

Oriental Mindoro Provincial Hospital External Services



1. ADMINISTRATIVE - ACCOUNTING SECTION

Accounting Section is in charge in accounting the issuance of certification of last premiums of Pag-Ibig for Retirees and eRF1 (PhilHealth Premium) as requirement for PhilHealth Accreditation renewal of Medical Staff of OMPH and all Satellite Hospitals.

Operating Hours: Monday-Friday (8:00 am- 5:00 pm)

Office or Division:		Administr	ative Divis	ion-Accounting S	ection (OMPH)
Classification:	assification: Simple				
Type of Transaction	••	G2C & G	2G		
Who may avail:			nent empl	oyees	
CHECKLIST OF	REQUIR	REMENTS		WHERE TO S	ECURE
	4 Copies of Payroll, Internet Connection			At the Provincial Office, Office of Accountant, Production Administrator's Control of the Provincial Administrator of the Prov	the Provincial vincial Office
CLIENT STEPS		IONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Issuance of Last Remittances of Pag-Ibig for Retirees of OMPH and all Satellite Hospitals.	lo th fo do 1.2 Is certifi receiv	ication ved from	None	5 minutes	Administrative Assistant III (OMPH Accounting Section)
2. Issuance of eRF1 for active member Medical Staff of OMPH and all Satellite Hospitals.	received from the logbook. 2.1 Provide logbook to the client. 2.2 Issue eRF1 received from the logbook.		None	5 minutes	Administrative Assistant III (OMPH Accounting Section)
TOTAL			None	10 minutes	



2. ADMINISTRATIVE-BILLING SECTION

PROVISION OF BILLS AND CHARGES- NO BALANCE BILLING (NBB)

Provision of bills lists out the total charges of hospitalization and are often grouped by service categories, such as room and board, pharmacy, laboratory and operating room, etc.

Office or Division:		Adminis	strative D	Division-Billing Se	ction (OMPH)
Classification:		Simple			
Type of Transaction:		G2C, G			
				ient (Lifetime Mei	mber, Indigent,
Hospital Spons CHECKLIST OF REQUIREMENTS				WHERE TO S	SECUIDE
1. Discharge/Dispos				Nurse Station (C	
2. PhilHealth Stub-	•	rigiriai		Medical Social S	
3. New born and he		(for newl	born)-1	Nurse Station (C	
original	_	`	•		ŕ
4. Member Data Re	cord (MDR) (if necess	sary) 1		Insurance office
photocopy E Marriage Centres	t /if tha Dhill	aalth ma	ombor	(Masipit, Calapa	
5. Marriage Contrac is expired)-1 phot	•			Philippine Statis	lics Authority
6. Birth Certificate (i				Philippine Statis	tics Authority
7. Valid ID (any gove	• ,	•	1 3	GSIS, SSS, TIN	
necessary) 1 pho	, ,			License, OSCA	
8. Properly accompl		, CSF, C	CF2,	PhilHealth Section	on (OMPH)
CF4 (all original 1 copy each)					
CILKII GILDG	1 ACENIC	`V	EEEC	DDOCEGGING	DEDCON
CLIENT STEPS	AGENO		FEES TO BE	PROCESSING	PERSON RESPONSIBLE
CLIENT STEPS	ACTION		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Discharge		NS	TO BE		
Submit Discharge /Disposition Slip and	1. Receive verify the	NS	TO BE PAID	TIME	RESPONSIBLE Administrative Aide III
Submit Discharge /Disposition Slip and PhilHealth Stub	1. Receive verify the discharge/	and	TO BE PAID	TIME	Administrative Aide III (OMPH Billing
1. Submit Discharge /Disposition Slip and PhilHealth Stub (Window 1).	1. Receive verify the discharge/ disposition	and	TO BE PAID	TIME	RESPONSIBLE Administrative Aide III
1. Submit Discharge /Disposition Slip and PhilHealth Stub (Window 1). (For expired patient,	1. Receive verify the discharge/ disposition and other	and	TO BE PAID	TIME	Administrative Aide III (OMPH Billing
1. Submit Discharge /Disposition Slip and PhilHealth Stub (Window 1). (For expired patient, make sure there is	1. Receive verify the discharge/ disposition	and I	TO BE PAID	TIME	Administrative Aide III (OMPH Billing
1. Submit Discharge /Disposition Slip and PhilHealth Stub (Window 1). (For expired patient,	1. Receive verify the discharge/ disposition and other necessary	and I	TO BE PAID	TIME	Administrative Aide III (OMPH Billing
1. Submit Discharge /Disposition Slip and PhilHealth Stub (Window 1). (For expired patient, make sure there is exact date and time of	1. Receive verify the discharge/ disposition and other necessary documents.	and slip	TO BE PAID	TIME	Administrative Aide III (OMPH Billing
1. Submit Discharge /Disposition Slip and PhilHealth Stub (Window 1). (For expired patient, make sure there is exact date and time of death written in the	1. Receive verify the discharge/ disposition and other necessary documents. 1.1Verify in system if parts.	and slip the atient	TO BE PAID	TIME	Administrative Aide III (OMPH Billing
1. Submit Discharge /Disposition Slip and PhilHealth Stub (Window 1). (For expired patient, make sure there is exact date and time of death written in the	1. Receive verify the discharge/ disposition and other necessary documents. 1.1Verify in system if pacharges have	and slip the atient ve	TO BE PAID	TIME	Administrative Aide III (OMPH Billing
1. Submit Discharge /Disposition Slip and PhilHealth Stub (Window 1). (For expired patient, make sure there is exact date and time of death written in the	1. Receive verify the discharge/ disposition and other necessary documents. 1.1Verify in system if pacharges had already been	and slip the atient ve	TO BE PAID	TIME	Administrative Aide III (OMPH Billing
1. Submit Discharge /Disposition Slip and PhilHealth Stub (Window 1). (For expired patient, make sure there is exact date and time of death written in the	1. Receive verify the discharge/ disposition and other necessary documents. 1.1Verify in system if pacharges have	and slip the atient ve	TO BE PAID	TIME	Administrative Aide III (OMPH Billing
1. Submit Discharge /Disposition Slip and PhilHealth Stub (Window 1). (For expired patient, make sure there is exact date and time of death written in the	1. Receive verify the discharge/ disposition and other necessary documents. 1.1Verify in system if pacharges had already been	and slip the atient ve	TO BE PAID	TIME	Administrative Aide III (OMPH Billing
1. Submit Discharge /Disposition Slip and PhilHealth Stub (Window 1). (For expired patient, make sure there is exact date and time of death written in the	1. Receive verify the discharge/ disposition and other necessary documents. 1.1Verify in system if pacharges had already been	and slip the atient ve en	TO BE PAID	TIME	Administrative Aide III (OMPH Billing



	Slip for processing PhilHealth Claims Forms.			
2. Present the obtained Clearance Slip and other necessary requirement/document s.	2.Receive and verify the PhilHealth Stub and other necessary documents for	None	10 minutes	Administrative Aide III (OMPH Billing Section)
	issuance PhilHealth Claims Forms (CEWS, CSF, CF2, CF4).			
	2.1Check the required documents for completeness and sign the Clearance Slip (For Claims Part)			
3.Submit all the necessary documents/requirements	3. Review all the submitted requirements and designated PhilHealth Case Rate in the system.	None	45 minutes	Administrative Aide III (OMPH Billing Section)
3.1Receive Statetement of Account for signature of the patient/PhilHealth member and proceed to Malasakit Center	3.1Generate and release Statement of Account (SOA) for signature and fill-up of the patient/PhilHealt h member. Issue statement of account and instruct client to proceed to			



	Malasakit Center.			
4.Return to Billing with signed Statement of Account and other necessary documents	4. Receive and verify all the submitted documents. Stamp Cleared/Paid the SOA and Clearance Slip. 4.1Sign Clearance Slip	None	5 minutes	Administrative Aide III (OMPH Billing Section)
5.Receive Clearance Slip (Nurse Copy) and SOA (Patient's Copy)	5.Release Clearance Slip (Nurse Copy) and SOA (Patient's copy) to client	None	5 minutes	Administrative Aide III (OMPH Billing Section)
TOTAL			1 hour and 20 minutes	



3. PROVISION OF BILLS AND CHARGES – PHIC NON-NBB PHILHEALTH MEMBERS

Provision of bills lists out the total charges for hospitalization and are often grouped by service categories, such as room and board, pharmacy, laboratory, radiology, etc.

Office or Division:		Administrativ	e Division- Billing	Section (OMPH)
Classification		Simple		
Type of Transactio	n:	G2C & G2G		
Who may avail:			oatient (Private-E	
				lual Paying, OFW)
	OF REQUIREM		WHERE TO SE	
1.Discharge/Dispos		nal copy	Nurse Station (C	,
2.PhilHealth Stub-1			Medical Social S	,
3.Newborn and hea	ring sticker (for r	iewborn)- 1	Nurse Station O	B Ward (OMPH)
original copy 4.Member Data Red	ord (MDR)_ (if n	acessary) 1	 DhilHealth Local	Insurance office
photocopy		cccssary) i	(Masipit, Calapa	
5.Marriage Contract	(if the PhilHealt	h member is	Philippine Statis	- 1
expired)-1 photocop	•			
6.Birth Certificate (if				
7.Valid ID (any gove		D-if	Philippine Statis	
necessary) 1 photod	сору			, Driver's License,
		SE 050	OSCA ID,PWD I	D
8. Properly accompli	•	5F, CF2,	Claima Castian	(OMDLI)
CF4 (all original 1 copy each)		Claims Section (OMPH)		
CLIENT STEDS	AGENCY	FEES TO	· · · · · · · · · · · · · · · · · · ·	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the		BE PAID	PROCESSING	PERSON
1. Submit the Discharge/Disposit	ACTIONS 1. Receive and verify the	BE PAID	PROCESSING TIME	PERSON RESPONSIBLE Administrative Aide III
Submit the Discharge/Disposit ion Slip and	ACTIONS 1. Receive and verify the presented	BE PAID	PROCESSING TIME	PERSON RESPONSIBLE Administrative Aide III (OMPH Billing
1. Submit the Discharge/Disposit ion Slip and PhilHealth Stub	ACTIONS 1. Receive and verify the presented discharge/disp	None	PROCESSING TIME	PERSON RESPONSIBLE Administrative Aide III
1. Submit the Discharge/Disposit ion Slip and PhilHealth Stub (Window 1).	ACTIONS 1. Receive and verify the presented discharge/disposition slip and	None	PROCESSING TIME	PERSON RESPONSIBLE Administrative Aide III (OMPH Billing
1. Submit the Discharge/Disposit ion Slip and PhilHealth Stub (Window 1). (For expired	ACTIONS 1. Receive and verify the presented discharge/disposition slip and other	None	PROCESSING TIME	PERSON RESPONSIBLE Administrative Aide III (OMPH Billing
1. Submit the Discharge/Disposit ion Slip and PhilHealth Stub (Window 1). (For expired patient, make sure	ACTIONS 1. Receive and verify the presented discharge/disposition slip and other necessary	None	PROCESSING TIME	PERSON RESPONSIBLE Administrative Aide III (OMPH Billing
1. Submit the Discharge/Disposit ion Slip and PhilHealth Stub (Window 1). (For expired	ACTIONS 1. Receive and verify the presented discharge/disposition slip and other	None	PROCESSING TIME	PERSON RESPONSIBLE Administrative Aide III (OMPH Billing
1. Submit the Discharge/Disposit ion Slip and PhilHealth Stub (Window 1). (For expired patient, make sure there is exact date	ACTIONS 1. Receive and verify the presented discharge/disposition slip and other necessary	None	PROCESSING TIME	PERSON RESPONSIBLE Administrative Aide III (OMPH Billing
1. Submit the Discharge/Disposit ion Slip and PhilHealth Stub (Window 1). (For expired patient, make sure there is exact date and time of death	ACTIONS 1. Receive and verify the presented discharge/disp osition slip and other necessary documents. 1.1Verify in the system if	None	PROCESSING TIME	PERSON RESPONSIBLE Administrative Aide III (OMPH Billing
1. Submit the Discharge/Disposit ion Slip and PhilHealth Stub (Window 1). (For expired patient, make sure there is exact date and time of death	ACTIONS 1. Receive and verify the presented discharge/disp osition slip and other necessary documents. 1.1Verify in the system if patient's	None	PROCESSING TIME	PERSON RESPONSIBLE Administrative Aide III (OMPH Billing
1. Submit the Discharge/Disposit ion Slip and PhilHealth Stub (Window 1). (For expired patient, make sure there is exact date and time of death	ACTIONS 1. Receive and verify the presented discharge/disposition slip and other necessary documents. 1.1Verify in the system if patient's charges have	None	PROCESSING TIME	PERSON RESPONSIBLE Administrative Aide III (OMPH Billing
1. Submit the Discharge/Disposit ion Slip and PhilHealth Stub (Window 1). (For expired patient, make sure there is exact date and time of death	ACTIONS 1. Receive and verify the presented discharge/disp osition slip and other necessary documents. 1.1Verify in the system if patient's charges have already been	None	PROCESSING TIME	PERSON RESPONSIBLE Administrative Aide III (OMPH Billing
1. Submit the Discharge/Disposit ion Slip and PhilHealth Stub (Window 1). (For expired patient, make sure there is exact date and time of death	ACTIONS 1. Receive and verify the presented discharge/disposition slip and other necessary documents. 1.1Verify in the system if patient's charges have	None	PROCESSING TIME	PERSON RESPONSIBLE Administrative Aide III (OMPH Billing
1. Submit the Discharge/Disposit ion Slip and PhilHealth Stub (Window 1). (For expired patient, make sure there is exact date and time of death	ACTIONS 1. Receive and verify the presented discharge/disp osition slip and other necessary documents. 1.1Verify in the system if patient's charges have already been	None	PROCESSING TIME	PERSON RESPONSIBLE Administrative Aide III (OMPH Billing



	Ola amana a a Oli			
	Clearance Slip for processing			
	PhilHealth			
	Claims Forms.			
2. Present the	2.Receive and	None	10 minutes	Administrative Aide
obtained	verify			IV, Claims Section
Clearance Slip	PhilHealth			(OMPH Billing
and other	Stub and other			Section)
necessary	necessary			
requirements/docu	documents for			
ments.	issuance of			
	Dhill loolth			
	PhilHealth Claims Forms			
	(CEWS, CSF,			
	CF2, and			
	CF4).			
	,			
	2.1Check the			
	required			
	documents for			
	completeness.			
	2.2Sign the clearance slip			
	(for claims			
	part)			
3. Submit all the	3. Review and	None	45 minutes	Administrative Aide
necessary	check all the			III
requirements and	submitted			(OMPH Billing
documents	requirements			Section)
indicating the	and			
signature of the	designated PhilHealth			
patient/member of PhilHealth on the	Case Rate in			
documents.	the system.			
doddinonto.	the system.			
(If without excess	3.1Generate			
bill, proceed to	and release			
STEP 6)	Statement of			
	Account (SOA)			
(If with excess bill,	for signature			
proceed to	and fill-up of			
Cashier for payment or to	the patient/membe			
Malasakit Center	r of PhilHealth.			
Maidodilli Oomor	. St. i illi louidi.			



for Financial Assistance)	3.2Inform client of hospital excess bill (if there's any) and instruct client to proceed to Malasakit Center, MSW and/or Cashier for payment			
4.Submit the official receipt and/or Acknowledgement receipt/Guarantee Letter from Malasakit Center and other necessary documents	4. Receive and verify all the submitted documents. Stamp Cleared/Paid the SOA and Clearance Slip. 4.1Sign Clearance Slip	None	5 minutes	Administrative Aide III (OMPH Billing Section)
5.Receive Clearance Slip	5.Release Clearance	None	5 minutes	Administrative Aide
(Nurse Copy) and SOA (Patient's	Slip(Nurse copy) and SOA			(OMPH Billing Section)
copy)	(Patient's copy) to client			
TOTAL			1 hour and 20 minutes	



4. PROVISION OF CHARGES- NON PHILHEALTH

Provision of bills lists out the total charges for hospitalization and re often grouped by service categories, such as room and board, pharmacy, laboratory, radiology, etc.

Office or Division:	Office or Division: Adminis			nistrative Division-Billing Section (OMPH)		
Classification:		Simple				
Type of Transaction:		G2C & G2G				
Who may avail:			Health Member			
CHECKLIST (•				O SECURE	
1.Discharge/Disposition				Nurse Station, C		
2.PhilHealth Stub with	_	n from	MSW-1	Medical Social S	Services, OMPH	
original copy (for check						
3.New born and hearing	ng Sticker (f	or new	born) -1	Nurse Station (C	DB Ward)	
original copy	AOFNO	3 V	FFFO TO	PROCESSING	DEBOON	
CLIENT STEPS	AGENO		FEES TO	PROCESSING	PERSON	
4 Cook mait the a	ACTIOI		BE PAID	TIME	RESPONSIBLE	
1.Submit the	1.Receive	and	None	15 minutes	Administrative	
Discharge/Disposition	verify the				Aide III	
Slip (For expired patient,	presented discharge/	dieno			(OMPH Billing Section)	
make sure there is	sition slip a	•			Section)	
exact date and time	other nece					
of death written in the	documents	•				
slip)	doddinonia	•				
	1.1Verify in	the				
	system if p					
	charge hav					
	already be	en				
	debited					
	1.2 Genera	ate				
	and issue	0.11				
	Clearance					
	and check					
	PhilHealth					
	to determin					
	reason of r					
	processing PhilHealth					
	Claims.					
2. Receive the	2.Generate		None	45 minutes	Administrative	
patient's final bill and	Statement		140110	10 minutos	Aide III	
statement of account	Account (S				(OMPH Billing	
or summary of	and issue	,			Section)	
payment.	summary of	of				
, ,						



2.1Proceed to Cashier for payment or to Malasakit Center for Financial Assistance	payment to client 2.1Inform client of the Patient's Final Bill and instruct client to proceed to Malasakit Center, MSW for financial assistance and/or Cashier for payment			Administrative Aide III (OMPH Billing Section)
3.Submit the official receipt and/or Acknowledgement receipt/Guarantee Letter from Malasakit Center and other necessary documents	3. Receive and verify all the submitted documents. Stamp Cleared/Paid the SOA and Clearance Slip. 3.1Sign Clearance Slip	None	5 minutes	Administrative Aide III (OMPH Billing Section)
4.Receive Clearance Slip (Nurse Copy) and SOA (Patient's copy)	4.Release Clearance Slip (Nurse copy) and SOA (Patient's copy) to client	None	5 minutes	Administrative Aide III (OMPH Billing Section)
TOTAL			1 hour and 10 minutes	



5. PROVISION OF BILLS AND CHARGES-ER/OBS PATIENTS

Provision of bills lists out the total charges for hospitalization and are often grouped by service categories, such as room and board, pharmacy, laboratory, radiology, etc.

Office or Division:		Adm	inistrative Div	rision-Billing Section (OMPH)		
			Simple			
Type of Transaction: G2G- Gove			- Governmen	t to Government e	mployees	
Who may avail:		Eme	rgency Room	(ER) Patients/Un	der Observation	
		_	S) Patients			
CHECKLIST		REME	NTS		O SECURE	
1.Clearance Slip-1	•			Emergency Rooi		
2.Valid ID (any gove		ed ID-	· if	, , , , ,	Driver's License,	
necessary) 1 photoc		N	FEEO TO	OSCA ID, PWD		
CLIENT STEPS	AGENO ACTION		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Submit ER	1. Receive		None	15 minutes	Administrative	
Clearance Slip	verify the	anu	INOTIC	13 minutes	Aide III	
with	presented	FR			(OMPH Billing	
corresponding	Clearance				Section)	
amount of	Check the	onp.				
patient's charges	indicated					
(if any) and	amount an	d				
signatures of the	signature c	of the				
duty from different	duty.					
sections-						
Pharmacy, CSR,	1.1Verify in	the				
Radiology and	system if					
Laboratory	patient's					
	charges ha					
(If to be pay,	already be	en				
proceed to	debited.					
Cashier for	4.01					
payment and	1.2Issue	·t				
return to Billing	Summary of					
Section for Step 3)	Payment if client choo					
(If for Financial	pay the bill					
Assistance,	Process	Oi				
proceed to STEP	documents	to				
2)	avail financ					
,	assistance					
	Malasakit					
	Center					
0. D	0.1		NI	00	A -l:-:- ()	
2. Proceed to	2.Issue	of	None	20 minutes	Administrative	
Malasakit Center	Statement	UI			Aide III	



and present the necessary requirements/ documents for financial assistance. 3.Return to the	Account and instruct client to proceed to Malasakit Center 2.1 Process documents to avail financial assistance 3.1Receive and	None	5 minutes	(OMPH Billing Section) Administrative
Billing Section and submit the official receipt and/or Acknowledgement receipt/Guarantee letter from Malasakit Center and other necessary	verify all the submitted documents. Stamp Cleared/Paid the ER Clearance Slip.			Aide III (OMPH Billing Section)
documents	release ER Clearance Slip.			
4.Receive ER Clearance Slip (Nurse copy)	4.Release ER Clearance Slip (Nurse copy)	None	5 minutes	Administrative Aide III (OMPH Billing Section)
TOTAL			45 minutes	



6. PHILHEALTH SERVICES

Process and validate submitted accomplished PhilHealth forms and documentary requirements of all the patients for discharge.

Office or Division	on:	Administrative Division-PhilHealth Services (OMPH)			
Classification:		Simple			
Type of Transac			rnment to Citizen		
Who may avail:		All patients Benefits	for discharge avail	ling PhilHealth	
	T OF REQUIREM		WHERE	TO SECURE	
 PhilHealth Eligibility Form, Update Member 2. Data Record, Photocopy Marriage Certificate (PSA), Photocopy of B. Certificate (PSA), Patient's Stub, Slip, CEWS, CSF, CF2, CF4, PhilHe 		oy of Birth o, Routing	PhilHealth Office, Section within the Social Services S	ER Complex,	
CLIENT	AGENCY	FEES TO	PROCESSING	PERSON	
STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Proceed to PhilHealth Section and present the obtained PhilHealth Stub and wait until the patient's name is called.	1 Receive and verify the Discharge Slip,PhilHealth stub issuance of required documents (CEWS, CSF, CF2, CF4).	None	10 minutes	Administrative Aide IV (OMPH PhilHealth Section)	
2. Submit the required documents for the processing of Clearance and wait until the documents have been checked and verified.	2. Receive and verify the required documents and check for completeness 2.1 Return to the client all the verified documents for processing of clearance 2.2 Instruct patient to proceed to the Billing Section.	None	10 minutes	Administrative Aide IV (OMPH PhilHealth Section)	



TOTAL		20 minutes	

7. CASHIER DIVISION

ACCEPTANCE OF PAYMENTS FROM CLIENT

Customers pay at the Cashier for the services received and for the supplies and medicines purchased during hospitalization, consultation and referrals.

Office or Division:					
Classification:	Simple				
Type of Transaction	: G2C & G2	:G			
Who may avail:	Clients wh	o will pay for th	heir bills, medicines, laboratory, other		
			edical documents		
CHECKLIST	OF REQUIREM	IENTS	WHERE TO SECURE		
1.Charge Slip (Origin			OPD Services A	reas	
2.Statement of Accou	ınt/Summary of	Payment	Billing Section		
(Original)					
3.Referral Slip (Origin			Referring Agenc	У	
4.Patient with Disabil			Patient		
purposes (if the patie		en of PWD)			
(Original and Photoco					
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1.Submit Charge	1.Receive	None	5 minutes	Cashier II	
Slip or Statement of	and verify the			(OMPH Cashier	
Account/Summary	submitted			Section)	
of Payment,	documents				
Referral Slip	1.1Inform the				
	client of the				
	amount to be				
	paid.				
2. Pay the amount	2.Receive	None	5 minutes	Cashier II	
in the charge slip	and check	None	o minutos	(OMPH Cashier	
and wait for the	the payment			Section)	
issuance of the	the payment			Codiony	
Official Receipt.	2.1Prepare				
	Official				
	Receipt				
3.Receive Official	3.lssue	None	1 minute	Cashier II	
Receipt and change	Official			(OMPH Cashier	
(if any)	Receipt and			Section)	
	give change			,	
	(if any)				
TOTAL			11 minutes		



8. CASHIER DISBURSEMENT

Releasing of payments for salaries and wages and other benefits to employees.

Office or Division: Cashier Section (Ol				PH)	
Classification:		Simple	\	•	
Type of Transaction	: (G2Ġ			
Who may avail:		Casuals/	Contractual/	Retired/Resigned	d employee, legal
			se of the dec	ceased employee	who has unpaid
		claims)			
CHECKLIST		WHERE TO SECURE			
1.Valid ID with signate	ure of the	payee (o	riginal and	Payee	
photocopy)	6.0		:	5 ()	
2. Valid ID with signate		represen	tative	Representative	
(original and photoco		there is a		Noton, Dublic	
3.Special Power of At representative)	llorney (ii i	mere is a		Notary Public	
4.Documents that he	she is a le	anal hair i	(in case	Claimant or Phili	nnine Statistics
the payee is decease		gai ricii ((III Casc	Authority, Calapa	
Example:	~/			, latitority, catapi	Jily
-authenticated marria	ge contrac	ct if the cl	laimant is		
husband/wife	J				
-authenticated birth c	ertificate if	f the clain	nant is		
son/daughter					
CLIENT STEPS			LEEEA TA	DDOOCECCINO	DEDCAN
OLILINI OTLI O	AGE		FEES TO	PROCESSING	PERSON
	ACTIO	ONS	BE PAID	TIME	RESPONSIBLE
1.Inform the	ACTION 1. Verify t	ONS			RESPONSIBLE Cashier II
1.Inform the disbursing officer on	ACTION 1. Verify to name of	ONS :he	BE PAID	TIME	RESPONSIBLE Cashier II (OMPH Cashier
1.Inform the disbursing officer on the nature of claim	1.Verify to name of claimant	ONS :he	BE PAID	TIME	RESPONSIBLE Cashier II
1.Inform the disbursing officer on the nature of claim and present a valid	1.Verify to name of claimant list of	ONS the on the	BE PAID	TIME	RESPONSIBLE Cashier II (OMPH Cashier
1.Inform the disbursing officer on the nature of claim	1.Verify to name of claimant	ONS the on the	BE PAID	TIME	RESPONSIBLE Cashier II (OMPH Cashier
1.Inform the disbursing officer on the nature of claim and present a valid	1.Verify to name of claimant list of	ons the oucher	BE PAID	TIME	RESPONSIBLE Cashier II (OMPH Cashier
1.Inform the disbursing officer on the nature of claim and present a valid	1.Verify to name of claimant list of payroll/vo	ons the on the oucher	BE PAID	TIME	RESPONSIBLE Cashier II (OMPH Cashier
1.Inform the disbursing officer on the nature of claim and present a valid	1.Verify to name of claimant list of payroll/ver	ons the oucher egn the	BE PAID	TIME	RESPONSIBLE Cashier II (OMPH Cashier
1.Inform the disbursing officer on the nature of claim and present a valid	1.Verify to name of claimant list of payroll/vor	ons the on the oucher e gn the r	BE PAID	TIME	RESPONSIBLE Cashier II (OMPH Cashier
1.Inform the disbursing officer on the nature of claim and present a valid	1.Verify to name of claimant list of payroll/vor 1.1Let the payee sign payroll or	on the oucher le gn the r (if not	BE PAID	TIME	RESPONSIBLE Cashier II (OMPH Cashier
1.Inform the disbursing officer on the nature of claim and present a valid	1.Verify to name of claimant list of payroll/vor 1.1Let the payee sign payroll or voucher to the control of the	on the oucher egn the r (if not einform	BE PAID	TIME	RESPONSIBLE Cashier II (OMPH Cashier
1.Inform the disbursing officer on the nature of claim and present a valid	1. Verify to name of claimant list of payroll/von 1.1 Let the payee sign payroll or voucher available the payee	on the oucher le gn the r (if not e inform e)	BE PAID	TIME	RESPONSIBLE Cashier II (OMPH Cashier
1.Inform the disbursing officer on the nature of claim and present a valid	1.Verify to name of claimant list of payroll/verify 1.1Let the payee sign payroll or voucher available the payee 1.2Verify	on the oucher e gn the r (if not e inform e)	BE PAID	TIME	RESPONSIBLE Cashier II (OMPH Cashier
1.Inform the disbursing officer on the nature of claim and present a valid	1.Verify to name of claimant list of payroll/von 1.1Let the payee sign payroll or voucher available the payer 1.2Verify signature	on the oucher e gn the r (if not e inform e)	BE PAID	TIME	RESPONSIBLE Cashier II (OMPH Cashier
1.Inform the disbursing officer on the nature of claim and present a valid	1.Verify to name of claimant list of payroll/von 1.1Let the payee signary outcher available the payer 1.2Verify signature payee in	on the oucher le gn the r (if not e inform e) the e of the the	BE PAID	TIME	RESPONSIBLE Cashier II (OMPH Cashier
1.Inform the disbursing officer on the nature of claim and present a valid	1.Verify to name of claimant list of payroll/von 1.1Let the payee sign payroll or voucher available the payer 1.2Verify signature	on the oucher le gn the r (if not e inform e) the e of the the	BE PAID	TIME	RESPONSIBLE Cashier II (OMPH Cashier

(5)	F ORIENTAL	
PROVIN	7	NDORO
Ox.	FICIAL SEP	

2. Receive the payroll amount from the disbursing officer and count it before leaving the counter.	2.Release and fill out the amount receive on the payroll 2.1Stamp the payroll/voucher	None	2 minutes	Cashier II (OMPH Cashier Section)
	as "PAID"			
TOTAL			12 minutes	



9. REFUND FOR UNSERVED PROCEDURE AND/OR MEDICINE

Service or goods that have been paid out but were not availed are given a refund after processing and submission of the necessary documents.

Office or Division: Cashier Section				OMPH)			
Classification:		Simpl					
Type of Transaction	on:		G2C & G2G				
Who may avail:			s who paid for the services or goods but were				
CHECKLIST	OF DEOL		/ailed.	WHERE	TO SECURE		
CHECKLIST 1.Valid ID of the cli			IN I S		TO SECURE		
representative (Ori		JIIZEU		rayor or Author	zed Representative		
2.Official Receipt (Payor			
3.Authorization Let		sentati	ve)	,			
CLIENT STEPS	AGEN	CY	FEES TO	PROCESSING	PERSON		
	ACTIO		BE PAID	TIME	RESPONSIBLE		
1. Present valid ID and original Official Receipt with explanation from the concerned department written at the back of the Official Receipt why refund should be made and affixing signature over printed name of the authorized representative from the	1. Receive verify the identity of payor thru submitted documents	the the	None	5 minutes	Cashier II (OMPH Cashier Section)		
2.Receive the	1.1 Look for the duplicate and triplicate copy of Official Receipt and stamp "CANCELLED". 2.Return the		None	5 minutes	Cashier II		
refund amount (proceed to Billing Section if	amount of money sta				(OMPH Cashier Section)		



not refund within the day)	on the Official Receipt.		
	2.1Advise the payor to proceed to Billing Section (if the request for the refund was not made within the day)		
TOTAL		10 minutes	



10. ADMINISTRATIVE-HUMAN RESOURCE DEPARTMENT

ACCEPTANCE OF APPLICATION FOR RECRUITMENT, SELECTION AND PLACEMENT FOR PERMANENT POSITION AND PROMOTION

Provision of access to equal employment opportunities in the facility.

1 1 7 11						
Office or Division	<u>):</u>		ative Division- Chief	of Hospital (OMPH)		
Classification:		Simple	222			
Type of Transacti	on:	G2C & G2				
Who may Avail:		Applicant				
	OF REQUIREM		WHERE T	O SECURE		
Three sets of the f documents to be p	•					
	Letter addresse Governor thru the Original)		Applicant			
	ata Sheet from C	CSC (2	CSC Website			
CLIENT STEPS	AGENCY	FEES	PROCESSING	PERSON		
	ACTIONS	TO BE PAID	TIME	RESPONSIBLE		
1.Submit documents for application	1.Review completeness of documents	None	3 minutes	Administrative Aide II (Administrative Office Section)		
	1.1Give one set of document to the Chief of Hospital for applicant's interview	None	1 minute			
	1.2Applicant's interview with the Chief of Hospital	None	5 minutes			
	1.3Return two sets of documents	None	1 minutes	OIC-Chief of Hospital, OMPH		
TOTAL			10 minutes			



11. APPLICATION OR AFFILIATES/OJT

The hospital offers teaching-learning activities to different private and government institutions bound by the Memorandum of Agreement signed by both parties. Period of exposure would depend on the required minimum hours prescribed by the institution sending affiliates.

Office or Division:		Administrative Division-Chief of Hospital (OMPH)				
Classification:		Simple				
Type of Transact	ion:	G2B & G2G				
Who may avail:		Students				
CHECKLIS	ST OF REQUIREM	MENTS	WHERE T	O SECURE		
1 Letter of inter by	applicant or letter	of request	Student/School			
and endorsement						
CLIENTS	AGENCY	FEES TO	PROCESSING	PERSON		
STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE		
1.Submit documents	1.Forward document to Chief of Hospital if without endorsement from Chief of Hospital	None	1 minute	Administrative Aide II (OMPH Administrative Office Section)		
	1.1 Review endorsement and letter of intent/request	None	3 minutes	OIC Chief of		
	1.2 Call up concerned units for endorsement of applicants	None	5 minutes	OIC-Chief of Hospital, OMPH		
	1.3 Call up applicant or affiliation coordinator for assignment	None	5 minutes			
	1.4 Facilitate signing of Memorandum of Agreement between Oriental Mindoro	None	2 days			



	Provincial Hospital and sending agency		
TOTAL		2 Days 14 minutes	

12. ISSUANCE OF CERTIFICATE OF APPEARANCE

The agency processes and releases the request for the issuance of Certificate of Appearance to all concerned personnel and other parties who have personally appeared and transact official business in the hospital with approved Travel Order from authorities.

Office or Division:		Administrative Division- Chief of Hospital (OMPH)			
Classification:	Classification: Simple				
Type of Transactio	n:	G2G			
Who may avail:		Walk-	in Client		
CHECKLIST	OF REQUI	REME	NTS	WHERE T	O SECURE
1. Travel Order	and/or Rou	ıting S	lip	Employee concer	ned/ Client
(Original)					
CLIENT STEPS	AGENCY FEES ACTIONS TO BE PAID		PROCESSING TIME	PERSON RESPONSIBLE	
1. Present Travel Order and/or Routing slip from the concerned Department Section	I. Receive and reviews Travel Order and/or Routing Slip.		None	2 minutes	Administrative Aide II (OMPH Administrative Office Section)
2. Receive the Certificate of Appearance and signs Visitor's Logbook.	2. Release the Certificate of Appearanc e and asks Client to sign Visitor's Logbook.		None	2 minutes	Administrative Aide II (OMPH Administrative Office Section)
TOTAL				4 minutes	



13. ISSUANCE OF CERTIFICATE OF EMPLOYMENT

The agency processes and releases the request for the issuance of Certificate of Employment who had actually rendered services to the hospital after the termination of employment or upon request by an employee.

Office or Division:		ما له	ainiatrativa Di	vision Human Da	
Office of Division:				vision- Human Re	esource
Classification:			nagement Sec	SHOTE (OIVIFIT)	
Type of Transaction	n:	Simple G2C & G2G			
Who may avail:	11.	OMPH employees/Retired/Resigned			
	T OF REQUIRE				O SECURE
Principal:	I OF REQUIRE		NIO		
1. 1 Employee ID (C	Original)			Administrative D	ivision (OMPH)
Authorized Represe	ntative:			Administrative D	ivision (OMPH)
1. 1 Proof if Identific	ation of the prin	ncipal	l and		
authorized represen)			
2. 1 Authorization le					
CLIENT STEPS	AGENCY		FEES TO	PROCESSING	PERSON
	ACTIONS		BE PAID	TIME	RESPONSIBLE
1.Fill-out the logbook/request form/slip for the request of Certificate of Employment 1.1Submit the filled out logbook/request form/request slip.	1. Advise client log in request the logbook. 1.1 Receive the filled out logbook/request sand advise the schedule of release of the COE	in ne est slip	None	3 minutes 5 minutes	Administrative Aide IV (OMPH Administrative Office Section)
2. Return on the scheduled date and claim the requested COE.	1.2 Prepare, verify and prin the COE. 1.3 Review an sign the appro COE. 2.Release the signed COE	id oved	None None None	1 hour 2 minutes 2 minutes	Administrative Officer IV(OMPH Administrative Office Section) Administrative Aide IV(OMPH Administrative Office Section)



3.Sign the Outgoing logbook	3.Give the Outgoing Logbook and instruct client to sign	None	2 minutes	Administrative Aide IV (OMPH Administrative Office Section)
TOTAL			1 hour and 14 minutes	



14. LEAVE OF ABSENCE APPLICATION

This in one among the service feature provided by the $\mathsf{OMPH}-\mathsf{Administrative}$ Division to employees who are entitled to leave benefits.

Office or Division:	Administrative Division-Human Resource Management					
	Section (OMPH)					
Classification:	Simple					
Type of Transaction:	G2G					
Who may avail:	All OMPH employe	ees				
CHECKLIST OF REC		WHERE TO SECURE				
For Vacation Leave within 1.CSC Form No.6 Applica	•	Administrative Office-OMPH Bldg.4				
For Vacation Leave Outsid 1.CSC Form No.6 Applications Form 2.Hospital Clearance-4 co 3.Travel Authority Form (1	ition for Leave	Administrative Office-OMPH Bldg.4				
For Vacation Leave of One Month or more Duration 1.CSC Form No.6 Application for Leave Form 2.Hospital Clearance-4 copies		Administrative Office-OMPH Bldg.4				
3.Agency Head approved letter of intent For Sick Leave 1.CSC Form No.6 Application for Leave Form		Administrative Office-OMPH Bldg.4				
2.Medical Certificate (Original Medical Certificate (Fit to applicable)		Administrative Office-OMPH Bldg.4				
For Maternity Leave 1.CSC Form No.6 Application Form 2.Hospital Clearance-4 co 3.Medical Certificate (CSC)	ppies	Administrative Office-OMPH Bldg.4				
For Paternity Leave 1.CSC Form No.6 Applica Form 2.Birth Certificate of Child or Medical Certificate for I (Photocopy only)	(Photocopy only)	Administrative Office-OMPH Bldg.4 City Social Welfare and Development Office-City Hall (CSWDO)				



For Solo Parent Leave	
-----------------------	--

1.CSC Form No.6 Application for Leave Form

2.Solo Parent ID or Certification from DSWD (Photocopy)

Employee

For Study Leave

- 1. Holds a permanent appointment
- 2. Holds a degree that requires passing of bar/board examination

Training Unit

3. Field of study pursues must be relevant to the agency's mandate or to the duties and responsibilities of the concerned employee 4. Agency Head approved Letter of intent to

- go on Study Leave 5.Signed and notarized Study Leave
- Contract
- 6.CSC Form No.6 Application for Leave Form

7. Hospital Clearance-4cxopies

Administrative Office-OMPH Bldg.4

7.Hospital Clearan	ce-4cxopies			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCCESSIN G TIME	PERSON RESPONSIBLE
1Fill-out request form for Leave Application	1.Entertain the client's request and advise to log in request in the log-in book.	None	5 minutes	Administrative Aide IV (OMPH Administrative Office Section)
2. Sign logbook and Submit the filled out request form/request slip.	2.Receive and validate the required document/A ttachments	None	5 minutes	Administrative Aide IV (OMPH Administrative Office Section)
	2.1Verify the Leave Balances of the employee	None	9 minutes	



2.2 If the employee has no leave of absence, inform the employee that he/she cannot avail the desired leave.	
IV(C)	ministrative Aide OMPH ministrative ice Section)
IV(C)	ministrative Aide OMPH ministrative ice Section)
TOTAL 55 minutes	



MATERIALS MANAGEMENT SERVICES

SUPPLY PROVISION SERVICES

ACCEPTANCE OF GOODS DELIVERED

The Supply Section is responsible of distributing office supplies and resources to various departments (end users) within the Oriental Mindoro Provincial Hospital. In addition, update and maintain office and medical equipment inventories.

Office or Division:	Admini	Administrative Division-Supply Section (OMPH)			
Classification:	Simple	:			
Type of Transaction:	G2G				
Who may avail:	All peri	manent emp	loyees		
CHECKLIST O	F REQUIREMEN	ITS	WHERE TO SECURE		
1.Approved Request Slip and Inventory Report (3 Original)			At the Provincial Office, Provincial External Provider		
2.Delivery Receipt (1 Original)					
CLIENT STEPS	AGENCY ACTIONS	FEES TO	PROCESSING TIME	PERSON RESPONSIBLE	

CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE
Proceeds to Office of Supply and give the required documents to	1.Receives the papers relative to the delivery.	None	5 minutes	Administrative Aide IV (Storekeeper) (OMPH– Supply
personnel in charge.	1.1 Checks the PO and other procurement documents.		5 minutes	Section)
	1.2 Convenes the End-User, Inspectorate Committee and		20 minutes	Administrative Aide III
	the Representative from the Commission on Audit for inspection of			(OMPH– Supply Section)
	the delivered goods. 1.3 Prepares			
	inspection and acceptance			



1.1 Issuance of office supplies and materials to different OMPH offices (enduser)	report for proper documentation 1.4 Provide request slips to the client (enduser)		5 minutes	
2.Deliver the goods	2.If everything is in order, accepts delivery by affixing signature on Inspection Acceptance Report (IAR) and Delivery Receipts	None	1 day	Administrative Aide IV (Storekeeper) (OMPH– Supply Section)
TOTAL	,		1 Day 35 minutes	



15. ISSUANCE OF REQUESTED SUPPLIES/EQUIPMENTS

Processing of issuance of requested supplies/equipment.

				Division-Supply S	ection (OMPH)	
Classification:	<u> </u>	Simple	G2G			
Type of Transaction Who may avail:	l.		End-users, CSR			
CHECKLIST OF REQUIREMENTS					O SECURE	
Approved RIS (3 Ori				End-users , CSF		
CLIENT STEPS		AGENCY		PROCESSING	PERSON	
	ACTION	IS	TO BE	TIME	RESPONSIBLE	
4 Code weith a manager of	4 Danai:		PAID	E main set a a	A desirais to still	
1.Submit approved Requisition and Issuance Slip (RIS)	1.Receives request		None	5 minutes	Administrative Aide IV (Storekeeper) (OMPH– Supply Section)	
2.Wait for the requested supplies/equipment	2.Prepares requested supplies/equipment 2.1Prepares Property Acknowledgement Receipt (PAR) for		None None	4 hours 30 minutes	Administrative Aide IV (Storekeeper) (OMPH– Supply Section) Administrative	
	equipment and Inventory Custodian Slip (ICS) for semi expendable items 2.2Issues requested supplies/equipment		None	1 hour	Aide III (OMPH– Supply Section)	
3.Receives and	3.Signs the p		None	5 minutes	Administrative	
signs requested supplies/equipment	issued and let the end-users/CSR sign the received portion				Aide IV (Storekeeper) (OMPH– Supply Section)	
TOTAL				5 hours and 40 minutes		



NURSING SERVICES

16. ADMISSION OF PATIENTS

This process covers patients from Emergency Room, OMPH requiring admission and thorough observation, examination, treatment and cae. The service is open Monday to Sunday.

Office or Division:		Nursing Services- Emergency (OMPH)					
Classification:	assification: Simple						
Type of Classification	on:	G2C					
Who may avail:			s for Admission	on	on		
CHECKLIST OF RE	QUIREN	IENTS		WHERE	TO SECURE		
1.Admission Slip (1 C				Emergency Roo	m, OMPH		
2.Patient Information	Data Fo	orm (1 O	riginal)	Emergency Roo	m, OMPH		
3.Consent Form for A	dmissio	n (1 Orig		Emergency Roo	m, OMPH		
CLIENT STEPS	AGE	NCY	FEES TO	PROCESSING	PERSON		
	ACT	IONS	BE PAID	TIME	RESPONSIBLE		
1.Fill up the necessary forms for admission such as Admission Slip, Patient Information and Consent Form	Receiv forms a encode the sys	and e it to	None	10 minutes	Admitting Clerk ER, OMPH		
1.1 Present Admission Slip, Impormasyon sa Pasyente and Consent Form for Admitting Clerk	1.1 Receive the forms and have the Consent Form filed and signed by the patient's watcher.		None	20 minutes	Admitting Clerk ER, OMPH		
2. Signs the consent Form and gives back to the staff on duty	2. Condintervie further clarificated and en Patient informathe sys	ew for ation codes 's ation in	None	5 minutes	Admitting Clerk ER, OMPH		
			None	5 minutes	Admitting Clerk		



3. Checks the correctness or information's in the Cover Sheet	3. Print cover sheet and have it double checked by			ER, OMPH
4. Receives and brings the cover sheet and consent forms for admission back to Emergency Room	the patient's watcher 4. Releases the cover Sheet together with the admission slip and Consent Form for admission to patient's watcher and instructs to Give the forms to the Nurse at the Emergency Room.	None	5 minutes	Admitting Clerk ER, OMPH
TOTAL			45 minutes	



17. EMERGENCY ROOM CONSULTATION PROCESS

Steps for patients seeking for emergency consultation.

Office or Division:	Nursing	Nursing Services (OMPH)				
Classification:	Simple		•			
Type of Transaction	n: G2C					
Who may avail:	Who may avail: All patients seeking					
CHECKLIST	CHECKLIST OF REQUIREMENTS			TO SECURE		
1. Valid ID (1 original copy) 2. Patient Data Form (1 original copy) 3. Phil Health Stub (1 original copy) 4. Referral Form (1 original copy) 5. ER chart (1 original copy) 6. Prescription Pad (1 original copy) 7. Laboratory Request Form (1 original copy) 8. Radiology Request Form (1 original copy) 9. Admission Chart (1 original copy) 10. Discharge Slip (1 original copy)		ER Admitting Section ER Admitting Section ER Admitting Section Referring Facility ER Nurse Station				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1.Proceed to ER Entrance and Register Patient to Admitting Section.	Get patient information and instruct to proceed to ER	None	10 minutes	Admitting Clerk ER, OMPH		
2.Proceed to Triage Area of Assessment and prepare to answer questions regarding illness.	2.1 Receive Patient 2.2 Interview patient/relative 2.3 Check Vital Signs and Anthropo- metric measurement. 2.4 Classifi into:	None	3 minutes5 minutes5 minutes3 minutes10 minutes	ER Nurse on Duty ER, OMPH Institutional Worker on Duty ER, OMPH		



3.Consent for	2.5 Transport patient to assigned ER(Clean Isolation, Minor Surgery, OB-Gyne and Pedia Area) 3. Assess and	None	1 hour	ER Physician on
Treatment	Examine the patient for admission/or consultation			Duty ER, OMPH
4.Follow instructions given by staff	Give Disposition: 4.1Patients for discharge/may go home: Instruct patient/relative of patient's home medications and date of when and where to follow up.	None	4 hours	ER Nurse on Duty ER, OMPH
	4.2Patients for emergency medication/lab oratory test/Radiology exam: Give request necessary forms and instruct to submit to appropriate unit/section. 4.3Patient for observation: Explain			



management		
plan and what		
and why to		
wait.		
4.4Patients for		
admission:		
Follow steps in		
emergency		
room		
Admission		
process.		
4.5Patients for		
Transfer to		
other hospital:		
Give		
instruction and		
referral form		
10101141101111		
4 6Detient		
4.6Patient		
Expired: Give		
instruction for		
Cadaver		
Release and		
processing of		
Death		
Certificate.		
TOTAL	5 hours, 36	
	minutes	
		l .



MEDICAL AND ANCILLARY DEPARTMENT

OMPH BLOOD BANK WITH ADDITIONAL FUNCTION

BLOOD AND BLOOD COMPONENTS PROCUREMENT

This service refers to the purchase of blood and blood components by individuals and other Blood Service Facilities.

Office or Division:		Blood Blank-OMPH				
Classification:		Simple				
Type of Transaction:		G2C-Government to Citizen				
		G2G-Government to Government				
Who may avail:			All			
CHECKLIST OF REQUIRE						
1. Doctor's request/ Hospital Blood			st (1	Doctor's Clinic/ Hospital		
original copy)						
2. Cooler with ice pa		_	From requesting Hospital			
CLIENT STEPS	AGENCY		FEES	PROCESSING	PERSON	
	ACTIONS	5	TO BE	TIME	RESPONSIBLE	
4 Dueseut	4. December		PAID	F	Olamba an	
1. Present	1. Receive	and	None	5 minutes	Clerk or Medical	
requirements at the Blood	requirements					
Bank Reception	check patients information if				Technologist (OMPH-	
Area.	completely filled up				Laboratory	
/ lica.	completely lilled up				Section)	
	1.1 Process				00011011)	
	registration and					
	issue charge					
	slip (request slip)					
	1.2 Instruct client					
	to pay at the cashier and					
	comeback with					
0.0	Official receipt	[D (40 : 1	0 1:	
2. Pay applicable fees	2. Receive		Refer to the	10 minutes	Cashier Cashier's Office	
Note: Make sure	payment and issue Official		prices		(OMPH-Cashier	
to get Official	Receipt (OR)		below		Section)	
receipt.	rteceipt (Ort)		the		Occiony	
. 555.pt.			chart			
			2			



3. Present Official receipt to Blood Bank Reception Area	3. Record Official receipt number	None	5 minutes	Medical Technologist Blood Bank (OMPH- Laboratory Section)
4. Receive blood and blood components and counter check.	4.Provide instructions on how to handle blood and blood components	None	5 minutes (per unit of blood)	Medical Technologist Blood Bank (OMPH- Laboratory Section)
5. Sign blood issuance logbook.	5. Check issuance form	none	5 minutes	Medical Technologist Blood Bank (OMPH- Laboratory Section)
TOTAL			30 minutes	

Blood and Blood Components Prices

1 Unit Whole BloodP 1,800.001 Unit Packed Red Blood CellP 1,500.001 Unit Platelet ConcentrateP 1,000.001 Unit Fresh Frozen PlasmaP 1,000.00



BLOOD DONOR SCREENING AND DONATION

This refers to the process of screening individuals for blood donation. Only persons in normal health with a good medical history and absence of high-risk behaviour associated with transfusion-transmissible infections shall be accepted as donors of blood or a component of blood.

Office or Division:		Blood Bank (OMPH)					
Classification:		Simple					
Type of Transaction:		G2C-Government to Citizen					
Who may avail:			All				
CHECKLIST OF REQUIREMENTS				WHERE TO	SECURE		
Identification Card (original copy)-government or				Client (owner)			
non-government issue							
Any of the following: P Passport, School ID, P		oio, Cor	npany וט,				
Driver's License, TIN	,	Votor's	ID Senior				
Citizen's ID, OFW ID 8			,				
CLIENT STEPS	AGENO		FEES TO	PROCESSING	PERSON		
	ACTIO	NS	BE PAID	TIME	RESPONSIB		
					LE		
1. Inquire about	1. Explain a		None	5 minutes	OMBC Staff		
blood donation	Blood Dona				(OMPH-		
/secure and fill out	using leafle	ts on			Laboratory		
Blood Donor's Form at the Blood Bank	Donor's qualification	,			Section)		
Reception Area	1.1 Assist b						
1.000ption7ited	donor in filli						
	of form	9					
2. Submit blood	2. Receive	&	None	10 minutes	OMBC Staff		
donor's form at Blood	check filled	out			(OMPH-		
Bank Reception Area	Blood dono				Laboratory		
	form and in				Section)		
	to wait for n						
	to be called						
	for interviev	V					
3.Receive & check	3.Log dono	r's	None	1 hour	OMBC Staff		
filled out Blood	data in the				(OMPH-		
donor's form and	logbook and call				Laboratory		
instruct to wait for	donor for	•			Section)		
name to be called screening (pr							
for interview	counselling)					
	3.1 If qualifi	od					
	extract bloo	•					



TOTAL			2 hours	
according to the tests				
charges will be				
who do not qualify,	Counselling			
rest. Note: For donors	5.1Conduct Post-			
Post-counselling and	(450ml)			
in	donors blood			Section)
Listen and cooperate	collection of			Laboratory
Blood donation –	aseptic			(OMPH-
Bank Donor area for	bags and do	140110	70 minutes	C Staff
5. Proceed to Blood	procedure. 5. Prepare blood	None	45 minutes	MTOD/OMB
	actual bleeding			
	proceed with			
	3.6 If qualified,			
	qualified			
	donor if not			
	3.5 Counsel			
	at donor's logbook			
	3.4Record result			
	count			
	(WBC), Platelet			
	(hct), White Blood Cells			
	(hgb), Hematocrit			
	- Hemoglobin			
	extracted blood sample			
	3.3 Perform Blood Tests on			
	Screening			
	wait for results of initial			
	3.2 Instruct to			
	sample and collect urine			



19. AVAILMENT OF DIETARY COUNSELLING AND INSTRUCTIONS

Nutrition is a supportive process which provides medical nutrition therapy to an individual based on specific health needs by creating individualized action plan which promotes better nutrition and good eating habits to prevent or manage specific diseases. The nutrition counselor provides information, educational materials and follow-up care to help individual foster responsible self-care.

Office or Division	n:	Ancillary	/ Division-DIET	ARY (OMPH)		
Classification: Simple				(- /		
		G2C				
Who may avail:		Inpatien	t/Outpatient			
CHECKLIST O	F REQUIREM			WHERE TO SEC	URE	
1. Referral from t			Nurse Station	1		
1.Presents referral slip	For Non-CO Conduct anthropomet measuremer screening ar collects patie data. Compunutritional requirements creates individualize plan. For COVID Collect patie data. Compunutritional requirements creates individualize	cric nt, nd ent's utes s and d meal nt's	None	15 minutes	Nutritionist- Dietician I (OMPH – Dietary Section)	
2.Receives Dietary Instructions	Provides dietary		None	20 minutes	Nutritionist- Dietitian I (OMPH – Dietary Section)	
					Codion	
TOTAL				35 minutes		



HOSPITAL INFORMATION MANAGEMENT

24. ISSUANCE OF UNREGISTERED CERTIFICATE OF LIVE BIRTH

This service involves processing and releasing of unregistered Certificate of Live Birth. Availability of Service is from Monday to Friday at 8:00 am-5:00pm (no noon break).

Office of Division:	Medical Records Services (OMPH)				
Classification	Simple				
Type of Transaction:	G2C				
Who may avail:	Parents				
	Authorized Re	epresentative			
CHECKLIST OF REQUIR	EMENTS	WHERE TO SECURE			
Primary requirements for principal: 1.Filled up Service Form 2.One (1) photocopy of valid ID, any of the Government issued IDs such as (GSIS, SSS, Pag-ibig, Driver's License, Passport, Voter's IDs, PHIC ID, TIN, Postal) NBI/ Police Clearance Voter's Certification Student ID Company ID Brgy. Clearance 3.Official Receipt or MSS Note/Form or its equivalent 4.Marriage Certificate (for married) or Authority to Use the Surname of the Father and Certificate of Live Birth for mother (for		NICU/DR/OR, OMPH GSIS, SSS, Pagibig, LTO,DFA, LGU, BIR, PhilHealth, PHLPost,COMELEC, School and concerned company of the requesting Party Cashier/MSS, OMPH Philippine Statistics Authority/Local Civil Registry			
unmarried) Authorized Representative: 1.Pre-filled us Service Form 2.One(1) photocopy of valid ID of the principal and authorized representative, any of the following: Government issued IDs such as GSIS,SSS, Pag-ibig, Driver's License, Passport, Voter's IDs, PHIC ID, TIN, Postal) NBI/Police Clearance Voter's Certification Student ID Company ID		NICU/DR/OR, OMPH GSIS,SSS, Paglbig,LTO DFA LGU,BIR,PhilHealth,PHLPost, COMELEC, School and concerned company of the requesting party Cashier/MSS, OMPH			



3.Official Receipt or MSS Note/Form or its equivalent	Philippine Statistics Authority/Local Civil Registry
4.Marriage Certificate (for married) or Authority to use the Surname of the Father and Certificate of Live Birth for mother (for unmarried) (1 photocopy) 5.Authorization letter (1 (Original)	Parent (mother of father) Client
Additional requirements for Late Registration: If more than 30 days after birth but within six months:	
Certification from LCR of non-registration (LCR Form No.18)	Local Civil Registrar
If more than six months after birth: Certification from NSO for No Records of Birth Available	Philippine Statistics Authority
Primary requirements for principal: 1.Pre-filled up Service Form One (1) photocopy of valid ID, any of the following:	NICU/DR/OR
 government issued IDs such as GSIS,SSS, Pag-Ibig, Driver's License, Passport, Voter's IDs,PHIC ID,TIN, Postal) NBI/Police Clearance Voter's Certification 	GSIS,SSS, Paglbig, LTO, DFA, LGU, BIR, PhilHealth, PHLPost, COMELEC, School and concerned company of the requesting party
Student IDCompany ID	Cashier/MSS
2.Official Receipt or MSS Note/Form or its equivalent 3. PSA Birth Certificate (Negative) 4.Marriage Certificate (for married) or Authority to use the Surname of the Father and Certificate of Live Birth for mother (for unmarried)	Philippine Statistics Authority/Local Civil Registry



CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1.Secure priority number and present requirements	1.Receive priority number and requirements	None	2 minutes	Administrative Aide III (OMPH – Records Section)	
1.1Undertake interview	1.1Evaluate requirement and interview the client	None	5 minutes	Records Officer I	
For non-indigent: 2.Receive charge slip/order of payment and proceed to Cashier for payment	2.Issue charge slip/order of payment and instruct the client to proceed to cashier for payment or MSS for discounting	Php 80.00	2 minutes	Administrative Aide III (OMPH – Records Section)	
For indigent: 2.1Receive charge slip/order of payment and proceed to MSS for discounting	2.1Advise client to return on the scheduled date 2.2Prepare/ encode birth certificate and secures signature of the attending physician	None	2 days	Records Officer I (OMPH – Records Section) Administrative Aide III (OMPH – Records Section)	



For non-indigent: 3.Pay the amount indicated on the charge slip/order of payment	For non-indigent: 3.Receive charge slip/order of payment and its corresponding amount; issues Official Receipt	None	20 minutes	Records Officer I (OMPH – Records Section)
For indigent: 3.Present charge slip/order of payment and	For indigent: 3.Receive charge slip/order of payment	None	30 minutes	



undertake	and			
interview 3.1Receive MSS Note/MSS Form	interviews client; issues MSS Note/MSS form		2 minutes	
4.Return to Health Information Management Office (based on the indicated schedule) and present the Official Receipt/MSS Note/MSS Form	4.Receive and check Official Receipt/MS S Note/MSS Form	None	3 minutes	Administrative Aide III (OMPH – Records Section)
41.Sign the releasing logbook	4.1Intrsuct client to sign the logbook		2 minutes	
4.2Receive the unregistered Certificate of Live Birth Certificate	4.2Release the unregistered Certificate of Live Birth Certificate		3 minutes	
	4.3Advise client to process the registration of the Certificate of Live Birth Certificate at the Local Civil Registry		5 minutes	
TOTAL	For Non Indi P80.00	gent:	For Non Indigent:2 For Indigent 2 Days	



For Ind	gent:	
Depend	ing on the MSS	
Discou	_	

25. ISSUANCE OF UNREGISTERED DEATH CERTIFICATE

This service involves processing and releasing of unregistered Death Certificate (for Inpatient & Emergency Room, except for Dead on Arrival). Availability of service is from Monday-Friday at 8:00 am to 5:00 pm (No noon break). Further, this service is necessary for the registration of Death Certificate at the Local Civil Registry.

Next of kin refers to the following: parents, children and siblings

Office or Division:	Medical Records Services (OMPH)				
Classification:	Simple				
Type of Transaction:	G2C				
Who may avail:	Spouse and next of kin of the deceased or their Authorized				
	Representative				
CHECKLIST OF REG	QUIREMENTS	WHERE TO SECURE			
Primary requirements for	· principal:				
1.Filled up Service Form		Doctor/Nurse on Duty			
2.One (1) photocopy valid	ID, any of the				
following:					
> Government issued	•	GSIS,SSS, Paglbig, LTO, DFA, LGU,			
SSS, Pag-ibig, Drive	•	BIR, PhilHealth, PHLPost, COMELEC,			
Passport, Voter's ID	PHIC ID, TIN,	School and concerned company of the			
Postal) NBI/Police Clearance		requesting party			
Voter's Certification	æ				
Student ID		Cashier/MSS			
Company ID		Castilet/MSS			
Brgy, Clearance					
3.Official Receipt or MSS N	Note/Form or its				
equivalent		Philippine Statistics Authority			
4.PSA Birth Certificate of the	ne deceased	, , ,			
patient/client					
5.Marriage Certificate (spo	use) or Birth				
Certificate (next of kin)	,				
Authorized Representative	/e:				
1.Filled up Service Form		NICU/DR/OR			
Photocopy of one (1) valid					
and authorized representat	tive, any of the				
following:					
Government issued	•	GSIS,SSS, Paglbig, LTO, DFA, LGU,			
SSS, Pag-ibig, Drive	er's License,	BIR, PhilHealth, PHLPost, COMELEC,			



Passport, Voter's ID,PHIC ID, TIN,	School and concerned company of the requesting party
Postal)	requesting party
NBI/Police Clearance	
Voter's Certification	
Student ID	Cashier/MSS
Company ID	Caciment
Brgy, Clearance	
2.Official Receipt or MSS Note/Form or its equivalent 3.PSA Birth Certificate of the deceased patient/client 4.Marriage Certificate (spouse) or Birth Certificate (next of kin)	Philippine Statistics Authority
5.Authorization letter (Notarized) Special Power of Attorney	Next of kin/Authorized Person

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Secure priority number and present requirements	1.Receive priority number and requirements	None	2 minutes	Records Officer I (OMPH – Records Section)
1.1 Undertake interview	1.1 Evaluate requirements and interview the client	None	5 minutes	Administrative Aide III (OMPH – Records Section)
For non- indigent: 2.Receive charge slip/order of payment and proceed to Cashier for payment	2.Issue charge slip/order of payment and instruct the client to proceed to cashier for payment or MSS for	None	2 minutes	Admininstrative Aide III (OMPH – Records Section)
For indigent: 2.Receive charge slip/order of	discounting 2.1Retrieve			
payment and proceed to MSS for discounting	patient's chart	None	3 minutes	



	2.2Advise client to return on the scheduled date	None	2 minutes	Records Officer I (OMPH – Records Section)
	2.3Prepare/e ncode death certificate and secures signature of the attending physician	None	2 Days	Administrative Aide III (OMPH – Records Section)
For non- indigent: 3.Pay the amount indicated on the charge slip/order of the payment	For non- indigent: 3.Receive charge slip/order of payment and its correspondin g amount; issue Official Receipt	None	20 minutes	Administrative Aide III (OMPH – Records Section)
For indigent: 3.1 Present charge slip/order of payment and undertake interview 3.2 Receive MSS	For indigent: 3.1Receive charge slip/order of payment and		30 minutes	Records Officer I (OMPH – Records Section)
Note/MSS form	interview client; issue MSS Note/MSS form		2 minutes	Administrative Aide III (OMPH – Records Section)
4.Return to Health Information Management Office (based on	4.Receive and check Official Receipt MSS	None	3 minutes	Administrative Aide III (OMPH – Records Section)



the indicated	Note/MSS		
schedule) and	Form		
present the			
Official			
Receipts/MSS		2 minutes	
Note/MSS Form	4.1Instruct		
	client to sign		Records Officer I
4.1Sign the	the logbook		(OMPH – Records
releasing		3 minutes	Section)
logbook	4.2Release		
	the		
4.2Receive the	unregistered		
unregistered	Death		
Death Certificate	Certificate		
		5 minutes	
	4.3Advise		
	client to		
	process the		Administrative Aide
	registration of		
	the Death		(OMPH – Records
	Certificate at		Section)
	the Local		
	Civil Registry		
	TOTAL:	For Non Indigen	t; 2 Days 49 minutes
		For Indigent: 2 D	ays 59 minutes

26. ISSUANCE OF MEDICO-LEGAL CERTIFICATE

This service involves processing and releasing of Medico-Legal Certificate. Availability of service is from Monday to Friday at 8:00 am-5:00 pm (No noon break).

Next of kin refers to the following: spouse, parents, children, and siblings

Office or Division:	Medical Records Service	ces			
Classification:	Simple	Simple			
Type of Transaction:	G2C and G2G				
Who may avail:	Patient				
	Next of kin/Authorized Representative				
	Courts and Administrative bodies exercising quasi-judicial				
	and/or investigative function				
CHECKLIST OF R	EQUIREMENTS	WHERE TO SECURE			
Primary requirements for	or principal:				
		Attending Doctor			
1.Filled up Service Form					



2.One (1) photocopy	valid ID, any of t	he		
following:	valid 15, arry or c		GSIS,SSS, Pagli	big, LTO, DFA, LGU,
Government is	sued IDs such a	s GSIS,	BIR, PhilHealth,	PHLPost,
SSS, Pag-ibig, Driver's License,			1	ool and concerned
Passport, Vote	er's ID,PHIC ID,	ΓIN,	company of the r	equesting party
Postal)	,	·		
➤ NBI/Police Cle	earance			
Voter's Certific	ation			
➤ Student ID			Cashier/MSS	
Company ID				
Brgy, Clearance	ce			
2.93, 0.04.4.1.0				
3.Official Receipt or N		or its	Clerk of Court, P	•
equivalent (1 original)	•		enforcement age	encies
4.Court Order/Letter		otocopy)		
Primary Requirement Authorized Represe				
Authorized Represe	illative.		NICU/DR/OR	
1.Fillep up Service Fo	orm			big, LTO, DFA, LGU,
2.One (1) photocopy		principal	BIR, PhilHealth,	
and authorized repres				ool and concerned
following:			company of the r	equesting party
Government is		•		
SSS, Pag-ibig	, Driver's License	€,		
Passport, Vote	er's ID,PHIC ID,	ΓIN,		
Postal)				
NBI/Police Cle	earance			
Voter's Certific	ation		Cashier/MSS	
Student ID				
Company ID			Clerk of Court, PNP, NBI, and	
Brgy, Clearance	ce		enforcement age	encies
2 Official December 1	400 Not- /			
3.Official Receipt or N				
equivalent (1 original) 4.Court Order/Letter				
5.If underage, PSA B				
and PSA Marriage Ce		•		
photocopy)		-	Requesting party	/ (patient/principal)
6.Authorization letter	, ,	cial Power		
of Attorney (1 original	l)			
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
	ACTIONS	BE PAID	TIME	RESPONSIBLE

OF ORIENTAL	
PROVIN	NDORO
OFFICIAL SEP	

1.Secure priority number and present requirements 1.1Undertake	1.Receive priority number and requirements	None	2 minutes	Administrative Aide III (OMPH – Records Section)
interview	Evaluate requirements and interview the client	None	5 minutes	Records Officer I (OMPH – Records Section)
For non-indigent: 2.Receive charge slip/order of payment and proceed to Cashier for payment	2.Issue charge/slip order of payment and instruct the client to	Php 105.00	3 minutes	Administrative Aide III (OMPH – Records Section)
	proceed to cashier for payment or MSS for discounting			Records Officer I (OMPH – Records Section)
For indigent: 2.1Receive charge slip/order of payment and proceed to MSS for	2.1Retrieve patient's chart	None	3 minutes	Administrative Aide III (OMPH – Records Section)
discounting	2.2Prepare the medico- legal certificate and secure signature of the attending physician	None	7 hours	
For non-indigent: 3.Pay the amount indicated on the charge slip/order of payment	For non- indigent: 3.Receive charge slip/order of payment and its corres- ponding	None	20 minutes	Administrative Aide III Records Officer I Administrative Aide III



			minutes	hours 54 minutes
	TOTAL:	P 150.00	For Non Indige	nt: 7 hours 44
4.2Receive the Medico-legal Certificate	4.2Release the Medico- legal Certificate		2 minutes	Administrative Aide III (OMPH – Records Section)
4.1Sign the releasing logbook	4.1Instruct client to sign the logbook		2 minutes	Records Officer I (OMPH – Records Section)
3.1Present charge slip/order of payment and undertake interview 3.2Receive MSS Note/MSS Form 4.Return to Health Information Management Office (based on the indicated scheduled) and present the Official Receipt/MSS Note/MSS Form	3.1Receive charge slip/order of payment and interview client; issue MSS Note/MSS form 4.Receive and check Official Receipts MSS Note/MSS Form	None	2 minutes 3 minutes	Administrative Aide
For indigent:	amount; issue Official Receipt For indigent:			



27. ISSUANCE OF MEDICAL/CONFINEMENT CERTIFICATE

This service involves processing and releasing of Medical/Confinement Certificate. Availability of service is from Monday to Friday at 8:00 am-5:00pm (No noon break).

Next of kin refers to the following: spouse, parents, children and sibling/s.

Office or Division:	Medical Records Services (OMPH)				
Classification:	Simple				
Type of transaction:	G2C and G2G				
Who may avail:	Patient				
	Next of kin/Author	rized Representative			
		nistrative bodies exercising quasi-judicial			
	and/or investigative				
CHECKLIST OF REQU		WHERE TO SECURE			
Primary requirements for p	rincipal:				
		Attending Doctor			
1.Fillep up Service Form					
2.One (1) photocopy of valid					
and authorized representative	e, any of the	GSIS,SSS, Paglbig, LTO, DFA, LGU,			
following:		BIR, PhilHealth, PHLPost, COMELEC,			
Government issued ID	•	School and concerned company of the			
SSS, Pag-ibig, Driver's	•	requesting party			
Passport, Voter's ID,PI	HIC ID, TIN,				
Postal)					
NBI/Police Clearance					
Voter's Certification		Cashier/MSS			
> Student ID		Gustinot/integ			
Company ID					
Brgy, Clearance					
bigy, olcarance		Admitting section			
3.Official Receipt or MSS Not	e/Form or its				
equivalent					
4.Hospital card (inpatient)					
Authorized Representative:					
1.Fillep up Service Form		NICU/DR/OR			
2.One (1) photocopy of valid		GSIS,SSS, PagIbig, LTO, DFA, LGU,			
and authorized representative	e, any of the	BIR, PhilHealth, PHLPost, COMELEC,			
following:		School and concerned company of the			
		requesting party			
➤ Government issued ID	•				
SSS, Pag-ibig, Driver's	s License,				



Passport, Voter's ID, PHIC ID, TIN	٧,
Postal)	

- > NBI/Police Clearance
- Voter's Certification
- > Student ID
- Company ID
- > Brgy. Clearance

3.Official Receipt or MSS Note/Form or its equivalent (1 original)

4. Hospital card (inpatient) (1 original)

5.Authorization letter (Notarized)/Special Power of Attorney (1 original)

Cashier/MSS

Admitting Section
Requesting Party (patient/principal)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Secure priority number and present	1.Receive priority number and	None	2 minutes	Administrative Aide III Records Officer I
requirements	requirements			Administrative Aide
1.1Undertake interview	Evaluate requirements and interview the client	None	5 minutes	(OMPH – Records Section)
For non-indigent:	2.Issue		3 minutes	Administrative Aide
2.Receive charge	charge/slip			
slip/order of	order of			Records Officer I
payment and proceed to	payment and instruct the			Administrative Aide
Cashier for	client to			(OMPH – Records
payment	proceed to cashier for			Section)
For indigent:	payment or			
2.1 Receive charge slip/order	MSS for discounting			
of payment and	discounting	None		
proceed to MSS	2.1Retrieve		3 minutes	
for discounting	patient's chart			
		None		
	2.2Prepare the medico- legal certificate and secure		2 hours	



	signature of the attending physician For Confinement certificate: Secure the signature MRS head		3 minutes	
For non-indigent: 3.Pay the amount indicated on the charge slip/order of payment	For non- indigent: 3. Receive charge slip/order of payment and	Php 80.00	20 minutes	(OMPH – Cashiering Section)
For indigent: 3.1Present charge slip/order of payment and undertake interview	its Correspondin g amount; issue Official Receipt		30 minutes	
3.2Receive MSS Note/MSS Form	For indigent: 3.1 Receive charge slip/order of payment and interview client; issue MSS Note/MSS form		2 minutes	
4.Return to Health Information Management Office (based on the indicated scheduled) and present the Official Receipt/MSS Note/MSS Form	4.Receive and check Official Receipts MSS Note/MSS Form	None	3 minutes	Administrative Aide III Records Officer I Administrative Aide III (OMPH – Records Section)
4.1Sign the releasing logbook	4.1Instruct client to sign the logbook		2 minutes	



4.2Receive the Medical/ Confinement Certificate	4.2Release the Medical/Confi nement Certificate		2 minutes	
	TOTAL	P 80.00	For Non Indiger minutes For Indigent: 2	nt: 2 Hours 45 hours 55 minutes

LABORATORY SERVICES

AVAILMENT OF LABORATORY SERVICES IN-PATIENT AND OUT-PATIENT

SERVICES OFFERED:

EXAMINATION
HEMATOLOGY
COMPLETE BLOOD COUNT, PLATELET COUNT (CBC, PC)
HGB/HCT
BLOOD TYPING (ABO, RH TYPING)
BLEEDING TIME (BT) / CLOTTING TIME (CT)
PROTIME
• APTT
ERYTHROCYTE SEDIMENTATION RATE (ESR)
PERIPHERAL BLOOD SMEAR (PBS)
RETICULOCYTE COUNT
MALARIAL SMEAR
FILARIAL SMEAR
CLINICAL MICROSCOPY
URINALYSIS (UA)
PREGNANCY TEST
• KOH
FECALYSIS (FA)
FECAL OCCULT BLOOD TEST (FOBT)
URINE KETONES



• 0	ERVICOVAGINAL SMEAR
	AL CHEMISTRY
	BS
	SUN
• C	REATININE
	UA
	OTAL CHOLESTEROL
• T	RIGLYCERIDES
• E	LECTROLYTES (Na, Ca, K, Cl)
• S	GOT
• S	GPT
• L	DL
• H	IDL
• B	SILIRUBIN
• A	LBUMIN
• A	MYLASE
• H	IBAIC
• P	ROCALTONIN
• D	D-DIMER
• P	HOSPHORUS
• N	1AGNESIUM
• L	DH
• A	LKALINE PHOSPHATASE
SEROL	OGY
	IBSAG
	PENGUE DUO (NS1 AG, IgM, IgG)
	YPHI DOT (IgM, IgG)
	.NTI-HCV [RAPID TEST] IIV [RAPID TEST]
	T3
	T4
	SH Ta FT4 TSU
	T3,FT4,TSH
-	SA
	CEA
-	CA 125
	CA 19-9
-	CA 15-3
• F	ERRITIN



• PAP's SMEAR



OUT PATIENT

Office or Division:	Department of Pathology		
Classification:	Simple for majority of laboratory tests except for		
	Microbiology, Hispathology and for special tests sent out to		
	Manila which are classified as Complex		
Type of Transaction:	Govertnment-to-Citizens (G2C) and		
	Government-to-Government (G2G		
Who may avail:	All		

CHECKLIST OF REQUIREMENTS

1. Official Laboratory Request From Medical Doctor (original)
2. Charge Slip (original)
3. Proofof Payment (OR) (original)
4. Classification from Hospital Social Welfare (MALASAKIT, KONSULTA, and any other assistance.) (original)

WHERE TO SECURE

-Requesting Physician

-Department of Pathology
-Cashier
-Hospital Social Welfare

CLIENT STEPS AGENCY FEES TO PROCESSING PERSON **BE PAID** ACTION TIME RESPONSIBLE 1. Patient 1.Received None 5 minutes Registered Medical Technologist III presents and check the laboratory request form Registered Medical request. Technologist I 2.Patient 2.Issue None 10 minutes Registered Medical Technologist III received charge charge slip Registered Medical slip Technologist I 3.Patient pays 3.Receive As charged 30 minutes Cashier/Hospital laboratory fee/ (Please Welfare payment Social or submits to HSW Classification see fee (OMPH) interview report from schedule) **HSW** (OMPH) 4.Patient 4.Receive None 5 minutes Registered Medical presents and validate Technologist III OR/HSW OR/HSW Registered Medical classification classification Technologist I 5.Collect Registered Medical 5.Patient submits None 30 minutes for specimen sample Technologist III collection Registered Medical Technologist I



6.Patient wait for results	6.Performs laboratory procedure	None	As scheduled (Please see turn around time; starts from presentation of OR/HSW classification)	Registered Medical Technologist III Registered Medical Technologist I
7.Patient gets result	7.Issue results	None	2 Days (Simple) 7 Days (Complex) 30 Days (HIstopath)	Registered Medical Technologist III Registered Medical Technologist I
	TOTAL		40 Days, 1 hour and 20 minutes	

IN-PATIENT

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Laboratory Results	1.1Receive and check the request	None	5 minutes	Registered Medical Technologist III Registered
	1.2Collect sample	None	30 minutes	Medical Technologist I
	1.3Bill the patient	As charged (Please see fee schedule)	5 minutes	
	1.4Perform laboratory procedure	None	As scheduled (Please see turn-around time; starts	
			from presentation of OR/HSW classification)	
2.Get Lab Result	Issue results	None	3 Days (Simple)	Registered Medical Technologist III



	7 Days	Registered
	(Complex)	Medical
	30 Days	Technologist I
	(Histopath)	
TOTAL	40 Days and	
	40 minutes	

LABORATORY FEES TO BE PAID AND PROCESSING TIME:

EXAMINATION	PRICE	PROCESSING TIME
		(TURN AROUND TIME)
HEMATOLOGY		
COMPLETE BLOOD COUNT, PLATELET COUNT (CBC, PC)	180	4 HOURS
HGB/HCT	180	4 HOURS
BLOOD TYPING (ABO, RH TYPING)	200	4 HOURS
BLEEDING TIME (BT) / CLOTTING TIME (CT)	60	4 HOURS
PROTIME	750	4 HOURS
• APTT	750	4 HOURS
ERYTHROCYTE SEDIMENTATION RATE (ESR)	200	4 HOURS
PERIPHERAL BLOOD SMEAR (PBS)	170	6 HOURS
RETICULOCYTE COUNT	170	4 HOURS
MALARIAL SMEAR	150	8 HOURS
FILARIAL SMEAR	150	8 HOURS
CLINICAL MICROSCOPY		
URINALYSIS (UA)	50	4 HOURS
PREGNANCY TEST	150	4 HOURS
• KOH	100	4 HOURS
FECALYSIS (FA)	50	4 HOURS



FECAL OCCULT BLOOD TEST (FOBT)	150	4 HOURS
URINE KETONES	100	4 HOURS
CERVICO VAGINAL SMEAR	50	6 HOURS
CLINICAL CHEMISTRY		
• FBS	100	5 HOURS
• BUN	100	5 HOURS
CREATININE	100	5 HOURS
• BUA	500	5 HOURS
TOTAL CHOLESTEROL	100	5 HOURS
TRIGLYCERIDES	120	5 HOURS
ELECTROLYTES (Na, Ca, K, Cl)	500	2 HOURS
• SGOT	120	5 HOURS
• SGPT	120	5 HOURS
• LDL	150	5 HOURS
• HDL	150	5 HOURS
BILIRUBIN	600	5 HOURS
ALBUMIN	150	5 HOURS
AMYLASE	190	5 HOURS
HBAIC	650	2 HOURS
PROCALTONIN	1,400	2 HOURS
D-DIMER	1,500	2 HOURS
PHOSPHORUS	300	5 HOURS
MAGNESIUM	395	5 HOURS
• LDH	300	5 HOURS
ALKALINE PHOSPHATASE	200	5 HOURS
• OGTT	600	5 HOURS
• TPAG	600	5 HOURS
	1	i



SEROLOGY		
• HBSAG	150	4 HOURS
DENGUE DUO (NS1 AG, IgM, IgG)	1200	4 HOURS
TYPHI DOT (IgM, IgG)	900	4 HOURS
ANTI-HCV [RAPID TEST]	450	4 HOURS
HIV [RAPID TEST]	250	4 HOURS
SYPHILIS [RAPID TEST]	250	4 HOURS
• FT3	800	7 DAYS
• FT4	800	7 DAYS
• TSH	800	7 DAYS
• FT3,FT4,TSH	2,200	7 DAYS
• PSA	1,500	7 DAYS
• CEA	2,500	7 DAYS
• CA 125	2,500	7 DAYS
• CA 19-9	2,500	7 DAYS
• CA 15-3	2,500	7 DAYS
FERRITIN	2,500	7 DAYS
• AFP	2,500	7 DAYS
• CRP	800	7 DAYS
TROPONIN I	1,200	3 HOURS
CK-MB	900	3 HOURS
NT-PROBNP	1,800	3 HOURS
MICROBIOLOGY		
BLOOD CS	1,300	7 DAYS
URINE CS	900	7 DAYS
GRAM STAIN	150	7 DAYS
HISTOPATHOLOGY		

6	OF ORIE	NTAL 3	
PROVIN	Y	NDORO	
V°	EFICIAL.	SERV	

FLUID CYTOLOGY	3,000	14 DAYS
HISTOPATH LEVELS (L) DEPEND ON SIZE OF SPECIMEN	L1-1,000 L2- 2,500 L3- 3,500 L4- 4,500 L5- 6,000 L6- 8,000	30 DAYS
• FNAB	2,800	30 DAYS
PAP's SMEAR	500	30 DAYS

MEDICAL SOCIAL SERVICES CLASSIFICATION OF PATIENTS

An interview conducted by a Registered Social Worker, which determine the eligibility of the patients in availing medical social services based on Administrative Order 51-A s. 2001 in government hospitals.

Office or Division:	Medical Division-M	ledical Social Services (OMPH)
Classification:	Simple	,
Type of Transaction:	G2C-Government	to Citizen
Who may avail:	All patient	
CHECKLIST OF REQUI	REMENTS	WHERE TO SECURE
Any of the following document of 1. Identification Card	PWD)	Office of the Senior Citizen DSWD Barangay Office Philippine Post Office, COMELEC
Certification Certificate of Indigency Certificate of Indigenous People Certificate of Detention		Barangay Office NCIP BJMP DSWD



Certificate of Active 4P's membership				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Sanitize and get queuing number from MSWD receptionist and wait to be called.	1.Provide the alcohol and issue queuing number	None	5 minutes	Social Welfare Officer I
1.1Present the documents (Valid IDs/Certification) to social worker on duty at MSW window 1	1.1Receive the documents and interview client using MSWD	None	15 minutes	Social Welfare Officer I
and submits to interview.	assessment tool.	None	15 minutes	Social Welfare Officer I
2.Listen to Medical Social Worker's explanation	2.1Classify patients based on AO 51-As. 2001 and explain the patients classification.	None	5 minutes	
	2.2Indicate the classification in the patients MSWD assessment tool and per capita income.			Social Welfare Officer I
TOTAL			40 minutes	



AVAILMENT OF MALASAKIT CENTER- MEDICAL ASSISTANCE TO INDIGENT PATIENT (MC-MAIP) PROGRAM

Provision of medical assistance such as drugs and medicines, laboratory, imaging and other diagnostic procedure, medical supplies to indigent patients in government hospitals based.

Office or Division:	An	ncillary Division-I	Medical Social Se	rvice (OMPH)
Classification:	Sir	mple		
Type of Transaction:	Go	overnment- to- C	- Citizen	
Who may avail:	All	Patient		
CHECKLIST	OF REQUIREM	REMENTS WHERE TO SECURE) SECURE
Any of the following do	atient:			
3.Identification Card (o	riginal)			
 Senior Citizen 			Office of the Ser	_
 Person's with Di 	sability (PWD)		DSWD/MSWD/0	CSWD
 4P's ID 			D) (C
Government ID		etc.)	Philippine Post (COMELEC	Office,
4.Certification (original)				
	e of Indigency		MALASAKIT CE	NTER
	e of Detention		BJMP	
Certificate	e of no Valid ID		Barangay Office	
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON
OLILINI OTLI O	ACTIONS	BE PAID	TIME	REPONSIBLE
1.Sanitize and get queuing from MSWD receptionist and wait to be called.	1.Provide alcohol and issue queuing number.	None	5 minutes	Social Welfare Officer I
1.1Present the documents (ID, Prescription, Laboratory and other diagnostic, imaging Requests and additional request if there is, Hospital Statement of Account) to Social Worker on duty at Malasakit window 1 and 2 submits to interview 1.1Receive the documents and interview Client using MSS Intake Sheet, Unified Intake Sheet and conduct socioeconomic economic evaluation. If found eligible, fill out social work			30 minutes	



	assessment column for MC-MAIP assistance 1.2Review the completeness of documents			
2.Sign the MSWD Assessment toll and Unified Intake Sheet.	2.2Register patient's name in the logbook for control number, and stamp the Laboratory and other diagnostic & imaging Requests and Hospital Statement of Account indicating charges has been charge to MC-MAIP fund.	None	10 minutes	Social Welfare Officer I
3.Fill out the logbook for patient with Non-PhilHealth, Student, Individual applying for a job and patient with no Valid ID. 3.1Fill out the daily log book	3.Provide logbook to the patient/watche r for signing. 3.1 Register patient's information in the daily	None	10 minutes	Social Welfare Officer I



	logbook for auditing.			
4.Sign and receive the acknowledgement receipt	4.Issue acknowledgem ent receipt for liquidation report.	None	5 minutes	Social Welfare Officer I
4.1Receive the stamped requests (Laboratory and other diagnostic & imaging Requests and Hospital Statement of Account) and proceed to laboratory/ X-ray/Pharmacy/ Billing.	4.1Give the stamped requests to the client and instruct them to proceed to laboratory/ X-ray/ Pharmacy to avail the services needed charge to MC-MAIP.	None	5 minutes	Social Welfare Officer I
TOTAL			1 hour and 5 minutes	

PHILHEALTH POINT OF SERVICE ENROLLMENT (POS)

Point of Service (POS Program) is the program provided by the GAA for the current year to register Non-PhilHealth members into the National Health Insurance Program especially those financially incapable to pay their PhilHealth membership.

Office or Division:	Ancilla	Ancillary Division-Medical Social Service			
Classification:	Simple	Simple			
Type Of Transaction:	Govern	nment-to-Citi	zen		
Who may avail:	All Pat	ient			
CHECKLIST O	F REQUIREMEN	TS	WHERE	TO SECURE	
Any of the following docu	ument of the patie	ent:			
1.Birth Certificate of Pati	ent		Philippine Statistics Authority		
2.Birth certificate of Pare	ent's (if patient is i	minor)	Philippine Statistics Authority		
Valid Identification Card:	Valid Identification Card:				
 Government issue 	ed ID (Postal, Vot	er's,	Philippine Post Office/COMELEC		
Driver's License a	and other IDs which	ch indicate			
birth date and sig	nature)				
 Certificate of Resident 					
-Baptismal Certificate in	Lieu of Birth Cert	ificate	Church		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	



1.Sanitize and present the documents (Valid IDs/Certification) to social worker on duty at MSW window 1 and submits to interview	1.Provide alcohol and receive the documents and interview client using MSWD assessment tool.	None	10 minutes	Social Welfare Officer I
	1.1Identify the patient's PhilHealth resources.	None	30 minutes	
	1.2Advice the patient to the PCARES for checking their PhilHealth status.	None	20 minutes	
2.Submit the MSWD stub and supporting documents and wait for a review	2.Receive MSWD stub and check the status. If found qualified for POS enrolment, get the watcher/patien t sign the POS agreement stub	None	20 minutes	Social Welfare Officer I
	2.1Receive the supporting documents (Birth certificate, Valid IDs and Marriage Contract)	None	10 minutes	
3.Get PMRF and fill out the form correctly	3.Provide PMRF and	None	10 minutes	Social Welfare Officer I



3.1Submit filled-out PMRF and required documents	instruct client/watcher to fill out the form correctly to avoid discrepancy. 3.1Receive and review PMRF and attached documents.	None		
3.2Wait to be enrolled to Point of Service	3.2For Point of Service Financially Incapable. Enrol patient to PhilHealth POS.	None	72 hours	
3.3Wait the approved Point of Service from Batangas Regional PhilHealth Office	3.3Check the approved Point of Service.	None		
4.Pay at the PhilHealth Office for PhilHealth Membership	4.For Point of Service Financially Capable: Instruct the client to pay Php 5400.00 or the required month/s of contributions at PhilHealth Office for PhilHealth membership.	None	1 hour	Social Welfare Officer I



		1		1
5.Receive POS FI	5.Provision of	None	10 minutes	Social Welfare
certification for immediate update of PhilHealth Membership	POS FI Certification signed by a Registered Social Worker for immediate update of			Officer I
	PhilHealth Membership status during the following reasons:			
	a.When there will be a holiday.			
	b.If patient does not comply with the requirements.			
	Within 72 hours of admission			
TOTAL			3 Days, 2 hours and 50 minutes	

OUTPATIENT SERVICES

OUTPATIENT SERVICES CONSULATION

The Oriental Mindoro Provincial Hospital is established to provide outpatient consultation and give quality care and treatment to all client's sick or well regardless of their race, creed, color, gender social status and political belief.

Office or Division:	Out Patient Services Department (OMPH)
Classification:	Simple



Type of Transaction: G2C-Government to Citizen				
Who may avail:	All			
CHECKLIST (OF RQUIREME	NTS	WHERE	TO SECURE
1.Hospital Number	1.Hospital Number		New Patient-Medical Record Section Old Patient-Patient itself	
2.Hospital Record			Medical Record	Section
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Get the number from the security guard.	1.1Issue number to patient	None	1 minute	Security Guard on Duty
2.Place the number together with his/her hospital number and put box provided in front of Consultation Room.	2.1Get the patient assigned number together with his/her hospital number	None	1 minute	Registration Clerk (Medical Records Section)
	2.2Secure patients record at the Medical Records Section	None	5 minutes	Registration Clerk (Medical Records Section)
3.Proceed to waiting area and wait to be called. Give full details of present illness.	3.Call patient by his/her name and record the present history of illness or chief complaint 3.1Take initial vital signs and write on patients	None	1 minute 3 minutes	OPD Nurse/Nursing Attendant
4.Proceed to OPD Room for consultation	record 4.Call out name of patient, examine,	None	5 minutes	Physician on Duty



	explain the illness and give treatment			
5.If the Doctor have a request for laboratory test proceed to	5.Receives Request	None	1 minute	Laboratory Aide/Med. Tech or Rad. Tech on
Laboratory and X-ray Department located at Building 2.	5.1Issue charge slip to the patient		2 minutes	Duty
	5.2Performs laboratory test to the patient		1 minute	
TOTAL			20 minutes	

ANIMAL BITE TREATMENT CENTER

Animal Bite Clinic is open Monday to Friday from 8:00 am to 5:00 pm. It caters all patients by any kind of rabid animals.

Office or Division:		Animal Bite Treatment Center		
Classification:		Simple		
Type of Transaction:		G2C-Government to Citizen		
Who may Avail:		All patient bitten by rabid animals		
CHECKLIST	OF REQUIREME	NTS	WHERE TO SECURE	
Hospital Number (1	original)		New Patient-Medical Record	
			Section	
			Old Patient-Patient itself	
Hospital Record (1 original)			Medical Record Section	
Informed Consent (1 original)			Animal Bite Treatment Center	
Animal Bite Assessment Tool (1 original)			Animal Bite Treatment Center	
Animal Bite Vaccine Card (1 original)			Animal Bite Treatment Center	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Get the number from the Security Guard	1.Issue number to patient	None	1 minute	Security Guard on Duty
2.Proceed to Window 2 for Registration	2.Get the patient assigned number together with his/her registration form	None	1 minute	Registration Clerk (Medical Section Records)



				·
3.Proceeds to waiting area and wait to be called. Give full details of present illness.	2.1Secure patients record at the Medical Records Section 3.Call patient by his/her name and record the present history of animal bite.	None None	5 minutes 1 minute	OPD Nurse/Nursing Attendant on Duty
	3.1Take initial vital signs and write on patients record	None	3 minutes	OPD Nurse/Nursing Attendant on Duty
4.Proceeds to OPD Room for consultation	4.Call out the name of patient, examine, explain the illness and give treatment	None	5 minutes	Physician on Duty
5.Proceed to Animal Bite Treatment Center	5.Register and assess animal bite	None	1 minute	ABTC Nurse on Duty
6.Receives treatment and vaccination	6.Provides treatment/ vaccine according to category of animal bite	None	30 minutes	ABTC Nurse
	6.1Explain instruction regarding the schedule of immunization and follow up schedule	None	1 minute	ABTC Nurse
		None	1 minute	

(\$)	OF ORIENTAL	3
PROVII	Y	DORO.
Ox.	FICIAL SEP	

	6.2Encode data		Data
	to National		Encoder/ABTC
	Rabies		Nurse
	Information		
	System		
TOTAL		49 minutes	

PHARMACY

DISPENSING OF DRUGS AND MEDICINES (CASH)

This process covers dispensing of medicine and, medical supplies to all patient. The Pharmacy is open Monday – Sunday.

Office or Division:		Pharmacy Services			
Classification:		Simple			
Type of Transaction	n:	Government to Citizen (G2C)			
Who may avail:		Out-Patients			
	OF REQUIREMI	ENTS	WHERE TO	SECURE	
Prescription (compl	etely filled)		Prescribing doctor		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Present the prescription/s to the Pharmacist	1.Review the prescription 1.1Put the total amount of the medicines in the prescription.		2 minutes	Pharmacist III (OMPH – Pharmacy Division)	
2.Pay at the Cashier and get the official receipt	2.Prepare the corresponding Official Receipt	Cost of medicine (see price list)	3 minutes	Pharmacist III (OMPH – Pharmacy Division)	
3. Return to the Pharmacy. Present the OR and get the drugs/medicine/s.	3.Dispense the medicines 3.1Counsel the proper use of the medicine/s	None	5 minutes	Pharmacist III (OMPH – Pharmacy Division)	
TOTAL		Cost of medicine (see price list)	10 minutes		



DISPENSING OF DRUGS AND MEDICINES (Medical Assistance)

Office or Divisio	n:	Pharr	nacy Service	s (OMPH)			
Classification: Si		Simpl	Simple				
Type of Transaction: Go			Government to Citizen (G2C)				
Who may avail:		In and	d Out-Patient	S			
CHECKLIS	ST OF REQU	IREME	ENTS	WHERE TO	SECURE		
Prescription (com	pletely filled)	(1 orig	jinal)	Prescribing doctor			
Social Service) (1	nt of Account PH) Unified Ir original)	Y (from Social		SOCIAL SERVICE ACCOUNTING			
CLIENT STEPS	AGENO		FEES TO	PROCESSING	PERSON		
1.Present the prescription/s	1.1Verify the authenticity of the prescription/s 1.2Instruct the client to go to the Social Service		None	TIME 2 minutes	Pharmacist III		
2.Go back to the Pharmacy and presents the prescription/s	2.1Check the prescription if it is already charged in the medical assistance thru their valid stamp mark 2.2Prepapre the		None	3 minutes	Pharmacist III		
3.Get the drugs/medicines and listen to the dispensing and counselling information	2.2Prepapre the medicine/s 3.1Dispense the medicines 3.2Counsel the client for the proper use of medicine/s		None	5 minutes	Pharmacist III		
	TOTAL			10 minutes			



DISPENSING OF DRUGS AND MEDICINES (Inpatients)

This process covers dispensing of medicine and supplies to all in patients under pay accommodation.

Office or Division: Pharmacy			ervices			
Classification:		Simple				
Type of Transact	ion:	Government to Citizen (G2C)				
Who may avail:		In-Patients				
	OF REQUIRE	MENTS		RE TO SECURE		
Prescription (complet			Prescribing D			
CLIENT STEPS	AGENCY ACTIONS	FEES TO		SING PERSON RESPONSIBLE		
1. Request the Drugs and Medicines thru the systems.	1.1Received the prescription 1.2Check the availability of the prescribe drugs. 1.3Encode the quantity of the available drugs to IHOMIS for charging.	None ed ad	5 minutes	Pharmacist III		
2.Get the medicines2.If available2.1 If not available	2.Dispense the medicines indicated in the prescription 2.1Inform the patient/ patient's relative to but the unavailable drugs to othe pharmacy	y y	5 minutes	Pharmacist III		



TOTAL	10 minutes
-------	------------

CENTRAL SUPPLY ROOM

DISPENSING OF MEDICAL SUPPLIES FOR ADMITTED PATIENTS

The process covers issuance of medical supplies available is conformity with Requistion and Issue Slip (RIS) forwarded by the requesting clinical areas.

Availability of Service: Monday to Sunday (24 hours)

Office or Division:			sing Departn 1PH)	ment-Central Supply Room		
Classification:		Sim	ple			
Type of Transaction:		Gov	ernment-to-	Client		
Who may avail:			nitted patient	S		
CHECKLIST O		EME	NTS		O SECURE	
1.Prescription-1 original				Prescribing Doct		
2.PhilHealth stub-1 ori				Admitting Section		
CLIENT STEPS	AGENC' ACTION		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1Submit prescription and present PhilHealth stub	1.Receive and check the availability supplies 1.1If suppl are available encode charges to patient's hospital bil thru IHOM	of of lies ble,	None	5 minutes	Nurse I	
2.Wait for the supply	2.Prepare the requested supply *unavailab items will b written in	ole	None	5 minutes	Nurse I	



	separate prescription and will be used to purchase item to other pharmacy			
3.Receive the medical supply	3.Dispense the medical supply. *If there is unavailable items, the watcher will be advise to purchase the items from other pharmacy.	None	5 minutes	Nurse I
TOTAL			15 minutes	

DISPENSING OF MEDICAL SUPPLIES FOR OUT-PATIENTS

The process covers issuance of medical supplies available is conformity with Requistion and Issue Slip (RIS) forwarded by the requesting clinical areas.

Availability of Service: Monday to Sunday (24 hours)

Office or Division:		Nursi	ing Departn	nent-Central Supp	ly Room(OMPH)	
Classification:		Simple				
Type of Transaction	n:	Government-to-Citizen				
Who may avail:		Out p	oatients			
CHECKLIS	T OF REQUIRE	MEN	ГЅ	WHERE T	O SECURE	
1.Prescription-1 original	ginal copy			Prescribing Doct	or or Nurse	
2.Official Receipt-1	original copy			Cashier Section		
3.Guarantee Letter	(if applicable)-1	-1 original copy Local Chief			ef	
				Executives/PCSO/Malasakit Center/DOH/DSWD		
CLIENT STEPS	CLIENT STEPS AGENCY FEES ACTIONS TO BE PAID			PROCESSING TIME	PERSON RESPONSIBLE	
1.Submit prescription	Receive and check the availability of supplies.	l -	None	5 minutes	Nurse I	



	1.1lf supplies are available, prepare and issue charge slip.			
	*if supplies are not available, advise for other available alternative. If not advise to buy outside.			
2.Receive charge slip and proceed to cashier for payment or go to Social Service	2.Instruct client to pay at the cashier/ Social Service Office.	None	2 minutes	Nurse I
Office for availment of medical assistance	2.1Issues official receipt/medical assistance slip.	List of fees (see table below)	10 minutes	Cashier/Social Service Worker
3.Return to Central Supply Room and present official receipt/medical assistance slip.	3.Receive official receipt/medical assistance slip.	None	1 minute	Nurse I
4.Receive the medical supplies	4.Dispense the requested medical supplies	None	5 minutes	Nurse I
TOTAL			23 minutes	

CENTRAL SUPPLY ROOM PRICE LIST

NAME OF MEDICAL SUPPLY	UNIT	UNIT PRICE
AMBU MINI PERFIT ACE COLLAR GCI	рс	₱ 1,444.00
AMBU PERFIT CERVICAL COLLAR ADULT	рс	₱ 1,313.00
ARMSLING LARGE	рс	₱ 128.00
ARMSLING MEDIUM	рс	₱ 128.00
ARMSLING SMALL	рс	₱ 125.00
ASEPTO SYRINGE	рс	₱ 83.00
BIPAP MASK	рс	₱10,125.00
BONEWAX	рс	₱ 274.00
BUTTERFLY G.23	рс	₱ 28.00



DUITTEDEL V C OF		1 00 00
BUTTERFLY G.25	pc	₱ 28.00
BLOOD TRANSFUSSION SET	рс	₱ 117.00
CAUTERY PAD	рс	₱ 625.00
CAUTERY PENCIL	pc	₱ 1,050.00
CHEST DRAINAGE BOTTLE 1200 ML	рс	₱ 1,657.00
CHROMIC 0 round	pc	₱ 375.00
CHROMIC 1 round	pc	₱ 375.00
CHROMIC 2 -0 round	pc	₱ 375.00
CHROMIC 3-0 round	pc	₱ 375.00
CHROMIC 4-0 round	рс	₱ 375.00
CLEAN GLOVES SMALL	pair	₱ 10.00
CLEAN GLOVES MEDIUM	pair	₱ 10.00
CLEAN GLOVES LARGE	pair	₱ 10.00
COTTON STRANDS SS	рс	₱ 110.00
COTTON APPLICATOR	рс	₱ 5.00
DIAPER LARGE	рс	₱ 25.00
DISP.GLOVES 6.5 ANSELL	pair	₱ 91.00
DISP.GLOVES 7.0 ANSELL	pair	₱ 91.00
DISP.GLOVES 7.5 ANSELL	pair	₱ 91.00
DISP.GLOVES 8.0 ANSELL	pair	₱ 91.00
DISP.GLOVES 6.5 LATEX	pair	₱ 40.00
DISP.GLOVES 7.0 LATEX	pair	₱ 40.00
DISP.GLOVES 7.5 LATEX	pair	₱ 40.00
DISP.GLOVES 8.0 LATEX	pair	₱ 40.00
DISP. NEEDLE 18	рс	₱ 6.00
DISP. NEEDLE 19	pc	₱ 6.00
DISP. NEEDLE 20	pc	₱ 6.00
DISP. NEEDLE 21	pc	₱ 6.00
DISP. NEEDLE 22	pc	₱ 6.00
DISP. NEEDLE 23	pc	₱ 6.00
DISP. NEEDLE 24	pc	₱ 6.00
DISP. NEEDLE 25	pc	₱ 6.00
DISP. NEEDLE 26	pc	₱ 6.00
DISP. NEEDLE 27	рс	₱ 6.00
DISP.HEAD COVER	рс	₱ 7.00
DISP. RESUSCITATOR BAG ADULT	рс	₱ 2,035.00
DISP. RESUSCITATOR BAG PEDIA	pc	₱ 2,573.00
DISP. RESUSCITATOR BAG NEONATE	pc	₱ 2,571.00
DISP. SYRINGE 20ml	pc	₱ 23.00
DISP. SYRINGE 30ml	pc	₱ 53.00
DISP. SYRINGE 50ml	pc	₱ 53.00 ₱ 53.00
DISP. SYRINGE 1ml	PC	1 33.00
DIGIT OTTAINE THE	рс	₱ 13.00



DISP. SYRINGE 3ml	l no	₱ 13.00
DISP. SYRINGE 5ml	pc pc	₱ 13.00
DISP. SYRINGE 10ml	рс	₱ 16.00
DISTILLED WATER 50ml	рс	₱ 71.00
ELECTRODES BLUE SENSOR ADULT GCI	рс	₱ 33.00
ELECTRODES BLUE SENSOR PEDIA GCI	рс	₱ 66.00
EXTENSION SET	рс	₱ 40.00
ELASTIC BANDAGE 3x5	рс	₱ 45.00
ELASTIC BANDAGE 4x5	рс	₱ 61.00
ELASTIC BANDAGE 6x5	рс	₱ 82.00
ENDOTRACHEAL TUBE 2.0 UNCUFFED	рс	₱ 257.00
ENDOTRACHEAL TUBE 2.5 UNCUFFED	рс	₱ 257.00
ENDOTRACHEAL TUBE 3.0 UNCUFFED	рс	₱ 257.00
ENDOTRACHEAL TUBE 3.5 UNCUFFED	рс	₱ 257.00
ENDOTRACHEAL TUBE 4.0 UNCUFFED	рс	₱ 256.00
ENDOTRACHEAL TUBE 4.0 CUFFED	рс	₱ 256.00
ENDOTRACHEAL TUBE 4.5 UNCUFFED	рс	₱ 256.00
ENDOTRACHEAL TUBE 5.0 CUFFED	pc	₱ 256.00
ENDOTRACHEAL TUBE 5.5 CUFFED	pc	₱ 256.00
ENDOTRACHEAL TUBE 6.0 CUFFED	pc	₱ 256.00
ENDOTRACHEAL TUBE 6.5 CUFFED	pc	₱ 256.00
ENDOTRACHEAL TUBE 7.0 CUFFED	рс	₱ 256.00
ENDOTRACHEAL TUBE 7.5 CUFFED	рс	₱ 257.00
ENDOTRACHEAL TUBE 8.0 CUFFED	рс	₱ 257.00
ENDOTRACHEAL TUBE 8.5 CUFFED	рс	₱ 257.00
EPIDURAL SET G.16	рс	₱ 1,520.00
EPIDURAL SET G.18	рс	₱ 1,529.00
EYE GOGGLES	рс	₱ 92.00
FACE MASK N95	рс	₱ 238.00
FACE MASK EAR LOOP	рс	₱ 5.00
FACESHIELD	рс	₱ 19.00
FLEET ENEMA	рс	₱ 656.00
FOLEY CATH. FR. 8	рс	₱ 62.00
FOLEY CATH. FR. 10	рс	₱ 62.00
FOLEY CATH. FR. 12	рс	₱ 62.00
FOLEY CATH. FR. 14	рс	₱ 70.00
FOLEY CATH. FR. 16	рс	₱ 66.00
FOLEY CATH. FR. 18	рс	₱ 63.00
GAUZE 4 X 8 PACK OF 10	pack	₱ 94.00
GELFOAM SPONGESTAN	рс	₱ 722.00
GLASS SLIDES	рс	₱ 3.00
GUEDEL AIRWAY GREEN	рс	₱ 107.00
GUEDEL AIRWAY ORANGE	рс	₱ 107.00



GUEDEL AIRWAY WHITE GUEDEL AIRWAY YELLOW GUEDEL AIRWAY BLACK HEPLOCK HERNIA KIT PC HYDROGEN PEROXIDE 60 ml HYDROGEN PEROXIDE 120 ml HYDROGEN PEROXIDE 500 ml INSULIN SYRINGE IV CATH G.16 IV CATH G.18	pc pc pc pc pc pc pc pc	₱ 106.00 ₱ 129.00 ₱ 111.00 ₱ 43.00 ₱ 3,544.00 ₱ 47.00 ₱ 60.00 ₱ 114.00 ₱ 15.00 ₱ 50.00
IV CATH G.20	рс	₱ 50.00
IV CATH G.22	рс	₱ 50.00
IV CATH G.24	рс	₱ 50.00
IV CATH G.26	рс	₱ 50.00
ID BRACELET PEDIA	рс	₱ 7.00
ID BRACELET ADULT	рс	₱ 7.00
JACKSON PRATT DRAIN	pc	₱ 2,232.00
JACKSON REES PEDIA	pc	₱ 5,935.00
LAP SPONGE ABDOMINAL PACK 12X12	pc	₱ 119.00
LANCET	рс	₱ 7.00
LEUKOPLAST 2.5 CMX 5M	рс	₱ 388.00
LONGBONE FIBERGLASS CAST	рс	₱ 718.00
LUBRICATING JELLY TUBE	рс	₱ 283.00
LUBRICATING JELLY SACHET	рс	₱ 18.00
MALE URINAL	рс	₱ 52.00
MACROSET REGULAR	рс	₱ 80.00
MICROSET REGULAR	рс	₱ 49.00
MACROSET NEEDLELESS	рс	₱ 174.00
MEASURING CUP 210 ML	рс	₱ 92.00
MEDICINE CUP 30 ML	рс	₱ 2.00
MERSILK 0 ROUND PC	рс	₱ 245.00
MERSILK 0 STRAND	рс	₱ 245.00
MERSILK 1 STRANDS	рс	₱ 242.00
MERSILK 2-0 ROUND	рс	₱ 245.00
MERSILK 2-0 CUTTING	рс	₱ 245.00
MERSILK 2-0 STRAND	рс	₱ 245.00
MERSILK 3-0 ROUND	рс	₱ 245.00
MERSILK 3-0 CUTTING	рс	₱ 245.00
MERSILK 4.0 BOUND	рс	₱ 252.00 ₱ 457.00
MERSILK 4-0 ROUND	рс	₱ 157.00 ₱ 157.00
MERSILK 4-0 CUTTING	рс	₱ 157.00



METRICIDE	рс	₱ 2,568.00
MONOCRYL 4-0 CUTTING	рс	₱ 593.00
NEB KIT PEDIA W/MASK	рс	₱ 221.00
NEB KIT W/ MOUTHPIECE	рс	₱ 63.00
NEB KIT ADULT W/MASK	рс	₱ 95.00
NGT.FR.5	рс	₱ 30.00
NGT.FR.8	рс	₱ 30.00
NGT.FR.10	рс	₱ 48.00
NGT.FR.12	рс	₱ 30.00
NGT.FR.14	рс	₱ 30.00
NGT.FR.16	рс	₱ 34.00
NGT.FR.18	рс	₱ 30.00
NYLON 3-0 CUTTING	рс	₱ 219.00
NYLON 4-0 CUTTING	рс	₱ 258.00
OXYGEN CANNULA ADULT	рс	₱ 60.00
OXYGEN CANNULA PEDIA	рс	₱ 53.00
OXYGEN CANNULA NEONATE	рс	₱ 123.00
OXYGEN MASK ADULT	рс	₱ 138.00
OXYGEN MASK PEDIA	рс	₱ 119.00
PARATULLE	рс	₱ 63.00
PENROSE DRAIN ½	рс	₱ 154.00
PENROSE DRAIN 1/4	рс	₱ 154.00
PLASTER 1" MICROPORE	pc	₱ 77.00
POVIDONE IODINE 10% 60ml	рс	₱ 63.00
POVIDONE IODINE 10% 120ml	pc	₱ 102.00
PROLENE 3-0 CUTTING	pc	₱ 495.00
PULSE OXIMAX SENSOR ADULT	pc	₱ 1,156.00
PULSE OXIMAX SENSOR PEDIA	рс	₱ 1,156.00
SHAVER	pc	₱ 24.00
SHOECOVER	рс	₱ 20.00
SKIN STAPLER	рс	₱ 854.00
SKIN STAPLE REMOVER SESE	рс	₱ 276.00
SPINAL NEEDLE G.23	pc	₱ 119.00
SPINAL NEEDLE G.25	рс	₱ 119.00
STRAIGHT THORACIC FR. 28	рс	₱ 630.00
STRAIGHT THORACIC FR. 32	рс	₱ 630.00
STRAIGHT THORACIC FR. 36	pc	₱ 630.00
SUCTION FR. 5	pc	₱ 14.00
SUCTION FR. 8	pc	₱ 15.00
SUCTION FR. 10	pc	₱ 23.00
SUCTION FR. 12	рс	₱ 12.00
SUCTION FR. 14	pc	₱ 11.00



SUCTION FR. 16	рс	₱ 12.00
SUCTION FR. 18	pc	₱ 23.00
SUCTION POOLE DRAIN	pc	₱ 491.00
SURGICAL BLADE # 10 FEATHER	pc	₱ 24.00
SURGICAL BLADE # 11 FEATHER	pc	₱ 24.00
SURGICAL BLADE # 12 FEATHER	pc	₱ 24.00
SURGICAL BLADE # 15 FEATHER	pc	₱ 30.00
SURGICAL BLADE # 20 FEATHER	pc	₱ 30.00
SURGICAL BLADE # 21 FEATHER	pc	₱ 30.00
SURGICAL BLADE # 22 FEATHER	рс	₱ 30.00
SURGICAL GAUZE (RG BOLT) 24 X 28	рс	₱ 1,182.00
SURGICAL SCRUB BRUSH W/CLOREX	pc	₱ 195.00
TEGADDERM 9cmx25cm PC	pc	₱ 286.00
TEGADDERM 9cmx15cm PC	pc	₱ 300.00
TEGADDERM 6cmx10cm PC	pc	₱ 75.00
THREE WAY STOPCOCK	pc	₱ 46.00
TONGUE DEPRESSOR STERILE	pc	₱ 3.00
TRACHEOSTOMY TUBE SHILEY FEN 6	pc	₱ 4,594.00
TRACHEOSTOMY TUBE SHILEY FEN 8	рс	₱ 4,594.00
T- TUBE (LATEX) FR. 16	рс	₱ 276.00
T-TUBE (LATEX) FR. 18	рс	₱ 276.00
T-TUBE (LATEX) FR. 14	рс	₱ 276.00
URINE BAG ADULT	рс	₱ 69.00
URINE BAG PEDIA (WEE BAG)	рс	₱ 7.00
UNDERPADS	рс	₱ 18.00
UMBILICAL CORD CLAMP	рс	₱ 7.00
VENTILATOR CIRCUIT PEDIA	рс	₱ 2,794.00
VICRYL 0 CT-1 PC	рс	₱ 457.00
VICRYL 1 CT-1 PC	рс	₱ 413.00
VICRYL 2-0 CT-1 PC	рс	₱ 457.00
VICRYL 2-0 SH PC	рс	₱ 285.00
VICRYL 3-0 CT -1 PC	рс	₱ 457.00
VICRYL 3-0 CUTTING PC	рс	₱ 457.00
VICRYL 3-0 SH PC	рс	₱ 285.00
VICRYL 4-0 CUTTING PC	рс	₱ 456.00
VICRYL 4-0 SH PC	рс	₱ 309.00
VOLUMETRIC/SOLUSET SET	рс	₱ 158.00
WADDING SHEET 4 X 5	рс	₱ 94.00
WADDING SHEET 6 X 5	рс	₱ 84.00



RADIOLOGY SERVICES

AVAILMENT OF DIAGNOSTIC SERVICES

Radiology and Diagnostic Unit provides procedures on schedules except in emergency cases which are provided any time necessary as per request by the physician. This service also provides routine diagnostic procedures for outpatient department patients.

Availability of service is 24 hours Monday to Sunday, NO HOLIDAYS.

Office or Division:		Radiologic & Imaging Sciences				
Classification:		Complex				
Type of Transaction:		G2C				
Who may avail:		All outpati	ents seeking	OPD General X	l X-ray	
CHECKLIST C	F REC	QUIREMEN	ITS	WHERE	TO SECURE	
1.Doctor's Request				Spellout		
2.Official Receipt for pa	aid X-r	ay procedu	re or MSW	V Cashier		
referral slip				Medical Social S		
CLIENT STEPS		GENCY CTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Presents radiological and/or Sonographical request	1.Rec verify required to pro X-ray waiting If pate no ab pay, pate So Serving assists routing If the decide for the procest Cash the all and se	rements. Ict patient oceed to rement has olility to oroceed cial ce for tance of ag slip. patient les to pay e needed edures, eed to ier, pay mount secure for official	None	3 minutes	Radiologic Technologist II Radiologic Technologist II	



	ı		l	
	The following are X-ray proce-dures and the corresponding amount for each:			
2.Undergo the X-ray procedure	2.Call patient name, prepare materials and instruct patient on what to do and conduct procedure.	None	5 minutes	Radiologic Technologist II
2.1Listens to instructions on the release of results.	2.1Instruct the patient when to get result and bring official receipt.	None	5 minutes	
	2.3Examine images and provide initial/ preliminary reading.	None	3 Days	
	2.4Referral of preliminary reading and finalizing of result for releasing.			
3.Return to X-ray releasing counter, after 3 working days and present official receipt or MSW referral slip.	3.Receive and verify official receipt.	None	5 minutes	Radiologic Technologist II
3.1Affix name and signature on the claim stub and proceed to be	3.1Instruct patient/represe ntative to affix name and	None	5 minutes	Radiologic Technologist II



designated waiting area.	signature on the logbook.			
3.2Receive official diagnostic report	3.2Print the official report and affix name and signature on the ancillary staff.	None	5 minutes	
	3.3Release the official diagnostic report.	None	5 minutes	
TOTAL			3 Days and 33 minutes	

A. RADIOLOGY SERVICES OFFERED AND FEES

X-RAY			
EXAMINATION	PRICE		
Skull AP/L	Php 400.00		
Water's View/Towne's View	Php 200.00		
Nasal Bone	Php 300.00		
Mandible AP/L	Php 400.00		
Mandible Series	Php 600.00		
Cervical AP/L	Php 400.00		
Chest PA	Php 200.00		
Chest AP/L	Php 400.00		
Chest AP/L (Pedia)	Php 300.00		
L-Sacral Ap/L	Php 400.00		
Pelvis	Php 200.00		
Plain Abdomen	Php 200.00		
Abdomen Upright/Supine	Php 400.00		
Coccyx Ap/L	Php 200.00		
Shoulder Joint	Php 200.00		
Lateral Decubitus View	Php 200.00		
Knee Ap/L	Php 300.00		
Leg Ap/L	Php 300.00		
Ankle Ap/L	Php 300.00		
Foot Ap/L	Php 300.00		
T-Cage	Php 200.00		



Babygram	Php 200.00
T-lumbar Ap/L	Php 400.00
Hand Ap/L	Php 300.00
Hip Joint	Php 200.00
Femur Ap/L	Php 300.00
Arm Ap/L	Php 300.00
Elbow Ap/L	Php 300.00
Forearm Ap/L	Php 300.00
Wrist Ap/L	Php 300.00

ULTRASOUND			
EXAMINATION	PRICE		
Whole Abdomen	Php 1000.00		
Abdomino-Pelvic	Php 1000.00		
Transvaginal/Transrectal	Php 900.00		
Breast	Php 800.00		
KUB-Prostate	Php 750.00		
Upper and Lower Abdomen	Php 750.00		
Thyroid/Neck	Php 750.00		
Soft Tissue	Php 750.00		
Hepatobiliary Tree	Php 650.00		
KUB/Chest	Php 450.00		
Scrotal w/Doppler	Php 900.00		
Single Organ	Php 400.00		
Biophysical Scoring (BPS)	Php 700.00		
Pelvic	Php 500.00		
Twin Pelvic UTZ	Php 800.00		
Cranial	Php 600.00		

CT SCAN				
EXAMINATION	PRICE			
Cervical Plain	Php 4100.00			
Cervical w/contrast	Php 5600.00			
Chest Plain	Php 5600.00			
Chest w/contrast	Php 7100.00			
Cranial Plain	Php 4100.00			
Cranial w/bone setting	Php 4200.00			
Cranial w/ contrast	Php 5600.00			
Extremities plain	Php 4100.00			
Extremities w/contrast	Php 5600.00			
Facial plain	Php 5600.00			
Facial w/contrast	Php 7100.00			
Lower Abdomen Plain	Php 6100.00			



Lower Abdomen w/contrast	Php 7600.00
Lumbar plain	Php 7600.00
Lumbar w/contrast	Php 7100.00
Mandible Plain	Php 5600.00
Mandible w/contrast	Php 7100.00
Naso pharynx Plain	Php 5600.00
Naso pharynx w/contrast	Php 7200.00
Orbits plain	Php 4100.00
Orbits w/contrast	Php 7200.00
PNS plain	Php 5600.00
PNS w/contrast	Php 7100.00
Stonogram	Php 6000.00
Thoracic spine plain	Php 5600.00
Thoracic spine w/contrast	Php 7100.00
TMJ Plain	Php 5600.00
TMJ w/contrast	Php 7100.00
Upper abdomen Plain	Php 6100.00
Upper abdomen w/contrast	Php 7600.00
Whole abdomen Plain	Php 8600.00
Whole abdomen w/contrast	Php 10600.00
Urogram	Php 10600.00
Abdomen w/liver triphase	Php 10600.00

SECURITY/FRONTLINE SERVICES

CIVIL SECURITY SERVICES

The Security unit shall be adequately manned and armed to perform their duties respectively. They shall monitor and record traffic of patients, visitors, personnel and vehicles in the hospital. Controls the number of visitors for each patient and provides the visitor's pass allowing only 2 at a time for each patient.

Office or Division	Se	curity/Frontlin	e Services (OMP	H)	
Classification:	Sir	mple	•	•	
Type of Transaction:	Go	overnment to 0	Citizen		
Who may avail:	All	watcher's pa	tient and visitor se	eeking patient	
CHECKLIST OF	REQUIREME	NTS	WHERE 1	O SECURE	
1.Parking Area			Entrance/Exit Gate on Duty		
2.Cadaver Release Forr	n		Information Desk on Duty		
3.List of Patient			Guard on Duty in Wards		
4.All Oxygen Incoming F	full Tank's and	Outgoing	Copy of Receipt in Voice Recorded		
empty Tank's			in logbook		
5.Gate Pass			All Duty Guard in Ward		
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
	ACTIONS	BE PAID	TIME	RESPONSIBLE	



1.Arrival/Departure of vehicle entering at OMPH	1.Parking Area	None	1 minute	Guard on Duty
2.Patient were about	2.1.Assist of patient watcher's and visitors 2.2Control the flow	None	3 minutes 15 minutes	Guard on Duty Guard on Duty
	entering watcher's of the patient			,
3.Check and count the number of incoming tanks.	3.Receive the copy of duplicate invoice of deliveries.	None	1 hour	Guard on Duty
4.Incident Report	4.1Follow up investigation 4.2Making report	None	30 minutes	Team Leader
TOTAL			1 hour and 49 minutes	

SPECIAL PROGRAMS

DENTAL SERVICES DENTAL CONSULTATION AND TREATMENT

Promotes oral health education, renders oral examinations of patients to assess their specific dental needs, performs preventive & curative treatment.

poomo doman noodo, p	beeine derital needs, performs preventive & ediative treatment.					
Office or Division:	Office or Division: Dental Service					
Classification:		Simple				
Type of Transaction	:	G20	C-Governmen	t to Citizen		
Who may avail:		All p	atients needi	ng Dental Consul	tation &	
		treatment procedures				
CHECKLIST	OF REQUIRE	REMENTS WHERE TO SECURE				
1.Patient's Information	.Patient's Information Sheet			Outpatient Section-Security		
				Guard/Nurse on	Duty	
CLIENT STEPS	AGENCY		FEES TO	PROCESSING	PERSON	
	ACTIONS BE PAID		BE PAID	TIME	RESPONSIBLE	
1.Sanitize hands	1.Provide		None	3 minutes	Guard on Duty	
	alcohol at the					
	OPD door					
	entrance					



2.Proceed to triage and accomplish the patient's information sheet. (Make sure to secure the priority number from the Nurse on duty)	2.Priority number will be issued by the Nurse on duty	None	3 minutes	Guard on Duty
3.Submit the accomplished patient's information sheet to Window 1	3.1Encode all the information of the patients written in the accomplished information sheet in th iHOMIS system and wait until your number is called. 3.2 When your number is called, the Nurse on duty will record the patients vital signs, chief complaint and endorse to the dentist for consultation	None	10 minutes	Records Section/OPD Nurse on duty
4.Proceed to the Dental Clinic for consultation/ treatment	4.1 Dental Aide will interview & record it to the Individual Patient's treatment Record (IPTR) and let the patient sign the consent form	None	5 minutes	Dental Aide



	4.2 Performs oral examination, assesses the existing condition of the mouth,	None		
	Interviews on the past medical history. 4.3 If medically compromised, a diagnostic			Dentist
	result/ medical clearance should be presented or will be referred to the medical doctor on duty	None		
	4.4 Performs dental procedures according to the patients need:			Dentist
	a.)tooth restoration b.)oral		20 minutes 15 minutes	
	prophylaxis c.)tooth extraction		20 minutes	
	d.)fluoride application		10 minutes	
	e.)pit& fissure sealants		15 minutes	
5.Take the post extraction	Give post of instructions &	None	3 minutes	Dentist
instruction	oral health education/ chair side instructions			
TOTAL	Side initiationis		1 hour and 44 minutes	



Oriental Mindoro Provincial Hospital Internal Services



INTERNAL SERVICES

LAUNDRY/LINEN SERVICES

REPAIR/SEWING, CUTTING & ISSUANCE OF LINEN

This process covers the different words requesting linens. Count and segregates repairable linens. Repairing, cutting and sewing linen. Collects and records all linen from laundry section.

Office or Division:		Laun	ndry/Linen S	Services-OMPH	
Classification:		Simp	ole		
Type of Transactio	n:	Gove	ernment to (Citizen	
Who may avail:		All W	/ard		
CHECKLIST	OF REQUIRE	MENT	TS	WHERE 1	TO SECURE
1.Linen Receipt (1 c	riginal)				
2.Linen Requisition		ginal)			
CLIENT STEPS	AGENCY		FEES TO	PROCESSING	PERSON
	ACTIONS		BE PAID	TIME	RESPONSIBLE
1.Forward/endorse repairable linen	1. Receive and logs the forwarded repairable liner from ward personnel. 1.1Cut and sevilinens (doctor's gown, patient's gown, bedshed pillow case, curtain). 1.2Repair and sew the repairable liner and record all linen in the logbook.	n w s s et,	None	1 hour	Linen Personnel
2. Request/receive of clean linen (doctor's gown, patients gown, bedsheet, pillow case).	2. Receive, so and count the linen from laundry section			1 hour	Linen Personnel Laundry Personnel



Linen Receipt Form 2.4 Check for accuracy and completeness of		
the soiled linen will be registered to the Inventory Logbook and		
linen as per number of surrendered soiled linen using Linen Receipt and as per RIS. 2.3 Number of		

COLLECTION AND DELIVERIES OF LINEN

This process covers the outsourced laundry service provider. The laundry are shall be planned, equipped and ventilate to prevent the spread of contaminants. Laundry facilities in the hospital should be separated from linen processing room, patient's, rooms, food preparation and storage and other areas where clean materials and equipment's are stored.

L	_aundry	Linen S	Services-OMPH	
5	Simple			
(G2C-Go	vernme	nt to Citizen	
A	All areas	reques	sting for clean liner	1
F REQUIREM	IENTS		WHERE TO	O SECURE
ng Sheet (1 or	riginal)			
orm (1 original)			
AGENCY	FE	ES TO	PROCESSING	PERSON
ACTIONS	BE	PAID	TIME	RESPONSIBLE
1.Received	Nor	ne	2 hours	Linen Personnel
•				/Laundry Personnel
•				reisonnei
	n			
İ	orm (1 original AGENCY ACTIONS 1.Received request form personnel 1.1Record number of	Simple G2C-Go All areas PFREQUIREMENTS ng Sheet (1 original) orm (1 original) AGENCY ACTIONS BE 1.Received request form personnel 1.1Record	Simple G2C-Governme All areas reques F REQUIREMENTS ng Sheet (1 original) orm (1 original) AGENCY ACTIONS FEES TO BE PAID 1.Received request form personnel 1.1Record number of	G2C-Government to Citizen All areas requesting for clean liner OF REQUIREMENTS Ing Sheet (1 original) Orm (1 original) AGENCY ACTIONS BE PAID 1.Received request form personnel 1.1Record number of



	book/control number 1.2Signs logbook and indicates the date of collection. 1.3Counts and tallies the number of soiled linen received from laundry personnel.	2 hours	
TOTAL		2 hours	

HOUSEKEEPING/UTILITY SERVICES

REQUEST FOR GENERAL CLEANING

This process covers request for the conduct of general cleaning. The service is upon the request of the area with their chosen schedule, time and day.

Office or Division:		Housekeepin	g/Utility Services (0	OMPH)
Classification:		Simple	<u>Jy</u>	
Type of Transactio	n:	G2G-Govern	ment to Governme	nt
Who may avail:		All offices, ce	nters and units	
CHECKLIST	OF REQUIREM	ENTS	WHERE 1	TO SECURE
Request Logbook			Housekeeping off	ice
CLIENT STEPS	AGECNCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Request for general cleaning	1.1Receive request through phone call or personal housekeeping office of different wards/offices. 1.2Housekeeping staff logged the	None	1 day	Utility Staff



	request to the request logbook (requesting area, requesting officer, time of request) 1.3Performs			
	general cleaning			
2.Affixes signature in the service logbook	2.Instructs to sign in the service request logbook after completion of general cleaning	None	2 minutes	Utility Staff
TOTAL			1 day and 2 minutes	