



MARIVELES MENTAL WELLNESS AND GENERAL HOSPITAL

CITIZEN'S CHARTER

2025 (1st Edition)



MARIVELES MENTAL WELLNESS AND GENERAL HOSPITAL

CITIZEN'S CHARTER 2025 (1st Edition)





I. **Mandate:**

The Mariveles Mental Wellness and General Hospital (MMWGH) serves as a Department of Health hospital, catering to the mental health needs of Northern and Central Luzon. Currently operating under a Level 1 license (LTO No. 03-0171-24-H1-1), with 18 beds, MMWGH also offers essential add-on services including a 500-bed custodial psychiatric care unit, type-1 ambulance service, secondary clinical laboratory, HIV-testing laboratory, and pharmacy.

II. **Vision:**

Mariveles Mental Wellness and General Hospital is the premier client-oriented DOH hospital, providing safe, efficient, and quality services.

III. **Mission:**

We provide and advocate for quality mental and medical health care through Promotive, Preventive, Curative and Rehabilitative Services with training and research.

IV: **Service Pledge:**

We, the officials and employees of **MARIVELES MENTAL WELLNESS AND GENERAL HOSPITAL** pledge to commit to deliver mental health care as promised in the MMWGH Citizen's Charter. Specifically, we will...

- Serve with compassion
- Be prompt and timely
- Display procedures, fees and charges
- Provide adequate and accurate information
- Be consistent in applying rules
- Provide feedback mechanism
- Be friendly, accommodating and courteous
- Demonstrate sensitivity, appropriate behaviour and professionalism
- Wear proper uniform and identification
- Observe confidentiality



LIST OF SERVICES

EXTERNAL SERVICES

OFFICE OF THE MEDICAL SERVICE

ADVANCE COMPREHENSIVE CENTER FOR MENTAL HEALTH

OPU PSYCHIATRY	7
1. Psychiatric Consultation (Bagong Kliyente)	7
2. Psychiatric Consultation (Dati ng Kliyente)	15
3. Psychiatric Teleconsultation (Dati ng Kliyente)	23
OPU NEUROLOGY UNIT	27
1. OPU Neurology Consultation for NEW CLIENT	27
2. OPU Neurology Consultation for OLD CLIENT	34
3. Neurolohikal Telekonsultasyon	40
4. Serbisyo ng Electroencephalogram Laboratory	43
PSYCHOLOGICAL SERVICE UNIT	48
1. Neuropsychological Testing (Scheduling)	48
2. Neuropsychological Testing (Testing)	51
3. Neuropsychological Testing (Interview)	55
4. Psychological Assessment for Outpatient (Scheduling)	59
5. Psychological Assessment for Outpatient (Testing)	63
6. Psychological Assessment for Inpatient (Scheduling)	70
7. Psychological Assessment for Inpatient (Testing)	71
8. Unawa Psychotherapy Clinic (Scheduling)	74
9. Unawa Psychotherapy Clinic (Session)	77
GENERAL MEDICAL DEPARTMENT	82
1. General Medical Consultation	82
2. General Medical TeleConsultation	88
WELLNESS UNIT	92
1. Wellness Outpatient Consultation	92
2. Wellness OPD Nutrition Consultation	97
3. Wellness Physiotherapy Services	101



4. Wellness Movement and Massage Therapy Services	105
ALLIED HEALTH PROFESSIONAL SERVICES	
CLINICAL LABORATORY	108
1. Serbisyo ng Laboratoryo — OUTPATIENT	108
2. Serbisyo ng Laboratoryo — IN PATIENT	114
DENTAL CARE UNIT	119
1. Serbisyonong Dental	119
HEALTH INFORMATION MANAGEMENT UNIT	124
1. Creation of Records	124
2. Proseso Sa Pagkuha ng Medical Certificate , Certificate Of Confinement, Clinical Case Summary, Psychiatric Report, Medico Legal Certificate	127
3. Proseso Sa Pagkuha ng Birth Certificate, Fetal Death Certificate at Death Certificate	132
MEDICAL SOCIAL WORK UNIT	136
1. Availing Medical Social Work Unit Services For Outpatient And In-Patient	136
2. Availing Medical Assistance in Malasakit Center	139
PHARMACY UNIT	142
1. Dispensing of Medicine OUTPATIENT	142
2. Dispensing of Medicine IN PATIENT	144
RADIOLOGY UNIT	145
1. 2D Echo	145
2. Ultrasound	148
3. XRAY	152
WOMEN AND CHILD PROTECTION UNIT	157
1. Securing Medico-legal Certificate	157
NURSING SERVICE	162
1. Psychiatric Admission	162
2. Discharges thru Death	166
3. Discharges thru Home Against Medical Advice (HAMA)	172
4. Discharges thru Home Conduction	178



5. Visitation	182
6. Emergency	187
OR & DR COMPLEX	
1. Proseso para sa Surgical Operation	198
2. Proseso para sa Panganganak	207
MEDICAL WARD	213
1. Proseso para Medical Admission	215
2. Proseso sa pag Discharge sa Medical Admission	217
CENTRAL SUPPLY AND STERILIZATION UNIT	219
Non-Frontline Service	
1. Sterilization of Medical Instruments	219
2. Issuance of Supplies	221
OFFICE OF THE MEDICAL CENTER CHIEF	
LAZARETO HUB	222
1. HIV\STI Counselling	222
2. Antiretroviral Therapy Enrollment	224
3. Sexually Transmissible Infection (STI) Counselling, Screening, and Management	227
VIRAL HEPA COMMITTEE	
1. Viral Hepa Screening and Treatment	230
2. Kliyenteng Reaktibo sa HEPATITIS B C	234
PROFESSIONAL EDUCATION, TRAINING, AND RESEARCH UNIT	239
1. Internal Training Request	239
2. Facilitator Training Request	243
3. External Training Request	245
4. Application and Acceptance of Affiliation Request	249
5. Acceptance of Tour Request	253
PLANNING AND MANAGEMENT UNIT	
1. Process for Filing Complaint / Concern	255
2. Request Data for Freedom of Information	258
PUBLIC HEALTH UNIT	260
1. Health Navigator and Referral	260



INTERNAL SERVICE

HOSPITAL OPERATIONS PATIENTS SUPPORT SERVICE

ENGINEERING FACILITIES AND MANAGEMENT UNIT

Non-Frontline Service

- | | |
|----------------------------------|-----|
| 1. Job Request | 265 |
| 2. Equipment Repair Services | 267 |
| 3. Request for CCTV Footage | 272 |
| 4. Architectural Drawing Request | 274 |
| 5. Request for Transportation | 276 |

HUMAN RESOURCE MANAGEMENT UNIT 280

Non-Frontline Service

- | | |
|---|-----|
| 1. Request for Certificate of Employment | 280 |
| 2. Request for Issuance of HPO | 282 |
| 3. Request for Issuance of Service Record | 286 |
| 4. Application for Leave of Absence | 289 |

Frontline Service

- | | |
|---|-----|
| 5. Process for Submission of Job Application | 298 |
| 6. Process for Preparation of Contract | 303 |
| 7. Process for Preparation of Appointment | 309 |
| 8. Handling of Complaints through Grievance Committee | 313 |

INTEGRATED MANAGEMENT INFORMATION SYSTEM UNIT 318

Non-Frontline Service

- | | |
|--|-----|
| 1. Process for AudioVisual Request | 318 |
| 2. Request for Device Whitelisting | 321 |
| 3. IT Service Request | 324 |
| 4. IT Computer Program or System Request | 326 |

MATERIALS MANAGEMENT UNIT 326

- | | |
|---|-----|
| 1. Receipt, Inspection and Acceptance of Deliveries | 330 |
| 2. Issuance of Supplies | 332 |

PROCUREMENT UNIT 334

- | | |
|--|-----|
| 1. Sale of Bidding Documents | 334 |
| 2. Procurement of Goods, Infrastructure, and Consulting Services under | 337 |



Alternative Mode of Procurement	
3. Procurement of Goods, Infrastructure, and Consulting Services under Competitive Bidding	342
ACCOUNTING UNIT	348
1. Processing Of Disbursement Vouchers For Payment Of Salary, Allowances And Other Forms Of Compensation, Including Remittances Of Authorized Deductions	348
2. Processing Of Disbursement Voucher For Payment Of Cash Advances, Maintenance And Other Operating Expenses And Intra-Agency Fund Transfer	366
3. Procurement Of Goods, Consulting Services And Infrastructure Projects	383
4. Certifying Funds Availability On Contracts	408
BILLING AND CLAIMS UNIT	434
Frontline Service	
1. E-Konsulta Services	434
2. Request for SOA (PAYING IN-PATIENT)	437
3. Request for SOA (ER & Medical Ward)	439
4. Philhealth Claims Processing- Outpatient Benefits Package for Mental Health	441
BUDGET UNIT	445
1. Certificate of Availability of Funds for the Request of Goods, Supplies, and Services.	445
2. Certificate of Availability of Funds for the MMWGH Employees' salaries, allowances and other compensation and benefits.	452
3. Certificate of Availability of Funds for the payment of replenishment of Petty Cash Fund, grant of cash advances and liquidation, reimbursements and honoraria.	462
4. Certificate of Availability of Funds for the Expenditures with MOA (payment subject to goods delivered and services rendered), and other expenditures.	470
CASH UNIT	475
Frontline Service	
1. Process for Payment	475
VII. Feedback and Complaints Mechanism	478
VIII. List of Offices	480



OPU PSYCHIATRY

1. PROSESO PARA SA KONSULTASYON PANG PSYCHIATRIC — BAGONG KLIYENTE

Para sa Psychiatric na konsultasyon, ito ay nagbibigay serbisyo sa mga kliyente na nakakaranas ng depression, psychosis at anxiety disorder.

OPERATING HOURS NG PSYCHIATRY CONSULTATION – Lunes, Martes, Miyerkules at Biyernes 8:00 AM - 3:00 PM maliban lamang sa Huwebes, Sabado, Linggo at araw ng Pista.

Office or Division:	OUT-PATIENT UNIT PSYCHIATRY / MEDICAL SERVICE
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Pasyente, Kamag-anak ng pasyente atbp.
CHECKLIST REQUIREMENTS	WHERE TO SECURE
Birth Certificate Kung wala, sertipikasyon mula sa barangay Alinman sa 2 sa mga sumusunod kung maaari. Isang (1) photocopy	Philippine Statistics Authority (PSA) Barangay
Referral Letter (kung mayroon man) Isang (1) orihinal	Recommending Agency (Ospital, DSWD, Barangay, School, Private Company)
Identification Card o ID (Kliyente/ Kamag-anak) Isang (1) orihinal	Person With Disability (PWD), Senior Citizen's ID, Government Issued ID
PARA SA OPISYAL NG KULUNGAN (JAIL OFFICER): <ul style="list-style-type: none">• Recommendation Letter mula sa Korte, Order Isang (1) kopya• Kamag-anak/Legal Authorized Representative• Judicial Affidavit/ Salaysay, mga dokumento na may kaugnayan sa kaso Isang (1) orihinal	Court / Korte



<ul style="list-style-type: none"> • Social Case Study from DSWD - underage patient Isang (1) orihinal 				
Social Case Study from DSWD for 'UNKNOWN' Clients		DSWD		
Confirmed schedule mula sa Text Message (0917-154-8395)		Registered Personal Contact Number of Patient		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. Bisitahin ang MMWGH Outpatient Psychiatry Online Appointment System sa link na ito: https://mmwgh.gov.ph/appointment , upang makapagpa-book ng skedule online.	<p>1.1 Kumpirmahin ang mga personal na detalye at rason sa paghingi o pag-book ng iskedyul ng konsultasyon sa online appointment system.</p> <p>1.2 I-assess mabuti ang mga complaints o mga rason sa paghingi ng iskedyul. Piliin ang ACTION para sa face-to-face consultation.</p> <p>1.3 Sang-ayunan o di-sang-ayunan ang napiling available date ng kliyente/ kamag-anak sa Calendar ng Scheduling System.</p> <p>1.4 Kumpirmahin sa Scheduling System</p>	Wala	2 araw (working days)	Nurse I, II / Outpatient Unit Psychiatry



	<p>kung napadalhan ng text message sa pamamagitan ng automated system ang kliyente/ kamag anak.</p> <p>1.5 Kumpirmahin kung tamang pangalan, uri ng konsultasyon (face-to-face consultation), araw at oras ng konsultasyon ang pinadalang text.</p>			
ARAW NG KONSULTASYON				
<p>2. Ipaalam sa guwardiya ng OPU ang tungkol sa konsultasyon.</p> <p>Maghintay na tawagin ng OPU Nurse para sa queuing number, vital signs, weight, height at abdominal girth.</p>	<p>2.1 Ibigay ang numero ng queuing.</p>	Wala	5 minuto	OPU Security Guard



	<p>2.2 Kapanayamin ang kliyente/ kamag-anak o legal authorized representative. Kuhanan ng vital signs at weight, height at abdominal girth ang kliyente. Bigyan ng panibagong queuing number ang kliyente base sa kategorya</p> <p>Klasipikasyon at Queuing Number:</p> <ul style="list-style-type: none"> ❖ Old (White - O101) ❖ New (Violet- N201) ❖ Priority clients (Pink-P301) - senior citizen, physically disabled and pregnant ❖ Court Case (Green-G401) - Persons with Deprived Liberty ❖ Unscheduled Patient (Yellow- 501) - patients who came without prior appointment 	Wala	10 minuto	Nurse I, II Out-Patient Unit - Psychiatry
	<p>2.3 PARA SA BAGONG KLIYENTE Bigyan ng Psychiatry Outpatient Booklet at ipaliwanag ang mga nilalaman o magbigay ng Health Teachings.</p>	Wala	15 minuto	Nurse I, II Out-Patient Unit - Psychiatry
<p>3. Magparehistro sa Health Information and Management Unit. Punan ang mga forms</p>	<p>3.1 Ipaliwanag at ibigay ang mga forms sa pasyente/ relative.</p>	Wala	30 minuto	Administrative Assistant I Health Information



para sa creation ng patient health record.				Management Unit
4. Magtungo sa Billing Unit para sa magparehistro sa Outpatient Benefits Package for Mental Health	4.1 Interbyuhin ang kliyente upang mapunan ang philhealth forms ng mga datos na kinakailangan	Wala	20 minuto	Administrative Assistant/ Billing and Claims Unit
5. Konsultasyon sa doktor o Physician on duty (POD) PARA SA KLIYENTENG NA-ASSESS PARA SA PSYCHIATRIC ADMISSION PARA SA KLIYENTENG NA-ASSESS PARA SA AGARANG LUNAS (MEDICAL)	5.1 Gawin ang panayam sa kliyente/ kamag-anak legal authorized representative para sa history, mental examination ng kliyente.	Wala	1 oras	Medical Specialist/ Medical Officer
	5.2 Ilista ang mga gamot sa reseta at ang susunod na konsultasyon ng kliyente.	Wala	20 minuto	Nurse I, II Out-Patient Unit - Psychiatry
	5.3 Kumpletuhin ang mga dokumento tulad ng reseta, <i>laboratory and diagnostic requests</i> .	Wala		
	5.6 I-transfer ang pasyente sa Admission Crisis Intervention Unit	Wala	20 minuto	Nurse I, II Out-Patient Unit - Psychiatry
	5.7 Dalhin ang pasyente sa Emergency Room	Wala	10 minuto	Nurse I, II Out-Patient Unit Psychiatry

<p>6. Pagkatapos ng konsultasyon sa doctor. Muling bumalik sa waiting area at hintaying tawagin ng nurse at ibigay ang Psychiatry Outpatient Booklet.</p>	<p>6.1 Isulat ang petsa ng susunod na konsultasyon sa Psychiatry Outpatient Booklet. Ibalik sa kliyente /kamag-anak ang reseta, Booklet / talaan, at magbigay ng tagubilin tungkol sa kanilang susunod na konsultasyon.</p> <p>6.2 Para sa kliyente na walang injection, ibigay ang Hospital Client Experience Survey Form. Sagutan kung natapos na ang mga transaction at ihulog sa Suggestion Box na nasa entrance OPU or ibigay sa PACU.</p>	Wala	15 minuto	Nurse I, II Out-Patient Unit - Psychiatry
<p>7. Magtungo sa Medical Social Worker Unit para sa klasipikasyon/ classification.</p>	<p>7.1 Gawin ang panayam sa kliyente/ kamag-anak o legal authorized representative.</p>	Wala	20 minuto	Social Welfare Officer I / Medical Social Worker Unit
<p>8. Pumunta sa HIMU Issuances para sa nais o kailangang dokumento tulad ng Medical Certificate.</p>	<p>8.1 Ibigay ang forms na kailangang i-fill-up ng kliyente para sa mga request na documents.</p>	Wala	30 minuto	Administrative Officer / Administrative Assistant I (Health Information Management Unit- Issuances) Staff



<p>9. Magpunta sa Pharmacy at ilahad ang reseta ng mga gamot. Ibigay ang Psychiatry Outpatient Booklet sa pharmacist</p>	<p>9.1 Suriin kung mayroong gamot sa Pharmacy ayon sa reseta ng gamot at magbigay ng charge slip. At magbigay ng instruksyon sa susunod na hakbang.</p>	<p>Tignan ang listahan ng halaga ng gamot na nakapaskil sa harap ng tanggapan ng Pharmacy</p>	<p>3 minuto</p>	<p>Pharmacist/ Pharmacy Unit</p>
<p>10. Pumunta sa Billing/Cash Unit o Malasakit Center para sa pagbabayad.</p> <p>PARA SA KLIYENTENG NAIS KUMUHA NG MEDICAL ASSISTANCE SA MALASAKIT CENTER</p> <p>Magtungo sa Malasakit Center at ilahad ang mga sumusunod:</p> <ul style="list-style-type: none"> • Anumang balid na Government ID • Charge Slip at kopya ng referral slip para sa Psychological Assessment. 	<p>10.1 Tingnan ang mga dalang dokumento ng kliyente kagaya ng Charge Slip.</p> <p>10.2 Tingnan sa IHOMIS kung ang pasyente ay mayroon ng Health Record at MSS Number patunay na nakapanayam na ng Social Worker sa OPU ang kliyente o kamag anak.</p> <p>10.3 Kapanayamin ang kliyente o kamag anak gamit ang Unified Intake Sheet (Malasakit Center Form – Annex B)</p> <p>10.4 Gawin ang Malasakit Center Order of Charging</p> <p>10.5 I-photocopy ang mga ibinigay na dokumento para sa Medical Assistance</p> <p>10.6 Papirmahin ang kliyente o kamag anak sa</p>	<p>Wala</p>	<p>15 minuto</p> <p>10 mins</p>	<p>Social Welfare Officer o Social Welfare Assistant / Malasakit Center</p>



Magtungo sa Billing Unit; Ipakita ang "Charged to Malasakit Form"	<p>Malasakit Center Logbook</p> <p>10.7 Papuntahin ang kliyente o kamag anak sa Billing Section/ Unit para ibigay ang charge slip.</p> <p>10.8 Siyasatin ang "Charged to Malasakit Form" na ibinigay ng Malasakit Center</p>			Administrative Assistant I / Billing Unit
<p>PARA SA MAY KAKAYAHANG MAG-BAYAD</p> <p>Pumunta sa Cash Unit, ipakita ang slip ng bayad at ang bayad.</p>	<p>Suriin ang Charge slip. Hingin at suriin ang mga kaukulang ID para sa diskwento:</p> <p>a) PWD ID b) Senior Citizen ID c) at iba pa</p> <p>Tanggapin ang bayad at ibigay ang resibo.</p>	Depende sa klasipikasyon	10 mins	Administrative Assistant or Administrative Officer o Cash Clerk / Cash Unit
<p>11. Magtungo sa OPU Nurse para sa mga may gamot na for injection. Kung matapos na ang transaction, sagutan ang Hospital Client Experience Survey Form at ihulog sa Suggestion Box na nasa entrance ng OPU or ibigay sa PACU for assistance.</p>	<p>11.1 Sa mga kliyente na para sa injection, ipaliwanag ang proseso sa kliyente, ihanda at i-administer ang gamot through injection.</p> <p>11.2 Ibigay ang Hospital Client Experience Survey Form sa pasyente/ kamag-anak.</p>	Wala	15 minuto	Nurse I, II Out-Patient Unit - Psychiatry
KABUUANG BAYAD AT ORAS NA ILALAN		Wala	2 araw (working days), 4 na oras at 48 minuto	



2. PROSESO PARA SA KONSULTASYON PANG PSYCHIATRIC — DATI NG KLIYENTE

Para sa Psychiatric na konsultasyon, ito ay nagbibigay serbisyo sa mga kliyente na nakakaranas ng depression, psychosis at anxiety disorder.

OPERATING HOURS NG PSYCHIATRY CONSULTATION -Lunes, Martes, Miyerkules at Biyernes 8:00 AM-3:00 PM maliban lamang sa Huwebes, Sabado, Linggo at araw ng Pista Opisyal.

Office or Division:	OUTPATIENT UNIT (ACCMH) /MEDICAL SERVICE			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizens			
Who may avail:	Pasyente, Kamag-anak ng pasyente atbp..			
CHECKLIST REQUIREMENTS		WHERE TO SECURE		
Psychiatry Outpatient Booklet		Outpatient Psychiatry Unit		
AlagangTagubilin (Discharged Patient) Isa (1) photocopy		Ibibigay ng MMWGH Nurse bago mapauwi ang pasyente.		
Confirmed schedule mula sa Text Message (0917-154-8395), Paraan ng Pag-Inom ng Gamot Form		Registered Personal Contact Number of Patient, Pharmacy Unit/ Botika		
Identification Card o ID (Kliyente/ Kamag-anak) Isang (1) orihinal		Person With Disability (PWD), Senior Citizen's ID, Government Issued ID		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON



<p>1. Para sa mga lumang kliyente na nais magbago ng petsa ng follow-up sa mga kliyente na hindi nakarating sa itinakdang araw ng konsulta</p> <p>Bisitahin ang MMWGH Outpatient Psychiatry Online Appointment System sa link na ito: https://mmwgh.gov.ph/apointment , upang makapagpa-book ng skedule online.</p>	<p>1.1 Kumpirmahin ang mga personal na detalye at rason sa paghingi o pag-book ng iskedyul ng konsultasyon sa online appointment system.</p> <p>1.2 I-assess mabuti ang mga complaints o mga rason sa paghingi ng iskedyul. Piliin ang ACTION para sa face-to-face consultation.</p> <p>1.3 Sang-ayunan o di-sang-ayunan ang napiling available date ng kliyente/ kamag-anak Calendar ng Scheduling System.</p> <p>1.4 Kumpirmahin sa Scheduling System kung napadalhan ng text message sa pamamagitan ng automated system ang kliyente/ kamag anak.</p>	<p>Wala</p>	<p>2 araw (working days)</p>	<p>Nurse I,II / Outpatient Unit Psychiatry</p>
--	--	-------------	------------------------------	--



	1.5 Kumpirmahin kung tamang pangalan, uri ng konsultasyon (face-to-face consultation), araw at oras ng konsultasyon ang pinadalang text.			
SA ARAW NG KONSULTASYON				
2. Ipaalam sa guwardiya ng OPU ang tungkol sa konsultasyon.	2.1 Ibigay ang numero ng queuing.	Wala	5 minuto	OPU Security Guard
3. Maghintay na tawagin ng OPU Nurse/ Nursing Attendant para sa queuing number, vital signs, weight at ipakita ang Psychiatry Outpatient Booklet.	3.1 Kapanayamin ang kliyente/ kamag-anak o legal authorized representative. Kuhanan ng vital signs at weight ang kliyente. Bigyan ng panibagong queuing number ang kliyente base sa kategorya Kategorya at Queuing Number: ❖ Old (White - O101) ❖ New (Violet- N201) ❖ Priority clients (Pink- P301) - senior citizen, physically disabled and pregnant ❖ Court Case (Green- G401) - Persons	Wala	10 minuto	Nurse I,II / Out-Patient Unit - Psychiatry



	<p>with Deprived Liberty</p> <p>❖ Unscheduled Patient (Yellow-501) - Mga pasyenteng dumating nang walang nakatakdang appointment.</p>			
<p>4. Magtungo sa Billing Unit para sa magparehistro sa Outpatient Benefits Package for Mental Health</p>	<p>4.1 Interbyuhin ang kliyente upang mapunan ang philhealth forms ng mga datos na kinakailangan</p>	Wala	20 minuto	Administrative Assistant / Billing and Claims Unit
<p>5. Konsultasyon sa doktor Physician-on-duty (POD).</p>	<p>5.1 Gawin ang panayam sa kliyente/ kamag-anak o legal authorized representative para sa mental examination ng kliyente.</p> <p>5.2 Ilista ang mga gamot sa reseta at ang susunod na konsultasyon ng kliyente.</p> <p>5.3 Kumpletuhin ang mga dokumento tulad ng laboratory and diagnostic requests at reseta</p>	<p>Wala</p> <p>Wala</p>	<p>45 minuto</p> <p>20 minuto</p>	<p>Medical Specialist / Medical Officer</p> <p>Nurse I,II / Out-Patient Unit - Psychiatry</p>

PARA SA KLIYENTENG NA-ASSESS PARA SA PSYCHIATRIC ADMISSION	5.4 I-transfer ang pasyente sa Admission Crisis Intervention Unit	Wala	20 minuto	Nurse I,II / Out-Patient Unit - Psychiatry
PARA SA KLIYENTENG NA-ASSESS PARA SA AGARANG LUNAS (MEDICAL)	5.5 Dalhin ang pasyente sa Emergency Room	Wala	10 minuto	Nurse I,II / Out-Patient Unit - Psychiatry
PARA SA OUTPATIENT 5. Pagkatapos ng konsultasyon sa doctor. Bumalik sa waiting area at hintaying tawagin ng nurse at ibigay ang Psychiatry Outpatient Booklet.	5.1 Isulat ang petsa ng susunod na konsultasyon sa Psychiatry Outpatient Booklet. Ibalik sa kliyente /kamag-anak ang reseta, Booklet / talaan, at magbigay ng tagubilin tungkol sa kanilang susunod na konsultasyon. 5.2 Para sa kliyente na walang injection, ibigay ang Hospital Client Experience Survey Form.	Wala	15 minuto	Nurse I,II / Out-Patient Unit - Psychiatry
6. Magtungo sa Medical Social Worker Unit para sa update ng social klasipikasyon/ classification (kung meron ng isang taon)	6.1 Gawin ang panayam sa kliyente/ kamag-anak o legal authorized representative.	Wala	20 minuto	Social Welfare Officer I - Medical Social Work Unit



7. Pumunta sa HIMU Issuances para sa nais o kailangang dokumento tulad ng Medical Certificate.	7.1 Ibigay ang forms na kailangang i-fill-up ng kliyente para sa mga request na documents.	Wala	30 minuto	Administrative Officer / Administrative Assistant I (Health Information Management Unit-Issuances) Staff
8. Magpunta sa Pharmacy at ilahad ang reseta ng mga gamot. Ibigay ang Psychiatry Outpatient Booklet sa pharmacist	8.1 Suriin kung mayroong gamot sa Pharmacy ayon sa reseta ng gamot at magbigay ng charge slip. At magbigay ng instruksyon sa susunod na hakbang.	Tignan ang listahan ng halaga ng gamot na nakapaskil sa harap ng tanggapan ng Pharmacy	3 minuto	Pharmacist/ Pharmacy Unit
<p>9. Pumunta sa Billing/Cash Unit o Malasakit Center para sa pagbabayad.</p> <p>PARA SA KLIYENTENG NAIS KUMUHA NG MEDICAL ASSISTANCE SA MALASAKIT CENTER</p> <p>*Magtungo sa Malasakit Center at ilahad ang mga sumusunod:</p> <ul style="list-style-type: none"> Anumang balid na Government ID Charge Slip at kopya ng referral slip para sa Psychological Assessment. 	<p>9.1 Tingnan ang mga dalang dokumento ng kliyente kagaya ng Charge Slip.</p> <p>9.2 Tingnan sa IHOMIS kung ang pasyente ay mayroon ng Health Record at MSS Number patunay na nakapanayam na ng Social Worker sa OPU ang kliyente o kamag anak.</p>	Wala	15 minuto	Social Welfare Officer o Social Welfare Assistant / Malasakit Center



	9.3 Kapanayamin ang kliyente o kamag anak gamit ang Unified Intake Sheet (Malasakit Center Form – Annex B)			
	9.4 Gawin ang Malasakit Center Order of Charging			
	9.5 I-photocopy ang mga ibinigay na dokumento para sa Medical Assistance			
	9.6 Papirmahin ang kliyente o kamag anak sa Malasakit Center Logbook			
*Magtungo sa Billing Unit; Ipakita ang “Charged to Malasakit Form”	9.7 Papuntahin ang kliyente o kamag anak sa Billing Section/ Unit para ibigay ang charge slip. 9.8 Siyasatin ang “Charged to Malasakit Form” na ibinigay ng Malasakit Center		10 mins	Administrative Assistant I - Billing Unit
*PARA SA MAY KAKAYAHANG MAG-BAYAD	9.9 Suriin ang Charge slip. Hingin at suriin ang mga kaukulang ID para sa diskwento: a) PWD ID b) Senior Citizen ID	Depende sa klasipikasyon	10 mins	Administrative Assistant or Administrative Officer o Cash Clerk /Cash Unit



Pumunta sa Cash Unit, ipakita ang slip ng bayad at ang bayad.	c)at iba pa 9.10 Tanggapin ang bayad at ibigay ang resibo.			
10. Muling magtungo sa pharmacy section/ botika, ipakita ang charge slip/ official receipt	10.1 Pagbibigay ng gamot 10.2 Para sa bagong kliyente pagsasagawa ng medication counseling.	Wala	3 minuto 15 minuto	Pharmacist/ Pharmacy Unit
11. Magtungo sa OPU Nurse para sa mga may gamot na for injection. Kung matapos na ang transaction, sagutan ang Hospital Client Experience Survey Form at ihulog sa Suggestion Box na nasa entrance ng OPU or ibigay sa PACU for assistance.	11.1 Sa mga kliyente na para sa injection, ipaliwanag ang proseso sa kliyente, ihanda at i-administer ang gamot through intramuscular. 11.2 Ibigay ang Hospital Client Experience Survey Form sa pasyente/ kamag-anak.	Wala	15 minuto	Nurse I,II /Outpatient Psychiatry
KABUUANG BAYAD AT ORAS NA ILALAN		Depende saa gamot na inireseta	2 araw (working days), 4 na oras at 26 minuto	



3. PROSESO PARA SA PSYCHIATRIC TELE KONSULTASYON — DATI NG KLIYENTE

Ang Telekonsultasyon sa OPU Psychiatry ay nagbibigay serbisyo sa mga dati ng kliyente na nakakaranas ng depression, psychosis at anxiety disorder.

OPERATING HOURS NG PSYCHIATRY UNIT -Lunes, Martes, Miyerkules at Biyernes 8:00 AM-3:00 PM maliban lamang sa Huwebes, Sabado, Linggo at araw ng Pista.

Office or Division:	OUT-PATIENT UNIT (ACCMH) / MEDICAL SERVICE			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Pasyente, Kamag-anak ng pasyente atbp.			
CHECKLIST REQUIREMENTS		WHERE TO SECURE		
Photocopy ng Birth Certificate Kung wala, sertipikasyon mula sa barangay Alinman sa 2 sa mga sumusunod kung maaari Isa(1) orihinal na kopya		Philippine Statistic Authority (PSA) Government Issued ID Barangay		
Recommendation Letter (kung mayroon man) Isa(1) orihinal na kopya		Recommending Agency (Ospital, DSWD, Barangay, School, Private Company)		
Wastong pagkakakilanlan o ID (Pasyente/Kamag-anak) na mayroong petsa ng kapanganakan, gitnang pangalan Isa(1) orihinal na kopya		PWD, Senior Citizen's ID, Government Issued ID		
Confirmed schedule mula sa Text Message (0917-154-8395), Paraan ng Pag-Inom ng Gamot Form		Registered Personal Contact Number of Patient, Pharmacy Unit/ Botika		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIB LE PERSON



1. Bisitahin ang MMWGH Outpatient Psychiatry Online Appointment System sa link na ito: https://mmwgh.gov.ph/appointment , upang makapagpa-book ng skedule online.	1.1 Kumpirmahin ang mga personal na detalye at rason sa paghingi o pag-book ng iskedyul ng konsultasyon sa online appointment system. 1.2 I-assess mabuti ang mga complaints o mga rason sa paghingi ng iskedyul. Piliin ang ACTION para sa teleconsultation. 1.3 Sang-ayunan o di-sang-ayunan ang napiling available date ng kliyente/ kamag-anak sa Calendar ng Scheduling System. 1.4 Kumpirmahin sa Scheduling System kung napadalahan ng text message sa pamamagitan ng automated system ang kliyente/ kamag anak. 1.5 Kumpirmahin kung tamang pangalan, uri ng	Wala	1-2 araw (working days)	Nurse I, II/ Outpatient Unit
---	---	------	-------------------------	------------------------------



	konsultasyon (teleconsultation), araw at oras ng konsultasyon ang pinadalang text.			
2. Hintayin ang tawag ng OPU staff sa umaga ng itinakdang iskedyul ng telekonsultasyon.	2.1 Tawagan ang kamag-anak upang ipaalala ang iskedyul ng telekonsultasyon 2.2 Tanungin sa kamag-anak kung anong account (FB/messenger) ang gagamitin para sa tele konsultasyon. 2.3 Abisuhan na manatiling online sa hapon	Wala	10 minuto	Nurse I, II/ Outpatient Unit
3. Konsultasyon sa doktor	3.1 Interbyuhin ang pasyente/kamag-anak o authorized representative para sa mental status examination ng pasyente	Wala	45 minuto	Medical Specialist/ Medical Service
4. Pagkatapos ng tele-konsultasyon , maghintay sa tawag ng OPU staff	4.1 Ipaliwanag sa pasyente/kamag-anak ang pamamaraan ng pagkuha ng reseta. Kung pupunta sa ospital: Kapag si pasyente ang kukuha ng reseta, magdala ng valid ID at ipakita sa OPU staff Kung authorized representative , magdala ng mga sumusunod, a. Pirmadong authorization letter na ipinapadala sa kanilang messenger b. Valid ID ng pasyente c. Valid ID ng kinatawan/ representative	Wala	10 minuto	Nurse I, II/ Outpatient Unit



	<p>4.2 Ilista ang gamot na nireseta ng doctor at iskedyul sa susunod ng konsultasyon ng pasyente.</p> <p>4.3 Abisuhan ang pasyente o kamag-anak para sa susunod na konsulta</p> <p>4.4 Ipadala ang Hospital Customer Excellence Survey Form</p>			
KABUUANG BAYAD AT ORAS NA ILALAN		Wala	2 araw, 1 oras at 5 minuto	

<p>PARA SA KLIYENTE NA NAGPUNTA SA OPISINA PARA MAGPASCHEDULE</p>	<p>kalagayan ng pasyente.</p> <p>1.4 Magsend ng mensahe ng tagubilin sa pasyente o kamag-anak ukol sa ibinigay na schedule ng konsultasyon at mga requirements or dokumentong dadalin</p> <p>1.5 Magbigay ng follow up slip sa pasyente o kamag-anak ng pasyente para sa kanilang schedule.</p>			
<p>SA ARAW NG KONSULTASYON</p> <p>2. Magtungo sa Triage</p> <p>Para sa Kliyente na naka-schedule</p> <p>Para sa Kliyente na hindi naka-schedule</p>	<p>2.1 Magbigay ng listahan ng naka schedule sa sa Triage</p> <p>2.2 Kuhanin ang detalye ng kliyente</p> <p>2.3 Interbyuhin at kuhanan ng initial na vital signs ang pasyente</p>	Wala	<p>2 minuto</p> <p>3 minuto</p> <p>5 minuto</p>	<p>Nurse/ OPU-Neurology</p> <p>Nurse/ Nursing Attendant-Triage</p>
<p>3. PARA SA BAGONG KLIYENTE/ PASYENTE:</p> <p>Magparehistro sa Health Information and Management Unit. Punan ang ibibigay na form.</p>	<p>3.1 Ipaliwanang ang <i>Pahintulot sa Pagkolekta Pagprosesong Personal na Impormasyon para sa Pagpapagamot</i> na papel bago kumuha ng mga personal na detalye. Papirmahin ang kliyente/ kamag-anak o legal authorized representative</p>	Wala	40 minuto	<p>Administrative Officer /Administrative Assistant I sa Health Information Management Unit</p>



	<p>3.2 Ibigay ang <i>Patient Information Sheet Form</i> ng pasyente na pupunan ng kliyente/ kamag-anak o legal authorized representative</p> <p>3.3 Ipaliwanag at kumuha ng pahintulot para sa Therapeutic Treatment.</p> <p>3.4 Paggawa ng record ng kalusugan at ipaliwanag ang proseso ng konsultasyon.</p>			
<p>4. Magtungo sa OPU Neurology Unit sa OPU Building 2nd floor at magpunta sa Nursing Attendant on duty</p> <ul style="list-style-type: none"> • Magbigay ng impormasyon tungkol sa konsultasyon. 	<p>4.1 Kapanayamin ang kliyente/ kamag-anak o legal authorized representative</p>	Wala	10 minuto	Nurse/Nursing attendant/ Out Patient Unit - Neurology
<p>5. Maghintay na tawagin ng OPU Nurse/ Nursing Attendant para makuhanan ng vital signs, weight, at height</p> <p>QUEUEING:</p> <p>P-Priority</p> <ul style="list-style-type: none"> - Senior Citizen - Buntis - Pisikal na kapansanan <p>S-Scheduled</p> <p>U-Unscheduled</p>	<p>5.1 Suriin ang vital signs ng kliyente</p> <p>5.2 Magbigay ng queuing number pagkatapos makuhanan ng vital signs</p>	Wala	10 minuto	Nurse/Nursing Attendant sa Out-Patient Unit - Neurology



6. Konsultasyon sa doctor o neurologist on duty	6.1 Kapanayamin ang kliyente/ kamag-anak o legal authorized representative para sa history, at examinin ang kliyente para makapagbigay ng nararapat na lunas	Wala	60 minuto	Medical Specialist / Medical Officer
	6.2 Ilista ang mga gamot sa reseta at ang susunod na konsultasyon ng kliyente.	Wala	5 minuto	Nurse sa Out-Patient Unit - Neurology
	6.3 Siguraduhin na ang datos sa mga dokumento tulad ng laboratory, diagnostic requests, reseta, at follow up slip or referral slip ay kumpleto.	Wala	5 minuto	Nurse sa Out-Patient Unit - Neurology
7. PARA SA KLIYENTENG NA-ASSESS PARA SA AGARANG LUNAS (MEDICAL/ NEUROLOHIKAL)	7.1 Dalhin ang pasyente sa Emergency Room	Wala	5 minuto	Nurse sa Out-Patient Unit - Neurology
8. Pagkatapos ng konsultasyon sa doktor, muling bumalik sa Waiting area, hintayin ang nurse para sa pagbibigay ng reseta at iba pang dokumento at impormasyon. Sagutan ang Client Experience at Survey Form	8.1 Magbigay ng mga health teaching ukol sa kondisyon. Ibigay and mga dokumento tulad ng laboratory, diagnostic requests, reseta, at follow up slip or referral slip. Magbigay ng Client Experience at Survey form. Ilagay sa Suggestion box o ibigay sa PACD.	Wala	10 minuto	Nurse sa Out-Patient Unit - Neurology

9. Magtungo sa Medical Social Work Unit para sa "classification"	9.1 Gawin ang panayam sa kliyente/ kamag-anak o legal authorized representative.	Wala	20 minuto	Social Welfare Officer sa Medical Social Work Unit
--	--	------	-----------	--

<p>PARA SA KLIYENTENG NANGANGAILANGAN NG MEDICAL CERTIFICATE</p> <p>10. Pumunta sa OPU-HIMU para sa Medical Certificate</p> <ul style="list-style-type: none"> Maghintay na tawagin ng Health Information Management Unit Staff 	10.1 Ipaliwanag sa kamag anak/ authorized representative na kailangan ng personal ang mismong kliyente na nangangailangan ng Medical Certificate para sa pagprma ng consent form.	Wala	10 minuto	Nurse sa Out-Patient Unit – Neurology
	- Irefer sa Doctor on Duty kung ang kliyente ay walang kakayahan na makapnta ng personal sa opisina.			
	10.2 I-refer sa OPU-HIMU para sa issuance ng Medical Certificate	Class D- Wala	30 minuto	Administrative Officer / Administrative Assistant (Out Patient Staff sa Health Information Management Unit
	10.3 Ipaliwanag na ang "classification" ang magiging basehan sa babayaran para sa Medical Certificate	Class C- Wala		
		Class B- 100%		
		Class C1- 50%		
		Class C2- 75%		
	10.4 Ibigay ang kopya ng Impormasyong Pangkalusugan na pupunan at lalagdaan ng pasyente o authorized			Administrative Officer / Administrative Assistant (Out Patient Staff sa



	<p>representative na may katunayan ng pagkakakilanlan o valid ID.</p> <p>10.4 Maghanda ng dalawang kopya ng medical certificate na may diagnosis at kasalukuyang gamot ng kliyente. Pirmahan ng kliyente ang receiving copy.</p>			Health Information Management
<p>11. PARA SA BAGONG KLIYENTE/ PASYENTE:</p> <p>Magtungo sa Opisina ng E-Konsulta (kung ang Diagnosis ay hindi kabilang sa Mental Health Package)</p> <p>Magtungo sa Billing Unit (kung ang Diagnosis ay kabilang sa Mental Health Package)</p>	<p>11.1 Kapanayamin at itala ang konsultasyon</p> <p>11.2 Kapanayamin at itala ang konsultasyon para sa Mental Health Package</p>	Wala	<p>30 minuto</p> <p>20 minuto</p>	Administrative Officer / Administrative Assistant sa Out Patient /Billing Unit
<p>12. Magpunta sa Pharmacy at ilahad ang reseta ng mga gamot.</p> <p>PARA SA MGA KLIYENTE NA HIHINGI NG TULONG SA MALASAKIT CENTER PARA SA GAMOT, LABORATORY AT MGA AVAILABLE NA</p>	<p>12.1 Suriin kung mayroong gamot sa Pharmacy ayon sa reseta at magbigay ng charge slip.</p>	Tignan ang listahan ng halaga ng gamot na nakapaskil sa harap ng tanggapan ng Pharmacy	3 minuto	Pharmacist sa Pharmacy Unit



<p>DIAGNOSTIC PROCEDURES.</p> <p>-Magtungo sa Malasakit Center at ipakita ang Charge Slip at Medical Certificate</p> <p>PARA SA MGA KLIYENTE NA NAIS MAGBABAYAD NG CASH</p> <p>-Magtungo sa Cash Unit ipakita ang charge slip at magbayad</p>				
<p>13. Muling magtungo sa Pharmacy Section/ Botika, ipakita ang charge slip o official receipt.</p>	<p>13.1 Ihanda at ibigay ang mga gamot sa kliyente. Magbigay ng mga paalala sa paginom ng mga gamot.</p>	<p>Wala</p>	<p>20 minuto</p>	<p>Pharmacist sa Pharmacy Unit</p>
<p>KABUUANG ORAS AT BAYAD NA INILAAAN</p>		<p>Ang babayaran ay nakadepende sa classification ng pasyente kung kukuha ng Medical Certificate at kung anong gamot ang kukunin ng pasyente sa ating pharmacy.</p>	<p>5 na oras at 5 minuto</p>	



2. KONSULTASYONG PANG NEUROLOHICAL— LUMANG KLIYENTE

Ang konsultasyon sa aming tanggapan ay nagbibigay ng serbisyo para sa mga pasyenteng may mga suliraning neurolohikal tulad ng Stroke, Epilepsy/Seizure, Dementia, Headache, Neuropathic Pain, at iba pa.

OPERATING HOURS NG NEUROLOGY CONSULTATION -Lunes, Martes at Miyerkules 8:00AM-3:00PM maliban lamang sa Huwebes, Biyernes Sabado, Linggo at Araw ng Pista.

Office or Division:	OUTPATIENT UNIT (NEUROLOGY) / MEDICAL DIVISION			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizens			
Who may avail:	Pasyente, Kamag-anak ng pasyente atbp..			
CHECKLIST REQUIREMENTS		WHERE TO SECURE		
Confirmed schedule mula sa Text Message, follow - up slip, o Paraan ng Pag-Inom ng Gamot Form		Neurology Outpatient Pharmacy Unit/ Botika		
Psychiatry Outpatient Booklet		Psychiatry Outpatient Unit		
AlagangTagubilin (Discharged Patient) Isa(1) photocopy		Ibibigay ng MMWGH Nurse o ng ibang nurse sa ibang hospital bago mapauwi ang pasyente		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. Tumawag at mag-text sa sumusunod na numero para sa scheduling ng konsultasyon OPU Neurology-09948377565 (Lunes-Biyernes 8 ng umaga hanggang 5 ng hapon maliban Huwebes, Biyernes Sabado, Linggo at Araw ng Pista)	1.1 Kontakin at sagutin ang mga kliyenteng nag-inquire sa mga official na number. 1.2 Ipaalam sa pasyente or kamag-anak (informant) na ine-encode o nirerecord ang mga mapag-uusapan sa call and text. 1.3 Interbyuhin ang kamag-anak at tanungin ang	Wala	15 minuto	Nurse sa Outpatient Unit Neurology

<p>PARA SA KLIYENTE NA NAGPUNTA SA OPISINA PARA MAGPASCHEDULE</p>	<p>kalagayan ng pasyente.</p> <p>1.4 Magsend ng mensahe ng tagubilin sa pasyente o kamag-anak ukol sa ibinigay na schedule ng konsultasyon at mga requirements or dokumentong dadalin</p> <p>1.5 Magbigay ng follow up slip sa pasyente o kamag-anak ng pasyente para sa kanilang schedule.</p>			
<p>SA ARAW NG KONSULTASYON</p> <p>2. Magtungo sa Triage</p>	<p>2.1 Magbigay ng listahan ng naka schedule sa sa Triage</p> <p>2.2 Interbyuhin at kuhanan ng initial na vital signs ang pasyente</p>	<p>Wala</p>	<p>2 minuto</p> <p>5 minuto</p>	<p>Nurse/Nursing attendant/ Out Patient Unit - Neurology</p> <p>Nurse sa Triage</p>
<p>3. Magtungo sa OPU Neurology Unit sa OPU Building 2nd floor at magpunta sa Nursing Attendant on duty</p> <ul style="list-style-type: none"> Magbigay ng impormasyon tungkol sa konsultasyon. 	<p>3.1 Kapanayamin ang kliyente/ kamag-anak o legal authorized representative</p>	<p>Wala</p>	<p>10 minuto</p>	<p>Nurse/Nursing attendant/ Out Patient Unit - Neurology</p>
<p>4. Maghintay na tawagin ng OPU Nurse/ Nursing Attendant para makuhanan ng vital signs, weight, at height</p>	<p>4.1 Suriin ang vital signs ng kliyente</p> <p>4.2 Magbigay ng queuing number pagkatapos makuhanan ng vital signs</p>	<p>Wala</p>	<p>10 minuto</p>	<p>Nurse/Nursing Attendant sa Out-Patient Unit - Neurology</p>

<p>QUEUEING:</p> <p>P-Priority</p> <ul style="list-style-type: none"> - Senior Citizen - Buntis - Pisikal na kapansanan <p>S-Scheduled</p> <p>U-Unscheduled</p>				
<p>5. Konsultasyon sa doctor o neurologist on duty</p>	<p>5.1 Kapanayamin ang kliyente/ kamag-anak o legal authorized representative para sa history, at examinin ang kliyente para makapagbigay ng nararapat na lunas</p> <p>5.2 Ilista ang mga gamot sa reseta at ang susunod na konsultasyon ng kliyente.</p> <p>5.3 Siguraduhin na ang datos sa mga dokumento tulad ng laboratory, diagnostic requests, reseta, at follow up slip or referral slip ay kumpleto.</p>	<p>Wala</p> <p>Wala</p> <p>Wala</p>	<p>60 minuto</p> <p>5 minuto</p> <p>5 minuto</p>	<p>Medical Specialist / Medical Officer</p> <p>Nurse sa Out-Patient Unit - Neurology</p> <p>Nurse sa Out-Patient Unit - Neurology</p>
<p>PARA SA KLIYENTENG NA-ASSESS PARA SA AGARANG LUNAS (MEDICAL/ NEUROLOHIKAL)</p>	<p>5.4 Dalhin ang pasyente sa Emergency Room</p>	<p>Wala</p>	<p>5 minuto</p>	<p>Nurse sa Out-Patient Unit - Neurology</p>
<p>6. Pagkatapos ng konsultasyon sa doktor, muling bumalik sa Waiting area, hintayin</p>	<p>6.1 Magbigay ng mga health teaching ukol sa kondisyon. Ibigay and</p>	<p>Wala</p>	<p>10 minuto</p>	<p>Nurse Out-Patient Unit - Neurology</p>

[illegible]



		<p>Class C1-50%</p> <p>Class C2-75%</p>		
	<p>8.3 Ibigay ang kopya ng Impormasyong Pangkalusugan na pupunan at lalagdaan ng pasyente o authorized representative na may katunayan ng pagkakakilanlan o valid ID.</p> <p>8.4 Maghanda ng dalawang kopya ng medical certificate na may diagnosis at kasalukuyang gamot ng kliyente. Pirmahan ng kliyente ang receiving copy.</p>			
9. Magtungo sa Billing Unit	9.1 Kapanayamin at itala ang konsultasyon para sa Mental Health Package kung ang kondisyon ay kasali sa Mental Health Package	Wala	20 minuto	Administrative Officer / Administrative Assistant sa Out Patient /Billing Unit Staff
<p>10. Magpunta sa Pharmacy at ilahad ang reseta ng mga gamot.</p> <p>PARA SA MGA KLIYENTE NA HIHINGI NG TULONG SA MALASAKIT CENTER PARA SA GAMOT, LABORATORY AT MGA AVAILABLE NA</p>	10.1 Suriin kung mayroong gamot sa Pharmacy ayon sa reseta at magbigay ng charge slip.	Tignan ang listahan ng halaga ng gamot na nakapaskil sa harap ng tanggapan ng Pharmacy	3 minuto	Pharmacist sa Pharmacy Unit

<p>AVAILABLE NA DIAGNOSTIC PROCEDURES.</p> <p>-Magtungo sa Malasakit Center at ipakita ang Charge Slip at Medical Certificate</p> <p>PARA SA MGA KLIYENTE NA NAIS MAGBABAYAD NG CASH</p> <p>-Magtungo sa Cash Unit ipakita ang charge slip at magbayad</p>				
<p>11. Muling magtungo sa Pharmacy Section/ Botika, ipakita ang charge slip o official receipt.</p>	<p>11.1 Ihanda at ibigay ang mga gamot sa kliyente. Magbigay ng mga paalala sa paginom ng mga gamot.</p>	<p>Wala</p>	<p>20 minuto</p>	<p>Pharmacist sa Pharmacy Unit</p>
<p>KABUUANG ORAS AT BAYAD NA INILAN</p>		<p>Ang babayaran ay nakadepende sa classification ng pasyente kung kukuha ng Medical Certificate at kung anong gamot ang kukunin ng pasyente sa ating pharmacy.</p>	<p>3 Oras at 9 minuto</p>	



3. NEUROLOHIKAL TELEKONSULTASYON

Ang tele konsultasyon sa aming tanggapan ay ginagawa sa pamamagitan ng pagtawag sa mga dati ng kliyente. Ito ay nagbibigay serbisyo sa mga kliyente na may suliraning neurolohikal tulad ng stoke, epilepsy/ seizure, dementia, headache, neuropathic pain at iba pa.. Ang konsultasyon ay bukas mula Lunes hanggang Miyerkules alas 3 ng hapon hanggang alas 5 ng hapon maliban sa araw ng Huwebes, Biyernes, Holidays at Pista opisyal

Office or Division:	OUTPATIENT UNIT (NEUROLOGY)/ MEDICAL SERVICE			
Classification:	Simple			
Type of Transaction:	G2C, Government to Citizen			
Who may avail:	Patients, Relative of Patients and Other Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Valid I.D (Kliyente/Kamag-Anak) Isang(1) Orihinal na Kopya		PWD, Senior Citizen's ID, Government-issued ID		
Birth Certificate (kung mayroon) Barangay Certification Isang(1) Photocopy		Philippine Statistics Authority (PSA) Barangay		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magtungo o tumawag sa opisyal na numero ng Outpatient Neurology 09948377565 upang magpatala ng schedule ng konsultasyon.	1.1 Ipaalam sa pasyente o kamag anak na ineencode ang mga impormasyong napag uusapan sa 2025 Neurology Consultation Data and Scheduling google Sheet. <ul style="list-style-type: none">• Name• Age• Sex• Contact Number• Type of client (New or Old)• Chief complaint	Wala	15 minuto	Nurse I/ Nurse II Outpatient Neurology

	1.2 Interbyuhin ang kliyente o kamag anak at alamin ang kalagayan ng kliyente.			
	1.3 Itala ang araw ng konsultasyon ng kliyente sa 2025 Neurology Consultation Data and Scheduling google sheet.			
2. Hintayin ang tawag sa umaga ng OPU Neurology Nurse sa itinakdang araw ng telekonsultasyon	<p>2.1 Tawagan ang kliyente/kamag-anak upang ipaalala ang konsultasyon, paraan ng komunikasyon (Tawag o Viber Video call) at abisuhan sa oras ng telekonsultasyon ng doktor.</p> <p>(Tatawagan lamang ng tatlong beses ang kliyente, at kung hindi masagot ang tawag, kinakailangan muling magpatala para sa bagong araw ng konsultasyon.)</p>	Wala	5 minuto	Nurse I/ Nurse II Outpatient Neurology
3. Konsultasyon ng Doctor	3.1 Isagawa ang konsultasyon sa kliyente/kamag-anak o awtorisadong kinatawan ng kliyente tungkol sa kalagayan ng pasyente.	Wala	30 minuto	Medical Specialist o Medical Officer/ Outpatient Neurology
4. Pagkatapos ng tele konsultasyon sa Doctor. Hintayin ang	4.1 Ipaliwanag sa kliyente/ kamag-anak ang paraan ng pagkuha	Wala	5 minuto	Nurse I/ Nurse II Outpatient Neurology



tawag ng OPU Neurology Nurse	ng reseta. Abisuhan na magtungo sa OPU Neurology Consultation Room Monday to Friday mula 8am-5pm			
5. Para sa kliyente na kukuha ng reseta Kapag kliyente ang kukuha ng reseta, magdala ng valid ID at ipakita sa OPU Neurology staff. PARA SA AUTHORIZED REPRESENTATIVE Kung ang kukuha ng reseta ay ang authorized representative, dalin ang mga sumusunod:	5.1 Ipaliwanag sa kliyente/ kamag-anak ang paraan ng pag inom ng gamot. 5.2 Payuhan na maaring pumunta sa MMWGH Pharmacy upang mabili ang gamot 5.3 Ipaalam kung kailan ang araw ng follow up ng kliyente 5.4 Ipadala ang link ng Customer Survey Form https://hfpddc.doh.gov.ph/SurveyCesfAdd?f=DOH01977	Wala	5 minuto	Nurse I/ Nurse II Out Patient Neurology
KABUUANG INILAAN NA ORAS		Wala	1 oras	



4. SERBISYO NG ELECTROENCEPHALOGRAM LABORATORY

Nagbibigay ng abot kayang serbisyo ang EEG Laboratory na kailangan para sa tamang gamutan ng mga pasyente na may Neurologic na kondisyon. Nagbibigay serbisyo mula Lunes hanggang Miyerkules, alas-8 ng umaga hanggang alas-5 ng hapon. Maliban sa mga araw ng Huwebes, Biyernes, Holidays at Pista Opisyal.

Office or Division:	Medical Service			
Classification:	Complex			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	Lahat			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
EEG Request Form Isang (1) orihinal na kopya - para sa scheduled clients na galing sa ibang ospital o klinika Dalawang (2) orihinal na kopya - para sa In-patient at Outpatient ng MMWGH		Mula sa Nurse on Duty o Attending Physician		
Valid I.D (Client/Relatives)		PWD, senior Citizen's Id, Government Issued ID		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pumunta sa EEG Laboratory dala ang EEG Request Form na napirmahan ng doktor *PARA SA MAGPAPA SCHEDULE NG OUTPATIENT, Ibigay ang sumusunod na impormasyon;	1. Makipag ugnayan sa kliyente kung ano ang kanilang pakay 1.1 Itakda ang araw at oras kung kailan babalik ang kliyente para sa eksaminasyon.	Wala	10 minuto	Nurse II Neurology Unit



<ul style="list-style-type: none"> • pangalan • edad • contact number • requesting physician. <p>PARA SA MAGPAPASCHEDUL E NA IN-PATIENT, ang Nurse on duty ang makikipag ugnayan sa EEG Technician at maaaring mag-message sa opisyal na viber number (0994-837-7565) o magtungo sa EEG Laboratory para mabigyan ng schedule</p>	1.2 Ipaliwanag ang mga preparation na dapat sundin bago ang EEG			
1. Pagsasailalim sa eksaminasyon. Ibigay ang mga sumusunod sa EEG Technician: <ul style="list-style-type: none"> • EEG Request form • Identification card 	2. Tanggapin at suriin ang request form	Wala	10 minuto	Nurse II Neurology Unit
	2.1 Ihanda ang EEG machine at ang kliyente para sa eksaminasyon.	Wala	2 oras	Nurse II Neurology Unit
	2.2 Ipaliwanag ang procedure sa kliyente at papirmahin ng consent form kung sumasang ayon ito sa gagawin na eksaminasyon.			
	2.3 Ang guardian o tagapangalaga naman ang			



	<p>pipirma kung ang kliyente ay may edad 18 pababa.</p> <p>2.4 Pahigain ng komportable ang kliyente at isagawa ang eksaminasyon</p> <p>2.5 I-save ang EEG recording para sa interpretasyon ng resulta.</p>			
2. Pagkatapos ng eksaminasyon. Mag tungo sa mga sumusunod na	<p>3. Ibigay ang isang (1) orihinal na kopya ng EEG Request Form, gawin at ibigay ang charge slip.</p> <p>3.1 Ibigay ang araw at oras ng pagkuha ng resulta ng EEG</p> <p>3.2 Payuhan na ibalik ang charge to MH package slip na</p> <p>Para sa mga In-patient na kliyente</p> <p>Ang EEG Technician ang magbibigay ng charge slip sa billing unit ibinigay sa kanila ng billing unit</p>	Wala	5 minuto	EEG Technician / Nurse II Neurology Unit



<p>*Para sa kliyente na ilalapit sa Philhealth MH package</p> <p>Magtungo sa billing unit at ipakita ang mga sumusunod:</p> <ul style="list-style-type: none"> ✓ Isang (1) orihinal na kopya ng EEG request form ✓ Charge slip 	<p>*Suriin ang mga dokumento at i-proseso ang billing ng kliyente</p>	<p>Wala</p>	<p>20 minuto</p>	<p>Administrative Assistant / Billing Unit</p>
<p>*Para sa mga pribadong kliyente na nais magbayad ng cash</p> <p>Magtungo sa cash/ billing unit at ipakita ang charge slip at ibigay ang bayad</p> <p>PAALALA:</p> <p>Ang bayad ay naka depende sa klasipikasyon ng kliyente</p>	<p>*Suriin ang charge slip at i-proseso ang pagbabayd ng kliyente</p>	<p>PHP 2,000 Procedure PHP 500.00 Reading Fee</p>	<p>8 minuto</p>	<p>Administrative Assistant / Cash Unit</p>
<p>3. Bumalik sa EEG Laboratory at ibigay ang Official Receipt o charge to MH Package slip na ibibigay ng billing unit.</p>	<p>Para sa kliyenteng sakop ng Philhealth MH package</p> <p>4.1 Kunin at ilagay sa charge slip booklet ang charge to MH package slip mula sa kliyente</p>	<p>Wala</p>	<p>5 minuto</p>	<p>Nurse II Neurology Unit</p>
	<p>Para sa pribadong kliyente na nagbayad ng cash</p>	<p>Wala</p>		



	4.2 Kunin ang resibo at itala ang Official Receipt number sa EEG result logbook			
	4.3 Ipaalala sa kliyente ang pagkuha ng resulta sa itinalagang araw	Wala	7 working days	Nurse II Neurology Unit
<p>4. Pagkuha ng resulta</p> <p>Para sa kliyente na kukuha ng kanilang resulta kaylangan magpakita ng Identification card</p> <p>Para sa Authorized Representative Dalin ang mga sumusunod:</p> <ul style="list-style-type: none"> • Authorization letter na pirmado ng kliyente • Identification card ng kliyente • Identification card ng Authorized Representative 	5.1 Papirmahin ang kukuha ng resulta sa EEG Result Logbook	Wala	5 minuto	Nurse II Neurology UNIT
<p>KABUUANG BAYAD AT INILAANG ORAS</p>		<p>PHP 2,000 Procedure</p> <p>PHP 500 Reading Fee</p>	<p>7 araw, 2 oras at 55 minuto kung lalapit sa Philhealth MH package</p> <p>7 araw, 2 oras at 43 minuto kung magbabayad sa Cash Unit</p>	



PSYCHOLOGICAL SERVICE UNIT

1. NEUROPSYCHOLOGICAL SCHEDULING

Ang Psychological Services Unit ay nagbibigay ng mga Neuropsychological Test para sa pangangalap ng impormasyon na may kaugnayan sa kakayahang pangkaisipan, personalidad at pag-uugali ng isang indibidwal o grupo ng mga kliyente. Bukas ang Psychological Services Unit para sa mga serbisyong ito mula Lunes hanggang Biyernes, 8:00 AM – 5:00 PM.

Office or Division:	Psychological Services Unit MEDICAL SERVICE - Advanced Comprehensive Center for Mental Health			
Classification:	Highly Technical			
Type of transaction:	G2C & G2G			
Who may avail:	Lahat ng kliyenteng nangangailangan ng Neuropsychological Testing.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Letter o Slip Isang (1) Orihinal na kopya		Mula sa ahensya at opisina ng kliyente.		
Wastong pagkakakilanlan o ID na mayroong petsa ng kapanganakan, gitnang pangalan Isang (1) Orihinal na kopya		Person With Disability (PWD) ID, Senior Citizen's ID, at iba pang Government Issued ID		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
NEUROPSYCHOLOGICAL SCHEDULING				
1. Magtungo sa Psychological Services Unit upang ipakita ang referral letter o mag-email sa mmwghpsychology@gmail.com	1.1 Tanggapin ang referral letter. 1.2 Ibigay ang schedule slip sa walk-ins o ipadala sa pamamagitan ng email ang schedule slip para	Wala	5 minuto	Administrative Assistant o Administrative Officer (Psychometrician) Psychological Services Unit



<p>Nilalaman ng Referral Letter:</p> <ul style="list-style-type: none"> ✓ Dahilan ng referral ✓ Buong pangalan at edad ng kliyenteng ni-refer at mga datos tungkol sa posisyon na ina-applyan, pinakamataas na antas na nakamit, atbp. ✓ Email address at contact number ng ahensya na nag refer. 	<p>sa ahensya na nag-email.</p>			<p>Human Resource Management Unit (HRMU) Unit Staff at Authorized Personnel ng ibang ahensya</p>
<p>2. Ipasa ang mga sumusunod</p> <ul style="list-style-type: none"> • Isang (1) pirasong 2x2 ID Picture na may puting background. • Isang (1) Orihinal na kopya Wastong pagkakakilanlan o ID. 	<p>2.1 Ipaalam sa kliyente o ahensya na nagrefer ang tungkol sa klase ng test na ibibigay, kung kailan ang iskedyul at oras ng pagsusulit, mga babayaran, at mga kinakailangang dalhin sa araw ng pagsusulit.</p> <p>2.2 Abisuhan ang kliyente at/o ahensya na bibigyan lamang sila ng 30 minuto na palugit sa itinakdang iskedyul at kung lumagpas ay HINDI na itutuloy ang neuropsychological evaluation.</p> <p>Kapag hindi nakarating sa nasabing oras sa itinakdang petsa, ang</p>	<p>Wala</p>	<p>5 minuto</p>	<p>Administrative Assistant o Administrative Officer (Psychometrician) Psychological Services Unit</p>



	ibibigay sa kliyente ay ang susunod na iskedyul.			
KABUUANG ORAS AT BAYAD NA INILAAAN		Wala	10 minuto	



2. NEUROPSYCHOLOGICAL TESTING

Ang Psychological Services Unit ay nagbibigay ng mga Neuropsychological Test para sa pangangalap ng impormasyon na may kaugnayan sa kakayahang pangkaisipan, personalidad at pag-uugali ng isang indibidwal o grupo ng mga kliyente. Bukas ang Psychological Services Unit para sa mga serbisyong ito mula Lunes hanggang Biyernes, 8:00 AM – 5:00 PM.

Office or Division:		Psychological Services Unit MEDICAL SERVICE - Advanced Comprehensive Center for Mental Health		
Classification:		Highly Technical		
Type of transaction:		G2C & G2G		
Who may avail:		Lahat ng kliyenteng nangangailangan ng Neuropsychological Testing.		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
2x2 ID Picture na may puting background Isang (1) piraso			Manggagaling mula sa kliyente	
Wastong pagkakakilanlan o ID na mayroong petsa ng kapanganakan, gitnang pangalan Isang (1) Orihinal na kopya			Person With Disability (PWD), Senior Citizen's ID, at iba pang Government Issued ID	
Charge Slip Isang (1) Orihinal na kopya			Manggagaling sa Psychological Services Unit Staff	
Official Receipt Isang (1) Orihinal na kopya			Makukuha sa Billing/Cash Unit	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
NEUROPSYCHOLOGICAL TESTING				
1. Bumalik sa araw ng iskedyul sesyon ng neuropsychological testing. Sabihin ang	1.1 Magtungo na sa opisina ng Psychological Services Unit.	Wala	1 minuto	Security Guard



pakay ng pag punta at opisinang pupuntahan sa Security Guard.				
2. Pupunta ang kliyente sa opisina ng Psychological Services Unit at ipapakita ang mga kinakailangang dokumentong nabanggit.	2.1 Suriin ang dokumento ng kliyente. 2.2 Ibigay ang battery of Neuropsychological Tests.	Wala	4 oras (Nakadepende sa klase ng neuropsychological test na sasagutan at sa kakayahan ng kliyenteng magsagot.)	Administrative Assistant o Administrative Officer (Psychometrician) Psychological Services Unit
3. Tanggapin ang Charge Slip para sa pagbabayad ng Neuropsychological exam fee.	3.1 Ibigay ang Charge Slip.	Wala	2 minuto	Administrative Assistant o Administrative Officer (Psychometrician) Psychological Services Unit
4. Pumunta sa Billing/Cash Unit at magbayad ng kinakailangang halaga.	4.1 Iproseso ang bayad at ibigay ang Official Receipt.	Ang presyong babayaran ay nakadepende sa mga klase ng neuropsychological test na sinagutan.	3 minuto	Administrative Assistant o Administrative Officer Billing/Cash Unit



<p>5. Bumalik sa Psychological Services Unit. Ipapakita ang Official Receipt.</p>	<p>5.1 Irecord ang Official Receipt number at ipapaalam sa kliyente na ang Neuropsychological Report ay kadalasang magagawa sa loob ng 19 na araw ng trabaho.</p> <p>5.2 Ipaalam sa kliyente o sa ahensya ang <i>face to face</i> o online interview schedule. (Ito ay nakadepende kung mayroon ng medical specialist.)</p>	<p>Wala</p>	<p>3 minuto</p>	<p>Administrative Assistant o Administrative Officer (Psychometrician) Psychological Services Unit</p>
<p>6. Hintayin ang pag-aayos ng Neuropsychological Report.</p>	<p>6.1 Ang pag-aayos ng Neuropsychological Report ay isinasagawa ng Rehistradong Psychometrician at Rehistradong Psychologist.</p> <p>Ito ay maaaring mas tumagal, depende sa dami ng pagsusuring naibigay at sa dami ng kliyenteng nakalaan sa buwan.</p>	<p>Wala</p>	<p>19 na araw ng trabaho</p>	<p>Administrative Officer (Psychometrician) at Psychologist Psychological Services Unit</p>
<p>KABUUANG ORAS AT BAYAD NA INILAN</p>		<p>Ang presyong babayaran ay nakadepende sa mga klase ng neuropsych</p>	<p>19 na araw ng trabaho, 4 oras, at 9 minuto (Maaring dumepende sa dami ng kliyente at pasyenteng kumukuha ng serbisyo)</p>	



	ological test na sinagutan.	
--	-----------------------------------	--



3. NEUROPSYCHOLOGICAL INTERVIEW

Ang Psychological Services Unit ay nagbibigay ng mga Neuropsychological Test para sa pangangalap ng impormasyon na may kaugnayan sa kakayahang pangkaisipan, personalidad at pag-uugali ng isang indibidwal o grupo ng mga kliyente. Bukas ang Psychological Services Unit para sa mga serbisyong ito mula Lunes hanggang Biyernes, 8:00 AM – 5:00 PM.

Office or Division:		Psychological Services Unit MEDICAL SERVICE - Advanced Comprehensive Center for Mental Health		
Classification:		Highly Technical		
Type of transaction:		G2C & G2G		
Who may avail:		Lahat ng kliyenteng nangangailangan ng Neuropsychological Testing.		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Authorization Letter sa pagkuha ng report ng ahensya Isang (1) Orihinal na kopya		Mula sa ahensya at opisina ng kliyente.		
Letter of Request ng pagkuha ng personal na kopya ng report Isang (1) Orihinal na kopya		Mula sa kliyente na kukuha ng personal na kopya ng report		
Wastong pagkakakilanlan o ID na mayroong petsa ng kapanganakan, gitnang pangalan Isang (1) Orihinal na kopya		Person With Disability (PWD) ID, Senior Citizen's ID, at iba pang Government Issued ID		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
NEUROPSYCHOLOGICAL INTERVIEW				
1. Hintayin ang abiso ng ahensya para sa iskedyul ng Neuropsychological Interview, at	1.1 Makikipag-ugnayan sa mga Medical Specialist para sa pagkuha ng iskedyul nila para sa	Wala	3 minuto (Nakadepende sa iskedyul ng medical	Psychometrician/ Psychological Services Unit



magkumpirma kung makakadalo.	neuropsychological interview.		specialist kung kailan maiskedyul ang kliyente matapos maiproseso ang report.)	
	1.2 Magpapadala ng mensahe sa ahensya ng kliyente patungkol sa petsa at oras ng iskedyul nito at iba pang detalye para sa Neuropsychological Interview.			Administrative Assistant o Administrative Officer (Psychometrician) Psychological Services Unit
2. Bumalik sa Psychological Services Unit o maglog-in sa Zoom platform para sa iskedyul ng Neuropsychological Interview.	2.1 Ang psychiatrist on duty ay magsasagawa ng interview via Zoom o ng harap harapan. Ipaalam sa ahensya na maaari nang kuhanin ang neuropsychological report matapos ang interview.	Wala	1 oras	Medical Specialist Psychiatry Unit
3. Magtungo sa Psychological Services Unit upang kuhanin ang Neuropsychological Report. PARA SA KLIYENTENG KUKUHA NG PERSONAL NA KOPYA NG KANYANG NEUROPSYCHOLOGICAL TEST RESULT	3.1 I-check ang pagkakakilanlan ng kliyente o ng awtorisadong staff ng ahensya/ indibidwal 3.2 Ihanda ang personal na kopya ng Psychological Test Report ng Kliyente 3.2.1 KUNG KLIYENTE/KAMAG ANAK ANG KUKUHA NG RESULTA	Wala	10 minuto	Administrative Officer (Psychometrician) Psychological Services Unit



<ul style="list-style-type: none"> • Sabihin ang buong pangalan • Magsumite ng Letter of Request na naka-address sa unit head ng Psychological Services Unit. <p>PARA SA INATASANG KUMUHA NG PERSONAL NA KOPYA NG NEUROPSYCHOLOGICAL TEST RESULT NG KLIYENTE</p> <ul style="list-style-type: none"> • Sabihin ang buong pangalan ng kliyente • Ibigay ang Authorization Letter na galing sa kliyente at ang kopya ng valid ID ng mga taong nabanggit at valid ID ng kukuha. <p>PARA SA AWTORISADONG STAFF NG AHENSYA Ipakita ang isang (1) valid Government ID at procurement letter na nagsasaad ng pangalan ng kliyente at pangalan ng awtorisadong</p>	<p>3.2.1.1 Ipaliwanag sa Kliyente ang nilalaman at naging resulta ng isinagawang Neuropsychological Testing at ibigay ang Orihinal na kopya <i>Kung kamag-anak ang kukuha, ang pagpapaliwanag ay depende kung nakasaad sa authorization letter</i></p> <p>3.2.1.2 Papirmahin ang Kliyente/ Awtorisadong Indibidwal sa log book ng Document Request Contract</p> <p>3.2.2 KUNG AWTORISADONG INDIBIDWAL</p> <p>3.2.2.1 Ibigay ang personal na kopya ng Neuropsychological Test Result</p> <p>3.2.2.2 Papirmahin ang Awtorisadong Indibidwal sa log book</p>			
---	--	--	--	--



personnel ng ahensya.				
KABUUANG ORAS AT BAYAD NA INILAAAN		Wala	1 oras at 13 minuto (Maaring dumepende sa dami ng kliyente at pasyenteng kumukuha ng serbisyo)	



4. PSYCHOLOGICAL ASSESSMENT FOR OUTPATIENT (SCHEDULING)

Ang Psychological Services Unit ay magbibigay ng mga psychological tests para makakalap ng mga impormasyon na kaugnay sa kanilang kakayahang pangkaisipan, katangian ng personalidad, ugali, pagpapahalaga, interes, emosyon, motibasyon at ayon sa referral ng tumingin na medical officer/specialist sa pasyente. Bukas ang Psychological Services Unit para sa mga serbisyong ito mula Lunes hanggang Biyernes, 8:00 AM – 5:00 PM.

Office or Division:	Psychological Services Unit MEDICAL SERVICE - Advanced Comprehensive Center for Mental Health			
Classification:	Highly Technical			
Type of transaction:	G2C & G2G			
Who may avail:	Out Patients na may layunin para sa: Diagnostic/Treatment; Court Order upang masuri ang kakayahan upang humarap sa paglilitis; checklist para sa requirements at iba pa.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Slip Isa (1) Orihinal na kopya		Medical Officer/Specialist		
Wastong pagkakakilanlan o ID na mayroong petsa ng kapanganakan, gitnang pangalan Isang (1) Orihinal na kopya		Person With Disability (PWD) ID, Senior Citizen's ID, at iba pang Government Issued ID		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pumunta sa Psychological Services Unit.	1.1 I-assist ang pasyente papunta sa Psychological Services Unit at ibibigay ang referral slip kasama ang chart ng pasyente.	Wala	7 minuto	Nurse on Duty o Nursing attendant on duty Out-patient Unit



	<p>1.2 I-skedyul ang nirefer na pasyente para sa assessment at bigyan ito ng schedule slip kasama ang Psychological Evaluation Agreement Form.</p>			<p>Administrative Assistant o Administrative Officer (Psychometrician) Psychological Services Unit</p>
	<p>1.3 Ipaalam sa pasyente ang tungkol sa proseso ng testing.</p>			
	<p>1.4 Abisuhan ang pasyente at/o gardyan na bibigyan lamang sila ng 30 minuto na palugit sa kanilang iskedyul at kung lumagpas ay HINDI na itutuloy ang psychological evaluation.</p> <p>Kapag hindi nakarating sa nasabing oras sa itinakdang petsa, ang ibibigay sa pasyente ay ang susunod na iskedyul.</p>			



	<p>1.5 Magpapadala ng mensahe sa pasyente sa huling linggo ng buwan bago ang iskedyl para kumpirmahin ang pagpunta sa nakatakdang araw ng psychological evaluation.</p> <p>Kapag hindi sumagot o nag kumpirma ng iskedyl ang pasyente sa loob ng 72 na oras, tatawagan siya ng psychometrician.</p> <p>Kapag hindi pa rin sumagot ang pasyente, hindi na itutuloy ang iskedyl at ibibigay ito sa susunod na pasyente. Kapag sumagot ang pasyente at nais humingi ng panibagong iskeydul, ang pinakamaagang petsa ay ibibigay.</p>			
END OF TRANSACTION				



5. PSYCHOLOGICAL ASSESSMENT FOR OUTPATIENT (TESTING)

Ang Psychological Services Unit ay magbibigay ng mga psychological tests para makakalap ng mga impormasyon na kaugnay sa kanilang kakayahang pangkaisipan, katangian ng personalidad, ugali, pagpapahalaga, interes, emosyon, motibasyon at ayon sa referral ng tumingin na medical officer/specialist sa pasyente. Bukas ang Psychological Services Unit para sa mga serbisyong ito mula Lunes hanggang Biyernes, 8:00 AM – 5:00 PM.

Office or Division:	Psychological Services Unit MEDICAL SERVICE - Advanced Comprehensive Center for Mental Health	
Classification:	Highly Technical	
Type of transaction:	G2C & G2G	
Who may avail:	Out Patients na may layunin para sa: Diagnostic/Treatment; Court Order upang masuri ang kakayahan upang humarap sa paglilitis; checklist para sa requirements at iba pa.	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Schedule Slip Isa (1) Orihinal na kopya		Psychological Services Unit Staff
Wastong pagkakakilanlan o ID na mayroong petsa ng kapanganakan, gitnang pangalan Isang (1) Orihinal na kopya		Person With Disability (PWD) ID, Senior Citizen's ID, at iba pang Government Issued ID
SA ARAW NG TESTING DATE KAPAG NABIGYAN NA NG SCHEDULE SLIP:		
Charge Slip Isang (1) Orihinal na kopya		Manggagaling sa Psychological Services Unit Staff
Official Receipt o Malasakit Slip Isang (1) Orihinal na kopya		Makukuha sa Billing/Cash Unit o Malasakit Center
SA ARAW NA ILABAS ANG RESULTA NG ASSESSMENT		
Request Letter para sa Issuance ng Result (Personal Copy)		Kliyente



Isang (1) Orihinal na kopya Address to RODELEN C. PACCIAL, MD, FPPA, RPsy <i>Medical Specialist IV</i> <i>Chairperson, Psychological Services Unit</i>				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bumalik sa araw ng iskedyl sesyon ng psychological testing. Ipakita ang schedule slip sa Security Guard.	1.1 I-check ang schedule slip ng kliyente at ituro ang opisina ng Psychological Services Unit	Wala	1 minuto	Security Guard
2. Ipakita ang schedule slip sa Psychological Services Unit.	2.1 Hanapin ang pangalan ng pasyente sa listahan ng mga naka-iskedyul na magsasagawa ng testing.	Wala	6 oras (Nakadepe nde sa klase ng psychological test na sasagutan at sa kakayahan ng pasyenten g magsagot.)	Administrative Assistant o Administrative Officer (Psychometrician) and/or Psychologist Psychological Services Unit
	2.3 Ibigay ang Charge Slip at gawan ng kopya ang referral slip para sa psychological examination fee.	Wala	2 minuto	Administrative Assistant o Administrative Officer (Psychometrician) and/or Psychologist

[illegible]



Magtungo sa Billing Unit; Ipakita ang "Charged to Malasakit Form"	3.7 Papuntahin ang kliyente o kamag anak sa Billing Section/ Unit para ibigay ang charge slip. 3.8 Siyasatin ang "Charged to Malasakit Form" na ibinigay ng Malasakit Center			Administrative Assistant I / Billing Unit
PARA SA MAY KAKAYAHANG MAG-BAYAD Pumunta sa Cash Unit, ipakita ang slip ng bayad at ang bayad.	3.9 Suriin ang Charge slip. Hingin at suriin ang mga kaukulang ID para sa diskwento: a) PWD ID b) Senior Citizen ID c) at iba pa 3.10 Tanggapin ang bayad at ibigay ang resibo.	Depende sa eksaminasyon at klasipikasyon	10 mins	Administrative Assistant or Administrative Officer o Cash Clerk / Cash Unit
4. Bumalik sa Psychological Services Unit at ipakita ang Official Receipt o Malasakit Slip upang maitala.	4.1 Itala ang Official Receipt Number sa logbook o Itabi ang Malasakit Slip. 4.2 Ipaalam sa pasyente na ang Psychological Test Result ay kadalasang handa na sa loob ng 19 na araw ng trabaho at ipapasa sa HIMU. Abisuhan	Wala	3 minuto	Administrative Assistant o Administrative Officer (Psychometrician) and/or Psychologist Psychological Services Unit



	rin ang kliyente na maaaring humingi ng personal na kopya			
5. Hintayin ang pag-aayos ng Psychological Test Result	<p>5.1 Isaayos ang Psychological Test Result sa loob ng itinakadang araw.</p> <p><i>Ito ay maaaring mas tumagal, depende sa dami ng pagsusuring naibigay at sa dami ng kliyenteng nakalaan sa buwan.</i></p>	Wala	19 working days	Psychometrician at Psychologist / Psychological Services Unit
	<p>5.2 Pagkatapos maisaayos ang resulta, magtungo sa tanggapan ng Health Information Management Unit at isusumite ang Psychological Test Result.</p> <p>Pag-isyu ng Psychological Test Result</p>	Wala	3 minuto	<p>Administrative Assistant o Administrative Officer (Psychometrician)</p> <p>Psychological Services Unit</p> <p>Administrative Assistant o Administrative Officer</p> <p>Health and Information Management Unit (HIMU)</p>
6. Magtungo muli sa Psychological Services Unit	6.1 Ihanda ang personal na kopya ng Psychological	Wala	5 minuto	Administrative Assistant o Administrative Officer



<p>matapos ang 19 na araw ng trabaho.</p> <p>PARA SA KLIYENTENG KUKUHA NG PERSONAL NA KOPYA NG PSYCHOLOGICAL TEST RESULT</p> <ul style="list-style-type: none"> • Sabihin ang buong pangalan • Magsumite ng Letter of Request na naka-address sa unit head ng Psychological Services Unit. <p>PARA SA INATASANG KUMUHA NG PERSONAL NA KOPYA NG PSYCHOLOGICAL TEST RESULT NG KLIYENTE</p> <ul style="list-style-type: none"> • Sabihin ang buong pangalan ng kliyente • Ibigay ang Authorization Letter na galing sa Kliyente o Legal na Taga 	<p>Test Report ng Kliyente</p> <p>6.2 Ipaliwanag sa Kliyente/Legal na Taga Pag-alaga/ Awtorisadong Indibidwal ang nilalaman at naging resulta ng isinagawang Psychological Testing.</p> <p>6.3 Ibigay ang personal na kopya ng Psychological Test Result sa Kliyente/Legal na Taga Pag-alaga/ Awtorisadong Indibidwal</p> <p>6.4 Papirmahin ang Kliyente/Legal na Taga Pag-alaga/ Awtorisadong Indibidwal sa log book ng Document Request Contract</p>			<p>(Psychometrician) Psychological Services Unit</p>
--	---	--	--	---



Pag-alaga nito, at ang kopya ng valid ID ng mga taong nabanggit at valid ID ng kukuha.				
END OF TRANSACTION				
KABUUAN	Ang presyong babayaran ay nakadepe nde sa mga klase ng psycholog ical test na sinagutan.	19 araw ng trabaho, 6 oras, at 49 minuto (Kung lalapit sa Malasakit Center) (Maaring dumepen de sa dami ng kliyente at pasyente ng kumukuh a ng serbisyo)		



6. PSYCHOLOGICAL ASSESSMENT FOR INPATIENT (SCHEDULING)

Ang Psychological Services Unit ay magbibigay ng mga psychological tests para makakalap ng mga impormasyon na kaugnay sa kanilang kakayahang pangkaisipan, katangian ng personalidad, ugali, pagpapahalaga, interes, emosyon, motibasyon at ayon sa referral ng tumingin na medical officer/specialist sa pasyente. Bukas ang Psychological Services Unit para sa mga serbisyong ito mula Lunes hanggang Biyernes, 8:00 AM – 5:00 PM.

Office or Division:		Psychological Services Unit MEDICAL SERVICE - Advanced Comprehensive Center for Mental Health		
Classification:		Highly Technical		
Type of transaction:		G2C & G2G		
Who may avail:		Inpatients na may layunin para sa Diagnostic at/o Treatment.		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Referral Slip Isa (1) Orihinal na kopya			Manggagaling sa Medical Officer/Specialist	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ang nurse o nursing attendant ay pupunta sa Psychological Services Unit. Magbibigay ng referral slip kasama ang chart ng pasyente.	1.2 Iskedyul ang nirefer na pasyente para sa assessment at ibigay ang schedule slip.	Wala	5 minuto	Administrative Assistant o Administrative Officer (Psychometrician) / Psychological Services Unit
KABUUANG ORAS AT BAYAD NA INILAAN		Wala	5 Minuto	



7. PSYCHOLOGICAL ASSESSMENT FOR INPATIENT (TESTING)

Ang Psychological Services Unit ay magbibigay ng mga psychological tests para makakalap ng mga impormasyon na kaugnay sa kanilang kakayahang pangkaisipan, katangian ng personalidad, ugali, pagpapahalaga, interes, emosyon, motibasyon at ayon sa referral ng tumingin na medical officer/specialist sa pasyente. Bukas ang Psychological Services Unit para sa mga serbisyong ito mula Lunes hanggang Biyernes, 8:00 AM – 5:00 PM.

Office or Division:	Psychological Services Unit MEDICAL SERVICE - Advanced Comprehensive Center for Mental Health			
Classification:	Highly Technical			
Type of transaction:	G2C & G2G			
Who may avail:	Inpatients na may layunin para sa Diagnostic at/o Treatment.			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Schedule Slip Isa (1) Orihinal na kopya			Manggagaling sa Psychological Services Unit Staff	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sa tulong ng Nurse o Nursing Attendant pumunta sa area kung saan magsasagawa ng testing	1.1 Hanapin ang pangalan ng pasyente sa listahan ng mga naka-iskedyul na magsasagwa ng testing 1.2 Pumunta sa open area malapit sa Ward o kaya naman samahan sa Psychological Services Unit Testing	Wala	6 oras (Nakadepende sa klase ng psychological test na sasagutan at sa kakayahan ng pasyenteng magsagot.)	Administrative Assistant o Administrative Officer (Psychometrician) / Psychological Services Unit

	Area ang pasyente para isagawa ang testing 1.3 Ibigay ang battery of psychological tests base sa referral.			
	1.4 Pumunta sa Billing Unit at isumite ang charge slip ng psychological tests na isinagawa sa kliyente	Wala	3 minuto	Administrative Assistant o Administrative Officer (Psychometrician) / Psychological Services Unit
2. Bumalik sa loob ng ward sa tulong ng nurse o nursing attendant.	2.1 Abisuhan ang nurse o nursing attendant na ang Psychological Test Result ay kadalasang magagawa sa loob ng 19 na araw ng trabaho.	Wala	3 minuto	Administrative Assistant o Administrative Officer (Psychometrician) / Psychological Services Unit
3. Hintayin ang Pag-aayos ng Psychological Test Result	3.1 Isaayos ang Psychological Test Result sa loob ng itinakadang araw. <i>Ito ay maaaring mas tumagal, depende sa dami ng pagsusuring naibigay at sa dami ng kliyenteng nakalaan sa buwan.</i>	Wala	19 working days	Psychometrician at Psychologist / Psychological Services Unit
	3.2 Pagkatapos maisaayos ang	Wala	3 minuto	Administrative Assistant o



	resulta, magtungo sa tanggapan ng unit na nagrefer at isusumite ang Psychological Test Result.			Administrative Officer (Psychometrician) Psychological Services Unit
KABUUANG ORAS AT BAYAD NA INILAAN		Ang presyong babayaran ay nakadepende sa mga klase ng psychological test na sinagutan.	19 na araw ng trabaho, 6 oras, at 9 minuto (Maaring dumepende sa dami ng kliyente at pasyenteng kumukuha ng serbisyo)	



8. UNAWA PSYCHOTHERAPY CLINIC (SCHEDULING)

Ang Psychological Services Unit ay magsasagawa ng individual Psychotherapy or Talk Therapy gamit ang holistic na approach. Ito ay makakatulong sa pasyente na matutunan kung paano kontrolin ang kanyang mga pang-araw-araw na gawain at tumugon sa mga hamon ng buhay sa pamamagitan ng coping skills. Ang interbensyon na ito ay nakabase sa referral ng tumingin na medical officer/specialist. Bukas ang Psychological Services Unit para sa mga serbisyong ito mula Lunes hanggang Biyernes, 8:00 AM – 5:00 PM.

Office or Division:	Psychological Services Unit MEDICAL SERVICE - Advanced Comprehensive Center for Mental Health			
Classification:	Highly Technical			
Type of transaction:	G2C & G2G			
Who may avail:	Out-Patients at in-patients: May layunin para sa sikolohikal na interbensyon para sa mga kabataan at matatanda na hirap sa mga pang-araw-araw ng gawain, nakakaranas ng anxiety, depresyon, trauma, anger management, problema sa pagtulog, at iba pang mga katulad nito.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Slip Isa (1) Orihinal na kopya		Manggagaling sa Medical Officer/Specialist		
Wastong pagkakakilanlan o ID na mayroong petsa ng kapanganakan, gitnang pangalan Isang (1) Orihinal na kopya		Person With Disability (PWD) ID, Senior Citizen's ID, at iba pang Government Issued ID		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



<p>1. Pumunta sa Psychological Services Unit.</p>	<p>1.1 Sasamahan ang pasyente papuntang Psychological Services Unit at ibibigay ang referral slip kasama ang chart ng pasyente.</p> <p>1.2 I-skedyul ang pasyenteng nirefer para sa psychotherapy at magbigay ng schedule slip at contact ID.</p> <p>1.3 Ipaliwanag sa pasyente ang proseso ng psychotherapy.</p> <p>1.4 Abisuhan ang pasyente at/o gardyan na bibigyan lamang sila ng 30 minuto na palugit sa kanilang iskedyul at kung lumagpas ay HINDI na itutuloy ang psychotherapy.</p> <p>Kapag hindi nakarating sa nasabing oras sa itinakdang petsa, ang ibibigay sa pasyente ay ang susunod na iskedyul.</p>	<p>Wala</p>	<p>7 minuto</p>	<p>Nurse o Nursing Attendant Out-patient Unit o Ward</p> <p>Administrative Assistant o Administrative Officer (Psychometrician) Psychological Services Unit</p>
--	---	-------------	-----------------	--



KABUUANG ORAS AT BAYAD NA INILAAAN	Wala	7 minuto
---	-------------	-----------------



9. UNAWA PSYCHOTHERAPY CLINIC (SESSION)

Ang Psychological Services Unit ay magsasagawa ng individual Psychotherapy or Talk Therapy gamit ang holistic na approach. Ito ay makakatulong sa pasyente na matutunan kung paano kontrolin ang kanyang mga pang-araw-araw na gawain at tumugon sa mga hamon ng buhay sa pamamagitan ng coping skills. Ang interbensyon na ito ay nakabase sa referral ng tumingin na medical officer/specialist. Bukas ang Psychological Services Unit para sa mga serbisyong ito mula Lunes hanggang Biyernes, 8:00 AM – 5:00 PM.

Office or Division:	Psychological Services Unit MEDICAL SERVICE - Advanced Comprehensive Center for Mental Health			
Classification:	Highly Technical			
Type of transaction:	G2C & G2G			
Who may avail:	Out-Patients at in-patients: May layunin para sa sikolohikal na interbensyon para sa mga kabataan at matatanda na hiram sa mga pang-araw-araw ng gawain, nakakaranas ng anxiety, depresyon, trauma, anger management, problema sa pagtulog, at iba pang mga katulad nito.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Schedule Slip Isa (1) Orihinal na kopya		Manggagaling sa Psychological Services Unit Staff		
Wastong pagkakakilanlan o ID na mayroong petsa ng kapanganakan, gitnang pangalan Isang (1) Orihinal na kopya		Person With Disability (PWD) ID, Senior Citizen's ID, at iba pang Government Issued ID		
SA ARAW NG SESSION KAPAG NABIGYAN NA NG SCHEDULE SLIP:				
Charge Slip Isang (1) Orihinal na kopya		Manggagaling sa Psychological Services Unit Staff		
Official Receipt o Malasakit Slip Isang (1) Orihinal na kopya		Makukuha sa Billing/Cash Unit o Malasakit Center		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



1. Bumalik sa araw ng iskedyul ng sesyon ng psychotherapy. Ipakita ang schedule slip sa Security Guard.	1.1 I-check ang schedule slip ng kliyente at ituro ang opisina ng Psychological Services Unit	Wala	1 minuto	Security Guard
2. Ipakita ang schedule slip sa Psychological Services Unit.	2.1 Hanapin ang pangalan ng pasyente sa listahan ng iskedyul para sa psychotherapy sesyon. 2.2 Isagawa ang initial consultation o follow-up psychotherapy na sesyon base sa referral.	Wala	2 oras at 30 minuto	Administrative Assistant o Administrative Officer (Psychometrician) at/o Psychologist Psychological Services Unit
	2.3 Ibigay ang Charge Slip kasama ang kopya ng referral slip ng psychotherapy.	PHP 500 para sa paunang konsultation; PHP 400 para sa mga susunod na sesyon ng psychotherapy	5 minuto	Administrative Assistant o Administrative Officer (Psychometrician) at/o Psychologist Psychological Services Unit
3. Pumunta sa Billing/Cash unit o Malasakit Center	3.1 Tingnan ang mga dalang dokumento ng	Wala	15 minuto	Social Welfare Officer o Social Welfare Assistant



<p>para sa pagbabayad.</p> <p>PARA SA KLIYENTENG NAIS KUMUHA NG MEDICAL ASSISTANCE SA MALASAKIT CENTER</p> <p>Magtungo sa Malasakit Center at ilahad ang mga sumusunod:</p> <ul style="list-style-type: none"> • Anumang balid na Government ID • Slip ng bayad at kopya ng referral slip para sa Psychotherapy <p>Magtungo sa Billing Unit; Ipakita ang "Charged to Malasakit Form"</p>	<p>kliyente kagaya ng Charge Slip.</p> <p>3.2 Tingnan sa IHOMIS kung ang pasyente ay mayroon ng Health Record at MSS Number patunay na nakapanayam na ng Social Worker sa OPU ang kliyente o kamag anak.</p> <p>3.3 Kapanayamin ang kliyente o kamag anak gamit ang Unified Intake Sheet (Malasakit Center Form – Annex B)</p> <p>3.4 Gawin ang Malasakit Center Order of Charging</p> <p>3.5 I-photocopy ang mga ibinigay na dokumento para sa Medical Assistance</p> <p>3.6 Papirmahin ang kliyente o kamag anak sa Malasakit Center Logbook</p> <p>3.7 Papuntahin ang kliyente o kamag anak sa Billing Section/ Unit para ibigay ang charge slip.</p> <p>3.8</p>			<p>Malasakit Center</p> <p>Administrative Assistant o Administrative Officer o Cash Clerk</p> <p>Billing/Cash Unit</p>
---	--	--	--	--



	Siyasatin ang "Charged to Malasakit Form" na ibinigay ng Malasakit Center			
PARA SA MAY KAKAYAHANG MAG-BAYAD Pumunta sa Billing/Cash Unit, ipakita ang slip ng bayad at ibigay ang bayad.	3.9 Suriin ang Charge slip. Hingin at suriin ang mga kaukulang ID para sa diskwento: a) PWD ID b) Senior Citizen ID c) at iba pa 3.10 Tanggapin ang bayad at ibigay ang resibo.	PHP 500 para sa paunang konsultation; PHP 400 para sa mga susunod na sesyon ng psychotherapy	10 mins	Administrative Assistant or Administrative Officer o Cash Clerk /Cash Unit
4. Bumalik sa Psychological Services Unit at ipakita ang Official Receipt o Malasakit Slip para sa pagrerekord.	4.1 Irekord ang Official Receipt Number sa logbook o Itabi ang Malasakit Slip. 4.2 Ipaalam sa pasyente ang susunod niyang iskedyl ng psychotherapy sesyon.	Wala	5 minuto	Administrative Assistant o Administrative Officer (Psychometrician) at/o Psychologist Psychological Services Unit
KABUUANG ORAS AT BAYAD NA INILAAN		PHP 500 para sa paunang konsultation; PHP 400 para sa	3 oras at 5 minuto	



	mga susunod na sesyon ng psychothe rapy	
--	--	--



GENERAL MEDICAL DEPARTMENT

1. GENERAL MEDICAL CONSULTATION

Ang serbisyong ito ay para sa medikal na konsultasyon ng mga pasyente na hindi nangangailangan ng agarang atensyon medikal. Ang konsultasyon ay bukas mula Lunes hanggang Biyernes, 8am – 5pm.

Office or Division:	OUTPATIENT MEDICAL / NURSING SERVICE			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	Lahat			
CHECKLIST REQUIREMENTS		WHERE TO SECURE		
Kopya ng Sertipiko ng Kapanganakan Kung wala, sertipikasyon mula sa barangay Alinman sa 2 sa mga sumusunod kung maaari. Isang (1) photocopy		Philippine Statistics Authority (PSA) Barangay		
Wastong pagkakakilanlan (Kliyente/ Kamag-anak) Isang (1) orihinal		PWD, Senior Citizen's ID, Government Issued ID		
Appointment ng konsultasyon (Nakaraang Transaction Slip, text message na galing sa numero ng Outpatient medical) Isang (1) orihinal		MMWGH -Outpatient Medical		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBL E PERSON
1. PARA SA BAGONG KLIYENTE. Sa araw ng konsultasyon Magtungo sa Health Information Management Unit (HIMU). Upang magpagawa ng Medical health record, Ipakita	1.1 Ipaliwanag ang Pahintulot sa Pagkolekta Pagproseso ng Personal na impormasyon para sa Pagpapagamot na papel bago kumuha ng mga personal na detalye,	Wala	30 minuto	Administrative Assistant I/ Health Information Management Unit (HIMU)



ang appointment slip o tagubilin galing sa ER o Medical Ward at punan ang Patient Information sheet form.	pirmahan muna ng kliyente (kung pinahihintulutan).			
	1.2 Ibigay ang Patient Information Sheet form na pupunan ng kliyente/ kamag-anak or awtorisadong kinatawan.			
	1.3 Ipaliwanag at kumuha ng pahintulot para sa terapyutikang paggamot.			
	1.4 Paggawa ng rekord ng kalusugan at ipaliwanag ang proseso ng konsultasyon.			
2. Magtungo sa Nursing Attendant station ng Outpatient Unit -Medical at sabihin ang pakay.	2.1 Kapanayamin ang kliyente o kamag-anak o awtorisadong kinatawan ng kliyente. PARA SA DATI NG KLIYENTE * Ang kanilang health record ay nakahanda na sa NA station na. Kunin ang <i>health record</i> ng kliyente.	Wala	5 minuto	Nursing Attendant I & II/ OPU-Medical
3. Hintayin ang tawag ng Outpatient Medical Nursing Attendant para sa vital signs, timbang, sukat ng taas, pag screen para sa E-Konsulta at	3.1 Suriin ang vital signs ng kliyente, vital signs, timbang, sukat ng taas at sukat ng tiyan. Pag Screening para sa E-konsulta para sa mga bagong kliyente	Wala	10 minuto	Nursing Attendant I & II/ Nurse on Duty OPU-Medical



pagbibigay ng Queuing Number.				
4. Magtungo sa area ng OPU Medical para sa isinagawang konsultasyon ng Physician on-duty (POD)	4.1 Isagawa ang panayam sa kliyente/kamag-anak o awtorisadong kinatawan ng kliyente tungkol sa medikal na pangangailangan.	Wala	20 minuto	Medical Specialist o Medical Officer / General Medical Service
5. Magtungo sa waiting area at hintayin ang Nurse pagkatapos ng konsultasyon sa Doctor.	5.1 Abisuhan ang kliyente sa mga utos ng Doctor – ipaliwanag ang tagubilin sa pag-inom ng gamot, mga kinakailangang <i>laboratory</i> o <i>xray procedures</i> .	Wala	5 minuto	Nurse I / General Medical Service
6. Para sa mga bagong kliyente at lumang kliyente ng higit sa isang taon ng hindi nakakalsipika, mag tungo sa Medical Social Work Unit para sa klasipikasyon.	6.1 Kapanayamin ang kliyente/ kamag-anak o awtoridad ng kinatawan.	Wala	10 minuto	Social Welfare Officer/ Medical Social Work Unit
7. PARA SA KLIYENTE NA NAIS MAG-REQUEST NG MEDICAL CERTIFICATE Abisuhan ang Nurse ng OPU-Medical	7.1 Kapanayamin ang kliyente kung saan gagamitin ang medical certificate at i refer sa doctor on duty. 7.2 I refer HIMU para sa issuance ng Medical Certificate. 7.3 Ipaliwanag na ang “Classification” ang	Wala B-Php 200 C1- 50% C2- 75%	30 minuto	Nurse I / General Medical Service Administrative Officer/ Administrative Assistant (Outpatient staff sa Health



	<p>magiging basehan sa babayaran para sa Medical Certificate</p> <p>7.4 Ibigay ang kopya ng impormasyong pangkalusugan na pupunan at lalagdaan ng pasyente o authorized representative na may katunayan ng pagkakakilanlan o valid ID.</p> <p>7.5 Maghanda ng dalawang kopya ng medical certificate na may diagnosis at kasalukuyang gamot ng kliyente. Pirmahan ng kliyent ang receiving copy.</p>	C3 and D -100%		Information Management unit.
8. Magpunta sa Botika at ilahad ang reseta ng mga gamot.	8.1 Suriin kung mayroong gamot sa Botika ayon sa resetang gamot.	Tignan ang listahan ng halaga ng gamot na nakapaskil sa harap ng tanggapan ng Pharmacy	5 minuto	Pharmacist / Pharmacy Unit



9. Mag punta sa Billing and Claims Unit para maberipika ang Philhealth package eligibility.	9.1 Kapanayamin kung kwalipikado sa E-Konsulta package ang kliyente.	Wala	30 minuto	Administrative Officer / Administrative Assistant sa Outpatient / Billing Unit
PARA SA MGA KLIYENTE NA HIHINGI NG TULONG SA MALASAKIT CENTER. -Magtungo sa Malasakit Center ipakita ang mga sumusunod: Reseta Isa (1) orihinal na kopya Charge slip Isa (1) orihinal	6.1 Kapanayamin ang kliyente/ kamag-anak o awtoridad ng kinatawan para sa nais mag-avail ng Medical Assistance sa Malasakit Center	Wala	20 minuto	Social Welfare Officer/ Malasakit Center
PARA SA MGA KLIYENTE NA MAY KAKAYAHANG MAGBABAYAD NG CASH -Magtungo sa Cash Unit ipakita ang charge slip at magbayad	Suriin ang Charge Slip at tanggapin ang kaukulang bayad	Wala	10 minuto	Administrative Assistant I / Billing and Claims Unit
9. Muling magtungo sa Seksyon ng Botika, ipakita ang slip ng bayad at opisyal na resibo.	9.1 Ihanda at ibigay ang mga gamot sa kliyente. Magbigay ng mga paalala sa paginom ng mga gamot.	Wala	5 minuto	Pharmacist / Pharmacy Unit



KABUUANG BAYAD AT INILAAAN NA ORAS	Wala	3 oras	
------------------------------------	------	--------	--



2. GENERAL MEDICAL TELE KONSULTASYON

Ang serbisyong ito ay ginagawa sa pamamagitan ng pagtawag sa kliyente para sa mga nangangailangan ng medikal na konsultasyon. Ito ay para lamang sa mga dating kliyente at naninirahan sa malayong lugar. Ang konsultasyon ay bukas mula Lunes hanggang Biyernes, depende sa araw ng konsultasyon ng espesialista.

Office or Division:	OUTPATIENT MEDICAL UNIT - NURSING SERVICE			
Classification:	Simple			
Type of Transaction:	G2C, Government to Citizen			
Who may avail:	Patients, Relative of Patients and Other Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Valid I.D (Kliyente/Kamag-Anak) Isang(1) Orihinal na Kopya		PWD, Senior Citizen's ID, Government-issued ID		
Birth Certificate (kung mayroon) Barangay Certification Isang(1) Photocopy		Philippine Statistics Authority (PSA) Barangay		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magtanong sa opisyal na numero ng Outpatient Medical 0917-125-8905 upang magpatala para sa konsultasyon.	1.1 Itanong sa kliyente ang kanyang ipapakonsulta upang maitala sa araw ng konsultasyon ng espesialista. <i>Family Medicine– Mondays-Fridays (1pm-5pm)</i> <i>Internal Medicine– Mondays-Fridays (8am-12pm)</i> <i>Pediatrics – Mondays, Tuesdays, Fridays (8am-12nn)</i>	Wala	5 minuto	Nurse I/ Out Patient Medical



	<i>OB – Mondays, Tuesdays, Wednesdays and Fridays (1pm-5pm)</i>			
	1.2 Abisuhan ang kliyente/kamag-anak sa araw ng naitalang konsultasyon at paraan ng komunikasyon (tawag o video call).	Wala	7 minuto	Nurse I/ Outpatient Medical
2. Sa araw ng konsultasyon, hintayin ang tawag ng OPU medical staff.	<p>2.1 Ang mga health record ng lahat ng kliyenteng naka schedule ng telekonsultasyon ay ibinibigay ng HIMU staff sa Nursing Attendant ng OPU-Medical.</p> <p>Tawagan ang kliyente/kamag-anak at abisuhan na kakausapin na siya ng doktor para sa kanyang telekonsultasyon.</p> <p><i>(Ang kliyente ay tatawagan lamang ng tatlong beses, at kung hindi masagot ang tawag, kinakailangan muling magpatala para sa bagong araw ng konsultasyon.)</i></p>	Wala	10 minuto	Nurse I/ Outpatient Medical



3. Makipag-ugnayan at kumunsulta sa Doctor.	3.1 Isagawa ang panayam sa kliyente/kamag-anak o awtorisadong kinatawan ng kliyente tungkol sa medikal na pangangailangan.	Wala	20 minuto	Medical Specialist o Medical Officer / Out Patient Medical
	3.2 Pagkatapos ng konsultasyon Ipaliwanag sa kliyente/kamag-anak sa proseso ng pagbibigay ng reseta Abisuhan na magsadya sa <i>MMWGH Outpatient Medical</i> (mula 8am - 5pm) o <i>MMWGH Triage Unit</i> (5pm onwards) para makuha ang orihinal na kopya ng reseta.	Wala	10 minuto	Nurse I/ Out Patient Medical
4. PARA SA KLIYENTENG KUKUHA NG RESETA Magdala ng valid ID at ipakita sa OPU/Triage medical staff PARA SA AUTHORIZED REPRESENTATIVE	4.1 Payuhan ang kliyente/kamag-anak na maaaring pumunta sa MMWGH kung nais mabili ang niresetang gamot sa ospital.	Wala	2 minuto	Nurse I/ Out Patient Medical/ NOD; TRIAGE
	4.2 Ipaliwanag sa kliyente/kamag-anak ang paraan ng pag-inom ng gamot at	Wala	5 minuto	Nurse I/ Out Patient Medical



magdala ng mga sumusunod:	abisuhan sa araw ng <i>follow up</i> (kung kailangan) at itala sa listahan ng mga konsultasyon.			
a. Pirmadong authorization letter	4.3 Ipadala ang link ng Customer Survey Form	Wala	1 minuto	Nurse I/ Out Patient Medical
b. Valid ID ng pasyente	https://hfpddc.doh.gov.ph/SurveyCesfAdd?f=DOH01977			
c. Valid ID ng kinatawan				
KABUUANG INILAAN NA ORAS		Wala	1 Oras	



WELLNESS UNIT

1. WELLNESS OUTPATIENT CONSULTATION

Ang serbisyong ito ay para sa mga kliyente na nais malaman ang estado ng kalusugan nang maiwasan ang mga *lifestyle diseases* kagaya ng *diabetes*, *hypertension*, at labis na timbang.

OPERATING HOURS: LUNES-HUWEBES 8AM-5PM (maliban na lamang kung holiday)

Office or Division:	WELLNESS UNIT/ MEDICAL SERVICE			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	Empleyado, Kamag-anak ng Empleyado kabilang na ang kanilang magulang, asawa, anak at mga kapatid, Pasyenteng sumasailalim sa e-Konsulta (galing sa iba't-ibang organisasyon katulad ng mga paaralan, at mga kumpanya)			
CHECKLIST REQUIREMENTS		WHERE TO SECURE		
Kopya ng Sertipiko ng Kapanganakan Kung wala, sertipikasyon mula sa barangay Alinman sa 2 sa mga sumusunod kung maaari. Isang (1) photocopy		Philippine Statistics Authority (PSA) Barangay		
Wastong pagkakakilanlan (Kliyente/ Kamag-anak) Isang (1) orihinal		PWD, Senior Citizen's ID, Government Issued ID		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSI NG TIME	RESPONSIBL E PERSON



<p>1. PARA SA BAGONG KLIYENTE Magtungo sa Health Information Unit (HIMU) Para sa Medical health record, magparehistro. Punan ang form.</p>	<p>1.1 Ipaliwanag ang Pahintulot sa Pagkolekta Pagprosesong Personal na Impormasyon para sa Pagpapagamot na papel bago kumuha ng mga personal na detalye, pirmahan muna ng kliyente (kung pumayag).</p> <p>1.2 Ibigay ang “DatusTungkol” sa Pasyente form na pupunan ng kliyente/ kamag-anak or awtorisadong kinatawan.</p> <p>1.3 Paggawa ng rekord ng kalusugan at ipaliwanag ang proseso ng konsultasyon.</p>	Wala	30 minuto	Administrative Assistant I Health Information Management Unit
<p>*PARA SA DATING KLIYENTE Magtungo sa Wellness Unit na matatagpuan sa OPU 3rd floor.</p>	<p>1.4 Hingin ang pangalan ng kliyente at kumpirmahin kung ito ay kasama sa listahan ng konsultasyon sa araw na iyon.</p> <p>1.5 Kumpirmahin kung na update ang E-konsulta form at ang klasipikasyon sa pasyente.</p> <p>1.6 Bigyan ng numero ang kliyente at kuhanin ang vital signs gaya ng blood pressure, heart rate at respiratory rate.</p> <p>1.7 Itala sa medical record ng kliyente ang nakuhang vital signs ng kliyente at ayusin ayon sa bilang.</p>	Wala	5 minuto	Nurse-on duty/Nursing attendant- Wellness Unit
<p>2. Maghintay na tawagin ng Wellness Nurse-on duty o Nursing Attendant para sa vital signs, timbang, sukat ng taas at pag screen para sa E-Konsulta</p>	<p>2.1 Pasagutan ng survey form</p> <p>2.2 Gamitin ang E-konsulta form upang mascreen ang patient.</p> <p>2.3 Ipaliwanag at kumuha ng pahintulot para sa therapyutikang paggamot.</p>	Wala	10 minuto	Nurse-on duty/Nursing attendant- Wellness Unit



3. Konsultasyon sa doktor o Physician on-duty (POD).	3.1 Isagawa ang panayam sa kliyente/kamag-anak o awtorisadong kinatawan ng kliyente tungkol sa medikal na pangangailangan.	Wala	15-20 minuto	Doctor/General Practitioner - Wellness Unit
4. Isagawa mga utos ng Doctor	4.1 Ipaliwanag sa kliyente/ kamag-anak kung may mga gamot, kinakailangang pagsusuri sa laboratory, x-ray, ultrasound at EC, pati na rin kung may ff-up na konsultasyon. 4.2 Sa mga kliyenteng may ECG isagawa ang ECG, at bigyan ng charge slip.	Wala	10 mins	Nurse - Wellness Unit
5. Magtungo sa billing kung nakarehistro sa PHILHEALTH	5.1 Magpapirma ng pahintulot sa kliyente at rehistro sa Philhealth 5.2 Kuhanan ng Litrato ng pasyente. 5.3 Ibigay ang charge slip ng ECG sa billing kung ikaw ay rehistrado sa MMWGH Philhealth E-KONSULTA, at bibigyan ka ng claim stub para sa resulta ng ECG.	Wala	10 minuto	Social Welfare Officer I - Medical Social Work Unit
6. Magtungo sa Medical Social Work Unit.	6.1 Para sa pag renew ng klasipikasyon sa pasyente	Wala	10 minuto	Social Welfare Officer I - Medical Social Work Unit
7. Magpunta sa Botika at ilahad ang resta ng mga gamot.	7.1 Suriin kung mayroong gamot sa Botika ayon sa reseta ng gamot.	Ayon sa reseta ng gamot.	5 minuto	Pharmacist - Pharmacy Unit



<p>8 .Magtungo sa Malasakit Center at ilahad ang mga sumusunod:</p> <ul style="list-style-type: none"> • Anumang balid na Government ID • Slip ng bayad at reseta mula sa Botika. • Slip ng bayad at rekwest sa laboratoryo • Slip ng bayad at X-ray rekwest form mula sa Radiology Unit • Slip ng bayad at Saykological na ebalwasyon, liham ng pagrerekomenda mula sa Saykolohiyang unit. • Slip ng bayad at ECG rekwest at iba pang Radiographic na prosesong papel mula sa Wellness Unit 	<p>8.1 Suriin ang mga pangunahing dokumento tulad ng slip ng bayad, <i>request form</i>, reseta at balid na ID.</p> <p>8.2 Suriin kung ang kliyente ay meron ng tsart sa MMWGH</p> <p>8.3 Suriin kung ang kliyente/ kamag-anak ay nakausap at na-interbyu gamit ang MSWU Assessment Tool</p> <p>8.4 Interbyuhin ang kliyente/kamag-anak gamit ang Unified Intake Sheet (Malasakit Center Form-Annex B)</p> <p>8.5 Ihanda ang Malasakit Center Order ng singilin</p> <p>8.6 Magkaroon ng kopya ng mga kailangan para sa medikal na tulong.</p> <p>8.7 Ang kliyente o kamag-anak ay lalagda sa Malasakit Center Logbook</p> <p>8.8 Payuhan ang kliyente/kamag-anak na tumungo sa seksyon ng Billing</p>	Wala	15 minuto	Social Welfare Officer and Social Welfare Assistant - Medical Social Work Unit
<p>9. Pumunta sa Cash Unit, ipakita ang slip ng bayad at ibigay ang bayad.</p>	<p>9.1 I-tsek ang Slip ng bayad at reseta ng gamot. medications.</p> <p>9.2 Hingin ang balid na pagkakakilanlan upang magkaroon ng diskwento.</p> <ul style="list-style-type: none"> a) PWD ID b) Senior Citizen's ID 	Wala	5 minuto	Administrative Assistant I - Cash Unit



	9.3 Ibigay ang opisyal na resibo at ibalik ang reseta ng mga gamot kasama ang slip ng bayad.			
10. Muling magtungo sa Seksyon ng Botika, ipakita ang slip ng bayad at opisyal na resibo.	10.1 Ihanda at ibigay ang mga gamot sa kliyente. Magbigay ng mga paalala sa paginom ng mga gamot.	Wala	5 minuto	Pharmacist I - Pharmacy Unit
11. Muling magtungo sa laboratory, radiology at wellness unit upang ibigay ang malasakit slip at kuhanin ang resulta.	11.1 Hingin ang malasakit slip ng kliyente sa laboratory/radiology/wellness unit sa itinakdang araw ng pagkuha ng resulta.	Ayon sa binigay na rekwes ng doctor	10 minuto	Laboratory/Radiology/Wellness Nurse/s
KABUUANG BAYAD AT ORAS NA INILAN		Wala	2 oras and 22 minuto	



2. WELLNESS OPD NUTRITION CONSULTATION

Ang serbisyong ito ay para sa mga kliyente na nais malaman ang wastong nutrisyon kabilang na ang mga pagkaing maaari at bawal kainin ayon sa kanilang sakit at pangangailangan.

OPERATING HOURS: LUNES AT MIYERKULES 8AM-5PM

Office or Division:	WELLNESS UNIT/MEDICAL SERVICE			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	Empleyado, Kamag-anak ng Empleyado, at Iba pang Kliyente			
CHECKLIST REQUIREMENTS		WHERE TO SECURE		
Kopya ng Sertipiko ng Kapanganakan Kung wala, sertipikasyon mula sa barangay Alinman sa 2 sa mga sumusunod kung maaari. Isang (1) photocopy		Philippine Statistics Authority (PSA) Barangay		
Wastong pagkakakilanlan (Kliyente/ Kamag-anak) Isang (1) orihinal		PWD, Senior Citizen's ID, Government Issued ID		
Classification Card		Medical Social Worker Unit – OPD		
Pinakalatest na resulta ng laboratoryo		Laboratory		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBL E PERSON
1. PARA SA BAGONG REFERRED NA KLIYENTE Magtungo sa Wellness Unit na nasa OPU 3rd floor sa araw ng konsulta.	1.1 Maghintay tawagin ang iyong pangalan ng nurse on-duty upang magtungo sa Nutritionist-Dietitian. 1.2	Wala	5 minuto	Nurse I & Nutritionist-Die titian Wellness Unit



	<p>Hintayin na ibigay ng nurse on-duty ang medical record ng pasyente sa Nutritionist-Dietitian.</p> <p>1.3 Bigyan ng charge slip ang kliyente at sabihin na magtungo sa MSWU-OPD.</p>			
<p>*PARA SA DATING KLIYENTE Magtungo sa Wellness Unit na matatagpuan sa OPU 3rd floor.</p>	<p>1.4 Maghintay tawagin ang iyong pangalan ng nurse on-duty upang magtungo sa Nutritionist-Dietitian.</p> <p>1.5 Hintayin na ibigay ng nurse on-duty ang medical record ng pasyente sa Nutritionist-Dietitian.</p> <p>1.6 Bigyan ng charge slip ang kliyente at sabihin na magtungo Malasakit.</p> <p>1.7 Kung ang <i>social classification</i> ng pasyente ay B, tumugon sa nakasaad sa 4</p>	150	5 minuto	Nurse I & Nutritionist-Dietitian Wellness Unit



<p>2.1 Pumunta sa MSWU-OPD.</p>	<p>2.1 Magpagawa ng <i>classification card</i>.</p> <p>2.2 Kung ang <i>social classification</i> ng pasyente ay B, tumugon sa nakasaad sa 4.</p>	Wala	5 minuto	Social Worker- MSWU
<p>3.1 Magtungo sa Malasakit Center at ilahad ang mga sumusunod:</p> <ul style="list-style-type: none"> • Anumang balid na Government ID. • Classification Card • Slip ng bayad at reseta mula sa botika. • Slip ng bayad at X-ray rekwest form mula sa Radiology Unit. • Slip ng bayad at Saykolohikal na ebalwasyon, liham ng pagrerekomenda mula sa Saykolohikang Unit. • Slip ng bayad at ECG rekwest at iba pang Radiographic na prosesong papel mula sa Wellness Unit. 	<p>3.1 Suriin ang mga pangunahing dokumento tulad ng slip ng bayad, <i>request form</i>, <i>classification card</i>, reseta at balid na ID.</p> <p>3.2 Suriin kung ang kliyente ay meron ng tsart sa MMWGH</p> <p>3.3 Suriin kung ang kliyente/ kamag-anak ay nakausap at na-interbyu gamit ang MSWU Assessment Tool</p> <p>3.4 Interbyuhin ang kliyente/kamag-anak gamit ang Unified Intake Sheet (Malasakit Center Form-Annex B)</p> <p>3.5 Ihanda ang Malasakit Center Order ng singilin</p> <p>3.6</p>	Wala	15 minuto	Social Welfare Officer and Social Welfare Assistant - Medical Social Work Unit



	<p>Magkaroon ng kopya ng mga kailangan para sa medikal na tulong.</p> <p>3.7 Ang kliyente o kamag-anak ay lalagda sa Malasakit Center Logbook.</p> <p>3.8 Payuhan ang kliyente/kamag-anak na tumungo sa Cashier upang bayaran ang natitirang balanse.</p>			
<p>4. Magtungo sa Cash Unit, ipakita ang slip ng bayad, Classification Card, at ibigay ang bayad.</p>	<p>4.1 I-tsek ang Slip ng bayad.</p>	<p>PHP50 - PHP 300</p>	<p>5 minuto</p>	<p>Administrative Assistant I - Cash Clerk Cash Unit</p>
<p>5. Muling magtungo sa Wellness Unit.</p>	<p>5.1 Hintaying tawagin ng Nutritionist-Dietitian na pumasok sa Consultation Room.</p> <p>5.2 Gawin ang panayam sa kliyente/kamaganak. Pasagutan ang Pagkolekta sa Pagprosesong Personal na Impormasyon para sa Pagpapakonsulta at Medical Nutrition Therapy Form.</p> <p>5.3 Bigyan ng diet ang kliyente.</p>	<p>Wala</p>	<p>50 minuto</p>	<p>Nutritionist-Dietitian- Wellness Unit</p>



KABUUANG BAYAD AT ORAS NA INILAAAN	1ST CONSULT : 300 FOLLOW UP: 150	1 oras	
------------------------------------	--	--------	--



3. WELLNESS PHYSIOTHERAPY SERVICES

Ang serbisyong ito ay para sa mga kliyente na nais maiwasan ang paglala ng kanilang pisikal na karamdaman kabilang na ang pananakit ng likod, balikat o iba pang parte ng kalamnan na nagmumula sa stress o aksidente.

OPERATING HOURS: LUNES-SABADO (8:00-5:00) (maliban na lamang kung holiday)

Office or Division:	WELLNESS UNIT/OFFICE OF THE MEDICAL CENTER CHIEF			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	Empleyado, Kamag-anak ng Empleyado at Iba pang Kliyente			
CHECKLIST REQUIREMENTS		WHERE TO SECURE		
Kopya ng Sertipiko ng Kapanganakan Kung wala, sertipikasyon mula sa barangay Alinman sa 2 sa mga sumusunod kung maaari. Isang (1) photocopy		Philippine Statistics Authority (PSA) Barangay		
Wastong pagkakakilanlan (Kliyente/ Kamag-anak) Isang (1) orihinal		PWD, Senior Citizen's ID, Government Issued ID		
Pinakalatest na resulta ng laboratoryo		Laboratory		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. PARA SA BAGONG REFERRED NA KLIYENTE Magtungo sa Wellness Unit na nasa OPU 3rd floor sa araw ng konsulta	1.1 Maghintay tawagin ang iyong pangalan ng nurse on-duty upang magtungo sa Physical Therapist	300	1 oras	Medical Officer III/ Medical Officer IV Doctor and Nurse I / Physical



<p>sa doktor. Siguraduhin na nakonsulta na muna ng Wellness Doctor ang kliyente dahil ito ang magrererefer sa physical therapist kung kinakailangan.</p>	<p>1.2 Hintayin na ibigay ng nurse on-duty ang referral slip at medical record ng pasyente sa Physical Therapist.</p> <p>1.3 Gawin ang panayam sa kliyente/kamaganak. Bigyan ng schedule ng unang evaluation.</p> <p>1.4 Sa araw ng physiotherapy session, pasagutan ang pagkolekta sa pagproseso ng personal na impormasyon at assess ng physical therapist ang kliyente para sa unang evaluation.</p> <p>1.5 Gawin ang unang physiotherapy session sa kliyente.</p> <p>1.6 Bigyan ng charge slip at referral slip ang kliyente at sabihin na iproseso ito sa malasakit.</p>			<p>Wellness Therapist/s - Wellness Unit</p>
<p>*PARA SA DATING KLIYENTE Magtungo sa Wellness Unit na matatagpuan sa OPU 3rd floor.</p>	<p>1.7 Hingin ang pangalan ng kliyente at kumpirmahin kung ito ay kasama sa listahan ng konsultasyon sa araw na iyon.</p> <p>1.8</p>	<p>300</p>	<p>1 oras</p>	<p>Physical Therapist/Physical Therapy Technician - Wellness Unit</p>



	<p>Gawin ang physiotherapy session.</p> <p>1.9 Bigyan ng charge slip ang kliyente at sabihin na iproseso ito sa malasakit.</p>			
<p>2. Magtungo sa Malasakit Center at ilahad ang mga sumusunod:</p> <ul style="list-style-type: none"> • Anumang balid na Government ID • Slip ng bayad at reseta mula sa Botika. • Slip ng bayad at rekwest sa laboratoryo • Slip ng bayad at X-ray rekwest form mula sa Radiology Unit • Slip ng bayad at Saykological na ebalwasyon, liham ng pagrerekomenda mula sa Saykolohiyang unit. • Slip ng bayad at ECG rekwest at iba pang Radiographic na prosesong papel mula sa Wellness Unit 	<p>2.1 Suriin ang mga pangunahing dokumento tulad ng slip ng bayad, <i>request form</i>, reseta at balid na ID.</p> <p>2.2 Suriin kung ang kliyente ay meron ng tsart sa MMWGH</p> <p>2.3 Suriin kung ang kliyente/ kamag-anak ay nakausap at na-interbyu gamit ang MSWU Assessment Tool</p> <p>2.4 Interbyuhin ang kliyente/kamag-anak gamit ang Unified Intake Sheet (Malasakit Center Form-Annex B)</p> <p>2.5 Ihanda ang Malasakit Center Order ng singilin</p> <p>2.6 Magkaroon ng kopya ng mga kailangan para sa medikal na tulong.</p>	Wala	15 minuto	Social Welfare Officer and Social Welfare Assistant - Medical Social Work Unit



	<p>2.7 Ang kliyente o kamag-anak ay lalagda sa Malasakit Center Logbook</p> <p>2.8 Payuhan ang kliyente/kamag-anak na tumungo sa seksyon ng Billing</p>			
3 Pumunta sa Cash Unit, ipakita ang slip ng bayad at ibigay ang bayad.	3.1 I-tsek ang Slip ng bayad.	Wala	5 minuto	Administrative Assistant I - Cash Unit
4. Muling magtungo sa Seksyon ng Wellness, ipakita ang slip ng bayad at opisyal na resibo.	4.1 Ibigay ang opisyal na resibo o malasakit slip sa Physical Therapist at ibalik ang reseta ng mga gamot kasama ang slip ng bayad.	Wala	5 minuto	Physical Therapist/Physical Therapy Technician - Wellness Unit
KABUUANG BAYAD AT ORAS NA INILAAN		FEE per session: PHP 300 Additional modalities PHP 100	1 oras at 25 minuto	



WELLNESS MOVEMENT AND MASSAGE THERAPY SERVICES

Ang serbisyong ito ay para sa mga kliyente na nais magkaroon ng ehersisyo kabilang na ang yoga class at gym fitness. Ganun din ang mga kliyenteng nagnanais na maibsan ang sakit ng katawan at kalamnan na dulot ng stress at pagod.

OPERATING HOURS: YOGA CLASS: 3:30PM-5:00PM (Lunes hanggang Biyernes)

GYM FITNESS: 8:00AM-7:00PM (Lunes hanggang Biyernes)

MASSAGE THERAPY: 8:00AM-5:00PM (Lunes hanggang Biyernes)

Office or Division:	WELLNESS UNIT/ MEDICAL SERVICE			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Empleyado			
CHECKLIST REQUIREMENTS		WHERE TO SECURE		
Kopya ng Sertipiko ng Kapanganakan Kung wala, sertipikasyon mula sa barangay Alinman sa 2 sa mga sumusunod kung maaari. Isang (1) photocopy		Philippine Statistics Authority (PSA) Barangay		
Wastong pagkakakilanlan (Kliyente) Isang (1) orihinal		PWD, Senior Citizen's ID, Government Issued ID		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. PARA SA BAGONG KLIYENTE Magtungo sa Wellness Office na matatagpuan sa OPU 3rd floor upang magpaschedule o magenroll o magparehistro sa kahit anong ehersisyo at massage therapy services.	1.1 Banggitin sa Wellness Staff kung anong serbisyo ang kukunin 1.2 Magparehistro at sagutan ang pagkolekta sa pagproseso ng personal na impormasyon (Gym assessment form or Massage intake form or Waiver liability form). 1.3 Hintayin maassess ng yoga o gym instructor o ng	Yoga PHP 300 hanggang PHP 2,000 Gym PHP 30 hanggang PHP 400 Massage PHP 200 hanggang	30 minuto	Yoga Teacher Gym Instructor Massage Therapist - Wellness Unit



	<p>massage therapy ang kliyente.</p> <p>1.4 Bigyan ng charge slip ang kliyente at abisuhan na iproseso ito sa Cash Unit.</p> <p>1.5 Simulan na ang session.</p>	PHP 650		
<p>*PARA SA DATING KLIYENTE Magtungo sa pakay na serbisyo ng Wellness Unit:Gym o Massage room o Yoga room</p>	<p>1.6 Magsulat sa logbook bago gumamit ng gym.</p> <p>1.7 Ipaalam sa massage therapist ang uri ng masahe.</p> <p>1.8 Magtungo sa yoga room at hintayin ang yoga instructor upang masimulan ang session.</p> <p>1.9 Gawin ang session.</p>	<p>Yoga PHP 300 hanggang PHP 2,000</p> <p>Gym PHP 30 hanggang PHP 400</p> <p>Massage PHP 200 hanggang PHP 650</p>	<p>Yoga: 1 oras at 30 minuto</p> <p>Gym: 4 oras</p> <p>Massage: 31 oras at 30 minuto</p>	<p>Yoga Teacher</p> <p>Gym Instructor</p> <p>Massage Therapist -- Wellness Unit</p>
<p>2. Pumunta sa Cash Unit, ipakita ang slip ng bayad at ibigay ang bayad.</p> <p>Ibigay ang Official Receipt (OR) sa Wellness Staff, katunayang ang kliyente ay bayad na sa serbisyong nais</p>	<p>2.1 I-tsek ang Slip ng bayad.</p>	PHP 30 - PHP 650	5 minuto	Administrative Assistant I - Cash Unit
KABUUANG BAYAD AT ORAS NA INILAAAN		See attached Wellness Rates	Yoga: 1 hanggang 1.5 oras	



		Gym: 1 hanggang 4 oras Massage:3 0 minuto hanggang 1.5 oras	
--	--	---	--



CLINICAL LABORATORY UNIT

1. SERBISYO NG LABORATORYO (OUTPATIENT)

Nagbibigay ng dekalidad at abot kayang serbisyo ng Laboratoryo na kailangan para tamang gamutan ng mga pasyente. Nagbibigay serbisyo 24 oras mula Lunes hanggang Linggo at maging may mga espesyal na araw.

Office or Division:	Allied Health Professional Service			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Outpatient Service-Users			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Laboratory Request Form Isa (1) orihinal para sa walk-in clients na galing sa ibang ospital o klinika Dalawa (2) orihinal para sa Outpatient ng MMWGH		Ibinigay ng Nurse on duty/Attending Physician		
ID na gagamitin para sa pagkakakilanlan ng pasyente		Valid ID tulad, at hindi limitado sa mga sumusunod: PhilHealth, GSIS, SSS, National ID, PagiBIG, Senior Citizen, PWD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

<p>1. Magtungo sa Laboratory Unit dala ang Laboratory Request Forms na pirmado ng doktor.</p> <p>*PARA SA MGA MAGPAPAKUHA NG DUGO:</p> <p>Kumuha ng numero para sa pila sa entrance ng laboratory reception area at hintayin na matawag ang hawak na numero</p>	<p>1.1 Tawagin ang kliyente base sa numero at kanilang klasipikasyon</p> <p>Red number -Prayoridad (Buntis, may kapansanan at may edad na 60 at higit pa)</p> <p>Black number -Regular na mga pasyente</p>	Wala	2 minuto	Medical Technologists Medical Laboratory Technician/ Laboratory Unit
<p>*PARA SA MGA MAGPAPASURI NG SAMPLES AT IBA PANG PAKAY SA LABORATORY</p> <p>Dumiretso sa harap ng Receiving and Releasing window</p>	<p>1.2 Tanggapin at suriin ang Laboratory Request Forms at tingnan ng staff on-duty ang test requests kung ito ay kumpleto at available sa laboratory o ipapadala sa ibang laboratory (outsource).</p>	Wala	3 minuto	Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit

	<p>1.3 Para sa COVID-19 rapid antigen test ipaliwanag na ang swab collection at testing ay tuwing 7:00 ng umaga at 3:00 ng hapon lamang (<i>Lunes hanggang Linggo at holidays</i>).</p> <p>Paalala: Ang RT-PCR testing para sa COVID-19 ay hindi natin ginagawa sa mga outpatient clients.</p>	Wala	2 minuto	
<p>2. Maghanda sa kaukulang eksaminasyon at ipakita ang sumusunod:</p> <ul style="list-style-type: none"> • Laboratory Request Forms • Identification Card (ID) • Numero ng pila 	<p>2.1 Tanggapin/kuhanin ang kaukulang specimen o kuhanan ng dugo ang kliyente.</p> <p>2.2 Pagkatapos kuhanan ng dugo, papuntahin ang kliyente sa receiving window ng Laboratory para mabigyan ng charge slip</p>	Wala	15 minuto	Medical Technologists Medical Laboratory Technician / Laboratory Unit
<p>3. Pagkatapos makuhanan ng eksaminasyon, magtungo sa Receiving and Releasing Window</p>	<p>3.1 Kuhanin ang laboratory request forms at transaction receipt</p>	Ang listahan ng halaga ng mga eksaminasyon ay nakapaskil sa harap ng tanggapan	2 minuto	Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/



<p>ng Laboratory ipakita ang sumusunod:</p> <ul style="list-style-type: none"> • Laboratory Request Forms • Transaction Receipt <p>*PARA SA MGA KLIYENTE NA NIAS HUMINGI NG MEDICAL ASSISTANCE SA MALASAKIT CENTER.</p>	<p>3.2 Gawin at ibigay ang charge slip at ipaliwanag kung kailan at anong oras pwedeng balikan o kuhanin ang resulta na depende sa eksaminasyon na ipinagawa at payuhan na ibalik ang Malasakit Slip na ibibigay sa kanila ng Billing Unit.</p>	<p>ng laboratory.</p>	<p>10 minuto</p>	<p>Laboratory Unit</p>
<p>Magtungo sa Malasakit Center ipakita ang mga sumusunod:</p> <ul style="list-style-type: none"> • Medical Certificate (<i>valid sa loob ng isang taon</i>) • Isa (1) orihinal na kopya ng Laboratory Request Form • Charge slip <p>PARA SA MGA KLIYENTE NA NAIS MAGBABAYAD NG CASH</p> <p>Magtungo sa Cash Unit ipakita ang charge slip at magbayad</p>	<p>3.3. I-proseso ang nakuhang specimen.</p>		<p>12 oras (depende sa routine laboratory test na nais ipapagawa)</p> <p>14 na araw (depende sa outsource d laboratory test na nais ipagawa)</p>	<p>Medical Technologists/ Laboratory Unit</p>

<p>4.Magtungo sa Laboratory Unit at ibigay ang Malasakit slip na ibinigay ng Billing Unit</p>	<p>4.1 Tanggapin, siyasatin at itala sa charge logbook ang Malasakit slip na ibinigay ng Billing Unit sa kliyente.</p> <p>4.2 Ipaalala sa kliyente na balikan ang kanilang resulta sa itinalagang oras o araw.</p>	<p>Wala</p>	<p>5 minuto</p>	<p>Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/Laboratory Unit</p>
<p>5. Balikan ang resulta sa laboratory ayon sa nasabing oras.</p> <p>*PARA SA MGA KLIYENTE NA COVERED NG MALASAKIT FUND</p> <p>Ipakita ang transaction receipt</p> <p>*PARA SA MGA NAGBAYAD NG CASH</p>	<p>5.1</p> <p>PARA SA MGA KLIYENTE NA COVERED NG MALASAKIT FUND</p> <p>Hingin ang transaction receipt.</p> <p>PARA SA MGA NAGBAYAD NG CASH</p> <p>Hingin ang resibo at itala ang OR number sa Charge/Billing Logbook.</p>	<p>Wala</p>	<p>3 minuto</p>	<p>Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/Laboratory Unit</p>



Ipakita ang resibo at transaction receipt				
	5.2 Papirmahin ang kukuha ng resulta sa Outpatient Receiving/Releasing logbook.	Wala		
	5.3 Pirmahan ang transaction receipt at ibalik sa kliyente.	Wala		
KABUUANG BAYAD AT INILAANG ORAS		(Tingnan ang listahan ng halaga ng mga eksaminasyon na nakapaskil sa harap ng tanggapan ng laboratory)	15 na araw, 4 oras at 42 minuto (depende sa routine at outsourced laboratory test na ipapagawa)	



2. SERBISYO NG LABORATORYO — IN PATIENT

Nagbibigay ng dekalidad at abot kayang serbisyo ng Laboratoryo na kailangan para tamang gamutan ng mga pasyente. Ang Mariveles Mental Wellness and General Hospital ay bukas 24 oras mula Lunes hanggang Linggo at maging sa mga espesyal na araw.

Office or Division:	Allied Health Professional Service			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Inpatient Service-Users			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Laboratory Request Forms (2) Dalawang orihinal na kopya		Ibinigay ng Nurse on duty/Attending Physician		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magtungo sa Laboratory Unit dala ang 2 Laboratory Request Forms ng pasyente na pirmado ng doktor.	1.1 Tanggapin at suriin ang Laboratory Request Forms.	Wala	5 minuto	Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit



	<p>1.2 Siyasatin ang test requests kung ito ay kumpleto at available sa laboratory o ipapadala sa ibang laboratory (outsource).</p> <p>Paalala: Para sa COVID-19 RT-PCR specimen collection: -Ang nurse on-duty ay kinakailangang magpasa ng CIF, Impormasyon ng Pasyente at valid ID's ng pasyente, dalawang (2) araw bago ang itinalagang araw ng koleksyon.</p> <p>Para sa COVID-19 Antigen Testing - Ang nurse on-duty ay kinakailangang magpasa ng CIF at Laboratory Request Forms ng pasyente dalawang (2) oras bago mag-7:00 AM o 8:00 PM ng itinalagang araw ng koleksyon.</p> <p>Schedule ng RAT: 7:00 AM Daily 8:00 PM Daily</p>	Wala	3 minuto	
--	--	------	----------	--

	1.3 Ipaliwanag sa nurse-on duty kung kailan at anong oras mairi-release ang resulta ng laboratory tests na depende sa eksaminasyon na ipinagawa		5 minuto	Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit
2. Maghanda sa kaukulang eksaminasyon.	2.1 Tanggapin ang specimen na ipapasuri.	Wala	2 minuto	Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit
	2.2 Kuhanan ng dugo ang pasyente		15 minuto	Medical Technologists / Medical Laboratory Technician /Laboratory Unit
	2.3 I-proseso ang nakuhang specimen.		5 oras (depende sa routine laboratory test na nais ipagawa) 14 na araw (depende sa outsourced laboratory test)	Medical Technologists /Laboratory Unit



			na nais ipagawa)	
3. Hintayin ang resulta na dadalihin ng kawani ng laboratory sa mga itinalagang ward ng pasyente	3.1 Dalhin ang mga resulta ng laboratory tests sa mga itinalagang ward ng mga pasyente	Wala	15 minuto	Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit
	3.2 Papirmahin sa Inpatient Receiving/Releasing Logbook ang mga awtorisadong tao na tumanggap ng resulta (doktor, nurse, nursing attendant)		2 minuto	
4. Alamin ang bill sa Billing Unit sa araw ng paglabas ng ospital o sa araw na kinakailangan.	4.1 Ibigay ang mga charge slips ng pasyente sa Billing Unit sa araw na ginawa ang eksaminasyon.	Ang listahan ng halaga ng mga eksaminasyon ay nakapaskil sa harap ng tanggapan ng laboratory.	10 minuto	Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit
KABUUANG BAYAD AT TAGAL NA INILAN		<i>(Tingnan ang listahan ng halaga ng mga eksaminasyon na</i>	14 na araw, 5 oras at 57 minuto (depende sa routine at outsourced	



	<i>nakapaskil sa harap ng tanggapan ng laboratory)</i>	laboratory test na ipapagawa)	
--	---	--	--



DENTAL CARE UNIT

1. SERBISYONG OUTPATIENT DENTAL UNIT

Ang tanggapang ito ay pangunahin sa pangangalaga ng problemang pang-bibig/ngipin ng kliyente. Dito isinasagawa ang konsultasyon, paggagamot at pag-papayo sa mga kliyente kaugnay sa kanilang kalusugang pang-bibig.

Office or Division:	Allied Health Professionals Service			
Classification:	Simple			
Type of Transaction:	G2C – (Government to Citizen)			
Who may avail:	Lahat ng tao ay sineserbisyohan sa tanggapang ito			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
ID o pagkakakilanlan Isa (1) (orihinal na kopya)		PWD, Senior Citizen's ID, Government Issued ID		
Mensahe ng iskedyul o komfirmasyon ng araw ng iskedyul Appointment Slip na manggagaling sa Klinika		Out-Patient Dental Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



<p>1. Tumawag sa sumusunod na numero para sa nais magpa appointment:</p> <p>GLOBE: 0977-143-2500</p> <p>Ibigay ang mga susunod na detalye</p> <ul style="list-style-type: none"> • Buong Pangalan • Edad • Araw ng Kapanganakan • Complaint 	<p>1.1 Kumpirmahin ang mga personal na detalye, I-assess mabuti ang mga complaints at kumpirmahin ang itinakdang schedule ng kliyente</p>	<p>Wala</p>	<p>5 mins</p>	<p>Administrative Assistant I - Dental Care Unit</p>
<p>2. SA ARAW NG KONSULTASYON</p> <p>PARA SA MGA KLIYENTE NA MAYROON NG MEDICAL CHART:</p> <p>Magtungo na sa dental clinic at magpakita sa Administrative Assistant para sa pangunahing kagamitan para sa pangangailangang kagamutan</p> <p>Magsulat sa talaan pang-pasyente sa Dental Clinic para magbigay kaalaman sa Administrative Assistant at ipaalam na nasa ospital na upang hindi malaktawan.</p>	<p>2.1 Bigyan ng queuing number ang pasyente</p>	<p>Wala</p>	<p>1 minuto</p>	<p>Administrative Assistant I - Dental Care Unit</p>



<p>*PARA SA MGA KLIYENTE NA WALA PANG MEDICAL CHART:</p> <p>Health Information and Management Unit. Punan ang mga forms para sa creation ng patient health record.</p>	2.1 Ipaliwanag at ibigay ang mga forms sa pasyente/ relative.	Wala	30 minuto	Administrative Assistant I - Health Information Management Unit
	2.2 Gawin ang panayam sa kliyente/ kamag-anak o legal authorized representative.	Wala	20 minuto	Social Welfare Officer I - Medical Social Work Unit
3. Magtungo sa Dental Unit - OPU	3.1 Interbyuhin ang kliyente ng mabuti para sa detalye ng kanyang Dental Health Record	Wala	10 minuto	Dental Aide - Dental Care Unit
	3.2 Magsimula na sa eksaminasyon at paggagamot sa kliyente <i>(Sa kasalukuyan, ang aming serbisyong X-RAY ay hindi pa inaalok. Maghintay sa mga susunod na anunsyo.)</i>	Wala	1 oras (Depende sa kung anong kagamutan ang gagawin)	Dentist III / Dental Care Unit
	3.4 Ibigay ang resibo/charge slip na babayaran sa kliyente	Wala	5 minuto	Dentist III Dental Aide/ Dental Care Unit
	3.5 Magbigay ng Medical/Dental Certificate para magamit sa Malasakit Center	Wala		



<p>4. PARA SA MGA KLIYENTE NA HIHINGI NG TULONG SA MALASAKIT CENTER. Ipakita ang mga sumusunod; Charge slip Medical Certificate (valid sa loob ng isang taon)</p> <p>PARA SA MGA KLIYENTE NA NAIS MAGBAYAD NG CASH Magtungo sa Cash Unit ipakita ang charge slip at magbayad</p>	4. Interviewhin ang kamag anak o pasyente at iproseso ang Medical Assistance	Wala	20 minuto	Social Welfare Officer I - Malasakit Center
	4.1 Suriin ang Charge slip at i-proseso ang bayad ng kliyente	<p>Dental Consultation/ Examination LIBRE</p> <p>Dental Extraction SIMPLE PHP 300</p> <p>COMPLICATED PHP 500</p> <p>3rd MOLAR/ WISDOM TOOTH PHP 5,000</p> <p>Dental Restoration PHP 450 Dental X-Ray (Periapical) PHP 300 Oral Prophylaxis PHP 450- PHP 550</p> <p>GUM Treatment with Fluoride Application PHP 300</p>	10 minuto	Administrative Assistant I - Cash Unit



5. Bumalik sa Dental Unit at ipakita ang resibo	5.1 Ibigay ang reseta ng gamot at iba pang mga payo sa kliyente	Wala	10 minuto	Dentist III/ Dental Care Unit
Kabuuang Babayaran		Dental Consultation/ Examination LIBRE	BAGONG KLIYENTE 1 oras at 26 minutos	
		Dental Extraction SIMPLE PHP 300 COMPLICATED PHP 500 3rd MOLAR/ WISDOM TOOTH PHP 5,000 Dental Restoration PHP 450 Dental X-Ray (Periapical) PHP 300 Oral Prophylaxis PHP 450- PHP 550 GUM Treatment with Fluoride Application PHP 300		



HEALTH INFORMATION MANAGEMENT UNIT

1. CREATION OF PATIENT'S HEALTH RECORD

Office or Division:	HEALTH INFORMATION AND MANAGEMENT UNIT			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	Patients, Relative of Patients and Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Valid I.D. One (1) Original Copy		Client, Nearest Relative, Employees		
Referral Form One(1) original copy		Client, Nearest Relative, Referring Agency		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. *FOR NEW CLIENTS Consultation and Admission Proceed to the Receiving Area of Health Information Management Unit and state the purpose of your visit. *Fill out the form.	FOR NEW CLIENTS	None	10 minutes	Administrative Officer /Administrative Assistant I/ Administrative Assistant II- Admission and Information Section
	1. Explain the forms that need to be filled up with a Patient Information Sheet.			
	1.1 Guide the relative or the patient in filling out the forms.			
	1.2 Have the patient sign the consent (if able to sign) or the authorized representative. <i>(Pahintulot sa Pagpapatala at Pagproseso ng Impormasyon)</i>			
	1.3 Review the filled-up forms and create the patient's health record.			



	1.4 Endorsed created patient health record to the unit designated for patient consultation.	None	20 minutes	Administrative Officer /Administrative Assistant I/ Administrative Assistant II- Admission and Information Section
*FOR OLD CLIENTS Admission	FOR NEW CLIENTS 1.5 Get the patient's health record and make sure from the relative or authorized representative that the information written in the patient's health record is still the same as of today.	None	10 minutes	Administrative Officer /Administrative Assistant I/ Administrative Assistant II- Admission and Information Section
	1.6 If the information written on a patient's health record has changed, let the authorized representative fill up the Patient Information Sheet.	None	20 minutes	Administrative Officer /Administrative Assistant I/ Administrative Assistant II- Admission and Information Section
	1.7 Have the relative or authorized representative sign the consent (Patient unable to decide on his/her own). (Pahintulot sa Pagpapagamot)			



	1.8 After verifying the information is the same, create the patient's health record.			
	1.9 Endorsed created patient health record to the designated unit for admission.			
	TOTAL	None	Consultation and Admission: New Client- 30 minutes Admission: Old Client- 30 minutes	



2. PROSESO SA PAGKUHA NG MEDICAL CERTIFICATE , CERTIFICATE OF CONFINEMENT, CLINICAL CASE SUMMARY, PSYCHIATRIC REPORT, MEDICO LEGAL CERTIFICATE

Ang proseso na ito ay ang pag-iisyu ng Medical Certificate , Certificate of Confinement , Clinical Case Summary at Psychiatric Report, Medico Legal Certificate para sa mga kliyente na na-admit/ nagpakonsulta sa Mariveles Mental Wellness and General Hospital. Para sa kliyente na nagpapakonsulta sa Outpatient Unit (General Medical Service/ ACCMH) , maaaring magrequest mula Lunes- Biyernes (8:00 ng umaga- 5: 00 ng hapon) maliban sa “*holidays*”, Sabado at Linggo. Para sa kliyente na nakaadmit sa Ward, maaaring mag request mula Lunes-Linggo (walang nakatalagang oras).

Office or Division:	HEALTH INFORMATION AND MANAGEMENT UNIT
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	In-Patient, Outpatient , Kamag-anak/ Awtorisadong Kinatawan
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Kliyente (Upang Lagdaan “ <i>Request for Copy of Health Information</i> ”)	Health Information Management Unit (HIMU) Out-Patient Unit (Lunes-Biyernes 8:00 am-5:00 pm maliban sa “ <i>holidays</i> ”, Sabado at Linggo)
Valid I.D. (Kliyente, Kamag-anak/ Awtorisadong Kinatawan at Empleyado) Isa (1) orihinal na kopya	PWD, Senior Citizen ID, Government Issued ID
Court Order (para sa may kaso) Isa (1) orihinal na kopya	Respective Trial Court
Police Request (para sa magrerequest ng Medico-Legal Certificate) Isa (1) orihinal na kopya	Municipal Police Station Philippine National Police
PAALALA: Kinakailangan ang presensya ng kliyente sa pagkuha ng Medical Certificate , Certificate of Confinement , Clinical Case Summary at Psychiatric Report, Medico Legal Certificate	



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Out-Patient -General Medical Service/ACCMH Magtungo sa Out-Patient Unit at lumapit sa Nurse na nakaduty upang sabihin ang kailangan na “certificate” o dokumento. In Patient -General Medical Service/ ACCMH Magtungo kung saan nakaadmit ang pasyente at sabihin sa Nurse na nakaduty ang kailangang certificate o dokumento.	1.1. Kuhanin ang “referral” mula sa Nurse on Duty tungkol sa hinihinging “certificate” o dokumento.	Wala	5 minuto	Administrative Officer /Administrative Assistant I/ Administrative Assistant II- HIMU
	1.2 Humingi ng anumang patunay ng pagkakakilanlan / Valid ID mula sa pasyente o awtorisadong kinatawan. Itanong kung saan gagamitin ang hiniling na certificate at kung saan ito ipapasa.			
	1.3 Ibigay ang “Request for Health Information form” sa pasyente/awtorisadong kinatawan. Gabayan ang kliyente /awtorisadong kinatawan sa pagsagot ng form at suriin kung tama ang impormasyong nakasulat at tiyaking piprmahan ng pasyente ang form.	Wala	10 minuto	Administrative Officer /Administrative Assistant I/ Administrative Assistant II- HIMU
	1.4 Gawin ang certificate/ document	Wala	30 minuto	Administrative Officer /Administrative Assistant I/ Administrative Assistant II- HIMU



	1.5 Dalhin ito sa “ <i>Attending Physician</i> ” upang pirmahan ito.	Wala	1 oras	Administrative Officer /Administrative Assistant I/ Administrative Assistant II- HIMU
	1.6 Bigyan ang pasyente/ awtorisadong kinatawan ng charge slip para sa kaukulang bayad ng certificate o dokumento.	<p><u>PHP 200</u> Medical Certificate</p> <p><u>PHP 100</u> Certificate of Confinement</p> <p><u>PHP 150</u> Clinical Case Summary (1 buwan matapos ang araw ng pagrequest)</p> <p>Psychiatric Report (pagkatapos ng “<i>Psychological Examination</i>” at ilang sesyon ng konsultasyon)</p> <p><u>Php 5.00</u> “<i>Certified True Copy of Medical Certificate , Laboratory Examination/ Radiology Results, Discharge Summary</i>”at iba pang dokumento.</p>	5 minuto	Administrative Officer /Administrative Assistant I/ Administrative Assistant II- HIMU



		PHP 200 Medico Legal Certificate		
2. Bumalik sa Out-Patient Unit- HIMU matapos mabayaran ang certificate o dokumento.	2.1 Ibigay ang certificate/ dokumento sa kliyente/ awtorisadong kinatawan. *Hayaang lagdaan ng pasyente/ awtorisadong kinatawan ang kopya ng certificate o dokumento na magisisilbing patunay na ang impormasyong nakasulat ay napatunayang tama.	Wala	10 minuto	Administrative Officer /Administrative Assistant I/ Administrative Assistant II- HIMU



<p>KABUUANG ORAS AT BAYAD NA NILAAN:</p>	<p>PHP 200 Medical Certificate</p> <p>PHP 100 Certificate of Confinement</p> <p>PHP 150 Clinical Case Summary (1 buwan matapos ang araw ng pagrequest) Psychiatric Report (pagkatapos ng "Psychologic al Examination" at ilang sesyon ng konsultasyon)</p> <p>PHP 5.00 "Certified True Copy of Medical Certificate , Laboratory Examination/ Radiology Results, Discharge Summary"at iba pang dokumento.</p> <p>Php 200.00 Medico Legal Certificate</p>	<p>3 oras</p>	
---	--	----------------------	--



3. PROSESO SA PAGKUHA NG BIRTH CERTIFICATE, FETAL DEATH CERTIFICATE AT DEATH CERTIFICATE

Ang “*Birth Certificate*” ay isang patunay ng kapanganakan mula sa isang ospital. Ito ay isang opisyal na dokumento na nagbibigay ng mga detalye ng kapanganakan ng isang sanggol, tulad ng petsa at lugar ng kapanganakan, at ang mga pangalan ng kanyang mga magulang.

Ang “*Fetal Death Certificate*” ay isang legal na dokumento na iniisyu kapag ang isang fetus ay namatay bago ganap na maalís mula sa sinapupunan ng ina, anuman ang tagal ng pagbubuntis, na mahalagang nagdodokumento ng isang patay na pagsilang .

Ang “*Death Certificate*” ay isang permanenteng legal na rekord na naglalaman ng impormasyon sa pagkamatay ng isang indibidwal. Nagbibigay ito ng mahalagang impormasyon o datus sa mga pangyayari at detalye ng pagkamatay. Ang sertipiko ay ibinibigay din sa mga miyembro ng pamilya dahil ito ay kinakailangan para sa paglilibing.

Ang mga dokumento naisyu mula sa ospital ay kinakailangang mairehistro sa lokal na rehistro ng sibil.

Office or Division:	HEALTH INFORMATION AND MANAGEMENT UNIT			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	Magulang, Kamag-anak/ Awtorisadong Kinatawan			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Valid I.D. (Magulang, Kamag-anak/ Awtorisadong Kinatawan at Empleyado) Isa (1) orihinal na kopya		PWD, Senior Citizen ID, Government Issued ID		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magtungo sa HIMU Main Office para sa hinihinging dokumento (<i>Birth, Fetal Death and Death Certificate</i>).	1.1 PARA SA BIRTH CERTIFICATE Kumpirmahin ang nilalaman ng pinunang “Pre-Form” mula sa magulang ng pasyente.	Wala	10 minuto	Administrative Officer /Administrative Assistant I/ Administrative Assistant II/Statistician II - Health Information



	PARA SA FETAL DEATH /DEATH CERTIFICATE Kumpirmahin sa kamag-anak ng pasyente ang nilalaman ng pinunang <i>"Fetal Death /Death Certificate Draft"</i> .			Management Unit (HIMU)
	1.2 Humingi ng anumang patunay ng pagkakakilanlan / Valid ID ng awtorisadong kinatawan.			
	1.3 Gawin ang dokumento (<i>Birth, Fetal Death at Death Certificate</i>)	wala	1 oras	Administrative Officer /Administrative Assistant I/ Administrative Assistant II/Statistician II - (HIMU)
	1.4 Ibigay ang unang kopya at hayaan ang kamag-anak/awtorisadong kinatawan na suriin at kumpirmahin kung tama at kumpleto ang nilalaman na impormasyon ng hinihinging dokumento.	wala	10 minuto	Administrative Officer /Administrative Assistant I/ Administrative Assistant II/Statistician II - (HIMU)
	1.5 Mag- <i>print</i> muli ng tatlong (3) kopya ng hinihinging dokumento.	wala	5 minuto	Administrative Officer /Administrative Assistant I/ Administrative Assistant II/Statistician II - (HIMU)



	1.6 Gabayan ang magulang/awtorisadong kinatawan na lagdaan ang bahagi ng dokumento na pagpapatunay ng kanilang pagkumpirma sa mga nilalamang impormasyong na naisulat sa dokumento.	wala	5 minuto	Administrative Officer /Administrative Assistant I/ Administrative Assistant II/Statistician II - (HIMU)
	1.7 PARA SA BIRTH CERTIFICATE (Di Kasal/Kasal Ngunit Nagnanais na sila ang Magparehistro) Palagdaan sa magulang ng pasyente ang “waiver”	wala	5 minuto	Administrative Officer /Administrative Assistant I/ Administrative Assistant II/Statistician II - (HIMU)
	1.8 PARA SA BIRTH CERTIFICATE (KASAL) Abisuhan ang magulang ng pasyente na balikan ang isang (1) orihinal na kopya matapos marehistro ng ospital ang nasabing dokumento sa loob ng isang buwan.	wala	5 minuto	Administrative Officer /Administrative Assistant I/ Administrative Assistant II/Statistician II - (HIMU)



	<p>1.9 PARA SA FETAL DEATH/ DEATH CERTIFICATE</p> <p>Ibigay ang apat (4) na kopya sa magulang/awtorisadong kinatawan at ituro ang susunod na proseso sa pagrehistro ng nasabing dokumento.</p> <p>Paalalahan ang kamag-anak/awtorisadong kinatawan na ibalik ang isang orihinal na kopya sa ospital matapos itong maparehistro.</p>	wala	5 minuto	Administrative Officer /Administrative Assistant I/ Administrative Assistant II/Statistician II - (HIMU)
KABUUANG ORAS AT BAYAD NA NILAAN:		Wala	1 oras at 40 minuto	



MEDICAL SOCIAL WORK UNIT

1. AVAILING MEDICAL SOCIAL WORK UNIT SERVICES FOR OUTPATIENT AND IN-PATIENT

This process covers availment of MSWU services for outpatient and inpatient. The Medical Social Worker will conduct an eligibility assessment using the MSWU Psychosocial Assessment Tool on patients to assess their financial capability and social functioning which could directly affect their ability to meet their basic needs. The MSWs are located at MSWU-OPU satellite office, OPU Building. The service is available 24 hours daily with no noon time break.

Office or Division:	Medical Social Work Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All MMWGH patients
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For admission: 1 photocopy of Birth Certificate or, 1 photocopy of Valid ID (PWD ID, Senior Citizen ID, Voter's ID, any Government Issued ID)	Philippine Statistics Authority, M/CSWDO, Barangay, Government Agency
For unknown patients: Referral Letter Social Case Study Report	M/CSWDO

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds to the Medical Social Work Unit for the psychosocial assessment.	1.1 Check the patient's health record if there is a signed consent form attached for the processing of his/her information.	None	1 minute	Social Welfare Officer/ Medical Social Work Unit
2. For admission: Presents any valid ID or birth certificate. For unknown patient: Representative shall provide Referral Letter and Social Case Study Report.	2.1 Receive filled-out PMRF and check the completeness of requirements for PhilHealth POS Enrollment. 2.2 Identify if the patient is old or new: For Old Patients:	None	1 minute	Social Welfare Officer/ Medical Social Work Unit



For outpatient: Proceeds to step 3	Retrieve and update the patient's record and conduct a reassessment of the patient's classification if the last admission/consultation is more than one year For New Patients: Proceed to step 3.1			
3. Provides the needed information for their psychosocial assessment.	3.1 Orient the patient/relative on the purpose of assessment and facilitates consent signing using the Consent/Responsibility Slip 3.2 Interview the patient/relative and conduct psychosocial assessment using the MSWU Assessment Tool 3.3 Inform the patient/relative on their classification 3.4 Sign and indicate classification at patient's health record, and affix the classification label (colored stamp) on the cover page of the health record.	None	15 minutes	Social Welfare Officer/ Medical Social Work Unit
	3.5 Conduct orientation on hospital policies and availment of MSWU services; and provide appropriate MSW intervention as needed	None	1 minute	Social Welfare Officer/ Medical Social Work Unit



4. Proceeds to the waiting area and wait for their turn to be called by the Physician on Duty.	<p>4.1 Instruct the patient/relative to proceed to the next step/concerned office</p> <p>4.2 Forward the patient's health record to Nurse-on-Duty in the Triage/Psychiatry/GMS/Wellness.</p>	None	1 minute	Social Welfare Officer/ Medical Social Work Unit
	5.1 Register the patient's information in the IHOMIS and MSWU General Registry.	None	1 minute	Social Welfare Assistant/ Medical Social Work Unit
	TOTAL	None	20 minutes	



2. AVAILING MEDICAL ASSISTANCE IN MALASAKIT CENTER

The Malasakit Center serves as a one-stop shop for underprivileged patients seeking medical/financial help from agencies such as the Department of Social Welfare and Development (DSWD), PhilHealth, Philippine Charity Sweepstakes Office (PCSO) and Department of Health (DOH). The service is available 24 hours daily with no noon time break.

Office or Division:	Medical Social Work Unit/Malasakit Center
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All MMWGH patients
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Birth Certificate or 1 Valid ID (PWD ID, Senior Citizen ID, Voter's ID, any Government Issued ID) One (1) photocopy	Philippine Statistics Authority, M/CSWDO, Barangay, Government agency
Request form/Prescription One (1) original copy	MMWGH Doctor
Medical Certificate One (1) original copy	HIMU
Charge Slip One (1) original copy	Pharmacy Unit/ Laboratory Unit/ X-ray Unit, Dental Care Unit/ New Infirmary/ Psychology Unit/ Wellness Unit
Statement of Account (for ER/Medical Ward patients) One (1) original copy	Billing Unit
Clearance Slip (for ER/Medical Ward patients) One (1) original copy	Emergency Unit/ Medical Ward Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 Proceed to Malasakit Center and present the following documents to navigator: <ul style="list-style-type: none"> • Charge Slip and Prescription from Pharmacy Unit • Charge Slip and Laboratory Request Form from Laboratory Unit 	1.1.1 Check the needed requirements such as Charge Slip, Request Form/Prescription/ Medical Certificate and Identification Card/ Statement of Account/Clearance Slip	None	1 minute	Navigator/ Malasakit Center
<ul style="list-style-type: none"> • Charge Slip and Procedure Request Form from Radiology Unit • Charge Slip and Psychological Evaluation 	1.1.2 Check thru IHOMIS if the patient has a Health Record and MSWU Number indicating that the	None	1 minute	Medical Social Worker / Malasakit Center



<p>Referral Form from Psychology Unit</p> <ul style="list-style-type: none"> • Charge Slip and ECG Request Form from New Infirmary • Medical Certificate (for new patients) • Statement of Account from Billing Unit (for patients from ER/Medical Ward) • Clearance slip (for patients from ER/Medical Ward) • Present any Valid Government IDs <p>* After checking, get the queuing number and wait to be called by the Social Worker on Duty.</p>	client/relative has been interviewed using MSWU Assessment Tool			
	1.1.3 Interview the client/relative using Unified Intake Sheet (Malasakit Center Form – Annex B) and forward to other concerned participating agencies within Malasakit Center	None	8 minutes	Medical Social Worker / Malasakit Center
	1.1.4 Assess the patient/client and make recommendation on the type and/or amount of assistance needed and forward for approval to the MSW in the Malasakit Center	None	2 minutes	Representatives from PhilHealth, PCSO and DSWD
	1.1.5 Prepare Malasakit Center Order of Charging and Certificate of Eligibility/Indigency and facilitate the signing of acknowledgement receipt	None	2 minutes	Medical Social Worker/ Malasakit Center
	1.1.6 Signed the clearance slip for discharge patients	None	1 minute	Medical Social Worker/ Malasakit Center
	1.1.7 Photocopy the submitted requirements for Medical Assistance and let the client/relative to sign the logbook	None		
	1.1.8 Instruct the client/relative to			Social Welfare Assistants/ Malasakit Center



	proceed to other Unit to give the claim stub			
	TOTAL	None	15 minutes	



PHARMACY UNIT

1. PAGKUHA NG GAMOT

Pagbibigay ng gamot para sa *Psychiatric* at *General Medical Consultation* na kliyente ng Mariveles Mental Wellness at General Hospital.

ORAS NG SERBISYO : BENTE KWATRO (24) ORAS ARAW-ARAW KAHIT PISTA OPISYAL

Office or Division	PHARMACY UNIT ALLIED HEALTH PROFESSIONAL SERVICE			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizens			
Who may avail:	Lahat			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Reseta Isang (1) orihinal na kopya para sa ordinaryong reseta. <i>Yellow Prescription</i> para sa <i>regulated</i> o <i>controlled drug</i> .		Nurse-on-Duty sa <i>Out-patient Unit</i> /New <i>Infirmity</i> pagkatapos ng check-up o konsultasyon o Mula sa isang doktor na ang konsultasyon ay ginawa (<i>Outside client</i>)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pumunta sa <i>Pharmacy Unit</i> . Ipakita ang mga reseta PARA SA MGA KLIYENTE NA HIHINGI NG TULONG SA MALASAKIT CENTER. Magtungo sa Malasakit Center ipakita ang mga sumusunod: <ul style="list-style-type: none">Medical CertificateIsa (1) orihinal na kopya ng ResetaCharge slip PARA SA MGA KLIYENTE NA NAIS MAGBABAYAD NG CASH	1.1 Suriin ang kaayusan ng mga detalye ng Reseta. 1.2 Ipaalam sa kliyente kung meron o wala ang gamot na kailangan 1.3 Ihanda at gawin ang <i>Charge Slip</i> para sa mga gamot na maibibigay	Wala	3 minuto	Pharmacist I or II - Pharmacy Unit

-Magtungo sa <i>Cash Unit</i> ipakita ang <i>charge slip</i> at magbayad	1.4 Ipaalam na magtungo sa susunod na hakbang.			
2. Bumalik sa <i>Pharmacy Unit</i> , ipakita ang resibo ng binayaran kasama ang pangalawang kopya ng <i>charge slip</i> at ang reseta, Para sa bagong kliyente ng OPU	2.1 Ihanda ang mga gamot	Wala	2 minuto	Pharmacist I or II - Pharmacy Unit
	2.2 Ibigay ang gamot sa kliyente at ipaliwanag o gabayan sa tamang pag inom o paggamit sa gamot na ibinigay.	Wala	3 minuto	Pharmacist I or II - Pharmacy Unit
	2.3 Para sa bagong kliyente. Pagpapaliwanag sa paraan at kahalagahan ng pag inom o paggamit ng bago	Wala	15 minuto	Pharmacist I or II - Pharmacy Unit
	2.4 Pirmahan at ibalik sa kliyente, ang <i>transaction receipt</i> katunayang tapos na ang transakyon.			
Kabuuang babayaran at oras na inilaan:		Tignan ang listahan ng halaga ng gamot na nakapaskil sa harap ng tanggapan ng Pharmacy	23 minuto	

Para sa listahan ng *available* na gamot, maaaring gamitin ang *QR code*, i-scan at makikita kung anong mga gamot ang maaaring bilhin at ang halaga nito





2. PAGKUHA NG GAMOT (IN PATIENT)

Pagbibigay ng gamot para sa mga In-patient na kliyente ng Mariveles Mental Wellness at General Hospital.

ORAS NG SERBISYO : BENTE KWATRO (24) ORAS ARAW-ARAW KAHIT PISTA OPISYAL

Office or Division	PHARMACY UNIT ALLIED HEALTH PROFESSIONAL SERVICE			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizens			
Who may avail:	Lahat ng In-patient.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Reseta Isang (1) orihinal na kopya para sa ordinaryong reseta. <i>Yellow Prescription</i> para sa <i>regulated o controlled drug</i> . <i>Masterlist</i> o listahan ng mga gamot na iniinom.		Mula sa isang doktor ng Mariveles Mental Wellness and General Hospital. Ipinapasa ng Nurse ang Masterlist o listahan ng mga gamot na iniinom ng pasyente.		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pagtanggap ng Pharmacist ng reseta o listahan ng mga gamot galing sa nurse.	1.1 Suriin ang kaayusan ng mga detalye ng Reseta. Ang reseta ay dapat napirmahan ng isang Doctor. 1.2 Ihanda at gawin ang <i>Charge Slip</i> o Ilista ang mga gamot na naibigay sa Daily Prescription of In-Patient upang maipasa sa Billing Unit. 1.3 Ipapirma sa Nurse ang reseta ng gamot na natanggap.	Wala	10 minuto	<i>Pharmacist I/II</i> <i>Pharmacy Unit</i>
Kabuuang babayaran at oras na inilaan:		Wala	10 minuto	



RADIOLOGY UNIT

1. 2D ECHOCARDIOGRAM

Schedule: Huwebes at Sabado 8:00am- 5:00 pm

Office or Division:	ALLIED HEALTH PROFESSIONAL SERVICES			
Classification:	Complex			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	In Patient, Outpatient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Isa (1) orihinal na kopya - Para sa mga request na hindi galing sa MMWGH		Issued by Physician		
Dalawa (2) orihinal na kopya- Galing sa MMWGH ang request				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCES SING TIME	PERSON RESPONSIBLE
1. Magtungo sa Radiology Unit at ipakita ang request. 1.1 Ang request ay kailangan naaprobahan o galing sa in-house cardiologist bago mabigyan ng iskedyul 1.2 Tanggapin ang transaction slip ng pasyente	1.3 Tanggapin ang request at itsek kung ito ay kumpleto at aprobado ng in-house cardiologist. Interbyuhin at liskedyul ang pasyente sa available na araw. Bigyan ng slip na naglalaman ng petsa, oras at preparasyon sa gagawing procedure. 1.4 Pirmahan ang transaction slip ng pasyente at ibilin na ibalik ito Security guard paglabas ng Hospital	Wala	15 minuto	Radiologic Technologist- Radiology Unit
2. Bumalik sa araw ng schedule sa Radiology Office at maghintay ng tawag .	2.1 Tawagin ang mga pasyente upang maayos ang pagkakasunod-sunod nito. Gawin ang kaukulang eksaminasyon at bigyan ng charge slip ang kliyente.	Wala	45 minuto	2d- Echo Technologist- Radiology Unit



	Ayusin ang mga eksaminasyon na nagawa para sa pagbabasa ng cardiologist		Limang (5) opisyal na araw.	2d-echo Technologist / Cardiologist
3. Gawan ang pasyente ng charge slip.	3.1 Sabihan ang pasyente na magtungo sa Cashier o sa Malasakit Center para maiproseso ang pagbabayad.	Wala	2 minuto	Administrative Assistant/ 2d-echo technologist
4.1 Magtungo sa Cash Unit, ipakita ang charge slip at magbayad.	4.4 Suriin ang Charge slip. 4.5 Hingin at suriin ang mga kaukulang ID para sa diskwento: a) PWD ID b) Senior Citizen ID c) at iba pa 4.6 Tanggapin ang bayad at ibigay ang resibo. 4.7 Ibalik ang pangalawang kopya ng charge slip.	PHP 2800	5 minuto.	Administrative Assistant- Cash Unit
*Magtungo sa Medical Social Worker Unit at Malasakit Center at ipakita ang charge slip.	4.8 Interbyuhin ang kliyente. Hingin at suriin ang mga kaukulang dokumento. Bigyan ng Klasipikasyon at Malasakit slip .		15 minuto	Administrative Assistant- Medical Social Worker
5. Bumalik sa 2d-echo room at ipakita ang Official Receipt o Malasakit Slip	5.1 Kunin ang Official Receipt Number o ang Malasakit Slip at sabihan ang kliyente na makukuha ang resulta sa loob ng 5 opisyal na araw.	Wala	5 minuto	2d- Echo Technologist- Radiology Unit
6. Bumalik sa araw ng pagkuha ng resulta matapos ang lima (5) opisyal na araw. 6.2. Tanggapin ang transaction Slip	6.3 Papirmahin ang pasyente sa 2d-echo releasing of result logbook. 6.4 Pirmahan ang transaction slip ng pasyente	Wala	15 minuto	2d- Echo Technologist- Radiology Unit



.	<p>at ibilin na ibalik ito Security guard paglabas ng Hospital.</p> <p>6.5 Pasagutan ang kliyente sa hospital client experience survey form.</p> <p>DAPAT TANDAAN:</p> <p><u>ISKEDYUL PARA SA PAGKUHA NG RESULTA</u></p> <p>ARAW NG 2D ECHO Huwebes PAG-ISSUE NG RESULTA Huwebes ng susunod na linggo.</p> <p>ARAW NG 2D ECHO Sabado PAG-ISSUE NG RESULTA Biyernes ng susunod na linggo</p>			
TOTAL		PHP 2800	5 opisyal na araw 1 oras at 39 minuto.	

2D ECHO PROCEDURE	PRICE
2D Echo with Color Flow and Doppler Studies	PHP 2800



2. ULTRASOUND

Schedule: Miyerkules at Biyernes 8:00m – 5:00pm

Office or Division:	Allied Health Professional Services			
Classification:	Complex			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	In Patient, Outpatient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PARA SA MGA REQUEST NA HINDI GALING SA MMWGH Ultrasound Request Isa (1) orihinal na kopya Dalawa (2) orihinal na kopya- Galing sa MMWGH ang request		Issued by Physician		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magtungo sa Radiology Unit at ipakita ang request.	1.1 Tanggapin ang request. Interbyuhin at lischedule ang pasyente sa available na araw. Bigyan ng slip na naglalaman ng petsa, oras at preparasyon sa gagawing procedure.	Wala	10 minuto	Radiologic Technician - Radiology Unit
2. Bumalik sa araw ng schedule. Magtungo sa Radiology Office waiting area at maghintay ng tawag .	2.1 Tawagin ang mga pasyente upang maayos ang pagkakasunod-sunod nito. (Unang dumating-unang gagawin)	Wala	30 minuto	Radiologic Technician - Radiology Uni



	<p>Prayoridad ang mga senior citizen, buntis, at PWD)</p> <p>Gawin ang kaukulang eksaminasyon at bigyan ng charge slip ang kliyente.</p>			
<p>3. Magtungo sa Cash Unit, ipakita ang charge slip at magbayad.</p> <p>3.2 Magtungo sa Medical Social Worker Unit at Malasakit Center at ipakita ang charge slip.</p>	<p>3.3 Suriin ang Charge slip.</p> <p>3.4 Hingin at suriin ang mga kaukulang ID para sa diskwento: a) PWD ID b) Senior Citizen ID c) at iba pa</p> <p>3.5 Tanggapin ang bayad at ibigay ang resibo.</p> <p>3.6 Ibalik ang pangalawang kopya ng charge slip.</p> <p>3.7 Interbyuhin ang kliyente. Hingin at suriin ang mga kaukulang dokumento. Bigyan ng Klasipikasyon at Malasakit slip .</p>	<p>Depende sa eksaminasyon na gagawin.</p> <p>Tingnan ang pahina 3 para sa presyo.</p>	<p>5 minuto.</p> <p>15 minuto</p>	<p>Administrative Assistant I- Cash Unit</p> <p>Social Worker Officer I- Medical Social Worker</p>
<p>4. Bumalik sa Radiology Office at ipakita ang Official Receipt o Malasakit Slip</p>	<p>4.1 Kunin ang Official Receipt Number o Malasakit Slip at sabihan ang kliyente na makukuha ang resulta at ang</p>	<p>Wala</p>	<p>2 oras</p>	<p>Radiologic Technician - Radiology Unit</p>



	Ultrasound image sa loob ng 2 oras.			
5. Ibigay ang resulta sa kliyente makalipas ang dalawang oras at kunin ang transaction slip.	5.1 Papirmahan ang kliyente sa ultrasound releasing of result logbook. 5.2 Pirmahan ang transaction slip ng pasyente at ibilin na ibalik ito Security guard paglabas ng Hospital. 5.3 Pasagutan ang kliyente sa hospital client experience survey form.	Wala	15 Minuto	Radiologic Technician - Radiology Unit
TOTAL		Pumunta sa susuhod na pahina para sa presyo ng iba't-ibang procedure	3 oras at 13 minuto	

ULTRASOUND PROCEDURE	PRICE
Breast (BOTH) Single breast	PHP 700 PHP 500
Chest Bilateral Chest unilateral Chest with mapping	PHP 700 PHP 500 PHP 800
Hepatobiliary Tree	PHP 500
Inguino Scrotal/Inguinolabial	PHP 1,400
Scrotal	PHP 1,100
Kidney / Renal	PHP 400
KUB	PHP 700
Single organ	PHP 400



Soft Tissue	PHP 500
Thyroid	PHP 500
Neck	PHP 600
Upper / Lower Abdomen	
Kub/pelvic	PHP 600
Kub/prostate	
Whole Abdomen	PHP 850
Transvaginal / Transrectal	PHP 800
Transabdominal (pregnancy evaluation)	PHP 600
Transabdominal (gynecologic evaluation)	PHP 600
Biophysical scoring	PHP 750



3. X-RAY

OPERATION HOURS: Lunes – Linggo , Bente-kwatro oras

Office or Division:	Allied Health Professional Service			
Classification:	Complex			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	In Patient, Out-Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
X-Ray Request Isa (1) orihinal na kopya - Para sa mga request na hindi galing sa MMWGH Dawala (2) orihinal na kopya - Galing sa MMWGH ang request		Issued by the Physician		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magtungo sa Radiology Office at ibigay ang X-ray request.	1.1 Tanggapin ang request at interbyuhin ang pasyente.	Wala	2 minuto	Radiologic Technologist I Radiology Unit
2. Pumasok sa X-ray Room para sa eksaminasyon.	2.1 Gawin ang kaukulang eksaminasyon at bigyan ng charge slip ang kliyente.	Wala	10 minuto	Radiologic Technologist I Radiology Unit
3. Magtungo sa Cash Unit, ipakita ang charge slip at magbayad.	3.2 Suriin ang Charge slip.	Depende sa eksaminasyon na gagawin.	5 minuto	Administrative Assistant I Cash Unit



<p>3.1 Magtungo sa Medical Social Worker Unit at Malasakit Center at ipakita ang charge slip</p>	<p>3.3 Hingin at suriin ang mga kaukulang ID para sa diskwento: a) PWD ID b) Senior Citizen ID c) at iba pa</p> <p>3.4 Tanggapin ang bayad at ibigay ang resibo.</p> <p>Ibalik ang pangalawang kopya ng charge slip.</p> <p>3.4 Interbyuhin ang kliyente. Hingin at suriin ang mga kaukulang dokumento. Bigyan ng klasipikasyon at Charge slip</p>	<p>(Tingnan ang pahina 3 para sa batayan ng presyo.)</p>	<p>15 minuto</p>	<p>Social Work Officer I MSWU</p>
<p>4. Bumalik sa Reception ng Radiology Office at ipakita ang Official Receipt / Malasakit Slip</p>	<p>4.1 Kunin ang Official Receipt Number o ang Malasakit Slip at sabihan ang kliyente na makukuha ang resulta (optional: plaka) sa loob ng opisyal na dalawang araw Resulta: makukuha sa loob ng opisyal dalawang araw</p> <p>4.2 Pirmahan ang transaction slip at at Ibilin sa pasyente na ibalik ito sa Security guard paglabas ng Hospital</p>	<p>Wala</p>	<p>10 minuto</p> <p>Dalawa (2) araw</p>	<p>Radiologic Technologist I Radiology Unit</p>
<p>5. Ibigay ang resulta sa kliyente.</p> <p>5.2 Kunin ang transaction slip ng kliyente.</p>	<p>5.3 Papirmahin ang kliyente sa X-ray Receiving of result logbook.</p> <p>5.4 Pirmahan ang transaction slip ng pasyente at ibilin na ibalik ito sa Security guard paglabas ng Hospital.</p>	<p>Wala</p>	<p>15 minuto</p>	<p>Radiologic Technologist I Radiology Unit</p>



	5.5 Pasagutan ang kliyente sa hospital client experience survey form			
KABUUANG ORAS O BAYAD NA INILAAAN		Pumunta sa susunod na pahina para sa presyo ng mga eksaminasyon.	Dalawa (2) araw at 57 minuto	

MGA MAGAGAWANG PROCEDURE SIMULA JANUARY 19, 2023

RADIOGRAPHIC PROCEDURE	PRICE
ANKLE AP-LATERAL	PHP 200
APICOLOR DOTIC	PHP 160
CHEST PA ADULT	PHP 170
CHEST PA - LATERAL ADULT	PHP 350
CHEST PA (CHILD)	PHP 170
CHEST PA-LATERAL (CHILD)	PHP 300
ELBOW AP-LATERAL	PHP 200
FOOT AP-OBLIQUE	PHP 200
FOREARM AP-LATERAL	PHP 200
FEMUR AP- LATERAL	PHP 250
HAND PA-OBLIQUE	PHP 200
HAND PA-OBLIQUE-LATERAL	PHP 250
HUMERUS AP-LATERAL	PHP 200
KNEE AP-LATERAL	PHP 200
LEG AP-LATERAL	PHP 250
NASAL BONE	PHP 200
SHOULDER AP	PHP 200
SKULL AP-LATERAL	PHP 300
T-CAGE AP	PHP 250
T-CAGE AP-OBLIQUE	PHP 300
WATER'S VIEW	PHP 350
WRIST APL	PHP 200
SPECIAL VIEW	PHP 300



MGA HINDI MAGAGAWANG PROCEDURE SIMULA JANUARY 19, 2023

RADIOGRAPHIC PROCEDURE	PRICE
ABDOMEN AP	PHP 250
ABDOMEN UPRIGHT SUPINE	PHP 380
ABDOMEN DECUBITUS	PHP 250
CALCANEUS PLANTODORSAL-LATERAL	PHP 170
CERVICAL SPINE AP-LATERAL	PHP 300
CERVICAL SPINE AP-LATERAL-OBLIQUE	PHP 480
LUMBOSACRAL AP-LATERAL	PHP350
LUMBOSACRAL AP-LATERAL-OBLIQUE	PHP 480
MANDIBLE AP-OBLIQUE	PHP 300
PELVIS AP	PHP 250
SACRUM AP - AXIAL	PHP 300
THORACIC SPINE AP-LATERAL	PHP 350
THORACIC SPINE AP-LATERAL-OBLIQUE	PHP 480
THORACOLUMBAR AP-LATERAL	PHP 350
THORACOLUMBAR AP-LATERAL-OBLIQUE	PHP 480
ZYGOMA SMV	PHP 300
TOWNE'S VIEW	PHP 280

X-RAY PROCEDURE PRICE LIST

RADIOGRAPHIC PROCEDURE	PRICE
ANKLE AP-LATERAL	PHP 200
APICOLORDOTIC	PHP 160
CHEST PA ADULT	PHP 170
CHEST PA - LATERAL ADULT	PHP 350
CHEST PA (CHILD)	PHP 170
CHEST PA-LATERAL (CHILD)	PHP 300
ELBOW AP-LATERAL	PHP 200
FOOT AP-OBLIQUE	PHP 200
FOREARM AP-LATERAL	PHP 200
FEMUR AP- LATERAL	PHP 250
HAND PA-OBLIQUE	PHP 200
HAND PA-OBLIQUE-LATERAL	PHP 250
HUMERUS AP-LATERAL	PHP 200
KNEE AP-LATERAL	PHP 200
LEG AP-LATERAL	PHP 250



NASAL BONE	PHP 200
SHOULDER AP	PHP 200
SKULL AP-LATERAL	PHP 300
T-CAGE AP	PHP 250
T-CAGE AP-OBLIQUE	PHP 300
WATER'S VIEW	PHP 350
WRIST APL	PHP 200
SPECIAL VIEW	PHP 300



WOMEN AND CHILDREN PROTECTION UNIT

1. SECURING MEDICO-LEGAL CERTIFICATE

The Mariveles Mental Wellness and General Hospital – Women and Children Protection Unit is a specialized unit located at 2nd floor of the OutPatient Building that operates Tuesdays thru Fridays 8:00AM – 4:00PM. It caters to all types of abuse within the Municipality of Mariveles, Bataan by providing medical, social and psychological services and subsequently obtains the medico-legal certificate.

Office or Division	Women and Children Protection
Classification	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	<p>All victims of abuse as per</p> <p>RA 7610- n Act Providing for Stronger Deterrence and Special Protection Against Child Abuse, Exploitation and Discrimination, and for other purposes</p> <p>RA 9262 – An act defining violence against women and their children by husband, live-in partner, boyfriend or former male partner providing for protective measures for victims, prescribing penalties therefore, and for other purposes</p> <p>RA 8353 – An act expanding the definition of the crime of rape, reclassifying the same as a crime against persons by any person amending for the purpose Act No. 3815, as amended otherwise known as the Revised Penal Code, and for other purposes</p> <p>RA 8505 – An act providing assistance and protection for rape victims, establishing for a purpose a rape crisis center in every province and city, authorizing the appropriation of funds therefor, and for other purposes</p> <p>RA 7877 – An act declaring sexual harassment unlawful in the employment, education or training environment, and for other purposes</p>



		RA 9208 – An act to institute policies to eliminate trafficking in persons especially women and children, establishing the necessary institutional mechanisms for the protection and support of trafficked persons, providing penalties for its violations, and other purposes		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Letter, (kung mayroon) Isa (1) Original na kopya		Referring agency		
MMWGH Referral Form Isa (1) Original na kopya (kung nakunsulta ng ibang unit)		Concerned department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. Undergoes quick patient check	1.1 Ask the chief complaint/purpose of the visit	none	2 minutes	Social Worker Officer - Medical Social Work Unit (MSWU)
	1.2 Identify urgency of the condition of the patient, age, type of abuse, timing of incident, availability of the guardian	none	5 minutes	Dr. Bighani D. Yraola-Amir Dr. Kristine Apple Peneyra-Gutierrez WCPU Physicians
	1.3 If the case is acute (w/in 72 hours), check the availability of WCPU, doctor, to perform physical examination/ medico legal. If the WCPU Office/ Doctor is not available, refer the client to BGHMC	none	5 minutes	Social Worker Officer - MSWU
	1.4 If the case is non-acute (more than 72 hours), for scheduling	none	2 minutes	Social Worker Officer - MSWU



	of her/ his consultation at WCPU office.			
	1.5 For child victims, call legal guardian, if not present, call the LGU-SW	none	4 minutes	Social Worker Officer - MSWU
2. Provides needed information	2.1 Creation of Health record 2.2 Social Classification at MSWU	none	10 minutes 10 minutes	Administrative Assistant- HIMU Administrative Assistant- MSWU-OPU
3. Signing of consent forms *Provides general data/information	3.1. Explain WCPU consent and data privacy form, let the victim and guardian sign	none	5 minutes	Social Worker Officer - MSWU
	3.2. Record general data, WCPU intake Form, history intake, perpetrator's profile, physical examination, other important medical history of the client, review of systems if there are symptoms described by the client and/or historian.	none	3 hours- (May vary according to the response of the patient and family)	Medical Officer III & Medical Specialist III - WCPU Physicians
	3.3 Record the Family Assessment	none	7 minutes	Social Worker Officer - MSWU
4. Undergoes Patient Safety and Risk Assessment	4.1 Assess for presence of further threats	none	30 minutes (May vary according to the cooperation of the patient,	Social Worker Officer - MSWU



			family,relatives and other agencies involved)	
5. Undergoes Physical Examination *Undergoes recommended laboratory test *Undergoes HIV Testing Services (HTS), if recommended	5.1. Perform physical examination/ medico legal examination	none	20 minutes	Medical Officer III & Medical Specialist III - WCPU Physicians
	5.2. Laboratory Testing	none	2 hours	Medical Technologist - Laboratory Unit
	5.3. Perform HTS Counselling and Testing	none	15 minutes	HIV counsellors-Lazareto
6. Waits for the result	6.1 Interpret and analyze the results of Laboratory and HTS tests	none	20 minutes	Medical Officer III & Medical Specialist III - WCPU Physicians
	6.2 Prepare the comprehensive physical/ medico legal report 6.3 Explain the result and recommendations to the patient 6.4 Release the original report to the patient 6.5 Refer patients to other professionals for further management (if needed) 6.6 Conduct counseling to patients (if needed)		30 minutes	



KABUUANG ORAS AT BAYAD NA INILAAN	Wala	7 hours & 45 minutes	
-----------------------------------	------	----------------------	--



NURSING SERVICE

1. PSYCHIATRIC ADMISSION

Para sa Psychiatric na Admission, ito ay nagbibigay serbisyo sa mga kliyente na nakakaranas ng depression, psychosis at anxiety disorder.

OPERATING HOURS NG PSYCHIATRIC ADMISSION ay 24 oras, Lunes hanggang Linggo.

Office or Division:	ADMISSION AND CRISIS INTERVENTION UNIT NURSING SERVICE			
Classification:	SIMPLE			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	Relative of Service User			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Prescription Isa(1) Orihinal na kopya		Doctor on Duty		
Transaction Receipt Isa(1) Orihinal na kopya		Security Guard on Duty		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magtungo sa Triage Area upang ipaalam sa Nars na naka duty ang planong pag papaadmit.	1.1 I-eendorso ng Triage nurse sa AIU staff ang pag pagkuha o pag gagawa ng Patient Health Record para sa pasyente.	Wala	30 minuto	Nurse III Triage & Admission and Crisis Intervention Unit (ACIU)
	1.2. I-eendorso ang pasyente sa ACIU nars.	Wala	5 minuto	Nurse III / TRIAGE



	1.3. 1.4. Ieendorso ng HIMU staff ang Patient Health Record sa ACIU nars.	Wala	10 minuto	Administrative Assistant / HIMU
2. Magtungo sa Bayanihan Building interview area upang masuri ng Psychiatrist na naka duty	2.1.Magsasagawa ng panayam sa kamag-anak at suriin ang pasyente.	Wala	2 oras	Medical Specialist ACIU
	2.2.Magbantay habang isinasagawa ang panayam at pagsusuri sa pasyente 2.3 Beripikahin at sundin ang doctor's order.			Nurse III Admission and Crisis Intervention Unit (ACIU)
	2.4 Magsagawa ng kumpletong pagsusuri sa katawan ng pasyente sa mga posibleng sugat o pinsala sa katawan, mga marka at kailangan itong i-report sa Psychiatrist na naka duty.	Wala	10 minuto	Nurse III at Nursing Attendant II Admission and Crisis Intervention Unit (ACIU)



	2.5 Pagsasagawa ng inspeksyon sa mga ipinagbabawal na bagay tulad ng matutulis at matatalim na bagay, sigarilyo, lighter at iba pa.	Wala	10 minuto	Nurse III at Nursing Attendant II Admission and Crisis Intervention Unit (ACIU)
	2.6 Ibalik ang mga personal na gamit ng pasyente sa kamag-anak.	Wala	5 minuto	Nurse III at Nursing Attendant II Admission and Crisis Intervention Unit (ACIU)
3. Lagdaan ang mga sumusunod na dokumento <ul style="list-style-type: none"> Patients Identification Form Kasunduan sa Paghahatid sa Pasyente Pag aadmit sa ACIU 	3.1 Siguraduhin na ang lahat ng dokumento ay naipaliwanag ng mabuti at nalagdaan ng kamag-anak o ng pasyente.	Wala	10 minuto	Nurse III Admission and Crisis Intervention Unit (ACIU)
4. Magtungo sa botika at ipakita ang reseta ng doktor	4.1 Ang Pharmacist ang tatanggap ng reseta at magbibigay ng charge slip	Wala	15 minuto	Pharmacist V Pharmacy Unit
5. Magtungo sa Malasakit Center at dalhin ang charge slip	5.1 Magsasagawa ng panayam sa kamag anak ng pasyente.	Wala	10 minuto	Social Worker Officer IV Medical Social Work Unit



6. Magtungo sa botika upang makuha ang gamot para sa pasyente	6.1 Ang Pharmacist ang magbibigay ng gamot para sa pasyente	Wala	5 minuto	Pharmacist V Pharmacy Unit
7. Dalhin ang mga gamot sa nars na nakaduty sa ACIU	7.1 Tanggapin ang gamot sa Kamag-anak at i-check kung ito ay tugma sa reseta	Wala	5 minuto	Nurse III Admission and Crisis Intervention Unit (ACIU)
8. Kunin ang transaction slip sa nurse na nakaduty at siguraduhing may pirma ito at ipakita sa gwardya bago umalis.	8.1 Susuriin ang transaction slip kung na pirmahan bago palabasin	Wala	2 minuto	Security Guard
KABUUANG BAYAD AT ORAS NA INILAN		Wala	3 ORAS AT 57 MINUTO	



2. DISCHARGE OF PATIENT THRU DEATH

Proseso ng paglabas o pagkuha sa katawan ng pumanaw na pasyente.

Office or Division:	NURSING SERVICE			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizens			
Who may avail:	Mga Pasyente, Kamag-anak ng mga Pasyente at Iba Pang Kliyente			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Disposition of Cadaver Form Isa (1) orihinal na kopya		Nurse Station/ Patient's Ward		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bumalik sa ospital sa sandaling makatanggap ng abiso na maari ng kunin ang patay na katawan ng pasyente	1.1 Kinakailangang suriin at isagawa ng NOD ang Doctor's order tungkol sa pagkamatay ng pasyente 1.2 Ang NOD ay kinakailangang isangguni sa MSW ang pagkamatay ng pasyente upang maabisuhan ang pamilya patungkol dito.	Wala	30 Minuto	Nurse - Ward Nurse Station
2. Magpatuloy sa TRIAGE upang masuri ang mga sumusunod na sintomas • (Sakit sa lalamunan)	2.1 Tanungin ang kliyente kung mayroon silang mga sintomas)	Wala	2 minuto	Nurse - TRIAGE
	2.2 (Maglinis ng mga kamay at kunin ang	Wala	2 minuto	Nurse - TRIAGE



<ul style="list-style-type: none"> • (Sakit ng katawan) • (Sakit ng ulo) • (Hirap sa paghinga) • (Ubo) • (Sipon) • (Lagnat) • (Pagtatae) • (Mga pantal sa balat) <p>*Sagutan ang Health Declaration Form</p>	temperatura ng kliyente)			
	2.3 Gabayan ang kliyente sa pagsasagawa ng Health Declaration Form)	Wala	3 minuto	Nurse - TRIAGE
	<p>PARA SA MGA KLIYENTE NA WALANG MGA SINTOMAS MAGPATULOY SA HAKBANG 3</p> <p>PARA SA MGA MAY SINTOMAS MANATILI SA HOLDING AREA</p>			
3. Ipaalam sa PACD Staff ang dahilan ng pagpunta sa ospital.	<p>3.1 Ibigay ang mga sumusunod na dokumento</p> <ul style="list-style-type: none"> • Transaction Slip, • Customer's Survey form at flyers <p>3.2 Gabayan papunta sa ward</p>	Wala	2 minuto	Administrative Assistant I- PACD



<p>4. Ipaalam ang iyong kailangan sa NOD</p>	<p>4.1 Ang NOD ay magbibigay ng form sa kamag anak para sa clearance para sa iba't ibang unit (e.g. Malasakit, Pharmacy and Billing)</p> <p>4.2 Kukunin ng NOD ang impormasyon ng mga impormante at aatasan siya na pirmahan ang sertipiko ng kamatayan</p> <p>4.3 Ang NOD ay ibibigay ang napirmahang death certificate sa HIMU</p> <p>4.4 Gabayan ang kamag-anak na pumunta sa concerned unit para sa clearance para makuha ang death certificate ng namatay na pasyente.</p>	<p>Wala</p>	<p>10 minuto</p>	<p>Nurse - Ward Nurse Station</p>
<p>5. Pumunta sa Billing Unit para makuha ang updated na Statement of Account</p>	<p>5.1 Ihahanda at ibibigay ng staff ng Billing ang updated na Statement of Account sa kamag-anak</p> <p>5.2 Aatasan ng billing staff ang kliyente na pumunta sa Malasakit Office para sa tulong</p>	<p>Wala</p>	<p>5 minuto</p>	<p>Administrative Assistant I- Billing and Claims Unit</p>



6. Pumunta sa Medical Social Worker para sa Malasakit Assistance	<p>6.1 I-orient ang kamag-anak sa layunin ng pagtatasa at pinapadali ang pagpirma ng pahintulot gamit ang Consent/ Responsibility Slip</p> <p>6.2 Interbyuhin ang kamag-anak at magsagawa ng psychosocial assessment gamit ang MSWU Assessment Tool</p> <p>6.3 Ipaalam sa kamag-anak ang kanilang klasipikasyon</p> <p>6.4 Lagdaan at ipahiwatig ang klasipikasyon at rekord ng kalusugan ng mga pasyente, at idikit ang label ng klasipikasyon (kulay na selyo) sa pahina ng pabalat ng rekord ng kalusugan.</p> <p>6.5 Pirmahan ang clearance slip</p> <p>6.6 Atasan ang kamag-anak na pumunta sa Pharmacy Unit para sa clearance</p>	Wala	20 minuto	Social Welfare Officer - Malasakit Center
---	---	------	-----------	--



7. Pumunta sa Pharmacy Unit para sa clearance	7.1 Icheck ang slip na galing sa Malasakit at pirmahan ang clearance slip 7.2 Atasan ang kamag-anak na pumunta sa Billing Unit para sa clearance	Wala	2 minuto	Pharmacist - Pharmacy Unit
8. Pumunta sa Billing sa clearance	8.1 Icheck ang slip na galing sa Malasakit at pirmahan ang clearance slip	Wala	2 minuto	Administrative Assistant I- Billing and Claims Unit
9. Pumunta sa HIMU upang kunin ang Death Certificate	9.1 Ibibigay ng HIMU Staff ang death certificate at bibigyan ng gabay ang kamag-anak kung paano magparehistro nito	Wala	5 minuto	Administrative Assistant I- Health Information Management Unit
10. Ipasa ang rehistradong Death Certificate sa HIMU	10.1 Tanggapin at itago ang Death Certificate ng namatay na Pasyente 10.2 Bigyan ng kopya ng Death Certificate ang kamag-anak ng namatay na Pasyente	Wala	2 minuto	Nurse - Ward Nurse Station



11. Bumalik sa Nurse Station	<p>11.1 Gabayan ang kamag anak ng pasyente sa paglagda sa Disposition of Cadaver Form</p> <p>11.2 Ibibigay ng NOD ang kopya ng clearance slip sa kamag anak ng pasyente</p>	Wala	2 minuto	Nurse - Ward Nurse Station
12. Ibigay ang transaction slip, clearance slip at costumer survey form sa SGOD	12.1 Ang SGOD ay icheck, tatanggapin, ipapasa ang mga dokumento sa mga kinauukulang yunit	Wala	2 minuto	Security Guard
KABUUAN		Wala	1 hour, 28 minutes	



3. DISCHARGE OF PATIENT THRU HOME AGAINST MEDICAL ADVICE

Pasyente na pinipiling umalis sa ospital bago irekomenda ng manggagamot na lumabas

Office or Division:	NURSING SERVICE			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizens			
Who may avail:	Mga Pasyente, Kamag-anak ng mga Pasyente at Iba Pang Kliyente			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Home Against Medical Advice (HAMA) Form (Isa (1) orihinal na kopya)		Nurse Station/ Patient's Ward		
Valid ID of relative (Isa (1) orihinal na kopya)		PWD, Senior Citizen's ID, Government Issued ID		
Vaccination Card (Isa (1) orihinal na kopya)		Akreditadong Vaccination Facility		
Clearance Slip (Isa (1) orihinal na kopya)		Nurse Station/ Patient's Ward		
Alagang Pinoy Tagubilin (Isa (1) orihinal na kopya)		Nurse Station/ Patient's Ward		
Discharge Slip (Isa (1) orihinal na kopya)		Nurse Station/ Patient's Ward		
Referral Slip (Isa (1) orihinal na kopya)		Doctor on Duty/ Patient's Ward		
Reseta (Isa (1) orihinal na kopya)		Doctor on Duty/ Patient's Ward		
Gate Pass para sa pasyente (Isa (1) orihinal na kopya)		Nurse Station/ Patient's Ward		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bumalik sa ospital sa itinakdang araw para sa pagsundo ng pasyente base sa mensahe o	1.1 Ang nars ay kailangang suriin at isagawa ang Doctor's Order	wala	30 minuto	Nurse - Ward Nurse Station



impormasyon na natanggap mula sa Nurse				
2. Magpatuloy sa TRIAGE upang masuri ang mga sumusunod na sintomas <ul style="list-style-type: none"> • (Sakit sa lalamunan) • (Sakit ng katawan) • (Sakit ng ulo) • (Hirap sa paghinga) • (Ubo) • (Sipon) • (Lagnat) • (Pagtatae) • (Mga pantal sa balat) *Sagutan ang Health Declaration Form	2.1 Tanungin ang kliyente kung mayroon silang mga sintomas)	Wala	2 minuto	Nurse - TRIAGE
	2.2 Maglinis ng mga kamay at kunin ang temperatura ng kliyente	Wala	2 minuto	Nurse - TRIAGE
	2.3 Gabayan ang kliyente sa pagsasagawa ng Health Declaration Form	Wala	3 minuto	Nurse - TRIAGE
	PARA SA MGA KLIYENTE NA WALANG MGA SINTOMAS MAGPATULOY SA HAKBANG 3 PARA SA MGA MAY SINTOMAS MANATILI SA HOLDING AREA			
3. Ipaalam sa PACD Staff ang dahilan ng pagpunta sa ospital.	3.1 Ibigay ang mga sumusunod na dokumento <ul style="list-style-type: none"> • Transaction Slip, • Customer's Survey form at flyers 	Wala	2 minuto	Administrative Assistant I- PACD



	3.2 Gabayan papunta sa ward			
4. Ipaalam ang iyong kailangan sa NOD	<p>4.1 Ihahanda ng NOD ang mga sumusunod:</p> <ul style="list-style-type: none"> • Alagang Pinoy Tagubilin • Clearance Slip • Charge Slip (para sa pay patient) • Gate pass ng pasyente • Reseta • Referral Slip • Discharge Slip • Discharge Against Medical Advice • Medical Certificate <p>4.2 Ibigay at ipaliwanag ang clearance slip at reseta sa kamag anak ng pasyente</p>	Wala	5 minuto	Nurse - Ward Nurse Station
5. Magtungo sa Pharmacy at ipakita ang reseta	5.1 Tanggapin ang reseta at mag bigay ng charge slip	Wala	5 minuto	Pharmacist - Pharmacy Unit
6. Pumunta sa Medical Social Worker para sa Malasakit Assistance	6.1 I-orient ang kamag-anak sa layunin ng pagtatasa at pinapadali ang pagpirma ng pahintulot gamit ang Consent/ Responsibility Slip	Wala	20 minuto	Social Welfare Officer - Malasakit Center



	<p>6.2 Interbyuhin ang kamag-anak at magsagawa ng psychosocial assessment gamit ang MSWU Assessment Tool</p> <p>6.3 Ipaalam sa kamag-anak ang kanilang klasipikasyon</p> <p>6.4 Lagdaan at ipahiwatig ang klasipikasyon at rekord ng kalusugan ng mga pasyente, at idikit ang label ng klasipikasyon (kulay na selyo) sa pahina ng pabalat ng rekord ng kalusugan.</p>			
<p>7. Bumalik sa Pharmacy Unit, ipakita ang slip na ibinigay ng malasakit</p>	<p>7.1 Kunin ang slip at reseta</p> <p>7.2 Ihanda at ibigay ang mga gamot kasama ang home instruction kung papaano inumin ang gamot</p> <p>7.3 Pirmahan ang clearance slip</p>	Wala	10 minuto	Pharmacist - Pharmacy Unit



<p>8. Bumalik sa Nurse Station at pirmahan ang Alagang Pinoy Tagubilin</p>	<p>8.1 Magbigay ng kopya ng Alagang Pinoy Tagubilin sa kamag anak ng pasyente</p> <p>8.2 Turuan ang mga kamag-anak ng pasyente ng mga sumusunod:</p> <ul style="list-style-type: none"> • Tamang pagbibigay ng gamot sa bahay • Mga sintomas na kinakailangang bantayan • Mga dapat at di dapat gawin sa pag-aalaga ng pasyente • Iskedyul ng pagbalik para sa follow up checkup • Iba pang karagdagang pagsusuri na isasagawa sa OPU <p>8.3 Ang nars ay kailangan magbigay ng referral slip sa ibang institusyon kung kinakailangan</p>	<p>Wala</p>	<p>10 minuto</p>	<p>Nurse - Ward Nurse Station</p>
<p>9. Pirmahan ang Discharge Slip o DAMA Form</p>	<p>9.1 Kinakailangang pirmahan ng nars ang transaction slip, gate pass at clearance slip</p> <p>Kinakailangang ibigay ng nars</p>	<p>Wala</p>	<p>3 minuto</p>	<p>Nurse - Ward Nurse Station</p>



	<p>ang mga sumusunod:</p> <ul style="list-style-type: none"> • Duplicate copy ng Clearance Slip • Gate pass para sa pasyente • Transaction Slip 			
<p>10.Sagutan ang CSSF (Customer Satisfaction Survey Form) at ibigay kasabay ng transaction slip sa PACD Staff</p> <p>*Kung mayroong komento, rekomendasyon or suwestyon maaring makipag ugnayan sa PACD Staff upang ito ay matugunan</p>	<p>10.1 Kunin ang CSSF (Customer Satisfaction Survey Form) at transaction slip. Tanungin kung ang serbisyong ibinibigay sa kanila ay kasiya siya sa kanilang pananaw.</p> <p>Mangyari tugunan ng naayon at batay sa serbisyong ibinigay sa kanila</p>	None (Wala)	5 minutes (5 minuto)	Administrative Assistant / (Public Assistance and Complaints Desk)
KABUUAN		Depende sa halaga ng gamot at bill sa ospital	1 oras at 36 minuto	



4. DISCHARGE OF PATIENT THRU HOME CONDUCTION

Proseso ito na isinagawa para sa mga pasyente na hindi nasundo ng kamag-anak sa itinakdang araw ng paglabas sa ospital

Office or Division:	NURSING SERVICE			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizens			
Who may avail:	Mga Pasyente, Kamag-anak ng mga Pasyente at Iba Pang Kliyente			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Alagang Pinoy Tagubilin <i>(Isa (1) orihinal na kopya)</i>		MMWGH - Nurse Station Ward		
Discharge Slip <i>(Isa (1) orihinal na kopya)</i>				
Reseta <i>(Isa (1) orihinal na kopya)</i>				
Home meds for 2 weeks				
Updated statement of account		MMWGH - Billing and Claims Unit		
Promissory Note (kung may balance) <i>(Isa (1) orihinal na kopya)</i>				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. PARA SA KLIYENTE HINDI SINUNDO NG KAMAG-ANAK	1.1 Ang NOD ay kailangang suriin at isagawa ang ang Doctor's Order tungkol sa paghahatid ng pasyente sa bahay 1.2 Ihahanda ng NOD ang mga sumusunod: <ul style="list-style-type: none">Alagang Pinoy Tagubilin	wala	20 minuto	Nurse - Ward Nurse Station



	<ul style="list-style-type: none"> • Discharge Slip • Prescription • Home meds for 2 weeks • Updated statement of account • Promissory Note (kung may balance) <p>1.3 Ang Nars na nakaduty ay ihahanda ang mga sumusunod:</p> <ul style="list-style-type: none"> • Request for transportation sa tatlong kopya • Espesyal na pagkain <p>1.4 Ang pinirmahan at naaprubahang Request for transportation and Specials meals ay ipapasa sa mga nakatalagang yunit</p> <p>1.5 Makikipag-ugna yan ang Nurse on Duty sa Transport Management Unit para sa availability ng ambulansya o sasakyan ng ospital</p>			
--	--	--	--	--



2. Pirmahan ang Discharge slip sa oras na dumating ang Nursing Attendant at Social Worker	<p>2.1 Ibibigay ng Nursing Attendant at Social Worker ang mga dokumento ng pasyente sa kaanak nito</p> <ul style="list-style-type: none"> • Updated na Pahayag ng Account • Reseta • Gamot sa bahay para sa 2 linggo at • Alagang Pinoy Tagubilin 	none	30 minutes	Nursing Attendant & Medical Social Work Unit
2.2 Ang NOD/NAOD ay aasistihin ang kaanak ng pasyente sa pagpirma ng Discharge Slip at Promissory Note(kung mayroong naiwang balanse)				
	<p>2.3 Ang NOD ay kailangang gabayan ang kamag-anak ng pasyente sa mga sumusunod:</p> <ul style="list-style-type: none"> • Tamang pagbibigay at pagpapainom ng mga gamot sa pasyente 	none	15 minutes	Nursing Attendant & Medical Social Work Unit



	<ul style="list-style-type: none"> • Mga sintomas na kinakailangang obserbahan at bantayan sa pasyente • mga dapat at di dapat gawin sa pag-aalaga ng pasyente 			
	<p>2.4 Ang NOD ay kailangang ipaalam sa POD ang matagumpay na paghahatid ng pasyente sa kanyang bahay</p> <p>2.5 Ang social worker ay kailangang kompletuhin ang mga dokumento sa paghatid ng pasyente. Kalakip dito ay ang pagkuha ng litrato para maging katunayan sa matagumpay na naihatid ang pasyente sa kanilang bahay</p>	none	5 minutes	Medical Social Work Unit - MSWU
	KABUUAN	WALA	1 oras at 40 minuto	



5. PAGBISITA SA PSYCHIATRIC WARD

Ang prosesong ito ay para sa mga pasyenteng binibisita ng mga kamag-anak.
Tumatanggap ng mga bisita mula Lunes hanggang Linggo , ika- 8:00 ng umaga hanggang ika-3:00 ng hapon); Bilang ng bibisita: 2

Office or Division:	NURSING SERVICE			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizens			
Who may avail:	Mga Pasyente, Kamag-anak ng mga Pasyente at Iba Pang Kliyente			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Valid I.D (Client/Relatives) One (1) original copy (<i>Isang (1) orihinal na kopya</i>)		PWD, Senior Citizen's ID, Government Issued ID		
Vaccination Card One (1) original copy (<i>Isang (1) orihinal na kopya</i>)		Akreditadong Vaccination Facility		
Visiting slip Two (2) original copy (<i>Isang (1) orihinal na kopya</i>)		Security Guard-on-Duty		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bumalik sa ospital sa itinakdang araw para sa pagsundo ng pasyente base sa mensahe o impormasyon na natanggap mula sa Nurse	1.1 Ang nars ay kailangang suriin at isagawa ang Doctor's Order	wala	30 minuto	Nurse - Ward Nurse Station
2. Magpatuloy sa TRIAGE upang masuri ang mga	2.1 Tanungin ang kliyente kung	Wala	2 minuto	Nurse - TRIAGE

sumusunod na sintomas ●(Sakit sa lalamunan) ●(Sakit ng katawan) ●(Sakit ng ulo) ●(Hirap sa paghinga) ●(Ubo) ●(Sipon) ●(Lagnat) ●(Pagtatae) ●(Mga pantal sa balat)	mayroon silang mga sintomas)			
	2.2 Maglinis ng mga kamay at kunin ang temperatura ng kliyente	Wala	2 minuto	Nurse - TRIAGE
	2.3 Gabayan ang kliyente sa pagsasagawa ng Health Declaration Form	Wala	3 minuto	Nurse - TRIAGE
*Sagutan ang Health Declaration Form	PARA SA MGA KLIYENTE NA WALANG MGA SINTOMAS MAGPATULOY SA HAKBANG 3 PARA SA MGA MAY SINTOMAS MANATILI SA HOLDING AREA			
2. Kumuha ng slip ng transaksyon at Survey Form ng karanasan ng Kliyente	2.1 Magbigay ng Transaction Slip na naglalaman ng sumusunod na impormasyon; Pangalan, Tanggapan na dapat bisitahin at layunin Ibigay ang CES Form at magbigay ng ilang iba pang impormasyon para sa layunin ng kliyente	wala	2 minuto	Security Guard Administrative Assistant I - PACD



3. Ipaalam sa PACD ang tungkol sa iyong layunin/ alalahanin	3.1 Bigyan ng Customer Survey Form at payuhan na magpatuloy sa Billing.	wala	2 minuto	Administrative Assistant I - PACD
4. Magtungo sa Billing	4.1 I-update ang billing statement ng pasyente	Depends on Patients Statement of Account (Depende sa SOA ng pasyente)	6 minuto	Administrative Assistant I - Cash Unit
5. Magtungo sa ward at Nurse's Station	<p>5.1 Para sa unang pagbisita pagkatapos mailipat sa ward, dapat ireview ng Nars na nakaduty ang tsart ng pasyente kung ito ay naka-iskedyul sa pagbisita o hindi</p> <p>KUNG ITO AY ISANG NAKATAKDANG PAGBISITA</p> <p>5.1.1 Payuhan ang pasyente na maglinis ng katawan bago lumabas upang makipag-usap sa kanyang bisita</p> <p>KUNG HINDI NAKA-ISKEDYUL ANG PAGBISITA</p> <p>5.1.2 suriin ang pag-uugali ng pasyente kung</p>	wala	10 minuto	Nurse - WARD Nurse Station



	maayos ang pag-uugali upang tanggapin ang bisita, bago ang referral sa POD re: kung maaaring payagan na tumanggap ng bisita			
6. Makipag-usap sa Doctor-on-duty	<p>6.1 KUNG ITO AY IREREFER PAG BINISITA</p> <p>6.1.1 Suriin ang pag-uugali ng pasyente kung pwedeng tumanggap ng bisita</p> <p>6.1.2 Ipaalam sa POD ang pagdating ng kamag-anak at ang pag-uugali ng pasyente</p> <p>6.1.3 Tatalakayin ng POD ang kalagayan ng pasyente sa kamag-anak</p>	wala	15 minuto	Physician - Ward
7. Bumalik sa Nurse-on-Duty	7.1 Samahan ang pasyente at kamag-anak na pumunta sa lugar ng pagbisita, sumunod sa IPCC protocol (social distancing, pagsusuot ng face mask)	wala	3 oras	NurseIII / Nursing Attendant - Ward
8. Pagkatapos ng pagbisita, ibalik	8.1 Ibalik ang mga pasyente sa loob ng kani-kanilang ward.	wala	5 minuto	NurseIII / Nursing Attendant - Ward



ang pasyente sa Nurse's Station	8.2 Payuhan ang kamag-anak na regular na bumisita			
KABUUAN		WALA	3 ORAS AT 49 MINUTO	



6. EMERGENCY

The Department is staffed and equipped to provide varied and rapid care for those who are acutely affected with emergent, urgent and or life-threatening diseases or trauma in (Adult and Pediatric Patients). This service is open from Monday to Sunday, 24 hours.

Office or Division:	EMERGENCY DEPARTMENT-Nursing Service	
Classification:	Simple	
Type of Transaction:	G2C – Government to Citizen	
Who may avail:	LAHAT	
CHECKLIST REQUIREMENTS		WHERE TO SECURE
Identification Card Isa (1) orihinal na valid ID		PWD, Senior Citizen's ID, Government Issued ID
PARA SA PROSESO NG PAG DISCHARGE		
Emergency Treatment Record (ETR) Isa (1) orihinal na kopya		Emergency Nurse on Duty (NOD), Administrative Assistant (ADAS) - ER Department
Referral Letter (Kung mayroon man) Isa (1) orihinal na kopya		Recommending Agency (Ospital, Medics, RHU)
Hospital Registry Number (HRN)		Health Information Management Unit
Reseta Isa (1) orihinal na kopya		ER POD (Physician on Duty) - ER Department
Pahintulot sa Pagpapagamot, Pagpapadmit at Iba pang Kailangan Isa (1) orihinal na kopya		ER POD (Physician on Duty), ER NOD (Nurse on Duty)
ER Consumption Slip Isa (1) orihinal na kopya		Emergency Department - Nurse Station
Billing Receipt		Cash Satellite Office - Window 6 OPU Building



ER Clearance Slip Dalawang (2) orihinal na kopya		Emergency Department - Nurse Station		
Discharge Slip Dalawang (2) orihinal na kopya		Emergency Department - Nurse Station		
Triage Form Isa (1) orihinal na kopya		TRIAGE		
Philhealth Forms(CSF,CF1,CF2,CF3,CF4,Discharge Summary) Isa (1) orihinal na kopya		Billing and Claims Unit - Window 5 OPU Building		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. Magtungo sa triage para sa initial na assessment.Pagkatapos ng inisyal na assessment sa Triage ay magtungo sa ER (ESI 3/Urgent Cases). Magparehistro ng datus sa ER. PARA SA NANGANGAILANG NG	1.1 I-endorso ang status ng pasyente sa ER Nurse at ihiga ang pasyente sa designated beds. Isang kamag- anak lang ang pahintulutan kasama kada pasyente. Bed 1- Psychiatric Bed Bed 2- Resuscitation Area Bed 3- Minor OR Area Bed 4-Treatment Area Bed 5- Observation Area ER Extension Bed	Wala	5 minuto	Nurse III/ TRIAGE
	1.2 Ipaliwanag at papirmahin sa Pahintulot at Deklarasyon para sa pagkolekta ng inisyal na impormasyon na gagamitin sa paggawa ng Emergency Treatment Record. Kuhanan ng history ang pasyente at iba pang	Wala	3 minuto	Nurse I at II/ Emergency Department



AGARANG INTERBENSYON (ESI 1/Resuscitation, ESI 2/Emergent) <ul style="list-style-type: none"> Agarang pumasok sa loob ng Emergency Room 	importanteng detalye sa pagpapagamot.			
	<p>1.3 Pagkatapos kuhanan ng inisyal na impormasyon ang pasyente. I-inform ang HIMU para sa pagverify ng iba pang detalyadong impormasyon at ang Hospital Number (HRN).</p> <p>Magbigay ng impormasyon sa mga sumusunod na Unit upang ihanda ang mga kinakailangang dokumento.</p> <ul style="list-style-type: none"> a. Billing b. MSW-Social Classification at Enrollment pag walang PHILHEALTH c. Philhealth Officer -upang macheck ang portal kung eligible gumamit ng PHILHEALTH d. Malasakit Staff 	Wala	5 minuto	Nurse III / Emergency Department
2. Pageeksamin at pag assess ng Nurse at Doctor sa pasyente	2.1 Kumpleto at masuring i-eksamin ang pasyente at I-irefer sa ER Doctor.	Wala	5 minuto	Medical Officer o Medical Specialist Nurse I or II / Emergency Department
	2.2 Lahat ng management ng Doctor sa pasyente na nakasulat sa ETR ay i-carry out . Ipaliwanag sa pasyente	Wala	5 minuto	Nurse I or II / Emergency Department



	ang mga susunod na hakbang at interbensyon.			
	2.3 Gawin ang mga management at procedures na pinapagawa ng Doctor sa pasyente tulad ng pagbibigay ng gamot (intravenous, intramuscular, per orem atbp) at pagsuplay ng oxygen kung kinakailangan.	Wala	5 minuto	Nurse I or II / Emergency Department
	2.4 Ipaliwanag at kumuha ng pahintulot para sa therapeutic treatment, (kung may procedure na kinakailangang gawin). Pahintulot sa pagpapaopera kung ooperahan ang pasyente.	Wala	3 minuto	Nurse I or II / ER POD / Emergency Department
3. PARA SA KAMAG ANAK NA KASAMA Iproseso ang diagnostics at request sa laboratoryo para sa pasyente.	3.1 Ihanda ang mga request para sa mga diagnostic at request sa laboratoryo na kailangan gawin sa pasyente. Itawag na may pasyenteng kailangang magpalaboratoryo o X ray sa ER.	Wala	5 minuto	Nurse I or II Emergency Department
	3.2 I-verify ang mga detalye ng pagkakakilanlan kung tama bago gawin ang procedure I-proseso ang lahat ng specimen na kinuha sa pasyente kailangang	Wala	2 minuto	Radiology Technician / Radiology Unit Medical Technologist



	maguupdate sa resulta gayundin ang sa plaka ng xray.			/ Laboratory Unit
	3.3 Hintayin ang resulta ng laboratory at diagnostic request ng pasyente	Wala	45 minuto	Nurse I or II / Emergency Department
	3.4 Kung handa na ang resulta ng diagnostics, kunin ang resulta at siguraduhin na ligtas ang mga resulta agarang ilagay sa ETR ng pasyente.	Wala	5 minuto	Nurse I / Emergency Department
4. Hintayin ang re-assessment ng doctor at pag interpret ng resulta ng laboratory at xray Hintayin ang pinal na disposisyon sa pasyente at makinig sa paliwanag ng Doctor at ER Staff	4.1 I -interpret ang mga resulta ng laboratory at x ray at tingnan ang lagay ng pasyente upang makapag desisyon kung ano ang magiging final na disposisyon sa pasyente.	Wala	10 minuto	Nurse I or II at Physician on Duty- Medical Officer / Emergency Department
5. Kung mayroon ng pinal na disposisyon at at ang pasyente ay PARA SA ADMISSION	5.1 Ihanda at kumpletuhin lahat ng dokumentong kinakailangan sa pinal na disposisyon	Wala	30 mins	Physician on Duty- Medical Officer / Emergency Department



<p>Maghanda para sa paglipat sa Medical Ward/ACIU</p> <p>Makinig sa paliwanag bago pirmahan ang mga dokumentong kailangan</p>	<p>5.2 Para sa pasyenteng i-aadmit sa Medical Ward, ipaliwanag ng mabuti ang dahilan kung bakit kailangang i-admit at obserbahan sa ospital ang pasyente.</p> <p>Papirmahin ang kliyente sa Pahintulot sa Pagpapaadmit ng Pasyente.</p>	Wala	3 minuto	Nurse I or II / Emergency Department
	<p>5.3 Kung walang kakayahang magdesisyon ang pasyente, papirmahin ang kamag-anak na may sapat na gulang na magdesisyon.</p>	Wala	3 minuto	Nurse I or II at Physician on Duty-Medical Officer / Emergency Department
	<p>5.4 Lahat ng order ng ER Doctor ay isulat sa admitting Doctors Order at i-carry out.</p>	Wala	30 minuto	Nurse I or II / Emergency Department
	<p>5.5 Ipaalam sa mga sumusunod na unit ang admission pasyente:</p> <ul style="list-style-type: none"> a) Medical Ward b) HIMU c) MSW 	Wala	5 minuto	Nurse I / Emergency Department
	<p>5.6 Kapag na-carry out na ang Doctors order at na kumpleto na ang admitting chart, ihatid ang pasyente sa Medical Ward at kumpletong i-endorse ang detalye ng pasyenteng i-aadmit.</p>	Wala	15 minuto	Nurse I / Nursing Attendant Emergency Department



<p>*PARA SA DISCHARGE</p> <ul style="list-style-type: none"> a. Discharged (Improved) b. Discharged (HAMA) c. Discharged (Expired) d. Transfer to Hospital of Choice (THOC) <p>Kunin ang mga sumusunod na dokumento at ibigay sa kaukulang unit, at magpatuloy sa Step 7</p> <ul style="list-style-type: none"> a. Reseta b. Discharge Slip c. Clearance Slip d. Consumption Slip e. Phil health Forms(CF1,CF2,CF3,CF4,CSF, Discharge Summary) 	<p>4.8 Ang mga pasyenteng may discharge order na ay maaari ng magproseso ng mga dokumentong kailangan at ihanda ang mga sumusunod:</p> <ul style="list-style-type: none"> a. Reseta b. Discharge Slip c. Clearance Slip d. Consumption Slip e. Phil health Forms(CF1,CF2,CF3,CF4,CSF, Discharge Summary) 	<p>Wala</p>	<p>5 minuto</p>	<p>Nurse I / Nursing Attendant /ER Doctors Emergency Department</p>
<p>*PARA KLIYENTE NA</p>	<p>PARA KLIYENTE NA DISCHARGE thru (HAMA)</p>	<p>Wala</p>	<p>2 minuto</p>	<p>Nurse I / Emergency Department</p>



DISCHARGE thru (HAMA) Kunin ang mga sumusunod na dokumento at ibigay sa kaukulang unit, at magpatuloy sa Step 7	Ipaliwanag ang mga mga kahihinatnan o mga epekto bago pumirma na tumatanggi sila sa medical na rekomendasyon ng doktor. Ihanda ang kinakailang dokumento para sa pag discharge at magpatuloy sa Step 7			
*PARA KLIYENTE NA DISCHARGE thru TRANSFER Asikasuhin ang mga sumusunod na dokumento at gawin ang Step 7	PARA KLIYENTE NA DISCHARGE thru TRANSFER Kung for transfer sa ibang pasilidad. I-tawag at i-endorso ang pasyente sa pasilidad na nais ng pasyente. Ayusin ang mga sumusunod na dokumento. <ul style="list-style-type: none"> a. Referral Form b. Kopya ng laboratory ,ECG,X Ray Results c. Service Delivery Network (SDN) 	Wala	15 minuto	Nurse I or II at Physician on Duty- Medical Officer / Emergency Department
*PARA KLIYENTE NA DISCHARGE (EXPIRED) I-Proseso ang mga sumusunod na dokumento at magpatuloy sa Step 7 Magtungo sa HIMU upang i-proseso ang Death Certificate	PARA KLIYENTE NA DISCHARGE (EXPIRED) I-proseso ang Death Certificate	Wala	24 oras	Administrative Assistant I / Health Information Unit



<p>5. Makinig ng mabuti sa tagubilin at magtungo sa mga sumusunod na Unit</p> <p>PHARMACY Ibigay ang reseta upang ma-issuehan ng gamot</p>	<p>5.1 Suriin ang reseta at ibigay ang mga available na gamot</p>	Wala	5 minuto	Pharmacist / Pharmacy Unit
<p>MEDICAL SOCIAL WORK UNIT Magtungo sa MSWU kung kelangan ng re-klasipikasyon</p>	<p>5.2 Kapanayamin ang kliyente/ kamag-anak o awtoridad ng kinatawan para klasipikasyon/re-klasipikasyon</p>	Wala	10 minuto	Administrative Assistant / Medical Social Work Unit-
<p>BILLING Ibigay ang Clearance Slip at Consumption Slip</p>	<p>5.3 Suriin ang Clearance Slip at Consumption Slip upang mkgpagcreate ng Statement of Account</p>	Wala	30 minutes	Administrative Assistant / Billing Unit
<p>PARA SA NAIS KUMUHA NG MEDICAL ASSISTANCE SA MALASAKIT Ibigay ang Clearance Slip at Consumption Slip</p>	<p>5.4 Kapanayamin ang kliyente/ kamag-anak o awtoridad ng kinatawan para sa nais kumuha ng medical assistance sa Malasakit Center.</p>	Wala	20 minuto	Administrative Assistant / Medical Social Work Unit-Malasakit Center
<p>6. Para sa may kakayahang magbayad at may mga balanseng hindi</p>	<p>6.1 Suriin ang mga dokumentong dala ng pasyente o kamag anak ng pasyente.Ipaliwanag kung may mga dokumentong</p>	Wala	10 minuto	Administrative Assistant / Billing and Claims Unit



<p>nacover ng Philhealth ay kailangang magtungo sa Cashier Unit at ibigay ang kaukulang bayad</p> <p>PAALALA:</p> <p>Ang bayad ay naka depende sa klasipikasyon ng kliyente</p>	<p>kailangang pirmahan. Kunin ang kopya ng Clearance Slip</p>			
<p>7. Pag tapos na ang pag aayos ng Clearance Slip, muling magtungo s ER. Isumite ang survey form at Clearance Slip</p>	<p>7.1 Tanggapin at suriin ang Clearance Slip na pirmado ang lahat ng unit na dinaanan ng proseso.</p> <p>Isang kopya ay ibibigay sa kamag anak at isang kopya ay kasama ififile ng ETR</p>	<p>Wala</p>	<p>5 minuto</p>	<p>Nurse I / Emergency Department</p>
<p>Magsulat sa Survey Form base sa serbisyong natanggap mula sa mga kawani ng MMWGH-ER at ihulog sa nakatalagang Drop box</p>	<p>7.2 Magbigay at ipaliwanag ang mga tagubilin at gabay sa pasyente o kamag anak at paraan ng pag inom ng gamot. Hikayatin magtanong para malaman kung naiintindihan mabuti ang paliwanag.</p>	<p>Wala</p>	<p>5 minuto</p>	<p>Nurse I / Emergency Department</p>



KABUUANG ORAS NA INILAAAN	WALA	<p>Discharged (Improved) 3 ORAS AT 3 MINUTO</p> <p>Discharged (HAMA) 3 ORAS</p> <p>Discharged (Expired) 2 ORAS 58 MINUTO <i>24 hrs processing of Death Certificate</i></p> <p>Transfer to Hospital of Choice (THOC) 3 ORAS AT 13 MINUTO</p> <p>PAALALA <i>Ang oras ng proseso ay depende sa dami at lubha ng kaso ng pasyente</i></p>
----------------------------------	-------------	--



OR & DR COMPLEX

1. PROSESO PARA SA SURGICAL OPERATION

This process covers patients requiring any emergency, direct or elective surgical operation. The procedure started upon patient transfer from ER, OPD, or ward to the Operating Room until the completion of the operation. Available for 24 hours.

Office or Division:	Medical and Nursing Service- Operating Room		
Classification:	Simple		
Type of Transaction:	G2C- Government to Citizen G2G - Government to Government		
Who may avail:	Lahat ng mga pasyenteng nangangailangan ng operasyon.		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
PROCEDURE FOR OPERATING ROOM (PRE-OPERATIVE CARE)			
Written physician's order		Attending Surgeon (GMS/ER/ Medical and Psychiatric Ward)	
Consent for Surgery One(1) original copy		Attending Surgeon (GMS/ER/ Medical and Psychiatric Ward)	
Pre-anesthesia Evaluation Form (1 original copy; none required kung under local anesthesia only)		Attending Anesthesiologist (GMS/ER/ Medical and Psychiatric Ward)	
Operating Room Notification Form One(1) original copy		Attending Physician of the relevant medical field (GMS/ER/ Medical and Psychiatric Ward)	
Pre-operative Checklist		Nurse on duty - Operating Room	
Latest laboratory results: ABO typing, Complete Blood Count, PT and PTT, Blood Chemistry (Sodium, Potassium, Creatinine, etc.) if warranted		Nurse on duty -Operating Room	
Latest diagnostic result (Chest x-ray result, Ultrasound) if warranted		Hospital/ Accredited Laboratory Facility	
PROCEDURE FOR OPERATING ROOM (INTRA-OPERATIVE CARE)			
Medical Clearance (Anesthesia, Cardio-pulmonary, Pediatric, Ob-Gyn, Pschiatric, etc.) if applicable		Attending Physician of the relevant medical field (GMS/ER/ Medical and Psychiatric Ward)	



Modified WHO Surgical Safety Checklist One(1) original copy		Surgical Team (Surgeon, Anesthesiologist, Scrub Nurse, Circulating Nurse, Nursing Attendant, Midwife)		
Sponge Count Form One(1) original copy		Circulating Nurse		
Operation Record One(1) original copy		Surgeon		
Surgical Pathology Request (if applicable)		Surgeon		
PROCEDURE FOR OPERATING ROOM (POST-OPERATIVE CARE)				
Recovery Room Record Form One(1) original copy		Recovery Room Nurse and Nursing Attendant		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
PROSES SA OPERATING ROOM (PRE-OPERATIVE CARE)				
1. Magtungo sa OR complex sa pamamagitan ng stretcher o wheelchair kung mula sa medical at psychiatric ward at magsuot hospital gown sa Dressing Room.	1. 1Tanggapin at suriin ang tamang pagkakakilanlan ng pasyente. <ul style="list-style-type: none">• OR Notification Form• Pre-operative checklist• Doctor’s order• Form para sa Pahintulot (sa Pagpapaopera at Anesthesia)• Mga gamit at kumpletong materyales sa OR/ mga kinakailangan na dokumento.	Wala	5 minutes	Nurse I / Operating Room
2. Pagbibigay ng tamang personal na impormasyon tungkol sa sariling kalusugan.	2. Kumpirmahin at suriin ang impormasyong ibinigay ng pasyente	Wala	5 minutes	Nurse I / Operating Room



	<p>at tiyaking kumpleto ang rekord ng pasyente.</p> <ul style="list-style-type: none"> • Pangalan • Araw ng kapanganakan • Pahintulot (Surgical at anesthesia procedure) • Estado ng oras ng walang kain (minimum na 8 oras) kung kinakailangan • Mga kilalang allergy <p>I-schedule ang araw ng operasyon</p>			
3. Pagbibigay ng pahintulot sa operasyon at anesthesia (kung hindi pa nagawa sa OPD o Ward)	3.1 Ipaliwanag at kunin ang pahintulot sa gagawing operasyon pati na ang posibleng panganib ng operasyon. kumpirmahin kung naunawaan ng pasyente.	Wala	10 minutes	Surgeon
	3.2 Ipaliwanag at kunin ang pahintulot sa pagbibigay ng anesthesia pati ang mga posibleng panganib o komplikasyon ng anesthesia. Kumpirmahin kung	Wala	10 minutes	Anesthesiologist
PROSESOS SA OPERATING ROOM (INTRA-OPERATIVE CARE)				



	naunawaan ng pasyente.			
4. Magtungo sa Operating Room	4.1 Ligtas na ihatid ang mga pasyente sa loob ng Operating Room at tumulong sa paglilipat sa OR table	Wala	10 minutes	Surgeon/ Anesthesiologist / OR Nurse/ Nursing Attendant/ Midwife on duty / Operating Room
5. Makinig sa paliwanag ng OR team	5.1 Ipaliwanag ang gagawing operasyon at kumpirmahin kung naunawaan.	Wala	10 minutes	Surgeon/ Anesthesiologist / OR Nurse/ Nursing Attendant/ Midwife on duty / Operating Room
	5.2 Isagawa ang “Sign in” bago simulan ang induction ng anesthesia. <ul style="list-style-type: none"> • Nakumpirma ang pagkakakilanlan ng pasyente (identity), lugar, pamamaraan, at pahintulot. • Markado ang lugar kung kinakailangan. 	Wala	30 minutes	Surgeon/ Anesthesiologist/ OR Nurse/ Nursing Attendant/ Midwife on duty

	<ul style="list-style-type: none"> • Nasuri ang kaligtasan ng anesthesia. • Naka-hook at gumagana ang monitor ng pasyente. • Nasuri ang mga kilalang allergy. • Panganib ng mahirap na airway o aspirasyon. • Panganib ng pagkawala ng higit sa 500ml ng dugo (7ml/kg sa mga bata). 			
	5.3 Magsagawa ng anesthesia sa pasyente.	Wala	10-20 minuto Case to case (depende sa uri ng operasyon at kondisyon ng pasyente)	Anesthesiologist/ OR Nurse/ Nursing Attendant/ Midwife on duty
	5.4 Inihahanda ang pasyente para sa operasyon sa pamamagitan ng paglalagay ng "OR Strap" upang matiyak ang kaligtasan.	Wala	10 minuto	Surgeon/ Anesthesiologist/ OR Nurse/ Nursing Attendant/ Midwife on duty
	5.5 Nagsasagawa ng "Time Out" bago ang paghiwa ng balat	Wala	10 minuto	Surgeon/ Anesthesiologist/ OR Nurse/ Nursing Attendant/ Midwife on duty

	<ul style="list-style-type: none"> • pagdidisimpekta sa balat • kumpirmasyon ng mga miyembro ng Surgical team • Mga inaasahang kritikal na kaganapan (mga kritikal at hindi inaasahang hakbang, pagpoposisyon ng pasyente, tagal ng operasyon, pagkaubos ng dugo, mga espesyal na instrumento) • Pagbibilang at pagkumpirma ng isterilidad ng mga instrumento 			
	5.6 Pagsasagawa ng operasyon.	Wala	(depende sa uri ng operasyon at kondisyon ng pasyente)	Surgeon/ Anesthesiologist/ OR Nurse/ Nursing Attendant/ Midwife on duty
	5.7 Pasimulan ang “Sign out” bago ialis ang pasyente Operating Room. Kumpirmahan Kinukumpirma ang sumusunod: <ul style="list-style-type: none"> • Ngalan ng operasyon • Kumpletong bilang ng mga 	Wala	30 minuto	Surgeon/ Anesthesiologist/ OR Nurse/ Nursing Attendant/ Midwife on duty



	<p>espongha, instrumento, at karayom</p> <ul style="list-style-type: none"> • Pagkakakilanlan ng ispesimen na inilagay sa angkop na lalagyan na may wastong • Mga tagubilin para sa post-operative recovery at pamatnugutan ng pasyente. 			
	5.8 Ilipat ng ligtas ang pasyente sa Recovery Room sa pamamagitan ng stretcher/ wheelchair kung galing sa ward.	Wala	5 minuto	OR Nurse/ Nursing Attendant Operating Room OR Nurse/ Nursing Attendant Operating Room
<p>PARA SA KAMAG-ANAK NG PASYENTE</p> <p>6. Makinig sa post-operative instruction bago lumabas kung OPD</p> <p>I- acknowledge ang pagtanggap ng ispesimen sa logbook</p>	<p>6.1 Magbigay ng mga tagubilin para sa post-operative at specimen fixed</p> <p>PARA SA MAY SPECIMEN</p> <p>Ilagay ang ispesimen sa isang mahigpit na selyadong bote na may wastong pagkakakilanlan.</p> <p>Magbigay ng mga tagubilin kung saan ipapadala ang</p>	Wala	Depende sa affiliated pathology / laboratory o kung send out	Circulating Nurse/ Nursing Attendant



	ispesimen kasama ng (mga) request (Ospital/kaakibat na Pathology/ Laboratory)			
7. Magpapatuloy sa proseso ng mga papeles para sa pag-uwi kung OPD (Outpatient Department) ang kaso.	7.1 Ihanda at ipaliwanag ang consumption slip, clearance slip, alagang tagabulin at reseta.	Wala	20 minuto	Recovery Room Nurse/ Circulating Nurse
PROSESO SA OPERATING ROOM (POST OPERATIVE CARE)				
8. Paglipat sa Recovery Room kung IPD (Medical o Psychiatry)	8.1 Ilipat ang pasyente nang ligtas sa Recovery Room gamit ang stretcher	Wala	5 minuto	Circulating Nurse/ Nursing Attendant/ Orderly
9 . Sundin ang tagubilin para sa pangangalaga pagkatapos ng operasyon at ipaalam sa Recovery Room team kung may mga nararamdamang hindi komportable o kakaibang sintomas.	<p>9.1 Bantayan ang kalagayan ng pasyente nang mabuti at magsasagawa ng mga kinakailangang interbensyon (halimbawa, pagbibigay ng mga likido, pagsasaayos ng mga gamot at Vital signs).</p> <p>9.2 Ipagbigay-alam sa miyembro ng pamilya ang kalagayan ng pag galing ng pasyente, kung maaari</p>	Wala	2 oras o hanggang sa maging stable ang pasyente at kaya nang huminga nang mag-isa	Anesthesiologist / Recovery Room Nurse/ Midwife/ Nursing Attendant / Operating Room



	9.3 Ipagbigay-alam sa mga pasyente tungkol sa kanilang pangangalaga pagkatapos ng operasyon, mga inaasahan sa paggaling, at mga posibleng			
10. Paglipat sa ward	<p>10.1 Itawag sa pinanggalingang ward ang pagbalik ng pasyente.</p> <p>10.2 Ilipat ng ligtas gamit ang ambulansya papunta sa ward .</p> <p>10.3 Ilipat ng ligtas mula sa stretcher papuntang ward bed.</p>	Wala	20 minuto	Recovery Room Nurse/ Nursing Attendant/ Orderly
11. Sagutan at isumite ang survey form base sa serbisyong natanggap	11.1 Magbigay ng mga tagubilin at gabay sa pasyente o kamag-anak sa pagsagot ng survey form.	Wala	10 minuto	Recovery Room Nurse/ Nursing Attendant/ Orderly
	TOTAL	Wala	Depende sa kondisyon ng pasyente at haba ng operasyon	



2. PROSESO PARA SA PANGANGANAK (NORMAL SPONTANEOUS DELIVERY)

The service is available to all pregnant women who require labor and delivery services. The procedure started upon patient transfer from ER or ward to Delivery Room until the completion of delivery. Available for 24 hours.

Office or Division:	Medical and Nursing Service- Labor and Delivery Room			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen G2G - Government to Government			
Who may avail:	Sa mga ina na nasa aktibong panganganak na may regular na check-up sa MMWGH. Mga buntis na pasyente na kabilang sa mga pamantayan para sa pagpasok sa isang level 1 na ospital na ibinigay ng Kagawaran ng Kalusugan. Dapat nakarehistro ang mga pasyente sa ospital o pasilidad ng panganganak at nakadalo sa mga kinakailangang prenatal check-up (hindi bababa sa 4 na check-up) upang mabawasan ang insidente ng maternal morbidity at mortality.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Written physician's order		Attending OB-GYN or Hospitalist on Duty		
Check up at MMWGH (included in the criteria for admission of level 1 hospital)		HIMU		
Latest laboratory results: ABO typing, Complete Blood Count, HbSAg, Syphilis or VDRL, HIV screening, OGTT (75 grams), RAT (if warranted), Urinalysis and Transvaginal and Pelvic Ultrasound if possible		Hospital/ Accredited Laboratory Facility		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magpapatuloy sa OR & DR Complex.	1.1 Ilipat ang pasyente ng ligtas sa Delivery Room	Wala	15 minuto	DR Nurse/ Midwife/Nursing Attendant/ Orderly

	gamit ang stretcher.			
	1.2 Interbyuhin ang pasyente ukol sa mga nararamdamang sintomas ng panganganak (katulad ng sunod-sunod na paghilab ng tyan).	Wala	15 minuto	Ob-Gyn/ DR Nurse/ Midwife
	Pagsasagawa ng internal na pagsusuri upang tingnan: <ul style="list-style-type: none"> • Pagbuka at pagnipis ng cervix • Tibok ng puso ng fetus at pagpapakita ng posisyon ng fetus • Pagkakaroon o kawalan ng amniotic sac (bag of water) • Antas ng posisyon ng ulo ng fetus • Ililipat sa mas mataas na pasilidad ang pasyente kung may kumplikasyon ang panganganak 			



2. Pasyente na kailangan i-admit	2.1 Punan ang admission chart kung malapit nang manganak ang pasyente.	Wala	Depende sa tagal ng oras ng panganganak .	Ob-Gyn/ DR Nurse/ Midwife
	2.2 Dalhin ang pasyente sa labor room para sa cervical dilatation na hindi hihigit sa 6 cm o mas malaki pa. Para sa mga malapit nang manganak, dumiretso na sa Delivery Room.	Wala	Depende sa tagal ng oras ng panganganak .	Ob-Gyn/ DR Nurse/ Midwife/ Ordery
	2.3 I-monitor ang vital signs, fetal heart tone, at progreso ng labor tuwing 15 minuto.	Wala	Depende sa tagal ng oras ng panganganak .	Ob-Gyn/ DR Nurse/ Midwife/ Ordery
	2.4 Pagsasagawa ng internal na pagsusuri tuwing 2 oras o kung kinakailangan.	Wala	Depende sa tagal ng oras ng panganganak .	Ob-Gyn/ DR Nurse/ Midwife/
	2.5 Ilipat sa Delivery Room mula sa Labor Room kapag ganap na ang pagbuka ng kwelyo ng matris.	Wala	Depende sa tagal ng oras ng panganganak .	Ob-Gyn/ DR Nurse/ Midwife/



	2.6 Pagsunod sa aseptic technique.	Wala	Depende sa tagal ng oras ng panganganak .	Ob-Gyn/ DR Nurse/ Midwife/ Ordery
	2.7 Normal na Panganganak (Unang Yakap Program at Essential Newborn Care)	Wala	10 minuto	Ob-Gyn/ DR Nurse/ Midwife
	2.8 Pagsusuri sa bagong silang na sanggol at isulat sa chart ang mga findings.	Wala	30 minuto	Ob-Gyn/ DR Nurse/ Midwife/Pediatrician
	2.9 Pagmo-monitor sa ina at sanggol kada 15 minuto sa loob ng 2 oras, at kada apat na oras matapos.	Wala	1 oras	Ob-Gyn/ DR Nurse/ Midwife/Pediatrician
3. Paglipat sa Recovery Room	3.1 Ilipat ang pasyente ng ligtas sa Recovery Room	Wala	15 minuto	DR Nurse/ Midwife
	3.2 Gagawa ng draft ng Birth Certificate,	Wala	15 minuto	DR Nurse/ Midwife



	Consumption slip at reseta.			
<p>4 . Sundin ang tagubilin para sa panganganak at tamang pagpapasuso at ipaalam sa Delivery Room team kung may mga nararamdamang hindi komportable o kakaibang sintomas.</p> <p>Para sa kamag-anak:</p> <p>Makinig sa tagubilin tungkol sa tamang paglilibing ng inunan.</p>	<p>4.1 Bantayan ang kalagayan ng pasyente nang mabuti at magsagawa ng mga kinakailangang interbensyon (halimbawa, pagbibigay ng mga likido, pagsasaayos ng mga gamot at Vital signs).</p> <p>4.2 Ipagbigay-alam sa miyembro ng pamilya ang kalagayan ng mag-ina at bagong silang na sanggol.</p> <p>4.3 Pagbibigay-alam sa mga pasyente tungkol sa kanyang panganganak at tamang pagpapasuso, mga inaasahan sa paggaling, at mga posibleng pagdurugo.</p> <p>4.4 Ipaliwanag sa kamag-anak ang tamang paglilibing ng inunan.</p>	Wala	1 oras o hanggang sa maging stable ang pasyente	Ob-Gyn/ Delivery Room Nurse/ Midwife/ Nursing Attendant



5. Paglipat sa ward	<p>5.1 Itawag sa ward ang pagbalik ng mag-ina.</p> <p>5.2 Ilipat ng ligtas gamit ang ambulansya papunta sa ward .</p> <p>5.3 Ilipat ng ligtas mula sa stretcher papuntang ward bed.</p>	Wala	20 minuto	Recovery Room Nurse/ Nursing Attendant/ Orderly
6. Sagutan at isumite ang survey form basesa serbisyong natanggap	6.1 Magbigay ng mga tagubilin at gabay sa pasyente o kamag-anak sa pagsagot ng survey form.	Wala	10 minuto	Recovery Room Nurse/ Nursing Attendant/ Orderly
	TOTAL	Wala	Depende sa kondisyon ng pasyente at tagal ng pangangana k	



MEDICAL WARD

1. PROSESO PARA SA MEDICAL ADMISSION

Ang proseso na ito ay sumasaklaw sa admisyon ng pasyente mula sa isang unit (ER, OR/DR, OPU-MEDICAL) papuntang medical ward. Ito ay nagbibigay ng 24 oras na serbisyon

Office or Division:	MEDICAL WARD UNIT/ NURSING SERVICE			
Classification:	SIMPLE			
Type of Transaction:	G2C			
Who may avail:	LAHAT			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Nakasulat na order ng doktor para sa pag pasok		MMWGH- Hospitalist Medical Specialist		
Rsart ng mga pasyente		MMWGH- HIMU		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Manghingi ng order para sa admisyon.	1.1 Tumangap ng kahilingan at beripikahin ang nakasulat na order para sa admisyon.	Wala	25 minuto	Hospitalist Medical Specialist Nurse — Emergency Room
	1.2 Magbigay paunawa sa pasyente o kamag-anak ukol sa paraan ng admisyon.			
	1.3 Ihanda ang mga kinakailangang dokumento.			
	1.4 Ipagbigay alam sa nars ng			



	medical ward ang nakatakdang admisyon			
	1.5 Ipag bigay alam ang mahahalagang impormasyon at mga importanteng pag-iingat ukol sa pasyente sa nars ng medikal ward.			
2. Ligtas na tumangap ng pasyente	2. Tumangap ng pasyente at ilipat sa takdang higaan.	Wala	10 minuto	Nurse - Medical Ward
3. Magbigay ng nakaraang medikal na karamdaman	3. Nagsasagawa ng pagsusuri sa pagkuha ng kasaysayan at mga paunang mahahalagang palatandaan.	Wala	20 minuto	Nurse - Medical Ward
4. Unawain at pakingan ang mga tuntunin at patakaran kasama ang tungkol sa kaligtasan ng pasyente.	4. Ituro sa pasyente at bantay ang mga tuntunin at patakaran ng pasilidad kabilang ang kaligtasan ng pasyente.	Wala	20 minuto	Nurse - Medical Ward
TOTAL		Wala	1 Oras at 15 Minuto	



2. PROSESO SA PAG DISCHARGE NG MEDICAL ADMISSION

Sinasaklaw ng prosesong ito ang proseso ng paglabas na ibinibigay sa lahat ng pasyente at mga kinatwan ng Pasyente na inutusan para sa paglabas mula sa Medical Ward.

Office or Division:	MEDICAL WARD UNIT/ NURSING SERVICE			
Classification:	SIMPLE			
Type of Transaction:	G2C			
Who may avail:	LAHAT			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
2 Clearance Slip (Orihinal na kopya)		Nurse 1/ Nurse II		
1 Alagang Tagubilin (Paglabas ng Pasyente)		Nurse I/ Nurse II		
1 Valid ID (Orihinal)		Government Issued ID		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Kukunin ang papel na ukol sa Paglabas/ Pag-papauwi ng Pasyente	1.1 Ipaalam ang tungkol sa Pagpapauwi ng Pasyente 1.2 Kumpletuhin ang Nilalaman ng papel sa Pag-uwi 1.3 Magbigay ng Gabay sa Proseso ng Pag-uwi ng Pasyente 1.4 Pagbibigay ng Kumpletong Papel sa Pagpapauwi at dahilin ito Papuntang Billing unit	Wala	1 oras	Hospitalists Medical Specialist Nurse I/ Nurse II Medical Ward



2. Pumunta sa Billing Unit	<p>2. Tignan at Siguraduhin ang mga dapat Singilin at nagamit ng Pasyente</p> <p>2.1 May Nakasulat na Tamang Pangalan at Pirm sa Papel ukol sa Pag-uwi</p>	Wala	5 minuto	Administrative Assistant - Billing Section
3. Magtungo sa Malasakit	<p>3. Tignan at beripikahin ang mga dapat bayaran ng Pasyente</p> <p>3.1 Maglagay ng Buong Pangalan at Pumirma sa Papel na ukol sa Pag-uwi</p>	Wala	5 Minuto	Medical Social Worker - MSW Unit
4. Magtungo sa Parmasya	<p>4. Tignan at beripikahin ang mga dapat bayaran ng Pasyente</p> <p>4.1 Maglagay ng Buong Pangalan at Pumirma sa Papel na ukol sa Pag-uwi</p>	Wala	5 minuto	Pharmacists - Pharmacy Unit
5. Magtungo sa laboratory	<p>5. Tignan at beripikahin ang mga dapat bayaran ng Pasyente</p> <p>5.1 Maglagay ng Buong Pangalan at Pumirma sa Papel na ukol sa Pag-uwi</p>	Wala	5 minuto	Medical Technologist - Laboratory Unit
6. Magtungo sa Radiology Unit	<p>6. Tignan at beripikahin ang mga dapat bayaran</p>	Wala	5 minuto	Radiologic Technologists - Radiology Unit



	ng Pasyente 6.1 Maglagay ng Buong Pangalan at Pumirma sa Papel na ukol sa Pag-uwi			
7. Magtungo sa Laundry at Linen Unit	7. Suriin ang mga Silid ng Pasyente kung ang lahat ng Linen, Uniporme, at kobrekama ay Maayos na Naisaoli 7.1 Maglagay ng Buong Pangalan at Pumirma sa Papel na ukol sa Pag-uwi	Wala	5 minuto	Administrative Assistant III Nursing Attendant I/II - Medical Ward
8. Ipakita ang Clearance slip sa Nurse' Station	8. Tumanggap ng kumpletong Clearance Slip 8.1 Suriin at Bineberipika ang Pagka-kumpleto ng mga Lumagda (Billing, MSW, Pharmacy, Laboratory, Radiology, Laundry) sa Clearance Slip	Wala	5 minuto	Nurse I /Nurse II Medical Ward
9. Tanggapin ang Alagang Tagubilin at Papel ukol sa Pag-uwi	9. Ipaliwanag at Pag-usapan ang lahat ng Impormasyon na Nakasulat sa Papel ukol sa Pag-uwi at Lagyan ng tatak na may Pangalan at Pirmahan sa Ibabaw	Wala	5 Minuto	Nurse - Medical Ward
10. Ipakita ang discharge clearance	10. Ibigay ang discharge clearance	Wala	5 Minuto	Nurse I /Nurse II Medical Ward



slip sa guwardiya at Lumabas ng Hospital	slip at ihatid ang pasyente sa Paglabas ng Hospital			
TOTAL		Wala	2 Oras at 22 minuto	



CENTRAL SUPPLY AND STERILIZATION UNIT

1. STERILIZATION OF MEDICAL INSTRUMENTS

Process to ensure that the instruments are free from any infectious agents that could potentially cause harm to patients or healthcare workers.

Office or Division:	NURSING SERVICE			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	ALL MMWGH NURSING UNITS			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Sterilization Record book of medical Instruments		Central Supply and Sterilization Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The end-user submits cleaned instruments to the CSSU for sterilization	1.1 CSSU staff will receive, check/ inspect the packed cleaned instruments then records the quantity of the items in the record book	None	25 minutes <i>(depending on the number of instruments to be sterilized)</i>	Nursing Attendants I & II / CSSU
	1.2 Prepares and load the packed instruments for steam sterilization process (Autoclaving)	None	4 hours <i>(completed time of sterilization process to drying & cooling of sterilized instruments)</i>	Nursing Attendants I & II / CSSU
2. The end-user receives the sterilized instruments	2.1 Inspect and record the packed sterilized	None	25 minutes <i>(check packaging and</i>	Nursing Attendants I & II / CSSU



and signs in the record book	instruments before issuance		indicators then recording)	
TOTAL			5 hours and 50 minutes	



2. ISSUANCE OF SUPPLIES

To issue medical / other supplies to the end user

Office or Division:	NURSING SERVICE			
Classification:	Simple			
Type of Transaction:	G2G			
Who may avail:	ALL MMWGH NURSING UNITS			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Requisition and Issue Slip Form (RIS) Two (2) Original copies		Central Supply and Sterilization Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits the approved Requisition and Issue Slip (RIS) form	1.1 Assigns RIS control number and records in the RIS Logbook	None	1 hour and 55 minutes (depending on the number of items requested)	Nursing Attendants I & II / CSSU
	1.2 Prepares and Issues medical supplies/other supplies and record issuance in the stock cards	None	6 hours (depending on the quantity/ volume requested by the end -user)	Nursing Attendant I / CSSU
2. The end-user receives medical supplies/ other supplies and signs the recieves by portion of the RIS	2.1 Receives a copy of RIS	None	5 minutes	Nursing Attendant I / CSSU
TOTAL			1 day	



LAZARETO HUB

1. HIV/STI Counseling and Testing

Ang serbisyong ito ay tumutugon para sa pagpapayo at pagsusuri sa HIV/STI. Ang serbisyo ay bukas mula Lunes hanggang Biyernes 8:00am-5:00pm maliban tuwing Sabado, Linggo at Pista Opisyal.

Office or Division:	Lazareto Hub/ Office of the Medical Center Chief			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Identification Card o ID		Government issued ID, person with disability (PWD) ID, senior citizen ID		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magtungo sa Lazareto Hub. Ipakita ang valid ID sa Lazareto staff.	1.1 Isagawa ang pre-test counseling. 1.2 Kung wala nang katanungan ang kliyente, magpapirma ng <i>Consent Form</i> para sa pagsusuri at punan ang <i>HTS Form</i> (Personal Information Sheet).	Wala	30 minuto	Nurse on Duty/ Trained HIV Counselor
2. Magtungo sa Laboratory Unit.	2.1 Ibigay sa <i>Medical Technologist on duty</i> ang <i>Consent Form</i> at <i>HTS Form</i>	Wala	2 oras	Nurse on Duty/ Trained HIV Counselor



	<p>(Personal Information Sheet) ng kliyente.</p> <p>2.2 Susuriin ng <i>Medical Technologist on Duty</i> ang pangalan ng kliyente kung tugma ang nakasulat sa mga forms.</p> <p>2.3 Kukuhanan ng dugo ng Medical Technologist on duty ang kliyente at susuriin sa HIV/STI.</p>			<p>Medical Technologist on Duty</p> <p>Medical Technologist on duty</p>
3. Bumalik sa Lazareto Hub matapos kuhanan ng dugo.	<p>3.1 Kunin ang resulta sa Laboratory Unit.</p> <p>3.2 Ibibigay ang resulta sa kliyente at isagawa ang post-test counseling.</p> <p>3.3 Magbibigay ng schedule para sa re-testing kung ang kliyente ay mayroong latest exposure.</p>	Wala	20 minuto	Nurse on Duty/ Trained HIV Counselor
		Wala	2 oras at 50 minuto	



2. ANTIRETROVIRAL THERAPY ENROLLMENT

Ang serbisyong ito ay tumutugon para sa mga bagong diagnose at trans-in na Person Living with HIV (PLHIV) na nais sumailalaim sa pamamahala at paggamot sa Lazareto Hub. Ang serbisyo ay bukas mula Lunes hanggang Biyernes 8:00am-5:00pm maliban tuwing Sabado, Linggo at Pista Opisyal.

Office or Division:	Lazareto Hub/ Office of the Medical Center Chief			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Person Living with HIV (PLHIV) – bagong diagnosed o nais magpalipat sa Lazareto mula sa naunang treatment Hub			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Identification Card o ID		Government Issued ID, Person with Disability (PWD) ID, Senior Citizen ID		
Para sa bagong diagnosed PLHIV: <ul style="list-style-type: none"> • rHIVda Confirmatory test Para sa PLHIV na nais magpalipat sa Lazareto: <ul style="list-style-type: none"> • referral letter galing sa naunang treatment hub • consent for release of information • kopya ng laboratory results (kung mayroon) 		Treatment hub/primary HIV clinic/RHU kung saan nagpatest ang kliyente Treatment hub/primary HIV clinic kung saan unang nagpagamot ang kliyente		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magtungo sa Lazareto Hub. Ipakita ang valid ID at kaukulang dokumento sa Lazareto staff.	1.1 Kapanayamin ang kliyente ukol sa serbisyo. 1.2 Kung ang kliyente ay bagong diagnosed PLHIV,	Wala	45 minuto	Nurse - Lazareto Hub



	<p>isagawa ang counselling kaugnay sa magiging kurso ng pamamahala at gamutan.</p> <p>Kung ag kliyente ay galing sa ibang treatment hub/primary HIV clinic, isagawa ang counseling kaugnay sa pagpapatuloy ng gamutan.</p> <p>1.3 Gawan ng health record ang kliyente. Kunin ang vital signs, height, weight, abdominal girth.</p>			
2. Konsultasyon sa HACT Physician	<p>2.1 Gawin ang panayam sa kliyente para sa history, physical assessment.</p> <p>2.2 Isagawa ang counselling ukol sa treatment plan at gamutan.</p>	Wala	1 oras	HACT Physician - Lazareto Hub
3. Magtungo sa HACT Nurse para sa ART enrollment.	3.1 I-enroll ang kliyente sa Anti-Retroviral Therapy at bigyan ng karampatang anti-retroviral medication at prophylaxis.	Wala	30 minuto	HACT Nurse / Lazareto Hub



	<p>3.2 Bigyan ng Health Regimen Booklet para sa monitoring ng mga gamot at schedule ng pagrefill.</p> <p>3.3 Magbigay ng schedule para sa susunod na pagbisita sa Lazareto Hub.</p>			
		Wala	2 oras at 15 minuto	



3. SEXUALLY TRANSMISSIBLE INFECTION (STI) COUNSELLING, SCREENING AND MANAGEMENT

Ang serbisyong ito ay tumutugon para sa mga kliyenteng may sintomas ng sexually transmissible infection na nais magpakonsulta. Ang serbisyo ay bukas mula Lunes hanggang Biyernes 8:00am-5:00pm maliban tuwing Sabado, Linggo at Pista Opisyal.

Office or Division:	Lazareto Hub/ Office of the Medical Center Chief			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Empleyado, Kamag-anak ng Empleyado, at iba pang Kliyente			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Identification Card o ID Isang (1) orihinal		Government Issued ID, Person with Disability (PWD) ID, Senior Citizen ID		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magtungo sa Lazareto Hub. Ipakita ang valid ID sa Lazareto staff.	1.1 Kapanayamin ang kliyente ukol sa medikal na pangangailangan. 1.2 Gawan ng health record ang kliyente. Kunin ang vital signs, timbang, sukat ng taas.	Wala	20 minuto	HACT Nurse - Lazareto Hub
2. Konsultasyon sa Physician on Duty	2.1 Gawin ang panayam sa kliyente para sa history, physical assessment.	Wala	45 minuto	Physician on Duty - Lazareto Hub



	<p>2.2 Isagawa ang counselling ukol sa posibleng sexually transmissible infection at gamutan nito.</p>			
<p>3. Magtungo sa Nurse pagkatapos ang konsultasyon sa Doctor.</p>	<p>3.1 Abisuhan ang kliyente sa mga order ng Doctor. Ipaliwanag ang tagubilin sa pag-inom ng gamot at mga kinakailangang laboratory tests.</p> <p>3.2 Bigyan ng laboratory request form ang kliyente upang masuri ang dugo o likido ng katawan na maaring may presensya impeksyon.</p> <p>PARA SA KLIYENTENG MAY SINTOMAS NG SYPHILLIS:</p> <p>3.3 Bigyan ng unang dose ng gamutan ayon sa order ng Doctor.</p> <p>3.4 Abisuhan ang kliyente sa petsa ng susunod na gamutan o follow up consultation.</p>	Wala	30 minuto	HACT Nurse - Lazareto Hub



KABUUANG BAYAD AT TAGAL NA INILAAAN	Wala	1 oras at 35 minuto	
-------------------------------------	------	---------------------	--



VIRAL HEPA COMMITTEE

1. VIRAL HEPATITIS SCREENING AND TREATMENT

Ang serbisyong ito ay tumutugon para sa mga kliyenteng may sintomas ng viral hepatitis infection na nais masuri at magpakonsulta. Ang aming serbisyo ay bukas mula Lunes hanggang Biyernes 8:00 AM- 5:00 PM maliban tuwing Sabado, Linggo at Pista Opisyal.

Office or Division:	Lazareto Hub/ Office of the Medical Center Chief			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Empleyado, Kamag-anak ng Empleyado, at iba pang Kliyente			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Identification Card or ID Isang (1) orihinal na kopya		Government Issued ID, Person with Disability (PWD) ID, Senior		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magtungo Lazareto Hub at ipakita ang valid ID sa Lazareto staff o Viral Hepatitis Committee staff.	1.1. Kapanayamin ang kliyente ukol sa medikal na pangangailangan. 1.2. Kung wala nang katanungan ang kliyente, isyuhan ng laboratory request form ang kliyente para sa Hepatitis B/C screening test.	Wala	10 minuto	Nurse I/II VHC
2. Magtungo sa Laboratory Unit.	2.1. Ibigay sa Proficient Medical Technologist ang laboratory request form. 2.2. Itatanong ng Proficient Medical	Wala	15 minuto	Nurse I/II VHC Medical Technologist I Laboratory Unit



	<p>Technologist ang pangalan ng kliyente at tingnan kung tugma ang nakasulat sa request.</p> <p>2.3. Kukuhanan ng dugo ng Proficient Medical Technologist ang kliyente at susuriin sa Hepatitis B/C.</p>			Proficient Medical Technologist
<p>3. Bumalik sa Lazareto Hub habang naghihintay ng resulta.</p> <p>(Para sa bagong kliyente), gawin ang No. 4. Kung ang kliyente ay dati ng nagpapakonsulta, ang staff na ang kukuha ng rekords.</p>	<p>3.1. Kunin ang resulta sa Laboratory Unit.</p> <p>3.2. Ibibigay ang resulta sa kliyente at isasagawa ang counseling at konsultasyon/ referral sa VHC doktor kung mag-rereaktibo sa screening.</p>	Wala	5 minuto	Nurse I/II VHC
<p>4. Magtungo sa Health Information Management Unit upang magpagawa ng medical health record. Magparehistro at punan ang mga form na kailangan.</p>	<p>4.1. Ipaliwanag ang Pahintulot sa Pagkolekta o Pagproseso ng Personal na Impormasyon para sa Pagpapagamot na form bago kumuha ng mga personal na detalye, pirmahan muna ng kliyente (kung nakapagbigay ng pahintulot).</p>	Wala	30 minuto	Administrative Assistant I/ Health Information Management Unit Staff



	<p>4.2. Ibigay ang Patient Information Sheet form na pupunan ng kliyente/awtorisadong kinatawan.</p> <p>4.3. Ipaliwanag at kumuha ng pahintulot para sa terapyutikong paggagamot.</p> <p>4.4. Paggawa ng health record at ipaliwanag ang proseso ng konsultasyon.</p>			
5. Bumalik sa Lazareto Hub matapos gawan ng health record.	5.1. I-iisyu ng HIMU staff ang health record ng kliyente sa VHC staff.	Wala	2 minuto	Administrative Assistant I/ Health Information Management Unit Staff
6. Konsultasyon sa VHC Doctor or referral.	<p>6.1. Isangguni sa doktor ng Viral Hepatitis Committee upang mabigyan ng atensyong medical.</p> <p>6.2. Aabisuhan ang kliyente sa mga order ng Doctor. Ipaliwanag ang mga kinakailangang laboratory tests at tagubilin sa pag-inom ng gamot kung kinakailangan.</p> <p>6.3. Bigyan ng laboratory request form ang kliyente para</p>	Wala	30 minuto	<p>Nurse I/II VHC</p> <p>Nurse I/II VHCVHC Doctor</p> <p>Nurse I/II VHC</p>



	sa mga karagdagang pagsusuri sa dugo upang matukoy kung kinakailangan ng masusing gamutan.			
7. Paggawa ng Case-Care Record	7.1. Gawin ang panayam sa kliyente upang magawan ng Case-Care Form at ienrol ang kliyente sa Masterlist ng Hepatitis B Pilot Program upang maisama sa listahan ng mga kliyente na minomonitor at/o ginagamot.	Wala	5 minuto	Nurse I/II VHC
8. Pagbibigay ng tagubilin.	8.1. Abisuhan ang kliyente sa petsa ng susunod na gamutan o follow up consultation kung kinakailangan.	Wala	3 minuto	Nurse I/II VHC
KABUUANG BAYAD AT TAGAL NA INILAAN		Wala	1 oras at 40 minutes	



2. MGA KLIYENTENG REAKTIBO SA HEPATITIS B/C NA NIREFER MULA SA IBANG PASILIDAD

Ang serbisyong ito ay tumutugon para sa mga kliyenteng may sintomas ng viral hepatitis infection na nais masuri at magpakonsulta. Ang aming serbisyo ay bukas mula Lunes hanggang Biyernes 8:00 AM- 5:00 PM maliban tuwing Sabado, Linggo at Pista Opisyal.

Office or Division:	Lazareto Hub/ Office of the Medical Center Chief			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Empleyado, Kamag-anak ng Empleyado, at iba pang Kliyente			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Identification Card or ID Isang (1) orihinal na kopya		Government Issued ID, Person with Disability (PWD) ID, Senior		
Referral Slip mula sa Doctor na sumuri Isang (1) orihinal na kopya		Doktor o healthcare worker na sumuri		
Kopya ng resulta ng mga pagsusuri Isang (1) orihinal na kopya		Laboratory Facility		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magtungo Lazareto Hub at ipakita ang valid ID, referral slip, at kopya ng mga resulta ng laboratoryo sa Lazareto staff o Viral Hepatitis Committee staff. (Para sa bagong kliyente), gawin ang No. 2. Kung ang kliyente ay dati ng nagpapakonsulta,	1.1. Kapanayamin ang kliyente ukol sa medikal na pangangailangan.	Wala	10 minuto	Nurse I/II VHC



ang staff na ang kukuha ng rekords.				
2. Magtungo sa Health Information Management Unit upang magpagawa ng medical health record. Magparehistro at punan ang mga form na kailangan.	<p>4.1. Ipaliwanag ang Pahintulot sa Pagkolekta o Pagproseso ng Personal na Impormasyon para sa Pagpapagamot na form bago kumuha ng mga personal na detalye, pirmahan muna ng kliyente (kung nakapagbigay ng pahintulot).</p> <p>4.2. Ibigay ang Patient Information Sheet form na pupunan ng kliyente/awtorisadong kinatawan.</p> <p>4.3. Ipaliwanag at kumuha ng pahintulot para sa terapyutikong paggagamot.</p> <p>4.4. Paggawa ng health record at ipaliwanag ang proseso ng konsultasyon.</p>	Wala	30 minuto	Administrative Assistant I Health Information Management Unit Staff
3. Bumalik sa Lazareto Hub matapos gawan ng health record.	3.1. I-iisyu ng HIMU staff ang health record ng kliyente sa VHC staff.	Wala	2 minuto	Administrative Assistant I Health Information Management Unit Staff



<p>4. Konsultasyon sa VHC Doctor or referral.</p>	<p>4.1. Isangguni sa doktor ng Viral Hepatitis Committee upang mabigyan ng atensyong medical.</p> <p>4.2. Base sa order ng doktor, bigyan ng laboratory request form ang kliyente para sa mga karagdagang pagsusuri sa dugo upang matukoy kung kinakailangan ng masusing gamutan at i-secure ang Medical Certificate para sapagproseso sa Malasakit Center.</p>	<p>Wala</p>	<p>30 minuto</p>	<p>Nurse I/II VHC</p>
<p>5. Magtungo sa Laboratory Unit.</p>	<p>5.1. Ibigay sa Proficient Medical Technologist ang laboratory request form.</p> <p>5.2. Itatanong ng Proficient Medical Technologist ang pangalan ng kliyente at tingnan kung tugma ang nakasulat sa request.</p> <p>5.3. Kukuhanan ng dugo ng Proficient Medical Technologist ang kliyente at susuriin sa Hepatitis B/C.</p>	<p>Wala</p>	<p>15 minuto</p>	<p>Nurse I/II VHC</p> <p>Medical Technologist I Laboratory Unit</p> <p>Proficient Medical Technologist</p>



6. Pumunta sa Malasakit Center upang mag-ayos para sa tulong pinansyal.	6.1. Susuriin ang pasyente/kliyente at magrekomenda ng tulong na kailangan para sa medikal/pananalapi na tulong.	Wala	15 minuto	Social Welfare Officer I/II/III I Medical Social Work Unit
7. Bumalik sa Laboratory Unit upang iabot ang Charge Slip.	7.1. Kukuhanin ang resulta kapag ito ay available na sa Laboratory Unit.	Wala	5 minuto	Nurse I/II VHC
8. Konsultasyon sa VHC Doctor or referral.	8.1. Ipaalam ang resulta ng laboratoryo sa kliyente at sa doktor ng VHC. 8.2. Abisuhan ang kliyente sa mga karagdagang order ng Doctor. 8.3. Ipaliwanag ang tagubilin sa pag-inom ng gamot kung kinakailangan.	Wala	30 minuto	Nurse I/II VHC
9. Paggawa ng Case-Care Record.	9.1. Gawin ang panayam sa kliyente upang magawan ng Case-Care Form at ienrol ang kliyente sa Masterlist ng Hepatitis B Pilot Program upang maisama sa listahan ng mga kliyente na minomonitor at/o ginagamot.	Wala	5 minuto	Nurse I/II VHC



10. Pagbibigay ng tagubilin.	10.1. Abisuhan ang kliyente sa petsa ng susunod na gamutan o follow up consultation kung kinakailangan.	Wala	3 minuto	Nurse I/II VHC
KABUUANG BAYAD AT TAGAL NA INILAAAN		Wala	2 oras at 25 minuto	



PROFESSIONAL EDUCATION, TRAINING, AND RESEARCH UNIT

1. INTERNAL TRAINING REGISTRATION

This service is to register all the internal trainings conducted in the hospital

Office or Division:	Professional Education, Training and Research Unit			
Classification:	Highly Technical			
Type of Transaction:	Government to Client (G2C), Government to Business Entity (G2B), Government to Government (G2G)			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Nomination Form One(1) original copy		PETRU Office (can be downloaded at https://mmwgh.gov.ph/forms.php)		
Learning and Development Request Form One(1) original copy		PETRU Office (can be downloaded at https://mmwgh.gov.ph/forms.php)		
Training Activity Plan One(1) original copy		Resource Person/Facilitator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Prepare a Nomination Form (MMH-PET-04- 13-07) attach the Training Activity Plan and quotation for the training (if there are training fees to be paid) and proceed to PETRU	1.1 The PETRU staff will verify if the training has a corresponding Return Service Agreement (RSA) or Length of Service Obligation.	None	10 minutes	Administrative Assistant/ Training Assistant/ PETRU Chairperson - PETRU



2. Distribute the nomination form to the service secretary/ies of the target participants.	2.1 Disseminate the information regarding the training and should accomplish the nomination form on or before the submission date and have it signed by the participant as proof of his/her confirmation.	None	5 working days	Administrative Assistant Nursing/Medical /HOPSS /OMC C/AHPS Finance Service- Service Secretary
3. Collect the nomination form and check if it is accomplished properly. Attach the Nomination Form together with the other pre-training documents to PETRU	3.1 The PETRU Staff will check the pre-training requirements and register it to the database. After registration, the PETRU Head will approve the Learning and Development Request Form. (MMH-PET-04-02-10).	None	10 minutes	Administrative Assistant/ Training Assistant/ PETRU Chairperson / PETRU
	IF THE TRAINING DOES NOT REQUIRE ANY FUNDING 3.2 Submit the pre training requirements to the MCC for final approval	None	10 minutes	Administrative Assistant / OMCC
	IF THE TRAINING REQUIRES ANY FUNDING 3.3 Attach the Work and Financial Plan to	None	7 minutes	Administrative Officer IV / Budget Unit



	the pre-training requirements and submit to the budget office and wait for the approval of the Budget Office.			
	3.4 Submit the pre-training documents to MCC for approval	None	2 hours	Administrative Assistant/ Budget Unit
	3.5 Once approved, the service secretary of the OMCC will forward the approved Pre-Training Requirements to PETRU.	None	5 minutes	Administrative Assistant /OMCC Service Secretary
	3.6 Once the approved documents are received, PETRU staff will facilitate the request for the Hospital Personnel Order.	None	2 days, 7 hours and 50 minutes	Administrative Assistant /HRMU
TOTAL		NONE	8 days, 3 hours and 32 minutes	



2. FACILITATORS' TRAINING REQUEST REGISTRATION

This service is to register all the requests for training facilitation by MMWGH employees.

Office or Division:	Professional Education, Training and Research Unit			
Classification:	Highly Technical			
Type of Transaction:	Government to Client (G2C), Government to Business Entity (G2B), Government to Government (G2G)			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Facilitator's Training Request Form One(1) original copy		PETRU Office (can be downloaded at https://mmwgh.gov.ph/forms.php)		
Training Activity Plan One(1) original copy		Requested Facilitator		
Invitation Letter One(1) original copy		Requesting Unit/Agency		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Seek the approval of the MCC/Service Head by forwarding the letter of request that you have received.	1.1 Receiving of Request	None	1 day	Administrative Assistant/ PETRU PETRU Chairperson
2. Wait for the agency's confirmation	2.1 Send an email to the requesting agency for confirmation and additional information	None	6 days	Administrative Assistant/ PETRU PETRU Chairperson
	2.2 Coordinate with the Division/Unit Head			



	2.2 Identify and select the resource person depending on the competency and availability			
3. Provide the necessary details	3.1 PETRU will coordinate with the requesting agency	None	1 day	Administrative Assistant/Chairperson/ PETRU
4. Submit the pre-training requirements. <ul style="list-style-type: none"> Facilitator Training Request Form Learning and Development Activity Plan Approved Letter of Invitation Copy of Training Materials 	4.1 The PETRU Staff will check the pre-training requirements and register it to the database. After registration, the PETRU Chairperson will approve the Facilitator's Training Request Form (MMH-PET-04-15-03).	None	10 minutes	Administrative Assistant/Chairperson/ PETRU
	4.2 PETRU Staff will forward the pre-training requirements to the OMCC.	None	5 minutes	Administrative Assistant/ PETRU
	4.3 Once approved, the service secretary of the OMCC will forward the approved Pre- Training Requirements to PETRU.	None	5 minutes	Administrative Assistant/ OMCC
	4.4 Once the approved documents are received, PETRU staff will facilitate the request for the Hospital Personnel Order	None	8 days & 20 minutes	Administrative Assistant/ HRMU
TOTAL PROCESSING TIME		None	16 days, and 40 minutes	



2. Distribute the nomination form to the service secretary/ies of the target participants.	2.1 Disseminate the information regarding the training and should accomplish the nomination form on or before the submission date and have it signed by the participant as proof of his/her confirmation.	None	5 working days	Administrative Assistant or Service Secretary Nursing/ Medical/HOPSS/OMC C/AHPS Finance
3. Collect the nomination form and check if it is accomplished properly. Attach the Nomination Form together with the other pre-training documents to PETRU	3.1 The PETRU Staff will check the pre-training requirements and register it to the database. After registration, the PETRU Head will approve the Learning and Development Request Form.(MMH-PET-04-02-10)	None	10 minutes	Administrative Assistant/ Training Assistant - PETRU
	IF THE TRAINING DOES NOT REQUIRE ANY FUNDING 3.2 Submit the pre training requirements to the MCC for final approval	None	10 minutes	PETRU Chairperson/ PETRU
	IF THE TRAINING REQUIRES ANY FUNDING 3.3 Attach the Work and Financial Plan to the pre-training requirements and submit to the budget office and wait for the approval of the Budget Officer.	None	7 minutes	Administrative Officer IV / Budget Unit



	3.4 Submit the pre-training documents to MCC for approval	None	2 hours	Administrative Assistant / Budget Unit
	3.5 Once approved, the service secretary of the OMCC will forward the approved Pre- Training Requirements to PETRU.	None	5 minutes	Administrative Assistant/ OMCC Service Secretary
	3.6 Once the approved documents are received, PETRU staff will facilitate the request for the Hospital Personnel Order.	None	2 days, 7 hours and 50 minutes	Administrative Assistant/ HRMU
TOTAL		NONE	8 days, 2 hours and 32 minutes	





4. APPLICATION AND ACCEPTANCE OF AFFILIATION REQUESTS

This service facilitates and handles all requests for hospital affiliation applications.

Office or Division:	Hospital Committee on Affiliation and Training of Students			
Classification:	Highly Technical			
Type of Transaction:	Government to Client (G2C), Government to Business Entity (G2B), Government to Government (G2G)			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Endorsement Letter One (1) photocopy or original		School/University		
Letter of Intent One (1) photocopy or original		Letter coming from the students		
Memorandum of Agreement Three(3) original copies		HCATS/PETRU Office (can be downloaded at https://mmwgh.gov.ph/forms.php)		
CHED / TESDA permit One (1) photocopy		School/University		
Certificate of Home-based Hospital (for nursing students) One (1) photocopy		School/University		
Certificate that students have undergone related learning theories in psychiatry (for nursing students) One (1) photocopy		School/University		
Certificate of qualified clinical instructor (MAN Graduate) (for nursing students) One (1) photocopy		School/University		
Course Syllabus One (1) photocopy		School/University		
Certificate of Approval for cross regional affiliation (for nursing students, and if applicable) One (1) photocopy		School/University		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



1. The student and/or school submits an endorsement letter or a letter of intent to MMWGH HCATS via email or mail.	1.1 Receive the letter, acknowledge receipt, and check the HCATS calendar for availability of slots.	None	30 minutes	Training Assistant - HCATS
	1.2 The Secretary will review and forward the letter to the HCATS Chairperson, and to the unit concerned for comments.	None	5 working days	Training Assistant - HCATS
	1.3 Once approved by the Chairperson and concerned unit. Forward the letter to Medical Center Chief II for final approval.	None	1 working day	Training Assistant - HCATS
2 The school/student will submit the signed MOA and other documentary requirements via mail/parcel	2.1 Once the letter has been approved by the Medical Center Chief II, Inform the requesting school/student via email or phone call for the submission of the required documents.	None	2 working days	Training Assistant - HCATS



	2.2 Other units (e.g., <i>Psychology Unit</i>) require coordination meetings prior to the approval of the request. The HCATS secretary will arrange a coordination meeting between the school coordinator, student concerned, MMWGH HCATS and Psychology Unit.	None	1 day	Training Assistant - HCATS
	2.3 Verify the submitted documents for completeness. If all requirements are met, the signed MOA from the affiliating school will be forwarded to the HCATS Chairperson, the concerned division head, and the Medical Center Chief for signing. Incomplete submissions will result in the affiliation process being put on hold.	None	7 working days	Training Assistant - HCATS Training Specialist IV- HCATS Division Heads Medical Center Chief II - OMCC



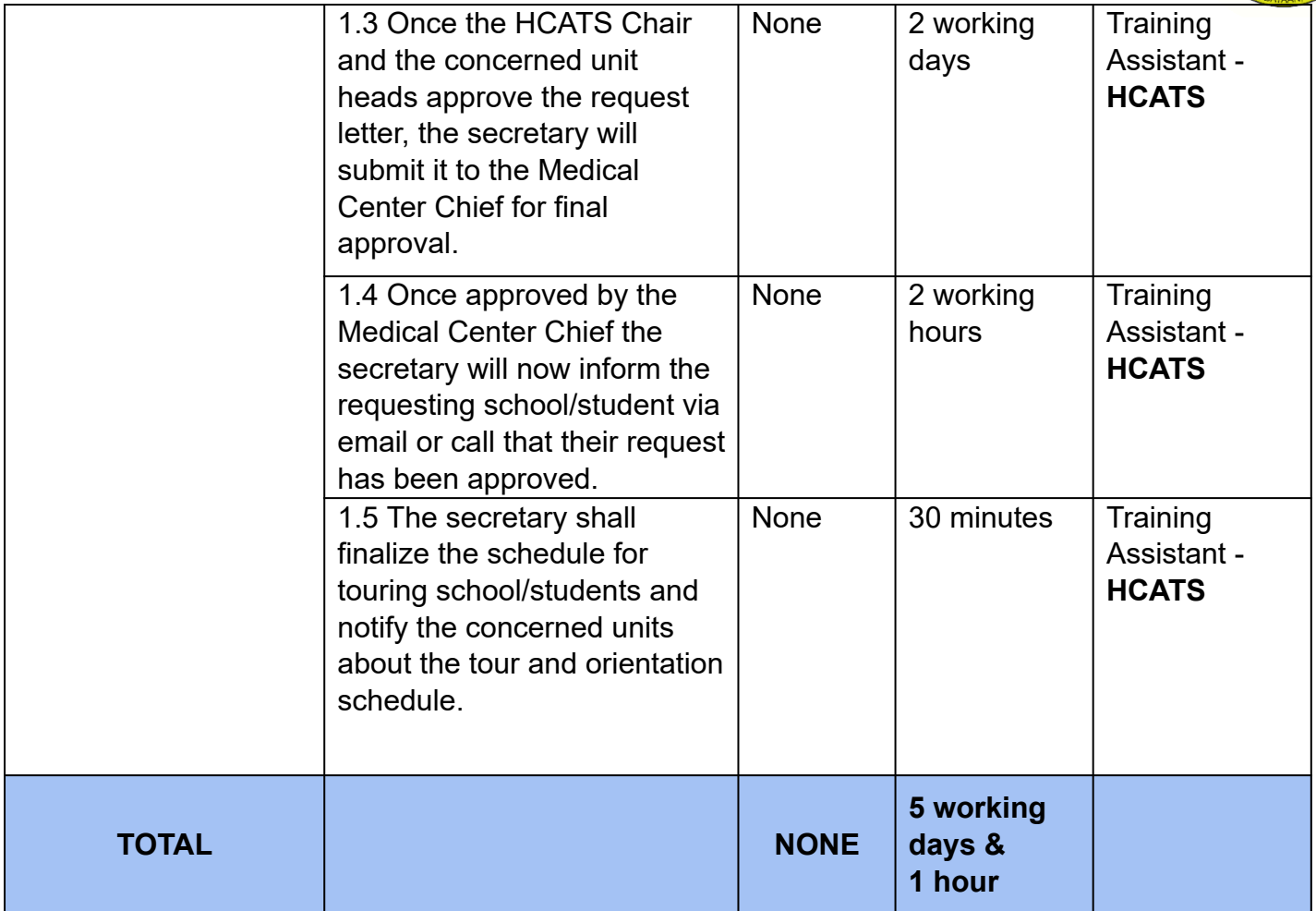
2. The school/student or coordinator shall have the MOA notarized	3.1 Once the MOA is fully signed, notify the school/student via mail or phone call that the MOA needs to be notarized.	None	30 Minutes	Training Assistant - HCATS
3. The school/student shall forward the notarized MOA to the HCATS Secretary	4.1 Receive the Notarized MOA and shall file the documents. 4.2 Finalize the schedule on the HCATS Calendar	None	20 minutes 10 minutes	Training Assistant - HCATS
TOTAL		NONE	17 days 1 hour and 30 minutes	



5. ACCEPTANCE OF TOUR REQUESTS

This service facilitates the approval and scheduling of hospital tour requests.

Office or Division:	Hospital Committee on Affiliation and Training of Students			
Classification:	Highly Technical			
Type of Transaction:	Government to Client (G2C), Government to Business Entity (G2B), Government to Government (G2G)			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Endorsement Letter One (1) photocopy			School/University	
Letter of Intent One (1) photocopy			Formal request letter coming from the student.	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The student and/or school submits a request letter to MMWGH HCATS via email or mail	1.1 The HCATS Secretary receives the letter, acknowledges receipt, and checks the HCATS calendar for available slots.	None	30 minutes	Training Assistant - HCATS
	1.2 The Secretary will review and forward the letter to the HCATS Chairperson, and the unit concerned for comment.	None	1 working day	Training Assistant - HCATS Training Specialist IV- HCATS Unit Head Concerned





PUBLIC ASSISTANCE AND COMPLAINTS DESK


1. PROSESO SA PAGSUSUMITE NG REKLAMO

Ang proseso ng pagsusumite ng reklamo ay isang mahalagang hakbang na nagbibigay-daan sa mga pasyente at kliyente na ipahayag ang kanilang mga alalahanin, hindi pagkakaunawaan, o insidente ng hindi kasiya-siyang karanasan. Layunin ng serbisyong ito na mapanatili ang mataas na antas ng kalidad ng serbisyo at tiyakin ang kasiyahan ng lahat ng gumagamit.

Ang mga kliyente ay maaaring dumulog sa PACD, araw-araw **8:00am-5:00pm**.

Office or Division:	OMCC-PMU Public Assistance and Complaints Desk			
Classification:	Complex			
Type of Transaction:	G2G, G2G & G2B			
Who may avail:	Lahat			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Clients Concern Form Isa(1) orihinal na kopya <ul style="list-style-type: none">• Contact Details ng complainant• Detalye na inirereklamo• Pangalan ng Unit/Serbisyo o empleyado• Ebidensya (kung mayroon) <u>PAALALA</u> Ang mga reklamo na hindi nagpahayag ng pagkakakilanlan ay aaksyunan at ituturing bilang hindi nagpapakilalang reklamo, basta't naibigay ang iba pang kinakailangang detalye na nabanggit sa itaas. Ang mga reklamong hindi ipinahayag ang mga kinakailangang detalye ay maaaring hindi aksyunan ng PACD		MMWGH -Public Assistance and Complaints Desk(PACD)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESsing TIME	PERSON RESPONSIBLE



<p>1. I-file ang concern sa Public Assistance and Complaints Desk Staff on-duty ng MMWGH sa pamamagitan ng mga sumusunod:</p> <p>A. Walk -in Isulat sa Clients Concern Form. B. Concern Form Link https://tinyurl.com/mmwghConcernForm</p> 	<p>1.1 PARA SA WALK-IN Kapanayamin ang kliyente at beripikahin ang mga mahahalagang detalyeng kailangan</p> <p>KUNG ANG CONCERN AY NATANGGAP SA PAMAMAGITAN NG TAWAG, TEXT O SA MESSENGER ng FB PAGE</p> <p>Ipadala ang link ng concern form https://tinyurl.com/mmwghConcernForm</p>	Wala	15 minuto	Administrative Assistant - PACD
	<p>1.2 Kapag natanggap na ito, magpadala ng “<i>Concern Notice</i>” sa unit o empleyado para sa resolusyon ng “<i>Concern</i>”. Laman ng Notice na ito ang sumusunod; a. Petsa ng pangyayari b. Nauugnay na Empleyado/Unit c. Uri ng <i>concern</i> d. Paksa ng <i>concern</i> e. Detalye ng <i>concern</i></p>	Wala	20 minuto	Administrative Assistant - PACD



	1.3. Magpadala ng Resolusyon sa loob ng 24 oras mula nang matanggap ang “ <i>Concern Notice</i> ” at i-address sa sumusunod na detalye: <i>Public Assistance and Complaints Desk Planning and Management Unit Office of the Medical Center Chief Mariveles Mental Wellness and General Hospital</i>	Wala	1 araw	Concern Unit o Empleyado na may Kaugnayan sa “Concern”
	*I-follow up ang <i>concern</i> Unit o Empleyado na may Kaugnayan sa “ <i>concern</i> ” makalipas ng 1 araw.	Wala	1 minuto	Administrative Assistant - PACD
	1.4 Ihanda ang nasusulat na ulat hinggil sa <i>concern</i> laman ang detalye ng pangyayari, rekomendasyon at i-addressed sa Quality Assurance Officer	Wala	2 araw	Administrative Assistant - PACD
	1.5 PARA SA KLIYENTENG NAGBIGAY NG PAGKAKAKILANLAN Magbigay ng update sa ginawang resolusyon ng concern	Wala	5 minuto	Administrative Assistant - PACD
KABUUAN		Wala	3 araw 41 minuto	



2. PROCESSING OF FOI REQUEST

FOI request is made by an individual or organization to access information held by a public authority or government body. Service is available from Mondays -Fridays 8:00 am to 5pm.

Office or Division:	Planning and Management Unit Office of the Medical Center Chief			
Classification:	Highly Technical			
Type of Transaction:	Government to Citizen (G2C) Government to Business (G2B) Government to Government (G2G)			
Who may avail:	ALL			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Identification Card One (1) Photocopy		Government Valid ID - SSS, PWD,GSIS et,al		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESsing TIME	PERSON RESPONSIBLE
1.1. Submit FOI Request to the FOI Receiving Officer (FRO) thru: Email: fro.mmh55@gmail.com Or Google Form Link: https://forms.gle/mzEqEGujA25i2MvG6	1.1 FRO checks if the request form is duly accomplished and logs receipt.	None	2 days	Administrative Officer II/ FOI Receiving Officer
	1.2 FRO determines the location of the requested information.	None	10 mins	Administrative Officer II/ FOI Receiving Officer
	1.3 If the information is in the agency's custody, FRO forwards the request to the relevant Unit/Service.	None	10 mins	Administrative Officer II/ FOI Receiving Officer



	1.4 Concerned Unit/Service transmits the information to the FOI Decision Maker (FDM).	None	8 days	Concerned Unit/Service Head
	1.5 FDM assesses whether to grant or deny the request.	None	3 days	Chief Administrative Officer/ FOI Decision Maker
	1.6 If granted, FDM releases the information to the FRO.	None	1 day	Chief Administrative Officer/ FOI Decision Maker
	1.7 FRO transmits the information to the requester.	None	2 days	Administrative Officer II/ FOI Receiving Officer
	1.8 If denied, FDM informs FRO of the grounds for denial.	None	1 day	Administrative Officer II/ FOI Receiving Officer
	1.9 FRO informs the requester of the denial.	None	2 days	Administrative Officer II/ FOI Receiving Officer
Total		None	19 days & 20 minutes	



PUBLIC HEALTH UNIT

1. HEALTHCARE NAVIGATION AND REFERRAL

This service is to facilitate individual/population-based health service and seamless patient navigation.

Almost daily on 3 shifts (6am-2pm, 2pm-10pm, 10pm-6am); with 4 rotating navigators

Office or Division:	Public Health Unit			
Classification:	Simple			
Type of Transaction:	Government to Client (G2C), Government to Business Entity (G2B), Government to Government (G2G)			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call or send a text message to the Navigators and fill out the google form	1. Receive call or text message from client. Provide the google link https://forms.gle/F3BvCTnhSNTUiKEx9 Secure consent and fill out the Referral Form CALLER PROFILE <ul style="list-style-type: none"> • Name of Caller • Caller's Contact Number • Relationship to Patient PATIENT PROFILE <ul style="list-style-type: none"> • Name • Sex • Birthdate • Address • Chief Complaint/s • Vital Signs PATIENT STATUS	None	5 minutes	<i>Administrative Assistant I / Public Health Unit</i>



	<ul style="list-style-type: none"> • Level of Consciousness • Orientation • Responsiveness • Ambulatory • Special Needs • O₂ Requirement • COVID Status • COVID Vaccination Status <p>ADMISSION STATUS (if admitted in other hospital)</p> <ul style="list-style-type: none"> • Name of Hospital • Date admitted • Diagnosis • Reason for Transfer • Service/s Required 			
	<p>1.2 Identify the urgency or severity of the case</p> <p>1.2.1 If urgent or severe, refer to Emergency</p> <p>1.2.2 If not urgent, refer to OPD (GMS, Psychiatry, ACIU)</p>	None	2 minutes	<i>Administrative Assistant I / Public Health Unit</i>
	<p>FOR ER PATIENTS</p> <p>1.3 Admitted Patient</p> <p>1.3.1 Get the reason for transfer and name of Attending Physician</p> <p>1.3.2 Refer/endorse to ER</p> <p>1.3.3 Wait for ER's response</p> <p>1.4 Not admitted Patient</p> <p>1.4.1 Send accomplished form through text message/Viber to the ER</p> <p>1.4.2 Wait for the ER's response</p>	None	5 minutes	<i>Administrative Assistant I / Public Health Unit</i>



	For OPD Consultations 1.5 ACIU 1.5.1 Call ACIU and relay pertinent details of the referral 1.5.2 Wait for response from ACIU 1.5.3 Call client back for feedback 1.6 For OPU Psychiatry 1.6.1 Call OPU Psychiatry and relay pertinent details of the referral 1.6.2 Wait for OPU Psychiatry's response 1.6.3 Call client back for feedback 1.7 For OPU General Medical Department 1.7.1 Call GMD OPU and relay pertinent details of the referral 1.7.2 Wait for the response from GMD 1.7.3 Call client back for feedback	None	5 minutes	<i>Administrative Assistant I / Public Health Unit</i>
--	---	------	-----------	--



2. Wait for navigator's return call or message	<p>2. Wait for the department's disposition</p> <p>2.1 If referral is accepted:</p> <p>2.1.1 Call back client for further instructions</p> <p>2.2 If referral is NOT accepted:</p> <p>2.2.1 Call back to inform client</p> <p>2.3.2 If client requests for further assistance:</p> <p>2.3.2.1 If YES, refer to other agencies</p> <p>2.3.2.2 If NO, end call</p> <p>2.3 IF NO DISPOSITION</p> <p>2.3.1 Follow-up concerned department after 10 mins/20 mins/30 mins to update regarding their disposition</p> <p>2.3.2 Call back the client after 10 mins/20 mins/30 mins to update regarding department's disposition</p> <p>2.3.3 If there is NO disposition after 30 mins, and client is willing to wait, navigator will follow-up the referral</p> <p>2.3.4 If there is NO disposition after 30 mins and client is not willing to wait, navigator will suggest other agencies</p>	None	30 minutes	<i>Administrative Assistant I / Public Health Unit</i>
--	--	------	------------	--



	TOTAL	None	47 minutes	
--	--------------	-------------	-------------------	--

MMWGH
INTERNAL SERVICES



ENGINEERING FACILITIES AND MANAGEMENT UNIT

1. PROCESS FOR JOB REQUEST (REPAIR AND MAINTENANCE)

The procedure provides end-users to request building repair as part of maintaining its functionality.

Office or Division:	HOPSS / Engineering and Facilities Management Unit			
Classification:	Highly Technical			
Type of Transaction:	G2G Government to Government			
Who may avail:	MMWGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Job Request Form Three (3) Original Copy		Engineering and Facilities Management Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ask for (3) three copies of Job Request Form at EFMU office *(Call number 111 for urgent job request).	1.1 Give (3) three copies of the Job Request Form to the requestor. *(Assign skilled staff).	None	1 minute	Administrative Assistant I or Administrative Aide VI - EFMU
2. Fill in the date Job Request Form; site of work, kinds of work, scope of work, name and signature of the requestor.	2.1 The EFMU staff will inspect job request and have it signed by EFMU head for review and recommendation	None	15 minutes	Administrative Assistant I or Administrative Aide VI - EFMU



3. Forward the accomplished form to the Service Secretary of OCAO- Office of the Chief Administrative Officer Service Secretary for the approval of CAO	3.1 Endorse the Job Request to Chief Administrative Officer for approval	None	10 minutes	Administrative Assistant I - OCAO
	3.2 Record and fill in the control number for an approved Job Request.	None	10 minutes	EFMU Head / Authorized EFMU staff
4. Execution of work	4.1 Once approved, forward it to the EFMU Office for the commencement of work	None	28 days (Duration will depending on the broadness of work upon availability of materials)	Administrative Assistant I / OCAO
5. Inspect the job.	5.1 Provide Job Accomplishment Report.	None	5 minutes	Administrative Aide /EFMU Staff
6. Acknowledge the Job Accomplishment Report as proof that the request has been completed / accomplished.	6.1 Complete accomplishment report form as proof of job fulfillment and files it accordingly	None	10 minutes	Administrative Aide /EFMU Staff
TOTAL		NONE	28 days 56 minutes	

****This service is covered under RA 9184 Government Procurement Policy Board***



2. EQUIPMENT REPAIR/SERVICE FORM

MMWGH Employees can utilize the Equipment Repair/Service Form (MMH-HTM-04-03-00) to request for repair/service of biomedical equipment and auxiliary electronics.

Office or Division:	HOPSS/EFMU - HEALTHCARE TECHNOLOGY MANAGEMENT SECTION			
Classification:	G2G			
Type of Transaction:	Highly Technical			
Who may avail:	MMWGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Equipment Repair /Service Form One (1) original copy		EFMU - Healthcare Technology Management Section (EFMU - HTMS)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the filled-up Equipment Repair/Service Form (Must be reviewed and signed by the Division Head of the requestee)	1.1 Receive and check the repair/service form if it is properly accomplished	None	5 Minutes	Administrative Assistant I - HTMS
	1.2 Review the repair/service form and check the priority level of the equipment for repair/service	None	5 Minutes	Administrative Assistant II, MET I, and HTMS Head - HTMS
	1.3 Pre-inspection and	None	20 minutes	Administrative Assistant II, MET



	assessment of the equipment for repair/service.			I, HTMS Head - HTMS
	1.4 Check if the equipment repair/service process is for in-house or out-source.	None	20 Minutes (Depending on the process of the signatory)	Administrative I, Administrative Assistant II, HTMS Head and MET I
	1.4.1 If the equipment is to be repaired by in-house Engineers / Technicians, prepare the necessary PR form for the defective parts if there are needing replacement	None	5 days (Depending on the extent of repair)	Administrative Assistant II, MET I, HTMS Head- HTMS
	1.4.2 If the equipment is for repair and does not require replacement of parts, in-house Engineers/ Technicians will troubleshoot the equipment.	None	14 working days (Depending on priority level)	Administrative Assistant II, MET I, HTMS Head, HTMS

	1.4.3 If the equipment repair will be outsourced, prepare the necessary PR for the servicing of the defective equipment.	None	20 Minutes (Depending on the availability of the signatory)	Administrative Assistant I, HTMS Head - HTMS
	1.4.4 Outsource will perform the repair and will be assisted by HTMS staff and sign acknowledgement/service report as received	None	5 working days (Depending on the difficulty of repair)	Administrative Assistant II, MET I, HTMS Head - HTMS
	1.5 If the equipment is beyond repair, recommend the request for condemnation of equipment to the end-user. The return slip will be accomplished by the end-user. The end-user is responsible for returning the	None	10 Minutes (Depending on the availability of the signatory)	Requestee, Administrative Assistant II, MET I, HTMS Head- HTMS



	<p>equipment to MMU</p> <p>1.6 Post - inspection and assessment of equipment (if the equipment was repaired) Fill up the post - inspection form and indicate if the equipment is functional and ready to use, etc.</p>	None	10 Minutes (Depending on the availability of the signatory)	Administrative Assistant II, MET I, HTMS Head- HTMS
2. Acknowledge post-inspection result	2.1 Endorse the Equipment to the end -user and discuss the status of the equipment.	None	5-20 mins	Administrative Assistant II, MET I, HTMS Head-HTMS
	2.2 Hand the approved Form (original) to the client and ask for acknowledgement on the receiving copy.	None	5-20 minutes (Depending on the availability of the signatory)	Administrative Assistant I, HTMS
	2.3 Forward the Equipment	None	5-10 minutes	Administrative Assistant I, EFMU Head



	Repair/Service Form to the EFMU Head for checking and sign.			
	2.4 Hand the approved Form (original) to the end-user and ask for acknowledgment on the receiving copy and/or if it requires to purchase part/s or service/s.	None	5-10 minutes	Requestee, Administrative Assistant I - HTMS
	2.5 Secure copy (original) for safekeeping. Submit 1 photocopy to MMU.	None	5 minutes	Administrative Assistant I - HTMS
TOTAL PROCESSING TIME			26 days and 5 minutes	

****This service is covered under RA 9184 Government Procurement Policy Board***



3. CCTV FOOTAGE REQUEST

MMWGH Employees can utilize the CCTV Footage Request Form (MMH-HTM-04-01-03) to request for CCTV footage.

Office or Division:	HOPSS/EFMU - HEALTHCARE TECHNOLOGY MANAGEMENT SECTION			
Classification:	G2G			
Type of Transaction:	Highly Technical			
Who may avail:	MMWGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
CCTV Footage Request Form One (1) original copy		EFMU - Healthcare Technology Management Section (EFMU - HTMS)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the filled-up and approved CCTV Footage Request Form (Which includes the date of request, date and time of the footage to be requested, purpose of requisition, brief description of the incident, signature of the requesting party and request access)	1.1 Check and receive the approved request. CCTV operators will retrieve the footage or still-photos requested from the system and either	None	(5 working days) If the footage is for viewing only (15 working days) If the footage / still-photos is for obtaining copy (15 working days) If a request is complex or involves numerous footage, whether for viewing or obtaining a copy of the CCTV footage	Administrative Assistant I, Administrative Assistant II, HTMS Head/ Engineer II - HTMS, CCTV Operator
	a) store the footage with encryption to	None	10 minutes	HTMS Head/ Engineer II - HTMS



	secure the access of the footage; or b) print the screenshot with timestamp	None	5 minutes	Administrative Assistant I - HTMS
	1.2 Hand over the signed and approved copy of request to the requestor together with the footage	None	5 minutes	Administrative Assistant I - HTMS
2. Receive the footage and acknowledge footage request forms (2 copies). Then return the acknowledged form to the requestor.	2.1 Receive the acknowledged request form	None	5 minutes	Administrative Assistant I - HTMS
	2.2 The HTMS Head will sign the request.	None	5 minutes	Engineer II - HTMS
	2.3 File the request form for safekeeping	None	5 minutes	Administrative Assistant I - HTMS
TOTAL PROCESSING TIME			15 days and 35 minutes	



4. ARCHITECTURAL DRAWING REQUEST

MMWGH Employees can utilize the Drawing Request Form (MMH-EFM-04-64) to request technical and architectural detailed drawings needed for or related to the improvement and modification of healthcare facilities, physical hospital plans, and other architectural matters.

Office or Division:	HOPSS/ENGINEERING AND FACILITIES MANAGEMENT UNIT			
Classification:	G2G			
Type of Transaction:	Highly Technical			
Who may avail:	MMWGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Drawing Request Form Two (2) original copy		Engineering and Facilities Management Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the filled-up Drawing Request Form	1.1 Receive and check the request form if it is properly accomplished.	None	5 Minutes	Administrative Assistant II - EFMU
	1.2 Review and approval of the request	None	30 Minutes	EFMU representative, EFMU Head, Chief Administrative Officer
	1.3 Inform the requester about the approved Drawing Requests Form	None	10 Minutes	Administrative Officer I - EFMU
2. Coordinate and discuss the expected drawing output and purpose.	2.1 Prepare the Drawing Request with close coordination to the requestee.	None	18 Working Days	Administrative Officer I - EFMU



	2.2 Once finalized, print and sign the requested drawing (2 copies)	None	10 Minutes (Depending on the availability of the signatory)	Administrative Officer I & Engineer IV - EFMU
3. Review and sign the drawing form	3.1 Receive the signed drawing.	None	30 Minutes (Depending on the availability of the signatory)	Administrative Officer I - EFMU
	3.2 Forward the Drawing Request to the Office of the Chief Administrative Officer for recommending approval.	None	8 hours (Depending on the availability of the signatory)	Chief Administrative Officer - OCAO
	3.3 After the recommending approval, advise the requester that the architectural drawing is ready for pickup.			Administrative Officer I - EFMU
4. Claim the approved Drawing Request	4.1 Hand the approved drawing (original) to the client and ask for acknowledgement on the receiving copy.	None	15 Minutes	Administrative Officer I - EFMU
TOTAL PROCESSING TIME			19 days, 1 hour and 40 minutes	



5. REQUEST FOR TRANSPORTATION

To provide transportation services for patients and personnel for their official travel.

Office or Division:	HOPSS / Transportation Management Unit			
Classification:	Simple			
Type of Transaction:	G2G Government to Government			
Who may avail:	MMWGH Employee/Stakeholder and Service User.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Approved Request for Transportation Three(3) Original Copy NOTE: INCOMPLETENESS OF FORM SHALL NOT BE ACCEPTED		MMWGH -Transportation Management Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1 Confirm the availability of Transportation Management Unit by providing complete details of travel	1.1 Check for the availability of hospital vehicles and the details of travel 1.2 If hospital vehicle is available, advise to accomplish "Request for Transportation Form" (MMH-TMU-04-01-00)	None	10 minutes	Administrative Assistant III and Administrative Aide VI- Transportation Management Unit
2. To accomplish a three (3) copies of "Request for	1.1 Review the completeness of form before signing of the	None	2hours	Administrative Assistant I and Administrative



<p>Transportation Form” (MMWH-TMU-04-01-00) and shall be forwarded to the Office of the Chief Administrative Officer for the approval of the request</p> <p>Ensure that Request for Transportation is noted by the Division Head or any authorized signatory in absence of the Division Head</p>	<p>Chief Administrative Officer</p>			<p>Assistant III-Office of the Chief Administrative Officer (OCAO)</p> <p>Chief Administrative Officer- OCAO</p>
<p>3. Awaits further updates from the regarding the status of the request</p>	<p>DISAPPROVED REQUEST FOR TRANSPORTATION</p> <p>2.1 The Office of the Chief Administrative Officer Secretaries will inform the requesting unit/staff regarding the disapproved request</p> <p>APPROVED REQUEST FOR TRANSPORTATION</p> <p>2.2 Approve Request for Transportation form will be forwarded to the following units:</p>	<p>None</p> <p>None</p>	<p>10mins</p> <p>10mins</p>	<p>Administrative Assistant I and Administrative Assistant III - OCAO</p> <p>Administrative Assistant I and Administrative Assistant III- OCAO</p>



	<ul style="list-style-type: none"> One (1) Copy for the Transportation Management Unit for the creation of the Trip Ticket Two (2) copies for the Human Resource and Management Unit for travels conducted beyond Mariveles Two (2) copies will remain at Office of the Chief Administrative Officer in case travels conducted around Mariveles to facilitate the Billing of the Patient/s 	None	3mins-5mins	Administrative Assistant III and Administrative Aide VI - Transportation Management Unit
		None	5mins-2hrs	
	<p>AVAILABILITY OF THE HOSPITAL VEHICLE</p> <p>2.4 The trip Ticket will be forwarded to the Office of the Chief Administrative Officer along with:</p> <ul style="list-style-type: none"> Fuel, Oil and Lubricants Order (MMH-TMU-04-03-00) A copy of the approved Request for transportation 	None	5mins-10mins	Chief Administrative Officer- OCAO Administrative Assistant I and Administrative Assistant III - OCAO



<p>3. To accomplished the Sarbey sa Paglilingkod Form (MMH-TMU-04-01-00)</p>	<ul style="list-style-type: none"> Sarbey sa Paglilingkod Form (MMH-TMU-04-01-00) (to be accomplished by the client) <p>2.5 Approved Trip Ticket will be forwarded to the Transportation Management Unit</p> <p>3.1 The accomplished survey form will be collected for tabulation and reporting purposes</p>	<p>None</p>	<p>3mins-5mins</p>	<p>Administrative Assistant III, Administrative Assistant II, Administrative Aide V Administrative Aide VI - Transportation Management Unit</p>
<p>TOTAL PROCESSING TIME</p>		<p>None</p>	<p>23 minutes</p>	



HUMAN RESOURCE MANAGEMENT UNIT

1. REQUEST FOR ISSUANCE OF CERTIFICATE OF EMPLOYMENT

This certificate is issued to a requesting client relative to their services rendered as an employee of Mariveles Mental Wellness and General Hospital.

Office or Division:	Human Resource Management Unit			
Classification:	Simple			
Type of Transaction:	Government to Citizen			
Who may avail:	All active and inactive human resource			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Principal: Government-issued IDs One (1) photocopy Official receipt (if applicable) One (1) original copy		GSIS UMID, SSS, any government-issued ID MMWGH - Cashier		
Authorized representative: Proof of Identification of the principal and authorized representative Authorization letter One(1) original copy Official receipt (if applicable) One (1) original copy		Any Government-issued IDs Requesting party (principal) MMWGH - Cashier		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Scan the QR Code or visit the website provided and will be directed to the link for Request of COE and Service Record.	1. Entertain client's request and advice to scan the QR Code or provide the link.	None	2 minutes	Administrative Assistant I Human Resource Management Unit - Records Section (HRMU-RS)



	1.1 Check if the request is fully accomplished on the google sheet then send the link for the checking of status of their request and the code.	None	5 minutes	Administrative Assistant I - HRMU-RS
	1.2 Prepare, verify and print the COE.	None	1 day	Administrative Assistant I - HRMU-RS
	1.3 Review and sign the COE by the designated signing authority.	None	1 day	Administrative Officer II/ Administrative Officer III HRMU-RS Supervising Administrative Officer HRMU and Chief Administrative Officer
2. Once the request is tag as "For Issuance", return on the scheduled date and claim the COE	2. Release the signed COE	None	2 minutes	Administrative Assistant I HRMU-RS
2.1 Sign Receiving Copy of the COE	2.1 Photocopy the COE and have the receiving copy signed by the employee.	None	2 minutes	Administrative Assistant I HRMU-RS
	TOTAL:		2 days and 11 minutes	



2. ISSUANCE OF HOSPITAL PERSONNEL ORDER

Mariveles Mental Wellness and General Hospital Form MMH-HOP-04-74-01 is used to authorize personnel travel outside hospital premises / attend activity / designation or additional assignment / reconstitution of committee.

Office or Division:	Human Resource Management Unit			
Classification:	G2G			
Type of Transaction:	Simple			
Who may avail:	MMWGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form for Issuance of Hospital Personnel Order (HPO) One(1) original copy		Human Resource Management Unit (HRMU) -		
Approved Learning and Development Request Form One (1) photocopy		Professional Education Training and Research Unit (PETRU)		
Nomination Form One (1) photocopy		Professional Education Training and Research Unit (PETRU)		
Approved Facilitator Request Form One (1) original copy		Professional Education Training and Research Unit (PETRU)		
Letter /Excerpts of the Minutes of the Meeting for designation /Re-assignment / Reconstitution One (1) photocopy		Management Committee Secretariat -		
Request for Transportation One (1) original copy		Engineering and Facilities Management Unit (EFMU)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the required documents for issuance of Hospital Personnel Order to HRMU(<i>Must be submitted within five</i>	1.1 Receive and check the request form if it is properly accomplished	None	10 minutes	Administrative Assistant II Human Resource Management Unit



(5) working days prior to the date of activity / travel)	1.2 Prepare the HPO	None	6 Hours	Administrative Assistant II / Human Resource Management Unit
	1.3 Forward the HPO (Official Travel, training, workshop, meeting, seminar, convention, and other LDIs) to Supervising Administrative Officer and Chief Administrative Officer for review and approval	None	6 Hours (Depending on the availability of the signatory)	Supervising Administrative Officer HRMU / Chief Administrative Officer OCAO
	1.4 Forward the HPO (Reconstitution, Designation, and Cash Advance) to Medical Center Chief for approval	None	4 Hours (Depending on the availability of the signatory)	Administrative Assistant II Human Resource Management Unit / Office of the Medical Center Chief
	1.5 Return the approved HPO to HRMU	None	10 Minutes	Administrative Assistant III/ Office of the Medical Center Chief



	1.6 Inform the employee about the availability of approved HPO	None	30 Minutes	Administrative Assistant II / Human Resource Management Unit
2. Claim the approved HPO <i>*Ensure that Annex A was signed by the authorized Personnel she / he transacted. If not, Certificate of Appearance issued by the concerned office may be attached in lieu of the Annex A Part I. Fill-up all the necessary information for Annex A Part II</i>	2.1 Log and forward the HPO to the employee	None	6 Hours	Administrative Assistant II / Human Resource Management Unit
	2.2 If the concerned is the whole workforce, various units or majority of the human resource, forward it to the Service Secretaries	None	45 Minutes	Administrative Assistant II / Human Resource Management Unit
3. Return the original HPO together with the required photocopies of it to HRMU	3.1 Receive and check the HPO if it is properly filled-up	None	15 Minutes	Administrative Assistant II / Human Resource Management Unit
TOTAL PROCESSING TIME			2 Days, 7 hours and 50 Minutes	



3. ISSUANCE OF SERVICE RECORD

A service record is issued to clients relative to their services as an employee of the Mariveles Mental Wellness and General Hospital.

Office or Division:	Human Resource Management Unit			
Classification:	Simple			
Type of Transaction:	Government to Citizen			
Who may avail:	All active and inactive human resource of the hospital			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Principal: Proof of Identification <i>(shall be presented upon claiming of Service Record)</i> One (1) original copy		Any Valid Government-issued IDs		
Authorized representative: Proof of Identification of the principal and authorized representative; and Two (2) original copy Authorization letter <i>(Item 1 and 2 shall be submitted upon claiming of Service Record)</i>		Any Valid Government-issued IDs of requesting party (principal) and its authorized representative Requesting party (principal)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out the logbook "Issuance of Document" for the request of Service Record	1.1 Entertain client's request and advice to Log in the Service Record Logbook	None	2 minutes	Administrative Officer/ Human Resource Management Unit (AO/HRMU)
	1.2 Receive the filled out form in the log book for the request of Service Record and advise the	None	1 minutes	Administrative Officer/ Human Resource Management



	schedule of release of the Service Record			Unit (AO/HRMU)
	1.3 Reconcile Service Records from old files 1.3.1. For active human resource 1.3.2. For inactive human resource	None	30 minutes 1 day	Administrative Officer/ Human Resource Management Unit
	1.4 Update and encode of Service Record	None	2 hours	Administrative Officer/ Human Resource Management Unit
	1.5 Print the Service Record and initial upon review	None	2 minutes	Administrative Officer/ Human Resource Management Unit
	1.6 Review and sign the Service Record	None	1 day	Supervising Administrative Officer/ Human Resource Management Unit Chief Administrative Officer/ Office of the Chief Administrative Officer
2. Return on the scheduled date and claim the requested Service Record	2.1 Prepare to release the signed Service Record	None	2 minutes	Administrative Officer/ Human Resource Management Unit



3. Received the Service Record by affixing the claimant's name and signature on the Issuance of Document Logbook	3.1 Assist the claimant in filling-out the logbook and released once process is completed	None	2 minutes	Administrative Officer/ Human Resource Management Unit
	TOTAL		2 days, 2 hours and 39 minutes	



<ul style="list-style-type: none"> Notarized Affidavit of Undertaking - (if vacation will be spent abroad and or for 30 days or more leave of absences) One (1) original copy Notarized Affidavit of Guarantee: employee with outstanding loan - (if vacation will be spent abroad and or for 30 days or more leave of absences) One (1) original copy 	HRMU Office
Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <ul style="list-style-type: none"> Work schedule (leave must be plotted on schedule) One (1) Original copy 	Designated Office
Parental Leave for Solo Parent (RA No. 8972 / CSC MC No. 8, s. 2004) <ul style="list-style-type: none"> Solo Parent ID One (1) certified true Copy Birth Certificate of child One (1) original/photocopy Medical Certificate (if child/children is sick) One (1) original/photocopy 	Municipal/City/Social Welfare Office Registrar's Office / PSA Office Attending Physician
Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended) <ul style="list-style-type: none"> Marriage contract One (1) certified true Copy Birth Certificate of the newly born child One (1) original/photocopy Medical certificate with pathological reports in case of miscarriage of spouse One (1) original/photocopy 	Registrar's Office / PSA Office Attending Physician



<p>Special Leave Benefits for Women (RA No. 9710/ CSC MC No. 25, s. 2010)</p> <p>One (1) original/photocopy of the following report:</p> <ol style="list-style-type: none"> 1. Medical Certificate (reflecting the estimated period of recuperation) 2. Clinical Summary (reflecting gynecological disorder) 3. His-pathological report 4. Operative Technique used surgery 5. Duration of Surgery <ul style="list-style-type: none"> • Fit to Work (upon return to work) One (1) original/photocopy • CS Form No.7 s. 2018 Clearance Form (for 30 days or more leave of absences) Four (4) original copies 	<p>Attending Physician</p> <p>HRMU Office</p>
<p>Expanded Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)</p> <ul style="list-style-type: none"> • Medical Certificate (with estimated date of delivery) One (1) original/photocopy • Fit to Work (upon return to work) One (1) original/photocopy • CS Form No.7 s. 2018 Clearance Form Four (4) original copies • Letter of intent for Maternity Leave One (1) original copy • Letter of Extension of Maternity Leave (for live child birth and employee(s) who requested for an extension) One (1) original copy 	<p>Attending Physician</p> <p>HRMU Office</p> <p>Employee</p>



<ul style="list-style-type: none"> Letter of allocation to child's father or Alternative Caregiver (for live child birth and who requested for allocation) One (1) original copy CS Form No. 6a s.2020 (Notice of Allocation of Maternity Leave) One (1) original copy Notarized Affidavit of undertakings and computation of Loan and TLB (if applicable) One (1) original copy 	HRMU Office
Rehabilitation Leave (Joint Circular No. 01 S. 2006-CSC & DBM) Job-related injuries incurred in the performance of duty (upto 6 months) <ul style="list-style-type: none"> Letter of Absence due to Accident One (1) original copy Police Report/Incident Report One (1) original copy Medical Certificate One (1) original/photocopy CS Form No.7 s. 2018 Clearance Form (for 30 days or more leave of absences) Four (4) original copies 	Employee Police Report/Incident Report Attending Government Physician HRMU Office
Ten-Day Leave Under R.A. 9262 (Anti-Violence Against Women and Their Children Act of 2004) <ul style="list-style-type: none"> Barangay Protection Order One (1) original/photocopy Temporary / Permanent Protection Order from the court One (1) original/photocopy Certification that BPO, TPO, PPO has been filed One (1) original/photocopy 	Barangay Hall/Office Supreme Court Barangay Hall/Office and Supreme Court



<ul style="list-style-type: none"> Police Report One (1) original/photocopy Medical Certificate (may be considered upon discretion of supervisor) One (1) original/photocopy 	<p>Philippine National Police</p> <p>Attending Physician</p>
Study Leave (CSC MC No. 21 S. 2004) <ul style="list-style-type: none"> Letter requesting for Study Leave One (1) original copy Contract between the head of office and Employee Six (6) original notarized copy CS Form No.7 s. 2018 Clearance Form (for 30 days or more leave of absences) Four (4) original copies 	<p>Employee</p> <p>HRMU Office</p> <p>HRMU Office</p>
Adoption Leave (R.A. No. 8552) <ul style="list-style-type: none"> Pre-Adoptive Placement Authority One (1) authenticated copy The Decree of Adoption One (1) authenticated copy 	<p>DSWD</p> <p>Proper Court</p>
Special Emergency Leave Affected by Natural Calamities/Disasters (CSC Resolution 1200289 dated February 8, 2012) <ul style="list-style-type: none"> Certification from the Municipal/City/Barangay Office that the current area of residence is declared under state of calamity One (1) original/photocopy Other proofs as may be necessary (ex. picture) One (1) original/photocopy 	<p>Barangay Hall/Office</p> <p>Employee</p>
Special Leave Privilege <ul style="list-style-type: none"> No requirement(s) Can be availed for the following situations: <ol style="list-style-type: none"> Personal milestones 	<p>Employee</p>



2. Parental obligations 3. Filial obligations 4. Domestic emergencies 5. Personal transactions 6. Calamity, accident, hospitalization	
---	--

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit documentary requirements and apply for leave of absence thru: formal letter and or via google link : https://docs.google.com/forms/d/e/1FAIpQLSfolql8Cylh-Y1mUofxSY3dmV-Hs3Btr1ZWWSkaenjJaW3w/viewform	1.1 Check all the incoming requests through the Google link and the incoming letter request for the processing of the leave application. Verify if the employee's requirement is complete and if the employee is eligible to avail the leave.	None	10 minutes	Administrative Assistant II HRMU-Leave Administration
a. SICK LEAVE May file upon return ; in advance provided that the employee has his/her medical certificate. b. VACATION LEAVE must be applied 5 days before whenever possible c. FORCED LEAVE Must be plotted on work schedule and must be applied 5 days before whenever possible but must be applied before availment of such leave. d. PARENTAL LEAVE TO SOLO PARENT Submit application at least 1 week prior to its availment, except on emergency cases	1.2 Once verified, process leave applications and update employee leave records. All Leave applications received until 3:00 PM will be processed on the day of request. Any submissions received after 3:00 PM will be processed on the next working day unless classified as urgent.	None	20 minutes (per employee's request only)	Administrative Assistant II HRMU-Leave Administration



<p>e. PATERNITY LEAVE Filing of application for paternity leave within reasonable period, e.g. One (1) week, prior to the expected delivery, except in cases of miscarriage or abnormal deliveries</p>	<p>PREPARE THE FOLLOWING DOCUMENTS BASE ON TYPE OF LEAVE APPLICATION</p> <p>FOR LEAVE APPLICATION FOR TRAVEL ABROAD AND LEAVE FOR ONE (1) MONTH AND BEYOND. *Prepare clearance form (clearance from money, property and legal accountability) in four (4) copies *Prepare affidavit of undertakings and computation of remaining leave credits and outstanding loan (if applicable).</p>	None	20 minutes	Administrative Assistant II HRMU-Leave Administration HRMU-Leave Administration
<p>f. SPECIAL LEAVE BENEFITS FOR WOMEN May be applied for in advance, at least 5 days prior to the scheduled date of the gynecological surgery; or immediately upon the employee's return from such leave.</p>		None	20 minutes	Administrative Officer IV HRMU-Leave Administration HRMU-Payroll Officer
<p>g. EXPANDED MATERNITY LEAVE The female employee shall give prior notice to the authorized officer of her agency of her pregnancy and her availment of maternity leave at least thirty (30) days in advance, whenever possible, specifying the effectivity of the leave.</p>	<p>PREPARE AUTHORITY TO TRAVEL ABROAD DOCUMENTS IN TWO (2) COPIES.</p> <p>IF FOR STUDY LEAVE APPLICATION Prepare a service contract between the head of office and employee.</p>	None	15 minutes	Administrative Assistant II HRMU-Leave Administration
<p>h. REHABILITATION LEAVE Application should be made within 1 week from the time of the accident, except when a longer period is warranted.</p>		None	10 minutes	Administrative Officer III / HRMU-Learning and Development
<p>i. TEN-DAY LEAVE UNDER RA 9262 Application for leave shall be filed, whenever practicable, before the actual leave of absence or immediately upon the woman employee's return from such leave.</p> <p>j. STUDY LEAVE apply for study leave in advance of the intended start date of your studies, ideally several months before the start of a semester or academic</p>				



<p>term to allow sufficient time for processing and approval by your agency, which includes gathering required documents and getting necessary endorsements from your superiors.</p> <p>k. ADOPTION LEAVE Application for adoption leave shall be filed using CS Form 6 (Revised 2020) and accompanied by authenticated copy of Pre-Adoptive Placement Authority issued by the DSWD if the leave will be availed of before the grant of petition for adoption. If adoption leave is availed after the grant of the petition for adoption, the application for leave shall be accompanied by authenticated copies of the Decree of Adoption issued by the proper court</p> <p>i. SPECIAL EMERGENCY LEAVE Can be applied for 5 straight working days or on staggered basis and not deducted from the employee's leave credits. And apply within 30 days from the first day of the calamity declaration.</p> <p>m. SPECIAL LEAVE PRIVILEGE must be applied 1 week prior to its availment except on emergency case(s).</p>	<p>1.3 After preparation of documents. Print leave application form and will be reviewed by two (2) leave administrative staff before issuance to the employee.</p>	None	10 minutes (per employee's request)	Administrative Assistant II HRMU-Leave Administration
	<p>1.4 Instruct the client/employee to have the signatories on the leave application form by their respective unit head and/or division head for approval</p>	None	2 minutes	Administrative Assistant II HRMU-Leave Administration



2. Accomplish the required signatories on the leave application and attach any necessary documents, if applicable.	<p>2.1 Sign the leave application form and recommend for approval</p> <p>Unit head/Supervisor Division head</p> <p>FOR LEAVE APPLICATIONS WITH 30 WORKING DAYS AND BEYOND Head of the agency shall be the approving authority.</p>	None	2 working days	<p>Supervising Administrative Officer</p> <p>Administrative Officers,</p> <p>Chief Administrative Officer</p> <p>Nurse III, Nurse VI</p> <p>Medical Officer IV,</p> <p>Medical Center Chief</p> <p>FINANCE/AHPS/HO PSS/OMCC/MEDICAL/NURSING DIVISION</p>
3. Return properly accomplished leave application to Human Resource Management Unit (HRMU).	3.1 Received the properly accomplished Leave Application Form, stamp date of receipt and received in the logbook.	None	1 hour- (Depends on the number of leave application)	Administrative Assistant II HRMU-Leave Administration
TOTAL PROCESSING TIME			2 days, 2 hours and 37 minutes	



5. SUBMISSION OF JOB APPLICATION

This service covers the processing of submitted job applications for posted/published vacant positions.

Office or Division:	Human Resource Management Unit
Classification:	Highly Technical
Type of Transaction:	G2C
Who may avail:	Interested Applicants
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Letter of Intent One (1) Original Copy	Applicant
Updated Personal Data Sheet (PDS) & Work Experience Sheet One (1) Original Copy	Downloaded at www.csc.gov.ph (CSC Website)
Diploma One (1) Photocopy	Registrar's Office of issuing school
Transcript of Records (if applicable) One (1) Photocopy	Registrar's Office of issuing school
For positions requiring practice of profession or are covered by Bar/Board and special laws: Valid Professional Regulations Commission (PRC) or Supreme Court (SC) License One (1) Photocopy	Professional Regulations Commission (PRC) or Supreme Court (SC) License Issuing Office
For positions requiring Civil Service (CS) Eligibility One (1) Photocopy	Civil Service Commission
For positions requiring other license: • Driver – Professional Driver's License • CS Eligibility pursuant to:	Department of Transportation- Land Transportation Office Issuing Office CS Eligibility: Civil Service Commission Region where eligibility was obtained;



CS MC No. 11, s. 1996, for skilled workers like plumber, carpenter etc., if any One (1) Photocopy				
Certificate of Trainings and Seminars attended (if any) One (1) Photocopy		Issuing company/agency/service provider		
Certificate of Employment/Service Record (if any) One (1) Photocopy		Issuing company/agency		
TESDA NC II (if applicable) One (1) Photocopy		TESDA		
For Promotion/Transfer Performance Evaluation (IPCR) with a rating of Very Satisfactory for the last rating period One (1) Photocopy		Current Government Employment		
For Doctors: Certificate of Residency/ Diplomate/Fellow (if applicable) One (1) Photocopy		From the hospital you graduated from residency /diplomate /fellowship training		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits on or before deadline the application requirements	1.1 Acknowledges receipt of application.	None	10 Mins	Administrative Assistant III / Administrative Officer II / Human Resource Management Unit
	1.2 If complete requirements, the HR Staff shall give a	None	10 Mins	Administrative Assistant III / Administrative Officer II / Human Resource



	Receipt of Application	None	3 Working Days	Management Unit
	1.3 If incomplete requirements: return the application and advise the applicant to secure lacking requirements until publication period.			Administrative Assistant III / Administrative Officer II / Administrative Officer V / Human Resource Management Unit
	1.4 Encoding, conducts of document review and prepare summary of prequalified applicants			Administrative Assistant III / Administrative Officer II / Administrative Officer V / Human Resource Management Unit
	1.5 Release Notice of Schedule of Written Examination and notify qualified candidates.		2 Working Days	Administrative Assistant III / Administrative Officer II / Administrative Officer V / Human Resource Management Unit



2. Attend the scheduled pre-qualifying exam	2.1 Conduct the pre-qualifying exam.	None	2 Hours	Administrative Officer II / Human Resource Management Unit
	2.2 Review and prepare exam results 2.3 Notify the applicant/s regarding the result of pre-qualifying exam	None	3 Working Days after the receipt of checked exam 2 Working Days after the approved official exam result	Administrative Officer II / Administrative Officer V / Human Resource Management Unit
3. Attend the HRMPSB / HRMU Interview based on set schedule	3.1 Conduct the HRMPSB / HRMU Interview 3.2 Conduct Character Investigation	None None	4 Hours 3 Working Days	Administrative Officer IV / Human Resource Management Unit, HRMPSB Member, Medical Center Chief II Administrative Assistant III / Administrative Officer II
	3.3 Consolidate the applicant's	None	3 Working Days after the receipt of	Administrative Officer IV / Human



	rating using Comparative Assessment Report		complete HRMPSB Assessment Form	Resource Management Unit, HRMPSB Member, Medical Center Chief II
	3.4 Release of Memorandum of Successful Applicant/s / Recommendation Letter	None	2 Working Days once Comparative Assessment Report and HRMPSB Board Resolution are approved	Supervising Administrative Officer / Human Resource Management Unit, HRMPSB Chairperson, Medical Center Chief II
	3.5 Notify the applicant/s regarding the result of their job application		1 Working day after the release of Memorandum of Successful Applicant/s	Administrative Officer II / Human Resource Management Unit
TOTAL PROCESSING TIME per Position			19 working days, 6 hours and 20 minutes.	



6. PREPARATION OF CONTRACT

This service covers the preparation of Contract for successful applicant/s.

Office or Division:	Human Resource Management Unit		
Classification:	Highly Technical		
Type of Transaction:	Government to Citizens - G2C		
Who may avail:	Successful Applicant/s		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Personal Data Sheet (PDS) & Work Experience Sheet Two (2) Original Copies		Downloaded at www.csc.gov.ph (CSC Website)	
Diploma One (1) Copy, Certified True Copy		Registrar’s Office of issuing school	
Transcript of Records One (1) Copy, Certified True Copy		Registrar’s Office of issuing school	
For positions requiring practice of profession or are covered by Bar/Board and special laws: Valid Professional Regulations Commission (PRC) or Supreme Court (SC) License One (1) Copy, Certified True Copy		Professional Regulations Commission (PRC) or Supreme Court (SC) License Issuing Office	
For positions requiring Civil Service (CS) Eligibility One (1) Copy, Certified True Copy		Civil Service Commission	



<p>For positions requiring other license:</p> <ul style="list-style-type: none"> • Driver – Professional Driver's License • CS Eligibility pursuant to: CS MC No. 11, s. 1996, for skilled workers like plumber, carpenter etc., if any <p>One (1) Copy, Certified True Copy</p>	<p>Department of Transportation- Land Transportation Office Issuing Office</p> <p>CS Eligibility: Civil Service Commission Region where eligibility was obtained;</p>
<p>Employment and Training Certificates (for position/s requiring relevant work experience and training/s based on CSC qualification standard)</p> <p>One (1) Photocopy</p>	<p>From the agency where you were previously employed / From the agency that facilitated the training</p>
<p>Medical Certificate indicating "Fit to Work"</p> <p>One (1) Original Copy</p>	<p>Shall be issued by the designated Medical Officer of the e.g. DOH-CO Health and Wellness Center (HWC)</p>
<p>Urinalysis</p> <p>One (1) Photocopy</p>	
<p>Hematology</p> <p>One (1) Photocopy</p>	
<p>Drug Test</p> <p>One (1) Photocopy</p>	
<p>X-ray Result</p> <p>One (1) Photocopy</p>	
<p>Neuro-Psychiatric Screening Result</p> <p>One (1) Original Copy</p>	<p>MMWGH -Psychology Services Unit</p>
<p>NBI / Police Clearance</p> <p>One (1) Original Copy</p>	<p>National Bureau of Investigation / Philippine National Police</p>
<p>ID Application Form</p> <p>One (1) Original Copy</p>	<p>Mariveles Mental Wellness and General Hospital</p>



Landbank Deposit Slip and Front Copy of ATM Card Three (3) Photocopies	Landbank of the Philippines
BIR Form 1901 (Version 2024) Two (2) Original Copies	Bureau of Internal Revenue
Government Issued ID with Name, Address and Birth Date of the applicant (In case the ID has no address, provide any proof of residence) Two (2) Photocopies	From the Government Agency who issued the ID / Proof of Residence
Notarized Annex B2 One (1) Original Copy with affixed Documentary Stamp and One (1) Photocopy	Bureau of Internal Revenue
Notarized Annex B1 (for self-employed or engaged in the practice of profession with several income) One (1) Original Copy with affixed Documentary Stamp and One (1) Photocopy	Bureau of Internal Revenue
BIR Form 2316 (if with previous employment as regular/permanent within the same year) One (1) Original Copy	Bureau of Internal Revenue
If already registered as Job Order / Contract of Service with BIR	
BIR Form 1901 used in Registration One (1) Photocopy	Bureau of Internal Revenue
Annex B2 or B1 from Previous Agency for the year One (1) Photocopy	Bureau of Internal Revenue



Notarized Annex B2 or B1 for self-employed or engaged in the practice of profession with several income) One (1) Original Copy with affixed Documentary Stamp and One (1) Photocopy		Bureau of Internal Revenue		
BIR Form 2307 (if with Job Order / Contract of Service employment within the same year. One (1) Original Copy		Bureau of Internal Revenue		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Attend Pre-employment meeting	Conduct pre-employment meeting Explain the details of the Requirements	None	1 Hour and 30 Minutes	Administrative Assistant III / Administrative Officer II / Administrative Officer V - Human Resource Management Unit
2. Completion of Requirements	Follow-up the successful applicant/s on their Requirements	None	2 Working Days	Administrative Officer II - Human Resource Management Unit



3. Take Neuro-Psychiatric Screening	Prepare Referral Slip and advise the successful applicant to secure Neuro Psychiatric Screening	Php 1671.00	1 Working Day	Administrative Officer II - Human Resource Management Unit
4. Submit a complete list of requirements for preparation of contract.	Receive the documents and review for correctness and completeness of requirements.	None	30 Minutes	Administrative Assistant III / Administrative Officer II - Human Resource Management Unit
	Preparation of Contract	None	3 Working Days after the receipt of complete documents.	Administrative Assistant III
	Review the draft contract	None	3 Working Days	Administrative Officer V- Human Resource Management Unit



	Sign and Approve the contract.	None	1 Working Day	Supervising Administrative Officer -HRMU
			1 Working Day	Administrative Officer IV – Budget Unit
			1 Working Day	Accountant IV – Accounting Unit
			1 Working days	Chief Administrative Officer – Finance Service
			1 Working Day	Attorney IV- Legal Unit
			1 Working Day	Chief Administrative Officer – HOPSS
			2 Working Days	Medical Center Chief II- OMCC
5. Assumption to Duty	Notify the successful applicant on his/her schedule of assumption to duty	None	1 Working Day	Administrative Officer II- Human Resource Management Unit
TOTAL PROCESSING FEES and TIME per Position			18 working days, 2 hours	



7. PREPARATION OF APPOINTMENT

This service covers the preparation of Appointment for successful applicant/s.

Office or Division:	Human Resource Management Unit
Classification:	Highly Technical
Type of Transaction:	Government to Citizens - G2C
Who may avail:	Successful Applicant/s
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Personal Data Sheet (PDS) & Work Experience Sheet Two (2) Original Copies	Downloaded at www.csc.gov.ph (CSC Website)
Medical Certificate Two (2) Original Copies	Shall be accomplished by a licensed government physician
Urinalysis One(1) Original & Two(2) photocopies	
Hematology One (1) Original & Two (2) photocopies	
Drug Test One (1) Original & Two (2) photocopies	
X-ray Result One (1) Original & Two (2) photocopies	
Neuro-Psychiatric Screening Result One (1) Original Copy	MMWGH -Psychology Unit
NBI Clearance Two (2) Original copies	National Bureau of Investigation
Diploma Two(2) copies Certified True Copy	Registrar's Office of issuing school
Transcript of Records Two(2)copies, Certified True Copy	Registrar's Office of issuing school
PRC Certification & Board Rating Two (2) copies, Certified True Copy	Professional Regulatory Commission
For positions requiring practice of profession or are covered by Bar/Board and special laws: Valid Professional Regulations Commission (PRC) or Supreme Court (SC) License	Professional Regulations Commission (PRC) or Supreme Court (SC) License Issuing Office



(2) copies, Certified True Copy				
For positions requiring Civil Service (CS) Eligibility (2) copies, Certified True Copy		Civil Service Commission		
For positions requiring other license: <ul style="list-style-type: none"> • Driver – Professional Driver's License • CS Eligibility pursuant to: CS MC No. 11, s. 1996, for skilled workers like plumber, carpenter etc., if any (2) copies, Certified True Copy		Department of Transportation- Land Transportation Office Issuing Office CS Eligibility: Civil Service Commission Region where eligibility was obtained;		
PSA Birth Certificate/ Marriage Contract/Children's Birth Certificate One(1) original & 2 photo copy		Philippine Statistics Authority		
Documentary Stamp Two(2) pieces		Bureau of Internal Revenue or Post Office		
For Doctors: of Residency Training Certificate or Diplomate /Fellowship Certificate (if applicable) Two (2) Certified True Copies		From the hospital you graduated from residency /diplomate /fellowship training		
For Promotion/Transfer Performance Evaluation (IPCR) with a rating of Very Satisfactory for the last rating period Two (2) Certified True Copies		Current Government Employment		
Clearance from last employment- One(1) Certified True Copy)		From the previous employment		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



1. Attend Pre-employment meeting	Conduct pre-employment meeting Explain the details of the Appointment Requirements	None	1 Hour and 30 Minutes	Administrative Assistant III / Administrative Officer II / Administrative Officer V - Human Resource Management Unit
2. Completion of Appointment Requirements	Follow-up the successful applicant/s on their Appointment Requirements	None	2 Working Days	Administrative Officer II - Human Resource Management Unit
3. Take Neuro-Psychiatric Screening	Prepare Referral Slip and advise the successful applicant to secure Neuro Psychiatric Screening	Php 1671.00	1 Working Day	Administrative Officer II - Human Resource Management Unit
4. Submit a complete list of requirements for preparation of appointment.	Receive the documents and review for correctness and completeness of requirements.	None	30 Minutes	Administrative Assistant III / Administrative Officer II - Human Resource Management Unit



	Preparation of Appointment	None	3 Working Days after the receipt of complete documents.	Administrative Assistant III
	Review the draft appointment	None	3 Working Days	Administrative Officer V- Human Resource Management Unit
	Sign and Approve the Appointment papers.	None	7 Working days	Supervising Administrative Officer - HRMU HRMPSB Chairperson/CAO Medical Center Chief II- OMCC
5. Assumption to Duty	Notify the successful applicant on his/her schedule of assumption to duty	None	1 Working day	Administrative Officer II- Human Resource Management Unit
TOTAL PROCESSING FEES and TIME per Position			17 working days, 2 hours	



8. HANDLING OF COMPLAINTS THROUGH GRIEVANCE COMMITTEE

This service covers the handling of work-related issues giving rise to employee dissatisfaction which has been expressed verbally or in writing and which in the aggrieved employee's opinion has been ignored or dropped without consideration.

Office or Division:	Human Resource Management Unit			
Classification:	Highly Technical			
Type of Transaction:	G2C			
Who may avail:	MMWGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Grievance Form 1 One (1) Original Copy		Human Resource Management Unit (HRMU)		
Grievance Form 2 One (1) Original Copy		Human Resource Management Unit (HRMU)		
Grievance Form 3 One (1) Original Copy		Human Resource Management Unit (HRMU)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a grievance letter regarding the complaint.	1.1 Receive the grievance letter for review.	None	5 Mins – 10 Mins	Aggrieved party / Human Resource Management Unit / Grievance Committee Secretariat



	1.2 Upon review, the Grievance Committee Secretariat shall issue Grievance Form 1 to be filled-out by the Aggrieved Party	None	5 Mins – 10 Mins	Human Resource Management Unit / Grievance Committee Secretariat
	1.3 The grievance matter shall be discussed with the immediate supervisor in order to resolve the matter within the unit.	None	Three (3) working days upon receipt of grievance	Aggrieved Party / Immediate Supervisor
	1.4 If resolved, Grievance Form 1 has to be filled-out and signed by the immediate supervisor and the aggrieved party and submit the form to Human Resource Management Unit	None	Three (3) working days upon receipt of grievance	Aggrieved Party / Immediate Supervisor / Human Resource Management Unit



2. If not resolved within the Unit, to submit Grievance Form 2 to appeal to next higher supervisor	2.1 To fill-out the Section A and B of Grievance Form 2 and to be signed by the aggrieved party and the respondent	None	10 – 15 minutes	Aggrieved party / Respondent
	2.2 To hold a group discussion with the aggrieved party and respondent in order to discuss and settle the grievance concern.	None	Five (5) working days upon receipt of Grievance.	Aggrieved party / Respondent / Immediate Supervisor / Next Higher Supervisor
	2.3 If resolved, submit the Grievance Form 2 to the Human Resource Management Unit (HRMU) for review.	None	5 – 10 minutes	Immediate Supervisor / Human Resource Management Unit

	2.4 If not resolved, the grievance matter shall be appealed to the Grievance Committee. The Grievance Committee shall convene a discussion with all parties involved.	None	Fifteen (15) working days upon receipt of Grievance	Grievance Committee / Aggrieved Party / Respondent / Immediate Supervisor / Next Higher Supervisor
3. If the grievance concern was not resolved by the Grievance Committee	3.1 To appeal to Top Management	None	Ten (10) working days upon receipt of grievance	Top Management / Human Resource Management Unit / Grievance Committee
4. If the grievance concern was not resolved by the Top Management	4.1 To appeal to Civil Service Commission – Regional Office	None	Appeal may be done by the aggrieved party fifteen (15) working days upon receipt of decision.	Aggrieved Party / Grievance Committee
TOTAL PROCESSING TIME			If resolved within the Unit - 6 working days and 20 mins If not resolved within the Service - 20 working days and 25 mins	



	If not resolved within the Grievance Committee - 10 working days If not resolved within the Top Management - working 15 days	
--	---	--



INTEGRATED MANAGEMENT INFORMATION SYSTEM UNIT

1. PROCESS FOR AUDIOVISUAL SERVICES REQUEST

The procedure provides end-users the process for Audiovisual Services.

Office or Division:	HOPSS / Integrated Management Information System Unit			
Classification:	Simple			
Type of Transaction:	G2G Government to Government			
Who may avail:	MMWGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Audiovisual Services Request Form One(1) original copy		Integrated Management Information System Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Request access and log in to the IT Service Request System:</p> <p>On your web browser, visit (for the end users that have no account) 192.168.0.12/register. *Fill in the required details: full name, unit, email address, and any necessary information for your account. *Submit the form to complete your registration and gain access to the IT</p>	<p>1.1 Monitor the IT Service Request System to approve new accounts.</p>	None	2 hours	Administrative Assistant I or Administrative Assistant II / IMISU



Service Request System. *To access the system, visit 192.168.0.12/itservice				
2. Review the calendar in the Audio-visual request system to check the availability of dates.	2.1 check for possible conflict of schedule and subsequent approval or disapproval	None	10 minutes	Computer Maintenance Technologist III / IMISU
3. Create your audiovisual request *Fill in the following details: full name, unit/division, signature, type of audiovisual assistance and/or output requested, the requested date, time and duration of the coverage. Must request assistance at least one (1) week in advance.	3.1 Approve the request.	None	2 hours and 30 minutes	Administrative Assistant II and Computer Maintenance Technologist III / IMISU
	3.2 Provide assistance and/or coverage and/or files to requesting end users.	None	1 working day	Administrative Assistant I - IMIS



4. End users will input the time and date that the request is accomplished and the name and signature of the receiving staff.	4.1 Give the copy of their Audiovisual Services Request Form	None	10 minutes	Administrative Assistant I - IMIS
5. Provide service feedback and satisfaction surveys.	5.1 IMISU staff will forward the duly accomplished request form to the Unit Head for signature.	None	10 minutes	Administrative Assistant I/ Computer Maintenance Technologist III - IMISU
6. Request access and log in to the IT Service Request System: On your web browser, visit 192.168.0.12/register. *Fill in the required details: full name, unit, email address, and any necessary information for your account. *Submit the form to complete your registration and gain access to the IT Service Request System.	6.1 Monitor the IT Service Request System to approve new accounts.	None	15 minutes	Administrative Assistant I or Administrative Assistant II / IMISU



*To access the system, visit 192.168.0.12/itservice				
	TOTAL	NONE	2 days 4 hours 25 minutes	



2. PROCESS FOR DEVICE WHITELISTING

The procedure provides end-users the process for whitelisting of devices.

Office or Division:	HOPSS / Integrated Management Information System Unit			
Classification:	Simple			
Type of Transaction:	G2G Government to Government			
Who may avail:	MMWGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
List of Devices for Whitelisting Form One(1) Original copy		Integrated Management Information System Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ask for a copy of List of Devices for Whitelisting *Identify and fill in the MAC Address, Device Category, Device Name, Device Owner, Requesting Unit, Date of Request, and Requested by.	1.1 Give one (1) copy of List of Devices for Whitelisting	None	1 minute 10 minutes	Administrative Assistant I- IMISU
2. Forward the accomplished form to the immediate supervisor for approval, review and signature. *Forward the list to the division head for approval, review and signature.	2. Sign the accomplish form	None	10 minutes	Unit Head of the Requestor -HOPSS, AHPS, MEDICAL, OCN



3. Duly accomplished form will be forwarded to IMISU staff for encoding.	3.1 Receiving staff must forward the list to IMISU personnel authorized to whitelist devices.	None	10 minutes	Computer Maintenance Technologist III- IMISU
--	---	------	------------	--



	3.2 Authorized IMISU personnel must check the existing whitelist to check for any duplicates or similar devices. If none, IMISU personnel shall whitelist the approved devices.			
	TOTAL	NONE	16 minutes	



3. PROCESS FOR IT SERVICE REQUEST

The procedure provides end-users the process for the IT Service Request Form.

Office or Division:		HOPSS / Integrated Management Information System Unit		
Classification:		Simple		
Type of Transaction:		G2G Government to Government		
Who may avail:		MMWGH Employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
IT Service Request Form One(1) original copy		Integrated Management Information System Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Request troubleshooting assistance from IMISU staff by logging in to the IT Service Request System. *To access the system, visit 192.168.0.12/itservice	1.2 Accept and assess whether the troubleshooting request is a hardware, software, local network, or internet issue.	None	10 minutes	Administrative Assistant I, Computer Maintenance Technologist II - IMISU
2. Fill in the full name, unit/division, request description, signature, and request category.	2.1 Provide basic troubleshooting assistance to requesting staff.	None	30 minutes	Administrative Assistant I, Computer Maintenance Technologist II - IMISU



	<p>2.2 Assess whether the troubleshooting request requires pulling out, parts replacement, software installation, or is unserviceable. If it surpasses basic troubleshooting, units must be pulled out and the necessary additional forms must be accomplished.</p> <p>2.3 FOR SOFTWARE INSTALLATION WITH LICENSE KEYS, IMISU staff must accomplish a software installation report and input the form control number. IMISU staff must input the date and time forwarded, action taken, the date and time finished, if the problem was resolved and whether follow up is necessary.</p>	<p>None</p> <p>None</p>	3 days	Administrative Assistant I, Computer Maintenance Technologist II - IMISU
3. Provide service feedback and satisfaction surveys.	3.1 Provided assistance must forward the form to the unit head for signature.	None	10 minutes	Administrative Assistant I - IMISU
TOTAL		NONE	3 days & 50 minutes	



4. PROCESS FOR IT COMPUTER PROGRAM OR SYSTEM REQUEST

The procedure provides end-users the process for IT Computer Program or System Request.

Office or Division:	HOPSS / Integrated Management Information System Unit			
Classification:	Highly Technical			
Type of Transaction:	G2G Government to Government			
Who may avail:	MMWGH Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
IT Computer Program or System Request One(1) original copy List of Features and Functionality One(1) original copy Software Flowchart and Process Flow One(1) original copy IT Program or System Transfer Report One(1) original copy		Integrated Management Information System Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ask for copy of IT Computer Program or System Request *Provide software description, list of features and functionality, and software flowchart and process flow.	1.1 Give one (1) copy of IT Computer Program or System Request	None	1 minute	Administrative Assistant I-Integrated Management Information System Unit (IMISU)
2. Forward the accomplished form to their immediate supervisor for review and approval	Immediate supervisor will forward the list to the division head for review and approval	None	1 minute	Unit Head- HOPSS/AHPS/ OCN/MEDICAL /OMCC



2. Duly accomplished form will be forwarded to IMISU staff.	2.1 Receiving staff must forward the list to the Unit Head.	None	1 minute	Administrative Assistant I Administrative Assistant I, Computer Maintenance Technologist III (CMT III) - IMISU
	2.2 Unit Head will assess requested software with programmers and identify the state of connectivity, whether the system will be conducted in house or outsourced. 2.2.1 If it is to be conducted in-house, Unit Head and programmers will also discuss the timeline of the system and identify the difficulty of the system.	None	5 working days	Computer Maintenance Technologist III- IMISU
	2.3 Review the assessment of the system.	None	5 days	Administrative Assistant I / CMT III - IMISU
	2.4 Forward end user's request to the CAO for their review and approval.	None	5 minutes	Administrative Assistant I / CMT III - IMISU
	2.5 Forward the form to the OMCC after review and approval of the CAO.	None	5 minutes	Administrative Assistant I / CMT III - IMISU



	<p>2.6 Once approved by the OMCC, IMISU staff shall inform end users of its approval</p> <p>2.6.1 If development is in-house, programmers shall create a Gantt Chart of the development of the system.</p> <p>2.6.2 Gantt Chart will be forwarded to the Unit Head for review and approval.</p> <p>2.6.3 Programmers shall start software development per phase upon approval of the Gantt Chart.</p> <p>2.6.4 Once the system is finished, IMISU staff must accomplish an IT Program or System Transfer Report to be acknowledged by the end users..</p>	None	1 year (Maximum of 1 year per software development phase)	Administrative Assistant I / CMT III - IMISU
3. Acknowledgement and signing of IT Program or System Transfer Report	<p>3.1 Conduct photo documentation of system transfer.</p> <p>3.2 Regularly conduct system maintenance as long as the system is in operation.</p>		30 minutes	Administrative Assistant I / CMT III - IMISU
TOTAL		NONE	1 year 10 days 33 minutes	

**This service is cover under RA 9184 Government Procurement Policy Board - Out Source Software*



MATERIALS MANAGEMENT UNIT

1. RECEIPT, INSPECTION AND ACCEPTANCE OF DELIVERIES

Taking possession of goods for inspection. Inspection is the examination (including testing) of goods to determine the conformity to contract requirements. It is a prerequisite to acceptance.

Office or Division:	HOPSS SERVICE			
Classification:	SIMPLE			
Type of Transaction:	G2B			
Who may avail:	EXTERNAL CLIENTS			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Sales Invoice One (1) Original Copy		Supplier		
Purchase Order One (1) Original Copy		Procurement Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Informs Warehouseman/ Storekeeper at building #22 about the delivery before unloading all supplies and/or equipment at the MMU receiving area.	1.1 The Inspector, End-user, and MMU representative check the conformity of the items delivered with the quantities, specifications, and other requirements indicated in the Purchase Order. Request and conduct testing if applicable.	None	1 hour to 4 hours (depending on the quantity/volume/ type of supplies/ materials/ equipment)	End-User Inspection Officer Supervising Administrative Officer/ MMU Warehouseman III/ MMU
2. Submits Sales Invoice and receives the	2.1 Signs the "Received" portion	None	5 minutes	Supervising Administrative



signed duplicate copy of the sales invoice/receiving copy	on the Sales Invoice (SI) indicating the date of receipt after verifying conformity of the deliveries with the contract requirements. 2.2 If applicable, prepares Goods Return Form to document the rejected items and/ or Discrepancy Report for the items indicated in the Sales Invoice (SI) but undelivered.	None	5 minutes	Officer, Administrative Officer III / MMU Warehouseman III/ ADAS II/ ADAS I/ Storekeepers / MMU
TOTAL PROCESSING TIME			4 hours & 10 mins	



2. ISSUANCE OF SUPPLIES

To issue supplies/semi-expendable equipment to the end-users.

Office or Division:	HOPSS SERVICE			
Classification:	SIMPLE			
Type of Transaction:	G2G			
Who may avail:	All MMWGH Units/ Committees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Requisition and Issue Slip Form (RIS) Four (4) Original Copies & 1 copy of Supplies Availability Inquiry (SAI) Form		MATERIALS MANAGEMENT UNIT		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The end-user submits the approved Requisition and Issue Slip (RIS) form with attached SAI to assigned MMU Staff	1.1 Assigns RIS control number and records in the RIS logbook and stock cards and prepares Inventory Custodian Slip (ICS) for semi-expendable equipment	None	1 hour 55 minutes	Administrative Assistants I & II / MMU



	1.2 Issues supplies and/or semi-expendable equipment and records issuance in the bin/stock cards and/or property cards, then fills up and signs the "Issuance" portion of RIS and ICS.	None	6 hours (Depending on the quantity/ volume requested by the end-user)	Warehouseman III, Storekeepers, Administrative Assistants I&II, SAO / MMU
2. The end-user receives supplies/semi-expendable equipment and signs the "Received by" portion of the RIS and ICS	2.1 Receives a copy of RIS and ICS.	None	5 minutes	Assistant I & II, Warehouseman III, Storekeepers / MMU
TOTAL PROCESSING TIME			8 hours	



PROCUREMENT UNIT

1. SALE OF BIDDING DOCUMENTS

As provided in Section 17.4 of the Implementing Rules and Regulations (IRR) of Republic Act 9184, bidders may be asked to pay for bidding documents to recover the cost of their preparation and development.

The cost of bidding documents shall correspond to the ABC range as indicated in the table below. This shall be the maximum amount of fee that procuring entities can set for the acquisition of bidding documents.

Approved Budget of the Contract	Maximum Cost of Bidding Documents (in Philippine Peso)
500,000 and below	PHP 500
More than 500,000 up to 1 Million	PHP 1,000
More than 1 Million up to 5 Million	PHP 5,000
More than 5 Million up to 10 Million	PHP 10,000
More than 10 Million up to 50 Million	PHP 25,000
More than 50 Million up to 500 Million	PHP 50,000
More than 500 Million	PHP 75,000

Operating Hours: Monday to Friday; 8 hours (8:00am to 5:00 pm) without noon break.



Office or Division:	PROCUREMENT UNIT - HOSPITAL OPERATIONS AND PATIENT SUPPORT SERVICE			
Classification:	SIMPLE			
Type of Transaction:	G2B, G2C			
Who may avail:	Prospective Bidders			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Charge Slip One (1) original Copy		Procurement Unit		
Official Receipt One (1) photocopy		Cash Operations Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Procurement Unit and inform the Procurement Staff regarding the acquisition of bidding documents. Fill up the Bidding Documents Log Sheet	1.1 Check the corresponding amount of bidding documents based on the Invitation to Bid and fill up two (2) copies of blank Charge Slip and give the one (1) copy of the accomplished Charge Slip to the representative.	Depending on the ABC Refer to cost of bidding documents above	15 minutes	Administrative Assistant I - Administrative Officer III / Procurement Unit
	1.2 Instruct the Bidder's Representative to pay at the Cashier Section and return to the Procurement Office after the issuance of Official Receipt (OR)	None	2 minutes	Administrative Assistant I - Administrative Officer III / Procurement Unit



2. Go to Cashier Section and pay the exact amount as indicated in the Charge Slip	2.1 Issue Official Receipt	Depending on the ABC Refer to cost of bidding documents above	10 minutes	Administrative Assistant I - Administrative Officer III / Procurement Unit
3. Proceed to Procurement Office with the official receipt	3.1 Photocopy the original OR of Bidding Documents paid and return the original copy to the bidder's representative	None	5 minutes	Administrative Assistant I - Administrative Officer III / Procurement Unit
4. Receive Bidding Documents	4.1 Issue Bidding Documents	None	5 minutes	Administrative Assistant I - Administrative Officer III / Procurement Unit
TOTAL PROCESSING TIME		Depending on the Approved Budget of the Contract Refer to cost of bidding documents above	37 minutes	

**This service is covered under RA 9184 Government Procurement Policy Board*



2. PROCUREMENT OF GOODS, INFRASTRUCTURE, AND CONSULTING SERVICES UNDER ALTERNATIVE MODE OF PROCUREMENT

Procurement of Goods, Infrastructure Projects, and Consulting Services, where the amount involved does not exceed the amount of One Million Pesos (P1,000,000.00)

Office or Division:	PROCUREMENT UNIT - HOSPITAL OPERATIONS AND PATIENT SUPPORT SERVICE			
Classification:	HIGHLY TECHNICAL			
Type of Transaction:	G2G			
Who may avail:	Employees/ End-users			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Approved APP One (1) certified true copy		Procurement Unit		
Approved PPMP/WFP One(1) certified true copy		End-users		
Approved Mancom Resolution (if applicable) One (1) photocopy		Office of the Medical Center Chief		
Approved Purchase Request Three (3) original copies		End- users		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the approved Purchase Request (3 copies) to Procurement Unit	1.1 Review and Ensure that all required documents are complete before accepting and processing the approved Purchase Request	None	15 minutes	Administrative Assistant I - Administrative Officer III / Procurement Unit
	Purchase Requests with ABC that are worth more than Php 50,000.00 shall be posted to Philgeps. Otherwise, if the Purchase Request with	None	1 hour	Administrative Assistant I - Administrative Officer III /



	Php 50,000.00 below, proceed with preparing BAC Resolution.			Procurement Unit
	1.2 Prepares BAC Resolution (2 copies) to be signed by the BAC and Head of the Procuring Entity (HoPE)	None	2 working days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	1.3 After the BAC Resolution is approved, make a Request for Quotation (3 copies) and have it approved by the Chief Administrative Officer.	None	30 minutes	Administrative Assistant I - Administrative Officer III / Procurement Unit
	1.4 Submit the approved RFQ to the Canvasser to start canvassing to three qualified suppliers. Wait not more than seven (7) days for the submission of quotations from the qualified supplier/s.	None	7 working days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	1.5 Create an Abstract of the Bids of Quotation (3 copies) to determine who	None	30 minutes	Administrative Assistant I - Administrative Officer III /



	has the lowest and most responsive quotation. End-users will sign the ABQ as proof of their approval of the canvassed item/s.			Procurement Unit
	1.6 After the ABQ is approved, prepare a BAC resolution (2 copies) recommending the award of the contract to the winning supplier. Get this approved by all BAC members and the Head of Procurement Entity (HoPE).	None	2 working days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	1.7 ABQ and BAC Resolution recommending the award of the contract to the winning bidder will be signed by the BAC members and get approved by the Head of the Procuring Entity (HoPE).	None	5 working days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	1.8 Create a Purchase Order/Job Order (6 copies) for the winning supplier.	None	30 minutes	Administrative Assistant I - Administrative Officer III / Procurement Unit



	For PRs worth more than Php50,000.00, The Purchase Order /Job Order obtained by the winning supplier will be posted and awarded in the PhilGeps as well as on the agency's official website			
	1.9 Complete documentary requirements to be attached in the Purchase Order before forwarding to the Finance and OMCC for approval	None	3 working days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	1.10 Obligate the received PO/JO from Procurement Unit. After being obligated forward to Accounting Unit	None	3 working days	Administrative Officer IV / Budget Unit
	1.11 Certifying the availability of funds for the JO/PO. Once certified, endorse the PO/JO with its supporting documents to the Division Chief of the Requestor.	None	3 working days	Accountant IV / Accounting Unit
	1.12 Once signed by the Division Chief the documents will be forward to HoPE for approval.	None	3 working days	Administrative Assistant I Division Secretary /
	1.13 Return the approved PO/JO with supporting	None	3 working days	Administrative Assistant III / OMCC



	documents to the Procurement Unit.			
	1.14 Inform the Supplier that they are the winning bidder and receive the approved PO/JO.	None	1 working day	Administrative Assistant I - Administrative Officer III / Procurement Unit
	1.15 Give the Material Management Unit (MMU) a copy of the PO/JO received by the winning Supplier.	None	15 minutes	Administrative Assistant I - Administrative Officer III / Procurement Unit
TOTAL PROCESSING TIME		None	32 days, 2 hours	

****This service is covered under RA 9184 Government Procurement Policy Board***



3. PROCUREMENT OF GOODS, INFRASTRUCTURE AND CONSULTING SERVICES UNDER COMPETITIVE BIDDING

Competitive Bidding – refers to a method of procurement which is open to participation by any interested party and which consists of the following processes: advertisement, pre-bid conference, eligibility screening of prospective bidders, receipt and opening of bids, evaluation of bids, post-qualification, and award of contract, the specific requirements and mechanics of which shall be defined Republic Act No. 9184 in the IRR to be promulgated under this Act.

Office or Division:	PROCUREMENT UNIT - HOSPITAL OPERATIONS AND PATIENT SUPPORT SERVICE			
Classification:	HIGHLY TECHNICAL			
Type of Transaction:	G2G			
Who may avail:	Employees/ End-users			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Approved APP One (1) certified true copy		Procurement Unit		
Approved PPMP/WFP One(1) certified true copy		End-users		
Approved Mancom Resolution (if applicable) One (1) photocopy		Office of the Medical Center Chief		
Approved Purchase Request Three (3) original copies		End- users		
Terms of Reference / Scope of Work / Detailed Architectural and Engineering Design (DAED) / Approved Budget of the Contract One (1) original copy		End- users		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



1. Submit the approved Purchase Request (3 copies) to Procurement Unit	1.1 Review and Ensure that all required documents are complete before accepting and processing the approved Purchase Request	None	15 minutes	Administrative Assistant I - Administrative Officer III / Procurement Unit
	Purchase Requests with ABC that are worth Php 1,000,000.00 above shall be processed through Competitive Bidding. Otherwise, if the Purchase Request with Php 1,000,000.00 below, the Purchase Request will be processed through Alternative Mode of Procurement.			
	1.2 Conduct Pre-procurement Conference with the end-users.	None	1 calendar day	Administrative Assistant I - Administrative Officer III / Procurement Unit
	1.3 Prepares Public Bidding Documents	None	3 calendar days	Administrative Assistant I - Administrative Officer III / Procurement Unit



	1.4 Forward Public Bidding Documents to Bids and Award Committee for approval.	None	1 calendar day	Bids and Awards Committee
	1.5 Post the Approved Public Bidding Documents to PhilGEPS, MMWGH Website, and MMWGH Official Facebook Page.	None	1 calendar day	Administrative Assistant I - Administrative Officer III / Procurement Unit
	1.6 Conduct Pre-Bid Conference with the prospective bidder/s.	None	1 calendar day	Bids and Awards Committee
	1.7 Prepares Addendum and post to PhilGEPS, if there is a correction in the Public Bidding Documents.	None	3 calendar days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	1.8 Conducts Bid Opening.	None	1 calendar day	Bids and Awards Committee
	1.9 Administer Bid Evaluation	None	7 calendar days	Bids and Awards Committee and TWG



	1.10 Managing Post-Qualification	None	14 calendar days	Bids and Awards Committee, TWG, and End-users
	1.11 Prepares BAC Resolution (2 copies) to be signed by the BAC and Head of the Procuring Entity (HoPE)	None	5 calendar days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	1.12 Prepares Notice of Post-Qualification (2 copies) to be signed by the BAC Chairperson	None	5 calendar days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	1.13 Prepares Notice of Award (NOA) to be signed by the BAC Chairperson and Head of Procurement Entity (HoPE) and issuance to the winning bidder.	None	5 calendar days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	1.14 Prepares and Issuance of Contract Agreement to the winning bidder	None	5 calendar days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	1.15 Prepares and Issuance of Notice to Proceed (2 copies) to the winning bidder	None	5 calendar days	Administrative Assistant I - Administrative Officer III / Procurement Unit



	<p>1.16 Create a Purchase Order/Job Order (6 copies) for the winning supplier.</p> <p>Post the Awarding of NOA, Contract and NTP in the PhilGEPS and MMWGH Website</p> <p>Forward the PO/JO to the Budget Unit for obligation.</p>	None	2 calendar days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	1.17 Obligate the received PO/JO from Procurement Unit. After being obligated forward to Accounting Unit	None	5 calendar days	Designation of Responsible person / Budget Unit
	1.18 Certifying the availability of funds for the JO/PO. Once certified, endorse the PO/JO with its supporting documents to the Division Chief of the Requestor.	None	5 calendar days	Accountant II / Accounting Unit Unit
	1.19 Once signed by the Division Chief the documents will be forward to HoPE for approval.	None	5 calendar days	Administrative Assistant I Division Secretary /
	1.20 Return the approved PO/JO with supporting documents to the Procurement Unit.	None	5 calendar days	Administrative Assistant I / OMCC
	<p>1.22 Inform the Supplier that they are the winning</p>	None	1 calendar day	Administrative Assistant I - Administrative Officer III /



	bidder and receive the approved PO/JO.			Procurement Unit
	1.23 Give to the Material Management Unit (MMU) a copy of the PO/JO received by the winning Supplier.	None	15 minutes	Administrative Assistant I - Administrative Officer III / Procurement Unit
TOTAL PROCESSING TIME			70 calendar days, 30 minutes	

****This service is covered under RA 9184 Government Procurement Policy Board***



ACCOUNTING UNIT

1. PROCESSING OF DISBURSEMENT VOUCHERS FOR PAYMENT OF SALARY, ALLOWANCES AND OTHER FORMS OF COMPENSATION, INCLUDING REMITTANCES OF AUTHORIZED DEDUCTIONS

This process covers the processing of Disbursement Vouchers for the payment of salaries and wages of permanent employees, Contract of Service and Job Order workers including other compensation, allowances and benefits and subsequent remittance of employees' and employer's contributions, as well as loan amortizations and other authorized deductions.

Office or Division:	Accounting Unit	
Classification:	Simple	
Type of Transaction:	G2G - Government to Government	
Who may avail:	MMWGH Permanent Employees, Contract of Service (COS) and Job Order (JO) Workers	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
FIRST SALARY		
1. Disbursement Voucher 2. (DV) (2 original copies)		Requesting Office/ Unit
3. Obligation Request and Status (ORS) (3 original copies)		Budget Unit
4. Certification of Availability of Funds (2 original copies)		
5. Salary Payroll, for General Claims (2 original copies)		Human Resource and Management Unit (HRMU)
6. For Individual Claims		
6.1. Duly approved Appointment (1 certified true copy)		HRMU
6.2. Assignment Order, if applicable (1 certified true copy)		
6.3. Oath of Office (1 certified true copy)		
6.4. Certificate of Assumption (1 certified true copy)		
6.5. Statement of Assets, Liabilities and Net Worth (SALN) (1 certified true copy)		Employee c/o HRMU



6.6. Approved Daily Time Record (DTR) (1 original/certified true copy)	
6.7. BIR Form No. 1902 Application for Registration (1 certified true copy)	
6.8. Payroll Information on New Employee (PINE) or any equivalent document (1 photocopy)	HRMU
6.9. Authority from the claimant and identification documents, if claimed by person other than the payee (1 certified true copy)	Employee c/o HRMU
7. For transferees (from one government office to another)	
7.1. Clearance from money, property and legal accountabilities from the previous office (1 certified true copy)	Employee c/o HRMU
7.2. Pre-audited disbursement voucher of last salary from previous agency and/or Certification by the Chief Accountant of last salary received from previous office duly verified by the assigned auditor thereat (1 certified true copy)	
7.3. BIR Form No. 2316 Certificate of Compensation Payment/Tax Withheld (1 photocopy)	
7.4. Certificate of Available Leave Credits (1 certified true copy)	
7.5. Service Record (1 certified true copy)	
8. Other sufficient and relevant documents to establish validity of claim	
8.1. Computation of salary, for individual claims (1 original copy)	HRMU
SALARY (IF DELETED FROM THE PAYROLL)	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit



3. Certification of Availability of Funds (2 original copies)	
4. Salary Payroll, for General Claims (2 original copies)	HRMU
5. For Individual Claims	
5.1. Notice of Assumption (1 original copy)	HRMU
5.2. Approved DTR (1 original/certified true copy)	Employee c/o HRMU
5.3. Approved Application for Leave and Medical Certificate if on Sick Leave for 5 days or more and Clearance if on leave for 30 days or more (1 certified true copy)	
6. Other sufficient and relevant documents to establish validity of claim	
6.1. Computation of salary, for individual claims (1 original copy)	HRMU
SALARY DIFFERENTIALS DUE TO PROMOTION/ STEP INCREMENT/ SALARY INCREASE	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. Salary Payroll, for General Claims (2 original copies)	HRMU
5. For Individual Claims	
5.1. Approved Appointment, in case of promotion (1 certified true copy)	HRMU
5.2. Certificate of Assumption, in case of promotion (1 certified true copy)	
5.3. Notice of Salary Adjustment (NOSA), for step increment/salary increase (1 certified true copy)	
5.4. Approved DTR or certification that the employee has not incurred leave without pay (1 original/certified true copy)	Employee c/o HRMU
6. Other sufficient and relevant documents to establish validity of claim	



6.1. Computation of salary, for individual claims (1 original copy)	HRMU
LAST SALARY	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. Salary Payroll, for General Claims (2 original copies)	HRMU
5. For Individual Claims	
5.1. Clearance from money, property and legal accountabilities (1 original copy)	Employee c/o HRMU
5.2. Approved DTR (1 original/certified true copy)	
5.3. Authority from the claimant and identification documents, if claimed by person other than the payee, for individual claims (1 certified true copy)	
6. Other sufficient and relevant documents to establish validity of claim	
6.1. Computation of salary, for individual claims (1 original copy)	HRMU
SALARY DUE TO HEIRS OF DECEASED EMPLOYEE	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. For Individual Claims	
4.1. Clearance from money, property and legal accountabilities (1 original/certified true copy)	HRMU
4.2. Approved DTR (1 original/certified true copy)	
4.3. Death Certificate issued by the Philippine Statistics Authority (PSA) (1 certified true copy)	Heirs of Deceased Employee c/o HRMU



4.4. Marriage Certificate issued by PSA (1 certified true copy)	
4.5. Birth Certificate of surviving legal heirs issued by PSA (1 certified true copy)	
4.6. Waiver of right of children 18 years and above (1 certified true copy)	
4.7. Designation of next-of-kin	
4.7.1. Affidavit of Two Disinterested Persons (1 certified true copy)	
5. Other sufficient and relevant documents to establish validity of claim	
5.1. Computation of salary, for individual claims (1 original copy)	HRMU
SALARY DURING MATERNITY LEAVE	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. Salary Payroll, for General Claims (2 original copies)	HRMU
5. For Individual Claims	
5.1. Certificate of Assumption (1 original copy)	HRMU
5.2. Approved DTR (1 original/certified true copy)	Employee c/o HRMU
5.3. Approved Application for Maternity Leave (1 certified true copy)	
5.4. Maternity Leave Clearance (1 certified true copy)	
5.5. Medical Certificate for maternity leave with complete details of the physician, the employee, and the employee's condition/state of health (1 certified true copy)	
6. Other sufficient and relevant documents to establish validity of claim	



6.1. Computation of salary, for individual claims (1 original copy)	HRMU
SALARY OF PERMANENT EMPLOYEES	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. For General Claims	
4.1. Salary Payroll (3 original copies)	HRMU
4.2. Approved DTR (1 original copy)	Employee c/o HRMU
5. Other sufficient and relevant documents to establish validity of claim	
5.1. List of personnel who incurred leave without pay and computation, if applicable (1 original copy)	HRMU
SALARY AND WAGES OF CONTRACT OF SERVICE (COS) AND JOB ORDER (JO) WORKERS	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. Salary Payroll, for general claims (2 original copies)	HRMU
5. Approved DTR or Certificate of Service (1 original copy)	COS and JO Workers c/o HRMU
6. Approved contracts, for initial payment (1 certified true copy)	HRMU
7. Approved authority or legal basis to pay salaries, for initial payment (1 certified true copy)	
8. Accomplishment Report, for submission every end of the quarter (1 original copy)	COS and JO Workers c/o HRMU
9. Authority from the claimant and identification documents, if claimed by person other than the payee (1 certified true copy)	



10. Other sufficient and relevant documents to establish validity of claim	
10.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	Office of the Medical Center Chief (OMCC) c/o Budget Unit
NIGHT SHIFT DIFFERENTIAL PAY	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. For General Claims	
4.1. Night Shift Differential Pay Payroll (2 original copies)	HRMU
4.2. Approved DTR/ Summary of leave of absences (1 original copy)	HRMU/ Employees c/o HRMU
5. Other sufficient and relevant documents to establish validity of claim	
REPRESENTATION AND TRANSPORTATION ALLOWANCE (RATA)	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. RATA Payroll, for General Claims (2 original copies)	HRMU
5. For Individual Claims	
5.1. Office Order / Appointment, for 1st payment (1 certified true copy)	HRMU
5.2. Certificate of Assumption, for 1st payment (1 certified true copy)	
5.3. Certificate or evidence of service rendered or approved DTR (1 original/certified true copy)	



5.4. Certification that the official/employee did not use government vehicle and is not assigned any government vehicle (1 original copy)	Engineering and Facilities and Maintenance Unit (EMFU) c/o HRMU
6. Other sufficient and relevant documents to establish validity of claim	
CLOTHING/UNIFORM ALLOWANCE (U/CA)	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. U/CA Payroll, for General Claims (2 original copies)	HRMU
5. For Individual Claims	
5.1. Approved Appointment, for new employees (1 certified true copy)	HRMU
5.2. Certificate of Assumption, for new employees (1 certified true copy)	
5.3. Certificate of Non-payment from previous agency, for transferees (1 certified true copy)	Employee c/o HRMU
6. Other sufficient and relevant documents to establish validity of claim	
SUBSISTENCE AND LAUNDRY ALLOWANCE (SLA)	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. SLA Payroll, for General Claims (2 original copies)	HRMU
5. For Individual Claims	
5.1. Approved DTR/Summary of leave of absences (1 original copy)	HRMU
5.2. Authority to collect, for initial claim (1 original copy)	



6. Other sufficient and relevant documents to establish validity of claim	
PRODUCTIVITY ENHANCEMENT INCENTIVE (PEI)	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. For General Claims	
4.1. PEI Payroll (2 original copies)	HRMU
4.2. List of personnel who were suspended either preventively or as a penalty as a result of an administrative charge within the year for which the PEI is paid, regardless of the duration (except if the penalty meted out is only a reprimand) (1 original copy)	
4.3. List of personnel dismissed within the year (1 original copy)	
4.4. List of personnel on Absent Without Official Leave (AWOL) (1 original copy)	
4.5. Certification that the performance ratings for the two semesters given to the personnel of the concerned division/office are at least satisfactory (1 original copy)	
5. For Individual Claims	
5.1. Certification that the performance ratings for two semesters given to the personnel of the concerned division/office are at least satisfactory (1 original copy)	HRMU
5.2. Certification from the Legal Office that the employee has no administrative charge (1 original copy)	
6. Other sufficient and relevant documents to establish validity of claim	
HAZARD DUTY PAY	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit



2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. Hazard Duty Pay Payroll, for General Claims (2 original copies)	HRMU
5. Certification by the Secretary of Department of Health (DOH) that the place of assignment/ travel is a disease-infested/ distress or isolated areas/ stations (1 photocopy)	
6. Special order from the agency/ department head covering the assignment to hazardous/difficult areas (1 photocopy)	
7. Approved DTR/Service Report or duly accomplished time record of employees or travel report (1 original/certified true copy)	
8. Other sufficient and relevant documents to establish validity of claim	
LONGEVITY PAY (LP)	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. LP Payroll, for General Claims (2 original copies)	HRMU
5. Service Record (1 certified true copy)	
6. Certification issued by the HRMU that the claimant has not incurred leave of absence with or without pay for more than 3 months (1 original copy)	
7. Other sufficient and relevant documents to establish validity of claim	
7.1. Computation of Longevity Pay (LP), for 1 st LP and with salary differentials (1 original copy)	HRMU
OVERTIME PAY	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit



2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. Overtime Pay Payroll, for General Claims (2 original copies)	HRMU
5. Overtime authority stating the necessity and urgency of the work to be done, and the duration of overtime work (1 original copy)	Employee c/o HRMU
6. Overtime work program (1 original copy)	
7. Quantified overtime accomplishment duly signed by the employee and supervisor (1 original copy)	
8. Certificate of service or duly approved DTR (1 original/ certified true copy)	HRMU
9. Other sufficient and relevant documents to establish validity of claim	
MID-YEAR BONUS (MYB)/ YEAR-END BONUS (YEB) AND CASH GIFT (CG)	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. MYB/ YEB and CG Payroll, for General Claims (2 original copies)	HRMU
5. For Individual Claims	
5.1. Clearance from money, property and legal accountabilities (1 certified true copy)	Employee c/o HRMU
5.2. Certification from Head of Office that the employee is qualified to receive benefits (1 original copy)	HRMU
6. Other sufficient and relevant documents to establish validity of claim	
TERMINAL LEAVE BENEFITS (TLB)	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit



2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. TLB Payroll, for General Claims (2 original copies)	HRMU
5. Computation of terminal leave benefits duly signed/ certified by the accountant (1 original copy)	
6. Clearance from money, property and legal accountability (1 certified true copy)	Employee c/o HRMU
7. Certificate of leave credits issued by the HRMU/ Employees leave card as at last date of service duly audited by the HRMU and COA (1 original/ certified true copy)	HRMU
8. Complete service record (1 certified true copy)	
9. Appointment/ Notice of Salary Adjustment (NOSA) showing the highest salary received if the salary under the last appointment is not the highest ² (1 certified true copy)	
10. Approved leave application (1 original copy)	Employee c/o HRMU
11. Statement of Assets, Liabilities and Net Worth (SALN) (1 certified true copy)	
12. Applicant's authorization (in affidavit form) to deduct all financial obligations with the employer/ agency (1 certified true copy)	
13. Affidavit of applicant that there is no pending criminal investigation or prosecution against him/her (RA No. 3019) (1 certified true copy)	
14. In case of resignation, employee's letter of resignation duly accepted by the Head of the Agency (1 certified true copy)	Heirs of Deceased Employee c/o HRMU
15. In case of death of claimant	
15.1. Death certificate issued by PSA (1 certified true copy)	
15.2. Marriage Certificate issued by PSA (1 certified true copy)	



15.3. Birth certificates of all surviving legal heirs issued by PSA (1 certified true copy)	
15.4. Designation of next-of-kin (1 certified true copy)	
15.5. Waiver of rights of children 18 years old and above (1 certified true copy)	
16. Other sufficient and relevant documents to establish validity of claim	
MONETIZATION OF LEAVE CREDITS	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. Monetization of Leave Credits Payroll, for General Claims (2 original copies)	HRMU
5. Approved leave application with leave credit balance certified by the HRMU (1 original copy)	Employee c/o HRMU
6. Request for monetization of leave covering more than 10 days duly approved by the Head of Agency (1 original copy)	
7. For monetization of fifty (50) percent or more	
7.1. Clinical abstract/medical procedures to be undertaken, in case of health, medical and hospital needs (1 photocopy)	Employee c/o HRMU
7.2. Barangay Certification, in case of need for financial assistance brought by calamities, typhoons, fire, etc. (1 original copy)	
7.3. Justification on financial needs for the education of employee or children and other cases as determined by CSC (1 original copy)	
8. Other sufficient and relevant documents to establish validity of claim	
8.1. Computation of Monetization of Leave Credits (1 original copy)	HRMU



LOYALTY CASH AWARD/ INCENTIVE	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. Loyalty Cash Award/Incentive Payroll, for General Claims (2 original copies)	HRMU
5. For Individual Claims	
5.1. Service Record (1 certified true copy)	HRMU
5.2. Certificate of non-payment from previous office, for transferees (1 certified true copy)	Employee c/o HRMU
5.3. Certification from the HRMU that the claimant has not incurred more than 50 days authorized vacation leave without pay within the 10-year period or aggregate of more than 25 days authorized vacation leave without pay within the 5-year period, as the case may be (1 original copy)	HRMU
6. Other sufficient and relevant documents to establish validity of claim	
6.1. Computation of Loyalty Cash Award/Incentive (1 original copy)	HRMU
COLLECTIVE NEGOTIATION AGREEMENT (CNA) INCENTIVE	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. CNA Incentive Payroll, for General Claims (2 original copies)	HRMU
5. Resolution signed by both parties incorporating the guidelines/criteria for granting CNA incentive (1 original copy)	HRMU/ OMCC/ Budget Unit
6. Comparative statement of DBM approved level of operating expenses and actual operating expenses (1 original copy)	



7. Copy of CNA (1 photocopy)	
8. Certification issued by the Head of Agency on the total amount of unencumbered savings generated from the cost-cutting measures identified in the CNA which resulted from the joint efforts of labor and management and systems/ productivity/ income improvement (1 original copy)	
9. Proof that the planned programs/ activities/ projects have been implemented and completed in accordance with targets for the year (1 photocopy)	
10. Other sufficient and relevant documents to establish validity of claim	
PROGRAM ON AWARDS AND INCENTIVES FOR SERVICE EXCELLENCE (PRAISE)	
Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
1. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
2. Certification of Availability of Funds (2 original copies)	
3. PRAISE Payroll, for General Claims (2 original copies)	HRMU
4. Proof of eligibility to receive PRAISE award (1 photocopy)	
5. Other sufficient and relevant documents to establish validity of claim	
PERFORMANCE-BASED BONUS (PBB)	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. PBB Payroll, for General Claims (2 original copies)	HRMU
5. Other sufficient and relevant documents to establish validity of claim	
5.1. Department Memorandum on Ratings and Rankings of DOH Hospitals and TRC (1 photocopy)	HRMU



5.2. Approved Report on Rating and Eligibility of DOH Employees (1 certified true copy)	
5.3. Approved List of PBB Eligible Personnel (1 certified true copy)	
5.4. Approved List of PBB Ineligible Personnel (1 certified true copy)	
5.5. Sub-Allotment Advice and Guidelines (1 photocopy)	Budget Unit
REMITTANCE OF PERSONNEL BENEFIT CONTRIBUTIONS, LOAN AMORTIZATIONS AND OTHER AUTHORIZED DEDUCTIONS	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS), for government/employer share of personnel benefit contributions of permanent employees (3 original copies)	Budget Unit
3. Certification of Availability of Funds, for government/employer share personnel benefit contributions of permanent employees (2 original copies)	
4. ORS/ Budget Utilization Request and Status (BURS) with updated Status of Obligation (Box C) of salary or other forms of compensations with authorized deduction/ employee share of permanent employees and contract of service (COS) and job order (JO) workers (2 original copies)	
5. Other sufficient and relevant documents to establish validity of claim	
5.1. Summary of monthly remittance, if applicable (1 original copy)	Cash Unit
5.2. List of monthly remittance (2 original copies)	



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the supporting documents required for the processing of DV.	1.1. Receive the DV and supporting documents (SD). Stamp "RECEIVED" and record the details in the "In/Out" sheet of the Disbursement Monitoring System (DMS).	none	15-30 minutes	Accounting Staff (Receiving/Releasing Staff)/ Accounting Unit
	1.2. Review the accuracy and completeness of SDs based on Checklist of Documentary Requirements. 1.2.1. If with discrepancies or deficiencies, endorse to the Receiving/Releasing Staff to return to the appropriate unit with noted discrepancies or deficiencies	none	1 working day	Accounting Staff (Designated Staff under Disbursement Section)/ Accounting Unit
	1.3. If deemed complete, verify the data entries in DV. Assign DV number and record the DV details in the designated sheet of the DMS.	none	15 minutes – 2 hours	
	1.4. Review the sufficiency and relevance of SDs. 1.4.1. If with concerns or with for submission of additional sufficient and	none	30 minutes - 4 hours	Accountant III/ (In-Charge of Disbursement Section)/ Accounting Unit



	relevant documents, inform the Head of Accounting Unit for further review. Return them, if applicable with noted concerns or to submit additional documents through the Receiving/Releasing Staff.			
	1.2.If deemed complete and proper, sign the availability of cash, completeness of supporting documents and propriety of the amount claimed, indicating the date.	none	10 minutes - 1 hour	Accountant IV/ Authorized Representative (Head of Accounting Unit)/ Accounting Unit
	1.3.Record on the logbook and "In/Out" sheet of the DMS. Release the DV and SDs to the Office of the Financial Management Officer (FMO) for recommending approval of DV to the Head of Agency or his duly authorized representative (Approved for Payment (Box D) of DV).	none	15-30 minutes	Accounting Staff (Receiving/ Releasing Staff)/ Accounting Unit
		TOTAL	2 days	



2. PROCESSING OF DISBURSEMENT VOUCHER FOR PAYMENT OF CASH ADVANCES, MAINTENANCE AND OTHER OPERATING EXPENSES AND INTRA-AGENCY FUND TRANSFER

This process covers the processing of Disbursement Vouchers for the payment of cash advances, reimbursement, and other expenditures for support to the operations of the agency such as expenses for utilities, communication and insurance, including intra-agency fund transfer.

Office or Division:	Accounting Unit	
Classification:	Simple, Complex	
Type of Transaction:	G2G - Government to Government G2B - Government to Business	
Who may avail:	Requesting Office/ Unit, MMWGH Employees, Training Provider	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. Disbursement Voucher (DV) (2 original copies)		Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)		Budget Unit
3. Certification of Availability of Funds (2 original copies)		
4. Common to all cash advances except for travels		
4.1. Authority of the accountable officer issued by the Head of the Agency or his duly authorized representative indicating the maximum accountability and purpose of cash advance, for initial cash advance (1 certified true copy)		Disbursing Officer
4.2. Certification from the Accountant that previous cash advances have been fully liquidated and accounted for in the books (1 original copy)		Accounting Unit
4.3. Approved application for bond and/or Fidelity Bond for the year for cash accountability of ₱5,001 or more (1 photocopy)		Disbursing Officer



4.4. For Payroll Fund for Salaries, Wages, Allowances, Honoraria and Other Similar Expenses	
4.4.1. Approved contracts, for initial payment (1 certified true copy)	Human Resource and Management Unit (HRMU)
4.4.2. Payroll or list of payees indicating their net pay ² (2 original copies)	
4.4.3. Approved authority (presidential directive or legislative enactment) or legal basis to pay salaries, allowances, honoraria and other similar expenses (1 certified true copy/ photocopy)	
4.4.4. Approved Daily Time Record (DTR) (1 original copy)	Permanent Employees, COS and JO Workers c/o HRMU
4.5. For Petty Cash Fund (PCF)	
4.5.1. Approved estimates of petty expenses for one month, for initial set-up (1 original copy)	Petty Cash Custodian
4.6. For Specific Purpose/Time-Bound Undertaking	
4.6.1. Budget estimates approved by the Head of Agency ² (1 certified true copy)	Disbursing Officer
4.6.2. Office Order/ Program of activity (1 certified true copy)	
5. For Traveling Allowances – Local Travel	
5.1. Traveling Allowance Payroll, for general claims (2 original copies)	HRMU
5.2. Duly approved Office Order/Travel Order (1 certified true copy)	Officer or Employee Authorized to Travel
5.3. Duly approved Itinerary of Travel (IoT) (1 original copy)	
5.4. Certification from the Accountant that the previous cash advance has been liquidated and accounted for in the books (1 original copy)	Accounting Unit



5.5. Learning and Development (L&D) Request Form with budget estimates and schedule of training approved by the Head of Agency, for trainings (1 certified true copy)	Professional Education Training and Research Unit (PETRU) c/o Officer or Employee Authorized to Travel
6. Other sufficient and relevant documents to establish validity of claim	
PETTY CASH FUND (PCF) REPLENISHMENT	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 original copies)	Accounting Unit
3. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
4. Certification of Availability of Funds (2 original copies)	
5. Report on Paid Petty Cash Vouchers (RPPCV) (1 original copy)	Petty Cash Fund Custodian from NDU, Pharmacy Unit, MMU, EFMU and Cash Unit
6. Petty Cash Fund Record (PCFR) (1 original copy)	
7. Certificate of Inspection and Acceptance or Inspection and Acceptance Report (IAR) (1 original copy)	
8. Invoice, for expenses regardless of amount purchased from/rendered by establishment issuing invoice (1 original copy) and photocopy of invoices printed in thermal paper (1 photocopy)	
9. Certification of Expense not Requiring Receipt (CERR), for expenses amounting to ₱300 or less or Reimbursement Expense Receipts (RER), for expenses amounting to more than ₱300 but not exceeding ₱1,000 purchased from/rendered by establishment not issuing invoice (1 original copy)	
10. Petty Cash Vouchers (PCVs) duly accomplished and signed (amounts not exceeding ₱15,000 for each transaction, except when a higher amount is allowed by law and/or specific authority by the COA. Splitting of transactions to avoid exceeding the ceiling shall not be allowed) (2 original copies)	



11. Approved purchase request with certificate of Emergency Purchase, if necessary (1 original copy)	
12. Summary/Abstract of Canvass (1 original copy)	
13. Canvass from at least three (3) suppliers for purchases involving ₱1,000 and above, except for purchases made while on official travel (1 original copy)	
14. OR or equivalent in case of refund of PCF (1 certified true copy)	
15. For Repairs, Maintenance and Travel Expenses	
15.1. Waste Materials Report (WMR), in case of replacement/repair (1 original copy)	Petty Cash Fund Custodian from EFMU
15.2. Approved trip ticket, for gasoline/fuel expenses and reimbursement of toll fees (1 photocopy)	
16. Other sufficient and relevant documents to establish validity of claim	
16.1. For Drugs and Medicines Expenses	Petty Cash Fund Custodian from Pharmacy Unit
16.1.1 Doctor's prescription (1 original copy)	
16.2. For Marketing/ Food Expenses	Petty Cash Fund Custodian from NDU
16.2.1 Statement of Daily Market Purchases (1 original copy)	
16.2.1. Number of Patients Subsisted (1 original copy)	
16.2.2. Menu for Today (1 original copy)	
16.3. For Repairs, Maintenance and Travel Expenses	Petty Cash Fund Custodian from EFMU
16.3.1. Pre-/Post-Repair Inspection Report/ Accomplishment Report, in case of repair and maintenance (1 original copy)	
16.3.2. Monitoring of toll fees and balances (1 original copy)	



16.4. For Miscellaneous and Other Petty Expenses	
16.4.1. Doctor's prescription or request form, for sent-out procedures or medical services (1 original copy)	Petty Cash Fund Custodian from MMU
16.5. For Representation Expenses	
16.5.1. Mngt. Committee Resolution, for utilization of hospital income (1 certified true copy)	
16.5.2. Office Order/ Notice of meeting, for meals, snacks or tokens (1 certified true copy)	Petty Cash Fund Custodian from Cash Unit
16.5.3. Attendance Sheet/ Receiving copy of tokens, for meals, snacks or tokens (1 original/certified true copy)	
REIMBURSEMENT OF TRAVELING EXPENSES - LOCAL TRAVEL	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	
3. Certification of Availability of Funds (2 original copies)	Budget Unit
4. Traveling Expenses Payroll, for general claims (2 original copies)	HRMU
5. Itinerary of Travel (IoT) and the Revised IoT, if the previously approved itinerary was not followed (1 original copy)	
6. Certificate of Travel Completed (CTC) (1 original copy)	Officer or Employee Authorized to Travel c/o HRMU
7. Certificate of Appearance/Attendance (1 photocopy)	
8. Office Order and the supplemental Office Order or any proof supporting the change of schedule (1 certified true copy)	
9. Learning and Development (L&D) Request Form with budget estimates and schedule of training approved by the Head of Agency and "Complete Training Records" stamp by PETRU, for trainings (1 certified true copy)	PETRU/ Officer or Employee Authorized to Travel c/o HRMU



10. Paper/electronic plane, boat or bus/train tickets, boarding passes, terminal fee receipts (1 original copy)	Officer or Employee Authorized to Travel c/o HRMU
11. Invoices, for expenses regardless of amount purchased from/rendered by establishment issuing Invoice (1 original copy)	
12. Certification of Expense not Requiring Receipt (CERR), for expenses amounting to ₱300 or less or Reimbursement Expense Receipts (RER), for expenses amounting to more than ₱300 but not exceeding ₱1,000 purchased from/rendered by establishment not issuing invoice (1 original copy)	
13. Certification by the Head of Agency as to the absolute necessity of the expenses together with the corresponding invoices, if the expenses incurred for the official travel exceeded the prescribed rate per day (certification or affidavit of loss shall not be considered as an appropriate replacement for the required hotel/lodging invoices) (1 original copy)	
14. Hotel room/lodging invoices in the case of official travel to places within 50-kilometer radius from the last city or municipality covered by Metro Manila Area, if the travel allowances being claimed include hotel room/lodging rate (1 original copy)	
15. Other sufficient and relevant documents to establish validity of claim	
15.1. Summary of Itinerary of Travel per division, for general claims (1 original copy)	HRMU
REIMBURSEMENT OF PLANE FARE/ AIRLINE TICKETS	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. Duly approved Office Order/Travel Order (1 certified true copy)	Officer or Employee Authorized to Travel
5. Invoice of paid plane ticket (1 original or electronic copy)	
6. Plane ticket/boarding pass (1 original or electronic copy)	



7. Learning and Development (L&D) Request Form with budget estimates and schedule of training approved by the Head of Agency, for trainings (1 certified true copy)	PETRU c/o Officer or Employee Authorized to Travel
8. Other sufficient and relevant documents to establish validity of claim	
8.1. Flight Itinerary issued by the airline/ ticketing office/ travel agency (1 electronic copy)	Officer or Employee Authorized to Travel
8.2. Justification Letter, for rebooking, excess baggage, etc. (1 original copy)	
8.3. Quotations of three (3) airline/ticketing office/travel agency/organization (1 original copy)	
8.4. Letter of invitation of the host/sponsoring agency/organization/training program, if any (1 photocopy)	
REGISTRATION FEES FOR EXTERNAL TRAININGS	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 original copies)	Accounting Unit
3. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
4. Certification of Availability of Funds (2 original copies)	
5. Approved Learning and Development (L&D) Request Form with budget estimates and schedule of training approved by the Head of Agency (1 certified true copy)	Officer or Employee Authorized to Attend Training
6. Duly approved Office Order/Travel Order (1 certified true copy)	
7. Invoice (1 original copy) or any document indicating amount of registration fee for payment (1 photocopy)	Training Provider c/o Officer or Employee Authorized to Attend Training
8. For reimbursement of paid registration fees	
8.1. Invoice of registration fees paid (1 original copy) or copy of the invoice and email with invoice as an attachment,	Officer or Employee Authorized to Attend Training



for online trainings where the invoice is sent via email (1 photocopy)	
8.2. Certificate of appearance/attendance (1 photocopy)	
8.3. Approved L&D Request Form with “Complete Training Records” stamp by PETRU (1 certified true copy)	PETRU c/o Officer or Employee Authorized to Attend Training
9. Other sufficient and relevant documents to establish validity of claim	
9.1. Letter of invitation of the host/sponsoring agency/organization/training program, if any (1 photocopy)	Officer or Employee Authorized to Attend Training
REIMBURSEMENT OF EXPENSES IN EXCESS OF CASH ADVANCES	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. Liquidation Report (LR) (1 photocopy)	Disbursing Officer/ Employee
5. For reimbursement of traveling expenses in excess of cash advance	
5.1. Approved Payroll of reimbursement of expenses in excess of cash advance, for general claims (2 original copies)	HRMU
5.2. Approved Revised Itinerary of Travel (IoT), if the previously approved itinerary was not followed (1 photocopy)	Disbursing Officer/ Employee
5.3. Approved Certificate of Travel Completed (CTC) (1 photocopy)	
5.4. Certificate of appearance/attendance ² (1 photocopy)	
5.5. Approved Learning and Development (L&D) Request Form with budget estimates and schedule of training	PETRU c/o Disbursing Officer/ Employee



approved by the Head of Agency and "Complete Training Records" stamp by PETRU, for trainings (1 photocopy)	
6. Other sufficient and relevant documents to establish validity of claim	
6.1. Journal Entry Voucher (JEV) of liquidation of cash advances (1 photocopy)	Accounting Unit
6.2. JEV, DV, ORS of cash advance (1 photocopy)	
6.3. Approved Payroll of cash advance, if any (1 photocopy)	
6.4. Authority of the accountable officer/ Office Order/ Travel Order (1 photocopy)	Disbursing Officer/ Employee
HONORARIA - GOVERNMENT PERSONNEL INVOLVED IN GOVERNMENT PROCUREMENT	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. Honoraria Payroll, for general claims (2 original copies)	HRMU
5. Office Order creating and designating the BAC composition and authorizing the members to collect honoraria (1 certified true copy)	BAC Secretariat
6. Certification that the procurement involves competitive bidding (1 original copy)	
7. Notice of Award to the winning bidder of procurement activity being claimed (1 certified true copy)	
8. Minutes of BAC Meeting (1 certified true copy)	
9. Attendance Sheet listing names of attendees to the BAC meeting (1 certified true copy)	
10. Other sufficient and relevant documents to establish validity of claim	
10.1. Computation of honoraria per project (1 original copy)	



HONORARIA - LECTURERS, RESOURCE PERSONS, COORDINATORS AND FACILITATORS	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 original copies)	Accounting Unit
3. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
4. Certification of Availability of Funds (2 original copies)	
5. Office Order (1 certified true copy)	HRMU c/o PETRU
6. Coordinator's report on lecturer's schedule (1 photocopy)	Coordinator c/o PETRU
7. Course Syllabus/Program of Lectures (1 photocopy)	PETRU
8. Duly approved DTR, in case of claims by the coordinator and facilitators (1 photocopy)	Coordinator or facilitator c/o PETRU
9. Other sufficient and relevant documents to establish validity of claim	PETRU
9.1. Computation on granting of honoraria (1 original copy)	
9.2. Certification as to number of actual lecture/training hours and compliance with the tasks assigned (1 original copy)	
9.3. Attendance Sheet (1 certified true copy)	
9.4. Proof of monthly salary rate or copy of appointment/Notice of Salary Adjustment (NOSA), if from government agency (1 photocopy)	Lecturer, Resource Person, Coordinator or Facilitator c/o PETRU
9.5. Curriculum Vitae/ Resume/ Profile (1 photocopy)	
9.6. Letter/invitation to guest resource speaker/persons (as accepted/conformed), if any (1 photocopy or electronic copy)	PETRU
UTILITY EXPENSES	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 original copies)	Accounting Unit



3. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
4. Certification of Availability of Funds (2 original copies)	
5. Invoice/ Billing Invoice (1 original copy)	Utility Provider c/o EFMU
6. Statement of Account/ Bill (supplementary document) (1 original copy)	
7. Other sufficient and relevant documents to establish validity of claim	
7.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	Office of the Medical Center Chief (OMCC) c/o Budget Unit
TELEPHONE/ COMMUNICATION EXPENSES	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 original copies)	Accounting Unit
3. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
4. Certification of Availability of Funds (2 original copies)	
5. For telephone and internet subscription services	
5.1. Invoice/ Billing Invoice (1 original copy)	Utility Provider c/o IHOMS
5.2. Statement of Account/ Bill (supplementary document) (1 original copy)	
5.3. Certification by Head of Agency or his authorized representatives that all National Direct Dial (NDD), National Operator Assisted Calls and International Operator Assisted Calls are official calls, if applicable (1 original copy)	Office of the Medical Center Chief (OMCC) c/o IHOMS
6. For communication expenses incurred by authorized officials and employees for the performance of their official duties and responsibilities	



6.1. Communication Expense Payroll, for general claims (1 original copy)	HRMU
6.2. Authority from the Head of Agency for entitlement to communication expenses (1 certified true copy)	
6.3. Self-Certification that the communication expenses incurred were official in nature and necessary to the performance of official duties and responsibilities (1 original copy)	Employee c/o HRMU
7. Other sufficient and relevant documents to establish validity of claim	
7.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
FIDELITY BOND PREMIUM	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. List of Bonded Accountable Public Officers (1 original copy)	Cash Unit
5. Request for Application for Bonding and/or Cancellation of Fidelity Bond of Accountable Public Officer (1 certified true copy)	
6. Other sufficient and relevant documents to establish validity of claim	
6.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
PROPERTY INSURANCE PREMIUM	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 original copies)	Accounting Unit
3. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit



4. Certification of Availability of Funds (2 original copies)	
5. Policy ID (1 original copy)	
6. Fire Insurance Quotation, for fire insurance (1 original copy)	Insurance Provider c/o EFMU/ MMU
7. Property Inventory Form, for fire insurance (1 original copy)	
8. Other sufficient and relevant documents to establish validity of claim	
8.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
EXTRAORDINARY AND MISCELLANEOUS EXPENSES	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 original copies)	Accounting Unit
3. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
4. Certification of Availability of Funds (2 original copies)	
5. Invoices and/or other documents evidencing disbursement, if there are available, or in lieu thereof, certification executed by the official concerned that the expense sought to be reimbursed have been incurred for any of the purposes contemplated under the provisions of the GAA in relation to or by reasons of his position (1 original copy)	Originating Unit
6. Other sufficient and relevant documents to establish validity of claim	
6.1. Office Order/ Notice of meeting, if applicable (1 certified true copy)	Originating Unit
6.2. Attendance Sheet, if applicable (1 certified true copy)	
6.3. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
INTRA-AGENCY FUND TRANSFER	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit



2. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. Other sufficient and relevant documents to establish validity of claim	MSWU
5. For implementation of DOH Programs	
5.1. Sub-Allotment Advice (SAA) and Guidelines (1 photocopy)	Budget Unit
5.2. List of Patients Served Fund (1 original copy)	MSWU
5.3. Report on utilization of program fund, if any (1 original copy)	
6. For taxes remitted using other fund	
6.1. Certification of Taxes Remitted Using Other Fund (1 original copy)	Accounting Unit
6.2. BIR eFPS Payment Form, if applicable (1 photocopy)	



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
2. Submit the supporting documents required for the processing of DV.	2.1. Receive the DV and supporting documents (SD). Stamp "RECEIVED" and record the details in the "In/Out" sheet of the Disbursement Monitoring System (DMS).	none	15-30 minutes	Accounting Staff (Receiving/Releasing Staff)/ Accounting Unit
	2.2. Review the accuracy and completeness of SDs based on Checklist of Documentary Requirements. 2.2.1. If with discrepancies or deficiencies, endorse to the Receiving/Releasing Staff to return to the Requesting Office/ Unit with noted discrepancies or deficiencies 2.2.2. If deemed complete, verify the data entries in DV and add the relevant SDs.	none	1 working day	Accounting Staff (Designated Staff under Disbursement Section)/ Accounting Unit
	2.3. Prepares BIR Form No. 2307, if applicable.	none	15 minutes – 2 hours	Accounting Staff (Designated Staff under Disbursement Section)/ Accounting Unit
	2.4. Initials on BIR Form No. 2307 upon review.	none		Accounting Staff (In-charge for Tax Related



				Transactions)/ Accounting Unit
	2.5. Assign DV number and record the DV details in the designated sheet of the DMS.	none	10 minutes - 1 hour	Accounting Staff (Designated Staff under Disbursement Section)/ Accounting Unit
	2.6. Review the sufficiency and relevance of SDs. 2.6.1. If with concerns or with for submission of additional sufficient and relevant documents, inform the Head of Accounting Unit for further review. Return them, if applicable with noted concerns or to submit additional documents through the Receiving/Releasing Staff.	none	30 minutes - 3 hours	Accountant III/ (In-Charge of Disbursement Section)/ Accounting Unit
	2.7. If deemed complete and proper, sign the availability of cash, completeness of supporting documents and propriety of the amount claimed, indicating the date.	none	10 minutes - 1 hour	Accountant IV/ Authorized Representative (Head of Accounting Unit)/ Accounting Unit
	2.8. Record on the logbook and "In/Out" sheet of the DMS. Release the DV and SDs to the Office of the Financial Management Officer (FMO) for recommending approval of DV to the Head of Agency or his duly authorized	none	15-30 minutes	Accounting Staff (Receiving/ Releasing Staff)/ Accounting Unit



	representative (Approved for Payment (Box D) of DV).			
		TOTAL	2 days	



3. PROCUREMENT OF GOODS, CONSULTING SERVICES AND INFRASTRUCTURE PROJECTS

This process covers the processing of Disbursement Voucher for payment of procurement of goods, consulting services and infrastructure projects, according to mode of procurement conducted.

Office or Division:	Accounting Unit	
Classification:	Complex	
Type of Transaction:	G2B - Government to Business G2G - Government to Government	
Who may avail:	Suppliers, Contractors, and Consultants	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
INFRASTRUCTURE PROJECTS - ADVANCE PAYMENT FOR MOBILIZATION COST		
1. Disbursement Voucher (DV) (2 original copies)		Requesting Office/ Unit
2. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)		Budget Unit
3. Certification of Availability of Funds (2 original copies)		
4. Approved letter request from contractor for advance payment (1 original copy)		Contractor c/o EFMU
5. Irrevocable standby letter of credit from a commercial bank, a bank guarantee or a surety bond callable upon demand, issued by a surety or insurance company duly licensed by the Insurance Commission (IC) (1 photocopy)		
6. Complete documentary requirements for the mode of procurement conducted (see CDR of mode of procurement)		Procurement Unit c/o EFMU
7. Other sufficient and relevant documents to establish validity of claim		EFMU
INFRASTRUCTURE PROJECTS - VARIATION ORDER/CHANGE ORDER/EXTRA WORK ORDER		
1. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)		Budget Unit



2. Certification of Availability of Funds (2 original copies)	
3. Approved Change Order (CO)/Extra Work Order (EWO) (1 original copy)	EFMU
4. Approved original plans indicating the affected portion(s) of the project and duly revised plans and specifications, if applicable, indicating the changes made which shall be color coded (1 photocopy)	
5. Agency's report establishing the necessity/justification(s) for the need of such CO and/or EWO which shall include: (a) the computation as to the quantities of the additional works involved per item indicating the specific stations where such works are needed; (b) the date of inspection conducted and the results of such inspection; (c) a detailed estimate of the unit cost of such items of work for new unit costs including those expressed in volume/area/lump-sum/lot (1 photocopy)	
6. Approved/revised PERT/CPM Network Diagram which shall be color coded, reflecting the effect of additional/deductive time on the contract period and the corresponding detailed computations for the additional/deductive time for the subject Change Order/Extra Work Order (1 photocopy)	
7. Approved detailed breakdown of contract cost for the variation order (1 photocopy)	
8. COA Technical Evaluation Report for the original contract (1 photocopy)	
9. If the Variation Order to be reviewed is not the 1st variation order, all of the above requirements for all previously approved variation orders, if not yet reviewed, otherwise, copy of the COA Technical Evaluation Report for the previously approved variation orders (1 photocopy)	
10. Additional performance security in the prescribed form and amount if variation order exceeds 10% of the original contract cost	Contractor c/o EFMU
10.1. Cash or cashier's/manager's check issued by a Universal or Commercial Bank; Bank draft/guarantee or irrevocable	



letter of credit issued by a Universal or Commercial Bank - 10% (1 photocopy)	
10.2. Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission - 30% (1 photocopy)	
11. Additional documents under COA Circular No. 2009-001	
11.1. Approved Original Contract (1 photocopy)	Procurement Unit c/o EFMU
11.2. Approved detailed breakdown of contract cost for the original contract (1 photocopy)	
11.3. Notice to Proceed indicating the date of receipt by the contractor (1 photocopy)	
12. Other sufficient and relevant documents to establish validity of claim	
12.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	Office of the Medical Center Chief (OMCC) c/o Budget Unit
12.2. Sub-Allotment Advice and Guidelines, if applicable (1 photocopy)	
INFRASTRUCTURE PROJECTS - PROGRESS PAYMENT	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 original copies)	Accounting Unit
3. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) with updated Status of Obligation (Box C) (2 original copies)	Budget Unit
4. Approved letter request from contractor for progress payment (1 original copy)	Contractor c/o EFMU
5. Statement of Work Accomplished (SWA)/Progress Billing (1 original copy)	EFMU
6. Inspection Report by the Agency's Authorized Engineer (1 original copy)	



7. Certificate of Percentage of Completion (1 original copy)	
8. Monthly Certificate of Payment/ Summary of Billing (1 original copy)	
9. Results of Test Analysis, if applicable (1 original copy)	
10. Statement of Time Elapsed (1 original copy)	Contractor c/o EFMU
11. Contractor's Affidavit on payment of laborers and materials (1 original copy)	
12. Pictures, before, during and after construction of items of work especially the embedded items (1 original copy)	
13. DV of all previous payments (1 photocopy)	Accounting Unit
14. Other sufficient and relevant documents to establish validity of claim	
14.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
INFRASTRUCTURE PROJECTS - FINAL PAYMENT	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 original copies)	Accounting Unit
3. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) with updated Status of Obligation (Box C) (2 original copies)	Budget Unit
4. Approved letter request from contractor for final payment (1 original copy)	Contractor c/o EFMU
5. Statement of Work Accomplished (SWA)/Final Billing (1 original copy)	EFMU
6. Inspection Report by the Agency's Authorized Engineer (1 original copy)	
7. Certificate of Completion (1 original copy)	



8. Monthly Certificate of Payment/ Summary of Billing (1 original copy)	
9. As-Built plans (1 original copy)	
10. Turn over documents/transfer of project and facilities such as motor vehicle, laptops, other equipment and furniture included in the contract to concerned government agency (1 original copy)	
11. Certificate of Acceptance, if any (1 original copy)	
12. Results of Test Analysis, if applicable (1 original copy)	Contractor c/o EFMU
13. Statement of Time Elapsed (1 original copy)	
14. Contractor's Affidavit on payment of laborers and materials (1 original copy)	
15. Pictures, before, during and after construction of items of work especially the embedded items (1 original copy)	
16. DV of all previous payments (1 photocopy)	
17. Warranty Security	
17.1. Cash or Letter of Credit issued by a Universal or Commercial Bank - 5%; Bank guarantee confirmed by a Universal or Commercial Bank – 10% (1 photocopy)	
17.2. Surety bond callable on demand issued by GSIS or a surety or insurance company duly certified by the Insurance Commission - 30% (1 photocopy)	
18. Updated BIR Tax Clearance from the BIR (certifying no outstanding tax liabilities, duly filed the latest income and business tax returns and paid the corresponding taxes due thereon), for final payment of infrastructure procured under Competitive Bidding or for ABCs above ₱500,000 under alternative methods (1 photocopy)	Contractor c/o Procurement Unit and EFMU
19. Other sufficient and relevant documents to establish validity of claim	



19.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
INFRASTRUCTURE PROJECTS - RELEASE OF RETENTION MONEY	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) with updated Status of Obligation (Box C) (2 original copies)	Budget Unit
3. Letter request from contractor for substitution/ release of retention (1 original copy)	Contractor c/o EFMU
4. Irrevocable standby letter of credit from a commercial bank, a bank guarantee or a surety bond callable upon demand, issued by a surety or insurance company duly licensed by the Insurance Commission (IC) (1 photocopy)	
5. Certification from the end-user that the project is completed, inspected and accepted (1 original copy)	EFMU
6. Other sufficient and relevant documents to establish validity of claim	
6.1. Journal Entry Vouchers (JEVs) and DVs of all progress and final payment with retention (1 photocopy)	Accounting Unit
CONSULTING SERVICES	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 original copies)	Accounting Unit
3. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) with updated Status of Obligation (Box C) (2 original copies)	Budget Unit
4. Approved consultancy contract/ JO Order (JO) duly accepted by the consultant (1 original copy)	Procurement Unit c/o Requesting Office/ Unit
5. Letter request for payment from the consultant (1 original copy)	Consultant c/o Requesting Office/ Unit



6. Approved consultancy Progress/Final Reports, and/or output required under the contract (1 original copy)	
7. Progress/Final Billing (1 certified true copy)	
8. Contract of infrastructure projects subject of Project Management Consulting Services (1 certified true copy)	Requesting Office/ Unit
9. Updated BIR Tax Clearance from the BIR (certifying no outstanding tax liabilities, duly filed the latest income and business tax returns and paid the corresponding taxes due thereon), for final payment of consulting services procured under Competitive Bidding or for ABCs above ₱500,000 under alternative methods (1 photocopy)	Consultant c/o Procurement Unit and Requesting Office/ Unit
10. Complete documentary requirements for the mode of procurement conducted (see CDR of mode of procurement)	Procurement Unit c/o Requesting Office/ Unit
11. Other sufficient and relevant documents to establish validity of claim	
GOODS - SUPPLIES, MATERIALS, EQUIPMENT AND MOTOR VEHICLES	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 original copies)	Accounting Unit
3. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) with updated Status of Obligation (Box C) (2 original copies)	Budget Unit
4. Approved contract/ Purchase Order (PO) duly accepted by the supplier (1 original, for initial payment or 1 photocopy, for succeeding payments of partial/ staggered delivery of goods)	Procurement Unit c/o MMU
5. Inspection and Acceptance Report (IAR) (1 original copy)	MMU
6. Invoice showing the quantity, description of the articles, unit and total value, duly signed by the dealer or his authorized representative, and indicating receipt by the proper official of items delivered (1 original copy)	Supplier c/o MMU

7. Additional documents required under COA Circular No. 2009-001	
7.1. Certificate of Exclusive Distributorship, if applicable (1 photocopy)	
7.2. Samples and brochures/photographs, if applicable (1 photocopy)	
7.3. For imported items: Consular Invoice/Pro-forma invoice of the foreign supplier with the corresponding details, Home Consumption Value of the items and Breakdown of the expenses incurred in the Importation (1 photocopy)	
8. Results of Test Analysis, if applicable (1 photocopy)	
9. Tax receipts from the Bureau of Customs or the BIR indicating the exact specifications and/or serial number of the equipment procured by the government as proof of payment of all taxes and duties due on the same equipment, supplied or sold to the government (1 photocopy)	
10. Property Acknowledgement Receipt (PAR), for equipment (1 original copy)	MMU
11. Warranty Security for a minimum period of three months, in the case of expendable supplies, or a minimum period of one year in the case of semi-/non-expendable supplies, after acceptance by the procuring entity of the delivered supplies (see CDR of procurement method used)	Supplier c/o Procurement Unit and MMU
12. Updated BIR Tax Clearance from the BIR (certifying no outstanding tax liabilities, duly filed the latest income and business tax returns and paid the corresponding taxes due thereon), for final payment of goods procured under Competitive Bidding or for ABCs above ₱500,000 under alternative methods (1 photocopy)	
13. Complete documentary requirements for the mode of procurement conducted, for initial payment (see CDR of mode of procurement)	Procurement Unit c/o MMU



14. Other sufficient and relevant documents to establish validity of claim	
14.1. Computation of Liquidated Damages (CLD), if applicable (1 original copy)	MMU
14.2. Certification from MMU, for discrepancies on date of delivery and IAR (1 original copy)	
14.3. Certification from End-User that the documentary requirements in Terms of Reference (TOR) are verified as valid and complete, for equipment and motor vehicles, if applicable (1 original copy)	Requesting Office/ Unit c/o MMU
14.4. Approved letter request from supplier (1 original copy)	
14.4.1. Grant of time extensions for delivery or performance	Supplier c/o OMCC and MMU
14.4.2. Payment (partial/full) for delivered goods duly inspected and accepted	
14.4.3. Insubstantial/immaterial change or modification in the specifications	
14.4.4. Others:	
GENERAL SUPPORT SERVICES - SECURITY	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 original copies)	Accounting Unit
3. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) with updated Status of Obligation (Box C) (2 original copies)	Budget Unit
4. Approved contract, duly signed and notarized (1 original, for initial payment or 1 photocopy, for succeeding payments during the contract duration)	Procurement Unit c/o Security Unit
5. Request for payment (1 original copy)	Supplier c/o Security Unit
6. Invoice (1 original copy)	



7. Record of Attendance/ Service (1 original copy)	Security Unit
8. Certificate of Acceptance (1 original copy)	
9. Accomplishment Report, for submission every quarter (1 original copy)	
10. Proof of remittance to concerned government agencies [BIR/ Social Security System (SSS)/ ECC/ Pag-ibig/ PhilHealth], for submission every quarter (1 photocopy)	Supplier c/o Security Unit
11. Complete documentary requirements for the mode of procurement conducted, for initial payment (see CDR of mode of procurement)	Procurement Unit c/o Requesting Office/ Unit
12. Updated BIR Tax Clearance from the BIR (certifying no outstanding tax liabilities, duly filed the latest income and business tax returns and paid the corresponding taxes due thereon), for final payment of goods procured under Competitive Bidding or for ABCs above ₱500,000 under alternative methods (1 photocopy)	Supplier c/o Procurement Unit and Requesting Office/ Unit
13. Other sufficient and relevant documents to establish validity of claim	
13.1. Computation for payment of security services including deductions (1 original copy)	Security Unit
13.2. Approved work schedule of security personnel (1 original copy)	
13.3. Approved request for change of schedule, overtime, etc., if applicable (1 original copy)	
13.4. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
13.5. For extension of contract	
13.5.1. Approved notice of extension (1 original, for initial payment or 1 photocopy for succeeding payments during the contract extension)	Procurement Unit c/o Security Unit



13.5.2. Report to the Government Procurement Policy Board (GPPB), for contract extension beyond six (6) months (1 photocopy)	
REPAIR AND MAINTENANCE OF EQUIPMENT AND MOTOR VEHICLES	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 original copies)	Accounting Unit
3. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) with updated Status of Obligation (Box C) (2 original copies)	Budget Unit
4. Certification of Availability of Funds (2 original copies)	
5. Approved contract/ Job Order (JO) (1 original, for initial payment or 1 photocopy, for succeeding payments during the contract duration, if applicable)	Procurement Unit c/o Requesting Office/ Unit
6. Warranty Certificate (1 photocopy)	Supplier c/o Requesting Office/ Unit
7. Request for payment (1 original copy)	
8. Invoice ¹ (1 original copy)	
9. Certificate of Acceptance (1 original copy)	Requesting Office/ Unit
10. Post-Repair Inspection Report (1 original copy)	
11. Report of waste materials (1 photocopy)	MMU c/o Requesting Office/ Unit
12. Complete documentary requirements for the mode of procurement conducted, for initial payment (see CDR of mode of procurement)	Procurement Unit c/o Requesting Office/ Unit
13. Updated BIR Tax Clearance from the BIR (certifying no outstanding tax liabilities, duly filed the latest income and business tax returns and paid the corresponding taxes due thereon), for final payment of goods procured under Competitive Bidding or for ABCs above ₱500,000 under alternative methods (1 photocopy)	Supplier c/o Procurement Unit and Requesting Office/ Unit



14. Other sufficient and relevant documents to establish validity of claim	
14.1. Accomplishment Report showing breakdown of resources used/ work done (1 original copy)	Requesting Office/ Unit
OTHER PROFESSIONAL SERVICES	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 original copies)	Accounting Unit
3. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
4. Certification of Availability of Funds (2 original copies)	
5. Approved contract/ Memorandum of Agreement (MOA) (1 original, for initial payment or 1 photocopy, for succeeding payments during the contract duration, if applicable)	Procurement Unit c/o Requesting Office/ Unit
6. Invoice(1 original copy)	Supplier c/o Requesting Office/ Unit
7. Approved request for purchase/ Laboratory Request Form (1 photocopy)	
8. Complete documentary requirements for the mode of procurement conducted, for initial payment (see CDR of mode of procurement)	Procurement Unit c/o Requesting Office/ Unit
9. Updated BIR Tax Clearance from the BIR (certifying no outstanding tax liabilities, duly filed the latest income and business tax returns and paid the corresponding taxes due thereon), for final payment of goods procured under Competitive Bidding or for ABCs above ₱500,000 under alternative methods (1 photocopy)	Supplier c/o Procurement Unit and Requesting Office/ Unit
10. Other sufficient and relevant documents to establish validity of claim	
10.1. Statement of Account (supplementary document), if any (1 original copy)	Supplier c/o Requesting Office/ Unit



10.2. Justification Letter from End-User, for requested procedures not included in contract/ MOA, for sent-out laboratory services, if applicable (1 original copy)	Requesting Office/ Unit
OTHER GENERAL SERVICES	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 original copies)	Accounting Unit
3. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
4. Certification of Availability of Funds (2 original copies)	
5. Approved contract/ Memorandum of Agreement (MOA) (1 original, for initial payment or 1 photocopy, for succeeding payments during the contract duration, if applicable)	Procurement Unit c/o Requesting Office/ Unit
6. Invoice from supplier/ service provider (1 original copy)	Supplier c/o Requesting Office/ Unit
7. Results of Test Analysis, if applicable (1 photocopy)	Supplier c/o Requesting Office/ Unit
8. Certificate of Acceptance, if applicable (1 original copy)	Requesting Office/ Unit
9. Complete documentary requirements for the mode of procurement conducted, for initial payment (see CDR of mode of procurement)	Procurement Unit c/o Requesting Office/ Unit
10. Updated BIR Tax Clearance from the BIR (certifying no outstanding tax liabilities, duly filed the latest income and business tax returns and paid the corresponding taxes due thereon), for final payment of goods procured under Competitive Bidding or for ABCs above ₱500,000 under alternative methods (1 photocopy)	Supplier c/o Procurement Unit and Requesting Office/ Unit
11. Other sufficient and relevant documents to establish validity of claim	
11.1. Accomplishment Report from end-user showing breakdown of resources used and work done, if applicable (1 original copy)	Requesting Office/ Unit



11.2. Service Report for supplier of service, if applicable (1 original copy)	Supplier c/o Requesting Office/ Unit
11.3. Pictures taken during/ after render of service, if applicable (1 original copy)	
11.4. Certificate of treatment from DENR-accredited treatment facility, for siphoning services, valid DENR Recognition and DOH Accreditation, for water analysis, if applicable (1 photocopy)	
PETROLEUM FUEL, OIL AND LUBRICANT (POL) PRODUCTS	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 original copies)	Accounting Unit
3. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
4. Certification of Availability of Funds (2 original copies)	
5. Approved contract/ Memorandum of Agreement (MOA) (1 original, for initial payment or 1 photocopy, for succeeding payments during the contract duration, if applicable)	Procurement Unit c/o Requesting Office/ Unit
6. Invoice from supplier (1 original copy)	Supplier c/o Requesting Office/ Unit
7. Approved request for purchase/ Fuel, Oil and Lubricants Order Slip (1 original copy)	
8. Approved Trip Tickets (1 original copy)	
9. Complete documentary requirements for the mode of procurement conducted, for initial payment (see CDR of mode of procurement)	Procurement Unit c/o Requesting Office/ Unit
10. Updated BIR Tax Clearance from the BIR (certifying no outstanding tax liabilities, duly filed the latest income and business tax returns and paid the corresponding taxes due thereon), for final payment of goods procured under Competitive Bidding or for ABCs above ₱500,000 under alternative methods (1 photocopy)	Supplier c/o Procurement Unit and Requesting Office/ Unit



11. Other sufficient and relevant documents to establish validity of claim	
11.1. Statement of Account/ summary of invoices (supplementary document) (1 original copy)	Supplier c/o Requesting Office/ Unit
11.2. Summary of Daily Totals of Requisition (1 original copy)	Requesting Office/ Unit
11.3. Consumption Report (1 original copy)	
11.4. For extension of contract	
11.4.1. Approved notice of extension (1 original, for initial payment or 1 photocopy for succeeding payments during the contract extension)	Procurement Unit c/o Requesting Office/ Unit
11.4.2. Report to the Government Procurement Policy Board (GPPB), for contract extension beyond six (6) months (1 photocopy)	
11.5. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
EXPENSES FOR TRAININGS AND HOSPITAL ACTIVITIES	
1. Disbursement Voucher (DV) (2 originals)	Requesting Office/ Unit
2. BIR Form No. 2307 Certificate of Creditable Tax Withheld At Source, if applicable (2 originals)	Accounting Unit
3. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) with updated Status of Obligation (Box C) (2 originals)	Budget Unit
4. Certification of Availability of Funds (2 originals)	
5. Approved contract/ Job Order (JO) (1 original, for initial payment or 1 photocopy, for succeeding payments during the contract duration)	Procurement Unit c/o Requesting Office/ Unit
6. Invoice signed/ acknowledged by the end-user (1 original)	Supplier c/o Requesting Office/ Unit
7. Certificate of Acceptance (1 original)	Requesting Office/ Unit



8. Complete documentary requirements for the mode of procurement conducted, for initial payment (see CDR of mode of procurement)	Procurement Unit c/o Requesting Office/ Unit
9. Updated BIR Tax Clearance from the BIR (certifying no outstanding tax liabilities, duly filed the latest income and business tax returns and paid the corresponding taxes due thereon), for final payment of goods procured under Competitive Bidding or for ABCs above ₱500,000 under alternative methods (1 photocopy)	Supplier c/o Procurement Unit and Requesting Office/ Unit
10. Other sufficient and relevant documents to establish validity of claim	
10.1. Trip Ticket/ Passengers' List, for transportation/ rental of service vehicle (1 original/ certified true copy)	Supplier c/o Requesting Office/ Unit
10.2. Complete Attendance Sheet with title of training/ activity, date and venue certified by the requisitioning office/ unit head, for meals/ catering services and hotel accommodation (1 original/ certified true copy)	Requesting Office/ Unit
10.3. Acknowledgment Receipt, for tokens, prizes and giveaways (1 original/ certified true copy)	
10.4. Photos taken during the conduct of training or activity , for stage set-up, decorations (1 printed copy)	
RELEASE OF RETENTION MONEY AS WARRANTY SECURITY	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) of delivered goods, rendered services or completed projects under Contract covered by the warranty security, with updated Status of Obligation (Box C) (2 original copies)	Budget Unit
3. Other sufficient and relevant documents to establish validity of claim	
3.1. Approved letter request from supplier or contractor for release of retention money as warranty security (1 original copy)	Supplier c/o Requesting Office/ Unit



3.2. Approved Journal Entry Voucher (JEV), DV and ORS/ BURS for payment of delivered goods, rendered services or completed projects (1 photocopy)	Accounting Unit
3.3. Inspection and Acceptance Report/ Certificate of Acceptance and Invoices issued for the delivered goods, rendered services or completed projects under Contract covered by the warranty security (1 photocopy)	Requesting Office/ Unit
3.4. Contract/ Purchase Order (PO)/ Job Order (JO) and Notice of Award (NOA), if any (1 photocopy)	
RELEASE OF PERFORMANCE SECURITY	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. Other sufficient and relevant documents to establish validity of claim	Accounting Unit
4.1. Advice of NCA issued to cover the release of performance security (1 photocopy)	
4.2. Letter request from supplier or contractor for release of performance security (1 original copy)	Supplier, Contractor or Consultant c/o Accounting Unit
4.3. Official Receipt of performance security being requested for release (1 original/photocopy)	
4.4. Inspection and Acceptance Report/ Certificate of Acceptance issued for the delivered goods, rendered services or completed projects under Contract covered by the performance security (1 photocopy)	Accounting Unit
4.5. Journal Entry Voucher (JEV) for deposit of collection with the National Treasury (1 photocopy)	
4.6. Contract/ Purchase Order (PO)/ Job Order (JO) and Notice of Award (NOA), if applicable (1 photocopy)	
4.7. Report of Collection and Deposit (1 photocopy)	



4.8. Validated Deposit Slip (1 photocopy)	
PROCUREMENT THROUGH ALTERNATIVE METHODS - NEGOTIATED PROCUREMENT (DIRECT RETAIL PURCHASE OF ONLINE SUBSCRIPTIONS)	
1. Disbursement Voucher (DV) (2 original copies)	Requesting Office/ Unit
2. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
3. Certification of Availability of Funds (2 original copies)	
4. Statement of Account from the credit card issuer showing the transaction (1 photocopy)	Requesting Office/ Unit
5. Payment confirmation receipt (1 original copy)	Supplier c/o Procurement Unit and Requesting Office/ Unit
6. Warranty Security (required if the terms and conditions or similar agreements do not provide corrective actions to be undertaken by the supplier or service provider on any noted defects in the procured item, as determined by the procuring entity) (1 photocopy)	
7. Proof of posting of electronic copy of the payment confirmation receipt and agreed terms and conditions or similar agreements in the PhilGEPS website, the website of the Procuring Entity (PE), if available, and at any conspicuous place in the PE premises, for ABCs above ₱500,000 (1 original copy)	BAC Secretariat/ Procurement Unit
8. Certification by the HoPE or his/her duly authorized representative stating that the direct electronic payment using credit card is more expeditious and inexpensive mode of payment (1 original copy)	
9. Approved BAC Resolution delegating to specific officials, personnel, committee or office in the PE the conduct of Direct Retail Purchase (1 original copy)	
10. Approved Purchase Request (PR) (1 original copy)	Requesting Office/ Unit
11. Justification by the End-User on its need to directly purchase a specific online subscription to the HoPE	



11.1. Report indicating that no local provider is available (1 original copy)	
11.2. Comparative matrix and evaluation showing that the preferred specific online subscription is better than any other similar online subscriptions available locally or that there is no suitable substitute in the local market that can be obtained at more advantageous terms (1 original copy)	
12. Prior approval of the HoPE if the online subscription would require an ABC beyond ₱1,000,000 but not exceeding ₱5,000,000 (1 original copy)	BAC Secretariat/ Procurement Unit
13. Approved Annual Procurement Plan (APP) or Supplemental APP (SAPP) highlighting the row where the particular Goods, Consulting Services and/or Infrastructure Projects subject to payment is indicated (1 certified true copy)	BAC Secretariat/ Procurement Unit
13.1. Project Procurement Management Plan (PPMP) (1 certified true copy)	Requesting Office/ Unit
13.2. Work and Financial Plan (WFP) (1 certified true copy)	Requesting Office/ Unit c/o PMU
14. Other sufficient and relevant documents to establish validity of claim	
14.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
ADDITIONAL SUPPORTING DOCUMENTS REQUIRED ACCORDING TO MODE OF PROCUREMENT	
COMPETITIVE BIDDING	
1. Warranty Security	Supplier c/o Procurement Unit and Requesting Office/ Unit
1.1. Retention money or a special bank guarantee - 2.5%, for goods and Management Committee Resolution for standardizing the percentage for the amount of warranties required in the procurement of goods (1 photocopy)	
1.2. Cash or Letter of Credit issued by a universal or commercial bank - 5%; Bank guarantee confirmed by a	



universal or commercial bank - 10%; Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission - 30%, for infrastructure projects (1 photocopy)	
2. Posting of NOA, NTP and Contract of award in the PhilGEPS (1 electronic copy)	BAC Secretariat/ Procurement Unit
DIRECT CONTRACTING	
1. Warranty Security - retention money or a special bank guarantee - 2.5% and Management Committee Resolution for standardizing the percentage for the amount of warranties required in the procurement of goods (1 photocopy)	Supplier c/o Procurement Unit and Requesting Office/ Unit
2. Proof of posting of NOA, contract/PO/JO, including the NTP, if necessary, in the PhilGEPS website, the website of the Procuring Entity (PE), if available, and at any conspicuous place in the PE premises, for ABCs above ₱50,000 (1 electronic copy)	BAC Secretariat/ Procurement Unit
REPEAT ORDER	
1. Warranty Security - retention money upon payment or a special bank guarantee - 2.5% and Management Committee Resolution for standardizing the percentage for the amount of warranties required in the procurement of goods) (1 photocopy)	Supplier c/o Procurement Unit and Requesting Office/ Unit
2. Proof of posting of NOA, contract/PO/JO, including the NTP, if necessary, in the PhilGEPS website, the website of the Procuring Entity (PE), if available, and at any conspicuous place in the PE premises, for ABCs above ₱50,000 (1 electronic copy)	BAC Secretariat/ Procurement Unit
SHOPPING A AND B	
1. Proof of posting of contract/PO in the PhilGEPS website, the website of the Procuring Entity (PE), if available, and at any conspicuous place in the PE premises, for ABCs above ₱50,000 (1 electronic copy)	BAC Secretariat/ Procurement Unit
NEGOTIATED PROCUREMENT (TWO FAILED BIDDINGS)	
1. Warranty Security, except for consulting services	Supplier c/o Procurement Unit and Requesting Office/ Unit
1.1. Retention money upon payment or a special bank guarantee – 2.5%, for goods and Management	



Committee Resolution for standardizing the percentage for the amount of warranties required in the procurement of goods (1 photocopy)	
1.2. Cash or Letter of Credit – 5%; Bank guarantee confirmed by a Universal or Commercial Bank – 10%; Surety bond callable upon demand issued by GSIS or a surety or insurance company duly certified by the IC – 30%, for infrastructure projects (1 photocopy)	
2. Proof of posting of NOA, contract/PO/JO, including the NTP, if necessary, in the PhilGEPS website, the website of the Procuring Entity (PE), if available, and at any conspicuous place in the PE premises, for ABCs above ₱50,000 (1 electronic copy)	BAC Secretariat/ Procurement Unit
NEGOTIATED PROCUREMENT (EMERGENCY CASES)	
1. Warranty Security (may require depending on the nature of the procurement project, except for consulting services)	
1.1. Retention money or a special bank guarantee – 2.5%, for goods and Management Committee Resolution for standardizing the percentage for the amount of warranties required in the procurement of goods) (1 photocopy)	Supplier c/o Procurement Unit and Requesting Office/ Unit
1.2. Cash or Letter of Credit – 5%; Bank guarantee confirmed by a Universal or Commercial Bank – 10%; Surety bond callable upon demand issued by GSIS or a surety or insurance company duly certified by the IC – 30%, for infrastructure projects (1 photocopy)	
2. Proof of posting of contract/PO/JO in the PhilGEPS website, the website of the Procuring Entity (PE), if available, and at any conspicuous place in the PE premises, for ABCs above ₱500,000 (1 original copy)	BAC Secretariat/ Procurement Unit
NEGOTIATED PROCUREMENT (AGENCY-TO-AGENCY)	
1. Proof of posting of Contract/ PO/ JO/ MOA, in the PhilGEPS website, the website of the Procuring Entity (PE), if available, and at any conspicuous place in the PE premises, for ABCs above ₱50,000 (1 original copy)	BAC Secretariat/ Procurement Unit



NEGOTIATED PROCUREMENT (SMALL VALUE PROCUREMENT)		
1. Warranty Security (may require depending on the nature of the procurement project, except for consulting services)		Supplier c/o Procurement Unit and Requesting Office/ Unit
1.1. Retention money or a special bank guarantee – 2.5%, for goods and Management Committee Resolution for standardizing the percentage for the amount of warranties required in the procurement of goods) (1 photocopy)		
1.2. Cash or Letter of Credit – 5%; Bank guarantee confirmed by a Universal or Commercial Bank – 10%; Surety bond callable upon demand issued by GSIS or a surety or insurance company duly certified by the IC – 30%, for infrastructure projects (1 photocopy)		
2. Proof of posting of contract/PO/JO in the PhilGEPS website, the website of the Procuring Entity (PE), if available, and at any conspicuous place in the PE premises, for ABCs above ₱50,000 (1 original copy)		BAC Secretariat/ Procurement Unit
NEGOTIATED PROCUREMENT (LEASE OF VENUE)		
1. Proof of posting of NOA, contract/JO, including the NTP if necessary, in the PhilGEPS website, the website of the Procuring Entity (PE), if available, and at any conspicuous place in the PE premises, for ABCs above ₱50,000 (1 original copy)		BAC Secretariat/ Procurement Unit
NEGOTIATED PROCUREMENT (DIRECT RETAIL PURCHASE OF PETROLEUM FUEL, OIL AND LUBRICANT (POL) PRODUCTS)		
1. Proof of posting of contract/MOA in the PhilGEPS website, the website of the Procuring Entity (PE), if available, and at any conspicuous place in the PE premises, for ABCs above ₱50,000 (1 electronic copy)		BAC Secretariat/ Procurement Unit



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the supporting documents required for the processing of DV.	1.1. Receive the copies of DV and supporting documents (SDs). Stamps "RECEIVED" and records the details in the "In/Out" sheet of the DMS.	none	30 minutes	Accounting Staff (Receiving/Releasing Staff)/ Accounting Unit
	1.2. Preliminary review the accuracy and completeness of SDs based on Checklist of Documentary Requirements. 1.2.1. If with discrepancies or deficiencies, endorse them to the Receiving/Releasing Staff to return to the appropriate unit with noted discrepancies or deficiencies. 1.2.2. If deemed complete, verify the data entries in DV and add the relevant SDs.	none	1 day & 4 hours	Accounting Staff (Designated Staff under Disbursement Section)/ Accounting Unit
	1.3. Prepare BIR Form No. 2307.	none	2 hours	Accounting Staff (Designated Staff under Disbursement Section)/ Accounting Unit
	1.4. Initials on BIR Form No. 2307 upon review.	none		Accounting Staff (In-charge for Tax Related Transactions)/ Accounting Unit



	1.5. Assign DV number and record the DV details in the designated sheet of the DMS.	none	1 hour	Accountant III/ (In-Charge of Disbursement Section)/ Accounting Unit
	1.6. Review the sufficiency and relevance of SDs. 1.6.1. If with concerns or with for submission of additional sufficient and relevant documents, inform the Head of Accounting Unit for further review. Return them, if applicable with noted concerns or to submit additional documents through the Receiving/Releasing Staff.	none	6 hours	Accountant III/ (In-Charge of Disbursement Section)/ Accounting Unit
	1.7. If deemed complete and proper, sign the availability of cash, completeness of supporting documents and propriety of the amount claimed, indicating the date and sign other relevant SDs, if any.	none	2 hours	Accountant IV/ Authorized Representative (Head of Accounting Unit)/ Accounting Unit
	1.8. Record in the logbook and "In/Out" sheet of the DMS the release of signed DV together with SDs to the Office of the Financial Management Officer (FMO) for recommending approval of DV to the Head of Agency.	none	30 minutes	Accounting Staff (Receiving/ Releasing Staff)/ Accounting Unit



		TOTAL	3 days	
--	--	--------------	---------------	--



4. CERTIFYING FUNDS AVAILABILITY ON CONTRACTS

This process covers the processing of contract/ Purchase Order (PO)/ Job Order (JO) for certification of funds availability.

Office or Division:	Accounting Unit	
Classification:	Complex	
Type of Transaction:	G2B - Government to Business G2G - Government to Government	
Who may avail:	Suppliers, Contractors, and Consultants	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
PROCUREMENT THROUGH COMPETITIVE BIDDING		
1. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)		Budget Unit
2. Certification of Availability of Funds (2 original copies)		
3. Purchase Order (PO)/ Job Order (JO) (6 original copies)		Bids and Awards Committee (BAC) Secretariat/ Procurement Unit
4. Notice to Proceed (NTP), indicating the date of receipt by the contractor (1 certified true copy)		
5. Contract Agreement (1 certified true copy)		
6. Performance Security		Suppliers, Contractors, and Consultants c/o BAC Secretariat/ Procurement Unit
6.1. Cash or cashier's/manager's check issued by a universal or commercial bank; Bank draft/guarantee or irrevocable letter of credit issued by a universal or commercial bank - 5%, for goods and consulting services or 10%, for infrastructure projects (1 photocopy)		
6.2. Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission - 30% (1 photocopy)		
7. Notice of Award (NOA) (1 certified true copy)		BAC Secretariat/ Procurement Unit



8. Duly approved Program of Work or Delivery Schedule, and Detailed Cost Estimates, if applicable (1 certified true copy)	Requesting Office/ Unit c/o BAC Secretariat/ Procurement Unit
9. Approved BAC Resolution declaring winning bidder and recommending award of contract (1 certified true copy)	BAC Secretariat/ Procurement Unit
10. Post Qualification Evaluation Report (1 certified true copy)	
11. Bid Evaluation Report (1 certified true copy)	
12. Abstract of Bids (1 certified true copy)	
13. Documents of awarded contractor, for submission on 1 st payment, every January or upon expiration	Suppliers, Contractors, and Consultants c/o BAC Secretariat/ Procurement Unit
13.1. PhilGEPS Certificate of Registration for Platinum Membership (1 photocopy)	
14. Evidence of Invitation of three (3) observers in all stages of the procurement process (1 certified true copy/ electronic copy)	BAC Secretariat/ Procurement Unit
15. Advertisement of Invitation to Bid/Request for expression of interest	
15.1. Certification from the head of BAC Secretariat on the posting of advertisement at any conspicuous place in the PE premises (1 certified true copy)	
15.2. Advertisement posted in PhilGEPS website and the website of the PE, if available (1 electronic copy)	
16. Agenda and/or Supplemental Bid Bulletins, if any (1 certified true copy)	
17. Minutes of Pre-Procurement Conference, for projects costing above ₱5,000,000 for infrastructure, above ₱2,000,000 for goods, and above ₱1,000,000 for consulting services (1 certified true copy)	
18. Bidding Documents enumerated under Sec. 17.1 of the Revised IRR of RA No. 9184 which includes a complete set of approved plans/drawings and technical specifications for infrastructure projects, complete	



technical description of equipment and accessories, scope of works, if applicable, for goods, and rental and repair contracts, and Terms of Reference (TOR) for consulting services (1 original/ certified true copy)	
19. Invitation to Apply for Eligibility to Bid (1 certified true copy)	
20. Purchase Request (PR) (1 certified true copy)	Requesting Office/ Unit
21. Approved Annual Procurement Plan (APP) or Supplemental APP (SAPP) highlighting the row where the particular Goods, Consulting Services and/or Infrastructure Projects subject to payment is indicated (1 certified true copy)	BAC Secretariat/ Procurement Unit
21.1. Project Procurement Management Plan (PPMP) (1 certified true copy)	Requesting Office/ Unit
21.2. Work and Financial Plan (WFP) (1 certified true copy)	Requesting Office/ Unit c/o Planning and Management Unit (PMU)
22. Other sufficient and relevant documents to establish validity of claim	
22.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	Office of the Medical Center Chief (OMCC) c/o Budget Unit
22.2. Sub-Allotment Advice and Guidelines, if applicable (1 photocopy)	Budget Unit
PROCUREMENT THROUGH ALTERNATIVE METHODS - DIRECT CONTRACTING	
1. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
2. Certification of Availability of Funds (2 original copies)	
3. Contract/ Purchase Order (PO)/ Job Order (JO) (6 original copies)	BAC Secretariat/ Procurement Unit
4. Notice to Proceed (NTP), if necessary (1 original copy)	
5. Notice of Award (NOA) (1 original copy)	



6. Approved BAC Resolution recommending award of contract in favor of the supplier (1 original copy)	
7. Documents of awarded contractor, for submission on 1 st payment, every January or upon expiration (<i>PhilGEPS Certificate of Registration for Platinum Membership may be submitted in lieu of documents below³</i>)	Supplier c/o BAC Secretariat/ Procurement Unit
7.1. PhilGEPS Registration Number (1 photocopy)	
7.2. Mayor's/ Business Permit (1 photocopy)	
7.3. Income/Business Tax Return duly stamped and received by BIR and duly validated with tax payments (Annual Income Tax Return of the preceding tax year or Value Added Tax or Percentage Tax Return covering the previous six (6) months), for ABCs above ₱500,000 (1 photocopy)	
7.4. BIR Tax Clearance, for ABCs above ₱500,000 (1 photocopy)	
8. Price quotation or pro-forma invoice from direct supplier (1 electronic copy/ photocopy)	
9. For items of proprietary nature	
9.1. Letter of Patent, Copyright or any other document establishing proprietary nature and exclusivity of the source of the items/goods intended to be procured (1 photocopy)	Supplier c/o BAC Secretariat/ Procurement Unit
10. For critical components from a specific supplier	
10.1. Subject contract, specifically underscoring the clause which requires that procurement of critical plant component from a specific manufacturer, supplier or distributor is a condition precedent to hold the contractor to guarantee its performance under said contract (1 photocopy)	BAC Secretariat/ Procurement Unit



10.2. Certification of the BAC on procurement of critical plant components and/or to maintain certain standards (1 original copy)	
11. For sold by exclusive dealer or manufacturer	
11.1. Proof of exclusive dealership/manufacture of the specific items sought to be procured; and a list of sub-dealers, if any, and their sale prices for the said items (1 photocopy)	Supplier c/o BAC Secretariat/ Procurement Unit
11.2. Certificate of Exclusive Distributorship issued by the principal under oath and authenticated by the embassy/consulate nearest the place of the principal, in case of foreign suppliers (1 photocopy)	
12. Letter/ Request for Quotation (RFQ) to selected/direct supplier to submit a price quotation and conditions of sale (1 electronic copy)	BAC Secretariat/ Procurement Unit
13. Approved BAC Resolution recommending the use of alternative method of procurement (1 original copy)	
14. Approved Purchase Request (PR) (1 original copy)	Requesting Office/ Unit
15. Justification from End-User of the necessity for an item that may only be procured through Direct Contracting and proof that there is no suitable substitute in the market that can be obtained at more advantageous terms (1 certified true copy)	
16. Approved Annual Procurement Plan (APP) or Supplemental APP (SAPP) highlighting the row where the particular Goods, Consulting and/or Infrastructure Projects subject to payment is indicated (1 certified true copy)	BAC Secretariat/ Procurement Unit
16.1. Project Procurement Management Plan (PPMP) (1 certified true copy)	Requesting Office/ Unit
16.2. Work and Financial Plan (WFP) (1 certified true copy)	Requesting Office/ Unit c/o Planning and Management Unit (PMU)



17. Other sufficient and relevant documents to establish validity of claim	
17.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
PROCUREMENT THROUGH ALTERNATIVE METHODS - REPEAT ORDER	
1. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
2. Certification of Availability of Funds (2 original copies)	
3. Contract/ Purchase Order (PO)/ Job Order (JO) (6 original copies)	BAC Secretariat/ Procurement Unit
4. Notice to Proceed (NTP), if necessary (1 original copy)	
5. Notice of Award (NOA) (1 original copy)	
6. Approved BAC Resolution recommending award of contract in favor of the supplier (1 original copy)	
7. Certification from the Procurement Unit that the supplier has complied with all the requirements under the original contract (1 original copy)	
8. Copy of the original contract used as basis for repeat order indicating that the original contract was awarded through Competitive Bidding and reflecting the number of items procured, the quantities per item, their unit costs, and the total contract price (1 photocopy)	
9. NTP issued in favor of the incumbent supplier (1 photocopy)	
10. Canvass of prices of the same goods offered by the other suppliers in the market (1 photocopy)	Requesting Office/ Unit/ Procurement Unit
11. Approved BAC Resolution recommending the use of alternative method of procurement (1 original copy)	BAC Secretariat/ Procurement Unit
12. Approved Purchase Request (PR) (1 original copy)	Requesting Office/ Unit



13. Justification from End-User why the re-ordering is being pursued (1 original copy)	
14. Approved Annual Procurement Plan (APP) or Supplemental APP (SAPP) highlighting the row where the particular Goods, Consulting Services and/or Infrastructure Projects subject to payment is indicated (1 certified true copy)	BAC Secretariat/ Procurement Unit
14.1. Project Procurement Management Plan (PPMP) (1 certified true copy)	Requesting Office/ Unit
14.2. Work and Financial Plan (WFP) (1 certified true copy)	Requesting Office/ Unit c/o PMU
15. Other sufficient and relevant documents to establish validity of claim	
15.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
PROCUREMENT THROUGH ALTERNATIVE METHODS - SHOPPING A	
1. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
2. Certification of Availability of Funds (2 original copies)	
3. Contract/ Purchase Order (PO) (6 original copies)	
4. Approved BAC Resolution recommending award of contract to Lowest Calculated and Responsive Quotation (1 original copy)	BAC Secretariat/ Procurement Unit
5. Price quotation from invited supplier (1 original/electronic copy)	Supplier c/o BAC Secretariat/ Procurement Unit
6. Letter/invitation to submit quotation to supplier of known technical, legal and financial qualifications (1 electronic copy)	BAC Secretariat/ Procurement Unit
7. Approved BAC Resolution delegating to specific officials, personnel, committee or office in the PE the conduct of	



Shopping and award of contract, if applicable (1 original copy)	
8. Approved BAC Resolution recommending the use of alternative method of procurement (1 original copy)	
9. Approved Purchase Request (PR) indicating the urgency to address an identified need of the PE and the unforeseen contingency that caused its necessity (1 original copy)	Requesting Office/ Unit
10. Approved Annual Procurement Plan (APP) or Supplemental APP (SAPP) highlighting the row where the particular Goods, Consulting Services and/or Infrastructure Projects subject to payment is indicated (1 certified true copy)	BAC Secretariat/ Procurement Unit
10.1. Project Procurement Management Plan (PPMP) (1 certified true copy)	Requesting Office/ Unit
10.2. Work and Financial Plan (WFP) (1 certified true copy)	Requesting Office/ Unit c/o PMU
11. Other sufficient and relevant documents to establish validity of claim	
11.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
PROCUREMENT THROUGH ALTERNATIVE METHODS - SHOPPING B	
1. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
2. Certification of Availability of Funds (2 original copies)	
3. Contract/ Purchase Order (PO) (6 original copies)	BAC Secretariat/ Procurement Unit
4. Approved BAC Resolution recommending award of contract to Lowest Calculated and Responsive Quotation (1 original copy)	
5. Approved Abstract of Quotations (1 original/certified true copy)	



6. Documents of awarded contractor, for submission on 1 st payment, every January or upon expiration (<i>PhilGEPS Certificate of Registration for Platinum Membership may be submitted in lieu of documents below</i>)	
6.1. PhilGEPS Registration Number (1 photocopy)	Supplier c/o BAC Secretariat/ Procurement Unit
6.2. Mayor's/ Business Permit (1 photocopy)	
6.3. BIR Tax Clearance, for ABCs above ₱500,000 (1 photocopy)	
7. Price quotation from at least three (3) invited supplier (1 original/ electronic copy)	
8. Letter/invitation to submit quotation to at least three (3) suppliers of known qualifications (1 electronic copy)	BAC Secretariat/ Procurement Unit
9. Proof of posting of invitation or request for submission of price quotations in the PhilGEPS website, the website of the PE, if available, and at any conspicuous place reserved for this purpose in the PE premises, for ABCs above ₱50,000 (1 electronic copy)	
10. Approved BAC Resolution recommending the use of alternative method of procurement (1 original copy)	
11. Approved Purchase Request (PR) (1 original copy)	Requesting Office/ Unit
12. Approved Annual Procurement Plan (APP) or Supplemental APP (SAPP) highlighting the row where the particular Goods, Consulting Services and/or Infrastructure Projects subject to payment is indicated (1 certified true copy)	BAC Secretariat/ Procurement Unit
12.1. Project Procurement Management Plan (PPMP) (1 certified true copy)	Requesting Office/ Unit
12.2. Work and Financial Plan (WFP) (1 certified true copy)	Requesting Office/ Unit c/o PMU
13. Other sufficient and relevant documents to establish validity of claim	



13.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
PROCUREMENT THROUGH ALTERNATIVE METHODS - NEGOTIATED PROCUREMENT (TWO FAILED BIDDINGS)	
1. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
2. Certification of Availability of Funds (2 original copies)	
3. Purchase Order (PO)/ Job Order (JO) (6 original copies)	BAC Secretariat/ Procurement Unit
4. Notice to Proceed (NTP), if necessary (1 original copy)	
5. Contract Agreement (1 certified true copy)	
6. Performance Security	Suppliers, Contractors, and Consultants c/o BAC Secretariat/ Procurement Unit
6.1. Cash or cashier's/manager's check issued by a Universal or Commercial Bank; Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank - 5%, for goods and consulting services; 10%, for infrastructure projects (1 photocopy)	
6.2. Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission (IC) - 30% (1 photocopy)	
7. Notice of Award (NOA) (1 certified true copy)	BAC Secretariat/ Procurement Unit
8. Approved BAC Resolution recommending award of contract to Single or Lowest Calculated and Responsive Quotation, for goods or infrastructure projects; or Single or Highest Rated and Responsive Proposal, for consulting services (1 original/certified true copy)	
9. Approved Abstract of Quotations/ Ratings (1 original/certified true copy)	
10. Documents of awarded contractor, for submission on 1 st payment, every January or upon expiration	Suppliers, Contractors, and Consultants c/o BAC Secretariat/ Procurement Unit
10.1. PhilGEPS Certificate of Registration for Platinum Membership, if legal eligibility requirements are not	



subject to revision after the conduct of the mandatory review (1 photocopy)	
11. Price quotation/proposal from at least one (1) invited supplier, contractor or consultant (1 original/ electronic copy)	
12. Agency's offer for negotiations/ invitation to at least three (3) suppliers, contractors or consultants (1 original/ electronic copy)	BAC Secretariat/ Procurement Unit
13. Evidence of invitation of three (3) observers in all stages of the negotiation (1 certified true copy)	
14. Certification of BAC on the failure of competitive bidding for the second time/ A copy of the BAC resolutions declaring failure of biddings (1 certified true copy)	
15. Proof of posting of invitation or request for submission of price quotations/proposals in the PhilGEPS website, the website of the PE, if available, and at any conspicuous place reserved for this purpose in the PE premises (1 electronic copy)	
16. Approved BAC Resolution recommending the use of alternative method of procurement (1 original/certified true copy)	
17. Approved Purchase Request (PR) (1 original/certified true copy)	Requesting Office/ Unit
18. Approved Annual Procurement Plan (APP) or Supplemental APP (SAPP) highlighting the row where the particular Goods, Consulting Services and/or Infrastructure Projects subject to payment is indicated (1 certified true copy)	BAC Secretariat/ Procurement Unit
18.1. Project Procurement Management Plan (PPMP) (1 certified true copy)	Requesting Office/ Unit
18.2. Work and Financial Plan (WFP) (1 certified true copy)	Requesting Office/ Unit c/o PMU



19. Other sufficient and relevant documents to establish validity of claim	
19.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
PROCUREMENT THROUGH ALTERNATIVE METHODS - NEGOTIATED PROCUREMENT (EMERGENCY CASES)	
1. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
2. Certification of Availability of Funds (2 original copies)	
3. Contract/ Purchase Order (PO)/ Job Order (JO) (6 original copies)	BAC Secretariat/ Procurement Unit
4. Performance Security (may require depending on the nature of the procurement project, required for infrastructure projects)	Suppliers, Contractors, and Consultants c/o BAC Secretariat/ Procurement Unit
4.1. Cash or cashier's/manager's check or Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank - 5%, for goods and consulting services; 10%, for infrastructure projects (1 photocopy)	
4.2. Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission (IC) - 30% (1 photocopy)	
5. Approved BAC Resolution recommending award of contract (1 original copy)	BAC Secretariat/ Procurement Unit
6. Documents of awarded contractor, for submission on 1 st payment, every January or upon expiration (<i>PhilGEPS Certificate of Registration for Platinum Membership may be submitted in lieu of documents below, except OSS and NFCC</i>)	Suppliers, Contractors, and Consultants c/o BAC Secretariat/ Procurement Unit
6.1. Mayor's/ Business Permit (allowed to accept an expired permit with Official Receipt of renewal application, subject to submission of the permit after award of contract) (1 photocopy)	



6.2. PCAB License, for infrastructure projects (1 photocopy)	
6.3. Income/Business Tax Return duly stamped and received by BIR and duly validated with tax payments (Annual Income Tax Return of the preceding tax year or Value Added Tax or Percentage Tax Return covering the previous six (6) months), for ABCs above ₱500,000 (1 photocopy)	
6.4. BIR Tax Clearance, for ABCs above ₱500,000 (1 photocopy)	
6.5. Omnibus Sworn Statement (OSS) (allowed to accept an unnotarized OSS/ SPA subject to compliance therewith after award of contract), for ABCs above ₱500,000 (1 photocopy)	
6.5.1. Duly notarized Special Power of Attorney, Board/Partnership Resolution, Secretary's Certificate, whichever is applicable, for OSS executed by duly authorized representative (1 photocopy)	
6.6. Net Financial Contracting Capacity (NFCC), for infrastructure projects, for ABCs above ₱500,000 (1 photocopy)	
7. Price quotation from direct supplier with technical, legal and financial capability to deliver the goods, execute the works and perform the services to address the emergency (1 original/ electronic copy)	BAC Secretariat/ Procurement Unit
8. Approved BAC Resolution recommending the use of alternative method of procurement (1 original copy)	
9. Purchase Request (PR) (1 original copy)	Requesting Office/ Unit
10. Justification as to the necessity of purchase/ appropriate supporting documents identifying the emergency sought to be addressed, and the necessary goods, civil works or consulting services (e.g., Technical Specifications, Scope	



of Work or Terms of Reference) that have to be procured to address the emergency (1 original copy)	
11. Proof of the official declaration of a state of calamity by the President or the Local Chief Executive concerned, if applicable; or proof of the occurrence of a natural or man-made calamity or of other causes by reason of which, immediate action by the PE is necessary to prevent damage to or loss of life or property, or to restore vital public services, infrastructure facilities and other public utilities (1 photocopy)	
12. Approved Annual Procurement Plan (APP) or Supplemental APP (SAPP) highlighting the row where the particular Goods, Consulting Services and/or Infrastructure Projects subject to payment is indicated (1 certified true copy)	BAC Secretariat/ Procurement Unit
12.1. Project Procurement Management Plan (PPMP) (1 certified true copy)	Requesting Office/ Unit
12.2. Work and Financial Plan (WFP) (1 certified true copy)	BAC Secretariat/ Procurement Unit c/o PMU
13. Other sufficient and relevant documents to establish validity of claim	
13.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
PROCUREMENT THROUGH ALTERNATIVE METHODS - NEGOTIATED PROCUREMENT (AGENCY-TO-AGENCY)	
1. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
2. Certification of Availability of Funds (2 original copies)	
3. Contract/ Purchase Order (PO)/ Job Order (JO)/ Memorandum of Agreement (MOA) with the Servicing Agency (6 original copies)	BAC Secretariat/ Procurement Unit
4. Proof that the SA has the mandate to deliver the goods and services required to be procured or to undertake the infrastructure project or consultancy required by the PE,	Servicing Agency c/o BAC Secretariat/ Procurement Unit



and that it owns or has access to the necessary tools and equipment required for the project (e.g. Certification from the relevant officer of the SA that it complies with this requirement, copy of the law creating the SA and/or enumerating its functions, inventory of tools and equipment) (1 photocopy)	
5. For infrastructure projects, proof that the SA has a track record of having completed, or supervised a project, by administration or by contract, similar to and with a cost of at least fifty percent (50%) of the project at hand (e.g., Certification from the relevant officer of the SA that it complies with this requirement, Project Implementation Report) (1 photocopy)	
6. Approved BAC Resolution recommending the use of alternative method of procurement (1 original copy)	BAC Secretariat/ Procurement Unit
7. Approved Purchase Request (PR) (1 original copy)	Requesting Office/ Unit
8. Cost benefit analysis by the PE indicating that entering into an Agency-to-Agency Agreement with the Servicing Agency (SA) is more efficient and economical for the government (1 original copy)	Requesting Office/ Unit / BAC Secretariat/ Procurement Unit
9. Approved Annual Procurement Plan (APP) or Supplemental APP (SAPP) (total amount undertaken or to be undertaken through Agency-to-Agency Agreements shall not exceed 25% of the PE's total procurement budget for each category) highlighting the row where the particular Goods, Consulting Services and/or Infrastructure Projects subject to payment is indicated (1 certified true copy)	BAC Secretariat/ Procurement Unit
9.1. Project Procurement Management Plan (PPMP) (1 certified true copy)	Requesting Office/ Unit
9.2. Work and Financial Plan (WFP) (1 certified true copy)	Requesting Office/ Unit c/o PMU
10. Other sufficient and relevant documents to establish validity of claim	



10.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
PROCUREMENT THROUGH ALTERNATIVE METHODS - NEGOTIATED PROCUREMENT (SMALL VALUE PROCUREMENT)	
1. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
2. Certification of Availability of Funds (2 original copies)	
3. Contract/ Purchase Order (PO)/ Job Order (JO)/ Memorandum of Agreement (MOA) (6 original copies)	BAC Secretariat/ Procurement Unit
4. Performance Security (may require depending on the nature of the procurement project, required for infrastructure projects)	Suppliers, Contractors, and Consultants c/o BAC Secretariat/ Procurement Unit
4.1. Cash or cashier's/manager's check or Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank - 5%, for goods and consulting services; 10%, for infrastructure projects (1 photocopy)	
4.2. Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission (IC) - 30% (1 photocopy)	
5. Approved BAC Resolution recommending award of contract to Single or Lowest Calculated and Responsive Quotation, for goods or infrastructure projects; or Single or Highest Rated and Responsive Proposal, for consulting services (1 original/certified true copy)	BAC Secretariat/ Procurement Unit
6. Approved Abstract of Quotations/ Ratings (1 original/certified true copy)	
7. Documents of awarded contractor, for submission on 1 st payment, every January or upon expiration (<i>PhilGEPS Certificate of Registration for Platinum Membership may be submitted in lieu of documents below, except Professional License/ Curriculum Vitae and OSS</i>)	Suppliers, Contractors, and Consultants c/o BAC Secretariat/ Procurement Unit



7.1. PhilGEPS Registration Number (1 photocopy)	
7.2. Mayor's/ Business Permit (1 photocopy)	
7.3. Professional License/ Curriculum Vitae, for consulting services (1 photocopy)	
7.4. PCAB License, for infrastructure projects (1 photocopy)	
7.5. Income/Business Tax Return duly stamped and received by BIR and duly validated with tax payments (Annual Income Tax Return of the preceding tax year or Value Added Tax or Percentage Tax Return covering the previous six (6) months), for ABCs above ₱500,000 (1 photocopy)	
7.6. BIR Tax Clearance, for ABCs above ₱500,000 (1 photocopy)	
7.7. Omnibus Sworn Statement (OSS), for ABCs above ₱50,000 (1 photocopy)	
7.7.1. Duly notarized Special Power of Attorney, Board/Partnership Resolution, Secretary's Certificate, whichever is applicable, for OSS executed by duly authorized representative (1 photocopy)	
8. Price quotation/proposal from at least one (1) invited supplier, contractor or consultant (1 original/ electronic copy)	BAC Secretariat/ Procurement Unit
9. Letter/invitation to submit quotation/proposals to at least three (3) suppliers, contractors or consultants of known qualifications (1 electronic copy)	
10. Proof of posting of invitation or request for submission of price quotations/proposals in the PhilGEPS website, the website of the PE, if available, and at any conspicuous place reserved for this purpose in the PE premises, for ABCs above ₱50,000 (1 original copy)	



11. Approved BAC Resolution recommending the use of alternative method of procurement (1 original/certified true copy)	
12. Approved Purchase Request (PR) (1 original/certified true copy)	Requesting Office/ Unit
13. Approved Annual Procurement Plan (APP) or Supplemental APP (SAPP) highlighting the row where the particular Goods, Consulting Services and/or Infrastructure Projects subject to payment is indicated (1 certified true copy)	BAC Secretariat/ Procurement Unit
13.1. Project Procurement Management Plan (PPMP) (1 certified true copy)	Requesting Office/ Unit
13.2. Work and Financial Plan (WFP) (1 certified true copy)	Requesting Office/ Unit c/o PMU
14. Other sufficient and relevant documents to establish validity of claim	
14.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
14.2. Sub-Allotment Advice and Guidelines, if applicable (1 photocopy)	Budget Unit
PROCUREMENT THROUGH ALTERNATIVE METHODS - NEGOTIATED PROCUREMENT (LEASE OF VENUE)	
1. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
2. Certification of Availability of Funds (2 original copies)	
3. Contract/ Job Order (JO) (6 original copies)	BAC Secretariat/ Procurement Unit
4. Notice to Proceed (NTP), if necessary (1 original copy)	
5. Notice of Award (NOA) (1 original copy)	
6. Approved BAC Resolution recommending award of contract to Single or Lowest Calculated and Responsive Quotation (1 original copy)	



7. Approved Abstract of Quotations/ Table of Rating Factors for Lease of Venue (1 original copy)	
8. Documents of awarded contractor, except for gov't agencies as lessors, for submission on 1 st payment, every January or upon expiration (<i>PhilGEPS Certificate of Registration for Platinum Membership may be submitted in lieu of documents below</i>)	Supplier c/o BAC Secretariat/ Procurement Unit
8.1. PhilGEPS Registration Number (1 photocopy)	
8.2. Mayor's/ Business Permit (1 photocopy)	
8.3. Income/Business Tax Return duly stamped and received by BIR and duly validated with tax payments (Annual Income Tax Return of the preceding tax year or Value Added Tax or Percentage Tax Return covering the previous six (6) months), for ABCs above ₱500,000 (1 photocopy)	
8.4. BIR Tax Clearance, for ABCs above ₱500,000 (1 photocopy)	
9. Quotation from at least one (1) venue (1 original/ electronic copy)	
10. Letter/invitation to submit quotation to at least three (3) venues within the vicinity of the selected location (1 electronic copy)	BAC Secretariat/ Procurement Unit
11. Approved BAC Resolution recommending the use of alternative method of procurement (1 original copy)	
12. Approved Purchase Request (PR) (1 original copy)	Requesting Office/ Unit
13. Justification from the End-User unit that resorting to privately-owned venue is more efficient and economical to the government (1 original copy)	
14. Approved Annual Procurement Plan (APP) or Supplemental APP (SAPP) highlighting the row where the particular Goods, Consulting Services and/or	BAC Secretariat/ Procurement Unit



Infrastructure Projects subject to payment is indicated (1 certified true copy)	
14.1. Project Procurement Management Plan (PPMP) (1 certified true copy)	Requesting Office/ Unit
14.2. Work and Financial Plan (WFP) (1 certified true copy)	Requesting Office/ Unit c/o PMU
15. Other sufficient and relevant documents to establish validity of claim	
15.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
PROCUREMENT THROUGH ALTERNATIVE METHODS - NEGOTIATED PROCUREMENT (DIRECT RETAIL PURCHASE OF PETROLEUM FUEL, OIL AND LUBRICANT (POL) PRODUCTS)	
1. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
2. Certification of Availability of Funds (2 original copies)	
3. Contract/ Memorandum of Agreement (MOA) (6 original copies)	BAC Secretariat/ Procurement Unit
4. Warranty Security (required if the terms and conditions or similar agreements do not provide corrective actions to be undertaken by the supplier or service provider on any noted defects in the procured item, as determined by the procuring entity) (1 photocopy)	Supplier c/o BAC Secretariat/ Procurement Unit
5. Approved BAC Resolution delegating to specific officials, personnel, committee or office in the PE the conduct of Direct Retail Purchase (1 original copy)	BAC Secretariat/ Procurement Unit
6. Approved Purchase Request (PR) (1 original copy)	Requesting Office/ Unit
7. Approved Annual Procurement Plan (APP) or Supplemental APP (SAPP) highlighting the row where the particular Goods, Consulting Services and/or Infrastructure Projects subject to payment is indicated (1 certified true copy)	BAC Secretariat/ Procurement Unit



7.1. Project Procurement Management Plan (PPMP) (1 certified true copy)	Requesting Office/ Unit
7.2. Work and Financial Plan (WFP) (1 certified true copy)	Requesting Office/ Unit c/o PMU
8. Other sufficient and relevant documents to establish validity of claim	
8.1. Management Committee Resolution, for utilization of hospital income (1 certified true copy)	OMCC c/o Budget Unit
LEGAL DOCUMENTS OF NEW SUPPLIER/ CONTRACTOR/ CONSULTANT	
1. Obligation Request and Status (ORS)/ Budget Utilization Request and Status (BURS) (3 original copies)	Budget Unit
2. Certification of Availability of Funds (2 original copies)	
3. For New Supplier/ Contractor/ Consultant	
3.1. Valid and updated PhilGEPS Certificate of Registration for Platinum Membership, for procurement through competitive bidding or PhilGEPS Registration Number, for alternative methods of procurement (1 photocopy) <i>(Note: PhilGEPS Certificate of Registration for Platinum Membership may be submitted in lieu of documents listed in Annex A)</i>	Suppliers, Contractors, and Consultants c/o BAC Secretariat/ Procurement Unit
3.2. Registration certificate from Securities and Exchange Commission (SEC), Department of Trade and Industry (DTI) for sole proprietorship, or Cooperative Development Authority (CDA) for cooperatives (1 photocopy)	
3.3. Mayor's/Business permit issued by the city or municipality where the principal place of business of the supplier/contractor/consultant is located, or the equivalent document for Exclusive Economic Zones or Areas (1 photocopy)	
3.4. BIR Tax Clearance for procurement through competitive bidding or for ABCs above ₱500,000 for	



procurement through alternative methods (1 photocopy)	
3.5. BIR Form No. 2303 Certificate of Registration (COR) and sample invoice (1 photocopy)	
4. Other sufficient and relevant documents to establish validity of claim	
ADDITIONAL SUPPORTING DOCUMENTS REQUIRED ACCORDING TO THE TYPE OF ACQUISITION (GOODS, INFRASTRUCTURE AND CONSULTING SERVICES)	
SUPPLIES, MATERIALS, EQUIPMENT AND MOTOR VEHICLES	
1. For procurement of locally manufactured and imported drugs and medicines	
1.1. Valid Certificate of Product Registration (CPR) issued by the Food and Drug Administration (FDA) (1 photocopy)	Supplier c/o BAC Secretariat/ Procurement Unit
1.2. Batch Notification, Lot Release Certification from FDA or its equivalent, as required by FDA for specific drugs and medicines (1 photocopy)	
1.3. Valid License to Operate (LTO) issued by the FDA for Suppliers, Distributors and Traders (1 photocopy)	
2. In case of motor vehicles, Authority to Purchase from Agency Head and Secretary of DBM, or OP depending on the type of vehicle being provided under Sec. 7 and 9 of AO No. 233 (1 certified true copy)	OMCC c/o BAC Secretariat/ Procurement Unit
GENERAL SUPPORT SERVICES - SECURITY	
1. Additional documents under COA Circular No. 2009-001	
1.1. Appropriate approved documents indicating the following:	Requesting Office/ Unit
1.1.1. The number of personnel involved and their corresponding rates/salary (1 photocopy)	
1.1.2. Schedule of work and places of assignment or station or stations/visits indicating, among	



others, the number of hours per visit (1 photocopy)	
1.2. Approved documents indicating the minimum requirements of the agency on the number of security personnel to be involved in the project (1 photocopy)	
1.3. The group classification of personnel to determine the Equivalent Equipment Monthly Statutory Minimum Wage Rate in accordance with the applicable Rules Implementing Republic Act No. 6727 (1 photocopy)	
1.4. The population of the agency where the services is rendered (1 photocopy)	
REPAIR AND MAINTENANCE OF EQUIPMENT AND MOTOR VEHICLES	
1. Pre-repair evaluation/ inspection report and approved detailed plans by the agency showing in sufficient detail the scope of work/extent of repair to be done (1 photocopy)	Requesting Office/ Unit
2. Document indicating the history of repair (1 photocopy)	
OTHER GENERAL SERVICES	
1. Other sufficient and relevant documents to establish validity of claim	
1.1. Permit, certificate of recognition, certificate of accreditation, license to operate, if applicable (1 photocopy)	Supplier c/o BAC Secretariat/ Procurement Unit
1.2. List of chemicals/ solutions to be used, including Certificate of Product Registration from FDA, if applicable (1 photocopy)	
1.3. Training and certification of applicator and handlers, if applicable (1 photocopy)	
EXPENSES FOR TRAININGS AND HOSPITAL ACTIVITIES	



1. Budget estimates approved by the Head of Agency, for hospital activities (1 certified true copy)	Requesting Office/ Unit
2. Learning and Development (L&D) Request Form with budget estimates and schedule of training approved by the Head of Agency, for trainings (1 certified true copy)	
3. Other sufficient and relevant documents to establish validity of claim	
3.1. Office Order or Notice with list of participants (1 certified true copy)	HRMU c/o Requesting Office/ Unit
3.2. Training Activity Plan/ Program, if any (1 certified true copy)	Requesting Office/ Unit



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the supporting documents required for the processing of contract/ PO/ JO.	1.1. Receives the contract/PO/JO with the supporting documents (SDs). Stamps "RECEIVED" and records the details in the "In/Out" sheet of the DMS.	none	30 minutes	Accounting Staff (Receiving/ Releasing Staff)/ Accounting Unit
	1.2. Preliminarily review the propriety and completeness of SDs based on Checklist of Documentary Requirements. 1.2.1. Records the contract details in the "PO"/"JO" sheet of the DMS. If with discrepancies or deficiencies, put a note indicating them.	none	2 working day	Accounting Staff (Designated Staff under Disbursement Section)/ Accounting Unit
	1.3. Review the sufficiency and relevance of SDs. 1.3.1. If with minor discrepancies or deficiencies, endorse them to the Receiving/Releasing Staff to return to the appropriate unit for compliance of noted discrepancies or deficiencies. 1.3.2. If with major deficiencies, concerns or with for submission of additional sufficient	none	6 hours	Accountant III/ (In-Charge of Disbursement Section)/ Accounting Unit



	and relevant documents, inform the Head of Accounting Unit for further review. 1.3.3. Return them, if applicable with noted deficiencies, concerns or to submit additional documents through the Receiving/Releasing Staff.			
	1.4. If deemed complete and proper, sign the availability of funds portion of the contract/PO/JO, indicating the date.	none	1 hour	Accountant IV/ Authorized Representative (Head of Accounting Unit)/ Accounting Unit
	1.5. Record in the logbook and "In/Out" sheet of the DMS the release of signed contract/PO/JO together with SDs to the office of the Head of Agency for the approval of contract.	none	30 minutes	Accounting Staff (Receiving/ Releasing Staff)/ Accounting Unit
		TOTAL	3 days	



BILLING AND CLAIMS UNIT

1. E-KONSULTA SERVICES

Ang serbisyong ito ay nagsisimula sa Health Screening, Assessment hanggang sa pagpaparehistro sa E-Konsulta Services ng Mariveles Mental Wellness and General Hospital.

Office or Division:	BILLING			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Pasyente ng Mariveles Mental Wellness and General Hospital			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
ALINMAN SA MGA SUMUSUNOD: Birth Certificate Government Issued I.D Marriage Certificate Isa(1) orihinal na kopya		PWD ID, Senior Citizen ID, Voter's ID, any Government Issued ID Philippine Statistics Authority, MSWDO/CSWDO, Barangay, Government agency		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. PARA SA BAGONG KLIYENTE Pumunta sa Billing and Claims Unit para sa E-Konsulta services	1.1 Suriin kung kumpleto ang mahahalagang datos sa PhilHealth E-Konsulta and Health Screening and Assessment Forms	Wala	5 minuto	Administrative Assistant I / Billing and Claims Unit
	1.2 Iberipika kung miyembro ng PhilHealth ang kliyente sa PhilHealth Portal.			



	1.3 Ipaliwanag sa kliyente ang programang E-Konsulta ng Philhealth at itanong kung nais nilang makakuha ng nasabing serbisyo at agparehistro sa ospital	Wala	5 minuto	Administrative Assistant I / Billing and Claims Unit
2. PARA SA MGA KLIYENTENG MIYEMBRO NG PHILHEALTH AT NAIS MAGPAREHISTRO SA E-KONSULTA Magparehistro sa E-Konsulta System at punan ng mahahalagang datos ang PhilHealth Konsulta Registration Form (PKRF) para sa E-Konsulta	2.1 Hingan ang kliyente ng Valid ID. 2.2 Kuhanan ng litrato ang kliyente na gagamitin para sa photo consent. 2.3 Irehistro ang kliyente sa E-Konsulta System ng ospital.	Wala	10 minuto	Administrative Assistant I / Billing and Claims Unit
3. PARA SA MGA KLIYENTENG HINDI MIYEMBRO NG PHILHEALTH AT NAIS MAGPAREHISTRO SA E-KONSULTA:	3.1 Bigyan ang kliyente ng PhilHealth Membership Registration Form (PMRF) 3.2 Ipaliwanag at gabayan ang kliyente sa paraan ng pagsagot nito.	Wala	10 minuto	Administrative Assistant I / Billing and Claims Unit



<p>Mag fill-up ng PhilHealth Membership Registration Form (PMRF) at ibigay ang mga sumusunod</p> <ul style="list-style-type: none"> • Valid government ID • Marriage Certificate (kung kasal ang kliyente) • Certificate of Indigency galing sa munisipyo (kung walang kakayahang magbayad ng Philhealth contribution) 	<p>3.3 Hingan ang kliyente ng mga kailangang dokumento para sa pagpaparehistro sa Philhealth</p>			
<p>KABUUANG BAYAD AT ORAS NA INILAAN</p>		<p>Wala</p>	<p>30 minuto</p>	



2. ISSUANCE OF STATEMENT OF ACCOUNT FOR CUSTODIAL CARE UNIT'S PATIENTS

Ang serbisyong ito ay nagsisimula sa pagtanggap ng Visiting slip mula sa kamag-anak ng pasyente.

Office or Division:	BILLING			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Pasyente ng Mariveles Mental Wellness and General Hospital			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
ALINMAN SA MGA SUMUSUNOD: Visiting Slip Dalawa (2) orihinal at ikalawang kopya		MMWGH -Security		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. I-PROSESO ANG STATEMENT OF ACCOUNT Magtungo sa Billing and Claims Satellite Office.	1.1 Suriin ang Visiting slip kung kumpleto ang mahahalagang datos ng pasyente.	Wala	1 minuto	Administrative Assistant I / Billing and Claims Staff
	1.2 Ihanda ang kopya ng updated na Statement of Account at ipaliwanag sa kamag-anak ng pasyente ang mga serbisyong natanggap.	Wala	10 minuto	



2. Tanggapin ang Statement of Account ng pasyente.	2.1 Papirmahin ang kliyente sa logbook sa pagtanggap ng updated na kopya ng Statement of Account.	Wala	1 minuto	Administrative Assistant I / Billing and Claims Staff
	2.2 Kung magbabayad ang kliyente, ihanda ang mga charge slips at ibigay sa Cashier para sa kaukulang resibo.	Depende sa halaga ng serbisyong natanggap	5 minuto	Administrative Assistant I / Billing and Claims Staff
	2.3 Bigyan ng updated na Statement of Account pagkatapos magbayad	Wala	5 minuto	
KABUUANG BAYAD AT ORAS NA INILAAAN		Depende sa halaga ng gamot at ibang pang serbisyo ng ospital.	22 minuto	



3. ISSUANCE OF SOA FOR PATIENT FROM ACIU, ER & MEDICAL WARD

Ang serbisyong ito ay nagsisimula sa pagtanggap ng Clearance slip mula sa pasyente/ kamag-anak ng pasyente sa Emergency Room, Acute Crisis Intervention Unit and Medical Ward.

Office or Division:	BILLING			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Pasyente ng Mariveles Mental Wellness and General Hospital			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
ALINMAN SA MGA SUMUSUNOD: Clearance Slip Dalawa (2) orihinal at pangalawang kopya		Emergency Room Nurse on Duty Acute Crisis Intervention Unit Nurse on Duty Medical Ward Nurse On Duty		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. I-PROSESO ANG STATEMENT OF ACCOUNT Magtungo sa Billing and Claims Satellite Office	1.1 Suriin ang Clearance slip kung kumpleto ang mahahalagang datos ng pasyente sa Emergency Room/Acute Crisis Intervention Unit/ Medical Ward.	Wala	1 minuto	Administrative Assistant I / Billing and Claims Unit
	1.2 Ihanda ang kopya ng updated na Statement of Account at ipaliwanag sa kamag-anak ng pasyente ang mga serbisyong natanggap.	Wala	10 minuto	Administrative Assistant I / Billing and Claims Unit
2. Tanggapin ang Statement of Account ng pasyente.	2.1 Papirmahin ang kliyente sa logbook sa pagtanggap ng updated na kopya ng Statement of Account.	Wala	1 minuto	Administrative Assistant I / Billing and Claims Unit



3. Tanggapin ang pirmadong Clearance Slip.	3.1 Ibigay ang pirmadong Clearance Slip	Wala	1 minuto	Administrative Assistant I / Billing and Claims Unit
4. PARA SA MGA KWALAPIKADONG KLIYENTE NA MAKATANGGAP NG MALASAKIT CENTER ASSISTANCE Pumunta sa MALASAKIT CENTER para sa pagtanggap ng medical assistance. PARA SA MGA KLIYENTENG NAGNANAIS NA BAYARAN ANG MGA SERBISYONG NATANGGAP Magtungo sa Cashier para sa pagbabayad ng mga serbisyong natanggap.	4.1 Suriin ang natanggap na Order of Charging mula sa Malasakit Center. Ipaliwanag sa kliyente ang kabuuang halaga ng lahat ng libreng serbisyong naibigay sa pasyente nito at papirmahin ang kliyente.	Wala	7 minuto	Administrative Assistant I / Billing and Claims Staff
KABUUANG BAYAD AT ORAS NA INILAN		Wala	20 minuto	



4. PHILHEALTH CLAIMS PROCESSING- OUTPATIENT BENEFITS PACKAGE FOR MENTAL HEALTH

Ang serbisyong ito ay nakalaan sa mga Outpatients na may kondisyong pangkaisipan ng Mariveles Mental Wellness and General Hospital na nagnanais na mag avail ng Outpatient Benefits Package ng PhilHealth Insurance Corporation.

Office or Division:	Billing and Claims Office- Finance Division			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Outpatient na may kondisyong pangkaisipan ng Mariveles Mental Wellness and General Hospital			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1.1 Valid Identification Card <ul style="list-style-type: none"> - Government-Issued ID - Birth Certificate - Marriage Certificate Isa (1) orihinal na kopya		PWD ID, Senior Citizen ID, Voter's ID, any Government Issued ID Philippine Statistics Authority, MSWDO/CSWDO, Barangay, Government agency		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. I-PROSESANG MGA KAUKULANG PHILHEALTH CLAIM FORMS ❖ PARA SA MGA KLIYENTENG MIYEMBRO NG PHILHEALTH AT NAIS MAGPAREHISTRO SA OUTPATIENT	1.1 Hingin ang mga kinakailangang dokumento sa kliyente tulad ng Valid Identification Card.	Wala	2 minuto	Administrative Assistant I / Billing and Claims Staff
	1.2 Iberipika kung miyembro ng PhilHealth ang kliyente sa PhilHealth Portal.	Wala	3 minuto	
		Wala	2 minuto	



<p>BENEFITS PACKAGE FOR MENTAL HEALTH</p> <p>Magtungo sa Billing and Claims Satellite Office.</p> <p>Magfill-up at pumirma sa mahahalagang dokumento ng PhilHealth para sa Mental Health Package.</p>	<p>1.3 Ipaliwanag sa kliyente ang programang Mental Health Package ng Philhealth at itanong kung nais nilang makakuha ng nasabing serbisyo at magparehistro sa ospital</p> <p>1.4 Magpapfill up at magpapirma sa mahahalagang dokumento ng PhilHealth para sa Mental Health Package tulad ng:</p> <p>Annex L.3: Checklist of Requirements for Reimbursement-Tranche I</p> <p>Claim Form 2: Provider Information</p> <p>Annex J.3: Checklist of Mandatory and Other Services-Tranche I</p> <p>Annex J.4: Checklist of Mandatory and Other Services-Tranche 2</p> <p>Annex K:</p>	<p>Wala</p>	<p>5 minuto</p>	<p>Administrative Assistant I / Billing and Claims Staff</p>
--	--	-------------	-----------------	--

	<p>Mental Health Satisfaction Questionnaire</p> <p>Annex D: Mental Health Passport</p> <p>1.5 Irehistro ang kliyente sa Outpatient Benefits Package for Mental Health ng ospital.</p>			
<p>❖ PARA SA MGA KLIYENTENG HINDI MIYEMBRO NG PHILHEALTH AT NAIS MAGPAREHISTRO SA OUTPATIENT BENEFITS PACKAGE FOR MENTAL HEALTH</p> <p>Mag fill-up ng PhilHealth Membership Registration Form (PMRF) at ibigay ang mga sumusunod:</p> <ul style="list-style-type: none"> • Government-Issued ID • Birth Certificate • Marriage Certificate (kung kasal) 	<p>1.6 Bigyan ang kliyente ng PhilHealth Membership Registration Form (PMRF)</p> <p>1.7 Ipaliwanag at gabayan ang kliyente sa paraan ng pagsagot nito.</p> <p>1.8 Hingan ang kliyente ng mga kailangang dokumento para sa pagpaparehistro sa Point of Service for Financially-Incapable Patients (POS-FI) ng Medical Social Service.</p> <p>1.9 Ibigay sa Medical Social Service ang PhilHealth Membership Registration Form (PMRF) at kaukulang Identification Card ng kliyente para sa</p>	<p>Wala</p> <p>Wala</p>	<p>5 minuto</p> <p>2 minuto</p>	<p>Administrative Assistant I / Billing and Claims Staff</p> <p>Administrative Assistant I / Billing and Claims Staff</p>



	PhilHealth Enrollment ng Pasyente			
❖ PARA SA MGA KLIYENTENG MIYEMBRO NG PHILHEALTH AT NAIS MAGPA UPDATE NG CATEGORY SA PHILHEALTH INSURANCE CORPORATION: <ul style="list-style-type: none"> Magtungo sa pinakamalapit na Local Health Insurance Office sa inyong lugar. 	1.10 Abisuhan ang kliyente na magpunta sa pinakamalapit na Local Health Insurance Office sa kanilang lugar.	Wala	1 minuto	Administrative Assistant I / Billing and Claims Staff
KABUUNANG BAYAD AT ORAS NA INILAN		Wala	20 MINUTO	



BUDGET UNIT

1. PROCESS FOR THE ISSUANCE OF CERTIFICATE OF AVAILABILITY OF FUNDS — Request of Goods, Supplies, and Services.

All supporting documents, payrolls, and contracts from other units/ committees/ sections of the hospital for the issuance of Certificate of Availability Funds in the budget unit shall be received by the Unit's incoming clerk. This service is available 8:00-5:00 pm only, Monday to Friday, except holidays at the Budget Office, Finance Management Building (Building 5), MMWGH.

This process includes the preparation and issuance of Certificate of Availability of Funds for the Request of Goods, Supplies, and Services.

Office or Division:	BUDGET UNIT		
Classification:	Simple		
Type of Transaction:	G2B - Government to Business G2G - Government to Government		
Who may avail:	Suppliers, Service Providers, Contractors and MMWGH Employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
<p style="text-align: center;">Procurement through:</p> <ul style="list-style-type: none">● Competitive Bidding● Alternative Methods (Basic Requirements Common to All Purchases)● <i>Negotiated Procurement - Agency-to-Agency</i>● <i>Negotiated Procurement - Small Value Procurement</i>			
Division / Unit WFP One (1) Certified True Copy		End Users c/o Planning and Management Unit	
Agency APP One (1) Certified True Copy		End Users c/o Procurement Unit	
Division / Unit PPMP One (1) Certified True Copy			
Mancom Resolution, <i>for IGI Funding</i> One (1) Certified True Copy		Office of the Medical Center Chief (OMCC) c/o MANCOM Secretary	
Duly accomplished Purchase Request (PR) Three (3) Original Copy		End Users	
<p style="text-align: center;">Direct Contracting</p> <p style="text-align: center;"><i>(Procurement of Goods of proprietary nature which can be obtained only from the</i></p>			

<i>proprietary source, i.e. when patents, trade secrets, and copyrights prohibit others from manufacturing the same item)</i>	
A copy of the Letter of Patent, Copyright or any other document establishing proprietary nature and exclusivity of the source of the items/goods intended to be procured One (1) Photocopy	Procurement Unit
Division / Unit WFP One (1) Certified True Copy	End Users c/o Planning and Management Unit
Agency APP One (1) Certified True Copy	End Users c/o Procurement Unit
Division / Unit PPMP One (1) Certified True Copy	
Mancom Resolution, <i>for IGI Funding</i> One (1) Certified True Copy	Office of the Medical Center Chief (OMCC) c/o MANCOM Secretary
Duly accomplished Purchase Request (PR) Three (3) Original Copy	End Users
<i>Direct Contracting</i> <i>(Those sold by an exclusive dealer or manufacturer which does not have sub-dealers selling at lower prices and for which no suitable substitute can be obtained at more advantageous terms to the GoP)</i>	
Proof of exclusive dealership/manufacture of the specific items sought to be procured; and a list of sub-dealers, if any, and their sale prices for the said items One (1) Photocopy	Procurement Unit
Certificate of Exclusive Distributor for foreign suppliers One (1) Photocopy	
Copy of letter to selected manufacturer/supplier/distributor to submit a price quotation and conditions of sale One (1) Photocopy	
Certification from the agency that there are no sub-dealers selling at lower prices One (1) Original copy	



Division / Unit WFP One (1) Certified True Copy	End Users c/o Planning and Management Unit
Agency APP One (1) Certified True Copy	End Users c/o Procurement Unit
Division / Unit PPMP One (1) Certified True Copy	
Mancom Resolution, <i>for IGI Funding</i> One (1) Certified True Copy	Office of the Medical Center Chief (OMCC) c/o MANCOM Secretary
Duly accomplished Purchase Request (PR) Three (3) Original Copy	End Users
<i>Shopping (When there is an unforeseen contingency requiring immediate purchase)</i>	
Division / Unit WFP One (1) Certified True Copy	End Users c/o Planning and Management Unit
Agency APP One (1) Certified True Copy	End Users c/o Procurement Unit
Division / Unit PPMP One (1) Certified True Copy	
Mancom Resolution, <i>for IGI Funding</i> One (1) Certified True Copy	Office of the Medical Center Chief (OMCC) c/o MANCOM Secretary
Duly accomplished Purchase Request (PR), indicating the urgency to address an identified need of the PE and the unforeseen contingency that caused its necessity Three (3) Original Copy	End Users
<i>Shopping (For ordinary or regular office supplies and equipment not available in the DBM-PS)</i>	
Copy of Certificate of Non-Availbilty of Supplies One (1) Copy	Materials Management Unit
Division / Unit WFP One (1) Certified True Copy	End Users c/o Planning and Management Unit
Agency APP One (1) Certified True Copy	End Users c/o Procurement Unit
Division / Unit PPMP One (1) Certified True Copy	
Mancom Resolution, <i>for IGI Funding</i>	Office of the Medical Center Chief (OMCC)



One (1) Certified True Copy	c/o MANCOM Secretary
Duly accomplished Purchase Request (PR) Three (3) Original Copy	End Users
<i>Negotiated Procurement - Emergency Cases</i>	
Proof of the official declaration of a state of calamity by the President or the Local Chief Executive concerned, if applicable; or proof of the occurrence of a natural or man-made calamity or of other causes by reason of which, immediate action by the PE is necessary to prevent damage to or loss of life or property, or to restore vital public services, infrastructure facilities and other public utilities One (1) Photocopy	End-User/s c/o Procurement Unit
Justification as to the necessity of purchase One (1) Original copy	End-User/s c/o Procurement Unit
Division / Unit WFP One (1) Certified True Copy	End Users c/o Planning and Management Unit
Agency APP One (1) Certified True Copy	End Users c/o Procurement Unit
Division / Unit PPMP One (1) Certified True Copy	
Mancom Resolution, <i>for IGI Funding</i> One (1) Certified True Copy	Office of the Medical Center Chief (OMCC) c/o MANCOM Secretary
Duly accomplished Purchase Request (PR) Three (3) Original Copy	End Users
<i>Supplies, Materials, Equipment and Motor Vehicles</i>	
<i>For procurement of drugs and medicines:</i> a) Certificate of product registration from Food and Drug Administration (FDA) b) Certificate of good manufacturing practice from FDA c) Batch Release Certificate from FDA d) If the supplier is not the manufacturer, certification from the manufacturer that the supplier is an authorized distributor/dealer of the	Procurement Unit



products/items One (1) Photocopy	
<i>For procurement of Motor Vehicles:</i> Authority to purchase from agency head and Secretary of DBM or OP depending on the type of vehicle being provided, One (1) Photocopy	
Division / Unit WFP One (1) Certified True Copy	End Users c/o Planning and Management Unit
Agency APP One (1) Certified True Copy	End Users c/o Procurement Unit
Division / Unit PPMP One (1) Certified True Copy	
Mancom Resolution, <i>for IGI Funding</i> One (1) Certified True Copy	Office of the Medical Center Chief (OMCC) c/o MANCOM Secretary
Duly accomplished Purchase Request (PR) Three (3) Original Copy	End Users
Catering Services	
Approved Learning and Development Request Form, <i>for training</i> One (1) Original copy One (1) Certified True Copy	End-User % PETRU
Approved Training Program, <i>for training</i> One (1) Original copy One (1) Certified True Copy	End-User
Hospital Personnel Order / Notice / Memorandum One (1) Original copy One (1) Certified True Copy	End-user % HRMU
Division / Unit WFP One (1) Certified True Copy	End Users c/o Planning and Management Unit
Agency APP One (1) Certified True Copy	End Users c/o Procurement Unit
Division / Unit PPMP One (1) Certified True Copy	
Mancom Resolution, <i>for IGI Funding</i>	Office of the Medical Center Chief (OMCC)



One (1) Certified True Copy		c/o MANCOM Secretary		
Duly accomplished Purchase Request (PR) Three (3) Original Copy		End Users		
Repairs and Maintenance				
Cost Estimate One (1) Original copy		Engineering and Facilities and Maintenance Unit (EFMU)		
Division / Unit WFP One (1) Certified True Copy		End Users c/o Planning and Management Unit		
Agency APP One (1) Certified True Copy		End Users c/o Procurement Unit		
Division / Unit PPMP One (1) Certified True Copy				
Mancom Resolution, <i>for IGI Funding</i> One (1) Certified True Copy		Office of the Medical Center Chief (OMCC) c/o MANCOM Secretary		
Duly accomplished Purchase Request (PR) Three (3) Original Copy		End Users		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the supporting documents required for the processing of Purchase Request (PR) and issuance of Certificate of Availability of Funds (CAF).	1.1 Before receiving, review the completeness of all required supporting documents in accordance with the relevant guidelines. Then, record/encode in the Budget Documents Monitoring Tool (google sheet).	None	10 minutes	Administrative Assistant I- Budget Unit
	1.2 Review the accuracy of supporting documents and their computation. Then, assign a PR number and prepare the CAF.	None	1 hour	In-charge for PR processing/ Budget Unit



	1.3 Checks and certifies the PR as to Funds Availability, and records/encodes to WFP/PPMP Monitoring tool.	None	1 hour	Administrative Officer IV/ Budget Unit
	1.4 Scanning of signed PR as to Funds availability, then save the scanned copy to the Budget Google Drive.	None	10 minutes	In-charge for PR processing/ Budget Unit
	1.5 Release the CAF together with the PR and supporting documents to the concerned Division Head (HOPSS, Finance, Nursing, Medical) or to the OMCC for the approval of the PR.	None	10 minutes	Administrative Assistant I- Budget Unit Budget Unit
		TOTAL	2 hours and 30 minutes	



2. PROCESS FOR THE ISSUANCE OF CERTIFICATE OF AVAILABILITY OF FUNDS — MMWGH Employees' salaries, allowances and other compensation and benefits

This process includes the preparation and issuance of Certificate of Availability of Funds for the MMWGH Employees' salaries, allowances and other compensation and benefits.

Office or Division:	BUDGET UNIT		
Classification:	Simple		
Type of Transaction:	G2G - Government to Government Employees		
Who may avail:	MMWGH Employees, Contract of Service, and Job Order		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
General Claims through the ATM			
Salary Payroll Three (3) Original Copy (General Payroll) Two (2) Original Copy (other than General Payroll)		HRMU	
Approved DTR Two (2) Original Copy			
First Salary of Newly Hired Employees			
Duly approved Appointment Two (2) Certified True Copy		HRMU	
Assignment Order, if applicable Two (2) Certified True Copy			
Oath of Office Two (2) Certified True Copy			
Certificate of Assumption Two (2) Certified True Copy			
Approved DTR Two (2) Original copy			
Statement of Assets, Liabilities, and Net Worth (SALN) Two (2) Certified True Copy		Employee c/o HRMU	
BIR Forms 1902 One (1) Original copy			
Additional documents as required by HRMU Two (2) Certified True Copy			



Approved Payroll or Computation of First Salary Two (2) Original copy	HRMU
Additional for Transferees	
Clearance from money, property and legal accountabilities from the previous office One (1) Original copy One (1) Photocopy	Employee c/o HRMU
Certificate of last salary One (1) Original copy One (1) Photocopy	
BIR Form 2316 One (1) Original copy	
Certificate of Available Leave Credits One (1) Original copy One (1) Photocopy	
Service Record One (1) Original copy One (1) Photocopy	
Salary (if deleted from Payroll)	
Approved Application for Leave, Clearances and Medical Certificate, if on Sick Leave for five days or more One (1) Original copy One (1) Photocopy	Employee % HRMU
Approved DTR Two (2) Original Copy	
Notice of Assumption One (1) Original Copy	HRMU
Last Salary	
Approved Clearance from money, property, and legal accountabilities One (1) Original copy One (1) Photocopy	Employee % HRMU
Approved DTR Two (2) Original Copy	



Approved Payroll and/or Computation of Last Salary Two (2) Original Copy	HRMU
Terminal Leave Benefits (TLB)	
Employee's leave card as at last date of service Two (2) Certified True Copy	HRMU
Complete service record One (1) Original copy One (1) Photocopy	
Appointment / Notice of Salary Adjustment (NOSA) Two (2) Certified True Copy	
Computation of Terminal Leave Benefits One (1) Original copy One (1) Photocopy	
Approved Payroll Two (2) Original Copy	
Clearance from money, property, and legal accountability One (1) Original copy One (1) Photocopy	Employee c/o HRMU
Approved leave application One (1) Original copy One (1) Photocopy	
SALN Two (2) Certified True Copy	
Applicant's authorization to deduct all financial obligations with employer, <i>if any</i> One (1) Original copy One (1) Photocopy	
Affidavit of applicant that there is no pending criminal investigation or prosecution against him/her One (1) Original copy One (1) Photocopy	



Additional documents as required by HRMU Two (2) Certified True Copy	
Additional requirements in case of resignation	
Employee's letter of resignation One (1) Original copy One (1) Photocopy	Employee c/o HRMU
Additional requirements in case of death of claimant	
Death Certificate One (1) Authenticated by NSO One (1) Photocopy	c/o HRMU
Marriage contract One (1) Authenticated by NSO One (1) Photocopy	
Birth certificates of all surviving legal heirs One (1) Authenticated by NSO One (1) Photocopy	
Designation of next-of-kin One (1) Original copy One (1) Photocopy	
Waiver of rights of children 18 years old and above One (1) Original copy One (1) Photocopy	
Salary of Job Order/ Contractual Personnel	
Additional requirements in case of resignation	
Employee's letter of resignation One (1) Original copy One (1) Photocopy	Employee c/o HRMU
Additional requirements in case of death of claimant	
For First Claim	
Accomplishment Report One (1) Original Copy	Employee % HRMU
Approved/Summary of DTR One (1) Original Copy	
Pertinent Contract / Appointment / Job Order One (1) Original Copy	HRMU



Copy of the Report of Personnel Actions (ROPA) of the pertinent Contract / Appointment / Job Order One (1) Original Copy	
Certification by the Personnel Officer that the activities / services cannot be provided by regular / permanent personnel of the agency One (1) Original Copy	
Approved Payroll Two (2) Original Copy	
Overtime Pay	
Approved/Summary of DTR One (1) Original Copy	Employee % HRMU
Overtime work program One (1) Original Copy	
Overtime authority stating the necessity and urgency of the work to be done, and duration of overtime work One (1) Original Copy	
Quantified overtime accomplishment duly signed by the employee and supervisor One (1) Original Copy	
Approved Payroll Two (2) Original Copy	HRMU
Longevity Pay	
Service Record One (1) Photocopy	HRMU
Certification issued by the Personnel Officer that the claimant has not incurred more than 15 days of vacation leave without pay One (1) Original Copy	HRMU
Approved Payroll Two (2) Original Copy	
Night Shift Differential	
Approved/Summary of DTR One (1) Original Copy	Employee % HRMU



Approved Work Schedule One (1) Photocopy	HRMU
List of Absences One (1) Original Copy	
Approved Payroll Two (2) Original Copy	
Salary Differential	
Approved appointment, in case of promotion One (1) Certified true copy	Employee % HRMU
Notice of Salary Adjustment, in case of step increment / salary increase One (1) Certified true copy	
Certificate of Assumption One (1) Certified true copy	
Approved/Summary of DTR One (1) Original Copy	
Approved Payroll Two (2) Original Copy	HRMU
Cellphone and Communication Allowance	
Certificate of Entitlement One (1) Original Copy	HRMU
Approved Payroll Two (2) Original Copy	
Representation and Transportation Allowance	
Individual Claims	
Office Order/Appointment One (1) Photocopy	HRMU
Certificate of Assumption One (1) Certified true copy	
Certification that official/employee did not use government vehicle and is not assigned any government vehicle One (1) Original Copy	
Certificate or evidence of service rendered or approved DTR One (1) Original Copy	



Approved Payroll Two (2) Original Copy	
Subsistence and Laundry Allowance	
Approved/Summary of DTR One (1) Original Copy	Employee % HRMU
Approved Payroll Two (2) Original Copy	HRMU
Hazard Pay	
Approved/Summary of DTR One (1) Original Copy	Employee % HRMU
Approved Payroll Two (2) Original Copy	HRMU
Clothing / Uniform Allowance	
Approved Appointment of new employees One (1) Certified true copy	Employee % HRMU
Certificate of Assumption of new employees One (1) Certified true copy	
Certificate of non-payment from previous agency, <i>for transferees</i> One (1) Certified true copy	
Approved Payroll Two (2) Original Copy	HRMU
Monetization	
Approved leave application (ten days) with leave credit balance One (1) Original Copy	HRMU
Request for leave covering more than ten days duly approved by the Head of Agency One (1) Original Copy	
For monetization of 50% or more:	
Clinical abstract / medical procedures to undertaken in case of health, medical and hospital needs One (1) Certified true copy	Employee % HRMU
Barangay Certification in case of need for financial assistance brought about by	

calamities, typhoons, fire, etc. One (1) Original Copy	
Approved Payroll Two (2) Original Copy	HRMU
Approved Appointment of new employees One (1) Certified true copy	Employee % HRMU
Mid-Year Bonus (MYB), Year-End Bonus (YEB) and Cash Gift (CG)	
Clearance from money, property and legal accountabilities, <i>for Individual Claims</i> One (1) Certified true copy	Employee % HRMU
Certification from the head of Office that the employee is qualified to receive the MYB, YEB and CG, <i>for Individual Claims</i> One (1) Original Copy	HRMU
Approved Payroll Two (2) Original Copy	
Collective Negotiation Agreement (CNA) Incentive	
Resolution signed by both parties incorporating the guidelines / criteria for granting CNA incentive One (1) Original Copy	HRMU / OMC
Comparative statement of DBM approved level of operating expenses and actual operating expenses One (1) Original Copy	HRMU / OMC
Copy of CNA One (1) Original Copy	
Certificate issued by the Head of the Agency on the total amount of unencumbered savings generated from cost-cutting measures identified in the CNA which resulted from joint efforts of labor and management and systems / productivity / income improvement One (1) Original Copy	
Proof that the planned programs / activities / projects have been implemented and	



completed in accordance with targets for the year One (1) Original Copy				
Approved Payroll Two (2) Original Copy		HRMU		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the payroll and supporting documents required for the processing of Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS), and	1.1 Receives all required supporting documents. Then, record/encode in the Budget Documents Monitoring Tool (google sheet).	None	5 minutes	Incoming Documents Receiver / Budget Unit
	1.2 Review the accuracy of supporting documents and their computation. Prepares the ORS/BURS and CAF, then records/encodes to the Unpaid Monitoring Tools.	None	10 minutes	Fund Custodian/ Budget Unit
	1.3 Certify as to the Allotment available and obligated for the purpose/adjustment necessary as indicated in the purpose.	None	10 minutes	Administrative Officer IV / Budget Unit
	1.4 Release the CAF together with the ORS/BURS and	None	5 minutes	Outgoing Documents Forwarder / Budget Unit



issuance of Certificate of Availability of Funds (CAF).	supporting documents to the Accounting Unit for the preparation of the Disbursement Voucher.			
		TOTAL	30 minutes	



4. PROCESS FOR THE ISSUANCE OF CERTIFICATE OF AVAILABILITY OF FUNDS

This process includes the preparation and issuance of Certificate of Availability of Funds for the payment of replenishment of Petty Cash Fund, grant of cash advances and liquidation, reimbursements and honoraria.

Office or Division:	BUDGET UNIT		
Classification:	Simple		
Type of Transaction:	G2G - Government to Government		
Who may avail:	End-Users/Program Coordinators, Personnels, MMWGH Employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Petty Cash Replenishment - Miscellaneous			
Report on Paid Petty Cash Vouchers One (1) Original Copy		MMU	
Petty Cash Voucher One (1) Original Copy			
Approved Purchase Requests One (1) Original Copy			
Certificate of Emergency Purchases One (1) Original Copy			
Official Receipts/ Invoice One (1) Original Copy			
Reimbursement Expense Receipt (RER) (for more than P300.00 but not exceeding P1,000.00), or Certification of Expenses Not Requiring Receipts (for P300.00 or less) for expenses without ORs One (1) Original Copy			
Certificate of Inspection and Acceptance One (1) Original Copy			
Approved trip ticket for gasoline expenses One (1) Original Copy			
Canvass from at least 3 suppliers for purchases involving P1,000. and above			



One (1) Original Copy	
Waste Materials Report (WMR), in case of replacement/repair One (1) Original Copy	
Job Request Order/ Accomplishment Report One (1) Original Copy	
Toll Receipts, Monitoring and Trip Tickets One (1) Original Copy	
Petty Cash Replenishment - Marketing	
Report on Paid Petty Cash Vouchers One (1) Original Copy	NDU
Official Receipts/ Invoice One (1) Original Copy	
Reimbursement Expense Receipt (RER) (for more than P300.00 but not exceeding P1,000.00), or Certification of Expenses Not Requiring Receipts (for P300.00 or less) for expenses without ORs One (1) Original Copy	
Approved Summary of Daily Purchases One (1) Original Copy	
Canvass from at least 3 suppliers for purchases involving P1,000. and above One (1) Original Copy	NDU
Petty Cash Voucher One (1) Original Copy	
Report in Number of Patients Subsisted One (1) Original Copy	
Menu for today One (1) Original Copy	
Petty Cash Replenishment - Pharmacy	
Report on Paid Petty Cash Vouchers One (1) Original Copy	Pharmacy
Certificate of Emergency Purchases One (1) Original Copy	
Official Receipts/ Invoice	



One (1) Original Copy Reimbursement Expense Receipt (RER) (for more than P300.00 but not exceeding P1,000.00), or Certification of Expenses Not Requiring Receipts (for P300.00 or less) for expenses without ORs One (1) Original Copy Certificate of Inspection and Acceptance One (1) Original Copy Doctor's Prescription One (1) Original Copy Canvass from at least 3 suppliers for purchases involving P1,000. and above One (1) Original Copy Petty Cash Voucher One (1) Original Copy	
Petty Cash Replenishment - Representation	
Report on Paid Petty Cash Vouchers One (1) Original Copy Bills, Receipts, Sales Invoices One (1) Original Copy Official Receipts/ Invoice One (1) Original Copy Reimbursement Expense Receipt (RER) (for more than P300.00 but not exceeding P1,000.00), or Certification of Expenses Not Requiring Receipts (for P300.00 or less) for expenses without ORs One (1) Original Copy Certificate of Inspection and Acceptance One (1) Original Copy Canvass from at least 3 suppliers for purchases involving P1,000. and above One (1) Original Copy Certificate of Attendance, <i>for meetings/ activities</i>	Cash



One (1) Original Copy	
Petty Cash Voucher	
One (1) Original Copy	
Granting of Cash Advances	
Authority of the accountable officer issued by the Head of the Agency or his duly authorized representative indicating the maximum accountability and purpose of cash advance <i>(for initial cash advance)</i> One (1) Original Copy	Cash Unit
Approved application for bond and/or Fidelity Bond for the year for cash accountability of P5,001.00 or more One (1) Original Copy	Cash Unit
Certification from the Accountant that previous cash advances have been liquidated and accounted for in the books One (1) Original Copy	Accounting Unit
Approved Letter of Request or estimates of petty expenses <i>(for one month for Petty Cash Fund)</i> One (1) Original Copy	End Users
Hospital Personnel Order One (1) Original Copy	End Users % HRMU
Request for Training / Registration Fees (Cash Advance)	
Approved Training Request Form One (1) Original Copy	End Users
Approved Training Program/ Invitation One (1) Original Copy	
Approved Purchase Request, if applicable One (1) Original Copy	
Statement of Account/Bill or if any documents indicating amount of registration fee One (1) Original Copy	
Approved Work Financial Plan One (1) Photocopy	



Hospital Personnel Order / Department Memorandum One (1) Original Copy	End Users % HRMU
Request for Training / Registration Fees (Liquidation)	
Liquidation Report One (1) Original Copy	End Users
Expense Summary Report One (1) Original Copy	
Official Receipts/ Invoice One (1) Original Copy	
Reimbursement Expense Receipt (RER) for more than P300.00 but not exceeding P1,000.00, or Certification of Expenses Not Requiring Receipts for P300.00 or less - for expenses without ORs One (1) Original One (1) Photocopy	
Duly signed attendance sheets One (1) Original Copy	
Photos taken during the conduct of seminar / training One (1) Original Copy	
Certificate of Appearance / Attendance / Participation One (1) Original Copy	
Training Feedback Form acknowledged by PETRU One (1) Original Copy	
Local Travel (Cash Advance)	
Hospital Personnel Order / Travel Order One (1) Original One (1) Photocopy	Employee
Duly approved itinerary of travel One (1) Original One (1) Photocopy	



Certification from the accountant that the previous cash advance has been liquidated One (1) Original	Accounting Unit
Local Travel (Liquidation)	
Liquidation Report One (1) Original One (1) Photocopy	Employee
Plane, boat or bus tickets, boarding pass, terminal fee One (1) Original One (1) Photocopy	
Certificate of appearance / attendance One (1) Original One (1) Photocopy	
Certificate of participation Two (2) Photocopies	
Previously approved itinerary of travel One (1) Original One (1) Photocopy	
Revised or supplemental Office Order or any proof supporting the change of schedule One (1) Original One (1) Photocopy	
Revised Itinerary of Travel (if different from original IOT) One (1) Original One (1) Photocopy	
Reimbursement Expense Receipt (RER) for more than P300.00 but not exceeding P1,000.00, or Certification of Expenses Not Requiring Receipts for P300.00 or less - for expenses without ORs One (1) Original One (1) Photocopy	
OR in case of refund of excess cash advance One (1) Original	



One (1) Photocopy				
Certificate of Travel Completed One (1) Original One (1) Photocopy				
Hotel room / lodging bills and ORs One (1) Original One (1) Photocopy				
Honoraria for Government Personnel involved in Government Procurement				
Office Order creating and designating the BAC composition and authorizing the members to collect honoraria One (1) Original Copy		BAC Secretariat		
Minutes of BAC Meeting One (1) Certified True Copy				
Notice of award to the winning bidder of procurement activity being claimed One (1) Original Copy		BAC Secretariat		
Certification that the procurement involves competitive bidding One (1) Original Copy				
Attendance Sheet listing names of attendees to the BAC meeting One (1) Original Copy				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the supporting documents required for the processing of Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS), and issuance of	1.1 Before receiving, review the completeness of all required supporting documents in accordance with the relevant guidelines. Then, record/encode in the Budget Documents	None	10 minutes	Incoming Documents Receiver / Budget Unit



Certificate of Availability of Funds (CAF).	Monitoring Tool (google sheet).			
	1.2 Review the accuracy of supporting documents. Prepares the ORS/BURS and CAF, then records/encodes to the Unpaid Monitoring Tools.	None	1 hour	Fund Custodian/ Budget Unit
	1.3 Certify as to the Allotment available and obligated for the purpose/adjustment necessary as indicated in the purpose.	None	1 hour	Unit Head / Budget Unit
	1.4 Release the CAF together with the ORS/BURS and supporting documents to the Accounting Unit for the preparation of the Disbursement Voucher.	None	10 minutes	Outgoing Documents Forwarder / Budget Unit
		TOTAL	2 hours and 30 minutes	



4. PROCESS FOR THE ISSUANCE OF CERTIFICATE OF AVAILABILITY OF FUNDS

This process includes the preparation and issuance of Certificate of Availability of Funds for the Expenditures with MOA (payment subject to goods delivered and services rendered), and other expenditures.

Office or Division:	BUDGET UNIT	
Classification:	Simple	
Type of Transaction:	G2B - Government to Business G2G - Government to Government	
Who may avail:	Suppliers, Service Providers, Contractors and MMWGH Employees	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Gasoline, Oil and Diesel		
Statement of Account and Sales Invoices One (1) Original Copy	Supplier c/o EFMU	
Approved Trip Tickets One (1) Original Copy	EFMU	
Summary of Daily Totals of Requisition One (1) Original Copy		
Monthly Consumption Report One (1) Original Copy		
Fuel, Oil and Lubricants Order Slip/ Purchase Request One (1) Original Copy		
Other Professional / General Services		
Service Invoice/ Billing/ Statement of Account One (1) Original Copy	Service Provider c/o End Users	
Request Form One (1) Original Copy	End Users	
Such other documents peculiar to the contract and/or to the mode of procurement and considered necessary in the auditorial review and in the technical evaluation thereof One (1) Original Copy/ Photocopy	Procurement Unit	
Security Services		



Mancom Resolution, <i>for IGI Funding</i> One (1) Certified True Copy	OMCC c/o MANCOM Secretary
Service Invoice/ Billing/ Statement of Account One (1) Photocopy	Service Provider
Signed DTRs One (1) Original Copy	
Summary of DTRs/ Record of Attendance/ Service One (1) Original Copy	Security Agency/ Security Unit
Computation for Payment/ Schedule of Deductions One (1) Original Copy	
Accomplishment Report One (1) Original Copy	
Certificate of Acceptance One (1) Original Copy	
Proof of remittance to concerned government agency (BIR/SSS/Pag-Ibig) One (1) Original Copy	
<i>Additional documents required under COA Circular-2009-001</i>	
Approved documents indicating the following; a. the number and the corresponding rates/salary of personnel involved b. schedule of work and places of assignment or station One (1) Photocopy	Security Agency/ Security Unit
The group classification of personnel to determine the Equivalent Equipment Monthly Statutory Minimum Wage Rate One (1) Photocopy	
Approved documents indicating the minimum requirements of the agency on the number of security personnel to be involved in the project in accordance with the applicable Rules Implementing R.A. 6727 One (1) Photocopy	



The population of the agency where the services is rendered One (1) Photocopy				
Other Expenditures				
Utility Expenses/ Telephone/ Communication Services				
Statement of Account/Bill (for pre-audit purposes) One (1) Original Copy		Service Provider c/o EFMU (Utilities) & IMISU (Telephone & Communication Services)		
Invoice/ Official Receipt or machine validated statement of account/bill (for post-audit purposes) One (1) Original Copy				
ManCom Resolution <i>(for IGI funding)</i> One (1) Certified True Copy		OMCC c/o MANCOM Secretary		
Honoraria to Lecturers/ Coordinators				
Hospital Personnel Order One (1) Original Copy		PETRU		
Coordinator's report on lecturer's schedule One (1) Original Copy				
Course Syllabus / Program of Lectures One (1) Original Copy				
Computation of Honoraria/ Professional Fee One (1) Original Copy				
Duly approved DTR, <i>in case if claims by the coordinator and facilitators</i> One (1) Original Copy				
Proof of salary rate or copy of appointment/Notice of Salary Adjustment (NOSA), <i>if from government agency</i> One (1) Certified True Copy				
Curriculum Vitae One (1) Original Copy				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



1. Submit the supporting documents required for the processing of Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS), and issuance of Certificate of Availability of Funds (CAF).	1.1 Before receiving, review the completeness of all required supporting documents in accordance with the relevant guidelines. Then, record Budget Documents Monitoring Tool (google sheet).	None	15 minutes	Incoming Documents Receiver / Budget Unit
	1.2 Review the accuracy of supporting documents and thier computation.	None	15 minutes to 1 hour	Fund Custodian/ Budget Unit
	1.3 Prepares the ORS/BURS, then records to the Unpaid Monitoring Tools.	None	1 hour to 4 hours	Fund Custodian/ Budget Unit
	1.4 Certify as to the Allotment available and obligated for the purpose/adjustment necessary as indicated in the purpose.	None	1 hour to 4 hours	Unit Head / Budget Unit
	1.5.1 For expenditures with Purchase Order/Job Order: Records to Budget Documents Monitoring Tool (google sheet), before releasing the CAF together with the ORS/BURS and supporting documents to the concerned Division Head (HOPSS, Finance, Nursing,	None	15 minutes	Outgoing Documents Forwarder / Budget Unit



	Medical) for their certification as to the necessity of expenses, legality of the supporting documents, and the expenses incurred are under their direct supervision.			
	1.5.2 For expenditures without Purchase Order/Job Order: Records to Budget Documents Monitoring Tool (google sheet), before releasing the CAF together with the ORS/BURS and supporting documents to the Accounting Unit for the preparation of the Disbursement Voucher.			
		TOTAL	1 day 1 hour and 30 minutes	



CASH UNIT

1. PROSESO PARA SA KOLEKSYON AT PAGBABAYAD

Ito ay katibayan na nakuha na ng mga suplayer ang kanilang tseke o bayad para sa mga nadeliver na mga suplay para sa ospital, nakapagbayad ng bid docs at para sa affiliation fee ng bawat estudyante para sa kanilang mga kurso. Ito rin ay para sa mga empleyadong nagnanais humingi ng kopya ng kanilang payslip at sertipikasyon ng Philhealth.

Office or Division:		CASH UNIT		
Classification:		Complex		
Type of Transaction:		G2B - Government to Business		
Who may avail:		Employees, Suppliers, Students		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Wastong I.D. (Kliyente)v Isa(1) kopya		Kompanya ng Tagapagtustos o Suplayer Kliyente		
Sulat ng Awtorisasyon Isa(1) kopya		Kompanya ng Tagapagtustos o Suplayer		
Opisyal na Resibo Isa(1) kopya		Kompanya ng Tagapagtustos o Suplayer		
Liham ng Kahilingan Isa(1) kopya		Empleyadong Humihingi		
Slip ng Babayaran Notice of Award Isa(1) kopya		Procurement Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sabihin sa Guwardiya/ PACD ang pakay.	1. Ipakita ang transaction slip at ituro kung saan ang Cash Unit.	Wala	2 minuto	Guwardya / Public Assistance and Complaints Desk (PACD) Staff
2.Magtungo sa Cashier at sabihin ang intension/ pakay	2.1 TAGAPAGTUSTOS 2.1.1 Kung tseke ang kukunin,	Wala	10 Minuto	Administrative Assistant - Cash Unit



	tanungin ang kliyente kung anong ahensiya o kumpanya at hingan ng kaukulang pagkakakilanlan (I.D.) at authorization letter. Ibigay ang Disbursement Voucher kasama ng tseke, papirmahan sa dalawang kopya ng DV pati na sa BIR Form at hingan ng kaukulang resibo.			
	2.1.2 Kung magbabayad ng performance / surety bond at bid docs, kailangan magpakita ng Notice of Award para sa performance/surety bond at charge slip naman para sa bid docs galing sa Procurement Unit, upang sa pagbigay ng kaukulang resibo.	Limang Porsyento (5%) ng kabuuang kontrata o ng NOA para sa performance /surety bond at P1,000.00- P25,000.00 sa aprubadong pondo naman para sa Bid Docs.	10 Minuto	Administrative Assistant - Cash Unit
	2.2 EMPLEYADO 2.2.1 Kung empleyado ang kukuha ng panibangong kopya ng Payslip o sertipikasyon ng Philhealth kontribusyon, maari pong magtungo/pumunta sa opisina ng aming Finance Manager (OFMO) at humingi ng kaukulang dokumento o liham ng kahilingan sa sekretarya ng opisina.	Wala	15 minuto para sa Payslip 1 araw (sertipikasyon Philhealth Kontribusyon)	Administrative Assistant - Cash Unit



	Papirmahin sa isang kopya at ibigay ang para sa empleyado.			
	2.3 KAAKIBAT NA PAARALAN 2.3.1 Kung magbabayad ng Affiliation Fee ang mga estudyante, tanungin kung anong eskwelahan at itsek kung may naibigay na ang PETRU ng Billing of Students Affiliates kalakip ang chargeslips at listahan ng mga estudyante. Pagkatanggap ng kanilang bayad, isyuan ng kaukulang resibo.	NURSES PHP 60 kada Estudyante Praktikal Narses o Cargiver PHP 100 kada Estudyante	10 Minuto	Administrative Assistant o Secretariat - OFMO Administrative Assistant - Cash Unit
3. Ibigay ang transaction slip	3. Pirmahan ang transaction slip at ibalik sa kliyente.	Wala	1 minuto	Administrative Assistant - Cash Unit
TOTAL		P60.00 - P25,000.00 + Limang Porsyento (5%) ng kabuuang kontrata o ng NOA	13 minuto - 1araw depende sa pamamaraa ng ginawa	



VII. FEEDBACK AND COMPLAINTS MECHANISM

FEEDBACK AND COMPLAINTS MECHANISM	
How to send feedback	Answer the Hospital Clients Experience Survey and/or Clients Satisfaction Measurement Form and drop it at the designated suggestion box or directly give it to the on duty Public Assistance Complaints Desk located at the main entrance of the hospital. Contact Info: 0968-8525-604
How feedbacks are processed	Everyday the Hospital Clients Experience Survey verifies the nature of the queries and feedback within one (1) working day. The same will be referred to the concerned Office via call for immediate resolution.
How to file a complaint	Answer the Client's Concern Form indicating the concern or complaint. Make sure to provide the following information: <ul style="list-style-type: none">- Full name and contact information of the complainant- Narrative of the complain- Name of the person/office being complained Send all complaints against the MMWGH to mmwgh.pacd@gmail.com For follow-ups or queries, the contact information are as follows:0968-8525-604
How complaints are processed	All complaints received against the MMWGH will be processed by the Public Assistance Complaints Desk (PACD) / Customer Service Section (CSS) The PACD/CSS browses, evaluates, and determines the complaints received on a daily basis. The PACD/CSS shall coordinate with the



	<p>concerned Unit to answer the complaint and shall investigate, if necessary. After the concern has been addressed or after the conduct of the investigation, the PACD/CSS shall create an incident report for the Quality Assurance Committee Chairperson and Medical Center Chief for appropriate action. The PACD/CSS shall give the feedback to the clients via email.</p> <p>For follow-ups or queries, the contact information are as follows: 0968-8525-604</p>
Contact Information of MMWGH-PACD/ CSS ARTA, PCC, and CCB	<p>Mariveles Mental Wellness and General Hospital - (MMWGH - PACD): mmwgh.pacd@gmail.com 0968-8525-604</p> <p>Anti-Red Tape Authority (ARTA): complaints@arta.gov.ph 1-ARTA(2782)</p> <p>Presidential Complaint Center (PCC): pcc@malacanang.gov.ph 8888</p> <p>Contact Center ng Bayan (CCB): email@contactcenterngbayan.gov.ph 0908-881-6565</p>



VIII. LIST OF OFFICES

OFFICE / PERSON IN-CHARGE	ADDRESS	CONTACT INFORMATION
Office of the Medical Center Chief – DENNIS DAYAO L. ORDOÑA, MD Medical Center Chief II	Administrative Building, P. Monroe St Poblacion Mariveles, Bataan	mobile number: 0968 8526 726 email: mail@mmwgh.gov.ph , mmwghocoh@gmail.com
Office of the Medical Service – RUBY LYNDAL. REYES	Administrative Building, P. Monroe St Poblacion Mariveles, Bataan	email: mmwgh.medical@gmail.com medical@mmwgh.gov.ph
Office of the Chief Administrative Officer – VINCENT A. ISIP, MPA	Administrative Building, P. Monroe St Poblacion Mariveles, Bataan	email: hopssocao@gmail.com hopss@mmwgh.gov.ph
Office of the Chief Nurse – RELIA I. VILLEGAS, RN, MAN, ED.D	Nursing Service Office, P. Monroe St Poblacion Mariveles, Bataan	mobile number: +63 9985598080 email: cno.mmwgh@gmail.com nursing@mmwgh.gov.ph
Office of the Finance Management Officer – LAARNI D. MAGLAQUI, MBA	Administrative Building, P. Monroe St Poblacion Mariveles, Bataan	email: finance.mmwgh@gmail.com finance@mmwgh.gov.ph
Clinical Laboratory	Clinical Laboratory Building	mobile number: 0968 854 5321 email: lab.mmwgh@gmail.com



Radiology	Lazareto Hub	mobile number: 0970-1001938 email: mmhxray@gmail.com
Pharmacy	OPU Building – Ground Floor	mobile number: 0938-7981132 email: mmwghpharmacy@gmail.com
Dental Care Unit	OPU Building – Ground Floor	mobile number: 0977-143-2500 email: medical.dcu@gmail.com
Psychology Services Unit	Radiology and Psychology Complex Building – 2 nd floor	mobile number: 0919-0791346 0968 8568289 email:



		mmwghpsychology@gmail.com
Outpatient Unit – Psychiatry	OPU Building – Ground Floor	mobile number: 0953 197 0146 email: opu.mmwgh@gmail.com
Outpatient Unit Medical	OPCEN Building	mobile number: 0917 125 8905 email: mmwgh.newinfirmary@gmail.com
Outpatient Unit Neurology	OPU Building – Ground Floor	mobile number: 0917 125 8905 email: mmwgh.newinfirmary@gmail.com
Emergency Department	OPCEN Building	mobile number: 0961 431 1824 email: emergencyroom.mmwgh@gmail.com