward (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All cancer patients requiring Chemotherapy Infusion			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished Kaalaman Form and Case Record		Malasakit Center		
Blue Card		Department of Out Patient Services		
White card		MSS office		
Admitting Orders		Attending Physician		
Accomplished Clinical Abstract		Attending Physician		
Accomplished Chemotherapy Protocol		Attending Physician		
Accomplished CF2 form		Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the admission requirements at nurse's station	1. Check for the above requirements	None	3 minutes	Nurse on duty/ Nursing Attendant CI
	1.1 Orient patient (and watcher) to unit/facility rules and policies	None	5 minutes	
	1.2 Secure consent for admission, chemotherapy and Fall Prevention waiver form	None	5 minutes	
	1.3 Assist patient to assigned bed	None	5 minutes	Nurse on duty CI
	1.4 Perform history taking with initial vital signs	None	15 minutes	
	1.5 Document admission	None	5 minutes	
TOTAL:		None	38 minutes	

15. Elective Admission of patients for Blood Transfusion

Elective admission for patients requiring Blood Transfusion

Office or Division:	Cancer Institute Ward (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All cancer patients requiring Blood Transfusion			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished Kaalaman Form and Case Record		Malasakit Center		
Blue Card		Department of Out Patient Services		
White card		Medical Social Service Office		
Admitting Orders		Attending Physician		
Accomplished Clinical Abstract		Attending Physician		
Proof of availability of blood products (preferably a deposit slip)		Blood Bank		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the admission requirements at nurse's station	1. Check for the above requirements	None	3 minutes	Nurse on duty/ Nursing Attendant CI
	1.1 Orient patient (and watcher) to unit/facility rules and policies	None	5 minutes	
	1.2 Secure consent for admission, chemotherapy and Fall Prevention waiver form	None	5 minutes	
	1.3 Assist patient to assigned bed	None	5 minutes	Nurse on duty CI
	1.4 Perform history taking with initial vital signs	None	15 minutes	
	1.5 Document admission	None	5 minutes	
TOTAL:		None	38 minutes	

16. Elective Admission of Patient to High Dose Brachytherapy

Elective admission of patients requiring High Dose Brachytherapy treatment

Office or Division:	Cancer Institute High Dose Brachytherapy Section (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All cancer patients requiring High Dose Brachytherapy Treatment			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Latest laboratory results of CBC and Urinalysis		Laboratory		
Blue Card		Department of Out Patient Services		
White card (if necessary)		Medical Social Service Office		
Medical Clearance (if applicable)		Internal Medicine		
Anesthesia evaluation		Pain Clinic		
PhilHealth validation		PhilHealth Office		
Proof of payment for the procedure, if without PhilHealth or with exhausted PhilHealth benefits		Cashier		
Proof of payment for brachytherapy kit, if without PhilHealth or with exhausted PhilHealth benefits		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at nurse's station on day and predetermined time of admission	1. Check the above requirements	None	10 minutes	<i>Nurse on Duty</i> CI
	1.1 Orient patient (and watcher) to unit/facility rules and policies	None	10 minutes	
	1.2 Secure consent for the procedure	None	5 minutes	<i>Nurse on Duty</i> CI
	1.3 Ask for receipt for brachytherapy kit (if applicable)	Refer to approved schedule of fees	10 minutes	<i>Nurse on duty/ administrative aide</i> CI
	1.4 Procure brachytherapy kit at the pharmacy		15 minutes	
	1.5 Assist to bed of assignment	None	3 minutes	<i>Nurse on duty</i> CI
	1.7 Assess and prepares the patient for the procedure	None	15 minutes	
TOTAL:		None	1 hour, 8 minutes	

17. Elective Admission of Patient to Low Dose Brachytherapy

Elective admission of patients requiring Low Dose Brachytherapy treatment

Office or Division:	Cancer Institute Low Dose Brachytherapy Section (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All cancer patients requiring Low Dose Brachytherapy Treatment and Radioactive Iodine Uptake			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished Kaalaman Form and Case Record		Malasakit Center		
Admitting Orders		Attending Physician		
Accomplished Clinical Abstract		Attending Physician		
Negative Pregnancy test result		Laboratory		
Blue Card		Department of Out Patient Services		
White card		Medical Social Service Office		
Medical Clearance (if applicable)		Internal Medicine		
PhilHealth Monitoring Sheet		PhilHealth Officer		
Attendance of Responsible Watcher to the orientation on low dose brachytherapy/Radioactive Iodine		Attendance logbook at nurses' station		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at nurses' station on day and predetermined time of admission	1. Validate watcher's orientation of the procedure	None	5 minutes	Nurse on Duty CI
	1.1 Verify the above requirements	None	5 minutes	
	1.2 Orient patient (and watcher) to unit/facility rules and policies	None	10 minutes	
	1.3 Secure consent for admission, procedure and Fall Prevention Waiver form	None	5 minutes	
	1.4 Assist patient to assigned bed	None	5 minutes	
	1.5 Perform history taking with initial vital signs	None	15 minutes	
	1.6 Document admission	None	5 minutes	
TOTAL:		None	50 minutes	

18. Discharge of Patient from Cancer Institute

Discharge of elective patient from Cancer Institute

Office or Division:	Cancer Institute Ward (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All cancer patients who have completed their chemotherapy regimen, high and low dose brachytherapy treatment and blood transfusion			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Discharge Orders		Attending Physician		
Accomplished Discharge Summary		Attending Physician		
Accomplished Clinical Abstract		Attending Physician		
Accomplished CF2 and CF4 form		Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ask for discharge papers and receive health education	1. Facilitate a written discharge order	None	30 minutes	<i>Nurse in Charge</i> CI
	1.1 Ask for the photocopy of the PhilHealth requirements: <ul style="list-style-type: none"> Accomplished clinical abstract Accomplished discharge summary therapeutic sheet doctor's order of discharge Pertinent laboratory results Parenteral flow sheet Justification Letter (if needed) 	None	30 minutes	<i>Nurse in Charge</i> CI
	1.2 Send watcher to the Malasakit center for clearance (Refer to Malasakit Center process of securing a clearance)	None	30 minutes	<i>Nurse in Charge</i> CI
	1.3 Provide health education	None	5 minutes	<i>Nurse in Charge</i> CI
	1.4 Assist in discharge of patient	None	10 minutes	<i>Administrative Aide</i>
TOTAL:		None	1 hour, 45 minutes	

19. Outpatient Consultation for Breast Cancer patients

Consultation for Cancer Institute Outpatient Services Breast Care Clinic (Mondays to Fridays
8:00 am to 4:00 pm)

Office or Division:	Cancer Institute Outpatient Services (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All breast cancer patients requiring consult, and chemotherapy			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card		Department of Outpatient Services		
Result of biopsy (histopath)		Diagnostic center		
Retrieved Chart		Medical Records Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register and Submit blue card at the guard before 8:00 am	1. List down name of patient and time of arrival	None	5 minutes	<i>Guard on duty</i> CI
	1.1 Give the blue cards to the nursing attendant	None	5 minutes	
	1.2 Verify the above requirements	None	5 minutes	<i>Nurse in Charge</i> CI
	1.3 Encode the patient information in the CARROT system	None	3 minutes	<i>Nurse in Charge/ Nursing Attendant</i> CI
	1.4 Queue patient for consultation to attending physician	None	4 hours	
2. Consult with doctor	2. Assist physician during conduct of consultation	None	30 minutes	<i>Nurse in Charge</i> CI
3. Submit chart to nurse-in-charge complete the Out Patient Services consult	3. Provide health education on home care, follow up and necessary diagnostics	None	10 minutes	<i>Nurse in Charge</i> CI
	3.1 Schedule patient for follow up and/or procedures	None	5 minutes	
	3.2 Issue referral slip and instructs patient on appropriate clinic/department (if applicable)	None	5 minutes	
	3.3 Return blue card to the patient with schedule and appointments	None	3 minutes	
TOTAL:			5 hours, 11 minutes	

20. Outpatient Consultation for Gynecological Oncology Patients

Consultation for Cancer Institute Outpatient Services Clinic Room 101 (Gynecological Oncology Mondays to Fridays 8:00 am to 4:00 pm)

Office or Division:	Cancer Institute Outpatient Services (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All gynecological Cancer patients requiring consult and chemotherapy			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card		Department of Outpatient Services		
Histopath result		Laboratory		
CBC result (within 1 week of consult)		Laboratory		
Retrieved Chart		Medical Records Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register and Submit blue card at the guard before 8:00 am	1. Verify the above requirements	None	5 minutes	Guard on duty CI
	1.1 Instruct watcher to list name of patient and time of arrival	None	3 minutes	
	1.2 Gives the blue cards to the nursing attendant	None	5 minutes	Nurse in Charge/Nursing Attendant CI
	1.3 Encode the patient information in the CARROT system	None	3 minutes	
	1.4 Queue patient for consultation to attending physician	None	2 hours	
2. Consult with doctor	2. Facilitate consult	None	30 minutes	Nurse in Charge CI
3. Submit chart to nurse in charge complete the Outpatient Service consult	3. Provide health education on home care, follow up and necessary diagnostics	None	10 minutes	Nurse in Charge CI
	3.1 Schedule patient for follow up and/or procedures	None	5 minutes	
	3.2 Issue referral slip and instructs patient on appropriate clinic/department (if applicable)	None	5 minutes	
	3.3 Return blue card to the patient with schedule and appointments	None	3 minutes	
TOTAL:			3 hours, 9 mins	

21. Outpatient Consultation for Medical Oncology, Multiple Disciplinary Committee and Adult Hematology Patients

Consultation for Cancer Institute Outpatient Services Clinic Room 107 (Medical Oncology Mondays, Tuesdays and Wednesdays 8:00 am to 4:00 pm; Multiple Disciplinary Committee Thursdays 8:00 am to 4:00 pm; Adult Hematology Fridays 8:00 am to 4:00 pm)

Office or Division:	Cancer Institute Outpatient Services (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Cancer patients requiring consult from Medical Oncology, Multiple Disciplinary Committee and Adult Hematology Services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card		Department of Outpatient Services		
Retrieved Chart		Medical Records Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register and Submits blue card at the guard before 8:00 am	1. Verify the above requirements	None	5 minutes	Guard on duty CI
	1.1 Instruct watcher to list name of patient and time of arrival	None	3 minutes	
	1.2 Give the blue cards to the nursing attendant	None	5 minutes	Nurse on duty/Nursing Attendant CI
	1.3 Encode the patient information in the CARROT system	None	3 minutes	
	1.4 Queue patient for consultation to attending physician	None	2 hours	
2. Consult with doctor	2. Assist physician during conduct of consultation	None	30 minutes	Nurse in Charge CI
3. Submit chart to complete the OPS consult	3. Provide health education on home care, follow up and necessary diagnostics	None	10 minutes	Nurse in Charge CI
	3.1 Schedule patient for follow up and/or procedures	None	5 minutes	
	3.2 Issue referral slip and instruct patient on appropriate clinic/department (if applicable)	None	5 minutes	
	3.3 Return blue card to the patient with schedule and appointments	None	3 minutes	
TOTAL:		None	3 hours, 9 minutes	

22. Outpatient consultation for Pediatric Hematology Oncology

Consultation for Cancer Institute Outpatient Services Clinic Pediatric Hematology Patient
(Room.108 Tuesdays, Thursdays and Fridays, 1:00 p.m. to 5:00 pm)

Office or Division:	Cancer Institute Outpatient Services (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Cancer pediatric patients requiring Chemotherapy treatment, Bone Marrow Aspirate, Intrathecal infusion and biopsy			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card		Department of Out Patient Services		
Retrieved Chart		Medical Records Division		
CBC result (within 1 day of consult)		Laboratory		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit blue card at the nurses' station	1. Verify the above requirements	None	4 minutes	<i>Nursing Attendant/Nurse in Charge</i> CI
	1.1 Instruct watcher to list name of patient and time of arrival	None	5 minutes	
	1.2 Encode the patient information in the CARROT system	None	3 minutes	
	1.3 Queue patient for consultation to attending physician	None	2 hours	
2. Consult with doctor regarding procedure	2. Assist primary service during conduct of consultation	None	15 minutes	<i>Nurse in Charge</i> CI
	2.1 Assist anesthesiologist during conduct of consultation	None	15 minutes	
	2.2 Assist in the conduction of the collective orientation of watchers whose patients are cleared for the procedure (Bone Marrow Aspirate, Intrathecal	None	15 minutes	

	chemotherapy and biopsy)			
	2.3 Secure consent for procedure	None	5 minutes	
	2.4 Queue patient for the procedure	None	2 hours	
	2.5 Assist the patient to the area of procedure	None	5 minutes	
	2.6 Assist the physician in the performance of the procedure	None	30 minutes	
	2.7 Assesses and monitors patient post procedure	None	1 hour	
3. Submit chart to complete the Out Patient Services consult	3. Provide health education on home care, follow up and necessary diagnostics	None	10 minutes	Nurse in Charge CI
	3.1 Schedule patient for follow up and/or procedures	None	5 minutes	
	3.2 Issue referral slip and instructs patient on appropriate clinic/department (if applicable)	None	5 minutes	
	3.3 Return blue card to the patient with schedule and appointments	None	3 minutes	
TOTAL:			7 hours	

23. Outpatient Consultation for Radiation Oncology Patients

Consultation for Cancer Institute Outpatient Services for Radiation Oncology patients
(Room.108 Mondays to Fridays 8:00 p.m. to 12:00 pm)

Office or Division:	Cancer Institute Outpatient Services (Nursing Services)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All cancer patients requiring Radiation and consult to Radiation Oncology			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue Card		Department of Outpatient Services		
Retrieved Chart		Medical Records Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Register and Surrender blue card at the nurses' station	1. Verify the above requirements	None	3 minutes	<i>Nursing Attendant/Nurse in Charge</i> CI
	1.1 Instruct watcher to list name of patient and time of arrival	None	5 minutes	
	1.2 Encode the patient information in the CARROT system	None	3 minutes	
	1.3 Queue patient for the consult	None	2 hours	
2. Consult with doctor.	2. Facilitate consult	None	30 minutes	<i>Nurse in Charge</i> CI
3. Submit chart to complete the Out Patient Service consult	3. Provide health education on home care, follow up and necessary diagnostics	None	10 minutes	<i>Nurse in Charge</i> CI
	3.1 Schedule patient for follow up and/or procedures	None	5 minutes	
	3.2 Issue referral slip and instructs patient on appropriate clinic/department (if applicable)	None	5 minutes	
	3.3 Return blue card to the patient with schedule and appointments	None	3 minutes	
TOTAL:		None	3 hours, 4 mins	

24. Administration of Chemotherapy as Outpatient basis

Administration of chemotherapy drugs in the Ambulatory Chemotherapy Unit

Office or Division:		Cancer Institute Outpatient Services (Nursing Services)		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All Cancer patients requiring chemotherapy infusion as Out Patient basis		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Retrieved Chart			Medical Records Division	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirement for chemotherapy	1. Verify for the above requirement	None	3 minutes	<i>Nurse in Charge</i> CI
	1.1 Orient patient (and watcher) to procedure	None	5 minutes	
	1.2 Secure consent for procedure	None	5 minutes	
	1.3 Queue patient for the procedure and the issuance of chemotherapy drugs	None	3 hours	
	1.4 Retrieve the chemotherapy drug and needs of the patient from the Oncology Pharmacy once available	None	20 minutes	
	1.5 Administer the prescribed chemotherapy infusion (this includes: establishing an Intravenous fluid access, infusion of prehydration, giving of pre medications and post hydration)	None	5 hours	
2. Complete the infusion of chemotherapy regimen for the consult	2. Assess for post chemotherapy adverse reactions	None	10 minutes	<i>Nurse in Charge</i> CI
	2.1 Provide health education on home care: including delayed reactions and their appropriate treatment, follow up and necessary diagnostics	None	10 minutes	
TOTAL:		None	8 hours, 53 minutes	

25. Provision of Perioperative Care Services in the SOJR-OR

To provide perioperative care in the SOJR Operating Room

Office or Division:	SOJR - Operating Room Complex			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	All surgical patient scheduled at the SOJR-OR			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Blue card		OPD /5 th floor		
PhilHealth form/Guarantee letter		SOJR building 1 st floor - PhilHealth office		
Medical Clearance		Ward/SOJR-OR holding area		
Registration of patient name to RADISH OR Scheduler for all elective procedure		Attending Physician		
Fully accomplished Patient Treatment Record/Chart		Attending Physician		
Must be accompanied by a legal guardian or relative of legal age				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present requirements for operation	1. Verify the name of patient from the list of scheduled patients for operation using the blue card and Patient Treatment Record/Patient Chart 1.1 Check the completeness of all pertinent documents required by the SOJR-OR (consent signed, PhilHealth pre-approved clearance form/guarantee letter) 1.2 Secure consent for operation 1.3 Perform and document pre-operative nursing care	None	30 minutes	<i>Nurse on Duty</i> SOJR OR

2. Proceed to OR suites to undergo operation	2. Assist in the performance of operation. 2.1 Perform and document intra - operative nursing care 2.2 Perform and document post-operative nursing care	None	Variable 3 hours	Nurse on Duty SOJR OR
TOTAL:		None	Processing Time: 3 hours, 30 minutes Surgery time : Variable	

26. Transferring Patient Out to Ward

To transfer patient out to service unit

Office or Division:	SOJR - Operating Room Complex			
Classification:	Simple			
Type of Transaction:	G2G - Government to government			
Who may avail:	All In-Patient that undergone operation at the SOJR-OR			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Anesthesiologist Clearance/ resident clearance		Resident/Surgeon -in charge		
Hospital bill charged through Open ERP		SOJR-OR		
Accomplished and signed PhilHealth forms		Philhealth office (1 st floor SOJR building)		
Allotted bed from service unit		Service Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Transfer to service unit	1. Verify doctors' order for trans out 1.1 Check completeness of OR document and PhilHealth forms (Intra op record, OR technique, Anesthesia Record, CF2, CF4) 1.1 Facilitate transfer of patient to service unit	None	65 minutes	<i>Nurse of Duty</i> <i>Utility worker</i> <i>Resident in charge</i> SOJR OR
TOTAL		None	Processing Time: 1 hour, 5 minutes	

27. Patient Discharge Service

To discharge patient from service unit

Office or Division:	SOJR - Operating Room Complex			
Classification:	Simple			
Type of Transaction:	G2C- Government to citizen			
Who may avail:	All Out-Patient that undergone operation at the SOJR-OR			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Discharge Orders		Attending Physician		
Hospital Clearance		SOJR Billing Office (1 st floor)		
Accomplished and signed PhilHealth Forms		Attending Physician		
Pharmacy clearance		SOJR-Pharmacy 2 nd floor SOJR building		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive orders for discharge	1. Verify doctor's order for discharge	None	10 minutes	<i>Nurse of Duty SOJR OR</i>
2. Coordinate with PhilHealth Office Personnel and settle hospital bill	2. Guide accomplishing necessary forms 2.1 Issue charge slip	Refer to approved schedule of fees	30 minutes	<i>Nurse of Duty Nursing Attendant PhilHealth Personnel SOJR OR</i>
3. Receive post-operative health education	3. Assist patient to change clothes from hospital gown to street clothes 3.1 Validate hospital clearance form 3.2 Instruct post op health education 3.3 Provide copy of post-operative health instructions to the patient and relatives	None	30 minutes	<i>Nurse of Duty Resident-in charge SOJR OR</i>
TOTAL		Refer to approved schedule of fees	Processing Time: 1 hour, 10 minutes	

28. DEM Patient Consultation

Patient consultation at the Department of Emergency Medicine

Office or Division:	Department of Emergency Medicine			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients who needs emergency services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Consult at the Triage Area of the Emergency Room	1. Receive and categorize patient to: <ul style="list-style-type: none"> ● PEDIA TRIAGE Pediatric non-trauma (under 19 years old) ● ADULT TRIAGE Patients above 19 years old including pediatric trauma ESI 1-2 (Emergent) ESI 3- (Urgent) ESI 4-5 (Non- Urgent) ESI 5 decked to OPD ESI 4 to Ambulatory Clinic 1.1 Issue PIC to the watcher	None	10 minutes	<i>Triage Nurse and Triage Officer</i> DEM
2. Submit PIC (Please Issue Chart) Form to Medical Record clerk at ER Palistahan	2. Check the completeness of the PIC form and issue the Blue Card and chart	None	10 minutes	<i>Medical Records Clerk</i> ER Palistahan
3. Inform frontline nurse of chart availability	3. Retrieve chart from medical record section at ER Palistahan for documentation 3.1. Instruct patient's relative	None	10 minutes	<i>Frontline nurse</i> DEM

	to avail MSS assistance			
4. Proceed to MSS for classification and PhilHealth Registration	4. Classify patient and issue MSS card and PhilHealth Registration form	None	15 minutes	<i>Administrative Staff</i> MSS
5. Proceed to Treatment Officer	5. Attend to patient according to ESI level 5.1 Provide immediate emergency management	None	5 minutes	<i>Treatment Officer of all services</i> DEM <i>Nurse in Charge</i> DEM
6. Receive information on the disposition of patient: <ul style="list-style-type: none"> Admission - directed to the ward Discharge – receive discharge slip, discharge summary, clinical abstract and prescription if necessary THOC- receive clinical abstract, discharge summary 	6. Document Disposition of patient in the chart for: <ul style="list-style-type: none"> admission discharge transfer to hospital of choice (THOC) 	None	15 minutes	<i>Nurse in charge</i> <i>Resident in Charge</i> DEM
TOTAL:		None	1 hour, 5 minutes	

29. OB-AS Patient Consultation

Patient consultation at the Department of Obstetrics – Admitting Section (OB-AS)

Office or Division:	Department of Obstetrics Admitting Section (OB-AS)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients who needs emergency services			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Consult at the Triage Area of the OB-Admitting Section	1. Receive and categorize patient to: <ul style="list-style-type: none"> • PREGNANT <ul style="list-style-type: none"> - Emergent – Admit to AS/LR - Ambulatory/Urgent Admit to OB Wards or IMU • NON-PREGNANT <ul style="list-style-type: none"> - Emergent (Gyne, Onco, Peri)Admit to AS then to OR 3rd Flr. - Ambulatory/Urgent Discharge to OB-AS and refer to OPD - Transfer to OB Wards, schedule for elective OR 1.1 Issue PIS to the watcher for filling up patient's information data and direct to submit PIS (Patient Information Sheet) Form to OB Palistahan	None	1 hour	<i>Triage Nurse and Triage Officer</i> OB-AS
2. Proceed to Treatment Officer	2. Assist the physician in providing immediate	None	30 minutes	<i>Nurse in Charge</i> OB-AS

	emergency management			
3. Receive information on the disposition of patient: • Admission • Discharge	3. Document Disposition of patient in the chart for: • Admission, • Discharge • Transfer to OB Wards	None	1 hour	<i>Nurse in charge Resident in Charge OB-AS</i>
TOTAL:		None	2 hours, 30 minutes	

30. Transfer in/ Transfer out of Patient to Service Units

Trans-in of Patient from one charity service unit to another

Office or Division:	Department of Obstetrics – Admitting Section (OB-AS)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Trans-out orders		Attending Physician		
Complete pertinent documents		Nurse on duty		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Be informed of the order transfer	1. Verify the orders 1.1 Complete required documents for transfer	None	30 minutes	<i>Nurse on duty</i> <i>Attending Physician</i> OB-AS
2. Transfer from one service area to another	2. Endorse the patient via telephone 2.1 Transport the patient from one unit to another 2.2 Assist patient to assigned stretcher bed, performs history taking and initial vital signs 2.3 Orient patient (and watcher) to unit/facility rules and policies including patient safety precautions	None	1 hour	<i>Nurse on duty</i> OB-AS
TOTAL:		None	1 hour, 30 minutes	

31. Discharge of Patient from OB-AS

Assist with discharge of patient from the OB-AS

Office or Division:	Department of Obstetrics – Admitting Section (OB-AS)			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Discharge orders		Physician on duty		
Complete discharge documents (CF2,CF3,CF4)		Nurse on duty / Physician on duty		
Home instructions (Rx, Laboratory/Diagnostic request, schedule of follow up check up)		Physician on duty		
MalasakitCenter Clearance		Malasakit Center		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Be informed of Notice of Discharge	1. Explain process of discharge 1.1 Instruct client to secure clearance from the Malasakit Center	None	20 minutes	<i>Nurse on duty</i> OB-AS
2. Present the Malasakit clearance	1. Verify for completeness 1.1 Provide home instructions including follow up check-up, copy of discharge documents, medications and laboratory or diagnostic request if any and others 1.2 Escort the patient to lobby	None	20 minutes 20 minutes	<i>Nurse on duty</i> OB-AS Utility worker OB-AS
TOTAL:		None	1 hour	

32. Facilitation of Prescribed Laboratory Examinations (Stat)

Facilitation of prescribed laboratory examination done at Central laboratory

Office or Division:		Department of Obstetrics – Admitting Section		
Classification:		Simple		
Type of Transaction:		G2C		
Who may avail:		All patients		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Written order of the Physician			Physician in charge	
Filled-up request form			Physician in charge	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Order Stat laboratory examination	1. Verify the order and the completeness of the filled-up request form ensuring there is a tick on the word STAT in the request	None	5 minutes	<i>Nurse on duty OB-AS</i>
2. Present collected specimen	2. Complete the specimen container labels	None	30 minutes	<i>Nurse on duty/ Physician on duty OB-AS</i>
	2.1 Send the specimens Stat	None	30 minutes	
	2.2 Document the procedure done	None	10 minute	<i>Nurse on duty/Physician on duty OB-AS</i>
TOTAL:		None	1 hour, 15 minutes	

33. DPPS-Admission of Patients to Pay Units

Admission of elective patients to pay units

Office or Division:	Nursing Services -Pay Wards			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All pay patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Admitting Orders		Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at the nurses' station on day of admission from the Pay Admitting Unit	1. Receive and welcomes patient into the nursing care unit 1.1 Take patient's height and weight 1.2 Document the date and time of patient's arrival at the unit	None	10 minutes	<i>Nurse on duty Nursing attendant on duty DPPS</i>
2 Present admitting orders from Attending Physician	2. Verify admitting orders and check patient's case record 2.1 Escort patient to assigned room and bed 2.2 Inform the attending consultant and fellow or resident-in-charge of admission 2.3 Ask the patient to sign the consent for admission form and Fall Waiver Agreement 2.4 Take the patient's nursing history and vital signs 2.5 Inform the dietary department of the prescribed diet of the patient 2.6 Orient the patient and watchers on hospital and	None	40 minutes	<i>Nurse on duty Nursing attendant on duty DPPS</i>

	nursing unit's rules and policies 2.7 Document patient's data and completely fill up patient's chart 2.8 Facilitate admitting orders.			
TOTAL:		None	50 minutes	

34. DPPS-Processing of Discharge of Pay Patients

The discharge of patients in the Department of Pay Patient Services, including those for home per request (against medical advice).

Office or Division:	Nursing Services – Pay Wards			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Physician's Discharge order		Nurse's Station		
Filled-up CF form (PhilHealth)		Nurse's Station and Billing Section		
Billing Clearance/Approved Promissory Note		Billing Section		
Home Instructions		Nurse's Station		
Schedule of follow up visits		Nurse's Station		
Referral (if applicable)		Nurse's Station		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Do any of the following: <ul style="list-style-type: none"> • If with written order for discharge, receive information for discharge • If patient requests to go home against medical advice, inform nurse-in-charge of desire to go home 	1. Do any of the following: <ul style="list-style-type: none"> • If with written order for discharge, review patient's chart for physician's written order for discharge, home instructions, schedule of follow up visits and referral (if applicable) 	None	5 minutes	<i>Nurse-in-charge</i> DPPS
	<ul style="list-style-type: none"> • If patient requests to go home against medical advice, inform the attending physician regarding patient's and/or relative's request to go home (against medical advice) 	None	5 minutes	<i>Nurse-in-charge</i> DPPS
	<ul style="list-style-type: none"> • Ensures that the patient and/or relatives has signed the home 	None	15 minutes	<i>Nurse-in-charge</i> DPPS

	<p>against advice form</p> <p>1.1 Inform patient and/or relative regarding discharge order, home instructions, schedule of follow up visits and referral (if applicable)</p> <p>1.2 Return unused medications and supplies to the Pharmacy Department</p> <p>1.3. Send down updated list of hospital charges, including professional fees, to the Pharmacy Department and the Billing Section</p>	<p>None</p> <p>None</p>	<p>15 minutes</p> <p>5 minutes</p>	<p><i>Nurse-in-charge</i> DPPS</p> <p><i>Nurse-in-charge</i> DPPS</p>
2. Request for documents needed, such as Clinical Abstract, Discharge Summary, Medical Certificate, Operation-related papers, etc., if applicable	<p>2. Facilitate request for documents needed</p> <p>2.1 Forwards final list of pharmacy charges to Billing Section</p> <p>2.2 Countercheck list of hospital charge with accumulated receipts in the patient's ledger and send notice for discharge to nurse's station</p> <p>2.3. Give notice for discharge to</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>5 minutes</p> <p>30 minutes</p> <p>3 hours</p> <p>5 minutes</p>	<p><i>Nurse-in-charge</i> <i>Ward clerk</i> DPPS <i>Administrative Office</i> MRD</p> <p><i>Pharmacy Assistant/</i> <i>Administrative Staff</i> Pharmacy Department <i>Administrative Staff</i> Billing Section</p> <p><i>Nurse-in-charge</i> DPPS</p>

	patient and/or relative			
3. Fills out PhilHealth CF1 form and Member Data Record from Billing Section	3. Provides PhilHealth CF1 form, Member Data Record and final Hospital Bill	None	30 minutes	<i>PhilHealth Officer</i> DPPS <i>Administrative Staff</i> Billing Section
4. Secure final Statement of Account from Billing Section and settle accounts at the Cash Services Division	4. Receives total payment for accounts due 4.1 Provides official receipt for payment received	Refer to approved schedule of fees	30 minutes	<i>Cashier</i> Cash Services Division
5. Show copy of official receipt to the Billing Section and submit approved promissory note, if applicable	5.1 Provide two copies of clearance slip to relative	None	5 minutes	<i>Administrative Staff</i> Billing Section
6. Shows copy of clearance slip to the Nurse's Station	6. Attach one copy of clearance slip to patient's chart 6.1 Send patient for discharge, via wheelchair or stretcher, as appropriate	None None	5 minutes 15 minutes	<i>Nurse-in-charge</i> DPPS <i>Utility Worker</i> DPPS
TOTAL:		Refer to approved schedule of fees	5 hours, 45 minutes	

35. DPPS-Processing of Clearance for Expired Patients

The processing of clearance of expired patients in the Department of Pay Patient Services

Office or Division:	Nursing Services – Pay Wards			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Immediate relative of expired patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Clearance from Billing Section		Billing Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive psychosocial support from nursing personnel	1. Ensure that the patient's death is pronounced by a physician 1.1 Provide postmortem care to the cadaver and psychosocial support to the bereaved family, as culturally appropriate 1.2 Ensure that a death certificate (Municipal Form No. 103) indicating details of the patient's death is filled out by attending physician, and counterchecked by the relatives 1.3 Prepare four typewritten copies of the death certificate	None	1 hour	<i>Nurse-in-charge Ward clerk DPPS</i>
2. Contact a funeral service for transport of the cadaver	2. Inform the relatives regarding the need for funeral services, transport, etc. 2.1 Ask relatives to fill out two copies of the receipt of cadaver form, together with the details of the	None	1 hour, 15 minutes	<i>Nurse-in-charge DPPS</i>

	<p>funeral service</p> <p>2.2 Endorse cadaver to the funeral parlor staff</p> <p>2.3 Ensure that funeral parlor staff signs in the receipt of cadaver form</p> <p>2.4 Instruct utility worker to transport cadaver to the hospital morgue for safekeeping, if the family does not have a funeral service ready up to four hours after death</p> <p>2.5 Release cadaver from the unit</p> <p>2.6 Return unused medications and supplies to the Pharmacy Department</p> <p>2.7 Send down updated list of hospital charges, including professional fees, to the Pharmacy Department and the Billing Section</p>		<p>15 minutes</p> <p>15 minutes</p> <p>5 minutes</p>	<p><i>Funeral parlor staff or Utility worker</i></p> <p><i>Nurse-in-charge DPPS</i></p> <p><i>Nurse-in-charge DPPS</i></p>
3. Request for documents needed, such as Photocopy of Medical Certificate for Internment Purposes, Clinical Abstract, Discharge Summary, Medical Certificate, Operation-related papers, etc., if	<p>3. Facilitate request for documents needed</p> <p>3.1 Forward final list of pharmacy charges to Billing Section</p> <p>3.2 Countercheck list of hospital charge with accumulated receipts in the patient's ledger</p>	<p>None</p> <p>None</p> <p>None</p>	<p>5 minutes</p> <p>30 minutes</p> <p>3 hours</p>	<p><i>Nurse-in-charge DPPS</i></p> <p><i>Pharmacy Assistant/ Administrative Staff</i></p> <p><i>Pharmacy Department Administrative Staff</i></p> <p><i>Billing Section</i></p>

applicable	3.3 Send notice for discharge to nurse's station			
3. Fill out PhilHealth CF1 form and Member Data Record and secure final Statement of Account from Billing Section	3. Provides PhilHealth CF1 form, Member Data Record and final Hospital Bill	None	30 minutes	<i>PhilHealth Officer</i> DPPS <i>Administrative Staff</i> Billing Section
4. Settle accounts at the Cash Services Division	4. Receives total payment for accounts due 4.1 Provides official receipt for payment received	Refer to approved schedule of fees	30 minutes	<i>Cashier</i> Cash Services Division
5. Show copy of official receipt to the Billing Section	5. Provides two copies of a clearance slip to relative	None	5 minutes	<i>Administrative Staff</i> Billing Section
6. Show copy of clearance slip to the Nurse's Station	6. Attach one copy of clearance slip to patient's chart 6.1 Release typewritten copies of the death certificate	None	5 minutes	<i>Nurse-in-charge</i> DPPS
TOTAL:		Refer to approved schedule of fees	7 hours, 35 minutes	

36. DPPS-Transfer In/Out of Patients

Transferring patients from/to other pay units, including the Central Intensive Care Unit, Pay Emergency Room and service areas, within the hospital.

Office or Division:	Nursing Services – Pay Wards			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Patients from pay and service areas			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> • Transfer Order • Transfer Slip • Complete Pertinent Documents • Billing Clearance or Approved Promissory Note for Pay Patients 		Attending Physician Pay Admitting Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
TRANSFER IN OF PATIENTS				
1. Arrive at the nurse's station	1. Receive call from Pay Admitting Unit notifying of transfer of patient 1.1 Prepare the room and patients' needs and checks completeness of amenities 1.2 Receive and welcomes patient into the nursing care unit 1.3 Document the date and time of patient's arrival at the unit 1.4 Escort patient to assigned room and bed 1.5 Receive endorsement and transfer slip from the endorsing area nurse (face to face or via phone call) 1.6 Sign the transin/out logbook accordingly 1.7 Inform the	None	1 hour	<i>Nurse in charge and Nursing Attendant on duty DPPS</i>

	attending physician and other services on board of transfer 1.8 Conduct focused assessment on the patient 1.9 Reiterate the unit's guidelines and policies on the patients and watchers 1.10 Accomplish chart and completely fills up data 1.11 Carry out consequent physician's orders			
TOTAL:		None	1 Hour	
TRANSFER OUT OF PATIENTS				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Informs the nurses of their intention to transfer	1. Inform the attending physician of the patient's request to transfer	None	5 minutes	<i>Nurse in charge</i> DPPS
2. Settles hospital bill or obtains promissory note from the Billing Section	2. Send hospital bill to the Billing Section for processing 2.1 Requests the doctors to accomplish admitting orders for the patient	None	10 minutes	<i>Nurse in charge</i> DPPS <i>Administrative staff</i> Billing Section
3. Transfer to unit of choice	3. Follow up decking of patients at the desired area of transfer 3.1 Inform the services that the patient is for transfer upon availability of the bed 3.2 Call the receiving area that the	None	60 minutes	<i>Nurse in charge</i> DPPS <i>Resident in charge</i> Auxillary Department

	<p>patient is for transfer</p> <p>3.3 Request for a resident to accompany the patient for transfer, if applicable</p> <p>3.4 Coordinate with other departments regarding the necessary equipment for transfer</p> <p>3.5 Accompany the patient and endorses the complete chart, medication cards, and Kardex forms to the receiving area nurse</p>			
TOTAL:		None	1 hour, 15 minutes	

37. DPPS-Facilitation of Prescribed Laboratory and Diagnostic Procedures

Facilitating ordered laboratory and diagnostic procedures for the patient

Office or Division:	Nursing Services – Pay Wards			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Pay patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Written Orders of the Physician Filled-up Request Forms Borrowers' Form Written Consent Other pertinent documents (ie., laboratory results, OR record, if applicable)		Physician in charge Laboratory Department, Pathology Section, etc Radiology Department Nurse on duty		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
A. Laboratory Procedures				
1. Receive information about the tests to be done	1. Inform patient of the tests to be done and provides any special instructions or preparation	None	5 minutes	<i>Nurse on duty</i> DPPS
	1.1 Make laboratory request for the ordered test, indicating as emergency if necessary	None	5 minutes	<i>Nurse on duty</i> DPPS
	1.2 Call the laboratory to request for the blood extraction if needed	None	5 minutes	<i>Nurse on duty</i> DPPS
2. Permit to collect specimen	2. Collect and label the specimen properly	None	5 minutes	<i>Medical Technician</i> <i>Laboratory Nurse on duty</i> DPPS
	2.1 Send specimen to the designated section for the test	None	10 minutes	<i>Utility Worker</i> DPPS
B. Request for Diagnostic Procedures				

1. Receive information on schedule and required preparation prior to procedure	1. Fill up request for specific procedure, indicating if emergency as necessary	None	5 minutes	<i>Nurse on duty</i> DPPS
	1.1 Attach documentary requirements, as necessary	None	5 minutes	<i>Utility Worker</i> DPPS
	1.2 Hand requests to specific department for procedure for scheduling	None	10 minutes	<i>Utility Worker</i> DPPS
	1.3 Retrieve request with final schedule from Radiology Department	None	10 minutes	<i>Utility Worker</i> DPPS
	1.4 Hand the scheduled request to nurse in charge	None	1 minute	<i>Utility Worker</i> DPPS
	1.5 Inform patient of schedule and required preparation prior to procedure	None	5 minutes	<i>Nurse on duty</i> DPPS
	1.6 Secure needs required for the procedure	None	10 minutes	<i>Nurse on duty</i> DPPS
	1.7 Prepare patient immediately prior to procedure	None	10 minutes	<i>Nurse on duty</i> DPPS
	1.8 Send patient to the diagnostic room for scheduled procedure	None	10 minutes	<i>Utility Worker</i> DPPS
C. Request for ECG				
1. Receive information about ECG request	1. Accomplishes request for ECG, specifying if stat if necessary – electronically or via written request.	None	5 minutes	<i>Nurse on duty</i> DPPS
	1.1 Forwards request to ECG	None	5 minutes	<i>Utility worker</i>

	tech on duty, if there is written request			DPPS
TOTAL:		None	<p>For Laboratory Procedures - 30 mins</p> <p>For Diagnostic Procedures - 1 hour, 6 minutes 10 minutes</p> <p>For ECG Request - 10 minutes</p>	

38. DPPS-Facilitation of Healthcare Treatment Plan

Facilitation of Healthcare Treatment Plan in Pay Units

Office or Division:		Nursing Services – Pay Wards		
Classification:		Highly Technical		
Type of Transaction:		G2C – Government to Citizen		
Who may avail:		Pay Patients		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Written Orders of the Physician				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Physician orders healthcare treatment plan	1. Verify physician's order	None	5 minutes	<i>Nurse-in-charge DPPS</i>
	1.1 Carry out physician's order	None	60 minutes	<i>Nurse-in-charge DPPS</i>
	1.2. Execute efficient, safe and timely delivery of physician's management plan			
	1.3. Document all implemented nursing actions based on the Physician's order	None	10 minutes	<i>Nurse-in-charge DPPS</i>
TOTAL		None	1 hour, 15 minutes	

39. Intraoperative Management for Patients

To provide intraoperative nursing care to all surgical patients

Office or Division:	Operating Room Complex			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Surgical patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Doctor's Order for Surgery		Surgical resident		
Informed Consent		Surgical resident		
Medical Clearance		Internal Medicine and Anesthesiology Resident		
Schedule of Decking		RADISH (Record of Admission and Discharge)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Commit self to planned surgical procedure	1. Receive patient and verify pre-op checklist and consent	None	10 minutes	<i>Circulating Nurse</i> OR
	1.1 Transfer of patient from information to the OR suite	None	5 minutes	<i>Circulating Nurse, Utility Worker</i> OR
	1.2 Assist in the surgical procedure	None	Variable	<i>Attending Surgeon, Anesthesiologist, Circulating Nurse, Scrub Nurse, Utility Worker, Other Allied Health Worker as required</i> OR
	Note: Surgical time is variable and depends on the type of case done			
	1.3 Issue charge slip for the use of OR theatre, needs, instruments and equipment	Refer to approved schedule of fees	30 minutes	<i>Circulating Nurse</i> OR
	1.4 Document the surgical procedure	None	15 minutes	<i>Circulating Nurse</i> OR

	1.5 Wheel out/ endorse to PACU/other surgical units/ICUs	None	25 minutes	<i>Attending Surgeon, Anesthesiologi st, Circulating Nurse, Utility Worker OR</i>
TOTAL:		Refer to approved schedule of fees	Processing Time: 2 hours, 5 minutes Surgery Time:	

40. Preoperative Visitation for Elective Surgical Patients

To provide health education through preoperative visitation to elective surgical patients

Office or Division:	Operating Room Complex			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Surgical patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Doctor's Order for Surgery		Surgical resident		
Informed Consent		Surgical resident		
Medical Clearance		Internal Medicine and Anesthesiology Resident		
Schedule Decking		RADISH (Record of Admission and Discharge)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide consent for further understanding of the surgical procedure through health education.	1. Verify schedule for surgery through RADISH. 1.1 Finalize list of patients for preoperative visits. 1.2 Check patient charts at the wards for the following: <ul style="list-style-type: none"> • Consent (Procedure, Anesthesia, poss. Blood Transfusion). • Order for Surgery from the Primary Healthcare Team. • Preoperative Medical Clearance 1.3 Conduct preoperative visit 1.4 Confirm of time slot for surgery 1.5 Orient to OR/PACU Setup 1.6 Perform pre-operative preparations 1.7 Discuss to patient what to expect post-operatively 1.8 Complete documentation through the Preoperative Visit Form	None	30 minutes	<i>Nurse on Duty</i> OR/PACU
TOTAL:		None	30 minutes	

41. Provision of Specialized Nursing Care for Patients Recovering from the Effects of Anesthesia and Operation

To provide close and specialized nursing care to patients recovering from the effects of anesthesia and operation

Office or Division:	Post Anesthesia Care Unit – Operating Room Complex			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Post-operative patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
O.R. documents (Intraoperative Record, O.R. Technique, Verification Checklist, Instruments and Sponge Count, Anesthesia Record)		OR Nurse		
Physician's post-operative orders		Surgeon/anesthesiologist		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Transfer of patient from OR for post-operative care	1. Receive handover from the O.R. Nurse/Anesthesiologist 1.1. Review of patient's chart for treatment plan 1.2. Perform immediate post operative nursing care	None	4 hours	Nurse on Duty PACU
TOTAL:		None	4 hours	

42. Transfer Out of Patient to Clinical/Critical Units

To transfer out of patient to clinical/critical units

Office or Division:	Post Anesthesia Care Unit – Operating Room Complex			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen, G2G - Government to Government (Internal)			
Who may avail:	Post-operative patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Admitting orders		Primary Service		
Allocated bed		Clinical/Critical Units		
Anesthesia Clearance		PACU Anesthesiologist on duty		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Transfer out to ward/room/critical care unit	1. Anesthesia Care Unit to General Ward: Secure disposition from Anesthesiologist on duty	None	15 minutes	<i>Nurse on Duty PACU</i>
	1.1 For emergency admission: Secure disposition from Primary service			<i>Nurse on Duty PACU</i>
	1.2 Critical Care Units: Secure admitting order from Critical Care Unit Resident on Duty			<i>Nurse on Duty PACU</i>
	1.3 Document nursing Care rendered	None	45 minutes	<i>Nurse on Duty PACU</i>
	1.4 Endorse patient to respective clinical/critical care unit	None	60 minutes	<i>Nurse on Duty PACU</i>
	1.5 Transfer of patient to the:			
	• General Ward	None	120 minutes	<i>Nurse on Duty/ Utility worker PACU</i>
	• Critical Care Unit			<i>Nurse on Duty/ Anesthesiologist on duty, Resident in charge,</i>

				<i>Utility worker</i>
				PACU
TOTAL:		None	For General Wards: 2 hours For Critical Care Unit: 2 hours, 30 minutes	

43. Discharging Patients from Post Anesthesia Care Unit

To discharge patient from Post Anesthesia Care Unit

Office or Division:	Post Anesthesia Care Unit – Operating Room Complex			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Post-operative patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
O.R. documents (Intraoperative Record, O.R. Technique, Verification Checklist, Instruments and Sponge Count, Anesthesia Record)		Nurse's Station		
Discharge orders		Primary Service		
Anesthesia Clearance		PACU Anesthesiologist on duty		
Discharge Clearance		Malasakit Center		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive health education	1. Complete documents needed for discharge 1.1 Render health education	None	1 hour	<i>Nurse on Duty</i> PACU <i>Nurse on Duty</i> PACU
2. Present discharge clearance to security personnel	2. Inform security that patient is for home 2.1 Wheel out of Post Anesthesia Care Unit to the PGH Lobby	None None	1 minute 4 minutes	<i>Nurse on Duty</i> PACU <i>Nursing Attendant/</i> <i>Utility Worker</i> PACU
TOTAL:		None	1 hour, 5 minutes	

44. Admission of Patient to Critical Care Unit

Processing of Admission of Patient to Critical Care Unit

Office or Division:	Nursing			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients needing admission to critical care unit			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Admitting Orders		Attending Physician		
Approved Hospital Transfer Form (If patient is from other hospital)		Pay admitting unit		
Approved Joint Declaration Form (If patient is from other hospital)		Pay admitting unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1 Present the admitting order	1. Verify admitting order, approved hospital transfer form, approved joint declaration form 1.2. Accompany to designated bed 1.3 Perform preliminary nursing assessment 1.4. Orient to ICU setting and policies, and securing admission consent	None	1 hour	<i>Nurse on Duty</i> Critical Care Unit
TOTAL:		None	1 hour	

45. Transfer In of Patient to Critical Care Unit

Processing transfer of patient to the critical care unit

Office or Division:	Nursing			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Patients within PGH			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Transfer Orders		Attending Physician		
Admitting Order (for DEM patient)		Pay Admitting Unit		
Hospital Transfer Slip (Pay patient)		Pay Admitting Unit		
Notification of transfer from other units		Clinical units		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Arrive at nurse's station on day of admission	1. Verify transfer order and hospital transfer slip 1.1 Accompany to designated bed 1.2 Perform nursing assessment 1.3 Orientation to ICU setting and policies, and securing admission consent	None	1 hour	<i>Nurse on Duty</i> Critical Care Unit
TOTAL:		None	1 hour	

46. Transfer Out of Patient to Pay/Service Ward

Processing of transfer of patients to a pay or service ward

Office or Division:	Nursing			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients within PGH			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Trans-Out Order		Attending Physician		
Billing clearance (for pay patient)		Billing section		
Transfer slip (For pay patient)		Pay Admitting unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Transfer to pay or service ward	1. Accompany patient to ward	None	20 minutes	<i>Doctor/Nurse on Duty</i> Critical Care Unit
	1.1 Place patient comfortably in bed	None	30 minutes	<i>Nurse on Duty</i> Critical Care Unit
	1.2 Endorse patient to receiving nurse			
	1.3 Document the transfer			
TOTAL:		None	50 minutes	

47. Direct Discharge of Patient

Brief description of the service

Office or Division:	Nursing			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients within PGH			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Discharge Order		Attending Physician		
Home instructions		Nurse on duty		
Clinical abstract (for service patients)		Nurses on duty		
Discharge summary (for service patients)		Nurses on duty		
Accomplished Clearances: Billing and PhilHealth (Pay patients only)		Billing section		
Malasakit Center Clearance (for Service patients)		Malasakit center		
Discharge clearance		Billing Section (for pay patients), Malasakit Center (for service patients)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Leave from nurse's station on the day of discharge	1. Accompany patient to hospital lobby	None	20 minutes	<i>Nurse on duty, Physician on duty (for pay patients) Service/Pay Ward</i>
2. Present the discharge clearance to the guard on duty	2. Validate the proof of discharge clearance	None	5 minutes	<i>Guard on duty Lobby</i>
TOTAL:		None	25 minutes	

48. Discharge Against Advice

Processing of discharge against medical advice

Office or Division:	Nursing			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	Patients within PGH			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Discharge against medical advice order		Attending Physician		
Accomplished Discharge Against Advice form		Nurses station		
Billing and PhilHealth clearnace (Pay patients only)		Billing section		
Malasakit Center clearance (for Service patients)		Malasakit Center		
Discharge clearance		Billing Section (for pay patients), Malasakit center (for service patients)		
Senior House Officer (SHO) approval after office hours		Senior House Officer on duty		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Leave from nurse's station on the day of discharge	1. Accompany patient to hospital lobby	None	20 minutes	<i>Nurse on duty, Physician on duty (for pay patients) Service/Pay Ward</i>
3. Present the discharge clearance to the guard on duty	2. Validate the proof of discharge clearance	None	5 minutes	<i>Guard on duty Lobby</i>
TOTAL:		None	25 minutes	

Division of Clinical Nursing Operations

Internal Services

1. Collaborate to Resolve Administrative and Healthcare Delivery Concerns/ Matters Elevated by Employee/s and Other Stakeholders of the Hospital

Managing and assigning staff, overseeing patient care and ensuring adherence to established policies and procedures in collaboration with clinical units.

Office or Division:	Division of Clinical Nursing Operations			
Classification:	Simple			
Type of Transaction:	G2G- Government to Government (Internal)			
Who may avail:	All Nursing Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Unit Staff Schedule Weekend OIC Schedule		Clinical Units DCNO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inform the DCNO of any call of absence especially during afternoon and night shifts (Sick Leave/Emergency Leave/Undertime)	1. Review the schedule and check the nursing personnel who is "off to call" for the shift. 1.1 Identify who can be recalled in the same ward of the same shift or/ of the different shift. 1.2 Review schedule of personnel from sister wards. 1.3 Refer to the schedule of personnel from other general wards for potential relievers (Borderless staffing) 1.4 Request personnel to go on 16 hours who is off the following day.	None	35 minutes	<i>Rotating Chief Nurse on duty</i> DCNO
2. Receive notification of absence from Chief Nurse who is scheduled as Officer in Charge of the PGH Nursing Service during weekends or holidays	2. Review the schedule of weekends/ holidays duties in the following order: a. Next Nurse VI decked on duty b. Second Nurse VI decked on duty c. Third Nurse VI decked on duty	None	10 minutes	<i>Rotating Chief Nurse on duty</i> DCNO
TOTAL		None	45 minutes	

2. Monitoring of Attendance Profile of Nursing Personnel

Monitors the attendance reliability of the nursing personnel in all Clinical Nursing Units of the hospital as one of the tools in ensuring adequate staffing coverage in all areas of the hospital

Office or Division:	Division of Clinical Nursing Operations			
Classification:	Simple			
Type of Transaction:	G2G- Government to Government (Internal)			
Who may avail:	All Nursing Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Unit Staff Schedule		Clinical Units DCNO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a copy of the Unit Staff Schedule to the DCNO, and report absences of staff.	1. Monitor attendance reliability of nursing staff in the clinical units.	None	8 hours	<i>Chief and Rotating Chief Nurses</i> DCNO
	1.1 Identify staffing concerns.	None	10 minutes	
	1.2 Institute appropriate measures to address the concern.	None	20 minutes	
	1.3 Collaborate issues and concerns related to attendance and punctuality reliability of the staff with the area chief nurse.	None	8 hours	
	TOTAL	None	16 hours, 30 minutes	

3. Managing Report of Adverse Events

Any reported adverse event is managed accordingly.

Office or Division:		Division of Clinical Nursing Operations		
Classification:		Simple		
Type of Transaction:		G2G- Government to Government (Internal)		
Who may avail:		All Nursing Personnel		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Adverse Event Report Narrative Report			Nursing Personnel	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Report adverse/sentinel event.	1. Respond accordingly, to the reported event and validate details of adverse/sentinel event report.	None	30 minutes	<i>Rotating Chief Nurse on duty</i> DCNO
	1.1 Identify appropriate measures to address the adverse event.	None	1 hour	
	1.2 Ensure safety of the patient.	None	30 minutes	
	1.3 Ensure that appropriate care is given to the patient.	None	30 minutes	
	1.4 Ensure that proper referral is addressed to the attending physician of the patient affected by the adverse event	None	2 hours	
	1.5 Collaborate with appropriate unit or department.	None	2 hours	
	1.6 Facilitate documentation in accordance with hospital policy.	None	20 minutes	
TOTAL:		None	6 hours, 50 minutes	

4. Transition of Care from DEM to Clinical Units

Facilitate transfer of patient from DEM to the Clinical Units

Office or Division:	Division of Clinical Nursing Operations			
Classification:	Simple			
Type of Transaction:	G2G- Government to Government (Internal)			
Who may avail:	All Nursing Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Doctor's Order for Admission of patient from DEM to the Clinical Units		DEM		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inform the Emergency Patient Admission Coordinator, at the DCNO, of patient/s with doctor's order for transfer from DEM to the Clinical Units	1. Receive notification of the doctor's order to transfer patient to clinical unit	None	5 minutes	<i>Emergency Patient Admission Coordinator</i> DCNO
	1.1 Endorse patient to receiving clinical unit.	None	10 minutes	
TOTAL		None	15 minutes	

5. Monitoring of Discharges in Clinical Units

Facilitate discharge of patients from the Clinical Units

Office or Division:	Division of Clinical Nursing Operations			
Classification:	Simple			
Type of Transaction:	G2G- Government to Government (Internal)			
Who may avail:	Nursing Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Discharge order Complete discharge clearance		Clinical Units		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inform the Patient Discharge Coordinator, at the DCNO, of possible discharge of patient	1. Receive the notification of patients that are for possible discharge and review RADISH for list of patients for discharge.	None	1 hour	<i>Patient Discharge Coordinator</i> DCNO
	1.1 Validate clearance from appropriate unit or office.	None	2 hours	
	1.2 Verify with Malasakit Center the status of patient's request for clearance.	None	30 minutes	
	1.3 Collaborate with different units regarding vacancies and discharges of patients.	None	8 hours	
	1.4 Collaborate bed vacancies and discharges of patients with Admission Coordinator and DEM charge nurse.	None	5 minutes	
TOTAL		None	11 hours, 35 minutes	

6. Managing General Complaints

Complaint/s brought to the attention of the Chief of DCNO, and the Rotating Chief Nurse on Duty are addressed or acted upon accordingly.

Office or Division:		Division of Clinical Nursing Operations		
Classification:		Simple		
Type of Transaction:		G2G- Government to Government (Internal)		
Who may avail:		All Nursing Personnel		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Complaint		Nursing personnel		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the letter of complaint.	1. Receive the letter of complaint	None	5 minutes	<i>Chief Rotating Chief Nurse on Duty DCNO</i>
	1.1 Determine the validity of the complaints (probability of cause).	None	30 minutes	
	1.2 Investigate the nature of complaints.	None	1 hour	
	1.3 Do preliminary intervention to address the complaint.	None	30 minutes	
	1.4 Prepare a collaboration slip to be given to the area chief nurse of the unit concerned.	None	10 minutes	
	1.5 Direct complaint to appropriate office/unit.	None	10 minutes	
TOTAL		None	1 hour, 55 minutes	

7. Assessment and Signing of Bundy Card, Daily time record, Application for Leaves

Assessment and signing of Bundy cards, time records and application of leaves of staff under the Nursing Service

Office or Division:	Nursing Service Units (Wards 1 – 16)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All staff under the Nursing Service Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Bundy cards		HRDD		
Accomplished Daily Time Record				
Accomplished application of leaves				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit bundy card, accomplished Daily time Record and leave application forms	1. Receive and review completeness of form	None	2 hours	Head Nurse Service Unit
	1.1 Sign bundy cards and leave application/s	None	4 hours	Chief Nurse Service Unit
	1.2 Submit accomplished Bundy card and leave forms to HRDD	None	30 minutes	Head Nurse Ward Assistant Service Unit
TOTAL:		None	6 hours, 30 minutes	

8. Assessment, Signing and Endorsement of Requests by Staff

Assessment, Signing and Endorsement of Requests by Staff under the Nursing Service

Office or Division:	Nursing Service Units (Wards 1 – 16)			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	All PGH Nursing Staff			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Letter of Request			PGH Nursing staff	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of request (Authority to travel, request for official time, request for continuing education, request for transfer of area, request for limited practice etc.)	1. Receive letter of request	None	5 minutes	Chief Nurse Service Unit
2. Receive initial action/ endorsement	2. Initial action / endorsement	None	60 minutes	Chief Nurse Service Unit
TOTAL:		None	1 hour, 5 minutes	

9. DPPS-Assessment and Signing of Bundy Card, Daily Time Record, Application for Leaves

The processing of bundy cards, daily time records and leave applications of nursing staff.

Office or Division:	Nursing Services – Pay Wards			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government (Internal)			
Who may avail:	All nursing staff			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accomplished and Signed Bundy card Daily Time Record Application for Leaves		HRDD HRDD HRDD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
A. Bundy Card and Daily Time Records				
1. Submit completely filled out bundy card and daily time record	1. Review bundy card and daily time record for scheduled offs and leaves, late duties, sick leaves, etc.	None	15 minutes	Ward Clerk DPPS
	1.1 Record pertinent information in the Attendance Chart	None	10 minutes	Nurse IV/ Nurse III DPPS
	2.1 Check bundy card, daily time record, and Time In-Time Out Logbook for completeness of entries	None	10 minutes	Nurse VI DPPS
	3.1 Countercheck and signs bundy card and daily time record	None	5 minutes	Ward Clerk DPPS
	4.1 Submit accomplished and signed bundy cards and daily time record to the HRDD			
B. Leave Applications				
1. Submit completely filled out Application for Leave form	1. Sign the Application for Leave form	None	5 minutes	Head Nurse DPPS
	1.1 Countersign the Application for	None	5 minutes	Chief Nurse DPPS

	Leave form 1.2 Submit accomplished and signed Application for Leave form to HRDD	None	5 minutes	Ward Clerk DPPS
TOTAL:		None	For signing of Bundy Card and Daily Time Records - 40 minutes For Leave Applications - 15 minutes	

10. DPPS-Assessment, Signing and Endorsement of Requests by Staff

The processing of various requests of nursing staff.

Office or Division:	Nursing Services – Pay Wards			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government (Internal)			
Who may avail:	All nursing staff			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Application for Privilege to Study at Reduced Fees, if applicable		HRDD		
Application For Authority to Travel Abroad – Personal Travel, if applicable		HRDD		
Letter of Request for Official Time during Seminars, if applicable		Nursing Personnel		
Letter of Intent for Promotion, Transfer of Area, Resignation, Retirement, etc., if applicable		Nursing Personnel		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure necessary application forms for request to be made from appropriate office	1. Provide the necessary application forms for client's request 1.1 Provide information on requirements for the client's request	None	5 minutes	<i>Administrative Staff</i> HRDD Various Offices
2. Submit accomplished letter of request (for reduced fees, authority to travel, official time, promotion, transfer, resignation, retirement, etc.) with required documents	2. Receive accomplished letter of request with required documents 2.1 Review completeness of requirements for request	None	10 minutes	<i>Head Nurse</i> DPPS
	2.2 Recommend appropriate action regarding the request 2.3 Indicates appropriate action and/or recommendation	None	5 minutes	<i>Chief Nurse</i> DPPS
3. Submits letter of request and required	3. Review request made and requirements	None	10 days	<i>Administrative Staff</i> HRDD

documents to appropriate office	submitted 3.1 Indicate final action and/or recommendation			Various Offices <i>Nursing Personnel</i> DNET DNRD
TOTAL:		None	10 days, 20 minutes	

11. DPPS-Assessment, Initial Investigation and Action and Endorsement of All Administrative Matters Needing Appropriate Action/s

Assessment, Initial Investigation and Action and Endorsement, if needed, to appropriate levels and offices, all administrative matters needing appropriate action/s in Pay Units

Office or Division:	Nursing Services			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen (Internal, External)			
Who may avail:	Public and Nursing Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Verbal or Written Comment or Complaint		Patient, staff and other stakeholders		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Report a complain verbally or via written document	1. Receive and assess nature of complaint	None	20 minutes	<i>Nursing personnel DPPS</i>
	1.1 Endorse to head nurse the complaints	None	10 minutes	<i>Nursing personnel DPPS</i>
	1.2 Investigate the incident and talks to the concerned staff and patient	None	2 hours	<i>Nurse IV/ Nurse III DPPS</i>
	1.3 Elevate to the Nurse VI the complaint and initial action done if problem is unresolved	None	10 minutes	<i>Nurse IV/ Nurse III DPPS</i>
	1.4 Submit an incident report in relation to the reported complain	None	8 hours	<i>Nursing personnel DPPS</i>
	1.5 Forward complaint to Deputy Director for Nursing, if problem complaint is still not resolved	None	8 hours	<i>Nurse VI DPPS</i>
TOTAL:		None	2 days, 2 hours, 40 minutes	

Division of Nursing Education and Training

External Services

1. Processing of Request for Enhancement Training Program in Selected Clinical Nursing Specialty Areas for Non-PGH Nursing Personnel

A structured learning experience in selected clinical settings which provides opportunities for actual observation of nursing activities as well as actual performance of nursing duties and responsibilities utilizing the nursing process as a framework of care. The participant shall be under the direct and close supervision of a designated nurse preceptor in each area of rotation.

Office or Division:	Division of Nursing Education and Training (DNET)			
Classification:	Highly Technical			
Type of Transaction:	G2G & G2B			
Who may avail:	Government and Private Institutions			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of request stating the objectives for training		Requesting institution		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of request to the Director	1. Forward the letter to the Deputy Director for Nursing and to the Division of Nursing Education and Training 1.1 Receive the letter of request 1.2 Review the request 1.3 Affix comments and Recommendations 1.4 Forward to the Program Coordinator 1.5 Set preliminary meeting with representative of requesting institution. 1.6 Contact representative of the requesting institution	None	4 days	<i>PGH Director</i> <i>Deputy Director for Nursing</i> <i>Nurse VII DNET</i> <i>Program Coordinator DNET</i>
2. Attend preliminary meeting	2. Discuss and leveling of expectations of the requested training program including training fees. 2.1 Prepare training program 2.2 Coordinate with the Nurse VI/Nurse IV of the requested clinical nursing specialty area/s and identify preceptors 2.3 Draft the training program including the	Training Fee (TF) Gov't. Inst. = waived TF Private Inst. = 4,600.00/ 3 weeks/ participant	1 hour 6 days	<i>Nurse VII/ Program Coordinator DNET</i> <i>Program Coordinator</i>

	<p>schedule of clinical rotation with the complete names of the participants and the signatories</p> <p>2.4 Send the training program to the Deputy Director for Nursing and the Director for approval</p> <p>2.5 Submit approved program to the PRC for CPD accreditation</p> <p>2.6 Submit approved program to the Legal Office for MOA preparation</p> <p>2.7 Inform requesting institution regarding approved training program and MOA preparation.</p>			DNET
TOTAL:	<p>Training Fee (TF) Gov't. Inst. = Waived</p> <p>TF Private Inst = PHP 4,600.00/ 3 weeks/ participant</p>		10 days, 1 hour	

2. Conduct of Enhancement Training Program in Selected Clinical Nursing Specialty Areas for Non-PGH Nursing Personnel

A structured learning experience in selected clinical settings which provides opportunities for actual observation of nursing activities as well as actual performance of nursing duties and responsibilities utilizing the nursing process as a framework of care. The participant shall be under the direct and close supervision of a designated nurse preceptor in each area of rotation.

Office or Division:	Division of Nursing Education and Training (DNET)			
Classification:	Complex			
Type of Transaction:	G2G & G2B			
Who may avail:	Government and Private Institutions			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Approved training program 2. Signed and Notarized Memorandum of Agreement 3. Pre-requisites: a. Valid and updated PRC license (1 original and 1 photocopy) b. Valid and updated PNA membership card (1 original and 1 photocopy) c. Valid and updated Intravenous Therapy certification card (1 original and 1 photocopy) 4. Others a. Updated curriculum vitae (1 original) b. 2 pieces 1 x 1 ID picture with white background c. Yellow color scrub suits (at least 2 pairs) d. White shoes		1. Division of Nursing Education and Training 2. Legal Office 3. a. Professional Regulatory Commission b. Philippine Nurses Association c. Intravenous Therapy Training Provider Institution 4. a. Participant b. Participant c. Participant d. Participant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Attend the requested training program at the assigned training venue	1. Issue a Temporary ID Card to participant 1.1 Conduct the requested training program 1.2 Orient the participants including the expected requirements of the program 1.3 Deploy and endorse the participants to the requested clinical areas (<i>follow the scheduled clinical rotation</i>)	PHP 50.00 for the issuance of the temporary ID	4 hour	<i>Program Coordinator</i> DNET
2. Attend mid-evaluation meeting at the DNET Office	2. Discuss program and performance experience 2.1 Follow-up the progress of the program requirements	None	1 hour	<i>Program Coordinator</i> DNET
3. Present and	3. Conduct post-assessment,	None	4 hour	<i>Program</i>

discuss re-entry plan, and submit requirements to DNET Office	evaluation of the program 3.1 Collect evaluation of the preceptors 3.2 Check post-assessment 3.3 Tabulate final grades and evaluation 3.4 Prepare certificate of training 3.5 Submit program completion report to the PRC		5 days	<i>Coordinator</i> DNET <i>Program Coordinator</i> DNET
4. Secure certificate of training from DNET Office	4. Prepare letter of completion addressed to the director of the requesting institution with the certificate of training as attachment	PHP 180.00 for the Certificate of Training	4 hour	<i>Program Coordinator</i> DNET
TOTAL:		PHP 230.00	6 days, 5 hours	

3. Processing of Request for Educational Tours for Non-PGH Nurses or Nursing Students

This is a structured learning program that aims to provide brief exposure to selected patient care units of the hospital for the non-affiliating nursing schools or other institutions

Office or Division:	Division of Nursing Education and Training (DNET)			
Classification:	Simple			
Type of Transaction:	G2B &G2G			
Who may avail:	Non-Affiliating Colleges of Nursing/Other Institutions			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Request for Tour		Requesting Institution		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit letter of request to the Director	1. Receive the letter of request 1.1 Review the request 1.2 Affix comments and recommendations 1.3 Forward to the Program Coordinator 1.4 Check the availability of the requested date in the DNET's calendar of activities 1.5 Plot request in the DNET calendar of activities 1.6 Endorse the request for approval to the Deputy Director for Nursing and Director 1.7 Contact the representative of the requesting institution once request is approved	None	3 days	<i>Director</i> <i>Deputy Director for Nursing</i> <i>Nurse VII</i> DNET <i>Nurse IV</i> <i>Coordinator</i> DNET
TOTAL:		None	3 days	

4. Processing of Request for Clinical Rotation/Orientation from Affiliating Colleges of Nursing

Coordination and collaboration with the UP College of Nursing (UPCN) and other affiliating Colleges of Nursing for the use of hospital facilities for the clinical practicum of nursing students.

Office or Division:	Division of Nursing Education and Training (DNET)			
Classification:	Simple			
Type of Transaction:	G2B & G2G			
Who may avail:	Affiliating Colleges of Nursing			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Request for clinical rotation		Requesting Institution		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of request to the Deputy Director of Nursing	1. Receive the letter of request 1.1 Review the request 1.2 Affix comments and recommendations 1.3 Forward to the Program Coordinator 1.4 Check request in the master clinical rotation plan 1.5 Plot request in the master clinical rotation plan 1.6 Endorse the request for approval to the Deputy Director for Nursing 1.7 Contact the representative of the requesting institution once request is approved	None	3 days	<i>Deputy Director for Nursing</i> <i>Nurse VII DNET</i> <i>Nurse IV Coordinator DNET</i>
TOTAL:		None	3 days	

5. Replacement for Lost Intravenous Therapy Card

Intravenous therapy cards lost may be replaced

Office or Division:	Division of Nursing Education and Training			
Classification:	Simple			
Type of Transaction:	G2C, G2B and G2G			
Who may avail:	PGH and Non-PGH Nurses			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Affidavit of loss 1 X 1 ID picture white background (2 pcs)			Notary Public, any legal office Nursing Personnel	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for new IVT Card and submit affidavit of loss to DNET Office	1. Receive the request. 1.1 Check from the IVT database the last attendance to basic IVT or update. 1.2 Receive the affidavit of loss 1.3. Make a new IVT Card	PHP 140.00 for new IVT Card	30 minutes 2 days	<i>Nurse IV/Program Coordinator</i> DNET
2. Claim the new IVT card and sign at the logbook for certificates / ID claimed at the DNET Office	2.1 Release the new IVT card.	None	15 minutes	<i>Nurse IV</i> DNET
TOTAL:		PHP 140.00	2 days, 45 minutes	

6. Issuance of Certification for Lost Certificates

Certificates of Attendance that were lost may be replaced not with another certificate originally issued but only with a Certification letter

Office or Division:	Division of Nursing Education and Training			
Classification:	Simple			
Type of Transaction:	G2B, G2C, G2G			
Who may avail:	PGH and Non-PGH Nurses			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Verbal or written request At least the month and year when the requesting party attended the program		Requesting party Requesting party		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for Certification at the DNET Office	1. Receive the request. 1.1 Check the client's attendance to the program. 1.2 Prepare the Certification, duly signed by DNET Chief	None	30 minutes 2 days	<i>Training Coordinator</i> DNET
2. Claim the Certification from the DNET Office 2.1 Sign at the logbook for certificates	2. Release the Certification.	None	15 minutes	<i>Any DNET staff</i> DNET
TOTAL:		None	2 days, 45 minutes	

7. Issuance of Certificate of Appearance for Non-PGH Employees for Attending Seminars/Meetings

Non-PGH government employee requests Certificate of Appearance as proof of attendance in a meeting/ seminar

Office or Division:	Division of Nursing Education and Training			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	Non- PGH Government employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Verbal or written request At least the month and year when the requesting party attended the program		Requesting party Requesting party		
(1) ID card (original)		Hospital/ Institution where employee is affiliated		
(1) Other valid government issued ID (original)		PRC, LTO, DFA, etc.		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for Certificate of Appearance	1. Review attendance sheet 1.1 Issue Certificate of Appearance	None	20 minutes	<i>Nurse Trainor-Program Coordinator DNET</i>
TOTAL:		None	20 minutes	

Division of Nursing Education and Training

Internal Services

1. Development and Approval of Seminar/Training Program for Implementation

Processes in the development, submission and approval of seminar/training program to be conducted for the nursing personnel and other interested clients.

Office or Division:	Division of Nursing Education and Training			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	Nursing Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Result of Training/Learning Needs Assessment		Requesting Nursing Personnel/ Clinical Area		
Initial Draft of the seminar/training program with rationale / reason to conduct such program		Requesting Nursing Personnel/ Clinical Area		
List of Resource Speakers		Requesting Nursing Personnel/ Clinical Area		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit draft of proposed program to Division of Nursing Education and Training (DNET).	1. Receive and check the proposed program. 1.1 Set a meeting with the proponent of the program	None	1 day	<i>Training Coordinator Program Coordinator DNET</i>
2. Meet Training Coordinator on the appointed day and time at the assigned venue.	2. Discuss and provide feedback on the proposed program presented.	None	4 hours	<i>Training Coordinator, Program Coordinator DNET</i>
3. Make the necessary correction on the program as advised and agreed with the Training Coordinator.	3. Review and give feedback on the program. 3. 1 Finalize the proposed program for presentation to the NVII of DNET. 3.2 Set a date and time when to present the final printed copy of program to the NVII of the DNET	None	5 days	<i>Training Coordinator, Program Coordinator DNET</i>
4. Present the final printed copy of the program to the NVII of DNET.	4. Review and make correction, if any and give final comment on the program. 4.1 Approve the program	None	1 day	<i>Nurse VII Area Chief Nurse Training Coordinator Program Coordinator</i>

				DNET
5. Schedule the conduct of the program at the designated venue and submit draft invitation letter to the Resource Speakers.	5. Plot the date when to conduct the program on the Division's calendar of activities. 5.1 Check and approve the invitation letter to the speakers.	None	4 hours	<i>Training Coordinator, Program Coordinator DNET</i>
6. Send invitation letters to the Resource Speakers.	6. Ensure receipt of the letters to the speakers.	None	1 day	<i>Training Coordinator, Program Coordinator DNET</i>
7. Confirm speakers of their schedule in the program.	7. Follow up to the program coordinator the confirmation of their speakers. 7.1 Make a Router for the clinical areas	None	2 days	<i>Training Coordinator, Program Coordinator DNET</i>
8. Make a program invitation.	8. Review the content and completeness of the invitation and certificates. 8.1 Review documents to submit PRC for CPD accreditation	None	1 day	<i>Training Coordinator, Program Coordinator DNET</i>
TOTAL:		None	12 days	

2. Conduct of Approved Seminar/Training Program

Processes in the conduct of approved seminar/training program.

Office or Division:		Division of Nursing Education and Training		
Classification:		Highly Technical		
Type of Transaction:		G2C		
Who may avail:		Nursing Personnel		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Approved program		Division of Nursing Education and Training		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Prior to the Program				
1. Prepare the attendance sheet.	1. Provide official form of the attendance sheet.	None	2 days	Training Coordinator, Program Coordinator DNET
2. Prepare program invitation.	2. Check the completeness of the program invitation.			
3. Prepare certificate for the speakers.	3. Check the completeness of the certificate. 3.1 Provide certificate paper and print the certificate/s			
4. Prepare the venue	4. Provide and check logistics for the conduct of the program (sound system, microphones, projector, etc.)			
Conduct of the Program				
5. Facilitate registration, and provide program invitation, evaluation and paper for post evaluation/test (if applicable) at the designated venue and date	5. Ensure that all participants register in the attendance sheet.	None	1 day	Training Coordinator, Program Coordinator DNET
6. Facilitate the program conduction.	6. Supervise the flow of the program. 6.1 Ensure that all papers for the post test (if applicable) and evaluation forms are filled up and submitted.			

Post Program Activities				
7. Tabulate the post test scores (if applicable) and evaluation result	7. 1 Ensure that the evaluation is tabulated and scores of the participants' post test also tabulated (If applicable).	None	5 days	<i>Training Coordinator, Program Coordinator</i>
8. Submit all the documents (approved program, copy of the letters for the speakers, copy of the program invitation, copy of the speaker's certificate, attendance sheet, tabulated post-test results, if any, tabulated evaluation results) to PRC	8. Ensure that all documents are submitted and put into a folder and file for keeping at the DNET office. 8.1. Ensure certificates are printed, signed and ready for distribution. 8.2 Submit program completion report to the PRC			
	TOTAL:	None	8 days	

3. Processing of Request for Official Time for Attendance to Continuing Education Activities

PGH nursing personnel are given opportunities to attend seminars/ training programs outside of PGH on official time. They are allowed to attend to a maximum of 40 hours.

Office or Division:	Division of Nursing Education and Training			
Classification:	Simple/Complex			
Type of Transaction:	G2G			
Who may avail:	PGH Nursing personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of request of attendance to seminar on official time		Requesting Nursing Personnel		
Program/invitation of the seminar/conference to be attended (1 photocopy)		Requesting Nursing Personnel		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
FOR SEMINAR WITHIN METRO MANILA				
1. Write a letter to Deputy Director of Nursing requesting to attend seminar within Metro Manila official time	1. Endorse the letter to the office of the DDN	None	30 minutes	Nurse VII DNET
2. Follow-up letter of request at the DNET Office	2. Receive approved letter of official time from the Deputy Director for Nursing	None	1 day	Ward Clerk DNET
FOR SEMINAR OUTSIDE METRO MANILA				
1. Write a letter addressed to the Director requesting to attend seminar outside of Metro Manila on Official time	1. Endorse the letter to the office of the DDN	None	30 minutes	Nurse VII DNET
2. Follow-up letter of request from the Director	2. Receive approved letter of official time from the Director	None	3 days	Ward clerk DNET
TOTAL:		None	For seminar within Metro Manila - 1 day, 30 minutes; For seminar outside Metro Manila - 3 days, 30 minutes	

Division of Nursing Research and Development

External Services

1. Initial Screening or Original Documents and Profiling of Entry Level Applicants

Submitted original credentials of applicants, and the examination results are evaluated, tallied in order to come up with an initial profile of applicant

Office or Division:	Division of Nursing Research and Development
Classification:	Complex
Type of Transaction:	G2C - Government to Citizens
Who may avail:	Qualified Applicant
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For Nurses (All Original unless stated otherwise): <ol style="list-style-type: none"> 1. PRC ID 2. Board Rating Certificate 3. Recent PNA ID 4. Transcript of Records 5. Related Learning Experience 6. Accomplished Dean's Form 7. (1) photocopy of Certificate of Attendance on seminars attended (if applicable) Photocopy of Seminars attended with written number of hours. It is required that: <ol style="list-style-type: none"> a. 24 hours minimum for new graduates and those with hospital experience as in Number 8 b. Forty hours (40) minimum for 2 years post graduates and who have no hospital experience as in Number 8 8. Certificate of Employment if working in a 100-bed tertiary hospital for at least 1 year 9. PSA authenticated birth certificate 10. One (1) Passport size picture colored white background 11. Community tax certificate (cedula) 	<ol style="list-style-type: none"> 1. PRC 2. PRC 3. PNA 4. From former School/College/ University graduated 5. From former School/College/ University graduated 6. Download and print online via email sent to applicant or request personally at the DNRD office to be accomplished by the former school/college/university 7. Seminar Provider for seminars attended 8. Former or Current Employer 9. Philippine Statistics Authority 10. Applicant 11. City hall where the applicant resides
For Nursing Attendant (All Original unless stated otherwise): <ol style="list-style-type: none"> 1. Transcript of Records (if a graduate of 	<ol style="list-style-type: none"> 1. From former School/College/ University

a health-related course)	graduated
2. Related Learning Experience	2. From former School/College/ University graduated
3. National Certificate II for Caregiver	3. TESDA
4. Accomplished Dean's Form (if a college graduate)	4. Download and print online via email sent to applicant or request personally at the DNRD office to be accomplished by the former school/college/university
5. High School Diploma (if applicable)	5. Former high school
6. Certificate of Employment (if applicable) Certificate of Employment if working or worked in a hospital or any health facility	6. Former or current employer
7. PSA authenticated birth certificate	7. Philippine Statistics Authority
8. One (1) Passport size picture colored white background	8. Applicant
9. Community tax certificate (cedula)	9. City hall where the applicant resides

2. Initial Assessment of Applicants for Nurses and Nursing Attendant Position

Initial assessment of applicants for entry level Nurse and Nursing Attendant position at the Philippine General Hospital

Office or Division:	Division of Nursing Research and Development			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizens			
Who may avail:	Applicant/s for Nurse or Nursing Attendant Position			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For Nurse Applicant: One (1) photocopy of PRC ID		PRC		
For Nursing Attendant Applicant (whichever is applicable): 1. One (1) photocopy of Transcript of Records (if a graduate of a health-related course), or 2. One (1) photocopy of PRC ID if a registered Midwife; or 3. One (1) photocopy of High School Diploma, with National Certificate II for Caregiver 4. One (1) photocopy of Certificate of Employment from a hospital or healthcare facility (optional only)		Former College PRC TESDA Former or Current Employer		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Show PRC ID / document/s at DNRD	1. Review ID/document/s	None	5 minutes	<i>Nursing Personnel</i> DNRD
2. Process payment for examination at the cashier	2. Issue payment slip to applicant	Exam Fee applicants: PHP 200.00	5 minutes	<i>Nursing Personnel</i> DNRD
3. Receive Notice of Examination	3. Schedule and issue Notice of Examination	None	5 minutes	<i>Nursing Personnel</i> DNRD
TOTAL:		Exam Fee applicants: PHP 200.00	15 minutes	

3. Conduct of Examination for Entry Level Applicant

Conducts examination and credential screening for applicant to entry level nurse and nursing attendant.

Office or Division:	Division of Nursing Research and Development			
Classification:	Complex			
Type of Transaction:	G2C - Government to Citizens			
Who may avail:	Qualified Applicant			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Notice of Examination (1 original)		DNRD Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Present Notice of Examination to DNRD Office	1. Receive permit and countercheck records for the examination	None	5 minutes	<i>Nursing Personnel</i> DNRD
2. Take the examination at the assigned testing room	2. Administer examination	None	30 minutes	<i>Nursing Personnel</i> DNRD
3. Await result of examination	3. Check the examination paper 4. Relay results directly to the applicant via email with a printed copy at the DNRD office	None	7 days	<i>Nursing Personnel</i> DNRD
TOTAL:			7 days and 35 minutes	

4. Credential Screening of Qualified Nurse and Nursing Attendant Applicants for Entry Level

Qualified applicants for nurse entry level are required to submit copy of credential/s via electronic mail (email) for scoring

Conducts credential screening for applicant to entry level for nurse.

Office or Division:	Division of Nursing Research and Development
Classification:	Complex
Type of Transaction:	G2C - Government to Citizens
Who may avail:	Qualified Applicant
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Credential Screening (soft copy via email)	Applicant

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receives email of passing the qualifying examination with credential list/s required	1. Sends email to applicant/s who passed qualifying examination with credential list/s required	None	5 minutes	<i>Nursing Personnel</i> DNRD
2. Upload documents to DNRD via email (for Nurses only)	2. Receive and review documents	None	10 minutes	<i>Nursing Personnel</i> DNRD
3. Receive notice of passing credential screening (for Nurses only)	3. Sends notice to those who passed credential screening 4. Provide NSO with printed copy of successful applicants	None	5 minutes	<i>Nursing Personnel</i> DNRD
4. Submit original documents as required to the DNRD office	4. Receives and check original documents of applicants	None	10 minutes	<i>Nursing Personnel</i> DNRD
5. Take the Personality Test at DNRD	5. Conduct Personality Test	None	30 minutes	<i>Nursing Personnel</i> DNRD
6. Proceed to the Nursing Service Office (NSO) for Scheduling of Panel Interview	6. Direct applicant/s to the NSO	None	5 minutes	<i>Nursing Personnel</i> DNRD

(Qualified applicants only)				
7. Accomplish Application form for Interview at the NSO	7. Instruct to accomplish Application for for Interview 7.1. Instruct applicant to await notice from the Nursing Service Office (NSO) for schedule of Interview	None	1 hour (Pause – clock)	<i>Nursing Personnel</i> DNRD NSO
8. Proceeds to for NSO interview	8. Notifies applicant SMS, or call for the following 9. Issue applicant's profile with original documents directly to the NSO 10. Conduct Panel Interview 11. Conduct final Interview	None None None None	5 minutes 10 minutes 15 minutes 30 minutes	NSO DNRD NHRMPSB Deputy Director for Nursing
9. Await preliminary decision application entry level on for	9. Prepare a Summary ranking of Nurse entry level 10. Make a list for the First Endorsement of New Nurses to the Director	None None	1 hour 5 minutes (Pause-clock)	NSO NSO
TOTAL:		None	4 hour and 10 minutes	

5. Assessment, Initial Investigation and Action, and Endorsement of Administrative Matters

Assessment, initial investigation and action, and endorsement, depending on the outcome, to appropriate level or office on all administrative matters needing appropriate action

Office or Division:	Division of Nursing Research and Development			
Classification:	Complex			
Type of Transaction:	G2C - Government to citizens (External, Internal)			
Who may avail:	Public and PGH Staff			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Verbal or Written Comment or Complaint from Staff or Other Stakeholders		Staff and other Stakeholders		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit verbal or written comment or complaint	1. Receive compliant	None	2 minutes	<i>Chief and Staff DNRD</i>
2. Narrate incidence surrounding complaint	2. Investigate and make necessary report on the complaint	None	1 hour	
3. Receive initial decision, action or endorsement	2. Render initial decision, action or endorsement	None	1 day	<i>Chief and Staff DNRD</i>
TOTAL:		None	25 hours 2 minutes	

Division of Nursing Research and Development

Internal Services

1. Technical Evaluation of Research Proposal of PGH Nursing Staff

Technical evaluation of research proposal of PGH nursing staff, on studies involving the nursing personnel or nursing function in PGH

Office or Division:	Division of Nursing Research and Development			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government (Internal)			
Who may avail:	All Nursing Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Research Proposal (1 original)		PGH Staff		
EHRO Technical Review Form (1 original)		DNRD		
Certificate of Registration		RGAO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Research Proposal for Assessment and Review	1. Receive and review Research Proposal 2. Screen the proposal for plagiarism using similarity index	None	3 days	<i>Nursing Personnel</i> DNRD
2. Receive, and revise Research Proposal, accordingly (if with comments)	2. return proposal with further comments	None	2 days	<i>Nursing Personnel</i> DNRD
3. Submit revised proposal	3. Receive and review revised proposal	None	2 days	<i>Nursing Personnel</i> DNRD
4. Receive accomplished technical review and endorsement forms for submission to UPM Review Ethics Board.	4. Issue accomplished EHRO technical review form and scientific/ technical review approval endorsement.	None	2 days	<i>Deputy Director for Nursing, Chief and Nursing Personnel</i> DNRD
5. Accomplish the customer satisfaction survey	5. Issue a customer satisfaction survey form	None	5 minutes	<i>Nursing Personnel</i> DNRD
TOTAL:		None	9 days, 5 minutes	

2. Site Coordination for Research Activities

Site Coordination for research studies of undergraduate and post graduate students of the University of the Philippines, or PGH medical residents, fellows and other PGH staff for studies involving the nursing personnel or nursing function in PGH

Office or Division:	Division of Nursing Research and Development			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government (Internal)			
Who may avail:	All Students of UP, All PGH Staff			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Research Proposal (1 original)		PGH Staff, UP Students		
UPM-REB/CU-REB Certification of Approval (1 original)		UPMREB / CU-REB		
Permit to Conduct Study (1 original)		EHRO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit copy of approved Research Proposal, ethics approval letter and permit to conduct study	1. Review documents	None	1 day	<i>Nursing Personnel DNRD</i>
2. Receive Notice of Upcoming Research from DNRD	2. Issue a Notice of Upcoming Research to the investigator/s to be given to the concerned Clinical Nursing Unit/s	None	30 minutes	<i>Nursing Personnel DNRD</i>
3. Accomplish customer satisfaction survey	3. Issue a customer satisfaction survey form	None	5 minutes	<i>Nursing personnel DNRD</i>
TOTAL:		None	1 day, 35 minutes	

3. Initial Screening or Original Documents and Profiling of Entry Level Applicants

Submitted original credentials of applicants, and the examination results are evaluated, tallied in order to come up with an initial profile of applicant

Office or Division:	Division of Nursing Research and Development
Classification:	Complex
Type of Transaction:	G2C - Government to Citizens
Who may avail:	Qualified Applicant
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For Nurses (All Original unless stated otherwise): 1. PRC ID 2. Board Rating Certificate 3. Recent PNA ID 4. Transcript of Records 5. Related Learning Experience 6. Accomplished Dean's Form 7. (1) photocopy of Certificate of Attendance on seminars attended (if applicable) Photocopy of Seminars attended with written number of hours. It is required that: 7.1. 24 hours minimum for new graduates and those with hospital experience as in Number 8 7.2. Forty hours (40) minimum for 2 years post graduates and who have no hospital experience as in Number 8 8. Certificate of Employment if working in a 100-bed tertiary hospital for at least 1 year 9. PSA authenticated birth certificate 10. One (1) Passport size picture colored white background 11. Community tax certificate (cedula)	1. PRC 2. PRC 3. PNA 4. From former School/College/ University graduated 5. From former School/College/ University graduated 6. Download and print online via email sent to applicant or request personally at the DNRD office to be accomplished by the former school/college/university 7. Seminar Provider for seminars attended 8. Former or Current Employer 9. Philippine Statistics Authority 10. Applicant 11. City hall where the applicant resides
For Nursing Attendant (All Original unless	

<p>stated otherwise):</p> <p>10. Transcript of Records (if a graduate of a health-related course)</p> <p>11. Related Learning Experience</p> <p>12. National Certification (NC) II Caregiving</p> <p>13. Accomplished Dean's Form (if a college graduate)</p> <p>14. High School Diploma (if applicable)</p> <p>15. Certificate of Employment (if applicable) Certificate of Employment if working or worked in a hospital or any health facility</p> <p>16. PSA authenticated birth certificate</p> <p>17. One (1) Passport size picture colored white background</p> <p>18. Community tax certificate (cedula)</p>	<p>10. From former School/College/ University graduated</p> <p>11. From former School/College/ University graduated</p> <p>12. TESDA</p> <p>13. Download and print online via email sent to applicant or request personally at the DNRD office to be accomplished by the former school/college/university</p> <p>14. Former high school</p> <p>15. Former or current employer</p> <p>16. Philippine Statistics Authority</p> <p>17. Applicant</p> <p>18. City hall where the applicant resides</p>
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4. Initial Assessment of Applicants for Nurses and Nursing Attendant Position

Initial assessment of applicants for entry level Nurse and Nursing Attendant position at the Philippine General Hospital

Office or Division:	Division of Nursing Research and Development			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizens			
Who may avail:	Applicant/s for Nurse or Nursing Attendant Position			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For Nurse Applicant: One (1) photocopy of PRC ID		PRC		
For Nursing Attendant Applicant (whichever is applicable: 5. One (1) photocopy of Transcript of Records (if a graduate of a health-related course), or 6. One (1) photocopy of PRC ID if a registered Midwife; or 7. One (1) photocopy of High School Diploma, with National Certificate II for Caregiver 8. One (1) photocopy of Certificate of Employment from a hospital or healthcare facility (optional only)		Former College PRC TESDA Former or Current Employer		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Show PRC ID / document/s at DNRD	1. Review ID/document /s	None	5 minutes	<i>Nursing Personnel</i> DNRD
2. Process payment for examination at the cashier	2. Issue payment slip to applicant	Exam Fee For PGH staff/1st degree relative of staff: PHP 100.00	5 minutes	<i>Nursing Personnel</i> DNRD
3. 3. Receive Notice of Examination	3. Schedule and issue Notice of Examination	None	5 minutes	<i>Nursing Personnel</i> DNRD
TOTAL:		Exam Fee For PGH staff/1st degree relative of staff: PHP 100.00	15 minutes	

5. Conduct of Examination for Entry Level Applicant

Conducts examination and credential screening for applicant to entry level nurse and nursing attendant.

Office or Division:	Division of Nursing Research and Development			
Classification:	Complex			
Type of Transaction:	G2C - Government to Citizens			
Who may avail:	Qualified Applicant			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Notice of Examination (1 original)		DNRD Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Notice of Examination to DNRD Office	1. Receive permit and countercheck records for the examination	None	5 minutes	<i>Nursing Personnel</i> DNRD
2. Take the examination at the assigned testing room	2. Administer examination	None	30 minutes	<i>Nursing Personnel</i> DNRD
3. Await result of examination	3. Check the examination paper 4. Relay results directly to the applicant via email with a printed copy at the DNRD office 5. Post results in the <i>pgh.gov.ph</i> website within one (1) week after the exam.	None	7 days	<i>Nursing Personnel</i> DNRD
TOTAL:			7 days and 35 minutes	

6. Credential Screening of Qualified Nurse and Nursing Attendant Applicants for Entry Level

Qualified applicants for nurse entry level are required to submit copy of credential/s via electronic mail (email) for scoring

Conducts credential screening for applicant to entry level for nurse.

Office or Division:	Division of Nursing Research and Development			
Classification:	Complex			
Type of Transaction:	G2C - Government to Citizens			
Who may avail:	Qualified Applicant			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Credential Screening (soft copy via email)		Applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receives email of passing the qualifying examination with credential list/s required	1. Sends email to applicant/s who passed qualifying examination with credential list/s required	None	5 minutes	<i>Nursing Personnel</i> DNRD
2. Upload documents to DNRD via email (for Nurses only)	2. Receive and review documents	None	10 minutes	<i>Nursing Personnel</i> DNRD
3. Receive notice of passing credential screening (for Nurses only)	3. Sends notice to those who passed credential screening 4. Provide NSO with printed copy of successful applicants	None	5 minutes	<i>Nursing Personnel</i> DNRD
4. Submit original documents as required to the DNRD office	4. Receives and check original documents of applicants	None	10 minutes	<i>Nursing Personnel</i> DNRD
5. Take the Personality Test at DNRD	5. Conduct Personality Test	None	30 minutes	<i>Nursing Personnel</i> DNRD
6. Proceed to the Nursing Service Office	6. Direct applicant/s to the NSO	None	5 minutes	<i>Nursing Personnel</i> DNRD

(NSO) for Scheduling of Panel Interview (Qualified applicants only)				
7. Accomplish Application form for Interview at the NSO	7. Instruct to accomplish Application for Interview 7.1. Instruct applicant to await notice from the Nursing Service Office (NSO) for schedule of Interview	None	1 hour (Pause – clock)	<i>Nursing Personnel</i> DNRD NSO
8. Proceeds to NSO interview	8. Notifies applicant SMS, or call for the following 9. Issue applicant's profile with original documents directly to the NSO 10. Conduct Panel Interview 11. Conduct final Interview	None None None None	5 minutes 10 minutes 15 minutes 30 minutes	NSO DNRD NHRMPSB Deputy Director for Nursing
9. Await preliminary decision on application entry level	9. Prepare a Summary ranking of Nurse entry level 10. Make a list for the First Endorsement of New Nurses to the Director	None None	1 hour 5 minutes (Pause-clock)	NSO NSO
TOTAL:		None	4 hour and 10 minutes	

7. Initial Assessment of Qualified Applicants for Promotion

Qualified applicant for promotion is scheduled for a qualifying examination

Office or Division:	Division of Nursing Research and Development			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government (Internal)			
Who may avail:	Applicant for Promotion			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Intent (1 original)		Applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive and reads Memorandum on call for promotion	1. Disseminate Memorandum on call for promotion	None	5 minutes	<i>Nursing Personnel DNRD</i>
2. Submit Letter of Intent to DNRD	2. Receive Letter of Intent	None	5 minutes	<i>Nursing Personnel DNRD</i>
3. Receive Notice of Examination from DNRD Office	3. Issue Notice of Examination	None	5 minutes	<i>Nursing Personnel DNRD</i>
TOTAL:		None	10 minutes	

8. Conduct of Examination of Applicants for Promotion

Conducts qualifying examination for applicants for promotion to Nurse II – VII, Nursing Attendant II, and Ward Assistant.

Office or Division:	Division of Nursing Research and Development			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government (Internal)			
Who may avail:	Qualified Applicant for Promotion			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Notice of Examination (1 original)		DNRD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Notice of Examination to DNRD	1. Receive the Notice of Examination	None	2 minutes	<i>Nursing Personnel</i> DNRD
2. Take the examination at DNRD designated venue	2. Administer examination	None	4 hours	<i>Nursing Personnel</i> DNRD
3. Await result of examination	3. Check the examination paper 4. Relay results directly to the applicant via email with a printed copy at the DNRD office	None	7 days (Pause - clock)	<i>Nursing Personnel</i> DNRD
TOTAL:		None	7 days, 4 hours, 2 minutes	

9. Initial Screening of Qualifying Requirements, Profiling and Ranking of Applicants for Promotion

Qualified applicants for promotion are required to submit original/photocopy of qualifying documents, for profiling and initial ranking

Office or Division:	Division of Nursing Research and Development			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government (Internal)			
Who may avail:	Qualified Applicant for Promotion			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) photocopy each of IPCR Rating for the last 2 rating periods One (1) photocopy of Transcript of Records One (1) photocopy certification of units earned for a Masteral course in Nursing One (1) photocopy of Certificate of Attendance of seminars attended for the last 5 years Certification or one (1) photocopy of Award/s/ citation/s received Brief write up of accomplishment/s, achievement/s, implemented Innovation/s, with notation of the Area Chief Nurse		HRDD directly given to DNRD upon request Former college/university attended University enrolled in or graduated from Seminar Provider for seminars attended Award giving body or agency c/o Applicant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit copy of qualifying documents to DNRD	1. Receive and review documents	None	10 minutes	<i>Nursing Personnel</i> DNRD
2. Take the Personality Test at DNRD	2. Conduct Personality Test	None	30 minutes	<i>Nursing Personnel</i> DNRD
3. Await preliminary decision on application for promotion	3. Compute and submit to NSO an initial Summary of Ranking of applicants for promotion 3.1 Submit summary profile for promotion to the NSO	None	10 minutes (Pause-clock)	<i>Nursing Personnel</i> DNRD
TOTAL:		None	50 minutes	

10. Assessment and Signing of Bundy Card, Daily Time Record, Application for Leaves

Assessment and signing of Bundy Card, Daily Time Record and Application for Leaves, for monitoring and regulation of staff attendance

Office or Division:	Division of Nursing Research and Development			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government (Internal)			
Who may avail:	DNRD STAFF			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Bundy Card (1 original)		HRDD		
Accomplished Daily Time Record (1 original)		HRDD		
Application for Leaves (1 original)		HRDD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Bundy card, accomplished Daily time Record and leave application to the HRDD	1. Receive and review completeness of forms	None	15 minutes	Chief DNRD
2. Receive signed Bundy Card or leave application/s	2. Sign Bundy cards and leave application/s	None	15 minutes	Chief DNRD
3. Submit accomplished Bundy card and leave forms to HRDD	3. Ensure submission of Bundy cards and signed Leave Application forms to the HRDD	None	15 minutes	Chief, Nursing Personnel DNRD
TOTAL:		None	45 minutes	

11. Assessment Signing and Endorsement of Requests

Assess, act, sign or endorse accordingly on any request submitted to the office

Office or Division:	Division of Nursing Research and Development			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government (Internal)			
Who may avail:	DNRD Staff/PGH Nursing Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Request (1 original)		Staff		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter request to DNRD	1. Receive, letter request	None	5 minutes	Chief, Nursing Personnel DNRD
2. Follow – up letter of request	2. Review letter with appropriate initial action/recommendation	None	4 hours	Chief DNRD
3. Retrieve letter request to concerned PGH department/office or appropriate level	3. Sign and return letter or reject and explain the process flow and advice for the next appropriate office/level to submit the letter request	None	15 minutes	Chief, Nursing Personnel DNRD
TOTAL:		None	4 hours, 20 minutes	

Central Sterile Supply Room / Operating Room Sterilization Area

External Services

1. Provision of Sterile Packs, Medical/Surgical Supplies and Instruments

To provide sterile packs, medical/surgical supplies and instruments

Office or Division:	ORSA/CSSR			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government (Internal); G2B - Government to Business (External)			
Who may avail:	All PGH units, other hospitals, other businesses			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Requisition Slip (1 original)		All clinical units		
PGH Official Receipt (1 original)		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present requisition slip for any of the following: <ul style="list-style-type: none"> sterile supplies/sterile instruments 	<ul style="list-style-type: none"> For sterile supplies and sterile instruments: 		30 minutes	<i>Nurse on duty/ Administrative Staff</i> ORSA/CSSR
	1. Receive and prepare needed sterile supplies/instruments	None		
	1.1 Prepare charge slip	Based on approved hospital rates		
	1.2 Issue sterile supplies/instruments and document	None		
<ul style="list-style-type: none"> Implants/instrumentation and other supplies 	<ul style="list-style-type: none"> For sterile supplies and sterile instruments 		5 minutes	<i>Nurse on duty/ Administrative Staff</i> ORSA/CSSR
	1. Receive and countercheck instrumentation/implants for sterilization	None		
	1.1 Prepare charge slip	Based on approved hospital rates	5 minutes	

	1.2 Process sterilization of instruments/ implants	None	1 hour, 15 minutes	
	1.3 Safe storage of sterile instruments/ implants as per HICU standard	None		
	1.4 Issue to client and documents	None	10 minutes	
TOTAL:		Based on approved hospital rates	For requisition of sterilized of supplies and instruments: 30 minutes For sterilization of implants/ instrumentation and other supplies: 1 hour, 35 minutes	

2. Sterilization of Instruments

Process of receiving and performing sterilization of soiled instruments

Office or Division:	ORSA/CSSR			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government (Internal); G2B - Government to Business (External)			
Who may avail:	All PGH units, other hospitals, other businesses			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Requisition Slip (1 original)		All clinical units		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Return soiled sets of instruments	1. Receive, countercheck completeness of soiled sets of instruments and document	None	15 minutes	<i>Nurse on duty/ Administrative Staff</i> ORSA/CSSR
	1.1 Disinfect, clean, process, pack and sterilize sets of instruments		75 minutes	
	1.2 Safekeeping of sterile instruments as per HICU standard			
TOTAL:		None	1 hour, 30 minutes	

Central Sterile Supply Room / Operating Room Sterilization Area

Internal Services

1. Distribution of Supplies

Distribute medical, office and housekeeping supplies to OR units and other PGH units

Office or Division:	ORSA/CSSR			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government (Internal)			
Who may avail:	All OR units, other PGH units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Requisition Slip (1 original)		All clinical units		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request of medical, office and housekeeping supplies	1. Receive and prepare medical, office and housekeeping supplies	None	30 minutes	<i>Nurse on duty/ Administrative Staff</i> ORSA/CSSR
	1.1 Issue and documents, medical, office and housekeeping supplies		30 minutes	
TOTAL:		None	1 hour	

2. Distribution of Sterile/Clean Linen

Distribution of sterile/clean linen to OR units and other PGH units

Office or Division:	ORSA/CSSR			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government (Internal)			
Who may avail:	All OR units, other PGH units			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Requisition Slip (1 original)		All clinical units		
PGH Official Receipt (1 original)		Cashier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requisition slip for sterile/clean linen	1. Prepare needed sterile/clean linen	None	10 minutes	<i>Nurse on duty/ Administrative Staff ORSA/CSSR</i>
	1.1 Prepare charge slip	Based on approved hospital rates	5 minutes	
	1.2 Issue and document needed sterile/clean linen	None	5 minutes	
TOTAL:		Based on approved hospital rates	20 minutes	

VI. Feedback and Complaints

FEEDBACK AND COMPLAINTS MECHANISMS	
How to send feedback	<p><u>Walk-in</u></p> <ul style="list-style-type: none"> Visit the PGH Client Service Center (PGH-CSC)/ Public Assistance Office (PAO) - G/F PGH Administration Building (beside the Office of the Director). Fill out PGH Client Service Center Form. <p><u>Email</u></p> <ul style="list-style-type: none"> Send feedback to od.uppgh@up.edu.ph <p><u>Telephone Call</u></p> <ul style="list-style-type: none"> Dial (02) 8554-8400 local 2063. Give details of the feedback.
How feedback is processed	<p><u>Walk-In</u></p> <ul style="list-style-type: none"> The PGH-CSC representative receives feedback at the PGH-CSC/PAO Mondays to Fridays from 8 AM to 4:30 PM (except Saturdays & Sundays & holidays, declared non-working day/half day). Feedback is checked for completeness of information and documented. Feedback requiring action is forwarded to the office/ unit concerned and asked to respond within the prescribed period based on R.A. 11032. The response of the office/unit is then relayed to the client thru the contact information provided. <p><u>Email</u></p> <ul style="list-style-type: none"> The PGH-CSC representative opens/checks email on Mondays to Fridays from 8 AM to 4:30 PM (except Saturdays & Sundays & holidays, declared non-working day/half-day). Feedback is received, acknowledged and documented. Feedback requiring action is forwarded to the office/unit concerned and asked to respond within the prescribed period based on RA 11032. The response of the office/unit is received and relayed to the citizen/client thru email. <p><u>Telephone Call</u></p> <ul style="list-style-type: none"> The PGH-CSC representative receives phone call at the PGH-CSC/PAO Mondays to Fridays from 8 AM to 4:30 PM (except Saturdays & Sundays & holidays, declared non-working day/half day)

FEEDBACK AND COMPLAINTS MECHANISMS

	<ul style="list-style-type: none"> PGH-CSC representative documents the feedback. (Note: May also advise citizens/clients to email feedback, if possible.) Feedback requiring action is forwarded to the office/unit concerned and asked to respond within the prescribed period based on RA 11032. The response of the office/unit is received and relayed to the citizen/client thru the contact information provided. <p>NOTE: For inquiries and follow-up, client may contact (02) 8554-8400 local 8888/8889 or email od.uppggh@up.edu.ph</p>
How to file a complaint	<p><u>Walk-in</u></p> <ul style="list-style-type: none"> Visit the PGH Client Service Center (PGH-CSC)/ Public Assistance Office (PAO) - G/F PGH Administration Building (beside the Office of the Director). Fill out PGH Client Service Center Form. <p><u>Email</u></p> <ul style="list-style-type: none"> Send Incident Report/Complaint to od.uppggh@up.edu.ph <p><u>Telephone Call</u></p> <ul style="list-style-type: none"> Dial (02)-85548400 local2063. Give details of the complaint and contact information.
How complaints are processed	<p><u>Walk-In</u></p> <ul style="list-style-type: none"> The PGH-CSC representative receives complaint at the PGH-CSC/PAO on Mondays to Fridays from 8 AM to 4:30 PM (except Saturdays & Sundays & holidays, declared non-working day/half day) Complaint is checked for completeness of information and documented. Complaint is analyzed, given initial intervention and coordinated with the office/unit concerned. If the complaint cannot be resolved with the initial intervention, the matter is forwarded to the office/unit concerned for appropriate action. <p><u>Email</u></p> <ul style="list-style-type: none"> The PGH-CSC representative opens/checks email on Mondays to Fridays from 8 AM to 4:30 PM (except Saturdays & Sundays & holidays, declared non-working day/half-day). Complaint is received, acknowledged and documented.

FEEDBACK AND COMPLAINTS MECHANISMS

	<ul style="list-style-type: none"> Complaint is forwarded to the office/unit concerned for appropriate action. See NOTES below. <p>Telephone Call</p> <ul style="list-style-type: none"> The PGH-CSC representative receives phone call at the PGH-CSC/PAO Mondays to Fridays from 8 AM to 4:30 PM (except holidays, declared non-working day/half day) PGH-CSC representative documents the complaint. (Note: May also advise citizens/clients to email complaints, if possible.) Complaint is analyzed, given initial intervention and coordinated with the office/unit concerned. If the complaint cannot be resolved with the initial intervention, the matter is forwarded to the office/unit concerned for appropriate action. See NOTES below. <p>NOTES:</p> <ul style="list-style-type: none"> Office/unit concerned conducts investigation and prepares response within the prescribed period based on RA 11032. (Note: The Office/Unit concerned determines the no. of days needed to resolve the complaint to be relayed to the complainant.) Official response is sent to the complainant based on the contact information provided. For inquiries and follow-ups, client may contact: (02) 8554-8400 local 2063 or email od.uppgh@up.edu.ph
<p>Contact Information of the national feedback and complaints centers:</p> <ul style="list-style-type: none"> Legal and Public Assistance Office (LPAO) of the Anti-Red Tape Authority (ARTA) Presidential Complaints Center (PCC) Contact Center ng Bayan (CCB) 	<ul style="list-style-type: none"> ARTA: complaint@arta.gov.ph : 1-ARTA (2782) PCC: 8888 CCB: 0908-881-6565 (SMS)

VII. List of Offices

Office	Address	Contact Information	
		Direct/Telefax Number	Local Numbers (PGH Trunkline: 85548400)
Office of the Director	PGH Main Building, Ground Floor	85237123; 85242221	2001; 2002
Information Technology Office	PGH Main Building, 2nd Floor	85264351; 85548411	2087; 2038; 2088; 2090
Institutional Research, Planning and Development Staff	PGH Main Building, 2nd Floor	85548412	2033; 2035; 2085
Internal Audit Special Services Staff	PGH PNB Building, 2nd Floor	85548413	3950; 3951
Legal Office	PGH Main Building, 2nd Floor	85548414	2044; 2234
Office of the Deputy Director for Health Operations	PGH Main Building, Ground Floor	85234246; 85548408	2008
Anesthesiology	PGH Central Block Building, 3 rd Floor	85242991; 85249926; 85548452	3320; 3321
Cancer Institute	PGH CI Building, Ground Floor	85266953; 85548453	4203; 4102; 4100
Dermatology	PGH OPD Building, Dermatology Clinic	-	5105; 5106
Emergency Medicine	PGH DEM Building, ER Complex, Ground Floor	85249966; 85548455	2500
Family and Community Medicine	PGH DEM Building, ER Complex, 2 nd Floor	85548458	5300; 5303
Hospital Dentistry	PGH OPD Building, 2 nd Floor, Room 229-230	-	5220; 5230
Laboratories	PGH Central Block Building, 2 nd Floor	85548460	3201
Medicine	PGH Main Building, Ground Floor	85548461; 85264372	2200
Neurosciences	PGH Central Block Building, Ground Floor	85548462	2405
Obstetrics and Gynecology	PGH Central Block Building, 2 nd Floor	85243518; 85254708; 85241098	2300; 2301; 3970

Office	Address	Contact Information	
		Direct/Telefax Number	Local Numbers (PGH Trunkline: 85548400)
Ophthalmology and Visual Sciences	PGH Sentro Oftalmologico Jose Rizal Building, 5 th Floor	83365203	8502; 8504
Orthopedics	PGH Spine Unit Building, 3 rd Floor	85218538; 86664382; 85260149	6300; 6304
Otorhinolaryngology	PGH Main Building, 2 nd Floor	85679508; 85264360; 85548467; 85260149	2152; 2153
Outpatient Services	PGH OPD Building, 3 rd Floor, Room 308	85548468	5306
Pay Patient Services	PGH Central Block Building, 5 th Floor; Pay Admitting Unit, Ground Floor	85548435; 85673116	3587; 3588 2067; 2068
Pediatrics	PGH Main Building, Ground Floor	85260150; 83531605; 85240892	2100; 2102; 2103
Psychiatry and Behavioral Medicine	PGH Central Block Building, Ground Floor	85548470	2436; 2440
Radiology	PGH Central Block Building, Ground Floor	85548471	3100; 3107
Rehabilitation Medicine	PGH Central Block Building, 2 nd Floor	85548494	2403; 2410
Surgery	PGH Main Building, 2 nd Floor	85264356	2250; 2257
Dietary Department	PGH Dietary Building, Ground Floor	85210008	2443; 2044
Medical Records Division	PGH OPD Building, 3 rd Floor	85548424	5314; 5320
Medical Social Services Division	PGH Main Building, Ground Floor	85260298	2059; 2060
Pharmacy Department	PGH Main Pharmacy Building, Ground Floor	85676954	3942
Operating Room Management Team	PGH Central Block Building, OR Complex, 3 rd Floor	85548485	3350
National Poison Management and Control Center	PGH Central Block Building, Ground Floor	85241078; 85672057; 85260062	2311

Office	Address	Contact Information	
		Direct/Telefax Number	Local Numbers (PGH Trunkline: 85548400)
Child Protection Unit	PGH - In front of DEM Building, Ground Floor	83530667; 85240712; 85241512	2534; 2535
Central Endoscopy Unit	PGH Central Block Building, OR Complex, 3 rd Floor	-	2075
Hospital Infection Control Unit	PGH ER Complex, 2 nd Floor	85673394; 85548482	3238
Women's Desk	PGH - In front of DEM Building, Ground Floor	85673394	2536
Critical Care Unit – Management Team	PGH Central Block Building, 2 nd Floor	85522155; 85548474	3258; 3250; 3253
Office of the Deputy Director Administration	PGH Main Building, Ground Floor	85232706; 85548408	2006
Human Resource and Development Division (HRDD)	PGH Main Building, 2 nd Floor	85548423	2250; 2051; 2055
Office and Custodial Services	PGH Main Building, 2 nd Floor	85548433	3033; 3034; 2036; 2047
Office of Engineering and Technical Services	PGH OETS Building, 2 nd Floor	85548429	3900; 3932
Property and Supply Division	PGH Property and Supply Division, 2 nd Floor; Near Power House	85267082; 85548427; 85548428	2250; 2257; 3003; 3005
Public Assistance and Auxiliary Services	PGH Main Building, Ground Floor	85264355	2095; 2096
Security Services Division	PGH Security Building, Ground Floor	85548434	2551
Office of the Deputy Director for Fiscal Services	PGH Main Building, Ground Floor	85245142; 85548404	2004
Accounting Services Division	PGH Main Building, Ground Floor	85548415	2014
Budget Services Division	PGH Main Building, 2 nd Floor	85233822	2030; 2045; 2046

Office	Address	Contact Information	
		Direct/Telefax Number	Local Numbers (PGH Trunkline: 85548400)
Cash Services Division	PGH Main Building, Ground Floor	85240076; 85548419	2011
Purchasing Office	PGH Purchasing Office, 2 nd Floor; Near Power House and Property and Supply Division	85264359; 85548420	3025; 3026
Office of the Deputy Director for Nursing	PGH Main Building, Ground Floor	85364625	2071
Division of Nursing Education and Training	PGH Central Block Building, 2 nd Floor	85240703; 85548490	3264; 3265
Division of Clinical Nursing Operation	PGH Central Block Building, 2 nd Floor	85448445	3266
Division of Nursing Research and Development	PGH Central Block Building, 2 nd Floor	85548491	3267
Operating Room Sterilization Area / Central Sterile Supply Room	PGH Central Block Building, 2 nd Floor	-	3390; 3270

VIII. PGH Anti-Red Tape Committee Members

<i>Chair</i>	Dr. Maria Teresa Julieta U. Benedicto	Office of the Deputy Director for Administration
<i>Vice Chair</i>	Dr. Rodney B. Dofitas	Office of the Deputy Director for Health Operations
<i>Members</i>	Dr. Maria Margarita DL. Lat-Luna	Office of the Deputy Director for Fiscal Services
	Ms. Cecilia G. Peña	Office of the Deputy Director for Nursing
	Ms Marjorie L. Torres	Human Resource Development Division
	Mr. Orlando V. ALba	Institutional Research, Planning & Development Staff
	Mr. Arnel P. Distor	Information Technology Office
	Atty. Hope R. Valenzuela	Legal Office
	Mr. Abner M. Henson	Public Assistance and Auxiliary Services
	Ms. Josephine C. Castillo	Internal Audit Special Services Staff
	Ms. Karen S. Faurillo	Union Representative
<i>Administrative & Fiscal</i>	Mr. Arjay C. Mendoza	Accounting Services Division
	Ms. Raquel M Abad	Budget Services Division
	Engr. Manolito L. Cuevas	Office of Engineering and Technical Services
	Atty. Shelamari M. Beltran	Legal Office
	Ms. Lenydin D. Manalo	Property and Supply
<i>Paramedical</i>	Ms. Donna Rose P. Martinez	Dietary Department
	Ms. Joselyn A. Mendoza	Department of Laboratories
	Ms. Rona T. Magpantay	Medical Records Division
	Mr. Baldwin Cabatit	Medical Social Services Division
	Ms. Pamela D. Nala	Pharmacy Department
<i>Nursing</i>	Ms. Nerizza N. Enriquez	Division of Nursing Education and Training
	Ms. Maria Cecilia Palomeno	SOJR
	Ms Gloria G. Almariego	Division of Clinical Nursing Operations
	Ms. Lilibeth L. Cosep	Department of Pay Patient Services
	Ms. Maria Cecilia E. Punzalan	DNRD
<i>Medical</i>	Dr. Orlando O. Ocampo	ER Management Action Team
	Dr. John C. Añonuevo	Department of Medicine
	Dr. Esther A. Saguil	Department of Outpatient Services
	Dr Catherine Jessica M. Lazaro	Department of Radiology
	Dr. Homer U. Co	Quality Improvement and Patient Safety Committee
<i>Secretariat</i>	Mr. Christian Kit Labrador	Public Assistance and Auxiliary Services
<i>Support Staff</i>	Institutional Research, Planning and Development Staff	
	Human Resource and Development Division Staff	

IX. Schedule of Fees



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
ANESTHESIOLOGY	INFUSION PUMP	430.00	660.00	700.00	750.00	770.00
ANESTHESIOLOGY	SYRINGE PUMP	460.00	720.00	760.00	800.00	830.00
ANESTHESIOLOGY	ANESTHESIA MACHINE W/MONITOR (1ST THREE (3) HOURS)	905.00	1,340.00	1,340.00	1,340.00	1,340.00
ANESTHESIOLOGY	ANESTHESIA MACHINE W/MONITOR(PER HOUR IN EXCESS OF THREE (3) HOURS)	300.00	445.00	445.00	445.00	445.00
ANESTHESIOLOGY	BLOCK ROOM	1,395.00	3,000.00	3,000.00	3,000.00	3,000.00
ANESTHESIOLOGY	FAST FLOW FLUID WARMER (1ST THREE (3) HOURS)	1,020.00	1,510.00	1,510.00	1,510.00	1,510.00
ANESTHESIOLOGY	FAST FLOW FLUID WARMER (PER HOUR IN EXCESS OF THREE (3) HOURS)	340.00	500.00	500.00	500.00	500.00
ANESTHESIOLOGY	FORCE AIR WARMER (1ST THREE (3) HOURS)	600.00	880.00	880.00	880.00	880.00
ANESTHESIOLOGY	FORCE AIR WARMER (PER HOUR IN EXCESS OF THREE (3) HOURS)	200.00	290.00	290.00	290.00	290.00
BURN UNIT	INVASIVE CARDIAC MONITOR/DAY	995.00	0.00	1,100.00	1,100.00	1,100.00
BURN UNIT	NON-INVASIVE CARDIAC MONITOR/DAY	545.00	878.00	878.00	878.00	878.00
BURN UNIT	OPERATING ROOM FEE (CHARITY)	1,500.00	0.00	0.00	0.00	0.00
BURN UNIT	TRANSPORT INCUBATOR 1ST THREE (3 HOURS)	290.00	0.00	325.00	325.00	325.00
BURN UNIT	TRANSPORT INCUBATOR PER HOUR IN EXCESS OF THREE (3) HOURS	95.00	0.00	110.00	110.00	110.00
BURN UNIT	TRANSPORT VENTILATOR 1ST THREE (3) HOURS	250.00	0.00	285.00	285.00	285.00
BURN UNIT	TRANSPORT VENTILATOR PER HOUR IN EXCESS OF THREE (3) HOURS	85.00	0.00	95.00	95.00	95.00
BURN UNIT	ROOM RATE/DAY (BURN)	0.00	0.00	2,500.00	2,500.00	2,500.00
CRITICAL CARE UNIT MANAGEMENT TEAM	SUCTION MACHINE - ADDITIONAL PER HOUR IN EXCESS OF THREE (3) HOURS	35.00	0.00	120.00	120.00	120.00
CRITICAL CARE UNIT MANAGEMENT TEAM	TRANSPORT INCUBATOR - ADDITIONAL PER HOUR IN EXCESS OF THREE (3) HOURS	50.00	0.00	70.00	70.00	70.00
CRITICAL CARE UNIT MANAGEMENT TEAM	TRANSPORT VENTILATOR - ADDITIONAL PER HOUR IN EXCESS OF THREE (3) HOURS	55.00	0.00	80.00	80.00	80.00
CRITICAL CARE UNIT	INCUBATOR	765.00	865.00	865.00	865.00	865.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
MANAGEMENT TEAM						
CRITICAL CARE UNIT MANAGEMENT TEAM	INFUSION PUMP	560.00	635.00	635.00	635.00	635.00
CRITICAL CARE UNIT MANAGEMENT TEAM	INVASIVE CARDIAC MONITOR	1,485.00	1,640.00	1,640.00	1,640.00	1,640.00
CRITICAL CARE UNIT MANAGEMENT TEAM	MECHANICAL VENTILATOR FOR ADULT AND PEDIATRIC PATIENT	1,840.00	2,085.00	2,085.00	2,085.00	2,085.00
CRITICAL CARE UNIT MANAGEMENT TEAM	MECHANICAL VENTILATOR FOR NEONATES	1,050.00	1,190.00	1,190.00	1,190.00	1,190.00
CRITICAL CARE UNIT MANAGEMENT TEAM	NON-INVASIVE CARDIAC MONITOR	810.00	915.00	915.00	915.00	915.00
CRITICAL CARE UNIT MANAGEMENT TEAM	PATIENT MONITOR	570.00	850.00	850.00	850.00	850.00
CRITICAL CARE UNIT MANAGEMENT TEAM	PULSE OXIMETER WITH BP APPARATUS	125.00	185.00	185.00	185.00	185.00
CRITICAL CARE UNIT MANAGEMENT TEAM	PULSE OXIMETER WITH SPO2	95.00	170.00	170.00	170.00	170.00
CRITICAL CARE UNIT MANAGEMENT TEAM	SUCTION MACHINE	115.00	170.00	170.00	170.00	170.00
CRITICAL CARE UNIT MANAGEMENT TEAM	SYRINGE PUMP	130.00	195.00	195.00	195.00	195.00
CRITICAL CARE UNIT MANAGEMENT TEAM	TRANSPORT INCUBATOR	110.00	160.00	160.00	160.00	160.00
CRITICAL CARE UNIT MANAGEMENT TEAM	TRANSPORT VENTILATOR	130.00	190.00	190.00	190.00	190.00
CENTRAL ENDOSCOPY UNIT	CHEST ULTRASOUND	275.00	0.00	725.00	760.00	795.00
CENTRAL ENDOSCOPY UNIT	CHOLEDOCHOSCOPY (THERAPEUTIC)	1,325.00	4,320.00	4,755.00	4,970.00	5,185.00
CENTRAL ENDOSCOPY UNIT	CHOLE KIT W/ ANES OUT	863.75	0.00	863.75	863.75	863.75
CENTRAL ENDOSCOPY UNIT	ECHO TIP PROCORE ULTRASOUND BIOPSY NDL G. 22	21,612.50	21,612.50	21,612.50	21,612.50	0.00
CENTRAL ENDOSCOPY UNIT	ECHO TIP PROCORE ULTRASOUND BIOPSY NDL G. 25	29,187.50	0.00	29,187.50	29,187.50	0.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
CENTRAL ENDOSCOPY UNIT	ECHO TIP ULTRA- ENDOSCOPIC ULTRASOUND NEEDLE G. 22	35,100.00	35,100.00	35,100.00	35,100.00	35,100.00
CENTRAL ENDOSCOPY UNIT	EGD /COLO IN	2,135.50	0.00	2,505.25	2,505.25	2,505.25
CENTRAL ENDOSCOPY UNIT	ENDOSCOPIC RETROGRADE ULTRASOUND (ERUS)	2,675.00	0.00	8,540.00	9,510.00	10,485.00
CENTRAL ENDOSCOPY UNIT	ENDOSCOPIC ULTRASOUND (DIAGNOSTIC)	4,190.00	10,120.00	12,730.00	14,170.00	15,620.00
CENTRAL ENDOSCOPY UNIT	ENDOSCOPIC ULTRASOUND (THERAPEUTIC)	5,675.00	10,120.00	12,730.00	14,170.00	15,620.00
CENTRAL ENDOSCOPY UNIT	GASTROSCOPY (THERAPEUTIC)	1,685.00	3,145.00	3,460.00	3,620.00	3,775.00
CENTRAL ENDOSCOPY UNIT	INTRAOPERATIVE ULTRASOUND USE - ADDITIONAL PER HOUR IN EXCESS OF ONE (1) HOUR	50.00	0.00	100.00	150.00	150.00
CENTRAL ENDOSCOPY UNIT	INTRAOPERATIVE ULTRASOUND USE - FIRST HOUR	720.00	0.00	1,125.00	1,190.00	1,190.00
CENTRAL ENDOSCOPY UNIT	INTRAOPERATIVE ULTRASOUND USE/HOUR	1,030.00	1,680.00	1,680.00	1,770.00	1,770.00
CENTRAL ENDOSCOPY UNIT	PEG (PERCUTANEOUS ENDOSCOPIC GASTROSTOMY)	580.00	0.00	1,780.00	1,970.00	1,970.00
CENTRAL ENDOSCOPY UNIT	POLYPECTOMY	770.00	0.00	3,025.00	3,375.00	3,490.00
CENTRAL ENDOSCOPY UNIT	PROCTOSIGMOIDOSCOPY	250.00	0.00	780.00	875.00	875.00
CENTRAL ENDOSCOPY UNIT	PTBD (PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE)	520.00	1,890.00	1,890.00	2,280.00	2,280.00
CENTRAL ENDOSCOPY UNIT	TRI EX MULTIPLE SIZE EXTRACTION BALLON	14,662.50	0.00	14,662.50	14,662.50	0.00
CENTRAL ENDOSCOPY UNIT	ULTRASOUND -GUIDED FNAB & LIVER BIOPSY	520.00	0.00	1,890.00	2,280.00	2,280.00
CENTRAL ENDOSCOPY UNIT	ULTRASOUND -GUIDED IJ INSERTION	520.00	0.00	1,890.00	2,280.00	2,280.00
CENTRAL ENDOSCOPY UNIT	ULTRASOUND -GUIDED PIGTAIL INSERTION OR PERINEOSTOMY	520.00	0.00	1,890.00	2,280.00	2,280.00
CENTRAL ENDOSCOPY UNIT	VEIN MAPPING	230.00	0.00	800.00	1,000.00	1,000.00
CENTRAL ENDOSCOPY UNIT	BRONCH KIT IN	870.25	0.00	870.25	870.25	870.25
CENTRAL ENDOSCOPY UNIT	BRONCH KIT - OUT	964.25	0.00	964.25	964.25	964.25
CENTRAL ENDOSCOPY UNIT	BRONCHOSCOPY	1,325.00	5,580.00	5,860.00	6,135.00	7,060.00
CENTRAL ENDOSCOPY UNIT	CHOLEDOCHOSCOPY (DIAGNOSTIC)	940.00	2,350.00	2,650.00	2,940.00	3,080.00
CENTRAL ENDOSCOPY UNIT	CHOLEDOCHOSCOPY WITH LITHOTRIPSY	890.00	2,900.00	3,450.00	3,580.00	3,800.00
CENTRAL ENDOSCOPY UNIT	CHOLE KIT IN	786.00	0.00	786.00	786.00	786.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
CENTRAL ENDOSCOPY UNIT	CHOLE KIT OUT	786.00	0.00	786.00	786.00	786.00
CENTRAL ENDOSCOPY UNIT	CHOLE KIT W/ ANES IN	863.75	0.00	863.75	863.75	863.75
CENTRAL ENDOSCOPY UNIT	COLO IN	1,269.50	0.00	1,461.00	1,461.00	1,461.00
CENTRAL ENDOSCOPY UNIT	COLONOSCOPY (DIAGNOSTIC)	940.00	2,960.00	3,255.00	3,405.00	3,555.00
CENTRAL ENDOSCOPY UNIT	COLONOSCOPY (THERAPEUTIC)	1,685.00	4,500.00	4,950.00	5,175.00	5,400.00
CENTRAL ENDOSCOPY UNIT	COLO OUT	1,386.25	0.00	1,694.75	1,694.75	1,694.75
CENTRAL ENDOSCOPY UNIT	DBE	0.00	0.00	2,000.00	2,000.00	2,000.00
CENTRAL ENDOSCOPY UNIT	EGD /COLO OUT	2,130.50	0.00	2,782.50	2,782.50	2,782.50
CENTRAL ENDOSCOPY UNIT	EGD IN	893.00	0.00	1,326.10	1,326.10	1,326.10
CENTRAL ENDOSCOPY UNIT	EGD OUT	893.00	0.00	1,649.75	1,649.75	1,649.75
CENTRAL ENDOSCOPY UNIT	ENDOSCOPIC RETROGADE CHOLANGIOPANCREATOGRAPHY	2,190.00	4,465.00	4,915.00	5,135.00	5,250.00
CENTRAL ENDOSCOPY UNIT	ERCP KIT	2,068.25	0.00	2,068.25	2,068.25	2,068.25
CENTRAL ENDOSCOPY UNIT	EUS	1,025.25	0.00	1,900.00	1,900.00	1,900.00
CENTRAL ENDOSCOPY UNIT	EVS NEEDLE G19	18,000.00	0.00	18,000.00	18,000.00	18,000.00
CENTRAL ENDOSCOPY UNIT	FLEXIBLE LARYNGOSCOPY KIT IN	162.50	0.00	162.50	162.50	162.50
CENTRAL ENDOSCOPY UNIT	FLEXIBLE LARYNGOSCOPY KIT OUT	162.50	0.00	162.50	162.50	162.50
CENTRAL ENDOSCOPY UNIT	FLEXIBLE NASOPHARNGOSCOPY KIT IN	162.50	0.00	162.50	162.50	162.50
CENTRAL ENDOSCOPY UNIT	FLEXIBLE NASOPHARNGOSCOPY KIT OUT	162.50	0.00	162.50	162.50	162.50
CENTRAL ENDOSCOPY UNIT	GASTROSCOPY (DIAGNOSTIC)	940.00	2,340.00	2,650.00	2,940.00	3,080.00
CENTRAL ENDOSCOPY UNIT	HAI	1,569.25	0.00	0.00	0.00	0.00
CENTRAL ENDOSCOPY UNIT	PARA / THORA	990.00	0.00	0.00	0.00	0.00
CENTRAL ENDOSCOPY UNIT	PEG KIT	11,661.00	0.00	11,661.00	11,661.00	11,661.00
CENTRAL ENDOSCOPY UNIT	PEG REP	7,800.00	0.00	7,800.00	7,800.00	7,800.00
CENTRAL ENDOSCOPY UNIT	PROCTO	791.75	0.00	791.75	791.75	791.75
CENTRAL ENDOSCOPY UNIT	RBL KIT	10,700.00	0.00	10,700.00	10,700.00	10,700.00
CENTRAL ENDOSCOPY UNIT	RIGID PROCTOSCOPY	285.00	1,265.00	1,390.00	1,455.00	1,515.00
CENTRAL ENDOSCOPY UNIT	SINGLE/DOUBLE BALLOON ENTEROSCOPY	3,635.00	8,340.00	9,175.00	9,590.00	10,007.00
CENTRAL ENDOSCOPY UNIT	ULTRASOUND -THYROID	380.00	0.00	1,000.00	1,200.00	1,200.00
CENTRAL ENDOSCOPY UNIT	ARGON PLASMA COAGULATION	3,490.00	6,790.00	7,170.00	7,540.00	7,540.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
CENTRAL ENDOSCOPY UNIT	BALLOON DILATATION	1,130.00	2,890.00	3,280.00	3,640.00	3,720.00
CENTRAL ENDOSCOPY UNIT	CHOLEDOCHOSCOPY	630.00	2,350.00	2,650.00	2,940.00	3,080.00
CENTRAL ENDOSCOPY UNIT	COLONOSCOPY (CENDU)	630.00	2,380.00	2,670.00	2,970.00	2,970.00
CENTRAL ENDOSCOPY UNIT	COLONOSCOPY W/ POLYPECTOMY	1,130.00	4,090.00	4,510.00	5,030.00	5,200.00
CENTRAL ENDOSCOPY UNIT	DOUBLE BALLOON ENDOSCOPY (DBE)	2,440.00	6,860.00	8,580.00	9,300.00	10,540.00
CENTRAL ENDOSCOPY UNIT	ENDOSCOPIC RETROGRADE CHOLANGIOGRAM (ERCP)	1,470.00	3,190.00	3,370.00	3,550.00	3,550.00
CENTRAL ENDOSCOPY UNIT	ENDOSCOPIC ULTRASOUND (EUS)	3,810.00	10,120.00	12,730.00	14,170.00	15,620.00
CENTRAL ENDOSCOPY UNIT	FLEXIBLE LARYNGOSCOPY (CENDU)	550.00	1,370.00	1,540.00	1,710.00	3,430.00
CENTRAL ENDOSCOPY UNIT	FLEXIBLE SIGMOIDOSCOPY	445.00	1,340.00	1,475.00	1,540.00	1,710.00
CENTRAL ENDOSCOPY UNIT	GASTROSCOPY (CENDU)	630.00	2,340.00	2,650.00	2,940.00	2,940.00
CENTRAL ENDOSCOPY UNIT	PROCTOSCOPY (CENDU)	190.00	1,030.00	1,160.00	1,300.00	1,300.00
CENTRAL ENDOSCOPY UNIT	RUBBER BAND LIGATION (RBL)	1,130.00	2,900.00	3,290.00	3,650.00	3,730.00
CENTRAL ENDOSCOPY UNIT	SAVARY GILLIARD	1,330.00	3,140.00	3,570.00	3,970.00	4,080.00
CENTRAL ENDOSCOPY UNIT	ULTRASOUND -GUIDED FNAB	600.00	0.00	1,545.00	1,715.00	1,780.00
CENTRAL ENDOSCOPY UNIT	ULTRASOUND -GUIDED THORACENTESIS (CENDU)	520.00	0.00	1,640.00	2,235.00	2,235.00
CENTRAL ENDOSCOPY UNIT	ULTRASOUND -HEPATOBILIARY	470.00	0.00	1,480.00	1,660.00	1,660.00
CENTRAL ENDOSCOPY UNIT	VIDEOPROCTOSCOPY (CENDU)	890.00	4,880.00	5,480.00	6,090.00	6,170.00
CENTRAL ENDOSCOPY UNIT	FSLT WIRE GUIDE .035 INCH DIAMETER	12,320.00	12,320.00	12,320.00	12,320.00	12,320.00
CENTRAL ENDOSCOPY UNIT	TMD WIRE GUIDE .025 INCH DIAMETER	16,310.00	16,310.00	16,310.00	16,310.00	16,310.00
CENTRAL ENDOSCOPY UNIT	TMD WIRE GUIDE .035 INCH DIAMETER	16,310.00	16,310.00	16,310.00	16,310.00	0.00
CENTRAL ENDOSCOPY UNIT	TRI-TOME PC TRIPLE LUMEN SPHINTEROTOME	13,225.00	13,225.00	13,225.00	13,225.00	13,225.00
CENTRAL ENDOSCOPY UNIT	ECHO TIP ULTRA- ENDOSCOPIC ULTRASOUND NEEDLE G. 25	20,850.00	20,850.00	20,850.00	20,850.00	20,850.00
CENTRAL ENDOSCOPY UNIT	HEMOCLIPS	1,440.00	0.00	1,440.00	1,440.00	0.00
CENTRAL ENDOSCOPY UNIT	FLEXIBLE NASOPHARYNGOSCOPY (CENDU)	445.00	1,340.00	1,495.00	1,560.00	3,080.00
CENTRAL ENDOSCOPY UNIT	INJECTION SCLERO	580.00	0.00	1,780.00	1,970.00	1,970.00
CENTRAL INTENSIVE CARE UNIT	CENICU - COTTON PLEDGETS	0.00	0.00	0.00	11.00	0.00
CENTRAL INTENSIVE CARE UNIT	CENICU - NEBULIZER/USE	0.00	0.00	0.00	50.00	0.00
CENTRAL INTENSIVE CARE UNIT	CENICU - SUCTION/USE	0.00	0.00	0.00	45.00	0.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
CENTRAL INTENSIVE CARE UNIT	CENICU - COTTON BALLS/PACK	0.00	0.00	0.00	20.00	0.00
CENTRAL INTENSIVE CARE UNIT	COMMUNICATION FEE	0.00	45.00	45.00	45.00	45.00
CENTRAL INTENSIVE CARE UNIT	LINEN- LARGE SHEET FOR CADAVER WRAP/PC. (CENICU)	0.00	450.00	450.00	450.00	450.00
CENTRAL INTENSIVE CARE UNIT	MEDICAL GAS- 2-4 FI O2 -LITERS / HOUR (CENICU)	0.00	30.00	45.00	45.00	0.00
CENTRAL INTENSIVE CARE UNIT	MEDICAL GAS- 5-6 FI O2 - LITERS / HOUR (CENICU)	0.00	50.00	75.00	75.00	0.00
CENTRAL INTENSIVE CARE UNIT	MEDICAL GAS- 7-8 FI O2 -LITERS / HOUR (CENICU)	0.00	80.00	120.00	120.00	0.00
CENTRAL INTENSIVE CARE UNIT	MEDICAL GAS- 9-10 FI O2 LITERS / HOUR (CENICU)	0.00	95.00	140.00	140.00	0.00
CENTRAL INTENSIVE CARE UNIT	MEDICAL GAS- OXYGEN VIA NASAL CANNULA OR FACE MASK- 4-6L/HR (CENICU)	0.00	50.00	75.00	75.00	0.00
CENTRAL INTENSIVE CARE UNIT	MEDICAL GAS- OXYGEN VIA NASAL CANNULA OR FACE MASK- 7-10L/HR (CENICU)	0.00	75.00	110.00	110.00	0.00
CENTRAL INTENSIVE CARE UNIT	EQUIPMENT -INTENSIVE INFANT WARMER/DAY	40.00	45.00	45.00	45.00	45.00
CENTRAL INTENSIVE CARE UNIT	EQUIPMENT -MECHANICAL VENTILATOR FOR ADULT&PEDIATRIC PATIENT/DAY	1,235.00	1,400.00	1,400.00	1,400.00	1,400.00
CENTRAL INTENSIVE CARE UNIT	EQUIPMENT -MECHANICAL VENTILATOR FOR NEONATES/DAY	705.00	800.00	800.00	800.00	800.00
CENTRAL INTENSIVE CARE UNIT	EQUIPMENT -PULSE OXIMETER WITH BP APPARATUS/DAY	110.00	125.00	125.00	125.00	125.00
CENTRAL INTENSIVE CARE UNIT	EQUIPMENT -PULSE OXIMETER WITH SPO2/DAY	85.00	100.00	100.00	100.00	100.00
CENTRAL INTENSIVE CARE UNIT	MEDICAL GAS- OXYGEN VIA NASAL CANNULA OR FACE MASK- 2-3L/HR (CENICU)	0.00	30.00	45.00	45.00	0.00
CENTRAL INTENSIVE CARE UNIT	ROOM RATE/DAY (CENICU)	0.00	2,500.00	2,500.00	2,500.00	2,500.00
CANCER INSTITUTE	AMBULATORY CHEMO THERAPY	500.00	800.00	800.00	800.00	800.00
CANCER INSTITUTE	MAMMOGRAPHY	795.00	870.00	870.00	870.00	870.00
CENTRAL STERILE SUPPLY ROOM	DISPOSABLE EYE SHEET STERILE	0.00	0.00	0.00	145.00	0.00
CENTRAL STERILE SUPPLY ROOM	STERILE DISPOSABLE O.R. LAMP COVER	0.00	130.00	130.00	130.00	130.00
CENTRAL STERILE SUPPLY ROOM	BONE MARROW SET	145.00	600.00	600.00	500.00	600.00
CENTRAL STERILE SUPPLY ROOM	COTTON APPLICATOR STERILE	0.00	13.00	13.00	20.00	13.00
CENTRAL STERILE SUPPLY ROOM	COTTON BALLS STERILE	0.00	15.00	15.00	20.00	15.00
CENTRAL STERILE SUPPLY ROOM	CUTDOWN SET	110.00	450.00	450.00	450.00	450.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
CENTRAL STERILE SUPPLY ROOM	DRESSING SET	70.00	235.00	235.00	235.00	235.00
CENTRAL STERILE SUPPLY ROOM	ENDOTRACHEAL TIE (ET) TIE	0.00	15.00	15.00	20.00	15.00
CENTRAL STERILE SUPPLY ROOM	MEDICAL SUPPLIES- GAUZE 4 X 4/PACK (CSSR)	0.00	20.00	20.00	20.00	20.00
CENTRAL STERILE SUPPLY ROOM	MEDICAL SUPPLIES- KIDNEY BASIN	0.00	40.00	40.00	40.00	40.00
CENTRAL STERILE SUPPLY ROOM	MEDICAL SUPPLIES- RENTAL FEE FOR ASPIRATING NEEDLE	0.00	65.00	65.00	65.00	65.00
CENTRAL STERILE SUPPLY ROOM	MEDICAL SUPPLIES- URINAL	0.00	65.00	65.00	65.00	65.00
CENTRAL STERILE SUPPLY ROOM	STERILIZED MEDICAL INSTRUMENTS- ARTERIOGRAM SET	130.00	280.00	280.00	280.00	280.00
CENTRAL STERILE SUPPLY ROOM	STERILIZED MEDICAL INSTRUMENTS- BIOPSY SET	130.00	460.00	460.00	460.00	460.00
CENTRAL STERILE SUPPLY ROOM	STERILIZED MEDICAL INSTRUMENTS- CANNULATION SET	125.00	420.00	420.00	420.00	420.00
CENTRAL STERILE SUPPLY ROOM	STERILIZED MEDICAL INSTRUMENTS- CATHETERIZATION SET	80.00	290.00	290.00	290.00	290.00
CENTRAL STERILE SUPPLY ROOM	STERILIZED MEDICAL INSTRUMENTS- EXCHANGE BLOOD TRANSFUSION SET	175.00	690.00	690.00	690.00	690.00
CENTRAL STERILE SUPPLY ROOM	STERILIZED MEDICAL INSTRUMENTS- LUMBAR SET	80.00	400.00	400.00	400.00	400.00
CENTRAL STERILE SUPPLY ROOM	STERILIZED MEDICAL INSTRUMENTS- PARACENTESIS SET	100.00	470.00	470.00	470.00	470.00
CENTRAL STERILE SUPPLY ROOM	STERILIZED MEDICAL INSTRUMENTS- SPINAL SET	80.00	400.00	400.00	400.00	400.00
CENTRAL STERILE SUPPLY ROOM	STERILIZED MEDICAL INSTRUMENTS- THORACOSTOMY SET (CSSR)	175.00	690.00	690.00	690.00	690.00
CENTRAL STERILE SUPPLY ROOM	SUTURING SET	125.00	405.00	405.00	400.00	405.00
CENTRAL STERILE SUPPLY ROOM	THORA SET	160.00	500.00	500.00	450.00	500.00
CENTRAL STERILE SUPPLY ROOM	TONGUE DEPRESSOR	0.00	15.00	15.00	20.00	15.00
CENTRAL STERILE SUPPLY ROOM	TRACHEOSTOMY SET	175.00	685.00	685.00	600.00	685.00
CENTRAL STERILE SUPPLY ROOM	USE OF AUTOCLAVE MACHINE (STEAM) FOR STERILIZATION OF CONSULTANTS'INSTRUMENTS/OUTSIDERS' INSTRUMENTS/PACKS (EXTRA LARGE)	700.00	700.00	700.00	700.00	700.00
CENTRAL STERILE SUPPLY ROOM	USE OF AUTOCLAVE MACHINE (STEAM) FOR	450.00	450.00	450.00	450.00	450.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	STERILIZATION OF CONSULTANTS'INSTRUMENTS/OUTSIDERS' INSTRUMENTS/PACKS (LARGE)					
CENTRAL STERILE SUPPLY ROOM	USE OF AUTOCLAVE MACHINE (STEAM) FOR STERILIZATION OF CONSULTANTS'INSTRUMENTS/OUTSIDERS' INSTRUMENTS/PACKS (MEDIUM)	300.00	300.00	300.00	300.00	300.00
CENTRAL STERILE SUPPLY ROOM	USE OF AUTOCLAVE MACHINE (STEAM) FOR STERILIZATION OF CONSULTANTS'INSTRUMENTS/OUTSIDERS' INSTRUMENTS/PACKS (SMALL)	250.00	250.00	250.00	250.00	250.00
CENTRAL STERILE SUPPLY ROOM	USE OF STERRAD MACHINE FOR CONSULTANTS' PERSONAL INSTRUMENTS (LARGE)	100.00	100.00	100.00	100.00	100.00
CENTRAL STERILE SUPPLY ROOM	USE OF STERRAD MACHINE FOR CONSULTANTS' PERSONAL INSTRUMENTS (MEDIUM)	70.00	70.00	70.00	70.00	70.00
CENTRAL STERILE SUPPLY ROOM	USE OF STERRAD MACHINE FOR CONSULTANTS' PERSONAL INSTRUMENTS (SMALL)	60.00	60.00	60.00	60.00	60.00
CENTRAL STERILE SUPPLY ROOM	CAVI WIPES CANISTER (NON-WOVEN DISPOSABLE DISINFECTING TOWELLETES USED AS SURFACE DISINFECTANTS)	0.00	600.00	600.00	600.00	600.00
CENTRAL STERILE SUPPLY ROOM	CAVI WIPES FLAT PACK (NON-WOVEN DISPOSABLE DISINFECTING TOWELLETES USED AS SURFACE DISINFECTANTS)	0.00	390.00	390.00	390.00	390.00
CENTRAL STERILE SUPPLY ROOM	OS STERILE 4X4	0.00	240.00	240.00	20.00	240.00
CENTRAL STERILE SUPPLY ROOM	STERILIZED MEDICAL INSTRUMENTS- ANGIOGRAM SET	110.00	280.00	280.00	280.00	280.00
EMERGENCY MEDICINE	LINEN- LINEN CHANGE	0.00	150.00	150.00	150.00	150.00
EMERGENCY MEDICINE	LINEN - PILLOW CASE	0.00	25.00	25.00	25.00	25.00
EMERGENCY MEDICINE	AMBULANCE CONDUCTION (FOR METRO MANILA AREA -1ST TWENTY (20) KILOMETERS)	1,830.00	0.00	3,085.00	3,085.00	3,085.00
EMERGENCY MEDICINE	AMBULANCE CONDUCTION (OUTSIDE METRO MANILA AREA - ADDITIONAL PER KILOMETER IN EXCESS OF TWENTY (20) KILOMETERS)	120.00	0.00	120.00	120.00	120.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
EMERGENCY MEDICINE	BASIC CONSULTATION FEE AT PAY ER	0.00	220.00	220.00	220.00	220.00
EMERGENCY MEDICINE	MEDICAL GAS- 2-4 FI O2 -LITERS / HOUR (DEM)	0.00	30.00	45.00	45.00	0.00
EMERGENCY MEDICINE	MEDICAL GAS- 5-6 FI O2 - LITERS / HOUR (DEM)	0.00	50.00	75.00	75.00	0.00
EMERGENCY MEDICINE	MEDICAL GAS- 7-8 FI O2 -LITERS / HOUR (DEM)	0.00	80.00	120.00	120.00	0.00
EMERGENCY MEDICINE	MEDICAL GAS- 9-10 FI O2 LITERS / HOUR (DEM)	0.00	95.00	140.00	140.00	0.00
EMERGENCY MEDICINE	MEDICAL GAS- OXYGEN VIA NASAL CANNULA OR FACE MASK- 2-3L/HR (DEM)	0.00	30.00	45.00	45.00	0.00
EMERGENCY MEDICINE	MEDICAL GAS- OXYGEN VIA NASAL CANNULA OR FACE MASK- 4-6L/HR (DEM)	0.00	50.00	75.00	75.00	0.00
EMERGENCY MEDICINE	MEDICAL GAS- OXYGEN VIA NASAL CANNULA OR FACE MASK- 7-10L/HR (DEM)	0.00	75.00	110.00	110.00	0.00
EMERGENCY MEDICINE	MEDICAL SUPPLIES- OPERATING SPONGE (DEM)	0.00	15.00	15.00	15.00	15.00
EMERGENCY MEDICINE	MEDICAL SUPPLIES- SUTURE (DEM)	0.00	50.00	50.00	50.00	50.00
EMERGENCY MEDICINE	MEDICAL SUPPLIES- TONGUE DEPRESSOR	0.00	5.00	5.00	5.00	5.00
EMERGENCY MEDICINE	PROCEDURE- FLEXIBLE CYSTOURETHEROSCOPY	250.00	715.00	715.00	715.00	715.00
EMERGENCY MEDICINE	PROCEDURE- FLEXIBLE LARYNGOSCOPY (DEM)	300.00	920.00	1,035.00	1,150.00	2,300.00
EMERGENCY MEDICINE	PROCEDURE- FLEXIBLE NASOPHARYNGOSCOPY (DEM)	250.00	805.00	935.00	1,035.00	2,070.00
EMERGENCY MEDICINE	PROCEDURE- LUMBAR SPINAL TAP	0.00	32.00	32.00	32.00	32.00
EMERGENCY MEDICINE	PROCEDURE- PARACENTESIS	0.00	66.00	66.00	66.00	66.00
EMERGENCY MEDICINE	PROCEDURE- PROCTOSCOPY (DEM)	165.00	440.00	440.00	440.00	440.00
EMERGENCY MEDICINE	PROCEDURE- RIGID NASOPHARYNGOSCOPY	145.00	260.00	260.00	260.00	260.00
EMERGENCY MEDICINE	PROCEDURE- VIDEOBRONCHOSCOPY (DEM)	595.00	3,130.00	3,130.00	3,130.00	3,130.00
EMERGENCY MEDICINE	ULTRASOUND- CRANIAL (DEM)	0.00	255.00	255.00	255.00	255.00
EMERGENCY MEDICINE	AMBULANCE CONDUCTION	1,230.00	2,070.00	2,070.00	2,070.00	2,070.00
EMERGENCY MEDICINE	AMBULANCE CONDUCTION (CHARGE/KILOMETER IN EXCESS OF TWENTY (20) KILOMETERS)	130.00	150.00	150.00	150.00	150.00
EMERGENCY MEDICINE	LINEN- LARGE SHEET FOR CADAVER WRAP/PC. (DEM)	0.00	450.00	450.00	450.00	450.00
EMERGENCY MEDICINE	LINEN - LARGE SHEET	0.00	50.00	50.00	50.00	50.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
EMERGENCY MEDICINE	MEDICAL SUPPLIES - COTTON BALLS/PACK	0.00	10.00	10.00	10.00	10.00
EMERGENCY MEDICINE	MEDICAL SUPPLIES- PLEDGET	0.00	10.00	10.00	10.00	10.00
EMERGENCY MEDICINE	PROCEDURE- THORACENTESIS	0.00	108.00	108.00	108.00	108.00
EMERGENCY MEDICINE	PROCEDURE- FIBEROPTIC BRONCHOSCOPY	295.00	790.00	790.00	790.00	790.00
DENTISTRY	ALVEOLOPLASTY	80.00	210.00	210.00	210.00	210.00
DENTISTRY	CYSTECTOMY	75.00	202.00	202.00	202.00	202.00
DENTISTRY	FRENECTOMY	75.00	202.00	202.00	202.00	202.00
DENTISTRY	GINGIVECTOMY	65.00	165.00	165.00	165.00	165.00
DENTISTRY	PULPECTOMY	35.00	97.00	97.00	97.00	97.00
DENTISTRY	TMJ, TOMOGRAPH	470.00	730.00	770.00	820.00	860.00
DENTISTRY	X-RAY OCCLUSAL	335.00	550.00	550.00	550.00	550.00
DENTISTRY	ALVEOLECTOMY	80.00	210.00	210.00	210.00	210.00
DENTISTRY	APICOECTOMY	65.00	165.00	165.00	165.00	165.00
DENTISTRY	CURETTAGE	75.00	202.00	202.00	202.00	202.00
DENTISTRY	HARD TISSUE REMOVAL	75.00	202.00	202.00	202.00	202.00
DENTISTRY	INCISION & DRAINAGE	75.00	202.00	202.00	202.00	202.00
DENTISTRY	ODONTECTOMY	65.00	165.00	165.00	165.00	165.00
DENTISTRY	ORO-ANTRAL MANAGEMENT	75.00	202.00	202.00	202.00	202.00
DENTISTRY	TOOTH EXTRACTION	35.00	97.00	97.00	97.00	97.00
DENTISTRY	VESTIBULOPLASTY	75.00	202.00	202.00	202.00	202.00
DENTISTRY	X-RAY, PANORAMIC	500.00	750.00	790.00	840.00	880.00
DENTISTRY	X-RAY PERIAPICAL	160.00	265.00	265.00	265.00	265.00
DENTISTRY	PERIO THERAPY (PREVENTIVE)	30.00	90.00	90.00	90.00	90.00
DENTISTRY	PERIO THERAPY (TREATMENT)	65.00	165.00	165.00	165.00	165.00
DENTISTRY	CBCT	2,800.00	5,000.00	5,300.00	5,590.00	5,880.00
DENTISTRY	OPERCULECTOMY	60.00	142.00	142.00	142.00	142.00
DENTISTRY	X-RAY, CEPHALOMETRIC	570.00	670.00	710.00	750.00	790.00
DENTISTRY	IDW-MMF	95.00	247.00	247.00	247.00	247.00
DENTISTRY	SOFT TISSUE EXCISION	75.00	202.00	202.00	202.00	202.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
DIETARY	DIETARY PRODUCTS	0.00	0.00	0.00	0.00	0.00
DIETARY	GUEST TRAY-LUNCH	120.00	120.00	120.00	120.00	120.00
DIETARY	GUEST TRAY-SUPPER	120.00	120.00	120.00	120.00	120.00
DIETARY	SUPPORTAN PER 750 CALORIES	320.00	520.00	520.00	520.00	520.00
DIETARY	VITAL HP PER 1000 CALORIES	390.00	630.00	630.00	630.00	630.00
DIETARY	ADULT TUBE FEEDING/1,000 CAL, NUTREN DIABETES	635.00	635.00	635.00	635.00	635.00
DIETARY	ADULT TUBE FEEDING/1,000 CAL, PEPTAMEN	705.00	705.00	705.00	705.00	705.00
DIETARY	COMMERCIAL FORMULA/1,000 CAL, ISOCAL	360.00	360.00	360.00	360.00	360.00
DIETARY	COMMERCIAL FORMULA/1,000 CAL, NUTREN FIBER	480.00	480.00	480.00	480.00	480.00
DIETARY	DIET PRESCRIPTIONS FOR CARDIOVASCULAR DISORDERS	300.00	300.00	300.00	300.00	300.00
DIETARY	DIET PRESCRIPTIONS FOR DIABETICS	300.00	300.00	300.00	300.00	300.00
DIETARY	DIET PRESCRIPTIONS FOR FOLLOW-UP & REVIEW OF NUTRITIONAL CARE PLAN	150.00	150.00	150.00	150.00	150.00
DIETARY	DIET PRESCRIPTIONS-LOW CHOLESTEROL DIET	250.00	250.00	250.00	250.00	250.00
DIETARY	DIET PRESCRIPTIONS-LOW IODINE DIET	250.00	250.00	250.00	250.00	250.00
DIETARY	DIET PRESCRIPTIONS-LOW PURINE DIET	250.00	250.00	250.00	250.00	250.00
DIETARY	DIET PRESCRIPTIONS-RENAL DIET	300.00	300.00	300.00	300.00	300.00
DIETARY	DIET PRESCRIPTIONS-WEIGHT CONTROL/MANAGEMENT	300.00	300.00	300.00	300.00	300.00
DIETARY	GLUCERNA SR PER 1000 CALORIES	170.00	270.00	270.00	270.00	270.00
DIETARY	HOSPITAL-PREPARED TUBE FEEDING/1,000 CAL, BANANA BASED	130.00	130.00	130.00	130.00	130.00
DIETARY	HOSPITAL-PREPARED TUBE FEEDING/1,000 CAL, PAPAYA BASED	130.00	130.00	130.00	130.00	130.00
DIETARY	HOSPITAL-PREPARED TUBE FEEDING/1,000 CAL, PLAIN	130.00	130.00	130.00	130.00	130.00
DIETARY	ITEM FOR SALE-CHICKEN TRIMMINGS- BUTT/KILO	80.00	80.00	80.00	80.00	80.00
DIETARY	ITEM FOR SALE-CHICKEN TRIMMINGS- NECK/KILO	80.00	80.00	80.00	80.00	80.00
DIETARY	ITEM FOR SALE-CHICKEN TRIMMINGS- SKIN/KILO	80.00	80.00	80.00	80.00	80.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
DIETARY	ITEM FOR SALE-EMPTY CANS/PC.	20.00	20.00	20.00	20.00	20.00
DIETARY	ITEM FOR SALE-KANING BABOY (KB) DRY/KILO	20.00	20.00	20.00	20.00	20.00
DIETARY	ITEM FOR SALE-KANING BABOY (KB) WET/KILO	15.00	15.00	15.00	15.00	15.00
DIETARY	ITEM FOR SALE-USED OIL (17 KILOS/CAN)	250.00	250.00	250.00	250.00	250.00
DIETARY	ADULT TUBE FEEDING - BOOST OPTIMUM	305.00	0.00	0.00	305.00	0.00
DIETARY	ADULT TUBE FEEDING - ENSURE	350.00	0.00	0.00	350.00	0.00
DIETARY	BREAKAGE/LOSS - MELAWARE COMPARTMENT TRAY	62.75	0.00	0.00	62.75	0.00
DIETARY	BREAKAGE/LOSS - MELAWARE RECTANGULAR TRAY (ASSORTED COLOR)	97.75	0.00	0.00	97.75	0.00
DIETARY	BREAKAGE/LOSS - NORITAKE DINNER PLATE, PLAIN WHITE (10 1/2) INCHES)	167.75	0.00	0.00	167.75	0.00
DIETARY	BREAKAGE/LOSS - STAINLESS STEEL COVER	244.30	0.00	0.00	244.30	0.00
DIETARY	CLAM SHELL BOX/PC.	18.00	18.00	18.00	18.00	18.00
DIETARY	GUEST TRAY-BREAKFAST	85.00	85.00	85.00	85.00	85.00
DIETARY	PEDIATRIC TUBE FEEDING/1,000 CAL, NUTREN JUNIOR	335.00	335.00	335.00	335.00	335.00
DIETARY	PEDIATRIC TUBE FEEDING - PEDIASURE	285.00	0.00	0.00	0.00	0.00
OUTPATIENT SERVICES - OR	AMBU BAG/USE	35.00	0.00	195.00	195.00	0.00
OUTPATIENT SERVICES - OR	ANESTHESIA MACHINE WITH MONITOR/ HOUR IN EXCESS OF 3 HOURS	300.00	0.00	445.00	445.00	0.00
OUTPATIENT SERVICES - OR	ANESTHESIA MACHINE W/ MONITOR 1ST 3 HOURS	905.00	0.00	1,340.00	1,340.00	0.00
OUTPATIENT SERVICES - OR	CARBON DIOXIDE/HOUR	90.00	0.00	130.00	130.00	0.00
OUTPATIENT SERVICES - OR	CARDIAC MONITOR 1ST 3HOURS	460.00	0.00	550.00	550.00	0.00
OUTPATIENT SERVICES - OR	CARDIAC MONITOR IN EXCESS OF 3 HOURS/HOUR	30.00	0.00	35.00	35.00	0.00
OUTPATIENT SERVICES - OR	CAUTERY MACHINE 1ST 3HOURS	415.00	0.00	750.00	750.00	0.00
OUTPATIENT SERVICES - OR	CAUTERY MACHINE IN EXCESS OF 3 HOURS/HOUR	140.00	0.00	400.00	400.00	0.00
OUTPATIENT SERVICES - OR	COMPRESSED AIR/USE	90.00	0.00	130.00	130.00	0.00
OUTPATIENT SERVICES - OR	DRAPES (OBSTETRICS)	0.00	0.00	730.00	730.00	0.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
OUTPATIENT SERVICES - OR	DRAPES (ORTHOPEDIC)	0.00	0.00	1,990.00	1,990.00	0.00
OUTPATIENT SERVICES - OR	DRAPES (REGULAR)	0.00	0.00	1,825.00	1,825.00	0.00
OUTPATIENT SERVICES - OR	LAPAROSCOPIC MACHINE (DIAGNOSTIC)	4,500.00	0.00	5,365.00	5,365.00	0.00
OUTPATIENT SERVICES - OR	LAPAROSCOPIC MACHINE (OPERATIVE)	7,995.00	0.00	9,530.00	9,530.00	0.00
OUTPATIENT SERVICES - OR	MAJOR (3 HOURS)	2,235.00	0.00	2,855.00	2,855.00	0.00
OUTPATIENT SERVICES - OR	MINOR (1 HOUR)	1,005.00	0.00	1,305.00	1,305.00	0.00
OUTPATIENT SERVICES - OR	MINOR (EMERGENCY)	1,310.00	0.00	1,700.00	1,700.00	0.00
OUTPATIENT SERVICES - OR	NEBULIZER/USE	45.00	0.00	60.00	60.00	0.00
OUTPATIENT SERVICES - OR	OXYGEN/HOUR	75.00	0.00	110.00	110.00	0.00
OUTPATIENT SERVICES - OR	PACU STAY/HOUR	150.00	0.00	225.00	225.00	0.00
OUTPATIENT SERVICES - OR	PULSE OXIMETER 1ST 4 HOURS	200.00	0.00	295.00	295.00	0.00
OUTPATIENT SERVICES - OR	PULSE OXIMETER IN EXCESS OF 4 HOURS/HOUR	30.00	0.00	50.00	50.00	0.00
OUTPATIENT SERVICES - OR	SUCTION MACHINE 1ST 3HOURS	115.00	0.00	170.00	170.00	0.00
OUTPATIENT SERVICES - OR	SUCTION MACHINE IN EXCESS OF 3 HOURS/HOUR	35.00	0.00	120.00	120.00	0.00
OUTPATIENT SERVICES - OR	USE OF ARTHROSCOPE	10,000.00	0.00	20,000.00	20,000.00	0.00
PAY PATIENT SERVICES	AQUAPAK HUMIDIFIER 340ML	0.00	240.00	240.00	240.00	240.00
PAY PATIENT SERVICES	BLOOD GLUCOSE STRIP W/ LANCET	0.00	14.00	14.00	0.00	14.00
PAY PATIENT SERVICES	CADAVER BAG	0.00	680.00	680.00	680.00	680.00
PAY PATIENT SERVICES	COTTON APPLICATOR, 2/PACK	0.00	16.00	16.00	16.00	16.00
PAY PATIENT SERVICES	DEATH CERTIFICATE / SET	0.00	66.00	66.00	66.00	66.00
PAY PATIENT SERVICES	DISPOSABLE STERILE DRESSING SET	0.00	85.00	85.00	85.00	85.00
PAY PATIENT SERVICES	DRESSING KIT WITH DISP. SUT SCISSORS	0.00	220.00	220.00	220.00	220.00
PAY PATIENT SERVICES	GAUZE, 4X4, 5/PACK	0.00	25.00	25.00	25.00	25.00
PAY PATIENT SERVICES	HIGH FLOW O2 SYSTEM	1,910.00	0.00	0.00	2,030.00	0.00
PAY PATIENT SERVICES	INSULINE SYRINGE	0.00	8.00	8.00	8.00	8.00
PAY PATIENT SERVICES	N95 MASK, DUCK TYPE, FLUISHIELD	0.00	75.00	75.00	75.00	75.00
PAY PATIENT SERVICES	PLASTIC BASIN FOR SPONGING BATH	0.00	72.50	72.50	72.50	72.50
PAY PATIENT SERVICES	PLASTIC BEDPAN	0.00	175.00	175.00	175.00	175.00
PAY PATIENT SERVICES	PLASTIC KIDNEY BASIN	0.00	75.00	75.00	75.00	75.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
PAY PATIENT SERVICES	PLASTIC PAIL (PER PIECE)	0.00	0.00	72.50	72.50	72.50
PAY PATIENT SERVICES	PLASTIC URINAL	0.00	150.00	150.00	150.00	150.00
PAY PATIENT SERVICES	REPLACEMENT OF BLUE CARD (LOST)	0.00	20.00	20.00	20.00	20.00
PAY PATIENT SERVICES	REPLACEMENT OF LOST WATCHERS ID	0.00	130.00	130.00	130.00	130.00
PAY PATIENT SERVICES	SPECIMEN CONTAINER	0.00	9.50	9.50	9.50	9.50
PAY PATIENT SERVICES	SURGICAL TUBE 45CM	0.00	175.00	175.00	175.00	175.00
PAY PATIENT SERVICES	APPLIANCE- COMPUTER LAPTOP/DAY	0.00	55.00	55.00	55.00	55.00
PAY PATIENT SERVICES	DIGITAL THERMOMETER	0.00	0.00	0.00	60.00	0.00
PAY PATIENT SERVICES	DISPOSABLE GOWN	0.00	0.00	0.00	120.00	0.00
PAY PATIENT SERVICES	MATERNITY KIT	0.00	157.00	157.00	157.00	157.00
PAY PATIENT SERVICES	OXYGEN / HOUR (1-3 LPM)	0.00	0.00	0.00	30.00	0.00
PAY PATIENT SERVICES	OXYGEN / HOUR (4-6 LPM)	0.00	0.00	0.00	50.00	0.00
PAY PATIENT SERVICES	OXYGEN / HOUR (7-10 LPM)	0.00	0.00	0.00	75.00	0.00
PAY PATIENT SERVICES	APPLIANCE- HOT AND COLD WATER DISPENSER/DAY	0.00	132.00	132.00	132.00	132.00
PAY PATIENT SERVICES	APPLIANCE- PLAY STATION/DAY	0.00	20.00	20.00	20.00	20.00
PAY PATIENT SERVICES	CLEANSING ENEMA	0.00	83.00	83.00	83.00	83.00
PAY PATIENT SERVICES	CORD DRESSING (DPPS)	0.00	165.00	165.00	165.00	165.00
PAY PATIENT SERVICES	CSR (CUSTOMER SUPPLY ROOM) PRODUCTS	0.00	0.00	0.00	0.00	0.00
PAY PATIENT SERVICES	HOT SITZ BATH/SESSION	0.00	66.00	66.00	66.00	66.00
PAY PATIENT SERVICES	INTERNET SERVICES/HOUR	0.00	33.00	33.00	33.00	33.00
PAY PATIENT SERVICES	LINEN- CAMISA (LOST)	0.00	300.00	300.00	300.00	300.00
PAY PATIENT SERVICES	LINEN- LARGE SHEET (LOST)	0.00	705.00	705.00	705.00	705.00
PAY PATIENT SERVICES	LINEN- PATIENT GOWN	0.00	220.00	220.00	220.00	220.00
PAY PATIENT SERVICES	LINEN- PILLOWCASE (LOST)	0.00	105.00	105.00	105.00	105.00
PAY PATIENT SERVICES	LINEN- WRAPPER	0.00	33.00	33.00	33.00	33.00
PAY PATIENT SERVICES	PATIENT'S ID BRACELET	0.00	25.00	25.00	25.00	25.00
PAY PATIENT SERVICES	PERINEAL HEAT/SESSION	0.00	50.00	50.00	50.00	50.00
PAY PATIENT SERVICES	PILLOW, FIBER-FILL	0.00	230.00	230.00	230.00	230.00
PAY PATIENT SERVICES	PROBE FOR EAR THERMOMETER	0.00	15.00	15.00	15.00	15.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
PAY PATIENT SERVICES	ROOMING-IN/DAY	0.00	0.00	120.00	120.00	120.00
PAY PATIENT SERVICES	2-4 FI O2 -LITERS / HOUR	0.00	30.00	45.00	45.00	0.00
PAY PATIENT SERVICES	5-6 FI O2 - LITERS / HOUR	0.00	50.00	75.00	75.00	0.00
PAY PATIENT SERVICES	7-8 FI O2 -LITERS / HOUR	0.00	80.00	120.00	120.00	0.00
PAY PATIENT SERVICES	9-10 FI O2 LITERS / HOUR	0.00	95.00	140.00	140.00	0.00
PAY PATIENT SERVICES	ADMISSION KIT PAU B (PATIENT ADMITTED WITHIN A MONTH)	0.00	245.00	245.00	245.00	245.00
PAY PATIENT SERVICES	ADMISSION KIT PAU C (PATIENT ADMITTED WITHIN TWO WEEKS)	0.00	85.00	85.00	85.00	85.00
PAY PATIENT SERVICES	DISTILLED WATER (5 GAL.)	0.00	66.00	66.00	66.00	66.00
PAY PATIENT SERVICES	FAX SERVICES- INCOMING/PAGE	0.00	15.00	15.00	15.00	15.00
PAY PATIENT SERVICES	FAX SERVICES- OUTGOING/PAGE	0.00	10.00	10.00	10.00	10.00
PAY PATIENT SERVICES	FEES FOR CANCELLED ADMISSIONS (PAU A)	0.00	0.00	300.00	300.00	300.00
PAY PATIENT SERVICES	FEES FOR CANCELLED ADMISSIONS (PAU A OR PAU B)	0.00	0.00	500.00	500.00	500.00
PAY PATIENT SERVICES	LINEN- BED COMFORTER (ADDITIONAL REQUEST)	0.00	340.00	340.00	340.00	340.00
PAY PATIENT SERVICES	LINEN- DRAW SHEET (ADDITIONAL REQUEST)	0.00	10.00	10.00	10.00	10.00
PAY PATIENT SERVICES	LINEN- LARGE SHEET (ADDITIONAL)	0.00	83.00	83.00	83.00	83.00
PAY PATIENT SERVICES	LINEN- PILLOWCASE (CHANGE)	0.00	33.00	33.00	33.00	33.00
PAY PATIENT SERVICES	LINEN- WRAPPER/GOWN (ADDITIONAL REQUEST)	0.00	20.00	20.00	20.00	20.00
PAY PATIENT SERVICES	MEDICAL SUPPLIES- COTTON APPLICATOR (DPPS)	0.00	13.00	13.00	13.00	13.00
PAY PATIENT SERVICES	MEDICAL SUPPLIES- COTTON PLEDGETS	0.00	16.00	16.00	16.00	16.00
PAY PATIENT SERVICES	MEDICAL SUPPLIES- GAUZE 4 X 4/PACK (DPPS)	0.00	20.00	20.00	20.00	20.00
PAY PATIENT SERVICES	MEDICAL SUPPLIES- OPERATING SPONGE (DPPS)	0.00	22.00	22.00	22.00	22.00
PAY PATIENT SERVICES	MEDICAL SUPPLIES- TONGUE DEPRESSOR/PC.	0.00	15.00	15.00	15.00	15.00
PAY PATIENT SERVICES	MEDICAL SUPPLIES- VAGINAL PACK	0.00	55.00	55.00	55.00	55.00
PAY PATIENT SERVICES	NEBULIZER/USE	0.00	50.00	50.00	50.00	50.00
PAY PATIENT SERVICES	OXYGEN VIA NASAL CANNULA OR FACE MASK- 2-3L/HR	0.00	30.00	45.00	45.00	0.00
PAY PATIENT SERVICES	OXYGEN VIA NASAL CANNULA OR FACE MASK- 4-	0.00	50.00	75.00	75.00	0.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	6L/HR					
PAY PATIENT SERVICES	OXYGEN VIA NASAL CANNULA OR FACE MASK- 7-10L/HR	0.00	75.00	110.00	110.00	0.00
PAY PATIENT SERVICES	ROOM RESERVATION FEE (NON-REFUNDABLE)	0.00	300.00	300.00	300.00	300.00
PAY PATIENT SERVICES	ROOM TRANSFER FEE (PATIENT REQUEST)	0.00	200.00	200.00	200.00	200.00
PAY PATIENT SERVICES	STERILIZED MEDICAL INSTRUMENTS- CUTDOWN SET (DPPS)	0.00	450.00	450.00	450.00	450.00
PAY PATIENT SERVICES	STERILIZED MEDICAL INSTRUMENTS- LUMBAR TAP/SPINAL SET	0.00	400.00	400.00	400.00	400.00
PAY PATIENT SERVICES	STERILIZED MEDICAL INSTRUMENTS- SUTURING SET DPPS)	0.00	405.00	405.00	405.00	405.00
PAY PATIENT SERVICES	STERILIZED MEDICAL INSTRUMENTS- THORACOSTOMY SET (DPPS)	0.00	690.00	690.00	690.00	690.00
PAY PATIENT SERVICES	STERILIZED MEDICAL INSTRUMENTS- TRACHEOSTOMY SET (DPPS)	0.00	685.00	685.00	685.00	685.00
PAY PATIENT SERVICES	SUCTION/USE	0.00	45.00	45.00	45.00	45.00
PAY PATIENT SERVICES	APPLIANCE- ELECTRIC STERILIZER/DAY	0.00	55.00	55.00	55.00	55.00
PAY PATIENT SERVICES	BIRTH AND CERTIFICATE PREPARATION	0.00	66.00	66.00	66.00	66.00
PAY PATIENT SERVICES	COMMUNICATION FEE	0.00	45.00	45.00	45.00	45.00
PAY PATIENT SERVICES	DEPOSITS- PRESIDENTIAL SUITE ROOM	0.00	0.00	0.00	0.00	40,000.00
PAY PATIENT SERVICES	FEES FOR CANCELLED ADMISSIONS-CASES WHOSE ADMITTING PAPERS HAVE BEEN PROCESSED AND HAVE BEEN ROOMED PLUS COST OF ADMISSION KIT (0.00	500.00	500.00	500.00	500.00
PAY PATIENT SERVICES	FEES FOR CANCELLED ADMISSIONS-CASES WHOSE ADMITTING PAPERS HAVE BEEN PROCESSED AND HAVE NOT BEEN ROOMED PLUS COST OF ADMISSION K	0.00	300.00	300.00	300.00	300.00
PAY PATIENT SERVICES	LINEN- LARGE SHEET FOR CADAVER WRAP/PC. (DPPS)	0.00	450.00	450.00	450.00	450.00
PAY PATIENT SERVICES	MISCELLANEOUS FEE	0.00	100.00	100.00	100.00	100.00
PAY PATIENT SERVICES	ADMISSION KIT PAU A (ADMISSION KIT AND	1,020.00	1,020.00	1,020.00	1,020.00	1,020.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	COMMUNICATION FEE)					
PAY PATIENT SERVICES	ANTENNA FOR TELEVISION	0.00	150.00	150.00	150.00	150.00
PAY PATIENT SERVICES	COST OF UTILITIES/WATCHER	0.00	50.00	50.00	50.00	50.00
PAY PATIENT SERVICES	EQUIPMENT- BILILIGHT/PHOTOTHERAPY/DAY	0.00	55.00	55.00	55.00	55.00
PAY PATIENT SERVICES	MEDICAL SUPPLIES- COTTON BALLS/PACK (DPPS)	0.00	20.00	20.00	20.00	20.00
PAY PATIENT SERVICES	MEDICAL SUPPLIES- ENDOTRACHEAL TUBE (ET) TIE/PC DPPS	0.00	20.00	15.00	15.00	15.00
PAY PATIENT SERVICES	MEDICAL SUPPLIES- SUTURE (DPPS)	0.00	55.00	55.00	55.00	55.00
PAY PATIENT SERVICES	REMOTE CONTROL FOR TELEVISION (LOST)	0.00	500.00	500.00	500.00	500.00
PAY PATIENT SERVICES	WATCHER'S ID, PVC TYPE WITH PLASTIC CLIP	0.00	30.00	30.00	30.00	30.00
PAY PATIENT SERVICES	EQUIPMENT- BLOOD WARMER/USE	0.00	132.00	132.00	132.00	132.00
EAR UNIT	AABR	1,175.00	1,040.00	1,090.00	1,145.00	1,200.00
EAR UNIT	ASSR	1,705.00	2,040.00	2,140.00	2,245.00	2,345.00
EAR UNIT	BRAINSTEM EVOKED RESPONSE AUDIOMETRY	1,885.00	1,830.00	1,925.00	2,015.00	2,110.00
EAR UNIT	CORTICAL AUDITORY EVOKED POTENTIAL (CAEP)	195.00	290.00	325.00	335.00	350.00
EAR UNIT	ELECTROCOCHLEOGRAPHY	2,405.00	2,855.00	3,001.00	3,140.00	3,285.00
EAR UNIT	HEARING AND NOISE TEST (HINT)	255.00	225.00	240.00	245.00	260.00
EAR UNIT	OTOACOUSTIC EMISSIONS (DPOAE OR TEOAE)	370.00	380.00	440.00	485.00	510.00
EAR UNIT	SPEECH AIDED	255.00	440.00	465.00	485.00	510.00
EAR UNIT	TINITUS MATCHING	385.00	475.00	500.00	525.00	550.00
EAR UNIT	VESTIBULO EVOKED MYOGENIC POTENTIAL (VEMP)	1,185.00	2,040.00	2,140.00	2,245.00	2,345.00
EAR UNIT	VIDEO HEAD IMPULSE TEST (VHIT)	575.00	810.00	855.00	890.00	935.00
EAR UNIT	VIDEONYSTAFMOGRAPHY (VNG) COMPLETE	2,865.00	2,585.00	2,710.00	2,845.00	2,970.00
EAR UNIT	EQUIPMENT- OPERATING MICROSCOPE (ORL)	7,570.00	11,700.00	12,380.00	13,070.00	13,760.00
EAR UNIT	PURETONE AUDIOMETRY SPEECH TEST	195.00	440.00	460.00	480.00	500.00
EAR UNIT	EQUIPMENT - RATE FOR USE OF HARMONIC SCALPEL (ORL)	3,960.00	5,850.00	6,190.00	6,540.00	6,880.00
EAR UNIT	CO2 LASER	1,250.00	5,000.00	5,000.00	5,000.00	5,000.00
EAR UNIT	KTP LASER	1,625.00	6,500.00	6,500.00	6,500.00	6,500.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
ECG	24-HOUR HOLTER MONITORING BEDSIDE	0.00	0.00	0.00	0.00	0.00
ECG	READER'S FEE- 24-HOUR HOLTER MONITORING BEDSIDE	0.00	0.00	0.00	0.00	0.00
ECG	12-LEAD ELECTROCARDIOGRAM- (ADDITIONAL FOR STAT/EMERGENCY)	70.00	80.00	80.00	90.00	135.00
ECG	12-LEAD ELECTROCARDIOGRAM-BEDSIDE	70.00	383.00	383.00	457.00	591.00
ECG	12-LEAD ELECTROCARDIOGRAM-STATION	70.00	317.00	317.00	378.00	496.00
ECG	24-HOUR HOLTER MONITORING (PGH & UPM EMPLOYEE CONFINED AT INFIRMARY WARD)	0.00	850.00	0.00	0.00	0.00
ECG	24-HOUR HOLTER MONITORING STATION	0.00	0.00	1,782.00	1,913.00	2,000.00
ECG	ADDITIONAL COPY OF TRAINING CERTIFICATE FOR THE EKG OBSERVERSHIP TRAINING PROGRAM/COPY	100.00	100.00	100.00	100.00	100.00
ECG	CERTIFIED TRUE COPY OF ECG RESULT OR HOLTER 24 HRS. MONITORING RESULT (PHOTOCOPY)	15.00	30.00	30.00	30.00	30.00
ECG	CERTIFIED TRUE COPY OF ECG TRACING EXAMINATION	15.00	30.00	30.00	30.00	30.00
ECG	DUPLICATE COPY OF ORIGINAL ECG RESULT OR HOLTER 24 HRS. MONITORING RESULT	25.00	50.00	50.00	50.00	50.00
ECG	LONG LEAD II/RHYTHM STRIP	40.00	80.00	80.00	80.00	80.00
ECG	PAPER COPYING- LASER COPY/COPY	3.00	3.00	3.00	3.00	3.00
ECG	PRINT-OUT OF HOLTER 24 HRS. MONITORING REPORT	50.00	100.00	100.00	100.00	100.00
ECG	SERVICE FEE FOR ECG TRACINGS TRANSMITTED THROUGH FAX FOR PAYPATIENTS	20.00	20.00	20.00	20.00	20.00
ECG	24-HOUR HOLTER MONITORING	0.00	1,782.00	1,782.00	1,913.00	2,000.00
ECG	24 HOURS MONITORING	2,460.00	2,565.00	2,695.00	2,820.00	2,950.00
ECG	48 HOURS MONITORING	3,320.00	3,465.00	3,635.00	3,810.00	3,980.00
ECG	72 HOURS MONITORING	4,180.00	4,360.00	4,580.00	4,795.00	5,015.00
ECG	READER'S FEE- 24-HOUR HOLTER MONITORING	0.00	268.00	268.00	287.00	300.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
ECG	READER'S FEE- 24 HOURS MONITORING	0.00	450.00	475.00	500.00	520.00
ECG	READER'S FEE- 48 HOURS MONITORING	0.00	610.00	640.00	670.00	700.00
ECG	READER'S FEE- 72 HOURS MONITORING	0.00	770.00	805.00	845.00	885.00
ECG	CERTIFICATE OF CALIBRATION / PREVENTIVE MAINTENANCE OF ECG MACHINES	30.00	0.00	0.00	0.00	0.00
FAMILY MEDICINE	FLU VACCINE	550.00	550.00	550.00	550.00	550.00
FAMILY MEDICINE	HEPATITIS A VACCINE	1,800.00	1,800.00	1,800.00	1,800.00	1,800.00
FAMILY MEDICINE	HEPATITIS B VACCINE	500.00	500.00	500.00	500.00	500.00
FAMILY MEDICINE	MMR VACCINE	400.00	400.00	400.00	400.00	400.00
FAMILY MEDICINE	VARICELLA VACCINE	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00
FAMILY MEDICINE	HEPATITIS A & B COMBINATION	1,700.00	1,700.00	1,700.00	1,700.00	1,700.00
FAMILY MEDICINE	MEDICAL CERTIFICATE	200.00	200.00	200.00	200.00	200.00
FAMILY MEDICINE	PPD EXAM	175.00	175.00	175.00	175.00	175.00
LABORATORIES-BLOODBANK	PLATELET CONCENTRATE (PC) W/DONOR	300.00	870.00	870.00	870.00	870.00
LABORATORIES-BLOODBANK	ALiquot LEUKOREduced PRBC	1,250.00	0.00	1,475.00	1,475.00	0.00
LABORATORIES-BLOODBANK	ANTIBODY IDENTIFICATION	0.00	0.00	140.00	140.00	0.00
LABORATORIES-BLOODBANK	ANTIBODY SCREENING FOR BLOOD UNITS	0.00	0.00	950.00	950.00	0.00
LABORATORIES-BLOODBANK	ANTIBODY SCREENING/INDIRECT COOMBS	415.00	0.00	710.00	710.00	0.00
LABORATORIES-BLOODBANK	BLOOD TYPING (ABO & RH)- AUTOMATED	0.00	0.00	660.00	660.00	660.00
LABORATORIES-BLOODBANK	CONVALESCENT PLASMA	17,800.00	0.00	20,585.00	20,585.00	0.00
LABORATORIES-BLOODBANK	LEUKOREduced PC	1,340.00	0.00	2,265.00	2,265.00	0.00
LABORATORIES-BLOODBANK	LEUKOREduced PRBC	1,230.00	0.00	2,550.00	2,550.00	0.00
LABORATORIES-BLOODBANK	PACKED RED BLOOD CELL (PRBC) W/O DONOR	0.00	0.00	0.00	0.00	0.00
LABORATORIES-BLOODBANK	PLATELET CONCENTRATE (PC)	670.00	0.00	950.00	950.00	0.00
LABORATORIES-BLOODBANK	ROUTINE CROSSMATCHING - AUTOMATED	940.00	0.00	1,010.00	1,010.00	0.00
LABORATORIES-BLOODBANK	AUTOLOGOUS DONATION	150.00	670.00	670.00	670.00	0.00
LABORATORIES-BLOODBANK	ALiquot PRBC	1,075.00	1,205.00	1,205.00	1,205.00	870.00
LABORATORIES-BLOODBANK	ALiquot PRBC W/ DONOR	670.00	750.00	810.00	870.00	870.00
LABORATORIES-BLOODBANK	ANTIBODY SCREENING	280.00	449.00	475.00	515.00	515.00
LABORATORIES-BLOODBANK	CRYOPRECIPITATE	305.00	950.00	950.00	950.00	870.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
LABORATORIES-BLOODBANK	DIFFICULT CROSSMATCHING	855.00	1,275.00	1,275.00	1,275.00	0.00
LABORATORIES-BLOODBANK	DIRECT COOMBS	90.00	305.00	305.00	305.00	0.00
LABORATORIES-BLOODBANK	PLATELETPHERESIS	16,825.00	19,460.00	19,460.00	19,460.00	0.00
LABORATORIES-BLOODBANK	WHOLE BLOOD	780.00	1,710.00	1,710.00	1,710.00	0.00
LABORATORIES-BLOODBANK	WHOLE BLOOD W/DONOR	525.00	1,720.00	1,720.00	1,720.00	1,720.00
LABORATORIES-BLOODBANK	ALIUOT LEUKOREduced PRBC W/O DONOR	840.00	960.00	1,020.00	1,080.00	1,080.00
LABORATORIES-BLOODBANK	ALIUOT LEUKOREduced PRBC W/ DONOR	740.00	960.00	1,020.00	1,080.00	1,080.00
LABORATORIES-BLOODBANK	BLOOD TYPING (ABO & RH)- STAT	800.00	790.00	790.00	790.00	790.00
LABORATORIES-BLOODBANK	FRESH FROZEN PLASMA (FFP)	305.00	950.00	950.00	950.00	0.00
LABORATORIES-BLOODBANK	LEUKOREduced PC W/O DONOR	900.00	1,520.00	1,520.00	1,520.00	1,520.00
LABORATORIES-BLOODBANK	LEUKOREduced PC W/ DONOR	825.00	1,520.00	1,520.00	1,520.00	1,520.00
LABORATORIES-BLOODBANK	LEUKOREduced PRBC W/DONOR	825.00	1,720.00	1,720.00	1,720.00	1,720.00
LABORATORIES-BLOODBANK	LEUKOREduced PRBC W/O DONOR	1,275.00	1,720.00	1,720.00	1,720.00	1,720.00
LABORATORIES-BLOODBANK	PLATELET CONCENTRATE (PC) W/O DONOR	450.00	910.00	910.00	910.00	910.00
LABORATORIES-BLOODBANK	PACKED RED BLOOD CELL (PRBC)	1,340.00	1,425.00	1,425.00	1,425.00	1,425.00
LABORATORIES-BLOODBANK	PACKED RED BLOOD CELL (PRBC) W/ DONOR	450.00	1,430.00	1,430.00	1,430.00	1,430.00
LABORATORIES-BLOODBANK	ROUTINE CROSSMATCHING - STAT	1,225.00	1,225.00	1,315.00	1,315.00	0.00
LABORATORIES-BLOODBANK	THERAPEUTIC PLASMA EXCHANGE/PLASMAPHERESIS	17,775.00	22,000.00	22,000.00	22,000.00	0.00
LABORATORIES-BLOODBANK	BLOOD TYPING (ABO & RH) - AUTOMATED	0.00	0.00	0.00	0.00	0.00
LABORATORIES-BLOODBANK	BLOOD TYPING (ABO & RH) STAT	0.00	0.00	0.00	0.00	0.00
LABORATORIES-BLOODBANK	CYROSUPERNATE	305.00	950.00	950.00	950.00	0.00
LABORATORIES-BLOODBANK	RESOLVING ABO TYPING DISCREPANCY	805.00	1,205.00	1,205.00	1,205.00	0.00
LABORATORIES-CLINICAL CHEMISTRY	MALB	500.00	735.00	780.00	820.00	820.00
LABORATORIES-CLINICAL CHEMISTRY	PRE - ALBUMIN	460.00	710.00	750.00	790.00	830.00
LABORATORIES-CLINICAL CHEMISTRY	READER'S FEE - PRE - ALBUMIN	0.00	30.00	40.00	40.00	40.00
LABORATORIES-CLINICAL	READER'S FEE - SERUM IRON	0.00	20.00	20.00	20.00	20.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
CHEMISTRY						
LABORATORIES-CLINICAL CHEMISTRY	SERUM IRON	240.00	370.00	390.00	410.00	430.00
LABORATORIES-CLINICAL CHEMISTRY	DIRECT LDL	125.00	176.00	185.00	200.00	200.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - GGT	150.00	530.00	625.00	690.00	755.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - LIPASE	165.00	420.00	470.00	515.00	570.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - AMMONIA	165.00	1,105.00	1,225.00	1,355.00	1,490.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD ALCOHOL	180.00	300.00	330.00	340.00	360.00
LABORATORIES-CLINICAL CHEMISTRY	DTIBC	530.00	870.00	910.00	970.00	1,020.00
LABORATORIES-CLINICAL CHEMISTRY	ELECTROPHORESIS HEMOGLOBIN- PACKAGE	2,120.00	3,440.00	3,640.00	3,840.00	4,050.00
LABORATORIES-CLINICAL CHEMISTRY	LITHIUM	190.00	300.00	330.00	340.00	360.00
LABORATORIES-CLINICAL CHEMISTRY	NEPHROCHECK	4,110.00	4,755.00	4,995.00	5,230.00	5,470.00
LABORATORIES-CLINICAL CHEMISTRY	READER'S FEE - NEPHROCHECK	0.00	475.00	500.00	525.00	545.00
LABORATORIES-CLINICAL CHEMISTRY	READER'S FEE - VALPROIC	30.00	50.00	60.00	60.00	60.00
LABORATORIES-CLINICAL CHEMISTRY	READER'S FEE - VANCOMYCIN	40.00	50.00	60.00	60.00	60.00
LABORATORIES-CLINICAL CHEMISTRY	SALICYLATES	220.00	360.00	380.00	400.00	420.00
LABORATORIES-CLINICAL CHEMISTRY	VALPROIC	680.00	1,060.00	1,120.00	1,240.00	1,240.00
LABORATORIES-CLINICAL	VANCOMYCIN	700.00	1,080.00	1,140.00	1,200.00	1,270.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
CHEMISTRY						
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - ALBUMIN	75.00	155.00	260.00	285.00	310.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - ALT (SGPT)	65.00	130.00	270.00	300.00	330.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - AMYLASE	105.00	170.00	305.00	335.00	370.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - AST (SGOT)	60.00	130.00	290.00	320.00	350.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD EXTRACTION FEE	0.00	0.00	110.00	114.00	120.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - BUN	50.00	105.00	210.00	230.00	255.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - CK-MB	280.00	525.00	825.00	910.00	1,000.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - CK TOTAL	190.00	380.00	550.00	605.00	665.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - CHLORIDE (CL)	85.00	150.00	270.00	300.00	330.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - CREATININE	50.00	105.00	215.00	230.00	250.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - LIPID -HDL	135.00	210.00	450.00	495.00	545.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - POTASSIUM (K)	75.00	150.00	280.00	310.00	340.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - SODIUM (NA)	75.00	150.00	275.00	305.00	335.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - PLASMA K	75.00	150.00	285.00	315.00	345.00
LABORATORIES-CLINICAL CHEMISTRY	URINE - AMYLASE	135.00	265.00	345.00	380.00	420.00
LABORATORIES-CLINICAL	URINE - CALCIUM	85.00	245.00	295.00	325.00	360.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
CHEMISTRY						
LABORATORIES-CLINICAL CHEMISTRY	URINE - CHLORIDE (CL)	105.00	230.00	250.00	255.00	280.00
LABORATORIES-CLINICAL CHEMISTRY	URINE - CREATININE	90.00	180.00	240.00	290.00	305.00
LABORATORIES-CLINICAL CHEMISTRY	URINE - UREA NITROGEN	75.00	165.00	210.00	230.00	255.00
LABORATORIES-CLINICAL CHEMISTRY	URINE - SODIUM (NA)	105.00	275.00	290.00	320.00	350.00
LABORATORIES-CLINICAL CHEMISTRY	URINE - SUGAR	105.00	185.00	195.00	205.00	225.00
LABORATORIES-CLINICAL CHEMISTRY	URINE - URIC ACID	60.00	200.00	210.00	245.00	265.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - TOTAL PROTEIN,	105.00	150.00	270.00	300.00	330.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - DRUG ASSAY -ACETAMINOPHEN	190.00	665.00	760.00	835.00	920.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - ALKALINE PHOSPHATASE (ALP)	75.00	145.00	295.00	325.00	355.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD EXTRACTION FEE (IN EXCESS OF 1 TEST TUBE/TUBE	0.00	0.00	9.50	9.50	9.50
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - CALCIUM (CA), SERUM	90.00	245.00	270.00	300.00	330.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - LIPID-TOTAL CHOLESTEROL	50.00	105.00	240.00	265.00	290.00
LABORATORIES-CLINICAL CHEMISTRY	CSF & OTHER BODY FLUIDS - ALBUMIN	75.00	150.00	260.00	285.00	310.00
LABORATORIES-CLINICAL CHEMISTRY	CSF & OTHER BODY FLUIDS - CHOLESTEROL	90.00	195.00	230.00	250.00	275.00
LABORATORIES-CLINICAL CHEMISTRY	CSF & OTHER BODY FLUIDS - SUGAR	90.00	200.00	210.00	225.00	245.00
LABORATORIES-CLINICAL	CSF & OTHER BODY FLUIDS - TRIGLYCERIDES	180.00	255.00	345.00	400.00	440.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
CHEMISTRY						
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - BILIRUBIN -DB (ADULT)	90.00	215.00	270.00	300.00	330.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - ELECTROLYTES (NA, K, CL)	240.00	460.00	785.00	840.00	880.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - HBA1C (GLYCOSYLATED HGB), PLASMA	450.00	755.00	800.00	915.00	1,005.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - RAPID HEP-HBSAG (QUALITATIVE)	165.00	265.00	270.00	295.00	325.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - LACTIC DEHYDROGENASE (LDH)	105.00	195.00	295.00	325.00	355.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - LIVER FUNCTION TEST (LFT)-AST, ALT, ALP,LDH, TPAG, TBIL, DBIL, IBIL	595.00	1,560.00	2,855.00	3,070.00	3,070.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - LIPID -LIPID PROFILE (TRIGLYCERIDE, TOTAL CHOLESTEROL, HDL, LDL)	410.00	690.00	1,240.00	1,340.00	1,530.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - NEONATAL BILIRUBIN-TB/DB/IB (0-15 DAYS)	160.00	363.00	505.00	570.00	570.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - DRUG ASSAY -PHENOPBARBITAL	455.00	1,265.00	1,420.00	1,440.00	1,455.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - SUGAR - FBS/ RBS, 2HRS. PPBS	60.00	105.00	215.00	235.00	260.00
LABORATORIES-CLINICAL CHEMISTRY	CSF & OTHER BODY FLUIDS - TOTAL PROTEIN/SUGAR (QUANTITATIVE)	210.00	420.00	475.00	490.00	540.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - RAPID HEP-HCV (QUALITATIVE)	260.00	495.00	505.00	555.00	555.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - BILIRUBIN -TB (ADULT)	90.00	210.00	270.00	300.00	330.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - BILIRUBIN -TB DB IB/IB (ADULT)	160.00	333.00	475.00	535.00	535.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - TROPH I (QUALITATIVE)	350.00	825.00	1,085.00	1,490.00	1,490.00
LABORATORIES-CLINICAL	URINE - PHOSPHOROUS (PO4)	75.00	230.00	245.00	290.00	375.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
CHEMISTRY						
LABORATORIES-CLINICAL CHEMISTRY	ELECTROPHORESIS- URINE PROTEIN	4,015.00	5,935.00	6,285.00	6,635.00	6,635.00
LABORATORIES-CLINICAL CHEMISTRY	CSF & OTHER BODY FLUIDS - LDH,	150.00	280.00	295.00	325.00	355.00
LABORATORIES-CLINICAL CHEMISTRY	CSF & OTHER BODY FLUIDS - TOTAL PROTEIN,	150.00	220.00	270.00	300.00	330.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - IONIZED CALCIUM, PLASMA,	385.00	425.00	470.00	495.00	545.00
LABORATORIES-CLINICAL CHEMISTRY	IMMUNOTYPING	4,590.00	6,285.00	6,600.00	7,040.00	7,040.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - MAGNESIUM (MG),	200.00	335.00	420.00	460.00	510.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - SUGAR -OGCT (50 GMS),	210.00	210.00	430.00	475.00	520.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - SUGAR -OGTT (100 GMS),	260.00	425.00	820.00	900.00	990.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - SUGAR -OGTT (75 GMS),	230.00	315.00	820.00	900.00	990.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - PHOSPHOROUS (PO4),	80.00	150.00	260.00	285.00	315.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - LIPID -TRIGLYCERIDES,	120.00	170.00	420.00	460.00	505.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - URIC ACID,	75.00	105.00	210.00	230.00	255.00
LABORATORIES-CLINICAL CHEMISTRY	URINE - TOTAL PROTEIN,	150.00	220.00	270.00	300.00	330.00
LABORATORIES-CLINICAL CHEMISTRY	ELECTROPHORESIS- HEMOGLOBIN	1,315.00	1,945.00	2,060.00	2,175.00	2,175.00
LABORATORIES-CLINICAL CHEMISTRY	ELECTROPHORESIS- SERUM PROTEIN	1,110.00	1,640.00	1,735.00	1,830.00	1,830.00
LABORATORIES-CLINICAL	NT PRO BNP	2,210.00	3,270.00	3,430.00	3,600.00	3,760.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
CHEMISTRY						
LABORATORIES-CLINICAL CHEMISTRY	READER'S FEE - NT PRO BNP	0.00	325.00	345.00	360.00	375.00
LABORATORIES-CLINICAL CHEMISTRY	READER'S FEE - PLASMA LACTATE	0.00	13.00	15.00	15.00	15.00
LABORATORIES-CLINICAL CHEMISTRY	PLASMA LACTATE	180.00	267.00	275.00	295.00	295.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - TPAG/GLOBULIN	170.00	440.00	730.00	815.00	855.00
LABORATORIES-CLINICAL CHEMISTRY	URINE - POTASSIUM (K)	105.00	275.00	290.00	320.00	350.00
LABORATORIES-CLINICAL CHEMISTRY	URINE - MAGNESIUM (FOR 24 HRS URINE COLLECTION),	210.00	305.00	320.00	340.00	370.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - ALCOHOL	215.00	345.00	360.00	380.00	400.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - BILIRUBIN - IB (ADULT)	175.00	425.00	540.00	595.00	655.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - DTIBC	575.00	915.00	955.00	1,005.00	1,050.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - FERRITIN	765.00	1,830.00	1,920.00	2,220.00	2,330.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - HBA1C	450.00	755.00	800.00	915.00	1,005.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - LIPID - DIRECT LDL	170.00	200.00	225.00	235.00	245.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - LITHIUM	215.00	345.00	360.00	380.00	400.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - LIVER FUNCTION TEST (LFT) - AST, ALT, ALP, LDH, TPAG, TBIL, DBIL, IBIL	685.00	1,560.00	2,995.00	3,070.00	3,225.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - NEONATAL BILIRUBIN- TB/DB/IB (0-15 DAYS)	160.00	415.00	505.00	570.00	625.00
LABORATORIES-CLINICAL	BLOOD - PLASMA LACTATE	215.00	305.00	320.00	340.00	355.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
CHEMISTRY						
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - PRE-ALBUMIN	480.00	815.00	855.00	895.00	895.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - RAPID HEP-ANTI-HCV (QUALITATIVE)	260.00	570.00	600.00	625.00	640.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - SALICYLATES	245.00	415.00	435.00	455.00	478.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - SERUM IRON	240.00	425.00	445.00	470.00	490.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - TOTAL CARBON DIOXIDE (TCO2)	135.00	195.00	220.00	245.00	265.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - TROPONIN I (QUANTITATIVE)	890.00	1,475.00	1,650.00	1,725.00	1,810.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - VALPROIC	730.00	1,220.00	1,280.00	1,340.00	1,400.00
LABORATORIES-CLINICAL CHEMISTRY	BLOOD - VANCOMYCIN	745.00	1,240.00	1,300.00	1,365.00	1,430.00
LABORATORIES-CLINICAL CHEMISTRY	COVID IGG ASSAY	750.00	1,090.00	1,150.00	1,210.00	1,280.00
LABORATORIES-CLINICAL CHEMISTRY	COVID TOTAL ANTIBODY ASSAY (IGG,IGM,IGA)	810.00	1,260.00	1,330.00	1,400.00	1,480.00
LABORATORIES-CLINICAL CHEMISTRY	CSF & OTHER BODY FLUIDS - CREATININE	50.00	105.00	215.00	230.00	250.00
LABORATORIES-CLINICAL CHEMISTRY	ELECTROPHORESIS - HEMOGLOBIN	1,960.00	2,125.00	2,235.00	2,340.00	2,385.00
LABORATORIES-CLINICAL CHEMISTRY	ELECTROPHORESIS - HEMOGLOBIN - PACKAGE	2,205.00	3,955.00	4,155.00	4,350.00	4,550.00
LABORATORIES-CLINICAL CHEMISTRY	ELECTROPHORESIS - SERUM PROTEIN	1,655.00	1,795.00	1,885.00	1,930.00	1,990.00
LABORATORIES-CLINICAL CHEMISTRY	ELECTROPHORESIS - URINE PROTEIN	4,615.00	6,495.00	6,820.00	7,145.00	7,145.00
LABORATORIES-CLINICAL	G6PD	770.00	0.00	1,260.00	1,330.00	1,400.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
CHEMISTRY						
LABORATORIES-CLINICAL CHEMISTRY	HSCRIP	730.00	1,130.00	1,190.00	1,260.00	1,320.00
LABORATORIES-CLINICAL CHEMISTRY	URINE - ELECTROLYTES (NA, K, CL)	310.00	780.00	830.00	875.00	965.00
LABORATORIES-CLINICAL CHEMISTRY	URINE - MALB (MICROALBUMIN TEST)	525.00	845.00	890.00	930.00	970.00
LABORATORIES-CLINICAL MICROBIOLOGY	AFB STAIN (AURAMINE)	105.00	145.00	350.00	415.00	435.00
LABORATORIES-CLINICAL MICROBIOLOGY	AFB CS	2,040.00	2,475.00	2,630.00	2,785.00	2,845.00
LABORATORIES-CLINICAL MICROBIOLOGY	RT-PCR FOR MDR-TB	5,420.00	5,820.00	6,110.00	6,405.00	6,695.00
LABORATORIES-CLINICAL MICROBIOLOGY	CSF GS/CS	665.00	1,295.00	2,430.00	2,550.00	2,680.00
LABORATORIES-CLINICAL MICROBIOLOGY	MRSA SCREENING	710.00	1,065.00	4,855.00	5,100.00	5,355.00
LABORATORIES-CLINICAL MICROBIOLOGY	TMG SMEAR	270.00	320.00	560.00	670.00	705.00
LABORATORIES-CLINICAL MICROBIOLOGY	URINE GS/CS	735.00	1,260.00	2,430.00	2,550.00	2,680.00
LABORATORIES-CLINICAL MICROBIOLOGY	KOH MOUNT	70.00	114.00	114.00	129.00	129.00
LABORATORIES-CLINICAL MICROBIOLOGY	TPN SOLUTION	415.00	300.00	325.00	340.00	345.00
LABORATORIES-CLINICAL MICROBIOLOGY	ANAEROBIC CULTURE	765.00	890.00	940.00	990.00	1,025.00
LABORATORIES-CLINICAL MICROBIOLOGY	MAKI/ENVIRONMENTAL	395.00	425.00	455.00	490.00	490.00
LABORATORIES-CLINICAL MICROBIOLOGY	EXUDATES GS/CS	1,090.00	1,295.00	2,430.00	2,550.00	2,680.00
LABORATORIES-CLINICAL	GRAM STAIN	105.00	145.00	150.00	160.00	165.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
MICROBIOLOGY						
LABORATORIES-CLINICAL MICROBIOLOGY	INDIA INK	105.00	115.00	130.00	135.00	140.00
LABORATORIES-CLINICAL MICROBIOLOGY	RESPIRATORY GS/CS	970.00	1,295.00	2,430.00	2,550.00	2,680.00
LABORATORIES-CLINICAL MICROBIOLOGY	AFB (MODIFIED)	105.00	150.00	350.00	415.00	435.00
LABORATORIES-CLINICAL MICROBIOLOGY	BLOOD CS	825.00	1,800.00	2,430.00	2,550.00	2,680.00
LABORATORIES-CLINICAL MICROBIOLOGY	FUNGAL CS	795.00	1,570.00	1,760.00	1,810.00	1,900.00
LABORATORIES-CLINICAL MICROBIOLOGY	MAKI ENVIROMENTAL	420.00	440.00	460.00	490.00	505.00
LABORATORIES-CLINICAL MICROBIOLOGY	STOOL GS/CS	875.00	1,295.00	2,430.00	2,550.00	2,680.00
LABORATORIES-CLINICAL MICROBIOLOGY	HMI (HUMAN MILK SPECIMEN)	230.00	0.00	430.00	430.00	430.00
LABORATORIES-CLINICAL MICROSCOPY	URINE - SUGAR (QUALI)	65.00	95.00	115.00	165.00	175.00
LABORATORIES-CLINICAL MICROSCOPY	STONE ANALYSIS	770.00	1,190.00	1,260.00	1,330.00	1,400.00
LABORATORIES-CLINICAL MICROSCOPY	OTHERS - FERNING TEST	70.00	95.00	143.00	190.00	190.00
LABORATORIES-CLINICAL MICROSCOPY	URINE - PREGNANCY TEST	180.00	0.00	375.00	385.00	395.00
LABORATORIES-CLINICAL MICROSCOPY	OTHERS - SEMENALYSIS	130.00	238.00	348.00	380.00	380.00
LABORATORIES-CLINICAL MICROSCOPY	URINE - ALBUMIN (QUALI)	65.00	95.00	150.00	195.00	205.00
LABORATORIES-CLINICAL MICROSCOPY	URINE - BILIRUBIN	65.00	110.00	170.00	195.00	205.00
LABORATORIES-CLINICAL	URINE - HEMOGLOBIN	65.00	110.00	170.00	195.00	205.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
MICROSCOPY						
LABORATORIES-CLINICAL MICROSCOPY	URINE - KETONE	65.00	110.00	170.00	195.00	205.00
LABORATORIES-CLINICAL MICROSCOPY	URINE - LEUKOCYTE	65.00	110.00	170.00	195.00	205.00
LABORATORIES-CLINICAL MICROSCOPY	URINE - MYOGLOBIN	95.00	170.00	180.00	200.00	220.00
LABORATORIES-CLINICAL MICROSCOPY	URINE - NITRITE	65.00	110.00	170.00	195.00	205.00
LABORATORIES-CLINICAL MICROSCOPY	STOOL EXAMINATION FOR ENTAMOEBA HISTOLYTICA ANTIGEN	2,125.00	2,995.00	3,170.00	3,345.00	3,345.00
LABORATORIES-CLINICAL MICROSCOPY	URINE- PREGNANCY TEST	180.00	200.00	375.00	385.00	405.00
LABORATORIES-CLINICAL MICROSCOPY	URINE - UROBILINOGEN	65.00	110.00	170.00	195.00	205.00
LABORATORIES-CLINICAL MICROSCOPY	CSF & OTHER BODY FLUIDS - DIRECT WET MOUNT	50.00	0.00	150.00	205.00	205.00
LABORATORIES-CLINICAL MICROSCOPY	CSF & OTHER BODY FLUIDS - PH	65.00	0.00	130.00	190.00	190.00
LABORATORIES-CLINICAL MICROSCOPY	CSF & OTHER BODY FLUIDS - QUALITATIVE	140.00	0.00	405.00	600.00	600.00
LABORATORIES-CLINICAL MICROSCOPY	CSF & OTHER BODY FLUIDS - RBC MORPHOLOGY	60.00	0.00	150.00	170.00	170.00
LABORATORIES-CLINICAL MICROSCOPY	CSF & OTHER BODY FLUIDS - SPECIFIC GRAVITY	65.00	0.00	130.00	190.00	190.00
LABORATORIES-CLINICAL MICROSCOPY	URINE - URINALYSIS (AUTOMATED)	240.00	260.00	275.00	290.00	300.00
LABORATORIES-CLINICAL MICROSCOPY	URINE - SPECIFIC GRAVITY	50.00	95.00	115.00	165.00	175.00
LABORATORIES-CLINICAL MICROSCOPY	OTHERS - VAGINAL WASHING ANALYSIS	45.00	0.00	205.00	270.00	270.00
LABORATORIES-CLINICAL	CLOSTRIDIUM DIFFICILE ANTIGEN	1,325.00	1,495.00	1,570.00	1,645.00	1,720.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
MICROSCOPY						
LABORATORIES-CLINICAL MICROSCOPY	CSF- PH	65.00	120.00	130.00	190.00	200.00
LABORATORIES-CLINICAL MICROSCOPY	CSF - PH	95.00	120.00	130.00	190.00	200.00
LABORATORIES-CLINICAL MICROSCOPY	CSF- QUALITATIVE	140.00	215.00	385.00	570.00	570.00
LABORATORIES-CLINICAL MICROSCOPY	CSF - QUALITATIVE	140.00	225.00	405.00	600.00	630.00
LABORATORIES-CLINICAL MICROSCOPY	CSF - RBC COUNT	95.00	150.00	350.00	525.00	550.00
LABORATORIES-CLINICAL MICROSCOPY	CSF- RBC MORPHOLOGY	60.00	145.00	150.00	170.00	180.00
LABORATORIES-CLINICAL MICROSCOPY	CSF- SPECIFIC GRAVITY	65.00	120.00	130.00	190.00	200.00
LABORATORIES-CLINICAL MICROSCOPY	CSF - SPECIFIC GRAVITY	95.00	120.00	130.00	190.00	200.00
LABORATORIES-CLINICAL MICROSCOPY	OTHER BODY FLUIDS- DIRECT WET MOUNT	65.00	80.00	150.00	205.00	215.00
LABORATORIES-CLINICAL MICROSCOPY	OTHER BODY FLUIDS- PH	95.00	120.00	130.00	190.00	200.00
LABORATORIES-CLINICAL MICROSCOPY	OTHER BODY FLUIDS- QUALITATIVE	140.00	225.00	405.00	600.00	630.00
LABORATORIES-CLINICAL MICROSCOPY	OTHER BODY FLUIDS- RBC MORPHOLOGY	60.00	145.00	150.00	170.00	180.00
LABORATORIES-CLINICAL MICROSCOPY	OTHER BODY FLUIDS- SPECIFIC GRAVITY	65.00	120.00	130.00	190.00	200.00
LABORATORIES-CLINICAL MICROSCOPY	POLARIZED MICROSCOPY IN SYNOVIAL FLUID	160.00	228.00	238.00	253.00	253.00
LABORATORIES-CLINICAL MICROSCOPY	SEMEN- SEMINALYSIS	510.00	785.00	835.00	880.00	925.00
LABORATORIES-CLINICAL	STOOL - CRYPTO/GIARDIA ANTIGEN	2,045.00	3,020.00	3,200.00	3,375.00	3,545.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
MICROSCOPY						
LABORATORIES-CLINICAL MICROSCOPY	STOOL - DIRECT FECAL SMEAR W/ FECAL CONCENTRATION TECHNIQUE	220.00	340.00	360.00	380.00	440.00
LABORATORIES-CLINICAL MICROSCOPY	STOOL - E-HISTOLYTICA ANTIGEN	2,125.00	3,145.00	3,330.00	3,515.00	3,690.00
LABORATORIES-CLINICAL MICROSCOPY	STOOL EXAMINATION FOR ROTAVIRUS ANTIGEN	930.00	1,310.00	1,385.00	1,460.00	1,460.00
LABORATORIES-CLINICAL MICROSCOPY	STOOL - FECAL IMMUNO-CHEMICAL TEST FOR OCCULT BLOOD (FIT)	215.00	320.00	340.00	360.00	370.00
LABORATORIES-CLINICAL MICROSCOPY	STOOL - OCCULT BLOOD (GUAIC)	85.00	100.00	195.00	270.00	285.00
LABORATORIES-CLINICAL MICROSCOPY	STOOL - ROTAVIRUS ANTIGEN	930.00	1,375.00	1,455.00	1,535.00	1,610.00
LABORATORIES-CLINICAL MICROSCOPY	SYNOVIAL FLUID- TEST FOR CRYSTALS	160.00	240.00	250.00	265.00	275.00
LABORATORIES-CLINICAL MICROSCOPY	URINE- RBC MORPHOLOGY	40.00	140.00	155.00	230.00	240.00
LABORATORIES-CLINICAL MICROSCOPY	VAGINAL FLUID - FERNING TEST	70.00	100.00	150.00	200.00	210.00
LABORATORIES-CLINICAL MICROSCOPY	VAGINAL FLUID - VAGINAL WASHING ANALYSIS FOR SPERM CELLS	55.00	100.00	205.00	270.00	285.00
LABORATORIES-CLINICAL MICROSCOPY	URINE - PH	60.00	95.00	115.00	165.00	170.00
LABORATORIES-CLINICAL MICROSCOPY	DIRECT FECAL SMEAR WITH FECAL CONCENTRATION TECHNIQUE	45.00	325.00	343.00	363.00	380.00
LABORATORIES-CLINICAL MICROSCOPY	DIRECT FECAL SMEAR WITH FECAL CONCENTRATION TECHNIQUE AND OCCULT BLOOD (GUAIC METHOD)	290.00	420.00	535.00	620.00	640.00
LABORATORIES-CLINICAL MICROSCOPY	STOOL EXAMINATION FOR CRYPTOSPORIDIUM/GIARDIA ANTIGENS	0.00	2,875.00	3,045.00	3,215.00	3,215.00
LABORATORIES-CLINICAL MICROSCOPY	VAGINAL WASHING ANALYSIS FOR SPERM CELLS	45.00	95.00	195.00	258.00	258.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
LABORATORIES-HEMATOLOGY	HEMOGLOBIN	110.00	210.00	210.00	310.00	325.00
LABORATORIES-HEMATOLOGY	PROTEIN C	2,400.00	3,275.00	3,275.00	3,430.00	3,560.00
LABORATORIES-HEMATOLOGY	BLEEDING TIME (BT)	65.00	190.00	190.00	240.00	250.00
LABORATORIES-HEMATOLOGY	CLOTTING TIME (CT)	65.00	190.00	190.00	240.00	250.00
LABORATORIES-HEMATOLOGY	DIFFERENTIAL COUNT	110.00	210.00	210.00	310.00	325.00
LABORATORIES-HEMATOLOGY	FILARIAL SMEAR	55.00	145.00	145.00	170.00	180.00
LABORATORIES-HEMATOLOGY	LE CELL PREPARATION	100.00	265.00	265.00	305.00	320.00
LABORATORIES-HEMATOLOGY	MALARIAL SMEAR	55.00	145.00	145.00	170.00	180.00
LABORATORIES-HEMATOLOGY	PLATELET COUNT	110.00	210.00	210.00	310.00	325.00
LABORATORIES-HEMATOLOGY	PROTHROMBIN TIME	180.00	240.00	240.00	285.00	300.00
LABORATORIES-HEMATOLOGY	RETICULOCYTE COUNT	60.00	153.00	153.00	190.00	200.00
LABORATORIES-HEMATOLOGY	WHITE BLOOD CELL COUNT	110.00	210.00	210.00	310.00	310.00
LABORATORIES-HEMATOLOGY	ACTIVATED PARTIAL THROMBOPLASTIN TEST (APTT)	175.00	510.00	510.00	565.00	595.00
LABORATORIES-HEMATOLOGY	CBC (HB, WBC, RBC & DIFF. CT)	180.00	225.00	225.00	310.00	325.00
LABORATORIES-HEMATOLOGY	CLOT RETRACTION TIME (CRT)	65.00	190.00	190.00	240.00	250.00
LABORATORIES-HEMATOLOGY	ERYTHROCYTE SEDIMENTATION RATE (ESR)	100.00	230.00	230.00	240.00	250.00
LABORATORIES-HEMATOLOGY	OSMOTIC FRAGILITY TEST (OFT)	150.00	370.00	430.00	480.00	505.00
LABORATORIES-HEMATOLOGY	RBC/WBC MORPHOLOGY (PBS)	55.00	175.00	175.00	185.00	195.00
LABORATORIES-HEMATOLOGY	HEMATOCRIT	110.00	210.00	210.00	310.00	325.00
LABORATORIES-HEMATOLOGY	D DIMER	3,360.00	3,680.00	3,680.00	3,855.00	4,060.00
LABORATORIES-HEMATOLOGY	FACTOR IX	930.00	1,345.00	1,345.00	1,390.00	1,465.00
LABORATORIES-HEMATOLOGY	FACTOR VIII	930.00	1,345.00	1,345.00	1,390.00	1,465.00
LABORATORIES-HEMATOLOGY	LUPUS CONFIRM	1,775.00	2,105.00	2,105.00	2,220.00	2,335.00
LABORATORIES-HEMATOLOGY	LUPUS SCREEN	1,440.00	2,585.00	2,585.00	2,705.00	2,850.00
LABORATORIES-HEMATOLOGY	PROTEIN S	4,315.00	6,390.00	7,080.00	6,740.00	7,095.00
LABORATORIES-HEMATOLOGY	SCT	820.00	1,270.00	1,350.00	1,420.00	1,500.00
LABORATORIES-HEMATOLOGY	CBC W/ VCS (VOLUME CONDUCTIVITY SCATTER)	200.00	0.00	0.00	0.00	0.00
LABORATORIES-HEMATOLOGY	FIBRINOGEN	870.00	0.00	1,350.00	1,510.00	1,590.00
LABORATORIES-	EBV IGG	2,010.00	2,385.00	2,505.00	2,620.00	2,740.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
IMMUNOPATHOLOGY						
LABORATORIES- IMMUNOPATHOLOGY	ANTI-NMDA RECEPTOR	6,795.00	7,296.00	7,662.00	8,025.00	8,390.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM ANTI-TREPONEMA PALLIDUM IGG-FTA-ABS	1,275.00	1,370.00	1,435.00	1,505.00	1,575.00
LABORATORIES- IMMUNOPATHOLOGY	TB QUANTIFERON	4,710.00	5,060.00	5,310.00	5,565.00	5,820.00
LABORATORIES- IMMUNOPATHOLOGY	VARICELLA IGG	820.00	1,515.00	1,590.00	1,670.00	1,745.00
LABORATORIES- IMMUNOPATHOLOGY	READER'S FEE - SERUM FREE T4	0.00	55.00	60.00	65.00	70.00
LABORATORIES- IMMUNOPATHOLOGY	CMV IGM	1,190.00	1,190.00	1,285.00	1,475.00	1,545.00
LABORATORIES- IMMUNOPATHOLOGY	CMV IGG	775.00	1,045.00	1,100.00	1,150.00	1,200.00
LABORATORIES- IMMUNOPATHOLOGY	MMR	2,805.00	4,540.00	4,770.00	4,995.00	5,225.00
LABORATORIES- IMMUNOPATHOLOGY	RUBEOLA, IGG (CSF)	970.00	2,475.00	2,600.00	2,720.00	2,845.00
LABORATORIES- IMMUNOPATHOLOGY	RUBELLA IGG	545.00	1,080.00	1,130.00	1,190.00	1,240.00
LABORATORIES- IMMUNOPATHOLOGY	RUBELLA IGM	1,175.00	1,925.00	2,020.00	2,985.00	3,120.00
LABORATORIES- IMMUNOPATHOLOGY	SYPHILIS	390.00	444.00	675.00	740.00	740.00
LABORATORIES- IMMUNOPATHOLOGY	ANTI-LIVER KIDNEY MICROSOMAL ANTIBODY	1,255.00	1,255.00	1,305.00	1,370.00	1,435.00
LABORATORIES- IMMUNOPATHOLOGY	ANTI-SMOOTH MUSCLE ANTIBODY	3,140.00	3,140.00	3,270.00	3,420.00	3,575.00
LABORATORIES- IMMUNOPATHOLOGY	CYCLOSPORIN	6,795.00	6,795.00	7,075.00	7,410.00	7,750.00
LABORATORIES-	HERPES 1 IGG	705.00	1,080.00	1,130.00	1,190.00	1,240.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
IMMUNOPATHOLOGY						
LABORATORIES- IMMUNOPATHOLOGY	HERPES 2 IGG	705.00	1,080.00	1,130.00	1,190.00	1,240.00
LABORATORIES- IMMUNOPATHOLOGY	H-PYLORI IGG	1,045.00	1,045.00	1,095.00	1,150.00	1,150.00
LABORATORIES- IMMUNOPATHOLOGY	MUMPS IGG	1,115.00	1,735.00	1,820.00	1,905.00	1,995.00
LABORATORIES- IMMUNOPATHOLOGY	RUBEOLA IGG	1,285.00	2,475.00	2,600.00	2,720.00	2,845.00
LABORATORIES- IMMUNOPATHOLOGY	SIROLIMUS	5,190.00	5,190.00	5,405.00	5,660.00	5,925.00
LABORATORIES- IMMUNOPATHOLOGY	TACROLIMUS	2,515.00	2,515.00	2,620.00	2,740.00	2,870.00
LABORATORIES- IMMUNOPATHOLOGY	TORCH PANEL	7,330.00	9,340.00	10,275.00	10,740.00	12,025.00
LABORATORIES- IMMUNOPATHOLOGY	TOXO IGG	880.00	1,025.00	1,150.00	1,275.00	1,335.00
LABORATORIES- IMMUNOPATHOLOGY	TOXO IGM	775.00	1,130.00	1,360.00	1,475.00	1,545.00
LABORATORIES- IMMUNOPATHOLOGY	CSF BACTIGEN	1,145.00	1,500.00	1,800.00	2,025.00	2,130.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM AFP QUALI	450.00	985.00	1,280.00	1,430.00	1,500.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM AFP QUANTI	730.00	1,445.00	2,025.00	2,245.00	2,355.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM ANTI-HAV IGM	350.00	670.00	965.00	1,070.00	1,125.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM ANTI-HBC IGM	450.00	735.00	885.00	995.00	1,045.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM ANTI-HBC TOTAL	340.00	695.00	830.00	945.00	990.00
LABORATORIES-	SERUM ANTI-HBE	310.00	645.00	965.00	1,035.00	1,085.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
IMMUNOPATHOLOGY						
LABORATORIES- IMMUNOPATHOLOGY	SERUM ANTI-HBS	320.00	545.00	570.00	600.00	630.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM ANTI-HCV	620.00	1,105.00	1,160.00	1,215.00	1,275.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM ASO	285.00	385.00	540.00	580.00	610.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM CA125	790.00	1,270.00	1,400.00	1,570.00	1,650.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM CA125 DILUTED	1,005.00	1,485.00	1,560.00	1,635.00	1,715.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM CA 15-3	1,010.00	1,585.00	1,665.00	1,740.00	1,830.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM CA 19-9	1,060.00	1,655.00	1,740.00	2,155.00	2,265.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM CA19-9 DILUTED	1,270.00	1,865.00	1,960.00	2,330.00	2,445.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM CEA	455.00	755.00	1,635.00	1,815.00	1,905.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM CEA DILUTED	615.00	915.00	1,780.00	1,960.00	2,060.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM CRP	235.00	395.00	495.00	535.00	560.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM DENGUE IGG/IGM	1,225.00	1,355.00	1,420.00	1,555.00	1,635.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM DENGUE NSI AG	1,135.00	1,535.00	1,610.00	1,785.00	1,875.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM DHEA-S	625.00	980.00	1,030.00	1,075.00	1,130.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM ESTRADIOL	395.00	605.00	635.00	725.00	760.00
LABORATORIES-	SERUM FREE T3	475.00	735.00	775.00	810.00	850.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
IMMUNOPATHOLOGY						
LABORATORIES- IMMUNOPATHOLOGY	SERUM FREE T4	365.00	570.00	600.00	660.00	690.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM FSH	350.00	550.00	580.00	660.00	695.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM HBEAG	335.00	640.00	1,010.00	1,195.00	1,255.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM HBSAG	235.00	440.00	505.00	595.00	620.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM HCG DILUTED	910.00	1,340.00	1,410.00	1,475.00	1,550.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM HCG TOTAL UNDILUTED	540.00	605.00	665.00	725.00	760.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM HE4	1,255.00	1,860.00	1,950.00	2,045.00	2,145.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM HEPATITIS B PROFILE	1,940.00	2,895.00	3,430.00	3,900.00	4,095.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM HEPATITIS PROFILE	2,750.00	4,390.00	5,170.00	5,925.00	6,220.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM HIV COMBI AG/AB	330.00	595.00	885.00	940.00	985.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM INSULIN	530.00	1,210.00	1,270.00	1,330.00	1,400.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM LEPTOSPIRA IGG/IGM (RAPID)	500.00	640.00	670.00	735.00	770.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM LH	525.00	705.00	740.00	810.00	850.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM PROGESTERONE	495.00	875.00	920.00	965.00	1,010.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM PROLACTIN	365.00	560.00	590.00	645.00	675.00
LABORATORIES-	SERUM RF	200.00	335.00	475.00	575.00	605.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
IMMUNOPATHOLOGY						
LABORATORIES- IMMUNOPATHOLOGY	SERUM RPR QUALI	140.00	210.00	420.00	455.00	480.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM RPR QUANTI	270.00	270.00	405.00	425.00	445.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM SALMONELLA IGG/IGM	1,485.00	1,705.00	1,790.00	1,910.00	2,005.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM SHBG	640.00	1,260.00	1,325.00	1,450.00	1,520.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM TESTOSTERONE	870.00	1,835.00	1,925.00	2,015.00	2,115.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM TOTAL PSA	570.00	900.00	990.00	1,175.00	1,230.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM TOTAL PSA DILUTED	755.00	1,110.00	1,165.00	1,220.00	1,285.00
LABORATORIES- IMMUNOPATHOLOGY	SERUM TSH	345.00	600.00	690.00	780.00	820.00
LABORATORIES- IMMUNOPATHOLOGY	EBV IGM	2,010.00	2,280.00	2,395.00	2,510.00	2,620.00
LABORATORIES- IMMUNOPATHOLOGY	PROCALCITONIN	2,935.00	3,040.00	3,190.00	3,345.00	3,495.00
LABORATORIES- IMMUNOPATHOLOGY	CSF, CALAS	810.00	1,735.00	1,820.00	1,910.00	2,005.00
LABORATORIES- IMMUNOPATHOLOGY	ANTI-MULLERIAN HORMONE (AMH)	3,410.00	4,360.00	4,410.00	4,500.00	4,560.00
LABORATORIES- IMMUNOPATHOLOGY	HIV CONFIRMATORY TEST (RHIVDA)	110.00	140.00	150.00	155.00	160.00
LABORATORIES- IMMUNOPATHOLOGY	INTERLEUKIN - 6	2,180.00	2,970.00	3,370.00	3,560.00	3,960.00
LABORATORIES-SURGICAL PATHOLOGY	MUTS PROTEIN HOMOLOG 2	1,980.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL	MUTS PROTEIN HOMOLOG 6	1,980.00	2,065.00	2,165.00	2,270.00	2,375.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
PATHOLOGY						
LABORATORIES-SURGICAL PATHOLOGY	PHOTOMICROGRAPHY	120.00	120.00	120.00	120.00	120.00
LABORATORIES-SURGICAL PATHOLOGY	TISSUE BIOPSY - EXTRA-LARGE (13 SLIDES OR MORE)	0.00	0.00	0.00	0.00	0.00
LABORATORIES-SURGICAL PATHOLOGY	TISSUE BIOPSY - LARGE (>2 CM) (8-12 SLIDES)	0.00	0.00	0.00	0.00	0.00
LABORATORIES-SURGICAL PATHOLOGY	TISSUE BIOPSY - MEDIUM (1 CM <= 2CM AGGREGATES) (4-7 SLIDES)	0.00	0.00	0.00	0.00	0.00
LABORATORIES-SURGICAL PATHOLOGY	TISSUE BIOPSY - SMALL (< 1 CM) (1-3 SLIDES)	0.00	0.00	0.00	0.00	0.00
LABORATORIES-SURGICAL PATHOLOGY	SLIDE REVIEW (SR)	245.00	290.00	300.00	315.00	330.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - ANTIHISTONE	1,510.00	2,340.00	2,480.00	2,620.00	2,750.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - ATRX	1,980.00	2,590.00	2,720.00	2,850.00	2,980.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - BER-EP4	1,920.00	2,120.00	2,225.00	2,330.00	2,440.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - CD31	1,920.00	2,120.00	2,225.00	2,330.00	2,440.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - CD7	1,920.00	2,120.00	2,225.00	2,330.00	2,440.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - CMYC	2,010.00	3,290.00	3,455.00	3,619.00	3,785.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - DOG1	2,815.00	3,020.00	3,170.00	3,320.00	3,475.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - GLYPICAN 3	2,645.00	2,760.00	2,900.00	3,040.00	3,180.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - GRANZYME B	2,645.00	3,090.00	3,245.00	3,400.00	3,555.00
LABORATORIES-SURGICAL	ANTIBODIES - KAPPA LIGHT CHAIN	1,920.00	2,120.00	2,225.00	2,330.00	2,440.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
PATHOLOGY						
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - LAMBDA LIGHT CHAIN	1,920.00	2,120.00	2,225.00	2,330.00	2,440.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - MDM2	1,920.00	2,970.00	3,140.00	3,320.00	3,490.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - MYOGENIN	1,920.00	2,120.00	2,225.00	2,330.00	2,440.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - NAPSIN A	2,520.00	2,900.00	3,045.00	3,190.00	3,335.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - NKX3.1	2,055.00	2,350.00	2,465.00	2,585.00	2,700.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - SOX10	3,180.00	3,650.00	3,835.00	4,015.00	4,220.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - STAT 6	2,025.00	2,415.00	2,535.00	2,655.00	2,775.00
LABORATORIES-SURGICAL PATHOLOGY	CAM 5.2	2,570.00	3,295.00	3,390.00	3,425.00	3,555.00
LABORATORIES-SURGICAL PATHOLOGY	CK 18/8	2,755.00	2,905.00	2,915.00	2,920.00	2,925.00
LABORATORIES-SURGICAL PATHOLOGY	ERG	1,980.00	0.00	0.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	EWSR FISH	8,380.00	0.00	0.00	9,620.00	10,060.00
LABORATORIES-SURGICAL PATHOLOGY	IIMMUNISTAINS - CALDESMON	1,730.00	0.00	0.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAIN - EMA	0.00	0.00	0.00	0.00	0.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CD2	1,980.00	2,250.00	2,360.00	2,475.00	2,585.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - MDM2	2,365.00	3,140.00	3,295.00	3,455.00	3,610.00
LABORATORIES-SURGICAL	IMMUNOSTAINS - PMSI-2	1,980.00	1,980.00	2,250.00	2,475.00	2,585.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
PATHOLOGY						
LABORATORIES-SURGICAL PATHOLOGY	INHIBIN-A	1,980.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	LIQUID BASED CYTOLOGY FOR GYNECOLOGICAL SAMPLES	1,695.00	1,915.00	2,010.00	2,105.00	2,205.00
LABORATORIES-SURGICAL PATHOLOGY	LIQUID BASED CYTOLOGY FOR NON-GYNECOLOGICAL SAMPLES	2,305.00	2,605.00	2,735.00	2,865.00	2,995.00
LABORATORIES-SURGICAL PATHOLOGY	MDM2-FISH	8,380.00	8,745.00	9,185.00	9,620.00	10,060.00
LABORATORIES-SURGICAL PATHOLOGY	MUC-4	2,395.00	2,500.00	2,625.00	2,750.00	2,875.00
LABORATORIES-SURGICAL PATHOLOGY	MUTS PROTEIN HOMOLOG 1	1,980.00	2,065.00	2,165.00	2,270.00	0.00
LABORATORIES-SURGICAL PATHOLOGY	PAP SMEAR, CONVENTIONAL	225.00	645.00	660.00	665.00	670.00
LABORATORIES-SURGICAL PATHOLOGY	PSMA	1,980.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	SATB2	2,565.00	2,675.00	2,810.00	2,945.00	3,075.00
LABORATORIES-SURGICAL PATHOLOGY	SPECIAL STAINS - DIFF QUICK STAIN	1,025.00	1,070.00	1,125.00	1,175.00	1,230.00
LABORATORIES-SURGICAL PATHOLOGY	SPECIAL STAINS -WRIGHTS	0.00	0.00	0.00	0.00	0.00
LABORATORIES-SURGICAL PATHOLOGY	SS18	9,225.00	9,625.00	10,105.00	10,590.00	11,070.00
LABORATORIES-SURGICAL PATHOLOGY	TFT3	2,565.00	2,675.00	2,810.00	2,945.00	3,075.00
LABORATORIES-SURGICAL PATHOLOGY	TLE 1	2,710.00	2,830.00	2,970.00	3,110.00	3,250.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - BCL6	1,730.00	2,785.00	2,830.00	2,995.00	3,145.00
LABORATORIES-SURGICAL	ANTIBODIES - CD4	1,730.00	2,065.00	2,165.00	2,270.00	2,375.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
PATHOLOGY						
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - PD-LHHC	4,025.00	5,700.00	5,985.00	6,270.00	6,555.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - ALK (CD46)	1,980.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CD3	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CD 34	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CD117	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CEA	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CK7	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CK 56	1,980.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CK20	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - DESMIN	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - EMA	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - HMB 45	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - HEP PAR1	1,980.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - HER2NEU	995.00	1,560.00	1,560.00	1,560.00	1,560.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - IDH1	2,670.00	2,785.00	2,840.00	2,870.00	2,895.00
LABORATORIES-SURGICAL	IMMUNOSTAINS - KI67	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
PATHOLOGY						
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - NSE	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - P53	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - P63	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - PLAP	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - SMA	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - S-100	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - TDT	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - VIMENTIN	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	TISSUE BIOPSY - SMALL (< 1 CM)	345.00	670.00	705.00	740.00	770.00
LABORATORIES-SURGICAL PATHOLOGY	TISSUE BIOPSY - MEDIUM (1 CM <= 2CM AGGREGATES)	410.00	740.00	755.00	810.00	850.00
LABORATORIES-SURGICAL PATHOLOGY	TISSUE BIOPSY - LARGE (>2 CM)	630.00	910.00	955.00	1,000.00	1,045.00
LABORATORIES-SURGICAL PATHOLOGY	TISSUE BIOPSY - EXTRA-LARGE	765.00	1,820.00	1,910.00	2,000.00	2,090.00
LABORATORIES-SURGICAL PATHOLOGY	CELL BLOCKS/CYTOLOGY (CB)	360.00	685.00	720.00	755.00	790.00
LABORATORIES-SURGICAL PATHOLOGY	ASPIRATES, SMEARS (MAXIMUM OF 4 SLIDES)	270.00	410.00	460.00	485.00	505.00
LABORATORIES-SURGICAL PATHOLOGY	TISSUE BIOPSY - FROZEN SECTION	590.00	1,030.00	1,080.00	1,130.00	1,180.00
LABORATORIES-SURGICAL	SPECIAL STAINS - PERIODIC ACID SCHIFF	365.00	420.00	425.00	440.00	445.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
PATHOLOGY						
LABORATORIES-SURGICAL PATHOLOGY	SPECIAL STAINS - RETICULIN	365.00	420.00	425.00	440.00	445.00
LABORATORIES-SURGICAL PATHOLOGY	SPECIAL STAINS - WRIGHTS	365.00	0.00	425.00	440.00	445.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CK (CYTOKERATIN)	1,540.00	2,175.00	2,280.00	2,305.00	2,640.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - ER OR PR ONLY	1,980.00	2,405.00	2,525.00	2,645.00	2,765.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - ER & PR ASSAY	3,200.00	4,680.00	4,915.00	5,150.00	5,380.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNISTAINS - SYNAPTHOPHYSIN	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	HER2 FISH	8,895.00	9,510.00	0.00	0.00	0.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - PAX5	2,070.00	2,780.00	2,920.00	3,060.00	3,195.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CD 56	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - TTF-1	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - BCL2	1,980.00	2,295.00	2,410.00	2,525.00	2,640.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - BETA CATENIN	1,980.00	2,250.00	2,360.00	2,475.00	2,585.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CALRETININ	1,980.00	2,295.00	2,410.00	2,525.00	2,640.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CD 10	1,980.00	2,295.00	2,410.00	2,525.00	2,640.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CD 15	1,540.00	2,240.00	2,285.00	2,305.00	2,370.00
LABORATORIES-SURGICAL	IMMUNOSTAINS - CD 20	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
PATHOLOGY						
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CD 30	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CD 45	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CD 5	1,980.00	2,295.00	2,410.00	2,525.00	2,640.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CKLMW	2,520.00	2,690.00	2,825.00	2,960.00	3,095.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - HERCEP 2	3,275.00	4,045.00	4,245.00	4,450.00	4,650.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - MAMMAGLOBIN	1,980.00	2,295.00	2,410.00	2,525.00	2,640.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - MUSCLE ACTIN (MSA)	1,725.00	2,210.00	2,295.00	2,380.00	2,380.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - THYROGLOBULIN	1,980.00	2,295.00	2,410.00	2,525.00	2,640.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - TOXOPLASMA	2,250.00	2,845.00	2,985.00	3,130.00	3,270.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - WT 1	1,980.00	2,295.00	2,410.00	2,525.00	2,640.00
LABORATORIES-SURGICAL PATHOLOGY	LIQUID BASED CYTOLOGY FOR NON-GYNECOLOGICAL SAMPLES WITH CELLBOOK	2,715.00	3,030.00	3,180.00	3,335.00	3,485.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - AFP	1,730.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - AMACR	1,730.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - CA19-9	1,460.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - CALDESMON	1,160.00	1,800.00	1,900.00	2,010.00	2,110.00
LABORATORIES-SURGICAL	ANTIBODIES - CD1A	1,730.00	2,065.00	2,165.00	2,270.00	2,375.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
PATHOLOGY						
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - CD21	1,920.00	2,120.00	2,225.00	2,330.00	2,440.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - CD79A	1,730.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - CD8	1,730.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - CDX2	1,730.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - GATA3	1,760.00	2,240.00	2,350.00	2,465.00	2,575.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - HBME1	1,370.00	2,250.00	2,250.00	2,360.00	2,475.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - MUMI	1,730.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - MYELOPEROXIDASE	1,730.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - MYOD1	1,385.00	2,130.00	2,235.00	2,340.00	2,445.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - NEUROFILAMENT	1,730.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - P16	2,355.00	2,710.00	2,845.00	2,980.00	3,115.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - PAX-8	2,460.00	2,770.00	2,910.00	3,045.00	3,185.00
LABORATORIES-SURGICAL PATHOLOGY	ANTIBODIES - SALL4	2,440.00	2,770.00	2,910.00	3,045.00	3,185.00
LABORATORIES-SURGICAL PATHOLOGY	SPECIAL STAINS - GIEMSA	365.00	420.00	425.00	440.00	445.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CD99	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL	IMMUNOSTAINS - GFAP	1,540.00	2,065.00	2,165.00	2,270.00	2,375.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
PATHOLOGY						
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - ER/PR WITH HER2NEU	4,360.00	6,240.00	6,550.00	6,865.00	7,175.00
LABORATORIES-SURGICAL PATHOLOGY	1P19Q FISH	14,910.00	19,450.00	20,425.00	21,395.00	22,370.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CD138	1,980.00	2,295.00	2,410.00	2,525.00	2,640.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CD 68	1,980.00	2,295.00	2,410.00	2,525.00	2,640.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CHROMOGRANIN	1,540.00	0.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CK19	1,980.00	2,295.00	2,410.00	2,525.00	2,640.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CK (CYTOKERATIN) 8 & 18	1,850.00	0.00	1,950.00	1,950.00	1,950.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CK HMW (34BE12)	1,980.00	0.00	2,165.00	2,270.00	2,375.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - CYCLIN D1	1,980.00	2,295.00	2,410.00	2,525.00	2,640.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - E-CADHERIN	1,980.00	2,295.00	2,410.00	2,525.00	2,640.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - INI-1	2,645.00	0.00	2,900.00	2,875.00	2,905.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - MELANIN A	1,980.00	2,295.00	2,410.00	2,525.00	2,640.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - MUSCLE SPECIFIC ACTIN (MSA)	1,980.00	0.00	2,320.00	2,430.00	2,540.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - P40	2,145.00	2,690.00	2,825.00	2,960.00	3,095.00
LABORATORIES-SURGICAL PATHOLOGY	IMMUNOSTAINS - P57	2,150.00	2,895.00	3,040.00	3,185.00	3,330.00
LABORATORIES-SURGICAL	READER'S FEE - 1P19Q FISH	0.00	2,910.00	3,065.00	3,210.00	3,355.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
PATHOLOGY						
LABORATORIES-SURGICAL PATHOLOGY	SPECIAL STAINS - CONGO RED	365.00	0.00	425.00	440.00	445.00
LABORATORIES-SURGICAL PATHOLOGY	SPECIAL STAINS - ELASTIC STAIN	365.00	0.00	425.00	440.00	445.00
LABORATORIES-SURGICAL PATHOLOGY	SPECIAL STAINS - FITE FERACO	365.00	0.00	425.00	440.00	445.00
LABORATORIES-SURGICAL PATHOLOGY	SPECIAL STAINS - MASSON TRICHROME	365.00	0.00	425.00	440.00	445.00
LABORATORIES-SURGICAL PATHOLOGY	SPECIAL STAINS - PAPANICOLAOU STAIN	365.00	0.00	425.00	440.00	445.00
MEDICAL RECORDS DIVISION	FEE FOR LOST CHART (PER CHART)	150.00	150.00	150.00	150.00	150.00
MEDICAL RECORDS DIVISION	REPLACEMENT OF BLUE CARD (LOST)	5.00	5.00	5.00	5.00	5.00
MEDICAL RECORDS DIVISION	ADMISSION FEE FOR NEW OPD PATIENTS (BLUE CARD)	7.00	7.00	7.00	7.00	7.00
MEDICAL RECORDS DIVISION	ISSUANCE OF CERTIFIED TRUE COPY OF A DOCUMENT (PER DOCUMENT)	30.00	30.00	30.00	30.00	30.00
MEDICAL RECORDS DIVISION	MEDICAL CERTIFICATES EXCLUDING FOR INSURANCE PURPOSES	30.00	0.00	30.00	30.00	30.00
MEDICAL RECORDS DIVISION	MEDICAL CERTIFICATES FOR INSURANCE PURPOSES	90.00	0.00	90.00	90.00	90.00
MEDICAL RECORDS DIVISION	MEDICO LEGAL CERTIFICATE	30.00	30.00	30.00	30.00	30.00
MEDICAL RECORDS DIVISION	PREPARATION OF BIRTH CERTIFICATE AND AFFIDAVIT FOR LATE REGISTRATION	50.00	50.00	50.00	50.00	50.00
MEDICAL RECORDS DIVISION	VERIFICATION OF BIRTH CERTIFICATES PREPARED AND TRANSMITTED TO LCR	30.00	30.00	30.00	30.00	30.00
MEDICAL RECORDS DIVISION	MEDICAL CERTIFICATES EXCLUDING FOR INSURANCE PURPOSES	30.00	30.00	30.00	30.00	30.00
MEDICAL RECORDS DIVISION	MEDICAL CERTIFICATES FOR INSURANCE PURPOSES	90.00	90.00	90.00	90.00	90.00
MEDICAL RECORDS DIVISION	PENALTY FOR FAILURE TO RETURN BORROWED CHART ON DUE DATE (PER WORKING DAY)	15.00	15.00	15.00	15.00	15.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
MEDICAL RESEARCH LABORATORY	IFF (INDIRECT IMMUNOFLOURESCENCE)	1,000.00	2,000.00	2,000.00	2,000.00	2,000.00
MEDICAL RESEARCH LABORATORY	DIF (DIRECT IMMUNOFLOURESCENCE)	2,605.00	2,000.00	2,985.00	3,130.00	3,270.00
MEDICAL RESEARCH LABORATORY	SILICA CLOTTING TIME (SCT)	890.00	1,350.00	1,350.00	1,420.00	1,500.00
MEDICINE (CARDIAC CATHETERIZATION)	CENTRAL LINE INSERTION/WC FILTER INSERTION	3,875.00	11,250.00	11,250.00	12,500.00	12,500.00
MEDICINE (CARDIAC CATHETERIZATION)	PERMANENT PACEMAKER INSERTION	4,250.00	13,050.00	13,050.00	14,500.00	0.00
MEDICINE (CARDIAC CATHETERIZATION)	TEMPORARY PACEMAKER INSERTION	3,110.00	13,500.00	13,500.00	15,000.00	0.00
MEDICINE (CARDIAC CATHETERIZATION)	ADDITIONAL FLUORO/ROOM TIME	1,965.00	1,965.00	1,965.00	1,965.00	0.00
MEDICINE (CARDIAC CATHETERIZATION)	CORONARY ANGIOGRAM (CATH LAB)	4,815.00	20,185.00	20,185.00	22,425.00	0.00
MEDICINE (CARDIAC CATHETERIZATION)	FLUOROSCOPY	1,980.00	4,470.00	4,470.00	5,175.00	0.00
MEDICINE (CARDIAC CATHETERIZATION)	HEMODYNAMIC STUDIES	5,705.00	24,325.00	24,325.00	27,025.00	0.00
MEDICINE (CARDIAC CATHETERIZATION)	INTRA-AORTIC BALLOON PUMP INSERTION (EXCLUDES IAB CATHETER AND USE OF IABP MACHINE)	3,550.00	9,315.00	9,315.00	10,350.00	10,350.00
MEDICINE (CARDIAC CATHETERIZATION)	PERCUTANEOUS TRANSEPTAL MITRAL COMMISUROTOMY (EXCLUDES OTHER SPECIAL ITEMS)	7,975.00	28,465.00	28,465.00	31,625.00	31,625.00
MEDICINE (CARDIAC CATHETERIZATION)	PERCUTANEOUSTRANSLUMINAL CORONARY ANGIOPLASTY (EXCLUDES OTHER SPECIAL ITEMS)	5,225.00	28,465.00	28,465.00	31,625.00	31,625.00
MEDICINE (CARDIAC CATHETERIZATION)	PPI SET	570.00	570.00	570.00	570.00	570.00
MEDICINE (CARDIAC CATHETERIZATION)	PTBD INSERTION	3,550.00	9,315.00	9,315.00	10,350.00	10,350.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
MEDICINE (CARDIAC CATHETERIZATION)	TEMPORARY PULSE GENERATOR	400.00	400.00	400.00	400.00	400.00
MEDICINE (CARDIAC CATHETERIZATION)	WATERS WHOLE BLOOD OXIMETER	600.00	600.00	600.00	600.00	600.00
MEDICINE (CARDIAC CATHETERIZATION)	DIGITAL SUBTRACIONAL ANGIOGRAM	4,540.00	15,000.00	15,000.00	16,675.00	16,675.00
MEDICINE (CARDIAC CATHETERIZATION)	DIGITAL SUBTRACTION ANGIOGRAPHY	4,540.00	15,000.00	15,000.00	16,675.00	0.00
MEDICINE (CARDIAC CATHETERIZATION)	HEMODYNAMIC STUDIES (W/ OXIMETER) FOR CHARITY	0.00	0.00	0.00	0.00	0.00
MEDICINE (CARDIAC CATHETERIZATION)	IABP INSERTION	3,550.00	9,315.00	9,315.00	10,350.00	0.00
MEDICINE (CARDIAC CATHETERIZATION)	INTRA-AORTIC BALLOON PUMP MACHINE/PER DAY	8,000.00	8,000.00	8,000.00	8,000.00	8,000.00
MEDICINE (CARDIAC CATHETERIZATION)	ITC HEMOCHRON 401 ACT MACHINE ANTI-COAGULATION MANAGEMENT UNIT	550.00	550.00	550.00	550.00	550.00
MEDICINE (CARDIAC CATHETERIZATION)	PERCUTANEOUS SET INCLUSIVE OF: (1) MOSQUITO FORCEP, CURVED; (1) BLADE HOLDER; (1) TRAY	145.00	145.00	145.00	145.00	145.00
MEDICINE (CARDIAC CATHETERIZATION)	PERMANENT PACEMAKER INSERTION (W/ USE OF PPI SET)	0.00	0.00	13,620.00	15,070.00	0.00
MEDICINE (CARDIAC CATHETERIZATION)	PTCA	5,255.00	28,465.00	28,465.00	31,625.00	0.00
MEDICINE (CARDIAC CATHETERIZATION)	PTMC	7,975.00	28,465.00	28,465.00	31,625.00	0.00
MEDICINE (CARDIAC CATHETERIZATION)	SWAN GANZ INSERTION	3,875.00	11,250.00	11,250.00	12,500.00	0.00
MEDICINE (ALLERGY AND IMMUNOLOGY)	IMPORTED ALLERGEN - HOUSEDUSTMITE	0.00	0.00	0.00	2,465.00	0.00
MEDICINE (ALLERGY AND IMMUNOLOGY)	LOCAL ALLERGEN IN STERILE VIAL - FOOD/ML	0.00	0.00	0.00	480.00	0.00
MEDICINE (ALLERGY AND IMMUNOLOGY)	LOCAL ALLERGEN IN STERILE VIAL - POLLEN/ML	0.00	0.00	0.00	530.00	0.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
IMMUNOLOGY)						
MEDICINE (ALLERGY AND IMMUNOLOGY)	LOCAL ALLERGEN - POLLEN/ML	310.00	0.00	0.00	350.00	0.00
MEDICINE (ALLERGY AND IMMUNOLOGY)	IMMUNOTHERAPY TO HOUSEDUST MITE	280.00	390.00	390.00	390.00	390.00
MEDICINE (ALLERGY AND IMMUNOLOGY)	INTRADERMAL TESTING TO INDOOR ALLERGEN	450.00	450.00	450.00	450.00	450.00
MEDICINE (ALLERGY AND IMMUNOLOGY)	SKIN TESTING TO AEROALLERGENS	750.00	1,800.00	1,800.00	1,800.00	1,800.00
MEDICINE (ALLERGY AND IMMUNOLOGY)	IMPORTED ALLERGEN - COCKROACH	0.00	0.00	0.00	3,380.00	0.00
MEDICINE (ALLERGY AND IMMUNOLOGY)	IMMUNOTHERAPY TO COACKROACH	280.00	390.00	390.00	390.00	390.00
MEDICINE (ALLERGY AND IMMUNOLOGY)	SKIN TESTING TO FOOD ALLERGENS	450.00	1,350.00	1,350.00	1,350.00	1,350.00
MEDICINE (ALLERGY AND IMMUNOLOGY)	IMMUNOTHERAPY TO POLLENS	90.00	190.00	190.00	190.00	190.00
MEDICINE (ALLERGY AND IMMUNOLOGY)	LOCAL ALLERGEN - FOOD/ML	265.00	0.00	0.00	300.00	0.00
MEDICINE (CARDIOLOGY)	3D ONLY	3,110.00	0.00	3,135.00	3,285.00	3,435.00
MEDICINE (CARDIOLOGY)	AMBULATORY BLOOD PRESSURE MONITORING	1,000.00	0.00	2,230.00	2,340.00	2,445.00
MEDICINE (CARDIOLOGY)	CAROTID DUPLEX SCAN (BILATERAL)	1,650.00	0.00	3,215.00	3,365.00	3,520.00
MEDICINE (CARDIOLOGY)	DUPLEX ULTRASOUND OF VASCULAR MASS (PSEUDO-ANEURYSM)	1,665.00	0.00	1,680.00	1,760.00	1,840.00
MEDICINE (CARDIOLOGY)	FOCUSED CARDIAC ULTRASOUND	935.00	0.00	940.00	985.00	1,030.00
MEDICINE (CARDIOLOGY)	POINT OF CARE VASCULAR ULTRASOUND	765.00	0.00	770.00	810.00	845.00
MEDICINE (CARDIOLOGY)	TOE BRACHIAL INDEX (TBI)	355.00	0.00	460.00	480.00	505.00
MEDICINE (CARDIOLOGY)	TRANSTHORACIC ECHO, BRIEF STUDY (FOLLOW-UP STUDY WITHIN 6 MONTHS)	1,510.00	0.00	2,845.00	3,115.00	0.00
MEDICINE (CARDIOLOGY)	TRANSTHORACIC ECHOCARDIOGRAPHY, (FULL-BEDSIDE)- IN PATIENT ONLY	2,015.00	0.00	3,850.00	4,030.00	4,215.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
MEDICINE (CARDIOLOGY)	TRANSTHORACIC ECHOCARDIOGRAPHY (FULL STUDY)	1,680.00	0.00	3,150.00	3,300.00	3,450.00
MEDICINE (CARDIOLOGY)	VENOUS DUPLEX SCAN, LOWER EXTREMITIES	1,495.00	0.00	3,425.00	3,590.00	3,755.00
MEDICINE (CARDIOLOGY)	WRIST BRACHIAL INDEX (WBI)	350.00	0.00	460.00	480.00	505.00
MEDICINE (CARDIOLOGY)	PRESSURES WITH PULSE VOLUME RECORDING (UPPER OR LOWER EXTREMITIES)	1,020.00	1,845.00	1,940.00	2,030.00	2,125.00
MEDICINE (CARDIOLOGY)	TILT TABLE TEST	2,520.00	3,570.00	3,750.00	3,925.00	4,105.00
MEDICINE (CARDIOLOGY)	ARTERIAL DUPLEX SCAN, LOWER EXTREMITIES	1,495.00	0.00	3,425.00	3,590.00	3,755.00
MEDICINE (CARDIOLOGY)	DOBUTAMINE STRESS ECHOCARDIO-GRAPHY (DSE)	2,940.00	6,995.00	7,345.00	7,695.00	8,045.00
MEDICINE (CARDIOLOGY)	TREADMILL EXERCISE TEST	1,400.00	0.00	1,685.00	1,765.00	1,845.00
MEDICINE (CARDIOLOGY)	ANKLE-BRACHIAL INDEX (ABI)	1,080.00	1,515.00	1,590.00	1,665.00	1,740.00
MEDICINE (CARDIOLOGY)	CONTRAST ECHOCARDIOGRAPHY	65.00	160.00	165.00	175.00	180.00
MEDICINE (CARDIOLOGY)	INTRA-OPERATIVE TRANSESO-PHAGEAL ECHOCARDIO-GRAPHY (IOTEE)	5,040.00	11,995.00	12,595.00	13,195.00	13,795.00
MEDICINE (CARDIOLOGY)	TRANSESO-PHAGEAL ECHOCARDIO-GRAPHY (TEE)	3,360.00	7,995.00	8,395.00	8,795.00	9,195.00
MEDICINE (CARDIOLOGY)	TREADMILL STRESS ECHOCARDIO-GRAPHY (TSE)	1,975.00	4,700.00	4,935.00	5,170.00	5,405.00
MEDICINE (CARDIOLOGY)	ARTERIAL DUPLEX SCAN, UPPER EXTREMITIES	1,495.00	3,265.00	3,425.00	3,590.00	3,755.00
MEDICINE (CARDIOLOGY)	ARTERIAL & VEIN MAPPING	2,840.00	4,510.00	4,735.00	4,960.00	5,185.00
MEDICINE (CARDIOLOGY)	AVF GRAFT SURVEILLANCE	2,080.00	3,775.00	3,965.00	4,150.00	4,340.00
MEDICINE (CARDIOLOGY)	DVT SCREENING	1,090.00	1,970.00	2,065.00	2,165.00	2,265.00
MEDICINE (CARDIOLOGY)	VENOUS DUPLEX SCAN, UPPER EXTREMITIES	1,495.00	3,265.00	3,425.00	3,590.00	3,755.00
MEDICINE (DERMATOLOGY)	DERMAL PIGMENTED LESIONS (NEVUS OF OTA, ITO) 64 CM2	1,140.00	0.00	0.00	1,555.00	0.00
MEDICINE (DERMATOLOGY)	ILSI (INTRALESIONAL CORTICOSTEROID INJECTION) - EXCLUDING TRIAMCINOLONE ACETONIDE	335.00	410.00	410.00	410.00	410.00
MEDICINE (DERMATOLOGY)	LASER TONING AND REJUVENATION 512 CM2	3,230.00	0.00	0.00	4,405.00	0.00
MEDICINE (DERMATOLOGY)	ACNE SURGERY (FOR COMEDONES)	450.00	625.00	625.00	625.00	625.00
MEDICINE (DERMATOLOGY)	ED (ELECTRODESSICATION) BIG - 1-3 LESIONS/FOR EPIDERMAL NEVUS, MAXIMUM AREA	600.00	900.00	900.00	900.00	900.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	OF 3 X 3 CM					
MEDICINE (DERMATOLOGY)	ED (ELECTRODESSICATION) SMALL - EXCLUDING EMLA	505.00	615.00	615.00	615.00	615.00
MEDICINE (DERMATOLOGY)	EXTRACTION- EXCLUDING EMLA 1-10 LESIONS	300.00	450.00	450.00	450.00	450.00
MEDICINE (DERMATOLOGY)	EXTRACTION- EXCLUDING EMLA 11-20 LESIONS	450.00	600.00	600.00	600.00	600.00
MEDICINE (DERMATOLOGY)	PUNCH BIOPSY - EXCLUDING READER'S FEE, MATERIALS AND PROCESSING FEE	615.00	1,645.00	1,645.00	1,645.00	1,645.00
MEDICINE (DERMATOLOGY)	68WHITENING BUTT (B) 576 CM2	4,980.00	6,790.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	68WHITENING ELBOWS (B) 128 CM2	2,135.00	2,910.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	68WHITENING FACE 512 CM2	2,980.00	4,065.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	68WHITENING GROIN (B) 192 CM2	3,065.00	4,180.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	68WHITENING KNEES (B) 128 CM2	2,135.00	2,910.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	68WHITENING UNDERARMS (B) 64 CM2 + 2 TEST SPOTS	2,355.00	3,210.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	CARBON PEELING 512 CM2	3,230.00	0.00	0.00	4,405.00	0.00
MEDICINE (DERMATOLOGY)	EPIDERMAL PIGMENTED LESIONS (SK, LENTIGO) 64 CM2	1,140.00	0.00	0.00	1,555.00	0.00
MEDICINE (DERMATOLOGY)	HAIR REDUCTION BIKINI 192 CM2	3,275.00	0.00	0.00	4,470.00	0.00
MEDICINE (DERMATOLOGY)	HAIR REDUCTION LEGS/ARMS 640 CM2	5,365.00	0.00	0.00	7,320.00	0.00
MEDICINE (DERMATOLOGY)	HAIR REDUCTION SKIN REJUVENATION 512 CM2	3,230.00	0.00	0.00	4,405.00	0.00
MEDICINE (DERMATOLOGY)	HAIR REDUCTION SKIN TIGHTENING 512 CM2	3,230.00	0.00	0.00	4,405.00	0.00
MEDICINE (DERMATOLOGY)	HAIR REDUCTION UNDERARMS 64 CM2 + 2 TEST SPOTS	2,505.00	0.00	0.00	3,415.00	0.00
MEDICINE (DERMATOLOGY)	HAIR REDUCTION UPPER LIP 64 CM2	1,140.00	0.00	0.00	1,555.00	0.00
MEDICINE (DERMATOLOGY)	HAIR REDUCTION UPPER LIP AND CHIN 2 TEST SPOTS	1,365.00	0.00	0.00	1,860.00	0.00
MEDICINE (DERMATOLOGY)	HALF A PALM SIZEN 64 CM2 585 NM LASER QUANTA SYSTEM	1,065.00	1,455.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	HALF FACE/PALM SIZE 128 CM2 585 NM LASER QUANTA SYSTEM	2,000.00	2,725.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	HEMANGIOMA/PORT WINE STAIN 64 CM2	1,140.00	0.00	0.00	1,555.00	0.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
MEDICINE (DERMATOLOGY)	INFLAMMATORY ACNE/ROSECEA 128 CM2	2,135.00	0.00	0.00	2,915.00	0.00
MEDICINE (DERMATOLOGY)	MELASMA, ROSACEA 128 CM2	2,000.00	2,725.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	MELASMA, ROSACEA 64 CM2	1,065.00	1,455.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	ONYCHOMYCOSIS TEST SPOT	680.00	0.00	0.00	930.00	0.00
MEDICINE (DERMATOLOGY)	PWS, HEMANGIOMA 128 CM2	2,000.00	2,725.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	PWS, HEMANGIOMA 64 CM2	1,065.00	1,455.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	SKIN REJUVENATION 512 CM2	2,980.00	4,065.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	SPIDER NEVI, LEG TELANGIECTASIAS 64 CM2	1,140.00	0.00	0.00	1,555.00	0.00
MEDICINE (DERMATOLOGY)	STRIAE, WRINKLES 128 CM2	2,000.00	2,725.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	STRIAE, WRINKLES 64 CM2	1,065.00	1,455.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	TATTOO REMOVAL 64 CM2	1,140.00	0.00	0.00	1,555.00	0.00
MEDICINE (DERMATOLOGY)	TATTOO REMOVAL BUTT (B) 640 CM2	5,365.00	0.00	0.00	7,315.00	0.00
MEDICINE (DERMATOLOGY)	TATTOO REMOVAL ELBOWS (B) 128 CM2	2,280.00	0.00	0.00	3,110.00	0.00
MEDICINE (DERMATOLOGY)	TATTOO REMOVAL GROIN (B) 192 CM2	3,275.00	0.00	0.00	4,470.00	0.00
MEDICINE (DERMATOLOGY)	TATTOO REMOVAL KNEES (B) 128 CM2	2,280.00	0.00	0.00	3,110.00	0.00
MEDICINE (DERMATOLOGY)	TATTOO REMOVAL UNDERARMS (B) 64 CM2 + 2 TEST SPOTS	2,505.00	0.00	0.00	3,415.00	0.00
MEDICINE (DERMATOLOGY)	TEST SPOTS 585 NM LASER QUANTA SYSTEM	645.00	880.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	VASCULAR LESION (SPIDER ANGIOMA VASCULARIZED SCARS) 128 CM2	2,000.00	2,725.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	VASCULAR LESION (SPIDER ANGIOMA VASCULARIZED SCARS) 64 CM2	1,065.00	1,455.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	WARTS, LENTIGO, SK 64 CM2	1,065.00	1,455.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	WHOLE FACE 512 CM2 585 NM LASER QUANTA SYSTEM	2,980.00	4,065.00	0.00	0.00	0.00
MEDICINE (DERMATOLOGY)	YAG LASER HALF A PALM SIZE 64 CM2	1,140.00	0.00	0.00	1,555.00	0.00
MEDICINE (DERMATOLOGY)	YAG LASER HALF FACE/PALM SIZE 128 CM2	2,135.00	0.00	0.00	2,915.00	0.00
MEDICINE (DERMATOLOGY)	YAG LASER TEST SPOTS	680.00	0.00	0.00	930.00	0.00
MEDICINE (DERMATOLOGY)	YAG LASER WHOLE FACE 512 CM2	3,230.00	0.00	0.00	4,405.00	0.00
MEDICINE (DERMATOLOGY)	4-5 LESIONS/FOR EPIDERMAL NEVUS, MAXIMUM	800.00	1,100.00	1,100.00	1,100.00	1,100.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	AREA 5 X 5 CM					
MEDICINE (GASTROENTEROLOGY)	PROCEDURE- ARGON PLASMA LASER	2,465.00	4,555.00	4,810.00	5,060.00	5,060.00
MEDICINE (GASTROENTEROLOGY)	PROCEDURE- PROCTO / RI	250.00	690.00	780.00	875.00	875.00
MEDICINE (GASTROENTEROLOGY)	PROCEDURE- COLONOSCOPY (MEDICINE)	580.00	1,600.00	1,790.00	1,995.00	1,995.00
MEDICINE (GASTROENTEROLOGY)	PROCEDURE- COLONOSCOPY W/POLYPECTOMY	0.00	2,745.00	3,025.00	3,375.00	3,490.00
MEDICINE (GASTROENTEROLOGY)	PROCEDURE- ERCP (FLUORO NOT INCLUDED)	1,030.00	2,140.00	2,260.00	2,385.00	2,385.00
MEDICINE (GASTROENTEROLOGY)	PROCEDURE- GASTROSCOPY (MEDICINE)	580.00	1,570.00	1,780.00	1,970.00	1,970.00
MEDICINE (GASTROENTEROLOGY)	PROCEDURE- SCLEROTHERAPY AND GASTROSCOPY	0.00	2,830.00	3,205.00	3,550.00	3,695.00
MEDICINE (GASTROENTEROLOGY)	BIOPSY- LIVER BIOPSY, PERCUTANEOUS	95.00	295.00	333.00	370.00	370.00
MEDICINE (NEPHROLOGY)	INITIAL DIALYSIS (COST OF DIALYZER NOT INCLUDED)	1,905.00	2,425.00	2,425.00	2,425.00	2,425.00
MEDICINE (NEPHROLOGY)	ULTRASOUND- CHEST	210.00	450.00	545.00	650.00	650.00
MEDICINE (NEPHROLOGY)	ULTRASOUND- GUIDED THORACENTESIS (NEPHRO)	600.00	1,100.00	1,330.00	1,500.00	1,500.00
MEDICINE (NEPHROLOGY)	ULTRASOUND- KUB	230.00	850.00	850.00	1,030.00	1,030.00
MEDICINE (NEPHROLOGY)	STANDARD DIALYZER - LOPS 20	900.00	900.00	900.00	900.00	900.00
MEDICINE (NEPHROLOGY)	SUBSEQUENT DIALYSIS	1,905.00	2,425.00	2,425.00	2,425.00	2,425.00
MEDICINE (NEPHROLOGY)	SUBSEQUENT DIALYSIS PGH EMPLOYEE	1,800.00	0.00	2,220.00	2,220.00	2,220.00
MEDICINE (NEPHROLOGY)	ULTRASOUND- GUIDED BIOPSY	210.00	450.00	545.00	650.00	650.00
MEDICINE (NEPHROLOGY)	ULTRASOUND- GUIDED KIDNEY BIOPSY	500.00	1,190.00	1,190.00	1,490.00	1,490.00
MEDICINE (NEPHROLOGY)	INITIAL DIALYSIS (COST OF DIALYZER NOT INCLUDED) PGH EMPLOYEE	1,800.00	2,220.00	2,220.00	2,220.00	2,220.00
MEDICINE (NEPHROLOGY)	INITIAL DIALYSIS (COST OF DIALYZER NOT	1,800.00	0.00	2,220.00	2,220.00	2,220.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	INCLUDED) PGH EMPLOYEE					
MEDICINE (NEPHROLOGY)	SPECIAL DIALYZER - HIPS 15	1,700.00	1,700.00	1,700.00	1,700.00	1,700.00
MEDICINE (NEPHROLOGY)	SPECIAL DIALYZER - HIPS 18	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
MEDICINE (NEPHROLOGY)	SPECIAL DIALYZER - HIPS 20	2,300.00	2,300.00	2,300.00	2,300.00	2,300.00
MEDICINE (NEPHROLOGY)	STANDARD DIALYZER - LOPS 15	800.00	800.00	800.00	800.00	800.00
MEDICINE (NEPHROLOGY)	STANDARD DIALYZER - LOPS 18	850.00	850.00	850.00	850.00	850.00
MEDICINE (NEPHROLOGY)	SUBSEQUENT DIALYSIS PGH EMPLOYEE	1,800.00	2,220.00	2,220.00	2,220.00	2,220.00
MEDICINE (PULMONOLOGY)	ABG	370.00	0.00	1,280.00	1,415.00	1,485.00
MEDICINE (PULMONOLOGY)	SPIROMETRY	670.00	1,160.00	1,310.00	1,310.00	1,310.00
MEDICINE (PULMONOLOGY)	ULTRASOUND-GUIDED FNAB	600.00	1,190.00	1,190.00	1,340.00	1,490.00
MEDICINE (PULMONOLOGY)	ULTRASOUND-PLAIN CHEST	210.00	450.00	450.00	545.00	650.00
MEDICINE (PULMONOLOGY)	PROCEDURE- VIDEOBRONCHOSCOPY (PULMO)	400.00	1,905.00	1,905.00	2,145.00	2,380.00
MEDICINE (PULMONOLOGY)	ULTRASOUND-GUIDED THORACENTESIS (EXCLUDES PF AND THORACENTESIS NEEDS)	600.00	1,100.00	1,100.00	1,330.00	1,500.00
MEDICINE (PULMONOLOGY)	CARDIO-PULMONARY EXERCISE TESTING (CPET)	1,900.00	2,800.00	2,970.00	3,130.00	3,300.00
MEDICINE (PULMONOLOGY)	PULMONARY FUNCTION TEST WITH BODY BOX	4,210.00	5,290.00	5,290.00	5,600.00	5,910.00
MILK BANK AND LACTATION UNIT	LACTATION COUNSELING	0.00	490.00	0.00	550.00	580.00
MILK BANK AND LACTATION UNIT	LACTATION MASSAGE	0.00	540.00	0.00	600.00	630.00
MRL - MOLECULAR	RT-PCR TEST FOR SARS-COV2 USING GENEXPERT SYSTEM	1,000.00	3,400.00	3,400.00	3,400.00	3,400.00
MRL - MOLECULAR	PACU KIT	0.00	0.00	0.00	200.00	0.00
MRL - MOLECULAR	BIOFIRE RESPIRATORY 2.1 PANEL	2,040.00	0.00	3,350.00	3,530.00	3,720.00
MRL - MOLECULAR	RT-PCR TEST FOR SARS-COV2	3,300.00	0.00	3,400.00	3,400.00	3,400.00
MRL-CLINICAL CHEMISTRY	HBA1C	300.00	450.00	450.00	450.00	450.00
MRL-CLINICAL CHEMISTRY	URINE METANEPHRINE	2,500.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-CLINICAL CHEMISTRY	URINE MICRAL TEST	100.00	200.00	200.00	200.00	200.00
MRL-CLINICAL CHEMISTRY	TIBC (TOTAL IRON BINDING CAPACITY)	450.00	750.00	750.00	750.00	750.00
MRL-CLINICAL CHEMISTRY	SERUM IRON	280.00	450.00	450.00	450.00	450.00
MRL-CLINICAL MICROSCOPY	AUTOLOGOUS SERUM SKIN TEST	250.00	400.00	400.00	400.00	400.00
MRL-CLINICAL MICROSCOPY	URINE WRIGHT STAIN	200.00	500.00	500.00	500.00	500.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
MRL-CLINICAL MICROSCOPY	CRYSTAL IDENTIFICATION (BODY FLUIDS)	300.00	450.00	450.00	450.00	450.00
MRL-CLINICAL MICROSCOPY	URINALYSIS	100.00	200.00	200.00	200.00	200.00
MRL-CLINICAL MICROSCOPY	URINALYSIS W/RBC MORPHOLOGY	200.00	400.00	400.00	400.00	400.00
MRL-HEMATOLOGY	ANTI-THROMBIN III	800.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-HEMATOLOGY	BONE MARROW ASPIRATE	300.00	0.00	0.00	0.00	0.00
MRL-HEMATOLOGY	D-DIMER / FDP	2,000.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-HEMATOLOGY	ESR	150.00	200.00	200.00	200.00	200.00
MRL-HEMATOLOGY	FACTOR IX	1,850.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-HEMATOLOGY	FACTOR VIII	1,800.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-HEMATOLOGY	FACTOR VIII INHIBITOR	9,000.00	17,500.00	17,500.00	17,500.00	17,500.00
MRL-HEMATOLOGY	FACTOR XI	2,000.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-HEMATOLOGY	HAM'S TEST	400.00	800.00	800.00	800.00	800.00
MRL-HEMATOLOGY	MPO (MYELOPEROXIDASE)	550.00	1,500.00	1,500.00	1,500.00	1,500.00
MRL-HEMATOLOGY	PAS (PERIODIC ACID SCHIFF)	550.00	1,500.00	1,500.00	1,500.00	1,500.00
MRL-HEMATOLOGY	PROTEIN C	3,500.00	4,800.00	4,800.00	4,800.00	4,800.00
MRL-HEMATOLOGY	PROTEIN S	4,300.00	6,150.00	6,150.00	6,150.00	6,150.00
MRL-HEMATOLOGY	PTT WITH MIXING	800.00	1,440.00	1,600.00	1,600.00	1,600.00
MRL-HEMATOLOGY	RETICULOCYTE COUNT	70.00	160.00	160.00	160.00	160.00
MRL-HEMATOLOGY	CBC WITH PLATELET COUNT & RBC INDICES	240.00	340.00	340.00	340.00	340.00
MRL-HEMATOLOGY	LAP (LEUKOCYTE ALKALINE PHOS.)	1,000.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-HEMATOLOGY	OFT (OSMOTIC FRAGILITY TEST)	500.00	1,000.00	1,000.00	1,000.00	1,000.00
MRL-HEMATOLOGY	PT (PROTIME) HIGHLY SPECIFIC	380.00	550.00	550.00	550.00	550.00
MRL-HEMATOLOGY	PTT (PARTIAL THROMBOPLASTIN TIME)	400.00	720.00	800.00	800.00	800.00
MRL-HEMATOLOGY	PTT W/ MIXING STUDIES, 1 HR, 2 HRS, 3 HRS	2,000.00	3,600.00	4,000.00	4,000.00	4,000.00
MRL-HEMATOLOGY	PBS (PERIPHERAL BLOOD SMEAR)	110.00	160.00	160.00	160.00	160.00
MRL-HEMATOLOGY	SERUM ELECTROPHORESIS	1,100.00	1,600.00	1,600.00	1,600.00	1,600.00
MRL-HEMATOLOGY	BONE MARROW ASPIRATE (BMA) MATERIALS	300.00	0.00	0.00	0.00	0.00
MRL-HEMATOLOGY	FIBRINOGEN	690.00	1,350.00	1,350.00	1,510.00	1,590.00
MRL-HEMATOLOGY	IRON STAIN	500.00	1,000.00	1,000.00	1,000.00	1,000.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
MRL-HEMATOLOGY	PT MIXING STUDIES	0.00	0.00	0.00	0.00	0.00
MRL-HISTOPATHOLOGY	HISTOPATHOLOGY	150.00	300.00	300.00	300.00	300.00
MRL-HISTOPATHOLOGY	SPECIAL STAINS PAS	100.00	0.00	200.00	200.00	200.00
MRL-HISTOPATHOLOGY	SPECIAL STAINS FITE FARACO	100.00	0.00	200.00	200.00	200.00
MRL-HISTOPATHOLOGY	SPECIAL STAINS PEARL STAIM	100.00	0.00	200.00	200.00	200.00
MRL-HISTOPATHOLOGY	SPECIAL STAINS ALCIAN BLUE STAIN	100.00	200.00	200.00	200.00	200.00
MRL-HISTOPATHOLOGY	SPECIAL STAINS FITE FARACO	100.00	200.00	200.00	200.00	200.00
MRL-HISTOPATHOLOGY	SPECIAL STAINS GIEMSA	100.00	200.00	200.00	200.00	200.00
MRL-HISTOPATHOLOGY	SPECIAL STAINS PAS	100.00	200.00	200.00	200.00	200.00
MRL-HISTOPATHOLOGY	SPECIAL STAINS PEARL STAIM	100.00	200.00	200.00	200.00	200.00
MRL-HISTOPATHOLOGY	SPECIAL STAINS ALCIAN BLUE STAIN	100.00	0.00	200.00	200.00	200.00
MRL-HISTOPATHOLOGY	SPECIAL STAINS GIEMSA	100.00	0.00	200.00	200.00	200.00
MRL-IMMUNOLOGY	ANA CTD ELIA (STAT RUN)	0.00	8,000.00	8,000.00	8,000.00	8,000.00
MRL-IMMUNOLOGY	ANA IF (BATCH RUN)	1,200.00	1,500.00	1,600.00	1,650.00	1,750.00
MRL-IMMUNOLOGY	ANA IF (STAT RUN)	0.00	6,000.00	6,000.00	6,000.00	6,000.00
MRL-IMMUNOLOGY	ANTICARDIOLIPIN (ACA)IGG	1,600.00	2,200.00	2,475.00	2,750.00	3,300.00
MRL-IMMUNOLOGY	ANTI-CCP ELIA	3,000.00	3,150.00	3,200.00	3,250.00	3,300.00
MRL-IMMUNOLOGY	ANTI-CCP ELIA (STAT RUN)	0.00	8,000.00	8,000.00	8,000.00	8,000.00
MRL-IMMUNOLOGY	ANTI-JO1 ELIA	3,000.00	3,150.00	3,200.00	3,250.00	3,300.00
MRL-IMMUNOLOGY	ANTI-JO1 ELIA-SEND OUT	0.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-IMMUNOLOGY	ANTI-JO1 ELIA (STAT RUN)	0.00	8,000.00	8,000.00	8,000.00	8,000.00
MRL-IMMUNOLOGY	ANTI-RO/SSA ELIA	3,000.00	3,150.00	3,200.00	3,250.00	3,300.00
MRL-IMMUNOLOGY	ANTI-RO/SSA ELIA-SEND OUT	0.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-IMMUNOLOGY	ANTI-SCL70 ELIA	3,000.00	3,150.00	3,200.00	3,250.00	3,300.00
MRL-IMMUNOLOGY	ANTI-SCL70 ELIA-SEND OUT	0.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-IMMUNOLOGY	ANTI-SCL70 ELIA (STAT RUN)	0.00	8,000.00	8,000.00	8,000.00	8,000.00
MRL-IMMUNOLOGY	ANTI-SM (ANTI-SMITH) ELIA	3,000.00	3,150.00	3,200.00	3,250.00	3,300.00
MRL-IMMUNOLOGY	ANTI-U1RNP ELIA	3,000.00	3,150.00	3,200.00	3,250.00	3,300.00
MRL-IMMUNOLOGY	ANTI-U1RNP ELIA-SEND OUT	0.00	3,500.00	3,500.00	3,500.00	3,500.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
MRL-IMMUNOLOGY	APTT (FULLY AUTOMATED)	400.00	720.00	800.00	800.00	850.00
MRL-IMMUNOLOGY	APTT (FULLY AUTOMATED) (STAT RUN)	0.00	1,600.00	1,600.00	1,600.00	1,600.00
MRL-IMMUNOLOGY	C3	985.00	1,150.00	1,200.00	1,250.00	1,300.00
MRL-IMMUNOLOGY	C3-SEND OUT	0.00	1,500.00	1,500.00	1,500.00	1,500.00
MRL-IMMUNOLOGY	C3 (STAT RUN)	0.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-IMMUNOLOGY	C-ANCA ELIA-SEND OUT	0.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-IMMUNOLOGY	C-ANCA ELIA (STAT RUN)	0.00	8,000.00	8,000.00	8,000.00	8,000.00
MRL-IMMUNOLOGY	CD4	1,800.00	2,250.00	2,435.00	2,555.00	2,875.00
MRL-IMMUNOLOGY	CD4 (STAT RUN)	0.00	6,000.00	6,000.00	6,000.00	6,000.00
MRL-IMMUNOLOGY	CENP (CENTROMERE) ELIA	0.00	3,000.00	3,000.00	3,000.00	3,000.00
MRL-IMMUNOLOGY	DRVVT/LAC	715.00	1,200.00	1,300.00	1,350.00	1,400.00
MRL-IMMUNOLOGY	DRVVT/LAC-SEND OUT	0.00	1,400.00	1,400.00	1,400.00	1,400.00
MRL-IMMUNOLOGY	DRVVT/LAC (STAT RUN)	0.00	3,000.00	3,000.00	3,000.00	3,000.00
MRL-IMMUNOLOGY	DSDNA ELIA	1,000.00	2,000.00	2,050.00	2,100.00	2,150.00
MRL-IMMUNOLOGY	DSDNA ELIA-SEND OUT	0.00	2,150.00	2,150.00	2,150.00	2,150.00
MRL-IMMUNOLOGY	DSDNA ELIA (STAT RUN)	0.00	8,000.00	8,000.00	8,000.00	8,000.00
MRL-IMMUNOLOGY	L A T	4,000.00	4,000.00	4,000.00	4,000.00	4,000.00
MRL-IMMUNOLOGY	L A T-SEND OUT	0.00	4,000.00	4,000.00	4,000.00	4,000.00
MRL-IMMUNOLOGY	L A T (STAT RUN)	0.00	8,000.00	8,000.00	8,000.00	8,000.00
MRL-IMMUNOLOGY	LUPUS PANEL ELIA	0.00	19,000.00	19,000.00	19,000.00	19,000.00
MRL-IMMUNOLOGY	LUPUS PANEL ELIA-SEND OUT	0.00	21,000.00	21,000.00	21,000.00	21,000.00
MRL-IMMUNOLOGY	P-ANCA ELIA	3,000.00	3,150.00	3,150.00	3,150.00	3,150.00
MRL-IMMUNOLOGY	SERUM IMMUNOGLOBULINS IGA	1,550.00	1,875.00	1,920.00	1,965.00	2,010.00
MRL-IMMUNOLOGY	SERUM IMMUNOGLOBULINS IGG	1,550.00	1,875.00	1,920.00	1,965.00	2,010.00
MRL-IMMUNOLOGY	SERUM IMMUNOGLOBULINS IGG (STAT RUN)	0.00	5,000.00	5,000.00	5,000.00	5,000.00
MRL-IMMUNOLOGY	ANA IF (BATCH RUN)-SEND OUT	0.00	1,750.00	1,750.00	1,750.00	1,750.00
MRL-IMMUNOLOGY	ANTICARDIOLIPIN (ACA)IGG (STAT RUN)	0.00	8,000.00	8,000.00	8,000.00	8,000.00
MRL-IMMUNOLOGY	ANTICARDIOLIPIN (ACA)IGM (STAT RUN)	0.00	8,000.00	8,000.00	8,000.00	8,000.00
MRL-IMMUNOLOGY	ANTI-RO/SSA ELIA (STAT RUN)	0.00	8,000.00	8,000.00	8,000.00	8,000.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
MRL-IMMUNOLOGY	ANTI-SM (ANTI-SMITH) ELIA-SEND OUT	0.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-IMMUNOLOGY	ANTI-SM (ANTI-SMITH) ELIA (STAT RUN)	0.00	8,000.00	8,000.00	8,000.00	8,000.00
MRL-IMMUNOLOGY	ANTI-U1RNP ELIA (STAT RUN)	0.00	8,000.00	8,000.00	8,000.00	8,000.00
MRL-IMMUNOLOGY	APAS PANEL PACKAGE-SEND OUT	0.00	9,100.00	9,100.00	9,100.00	9,100.00
MRL-IMMUNOLOGY	APAS PANEL PACKAGE (STAT RUN)	0.00	17,500.00	17,500.00	17,500.00	17,500.00
MRL-IMMUNOLOGY	BETA2 GLYCOPROTEIN IGG ELIA	3,000.00	3,150.00	3,200.00	3,250.00	3,300.00
MRL-IMMUNOLOGY	BETA2 GLYCOPROTEIN IGG ELIA-SEND OUT	0.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-IMMUNOLOGY	BETA2 GLYCOPROTEIN IGM ELIA	3,000.00	3,150.00	3,200.00	3,250.00	3,300.00
MRL-IMMUNOLOGY	BETA2 GLYCOPROTEIN IGM ELIA-SEND OUT	0.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-IMMUNOLOGY	LUPUS PANEL ELIA (STAT RUN)	0.00	30,000.00	30,000.00	30,000.00	30,000.00
MRL-IMMUNOLOGY	P-ANCA ELIA-SEND OUT	0.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-IMMUNOLOGY	READER'S FEE- CD4 (SEND-OUT/PRIVATE)	0.00	350.00	350.00	350.00	350.00
MRL-IMMUNOLOGY	SERUM IMMUNOGLOBULINS IGA-SEND OUT	0.00	2,200.00	2,200.00	2,200.00	2,200.00
MRL-IMMUNOLOGY	SERUM IMMUNOGLOBULINS IGG-SEND OUT	0.00	2,200.00	2,200.00	2,200.00	2,200.00
MRL-IMMUNOLOGY	SERUM IMMUNOGLOBULINS IGM-SEND OUT	0.00	2,200.00	2,200.00	2,200.00	2,200.00
MRL-IMMUNOLOGY	ANTICARDIOLIPIN (ACA)IGG-SEND OUT	0.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-IMMUNOLOGY	ANTI-CCP ELIA-SEND OUT	0.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-IMMUNOLOGY	ANTI-LA/SSB ELIA	0.00	3,150.00	3,250.00	3,300.00	0.00
MRL-IMMUNOLOGY	BETA2 GLYCOPROTEIN IGM ELIA (STAT RUN)	0.00	8,000.00	8,000.00	8,000.00	8,000.00
MRL-IMMUNOLOGY	SERUM IMMUNOGLOBULINS IGA (STAT RUN)	0.00	5,000.00	5,000.00	5,000.00	5,000.00
MRL-IMMUNOLOGY	SERUM IMMUNOGLOBULINS IGM (STAT RUN)	0.00	5,000.00	5,000.00	5,000.00	5,000.00
MRL-IMMUNOLOGY	ANA CTD ELIA (BATCH RUN)-SEND OUT	0.00	1,750.00	1,750.00	1,750.00	1,750.00
MRL-IMMUNOLOGY	ANTICARDIOLIPIN (ACA)IGM	1,600.00	2,200.00	2,475.00	2,750.00	3,300.00
MRL-IMMUNOLOGY	APAS PANEL PACKAGE (ACA,APTT, DRVVT,SCT)	4,650.00	6,800.00	7,500.00	8,050.00	9,075.00
MRL-IMMUNOLOGY	APTT (FULLY AUTOMATED)-SEND OUT	0.00	850.00	850.00	850.00	850.00
MRL-IMMUNOLOGY	BETA2 GLYCOPROTEIN IGG ELIA (STAT RUN)	0.00	8,000.00	8,000.00	8,000.00	8,000.00
MRL-IMMUNOLOGY	READER'S FEE-CD4 (OUTPATIENT/PHILHEALTH)	0.00	250.00	0.00	0.00	0.00
MRL-IMMUNOLOGY	SERUM IMMUNOGLOBULINS IGM	1,550.00	1,875.00	1,920.00	1,965.00	2,010.00
MRL-IMMUNOLOGY	ANA CTD ELIA (BATCH RUN)	1,200.00	1,550.00	1,600.00	1,650.00	1,750.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
MRL-IMMUNOLOGY	ANTICARDIOLIPIN (ACA) IGM-SEND OUT	0.00	3,500.00	3,500.00	3,500.00	3,500.00
MRL-IMMUNOLOGY	C-ANCA ELIA	3,000.00	3,150.00	3,200.00	3,250.00	3,300.00
MRL-IMMUNOLOGY	CD4-SEND-OUT	0.00	2,875.00	2,875.00	2,875.00	2,875.00
MRL-IMMUNOLOGY	FREELITE CHAIN TEST	0.00	0.00	0.00	0.00	0.00
MRL-IMMUNOLOGY	P-ANCA ELIA (STAT RUN)	0.00	8,000.00	8,000.00	8,000.00	8,000.00
MRL-MICROBIOLOGY	AFB SMEAR	120.00	150.00	150.00	150.00	150.00
MRL-MICROBIOLOGY	CONVENTIONAL TB CULTURE	1,230.00	0.00	0.00	0.00	0.00
MRL-MICROBIOLOGY	FUNGAL CULTURE	350.00	700.00	700.00	700.00	700.00
MRL-MICROBIOLOGY	GRAM STAIN MRL	120.00	150.00	150.00	150.00	150.00
MRL-MICROBIOLOGY	HSV 1 & 2 PCR	0.00	3,000.00	3,000.00	3,000.00	3,000.00
MRL-MICROBIOLOGY	INDIA INK (CSF)	100.00	150.00	150.00	150.00	150.00
MRL-MICROBIOLOGY	KOH MOUNT	105.00	145.00	150.00	160.00	170.00
MRL-MICROBIOLOGY	LEPTO MAT	245.00	520.00	555.00	585.00	615.00
MRL-MICROBIOLOGY	MB BACT TB CULTURE	0.00	2,585.00	2,740.00	2,900.00	3,040.00
MRL-MICROBIOLOGY	TB PCR	0.00	4,540.00	4,810.00	5,075.00	5,340.00
MRL-MICROBIOLOGY	AEROBIC CULTURE & SENSITIVITY- CSF	350.00	700.00	700.00	700.00	700.00
MRL-MICROBIOLOGY	AEROBIC CULTURE & SENSITIVITY- EXUDATES & OTHER BODY FLUIDS	350.00	700.00	700.00	700.00	700.00
MRL-MICROBIOLOGY	AEROBIC CULTURE & SENSITIVITY- RESPIRATORY	350.00	700.00	700.00	700.00	700.00
MRL-MICROBIOLOGY	AEROBIC CULTURE & SENSITIVITY- TISSUE	350.00	700.00	700.00	700.00	700.00
MRL-MICROBIOLOGY	AEROBIC CULTURE & SENSITIVITY- URINE	300.00	600.00	600.00	600.00	600.00
MRL-MICROBIOLOGY	ORTHOTOLUIDINE BLUE FOR PCP	350.00	700.00	700.00	700.00	700.00
MRL-MICROBIOLOGY	TB PCR AND MB BACT TB CULTURE PACKAGE	0.00	6,270.00	6,645.00	7,020.00	7,375.00
MRL-MICROBIOLOGY	MODIFIED KINYOUN	350.00	700.00	700.00	700.00	700.00
MRL-MICROBIOLOGY	AEROBIC CULTURE & SENSITIVITY- THROAT SWAB	300.00	500.00	500.00	500.00	500.00
MRL-MICROBIOLOGY	READER'S FEE TB PCR AND MB BACT TB CULTURE PACKAGE	0.00	420.00	445.00	470.00	495.00
MRL-MICROBIOLOGY	BACTIGEN	700.00	1,400.00	1,400.00	1,400.00	1,400.00
MRL-MICROBIOLOGY	CALAS	700.00	1,400.00	1,400.00	1,400.00	1,400.00
MRL-MICROBIOLOGY	GIEMSA STAIN FOR TZANK	350.00	700.00	700.00	700.00	700.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
MRL-MICROBIOLOGY	LEPTOSPIROSIS CULTURE	650.00	775.00	820.00	865.00	910.00
MRL-MICROBIOLOGY	SLIDEX	700.00	1,400.00	1,400.00	1,400.00	1,400.00
NEONATAL INTENSIVE CARE UNIT	MEDICAL GAS- 2-4 FI O2 -LITERS / HOUR (NICU)	0.00	30.00	45.00	45.00	0.00
NEONATAL INTENSIVE CARE UNIT	MEDICAL GAS- 7-8 FI O2 -LITERS / HOUR (NICU)	0.00	80.00	120.00	120.00	0.00
NEONATAL INTENSIVE CARE UNIT	MEDICAL GAS- OXYGEN VIA NASAL CANNULA OR FACE MASK- 2-3L/HR (NICU)	0.00	30.00	45.00	45.00	0.00
NEONATAL INTENSIVE CARE UNIT	MEDICAL GAS- OXYGEN VIA NASAL CANNULA OR FACE MASK- 4-6L/HR (NICU)	0.00	50.00	75.00	75.00	0.00
NEONATAL INTENSIVE CARE UNIT	MEDICAL GAS- OXYGEN VIA NASAL CANNULA OR FACE MASK- 7-10L/HR (NICU)	0.00	75.00	110.00	110.00	0.00
NEONATAL INTENSIVE CARE UNIT	NICU III HOSPITAL STAY/DAY	1,100.00	2,500.00	2,500.00	2,500.00	2,500.00
NEONATAL INTENSIVE CARE UNIT	LACTATION MASSAGE,	0.00	540.00	570.00	600.00	630.00
NEONATAL INTENSIVE CARE UNIT	STERILIZED/PASTEURIZED 8.0Z BREASTMILK	250.00	285.00	285.00	285.00	285.00
NEONATAL INTENSIVE CARE UNIT	COMPRESSED AIR/USE (NICU)	0.00	90.00	90.00	90.00	90.00
NEONATAL INTENSIVE CARE UNIT	LACTATION COUNSELING ,	0.00	490.00	520.00	550.00	580.00
NEONATAL INTENSIVE CARE UNIT	MEDICAL GAS- 5-6 FI O2 - LITERS / HOUR (NICU)	0.00	50.00	75.00	75.00	0.00
NEONATAL INTENSIVE CARE UNIT	MEDICAL GAS- 9-10 FI O2 LITERS / HOUR (NICU)	0.00	95.00	140.00	140.00	0.00
NEUROLOGY (CENTER FOR MEMORY AND COGNITION)	DEMENTIA AND MEMORY SCREENING	480.00	500.00	650.00	800.00	800.00
NEUROLOGY (CENTER FOR MEMORY AND COGNITION)	MEMORY SCREENING	480.00	500.00	500.00	500.00	500.00
NEUROLOGY (EEG)	PORTABLE EEG	1,690.00	3,220.00	3,220.00	3,220.00	3,220.00
NEUROLOGY (EEG)	ROUTINE EEG	1,125.00	2,010.00	2,010.00	2,010.00	2,010.00
NEUROLOGY (EEG)	EEG MONITORING - 6-HOUR VIDEO EEG	6,675.00	7,500.00	7,500.00	7,500.00	7,500.00
NEUROLOGY (EEG)	EEG MONITORING 24-HOUR VIDEO EEG	10,125.00	12,500.00	12,500.00	12,500.00	12,500.00
NEUROLOGY (EEG)	EEG MONITORING 2-HOUR VIDEO EEG	1,800.00	4,000.00	4,000.00	4,000.00	4,000.00
NEUROLOGY (EEG-NCV)	EMG-NCV W/ SSR	3,665.00	0.00	3,750.00	3,750.00	3,750.00
NEUROLOGY (EEG-NCV)	SINGLE FIBER EMG	1,600.00	1,900.00	1,900.00	1,900.00	1,900.00
NEUROLOGY (EEG-NCV)	SOMATO SENSORY EVOKED POTENTIAL (SSEP)	450.00	1,300.00	1,300.00	1,300.00	1,300.00
NEUROLOGY (EEG-NCV)	SYMPHATHETIC SKIN RESPONSE (SSR)	1,800.00	0.00	2,230.00	2,230.00	2,230.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
NEUROLOGY (EEG-NCV)	TILT TABLE	1,975.00	0.00	3,750.00	3,750.00	3,750.00
NEUROLOGY (EEG-NCV)	EEG PRODUCTS	0.00	0.00	0.00	0.00	0.00
NEUROLOGY (EEG-NCV)	ELECTROMYOGRAPHY NCV	450.00	0.00	1,300.00	1,300.00	1,300.00
NEUROLOGY (EEG-NCV)	ELECTROMYOGRAPHY RNS	450.00	0.00	1,300.00	1,300.00	1,300.00
NEUROLOGY (EEG-NCV)	EVOKED POTENTIAL VER	450.00	0.00	1,300.00	1,300.00	1,300.00
NEUROLOGY (EEG-NCV)	ELECTROMYOGRAPHY BLINK REFLEX	450.00	0.00	1,300.00	1,300.00	1,300.00
NEUROLOGY (EEG-NCV)	ELECTROMYOGRAPHY EMG-NCV	630.00	0.00	1,500.00	1,500.00	1,500.00
NEUROLOGY (EEG-NCV)	EVOKED POTENTIAL BAER	450.00	0.00	1,300.00	1,300.00	1,300.00
NEUROLOGY (EEG-NCV)	ELECTROMYOGRAPHY BLINK REFLEX	315.00	930.00	930.00	930.00	930.00
NEUROLOGY (EEG-NCV)	ELECTROMYOGRAPHY EMG-NCV	630.00	1,500.00	1,500.00	1,500.00	1,500.00
NEUROLOGY (EEG-NCV)	ELECTROMYOGRAPHY EMG-NCV W/ SSR	880.00	2,240.00	2,240.00	2,240.00	2,240.00
NEUROLOGY (EEG-NCV)	ELECTROMYOGRAPHY NCV	315.00	930.00	930.00	930.00	930.00
NEUROLOGY (EEG-NCV)	ELECTROMYOGRAPHY RNS	315.00	930.00	930.00	930.00	930.00
NEUROLOGY (EEG-NCV)	EVOKED POTENTIAL BAER	315.00	950.00	950.00	950.00	950.00
NEUROLOGY (EEG-NCV)	EVOKED POTENTIAL VER	315.00	950.00	950.00	950.00	950.00
NEUROLOGY (EEG-NCV)	ELECTROENCEPHALOGRAPHY(EEG)	750.00	0.00	2,712.00	2,712.00	2,712.00
NEUROLOGY (NEUROMUSCULAR)	MUSCLE BIOPSY	7,250.00	9,500.00	9,500.00	9,500.00	9,500.00
NEUROLOGY (NEUROMUSCULAR)	SURAL NERVE BIOPSY	3,750.00	8,250.00	8,250.00	8,250.00	8,250.00
NEUROLOGY (NEUROMUSCULAR)	SYMPHATHETIC SKIN RESPONSE (SSR)	1,800.00	2,230.00	2,230.00	2,230.00	2,230.00
NEUROLOGY (NEUROMUSCULAR)	TILT TABLE	1,975.00	3,750.00	3,750.00	3,750.00	3,750.00
NEUROLOGY (NEUROMUSCULAR)	TRANSCRANIAL DOPPLER (TCD)	1,125.00	3,000.00	3,000.00	3,000.00	3,000.00
NEUROLOGY (PEDIATRIC)	CRANIAL ULTRASOUND	265.00	660.00	850.00	850.00	850.00
NEUROLOGY (PEDIATRIC)	READER'S FEE CRANIAL ULTRASOUND	0.00	115.00	150.00	150.00	150.00
NEUROLOGY ACUTE STROKE UNIT	DEPOSIT	0.00	25,000.00	25,000.00	25,000.00	25,000.00
NEUROLOGY INTENSIVE CARE UNIT	INVASIVE CARDIAC MONITOR/DAY	995.00	0.00	1,100.00	1,100.00	1,100.00
NEUROLOGY INTENSIVE CARE UNIT	NON-INVASIVE CARDIAC MONITOR/DAY	545.00	0.00	878.00	878.00	878.00
NEUROLOGY INTENSIVE CARE	TRANSPORT INCUBATOR 1ST THREE (3 HOURS)	290.00	0.00	325.00	325.00	325.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
UNIT						
NEUROLOGY INTENSIVE CARE UNIT	TRANSPORT INCUBATOR PER HOUR IN EXCESS OF THREE (3) HOURS	95.00	0.00	110.00	110.00	110.00
NEUROLOGY INTENSIVE CARE UNIT	TRANSPORT VENTILATOR 1ST THREE (3) HOURS	0.00	0.00	0.00	0.00	0.00
NEUROLOGY INTENSIVE CARE UNIT	DEPOSIT- ACUTE STROKE UNIT	0.00	0.00	25,000.00	25,000.00	25,000.00
NEUROSCIENCES	COMBINED DIAGNOSTIC AND THERAPEUTIC STUDY,	12,870.00	19,200.00	0.00	0.00	0.00
NEUROSCIENCES	PORTABLE EEG,	1,690.00	3,220.00	0.00	0.00	0.00
NEUROSCIENCES	TITRATION POLYSOMNOGRAPHY,	9,340.00	13,900.00	0.00	0.00	0.00
NEUROSURGICAL ICU (NSSCU)	INVASIVE CARDIAC MONITOR/DAY	995.00	1,100.00	1,100.00	1,100.00	1,100.00
NEUROSURGICAL ICU (NSSCU)	NON-INVASIVE CARDIAC MONITOR/DAY	545.00	878.00	878.00	878.00	878.00
NEUROSURGICAL ICU (NSSCU)	TRANSPORT INCUBATOR 1ST THREE (3 HOURS)	290.00	0.00	325.00	325.00	325.00
NEUROSURGICAL ICU (NSSCU)	TRANSPORT INCUBATOR PER HOUR IN EXCESS OF THREE (3) HOURS	95.00	0.00	110.00	110.00	110.00
NEUROSURGICAL ICU (NSSCU)	TRANSPORT VENTILATOR 1ST THREE (3) HOURS	250.00	0.00	285.00	285.00	285.00
NEUROSURGICAL ICU (NSSCU)	TRANSPORT VENTILATOR PER HOUR IN EXCESS OF THREE (3) HOURS	85.00	0.00	95.00	95.00	95.00
NURSING EDUCATION AND TRAINING (DNET)	NEWBORN SCREENING TEST - EXPANDED NEW BORN SCREENING (ENBS)- (NON-PHILHEALTH MEMBERS)	1,600.00	1,600.00	1,600.00	1,600.00	1,600.00
NURSING EDUCATION AND TRAINING (DNET)	NEWBORN SCREENING TEST - REGULAR 6-TEST (NON-PHILHEALTH MEMBER)	600.00	600.00	600.00	600.00	600.00
NURSING EDUCATION AND TRAINING (DNET)	NEWBORN SCREENING TEST - EXPANDED NEW BORN SCREENING (ENBS)- (PHILHEALTH MEMBERS)	1,550.00	1,550.00	1,550.00	1,550.00	1,550.00
NURSING EDUCATION AND TRAINING (DNET)	NON-COMPLIANCE TO PLEDGE	14,900.00	14,900.00	14,900.00	14,900.00	14,900.00
NURSING EDUCATION AND TRAINING (DNET)	NEWBORN SCREENING TEST - REGULAR 6-TEST (PHILHEALTH MEMBERS)	550.00	550.00	550.00	550.00	550.00
OBSTETRICS AND GYNECOLOGY	COLPOSCOPY	200.00	600.00	600.00	600.00	600.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
OBSTETRICS AND GYNECOLOGY	CRYOTHERAPY	300.00	1,000.00	1,000.00	1,000.00	1,000.00
OBSTETRICS AND GYNECOLOGY	DELIVERY ROOM CHARGE	470.00	0.00	0.00	0.00	0.00
OBSTETRICS AND GYNECOLOGY	PAPS SMEAR	150.00	375.00	450.00	485.00	485.00
OB-GYN (OPD)	CERVICAL POLYPECTOMY	5,680.00	0.00	0.00	0.00	0.00
OB-GYN (OPD)	CERVICAL PUNCH BIOPSY	5,680.00	0.00	0.00	0.00	0.00
OB-GYN (OPD)	ENDOMETRIAL BIOPSY	11,000.00	0.00	0.00	0.00	0.00
OB-GYN (ORTOLL)	COMPLETION CURETTAGE	11,000.00	0.00	0.00	0.00	0.00
OB-GYN (ORTOLL)	INSERTION OF SUB-DERMAL CONTRACEPTIVE IMPLANT	3,000.00	0.00	0.00	0.00	0.00
OB-GYN (ORTOLL)	IUD INSERTION	2,000.00	0.00	0.00	0.00	0.00
OB-GYN (ORTOLL)	OB NORMAL DELIVERY (HIGH RISK, SPONTANEOUS VAGINAL DELIVERY)	0.00	0.00	0.00	0.00	0.00
OB-GYN (ORTOLL)	OB NORMAL DELIVERY (LOW RISK, NORMAL DELIVERIES)	5,000.00	0.00	0.00	0.00	0.00
OB-GYN (ORTOLL)	TUBAL LIGATION	4,000.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	BIOMETRY, BPP & NON-STRESS TEST (TWINS)	600.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	BIOMETRY, BPP & NON-STRESS TEST WITH DOPPLERS STUDIES	600.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	BIOMETRY, BPP & NST	500.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	BIOMETRY (TWINS/MULTIFETAL)	400.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	BPP WITH NST (TWINS/MULTIFETAL)	600.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	CONGENITAL ANOMALY SCAN FOR (CAS), BIOMETRY, BPP WITH OR WITHOUT DOPPLERS	0.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	CONGENITAL ANOMALY SCAN FOR (CAS), BIOMETRY, BPP WITH OR WITHOUT DOPPLERS (TWINS/MULTIFETAL)	700.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	TRANSVAGINAL ULTRASOUND (TWINS/MULTIFETAL)	400.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	3D/4D	0.00	2,200.00	2,200.00	2,400.00	2,400.00
OB-GYN (PERINATOLOGY)	3D/4D (SINGLETON)	600.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	3D/4D (TWINS/MULTIFETAL)	600.00	0.00	0.00	0.00	0.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
OB-GYN (PERINATOLOGY)	BIOMETRY	0.00	700.00	700.00	750.00	750.00
OB-GYN (PERINATOLOGY)	BIOMETRY,BPP,DOPPLERS	0.00	1,200.00	1,200.00	1,200.00	1,200.00
OB-GYN (PERINATOLOGY)	BIOMETRY,BPP,DOPPLERS AND NST (TWINS/MULTIFETAL)	650.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	BIOMETRY (SINGLETON)	400.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	BIOMETRY W/ DOPPLERS	0.00	1,000.00	1,000.00	1,200.00	1,200.00
OB-GYN (PERINATOLOGY)	BIOMETRY W/ DOPPLERS (SINGLETON)	600.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	BIOMETRY W/ DOPPLERS (TWINS/MULTIFETAL)	650.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	BIOMETRY WITH BPP	0.00	800.00	800.00	900.00	900.00
OB-GYN (PERINATOLOGY)	BPP	0.00	500.00	700.00	750.00	750.00
OB-GYN (PERINATOLOGY)	BPP W/ DOPPLERS	0.00	1,000.00	1,000.00	1,200.00	1,200.00
OB-GYN (PERINATOLOGY)	BPP W/ DOPPLERS (SINGLETON)	600.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	BPP W/ DOPPLERS (TWINS/MULTIFETAL)	650.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	BPP WITH NST (SINGLETON)	500.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	CAS, BPP W/ DOPPLERS	0.00	1,500.00	1,500.00	1,500.00	1,500.00
OB-GYN (PERINATOLOGY)	CAS W/ DOPPLERS	0.00	1,500.00	1,500.00	1,500.00	1,500.00
OB-GYN (PERINATOLOGY)	CONGENITAL ANOMALY SCAN, CAS	0.00	1,000.00	1,000.00	1,200.00	1,200.00
OB-GYN (PERINATOLOGY)	CONGENITAL ANOMALY SCAN, (CAS) (SINGLETON)	600.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	CONGENITAL ANOMALY SCAN, (CAS) (TWINS/MULTIFETAL)	650.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	NON STRESS TEST (NST)	0.00	500.00	600.00	650.00	700.00
OB-GYN (PERINATOLOGY)	NON STRESS TEST (NST) (SINGLETON)	300.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	NON STRESS TEST (NST) (TWINS/MULTIFETAL)	400.00	0.00	0.00	0.00	0.00
OB-GYN (PERINATOLOGY)	TRANSVAGINAL ULTRASOUND	0.00	700.00	700.00	750.00	750.00
OB-GYN (PERINATOLOGY)	TRANSVAGINAL ULTRASOUND (SINGLETON)	400.00	0.00	0.00	0.00	0.00
OB-GYN (UROGYNECOLOGY)	URODYNAMICS (CMG)	3,830.00	5,920.00	6,270.00	6,620.00	6,970.00
OB-GYN (UROGYNECOLOGY)	DIAGNOSTIC CYSTOURETHROSCOPY	5,030.00	7,770.00	8,220.00	8,680.00	9,140.00
OB-GYN (UROGYNECOLOGY)	CMG + URETHRAL PRESSURE PROFIOMETRY (UPP)	4,330.00	6,420.00	6,770.00	7,120.00	7,470.00
OB-GYN (UROGYNECOLOGY)	URODYNAMICS (CMG) +EMG	4,280.00	7,220.00	7,570.00	7,920.00	8,270.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
OB-GYN (UROGYNECOLOGY)	UROFLOWMETRY + CMG	4,330.00	6,420.00	6,770.00	7,120.00	7,470.00
OB-GYN (UROGYNECOLOGY)	UROFLOWMETRY +CMG + EMG	4,400.00	7,720.00	8,070.00	8,420.00	8,770.00
OB-GYN (REPRODUCTIVE BIOLOGY LABORATORY)	CHLAMYDIA ANTIGEN TEST	0.00	800.00	590.00	590.00	590.00
OB-GYN (REPRODUCTIVE BIOLOGY LABORATORY)	HYBRID CAPTURE CHLAMYDIA TRACHOMATIS (CT) DNA TEST	0.00	800.00	590.00	590.00	590.00
OB-GYN (REPRODUCTIVE BIOLOGY LABORATORY)	HYBRID CAPTURE II HUMAN PAPILLOMAVIRUS (HPV) DNA TEST	0.00	2,500.00	2,000.00	2,000.00	2,000.00
OB-GYN (REPRODUCTIVE BIOLOGY LABORATORY)	HYBRID CAPTURE II NEISSERIA GONORRHOEAE (GC) DNA TEST	0.00	1,200.00	900.00	900.00	900.00
OB-GYN (REPRODUCTIVE BIOLOGY LABORATORY)	INSULIN-LIKE GROWTH FACTOR BINDING PROTEIN 1 (IGFBP-1)	0.00	1,300.00	980.00	980.00	980.00
OB-GYN (REPRODUCTIVE BIOLOGY LABORATORY)	NTX (N-TELOPEPTIDE) ASSAY	0.00	3,500.00	1,980.00	1,980.00	1,980.00
OB-GYN (REPRODUCTIVE BIOLOGY LABORATORY)	PARVOVIRUS B19 IGG / IGM	0.00	2,400.00	1,800.00	1,800.00	1,800.00
OB-GYN (REPRODUCTIVE BIOLOGY LABORATORY)	VAGINITIS DNA TEST (CANDIDA, G. VAGINALIS [BACTERIAL VAGINOSIS] AND TRICHOMONAS)	0.00	880.00	590.00	590.00	590.00
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- BIOMETRY, BPP, DOPPLER	400.00	800.00	800.00	800.00	800.00
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- BIOMETRY W/ BIO-PHYSICAL PROFILE (BPP)	400.00	800.00	800.00	800.00	800.00
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- CONGENITAL ANOMALY SCAN (CAS)	0.00	1,000.00	1,000.00	1,200.00	1,200.00
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- CONGENITAL ANOMALY SCAN (CAS) W/ DOPPLER	300.00	800.00	800.00	800.00	800.00
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- GUIDED PROCEDURES - 4D ULTRASOUND (WITH CAS)	600.00	2,200.00	2,200.00	2,200.00	2,200.00
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- GUIDED PROCEDURES - 4 D ULTRASOUND (WITHOUT CAS)	600.00	1,600.00	1,600.00	1,600.00	1,600.00
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- GUIDED PROCEDURES - SONOHYSTEROGRAM	400.00	700.00	700.00	750.00	750.00
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- GUIDED PROCEDURES -	400.00	1,000.00	1,000.00	1,000.00	1,000.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	ULTRASOUND-GUIDED ASPIRATION					
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- GUIDED PROCEDURES - ULTRASOUND-GUIDED BIOPSY	400.00	0.00	700.00	750.00	750.00
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- TRANSVAGINAL	300.00	0.00	700.00	750.00	750.00
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- BIOMETRY	300.00	0.00	700.00	750.00	750.00
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- ON SITE/BEDSIDE	0.00	0.00	1,000.00	1,000.00	1,000.00
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- TRANSVAGINAL/TRANSRECTAL	300.00	500.00	500.00	500.00	500.00
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- GUIDED IUD REMORAL	400.00	0.00	400.00	400.00	400.00
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- PARACENTHESIS	400.00	0.00	700.00	400.00	750.00
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- PELVIC	300.00	0.00	700.00	750.00	750.00
OB-GYN (ULTRASOUND SECTION)	ULTRASOUND- TRANSRECTAL	300.00	0.00	700.00	750.00	750.00
OR (DIAGNOSTIC PROCEDURES)	DIAGNOSTIC+MINOR ARTHROSCOPY	650.00	1,140.00	1,140.00	1,140.00	1,140.00
OR (DIAGNOSTIC PROCEDURES)	DIAGNOSTIC ARTHROSCOPY	650.00	875.00	875.00	875.00	875.00
OR (DIAGNOSTIC PROCEDURES)	DIAGNOSTIC+MAJOR ARTHROSCOPY	650.00	1,900.00	1,900.00	1,900.00	1,900.00
OR (GASES)	COMPRESSED AIR	0.00	0.00	0.00	0.00	0.00
OR (GASES)	CARBON DIOXIDE/HOUR	0.00	75.00	75.00	75.00	75.00
OR (GASES)	COMPRESSED AIR/USE	0.00	40.00	40.00	40.00	40.00
OR (GASES)	OXYGEN/HOUR	0.00	75.00	75.00	75.00	75.00
OR (GASES)	NITROGEN/HOUR	0.00	300.00	300.00	300.00	300.00
OR (LINEN PACKS)	DOCTOR PANTS, COTTON GREEN	0.00	40.00	40.00	40.00	40.00
OR (LINEN PACKS)	DRESSING COVER, COTTON GREEN	0.00	20.00	20.00	20.00	20.00
OR (LINEN PACKS)	GYNE SHEET, COTTON GREEN	0.00	70.00	70.00	70.00	70.00
OR (LINEN PACKS)	GYNE SHEET, COTTON PINK	0.00	105.00	105.00	105.00	105.00
OR (LINEN PACKS)	INSTRUMENT COVER (MAYO COVER), COTTON GREEN	0.00	20.00	20.00	20.00	20.00
OR (LINEN PACKS)	LARGE SHEET (FLAT SHEET), COTTON GREEN	0.00	60.00	60.00	60.00	60.00
OR (LINEN PACKS)	LARGE SHEET, MUSLIN, COTTON GREEN	0.00	50.00	50.00	50.00	50.00
OR (LINEN PACKS)	LARGE SHEET, TETORON WHITE	0.00	45.00	45.00	45.00	45.00
OR (LINEN PACKS)	LAUNDRY BAG, CANVASS	0.00	40.00	40.00	40.00	40.00
OR (LINEN PACKS)	LONG HAND TOWEL, MUSLIN UNBLEACHED	0.00	70.00	70.00	70.00	70.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
OR (LINEN PACKS)	OPERATING GOWN, COTTON BLUE	0.00	85.00	85.00	85.00	85.00
OR (LINEN PACKS)	OPERATING GOWN, COTTON GREEN	0.00	60.00	60.00	60.00	60.00
OR (LINEN PACKS)	OPERATING GOWN, COTTON PINK	0.00	85.00	85.00	85.00	85.00
OR (LINEN PACKS)	OPERATING GOWN, MUSLIN, UNBLEACHED	0.00	50.00	50.00	50.00	50.00
OR (LINEN PACKS)	OPERATING SHEET (LAP SHEET), COTTON GREEN	0.00	60.00	60.00	60.00	60.00
OR (LINEN PACKS)	OPERATING SHEET (LAP SHEET), COTTON PINK	0.00	85.00	85.00	85.00	85.00
OR (LINEN PACKS)	OPERATING TOWEL, (SURGICAL TOWEL), COTTON GREEN	0.00	5.00	5.00	5.00	5.00
OR (LINEN PACKS)	PILLOW CASE, TETORON WHITE	0.00	10.00	10.00	10.00	10.00
OR (LINEN PACKS)	WRAPPER, COTTON BLUE	0.00	50.00	50.00	50.00	50.00
OR (LINEN PACKS)	WRAPPER, MUSLIN UNBLEACHED	0.00	30.00	30.00	30.00	30.00
OR (LINEN PACKS)	WRAPPER, TETORON WHITE	0.00	25.00	25.00	25.00	25.00
OR (LINEN PACKS)	BODY STRAP, MUSLIN UNBLEACHED	0.00	20.00	20.00	20.00	20.00
OR (LINEN PACKS)	DOCTOR CAMISA, COTTON GREEN	0.00	30.00	30.00	30.00	30.00
OR (LINEN PACKS)	LINEN -URO DRAPES	0.00	685.00	685.00	685.00	685.00
OR (LINEN PACKS)	LINEN- DRAPES REGULAR	0.00	1,825.00	1,825.00	1,825.00	1,825.00
OR (LINEN PACKS)	LINEN- EYE DRAPES	0.00	840.00	840.00	840.00	840.00
OR (LINEN PACKS)	LINEN-NSS DRAPES	0.00	2,085.00	2,085.00	2,085.00	2,085.00
OR (LINEN PACKS)	LINEN-OB DRAPES	0.00	730.00	730.00	730.00	730.00
OR (LINEN PACKS)	LINEN-ORTHO DRAPES	0.00	1,990.00	1,990.00	1,990.00	1,990.00
OR (LINEN PACKS)	LINEN-OPEN HEART DRAPES	0.00	5,180.00	5,180.00	5,180.00	5,180.00
OR (LINEN PACKS)	DISPOSABLE BLANKET FOR BAIR HUGGER MACHINE	1,700.00	1,700.00	1,700.00	1,700.00	1,700.00
OR (PACU)	NON-INVASIVE CARDIAC MONITOR/DAY	545.00	878.00	878.00	878.00	878.00
OR (PACU)	TRANSPORT INCUBATOR 1ST THREE (3 HOURS)	290.00	325.00	325.00	325.00	325.00
OR (PACU)	TRANSPORT INCUBATOR PER HOUR IN EXCESS OF THREE (3) HOURS	95.00	110.00	110.00	0.00	110.00
OR (PACU)	TRANSPORT VENTILATOR 1ST THREE (3) HOURS	250.00	285.00	285.00	285.00	285.00
OR (PACU)	TRANSPORT VENTILATOR PER HOUR IN EXCESS OF THREE (3) HOURS	85.00	95.00	95.00	95.00	95.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
OR (PACU)	PACU STAY (INCLUDING USE OF OXYGEN)/HOUR	0.00	150.00	150.00	150.00	150.00
OR (PACU)	LINEN/PIECE	0.00	75.00	75.00	75.00	75.00
OR (PACU)	INVASIVE CARDIAC MONITOR/DAY	995.00	1,100.00	1,100.00	1,100.00	1,100.00
ORL	5 - HOLE PLATE STRAIGHT	28,901.25	0.00	0.00	28,901.25	0.00
ORL	6 - HOLE PLATE STRAIGHT	31,179.75	0.00	0.00	31,179.75	0.00
ORL	10-HOLE CAD-PLATE RECT, STRENGTHENED	83,490.75	0.00	0.00	83,490.75	0.00
ORL	12 HOLE H-PLATE 0.6MM	64,779.75	0.00	0.00	64,779.75	0.00
ORL	16-HOLE PLATE 0.6MM GOLD	63,750.75	0.00	0.00	63,750.75	0.00
ORL	16-HOLE PLATE 0.8MM STRAIGHT BLUE	47,990.25	0.00	0.00	47,990.25	0.00
ORL	16-HOLE PLATE, STRAIGHT	39,128.25	0.00	0.00	39,128.25	0.00
ORL	3-HOLE CAD PLATE 0.6MM TRIANGULAR GOLD	54,363.75	0.00	0.00	54,363.75	0.00
ORL	4-HOLE 0.6MM BAR 8MM GOLD	28,885.50	0.00	0.00	28,885.50	0.00
ORL	4-HOLE CAD-PLATE RECTANGULAR	47,927.25	0.00	0.00	47,927.25	0.00
ORL	4-HOLE DOUBLE T-PLATE, BAR 13 MM	45,438.75	0.00	0.00	45,438.75	0.00
ORL	4-HOLE L PLATE 0.6MM BAR 16MM 110-RIGHT GOLD	47,733.00	0.00	0.00	47,733.00	0.00
ORL	4-HOLE L PLATE 0.6MM BAR 7.5MM-RIGHT GOLD	46,609.50	0.00	0.00	46,609.50	0.00
ORL	4-HOLE L-PLATE 0.8MM BAR 12MM 110 LEFT BLUE	37,280.25	0.00	0.00	37,280.25	0.00
ORL	4-HOLE L-PLATE 0.8MM BAR 12MM 110 RIGHT BLUE	37,280.25	0.00	0.00	37,280.25	0.00
ORL	4-HOLE L-PLATE 1.0MM BAR 12MM 110 LEFT GOLD	37,280.25	0.00	0.00	37,280.25	0.00
ORL	4-HOLE L-PLATE, BAR 12 MM, RIGHT	40,745.25	0.00	0.00	40,745.25	0.00
ORL	4-HOLE L-PLATE, BAR 15 MM, RIGHT	40,745.25	0.00	0.00	40,745.25	0.00
ORL	4-HOLE ORBITAL PLATE 0.6MM GOLD	39,963.00	0.00	0.00	39,963.00	0.00
ORL	4-HOLE PLATE 0.6MM BAR 6MM GOLD	28,880.25	0.00	0.00	28,880.25	0.00
ORL	4-HOLE PLATE 0.8MM BAR 12MM STR BLUE	28,329.00	0.00	0.00	28,329.00	0.00
ORL	4-HOLE PLATE 0.8MM BAR 9MM STR BLUE	28,329.00	0.00	0.00	28,329.00	0.00
ORL	4-HOLE PLATE 0.8MM STRAIGHT BLUE	28,329.00	0.00	0.00	28,329.00	0.00
ORL	4 - HOLE PLATE STRAIGHT	28,350.00	0.00	0.00	28,350.00	0.00
ORL	4-HOLE Z PLATE 0.6MM BAR 12MM-LEFT GOLD	47,733.00	0.00	0.00	47,733.00	0.00
ORL	4-HOLE Z PLATE 0.6MM BAR 12MM-RIGHT GOLD	47,733.00	0.00	0.00	47,733.00	0.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
ORL	5-HOLE BURR HOLE COVER PLATE 22MM	47,250.00	0.00	0.00	47,250.00	0.00
ORL	5-HOLE BURR HOLE COVER PLATE 22MM W/ SIDE DRAINAGE	47,250.00	0.00	0.00	47,250.00	0.00
ORL	5-HOLE L-PLATE 1.0MM BAR 12MM LEFT GOLD	39,637.50	0.00	0.00	39,637.50	0.00
ORL	5-HOLE L-PLATE 1.0MM BAR 12MM RIGHT GOLD	39,637.50	0.00	0.00	39,637.50	0.00
ORL	5-HOLE T-PLATE 90	42,798.00	0.00	0.00	42,798.00	0.00
ORL	5-HOLE Y-PLATE	41,317.50	0.00	0.00	41,317.50	0.00
ORL	5-HOLE Y-PLATE, BAR 12 MM	41,317.50	0.00	0.00	41,317.50	0.00
ORL	5-HOLE Y-PLATE, BAR 9 MM	41,317.50	0.00	0.00	41,317.50	0.00
ORL	6-HOLE CAD-PLATE RECTANGULAR	61,950.00	0.00	0.00	61,950.00	0.00
ORL	6-HOLE DOUBLE T-PLATE	45,438.75	0.00	0.00	45,438.75	0.00
ORL	6-HOLE DOUBLE Y-PLATE	50,300.25	0.00	0.00	50,300.25	0.00
ORL	6-HOLE ORBITAL PLATE	34,251.00	0.00	0.00	34,251.00	0.00
ORL	6-HOLE T-PLATE 90	42,798.00	0.00	0.00	42,798.00	0.00
ORL	7-HOLE DOUBLE Y-PLATE	50,300.25	0.00	0.00	50,300.25	0.00
ORL	7-HOLE T PLATE 0.6MM GOLD	53,240.25	0.00	0.00	53,240.25	0.00
ORL	7-HOLE X PLATE 0.6MM LARGE GOLD	54,600.00	0.00	0.00	54,600.00	0.00
ORL	8-HOLE CAD-PLATE RECT, STRENGTHENED	92,447.25	0.00	0.00	92,447.25	0.00
ORL	8-HOLE ORBITAL PLATE 0.6MM GOLD	59,955.00	0.00	0.00	59,955.00	0.00
ORL	8 - HOLE PLATE, STRAIGHT	34,508.25	0.00	0.00	34,508.25	0.00
ORL	9-HOLE H PLATE 0.6MM SMALL GOLD	57,750.00	0.00	0.00	57,750.00	0.00
ORL	ACOUSTIC REFLEX	135.00	380.00	415.00	435.00	451.00
ORL	BMR 2.8MM 16H STR BLUE	155,174.25	0.00	0.00	155,174.25	0.00
ORL	BMR 2.8MM 5+12HOLE LEFT	173,250.00	0.00	0.00	173,250.00	0.00
ORL	BMR 2.8MM 5+16HOLE LEFT	183,750.00	0.00	0.00	183,750.00	0.00
ORL	BMR 2.8MM 5+16HOLE RIGHT	183,750.00	0.00	0.00	183,750.00	0.00
ORL	BMR 2.8MM PLATE 5+20HOLE LEFT	194,250.00	0.00	0.00	194,250.00	0.00
ORL	BMR 2.8MM PLATE 5+20HOLE RIGHT	194,250.00	0.00	0.00	194,250.00	0.00
ORL	CAD MINI 2000 MANDIB 4-HOLE PLATE	42,257.25	0.00	0.00	42,257.25	0.00
ORL	CAD MINI 2000 MANDIB 6-HOLE PLATE	42,257.25	0.00	0.00	42,257.25	0.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
ORL	CAD MINI 2000 MANDIB 8-HOLE PLATE	89,922.00	0.00	0.00	89,922.00	0.00
ORL	CF EMER SCREW 1.5 X 4MM	5,250.00	0.00	0.00	5,250.00	0.00
ORL	CF EMER SCREW 1.5 X 6MM	5,250.00	0.00	0.00	5,250.00	0.00
ORL	CF EMER SCREW 2.0 X 5MM	4,725.00	0.00	0.00	4,725.00	0.00
ORL	CF EMER SCREW 2.0 X 7MM	4,725.00	0.00	0.00	4,725.00	0.00
ORL	CF EMER SCREW 2.0 X 9MM	4,725.00	0.00	0.00	4,725.00	0.00
ORL	CF EMER SCREW 3.0 X 12MM	5,775.00	0.00	0.00	5,775.00	0.00
ORL	CF EMER SCREW 3.0 X 16MM	5,775.00	0.00	0.00	5,775.00	0.00
ORL	CF EMER SCREW 3.0 X 8MM	5,775.00	0.00	0.00	5,775.00	0.00
ORL	CF SCREW 1.2 X 4MM	6,825.00	0.00	0.00	6,825.00	0.00
ORL	CF SCREW 1.2 X 5MM	6,825.00	0.00	0.00	6,825.00	0.00
ORL	CF SCREW 1.2 X 6MM	6,825.00	0.00	0.00	6,825.00	0.00
ORL	CF SCREW 1.7 X 4MM	4,725.00	0.00	0.00	4,725.00	0.00
ORL	CF SCREW 1.7 X 5MM	4,725.00	0.00	0.00	4,725.00	0.00
ORL	CF SCREW 1.7 X 6MM	4,725.00	0.00	0.00	4,725.00	0.00
ORL	CF SCREW 1.7 X 8MM	4,725.00	0.00	0.00	4,725.00	0.00
ORL	CF SCREW 1.7 X 9MM	4,725.00	0.00	0.00	4,725.00	0.00
ORL	CF SCREW 2.0 X 10MM	3,675.00	0.00	0.00	3,675.00	0.00
ORL	CF SCREW 2.0 X 12MM	3,675.00	0.00	0.00	3,675.00	0.00
ORL	CF SCREW 2.0 X 14MM	3,675.00	0.00	0.00	3,675.00	0.00
ORL	CF SCREW 2.0 X 18MM	3,675.00	0.00	0.00	3,675.00	0.00
ORL	CF SCREW 2.0 X 5MM SELF DRILLING	2,835.00	0.00	0.00	2,835.00	0.00
ORL	CF SCREW 2.0 X 7MM SELF DRILLING	2,835.00	0.00	0.00	2,835.00	0.00
ORL	CF SCREW 2.3 X 10MM	4,725.00	0.00	0.00	4,725.00	0.00
ORL	CF SCREW 2.3 X 12MM	4,725.00	0.00	0.00	4,725.00	0.00
ORL	CF SCREW 2.3 X 14MM	4,725.00	0.00	0.00	4,725.00	0.00
ORL	CF SCREW 2.3 X 8MM	4,725.00	0.00	0.00	4,725.00	0.00
ORL	CF SCREW 2.7 X 10MM	5,250.00	0.00	0.00	5,250.00	0.00
ORL	CF SCREW 2.7 X 12MM	5,250.00	0.00	0.00	5,250.00	0.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
ORL	CF SCREW 2.7 X 16MM	5,250.00	0.00	0.00	5,250.00	0.00
ORL	CF SCREW 2.7 X 8MM	5,250.00	0.00	0.00	5,250.00	0.00
ORL	CROSS FIT EMER SCREW 2.3 X 5MM	2,940.00	0.00	0.00	2,940.00	0.00
ORL	CROSS FIT EMER SCREW 2.3 X 7MM	2,940.00	0.00	0.00	2,940.00	0.00
ORL	CROSS FIT EMER SCREW 2.3 X 9MM	2,940.00	0.00	0.00	2,940.00	0.00
ORL	CROSS FIT SCREW 2.0 X 11MM	2,625.00	0.00	0.00	2,625.00	0.00
ORL	CROSS FIT SCREW 2.0 X 13MM	2,625.00	0.00	0.00	2,625.00	0.00
ORL	CROSS FIT SCREW 2.0 X 4MM	2,625.00	0.00	0.00	2,625.00	0.00
ORL	CROSS FIT SCREW 2.0 X 5MM	2,625.00	0.00	0.00	2,625.00	0.00
ORL	CROSS FIT SCREW 2.0 X 7MM	2,625.00	0.00	0.00	2,625.00	0.00
ORL	CROSS FIT SCREW 2.0 X 9MM	2,625.00	0.00	0.00	2,625.00	0.00
ORL	FRACTURE 1.5MM 14HOLE STR	110,927.25	0.00	0.00	110,927.25	0.00
ORL	FRACTURE 1.5MM 4HOLE BAR 13MM	80,340.75	0.00	0.00	80,340.75	0.00
ORL	FRACTURE 1.5MM 4HOLE BAR ANGLE	83,170.50	0.00	0.00	83,170.50	0.00
ORL	FRACTURE 1.5MM 6HOLE BAR 7MM	85,916.25	0.00	0.00	85,916.25	0.00
ORL	FRACTURE 1.5MM 6HOLE BAR ANGLE	96,999.00	0.00	0.00	96,999.00	0.00
ORL	JALLUT PLATE GLIDING HOLE, BAR 10 MM	67,278.75	0.00	0.00	67,278.75	0.00
ORL	JALLUT PLATE GLIDING HOLE, BAR 12 MM	67,278.75	0.00	0.00	67,278.75	0.00
ORL	MANDIBULAR RECON MESH CVD-LEFT	257,250.00	0.00	0.00	257,250.00	0.00
ORL	MANDIBULAR RECON MESH CVD-RIGHT	257,250.00	0.00	0.00	257,250.00	0.00
ORL	MANDIBULAR RECON MESH STR-LEFT	246,750.00	0.00	0.00	246,750.00	0.00
ORL	MANDIBULAR RECON MESH STR-RIGHT	246,750.00	0.00	0.00	246,750.00	0.00
ORL	MINI 2000 MANDIB 10HOLE PLATE	40,950.00	0.00	0.00	40,950.00	0.00
ORL	MINI 2000 MANDIB 12HOLE PLATE	43,050.00	0.00	0.00	43,050.00	0.00
ORL	MINI 2000 MANDIB 14HOLE PLATE	47,250.00	0.00	0.00	47,250.00	0.00
ORL	MINI 2000 MANDIB 16HOLE PLATE	58,800.00	0.00	0.00	58,800.00	0.00
ORL	MINI 2000 MANDIB 8HOLE PLATE	38,850.00	0.00	0.00	38,850.00	0.00
ORL	MPS 2.5MM PLATE 5+20+5H COMPLETE MANDIBLE	183,750.00	0.00	0.00	183,750.00	0.00
ORL	MPS 2.5MM PLATE STR 16H	109,378.50	0.00	0.00	109,378.50	0.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
ORL	MPS 2.5MM PLATE STR 18H	117,558.00	0.00	0.00	117,558.00	0.00
ORL	PAULUS LEFORT 1 PLATE BAR 3 MM, LEFT	88,315.50	0.00	0.00	88,315.50	0.00
ORL	PAULUS LEFORT 1 PLATE BAR 3 MM, RIGHT	88,315.50	0.00	0.00	88,315.50	0.00
ORL	PAULUS LEFORT 1 PLATE BAR 5 MM, LEFT	88,315.50	0.00	0.00	88,315.50	0.00
ORL	PAULUS LEFORT 1 PLATE FLAT, LEFT	88,315.50	0.00	0.00	88,315.50	0.00
ORL	PAULUS LEFORT 1 PLATE FLAT, RIGHT	88,315.50	0.00	0.00	88,315.50	0.00
ORL	PLAY AUDIOMETRY	270.00	570.00	630.00	655.00	680.00
ORL	READER'S FEE- ELECTRONYSTAGMOGRAPHY	0.00	260.00	280.00	300.00	300.00
ORL	SISI/TDT	195.00	290.00	325.00	335.00	350.00
ORL	STROBOSCOPY/LARYNGOSCOPY	1,120.00	1,950.00	2,350.00	2,600.00	3,250.00
ORL	TITANIUM MICRO MESH	89,250.00	0.00	0.00	89,250.00	0.00
ORL	SINUS ENDOSCOPY-MAJOR OR (WITH ENDOSCOPE VIDEO) (ORL)	1,840.00	2,850.00	3,020.00	3,190.00	3,350.00
ORL	4-HOLE 0.6MM BAR 6MM GOLD	26,698.35	0.00	0.00	26,698.35	0.00
ORL	4-HOLE DOUBLE T-PLATE, BAR 19 MM	45,438.75	0.00	0.00	45,438.75	0.00
ORL	4-HOLE L PLATE 0.6MM BAR 7.5MM-LEFT GOLD	46,609.50	0.00	0.00	46,609.50	0.00
ORL	6-HOLE DOUBLE Y-PLATE, BAR 12 MM	50,300.25	0.00	0.00	50,300.25	0.00
ORL	6-HOLE ORBITAL PLATE 0.6MM GOLD	39,968.25	0.00	0.00	39,968.25	0.00
ORL	8-HOLE ORBITAL PLATE	36,408.75	0.00	0.00	36,408.75	0.00
ORL	BMR 2.8MM 5+12HOLE RIGHT	173,250.00	0.00	0.00	173,250.00	0.00
ORL	BMR 2.8MM PLATE 5+20+5HOLE COMPLETE MANDIB BLUE	236,250.00	0.00	0.00	236,250.00	0.00
ORL	CF SCREW 1.2 X 7MM	6,825.00	0.00	0.00	6,825.00	0.00
ORL	CF SCREW 1.7 X 7MM	4,725.00	0.00	0.00	4,725.00	0.00
ORL	COLD/HOT CALORICS	760.00	2,160.00	2,380.00	2,480.00	2,590.00
ORL	ELECTRONYSTAGMOGRAPHY	400.00	1,690.00	1,860.00	1,940.00	2,030.00
ORL	FRACTURE 1.5MM 4HOLE BAR 10MM	74,838.75	0.00	0.00	74,838.75	0.00
ORL	JALLUT PLATE GLIDING HOLE, BAR 8 MM	67,278.75	0.00	0.00	67,278.75	0.00
ORL	MINI 2000 MANDIB 6HOLE PLATE	33,600.00	0.00	0.00	33,600.00	0.00
ORL	MPS 2.5MM PLATE STR 12H	93,287.25	0.00	0.00	93,287.25	0.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
ORL	MPS 2.5MM PLATE STR 14H	101,451.00	0.00	0.00	101,451.00	0.00
ORL	PAULUS LEFORT 1 PLATE BAR 5 MM, RIGHT	88,315.50	0.00	0.00	88,315.50	0.00
ORL	STAPEDIAL REFLEX	135.00	495.00	520.00	545.00	565.00
ORL	TYMPANOMETRY	135.00	380.00	415.00	435.00	451.00
ORL	SINUS ENDOSCOPY- OPD (ORL)	360.00	0.00	0.00	0.00	0.00
ORL	4-HOLE L-PLATE, BAR 12 MM, LEFT	40,745.25	0.00	0.00	40,745.25	0.00
ORL	4-HOLE L-PLATE, BAR 15 MM, LEFT	40,745.25	0.00	0.00	40,745.25	0.00
ORL	AIDED THRESHOLD TESTING AND/OR HEARING AID TRIAL	0.00	390.00	430.00	450.00	470.00
ORL	AUDITORY BRAINSTEM RESPONSE	380.00	1,220.00	1,340.00	1,400.00	1,460.00
ORL	CF SCREW 2.0 X 16MM	3,675.00	0.00	0.00	3,675.00	0.00
ORL	CF SCREW 2.3 X 18MM	4,725.00	0.00	0.00	4,725.00	0.00
ORL	CF SCREW 2.7 X 14MM	5,250.00	0.00	0.00	5,250.00	0.00
ORL	CF SCREW 2.7 X 18MM	5,250.00	0.00	0.00	5,250.00	0.00
ORL	DISTORTION PRODUCT OTOACOUSTIC EMISSIONS (DPOAE)	370.00	390.00	450.00	450.00	520.00
ORL	EQUIPMENT- HAND PIECE DRILL	25.00	85.00	85.00	85.00	85.00
ORL	HEARING INSTRUMENT ANALYSIS PER UNIT	0.00	215.00	240.00	250.00	260.00
ORL	SINUS ENDOSCOPY-MINOR OR (ORL)	280.00	430.00	460.00	480.00	510.00
ORL	MICRO CROSS SLOT SCREW EMERGENCY	2,415.00	0.00	0.00	0.00	0.00
ORL	MICRO CROSS SLOT SCREW REGULAR	2,102.10	0.00	0.00	0.00	0.00
ORL	MICRO CROSS SLOT SCREW SELF DRILLING	2,488.50	0.00	0.00	0.00	0.00
ORL	MICRO H-PLATE	17,301.90	0.00	0.00	0.00	0.00
ORL	MICRO L-PLATE 12MM LEFT	14,469.00	0.00	0.00	0.00	0.00
ORL	MICRO L-PLATE 12MM RIGHT	14,469.00	0.00	0.00	0.00	0.00
ORL	MICRO L-PLATE 9MM LEFT	13,786.50	0.00	0.00	0.00	0.00
ORL	MICRO L-PLATE 9MM RIGHT	13,786.50	0.00	0.00	0.00	0.00
ORL	MICRO PLATES 12HOLES	25,830.00	0.00	0.00	0.00	0.00
ORL	MICRO PLATES 16HOLES (SHORT)	23,278.50	0.00	0.00	0.00	0.00
ORL	MICRO PLATES 4HOLES	8,694.00	0.00	0.00	0.00	0.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
ORL	MICRO PLATES 6HOLES	11,025.00	0.00	0.00	0.00	0.00
ORL	MICRO PLATES 8HOLES	14,385.00	0.00	0.00	0.00	0.00
ORL	MICRO T-PLATE 4HOLES	14,161.35	0.00	0.00	0.00	0.00
ORL	MICRO T-PLATE 5HOLES	15,424.50	0.00	0.00	0.00	0.00
ORL	MICRO Y-PLATE 12MM	15,352.05	0.00	0.00	0.00	0.00
ORL	MINI PLATE 10HOLES	12,348.00	0.00	0.00	0.00	0.00
ORL	MINI PLATE 12HOLES	14,847.00	0.00	0.00	0.00	0.00
ORL	MINI PLATE 14HOLES	15,546.30	0.00	0.00	0.00	0.00
ORL	MINI PLATE 16HOLES	15,340.50	0.00	0.00	0.00	0.00
ORL	MINI PLATE 16HOLES LOWPROFILE	19,110.00	0.00	0.00	0.00	0.00
ORL	MINI PLATE 4HOLES	7,497.00	0.00	0.00	0.00	0.00
ORL	MINI PLATE 6HOLES	8,496.60	0.00	0.00	0.00	0.00
ORL	MINI PLATE 8HOLES	11,590.95	0.00	0.00	0.00	0.00
ORL	SINUS ENDOSCOPY-MINOR OR/CLINIC/OPD	210.00	300.00	330.00	330.00	330.00
ORL	4-HOLE L PLATE 0.6MM BAR 16MM 110-LEFT GOLD	47,733.00	0.00	0.00	47,733.00	0.00
ORL	MESH 42X32MM	25,830.00	0.00	0.00	0.00	0.00
ORL	MESH 51X85MM	37,590.00	0.00	0.00	0.00	0.00
ORL	MESH 67X82MM	58,275.00	0.00	0.00	0.00	0.00
ORL	MICRO DOUBLE Y PLATE 12MM	15,352.05	0.00	0.00	0.00	0.00
ORL	MICRO DOUBLE Y PLATE 15MM	15,352.05	0.00	0.00	0.00	0.00
ORL	MICRO MESH PLATE 1/2	24,570.00	0.00	0.00	0.00	0.00
ORL	MICRO MESH PLATE 1/4	12,285.00	0.00	0.00	0.00	0.00
ORL	MICRO MESH PLATE 67 X 82 MM	49,003.50	0.00	0.00	0.00	0.00
ORL	MICRO ORBITAL PLATE 10HOLES	16,607.85	0.00	0.00	0.00	0.00
ORL	MICRO ORBITAL PLATE 6HOLES	13,650.00	0.00	0.00	0.00	0.00
ORL	MICRO ORBITAL PLATE 6HOLES (NO I.S)	13,650.00	0.00	0.00	0.00	0.00
ORL	MICRO ORBITAL PLATE 8HOLES	16,243.50	0.00	0.00	0.00	0.00
ORL	MICRO ORBITAL PLATE I.S 6HOLES	15,411.90	0.00	0.00	0.00	0.00
ORL	MICRO ORBITAL PLATE I.S 7HOLES	16,290.75	0.00	0.00	0.00	0.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
ORL	MICRO ORBITAL PLATE MESH PLATE MEDIUM	34,125.00	0.00	0.00	0.00	0.00
ORL	MICRO ORBITAL PLATE MESH PLATE SMALL	27,300.00	0.00	0.00	0.00	0.00
ORL	MICRO Y- WIDE PLATE 15MM	13,179.60	0.00	0.00	0.00	0.00
ORL	MINI ANGLE PLATE 4HOLES LEFT	13,797.00	0.00	0.00	0.00	0.00
ORL	MINI ANGLE PLATE 4HOLES RIGHT	13,797.00	0.00	0.00	0.00	0.00
ORL	MINI ANGLE PLATE 6HOLES LEFT	15,645.00	0.00	0.00	0.00	0.00
ORL	MINI ANGLE PLATE 6HOLES RIGHT	15,645.00	0.00	0.00	0.00	0.00
ORL	MINI COMPRESSION PLATE 4HOLES	12,285.00	0.00	0.00	0.00	0.00
ORL	MINI COMPRESSION PLATE 6HOLES	14,595.00	0.00	0.00	0.00	0.00
ORL	MINI CROSS SLOT SCREW EMERGENCY	2,415.00	0.00	0.00	0.00	0.00
ORL	MINI CROSS SLOT SCREW IMFF	2,940.00	0.00	0.00	0.00	0.00
ORL	MINI CROSS SLOT SCREW REGULAR	2,102.10	0.00	0.00	0.00	0.00
ORL	MINI CROSS SLOT SCREW SELF-DRILLING	2,488.50	0.00	0.00	0.00	0.00
ORL	MINI DOUBLE T-PLATE 6MM	14,994.00	0.00	0.00	0.00	0.00
ORL	MINI DOUBLE T-PLATE 9MM	15,141.00	0.00	0.00	0.00	0.00
ORL	MINI L PLATE 12MM LEFT	11,985.75	0.00	0.00	0.00	0.00
ORL	MINI L PLATE 12MM RIGHT	11,985.75	0.00	0.00	0.00	0.00
ORL	MINI L PLATE 15MM LEFT	12,303.90	0.00	0.00	0.00	0.00
ORL	MINI L PLATE 15MM RIGHT	12,303.90	0.00	0.00	0.00	0.00
ORL	MINI MULTIGRID 4HOLES	13,965.00	0.00	0.00	0.00	0.00
ORL	MINI MULTIGRID 6HOLES	16,905.00	0.00	0.00	0.00	0.00
ORL	MINI MULTIGRID 8HOLES	19,005.00	0.00	0.00	0.00	0.00
ORL	MINI ORBITAL PLATE 4HOLES	15,708.00	0.00	0.00	0.00	0.00
ORL	MINI ORBITAL PLATE 5HOLES	18,522.00	0.00	0.00	0.00	0.00
ORL	MINI ORBITAL PLATE 7HOLES	19,902.75	0.00	0.00	0.00	0.00
ORL	MINI OTBITAL PLATE 8HOLES LOWPROFILE	19,845.00	0.00	0.00	0.00	0.00
ORL	MINI T-PLATE 12MM	12,894.00	0.00	0.00	0.00	0.00
ORL	MINI T-PLATE 9MM	12,894.00	0.00	0.00	0.00	0.00
ORL	MINI Y-PLATE	13,083.00	0.00	0.00	0.00	0.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
ORL	MULTIGRID MESH 120X89MM	166,792.50	0.00	0.00	0.00	0.00
ORL	NEUROMESH 90X90MM	142,170.00	0.00	0.00	0.00	0.00
ORL	RECON ANGLE PLATE 12HOLES RIGHT	44,100.00	0.00	0.00	0.00	0.00
ORL	RECON ANGLE PLATE 13-5HOLES LEFT	50,862.00	0.00	0.00	0.00	0.00
ORL	RECON ANGLE PLATE 13HOLES LEFT	43,995.00	0.00	0.00	0.00	0.00
ORL	RECON ANGLE PLATE 13HOLES RIGHT	43,995.00	0.00	0.00	0.00	0.00
ORL	RECON ANGLE PLATE 14HOLES LEFT	50,820.00	0.00	0.00	0.00	0.00
ORL	RECON ANGLE PLATE 14HOLES RIGHT	50,862.00	0.00	0.00	0.00	0.00
ORL	RECON ANGLE PLATE 15HOLES RIGHT	50,862.00	0.00	0.00	0.00	0.00
ORL	RECON ANGLE PLATE 17HOLES LEFT	67,964.40	0.00	0.00	0.00	0.00
ORL	RECON ANGLE PLATE 17HOLES RIGHT	67,964.40	0.00	0.00	0.00	0.00
ORL	RECON ANGLE PLATE 18HOLES LEFT	71,925.00	0.00	0.00	0.00	0.00
ORL	RECON ANGLE PLATE 18HOLES RIGHT	71,925.00	0.00	0.00	0.00	0.00
ORL	RECON ANGLE PLATE 20HOLES LEFT	75,075.00	0.00	0.00	0.00	0.00
ORL	RECON ANGLE PLATE 20HOLES RIGHT	75,075.00	0.00	0.00	0.00	0.00
ORL	RECON ANGLE PLATE 21HOLES LEFT	76,896.75	0.00	0.00	0.00	0.00
ORL	RECON ANGLE PLATE 21HOLES RIGHT	76,896.75	0.00	0.00	0.00	0.00
ORL	RECON CROSS SLOT SCREW EMERGENCY	2,887.50	0.00	0.00	0.00	0.00
ORL	RECON CROSS SLOT SCREW REGULAR	2,546.25	0.00	0.00	0.00	0.00
ORL	RECON FRACTURE PLATE ANGLED 4HOLES, LE	34,545.00	0.00	0.00	0.00	0.00
ORL	RECON FRACTURE PLATE ANGLED 4HOLES, RI	34,545.00	0.00	0.00	0.00	0.00
ORL	RECON FRACTURE PLATE ANGLED 6HOLES, LE	41,895.00	0.00	0.00	0.00	0.00
ORL	RECON FRACTURE PLATE ANGLED 6HOLES, RI	41,895.00	0.00	0.00	0.00	0.00
ORL	RECON FRACTURE PLATE STRAIGHT 10HOLES	52,920.00	0.00	0.00	0.00	0.00
ORL	RECON FRACTURE PLATE STRAIGHT 4HOLES	27,342.00	0.00	0.00	0.00	0.00
ORL	RECON FRACTURE PLATE STRAIGHT 6HOLES	27,720.00	0.00	0.00	0.00	0.00
ORL	RECON FRACTURE PLATE STRAIGHT 8HOLES	42,630.00	0.00	0.00	0.00	0.00
ORL	RECON PLATE STRAIGHT 13HOLES	29,601.60	0.00	0.00	0.00	0.00
ORL	RECON PLATE STRAIGHT 14HOLES	33,774.30	0.00	0.00	0.00	0.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
ORL	RECON PLATE STRAIGHT 15HOLES	37,558.50	0.00	0.00	0.00	0.00
ORL	RECON PLATE STRAIGHT 16HOLES	42,315.00	0.00	0.00	0.00	0.00
ORL	RECON PLATE STRAIGHT 18HOLES	50,715.00	0.00	0.00	0.00	0.00
ORL	RECON PLATE STRAIGHT 19HOLES	54,925.50	0.00	0.00	0.00	0.00
ORL	RECON PLATE STRAIGHT 21HOLES	59,149.65	0.00	0.00	0.00	0.00
ORL	STAPEDIAL REFLEX DECAY	135.00	475.00	495.00	525.00	550.00
ORL	TITANIUM RECON CONDYLE 40MM, LEFT	99,907.50	0.00	0.00	0.00	0.00
ORL	TITANIUM RECON CONDYLE 40MM, RIGHT	99,907.50	0.00	0.00	0.00	0.00
ORL	TITANIUM RECON CONDYLE 48MM, LEFT	109,856.25	0.00	0.00	0.00	0.00
ORL	TITANIUM RECON CONDYLE 48MM, RIGHT	109,856.25	0.00	0.00	0.00	0.00
ORL	TOTAL RECON PLATE 21HOLES	129,423.00	0.00	0.00	0.00	0.00
ORL	TOTAL RECON PLATE 22HOLES	146,328.00	0.00	0.00	0.00	0.00
ORL	TOTAL RECON PLATE 24HOLES	146,328.00	0.00	0.00	0.00	0.00
ORL	VIDEOSTROBOSCOPY	1,150.00	2,620.00	2,620.00	2,620.00	3,010.00
ORL	READER'S FEE- STAPEDIAL REFLEX	0.00	85.00	90.00	95.00	100.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	EXTRA-ORAL PROSTHESIS (COMPLEX PROSTHESIS)	23,000.00	28,000.00	32,000.00	36,000.00	40,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	EXTRA-ORAL PROSTHESIS (EAR PROSTHESIS)	11,500.00	14,000.00	16,000.00	18,000.00	20,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	EXTRA-ORAL PROSTHESIS (FACIAL MOLD)	2,875.00	3,500.00	4,000.00	4,500.00	5,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	EXTRA-ORAL PROSTHESIS (NASAL/EAR CAST)	2,875.00	3,500.00	4,000.00	4,500.00	5,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	EXTRA-ORAL PROSTHESIS (NASAL PROSTHESIS)	11,500.00	14,000.00	16,000.00	18,000.00	20,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	EXTRA-ORAL PROSTHESIS (NASAL SPLINT (CLEFT PALATE))	3,450.00	4,200.00	4,800.00	5,400.00	6,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	FRACTURE MAXILLA/MANDIBLE (BRUXISM SPLINT)	5,750.00	7,000.00	8,000.00	9,000.00	10,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	FRACTURE MAXILLA/MANDIBLE (COMMISURE SPLINT (BURN PATIENT))	5,750.00	7,000.00	8,000.00	9,000.00	10,000.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
ORL PROSTHESIS AND BIOENGINEERING UNIT	FRACTURE MAXILLA/MANDIBLE (GUNNING TYPE SPLINT)	5,750.00	7,000.00	8,000.00	9,000.00	10,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	FRACTURE MAXILLA/MANDIBLE (LINGUAL SPLINT)	2,875.00	3,500.00	4,000.00	4,500.00	5,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	FRACTURE MAXILLA/MANDIBLE (PALATAL SPLINT)	2,875.00	3,500.00	4,000.00	4,500.00	5,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	HEMI-MAXILLECTOMY (INTERIM OBTURATOR)	6,900.00	8,400.00	9,600.00	10,800.00	12,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	HEMI-MAXILLECTOMY (PERMANENT OBTURATOR)	14,375.00	17,500.00	20,000.00	22,500.00	25,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	HEMI-MAXILLECTOMY (SURGICAL OBTURATOR)	2,300.00	2,800.00	3,200.00	3,600.00	4,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	IMPLANT RETAINED EAR PROSTHESIS	115,000.00	140,000.00	160,000.00	180,000.00	200,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	IMPLANT RETAINED NASAL PROSTHESIS	115,000.00	140,000.00	160,000.00	180,000.00	200,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	IMPLANT RETAINED ORBITAL PROSTHESIS	115,000.00	140,000.00	160,000.00	180,000.00	200,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	INTRA-ORAL PROSTHESIS (OBTURATOR OR FEEDING PLATE)	1,438.00	1,750.00	2,000.00	2,250.00	2,500.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	PARTIAL MAXILLECTOMY (BALL VALVE PROSTHESIS)	14,375.00	17,500.00	20,000.00	22,500.00	25,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	PARTIAL MAXILLECTOMY (DENTAL CAST/ OCCLUSION CAST)	2,875.00	3,500.00	4,000.00	4,500.00	5,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	PARTIAL MAXILLECTOMY (INTERIM OBTURATOR)	5,750.00	7,000.00	8,000.00	9,000.00	10,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	PARTIAL MAXILLECTOMY (MANDIBULAR FLANGE PROSTHESIS)	8,625.00	10,500.00	12,000.00	13,500.00	15,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	PARTIAL MAXILLECTOMY (PALATAL OBTURATOR (CLEFT PALATE))	14,375.00	17,500.00	20,000.00	22,500.00	25,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	PARTIAL MAXILLECTOMY (PERMANENT OBTURATOR)	11,500.00	14,000.00	16,000.00	18,000.00	20,000.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
ORL PROSTHESIS AND BIOENGINEERING UNIT	PARTIAL MAXILLECTOMY (SURGICAL OBTURATOR)	1,725.00	2,100.00	2,400.00	2,700.00	3,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	TOTAL MAXILLECTOMY PROSTHESIS (INTERIM OBTURATOR)	8,625.00	10,500.00	12,000.00	13,500.00	15,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	TOTAL MAXILLECTOMY PROSTHESIS (PERMANENT OBTURATOR)	17,250.00	21,000.00	24,000.00	27,000.00	30,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	TOTAL MAXILLECTOMY PROSTHESIS (SURGICAL OBTURATOR)	2,875.00	3,500.00	4,000.00	4,500.00	5,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	EXTRA-ORAL PROSTHESIS (ORBITAL PROSTHESIS)	11,500.00	14,000.00	16,000.00	18,000.00	20,000.00
ORL PROSTHESIS AND BIOENGINEERING UNIT	FRACTURE MAXILLA/MANDIBLE (OCCLUSAL SPLINT)	2,875.00	3,500.00	4,000.00	4,500.00	5,000.00
OR MANAGEMENT TEAM	KENDALL SCD EXPRESS COMPRESSION DEVICE (EQUIPMENT RATE FOR FIRST 3 HOURS)	270.00	410.00	440.00	460.00	490.00
OR MANAGEMENT TEAM	KENDALL SCD EXPRESS COMPRESSION DEVICE (EQUIPMENT RATE PER HOUR IN EXCESS 3 HOURS)	90.00	140.00	150.00	150.00	160.00
OR MANAGEMENT TEAM	SONOCA 300 ULTRASONIC GENERATOR WITH LIVER - (EQUIPMENT RATES FOR THE FIRST FOUR (4) HOURS)	5,120.00	7,910.00	8,370.00	8,840.00	9,300.00
OR MANAGEMENT TEAM	SONOCA 300 ULTRASONIC GENERATOR WITH LIVER - (EQUIPMENT RATES PER HOUR IN EXCESS OF FOUR (4) HOURS)	1,280.00	1,980.00	2,090.00	2,210.00	2,330.00
OR MANAGEMENT TEAM	SONOCA 300 ULTRASONIC GENERATOR WITH NSS - (EQUIPMENT RATES FOR THE FIRST FOUR (4) HOURS)	4,800.00	7,420.00	7,860.00	8,290.00	8,730.00
OR MANAGEMENT TEAM	SONOCA 300 ULTRASONIC GENERATOR WITH NSS - (EQUIPMENT RATES PER HOUR IN EXCESS OF FOUR (4) HOURS)	1,200.00	1,860.00	1,970.00	2,070.00	2,180.00
OR MANAGEMENT TEAM	AIDA DOCUMENTATION SYSTEM FOR MINIMALLY INVASIVE SURGERY AND SURGICAL PROCEDURES - FIRST 3 HOURS	1,070.00	1,650.00	1,750.00	1,850.00	1,940.00
OR MANAGEMENT TEAM	AIDA DOCUMENTATION SYSTEM FOR MINIMALLY	360.00	550.00	580.00	620.00	650.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	INVASIVE SURGERY AND SURGICAL PROCEDURES - PER HOUR IN EXCESS OF 3 HOURS					
OR MANAGEMENT TEAM	ELECTROCAUTERY MACHINE WITH ARGON PLASMA	9,820.00	0.00	0.00	0.00	0.00
OR MANAGEMENT TEAM	MOBILE SLAVE MONITOR FOR MINIMALLY INVASIVE SURGERY AND SURGICAL PROCEDURES - FIRST 3 HOURS	1,100.00	1,710.00	1,810.00	1,910.00	2,010.00
OR MANAGEMENT TEAM	MOBILE SLAVE MONITOR FOR MINIMALLY INVASIVE SURGERY AND SURGICAL PROCEDURES - PER HOUR IN EXCESS OF 3 HOURS	370.00	570.00	600.00	640.00	670.00
OR MANAGEMENT TEAM	OR4 NEW ENDO SUITE ROOM - FIRST 3 HOURS	6,160.00	9,520.00	10,080.00	10,640.00	11,200.00
OR MANAGEMENT TEAM	OR4 NEW ENDO SUITE ROOM - PER HOUR IN EXCESS OF 3 HOURS	2,050.00	3,170.00	3,360.00	3,550.00	3,730.00
OR MANAGEMENT TEAM	ORL MIS TOWER AND SCOPES AND INSTRUMENTS - PER HOUR IN EXCESS OF 3 HOURS	1,070.00	1,650.00	1,750.00	1,850.00	1,940.00
OR MANAGEMENT TEAM	SONOCA 185 ULTRASONIC GENERATOR WITH SPINE - (EQUIPMENT RATES PER HOUR IN EXCESS OF FOUR (4) HOURS)	850.00	1,310.00	1,390.00	1,460.00	1,540.00
OR MANAGEMENT TEAM	SONOCA 185 ULTRASONIC GENERATOR WITH WOUND DEBRIDEMENT- (EQUIPMENT RATES FOR THE FIRST FOUR (4) HOURS)	3,790.00	5,860.00	6,200.00	6,540.00	6,890.00
OR MANAGEMENT TEAM	ULTRASONIC AND ADV. BIPOLAR WITH POSITIVE TEMP. CO-EFFICIENT (GEN-11) FOR MIN. INVASIVE SURGERY AND SURGICAL PROC. - FIRST 3 HRS	3,730.00	5,760.00	6,100.00	6,440.00	6,780.00
OR MANAGEMENT TEAM	ENDOSCOPIC PROCEDURE	5,090.00	7,470.00	8,030.00	8,620.00	9,890.00
OR MANAGEMENT TEAM	ULTRASONIC & ADV BIPOLAR W/ POSITIVE TEMP CO-EFFICIENT (GEN-11) FOR MIN INV SURGERY AND SURGICAL PROC- PER HR IN EXCESS OF 3 HRS	1,240.00	1,920.00	2,030.00	2,150.00	2,260.00
OR MANAGEMENT TEAM	ORL MIS TOWER AND SCOPES AND INSTRUMENTS - FIRST 3 HOURS	3,200.00	4,950.00	5,240.00	5,540.00	5,830.00
OR MANAGEMENT TEAM	SONOCA 185 ULTRASONIC GENERATOR WITH SPINE - (EQUIPMENT RATES FOR THE FIRST FOUR	3,390.00	5,240.00	5,540.00	5,850.00	6,160.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	(4) HOURS)					
OR MANAGEMENT TEAM	SONOCA 185 ULTRASONIC GENERATOR WITH WOUND DEBRIDEMENT - (EQUIPMENT RATES PER HOUR IN EXCESS OF FOUR (4) HOURS)	950.00	1,470.00	1,550.00	1,640.00	1,720.00
OR STERILIZATION AREA	BAIR HUGGER- DISPOSABLE BLANKET	0.00	0.00	0.00	1,700.00	0.00
OR STERILIZATION AREA	CAVIWIPES -CANISTER	0.00	0.00	0.00	1,080.00	0.00
OR STERILIZATION AREA	DISPOSABLE EYE SHEET	0.00	0.00	0.00	145.00	0.00
OR STERILIZATION AREA	IV KIT - ADULT	0.00	310.00	310.00	310.00	310.00
OR STERILIZATION AREA	IV KIT - PEDIA	0.00	310.00	310.00	310.00	310.00
OR STERILIZATION AREA	PAY LARGE SHEET	0.00	0.00	0.00	200.00	0.00
OR STERILIZATION AREA	PEDIA PACK	0.00	0.00	0.00	1,750.00	0.00
OR STERILIZATION AREA	STRETCHER COVER	0.00	0.00	0.00	200.00	0.00
OR STERILIZATION AREA	BAIR HUGGER- MACHINE USE	0.00	0.00	0.00	500.00	0.00
OR STERILIZATION AREA	CAVIWIPES -FLAT PACK	0.00	0.00	0.00	600.00	0.00
OR STERILIZATION AREA	IV KIT ADULT / PAY	0.00	0.00	0.00	310.00	0.00
OR STERILIZATION AREA	MEDIVAC SUCTION LINER 3000 ML	0.00	0.00	0.00	230.00	0.00
OR STERILIZATION AREA	OR LAMP COVER DISPOSABLE	0.00	0.00	0.00	130.00	0.00
OR STERILIZATION AREA	SURGICAL MARKING PEN	0.00	0.00	0.00	240.00	0.00
OR STERILIZATION AREA	VESSEL(VASCULAR) LOOP, XRAY DETECTABLE, STERILE	0.00	0.00	0.00	4,080.00	0.00
OR STERILIZATION AREA	VISION GUARD DRAPE, MICROSCOPE COVER, STERILE	0.00	0.00	0.00	3,840.00	0.00
OR STERILIZATION AREA	GYNE PACK (DISPOSABLE)	0.00	1,600.00	1,600.00	1,600.00	1,600.00
OR STERILIZATION AREA	PORTABLE SUCTION LINER	0.00	230.00	230.00	230.00	230.00
OR STERILIZATION AREA	POST ANESTHESIA CARE KIT COMPOSED OF: FACE MASK, SHOE COVER, SINGLE ISOLATION GOWN, BOUFFANT CAP	0.00	200.00	200.00	200.00	200.00
OR STERILIZATION AREA	ETHYLENE OXIDE MACHINE (FULL LOAD)	6,000.00	0.00	0.00	6,000.00	0.00
OR STERILIZATION AREA	ETHYLENE OXIDE MACHINE (LARGE)	0.00	1,600.00	1,600.00	1,600.00	1,600.00
OR STERILIZATION AREA	ETHYLENE OXIDE MACHINE (MEDIUM)	0.00	1,070.00	1,070.00	1,070.00	1,070.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
OR STERILIZATION AREA	ETHYLENE OXIDE MACHINE (SMALL)	0.00	170.00	170.00	170.00	170.00
OR STERILIZATION AREA	GYNE PACK (REUSABLE)	0.00	1,200.00	1,200.00	1,200.00	1,200.00
OR STERILIZATION AREA	PEDIA LAP PACK	0.00	1,750.00	1,750.00	1,750.00	1,750.00
ORTHOPEDICS	ARTHROSCOPE - FIRST HOUR	0.00	0.00	2,500.00	2,500.00	2,500.00
ORTHOPEDICS	MAXI DRIVE/USE	0.00	500.00	500.00	500.00	500.00
ORTHOPEDICS	MINI DRIVER/USE	0.00	500.00	500.00	500.00	500.00
ORTHOPEDICS	AMNION DRESSING	2,320.00	0.00	0.00	4,010.00	4,220.00
ORTHOPEDICS	BONE CHIP	750.00	0.00	0.00	1,300.00	1,360.00
ORTHOPEDICS	CRANIAL FLAP ALLOGRAFT	1,500.00	0.00	0.00	2,600.00	2,730.00
ORTHOPEDICS	EXTRACTS (PER ML)	4.00	0.00	0.00	7.00	7.00
ORTHOPEDICS	FEMORAL HEAD ALLOGRAFT	3,720.00	0.00	0.00	6,430.00	6,760.00
ORTHOPEDICS	CELL SAVER/USE (COST OF DISPOSABLE TUBES/USE)	0.00	7,000.00	7,000.00	7,000.00	7,000.00
ORTHOPEDICS	LARGE SEGMENT ALLOGRAFT (PER CM)	960.00	0.00	0.00	1,650.00	1,740.00
ORTHOPEDICS	SSEP (INTRATOP SPINAL CORD MONITORING)- ADDITIONAL PER HOUR IN EXCESS OF ONE (1) HOUR	0.00	250.00	250.00	250.00	250.00
ORTHOPEDICS	SSEP (INTRATOP SPINAL CORD MONITORING)- FIRST HOUR	0.00	750.00	750.00	750.00	750.00
ORTHOPEDICS	ARTHROSCOPE	10,000.00	20,000.00	20,000.00	20,000.00	20,000.00
ORTHOPEDICS	ARTHROSCOPE - ADDITIONAL PER HOUR IN EXCESS OF ONE (1) HOUR	0.00	1,000.00	1,000.00	1,000.00	1,000.00
ORTHOPEDICS (GAITLAB)	GAITING LABORATORY PROCEDURES	1,442.00	2,509.50	2,509.50	2,509.50	2,509.50
ORTHOPEDICS (GAITLAB)	ADMINISTRATIVE OVERHEAD (GAIT LAB)	618.00	1,075.50	1,075.50	1,075.50	1,075.50
PAY OB-OR (ROOM & RATES)	EAR HOLING	0.00	0.00	110.00	110.00	110.00
PAY OB-OR (ROOM & RATES)	CORD DRESSING	0.00	0.00	60.00	60.00	60.00
PAY OB-OR (ROOM & RATES)	FEMORAL TAP	0.00	0.00	60.00	60.00	60.00
PAY OB-OR (ROOM & RATES)	FROZEN SECTION	395.00	0.00	780.00	1,040.00	1,040.00
PAY OB-OR (ROOM & RATES)	LARGE (>2 CM)	420.00	0.00	660.00	845.00	845.00
PAY OB-OR (ROOM & RATES)	MAJOR A (3 HOURS)	0.00	0.00	2,145.00	2,405.00	3,360.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
PAY OB-OR (ROOM & RATES)	MAJOR A (EXCESS OF 3 HOURS) - [EMERGENCY]	0.00	0.00	650.00	650.00	650.00
PAY OB-OR (ROOM & RATES)	MAJOR B (4 HOURS)	0.00	0.00	2,650.00	3,880.00	4,740.00
PAY OB-OR (ROOM & RATES)	MAJOR B (EXCESS OF 4 HOURS) - [EMERGENCY]	0.00	0.00	650.00	650.00	650.00
PAY OB-OR (ROOM & RATES)	MAJOR C (5 HOURS)	0.00	0.00	4,900.00	8,970.00	11,075.00
PAY OB-OR (ROOM & RATES)	MAJOR C (5 HOURS) - [EMERGENCY]	0.00	0.00	650.00	650.00	650.00
PAY OB-OR (ROOM & RATES)	MAJOR C (EXCESS OF 5 HOURS)	0.00	0.00	500.00	500.00	500.00
PAY OB-OR (ROOM & RATES)	MAJOR C (EXCESS OF 5 HOURS) - [EMERGENCY]	0.00	0.00	6,370.00	10,440.00	14,397.50
PAY OB-OR (ROOM & RATES)	MEDIUM (1 CM <= 2CM AGGREGATES)	275.00	0.00	720.00	720.00	720.00
PAY OB-OR (ROOM & RATES)	MEDIUM OPERATION (2 HOURS)	0.00	0.00	1,875.00	2,775.00	3,175.00
PAY OB-OR (ROOM & RATES)	MEDIUM OPERATION (2 HOURS) [EMERGENCY]	0.00	0.00	2,440.00	3,610.00	4,130.00
PAY OB-OR (ROOM & RATES)	MINOR OPERATION (1 HOUR)	0.00	0.00	975.00	1,560.00	1,920.00
PAY OB-OR (ROOM & RATES)	MINOR OPERATION (1 HOUR) [EMERGENCY]	0.00	0.00	1,270.00	2,030.00	2,500.00
PAY OB-OR (ROOM & RATES)	OB CONSULTATION AREA / USE	0.00	0.00	750.00	750.00	750.00
PAY OB-OR (ROOM & RATES)	RESUSITATION FEE	0.00	0.00	195.00	215.00	215.00
PAY OB-OR (ROOM & RATES)	SMALL (<1 CM)	230.00	0.00	475.00	590.00	590.00
PAY OB-OR (ROOM & RATES)	TRANSITIONAL NURSERY ADMISSION CHARGES (INCLUDE CORD SET CLAMP, COTTON BALLS, GAUZE, CORD CARE, WARMER, VIT. C, OPHTHALMIC OINTM)	0.00	0.00	285.00	330.00	330.00
PAY OB-OR (ROOM & RATES)	USE OF LABOR ROOM / HOUR	0.00	0.00	75.00	75.00	75.00
PAY OB-OR (ROOM & RATES)	DELIVERY ROOM / USE	0.00	0.00	8,400.00	1,005.00	1,005.00
PAY OB-OR (ROOM & RATES)	EXTRA-LARGE	515.00	0.00	1,445.00	1,690.00	1,690.00
PAY OB-OR (ROOM & RATES)	MAJOR A (3 HOURS) - [EMERGENCY]	0.00	0.00	2,788.50	3,126.50	4,368.00
PAY OB-OR (ROOM & RATES)	MAJOR A (EXCESS OF 3 HOURS)	0.00	0.00	500.00	500.00	500.00
PAY OB-OR (ROOM & RATES)	MAJOR B (4 HOURS) - [EMERGENCY]	0.00	0.00	3,445.00	5,044.00	6,162.00
PAY OB-OR (ROOM & RATES)	MAJOR B (EXCESS OF 4 HOURS)	0.00	0.00	500.00	500.00	500.00
PEDIATRICS	EQUIPMENT -DRAGER JAUNDICE MACHINE	70.00	110.00	0.00	130.00	140.00
PEDIATRICS GENETICS	CHROMOSOMAL ANALYSIS EXPEDITED STUDIES	3,000.00	0.00	3,000.00	3,000.00	3,000.00
PEDIATRICS GENETICS	CHROMOSOMAL ANALYSIS ROUTINE STUDIES	1,000.00	0.00	2,500.00	2,500.00	2,500.00
PEDIATRICS HEMATOLOGY &	PACKAGE 1- BMA WITHOUT SEDATION	1,000.00	0.00	0.00	0.00	0.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
ONCOLOGY						
PEDIATRICS HEMATOLOGY & ONCOLOGY	PACKAGE 6- BMA + IT W/ SEDATION	1,000.00	0.00	0.00	0.00	0.00
PEDIATRICS HEMATOLOGY & ONCOLOGY	CBC WITH PLATELET	75.00	0.00	0.00	0.00	0.00
PEDIATRICS HEMATOLOGY & ONCOLOGY	PACKAGE 2- BMA WITH SEDATION	1,000.00	0.00	0.00	0.00	0.00
PEDIATRICS HEMATOLOGY & ONCOLOGY	PACKAGE 3- IT/LUMBAR TAP W/O SEDATION	700.00	0.00	0.00	0.00	0.00
PEDIATRICS HEMATOLOGY & ONCOLOGY	PACKAGE 4- IT/LUMBAR TAP W/ SEDATION	700.00	0.00	0.00	0.00	0.00
PEDIATRICS HEMATOLOGY & ONCOLOGY	PACKAGE 5- BMA + IT W/O SEDATION	1,000.00	0.00	0.00	0.00	0.00
PEDIATRICS HEMATOLOGY & ONCOLOGY	RETICULOCYTE COUNT	90.00	170.00	180.00	190.00	195.00
PEDIATRICS NEUROLOGY	ULTRASOUND- CRANIAL (PEDIA)	220.00	525.00	525.00	635.00	635.00
PEDIATRICS NEUROLOGY	EEG	750.00	2,012.00	2,012.00	2,012.00	2,012.00
PEDIATRICS NEUROLOGY	ULTRASOUND- CRANIAL (FIRST STUDY)	220.00	525.00	525.00	635.00	635.00
PEDIATRICS NEUROLOGY	ULTRASOUND- CRANIAL (FOLLOW-UP STUDY)	220.00	525.00	525.00	635.00	635.00
PEDIATRICS GENETICS	CHROMOSOMAL ANALYSIS EXPEDITED STUDIES	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00
PEDIATRICS GENETICS	CHROMOSOMAL ANALYSIS ROUTINE STUDIES	1,000.00	2,500.00	2,500.00	2,500.00	2,500.00
PERITONEAL DIALYSIS	CO-PAY	676.96	0.00	1,719.03	1,719.03	0.00
PHARMACY	HANDLING FEE - IV ANTIDOTE & DIALYSIS/ BOTTLE	340.00	480.00	480.00	480.00	480.00
PHARMACY	SPECIAL COMPOUNDING FEE - STRONG IODINE SOLUTION (LUGOL'S SOLUTION & POTASSIUM PERMANGANATE/BOTTLE)	60.00	80.00	80.00	80.00	80.00
PHARMACY	HANDLING FEE - IV ADMIXTURE/ BOTTLE	240.00	370.00	370.00	370.00	370.00
PHARMACY	HANDLING FEE- SPECIAL PREPARATION /HR	300.00	460.00	460.00	460.00	460.00
PHARMACY	REPACKING FEE - LIQUID/BOTTLE	5.00	8.00	8.00	8.00	8.00
PHARMACY	SPECIAL COMPOUNDING FEE - MAGIC MOUTHWASH/ BOTTLE	90.00	150.00	150.00	150.00	150.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
PHARMACY	SPECIAL COMPOUNDING FEE - POTASSIUM CHLORIDE 10% 500ML & 1L/BOTTLE	140.00	200.00	200.00	200.00	200.00
PHARMACY	HANDLING FEE - TOTAL PARENTERAL NUTRITION SOLUTIONS/BOTTLE/BAG	300.00	430.00	430.00	430.00	430.00
PHARMACY	PAPERTABLETS - REGULAR TABLETS/PPTAB	9.00	13.00	13.00	13.00	13.00
PHARMACY	REPACKING FEE - LIQUID/BOTTLE	3.50	5.00	5.00	5.00	5.00
PHARMACY	REPACKING FEE-POWDERS/PACK	8.00	11.00	11.00	11.00	11.00
PHARMACY	CONTRAST MEDIA	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00
PHARMACY	HANDLING FEE - IV ADMIXTURE FOR CYTOTOXIC DRUGS	160.00	250.00	250.00	250.00	250.00
PHARMACY	INNOVATOR DRUGS	13,024.00	13,024.00	13,024.00	13,024.00	13,024.00
PHARMACY	INTRAVENOUS FLUIDS	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
PHARMACY	MEDICAL SUPPLIES (INVASIVE TYPES ONLY)	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
PHARMACY	PAPERTABLETS - NAPA/PPTAB	10.00	14.00	14.00	14.00	14.00
PHARMACY	SPECIAL COMPOUNDING FEE - CARNOY'S SOLUTION/BOTTLE	60.00	80.00	80.00	80.00	80.00
PHARMACY	SPECIAL COMPOUNDING FEE - IODOFORM EMULSION 100 ML/BOTTLE	70.00	100.00	100.00	100.00	100.00
PHARMACY	SPECIAL COMPOUNDING FEE - IODOFORM EMULSION 500 ML/BOTTLE	100.00	140.00	140.00	140.00	140.00
PHARMACY	SPECIAL COMPOUNDING FEE - POTASSIUM CHLORIDE 10% 120 ML/BOTTLE	20.00	30.00	30.00	30.00	30.00
PHARMACY	SPECIAL COMPOUNDING FEE - POTASSIUM CHLORIDE 10% 1 L/BOTTLE	99.00	139.00	139.00	139.00	139.00
PHARMACY	SPECIAL COMPOUNDING FEE - POTASSIUM CITRATE 10% & 20%/ 1 L BOTTLE	120.00	170.00	170.00	170.00	170.00
PHARMACY	SPECIAL COMPOUNDING FEE - POTASSIUM IODIDE SATURATED SOLUTION (KISS)/ 10 ML BOTTLE	50.00	70.00	70.00	70.00	70.00
PHARMACY	SPECIAL COMPOUNDING FEE - STRONG IODINE SOLUTION (LUGOL'S SOLUTION)	41.00	57.00	57.00	57.00	57.00
PPE	PPE COMPLETE SET	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
PPE	PPE WITHOUT HEADSET	2,200.00	2,200.00	2,200.00	2,200.00	2,200.00
PSYCHIATRY	PSYCHOLOGICAL TESTING FOR EMPLOYMENT	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00
PSYCHIATRY & BEHAVIORAL MEDICINE	USE OF ECT MACHINE (6 SESSIONS)	3,480.00	5,150.00	5,450.00	5,750.00	6,050.00
RADIOLOGY	DUCTOGRAM - WITH FILM	3,800.00	5,870.00	6,210.00	6,560.00	6,900.00
RADIOLOGY	DUCTOGRAM - WITHOUT FILM	3,130.00	4,840.00	5,120.00	5,410.00	5,690.00
RADIOLOGY	MAMMOGRAPHY (2 VIEWS) - WITH FILM	980.00	1,520.00	1,610.00	1,700.00	1,790.00
RADIOLOGY	MAMMOGRAPHY (2 VIEWS) - WITHOUT FILM	650.00	1,000.00	1,060.00	1,110.00	1,170.00
RADIOLOGY	MAMMOGRAPHY (4 VIEWS) - WITH FILM	1,520.00	2,350.00	2,490.00	2,630.00	2,760.00
RADIOLOGY	MAMMOGRAPHY (4 VIEWS) - WITHOUT FILM	850.00	1,320.00	1,390.00	1,470.00	1,550.00
RADIOLOGY	NEEDLE LOCALIZATION - WITH FILM	3,570.00	5,520.00	5,840.00	6,170.00	6,490.00
RADIOLOGY	NEEDLE LOCALIZATION - WITHOUT FILM	2,570.00	3,980.00	4,210.00	4,450.00	4,680.00
RADIOLOGY	COBALT THERAPY	360.00	500.00	600.00	670.00	670.00
RADIOLOGY	HDR BRACHYTHERAPY (1ST SESSION),	15,100.00	15,100.00	0.00	0.00	0.00
RADIOLOGY	HDR BRACHYTHERAPY (SUCCEEDING SESSIONS)	13,600.00	13,600.00	0.00	0.00	0.00
RADIOLOGY - ONCOLOGY	CT SIMULATION/TUMOR LOCALIZATION (COMPLEX PLAIN) PLUS	5,000.00	6,000.00	6,000.00	6,000.00	6,000.00
RADIOLOGY - ONCOLOGY	CONTRAST	3,500.00	4,200.00	4,200.00	4,200.00	4,200.00
RADIOLOGY - ONCOLOGY	CT SIMULATION/TUMOR LOCALIZATION (COMPLEX PLAIN)	5,000.00	6,000.00	6,000.00	6,000.00	6,000.00
RADIOLOGY - ONCOLOGY	CT SIMULATION/TUMOR LOCALIZATION (SIMPLE PLAIN)	2,500.00	3,000.00	3,000.00	3,000.00	3,000.00
RADIOLOGY - ONCOLOGY	DAILY TREATMENT 3D CONFORMAL	2,200.00	2,700.00	2,700.00	2,700.00	2,700.00
RADIOLOGY - ONCOLOGY	DAILY TREATMENT CONVENTIONAL	2,200.00	2,200.00	2,200.00	2,200.00	2,200.00
RADIOLOGY - ONCOLOGY	DAILY TREATMENT IMRT	5,000.00	6,000.00	6,000.00	6,000.00	6,000.00
RADIOLOGY - ONCOLOGY	IMMOBILIZATION AND ACCESSORIES ABDOMEN, HIP AND PELVIS BOARD WITH REINFORCED THERMOPLASTIC (SEMI - REUSABLE)	5,000.00	7,000.00	7,000.00	7,000.00	7,000.00
RADIOLOGY - ONCOLOGY	IMMOBILIZATION AND ACCESSORIES - A&B SOLUTION	300.00	500.00	500.00	500.00	500.00
RADIOLOGY - ONCOLOGY	IMMOBILIZATION AND ACCESSORIES BELLY	2,000.00	2,500.00	2,500.00	2,500.00	2,500.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	BOARD (REUSABLE)					
RADIOLOGY - ONCOLOGY	IMMOBILIZATION AND ACCESSORIES BREAST BOARD (REUSABLE)	2,000.00	2,500.00	2,500.00	2,500.00	2,500.00
RADIOLOGY - ONCOLOGY	IMMOBILIZATION AND ACCESSORIES CUSTOMIZED BLOCKS - ELECTRON BLOCKS	2,000.00	2,500.00	2,500.00	2,500.00	2,500.00
RADIOLOGY - ONCOLOGY	IMMOBILIZATION AND ACCESSORIES CUSTOMIZED BLOCKS - PHOTON BLOCKS	900.00	1,500.00	1,500.00	1,500.00	1,500.00
RADIOLOGY - ONCOLOGY	IMMOBILIZATION AND ACCESSORIES - HEAD MASK (SEMI REUSABLE) HEAD & NECK	2,200.00	3,500.00	3,500.00	3,500.00	3,500.00
RADIOLOGY - ONCOLOGY	IMMOBILIZATION AND ACCESSORIES - HEAD MASK (SEMI REUSABLE) HEAD, NECK & SHOULDER	4,000.00	5,000.00	5,000.00	5,000.00	5,000.00
RADIOLOGY - ONCOLOGY	IMMOBILIZATION AND ACCESSORIES VACLOC (REUSABLE) HALF BODY	3,000.00	4,000.00	4,000.00	4,000.00	4,000.00
RADIOLOGY - ONCOLOGY	IMMOBILIZATION AND ACCESSORIES VACLOC (REUSABLE) WHOLE BODY	5,000.00	6,000.00	6,000.00	6,000.00	6,000.00
RADIOLOGY - ONCOLOGY	IMMOBILIZATION AND ACCESSORIES WING BOARD (REUSABLE)	2,000.00	2,500.00	2,500.00	2,500.00	2,500.00
RADIOLOGY - ONCOLOGY	PLANNING TPS/TREATMENT DOSIMETRY 3D CONFORMAL	9,600.00	13,000.00	13,000.00	13,000.00	13,000.00
RADIOLOGY - ONCOLOGY	PLANNING TPS/TREATMENT DOSIMETRY CONVENTIONAL	9,600.00	9,600.00	9,600.00	9,600.00	9,600.00
RADIOLOGY - ONCOLOGY	PLANNING TPS/TREATMENT DOSIMETRY IMRT	15,000.00	25,000.00	25,000.00	25,000.00	25,000.00
RADIOLOGY X-RAY	FOREARM BIL.	560.00	470.00	490.00	610.00	645.00
RADIOLOGY X-RAY	HUMERUS (APL)	180.00	410.00	435.00	440.00	460.00
RADIOLOGY X-RAY	HUMERUS BIL.	560.00	470.00	490.00	610.00	645.00
RADIOLOGY X-RAY	ANKLE (APL) BIL.	270.00	440.00	460.00	525.00	555.00
RADIOLOGY X-RAY	ANKLE (APL) UNI.	165.00	375.00	395.00	470.00	490.00
RADIOLOGY X-RAY	BABYGRAM	215.00	430.00	450.00	535.00	590.00
RADIOLOGY X-RAY	BONE AGING- ADULT	165.00	560.00	590.00	695.00	730.00
RADIOLOGY X-RAY	CHEST BUCKY	165.00	375.00	395.00	490.00	515.00
RADIOLOGY X-RAY	CHEST (PA)	165.00	315.00	330.00	425.00	445.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
RADIOLOGY X-RAY	CHEST (PA AND LAT)	210.00	465.00	485.00	515.00	540.00
RADIOLOGY X-RAY	CLAVICLE AP (BIL)	230.00	470.00	490.00	585.00	640.00
RADIOLOGY X-RAY	CLAVICLE AP (UNI)	165.00	350.00	365.00	430.00	495.00
RADIOLOGY X-RAY	ENTIRE SPINES (AP, LAT)	485.00	895.00	935.00	1,120.00	1,180.00
RADIOLOGY X-RAY	FOOT (APL) BIL.	230.00	440.00	460.00	525.00	555.00
RADIOLOGY X-RAY	FOOT (APL) UNI.	165.00	375.00	395.00	470.00	490.00
RADIOLOGY X-RAY	FOREARM (APL)	180.00	360.00	380.00	440.00	460.00
RADIOLOGY X-RAY	FOREIGN BODY NECK	210.00	355.00	375.00	525.00	555.00
RADIOLOGY X-RAY	KNEES (APL) BIL.	230.00	480.00	505.00	580.00	610.00
RADIOLOGY X-RAY	KNEES (APL) UNI.	165.00	360.00	380.00	440.00	460.00
RADIOLOGY X-RAY	KUB	195.00	405.00	425.00	480.00	505.00
RADIOLOGY X-RAY	LEG (APL)	185.00	360.00	380.00	440.00	460.00
RADIOLOGY X-RAY	ORBIT AND OPTIC FORAMEN	240.00	470.00	490.00	680.00	715.00
RADIOLOGY X-RAY	PLAIN ABDOMEN (AP)	195.00	405.00	425.00	480.00	505.00
RADIOLOGY X-RAY	PNS (WATER'S VIEW ONLY)	155.00	325.00	345.00	440.00	460.00
RADIOLOGY X-RAY	SACRO-ILIAC JOINTS	315.00	420.00	440.00	525.00	555.00
RADIOLOGY X-RAY	SHOULDER (APL) BIL.	285.00	480.00	505.00	580.00	610.00
RADIOLOGY X-RAY	SHOULDER (APL) UNI	185.00	495.00	520.00	470.00	490.00
RADIOLOGY X-RAY	SHUNT SERIES/ SHUNTOGRAM	425.00	895.00	940.00	875.00	965.00
RADIOLOGY X-RAY	SOFT TISSUE NECK	210.00	355.00	375.00	525.00	555.00
RADIOLOGY X-RAY	WRIST, HAND (APL)	165.00	345.00	365.00	355.00	370.00
RADIOLOGY X-RAY	WRIST, HAND BIL.	375.00	470.00	490.00	610.00	645.00
RADIOLOGY X-RAY	ZYGOMA BONE (BILATERAL)	240.00	580.00	610.00	700.00	735.00
RADIOLOGY X-RAY	ADDITIONAL CHEST (OBLIQUE, LORDOTIC)	135.00	305.00	310.00	335.00	355.00
RADIOLOGY X-RAY	CERVICAL VERTEBRAE (AP, LAT)	210.00	420.00	440.00	525.00	555.00
RADIOLOGY X-RAY	CERVICAL VERTEBRAE (APL, OBLIQUE)	290.00	660.00	675.00	710.00	745.00
RADIOLOGY X-RAY	CERVICO-THORACIC (AP, LAT)	210.00	620.00	650.00	750.00	790.00
RADIOLOGY X-RAY	CERVICO-THORACIC (APL, OBLIQUES)	330.00	830.00	870.00	1,005.00	1,060.00
RADIOLOGY X-RAY	DACROCYSTOGRAPHY (DYE EXCLUDED)	285.00	720.00	720.00	875.00	875.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
RADIOLOGY X-RAY	ENTIRE SPINES (APL-OBLIQUES)	1,195.00	1,205.00	1,265.00	1,460.00	620.00
RADIOLOGY X-RAY	LUMBO-SACRAL VERTEBRAE (AP, LAT)	255.00	480.00	505.00	580.00	610.00
RADIOLOGY X-RAY	LUMBO-SACRAL VERTEBRAE (APL, OBLIQUES)	410.00	555.00	585.00	670.00	705.00
RADIOLOGY X-RAY	MANDIBLE (AP & OBLIQUES)	240.00	425.00	445.00	595.00	625.00
RADIOLOGY X-RAY	MASTOID(TOWNES, CALDWELLS, SCHULLERS)	290.00	485.00	510.00	680.00	715.00
RADIOLOGY X-RAY	PELVIS, HIP, HIP JOINT(APL)	180.00	540.00	545.00	595.00	625.00
RADIOLOGY X-RAY	PELVIS, HIP, HIP JOINT (AP, LAT, OR OBLIQUE)	270.00	470.00	470.00	540.00	565.00
RADIOLOGY X-RAY	PLAIN ABDOMEN (FLAT & UPRIGHT)	195.00	575.00	605.00	570.00	560.00
RADIOLOGY X-RAY	PNS (PA, WATERS, LAT VIEWS)	260.00	470.00	490.00	440.00	705.00
RADIOLOGY X-RAY	SACRUM-COCCYX (AP, LATERAL)	215.00	420.00	440.00	580.00	610.00
RADIOLOGY X-RAY	SACRUM-COCCYX (APL, OBLIQUES)	345.00	625.00	655.00	610.00	640.00
RADIOLOGY X-RAY	SCOLIOTIC SERIES (6 FILMS)	475.00	1,230.00	1,290.00	1,490.00	1,560.00
RADIOLOGY X-RAY	SELLA TURCICA (TOWNES AND LAT)	210.00	405.00	425.00	495.00	520.00
RADIOLOGY X-RAY	SHOULDER (INT. EXT. NEUTRAL) UNI.	320.00	480.00	505.00	580.00	610.00
RADIOLOGY X-RAY	SIALGGRAPHY (DYE EXCLUDED)	425.00	880.00	910.00	970.00	1,020.00
RADIOLOGY X-RAY	SKELETAL SURVEY ADULT & CHILDREN	910.00	1,925.00	2,020.00	2,330.00	2,445.00
RADIOLOGY X-RAY	SKULL (AP OR PA AND LAT)	215.00	610.00	625.00	675.00	705.00
RADIOLOGY X-RAY	THORACIC VERTEBRAE (AP, LAT)	305.00	500.00	525.00	610.00	640.00
RADIOLOGY X-RAY	THORACIC VERTEBRAE (APL, OBLIQUES)	430.00	840.00	885.00	925.00	970.00
RADIOLOGY X-RAY	THORACO-LUMBAR (AP, LAT)	305.00	660.00	695.00	650.00	685.00
RADIOLOGY X-RAY	THORACO-LUMBAR (APL, OBLIQUE)	430.00	1,010.00	1,060.00	1,115.00	1,170.00
RADIOLOGY X-RAY	TMJ (CLOSED, OPEN MOUTH VIEWS)	260.00	590.00	620.00	650.00	680.00
RADIOLOGY X-RAY	CARDIAC SERIES ADULT	405.00	960.00	960.00	1,165.00	1,165.00
RADIOLOGY X-RAY	CARDIAC SERIES INFANT	280.00	960.00	960.00	1,165.00	1,165.00
RADIOLOGY X-RAY	FEMUR (APL)	185.00	565.00	575.00	595.00	620.00
RADIOLOGY X-RAY	X-RAY, CEPHALOMETRIC	500.00	750.00	790.00	840.00	880.00
RADIOLOGY X-RAY	X-RAY, PANORAMIC	570.00	670.00	710.00	750.00	790.00
RADIOLOGY X-RAY	ELBOW BIL.	560.00	470.00	490.00	610.00	645.00
RADIOLOGY X-RAY	FEMUR BIL.	580.00	840.00	885.00	885.00	925.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
RADIOLOGY X-RAY	LEG BIL.	605.00	520.00	545.00	685.00	720.00
RADIOLOGY X-RAY	NASAL BONE (WATER'S AND LAT)	210.00	405.00	425.00	495.00	520.00
RADIOLOGY X-RAY	PELVIMETRY	300.00	860.00	905.00	1,165.00	1,225.00
RADIOLOGY X-RAY	ELBOW (APL)	165.00	275.00	290.00	355.00	370.00
RADIOLOGY-CONTRAST STUDIES	WATER-SOLUBLE ENEMA (PEDIA)	6,690.00	0.00	6,750.00	7,075.00	7,395.00
RADIOLOGY-CONTRAST STUDIES	BARIUM ENEMA (SINGLE CONTRAST)	975.00	0.00	2,005.00	2,250.00	2,100.00
RADIOLOGY-CONTRAST STUDIES	REGTROGRADE PYELOGRAPHY	3,935.00	3,890.00	4,085.00	4,280.00	4,475.00
RADIOLOGY-CONTRAST STUDIES	SIALOGRAM	3,345.00	3,365.00	3,530.00	3,700.00	3,865.00
RADIOLOGY-CONTRAST STUDIES	VOLDING CYTOURETHROGRAM	2,610.00	0.00	3,680.00	3,700.00	3,780.00
RADIOLOGY-CONTRAST STUDIES	WATER-SOLUBLE ENEMA (ADULT)	12,210.00	10,170.00	10,680.00	11,190.00	11,695.00
RADIOLOGY-CONTRAST STUDIES	CYSTOGRAPHY	2,730.00	2,625.00	2,850.00	3,045.00	3,365.00
RADIOLOGY-CONTRAST STUDIES	HYPOTONIC DUODENOGRAPHY	600.00	1,685.00	1,685.00	1,685.00	2,040.00
RADIOLOGY-CONTRAST STUDIES	COLONOGRAM (ANTE OR RETROGRADE)	660.00	0.00	1,165.00	1,500.00	1,450.00
RADIOLOGY-CONTRAST STUDIES	ESOPHAGRAM/ BARIUM SWALLOW	1,385.00	1,795.00	1,885.00	1,975.00	2,065.00
RADIOLOGY-CONTRAST STUDIES	FLOUROSCOPY MACHINE PER HOUR	685.00	715.00	740.00	785.00	820.00
RADIOLOGY-CONTRAST STUDIES	HYSTERO-SALPINGOGRAPHY/ TUBE VAGINOGRAM	2,785.00	2,835.00	3,210.00	3,225.00	3,295.00
RADIOLOGY-CONTRAST STUDIES	ONE-SHOT OR ORAL CHOLANGIOGRAM/GALL BALDDER SERIES OR ORAL CHOLE	520.00	680.00	680.00	680.00	935.00
RADIOLOGY-CONTRAST STUDIES	OPERATIVE CHOLANGIOGRAM & UROLOGRAM	1,430.00	2,135.00	2,140.00	2,345.00	2,455.00
RADIOLOGY-CONTRAST STUDIES	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE (PTBD)	1,340.00	1,910.00	1,940.00	2,105.00	2,200.00
RADIOLOGY-CONTRAST STUDIES	PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAM (PTC)	895.00	1,415.00	1,485.00	1,560.00	1,630.00
RADIOLOGY-CONTRAST STUDIES	T-TUBE CHOLANGIOGRAM / RETROGRADE CHOLANGIOGRAM	2,530.00	2,430.00	2,550.00	3,180.00	3,295.00
RADIOLOGY-CONTRAST STUDIES	UGIS W/SMALL INTESTINE SERIES OR SIS ONLY/LOOPOGRAM	1,040.00	0.00	2,105.00	3,200.00	3,400.00
RADIOLOGY-CONTRAST STUDIES	UPPER GASTROINTESTINAL SERIES	1,340.00	2,630.00	2,760.00	2,895.00	3,025.00
RADIOLOGY-CONTRAST STUDIES	VOIDING CYSTOURETHROGRAM	3,890.00	4,445.00	4,670.00	4,890.00	5,110.00
RADIOLOGY-CONTRAST STUDIES	BARIUM ENEMA	3,245.00	3,120.00	3,315.00	3,670.00	3,770.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
RADIOLOGY-CONTRAST STUDIES	COLONOGRAM (ANTE OR RETROGRADE, USING BARIUM SULFATE)	1,925.00	1,850.00	1,940.00	2,250.00	2,590.00
RADIOLOGY-CONTRAST STUDIES	COLONOGRAM (ANTE OR RETROGRADE, USING WATER SOLUBLE CONTRAST)	5,635.00	5,330.00	5,595.00	5,905.00	6,180.00
RADIOLOGY-CONTRAST STUDIES	FISTULOGRAM/ SINUGRAM	2,740.00	2,635.00	2,765.00	2,900.00	3,030.00
RADIOLOGY-CONTRAST STUDIES	KUB - IVP	2,420.00	0.00	0.00	0.00	0.00
RADIOLOGY-CONTRAST STUDIES	ONE - SHOT INTRAVENOUS PYELOGRAM (IVP)	520.00	680.00	680.00	680.00	935.00
RADIOLOGY-CONTRAST STUDIES	SINUGRAM	570.00	0.00	1,055.00	1,095.00	1,205.00
RADIOLOGY-CONTRAST STUDIES	SINUGRAM (SAME AS FISTOLUGRAM)	3,620.00	3,620.00	3,805.00	3,985.00	4,165.00
RADIOLOGY-CONTRAST STUDIES	T - TUBE CHOLANGIOGRAM/RETROGRADE CHOLANGIOGRAM	2,235.00	2,665.00	2,950.00	3,495.00	3,605.00
RADIOLOGY-CONTRAST STUDIES	UGIS USING BARIUM SULFATE	2,190.00	3,525.00	3,705.00	3,880.00	4,055.00
RADIOLOGY-CONTRAST STUDIES	UGIS USING WATER-SOLUBLE CONTRAST	5,830.00	6,020.00	6,325.00	7,105.00	7,255.00
RADIOLOGY-CONTRAST STUDIES	UGIS W/SMALL INTESTINE SERIES OR SIS USING BARIUM SULFATE	2,400.00	3,570.00	3,750.00	4,080.00	4,335.00
RADIOLOGY-CONTRAST STUDIES	UGIS W/SMALL INTESTINE SERIES OR SIS USING WATER-SOLUBLE CONTRAST (ADULT)	5,910.00	6,430.00	6,750.00	7,735.00	7,990.00
RADIOLOGY-CONTRAST STUDIES	UGIS W/SMALL INTESTINE SERIES OR SIS USING WATER-SOLUBLE CONTRAST (PEDIA)	3,190.00	3,065.00	3,215.00	3,370.00	3,525.00
RADIOLOGY-CONTRAST STUDIES	DUCTOGRAM	3,400.00	3,270.00	3,430.00	3,515.00	3,595.00
RADIOLOGY-CONTRAST STUDIES	FISTULOGRAM	570.00	0.00	1,055.00	1,095.00	1,205.00
RADIOLOGY-CT SCAN	UPPER ABDOMEN- PLAIN [CT SCAN]	2,580.00	4,200.00	4,700.00	5,100.00	5,500.00
RADIOLOGY-CT SCAN	WHOLE ABDOMEN- PLAIN [CT SCAN]	2,600.00	7,900.00	8,700.00	9,600.00	10,400.00
RADIOLOGY-CT SCAN	ADRENAL GLANDS- PLAIN [CT SCAN]	2,535.00	4,200.00	5,040.00	5,250.00	5,670.00
RADIOLOGY-CT SCAN	STONOGRAM- PLAIN [CT SCAN]	2,200.00	5,900.00	6,500.00	7,200.00	7,800.00
RADIOLOGY-CT SCAN	CERVICAL SPINE- PLAIN [CT SCAN]	2,200.00	4,100.00	4,715.00	5,125.00	5,535.00
RADIOLOGY-CT SCAN	THORACIC SPINE- PLAIN [CT SCAN]	3,300.00	4,500.00	4,900.00	5,400.00	5,900.00
RADIOLOGY-CT SCAN	LUMBAR SPINE- PLAIN [CT SCAN]	2,430.00	4,100.00	4,600.00	5,000.00	5,400.00
RADIOLOGY-CT SCAN	EXTREMITY- PLAIN [CT SCAN]	2,300.00	4,400.00	4,900.00	5,300.00	5,800.00
RADIOLOGY-CT SCAN	ORBITS- PLAIN [CT SCAN]	1,360.00	4,400.00	4,900.00	5,300.00	5,800.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
RADIOLOGY-CT SCAN	PNS (SCREENING)- PLAIN [CT SCAN]	1,810.00	3,400.00	3,700.00	4,100.00	4,400.00
RADIOLOGY-CT SCAN	CHEST- PLAIN [CT SCAN]	2,000.00	4,200.00	4,830.00	5,040.00	5,670.00
RADIOLOGY-CT SCAN	BRAIN/HEAD/CRANIAL- PLAIN [CT SCAN]	1,500.00	3,100.00	3,720.00	3,875.00	4,185.00
RADIOLOGY-CT SCAN	CHEST/LUNGS HIGH RESOLUTION- PLAIN [CT SCAN]	1,490.00	3,400.00	3,700.00	4,100.00	4,400.00
RADIOLOGY-CT SCAN	CERVICAL SPINE WITH 3D- PLAIN [CT SCAN]	2,685.00	6,000.00	6,900.00	7,350.00	7,950.00
RADIOLOGY-CT SCAN	THORACIC SPINE WITH 3D- PLAIN [CT SCAN]	2,705.00	6,400.00	7,100.00	7,800.00	8,500.00
RADIOLOGY-CT SCAN	CRANIAL WITH FACIAL CUTS/3D- PLAIN [CT SCAN]	2,500.00	4,000.00	4,400.00	4,800.00	5,200.00
RADIOLOGY-CT SCAN	LUMBAR SPINE WITH 3D- PLAIN [CT SCAN]	3,015.00	5,700.00	6,300.00	6,900.00	7,500.00
RADIOLOGY-CT SCAN	EXTREMITY WITH 3D- PLAIN [CT SCAN]	2,640.00	6,400.00	7,000.00	7,700.00	8,400.00
RADIOLOGY-CT SCAN	NECK/NASOPHARYNX- PLAIN [CT SCAN]	2,500.00	4,400.00	4,900.00	5,400.00	5,800.00
RADIOLOGY-CT SCAN	CHEST WITH HIGH RESOLUTION- PLAIN [CT SCAN]	2,620.00	5,500.00	6,325.00	6,600.00	7,200.00
RADIOLOGY-CT SCAN	BRAIN/HEAD/CRANIAL- CONTRAST-ENHANCED [CT SCAN]	4,915.00	5,585.00	5,865.00	6,145.00	6,420.00
RADIOLOGY-CT SCAN	UPPER ABDOMEN DOUBLE/TRIPLE- CONTRAST-ENHANCED [CT SCAN]	8,935.00	10,410.00	10,930.00	11,450.00	11,970.00
RADIOLOGY-CT SCAN	LOWER ABDOMEN- CONTRAST-ENHANCED [CT SCAN]	6,555.00	8,470.00	8,890.00	9,315.00	10,000.00
RADIOLOGY-CT SCAN	WHOLE ABDOMEN SINGLE PHASE- CONTRAST-ENHANCED [CT SCAN]	9,385.00	10,075.00	11,630.00	12,185.00	12,740.00
RADIOLOGY-CT SCAN	WHOLE ABDOMEN DOUBLE/TRIPLE- CONTRAST-ENHANCED [CT SCAN]	9,695.00	13,400.00	14,900.00	16,400.00	18,000.00
RADIOLOGY-CT SCAN	ADRENAL GLANDS- CONTRAST-ENHANCED [CT SCAN]	6,260.00	10,875.00	11,420.00	11,965.00	12,510.00
RADIOLOGY-CT SCAN	CT UROGRAM- CONTRAST-ENHANCED [CT SCAN]	8,640.00	10,970.00	12,070.00	12,620.00	13,600.00
RADIOLOGY-CT SCAN	CERVICAL SPINE- CONTRAST-ENHANCED [CT SCAN]	6,095.00	7,030.00	7,380.00	7,805.00	8,790.00
RADIOLOGY-CT SCAN	CERVICAL SPINE WITH 3D- CONTRAST-ENHANCED [CT SCAN]	6,170.00	8,500.00	9,775.00	10,625.00	11,475.00
RADIOLOGY-CT SCAN	THORACIC SPINE- CONTRAST-ENHANCED [CT SCAN]	6,150.00	7,030.00	7,380.00	8,085.00	8,500.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
RADIOLOGY-CT SCAN	LUMBAR SPINE- CONTRAST-ENHANCED [CT SCAN]	6,015.00	6,100.00	6,800.00	7,500.00	8,100.00
RADIOLOGY-CT SCAN	LUMBAR SPINE WITH 3D- CONTRAST-ENHANCED [CT SCAN]	6,715.00	7,900.00	8,800.00	9,600.00	10,400.00
RADIOLOGY-CT SCAN	EXTREMITY- CONTRAST-ENHANCED [CT SCAN]	5,980.00	6,965.00	7,315.00	7,800.00	8,500.00
RADIOLOGY-CT SCAN	EXTREMITY WITH 3D- CONTRAST-ENHANCED [CT SCAN]	6,115.00	8,300.00	9,200.00	10,100.00	11,000.00
RADIOLOGY-CT SCAN	ORBITS- CONTRAST-ENHANCED [CT SCAN]	5,490.00	6,275.00	6,600.00	7,200.00	7,900.00
RADIOLOGY-CT SCAN	PNS (REGULAR)- CONTRAST-ENHANCED [CT SCAN]	5,900.00	6,945.00	7,300.00	7,640.00	7,985.00
RADIOLOGY-CT SCAN	NECK/NASOPHARYNX- CONTRAST-ENHANCED [CT SCAN]	6,115.00	6,985.00	7,335.00	7,700.00	8,400.00
RADIOLOGY-CT SCAN	TEMPORAL BONE- CONTRAST-ENHANCED [CT SCAN]	6,075.00	6,945.00	7,290.00	7,640.00	7,985.00
RADIOLOGY-CT SCAN	CHEST- CONTRAST-ENHANCED [CT SCAN]	5,530.00	6,320.00	6,635.00	6,950.00	7,900.00
RADIOLOGY-CT SCAN	CHEST WITH HIGH RESOLUTION- CONTRAST-ENHANCED [CT SCAN]	6,110.00	7,655.00	8,040.00	8,420.00	8,805.00
RADIOLOGY-CT SCAN	UPPER ABDOMEN SINGLE PHASE- CONTRAST-ENHANCED [CT SCAN]	6,110.00	8,505.00	8,930.00	9,355.00	9,780.00
RADIOLOGY-CT SCAN	PITUITARY FOSSA- CONTRAST-ENHANCED	5,395.00	5,800.00	6,300.00	6,800.00	7,300.00
RADIOLOGY-CT SCAN	LOWER ABDOMEN- PLAIN [CT SCAN]	2,200.00	4,200.00	4,700.00	5,100.00	5,500.00
RADIOLOGY-CT SCAN	PNS (REGULAR)- PLAIN [CT SCAN]	2,500.00	4,400.00	4,900.00	5,300.00	5,800.00
RADIOLOGY-CT SCAN	TEMPORAL BONE- PLAIN [CT SCAN]	2,500.00	4,500.00	5,000.00	5,500.00	5,900.00
RADIOLOGY-CT SCAN	CONED-BEAM COMPUTER TOMOGRAPHY (CBCT)	2,800.00	5,000.00	5,300.00	5,590.00	5,880.00
RADIOLOGY-CT SCAN	PROFESSIONAL FEE- CBCT	0.00	750.00	800.00	840.00	880.00
RADIOLOGY-CT SCAN	CRANIAL WITH FACIAL CUTS/3D- CONTRAST-ENHANCED [CT SCAN]	5,565.00	5,400.00	5,900.00	6,500.00	7,000.00
RADIOLOGY-INTERVENTIONAL	CEREBRAL ANGIOGRAM - ONE (1) VESSEL [INTERVENTIONAL]	3,070.00	4,770.00	4,770.00	5,960.00	5,960.00
RADIOLOGY-INTERVENTIONAL	CEREBRAL ANGIOGRAM - THREE (3) VESSELS [INTERVENTIONAL]	4,370.00	8,940.00	8,940.00	11,175.00	11,175.00
RADIOLOGY-INTERVENTIONAL	RENAL ARTERIOGRAM & SUPERSELECTIVE	3,225.00	3,575.00	3,575.00	4,470.00	4,470.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	ARTENOGRAM [INTERVENTIONAL]					
RADIOLOGY-INTERVENTIONAL	BRONCHOGRAM [INTERVENTIONAL]	365.00	1,670.00	1,670.00	2,085.00	2,085.00
RADIOLOGY-INTERVENTIONAL	MYELOGRAM [INTERVENTIONAL]	435.00	1,685.00	1,685.00	2,040.00	2,040.00
RADIOLOGY-INTERVENTIONAL	VENTRICULOGRAPHY [INTERVENTIONAL]	510.00	1,685.00	1,685.00	2,040.00	2,040.00
RADIOLOGY-INTERVENTIONAL	AORTOGRAM [INTERVENTIONAL]	3,000.00	4,770.00	4,770.00	5,960.00	5,960.00
RADIOLOGY-INTERVENTIONAL	ARTHROGRAPHY [INTERVENTIONAL]	615.00	2,145.00	2,145.00	2,680.00	2,680.00
RADIOLOGY-INTERVENTIONAL	ENDOSCOPIC RETROGRADE CHOLANGIOGRAM (ERCP) [INTERVENTIONAL]	750.00	1,820.00	1,820.00	2,280.00	2,280.00
RADIOLOGY-INTERVENTIONAL	PERIPHERAL ARTENOGRAM [INTERVENTIONAL]	3,225.00	3,575.00	3,575.00	4,470.00	4,470.00
RADIOLOGY-INTERVENTIONAL	CEREBRAL ANGIOGRAM - TWO (2) VESSELS [INTERVENTIONAL]	3,900.00	5,960.00	5,960.00	7,450.00	7,450.00
RADIOLOGY-MRI	SPECTROSCOPY - PLAIN	5,930.00	7,225.00	7,585.00	7,945.00	8,305.00
RADIOLOGY-MRI	ABDOMEN, LOWER - CONTRAST	9,300.00	14,380.00	15,230.00	16,070.00	16,920.00
RADIOLOGY-MRI	ABDOMEN, LOWER - PLAIN	4,480.00	6,920.00	7,330.00	7,740.00	8,150.00
RADIOLOGY-MRI	ADRENAL PROTOCOL - CONTRAST	9,300.00	14,380.00	15,230.00	16,070.00	16,920.00
RADIOLOGY-MRI	ANGIOGRAM, PHASE - CONTRAST	9,840.00	12,720.00	13,610.00	14,510.00	15,400.00
RADIOLOGY-MRI	ANGIOGRAM, PHASE - PLAIN	6,710.00	10,380.00	10,990.00	11,600.00	12,210.00
RADIOLOGY-MRI	ANGIOGRAM, TOF - PLAIN	6,710.00	10,380.00	10,990.00	11,600.00	12,210.00
RADIOLOGY-MRI	ANKLE, UNILATERAL - CONTRAST	8,750.00	11,120.00	11,780.00	12,430.00	13,090.00
RADIOLOGY-MRI	ANKLE, UNILATERAL - PLAIN	4,305.00	5,200.00	5,500.00	5,810.00	6,110.00
RADIOLOGY-MRI	ARM/FOREARM, UNILATERAL - CONTRAST	6,970.00	14,700.00	15,435.00	16,170.00	16,905.00
RADIOLOGY-MRI	ARM/FOREARM, UNILATERAL - PLAIN	6,675.00	6,920.00	7,330.00	7,740.00	8,150.00
RADIOLOGY-MRI	CERVIX PROTOCOL - CONTRAST	10,835.00	16,100.00	17,050.00	18,000.00	18,950.00
RADIOLOGY-MRI	CERVIX PROTOCOL - PLAIN	5,005.00	7,245.00	7,610.00	7,970.00	8,330.00
RADIOLOGY-MRI	CRANIAL - CONTRAST	8,750.00	10,210.00	10,810.00	11,410.00	12,010.00
RADIOLOGY-MRI	CRANIAL - PLAIN	4,305.00	5,200.00	5,500.00	5,810.00	6,110.00
RADIOLOGY-MRI	ELBOW, UNILATERAL - CONTRAST	8,750.00	10,150.00	10,750.00	11,340.00	11,940.00
RADIOLOGY-MRI	ELBOW, UNILATERAL - PLAIN	4,305.00	5,200.00	5,500.00	5,810.00	6,110.00
RADIOLOGY-MRI	FIA PROTOCOL - CONTRAST	10,835.00	16,100.00	17,050.00	18,000.00	18,950.00
RADIOLOGY-MRI	FIA PROTOCOL - PLAIN	6,410.00	7,245.00	7,610.00	7,970.00	8,330.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
RADIOLOGY-MRI	FOOT/HAND, UNILATERAL - CONTRAST	8,750.00	10,800.00	11,430.00	12,070.00	12,700.00
RADIOLOGY-MRI	FOOT/HAND, UNILATERAL - PLAIN	4,305.00	5,200.00	5,500.00	5,810.00	6,110.00
RADIOLOGY-MRI	HIP, UNILATERAL - CONTRAST	8,750.00	10,490.00	11,110.00	11,720.00	12,340.00
RADIOLOGY-MRI	HIP, UNILATERAL - PLAIN	4,480.00	6,920.00	7,330.00	7,740.00	8,150.00
RADIOLOGY-MRI	IAC PROTOCOL - CONTRAST	9,895.00	9,960.00	10,540.00	11,130.00	11,720.00
RADIOLOGY-MRI	IAC PROTOCOL - PLAIN	5,005.00	5,200.00	5,500.00	5,810.00	6,110.00
RADIOLOGY-MRI	IMAGE GUIDED SURGERY PROTOCOL (IGS) - CONTRAST	9,230.00	10,865.00	11,700.00	12,540.00	13,380.00
RADIOLOGY-MRI	IMAGE GUIDED SURGERY PROTOCOL (IGS) - PLAIN	4,305.00	5,700.00	6,030.00	6,370.00	6,700.00
RADIOLOGY-MRI	LEG, UNILATERAL - CONTRAST	10,385.00	12,250.00	12,865.00	13,475.00	14,090.00
RADIOLOGY-MRI	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP) - CONTRAST	13,755.00	12,210.00	13,050.00	13,890.00	14,730.00
RADIOLOGY-MRI	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP) - PLAIN	5,500.00	8,495.00	8,920.00	9,340.00	9,765.00
RADIOLOGY-MRI	NECK, UNILATERAL - CONTRAST	8,535.00	11,470.00	12,140.00	12,820.00	13,490.00
RADIOLOGY-MRI	ORBITS - CONTRAST	10,880.00	11,470.00	12,140.00	12,820.00	13,490.00
RADIOLOGY-MRI	ORBITS - PLAIN	5,735.00	6,920.00	7,330.00	7,740.00	8,150.00
RADIOLOGY-MRI	PELVIC - PLAIN	4,325.00	5,200.00	5,500.00	5,810.00	6,110.00
RADIOLOGY-MRI	PNS - CONTRAST	10,880.00	11,825.00	12,415.00	13,005.00	13,600.00
RADIOLOGY-MRI	RECTAL PROTOCOL - PLAIN	6,450.00	7,290.00	7,655.00	8,020.00	8,385.00
RADIOLOGY-MRI	SEIZURE PROTOCOL - CONTRAST	10,855.00	12,275.00	12,885.00	13,500.00	14,115.00
RADIOLOGY-MRI	SEIZURE PROTOCOL - PLAIN	5,005.00	7,245.00	7,610.00	7,970.00	8,330.00
RADIOLOGY-MRI	SELLA - PLAIN	5,005.00	7,270.00	7,630.00	7,995.00	8,360.00
RADIOLOGY-MRI	SHOULDER, UNILATERAL - CONTRAST	8,750.00	9,890.00	10,385.00	10,880.00	11,375.00
RADIOLOGY-MRI	SHOULDER, UNILATERAL - PLAIN	4,305.00	5,200.00	5,500.00	5,810.00	6,110.00
RADIOLOGY-MRI	SPINE, ONE-SEGMENT - PLAIN	5,005.00	6,505.00	6,830.00	7,155.00	7,480.00
RADIOLOGY-MRI	SPINE, TWO-SEGMENT - PLAIN	10,000.00	14,505.00	15,230.00	15,960.00	16,680.00
RADIOLOGY-MRI	SPINE, WHOLE - PLAIN	13,335.00	19,360.00	20,330.00	21,300.00	22,265.00
RADIOLOGY-MRI	STROKE PROTOCOL - PLAIN	6,155.00	7,316.00	7,680.00	8,045.00	8,415.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
RADIOLOGY-MRI	THIGH, UNILATERAL - CONTRAST	10,385.00	12,295.00	12,910.00	13,525.00	14,140.00
RADIOLOGY-MRI	THIGH, UNILATERAL - PLAIN	6,410.00	7,245.00	7,610.00	7,970.00	8,330.00
RADIOLOGY-MRI	VENOGRAM - PLAIN	6,390.00	7,220.00	7,585.00	7,945.00	8,305.00
RADIOLOGY-MRI	WRIST, UNILATERAL - CONTRAST	8,750.00	11,450.00	12,120.00	12,800.00	13,470.00
RADIOLOGY-MRI	WRIST, UNILATERAL - PLAIN	4,305.00	5,200.00	5,500.00	5,810.00	6,110.00
RADIOLOGY-MRI	HEAD - CONTRAST STUDY	5,960.00	8,270.00	8,685.00	9,100.00	9,260.00
RADIOLOGY-MRI	HEAD - PLAIN STUDY	5,960.00	7,525.00	7,545.00	8,275.00	8,425.00
RADIOLOGY-MRI	LEG, UNILATERAL - PLAIN	6,385.00	7,070.00	7,490.00	7,900.00	8,320.00
RADIOLOGY-MRI	MRA, HEAD - PLAIN STUDY	6,430.00	7,600.00	7,980.00	8,500.00	8,740.00
RADIOLOGY-MRI	NECK, UNILATERAL - PLAIN	5,005.00	6,460.00	6,785.00	7,105.00	7,430.00
RADIOLOGY-MRI	PELVIC - CONTRAST	8,625.00	9,660.00	10,230.00	10,800.00	11,360.00
RADIOLOGY-MRI	PNS - PLAIN	5,005.00	6,710.00	7,045.00	7,380.00	7,715.00
RADIOLOGY-MRI	PROSTATE PROTOCOL - CONTRAST	10,920.00	14,380.00	15,230.00	16,070.00	16,920.00
RADIOLOGY-MRI	PROSTATE PROTOCOL - PLAIN	5,005.00	7,220.00	7,585.00	7,945.00	8,305.00
RADIOLOGY-MRI	RECTAL PROTOCOL - CONTRAST	10,835.00	16,100.00	17,050.00	18,000.00	18,950.00
RADIOLOGY-MRI	SELLA - CONTRAST	5,005.00	12,275.00	12,885.00	13,500.00	14,115.00
RADIOLOGY-MRI	SPINE, ONE-SEGMENT - CONTRAST	8,775.00	10,750.00	11,285.00	11,825.00	12,360.00
RADIOLOGY-MRI	SPINE, TWO-SEGMENT - CONTRAST	16,805.00	21,890.00	22,985.00	24,080.00	25,175.00
RADIOLOGY-MRI	SPINE, WHOLE - CONTRAST	25,360.00	29,985.00	31,485.00	32,985.00	34,485.00
RADIOLOGY-MRI	STROKE PROTOCOL - CONTRAST	9,315.00	12,345.00	12,960.00	13,580.00	14,195.00
RADIOLOGY-MRI	VENOGRAM - CONTRAST	10,710.00	14,380.00	15,230.00	16,070.00	16,920.00
RADIOLOGY-MRI	CERVICAL, THORACIC, LUMBAR - CONTRAST STUDY	5,960.00	8,270.00	8,685.00	9,095.00	9,260.00
RADIOLOGY-MRI	CERVICAL, THORACIC, LUMBAR - PLAIN STUDY	5,960.00	7,525.00	7,545.00	8,275.00	8,425.00
RADIOLOGY-MRI	HEAD, STROKE, IAC, SELLA - CONTRAST STUDY	6,260.00	9,015.00	9,465.00	9,915.00	10,005.00
RADIOLOGY-MRI	HEAD, STROKE, IAC, SELLA - PLAIN STUDY	6,260.00	8,270.00	8,290.00	9,100.00	9,260.00
RADIOLOGY-MRI	KNEE (UNILATERAL) - CONTRAST STUDY	9,985.00	9,910.00	10,730.00	10,730.00	10,730.00
RADIOLOGY-MRI	KNEE (UNILATERAL) - PLAIN STUDY	5,400.00	7,200.00	7,560.00	8,040.00	8,280.00
RADIOLOGY-MRI	MRA, HEAD - CONTRAST STUDY	8,435.00	10,125.00	10,630.00	11,140.00	11,645.00
RADIOLOGY-MRI	SHOULDER, ELBOW, LEG, PELVIS - CONTRAST	5,960.00	8,270.00	8,685.00	9,095.00	9,260.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	STUDY					
RADIOLOGY-MRI	SHOULDER, ELBOW, LEG, PELVIS - PLAIN STUDY	5,960.00	7,525.00	7,900.00	8,275.00	8,425.00
RADIOLOGY-MRI	ABDOMEN, UPPER - CONTRAST	9,990.00	13,440.00	14,220.00	15,020.00	15,800.00
RADIOLOGY-MRI	ABDOMEN, UPPER - PLAIN	5,930.00	7,990.00	8,450.00	8,910.00	9,380.00
RADIOLOGY-MRI	ABDOMEN, WHOLE - CONTRAST	15,330.00	20,610.00	21,820.00	23,030.00	24,250.00
RADIOLOGY-MRI	ABDOMEN, WHOLE - PLAIN	8,890.00	11,970.00	12,660.00	13,360.00	14,060.00
RADIOLOGY-MRI	BREAST - CONTRAST	10,815.00	12,225.00	12,840.00	13,450.00	14,090.00
RADIOLOGY-MRI	BREAST - PLAIN	5,835.00	7,220.00	7,585.00	7,945.00	8,305.00
RADIOLOGY-MRI	CHEST (MEDIASTNUM) - CONTRAST	8,730.00	9,870.00	10,360.00	10,855.00	11,350.00
RADIOLOGY-MRI	CHEST (MEDIASTNUM) - PLAIN	4,305.00	4,865.00	5,110.00	5,350.00	5,595.00
RADIOLOGY-MRI	SPECTROSCOPY - CONTRAST	8,475.00	9,580.00	10,060.00	10,540.00	11,015.00
RADIOLOGY-OTHERS	ACCESSORY-THERMOPLASTIC MASK	2,200.00	3,500.00	3,500.00	3,500.00	3,500.00
RADIOLOGY-OTHERS	ACCESSORY-TATTOO KIT	50.00	50.00	50.00	50.00	50.00
RADIOLOGY-OTHERS	BLOCKS-LARGE TRAY	1,005.00	1,480.00	1,570.00	1,655.00	1,655.00
RADIOLOGY-OTHERS	BLOCKS-SMALL TRAY	910.00	1,345.00	1,425.00	1,505.00	1,505.00
RADIOLOGY-OTHERS	PORTAL FILMS (1-FILM)	110.00	200.00	220.00	245.00	245.00
RADIOLOGY-OTHERS	DOCUMENTATION FEE- CD/ROM/PC., PAPER PRINT	65.00	250.00	250.00	250.00	250.00
RADIOLOGY-OTHERS	DOCUMENTATION FEE- FILM/PC., DRYVIEW PRINT	150.00	250.00	250.00	250.00	250.00
RADIOLOGY-OTHERS	PORTAL FILMS (2-FILMS)	150.00	255.00	270.00	285.00	285.00
RADIOLOGY-OTHERS	PORTAL FILMS (3-FILMS)	190.00	315.00	330.00	350.00	350.00
RADIOLOGY-OTHERS	PORTAL FILMS (4-FILMS)	225.00	380.00	405.00	455.00	455.00
RADIOLOGY-OTHERS	PORTAL FILMS (6-FILMS)	310.00	525.00	545.00	565.00	565.00
RADIOLOGY-OTHERS	ACCESSORY- ALPHA CRADLE (INCLUDES SOLUTION AND PLASTIC BAG)	300.00	500.00	500.00	500.00	500.00
RADIOLOGY-OTHERS	PORTAL FILMS (5-FILMS)	280.00	450.00	470.00	515.00	515.00
RADIOLOGY-SPECIAL EXAM	VIRTUAL COLONOSCOPY [SPECIAL EXAM]	4,600.00	8,500.00	9,300.00	10,200.00	11,100.00
RADIOLOGY-SPECIAL EXAM	ANGIOGRAM, PERIPHERAL [SPECIAL EXAM]	8,600.00	15,000.00	16,000.00	17,400.00	18,800.00
RADIOLOGY-SPECIAL EXAM	CORONARY ANGIOGRAM (RADIOLOGY) [SPECIAL EXAM]	8,600.00	14,000.00	15,300.00	16,600.00	17,800.00
RADIOLOGY-SPECIAL EXAM	HEPATIC ANGIOGRAM-ADULT [SPECIAL EXAM]	8,700.00	19,000.00	20,000.00	21,800.00	23,600.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
RADIOLOGY-SPECIAL EXAM	ANGIOGRAM, PULMONARY ARTERIES [SPECIAL EXAM]	8,600.00	15,000.00	16,200.00	17,600.00	19,000.00
RADIOLOGY-SPECIAL EXAM	ANGIOGRAM, ABDOMINAL AORTA [SPECIAL EXAM]	8,600.00	14,000.00	15,000.00	16,300.00	17,500.00
RADIOLOGY-SPECIAL EXAM	ANGIOGRAM, RENAL/ABDOMINAL [SPECIAL EXAM]	8,600.00	15,000.00	16,200.00	17,600.00	19,000.00
RADIOLOGY-SPECIAL EXAM	BIOPSY [SPECIAL EXAM]	3,300.00	4,400.00	4,600.00	4,800.00	5,000.00
RADIOLOGY-SPECIAL EXAM	BRAIN PERFUSION [SPECIAL EXAM]	7,600.00	12,000.00	13,300.00	14,300.00	15,400.00
RADIOLOGY-SPECIAL EXAM	ANGIOGRAM, CEREBRAL AND NECK [SPECIAL EXAM]	8,100.00	13,000.00	14,100.00	15,200.00	16,300.00
RADIOLOGY-SPECIAL EXAM	CALCIUM SCORING [SPECIAL EXAM]	3,000.00	8,300.00	9,100.00	9,800.00	10,600.00
RADIOLOGY-ULTRASOUND	GALLBLADDER [ULTRASOUND]	315.00	625.00	655.00	685.00	720.00
RADIOLOGY-ULTRASOUND	TWO (2) ORGANS [ULTRASOUND]	345.00	855.00	900.00	940.00	985.00
RADIOLOGY-ULTRASOUND	READER'S FEE- CHEST ULTRASOUND	0.00	0.00	130.00	135.00	140.00
RADIOLOGY-ULTRASOUND	LIVER [ULTRASOUND]	275.00	690.00	725.00	760.00	795.00
RADIOLOGY-ULTRASOUND	SPLEEN [ULTRASOUND]	315.00	625.00	655.00	685.00	720.00
RADIOLOGY-ULTRASOUND	URINARY BLADDER [ULTRASOUND]	275.00	625.00	655.00	685.00	720.00
RADIOLOGY-ULTRASOUND	ABDOMINAL AORTA [ULTRASOUND]	380.00	555.00	580.00	640.00	665.00
RADIOLOGY-ULTRASOUND	THYROID [ULTRASOUND]	275.00	690.00	725.00	760.00	795.00
RADIOLOGY-ULTRASOUND	PELVIS [ULTRASOUND]	275.00	625.00	655.00	685.00	720.00
RADIOLOGY-ULTRASOUND	TESTES [ULTRASOUND]	275.00	625.00	655.00	685.00	720.00
RADIOLOGY-ULTRASOUND	CRANIAL [ULTRASOUND]	330.00	625.00	655.00	685.00	720.00
RADIOLOGY-ULTRASOUND	THREE (3) ORGANS [ULTRASOUND]	380.00	1,030.00	1,080.00	1,130.00	1,185.00
RADIOLOGY-ULTRASOUND	FOUR (4) ORGANS [ULTRASOUND]	410.00	1,195.00	1,255.00	1,315.00	1,375.00
RADIOLOGY-ULTRASOUND	FIVE (5) ORGANS [ULTRASOUND]	445.00	1,280.00	1,345.00	1,410.00	1,475.00
RADIOLOGY-ULTRASOUND	BIOPHYSICAL PROFILE [ULTRASOUND]	445.00	895.00	935.00	980.00	1,025.00
RADIOLOGY-ULTRASOUND	FETAL GENETIC STUDY [ULTRASOUND]	340.00	1,070.00	1,070.00	1,240.00	1,240.00
RADIOLOGY-ULTRASOUND	SIMULATION [ULTRASOUND]	400.00	600.00	600.00	800.00	800.00
RADIOLOGY-ULTRASOUND	RISE WANGESTEIN	145.00	455.00	510.00	565.00	625.00
RADIOLOGY-ULTRASOUND	SCAPULA APL	165.00	375.00	395.00	470.00	510.00
RADIOLOGY-ULTRASOUND	SONOMAMMOGRAM	345.00	690.00	725.00	755.00	790.00
RADIOLOGY-ULTRASOUND	TRANSPHENOIDAL	435.00	1,190.00	1,335.00	1,485.00	1,635.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
RADIOLOGY-ULTRASOUND	SIX (6) TO TEN (10) ORGANS [ULTRASOUND]	520.00	1,720.00	1,805.00	1,890.00	1,975.00
RADIOLOGY-ULTRASOUND	PROSTATE (TRANSRECTAL) [ULTRASOUND]	445.00	0.00	1,080.00	1,130.00	1,185.00
RADIOLOGY-ULTRASOUND	TRANSVAGINAL/ TRANSRECTAL	445.00	1,030.00	1,080.00	1,130.00	1,185.00
RADIOLOGY-ULTRASOUND	FETAL & OBSTETRICAL INCL. BIOPHYSICAL PROFILE [ULTRASOUND]	470.00	970.00	1,015.00	1,065.00	1,115.00
RADIOLOGY-ULTRASOUND	CAROTID ARTERY (UNILATERAL) [ULTRASOUND]	970.00	1,640.00	1,725.00	1,805.00	1,890.00
RADIOLOGY-ULTRASOUND	CAROTID ARTERY (BILATERAL) [ULTRASOUND]	1,550.00	2,630.00	2,760.00	2,895.00	3,025.00
RADIOLOGY-ULTRASOUND	UPPER/LOWER EXTREMITY ARTERY & VEIN (UNILATERAL) [ULTRASOUND]	970.00	1,875.00	1,970.00	2,065.00	2,160.00
RADIOLOGY-ULTRASOUND	UPPER/LOWER EXTREMITY ARTERY & VEIN (BILATERAL) [ULTRASOUND]	1,550.00	2,630.00	2,760.00	2,895.00	3,025.00
RADIOLOGY-ULTRASOUND	ULTRASOUND GUIDED BIOPSY (EXCL. MAT'LS) [ULTRASOUND]	745.00	1,290.00	1,350.00	1,415.00	1,480.00
RADIOLOGY-ULTRASOUND	VENOGRAM BIL. (CONVENTIONAL)	195.00	720.00	815.00	905.00	995.00
RADIOLOGY-ULTRASOUND	VENOGRAM UNI (CONVENTIONAL)	130.00	480.00	545.00	605.00	660.00
RADIOLOGY-ULTRASOUND	PROSTATE (TRANSRECTAL))	300.00	865.00	865.00	1,050.00	1,050.00
RADIOLOGY-ULTRASOUND	PANCREAS [ULTRASOUND]	315.00	625.00	655.00	685.00	720.00
RADIOLOGY-ULTRASOUND	KIDNEYS [ULTRASOUND]	345.00	625.00	655.00	685.00	720.00
RADIOLOGY-ULTRASOUND	PROSTATE [ULTRASOUND]	275.00	625.00	655.00	685.00	720.00
RADIOLOGY-ULTRASOUND	CHEST [ULTRASOUND]	185.00	0.00	0.00	0.00	0.00
RADIOLOGY-ULTRASOUND	READER'S FEE- BABYGRAM	0.00	75.00	80.00	95.00	105.00
REHAB. MED- SERVICES	SPEECH AND LANGUAGE THERAPY (BASE RATE)	0.00	500.00	0.00	600.00	625.00
REHAB. MED- SERVICES	SPEECH AND LANGUAGE THERAPY (FORMAL TEST)	0.00	500.00	0.00	600.00	625.00
REHAB. MED- SERVICES	PSYCHOTHERAPY (COUNSELING OR BEHAVIOR THERAPY)	150.00	500.00	550.00	600.00	600.00
REHAB. MED- SERVICES	BALANCE TRAINER AND TREADMILL MACHINE	0.00	500.00	570.00	640.00	710.00
REHAB. MED- SERVICES	EVALUATION: BASE RATE	0.00	500.00	550.00	600.00	625.00
REHAB. MED- SERVICES	EVALUATION : FORMAL TEST (PER TEST)	0.00	500.00	550.00	600.00	625.00
REHAB. MED- SERVICES	OCCUPATIONAL THERAPY	150.00	500.00	550.00	600.00	625.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
REHAB. MED- SERVICES	PHYSICAL THERAPY	150.00	500.00	550.00	600.00	625.00
REHAB. MED- SERVICES	PSYCHOLOGICAL/BEHAVIORAL THERAPY,	150.00	500.00	550.00	600.00	625.00
REHAB. MED- SERVICES	PSYCHOLOGICAL EVALUATION	0.00	1,000.00	1,140.00	1,290.00	1,430.00
REHAB. MED- SERVICES	PSYCHOLOGICAL TESTING	0.00	3,000.00	3,430.00	3,860.00	4,290.00
REHAB. MED- SERVICES	SHOCKWAVE THERAPY AND COLD AIR THERAPY SYSTEM,	0.00	500.00	570.00	640.00	710.00
REHAB. MED- SERVICES	SPEECH AND LANGUAGE THERAPY,	150.00	500.00	550.00	600.00	625.00
REHAB. MED-OTHERS	EMG	630.00	0.00	1,500.00	1,500.00	1,500.00
REHAB. MED-OTHERS	MSK-UTZ	850.00	0.00	1,380.00	1,460.00	1,540.00
REHAB. MED-OTHERS	REHAB PRODUCTS	0.00	0.00	0.00	0.00	0.00
REHAB. MED-OTHERS	ADAPTED SEAT (PERMAHARD FOAM)	550.00	2,500.00	2,500.00	2,500.00	2,500.00
REHAB. MED-OTHERS	ADAPTIVE DEVICES - BOBATH SLING/HEMI SLING	860.00	950.00	990.00	1,040.00	1,080.00
REHAB. MED-OTHERS	ADAPTIVE DEVICES - UNIVERSAL CUFF	160.00	210.00	220.00	230.00	240.00
REHAB. MED-OTHERS	ADAPTIVE DEVICES - UNIVERSAL CUFF (AMPUTEE)	300.00	400.00	420.00	440.00	440.00
REHAB. MED-OTHERS	BOBATH SLING/HEMI SLING	800.00	900.00	900.00	900.00	900.00
REHAB. MED-OTHERS	DYNAMIC ADA	400.00	500.00	500.00	500.00	500.00
REHAB. MED-OTHERS	EMG-NCV,	630.00	1,500.00	0.00	0.00	0.00
REHAB. MED-OTHERS	TRANSCRANIAL MAGNETIC STIMULATION (10 SESSIONS)	17,425.00	25,755.00	0.00	0.00	0.00
REHAB. MED-OTHERS	TRANSCRANIAL MAGNETIC STIMULATION (15 SESSIONS)	26,138.00	38,632.00	0.00	0.00	0.00
REHAB. MED-OTHERS	TRANSCRANIAL MAGNETIC STIMULATION (5 SESSIONS)	8,710.00	12,878.00	0.00	0.00	0.00
REHAB. MED-OTHERS	TRANSCRANIAL MAGNETIC STIMULATION (PER SESSION)	2,050.00	3,030.00	0.00	0.00	0.00
REHAB. MED-OTHERS	UNIVERSAL CUFF	150.00	200.00	200.00	200.00	200.00
REHAB. MED-OTHERS	UNIVERSAL CUFF (AMPUTEE)	280.00	380.00	380.00	380.00	380.00
REHAB. MED-OTHERS	ADAPTIVE DEVICES - ADAPTED SEAT (PERMAHARD FOAM)	590.00	2,630.00	2,750.00	2,880.00	3,000.00
REHAB. MED-OTHERS	ADAPTIVE DEVICES - DYNAMIC ADA	430.00	530.00	550.00	580.00	600.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
REHAB. MED-OTHERS	EQUIPMENT DEPRECIATION/HOUR	13.35	13.35	13.35	13.35	13.35
REHAB. MED-OTHERS	UTILITIES/HOUR	32.90	32.90	32.90	32.90	32.90
REHAB. MED-SPLINTS & BRACES	V-SPLINT (VAGINAL SPLINT) 10CC TO 15CC	250.00	390.00	420.00	440.00	460.00
REHAB. MED-SPLINTS & BRACES	V-SPLINT (VAGINAL SPLINT) 20CC TO 25CC	0.00	0.00	0.00	0.00	0.00
REHAB. MED-SPLINTS & BRACES	V-SPLINT (VAGINAL SPLINT) 30CC TO 35CC	280.00	430.00	450.00	480.00	500.00
REHAB. MED-SPLINTS & BRACES	V-SPLINT (VAGINAL SPLINT) 3CC	210.00	330.00	350.00	370.00	390.00
REHAB. MED-SPLINTS & BRACES	V-SPLINT (VAGINAL SPLINT) 5CC	220.00	350.00	370.00	390.00	410.00
REHAB. MED-SPLINTS & BRACES	AFO (JOINTED ADULT)	11,340.00	17,520.00	18,550.00	19,580.00	20,610.00
REHAB. MED-SPLINTS & BRACES	AFO (JOINTED PEDIA)	11,340.00	17,520.00	18,550.00	19,580.00	20,610.00
REHAB. MED-SPLINTS & BRACES	AFO (RIGID ADULT)	9,140.00	14,120.00	14,950.00	15,780.00	16,610.00
REHAB. MED-SPLINTS & BRACES	AFO (RIGID PEDIA)	9,140.00	14,120.00	14,950.00	15,780.00	16,610.00
REHAB. MED-SPLINTS & BRACES	ANKLE DISARTICULATION PROSTHESIS (ADULT)	38,770.00	59,920.00	63,450.00	66,970.00	70,500.00
REHAB. MED-SPLINTS & BRACES	ANKLE DISARTICULATION PROSTHESIS (PEDIA)	38,770.00	59,920.00	63,450.00	66,970.00	70,500.00
REHAB. MED-SPLINTS & BRACES	HIP DISARTICULATION (ADULT)	102,020.00	157,670.00	166,950.00	176,220.00	185,500.00
REHAB. MED-SPLINTS & BRACES	HIP DISARTICULATION (PEDIA)	169,740.00	262,320.00	277,760.00	293,190.00	308,620.00
REHAB. MED-SPLINTS & BRACES	HKAFO (JOINTED PEDIA)	41,620.00	64,330.00	68,110.00	71,900.00	75,680.00
REHAB. MED-SPLINTS & BRACES	HKAFO (RIGID ADULT)	39,420.00	60,930.00	64,510.00	68,090.00	71,680.00
REHAB. MED-SPLINTS & BRACES	HKAFO (RIGID PEDIA)	10,820.00	16,730.00	17,710.00	18,700.00	19,680.00
REHAB. MED-SPLINTS & BRACES	KAFO (JOINTED ADULT)	28,420.00	43,930.00	46,510.00	49,090.00	51,680.00
REHAB. MED-SPLINTS & BRACES	KAFO (RIGID ADULT)	10,820.00	16,730.00	17,710.00	18,700.00	19,680.00
REHAB. MED-SPLINTS & BRACES	KAFO (RIGID PEDIA)	10,820.00	16,730.00	17,710.00	18,700.00	19,680.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES - ANKLE-FOOT ORTHOSIS (ADULT)	13,000.00	0.00	0.00	13,000.00	0.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES - ANKLE-FOOT ORTHOSIS (PEDIA)	13,000.00	0.00	0.00	13,000.00	0.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES - KNEE- ANKLE-FOOT ORTHOSIS (ADULT)	35,000.00	0.00	0.00	35,000.00	0.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES - KNEE- ANKLE-FOOT ORTHOSIS (PEDIA)	35,000.00	0.00	0.00	35,000.00	0.00
REHAB. MED-SPLINTS & BRACES	PROSTHESES - HIP DISARTICULATION	120,000.00	0.00	0.00	120,000.00	0.00
REHAB. MED-SPLINTS & BRACES	PROSTHESES - TRANS-FEMORAL PROSTHESIS (ABOVE-KNEE PROSTHESIS)	65,000.00	0.00	0.00	65,000.00	0.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
REHAB. MED-SPLINTS & BRACES	PROSTHESES - TRANS-TIBIAL PROsthESIS (BELOW-KNEE PROsthESIS)	32,000.00	0.00	0.00	32,000.00	0.00
REHAB. MED-SPLINTS & BRACES	SHOULDER DISARTICULATION (COSMETIC SH THERMOPLASTIC)	73,500.00	113,580.00	120,260.00	126,940.00	133,620.00
REHAB. MED-SPLINTS & BRACES	SHOULDER DISARTICULATION (FUNCTIONAL SH THERMOPLASTIC)	97,940.00	151,360.00	160,270.00	169,170.00	178,080.00
REHAB. MED-SPLINTS & BRACES	SPINAL ORTHOSIS (ADULT)	32,000.00	17,780.00	18,830.00	32,000.00	20,920.00
REHAB. MED-SPLINTS & BRACES	SPINAL ORTHOSIS (ADULT WITH ATTACHMENTS)	11,500.00	19,780.00	18,830.00	19,870.00	20,920.00
REHAB. MED-SPLINTS & BRACES	SPINAL ORTHOSIS (PEDIA)	32,000.00	17,660.00	18,700.00	32,000.00	20,780.00
REHAB. MED-SPLINTS & BRACES	TRANSFEMORAL/KNEE DISARTICULATION PROsthESIS (ADULT)	65,760.00	101,640.00	107,610.00	113,600.00	119,570.00
REHAB. MED-SPLINTS & BRACES	TRANSFEMORAL/KNEE DISARTICULATION PROsthESIS (PEDIA)	41,390.00	63,970.00	67,730.00	71,500.00	75,260.00
REHAB. MED-SPLINTS & BRACES	TRANS HUMERAL PROsthESIS (COSMETIC TH THERMOPLASTIC)	72,190.00	111,560.00	118,120.00	124,690.00	131,250.00
REHAB. MED-SPLINTS & BRACES	TRANS HUMERAL PROsthESIS (FUNCTIONAL TH THERMOPLASTIC)	96,630.00	149,340.00	158,130.00	166,910.00	175,700.00
REHAB. MED-SPLINTS & BRACES	TRANSRADIAL PROsthESIS (COSMETIC TR THERMOPLASTIC)	35,740.00	55,230.00	58,480.00	61,730.00	64,980.00
REHAB. MED-SPLINTS & BRACES	TRANSRADIAL PROsthESIS(FUNCTIONAL TR THERMOPLASTIC)	64,110.00	99,070.00	104,900.00	110,730.00	116,560.00
REHAB. MED-SPLINTS & BRACES	TRANSTIBIAL PROsthESIS (ADULT)	31,800.00	49,140.00	52,030.00	54,920.00	57,810.00
REHAB. MED-SPLINTS & BRACES	TRANSTIBIAL PROsthESIS (PEDIA)	34,260.00	52,950.00	56,070.00	59,180.00	62,300.00
REHAB. MED-SPLINTS & BRACES	VAN NESS ROTATIONPLASTY PROsthESIS (ADULT)	56,860.00	87,870.00	93,040.00	98,210.00	103,380.00
REHAB. MED-SPLINTS & BRACES	VAN NESS ROTATIONPLASTY PROsthESIS(PEDIA)	59,060.00	91,270.00	96,640.00	102,010.00	107,380.00
REHAB. MED-SPLINTS & BRACES	ADHESIVE VELCRO/INCH	12.35	12.35	12.35	12.35	12.35
REHAB. MED-SPLINTS & BRACES	ALUMINUM BAR/FOOT	50.00	50.00	50.00	50.00	50.00
REHAB. MED-SPLINTS & BRACES	BRACE STRAPS/INCH	0.10	0.10	0.10	0.10	0.10
REHAB. MED-SPLINTS & BRACES	HIGH TEMPERATURE FACE MASK	1,630.00	2,530.00	2,680.00	2,820.00	2,970.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) AIRPLANE	1,650.00	2,760.00	2,890.00	3,020.00	3,160.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	SHOULDER ABDUCTION (SMALL)					
REHAB. MED-SPLINTS & BRACES	RINGS/PC.	0.65	0.65	0.65	0.65	0.65
REHAB. MED-SPLINTS & BRACES	RIVETS/SET	1.90	1.90	1.90	1.90	1.90
REHAB. MED-SPLINTS & BRACES	STRAPS 1" THICK HOOP AND LOOP VELCRO/INCH	0.15	0.15	0.15	0.15	0.15
REHAB. MED-SPLINTS & BRACES	STRAPS 2" THICK HOOP AND LOOP VELCRO/INCH	0.30	0.30	0.30	0.30	0.30
REHAB. MED-SPLINTS & BRACES	THERMOPLASTIC ORFIT CLASSIC-1.6 MM PERFORATED/SQ.IN.	7.50	7.50	7.50	7.50	7.50
REHAB. MED-SPLINTS & BRACES	THERMOPLASTIC ORFIT CLASSIC-3.2 MM PERFORATED/SQ.IN.	9.75	9.75	9.75	9.75	9.75
REHAB. MED-SPLINTS & BRACES	THERMOPLASTIC ORFIT CLASSIC-4.2 MM NONPERFORATED/SQ.IN.	13.50	13.50	13.50	13.50	13.50
REHAB. MED-SPLINTS & BRACES	THERMOPLASTIC ORFIT ECO-3.2 MM PERFORATED/SQ.IN.	5.75	5.75	5.75	5.75	5.75
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) BUNNY EAR INFANT ORFIT 1.6MM	630.00	700.00	740.00	770.00	800.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES(FOREARM BASED) BUNNY EAR INFANT ORFIT 1.6MM	630.00	700.00	740.00	770.00	800.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) BUNNY EAR LARGE ADULT ORFIT ECO 3.2MM	1,480.00	1,750.00	1,830.00	1,910.00	2,000.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) BUNNY EAR LARGE ADULT ORFIT ECO 3.2MM	1,480.00	1,750.00	1,830.00	1,910.00	2,000.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) BUNNY EAR LARGE ADULT ORFIT ECO 3.2MM W/ ALUMINUM BAR	1,690.00	1,880.00	1,970.00	2,060.00	2,150.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) BUNNY EAR LARGE ADULT ORFIT ECO 3.2MM W/ ALUMINUM BAR	1,690.00	1,880.00	1,970.00	2,060.00	2,150.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) BUNNY EAR MEDIUM ADULT ORFIT ECO 3.2MM	1,030.00	1,680.00	1,750.00	1,830.00	1,910.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) BUNNY EAR MEDIUM ADULT ORFIT ECO 3.2MM	1,030.00	1,680.00	1,750.00	1,830.00	1,910.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) BUNNY EAR MEDIUM ADULT ORFIT ECO 3.2MM W/ ALUMINUM	1,150.00	1,860.00	1,950.00	2,040.00	2,130.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	BAR					
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) BUNNY EAR MEDIUM ADULT ORFIT ECO 3.2MM W/ ALUMINUM BAR	1,150.00	1,860.00	1,950.00	2,040.00	2,130.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) BUNNY EAR SMALL/PEDIA ORFIT CLASSIC 3.2MM	930.00	1,030.00	1,080.00	1,130.00	1,180.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) BUNNY EAR SMALL/PEDIA ORFIT CLASSIC 3.2MM	930.00	1,030.00	1,080.00	1,130.00	1,180.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) BUNNY EAR SMALL/PEDIA ORFIT ECO 3.2MM	730.00	1,400.00	1,470.00	1,540.00	1,600.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) BUNNY EAR SMALL/PEDIA ORFIT ECO 3.2MM	730.00	1,400.00	1,470.00	1,540.00	1,600.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) BUNNY EAR SMALL/PEDIA ORFIT ECO 3.2MM W/ ALUMINUM BAR	800.00	1,470.00	1,540.00	1,600.00	1,670.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) BUNNY EAR SMALL/PEDIA ORFIT ECO 3.2MM W/ ALUMINUM BAR	800.00	1,470.00	1,540.00	1,600.00	1,670.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL BLOCKING SPLINT W/ THUMB COMPONENT ADULT ORFIT CLASSIC 3.2	1,670.00	1,860.00	1,950.00	2,040.00	2,130.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL BLOCKING SPLINT W/ THUMB COMPONENT ADULT ORFIT CLASSIC 3.2	1,485.00	1,685.00	1,685.00	1,685.00	1,685.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL BLOCKING SPLINT W/ THUMB COMPONENT ADULT ORFIT ECO 3.2	1,280.00	1,430.00	1,490.00	1,560.00	1,630.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL BLOCKING SPLINT W/ THUMB COMPONENT ADULT ORFIT ECO 3.2	1,060.00	1,205.00	1,205.00	1,205.00	1,205.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL BLOCKING SPLINT W/ THUMB COMPONENT PEDIA ORFIT CLASSIC 3.2	1,030.00	1,140.00	1,200.00	1,250.00	1,300.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL	1,030.00	1,140.00	1,200.00	1,250.00	1,300.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	BLOCKING SPLINT W/ THUMB COMPONENT PEDIA ORFIT CLASSIC 3.2					
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL BLOCKING SPLINT W/ THUMB COMPONENT PEDIA ORFIT ECO 3.2	1,010.00	1,120.00	1,180.00	1,230.00	1,280.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL BLOCKING SPLINT W/ THUMB COMPONENT PEDIA ORFIT ECO 3.2	1,010.00	1,120.00	1,180.00	1,230.00	1,280.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL COCK - UP LARGE ADULT ORFIT CLASSIC 3.2 NON PERF	1,030.00	1,160.00	1,210.00	1,270.00	1,320.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL COCK-UP LARGE ADULT ORFIT CLASSIC 3.2 NON PERF	1,030.00	1,160.00	1,210.00	1,270.00	1,320.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL COCK - UP LARGE ADULT ORFIT EASY ECO 3.2 PERF	700.00	780.00	820.00	860.00	890.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL COCK-UP LARGE ADULT ORFIT EASY ECO 3.2 PERF	700.00	780.00	820.00	860.00	890.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL COCK - UP MEDIUM ADULT ORFIT CLASSIC 3.2 NON PERF	850.00	950.00	990.00	1,040.00	1,080.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL COCK-UP MEDIUM ADULT ORFIT CLASSIC 3.2 NON PERF	850.00	950.00	990.00	1,040.00	1,080.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL COCK-UP MEDIUM ADULT ORFIT EASY ECO 3.2 PERF	600.00	670.00	700.00	730.00	760.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL COCK - UP SMALL/PEDIA ORFIT CLASSIC 3.2 NON PERF	640.00	710.00	740.00	780.00	810.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL COCK-UP SMALL/PEDIA ORFIT CLASSIC 3.2 NON PERF	640.00	710.00	740.00	780.00	810.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT INFANT ORFIT 1.6MM	470.00	530.00	550.00	580.00	600.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT INFANT ORFIT 1.6MM	470.00	530.00	550.00	580.00	600.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT LARGE ORFILIGHT	1,510.00	1,690.00	1,770.00	1,850.00	1,930.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT LARGE ORFILIGHT	1,510.00	1,690.00	1,770.00	1,850.00	1,930.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT LARGE ORFIT 1.6MM	1,090.00	1,210.00	1,270.00	1,330.00	1,390.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT LARGE ORFIT 1.6MM	1,090.00	1,210.00	1,270.00	1,330.00	1,390.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT LARGE ORFIT 3.2MM	1,420.00	1,590.00	1,670.00	1,740.00	1,820.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT LARGE ORFIT 3.2MM	1,420.00	1,590.00	1,670.00	1,740.00	1,820.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT MEDIUM ORFILIGHT	1,230.00	1,370.00	1,440.00	1,500.00	1,570.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT MEDIUM ORFILIGHT	1,230.00	1,370.00	1,440.00	1,500.00	1,570.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT MEDIUM ORFIT 1.6MM	920.00	1,330.00	1,400.00	1,460.00	1,520.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT MEDIUM ORFIT 1.6MM	920.00	1,330.00	1,400.00	1,460.00	1,520.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT MEDIUM ORFIT 3.2MM	1,120.00	1,570.00	1,640.00	1,720.00	1,790.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT MEDIUM ORFIT 3.2MM	1,120.00	1,570.00	1,640.00	1,720.00	1,790.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT SMALL ORFILIGHT	930.00	1,030.00	1,080.00	1,130.00	1,180.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT SMALL ORFILIGHT	930.00	1,030.00	1,080.00	1,130.00	1,180.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT SMALL ORFIT 1.6MM	730.00	810.00	850.00	890.00	930.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT SMALL ORFIT 1.6MM	730.00	810.00	850.00	890.00	930.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT SMALL ORFIT 3.2MM	840.00	940.00	980.00	1,020.00	1,070.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) LONG OPPONENTS SPLINT SMALL ORFIT 3.2MM	840.00	940.00	980.00	1,020.00	1,070.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) ULNAR/RADIAL GUTTER UP TO WRIST ORFIT CLASSIC 3.2	840.00	940.00	980.00	1,020.00	1,070.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) ULNAR/ RADIAL GUTTER UP TO WRIST ORFIT CLASSIC 3.2	840.00	940.00	980.00	1,020.00	1,070.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) ULNAR/RADIAL GUTTER UP TO WRIST ORFIT ECO 3.2	600.00	670.00	700.00	740.00	770.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) ULNAR/ RADIAL GUTTER UP TO WRIST ORFIT ECO 3.2	600.00	670.00	700.00	740.00	770.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK - UP INFANT ORFIT 1.6MM	440.00	490.00	520.00	540.00	560.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK-UP INFANT ORFIT 1.6MM	440.00	490.00	520.00	540.00	560.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK - UP LARGE ORFILIGHT	1,170.00	1,310.00	1,370.00	1,430.00	1,500.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK-UP LARGE ORFILIGHT	1,170.00	1,310.00	1,370.00	1,430.00	1,500.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK - UP LARGE ORFIT 1.6MM	830.00	930.00	970.00	1,020.00	1,060.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK-UP LARGE ORFIT 1.6MM	830.00	930.00	970.00	1,020.00	1,060.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK - UP LARGE ORFIT 3.2MM	1,120.00	1,250.00	1,310.00	1,370.00	1,430.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK-UP LARGE ORFIT 3.2MM	1,120.00	1,250.00	1,310.00	1,370.00	1,430.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK - UP MEDIUM ORFILIGHT	950.00	1,070.00	1,120.00	1,170.00	1,220.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK-UP MEDIUM ORFILIGHT	950.00	1,070.00	1,120.00	1,170.00	1,220.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK - UP MEDIUM ORFIT 1.6MM	700.00	960.00	1,000.00	1,050.00	1,090.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK-UP MEDIUM ORFIT 1.6MM	700.00	960.00	1,000.00	1,050.00	1,090.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK - UP MEDIUM ORFIT 3.2MM	840.00	1,300.00	1,350.00	1,410.00	1,480.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES(FOREARM BASED) VOLAR/DORSAL WRIST COCK-UP MEDIUM ORFIT 3.2MM	840.00	1,300.00	1,350.00	1,410.00	1,480.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK - UP ORFILIGHT	700.00	780.00	820.00	860.00	900.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK-UP ORFILIGHT	655.00	745.00	745.00	745.00	745.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK - UP SMALL ORFIT 1.6MM	550.00	600.00	630.00	660.00	690.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK-UP SMALL ORFIT 1.6MM	550.00	600.00	630.00	660.00	690.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK - UP SMALL ORFIT 3.2MM	630.00	700.00	740.00	770.00	800.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) VOLAR/DORSAL WRIST COCK-UP SMALL ORFIT 3.2MM	630.00	700.00	740.00	770.00	800.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER,THUMB) BIVALVE FINGER	215.00	375.00	375.00	375.00	375.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER,THUMB) CONE SPLINT	320.00	360.00	370.00	390.00	410.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER,THUMB) FIGURE OF 8 SPLINT	160.00	180.00	190.00	200.00	210.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES(HAND, FINGER,THUMB) FIGURE OF 8 SPLINT	160.00	180.00	190.00	200.00	210.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER,THUMB) HAND - BASED WEBSPACER INFANT ORFIT CLASSIC 1.6 PERFORATED	455.00	515.00	515.00	515.00	515.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER,THUMB) HAND-BASED WEBSPACER INFANT ORFIT CLASSIC 1.6 PERFORATED	455.00	515.00	515.00	515.00	515.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER,THUMB) HAND - BASED	1,550.00	1,760.00	1,760.00	1,760.00	1,760.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	WEBSPACER LARGE ADULT ORFIT 3.2 NON - PERFORATED					
REHAB. MED-SPLINTS & BRACES	ORTHOSES(HAND, FINGER,THUMB) HAND-BASED WEBSPACER LARGE ADULT ORFIT 3.2 NON-PERFORATED	1,550.00	1,760.00	1,760.00	1,760.00	1,760.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER,THUMB) HAND - BASED WEBSPACER LARGE ADULT ORFIT 3.2 PERFORATED	1,520.00	1,725.00	1,725.00	1,725.00	1,725.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES(HAND, FINGER,THUMB) HAND-BASED WEBSPACER LARGE ADULT ORFIT 3.2 PERFORATED	1,520.00	1,725.00	1,725.00	1,725.00	1,725.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER,THUMB) HAND - BASED WEBSPACER MEDIUM ADULT ORFIT 3.2 NON - PERFORATED	1,260.00	1,430.00	1,430.00	1,430.00	1,430.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES(HAND, FINGER,THUMB) HAND-BASED WEBSPACER MEDIUM ADULT ORFIT 3.2 NON-PERFORATED	1,260.00	1,430.00	1,430.00	1,430.00	1,430.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER,THUMB) HAND - BASED WEBSPACER MEDIUM ADULT ORFIT 3.2 PERFORATED	1,240.00	1,410.00	1,410.00	1,410.00	1,410.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES(HAND, FINGER,THUMB) HAND-BASED WEBSPACER MEDIUM ADULT ORFIT 3.2 PERFORATED	1,240.00	1,410.00	1,410.00	1,410.00	1,410.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER,THUMB) HAND - BASED WEBSPACER SMALL PEDIA ORFIT 3.2 NON - PERFORATED	895.00	1,020.00	1,020.00	1,020.00	1,020.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES(HAND, FINGER,THUMB) HAND-BASED WEBSPACER SMALL PEDIA ORFIT 3.2 NON-PERFORATED	895.00	1,020.00	1,020.00	1,020.00	1,020.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER,THUMB) HAND - BASED WEBSPACER SMALL PEDIA ORFIT 3.2 PERFORATED	885.00	1,005.00	1,005.00	1,005.00	1,005.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES(HAND, FINGER,THUMB) HAND-BASED	885.00	1,005.00	1,005.00	1,005.00	1,005.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	WEBSPACER SMALL PEDIA ORFIT 3.2 PERFORATED					
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) INFANT (4X1.5 ORFIT CLASSIC 1.6 PERF)	310.00	350.00	360.00	380.00	400.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) INFANT ORFIT CLASSIC 1.6 PERFORATED	290.00	330.00	330.00	330.00	330.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) LARGE ADULT (10X3 ORFILIGHT 2.5)	820.00	910.00	960.00	1,000.00	1,040.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) LARGE ADULT (10X3 ORFIT CLASSIC 3.2 PERF)	740.00	830.00	870.00	910.00	950.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) LARGE ADULT (10X3 ORFIT COLORS NS 2.0)	660.00	740.00	770.00	800.00	840.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) LARGE ADULT ORFILIGHT 2.5	765.00	870.00	870.00	870.00	870.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) LARGE ADULT ORFIT CLASSIC 3.2	695.00	790.00	790.00	790.00	790.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) LARGE ADULT ORFIT COLORS NS 2.0	620.00	700.00	700.00	700.00	700.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) MCP STABILIZING SPLINT/TRIGGER FINGER SPLINT (LARGE)	940.00	1,050.00	1,100.00	1,150.00	1,200.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) MCP STABILIZING SPLINT/TRIGGER FINGER SPLINT (MEDIUM)	880.00	990.00	1,030.00	1,080.00	1,130.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) MCP STABILIZING SPLINT/TRIGGER FINGER SPLINT (SMALL)	580.00	650.00	680.00	710.00	740.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) MEDIUM ADULT (7X2.5 ORFILIGHT 2.5)	640.00	710.00	750.00	780.00	820.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) MEDIUM ADULT (7X2.5 ORFIT CLASSIC 3.2 PERF)	590.00	660.00	690.00	730.00	760.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) MEDIUM ADULT (7X2.5 ORFIT COLORS NS 2.0)	630.00	710.00	740.00	780.00	810.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) MEDIUM ADULT ORFILIGHT 2.5	595.00	680.00	680.00	680.00	680.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) MEDIUM ADULT ORFIT CLASSIC 3.2	555.00	630.00	630.00	630.00	630.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) MEDIUM ADULT ORFIT COLORS NS 2.0	590.00	675.00	675.00	675.00	675.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) SMALL/PEDIA (6.5X2 ORFIT CLASSIC 1.6 PERF)	510.00	570.00	590.00	620.00	650.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) SMALL/PEDIA (6.5X2 ORFIT CLASSIC 3.2 PERF)	550.00	610.00	640.00	670.00	700.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) SMALL/PEDIA (7X2 ORFIT COLORS NS 2.0 PERF)	580.00	650.00	680.00	710.00	740.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) SMALL/PEDIA ORFIT CLASSIC 1.6	475.00	540.00	540.00	540.00	540.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) SMALL/PEDIA ORFIT CLASSIC 3.2	515.00	585.00	585.00	585.00	585.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) SMALL/PEDIA ORFIT COLORS NS 2.0	545.00	620.00	620.00	620.00	620.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) UNIVALVE FINGER ORFIT CLASSIC 1.6MM PERFORATED	165.00	190.00	190.00	190.00	190.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HAND, FINGER, THUMB) UNIVALVE FINGER ORFIT CLASSIC 3.2MM PERFORATED	185.00	305.00	305.00	305.00	305.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HEAD, FACE, & NECK) ANTERIOR NECK - ADULT	1,740.00	2,680.00	2,810.00	2,940.00	3,070.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HEAD, FACE, & NECK) ANTERIOR NECK-ADULT	1,740.00	2,680.00	2,810.00	2,940.00	3,070.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HEAD, FACE, & NECK) ANTERIOR NECK - PEDIA	1,140.00	1,620.00	1,690.00	1,770.00	1,850.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HEAD, FACE, & NECK) ANTERIOR NECK-PEDIA	1,140.00	1,620.00	1,690.00	1,770.00	1,850.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HEAD, FACE, & NECK) ANTI - MICROSTOMIA	210.00	220.00	230.00	240.00	250.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HEAD,FACE,& NECK) ANTI-MICROSTOMIA	210.00	220.00	230.00	240.00	250.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HEAD,FACE,& NECK)NASAL TRUMPET	150.00	160.00	170.00	180.00	190.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HEAD,FACE,& NECK) SKULL CAP (LARGE)	3,850.00	4,290.00	4,490.00	4,700.00	4,900.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HEAD,FACE,& NECK) SKULL CAP (MEDIUM)	3,120.00	3,290.00	3,450.00	3,600.00	3,760.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (HEAD,FACE,& NECK) SKULL CAP (SMALL)	1,720.00	1,920.00	2,010.00	2,100.00	2,190.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) BIVALVE KNEE LARGE (15X13,16.5X15 ORFIT CLASSIC 3.2 PERF)	6,140.00	8,830.00	9,250.00	9,670.00	10,090.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) BIVALVE KNEE MEDIUM (14.5X11,15.5X10 ORFIT CLASSIC 3.2 PERF)	4,600.00	6,700.00	7,020.00	7,340.00	7,660.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) BIVALVE KNEE ORFIT ECO 3.2 (LARGE)	2,720.00	2,830.00	2,830.00	2,830.00	2,830.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) BIVALVE KNEE ORFIT ECO 3.2 (MEDIUM)	2,320.00	2,500.00	2,500.00	2,500.00	2,500.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) BIVALVE KNEE ORFIT ECO 3.2 (SMALL)	1,780.00	2,070.00	2,070.00	2,070.00	2,070.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) BIVALVE KNEE SMALL (12X9.5, 12X11.5 ORFIT CLASSIC 3.2 PERF)	3,950.00	5,850.00	6,130.00	6,410.00	6,690.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) POSTERIOR/ANTERIOR/BISURFACED ANKLE (INFANT)	465.00	530.00	530.00	530.00	530.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) POSTERIOR/ANTERIOR/BISURFACED ANKLE (LARGE)	1,720.00	2,760.00	2,760.00	2,760.00	2,760.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) POSTERIOR/ANTERIOR/BISURFACED ANKLE (LARGE W/ ALUMINUM BAR)	2,010.00	3,000.00	3,140.00	3,280.00	3,430.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) POSTERIOR/ANTERIOR/BISURFACED ANKLE	1,875.00	2,855.00	2,855.00	2,855.00	2,855.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	(LARGE W/ ALUMINUM BAR)					
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) POSTERIOR/ANTERIOR/BISURFACED ANKLE (MEDIUM)	1,510.00	2,420.00	2,540.00	2,650.00	2,770.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES(LOWER EXTRIMITY) POSTERIOR/ANTERIOR/BISURFACED ANKLE (MEDIUM)	1,410.00	2,305.00	2,305.00	2,305.00	2,305.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) POSTERIOR/ANTERIOR/BISURFACED ANKLE (MEDIUM W/ ALUMINUM BAR)	1,670.00	2,520.00	2,630.00	2,750.00	2,870.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES(LOWER EXTRIMITY) POSTERIOR/ANTERIOR/BISURFACED ANKLE (MEDIUM W/ ALUMINUM BAR)	1,560.00	2,395.00	2,395.00	2,395.00	2,395.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) POSTERIOR/ANTERIOR/BISURFACED ANKLE (SMALL)	875.00	1,560.00	1,560.00	1,560.00	1,560.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) POSTERIOR/ANTERIOR/BISURFACED ANKLE (SMALL W/ ALUMINUM BAR)	1,080.00	1,730.00	1,820.00	1,900.00	1,980.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES(LOWER EXTRIMITY) POSTERIOR/ANTERIOR/BISURFACED ANKLE (SMALL W/ ALUMINUM BAR)	1,010.00	1,650.00	1,650.00	1,650.00	1,650.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) UNIVALVE KNEE LARGE (15X13 ORFIT CLASSIC 3.2 PERF)	2,910.00	4,300.00	4,500.00	4,710.00	4,910.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) UNIVALVE KNEE LARGE (15X13 ORFIT EASY ECO 3.2 PERF)	1,880.00	2,970.00	3,110.00	3,250.00	3,400.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) UNIVALVE KNEE MEDIUM (14.5X11 ORFIT CLASSIC 3.2 PERF)	2,480.00	3,690.00	3,860.00	4,040.00	4,210.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) UNIVALVE KNEE MEDIUM (14.5X11 ORFIT EASY ECO 3.2 PERF)	1,800.00	2,630.00	2,750.00	2,880.00	3,000.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) UNIVALVE KNEE ORFIT ECO 3.2 (LARGE)	1,755.00	4,095.00	4,095.00	4,095.00	4,095.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) UNIVALVE KNEE	1,530.00	3,510.00	3,510.00	3,510.00	3,510.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	ORFIT ECO 3.2 (MEDIUM)					
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) UNIVALVE KNEE ORFIT ECO 3.2 (SMALL)	1,220.00	2,810.00	2,810.00	2,810.00	2,810.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) UNIVALVE KNEE SMALL (12X9.5, 12X11.5 ORFIT CLASSIC 3.2 PERF)	1,900.00	2,950.00	3,090.00	3,230.00	3,370.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (LOWER EXTRIMITY) UNIVALVE KNEE SMALL (12X9.5 ORFIT EASY ECO 3.2 PERF)	1,300.00	2,170.00	2,280.00	2,380.00	2,480.00
REHAB. MED-SPLINTS & BRACES	ORTHOSESS (HEAD,FACE,& NECK)NASAL TRUMPET	150.00	160.00	170.00	180.00	190.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) AIRPLANE SHOULDER ABDUCTION (LARGE)	2,490.00	3,960.00	4,150.00	4,340.00	4,520.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) AIRPLANE SHOULDER ABDUCTION (MEDIUM)	2,010.00	3,230.00	3,380.00	3,540.00	3,690.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) BIVALVE ELBOW CONFORMER (LARGE)	3,450.00	5,245.00	5,245.00	5,245.00	5,245.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) BIVALVE ELBOW CONFORMER (MEDIUM)	2,875.00	4,355.00	4,355.00	4,355.00	4,355.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) BIVALVE ELBOW CONFORMER (SMALL)	2,465.00	3,900.00	3,900.00	3,900.00	3,900.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) SARMIENTO HUMEROUS - STABLIZING,MEDIOLATERAL SHELL (LARGE)	3,540.00	3,950.00	4,140.00	4,320.00	4,510.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) SARMIENTO HUMEROUS-STABLIZING,MEDIOLATERAL SHELL (LARGE)	3,540.00	3,950.00	4,140.00	4,320.00	4,510.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) SARMIENTO HUMEROUS - STABLIZING,MEDIOLATERAL SHELL (MEDIUM)	3,010.00	3,360.00	3,520.00	3,680.00	3,840.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) SARMIENTO HUMEROUS-STABLIZING,MEDIOLATERAL SHELL (MEDIUM)	3,010.00	3,360.00	3,520.00	3,680.00	3,840.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) SARMIENTO HUMEROUS - STABLIZING,MEDIOLATERAL SHELL	2,650.00	2,960.00	3,100.00	3,240.00	3,380.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
	(SMALL)					
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) SARMIENTO HUMEROUS-STABLIZING,MEDIOLATERAL SHELL (SMALL)	2,650.00	2,960.00	3,100.00	3,240.00	3,380.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) UNIVALVE ELBOW CONFORMER ORFIT CLASSIC 3.2 (LARGE)	1,665.00	2,605.00	2,605.00	2,605.00	2,605.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) UNIVALVE ELBOW CONFORMER ORFIT CLASSIC 3.2 (MEDIUM)	1,570.00	2,430.00	2,570.00	2,710.00	2,860.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) UNIVALVE ELBOW CONFORMER ORFIT CLASSIC 3.2 (SMALL)	1,340.00	2,060.00	2,190.00	2,310.00	2,430.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) UNIVALVE ELBOW CONFORMER ORFIT ECO 3.2 (LARGE)	1,165.00	1,950.00	1,950.00	1,950.00	1,950.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) UNIVALVE ELBOW CONFORMER ORFIT ECO 3.2 (MEDIUM)	1,000.00	1,700.00	1,700.00	1,700.00	1,700.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (SHOULDER & ELBOW) UNIVALVE ELBOW CONFORMER ORFIT ECO 3.2 (SMALL)	880.00	1,565.00	1,565.00	1,565.00	1,565.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE CTLSO/ MINERVA 1 1/2 SHEET	18,190.00	27,150.00	28,440.00	29,730.00	31,030.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE CTLSO/MINERVA 1 1/2 SHEET	18,190.00	27,150.00	28,440.00	29,730.00	31,030.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE CTLSO/MINERVA 1 SHEET	13,190.00	20,610.00	21,590.00	22,570.00	23,550.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE CTO W/ PANTALOON 1 1/2 SHEET	11,780.00	14,840.00	14,840.00	14,840.00	14,840.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE CTO W/ PANTALOON 1 SHEET	12,600.00	15,580.00	16,320.00	17,070.00	17,810.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE CTO W/ PANTALOON 2 SHEETS	16,520.00	20,755.00	20,755.00	20,755.00	20,755.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE LSO W/ PANTALOON 1 1/2 SHEET	12,600.00	15,580.00	16,320.00	17,070.00	17,810.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE LSO W/ PANTALOON 1 1/2 SHEET	11,780.00	14,840.00	14,840.00	14,840.00	14,840.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE LSO W/ PANTALOON 1 SHEET	7,550.00	9,380.00	9,820.00	10,270.00	10,720.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE LSO W/ PANTALOON 1 SHEET	12,600.00	15,580.00	16,320.00	17,070.00	17,810.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE LSO W/ PANTALOON 2 SHEETS	17,680.00	21,790.00	22,830.00	23,870.00	24,910.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE LSO W/ PANTALOON 2 SHEETS	16,520.00	20,755.00	20,755.00	20,755.00	20,755.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE TLSO 1 1/2 SHEET	17,760.00	26,170.00	27,420.00	28,660.00	29,910.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE TLSO 1/2 SHEET	7,060.00	11,350.00	11,890.00	12,430.00	12,970.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE TLSO 1 SHEET	12,700.00	19,260.00	20,170.00	21,090.00	22,010.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE TLSO W/ PANTALOON 1 1/2 SHEET	18,730.00	28,270.00	29,610.00	30,960.00	32,300.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE TLSO W/ PANTALOON 1 SHEET	13,680.00	14,840.00	15,540.00	16,250.00	16,960.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE TLSO W/ PANTALOON 2 SHEETS	23,810.00	35,180.00	36,860.00	38,530.00	40,210.00
REHAB. MED-SPLINTS & BRACES	ORTHOSES (FOREARM BASED) DORSAL COCK - UP MEDIUM ADULT ORFIT EASY ECO 3.2 PERF	600.00	670.00	700.00	730.00	760.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE CTO W/ PANTALOON 1 1/2 SHEET	12,600.00	15,580.00	16,320.00	17,070.00	17,810.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE CTO W/ PANTALOON 1 SHEET	7,550.00	9,380.00	9,820.00	10,270.00	10,720.00
REHAB. MED-SPLINTS & BRACES	TOTAL CONTACT BODY JACKET/BODY BRACE CTO W/ PANTALOON 2 SHEETS	17,680.00	21,790.00	22,830.00	23,870.00	24,910.00
REHAB. MED-SPLINTS & BRACES	UNIVERSAL CUFF	0.00	0.00	0.00	0.00	0.00
RENAL / DIALYSIS UNIT	BLOODLINE	200.00	0.00	200.00	200.00	200.00
RENAL / DIALYSIS UNIT	HDF ONLINE TUBING	300.00	0.00	300.00	300.00	300.00
RENAL / DIALYSIS UNIT	HI-FLUX (NEW DIALYZER B-BRAUN)	2,800.00	0.00	2,800.00	2,800.00	2,800.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
RENAL / DIALYSIS UNIT	HI-FLUX (NEW DIALYZER PGH)	1,105.00	0.00	1,625.00	1,625.00	1,625.00
RENAL / DIALYSIS UNIT	HI-FLUX (RE-USE DIALYZER B-BRAUN)	1,450.00	0.00	1,450.00	1,450.00	1,450.00
RENAL / DIALYSIS UNIT	HI-FLUX (RE-USE DIALYZER PGH)	455.00	0.00	975.00	975.00	975.00
RENAL / DIALYSIS UNIT	HIPS 18	2,000.00	0.00	2,000.00	2,000.00	2,000.00
RENAL / DIALYSIS UNIT	HIPS 20	2,300.00	0.00	2,300.00	2,300.00	2,300.00
RENAL / DIALYSIS UNIT	LOPS 15	800.00	0.00	800.00	800.00	800.00
RENAL / DIALYSIS UNIT	LOPS 18	850.00	0.00	850.00	850.00	850.00
RENAL / DIALYSIS UNIT	LOPS 20	900.00	0.00	900.00	900.00	900.00
RENAL / DIALYSIS UNIT	LOPS LOT 12	750.00	0.00	750.00	750.00	750.00
RENAL / DIALYSIS UNIT	LOW FLUX (NEW DIALYZER B-BRAUN)	2,500.00	0.00	2,500.00	2,500.00	2,500.00
RENAL / DIALYSIS UNIT	LOW FLUX (NEW DIALYZER PGH)	255.00	0.00	775.00	775.00	775.00
RENAL / DIALYSIS UNIT	LOW FLUX (RE-USE DIALYZER B-BRAUN)	1,395.00	0.00	1,395.00	1,395.00	1,395.00
RENAL / DIALYSIS UNIT	LOW FLUX (RE-USE DIALYZER PGH)	510.00	0.00	1,030.00	1,030.00	1,030.00
RENAL / DIALYSIS UNIT	XEVONTA H123	2,200.00	0.00	2,200.00	2,200.00	2,200.00
RIL - LABORATORIES	ANTI-R-TSH (TRAB)	1,680.00	2,980.00	3,150.00	3,320.00	3,510.00
RIL - LABORATORIES	VITAMIN D	1,060.00	1,890.00	1,990.00	2,100.00	2,210.00
RIL - LABORATORIES	EXTRACTION FEE FOR PAY PATIENTS	0.00	100.00	100.00	110.00	120.00
RIL-IMAGING	BONE SCAN	6,510.00	7,440.00	7,810.00	8,185.00	8,555.00
RIL-IMAGING	BRAIN IMAGING	4,820.00	7,265.00	7,995.00	7,990.00	8,355.00
RIL-IMAGING	DMSA RENAL SCAN	4,840.00	5,535.00	5,810.00	6,090.00	6,365.00
RIL-IMAGING	GE REFLUX	7,735.00	8,435.00	8,855.00	9,280.00	9,745.00
RIL-IMAGING	HEPATO-BILIARY	8,740.00	9,345.00	9,815.00	10,280.00	10,745.00
RIL-IMAGING	INFARCT AVID IMAGING	4,000.00	4,175.00	4,385.00	4,595.00	4,800.00
RIL-IMAGING	LIVER/SPLEEN IMAGING	6,565.00	7,165.00	7,790.00	8,175.00	8,240.00
RIL-IMAGING	LUNG PERFUSION	4,795.00	5,950.00	6,545.00	7,530.00	7,905.00
RIL-IMAGING	LUNG VENTILATION	4,795.00	9,060.00	9,965.00	11,460.00	12,035.00
RIL-IMAGING	MECKEL'S DIVERTICULUM	3,175.00	3,800.00	4,805.00	5,525.00	5,800.00
RIL-IMAGING	TESTICULAR IMAGING	4,665.00	5,535.00	5,810.00	6,185.00	6,365.00
RIL-IMAGING	THYROID SCAN	1,560.00	1,640.00	1,770.00	1,895.00	1,990.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
RIL-IMAGING	VENOGRAPHY	4,665.00	5,860.00	6,445.00	7,410.00	7,780.00
RIL-IMAGING	WBS POST TX	3,655.00	4,390.00	4,610.00	4,830.00	5,050.00
RIL-IMAGING	BONE DENSITOMETRY-ROUTINE	2,235.00	2,545.00	2,675.00	2,800.00	2,930.00
RIL-IMAGING	BONE DENSITOMETRY-WHOLE BODY	2,915.00	3,180.00	3,340.00	3,500.00	3,655.00
RIL-IMAGING	DPTA/GFR/RENAL SCAN/CAPTOPRIL	4,850.00	5,110.00	5,875.00	6,040.00	6,340.00
RIL-IMAGING	DPTA/GFR/RENAL SCAN W/LASIX	6,520.00	6,805.00	7,145.00	7,485.00	7,825.00
RIL-IMAGING	GI BLEED	8,960.00	10,625.00	11,690.00	13,440.00	14,110.00
RIL-IMAGING	I-131 MIBG WBS	39,825.00	41,555.00	45,020.00	47,320.00	47,785.00
RIL-IMAGING	I-131 WBS	8,750.00	9,545.00	10,020.00	10,500.00	10,975.00
RIL-IMAGING	LYMPHOSCINTI-GRAPHY	10,720.00	12,660.00	13,500.00	14,390.00	14,650.00
RIL-IMAGING	MYOCARDIAL PERFUSION IMAGING SESTAMIBI STRESS & DIPYRIDAMOLE	10,140.00	14,590.00	16,030.00	18,430.00	19,350.00
RIL-IMAGING	MYOCARDIAL PERFUSION THALLIUM 201 STRESS & DIPYRIDAMOLE	13,765.00	17,660.00	19,420.00	22,320.00	23,435.00
RIL-IMAGING	PARATHYROID- MIBI	9,335.00	10,665.00	11,198.00	12,250.00	12,860.00
RIL-IMAGING	PARATHYROID-THALLIUM 201	9,055.00	11,380.00	12,380.00	13,050.00	13,085.00
RIL-IMAGING	RIA- 17-OHP	620.00	1,320.00	1,385.00	1,450.00	1,520.00
RIL-IMAGING	RIA- ACTH	1,795.00	4,500.00	4,725.00	4,950.00	5,175.00
RIL-IMAGING	RIA- ALDOSTERONE	1,130.00	3,150.00	3,310.00	3,465.00	3,620.00
RIL-IMAGING	RIA- ALDOSTERONE RENIN	2,590.00	5,000.00	5,250.00	5,500.00	5,750.00
RIL-IMAGING	RIA- ANTI-THYRO	975.00	1,165.00	1,225.00	1,280.00	1,340.00
RIL-IMAGING	RIA- ANTI-TPO	975.00	1,165.00	1,225.00	1,280.00	1,340.00
RIL-IMAGING	RIA- CORTISOL	500.00	635.00	665.00	695.00	730.00
RIL-IMAGING	RIA- DHEA SO4	920.00	1,135.00	1,190.00	1,250.00	1,305.00
RIL-IMAGING	RIA- ESTRADIOL	635.00	1,100.00	1,155.00	1,210.00	1,265.00
RIL-IMAGING	RIA- FERRITINE	785.00	1,100.00	1,155.00	1,210.00	1,265.00
RIL-IMAGING	RIA- FSH	570.00	760.00	800.00	835.00	875.00
RIL-IMAGING	RIA- FT3	475.00	780.00	820.00	860.00	895.00
RIL-IMAGING	RIA- FT3 TSH	735.00	1,185.00	1,245.00	1,305.00	1,365.00
RIL-IMAGING	RIA- FT4	475.00	780.00	820.00	860.00	895.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
RIL-IMAGING	RIA- FT4 FT3	760.00	1,205.00	1,315.00	1,375.00	1,440.00
RIL-IMAGING	RIA- FT4 FT3 TSH	1,115.00	1,805.00	1,895.00	1,985.00	2,075.00
RIL-IMAGING	RIA- FT4 TSH	735.00	1,185.00	1,245.00	1,305.00	1,365.00
RIL-IMAGING	RIA- HCG DILUTED	695.00	1,050.00	1,105.00	1,155.00	1,210.00
RIL-IMAGING	RIA- HCG UNDILUTED	530.00	1,020.00	1,070.00	1,120.00	1,175.00
RIL-IMAGING	RIA- INSULIN	710.00	1,100.00	1,155.00	1,210.00	1,265.00
RIL-IMAGING	RIA-INSULIN-LIKE GROWTH FACTOR-1 (IGF-1)	1,005.00	3,320.00	3,485.00	3,735.00	4,150.00
RIL-IMAGING	RIA- LH	600.00	725.00	760.00	800.00	835.00
RIL-IMAGING	RIA- PROLACTIN	500.00	710.00	745.00	780.00	815.00
RIL-IMAGING	RIA- PTH	1,955.00	4,500.00	4,725.00	4,950.00	5,175.00
RIL-IMAGING	RIA- RENIN	1,460.00	3,500.00	3,675.00	3,850.00	4,025.00
RIL-IMAGING	RIA- TESTOSTERONE	575.00	810.00	850.00	890.00	930.00
RIL-IMAGING	RIA- TG ATG	1,560.00	1,870.00	1,965.00	2,060.00	2,150.00
RIL-IMAGING	RIA- THYROGLOBULIN	975.00	1,175.00	1,235.00	1,290.00	1,350.00
RIL-IMAGING	RIA- TSH	445.00	700.00	735.00	770.00	805.00
RIL-IMAGING	RIA- TSH TG ATG	1,915.00	2,430.00	2.56	2,675.00	2,795.00
RIL-IMAGING	SENTINEL NODE MAPPING-FILTERED SULFUR COLLOID	11,740.00	12,660.00	13,500.00	14,390.00	14,560.00
RIL-IMAGING	SENTINEL NODE MAPPING-UNFILTERED SULFUR COLLOID	10,625.00	12,660.00	13,050.00	13,810.00	14,560.00
RIL-IMAGING	SESTAMIBI WBS	7,410.00	10,910.00	11,600.00	13,570.00	14,250.00
RIL-IMAGING	THALLIUM WBS	5,805.00	7,100.00	7,455.00	7,810.00	8,165.00
RIL-IMAGING	THREE PHASE BONE SCAN	6,510.00	7,440.00	7,810.00	8,185.00	8,555.00
RIL-IODINE 131 THERAPY	151.0-200.0 MCI	19,700.00	21,000.00	21,000.00	21,000.00	21,000.00
RIL-IODINE 131 THERAPY	21.0-25.0 MCI	5,600.00	6,000.00	6,000.00	6,000.00	6,000.00
RIL-IODINE 131 THERAPY	26.0-30.0 MCI	6,900.00	7,200.00	7,200.00	7,200.00	7,200.00
RIL-IODINE 131 THERAPY	31.0-50.0 MCI	9,200.00	9,700.00	9,700.00	9,700.00	9,700.00
RIL-IODINE 131 THERAPY	51.0-80.0 MCI	9,800.00	10,000.00	10,000.00	10,000.00	10,000.00
RIL-IODINE 131 THERAPY	10.0-12.9 MCI	3,900.00	4,200.00	4,200.00	4,200.00	4,200.00
RIL-IODINE 131 THERAPY	101.0-150.0 MCI	14,500.00	15,500.00	15,500.00	15,500.00	15,500.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
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RIL-IODINE 131 THERAPY	1.0-3.9 MCI	2,400.00	2,500.00	2,500.00	2,500.00	2,500.00
RIL-IODINE 131 THERAPY	13.0-14.9 MCI	4,900.00	5,400.00	5,400.00	5,400.00	5,400.00
RIL-IODINE 131 THERAPY	4.0-5.9 MCI	2,900.00	2,950.00	2,950.00	2,950.00	2,950.00
RIL-IODINE 131 THERAPY	6.0-9.9 MCI	3,025.00	3,100.00	3,100.00	3,100.00	3,100.00
RIL-IODINE 131 THERAPY	81.0-100.0 MCI	11,500.00	12,000.00	12,000.00	12,000.00	12,000.00
RIL-IODINE 131 THERAPY	15.0-20.0 MCI	5,000.00	5,600.00	5,600.00	5,600.00	5,600.00
RIL-OTHERS	C-PEPTIDE	760.00	2,480.00	2,605.00	2,790.00	3,100.00
RIL-OTHERS	HUMAN GROWTH HORMONE	795.00	1,515.00	1,590.00	1,705.00	1,895.00
SLEEP LABORATORY	COMBINED DIAGNOSTIC AND THERAPEUTIC POLYSOMNOGRAPHY (SPLIT NIGHT)	19,175.00	21,895.00	22,990.00	24,085.00	25,180.00
SLEEP LABORATORY	TITRATION/THERAPEUTIC POLYSOMNOGRAPHY	9,340.00	13,900.00	14,595.00	15,290.00	15,985.00
SLEEP LABORATORY	DIAGNOSTIC POLYSOMNOGRAPHY + SEIZURE MONTAGE	11,925.00	13,630.00	14,315.00	14,995.00	15,675.00
SLEEP LABORATORY	MAINTENANCE OF WAKEFULNESS TEST (MWT)	8,515.00	8,885.00	9,330.00	9,775.00	10,220.00
SLEEP LABORATORY	DIAGNOSTIC POLYSOMNOGRAPHY	8,760.00	13,090.00	13,745.00	14,400.00	15,055.00
SLEEP LABORATORY	MULTIPLE SLEEP LATENCY TEST (MSLT)	4,605.00	6,380.00	6,470.00	6,510.00	6,555.00
OPHTHALMOLOGY (SOJR)	SELECTIVE LASER TRABECULOSCOPY (SLT)- BOTH EYES (WITHOUT PHILHEALTH)	5,000.00	5,600.00	5,600.00	5,600.00	5,600.00
OPHTHALMOLOGY (SOJR)	SELECTIVE LASER TRABECULOSCOPY (SLT)- BOTH EYES (WITH PHILHEALTH)	12,120.00	12,120.00	12,120.00	12,120.00	12,120.00
OPHTHALMOLOGY (SOJR)	SELECTIVE LASER TRABECULOSCOPY (SLT)- ONE EYE (WITHOUT PHILHEALTH)	2,500.00	2,800.00	2,800.00	2,800.00	2,800.00
OPHTHALMOLOGY (SOJR)	SELECTIVE LASER TRABECULOSCOPY (SLT)- ONE EYE (WITH PHILHEALTH)	12,120.00	12,120.00	12,120.00	12,120.00	0.00
OPHTHALMOLOGY (SOJR)	532 NM LASER - BOTH EYE	2,300.00	3,650.00	3,650.00	3,650.00	3,650.00
OPHTHALMOLOGY (SOJR)	COMBINED FA+ICG	3,090.00	0.00	4,155.00	4,155.00	0.00
OPHTHALMOLOGY (SOJR)	FLUORECEIN ANGIOGRAPHY (FA)	2,100.00	0.00	3,040.00	3,040.00	0.00
OPHTHALMOLOGY (SOJR)	FUNDUS / DISC PHOTO- BOTH EYES	500.00	785.00	785.00	785.00	785.00
OPHTHALMOLOGY (SOJR)	ICARE TONOMETER - ONE EYE	95.00	0.00	105.00	105.00	0.00
OPHTHALMOLOGY (SOJR)	ICARE TONOMETER - TWO EYE	115.00	0.00	125.00	125.00	0.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
OPHTHALMOLOGY (SOJR)	INDOCYANINE GREEN (ICG) ANGIOGRAPHY (EXCLUDING DYE)	990.00	0.00	1,115.00	1,115.00	0.00
OPHTHALMOLOGY (SOJR)	PERIMETRY/AUTOMATED VISUAL FIELD- BOTH EYES	1,000.00	1,565.00	1,565.00	1,565.00	1,565.00
OPHTHALMOLOGY (SOJR)	ULTRASOUND- BIOMICROSCOPY - ONE (1) EYE (CLEAR SCAN PROBE SET-UP INCLUDING PROBE)	3,280.00	0.00	3,705.00	3,705.00	0.00
OPHTHALMOLOGY (SOJR)	ULTRASOUND- BIOMICROSCOPY - ONE (1) EYE (WATER BATH TECHNIQUE)	1,500.00	0.00	2,125.00	2,125.00	0.00
OPHTHALMOLOGY (SOJR)	ULTRASOUND- BIOMICROSCOPY - TWO (2) EYES (CLEAR SCAN PROBE SET-UP INCLUDING PROBE)	3,565.00	0.00	4,030.00	4,030.00	0.00
OPHTHALMOLOGY (SOJR)	ULTRASOUND- BIOMICROSCOPY - TWO (2) EYES (WATER BATH TECHNIQUE)	2,800.00	0.00	3,570.00	3,570.00	0.00
OPHTHALMOLOGY (SOJR)	WIDE ANGLE PHOTO	700.00	0.00	1,100.00	1,100.00	0.00
OPHTHALMOLOGY (SOJR)	YAG LASER BOTH EYES	2,300.00	3,435.00	3,435.00	3,435.00	3,435.00
OPHTHALMOLOGY (SOJR)	YAG LASER ONE EYE	1,180.00	1,740.00	1,740.00	1,740.00	1,740.00
OPHTHALMOLOGY (SOJR)	OPTICAL COHERENCE TOMOGRAPHY ANGIOGRAPHY (OCT-A)	1,910.00	2,960.00	3,130.00	3,310.00	3,480.00
OPHTHALMOLOGY (SOJR)	PHACOEMULSIFICATION (ANTERIOR SEGMENT) MACHINE USE OERTLI OS4	2,140.00	3,300.00	3,490.00	3,690.00	3,880.00
OPHTHALMOLOGY (SOJR)	PHACOEMULSIFICATION (POSTERIOR SEGMENT) MACHINE USE OERTLI OS4	2,580.00	3,980.00	4,210.00	4,450.00	4,680.00
OPHTHALMOLOGY (SOJR)	532 NM LASER - ONE EYE	1,180.00	1,915.00	1,915.00	1,915.00	1,915.00
OPHTHALMOLOGY (SOJR)	ARGON LASER- BOTH EYES	1,800.00	3,100.00	3,100.00	3,100.00	3,100.00
OPHTHALMOLOGY (SOJR)	ARGON LASER- ONE EYE	980.00	1,570.00	1,570.00	1,570.00	1,570.00
OPHTHALMOLOGY (SOJR)	BIOMETRY- BOTH EYES	500.00	610.00	610.00	610.00	610.00
OPHTHALMOLOGY (SOJR)	BIOMETRY- ONE EYE	200.00	245.00	245.00	245.00	245.00
OPHTHALMOLOGY (SOJR)	CORNEAL TOPOGRAPHY- BOTH EYES	560.00	680.00	680.00	680.00	680.00
OPHTHALMOLOGY (SOJR)	CORNEAL TOPOGRAPHY- ONE EYE	280.00	340.00	340.00	340.00	340.00
OPHTHALMOLOGY (SOJR)	DIODE LASER - BOTH EYES	2,000.00	2,870.00	2,870.00	2,870.00	2,870.00
OPHTHALMOLOGY (SOJR)	DIODE LASER - ONE EYE	980.00	1,480.00	1,480.00	1,480.00	1,480.00
OPHTHALMOLOGY (SOJR)	ELECTROOCULOGRAM (EOG)	400.00	900.00	900.00	900.00	900.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
OPHTHALMOLOGY (SOJR)	ELECTRORETIGRAPHY (ERG)	400.00	900.00	900.00	900.00	900.00
OPHTHALMOLOGY (SOJR)	EQUIPMENT -LEGACY MACHINE (PHACO)	1,665.00	2,445.00	2,445.00	2,445.00	2,445.00
OPHTHALMOLOGY (SOJR)	FLUORESCEIN ANGIOGRAPHY- BOTH EYES	2,000.00	2,260.00	2,260.00	2,260.00	2,260.00
OPHTHALMOLOGY (SOJR)	FUNDUS / DISC PHOTO- ONE EYE	275.00	435.00	435.00	435.00	435.00
OPHTHALMOLOGY (SOJR)	OCULAR COHERENCE TOMOGRAPHY (OCT)- BOTH EYES	2,335.00	2,990.00	2,990.00	2,990.00	2,990.00
OPHTHALMOLOGY (SOJR)	OCULAR COHERENCE TOMOGRAPHY (OCT)-ONE EYE	1,195.00	1,785.00	1,785.00	1,785.00	1,785.00
OPHTHALMOLOGY (SOJR)	OCULAR ULTRASOUND- ONE EYE	800.00	1,610.00	1,610.00	1,610.00	1,610.00
OPHTHALMOLOGY (SOJR)	OPTICAL COHERENCE- BOTH EYES	1,085.00	1,600.00	1,600.00	1,600.00	1,600.00
OPHTHALMOLOGY (SOJR)	PACHYMETRY- BOTH EYES	315.00	470.00	470.00	470.00	470.00
OPHTHALMOLOGY (SOJR)	PACHYMETRY- ONE EYE	160.00	235.00	235.00	235.00	235.00
OPHTHALMOLOGY (SOJR)	SPECULAR MICROSCOPY- BOTH EYES	800.00	1,200.00	1,200.00	1,200.00	1,200.00
OPHTHALMOLOGY (SOJR)	SPECULAR MICROSCOPY- ONE EYE	400.00	600.00	600.00	600.00	600.00
OPHTHALMOLOGY (SOJR)	TONOPEN- BOTH EYES	150.00	200.00	200.00	200.00	200.00
OPHTHALMOLOGY (SOJR)	TONOPEN- ONE EYE	75.00	100.00	100.00	100.00	100.00
OPHTHALMOLOGY (SOJR)	ULTRASOUND- BIOMICROSCOPY- BOTH EYES	2,100.00	3,305.00	3,305.00	3,305.00	3,305.00
OPHTHALMOLOGY (SOJR)	ULTRASOUND- BIOMICROSCOPY- ONE EYE	1,060.00	1,795.00	1,795.00	1,795.00	1,795.00
OPHTHALMOLOGY (SOJR)	VISUAL EVOKED RESPONSE (VER)	400.00	900.00	900.00	900.00	900.00
OPHTHALMOLOGY (SOJR)	VITRECTOMY BOTH EYES	2,475.00	3,655.00	3,655.00	3,655.00	3,655.00
OPHTHALMOLOGY (SOJR)	EQUIPMENT -OPERATING MICROSCOPE (SOJR)	690.00	1,020.00	1,020.00	1,020.00	1,020.00
OPHTHALMOLOGY (SOJR)	MAJOR BASIC OR FEE - ADDITIONAL PER HOUR IN EXCESS OF 1-1/2 HOURS	0.00	750.00	750.00	750.00	750.00
OPHTHALMOLOGY (SOJR)	MAJOR BASIC OR FEE- FIRST 1-1/2 HOURS	0.00	3,010.00	3,010.00	3,010.00	3,010.00
OPHTHALMOLOGY (SOJR)	MINOR BASIC OR FEE (30 MINS.)	1,500.00	2,100.00	2,100.00	2,100.00	2,100.00
OPHTHALMOLOGY (SOJR)	OCULAR ULTRASOUND- BOTH EYES	1,100.00	2,085.00	2,085.00	2,085.00	2,085.00
OPHTHALMOLOGY (SOJR)	READER'S FEE- DIODE LASER BOTH EYE	0.00	430.00	0.00	430.00	430.00
OPHTHALMOLOGY (SOJR)	READER'S FEE- OCULAR COHERENCE TOMOGRAPHY (OCT) BOTH EYES	0.00	450.00	450.00	450.00	450.00
SURGERY	NEUROENDOSCOPE (STORZ)	1,170.00	1,800.00	1,910.00	2,010.00	2,120.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
SURGERY	CHOLEDOSCHOSCOPY WITH LITHOTRIPSY	600.00	1,950.00	2,315.00	2,400.00	2,550.00
SURGERY	CRANIOTONE (STRYKER)	2,400.00	3,710.00	3,930.00	4,140.00	4,360.00
SURGERY	OPERATING MICROSCOPE (LEICA F50)	5,870.00	9,070.00	9,610.00	10,140.00	10,680.00
SURGERY	AV FISTULA SURVEILLANCE	375.00	425.00	460.00	490.00	490.00
SURGERY	DIAGNOSTIC ULTRASOUND TO RULE OUT DVT	560.00	635.00	680.00	730.00	730.00
SURGERY	FLEXIBLE CYSTOSCOPE	1,290.00	2,000.00	2,120.00	2,240.00	2,350.00
SURGERY	FLEXIBLE SIGMOIDOSCOPY	200.00	690.00	805.00	920.00	1,150.00
SURGERY	KARL STORZ HD VIDEO TOWER FOR CYSTOSCOPY/PCNL	650.00	1,000.00	1,060.00	1,120.00	1,180.00
SURGERY	LASER LITHOTRIPTER	3,240.00	5,000.00	5,300.00	5,590.00	5,880.00
SURGERY	LITHOLAPAXY (STONE CRUSHER)	1,290.00	2,000.00	2,120.00	2,240.00	2,350.00
SURGERY	THERAPEUTIC ULTRASOUND (THORACENTESIS/PIGTAIL CATHETER INSERTION/PLEURAL CATHETER INSERTION)	560.00	635.00	680.00	730.00	730.00
SURGERY	THYROID - FINE NEEDLE ASPIRATION BIOPSY	240.00	375.00	400.00	420.00	440.00
SURGERY	THYROID - ULTRASOUND GUIDED FINE NEEDLE BIOPSY	410.00	635.00	670.00	710.00	750.00
SURGERY	ULTRASOUND FOR ASSESSMENT OF PSEUDOANEURYSM	375.00	425.00	460.00	490.00	490.00
SURGERY	ULTRASOUND GUIDED BIOPSY (MEDIASTURAL/PLEURAL PARENCHYMA)	560.00	635.00	680.00	730.00	730.00
SURGERY	ULTRASOUND GUIDED CANNULATION OF THE GREAT SAPHENOUS VEIN FOR ENDOVENOUS LASER OF RFA TREATMENT OF CVI	560.00	635.00	680.00	730.00	730.00
SURGERY	ULTRASOUND GUIDED HD CATHETER PLACEMENT (IJ/FEMORAL/SUBCLAVIAN)	195.00	220.00	235.00	255.00	255.00
SURGERY	ULTRASOUND GUIDED PLACEMENT OF ARTERIAL/VENOUS CATHETER BOTH UPPER OR LOWER EXTREMITIES	195.00	220.00	235.00	255.00	255.00
SURGERY	ULTRASOUND GUIDED PLACEMENT OF CENTRAL VENOUS CATHETER	195.00	220.00	235.00	255.00	255.00

DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
SURGERY	ULTRASOUND GUIDED PLACEMENT OF PICC LINE	375.00	425.00	460.00	490.00	490.00
SURGERY	UTZ CHEST- DIAGNOSTIC ULTRASOUND BILATERAL	230.00	260.00	280.00	300.00	300.00
SURGERY	UTZ CHEST- DIAGNOSTIC ULTRASOUND UNILATERAL	195.00	220.00	235.00	255.00	255.00
SURGERY	VIDEO ASSISTED THORACIC SURGERY (VATS) TOWER-DIAGNOSTIC	2,220.00	2,510.00	2,700.00	2,895.00	2,895.00
SURGERY	VIDEO ASSISTED THORACIC SURGERY (VATS) TOWER-THERAPEUTIC	4,435.00	5,015.00	5,400.00	5,790.00	5,790.00
SURGERY	VIEN MAPPING	195.00	220.00	235.00	255.00	255.00
SURGERY	VIEN MAPPING WITH DOPPLER ULTRASPUND OF ARTERIES	375.00	425.00	460.00	490.00	490.00
SURGERY	3D FULL HIGH DEFINITION LAPAROSCOPY TOWERS	4,530.00	7,000.00	7,410.00	7,825.00	8,240.00
SURGERY	ADULT (RIGID) CYSTOSCOPE	1,290.00	2,000.00	2,120.00	2,240.00	2,350.00
SURGERY	BREAST - CORE NEEDLE BIOPSY	2,050.00	3,000.00	3,180.00	3,360.00	3,530.00
SURGERY	BREAST - ULTRASOUND GUIDED CORE NEEDLE BIOPSY	2,140.00	3,300.00	3,500.00	3,690.00	3,880.00
SURGERY	CHOLEDOSCHOSCOPY	420.00	1,575.00	1,780.00	1,975.00	2,070.00
SURGERY	COLONOSCOPY	420.00	1,600.00	1,790.00	1,995.00	1,995.00
SURGERY	COLONOSCOPY WITH POLYPECTOMY	760.00	2,745.00	3,025.00	3,375.00	3,490.00
SURGERY	COMBINED PNEUMATIC AND ULTRASONIC (FOR PCNL)	4,530.00	7,000.00	7,410.00	7,830.00	8,240.00
SURGERY	ENDOANAL ULTRASOUND (EAUS)	1,620.00	2,500.00	2,650.00	2,800.00	2,940.00
SURGERY	ENDORECTAL ULTRASOUND (ERUS)	1,620.00	2,500.00	2,650.00	2,800.00	2,940.00
SURGERY	ENDOSCOPIC ULTRASOUND (EUS)	2,330.00	6,800.00	8,540.00	9,510.00	10,490.00
SURGERY	FLEXIBLE CYSTONEPHROSCOPE	12,290.00	19,000.00	20,120.00	21,240.00	22,350.00
SURGERY	FORCETRIAD	4,530.00	7,000.00	7,410.00	7,825.00	8,240.00
SURGERY	HARMONIC SCALPEL	3,780.00	5,850.00	6,190.00	6,540.00	6,880.00
SURGERY	PEDIATRIC CYSTOSCOPE	1,290.00	2,000.00	2,120.00	2,240.00	2,350.00
SURGERY	PNEUMATIC LITHOTRIPTER	2,850.00	4,400.00	4,660.00	4,920.00	5,180.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
SURGERY	RESECTOSCOPE (FOR TURP/TURBT)	1,290.00	2,000.00	2,115.00	2,240.00	2,350.00
SURGERY	TELEPAK: FLEXIBLE SIGMOIDOSCOPY	450.00	690.00	730.00	770.00	810.00
SURGERY	THUNDERBEAT	4,530.00	7,000.00	7,410.00	7,825.00	8,240.00
SURGERY	THYROID - FLEXIBLE NASOPHARYGOSCOPY	200.00	805.00	935.00	1,035.00	2,070.00
SURGERY	THYROID - ULTRASOUND GUIDED FNAB AND LIVER BIOPSY	350.00	1,265.00	1,265.00	1,530.00	1,530.00
SURGERY	TRANSANAL ENDOSCOPIC MICROSURGERY (TEM)	2,590.00	4,000.00	4,240.00	4,470.00	4,700.00
SURGERY	ULTRASOUND MACHINE	780.00	1,200.00	1,270.00	1,340.00	1,410.00
SURGERY	URETEROSCOPE	1,940.00	3,000.00	3,175.00	3,350.00	3,530.00
SURGERY	URODYNAMICS MACHINE (PRESSURE - FLOW/FULL STUDY)	2,910.00	4,500.00	4,765.00	5,030.00	5,300.00
SURGERY	URODYNAMICS MACHINE (UROFLOWMETRY WITH PVR)	3,060.00	4,730.00	5,010.00	5,290.00	5,570.00
SURGERY	UTZ CHEST - DIAGNOSTIC ULTRASOUND BILATERAL	230.00	260.00	280.00	300.00	300.00
SURGERY	UTZ CHEST - DIAGNOSTIC ULTRASOUND UNILATERAL	195.00	220.00	235.00	255.00	255.00
SURGERY	VIDEO ASSISTED THORACIC SURGERY (VATS) TOWER - DIAGNOSTIC	2,220.00	2,510.00	2,700.00	2,895.00	2,895.00
SURGERY	VIDEO ASSISTED THORACIC SURGERY (VATS) TOWER - THERAPEUTIC	4,435.00	5,015.00	5,400.00	5,790.00	5,790.00
TCVS - OR (PROCEDURES)	AV FISTULA SURVEILANCE	375.00	0.00	460.00	490.00	490.00
TCVS - OR (PROCEDURES)	DIAGNOSTIC ULTRASOUND BILATERAL	230.00	0.00	280.00	300.00	300.00
TCVS - OR (PROCEDURES)	DIAGNOSTIC ULTRASOUND UNILATERAL	195.00	0.00	235.00	255.00	255.00
TCVS - OR (PROCEDURES)	THERAPEUTIC ULTRASOUND (T/PCI/PCI)	560.00	0.00	680.00	730.00	730.00
TCVS - OR (PROCEDURES)	ULTRASOUND GUIDED BIOPSY (M/PP)	560.00	0.00	680.00	730.00	730.00
TCVS - OR (PROCEDURES)	VALLEYLAB LIGASURE	4,000.00	0.00	6,000.00	6,000.00	6,000.00
TCVS - OR (PROCEDURES)	DIAGNOSTIC ULTRASOUND TO RULE OUT DVT	560.00	0.00	680.00	730.00	730.00
TCVS - OR (PROCEDURES)	ULTRASOUND-GUIDED CANNULATION OF THE GREATER SAPHENOUS VEIN FOR ENDOVENOUS LASER OR RFA TREATMENT OF CVI	560.00	0.00	680.00	730.00	730.00



DEPARTMENT - SECTION	PRODUCT/SERVICE DESCRIPTION	SERVICE RATE	PAY RATE			
			Outpatient-Pay	Ward/ Semi-Private	Private	Suite/ Deluxe
TCVS - OR (PROCEDURES)	ULTRASOUND-GUIDED PLACEMENT OF ARTERIAL/VENOUS CATHETER BOTH UPPER OR LOWER EXTREMITIES	195.00	0.00	235.00	255.00	255.00
TCVS - OR (PROCEDURES)	ULTRASOUND-GUIDED PLACEMENT OF CENTRAL VENOUS CATHETER	195.00	0.00	235.00	255.00	255.00
TCVS - OR (PROCEDURES)	ULTRASOUND-GUIDED PLACEMENT OF PICC LINE	375.00	0.00	460.00	490.00	490.00
TCVS - OR (PROCEDURES)	VEIN MAPPING WITH DOPPLER ULTRASOUND OF ARTERIES	375.00	0.00	460.00	490.00	490.00
TCVS - OR (PROCEDURES)	ULTRASOUND FOR ASSESMENT OF PSEUDOANEURYSM	375.00	0.00	460.00	490.00	490.00
TCVS - OR (PROCEDURES)	ULTRASOUND-GUIDED HD CATHETER PLACEMENT (IJ/F/S)	195.00	0.00	235.00	255.00	255.00
TCVS - OR (PROCEDURES)	VEIN MAPPING (TCVS)	195.00	0.00	235.00	255.00	255.00
TCVS - OR (PROCEDURES)	(VATS) TOWER - DIAGNOSTIC	2,220.00	0.00	2,700.00	2,895.00	2,895.00

****Fees are regularly updated; fees are subject to change without prior notice.***

****Schedule of fees as of 31 March 2022.***