



# **MARIVELES MENTAL WELLNESS AND GENERAL HOSPITAL**

**CITIZEN'S CHARTER HANDBOOK  
2023  
1st EDITION**

**I. Mandate:**

Under Republic Act No. 11288, an Act increasing the bed capacity of the Mariveles Mental Hospital in Mariveles, Bataan from five hundred (500) beds to seven hundred (700) beds, upgrading its services, to include the operation of a Level 1 General Ward with one hundred (100)-bed capacity, to be known as the Mariveles Mental Wellness and General Hospital.

**II. Vision:**

The Mariveles Mental Wellness and General Hospital is a center for specialized psychiatric care with holistic health services to the people of Central Luzon by 2023.

**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

**MMWGH OFFICE**

**EXTERNAL SERVICES**

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## KONSULTASYON (BAGONG KLIYENTE)

Ito ay nagbibigay serbisyo sa mga bagong kliyente na nakakaranas ng depression, psychosis at anxiety disorder na hindi makakarating sa hospital o gustong magpakonsulta online. Bukas ang serbisyong ito mula Lunes-Miyerkules at Biyernes sa oras na ala-una hanggang ala- singko ng hapon maliban lamang sa Huwebes, Sabado, Linggo at araw ng Pista.

<b>Office or Division:</b>	OUT-PATIENT UNIT/MEDICAL SERVICE	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C- Government to Citizen	
<b>Who may avail:</b>	Pasyente, Kamag-anak ng pasyente atbp.	
CHECKLIST REQUIREMENTS		WHERE TO SECURE
Kopya ng Sertipiko ng Kapanganakan Kung wala, sertipikasyon mula sa barangay Alinman sa 2 sa mga sumusunod kung maaari. <b>Isang (1) photocopy</b>	Philippine Statistics Authority (PSA) Barangay	
Liham ng Pagrerekomenda (kung mayroon man) <b>Isang (1) orihinal</b>	Ahensyang nag rekomenda(Ospital, DSWD, Barangay, School, Pribadong Kompanya)	
Wastong pagkakakilanlan (Kliyente/ Kamag- anak) <b>Isang (1) orihinal</b>	PWD, Senior Citizen's ID, Government Issued ID	
Vaccination Card <b>Isang (1) orihinal</b>	Akreditadong Vaccination Facility	
<b>PARA SA OPISYAL NG KULUNGAN:</b> - Liham ng Pagrerekomenda mula sa Korte, Utos - <b>Isang (1) kopya</b> - Kamag-anak/Legal na Awtorisadong Kinatawan - Judicial Affidavit/ Salaysay, mga dokumento na may kaugnayan sa kaso - <b>Isang (1) orihinal</b> - Social Case Study from DSWD - <b>Isang (1) orihinal</b>	Korte	

Social Case Study from DSWD for 'UNKNOWN' Clients		DSWD		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
<p>1. Pumunta sa TRIAGE para sa pagsusuri ng mga sumusunod na sintomas:</p> <ul style="list-style-type: none"> <li>• Pananakit o pamamag a ng lalamuna n</li> <li>• Masakit na katawan</li> <li>• Masakit na ulo</li> <li>• Hirap sa paghinga</li> <li>• Ubo</li> <li>• Sipon</li> <li>• Lagnat</li> <li>• Pagtatae</li> </ul>	<p><b>1.1</b> Tanungin ang kliyente kung meron silang mga sumusunod na sintomas.</p>	Wala	2 minuto	Nurse III /TRIAGE
	<p><b>1.2</b> Maghugas ng kamay at kunin ang temperatura ng katawan.</p>	Wala	2 minuto	Nurse III /TRIAGE
	<p><b>1.3 MERON/ WALANG SINTOMAS:</b> (<i>Konsultasyon ng kliyente</i>)</p> <p>Payuhan ang kliyente na manatili sa holding area. Ang Triage on duty ay mag iinform sa Hospitalist para sa pagsusuri ng kliyente.</p>	Wala	2 minuto	Nurse III /TRIAGE
	<p><b>1.3.1</b> Susuriin ng Covid doktor on duty kung ang kliyente ay nagtataglay ng mataas o walang tsansa ng Covid-19.</p> <p><b>A. MATAAS NA PANGANIB</b></p> <p>Mananatili sa holding area.</p> <p><b>B. WALANG PANGANIB</b></p> <p>Maaaring magtungo sa Outpatient Unit.</p>	Wala	15 minuto	Hospitalist
	<p><b>1.4</b> <b>WALANG SINTOMAS</b></p>			



	Magtungo sa Public Assistance and Complaints Desk para sa pagbibigay ng Transaksyon Slip.			
<b>2.</b> Ipaalam sa PACD ang layunin sa pagpunta o pagbisita.	<b>2.1</b> Ibigay ang mga sumusunod na dokumento: Transaksyon Slip, Customer's Survey form and flyers at ituro ang kliyente sa Out-Patient Unit.	Wala.	2 minuto	Administrative Assistant I / (Public Assistance and Complaints Desk)
<b>3.</b> Ipaalam sa gwardiya ng OPU ang tungkol sa konsultasyon..  <b><u>QUEUEING:</u></b>  <b>P-Priority</b> <ul style="list-style-type: none"> <li>- Nakatatand ang mamayana n</li> <li>- Buntis</li> <li>- Pisikal na kapansanan</li> </ul> <b>S-Scheduled</b>  <b>U-Unscheduled</b>	<b>3.1</b> Ibigay ang numero ng queuing. Ang susunod na instraksyon ay pagpunta sa Admission and Information Section (AIS) Staff, upang masimulan ang queing at mainterbyu ang kliyente o kamag-anak.	Wala	5 minuto	Administrative Officer / Administrative Assistant I (Admission and Information Section (AIS) Staff (Health Information Management Unit) Staff  Nurse III / OPU
<b>4.</b> Magtungo sa OPU Nurse on-duty at magbigay ng impormasyon tungkol sa konsultasyon.	<b>4.1</b> Panayam sa kliyente/ kamag-anak or awtorisadong kinatawan.	Wala	10 minnuto	Nurse III / OPU
<b>5.</b> Magparehistro. Punan ang form.	<b>5.1</b> Ipaliwanang ang Pahintulot sa Pagkolekta Pagprosesong Personal na Impormasyon para sa Pagpapagamot na papel bago kumuha ng mga personal na detalye, pimahan	Wala	30 minuto	Administrative Officer / Administrative Assistant I (Admission and Information Section (AIS) Staff (Health Information Management Unit) Staff

	<p>muna ng kliyente (kung pumayag).</p> <p><b>5.2</b> Ibigay ang "DatusTungkol" sa Pasyente form na pupunan ng kliyente/ kamag-anak or awtorisadong kinatawan.</p> <p><b>5.3</b> Ipaliwanag at kumuha ng pahintulot para sa terapyutikang paggamot.</p> <p><b>5.4</b> Paggawa ng rekord ng kalusugan at ipaliwanag ang proseso ng konsultasyon.</p>			
<b>6.</b> Magtungo sa Medical Social Work Unit para sa klasipikasyon.	<b>6.1</b> Gawin ang panayam sa kliyente/ kamag-anak o awtorisadong kinatawan.	Wala	20 minuto	Social Welfare Officer I /Medical Social Work Unit
<b>7.</b> Maghintay na tawagin ng OPU Nurse para sa vital signs, timbang, sukat ng taas at sukat ng tiyan.	<b>7.1</b> Suriin ang vital signs ng kliyente, vital signs, timbang, sukat ng taas at sukat ng tiyan.	Wala	5 minuto	Nurse III / OPU
<b>8.</b> Konsultasyon sa doktor o Physician on-duty (POD).	<b>8.1</b> Gawin ang panayam sa kliyente/ kamag-anak o awtorisadong kinatawan para sa histori, eksaminasyong mental ng kliyente.	Wala	45 minuto	Medical Specialist / Medical Officer
<b>9.</b> Pagkatapos ng konsultasyon sa doctor, ipakita sa OPU nars ang reseta ng gamot.	<p><b>9.1</b> Ilista ang medikasyon na itinalaga ng doktor at ang susunod na konsultasyon ng kliyente.</p> <p><b>9.2</b> Ibalik sa kliyente /kamag-anak ang reseta, OPU card/ talaan, at payuhan sila sa kanilang susunod na konsultasyon.</p>	Wala	5 minuto	Nurse III / OPU

<p><b>10.</b> Pumunta sa AIS for Medical Certificate</p>	<p><b>10.1</b> Ibigay ang kopya ng Hiling sa Kopya ng Impormasyong Pangkalusugan na pupunan at lalagdaan ng pasyente or awtorisadong kinatawan na may katunayan ng pagkakakilanlan o valid ID.</p> <p><b>10.2</b> Maghanda ng dalawang kopya ng medikal na sertipikasyon, diyagnosis, kasalukuyang gamot ng kliyente. Pirmahan ng kliyente ang tatanggaping kopya.</p>	<p>Wala</p>	<p>10 minuto</p>	<p>Administrative Officer / Administrative Assistant I (Admission and Information Section (AIS) Staff (Health Information Management Unit) Staff</p>
<p><b>11.</b> Magpunta sa Botika at ilahad ang resta ng mga gamot.</p>	<p><b>11.1</b> Suriin kung mayroong gamot sa Botika ayon sa resetang gamot.</p>	<p>Ayon sa resetang gamot.</p>	<p>4 minuto</p>	<p>Pharmacist/ Pharmacy Unit</p>
<p><b>12.</b> Magtungo sa Malasakit Center at ilahad ang mga sumusunod:</p> <ul style="list-style-type: none"> <li>• Anumang balid na Government ID</li> <li>• Slip ng bayad at reseta mula sa Botika.</li> <li>• Slip ng bayad at rekwes sa laboratoryo</li> <li>• Slip ng bayad at X-ray rekwes form mula sa Radiology Unit</li> <li>• Slip ng bayad at Saykologikal na ebalwasyon</li> </ul>	<p><b>12.1</b> Suriin ang mga pangunahing dokumento tulad ng slip ng bayad, rekwes form, reseta at balid na ID.</p> <p><b>12.2</b> Suriin kung ang kliyente ay meron ng tsart sa MMWGH</p> <p><b>12.3</b> Suriin kung ang kliyente/ kamag-anak ay nakausap at na-interbyu gamit ang MSWU Assessment Tool</p> <p><b>12.4</b> Interbyuhin ang kliyente/kamag-anak gamit ang Unified Intake Sheet (Malasakit Center Form-Annex B)</p> <p><b>12.5</b> Ihanda ang Malasakit Center Order ng singilin</p>	<p>Wala</p>	<p>15 minuto</p>	<p>Social Welfare Officer I /Medical Social Work Unit</p>

<p>, liham ng pagrerekomenda mula sa Saykolohiya ng unit.</p> <ul style="list-style-type: none"> <li>• Slip ng bayad at ECG rekwes at iba pang Radiographic na prosesong papel mula sa New Infirmary</li> </ul>	<p><b>12.6</b> Magkaroon ng kopya ng mga kailangan para sa medikal na tulong.</p> <p><b>12.7</b> Ang kliyente o kamag-anak ay lalagda sa Malasakit Center Logbook</p> <p><b>12.8</b> Payuhan ang kliyente/kamag-anak na tumungo sa seksyon ng Billing</p>			
<p><b>13.</b> Pumunta sa Cash Unit, ipakita ang slip ng bayad at ibigay ang bayad.</p>	<p><b>13.1</b> I-tsek ang Slip ng bayad at reseta ng gamot. medications.</p> <p><b>13.2</b> Hingin ang balid na pagkakakilanlan upang magkaroon ng diskwento.</p> <ul style="list-style-type: none"> <li>a) PWD ID</li> <li>b) Senior Citizen's ID</li> </ul> <p><b>13.3</b> Ibigay ang opisyal na resibo at ibalik ang reseta ng mga gamot kasama ang slip ng bayad.</p>	Wala	5 minuto	Administrative Assistant I / Cash Unit
<p><b>14.</b> Muling magtungo sa Seksyon ng Botika, ipakita ang slip ng bayad at opisyal na resibo.</p>	<p><b>14.1</b> Ihanda at ibigay ang mga gamot sa kliyente. Magbigay ng mga paalala sa paginom ng mga gamot.</p>	Wala	5 minuto	Pharmacist /Pharmacy Unit
<p><b>15.</b> Magtungo sa OPU Nars para sa mga impormasyon at direktiba sa mga resetang gamot at iniksyon.</p>	<p><b>15.1</b> Sa mga kliyente na para sa iniksyon, ipaliwanag ang proseso sa kliyente, ihanda at ibigay ang gamot na iniksyon.</p>	Wala	5 minuto	Nurse III / OPU

<p><b>16.</b> Sagutan ang CSSF (Customer Satisfaction Survey Form) at ibigay kasama ang transaksyon slip sa PACD Staff.</p> <p><b>Kung merong komento, rekomendasyon at mga suhestyon:</b></p> <p>Makipag-ugnayan sa PACD Staff, upang makapagbigyan ng agarang pagtugon sa mga kliyente.</p>	<p><b>16.1</b>Tanggapin ang CSSF at transaksyon slip. Tanungin ang kliyente kung ang naibigay na serbisyo ay kanais-nais.</p> <p><b>Sa mga kliyenteng merong rekomendasyon at suhestyon:</b></p> <p>Tugunan ang kanilang mga komento, rekomendasyon at suhestyon ayon sa serbisyong kanilang natanggap.</p>	<p>Wala</p>	<p>1 minuto</p>	<p>Administrative AssistantI / (Public Assistance and Complaints Desk)</p>
<p><b>TOTAL</b></p>		<p>Wala</p>	<p><b>3 oras at 6 minuto</b></p>	

## KONSULTASYON (LUMANG KLIYENTE)

Ito ay nagbibigay serbisyo sa mga bagong kliyente na nakakaranas ng depression, psychosis at anxiety disorder na hindi makakarating sa hospital o gustong magpakonsulta online. Bukas ang serbisyonang ito mula Lunes-Miyerkules at Biyernes sa oras na ala-una hanggang ala- singko ng hapon maliban lamang sa Huwebes, Sabado, Linggo at araw ng Pista.

<b>Office or Division:</b>	OUT-PATIENT UNIT/MEDICAL SERVICE			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizens			
<b>Who may avail:</b>	Pasyente, Kamag-anak ng pasyente atbp..			
<b>CHECKLIST REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
OPU Card		Outpatient Unit		
AlagangTagubilin (Discharged Patient) <b>Isa(1) Orihinal na kopya</b>		Ibibigay ng MMWGH nars bago mapauwi ang pasyente.		
<b>CLIENTS STEP</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>RESPONSIBLE PERSON</b>
1. Pumunta sa TRIAGE para sa pagsusuri ng mga sumusunod na sintomas:  <ul style="list-style-type: none"> <li>● Pananakit o pamamaga ng lalamunan</li> <li>● Masakit na katawan</li> <li>● Masakit na ulo</li> <li>● Hirap sa paghinga</li> <li>● Ubo</li> <li>● Sipon</li> <li>● Lagnat</li> <li>● Pagtatae</li> </ul>	1.1 Tanungin ang kliyente kung meron silang mga sumusunod na sintomas.	Wala	2 minuto	Nurse III /TRiage
	1.2 Maghugas ng kamay at kunin ang temperatura ng katawan.	Wala	2 minuto	Nurse III /TRiage
	1.3 <b>MERON/ WALANG SINTOMAS:</b> <i>(Konsultasyon ng kliyente)</i>  Payuhan ang kliyente na manatili sa holding area. Ang Triage on duty ay mag	Wala	15 minuto	Medical Specialist / Medical Service

	<p>iiinform sa Hospitalist para sa pagsusuri ng kliyente.</p> <p><b>1.3.1</b> Susuriin ng Covid doktor on duty kung ang kliyente ay nagtataglay ng mataas o walang tsansa ng Covid-19.</p> <p><b>C. MATAAS NA PANGANIB</b> Mananatili sa holding area.</p> <p><b>D. WALANG PANGANIB</b> Maaaring magtungo sa Outpatient Unit.</p> <p><b>1.3 WALANG SINTOMAS</b> Magtungo sa Public Assistance and Complaints Desk para sa pagbibigay ng Transaction Slip.</p>			
<p><b>2.</b></p> <p>Ipaalam sa PACD ang layunin sa pagpunta o pagbisita.</p>	<p><b>2.1</b></p> <p>Bigay ang mga sumusunod na dokumento: Transaction Slip, Customer's Survey form and flyers at ituro ang kliyente sa Out-Patient Unit.</p>	Wala	2 minuto	Administrative Assistant I / (Public Assistance and Complaints Desk)
<p><b>3.</b> Ipaalam sa gwardiya ng OPU ang tungkol sa konsultasyon.</p> <p><b><u>QUEUEING:</u></b></p> <p><b>P-Priority</b></p> <ul style="list-style-type: none"> <li>- Nakatatandang</li> </ul>	<p><b>3.1</b> Ibigay ang numero ng queuing. Ang susunod na instraksyon ay pagpunta sa Admission and Information Section (AIS) Staff, upang masimulan ang queing at mainterbyu ang kliyente o kamag-anak.</p>	Wala	5 minuto	Administrative Officer / Administrative Assistant I (Admission and Information Unit (AIU) Staff (Health Information Management Unit) Staff  Nurse III/ OPU Unit

<p>mamayan</p> <ul style="list-style-type: none"> <li>- Buntis</li> <li>- Pisikal na kapansanan</li> </ul> <p><b>S-Scheduled</b></p> <p><b>U- Unscheduled</b></p>				
<p><b>4.</b> Ipakita ang OPU Card (kung mayroon man) o ang AlagangTagubilin na mayroong transaksyon slip.</p>	<p><b>4.1</b> Magrehistro.</p> <p><b>PAALALA:</b></p> <p><b>4.2</b> Ang mga kliyente na hindi naka-skedyul sa takdang araw ay makokonsulta lamang pagkatapos makonsulta ng mga naka-skedyul na kliyente at mga prayoridad na kliyente.</p> <p><b>4.3</b> Kunin ang tsart ng kliyente.</p>	Wala	10 minuto	Administrative Officer / Administrative Assistant I (Admission and Information Unit (AIU) Staff (Health Information Management Unit) Staff
<p><b>5.</b> Magtungo sa Medical Social Worker Unit para sa klasipikasyon (kung meron ng isang taon)</p>	<p><b>5.1</b> Interbyuhin ang kliyente / kamag-anak o legal na awtorisadong kinatawan.</p>	Wala	15 minuto	Social Welfare Officer I /Medical Social Work Unit
<p><b>6.</b> Maghintay na tawagin ng OPU Nurse para sa vital signs, timbang, sukat ng taas.</p>	<p><b>6.1</b> Suriin ang vital signs ng kliyente, vital signs, timbang, sukat ng taas.</p>	Wala	5 minuto	Nurse III/ Outpatient Unit
<p><b>7.</b>Konsultasyon sa doktor o Physician on-duty (POD).</p>	<p><b>7.1</b>Gawin ang panayam sa kliyente/ kamag-anak o awtorisadong kinatawan para sa histori, eksaminasyong mental ng kliyente.</p>	Wala	45 minuto	Medical Specialist / Medical Officer



<p><b>8.</b> Pagkatapos ng konsultasyon sa doctor, ipakita sa OPU nars ang reseta ng gamot.</p>	<p><b>8.1</b> Ilista ang medikasyon na itinalaga ng doktor at ang susunod na konsultasyon ng kliyente.</p> <p><b>8.2</b> Ibalik sa kliyente /kamag-anak ang reseta, OPU card/ talaan, at payuhan sila sa kanilang susunod na konsulatasyon.</p>	<p>Wala</p>	<p>5 minuto</p>	<p>Nurse III/ Outpatient Unit</p>
<p><b>9.</b> Magpunta sa Botika at ilahad ang resta ng mga gamot.</p>	<p><b>9.1</b> Suriin kung mayroong gamot sa Botika ayon sa resetang gamot.</p> <p><b>9.2</b> Ibigay ang slip ng bayad.</p>	<p>Ayon sa resetang gamot.</p>	<p>4 minute</p>	<p>Pharmacist II/ Pharmacy Unit</p>
<p><b>10.</b> Magtungo sa Malasakit Center at ilahad ang mga sumusunod:</p> <ul style="list-style-type: none"> <li>• Anumang balid na Government ID</li> <li>• Slip ng bayad at reseta mula sa Botika.</li> <li>• Slip ng bayad at rekwes sa laboratoryo</li> <li>• Slip ng bayad at X-ray rekwes form mula sa Radiology Unit</li> <li>• Slip ng bayad at Saykological na ebalwasyon, liham ng pagrerekomenda mula</li> </ul>	<p><b>10.1</b> Suriin ang mga pangunahing dokumento tulad ng slip ng bayad, rekwes form, reseta at balid na ID.</p> <p><b>10.2</b> Suriin kung ang kliyente ay meron ng talang pangkalusugan sa MMWGH</p> <p><b>10.3</b> Suriin kung ang kliyente/ kamag-anak ay nakausap at na-interbyu gamit ang MSWU Assessment Tool</p> <p><b>10.4</b> Interbyuhin ang kliyente/kamag-anak gamit ang Unified Intake Sheet (Malasakit Center Form-Annex B)</p> <p><b>10.5</b> Ihanda ang Malasakit Center Order ng singilin</p>	<p>Wala</p>	<p>15 minuto</p>	<p>Social Welfare Officer and Social Welfare Assistant / Medical Social Wo</p>

<p>sa Saykolohiya ng unit.</p> <ul style="list-style-type: none"> <li>Slip ng bayad at ECG rekwest at iba pang Radiographic na proseso mula sa New Infirmary</li> </ul> <p><b>11.</b> Pumunta sa Cash Unit, ipakita ang slip ng bayad at ibigay ang bayad.</p>	<p><b>10.6</b> Magkaroon ng kopya ng mga kailangan para sa medikal na tulong.</p> <p><b>10.7</b> Ang kliyente o kamag-anak ay lalagda sa Malasakit Center Logbook</p> <p><b>10.8</b> Payuhan ang kliyente/kamag-anak na tumungo sa seksyon ng Billing</p> <p><b>11.1</b> I-tsek ang Slip ng bayad at reseta ng gamot.</p> <p><b>11.2</b> Hingin ang balid na pagkakakilanlan upang magkaroon ng diskwento.</p> <ol style="list-style-type: none"> <li>PWD ID</li> <li>Senior Citizen's ID</li> </ol> <p><b>11.3</b> Ibigay ang opisyal na resibo at ibalik ang reseta ng mga gamot kasama ang slip ng bayad.</p>	Wala	5 minuto	Administrative Assistant I / Cash Unit
<p><b>12.</b> Muling magtungo sa Seksyon ng Botika, ipakita ang slip ng bayad at opisyal na resibo.</p>	<p><b>12.1</b> Ihanda at ibigay ang mga gamot sa kliyente. Magbigay ng mga paalala sa paginom ng mga gamot.</p>	Wala	5 minuto	Pharmacist II/ Pharmacy Unit
<p><b>13.</b> Magtungo sa OPU Nars para sa mga impormasyon at direktiba sa mga resetang gamot at iniksyon.</p>	<p><b>13.1</b> Sa mga kliyente na para sa iniksyon, ipaliwanag ang proseso sa kliyente, ihanda at ibigay ang</p>	Wala	5 minuto	Nurse III/ Outpatient Unit

	gamot na iniksyon.			
<b>14.</b> Ibigay ang Transaksyon Slip.	<b>14.1</b> Pumirma sa transaksyon at ibalik sa kliyente/kamag-anak o legal na awtorisadong kinatawan.	Wala	1 minute	Nurse III/ Outpatient Unit
<b>15.</b> Sagutan ang CSSF (Customer Satisfaction Survey Form) at ibigay kasama ang transaksyon slip sa PACD Staff.  <b>Kung merong komento, rekomendasyon at mga suhestyon:</b>  Makipag-ugnayan sa PACD Staff, upang makapagbigyan ng agarang pagtugon sa mga kliyente.	<b>15.1</b> Tanggapin ang CSSF at transaksyon slip. Tanungin ang kliyente kung ang naibigay na serbisyo ay kanais-nais.  <b>Sa mga kliyenteng merong rekomendasyon at suhestyon:</b>  Tugunan ang kanilang mga komento, rekomendasyon at suhestyon ayon sa serbisyong kanilang natanggap.	Wala	1 minute	Administrative Assistant I / (Public Assistance and Complaints Desk)
<b>TOTAL</b>		<b>Wala</b>	<b>2 oras and 22 minuto</b>	

## ELEKTRONIK NA RESETA (ERX)

<b>Office or Division:</b>	HEALTH INFORMATION AND MANAGEMENT UNIT			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail</b>	Pasyente, Kamag-anak ng pasyente atbp.			
<b>CHECKLIST REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Valid I.D. (Kliyente/ Pinakamalapit na Kamag-anak/ Awtorisadong Kinatawan) na ia-apload sa pahinarya ng Elektronik na Reseta (ERX)  <b>Isa(1) original na kopya</b>		PWD, Senior Citizen's ID, Government Issued ID		
<b>CLIENTS STEP</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>RESPONSIBLE PERSON</b>
1. Humingi ng rekwes na reseta ng gamot gamit ang tawag/ mensahe sa Health Information Management Unit (HIMU/AIU).	1.1 Mangalap ng impormasyon mula sa pasyente, pinakamalapit na kamag anak/ awtorisadong kinatawan at kumpirmahin ang mga binigay na impormasyon sa pamamagitan ng paggamit ng tsart ng pasyente.  <i>(Sa bagong kliyente o mga wala pang tsart sa ospital, sila ay hindi muna mabibigyan ng elektronik na reseta. Ang pagbibigay ng reseta ay magagamit lamang sa loob ng dalawang linggo.</i>	Wala	10 minuto	Administrative Officer III / Health Information Unit
	If Kung ang pinakamalapit na kamag-anak/ awtorisadong kinatawan ay nais ng tele-konsultasyon, ang OPU nars ay magbibigay ng	Wala	10 minuto	Nurse III/ Outpatient Unit

	mga direksyon kung paano bumisita sa facebook ng MMWGH para sa proseso ng tele-konsultasyon.			
2	<p>I-endorso ang tsart ng kliyente sa nakadating Out-Patient Unit Nars.</p> <p>Kung ang pasyente ay referral ng Zero Kilometer, ito ay irefer sa OPU Nars para sa proseso ng konsultasyon para sa mga bagong kliyente.</p> <p><i>(Kung hindi nasunod ng kliyente ang takdang konsultasyon niya, halimbawa, ang kliyente ay hindi na nakapagkonsulta ng tatlong buwan, kailangan niya ng agarang konsultasyon sa lalong madaling panahon o tele-konsultasyon.</i></p>	Wala	10 minuto	Administrative Officer III / Health Information Unit Nurse III/ Outpatient Unit
3.1	<p>refer sa nakadating doktor para sa pagbibigay ng reseta.</p> <p>Magreseta ng gamot.</p> <p>Itala kung kailan nagawa ang reseta, lagyan ng petsa..</p> <p>Ang Elektronik na Reseta ay naglalaman lamang ng isang buwang suplay ng gamot.</p> <p><b>“NO REFILL”</b> ay kailangang isulat sa reseta.</p> <p>S2 Number ay kailangang ilagay din sa reseta ng gamot.</p>	Wala	10 minuto	Physician On-Duty

	<p><b>Ang mga gamot na kailnan ng S2</b> tulad ng <b>Clonazepam</b>, ay hindi maaaring ilagay sa Elektronik na Reseta.</p> <p>Ilagay ang petsa ng susunod na konsultasyon.</p> <p>Kung hanggang kailan ang bisa ng reseta.</p> <p>Numero ng telepono ng Pharmacy Unit</p> <p>I-dokumento sa tsart ng pasyente ang petsa at mga lista ng medikasyong nireseta.</p> <p>Kung ang kliyente ay nasuri sa pamamagitan ng tele-konsultasyon, idokumento o isulat ang konsultasyon at Elektronik na Reseta sa rekord ng pasyente.</p>			
4. Ibalik ang rekord ng pasyente sa HIMU/AIS kasama ang reseta ng gamot.	I-Scan ang reseta ng gamot.	Wala	5 minuto	Administrative Officer III / Health Information Unit Nurse III/ Outpatient Unit
5. Bigyan ng instraksyon ang kliyente/ pinakamalapit na kamag-anak o awtorisadong kinatawan na maglog-in sa website ng Elektronik na Reseta , <a href="http://mmwgh.gov.ph/erx">mmwgh.gov.ph/erx</a> , upang mapunan o masagutan at magbigay ng personal na impormasyon.	I-valida ang mga binigay na impormasyon sa pamamagitan ng tsart ng kliyente at kapag na beripika na tanggapin at sang ayunan ang hiling na Elektronik na Reseta.	Wala	30 minuto to 1 oras	Administrative Officer III / Health Information Unit

Basahin ang <b><i>Privacy Notice and Informed Consent.</i></b>				
<b>6.</b> I- download ang rekwest na reseta ng gamot.	Bigyang impormasyon ang kliyente, ang pinakamalapit na kamag-anak o legal na awtorisadong kinatawan na i-download ang hiling na Elektronik na Reseta o maikling mensahe.	Wala	10 minuto	Administrative Officer III / Health Information Unit
<b>7.</b> I-file ang reseta ng medikasyon..	I-file ang orihinal na kopya ng Elektronik na Reseta.	Wala	5 minuto	Administrative Officer III / Health Information Unit
	<b>TOTAL</b>		<b>1 oras and 45 minuto</b>	

## TELEKONSULTASYON (SA MGA BAGONG KLIYENTE)

Ito ay nagbibigay serbisyo sa mga bagong kliyente na nakakaranas ng depression, psychosis at anxiety disorder na hindi makakarating sa hospital o gustong magpakunsolta online. Bukas ang serbisyong ito mula Lunes-Miyerkules at Biyernes sa oras na ala-una hanggang ala- singko ng hapon maliban lamang sa Huwebes, Sabado, Linggo at araw ng Pista.

<b>Office or Division:</b>	OUT-PATIENT UNIT/ MEDICAL SERVICE			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Pasyente, Kamag-anak ng pasyente atbp..			
<b>CHECKLIST REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Photocopy ng Birth Certificate Kung wala, sertipikasyon mula sa barangay Alinman sa 2 sa mga sumusunod kung maaari. <b>Isa(1) orihinal kopya</b>		Philippine Statistic Authority (PSA) Barangay		
Liham ng Pagrerekomenda (kung mayroon man) <b>Isa(1) orihinal kopya</b>		Ahensyang nag rekomenda(Ospital, DSWD, Barangay, School, Pribadong Kompanya)		
Wastong pagkakakilanlan (Kliyente/ Kamag-anak) <b>Isang (1) orihinal</b>		PWD, Senior Citizen’s ID, Government Issued ID		
Vaccination card <b>Isang (1) orihinal</b>		Akreditadong Vaccination Facility		
<b>CLIENTS STEP</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>RESPONSIBLE PERSON</b>
<b>1.</b> Magtanong sa Facebook Page ng MMWGH tungkol sa proseso ng konsultasyon. <b>1.1</b> Maaari ding magtanong sa sumusunod na numero. <b>a.</b> OPU-0953-197-0146  (Lunes-Biyernes 8 ng umaga hanggang 5 ng hapon maliban sa holidays at Sabado, Linggo) <b>b.</b> HIMU-0975-390-5317	<b>1.1</b> Kontakin ang mga kliyenteng nag-inquire sa page. <b>1.2</b> Interbyuhin ang kamag-anak at i-assess ang pasyente. <b>1.3</b> Magbigay ng tagubilin sa kamag-anak ukol sa iskedyul ng telekonsultasyon. <b>1.3.1</b> Petsa ng telekonsultasyon <b>1.3.2</b> Paraan ng Komunikasyon <b>1.3.2.1</b> Messenger <b>1.3.2.2</b> Phone call <b>1.3.2.3</b> Zoom	Wala	1-2 araw  2 minuto	Nurse I / Outpatient Unit



(araw-araw, 8 ng umaga hanggang 5 ng hapon)	<b>1.4</b> I-encode ang lahat ng mga query na matatanggap			
<p><b>2.</b> Sa araw ng telekonsultasyon</p> <p>Ang natapos ng google form ay kanilang ise-send sa messenger o sa link ng binigay sa SMS</p> <p>Magbigay ng valid copy ng ID.</p>	<p><b>2.1</b> I-send ang google form sa kamag-anak upang mangalap ng personal ng impormasyon</p> <p><b>2.2</b> Ang kopya ng privacy notice ay ipapadala rin sa pamamagitan ng google sheet.</p> <p><b>2.3</b> Ang personal na impormasyon ay ipi-print kasama ang privacy notice at ilagay ito sa rekord ng pasyente.</p>	Wala	2 minuto	<p>Nurse I / Outpatient Unit</p> <p>Administrative Assistant / Health Information Management Unit</p>
<p><b>3.</b> HIntayin ang tawag ng OPU staff sa umaga ng itinakdang iskedyul ng telekonsultasyon.</p>	<p><b>3.1</b> Tawagan ang kamag-anak upang ipaalala ang iskedyul ng telekonsultasyon</p> <p><b>3.2</b> Tanungin sa kamag-anak kung anong account (FB/messenger) ang gagamitin para sa telekonsultasyon</p> <p><b>3.3</b> Abisuhan na manatiling online sa hapon</p>	Wala	2 minuto	Nurse I / Outpatient Unit
<p><b>4.</b> Konsultasyon sa Doktor</p>	<p><b>4.1</b> Interbyu ng pasyente/kamag-anak o otorisadong representante para sa history, mental status examination ng pasyente.</p>	Wala	1 oras at 20 minuto	Medical Specialist/ Medical Officer
<p><b>5.</b> Pagkatapos ng telekonsultasyon, maghintay sa tawag ng OPU staff</p>	<p><b>5.1</b> Abisuhan ang pasyente/kamag-anak sa proseso ng pagbibigay ng E-Prescription</p> <p><b>5.2</b> <b>Abisuhan ang pasyente/kamag-anak kung sa paanong paraan kukunin ang reseta .</b></p> <p>Kung sa online, hingin ang email address na</p>	Wala	2 minuto	<p>Nurse I / Outpatient Unit</p> <p>Nurse I / Outpatient Unit</p>

	<p>pagpapadalahan ng reseta .</p> <p>Kung pupunta sa ospital. Kapag si pasyente ang kukuha ng reseta, magdala ng sumusunod</p> <ol style="list-style-type: none"> <li>a. valid ID</li> <li>b. Vaccination card</li> </ol> <p>Kung otorisadong kinatawan, magdala ng sumusunod,</p> <ol style="list-style-type: none"> <li>a. Pirmadong authorization letter na ipinapadala sa knilang messenger</li> <li>b. Valid ID ng pasyente</li> <li>c. Valid ID ng kinatawan</li> <li>d. vaccination card ng kinatawan</li> </ol> <p><b>5.3</b> Ilista ang gamot na nireseta ng doctor at iskedyul sa susunod ng konsultasyon ng pasyente</p> <p><b>5.4</b> Abisuhan ang kamag-anak o pasyente para sa kanilang susunod na konsulta</p> <p><b>5.5</b> Ipadala ang Customer Survey Form</p>			
	<b>TOTAL</b>	Wala	<b>2 araw 1 oras at 28 minuto</b>	

## Telekonsultasyon (Sa mga Lumang Kliyente)

Ito ay nagbibigay serbisyo sa mga dati ng kliyente na nakakaranas ng depression, psychosis at anxiety disorder na hindi makakarating sa hospital o gustong magpakunsolta online. Bukas ang serbisyong ito mula Lunes-Miyerkules at Biyernes sa oras na ala-una hanggang ala- singko ng hapon maliban lamang sa Huwebes, Sabado, Linggo at araw ng Pista.

<b>Office or Division:</b>	OUT-PATIENT UNIT/ MEDICAL SERVICE			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Pasyente, Kamag-anak ng pasyente atbp..			
<b>CHECKLIST REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>- Photocopy ng Birth Certificate Kung wala, sertipikasyon mula sa barangay Alinman sa 2 sa mga sumusunod kung maaari <b>Isa(1) orihinal na kopya</b></li> <li>- Liham ng Pagrekomenda (kung mayroon man) <b>Isa(1) orihinal na kopya</b></li> <li>- Wastong pagkakakilanlan (Pasyente/Kamag-anak) na mayroong petsa ng kapanganakan, gitnang pangalan <b>Isa(1) orihinal na kopya</b></li> </ul>		<ul style="list-style-type: none"> <li>- Philippine Statistic Authority (PSA) Government Issued ID</li> <li>- Barangay</li> <li>- Ahensyang nagrekomenda (Ospital, DSWD, Barangay, School, Pribadong Kompanya)</li> <li>- PWD, Senior Citizen's ID, Government Issued ID</li> </ul>		
<b>CLIENTS STEP</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>RESPONSIBLE PERSON</b>
<b>1.</b> Magtanong sa Facebook Page ng MMWGH tungkol sa proseso ng konsultasyon. <b>1.1</b> Maaari ding magtano ng sa sumusunod na numero. <b>a.</b> OPU- 0953-197-0146 (Lunes-Biyernes 8	<b>1.1</b> Kontakin ang mga kliyenteng nag-inquire sa page. <b>1.2</b> Interbyuhin ang kamag-anak at i-assess ang pasyente. <b>1.3</b> Magbigay ng tagubilin sa kamag-anak ukol sa iskedyul ng telekonsultasyon. <b>1.3.1</b> Petsa ng telekonsultasyon <b>1.3.2</b> Paraan ng Komunikasyon <b>1.3.2.1</b> Messenger <b>1.3.2.2</b> Phone call <b>1.3.2.3</b> Zoom <b>1.4</b> I-encode ang lahat ng mga query na matatanggap	Wala	1-2 araw  2 minuto	Nurse III/ Outpatient Unit

<p>ng umaga hanggang 5 ng hapon maliban sa holidays at Sabado, Linggo)</p> <p><b>b.</b> HIMU-0975-390-5317 (araw-araw, 8 ng umaga hanggang 5 ng hapon)</p>				
<p><b>2.</b> Sa araw ng telekonsultasyon</p> <p>Ang natapos ng google form ay kanilang ise-send sa messenger o sa link ng binigay sa SMS</p> <p>Magbigay ng valid copy ng ID.</p>	<p><b>2.1</b> Ang kopya ng privacy notice ay ipapadala rin sa pamamagitan ng google form.</p> <p><b>2.2</b> Ang privacy notice ay ipi-print at ilalagay ito sa rekord ng pasyente.</p>	Wala	2 minuto	<p>Nurse III/ Outpatient Unit</p> <p>Administrative Assistant I / Health Information Unit</p>
<p><b>3.</b> HIntayin ang tawag ng OPU staff sa umaga ng itinakdang iskedyul ng telekonsultasyon.</p>	<p><b>3.1</b> Tawagan ang kamag-anak upang ipaalala ang iskedyul ng telekonsultasyon</p> <p><b>3.2</b> Tanungin sa kamag-anak kung anong account (FB/messenger) ang gagamitin para sa telekonsultasyon</p> <p><b>3.3</b> Abisuhan na manatiling online sa hapon</p>	Wala	2 minuto	Nurse III/ Outpatient Unit
<p><b>4.</b> Konsultasyon sa doktor</p>	<p><b>4.1</b> Interbyu ng pasyente/kamag-anak o otorisadong representante para sa history, mental status examination ng pasyente</p>	Wala	1 oras	Medical Specialist/ Medical Service
<p><b>5.</b> Pagkatapos ng telekonsultasyon, maghintay sa tawag ng OPU staff</p>	<p><b>5.1</b> Abisuhan ang pasyente/ kamag-anak kung sa paanong paraan kukunin ang reseta .</p> <p>Kung sa online, hingin ang email adress na pagpapadalhan ng reseta .</p>	Wala	2 minuto	Nurse III/ Outpatient Unit

	<p>Kung pupunta sa ospital. Kapag si pasyente ang kukuha ng reseta, magdala ng sumusunod</p> <p>a valid ID b. Vaccination card</p> <p>Kung otorisadong kinatawan, magdala ng sumusunod,</p> <p>a. Pirmadong authorization letter na ipinapadala sa kanilang messenger b. Valid ID ng pasyente c. Valid ID ng kinatawan d. vaccination card ng kinatawan</p> <p><b>5.3</b> Ilista ang gamot na nireseta ng doctor at iskedyul sa susunod ng konsultasyon ng pasyente</p> <p><b>5.4</b> Abisuhan ang kamag-anak o pasyente para sa kanilang susunod na konsulta</p> <p><b>5.5</b> Ipadala ang Customer Survey Form</p>			
	<b>TOTAL</b>	<b>Wala</b>	<b>2 araw, 1 oras at 8 na minuto</b>	

**PROSESO SA PAGKUHA NG MEDICAL CERTIFICATE, MEDICAL ABSTRACT AT CERTIFICATE OF CONFINEMENT**

Ang proseso na ito ay ang pag-iisyu ng Medical Certificate, Psychiatric Report, Clinical Case Summary/Clinical Abstract at Certificate of Confinement para sa mga kliyente na na-admit/nagpakonsulta sa Mariveles Mental Wellness and General Hospital. Para sa mga kliyente na nagpapakonsulta sa Out-Patient Unit at New Infirmary Unit, maaari kayong magrequest simula Lunes-Biyernes, 8:00 ng umaga - 5:00 ng hapon. Para sa mga kliyente na nakaadmit sa Ward, Lunes-Linggo, 8:00 ng umaga hanggang 5:00 ng hapon.

<b>Office or Division:</b>	HEALTH INFORMATION AND MANAGEMENT UNIT
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C – Government to Citizens
<b>Who may avail:</b>	In Patients, Outpatient at Kamag-anak ng Pasyente
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Valid I.D (Kliyente/Kamag-Anak) <b>Isa(1) orihinal na kopya</b>	PWD , Senior CitizenID, Government Issued ID
Court Order (para sa mga may kaso) <b>Isa(1) orihinal na kopya</b>	Trial Court
<b>PAALALA:</b> Kinakailangan ang presensya ng kliyente sa pagkuha ng Medical Certificate, Certificate of Confinement, Clinical Case Summary.	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>1. Magtungo sa TRIAGE para masuri ang mga sumusunod na sintomas:</b> <ul style="list-style-type: none"> <li>● Pananakit ng lalamunan</li> <li>● Pananakit ng katawan</li> <li>● Pananakit ng ulo</li> <li>● Hirap sa paghinga</li> <li>● Ubo</li> <li>● Sipon</li> <li>● Lagnat</li> <li>● Pagtatae</li> <li>● Pamamantal o rashes sa balat</li> </ul>	Tanungin ang kliyente kung sila ay mayroong sintomas  Mag- alcohol at kunin ang temperature ng kliyente.	Wala	2 minuto	Nurse III / TRIAGE
	Gabayan ang kliyente sa mga kinakailangang punan sa Health Declaration Form  <b>PARA SA KLIYENTE NA</b>	Wala	2 minuto	Nurse III / TRIAGE

<p><b>1.1</b> Magsagot ng Health Declaration Form</p>	<p><b>WALANG SINTOMAS MAGPATULOY SA STEP 3</b></p> <p><b>PARA SA MAY SINTOMAS MANATILI SA HOLDING AREA</b></p>			
<p><b>2.</b> Kumuha ng transaction slip at Clients experience Survey Form</p>	<p><b>2.</b> Magbigay ng Transaction Slip laman ang sumusunod na impormasyon; Pangalan, Opisinang pupuntahan at pakay</p> <p>Bigyan ng CES Form at ibigay ang ilan pang impormasyon para sa pakay ng kliyente</p>	<p>Wala</p> <p>Wala</p>	<p>2 minuto</p> <p>2 minuto</p>	<p>Security Guard</p> <p>Administrative Assistant I /PACD</p>
<p><b>3.</b> Magtungo sa Guard On Duty sa Out-Patient Unit tungkol sa pagkuha ng mga certificates /mga kinakailangang dokumento.</p>	<p><b>3.1</b> Magbigay ng <i>queueing number</i>, sabihin na magtungo sa Admission and Information Unit.</p>	<p>Wala</p>	<p>1 minuto</p>	<p>Administrative Officer/Administrative Assistant I / Admission and Information Unit (AIU) Health Information Management Unit</p>
<p><b>4. PARA SA OUTPATIENT</b> Magtungo sa Outpatient Unit: lumapit sa Admission and Information Section at sabihin ang kailangang dokumento.</p> <p><b>PARA SA INPATIENT</b> Magtungo kung saan nakaadmit ang Pasyente at sabihin sa nurse ang kailangang dokumento</p>	<p><b>4.1</b> Tanungin ang kinakailangang dokumento at kung saan ito gagamitin o ipapasa.</p>	<p>Wala</p>	<p>5 Minuto</p>	<p>Administrative Officer o Administrative Assistant I / Admission and Information Unit (AIU) Health Information Management Unit (HIMU)</p> <p>Nurse I / Ward</p>
<p><b>5. PARA SA MGA PASYENTE NA</b></p>	<p><b>5.1</b> Humingi ng kaukulang dokumento at valid</p>	<p>Wala</p>	<p>10 Minuto</p>	<p>Administrative Officer/Administrative Assistant I</p>

<p><b>NAKA-ADMIT SA WARD</b> Kasama ng Nurse, magtungo sa Health. Information Management Unit (HIMU)</p> <p><b>5.1 PARA SA OUTPATIENT UNIT</b> Magtungo sa Admission Information Section.</p> <p><b>5.2 PARA SA NEW INFIRMARY UNIT</b> Magtungo sa New Infirmary Unit. Lumapit sa Nurse at sabihin ang kinakailangang dokumento.</p>	<p>ID. Sagutin ang anumang katanungan ng kliyente</p> <p><b>5.2</b> Magbigay ng Authorization for Health Disclosure of Health Information sa Pasyente o kamag-anak</p> <p><b>5.3</b> Gabayan sa pag fill-up ng form ang Pasyente/kamag-anak at suriin kung tama ang impormasyong isinulat at siguraduhin pamirmahan sa Pasyente ang form</p> <p><b>5.4</b> Gawin ang hinihinging dokumento at dalhin sa Doctor ang health record at dokumento para lagdaan ito.</p> <p><b>5.5</b> Bigyan ng charge slip ang Pasyente/kamag-anak</p>	<p><b>Php100.00</b> Medical Certificate/</p> <p><b>Php100.00</b> Certificate of Confinement</p> <p><b>Php 150.00</b> Clinical Case Summary (7 days)</p> <p>Psychiatric Report (pagkatapos ng psychological examination at ilang <i>session</i> ng konsultasyon.</p> <p><b>Php 20.00</b> Certified True Copy of Medical Certification, Laboratory/Radiology Results, Discharge Summary at iba pang dokumento.</p>	<p>40 minuto</p>	<p>Admission and Information Unit (AIU) Staff, Health Information Management Unit (HIMU) Staff</p> <p>Administrative Officer/Administrative Assistant I Admission and Information Unit (AIU) Staff, Health Information Management Unit (HIMU) Staff</p>
<p><b>6.</b> Magtungo sa Cash Unit, ipakita ang charge slip at magbayad</p>	<p><b>6.1</b> Suriin ang charge slip</p> <p><b>6.2</b> Hingin at suriin ang mga kaukulang ID para sa diskwento:</p> <p><b>a)</b> Person with Disability ID (PWD)</p>	<p>Medical Certificate-Php <b>Php 100.00</b></p> <p>Psychiatric Report/ Clinical Summary Clinical Abstract-Php <b>Php 150.00</b></p> <p>Certificate of Confinement – <b>Php 100.00</b></p>	<p>5 minuto</p>	<p>Administrative Assistant I /Cash</p>



	<p><b>b) Senior Citizen's ID</b></p> <p><b>6.3</b> Tanggapin ang bayad at ibigay ang resibo.</p>			
7. Bumalik muli sa HIMU/AIS at ipakita ng resibo	7.1 Ibigay ang dokumento sa kliyente	Wala	3 Minuto	Administrative Officer/Administrative Assistant I Admission and Information Unit (AIU) Health Information Management Unit (HIMU)
<p>8. Sagutan ang Clients Experience Survey Form at isumite sa PACD Staff</p> <p><b>KUNG MAY NAIS I-KOMENTO, REKOMENDASYON, SUHESYON O REKLAMO.</b></p> <p>*Makipag-ugnayan lamang sa naka duty na PACD Staff, upang talakayin at matugunan agad.</p>	<p>8.1 Tanggapin ang CES Form, suriin kung maayos na napunan ang CES Form. Itanong kung naging maayos ang serbisyong kanilang natanggap.</p> <p><b>PARA SA KLIYENTE NA MAY KOMENTO, REKOMENDASYON, SUHESYON O REKLAMO.</b></p> <p><i>*Maaring tignan ang proseso sa Pagsusumite ng reklamo</i></p> <p>Tugunan at talakayin ang kanilang naging komento rekomendasyon o reklamo ayon sa serbisyong kanilang natanggap.</p>	Wala	3 minuto	Administrative Assistant I / (Public Assistance and Complaints Desk)
<b>TOTAL</b>		<p><b>Php 100.00</b> Medical Certificate Certificate of Confinement</p> <p><b>Php 150.00</b></p>	<b>1 oras at 12 minuto</b>	

	Psychiatric Report/ Clinical Summary Clinical Abstract		
	<b>\Php 20.00</b> Certified True Copy of Medical Certification, Laboratory/Radiolo gy Results, Discharge Summary		

## KLASIPIKASYON / RE-KLASPIKASYON SA MEDICAL SOCIAL WORK

The Medical Social Work- Out-Patient Unit- Ang Medical Social Worker ay itatasa ang kalagayang pangkabuhayan ng pamilya gamit ang Medical Social Work Assessment Tool. Ito ay bukas mula alas 7:00 ng umaga hanggang alas 7:00 ng gabi, Lunes hanggang Byernes; at alas 8:00 ng umaga hanggang alas 5:00 ng hapon tuwing Sabado, Linggo at pista opisyal (No noon break)

<b>Office or Division:</b>	Medical Social Work Unit/ Out- Patient
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C – Government to Citizen
<b>Who may avail:</b>	All MMWGH patients
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
<b>PARA SA PSYCHIATRIC ADMISSION :</b> Birth Certificate o Valid ID <b>Isa (1) photocopy (kung mayroon)</b>	Philippine Statistics Authority, M/CSWDO, Barangay, Government agency  (PWD ID, Senior Citizen ID, Voter's ID, any Government Issued ID)
<b>PARA SA UNKNOWN NA PASYENTE</b> Referral Letter - Isa(1) orihinal na kopya Social Case Study Report <b>Isa(1) orihinal na kopya</b>	City/ Municipal Social Welfare and Development Office.

CLIENTS STEP	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p><b>1.1.</b> Magtungo sa tanggapan ng Medical Social Work- Out-patient Unit para makapanayan ng Social Worker</p> <p><b>1.2.</b> Magpakita ng valid ID or birth certificate ng pasyente</p> <p>Para sa mga pasyente na walang pagkakakilanlan, ang LGU representative ay magbibigay ng Referral Letter at</p>	<p><b>1.1</b> I-tsek ang chart ng pasyente at tingnan ang kanyang datos at kung mayroon ng nakalakip na pahintulot para sa pagpoproseso ng kanyang impormasyon.</p> <p><b>1.2</b> Kapanayamin ang pasyente/ kamag anak gamit ang MSWU Assessment Tool para matasa ang kalagayang pangkabuhayan ng pamilya.</p>	Wala	1 minuto	<p>Social Welfare Officer I / Medical Social Work Unit</p> <p>Social Welfare Officer / Medical Social Work Unit</p>



## PROSESO NG PAGKUHA NG MEDICAL ASSISTANCE SA MALASAKIT CENTER

Ang *Malasakit Center* ay isang tanggapan na may pinagsama samang sangay ng ahensya na mula sa *Department of Social Welfare and Development (DSWD)*, *PhilHealth*, *Philippine Charity Sweepstakes Office (PSCO)* at *Department of Health (DOH)* upang magbigay ng tulong pinansyal sa mga pasyenteng walang kakayahan na tugunan ang kanilang pangangailangan medikal. Ito ay bukas mula alas 7:00 ng umaga hanggang alas 7:00 ng gabi, Lunes hanggang Biyernes; at alas 8:00 ng umaga hanggang alas 5:00 ng hapon kapag Sabado, Linggo at pista opisyal (*No noon break*)

<b>Office or Division:</b>	Medical Social Work Unit/Malasakit Center
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C – Government to Citizen
<b>Who may avail:</b>	All MMWGH patients
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Birth Certificate ( <i>kung mayroon</i> ) <b>Isa (1) photocopy</b>	Philippine Statistics Authority, M/CSWDO, Barangay, Government agency
Government Issued ID ( <i>kung mayroon</i> ) <b>Isa(1) Original kopya</b>	(PWD ID, Senior Citizen ID, Voter's ID, any Government Issued ID)
Request form/ Reseta Medical Certificate <b>Isa(1) Original kopya</b>	MMWGH Doctor HIMU-Health Information Management Unit- Infirmary/OPU
Charge Slip <b>Isa(1) Original kopya</b>	Pharmacy Unit/ Laboratory Unit/ Radiology Unit/ Dental Care Unit/ New Infirmary/ Psychology Unit

CLIENTS STEP	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magtungo sa <i>Malasakit Center</i> at kumuha ng numero.	1.1 Tingnan ang mga dalang dokumento ng kliyente kagaya ng <i>Charge Slip, Request Form/Prescription/ Medical Certificate and Identification Card.</i>	Wala	1 minuto	Social Welfare Officer / Social Welfare Assistant- Malasakit Center
1.2 Lumapit sa <i>Social Worker</i> kapag tinawag ang inyong numero, at ipakita ang: <ul style="list-style-type: none"> <li>Reseta at ang kailangan</li> </ul>	1.2 Tingnan sa <i>IHOMIS</i> kung ang pasyente ay mayroon ng <i>Health Record at MSS Number</i> patunay na nakapanayam na ng <i>Social Worker</i> sa <i>OPU</i>	Wala	1 minuto	Social Welfare Officer and Social Welfare Assistant I / Malasakit Center

<p>bayaran na gamot mula sa <i>Pharmacy Unit</i></p> <ul style="list-style-type: none"> <li>• <i>Laboratory Request Form at Charge Slip</i> mula sa <i>Laboratory Unit</i></li> <li>• <i>X-ray Request Form at Charge Slip</i> mula <i>X-ray Unit</i></li> <li>• <i>Psychological Evaluation Referral Form</i> mula sa <i>Psychology Unit at Charge Slip.</i></li> <li>• <i>ECG Request Form and other Radiographic Procedures</i> mula sa <i>New Infirmary and charge Slip</i></li> <li>• <i>Medical Certificate</i> (para sa mga bagong pasyente)</li> <li>• AT magpakita ng isang <i>Valid Government ID.</i></li> </ul>	<p>ang kliyente o kamag anak.</p> <p>1.3 Kapanayamin ang kliyente o kamag anak gamit ang <i>Unified Intake Sheet (Malasakit Center Form – Annex B)</i></p> <p>1.4 Gawin ang <i>Malasakit Center Order of Charging</i></p> <p>1.5 Iphotocopy ang mga ibinigay na dokumento para sa <i>Medical Assistance</i></p> <p>1.6 Papirmahin ang kliyente o kamag anak sa <i>Malasakit Center Logbook</i></p> <p>1.7 Papuntahin ang kliyente o kamag anak sa <i>Billing Section/ Unit</i> para ibigay ang <i>charge slip.</i></p>	<p>Wala</p> <p>Wala</p> <p>Wala</p> <p>Wala</p> <p>Wala</p>	<p>8-10 minuto</p> <p>1 minuto</p> <p>1 minuto</p> <p>1 minuto</p>	<p>Social Welfare Officer / Malasakit Center</p> <p>Social Welfare Officer /Malasakit Center</p> <p>Social Welfare Assistant I / Malasakit Center</p> <p>Social Welfare Assistant I / Malasakit Center</p> <p>Social Welfare Assistant I / Malasakit Center</p>
<b>KABUANG BAYAD AT ORAS NA INILAN</b>		Wala	15 minuto	

## 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.

<b>Office or Division:</b>	Lazareto Hub/ Office of the Medical Center Chief				
<b>Classification:</b>	Simple				
<b>Type of Transaction:</b>	G2C – Government to Citizen				
<b>Who may avail:</b>	Employees and Outside Clients				
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>			
Transaction Slip		MMWGH - Security Guard			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>	
<b>1.</b> Magtungo sa TRIAGE para sa pagsusuri ng mga sumusunod na sintomas: <ul style="list-style-type: none"> <li>● Pananakit/pamamaga ng lalamunan</li> <li>● Pananakit ng katawan</li> <li>● Pananakit ng ulo</li> <li>● Hirap sa paghinga</li> <li>● Ubo</li> <li>● Sipon</li> <li>● Lagnat</li> <li>● Pagtatae</li> </ul>	<b>1.1</b> Tanuningin ang kliyente kung sya ay mayroong sintomas.	Wala	1 minuto	Triage Staff on Duty	
	<b>1.2</b> Kuhanan ng temperature.		1 minuto	Triage Staff on Duty	
	<b>1.3</b> <b>KUNG MAY SINTOMAS:</b> Abisuhan ang kliyente na manatili sa Holding Area. Ipapaalam ng Triage on Duty sa Nurse on Duty ng New Infirmary na mayroong kliyente na for assessment.				
	<b>1.4</b> Ang Nurse on Duty ay isasagawa ang initial assessment sa kliyente at ipapaalam sa Covid Doctor on Duty.				New Infirmary – Nurse on Duty
	<b>1.5</b>				

	<p>Susuriin ng Covid Doctor on duty kung ang kliyente ay no risk o high risk.</p> <p><b>HIGH RISK</b> Manatili sa Hodling Area.</p> <p><b>NO RISK</b> Maaaring magtungo sa Opisina o Unit na nais puntahan.</p> <p><b>WALANG SINTOMAS</b> Magtungo sa Public Assistance and Complaints Desk para sa pagbibigay ng Transaction Slip (para sa Out-patients).</p>			Covid Doctor on Duty
<b>2. Ipaalam sa PACD ang iyong pakay.</b>	<b>2.1</b> Ibigay ang mga sumusunod na dokumento: Transaction Slip, Clients Experience Survey Form, flyers, at ituro ang kliyente sa Lazareto Treatment Hub.	Wala	1 minuto	Administrative Assistant (Public Assistance and Complaints Desk)
<b>3. Magtungo sa counseling area. Ipakita ang vaccination card at transaction slip sa Lazareto staff.</b>	<b>3.1</b> Isagawa ang pre-test counseling. <b>3.2</b> Kung wala nang katanungan ang kliyente, magpapirma ng Consent Form para sa pagsusuri at punan ang	Wala	30 minuto	Nurse on Duty/ Trained HIV Counselor



	HTS Form (Personal Information Sheet).			
<b>4.</b> Mgatungo sa Laboratory Unit.	<p><b>4.1</b> Ibigay sa Proficient Medical Technologist ang Consent Form at HTS Form (Personal Information Sheet) ng kliyente.</p> <p><b>4.2</b> Itatanong ng Proficient Medical Technologist ang pangalan ng kliyente at tingnan kug tugma ang nakasulat sa mga forms.</p> <p><b>4.3</b> Kukuhanan ng dugo ng Proficient Medical Technologist ang kliyente at susuriin sa HIV/STI.</p>	Wala	1 oras	<p>Nurse on Duty/ Trained HIV Counselor</p> <p>Proficient Medical Technologist</p> <p>Proficient Medical Technologist</p>
<b>5.</b> Bumalik sa Lazareto Hub matapos kuhanan ng dugo.	<p><b>5.1</b> Kunin ang resulta sa Laboratory Unit.</p> <p><b>5.2</b> Ibibigay ang resulta sa kliyente at isagawa ang post-test counseling.</p> <p><b>5.3</b> Magbibigay ng schedule para sa re-testing kung ang kliyente ay mayroong latest exposure.</p>	Wala	20 minuto	Nurse on Duty/ Trained HIV Counselor

<p><b>6.</b> Sagutan ang CSSF (Customer Satisfaction Survey Form) at ibigay kasama ng prmadong transaction slip, sa nakatalagang PACD staff.</p> <p>Kung mayroon mang komento, rekomendasyon at suhestiyon, makipag-ugnayan sa PACD Staff na nakatalaga upang ito ay mabigyan ng agarang aksyon.</p>	<p><b>6.1</b> Tanggapin ang CSSF at transaction slip. Tanungin ang kliyente kung magandang kalidad ba ng serbisyo ang kanilang natanggap.</p> <p>Para sa mga kliyenteng may mga komento, rekomendasyon at suhestiyon, isalaysay ang kanilang kumneto, rekomendasyon at suhestiyon batay sa serbisyong anilang natanggap.</p>	Wala	1 minuto	Administrative Assistant (Public Assistance and Complaints Desk)
<b>TOTAL</b>		<b>Wala</b>	<b>1 oras at 54 minuto</b>	

## LABORATORY (OUTPATIENT)

Nagbibigay ng dekaledad at abot kayang serbisyo ng Laboratoryo na kailangan para tamang gamutan ng mga pasyente. Nagbibigay serbisyo 24 oras Lunes hangang Linggo at tuwing may mga espesyal na araw.

<b>Office or Division:</b>	MEDICAL SERVICE			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Out-Patient Service-Users			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Laboratory Request <b>Isa (1) orihinal na kopya</b>		Issued ng Nurse on duty/Attending Physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>1.</b> Magtungo sa TRIAGE para masuri ang mga sumusunod na sintomas: <ul style="list-style-type: none"> <li>● Pananakit ng lalamunan</li> <li>● Pananakit ng katawan</li> <li>● Pananakit ng ulo</li> <li>● Hirap sa paghinga</li> <li>● Ubo</li> <li>● Sipon</li> <li>● Lagnat</li> <li>● Pagtatae</li> <li>● Pamamantal o rashes sa balat</li> </ul> <b>1.1</b> Magsagot ng Health Declaration Form	<b>1.</b> Tanungin ang kliyente kung sila ay mayroong sintomas  <b>1.2</b> Mag- alcohol at kuhanin ang temperature ng kliyente.  Gabayan ang kliyente sa mga kinakailangang punan sa Health Declaration Form  <b>PARA SA KLIYENTE NA WALANG SINTOMAS MAGPATULOY SA STEP 2</b>	Wala	2 minuto	Nurse III / TRIAGE
	<b>PARA SA MAY SINTOMAS MANATILI SA HOLDING AREA</b>	Wala	2 minuto	Nurse III / TRIAGE
<b>2.</b> Kumuha ng transaction slip at Clients experience Survey Form	<b>2.</b> Magbigay ng Transaction Slip laman ang sumusuond na impormasyon;	Wala	2 minuto	Security Guard

	<p>Pangalan, Opisang pupuntahan at pakay</p> <p>Bigyan ng CES Form at ibigay ang ilan pang impormasyon para sa pakay ng kliyente</p>	Wala	2 minuto	Administrative Assistant I /PACD
<p><b>3. Magtungo sa Laboratory Unit</b> dala ang laboratory request na pirmado ng doktor.</p>	<p><b>3.1</b> Tanggapin at suriin ang request.</p> <p><b>3.2</b> Tingnan ng staff on-duty ang request kung ito ay available sa laboratory o ipapadala sa ibang laboratory (send-out).</p> <p>Para sa COVID-19 rapid antigen test ipaliwanag na ang swab collection at testing ay tuwing ika 7:00 ng umaga and 3:00 ng hapon lamang (<i>Lunes hangang Linggo at holidays</i>).</p> <p><b>Paalala:</b> Ang RT-PCR testing para sa COVID-19 ay hindi natin ginagawa sa mga out-patient clients.</p> <p><b>3.3</b> Ipaliwanag kung kailan at anong oras pwedeng balikan o kuhanin ang resulta.( para sa mga karaniwang eksaminasyon: 1 oras hangang 4 na oras; para sa espesyal na mga eksaminasyon: sa loob ng isang araw; para sa mga eksminasyon na ipapadla sa ibang laboratoryo: depende sa uri ng eksaminasyong ipapagawa.</p>	Wala	<p>2 minuto</p> <p>10 minuto</p>	Medical Technologist / Laboratory Unit

<p><b>4.</b> Maghanda sa kaukulang eksaminasyon.</p>	<p><b>4.1</b> Tanggapin/ kunin ang kaukulang specimen o kunan ng dugo ang kliyente.</p> <p><b>4.2</b> Bigyan ng charge slip ang kliyente.</p> <p><b>Paalala:</b> Para sa mga kliyente na hihingi ng tulong sa Malasakit fund payuhang magtngo muna sa Malasakit Center bago magpunta sa Billing Unit</p> <p>Para sa mga pasyenteng magbabayad ng cash payuhang magtungo ng direkta sa Cash Unit</p> <p><b>4.3</b> Iproseso ang nakuhanang specimen.</p>	<p>Tignan ang listahan ng halaga ng mga eksaminasyon na nakapaskil sa harap ng tanggapan ng laboratoryo.</p>	<p>20 minuto</p> <p>10 minuto</p> <p>Depende sa laboratory test na isasagawa</p>	<p>Medical Technologist / Laboratory Unit</p> <p>Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit</p> <p>Medical Technologist /Laboratory Unit</p>
<p><b>6.</b> Magtungo sa Malasakit Center at kumuha ng numero.</p> <p><b>6.1</b> Lumapit sa Social Worker kapag tinawag ang inyong numero, at ipakita ang:</p> <ul style="list-style-type: none"> <li>● Reseta at ang kailangan bayaran na gamot mula sa Pharmacy Unit</li> <li>● Laboratory Request Form at Charge Slip</li> </ul>	<p><b>6.</b> Tingnan ang mga dalang dokumento ng kliyente kagaya ng Charge Slip, Request Form/Prescription/ Medical Certificate and Identification Card.</p> <p><b>6.1</b> 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><b>6.2</b> Kapanayamin ang kliyente o kamag anak gamit ang Unified Intake Sheet (Malasakit Center Form – Annex B)</p>	<p>Wala</p> <p>Wala</p> <p>Wala</p>	<p>1 minuto</p> <p>1 minuto</p> <p>8-10 minuto</p>	<p>Social Welfare Officer / Social Welfare Assistant- Malasakit Center</p> <p>Social Welfare Officer and Social Welfare Assistant I / Malasakit Center</p> <p>Social Welfare Officer / Malasakit Center</p>

<p>mula sa Laboratory Unit</p> <ul style="list-style-type: none"> <li>• X-ray Request Form at Charge Slip and mula X-ray Unit</li> <li>• Psychological Evaluation Referral Form from Psychology Unit at Charge Slip.</li> <li>• ECG Request Form and other Radiographic Procedures from New Infirmary and charge Slip and</li> <li>• Medical Certificate (para sa mga bagong pasyente)</li> <li>• AT magpakita ng isang Valid Government ID.</li> </ul>	<p><b>6.3</b> Gawin ang Malasakit Center Order of Charging</p> <p><b>6.4</b> Iphotocopy ang mga ibinigay na dokumento para sa Medical Assistance</p> <p><b>6.5</b> Papirmahin ang kliyente o kamag anak sa Malasakit Center Logbook</p> <p><b>6.6</b> Papuntahin ang kliyente o kamag anak sa Billing Section/ Unit para ibigay ang charge slip.</p>	<p>Wala</p> <p>Wala</p> <p>Wala</p> <p>Wala</p>	<p>1 minuto</p> <p>1 minuto</p> <p>1 minuto</p>	<p>Social Welfare Officer /Malasakit Center</p> <p>Social Welfare Assistant I / Malasakit Center</p> <p>Social Welfare Assistant I / Malasakit Center</p> <p>Social Welfare Assistant I / Malasakit Center</p>
<p><b>7.</b></p> <p><b>A.</b> Magtungo sa Billing Unit; Ipakita ang “Charged to Malasakit Form”</p> <p>- Para lamang sa mga kliyente ng Malasakit Center</p> <p><b>B.</b> Magtungo sa Cash Unit, ipakita ang</p>	<p><b>7.A.1</b> Siyasatin ang “Charged to Malasakit Form” na ibinigay ng Malasakit Center</p> <p><b>7.B.1</b> Suriin ang Charge slip.</p>	<p>Covered ng Malasakit Fund</p> <p>Depende sa eksaminasyon na gagawin.</p>	<p>10 minuto</p> <p>10 minuto</p>	<p>Administrative Assistant I / Billing Unit</p> <p>Administrative Assistant I / Billing Unit</p>

<p>charge slip at magbayad.</p> <p>- Para sa mga kliyente na magbabayad ng cash.</p>	<p>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><b>7.B.2</b> Tanggapin ang bayad at ibigay ang resibo.</p>			
<p><b>8.</b> Magtungo sa Laboratory Unit at ibigay ang Malasakit slip na ibinigay ng Billing Unit</p> <p>- Para sa mga kliyente na covered ng Malasakit Fund</p>	<p><b>8.1</b> Tanggapin at siyasatin at itala sa charge logbook ang Malasakit slip na ibinigay ng Billing Unit sa kliyente.</p> <p><b>8.2</b> Ipaalala sa kliyente na balikan ang kanilang resulta sa itinalagang oras o araw.</p>	Wala	5 minuto	Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit
<p><b>9.</b> Balikan ang resulta sa laboratory ayon sa nasabing oras.</p> <p><i>*Ipakita ang resibo.</i></p> <p>Ibigay ang transaction slip</p>	<p><b>9.1</b> Hingin ang resibo at itala ang OR number sa Charge/Billing Logbook</p> <p><b>9.2</b> Papirmahin ang kukuha ng resulta sa releasing logbook</p> <p><b>9.3</b> Pirmahan ang transaction slip at ibalik sa kliyente.</p>	Wala	3 minuto	Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit
<p><b>10.</b> Sagutan ang Clients Experience Survey Form at isumite sa PACD Staff.</p> <p><b>KUNG MAY NAIS I-KOMENTO, REKOMENDASYON, SUHESYON O REKLAMO.</b></p>	<p><b>10.1</b> Tanggapin ang CES Form, suriin kung maayos na napunan ang CES Form. Itanong kung naging maayos ang serbisyong kanilang natanggap.</p> <p><b>PARA SA KLIYENTE NA MAY KOMENTO, REKOMENDASYON, SUHESYON O REKLAMO.</b></p>	Wala	3 minuto	Administrative Assistant I / (Public Assistance and Complaints Desk)

<p>Makipag-ugnayan lamang sa naka duty na PACD Staff, upang talakayin at matugunan agad.</p>	<p><i>*Maaring tignan ang proseso sa Pagsusumite ng reklamo</i></p> <p><b>10.2</b> Tugunan at talakayin ang kanilang naging komento rekomendasyon o reklamo ayon sa serbisyong kanilang natanggap.</p>			
<b>TOTAL</b>		<b>Php 50.00- Php 8,000.00</b>	<b>1 oras hangang 4 na oras o Depende sa prosesong ginawa</b>	



## LABORATORY (IN-PATIENT)

Nagbibigay dekaledad 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 Lunes hanggang Linggo at tuwing mga espesyal na araw.

<b>Office or Division:</b>	MEDICAL SERVICE			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	In-Patient Service-Users			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Laboratory Request Isa(1) Orihinal na kopya		Issued by Nurse on duty/Attending Physician		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Magtungo sa Laboratory Unit dala ang laboratory request form ng pasyente na may pirma ng doctor.	<p>1.1Tanggapin at suriin ang laboratory request form.</p> <p>1.2 Siyasatin kung ito ay ginagawa sa laboratory ng ospital o ipapadala sa ibang laboratory (send-out).</p> <p><b>Paalala: Para sa COVID-19 RT-PCR specimen collection:</b> -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><b>Para sa COVID-19 Antigen Testing</b> - Ang nurse on-duty ay kinakailangang magpasa ng CIF at laboratory request ng pasyente dalawang</p>	Wala	<p>5 minuto</p> <p>10 minuto</p> <p>5 minuto</p>	<p>Medical Technologists</p> <p>Medical Laboratory Technician</p> <p>Administrative Assistant I</p> <p>Laboratory Aide/ Laboratory Unit</p>

	<p>(2) oras bago ang itinalagang araw ng koleksyon.</p> <p>Schedule ng RAT: 7:00 AM Daily 8:00 PM Daily</p> <p><b>1.3</b> Ipaliwanag sa nurse-on duty kung kailan at anong oras pwedeng balikan o kuhanin ang resulta.</p> <ul style="list-style-type: none"> <li>- para sa mga karaniwang eksaminasyon: (1 oras hangang 4 na oras);</li> <li>-para sa espesyal na mga eksaminasyon: (sa loob ng isang araw);</li> <li>-para sa mga eksaminasyon na ipapadla sa ibang laboratoryo: (depende sa uri ng eksaminasyong ipapagawa)</li> </ul>			
<p><b>2. Maghanda sa kaukulang eksaminasyon.</b></p>	<p><b>2.1</b> Tanggapin ang specimen na ipapasuri.</p> <p><b>2.2</b> Kuhanan ng dugo ang pasyente</p> <p><b>2.3</b> I-proseso ang nakuhang specimen.</p>		<p>5 minuto</p> <p>10 minuto</p> <p>Depende sa eksaminasyon na ipapagawa sa laboratoryo</p>	<p>Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit</p> <p>Medical Technologist / Laboratory Unit</p>

<p><b>3.</b> Pagdadala ng mga resulta ng laboratoryo sa mga ward ng pasyente</p>	<p><b>3.1</b> Dalhin ang mga resulta ng laboratoryo sa mga itinalagang ward ng mga pasyente</p> <p><b>3.2</b> Ipapirma sa receiving/releasing logbook ang mga awtorisadong tao na tumanggap ng resulta (doctor, nurse, nursing attendant)</p>	<p>Wala</p>	<p>45 minuto</p>	<p>Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit</p>
<p><b>4.</b> Magtungo sa Billing Unit para sa mga pagdadala ng mga charge slips ng pasyente.</p>	<p><b>4.1</b> Ibigay ang mga charge slips ng pasyente sa Billing Unit</p>	<p>Ang mga presyo ng mga laboratory tests ay depende sa mga eksaminasyon na ipapagawa ( <i>Nakapaskil sa Laboratory Unit</i>) -Ang lahat ng mga pasyente sa service wards ay babayaran ng Malasakit Center bukod lamang ang mga pasyente ng CCU</p>	<p>15 minuto</p>	<p>Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit</p>
<p><b>TOTAL</b></p>		<p><b>Php 50.00- Php 8,000.00</b></p>	<p><b>1 oras hangang 4 na oras o Depende sa prosesong ginawa</b></p>	

## ULTRASOUND

**Schedule: Martes 1:30 pm – 5:30 pm**  
**Byernes 1:00pm – 5:00pm**

<b>Office or Division:</b>	MEDICAL SERVICE			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C - Government to Citizen			
<b>Who may avail:</b>	In Patient, Out Patient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Isa (1) Original Copy Ultrasound Request		Issued by Physician		
Isa (1) Original Copy Kumpirmadong Schedule para sa Procedure		Radiology Office (0970 100 1938)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Pumunta sa Triage upang masuri kung may mga sumusunod na sintomas: <ul style="list-style-type: none"> <li>• Pananakit ng lalamunan</li> <li>• Pananakit ng katawan</li> <li>• Pananakit ng ulo</li> <li>• Hirap sa Paghinga</li> <li>• Ubo</li> <li>• Sipon</li> <li>• Lagnat</li> <li>• Pagtatae</li> </ul>	1.1 Itanong sa kliyente kung may sintomas. 1.2 Kuhanan ng temperetura.  <b><u>PARA SA MAY SINTOMAS</u></b> (Admisyon at Konsultasyon na Kliyente) Abisuhan ang kliyente na manatili sa Holding Area upang masuri ng Internal Medicine <ul style="list-style-type: none"> <li>• Ipaalam sa Nurse on Duty ng New Infirmary kung may kliyente.</li> </ul> (Iba pang transaksyon)	Wala	1 minuto	Triage Staff
	1.3 Abisuhan ang kliyente na manatili sa TRIAGE. PACD Staff ang siyang mag-assist upang matugunan ang kailangan ng kliyente.		1 minuto	PACD Staff
0. Sabihin sa PACD ang pakay.	2.1 Magbigay ng transaction slip, Customer's survey at flyers at ituro	Wala	2 minuto	Public Assistance and Complaints



<p><b>0.</b> Bumalik sa Ultrasound room at ipakita ang Official Receipt o Malasakit Slip</p>	<p><b>6.1</b> Kunin ang Official Receipt Number o Malasakit Slip at sabihan ang kliyente na makukuha ang resulta at ang Ultrasound image sa loob ng 2 oras.</p>	<p>Wala</p>	<p>2 oras</p>	<p>Radiologic Technologist</p>
<p><b>0.</b> Pirmahan ang receiving logbook of ultrasound result at ibigay ang transaction slip</p>	<p><b>7.1</b> Papirmahan ang kliyente sa logbook para sa official na resulta ng ultrasound. Pirmahan ang transaction slip at ibalik sa kliyente.</p>	<p>Wala</p>	<p>1 Minuto</p>	<p>Radiologic Technologist</p>
<p><b>0.</b> Sagutan ang CSSF (Customer Satisfaction Survey Form) at ibigay kasama ang transaction slip sa PACD StaffKUNG MAY MGA KOMENTO, REKOMENDASYON O SUHESYON.Makipag-ugnayan lamang sa naka duty na PACD Staff, upang mapag-usapan at matugunan agad.</p>	<p><b>8.1</b> Tanggapin ang CSSF at transaction slip. Itanong kung naging maayos ang serbisyong kanilang natanggap. PARA SA MAY MGA KOMENTO, REKOMENDASYON O SUHESYON. Tugunan at pag-usapan ang kanilang naging komento rekomendasyon o suhesyon ayon sa serbisyong kanilang natanggap.</p>	<p>Wala</p>	<p>1 minute</p>	<p>PACD Staff</p>
<p><b>TOTAL</b></p>		<p><b>Pumunta sa susuhod na pahina para sa presyo ng iba't-ibang procedure</b></p>	<p><b>2 oras</b></p>	

<b>ULTRASOUND PROCEDURE</b>	<b>PRICE</b>
Breast (BOTH) Single breast	700.00 500
Chest Bilateral Chest unilateral Chest with mapping	700.00 500.00 800.00
Hepatobiliary Tree	500.00
Inguino Scrotal/Inguinolabial	1,400.00
Scrotal	1,100.00
Kidney / Renal	400.00
KUB	700.00
Single organ	400.00
Soft Tissue	500.00
Thyroid Neck	500.00 600.00
Upper / Lower Abdomen Kub/pelvic Kub/prostate	600.00
Whole Abdomen	850.00
Transvaginal / Transrectal Transabdominal (pregnancy evaluation) Transabdominal (gynecologic evaluation) Biophysical scoring	800.00 600.00 600.00 750.00

## X-RAY

Schedule: Lunes – Linggo 7:00 ng umaga hanggang 6:00 ng gabi

<b>Office or Division:</b>	MEDICAL SERVICE			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C - Government to Citizen			
<b>Who may avail:</b>	In Patient, Outpatient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
X-Ray Request <b>Isa (1) Original Copy</b>		Issued by the Physician		
Magtungo sa Radiology Unit para sa eksaminasyon		Radiology Office (X-ray Room) 09701001938		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Pumunta sa Triage upang masuri kung may mga sumusunod na sintomas: <ul style="list-style-type: none"> <li>• Pananakit ng lalamunan</li> <li>• Pananakit ng katawan</li> <li>• Pananakit ng ulo</li> <li>• Hirap sa Paghinga</li> <li>• Ubo</li> <li>• Sipon</li> <li>• Lagnat</li> <li>• Pagtatae</li> </ul>	1.1 Itanong sa kliyente kung may sintomas.	Wala	1 minuto	Triage Staff
	1.2 Kuhanan ng temperetura.  <b><u>PARA SA MAY SINTOMAS</u></b> (Admisyon at Konsultasyon na Kliyente) Abisuhan ang kliyente na manatili sa Holding Area upang masuri ng Internal Medicine <ul style="list-style-type: none"> <li>• Ipaalam sa Nurse on Duty ng</li> </ul>		1 minuto	Triage Staff



	<p>New Infirmary kung may kliyente.</p> <p>(Iba pang transaksyon)</p> <p><b>1.3</b> Abisuhan ang kliyente na manatili sa TRIAGE. PACD Staff ang siyang mag-assist upang matugunan ang kailangan ng kliyente.</p>		1 minuto	PACD Staff
2. Sabihin sa PACD ang pakay.	<b>2.1</b> Magbigay ng transaction slip, Customer's survey at flyers at ituro kung saan ang Out-Patient Unit.	Wala	2 minuto	Public Assistance and Complaints Desk (PACD) Staff
3. Magtungo sa X-ray Room ( Rm. 1, New Infirmary Building) at ibigay ang X-ray request.	<b>3.1</b> Tanggapin ang request at interbyuhin ang pasyente.	Wala	2 minuto	Radiologic Technologist
4. Pumasok sa X-ray Room para sa eksaminasyon. ( Rm. 1, New Infirmary Building)	<b>4.1</b> Gawin ang kaukulang eksaminasyon at bigyan ng charge slip ang kliyente.	Wala	10 minuto	Radiologic Technologist
5. Magtungo sa Cash Unit, ipakita ang charge slip at magbayad. (OPTIONAL: Reprinting ng X-ray films)	<p><b>5.1</b> Suriin ang Charge slip.</p> <p><b>5.2</b> Hingin at suriin ang mga kaukulang ID</p>	Depende sa prosesong gagawin. Tiganan ang	Depende sa prosesong gagawin. 24 oras - 2 araw.	Cash Clerk (Cash Clerk / Radiologic Technologist)

<p>5. 1 Magtungo sa Medical Social Worker Unit at Malasakit Center at ipakita ang charge slip</p>	<p>para sa diskwento:  . PWD ID  . Senior Citizen ID  . at iba pa</p> <p><b>5.3</b> Tanggapin ang bayad at ibigay ang resibo.</p> <p><b>5.4</b> Ibalik ang pangalawang kopya ng charge slip.</p> <p>5.5 Interbyuhin ang kliyente. Hingin at suriin ang mga kaukulang dokumento. Bigyan ng classipikasyon at Charge slip .</p>	<p>pahina 30 para sa presyo.</p>	<p>15 minuto</p>	<p>Medical Social Worker</p>
<p>6. Bumalik sa X-ray Room at ipakita ang Official Receipt. ( Rm. 1, New Infirmary Building)</p>	<p><b>6.1</b> Kunin ang Official Receipt Number o ang Malasakit Slip at sabihan ang kliyente na makukuha ang resulta at ang plaka sa loob ng 24 oras.</p>	<p>Wala</p>	<p>5 minuto</p>	<p>Radiologic Technologist</p>
<p>7. Ibigay ang transaction slip</p>	<p><b>7.1</b> Pirmahan ang transaction slip at ibalik sa kliyente.</p>	<p>Wala</p>	<p>1 Minuto</p>	<p>Pharmacist</p>
<p>8.</p>	<p><b>8.1</b> Tanggapin ang CSSF at</p>	<p>Wala</p>	<p>1 minute</p>	<p>PACD Staff</p>

<p>Sagutan ang CSSF (Customer Satisfaction Survey Form) at ibigay kasama ang transaction slip sa PACD Staff KUNG MAY MGA KOMENTO, REKOMENDASYON O SUHESYON. Makipag-ugnayan lamang sa naka duty na PACD Staff, upang mapag-usapan at matugunan agad.</p>	<p>transaction slip. Itanong kung naging maayos ang serbisyong kanilang natanggap. PARA SA MAY MGA KOMENTO, REKOMENDASYON O SUHESYON. Tugunan at pag-usapan ang kanilang naging komento rekomendasyon o suhesyon ayon sa serbisyong kanilang natanggap.</p>			
<b>TOTAL</b>		<p><b>Pumunta sa susunod na pahina para sa presyo ng iba't ibang procedure</b></p>	<p><b>24 oras at 27 minuto</b></p>	

### KONSULTASYON (TUBERCULOSIS)

Ito ay nagbibigay serbisyo sa mga kliyente na mayroong sakit na Tuberculosis o sa mga taong nakakaranas ng sintomas ng Tuberculosis katulad ng dalawang linggong ubo o paglalagnat, hindi maipaliwanag na pagbaba ng timbang o hindi pagtaas ng timbang o kawalan ng ganang kum

<b>Office or Division:</b>	HEALTH FACILITY TB UNIT/OFFICE OF THE MEDICAL CENTER CHIEF			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Pasyente, Kamag-anak ng pasyente atbp.			
<b>CHECKLIST REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Vaccination Card <b>Isang (1) orihinal</b>		Akreditadong Vaccination Facility		
NTP Referral Form <b>Isang (1) orihinal</b>		TB DOTS Facility		
<b>CLIENTS STEP</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>RESPONSIBLE PERSON</b>
1. Pumunta sa TRIAGE para sa pagsusuri ng mga sumusunod na sintomas: <ul style="list-style-type: none"> <li>• Pananakit o pamamag a ng lalamunan</li> <li>• Masakit na katawan</li> <li>• Masakit na ulo</li> <li>• Hirap sa paghinga</li> <li>• Ubo</li> <li>• Sipon</li> <li>• Lagnat</li> <li>• Pagtatae</li> </ul>	1.1 Tanungin ang kliyente kung meron silang mga sumusunod na sintomas.	Wala	2 minuto	Nurse III /TRIAGE
	1.2 Maghugas ng kamay at kunin ang temperatura ng katawan.	Wala	2 minuto	Nurse III /TRIAGE
	1.3 <b>MERON/ WALANG SINTOMAS:</b> <i>(Konsultasyon ng kliyente)</i>  Payuhan ang kliyente na manatili sa holding area. Ang Triage on duty ay mag iinform sa Hospitalist para	Wala	15 minuto	

	<p>sa pagsusuri ng kliyente.</p> <p><b>1.3.1</b> Susuriin ng Covid doktor on duty kung ang kliyente ay nagtataglay ng mataas o walang tsansa ng Covid-19.</p> <p><b>A. MATAAS NA PANGANIB</b></p> <p>Mananatili sa holding area.</p> <p><b>B. WALANG PANGANIB</b></p> <p>Maaaring magtungo sa Outpatient Unit.</p> <p><b>1.4</b></p> <p><b>WALANG SINTOMAS</b></p> <p>Magtungo sa Public Assistance and Complaints Desk para sa pagbibigay ng Transaksyon Slip.</p>			Hospitalist
<p><b>2.</b></p> <p>Ipaalam sa PACD ang layunin sa pagpunta o pagbisita.</p>	<p><b>2.1</b></p> <p>Ibigay ang mga sumusunod na dokumento: Transaksyon Slip, Customer's Survey form and flyers at ituro ang kliyente sa Out-Patient Unit.</p>	Wala.	2 minuto	Administrative Assistant I / (Public Assistance and Complaints Desk)
<p><b>3.</b></p> <p>Ipaalam sa gwardiya ng OPU ang tungkol sa konsultasyon..</p> <p><b><u>QUEUEING:</u></b></p> <p><b>P-Priority</b></p> <ul style="list-style-type: none"> <li>- Nakatatanda ng mamayanan</li> </ul>	<p><b>3.1</b></p> <p>Ibigay ang numero ng queuing. Ang susunod na instraksyon ay pagpunta sa Admission and Information Section (AIS) Staff, upang masimulan ang</p>	Wala	5 minuto	Administrative Officer / Administrative Assistant I (Admission and Information Section (AIS) Staff (Health Information



Medical Social Work Unit para sa klasipikasyon.	Gawin ang panayam sa kliyente/ kamag-anak o awtorisadong kinatawan.			/Medical Social Work Unit
<b>7.</b> Maghintay na tawagin ng TB Nurse para panayam, pagkuha ng vital signs, timbang at sukat ng taas	<b>7.1</b> Suriin ang vital signs ng kliyente, vital signs, timbang at sukat ng taas	Wala	5 minuto	Nurse III/ HFTBU
<b>8.</b> Konsultasyon sa doktor o TB Physician on-duty (POD).	<b>8.1</b> Gawin ang panayam sa kliyente/ kamag-anak o awtorisadong kinatawan para sa histori, eksaminasyong medical ng kliyente.	Wala	30 minuto	Medical Specialist / Medical Officer
<b>9.</b> Pagkatapos ng konsultasyon sa doctor, ipakita sa TB nars ang reseta ng gamot at kausapin ang pasyente at kamag-anak para sa pagbibigay ng payo ukol sa kanilang gamutan sa Tuberculosis.	<b>9.1</b> Ibalik sa kliyente /kamag-anak ang reseta, NTP ID card/ talaan, at payuhan sila sa kanilang susunod na konsultasyon.	Wala	20 minuto	Nurse III/ HFTBU
<b>10</b> Magpunta sa Botika at ilahad ang reseta ng mga gamot.	<b>10.1</b> Suriin kung mayroong gamot sa Botika ayon sa resetang gamot.	Ayon sa resetang gamot.	4 minuto	Pharmacist/ Pharmacy Unit

<p><b>11</b> Sagutan ang CSSF (Customer Satisfaction Survey Form) at ibigay kasama ang transaksyon slip sa PACD Staff.</p> <p><b>Kung merong komento, rekomendasyon at mga suhestyon:</b></p> <p>Makipag-ugnayan sa PACD Staff, upang makapagbigyan ng agarang pagtugon sa mga kliyente.</p>	<p><b>16.1</b> Tanggapin ang CSSF at transaksyon slip. Tanungin ang kliyente kung ang naibigay na serbisyo ay kanais-nais.</p> <p><b>Sa mga kliyenteng merong rekomendasyon at suhestyon:</b></p> <p>Tugunan ang kanilang mga komento, rekomendasyon at suhestyon ayon sa serbisyong kanilang natanggap.</p>	Wala	1 minuto	Administrative Assistant / (Public Assistance and Complaints Desk)
<b>TOTAL</b>		<b>Wala</b>	<b>2 oras at 26 minuto</b>	



## DENTAL SERVICE

This unit caters the client's needs such as consultation, assessment and treatment relating to one's oral health.

<b>Office or Division:</b>	Medical Service			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All (MMWGH Employees, Relatives and Out-Patients)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Any ID for identification <b>One(1) Original Copy</b>		Any government facility or school if student		
Vaccination Card (if possible) <b>One(1) Original Copy</b>		Vaccination Sites/Centers		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to TRIAGE to assess the following symptoms: <ul style="list-style-type: none"> <li>· Sore throat</li> <li>· Body pain</li> <li>· Headache</li> <li>· Difficulty in breathing</li> <li>· Cough</li> <li>· Cold</li> <li>· Fever</li> <li>· Diarrhea</li> <li>· Rashes on the skin</li> </ul>	<b>1.1</b> Ask the client if they have symptoms <b>1.2</b> Sanitized hands and take the client's temperature.	None	2 minutes	Nurse III / TRIAGE
1.1 Fill out a Health Declaration Form	<b>1.1</b> Guide the client in accomplishing Health Declaration Form  <b>FOR THE CLIENTS WITH NO SYMPTOMS PROCEED TO STEP 3</b>  <b>FOR THOSE WITH SYMPTOMS STAY IN THE HOLDING AREA</b>	None	2 minutes	Nurse III / TRIAGE



<p>7. Go to cash unit and present the charge slip the pay the corresponding fee for the treatment</p> <p>*If granted Malasakit Center assistance, just present the slip to the cash unit</p>	<p>Check the charge slip or Malasakit Center Slip</p> <p>Ask the client for any of the following ID for discount:</p> <p>a) PWD ID b) Senior Citizen ID c) and others</p> <p>Accept the payment and give the receipt. Give the 2<sup>nd</sup> copy to the client.</p>	<p>Dental Extraction PHP 210.00</p> <p>Dental X-Ray (Periapical) PHP 250.00</p> <p>Oral Prophylaxis PHP 350.00-450.00</p>	<p>5 minutes</p>	<p><i>Administrative Assistant I / Cash Clerk (Cash Unit)</i></p>
<p>8. Return to the dental care unit and give the receipt</p>	<p>5. Give the prescription to the client and the post-operative reminders.</p>	<p>None</p>	<p>10 minutes</p>	<p><i>Dentist II or III (Dental Unit)</i></p>
<p>9. Give the transaction slip</p>	<p>6. Sign the transaction slip and return it to the client.</p>	<p>None</p>	<p>1 minute</p>	<p><i>Dentist II or III (Dental Unit)</i></p>
<p><b>9.</b> Answer the Clients Experience Survey Form based on what you experience in hospital services and submit to PACD Staff.</p> <p><b>FOR CLIENTS WHO HAVE COMMENT, RECOMMENDATION, SUGGESTIONS OR COMPLAINTS.</b></p> <p>Proceed to the PACD Staff on duty, discuss the concern for immediate action</p>	<p>9.1 Accept the CES Form, check if the CES Form is properly filled. Ask if the service they received went well.</p> <p><b>FOR CLIENTS WHO HAVE COMMENT, RECOMMENDATION, SUGGESTIONS OR COMPLAINTS.</b> <i>*see the process in Submitting a complaint</i></p> <p><b>9.2</b> Respond and discuss their comments, recommendations or complaints according to the service they received.</p>	<p>None</p>	<p>3 minutes</p>	<p>Administrative Assistant I / Public Assistance and Complaints Desk (PACD)</p>

<b>TOTAL</b>	<b>Dental Extraction</b> PHP 210.00  <b>Dental X-Ray (Periapical)</b> PHP 250.00  Oral Prophylaxis PHP 350.00-450.00	1 hour and 20 minutes at most  <i>(estimated without que lines in HIMU, MSW and Malasakit Center)</i>	
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## UNAWA PSYCHOTHERAPY CLINIC

Ang Psychology 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 Psychology Unit para sa mga serbisyong ito mula Lunes hanggang Biyernes, 8:00 AM – 5:00 PM.

<b>Office or Division:</b>	MEDICAL SERVICE- Psychology Unit			
<b>Classification:</b>	G2C & G2G			
<b>Type of transaction:</b>	Highly Technical			
<b>Who may avail:</b>	<b>Out-Patients at in-patients:</b> 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.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Schedule Slip <b>Isa (1) Orihinal na kopya</b>		Psychology Unit		
Referral Slip <b>Isa (1) Orihinal na kopya</b>		Out-patient Unit o Ward; Medical Officer/Specialist		
<b>PARA SA KLIYENTE NA HINDI VACCINATED AT 1st DOSE VACCINE PA LAMANG:</b> One (1) Original copy Covid-19 RT PCR or Antigen Result		Mula sa Akreditadong Testing Facility		
<b>Para sa mga bakuna:</b> Vaccination Card <b>Isa (1) Orihinal na kopya</b>		Akreditadong Vaccination facility		
Government issued ID <b>Isa (1) Orihinal na kopya</b>		Government Offices		
Charge Slip <b>Isa (1) Orihinal na kopya</b>		Psychology Unit		
Official Receipt <b>Isa (1) Orihinal na kopya</b>		Cash Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Pumunta sa psychology unit	1. Sasamahan ng nurse-on- duty ang pasyente papuntang Psychology Unit at ibibigay ang referral slip kasama ang patient's chart. 2. Iskedyul ang pasyenteng nirefer para sa psychotherapy at magbigay ng schedule slip. 3. Ipaliwanag sa pasyente ang proseso ng psychotherapy.	Wala	15 minuto	Nurse III/ Out-patient Unit  Psychometrician I/ Psychology Unit

0. Bumalik sa araw iskedyul sesyon ng Psychotherapy, ipakita ang schedule slip at Covid-19 RT-PCR o Antigen Result o i-prisinta ang Vaccination Card.	1. Tanggapin ang Covid-19 RT-PCR o Antigen na may negative result o ang Vaccination Card. 2. Hanapin ang pangalan ng pasyente sa listahan ng iskedyul para sa psychotherapy sesyon. 3. Isagawa ang initial consultation o follow-up psychotherapy na sesyon base sa referral.	Wala	45-60 minuto	Psychometrician and I or Psychologist / Psychology Unit
0. Kunin ang charge slip para sa Psychotherapy session fee.	1 Ibigay ang Charge Slip.	Php500.00 para sa paunang konsultation; Php400.00 para sa mga susunod na sesyon ng psychotherapy	5 minuto	Psychometrician I / Psychology Unit
4. Pumunta sa cash unit o malasakit center para sa pagbabayad	4.1 Tanggapin ang charge slip at payment. 4.2 Ibigay the Official Receipt	Php500.00 para sa paunang konsultation; Php400.00 para sa mga susunod na sesyon ng psychotherapy	5 minuto	Administrative Assistant I / Cash unit  Administrative Assistant I / Malasakit Center
5. Bumalik sa Psychological Unit at ipakita ang Official Receipt para sa pagrerekord.	5.1 Irekord ang Official Receipt Number sa log book. 5.2 Ipaalam sa Pasyente ang susunod niyang iskedyul ng psychotherapy sesyon.	Wala	5 minuto	Psychometrician I / Psychology Unit
<b>KABUANG ORAS AT BAYAD NA INILAAN</b>		<b>Php500.00 para sa paunang konsultation; Php400.00 para sa mga susunod na sesyon ng psychotherapy</b>	<b>90 minuto</b>	

## NEUROPSYCHOLOGICAL TESTING

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

<b>Office or Division:</b>	MEDICAL SERVICE – Psychology Unit			
<b>Classification:</b>	G2C & G2G			
<b>Type of transaction:</b>	Highly Technical			
<b>Who may avail:</b>	All clients requiring Neuropsychological Testing			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Schedule slip <b>Isa(1) Orihinal na kopya</b>	Psychology Unit			
Referral Letter <b>Isa(1) Orihinal na kopya</b>	Mula sa offices/agencies ng kliyente.			
2x2 ID Picture na may puting background <b>Isa(1) piraso</b>	Manggagaling mula sa kliyente.			
<b>PARA SA KLIYENTE NA HINDI VACCINATED AT 1st DOSE VACCINE PA LAMANG</b> Covid-19 RT PCR or Antigen Result <b>One (1) Original copy</b>	Mula sa Akreditadong Testing Facility			
Government issued ID <b>One(1) Original</b>	PWD ID, Senior Citizen ID, Voter's ID, any Government Issued ID			
Charge Slip <b>One(1) Original copy</b>	Psychology Unit			
Official Receipt <b>One(1) Original copy</b>	Billing Unit/Malasakit Center			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<p>1.</p> <p>Maaring magwalk-in o mag-e-mail sa Psychology Unit upang ipakita o ipadala ang referral letter.</p> <p>Email Address: <a href="mailto:mmwghpsychology@gmail.com">mmwghpsychology@gmail.com</a></p> <p><b>Ang referral letter ay kinakailangang mayroon ng mga sumusunod:</b></p> <ul style="list-style-type: none"> <li>✓ Dahilan ng referral</li> <li>✓ Buong pangalan ng kliyenteng ni-refer at mga datos tungkol sa</li> </ul>	<p>Tatanggapin ang referral letter.</p> <p>Ibibigay ang schedule slip sa walk-ins o ipapadala sa pamamagitan ng email ang schedule slip para sa ahensya na nag-email.</p>	Wala	5 minuto	<p><i>Administrative Assistant o Administrative Officer / Human Resource Management Unit</i></p> <p><i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i></p>

<p>posisyon na inaaplayan, pinakamataas na antas na nakamit, atbp. ✓ Email address at contact number ng ahensya na nag refer.</p>				
<p><b>2.</b> Magpapasa ng scanned copy na 1 pc. 2x2 ID picture na mayroong puting background at Covid-19 RT PCR or Antigen Result sa loob ng 3 araw bago ang pagsusulit o magpasa ng Vaccination Card.</p>	<p><b>2.1</b> Tatanggapin ang scanned 1 pc. 2x2 ID picture na mayroong puting background and Covid-19 RT PCR o Antigen Result. I-verify ang Vaccination card.</p> <p>Kung ang kliyente ay negatibo sa Covid-19 RT PCR o Antigen Result. Magpatuloy sa 2.2 step. Kung ang kliyente ay positibo sa Covid-19 RT PCR or Antigen Result. Ang kliyente ay mareschedule hanggang sa gumaling. <b>2.2</b></p> <p>Ipaalam sa kliyente o ahensya na nagrefer tungkol sa klase ng test na ibibigay, kung kailan ang schedule at oras ng pagsusulit, mga babayaran at mga kinakailangang dalin sa araw ng pagsusulit.</p>	Wala	5 minuto	<p><i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i></p>
<p><b>3.</b> Pupunta ang kliyente sa testing room. Dito ipapasa ang original copy of 1 pc. 2x2 ID picture na background at Covid-19 RT-PCR o Antigen Negative Result o magpapakita</p>	<p><b>3.1</b> Ibibigay ang battery of Psychological Tests.</p>	Wala	4 oras	<p><i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i></p>



ng Vaccination card at kukuha ng pagsusulit.				
<b>4.</b> Tanggapin ang Charge Slip para sa pagbabayad ng Psychological exam fee.	4.1 Ibigay ang Charge Slip	Wala	2 minuto	<i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i>
<b>5.</b> Pumunta sa Billing Unit at magbayad ng kinakailangang halaga.	5.1 Iproseso ang bayad at ibigay ang Official Receipt	Php 2,207.00	3 minuto	<i>Administrative Assistant o Administrative Officer / Billing Unit</i>
<b>6.</b> Ang kliyente ay babalik sa Psychology Unit. Ipapakita ang Official Receipt at Transaction slip.	6. 1 Irecord ang Official Receipt number at ipapaalam sa kliyente na ang Neuropsychological Report ay magagawa sa loob ng 20 na araw ng trabaho. 6.2 Ipapaalam sa kliyente o sa ahensya online interview schedule. (Ito ay nakadepende kung mayroon ng medical specialist.) 6. 3 Lagdaan ang transaction slip.	Wala	5 minuto	<i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i>
<b>7.</b> Maglog-in sa Zoom platform para sa scheduled Neuropsychological Interviews.	7. 1 Ang psychiatrist on duty ay magsasagawa ng interview via Zoom. Ipaalam sa ahensya na ang petsa kung kailan kukunin ang neuropsychological report.	Wala	15 – 30 minuto	Medical specialist / Out-patient Unit
<b>8.</b> Ang walk-in na kliyente o staff ng ahensyang nag refer ay babalik sa psychology unit upang kunin ang Neuropsychological Report.  Ipakita ang isang (1) valid Government ID. Kung may representative,	8.1 Pag-issue ng Neuropsychological Report.  (Ang pagaayos ng Neuropsychological Report ay maaaring mas tumagal, depende sa dami ng pagsusuring naibigay at sa dami ng	Wala	10 minuto	<i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i>

magpasa ng Authorization Letter at photocopy ng isang (1) valid Government ID ng kliyente at ng representative.	kliyenteng nakalaan sa buwan)			
<b>KABUUANG ORAS AT BAYAD NA INILAN</b>		<b>Php 2,207.00</b>	<b>20 na araw ng trabaho, 4 oras, and 60 minuto</b>	

### PSYCHOLOGICAL ASSESSMENT FOR OUTPATIENT

Ang Psychology 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 psychology unit para sa mga serbisyong ito mula Lunes hanggang Biyernes, 8:00 AM – 5:00 PM.

<b>Office or Division:</b>	MEDICAL SERVICE- Psychology Unit			
<b>Classification:</b>	G2C & G2G			
<b>Type of transaction:</b>	Highly Technical			
<b>Who may avail:</b>	<b>Out Patients</b> na may layunin para sa: Diagnostic/ Treatment; Court Order upang masuri ang kakayahan upang humarap sa paglilitis; checklist para sa requirements			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Schedule Slip <b>One(1) Original copy</b>	Psychology Unit			
Referral Slip <b>One(1) Original copy</b>	Out-patient Unit			
Vaccine Card <b>One(1) Original copy</b>	Accredited Vaccination Facility			
<b>PARA SA KLIYENTE NA HINDI VACCINATED AT 1st DOSE VACCINE PA LAMANG</b> Covid-19 RT PCR or Antigen Result <b>One (1) Original copy</b>	Mula sa Akreditadong Testing Facility			
Government issued ID <b>One(1) Original</b>	PWD ID, Senior Citizen ID, Voter's ID, any Government Issued ID			
Charge Slip <b>One(1) Original copy</b>	Psychology Unit			
Official Receipt <b>One(1) Original copy</b>	Billing Unit/Malasakit Center			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Pumunta sa psychology unit	1. Ang nurse-on-duty ay sasamahan ang pasyente papuntang Psychology Unit at ibibigay ang referral slip kasama ang patient's chart. 2. I-schedule ang referred patient para sa	Wala	5 minuto	<i>Nurse on Duty</i> Out-patient Unit  <i>Administrative Assistant o</i>

	<p>assessment at bigyan ito ng schedule slip.</p> <p>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 isang oras na palugit sa kanilang schedule 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>			<i>Administrative Officer (Psychometrician) / Psychology Unit</i>
0. Sa araw ng scheduled assessment, ipasa ang schedule slip at Covid-19 RT-PCR o Antigen Result, o ipakita ang vaccination card.	<p>1. I-verify ang vaccination card o tanggapin ang Covid-19 RT-PCR o Antigen na may negative result.</p> <p>2. I-verify ang pangalan ng pasyente sa listahan ng mga nakaschedule na magsusulit.</p> <p>3. Ibigay ang battery of psychological tests base sa referral.</p>	Wala	5-6 oras (Nakadepende sa klase ng psychological test na sasagutan at sa kakayahan ng pasyenteng magsagot.)	<i>Administrative Assistant o Administrative Officer (Psychometrician) and/or Psychologist / Psychology Unit</i>
0. Kunin ang charge slip of psychological examination fee.	3.1 Ibigay ang Charge Slip.	Wala	2 minuto	<i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i>

0. Pumunta sa billing unit upang makapag bayad o malasakit center.	4.1 Tanggapin ang charge slip at bayad. 4.2 Ibigay ang Official Receipt	Ang presyong babayaran ay nakadepende sa mga klase ng psychological test na sinagutan.	5 minuto	<i>Administrative Assistant o Administrative Officer / Billing unit Malasakit center</i>
0. Bumalik sa Psychological Unit at ipakita ang Official Receipt upang maitala.	5.1 Itala ang Official Receipt Number sa log book. 5.2 Ipaalam sa pasyente na ang Psychological Evaluation Report ay handa na sa loob ng 20 na araw ng trabaho at ipapasa sa HIMU o sa ahensyang nagrefer.  (Ang pagaayos ng Psychological Test Result/ Evaluation Report ay maaring mas tumagal, depende sa dami ng pagsusuring naibigay at sa dami ng pasyenteng nakalaan sa buwan)	Wala	3 minuto	<i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i>
<b>END OF TRANSACTION</b>	<b>TOTAL</b>	<b>Ang presyong babayaran ay nakadepende sa mga klase ng psychological test na sinagutan.</b>	<b>20 araw ng trabaho, 6 oras, and 15 minuto</b>	<b>END OF TRANSACTION</b>

## WOMEN AND CHILDREN PROTECTION UNIT

### 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 Out Patient Bulding that operates Mondays thru Fridays 8:00AM – 5:00PM. 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.

<b>Office or Division:</b>	Medical Service			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All (MMWGH Employees, Relatives and Out-Patients)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Referral Letter <b>Isa (1) orihinal na kopya (kung mayroon)</b>		Referring agency		
MMWGH Referral Form if seen by other department		Concerned department		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Sasailalim sa agarang pagsusuri	1.1. Alamin ang reklamo o layunin nang pagbisita sa tanggapan.  1.2. Alamin ang agarang pangangailangan/ kondisyon ng pasyente, edad, uri at kailan naganap ang naranasang pang aabuso.	Wala	2 minutes	Nurse III / TRIAGE

	1.3. Para sa mga batang biktima ng pang aabuso, siguruhin na may kasamang legal guardian; sa pagkakataon na walang kasamang guardian, ipakipag ugnayan sa local Social Worker o WCPU Social Worker.	Wala	2 minutes	Nurse III / TRIAGE
2a. Tugunin ang mga katanungan para mairehistro at magkaroon ng health record.	2.1. Irehistro sa HOMIS portal at bigyan ng case number	Wala	10 utes	WCPU Social Workers
2b. Pirmahan ang consent forms	2.2. Ipaliwanag ang WCPU consent and data privacy form, at papirmahin sa consent form.	Wala		
2c. Ibigay ang mga pangkalahatang impormasyon	2.3. Itala ang general data and family assessment to WCPU intake Form	Wala		
3. Sasailalim sa konsultasyon manggagamot	3.1. History/Forensic Interview	Wala	1 oras	<i>WCPU Physicians</i>
	3.2. Photo-documentation	Wala	15 minuto	
	3.3. Physical Examination	Wala	30 minuto	
	3.4. Collection of specimen for diagnostic tests and DNA identification	Wala	30 minuto	
	3.5. WCPU physicians may consult other Specialists on duty	Wala	15 minuto	
	3.6. Igayak, ipaliwanag ang resulta ng pagsusuri, pagbibigay ng medico-legal certificate			
4a. Maintindihan ang resulta ng konsultasyon at ang mga susunod na hakbang na gagawin.	4.1. Ipaliwanag ang kailangang gamutan, kung mayroon	Wala	30 minutes	<i>WCPU Physicians /</i> WCPU Social Workers
4b. Sasailalim sa gamutan, kung kinakailangan.	4.2. Ibigay ang mga kailangang gamot mula sa pharmacy, kung mayroon.			

<p>4c. Sasailalim sa mga kailangan laboratory examinations</p> <p>4d. Sasailalim sa psychological evaluation, kung kailangan</p>	<p>4.3 Ibigay ang mga tagubilin para sa mga susunod na hakbang gaya ng:</p> <p>4.3.1. Evaluate initial interventions</p> <p>4.3.2. Secure laboratory results</p> <p>4.3.3. Undergo medical treatment, if needed</p> <p>4.3.4. Undergo further laboratory examinations such as:  Ø Pregnancy test  Ø Urinalysis w/ sperm identification  Ø Gram stain of discharge</p> <p>4.3.5. Undergo psychological evaluation</p> <p>4.3.6. Referral to other departments</p> <p>4.3.7. Provide customer satisfaction rating form</p> <p>4.3.8. Refer to other agencies</p>	<p>P 100.00</p> <p>P 50.00</p> <p>P 130.00</p> <p>P 8,000-P10,000</p>		
<p>5. Dumaan sa Safety and Risk Assessment</p>	<p>5.1. Aralin ang mga pangambang panganib</p> <p>5.2. Magbalangkas ng safety plan (may presensya ng panganib)</p> <p>5.2.1. Tukuyin ang mga kamag anak na pwedeng paglagakan</p> <p>5.2.2. Kung walang matukoy na kamag anak na posibleng mangalaga, sumangguni sa mga bahay tuluyan o institusyon</p> <p>5.2.3. Sumangguni sa ibang mga ahensya kung kinakailangan ng ibayong pamamahala.</p>	<p>Wala</p>	<p>30 minuto</p>	<p>WCPU Social Workers</p>
<p><b>TOTAL</b></p>		<p><b>Pregnancy test</b> P 100.00 <b>Urinalysis w/ sperm</b> 50.00</p> <p style="text-align: right;">P</p>	<p>4 hours</p>	

	<b>Gram stain of discharge</b> P 130.00		
	<b>Undergo psychological evaluation</b> P 8,000-P10,000		

## E-KONSULTA SERVICES

Ang serbisyong ito ay nagsisimula sa Health Screening, Assessment at pagppakunsulta ng pasyente sa New Infirmary para sa kanilang kondisyong medikal hanggang sa pagpaparehistro sa E-Konsulta Services ng Mariveles Mental Wellness and General Hospital.

<b>Office or Division:</b>	BILLING			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Pasyente ng Mariveles Mental Wellness and General Hospital			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>ALINMAN SA MGA SUMUSUNOD:</b> Birth Certificate a Government Issued I.D <b>Isa(1) orihinal na kopya</b>		PWD ID, Senior Citizen ID, Voter’s ID, any Government Issued ID Philippine Statistics Authority, MSWDO/CSWDO, Barangay, Government agency		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>1.</b> Magtungo sa TRIAGE para masuri ang mga sumusunod na sintomas: <ul style="list-style-type: none"> <li>• Pananakit ng lalamunan</li> <li>• Pananakit ng katawan</li> <li>• Pananakit ng ulo</li> <li>• Hirap sa paghinga</li> <li>• Ubo</li> <li>• Sipon</li> <li>• Lagnat</li> <li>• Pagtatae</li> </ul>	<b>1.</b> Tanungin ang kliyente kung sila ay mayroong sintomas <b>1.2</b> Mag- alcohol at kuhanin ang temperature ng kliyente.  Gabayan ang kliyente sa mga kinakailangang punan sa Health Declaration Form	Wala	2 minuto	Nurse III / TRIAGE
			Wala	2 minuto



<ul style="list-style-type: none"> <li>• Pamamantal o rashes sa balat</li> </ul> <p><b>1.1</b> Magsagot ng Health Declaration Form</p>	<p><b>PARA SA KLIYENTE NA WALANG SINTOMAS MAGPATULOY SA STEP 3</b></p> <p><b>PARA SA MAY SINTOMAS MANATILI SA HOLDING AREA</b></p>			
<p><b>2.</b> Kumuha ng transaction slip at Clients experience Survey Form</p>	<p><b>3.</b> Magbigay ng Transaction Slip laman ang sumusunod na impormasyon; Pangalan, Opisinang pupuntahan at pakay</p> <p>Bigyan ng CES Form at ibigay ang ilan pang impormasyon para sa pakay ng kliyente</p>	<p>Wala</p> <p>Wala</p>	<p>2 minuto</p> <p>2 minuto</p>	<p>Security Guard</p> <p>Administrative Assistant I /PACD</p>
<p><b>3.</b> Magtungo sa New Infirmary Unit at sabihin ang pakay.</p>	<p><b>3.1</b> Kausapin ang kliyente o kamag-anak o awtorisadong kinatawan ng kliyente.</p>	<p>Wala</p>	<p>2 minuto</p>	<p>Nurse III / New Infirmary</p>
<p><b>4.</b> Magtungo sa New Infirmary Unit at sabihin ang pakay.</p>	<p><b>1.1</b> Kausapin and kliyente o kamag-anak o awtorisadong kinatawan ng kliyente.</p> <p><b>1.2 (Para sa Dating Kliyente)</b></p> <p>Kuhanin ang <i>health record</i> ng kliyente.</p>	<p>Wala</p>	<p>2 minuto</p>	<p>New Infirmary staff on duty</p>
<p><b>1. (Para sa Bagong Kliyente)</b></p>	<p><b>1.1</b> Ipaliwanag ang Pahintulot sa Pagkolekta /</p>	<p>Wala</p>	<p>20 minuto</p>	<p>New Infirmary - on duty</p>

Mag fill-out ng form.	<p>Pagproseso ng Personal ng Impormasyon para sa Pagpapagamot at papirmahin ang kliyente.</p> <p><b>1.2</b> Bigyan ng form (Datus Tungkol sa Pasyente) ang Kliyente upang masagutan ng kliyente/kamag-anak o awtorisadong kinatawan ng kliyente.</p> <p><b>4.3</b> Gumawa ng Health Record at ipaliwanag ang proseso ng konsultasyon</p>			
5. Magtungo sa Medical Social Service Unit para sa klasipikasyon.	<b>1.1</b> Interbyuhin ang kliyente/kamag-anak o awtorisadong kinatawan ng kliyente.	Wala	10 minuto	Social Welfare Officer (Medical Social Service Unit)
6. Maghintay na tawagin para kuhanan ng vital signs, timbang at taas.	<b>6.1</b> Tawagin ang kliyente at kuhanan ng vital signs, timbang at taas.	Wala	5 minuto	New Infirmary - on duty
7. Makipag-ugnayan at kumunsulta sa Doctor.	<b>7.1</b> Isagawa ang panayam sa kliyente/kamag-anak o awtorisadong kinatawan ng kliyente tungkol sa medikal na pangangailangan.	Wala	30 minuto  1 oras	Medical Specialist / Medical Officer  Medical Specialist (Neurology)

8. Magtungo sa Nurse pagkatapos ang konsultasyon sa Doctor.	<b>8.1</b> 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	New Infirmary - on duty
9. Magtungo sa Pharmacy Unit at ipakita ang reseta.	<b>1.1</b> Tingnan kung mayroong gamot at gawin ang charge slip.	Depende sa halaga ng gamot.	4 minuto	Pharmacist on duty
<p><b>10.</b> Magtungo sa <i>Malasakit Center</i> at kumuha ng numero.</p> <p>5.2 Lumapit sa <i>Social Worker</i> kapag tinawag ang inyong numero, at ipakita ang:</p> <ul style="list-style-type: none"> <li>● Reseta at ang kailangan bayaran na gamot mula sa <i>Pharmacy Unit</i></li> <li>● <i>Laboratory Request Form</i> at <i>Charge Slip</i> mula sa <i>Laboratory Unit</i></li> <li>● <i>X-ray Request Form</i> at <i>Charge Slip</i> mula <i>X-ray Unit</i></li> <li>● <i>Psychological Evaluation Referral Form</i> mula sa <i>Psychology Unit</i> at <i>Charge Slip</i>.</li> </ul>	<p>5.1 Tingnan ang mga dalang dokumento ng kliyente kagaya ng <i>Charge Slip, Request Form/Prescription/ Medical Certificate and Identification Card</i>.</p> <p>5.2 Tingnan sa <i>IHOMIS</i> kung ang pasyente ay mayroon ng <i>Health Record at MSS Number</i> patunay na nakapanayam na ng <i>Social Worker</i> sa <i>OPU</i> ang kliyente o kamag anak.</p> <p>5.3 Kapanayamin ang kliyente o kamag anak gamit ang <i>Unified Intake Sheet (Malasakit Center Form – Annex B)</i></p> <p>5.4 Gawin ang <i>Malasakit Center Order of Charging</i></p> <p>5.5 I-<i>photocopy</i> ang mga ibinigay na</p>	<p>Wala</p> <p>Wala</p> <p>Wala</p> <p>Wala</p> <p>Wala</p> <p>Wala</p>	<p>1 minuto</p> <p>1 minuto</p> <p>8-10 minuto</p> <p>1 minuto</p> <p>1 minuto</p> <p>1 minuto</p>	<p>Social Welfare Officer / Social Welfare Assistant- Malasakit Center</p> <p>Social Welfare Officer and Social Welfare Assistant I / Malasakit Center</p> <p>Social Welfare Officer / Malasakit Center</p> <p>Social Welfare Officer / Malasakit Center</p> <p>Social Welfare Assistant I / Malasakit Center</p>

<ul style="list-style-type: none"> <li>• <i>ECG Request Form and other Radiographic Procedures</i> mula sa <i>New Infirmary and charge Slip</i></li> <li>• <i>Medical Certificate</i> (para sa mga bagong pasyente)</li> <li>• AT magpakita ng isang <i>Valid Government ID.</i></li> </ul>	<p>dokumento para sa <i>Medical Assistance</i></p> <p>5.6 Papirmahin ang kliyente o kamag anak sa <i>Malasakit Center Logbook</i></p> <p><b>5.7</b> Papuntahin ang kliyente o kamag anak sa <i>Billing Section/ Unit</i> para ibigay ang <i>charge slip.</i></p>	Wala		<p>Social Welfare Assistant I / Malasakit Center</p> <p>Social Welfare Assistant I / Malasakit Center</p>
<p><b>6.</b> Pagproseso ng mga charges na ilalapat sa MALASAKIT</p>	<p><b>6.1</b> Kuhanin sa kliyente ang mga sumusunod: a. Order of Charging galing sa Social Welfare Assistant b. Charge Slips galing sa ibat-ibang yunit (Laboratory, Radiology, New Infirmary, Pharmacy, Dental, atbp.)</p> <p>6.2 Tatakan ang mga charge slips ng “Charged to Malasakit”</p> <p>6.3 Papirmahin ang kliyente sa “Pagbabahagi ng Impormasyon ng Halaga ng mga Serbisyong Pangkalusugan” Form</p> <p>6.4 Ibigay sa kliyente ang mga “Charged to Malasakit Slip” upang ibalik sa mga pinagmulang yunit (Maliban kung ang inilapat ay gamot).</p>	Wala	3 minuto	Billing and Claims Staff / MALASAKIT CENTER

	<p>Para sa pagkuha ng libreng gamot, ibigay sa kliyente ang tinatakdang duplicate charge slip (green copy) kalakip ang reseta ng doktor at ihabilin sa kliyente na ibalik sa Pharmacy yunit.</p>			
<p><b>7.</b> Magparehistro sa E-Konsulta System at punan ng mahahalagang datos ang PMRF para sa E-Konsulta</p>	<p>Ipaliwanag sa kliyente ang programang Konsulta ng Philhealth at itanong kung nais nilang makakuha ng nasabing serbisyo.</p> <p>PARA SA MGA KLIYENTENG MIYEMBRO NG PHILHEALTH AT NAIS MAGPAREHISTRO SA E-KONSULTA: 7.1 Hingan ang kliyente ng Valid ID. 7.2 Kuhanan ng litrato ang kliyente na</p>	Wala	10 minuto	Administrative Assistant I / MALASAKIT - PhilHealth Section / Billing and Claims Staff

	<p>gagamitin sa pagberipika sa system.</p> <p>PARA SA MGA KLIYENTENG HINDI MIYEMBRO NG PHILHEALTH, sundin ang dalawang (2) naunang proseso 7.3 Bigyan ang kliyente ng PhilHealth Membership Registration Form (PMRF) 7.4 Ipaliwanag at gabayan ang kliyente sa paraan ng pagpi-fill out nito.</p>			
<p><b>8.</b> Magtungo sa mga itinalagang yunit para makuha ang mga karampatang serbisyo.</p>	<p><b>8.1</b> Tugunan ang kanilang pangangailangan base sa kanilang ninanais na serbisyong matanggap.</p>	Wala	Depende sa itinalagang oras ng bawat revenue centers	Mga itinalagang yunit ng ospital
<b>KABUANG BAYAD AT ORAS NA INILAN</b>		<b>Wala</b>	<b>2 oras at 42 minuto</b>	

## PROSESONG PAGSUSUMITE NG REKLAMO

Ang serbisyong ito ay tumutugon sa mga natatanggap na reklamo sa mga serbisyo o empleyado ng MMWGH. Bukas araw-araw mula 8am hanggang 5pm.

<b>Office or Division:</b>	OMCC/ Customer Service Section
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	G2C - Government to Citizens
<b>Who may avail:</b>	Kliyente na may transakyon sa Serbisyo ng MMWGH
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>

Nakasulat na reklamo sa Clients Experience Survey Form		MMWGH - Public Assistance and Complaints Desk / Customer Service Section		
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ipagbigay alam sa Customer Service Section Staff ang konsern na nais iparating. Maaari din ilahad o isalaysay sa "Clients Experience Survey Form" ang buong pangyayari.	1.1 Kapanayamin ang kliyente at kunin ang detalye hinggil sa konsern natanggap	Wala	5-15 minuto	Administrative Assistant I / Customer Service Section
	1.2 Agad na ipagbigay alam sa empleyado o unit na sangkot ang konsern ng kliyente upang mabigyan ng agarang aksyon at resolusyon. *Maaaring magharap ang magkabilang panig upang magkaroon ng kalinawan tungkol sa kanilang konsern  <b>KUNG HINDI NAIS MAGHARAP NG MAGKABILANG PANIG</b> *idokumento ang naging tugon ng magkabilang panig	Wala	10 minuto	Administrative Assistant I / Customer Service Section
	1.3 Kunin ang contact details ng kliyente upang maipabatid ang naging aksyon tungkol sa kanyang konsern.	Wala	2 minuto	Administrative Assistant I / Customer Service Section
	1.4 Magpadala ng komunikasyon sa unit o empleyado upang kunin ang kanilang	Wala	1 araw	Administrative Assistant I / Customer Service Section

	<p>panig patungkol sa konsern ng kliyente, Laman ng Notice na ito ang sumusunod;</p> <p><b>a.</b>Petsa ng pangyayari  <b>b.</b>Pangalan ng mayroon Koncern  <b>c.</b>Uri ng Koncern  <b>d.</b>Paksa ng konsern  <b>e.</b>Detalye ng Koncern</p> <p>Hintayin ang kanilang isusumiteng salaysay sa loob ng 24 oras mula ng maipadala ang notice</p>			
	<p><b>2.4</b> Gumawa ng Ulat tungkol dito para sa kaalaman ng Quality Assurance Committee Chairperson, kaakibat ang salaysay ng konsern unit o empleyado</p> <p><b>2.5</b> Ang Quality Assurance Committee Chairperson (QAC) ang siyang magrekomenda ng papapataw ng Corrective Action Report (CAR) sa Medical Center Chief.</p> <p><b>2.6</b> Medical Center Chief ang siyang mag-aaprubang pagpapataw sa Corrective Action Report (CAR) sa empleyado /unit na inirereklamo (depende sa antas ng reklamo)</p>	<p>Wala</p> <p>Wala</p>	<p>1 oras</p> <p>1-2 araw</p> <p>1-3 araw</p>	<p>Administrative Assistant / Public Assistance and Complaints Desk Staff</p> <p>Chairperson / QAC</p> <p>Medical Center Chief / Office of the Medical Center Chief</p>



<b>3</b> Hintayin ang mensahe o update mula sa Customer Service Section hingil sa naging aksyon sa reklamong isinumite.	<b>3.1</b> Ipagbigay alam sa kliyenteng ang status, askyon sa naging reklamo. Sa loob ng talong araw ay hindi nag bigay ng tugon ang nag may konsern ito ay ituturing na sarado na.  <b>3.2</b> Itala ito sa "Monitoring Sheet of Clients Concerns"	Wala	10 minuto	Administrative Assistant I / Customer Service Section
	<b>KABUUAN</b>	Wala	<b>6 araw, 1oras at 37minuto</b>	

### OSESO SA TRIAGE

Pag-suri sa lahat ng mga kliyente na papasok sa ospital para sa Covid-19.

<b>Office or Division:</b>	Nursing Service			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
N/A	N/A			
<b>HAKBANG PARA SA KLIYENTE</b>	<b>HAKBANG NG AHENSYA</b>	<b>MGA KAILANG</b>	<b>ORAS NG PAGPROSESO</b>	<b>NAATASANG KAWANI</b>

		<b>ANG BAYARAN</b>		
1. Kumuha ng transaction slip at sarbey form.	1. Magtungo sa Security guard at sabihin ang pakay upang mabigyan ng transaction slip at sarbey form	Wala	5 minuto	Security Guard on Duty
2. Magtungo sa TRIAGE para masuri ang mga sumusunod na sintomas: Pananakit ng lalamunan Pananakit ng katawan Pananakit ng ulo Hirap sa paghinga Ubo Sipon Lagnat Pagtatae Pamamantal o rashes sa balat	1. Tanungin ang kliyente kung sila ay mayroong sintomas 1.2 Mag- alcohol at kuhanin ang temperature ng kliyente.	Wala	2 minuto	Nurse II o Nursing Attendant II / TRIAGE
2. Magsagot ng Health Declaration Form	2. Gabayan ang kliyente sa mga kinakailangang punan sa Health Declaration Form	Wala	2 minuto	Nurse II o Nursing Attendant II / TRIAGE
3. Magtungo sa lugar na pupuntahan.				
	<b>PARA SA KLIYENTE NA WALANG SINTOMAS</b>  2.1 <b>KLIYENTE SA OPU</b>  2.1.1 Kuhanin ang vital signs ng patient. isasama ang timbang at taas para sa bagong pasyente. 2.1.2 Papuntahin and pasyente at kamaganak sa OPU upang humingi ng numero para macheckup.  2.2 <b>KLIYENTE SA INFIRMARY</b>		5 minuto	Nurse II o Nursing Attendant II / TRIAGE  Security Guard on duty  Nurse II / TRIAGE

	<p>2.2.1. icheck sa tablet kung nakaskedyul ang pasyente. bigyan ng queing number ang pasyente</p> <p>2.2.2 Kuhanin ang vital signs ng patient. isasama ang timbang at taas para sa bagong pasyente.</p> <p>*Para sa pasyente na wala pang record, bibigyan ng Datus at Ekonsulta form.</p> <p>Idedrekta sa HIMU AT MSW para sa paggawa health record.</p> <p>2.2.2 Papuntahin ang kliyente sa new infirmary para macheck up ng doctor.</p> <p><b>PARA SA KLIYENTE NA MAY SINTOMAS NG COVID19</b></p> <p>KLIYENTE SA OPU Papuntahin ang kliyente/kamaganak sa holding area. Ang triage nurse ang magbibigay ng abiso sa nurse na naka duty sa OPU upang sa HOLDING AREA ito suriin ng Psychiatric doctor</p> <p><b>1.4.2 KLIYENTE SA NEW INFIRMARY</b> Kuhanin and buong pangalan at kontak number ng pasyente. Magbibigay ng abiso sa Nurse sa New infirmary at ibigay ang buong pangalan at numero ng telepono ng pasyente</p> <p><b>1.4.3 KLIYENTE PARA SA PSYCHIATRIC ADMISSION</b></p> <p><b>1.4.3.1</b> I-aases ng Triage Nurse on Duty ang pasyente at iinterviewhin ang kamaganak at kukuhanin ang impormasyon ng pasyente.</p>		<p>3 minuto</p> <p>7 minuto</p> <p>5 minuto</p> <p>5 minuto</p> <p>20 minuto</p>	<p>Nurse II / TRIAGE</p> <p>Security Guard</p> <p>Nurse II / TRIAGE/ Security Guard</p> <p>Nurse II / TRIAGE</p> <p>Nurse II / TRIAGE</p> <p>Nurse II TRIAGE</p>
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	<p><b>1.4.3.2</b> Magaabiso ang Triage Nurse on Duty sa AIU (8am to 5 pm)/ ACIU (5pm onwards) na may pagpapaadmit na pasyente at ieendorse ang behavior ng pasyente</p> <p><b>1.4.3.3</b> Aabisuhan ng Triage Nurse on duty ang Covid Doctor on Duty para sa Covid Screening</p> <p><b>1.4.3.4</b> Kukunan ng Vital signs, timbang, tassa and abdominal girth ang pasyente na for admission</p> <p><b>1.4.3.5</b> Susuriin ng Covid Doctor on Duty ang Kamag anak at pasyente para sa mga sintomas ng Covid 19.</p> <p>1.4.3.6 Itatawag ng triage nurse on duty sa ACIU nurse on duty at iilipat na ang pasyente sa ACIU kasama ang Nurse at Security Guard on Duty</p> <p>1.5.7 I endorse ng Triage Nurse on duty sa Aciu nurse on duty ang pasyente at health record</p> <p>1.5 MEDICAL Susuriin ng triage Nurse on Duty and pasyente kung ito ay nangangailangan ng agarang lunas at kung ito ay konsulta lamang.</p> <p><b>PARA SA PASYENTENG NANGANGAILANGAN NG AGARANG LUNAS</b></p> <p>1.5.1.1 kung ang pasyente ay bakunado ng Covid at walang sintomas ng Covid19, aabisuhan ng Triage nurse on duty sa medical nurse on duty at ihatid ito sa medical ward para mabigyan ng agarang lunas</p>		<p>2 minuto</p> <p>5 minuto</p> <p>7 minuto</p> <p>20 minuto</p> <p>5 minuto</p> <p>5 minuto</p> <p>5 minuto</p> <p>5 minuto</p>	<p>Nurse II o Nursing Attendant II / TRIAGE</p> <p>Hospitalist/ Medical Service</p> <p>Triage nurse on duty Security Guard on Duty</p> <p>Nurse II / TRIAGE</p> <p>Nurse II / TRIAGE</p> <p>Nurse II / TRIAGE</p> <p>Nurse II / TRIAGE</p>
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	<p>1.5.1.2 kung ang pasyente ay walang bakuna laban sa Covid at kung mga sintomas ng Covid 19, ang pasyente ay ididirekta sa Holding area at bibigyan ng paunang lunas ng triage nurse on duty at pupuntahan ng Modular Nurse on duty.</p> <p>Para sa pasyente na hindi nangangailangan ng paunang lunas, bibigyan ng triage nurse on duty ng numero ng infirmary, upang makapagpaskedyul ng checkup.</p>		5 minuto	Nurse II / TRIAGE
<b>KABUUANG BAYAD AT ORAS NA INILAAN</b>	Wala	<b>1 oras at 53 minuto</b>		

## KONSULTASYON (GENERAL MEDICAL)

Ang serbisyong ito ay para sa mga kliyente na nangangailangan ng medical na atensyon at pagsuri sa mga kliyente na magpapakita ng sintomas na may kinalaman sa Covid-19. Ang konsultasyon ay bukas mula Lunes hanggang Biyernes, 8am – 5pm.

<b>Office or Division:</b>	NEW INFIRMARY/ NURSING SERVICE			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Pasyente, Kamag-anak ng pasyente atbp.			
<b>KINAKAILANGANG PAPELES</b>		<b>AHENSYANG MAPAGKUKUHANAN</b>		
Kopya ng Sertipiko ng Kapanganakan Kung wala, sertipikasyon mula sa barangay Alinman sa 2 sa mga sumusunod kung maaari. <b>Isang (1) photocopy</b>		Philippine Statistics Authority (PSA) Barangay		
Wastong pagkakakilanlan (Kliyente/ Kamag-anak) <b>Isang (1) orihinal</b>		PWD, Senior Citizen's ID, Government Issued ID		
<b>DETALYADONG HAKBANG</b>	<b>AKSYON NG AHENSYA</b>	<b>HALAGA NA BABAYARAN</b>	<b>TAGAL NG PROSESO</b>	<b>EMPLEYADO AT TANGGAPAN NA MAAARING LAPITAN</b>
<b>1.</b> Pumunta sa TRIAGE para sa pagsusuri ng mga sumusunod na sintomas: <ul style="list-style-type: none"> <li>• Pananakit o pamamaga ng lalamunan</li> <li>• Masakit na katawan</li> <li>• Masakit na ulo</li> <li>• Hirap sa paghinga</li> <li>• Ubo</li> <li>• Sipon</li> <li>• Lagnat</li> <li>• Pagtatae</li> </ul>	Tanungin ang kliyente kung meron silang mga sumusunod na sintomas.	Wala	2 minuto	Triage Staff - on Duty
	<b>2.</b> Maghugas ng kamay at kunin ang inisyal na Vital signs  <b>MERON/ WALANG SINTOMAS:</b> <i>(Konsultasyon ng kliyente)</i>	Wala	2 minuto	
			2 minuto	Triage Staff - on Duty

	<p>Payuhan ang kliyente na manatili sa holding area. Ang Triage on duty ay mag iinform sa Hospitalist para sa pagsusuri ng kliyente.</p> <p>1 Susuriin ng Covid doktor on duty kung ang kliyente ay nagtataglay ng mataas o walang tsansa ng Covid-19.</p> <p><b>A. MATAAS NA PANGANIB</b></p> <p>Mananatili sa holding area.</p> <p><b>B. WALANG PANGANIB</b></p> <p>Maaaring magtungo sa New Infirmary</p> <p><b>1.4</b></p> <p><b>WALANG SINTOMAS</b></p> <p>Magtungo sa Public Assistance and Complaints Desk para sa pagbibigay ng Transaksyon Slip.</p>	Wala	15 minuto	Hospitalist
<p><b>2.</b></p> <p>Ipaalam sa PACD ang layunin sa pagpunta o pagbisita.</p>	<p>Ibigay ang mga sumusunod na dokumento: Transaksyon Slip, Customer's Survey form and flyers at ituro ang kliyente sa Out-Patient Unit.</p>	Wala.	1 minuto	Administrative Assistant I / (Public Assistance and Complaints Desk)

<p><b>3. (Para sa bagong kliyente). Magtungo sa Gawaan ng Medical health record</b> Magparehistro. Punan ang form.</p>	<p>Ipaliwanang 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>2 Ibigay ang “DatusTungkol” sa Pasyente form na pupunan ng kliyente/ kamag-anak or awtorisadong kinatawan.</p> <p><b>3.3</b> Ipaliwanag at kumuha ng pahintulot para sa terapyutikang paggamot.</p> <p><b>3.4</b> Paggawa ng rekord ng kalusugan at ipaliwanag ang proseso ng konsultasyon.</p>	Wala	30 minuto	(Health Information Management Unit) Staff at New Infirmary
<p><b>4.</b> Magtungo sa Medical Social Work Unit para sa klasipikasyon.</p>	<p>Gawin ang panayam sa kliyente/ kamag-anak o awtorisadong kinatawan.</p>	Wala	10 minuto	Social Welfare Officer (Medical Social Work Unit)
<p><b>5.</b> Magtungo sa New Infirmary Unit at sabihin ang pakay.</p>	<p>1. Kausapin and kliyente o kamag-anak o awtorisadong kinatawan ng kliyente.</p> <p><b>5.2 (Para sa Dating Kliyente)</b> Kuhanin ang <i>health record</i> ng kliyente.</p>	Wala	2 minuto	New Infirmary staff on duty



<p><b>6.</b> Maghintay na tawagin ng New Infirmary Nursing Attendant para sa vital signs, timbang, sukat ng taas at pagscreen para sa E-Konsulta</p>	<p>Suriin ang vital signs ng kliyente, vital signs, timbang, sukat ng taas at sukat ng tiyan.</p> <p><b>6.2</b> Pagscreening para sa E-konsulta</p>	Wala	5 minuto	New Infirmary Staff
<p>onsultasyon sa doktor o Physician on-duty (POD).</p>	<p>Isagawa ang panayam sa kliyente/kamag-anak o awtorisadong kinatawan ng kliyente tungkol sa medikal na pangangailangan.</p>	Wala	30 minuto  1 oras	<p>Medical Specialist / Medical Officer</p> <p>Medical Specialist (Neurology)</p>
<p><b>8.</b> Magtungo sa Nurse pagkatapos ang konsultasyon sa Doctor.</p>	<p>Abisuhan ang kliyente sa mga utos ng Doctor – ipaliwanag ang tagubilin sa pag-inom ng gamot, mga kinakailangang <i>laboratory o xray procedures</i>.</p>	Wala	5 minuto	New Infirmary - on duty
<p><b>9.</b> Para sa Bagong Kliyente, Maghintay sa HIMU staff para sa Medical Certificate para sa Malasakit</p> <p>Para sa Lumang Kliyente mayroon na silang</p>	<p>Ibigay ang kopya ng Hiling sa Kopya ng Impormasyong Pangakalusugan na pupunan at lalagdaan ng pasyente or awtorisadong kinatawan na may katunayan ng pagkakakilanlan o valid ID.</p> <p>Maghanda ng dalawang kopya ng medikal na sertipikasyon, diyagnosis, kasalukuyang gamot ng kliyente. Pirmahan ng kliyente ang tatanggaping kopya.</p>	Wala	10 minuto	(Health Information Management Unit) Staff at New Infirmary

Medical certificate na may bisa sa loob ng 1 taon				
<b>10.</b> Magpunta sa Botika at ilahad ang resta ng mga gamot.	<b>1</b> Suriin kung mayroong gamot sa Botika ayon sa resetang gamot.	Ayon sa resetang gamot.	5 minuto	Pharmacist/ Pharmacy
<b>11.</b> Magtungo sa Malasakit Center at ilahad ang mga sumusunod: <ul style="list-style-type: none"> <li>• Anumang balid na Government ID</li> <li>• Slip ng bayad at reseta mula sa Botika.</li> <li>• Slip ng bayad at rekwes sa laboratoryo</li> <li>• Slip ng bayad at X-ray rekwes form mula sa Radiology Unit</li> <li>• Slip ng bayad at Saykological na ebalwasyon, liham ng pagrerekomenda mula sa Saykolohiyang unit.</li> <li>• Slip ng bayad at ECG rekwes at iba pang Radiographic na prosesong papel</li> </ul>	<b>1</b> Suriin ang mga pangunahing dokumento tulad ng slip ng bayad, rekwes form, reseta at balid na ID.  <b>2</b> Suriin kung ang kliyente ay meron ng tsart sa MMWGH  <b>3</b> Suriin kung ang kliyente/ kamag-anak ay nakausap at na-interbyu gamit ang MSWU Assessment Tool  <b>4</b> Interbyuhin ang kliyente/kamag-anak gamit ang Unified Intake Sheet (Malasakit Center Form-Annex B)  <b>5</b> Ihanda ang Malasakit Center Order ng singilin  <b>6</b> Magkaroon ng kopya ng mga kailangan para sa medikal na tulong.	Wala	15 minuto	Social Welfare Officer and Social Welfare Assistant (Medical Social Work Unit)

mula sa New Infirmary	<p><b>7</b> Ang kliyente o kamag-anak ay lalagda sa Malasakit Center Logbook</p> <p><b>8</b> Payuhan ang kliyente/kamag-anak na tumungo sa seksyon ng Billing</p>			
Pumunta sa Cash Unit, ipakita ang slip ng bayad at ibigay ang bayad.	<p><b>12.1</b> I-tsek ang Slip ng bayad at reseta ng gamot. medications.</p> <p><b>2</b> Hingin ang balid na pagkakakilanlan upang magkaroon ng diskwento.  a. PWD ID  b. Senior Citizen's ID</p> <p><b>3</b> Ibigay ang opisyal na resibo at ibalik ang reseta ng mga gamot kasama ang slip ng bayad.</p>	Wala	5 minuto	Administrative Assistant I / Cash Clerk (Cash Unit)
b. Muling magtungo sa Seksyon ng Botika, ipakita ang slip ng bayad at opisyal na resibo.	<b>1</b> Ihanda at ibigay ang mga gamot sa kliyente. Magbigay ng mga paalala sa paginom ng mga gamot.	Wala	5 minuto	Pharmacist (Pharmacy Unit)
<p><b>14.</b> Sagutan ang CSSF (Customer Satisfaction Survey Form) at ibigay kasama ang transaksyon slip sa PACD Staff.</p> <p><b>Kung merong komento, rekomendasyon at mga suhestyon:</b></p> <p>Makipag-ugnayan sa PACD Staff, upang makapagbigyan ng</p>	<p>Tanggapin ang CSSF at transaksyon slip. Tanungin ang kliyente kung ang naibigay na serbisyo ay kanais-nais.</p> <p><b>Sa mga kliyenteng merong rekomendasyon at suhestyon:</b></p>	Wala	1 minuto	Administrative Assistant I / (Public Assistance and Complaints Desk)

<p>agarang pagtugon sa mga kliyente.</p>	<p>Tugunan ang kanilang mga komento, rekomendasyon at suhestyon ayon sa serbisyong kanilang natanggap.</p>			
<b>TOTAL</b>		<b>Wala</b>	<b>2 oras and 22 minuto</b>	

## TELEKONSULTASYON (GENERAL MEDICAL)

Ang serbisyong ito ay ginagawa sa pamamagitan ng pagtawag sa kliyente para sa mga nangangailangan ng medical na atensyon. Ang konsultasyon ay bukas mula Lunes hanggang Biyernes, depende sa araw ng konsultasyon ng espesialista.

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

	<p>Fridays (8am-12nn)</p> <p>ENT – Tuesdays and Wednesdays (8am-12nn)</p> <p>OB – Mondays - Friday (8am-12nn)</p> <p>Gastrology – Tuesday &amp; Thursdays (1pm-5pm)</p> <p>Neurology – Monday &amp; Wednesday (1pm-5pm)</p> <p><b>2. (Para sa Bagong Kliyente)</b> Ipadala ang <i>Google link</i> sa kliyente/kamag-anak upang makuha ang mga personal na impormasyon na kinakailangan sa paggawa ng Health Record.</p> <p>3. Ipadala and kopya ng Privacy Notice gamit and Google form.</p> <p>4. Payuhan ang kliyente/kamag-anak sa araw ng naitalang konsultasyon at paraan ng komunikasyon (tawag o video call).</p>		10 minuto	New Infirmery staff on duty
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<p>2. Sa araw ng konsultasyon, hintayin ang tawag ng New Infirmary para sa kompirmasyon ng inyong <i>schedule</i>.</p>	<p>1. Tawagan ang kliyente/kamag-anak at abisuhan na hintayin ang tawag ng doctor sa oras ng naitalang <i>schedule</i>. (Ang kliyente ay tatawagan lamang ng tatlong beses, at kung hindi masagot ang tawag, kinakailangan muling magpatala para sa bagong araw ng konsultasyon.)</p> <p><b>2. (Para sa Dating Kliyente)</b></p> <p>Kuhanin ang <i>health record</i> ng kliyente.</p>	<p>Wala</p>	<p>5 minuto</p>	<p>New Infirmary staff on duty</p>
<p>3. Makipag-ugnayan at kumunsulta sa Doctor.</p>	<p>1. Isagawa ang panayam sa kliyente/kamag-anak o awtorisadong kinatawan ng kliyente tungkol sa medikal na pangangailangan.</p>	<p>Wala</p>	<p>30 minuto</p> <p>1 oras</p>	<p>Medical Specialist / Medical Officer</p> <p>Medical Specialist (Neurology)</p>
<p>4. Pagkatapos ng konsultasyon.</p>	<p>1. Ipaliwanag sa kliyente/kamag-anak sa proseso ng pagbibigay ng <i>electronic prescription</i>.</p> <p>2. Payuhan ang kliyente/kamag-anak na maaaring pumunta sa MMWGH kung nais mabili ng gamot sa ospital.</p>	<p>Wala</p>	<p>5 minuto</p>	<p>New Infirmary - on duty</p>

	3. Ipaliwanag sa kliyente/kamag-anak ang paraan ng pag-inom ng gamut at abisuhan sa araw ng <i>follow up</i> (kung kailangan) at itala sa listahan ng mga konsultasyon.			
5. Sagutan ang CSSF  (Customer Satisfaction Survey Form) na ipapadala gamit ang SMS.  <b>KUNG MAY MGA KOMENTO, REKOMENDASYON O SUHESYON O REKLAMO.</b>  Makipag-ugnayan lamang sa naka duty na PACD Staff, upang mapag-usapan at matugunan agad.	1. Ipadala ang link sa kliyente para sa Customer Satisfaction Survery form.  <b>PARA SA MAY MGA KOMENTO, REKOMENDASYON, SUHESYON O REKLAMO.</b>  Tugunan at pag-usapan ang kanilang naging komento rekomendasyon o suhesyon ayon sa serbisyong kanilang natanggap.	Wala	5 minuto	New Infirmary - on duty
<b>TOTAL</b>		<b>Wala</b>	<b>1 oras at 30 minuto</b>	



**MMWGH OFFICE**

**INTERNAL SERVICES**

## 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 Republic Act No. 9184 3 opening of bids, evaluation of bids, post-qualification, and award of contract, the specific requirements and mechanics of which shall be defined in the IRR to be promulgated under this Act.*

<b>Office or Division:</b>	PROCUREMENT UNIT - HOSPITAL OPERATIONS AND PATIENT SUPPORT SERVICE			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2G			
<b>Who may avail:</b>	Employees/ End-users			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Approved PPMP/WFP <b>One(1) photocopy</b>		End-users		
Approved Mancom Resolution (if applicable) <b>One(1) photocopy</b>		Office of the Medical Center Chief		
Approved Purchase Request <b>Three(3) original copies</b>		End- users		
Terms of Reference / Scope of Work / Detailed Architectural and Engineering Design (DAED) / Approved Budget of the Contract <b>One(1) original copy</b>		End- users		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the approved Purchase Request (3 copies) to Procurement Unit	<b>1.1</b> 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

	<p><b>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.</b></p>			
	<p><b>1.2</b> Conduct Pre-procurement Conference with the end-users.</p>	None	1 day	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<p><b>1.3</b> Prepares Public Bidding Documents</p>	None	3 days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<p><b>1.4</b> Forward Public Bidding Documents to Bids and Award Committee for approval.</p>	None	1 day	Bids and Awards Committee
	<p><b>1.5</b> Post the Approved Public Bidding Documents to PhilGEPS and newspaper.</p>	None	1 day	Administrative Assistant I - Administrative Officer III / Procurement Unit

	<b>1.6</b> Conduct Pre-Bid Conference with the prospective bidder/s.	None	1 day	Bids and Awards Committee
	<b>1.7</b> Prepares Addendum and post to PhilGEPS, if there is a correction in the Public Bidding Documents.	None	Within 3 days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>1.8</b> Conducts Bid Opening.	None	1 day	Bids and Awards Committee
	<b>1.9</b> Administer Bid Evaluation	None	Maximum 7 days	Bids and Awards Committee and TWG
	<b>2.0</b> Managing Post-Qualification	None	1-14 days	Bids and Awards Committee, TWG, and End-users
	<b>2.1</b> Prepares BAC Resolution (2 copies) to be signed by the BAC and Head of the Procuring Entity (HoPE)	None	1-5 days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>2.2</b> Prepares Notice of Post-Qualification (2 copies) to be signed by the BAC Chairperson	None	1-5 days	Administrative Assistant I - Administrative Officer III / Procurement Unit

	<b>2.3</b> 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	1-5 days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>2.4</b> Prepares and Issuance of Contract Agreement to the winning bidder	None	1-5 days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>2.5</b> Prepares and Issuance of Notice to Proceed (2 copies) to the winning bidder	None	1-5 days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>2.6</b> Create a Purchase Order/Job Order (6 copies) for the winning supplier.	None	1-2 days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>2.7</b> Forward the PO/JO to the Budget Unit for obligation. After being obligated, the PO/JO will be forwarded by the Budget Unit to Accounting for the certification by the Accountant. Then the Accounting Unit will endorse the PO/JO with its supporting documents to the Division Chief of the Requestor. After getting signed by the Division Chief, the documents will be	None	1-4 days	Administrative Assistant I - Administrative Officer III / Procurement Unit

	forward to HoPE for approval. The HoPE staff will return the approved PO/JO with supporting documents to the Procurement Unit.			
	<b>2.8</b> The Procurement Staff will inform the Supplier that they are the winning bidder and receive the approved PO/JO.	None	1 day	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>2.9</b> 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
<b>TOTAL PROCESSING TIME</b>			<b>64 days, 30 minutes</b>	

*\*This service is cover under RA 9184 Government Procurement Policy Board*

**Procurement of Goods, Infrastructure and Consulting Services under Alternative Mode of Procurement**

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

<b>Office or Division:</b>	PROCUREMENT UNIT - HOSPITAL OPERATIONS AND PATIENT SUPPORT SERVICE			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2G			
<b>Who may avail:</b>	Employees/ End-users			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Approved PPMP/WFP <b>One(1) photocopy</b>		End-users		
Approved Mancom Resolution (if applicable) <b>One(1) photocopy</b>		Office of the Medical Center Chief		
Approved Purchase Request <b>Three(3) original copies</b>		End- users		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the approve Purchase Request (3 copies) to Procurement Unit	<b>1.1</b> 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
	<b>Purchase Requests with ABC that are worth more than Php 50,000.00 shall be posted to Philgeps. Otherwise, if the Purchase Request with Php 50,000.00 below, proceed on preparing BAC Resolution.</b>	None	1 hour	Administrative Assistant I - Administrative Officer III / Procurement Unit

	<b>1.2</b> Prepares BAC Resolution (2 copies) to be signed by the BAC and Head of the Procuring Entity (HoPE)	None	1-3 days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>1.3</b> 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
	<b>1.4</b> 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 days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>1.5</b> Create an Abstract of the Bids of Quotation (3 copies) to determine who has the lowest and most responsive quotation. End-users will sign the ABQ as proof of their approval of the canvassed item/s.	None	30 minutes	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>1.6</b> ABQ will be signed by the BAC members and get approved by the Head of the Procuring Entity (HoPE).	None	1-3 days	Administrative Assistant I - Administrative Officer III / Procurement Unit



	<p><b>1.7</b> 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).</p>	None	1-3 days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<p><b>1.8</b> Create a Purchase Order/Job Order (6 copies) for the winning supplier. 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 in the agency official website</p>	None	30 minutes	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<p><b>1.9</b> Forward the PO/JO to the Budget Unit for obligation. After being obligated, the PO/JO will be forwarded by the Budget Unit to Accounting for the certification by the Accountant. Then the Accounting Unit will endorse the PO/JO with its supporting documents to the Division Chief of the Requestor. After getting signed by the Division Chief, the documents will be forward to HoPE for approval. The HoPE</p>	None	1-4 days	Administrative Assistant I - Administrative Officer III / Procurement Unit

	staff will return the approved PO/JO with supporting documents to the Procurement Unit.			
	<b>1.10</b> The Procurement Staff will inform the Supplier that they are the winning bidder and receive the approved PO/JO.	None	1 day	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>1.11</b> 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
<b>TOTAL PROCESSING TIME</b>			<b>21 days, 3 hours</b>	

*\*This service is cover under RA 9184 Government Procurement Policy Board*

**PROCESS FOR THE PREPARATION OF DISBURSEMENT VOUCHERS**

This process covers the Preparation of Disbursement Vouchers for the Payment of Received Goods and Services

<b>Office or Division:</b>	Accounting Unit	
<b>Classification:</b>	Complex	
<b>Type of Transaction:</b>	G2B - Government to Business	
<b>Who may avail:</b>	Suppliers, Service Providers, and Contractors	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
<b>General Requirements</b>		
Division / Unit PPMP <b>One (1) Photocopy</b>	End Users c/o Procurement Unit	
Mancom Resolution <i>(for IGI Funding)</i> <b>One (1) Photocopy</b>	OMC c/o Procurement Unit	
Approved Purchase Request <b>One (1) Original Copy</b>	End Users c/o Procurement Unit	
Request for Quotation, if applicable <b>One (1) Original Copy</b>	Procurement Unit	
Abstract of Bids and Quotation, <i>(if applicable)</i> <b>One (1) Original Copy</b>		
BAC Resolution, if applicable <b>One (1) Original copy</b>		
Approved Purchase / Job Order / Contract <b>One (1) Original copy</b>		
Obligation Request Status / Budget Utilization Request Status <b>One (1) Original copy</b>	Budget Unit	
Sales / Service Invoice <b>One (1) Original copy</b>	Supplier c/o MMU	
Inspection and Acceptance Report <b>One (1) Original copy</b>	MMU	
Property Acknowledgement Receipt (PAR), for purchased equipment <b>One (1) Original copy</b>		

<b>Additional for Public Bidding</b>	
Notice of Award <b>One (1) Original copy</b>	Procurement Unit
Notice to Proceed, if applicable <b>One (1) Original copy</b>	
<b>Additional for Alternative Mode of Procurement</b>	
Approved BAC Resolution recommending the use of alternative method of procurement <b>One (1) Original copy</b>	Procurement Unit
Proof of posting of invitation / request for price submission of price quotation in the Philgeps, for ABC above P50,000.00, for Shopping and Small Value <b>One (1) Original copy</b>	
Certificate of Exclusive Distributor for foreign suppliers, for Direct Contracting <b>One (1) Original copy</b>	Supplier c/o Procurement Unit
Approved BAC Resolution recommending award of contract <b>One (1) Original copy</b>	Procurement Unit
Proof of posting of Notice of Award in the Philgeps, for ABC above P50,000.00, for Shopping and Small Value <b>One (1) Original copy</b>	
Omnibus Sworn Statement, for Emergency Cases and Small Value <b>One (1) Original copy</b>	Supplier c/o Procurement Unit
<b>Additional Requirements for Catering Services</b>	
Memorandum of Agreement <b>One (1) Original copy</b>	Procurement Unit
Approved Training Request Form, for training <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	Employee % PETRU
Approved Training Program, for training <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	
Hospital Personnel Order / Notice / Memorandum <b>One (1) Original copy</b>	Employee % HRMU

<b>One (1) Photocopy</b>	
Duly signed Attendance Sheet or Certificate of Attendance after the conduct <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	PETRU / HRMU
Statement of Account <b>One (1) Original copy</b>	Supplier % End User
<b>Additional Requirements for Repairs and Maintenance</b>	
Contract/Memorandum of Agreement, if applicable <b>One (1) Original copy</b>	Procurement Unit
Cost Estimate <b>One (1) Original copy</b>	EFMU
Accomplishment Report <b>One (1) Original copy</b>	Contractor % EFMU
Billing / Statement of Account <b>One (1) Original copy</b>	
<b>Infrastructure Mobilization Fee</b>	
Letter Request from Contractor One (1) Original Copy	Contractor c/o EFMU
Contract Agreement One (1) Original Copy	EFMU
Notice to Proceed One (1) Original Copy	
Notice of Award One (1) Original Copy	
Pictures, Bunkhouse, Delivery of Materials One (1) Photocopy	Contractor c/o EFMU
Bidders Bond / Performance Bond One (1) Original Copy	
Plans and Specifications One (1) Original Copy	
Approved Program & Scope of Works, Detailed Cost, Estimates & Specifications One (1) Original Copy	

Bill of Quantities of Contractors One (1) Original Copy	
Obligation Request Status / Budget Utilization Request Status Three (3) Original Copy	Budget Unit
<b>Additional for Alternative Mode of Procurement</b>	
PCAB License One (1) Photocopy	Contractor c/o Procurement Unit
NFCC One (1) Photocopy	Contractor c/o Procurement Unit
<b>Progress Billings / Final Payment to Contractors</b>	
Letter request from contractors for advance / progress / final payment or for substitution in case of release of retention money One (1) Original Copy	Contractor c/o EFMU
Statement of Work Accomplished / Progress Billing One (1) Original Copy	EFMU
Inspection Report by the Agency's Authorized Engineer One (1) Original Copy	
Results of Test Analysis, if applicable One (1) Original Copy	
Statement of Time Elapsed One (1) Original Copy	
Monthly Certificate of Payments One (1) Original Copy	
Contractor's Affidavit on payment of laborers and materials One (1) Original Copy	Contractor c/o EFMU
Pictures: before, during, and after construction of items of work, especially the embedded items One (1) Photocopy	
Summary of all previous payments One (1) Original Copy	Accounting Unit
Obligation Request Status / Budget Utilization Request Status Three (3) Original Copy	Budget Unit

<b>Additional for Final Payment</b>	
Certificate of completion One (1) Original Copy	EFMU
Turnover of documents One (1) Original Copy	
As-Built Plans One (1) Photocopy	
Warranty of Security One (1) Original Copy	Contractor c/o EFMU
<b>Gasoline, Oil, &amp; Diesel</b>	
Statement of Account / Bill, Receipts, 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	
Obligation Request Status Three (3) Original Copy	Budget Unit
<b>Other Professional / General Services</b>	
Statement of Account / Invoice One (1) Original Copy	Service Provider c/o End Users
Memorandum of Agreement One (1) Original Copy	Procurement Unit
Request Form One (1) Original Copy	End Users
Obligation Request Status Three (3) Original Copy	Budget Unit
<b>Security Services</b>	
Mancom Resolution, if applicable One (1) Photocopy	OMC

Statement of Account One (1) Original Copy	Service Provider
Signed DTRs One (1) Original Copy	
Summary of DTRs One (1) Original Copy	Security Agency/Unit
Schedule of Deductions One (1) Original Copy	
Obligation Request Status / Budget Utilization Request Status Three (3) Original Copy	Budget Unit
<b>Utilities</b>	
Bills, Receipts, Sales Invoices One (1) Original Copy	Service Provider c/o Budget Unit
Statement of Account / Bill One (1) Original Copy	
Obligation Request Status Three (3) Original Copy	Budget Unit
<b>Honoraria to Lecturers / Coordinators</b>	
Hospital Personnel Order HPO 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 Honoria / Professional Fee	
Duly approved DTR, in case if claims by the coordinator and facilitators One (1) Original Copy	
Obligation Request Status Three (3) Original Copy	Budget Unit
<b>Additional Requirements for First Time Supplier / Contractor</b>	
Certificate of Registration (COR / BIR 2303) One (1) Photocopy	Supplier c/o Procurement



Business Permit / Mayor's Permit One (1) Photocopy				
Philgeps Registration, if applicable One (1) Photocopy				
Tax Clearance One (1) Photocopy				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the supporting documents required for the processing of Disbursement Voucher.	1.1 Before receiving, review the completeness of all required supporting documents in accordance with the relevant guidelines. Then, record in the logbook and In/Out sheet of the DV Monitoring System (DMS).	none	10 minutes	Accounting Staff (Unit's secretary)
	1.2 Review accuracy of supporting documents. Then, prepare the disbursement voucher	none	2-8 hours	Accounting Staff (DV Preparer)
	1.3 Prepare BIR form, if applicable.	none		In-charge of Tax Transactions
	1.4 Review PO / JO / DV and BIR forms as to the sufficiency and relevance of the supporting documents. Then record DV in the DMS	none	1 hour-6 hours	In-charge of Disbursing Group
	1.5 Certify as to the availability of cash and completeness of the supporting documents, and sign the BIR form, if any.	none	10 minutes-1 hour	Accountant IV / Accounting Unit Head

	<p><b>1.6</b> Release the Disbursement Voucher together with the supporting documents to the concerned Division Head (HOPSS, Finance, Nursing, Medical) for their attestation / certification as to the necessity of expenses, legality of the supporting documents, and the expenses incurred are under their direct supervision.</p>	none	5 minutes	Accounting Staff (Unit's secretary)
		<b>TOTAL</b>	<b>3 hours and 25 minutes Complex-15 hours and 15 minutes</b>	

**PROCESS FOR THE PREPARATION OF DISBURSEMENT VOUCHERS -**

This process covers the Preparation of Disbursement Vouchers for the Payment of MMWGH Employees' Salaries and Other Benefits

<b>Office or Division:</b>	Accounting Unit
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2G - Government to Government Employees
<b>Who may avail:</b>	MMWGH Employees, Contract of Service and Job Order

<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
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<b>First Salary of Newly Hired Employees</b>	
Duly approved Appointment <b>Two (2) Certified True Copy</b>	HRMU
Assignment Order, if applicable <b>Two (2) Certified True Copy</b>	
Oath of Office <b>Two (2) Certified True Copy</b>	
Certificate of Assumption <b>Two (2) Certified True Copy</b>	
Approved DTR <b>Two (2) Original copy</b>	
BIR Forms 1902 and 2305 <b>One (1) Original copy</b>	
Statement of Assets, Liabilities, and Net Worth (SALN) <b>Two (2) Certified True Copy</b>	Employee c/o HRMU
Additional documents as required by HRMU <b>Two (2) Certified True Copy</b>	
Approved Payroll <b>Two (2) Original copy</b>	HRMU
Obligation Request Status / Budget Utilization Request Status <b>Three (3) Original Copy copy</b>	Budget Unit
<b>Additional for Transferees</b>	

	Clearance <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	Employee c/o HRMU
	Certificate of last salary <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	
	BIR Form 2316 <b>One (1) Original copy</b>	
	Certificate of Available Leave Credits <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	
	Service Record <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	
	<b>Last Salary</b>	
	Approved Clearance from money, property, and legal accountabilities <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	Employee % HRMU
	Approved DTR <b>Two (2) Original Copy</b>	
	Approved Payroll <b>Two (2) Original Copy</b>	HRMU
	Obligation Request Status / Budget Utilization Request Status <b>Three (3) Original Copy Copy</b>	Budget Unit
	<b>Terminal Leave Benefits</b>	
	Clearance from money, property, and legal accountability <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	HRMU
	Employee's leave card as at last date of service <b>Two (2) Certified True Copy</b>	
	Approved leave application <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	
	Complete service record <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	
	Appointment / NOSA <b>Two (2) Certified True Copy</b>	

	Computation of Terminal Leave Benefits <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	
	Approved Payroll <b>Two (2) Original Copy</b>	
	SALN <b>Two (2) Certified True Copy</b>	
	Applicant's authorization to deduct all financial obligations with employer, <i>if any</i> <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	
	Affidavit of applicant that there is no pending criminal investigation or prosecution against him/her <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	Employee c/o HRMU
	Additional documents as required by HRMU <b>Two (2) Certified True Copy</b>	
	Obligation Request Status / Budget Utilization Request Status <b>Three (3) Original Copy Copy</b>	Budget Unit
	<b>Additional requirements in case of resignation</b>	
	Employee's letter of resignation (1 Original, 1 Photocopy)	Employee c/o HRMU
	<b>Additional requirements in case of death of claimant</b>	
	Death Certificate (1 authenticated by NSO, 1 Photocopy)	
	Marriage contract (1 authenticated by NSO, 1 Photocopy)	
	Birth certificates of all surviving legal heirs (1 authenticated by NSO, 1 Photocopy)	c/o HRMU
	Designation of next-of-kin (1 Original, 1 Photocopy)	
	Waiver of rights of children 18 years old and above (1 Original, 1 Photocopy)	
	<b>Salary of Job Order / Contractual Personnel</b>	

	<b>For First Claim</b>	
	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	
	Obligation Request Status Three (3) Original Copy	Budget Unit
	<b>Overtime Pay</b>	
	Approved/Summary of DTR One (1) Original Copy	Employee % HRMU
	Overtime authority stating the necessity and urgency of the work to be done, and duration of overtime work One (1) Original Copy	HRMU
	Quantified overtime accomplishment duly signed by the employee and supervisor One (1) Original Copy	
	Approved Payroll Two (2) Original Copy	
	Obligation Request Status Three (3) Original Copy	Budget Unit
	<b>Night Shift Differential</b>	
	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	

	Obligation Request Status Three (3) Original Copy	Budget Unit
	<b>Salary Differential</b>	
	Approved appointment, in case of promotion (1 Certified true copy)	Employee % HRMU
	Notice of Salary Adjustment, in case of step increment / salary increase (1 Certified true copy)	
	Certificate of Assumption (1 Certified true copy)	
	Approved/Summary of DTR One (1) Original Copy	
	Approved Payroll Two (2) Original Copy	HRMU
	Obligation Request Status Three (3) Original Copy	Budget Unit
	<b>Cellphone and Communication Allowance</b>	
	Certificate of Entitlement One (1) Original Copy	HRMU
	Approved Payroll Two (2) Original Copy	
	Obligation Request Status Three (3) Original Copy	Budget Unit
	<b>Representation and Transportation Allowance</b>	
	Approved Payroll Two (2) Original Copy	HRMU
	Obligation Request Status Three (3) Original Copy	Budget Unit
	<b>Subsistence and Laundry Allowance</b>	
	Approved/Summary of DTR One (1) Original Copy	Employee % HRMU
	Approved Payroll Two (2) Original Copy	HRMU
	Obligation Request Status Three (3) Original Copy	Budget Unit
	<b>Hazard Payroll</b>	

	Approved/Summary of DTR One (1) Original Copy	Employee % HRMU
	Approved Payroll Two (2) Original Copy	HRMU
	Obligation Request Status Three (3) Original Copy	Budget Unit
	<b>Clothing / Uniform Allowance</b>	
	Clothing/Uniform Allowance Payroll One (1) Original Copy	Employee % HRMU
	Approved Appointment of new employees (1 Certified true copy)	
	Certificate of Assumption of new employees (1 Certified true copy)	
	Certificate of of non-payment from previous agency, for transferees (1 Certified true copy)	
	Approved Payroll Two (2) Original Copy	HRMU
	Obligation Request Status Three (3) Original Copy	Budget Unit
	<b>Monetization</b>	
	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 (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
	Obligation Request Status Three (3) Original Copy	Budget Unit



	<b>Year-end Bonus and Cash Gift</b>			
	Year-end Bonus and Cash Gift Payroll One (1) Original Copy	HRMU		
	Schedule of Computations for leave without pay One (1) Original Copy			
	Approved Payroll Two (2) Original Copy			
	Obligation Request Status Three (3) Original Copy	Budget Unit		
	<b>Collective Negotiation Agreement (CNA) Incentive</b>			
	Resolution signed by both parties incorporating the guidelines / criteria for granting CNA incentive One (1) Original Copy	HRMU / COH		
	Comparative statement of DBM approved level of operating expenses and actual operating expenses One (1) Original Copy			
	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			
	Obligation Request Status Three (3) Original Copy	Budget Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEE TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

<p><b>1.</b> Submit the supporting documents required for the processing of Disbursement Voucher.</p>	<p><b>1.1</b> Before receiving, review the completeness of all required supporting documents in accordance with the relevant guidelines. Then, record in the logbook and In/Out sheet of the DV Monitoring System (DMS).</p>	<p>none</p>	<p>10 minutes</p>	<p>Accounting Staff (Incoming / Outgoing of documents)</p>
	<p><b>1.2</b> Review accuracy of supporting documents. Then, prepare the disbursement voucher</p>	<p>none</p>	<p>1 hour</p>	<p>Accounting Staff (Disbursement)</p>
	<p><b>1.3</b> Review as to the sufficiency and relevance of the supporting documents. Then record DV in the DMS</p>	<p>none</p>	<p>30 minutes</p>	<p>In-charge of Disbursing</p>
	<p><b>1.4</b> Certify as to the availability of cash and completeness of the supporting documents.</p>	<p>none</p>	<p>10 minutes</p>	<p>Unit Head</p>
	<p><b>1.5</b> Release the Disbursement Voucher together with the supporting documents to the concerned Division Head (HOPSS, Finance, Nursing, Medical) for their attestation / certification as to the necessity of expenses, legality of the supporting documents, and the expenses incurred are under their direct supervision.</p>	<p>none</p>	<p>5 minutes</p>	<p>Accounting Staff (Incoming / Outgoing of documents)</p>
		<p><b>TOTAL</b></p>	<p><b>1 hour and 55 minutes</b></p>	

## PROCESS FOR THE PREPARATION OF DISBURSEMENT VOUCHERS

This process covers the Preparation of Disbursement Vouchers for the Payment of Replenishment of Petty Cash Fund, Grant of Cash Advance and Liquidation, Reimbursements, Honoraria

<b>Office or Division:</b>	Accounting Unit	
<b>Classification:</b>	Simple, Complex	
<b>Type of Transaction:</b>	G2G - Government to Government	
<b>Who may avail:</b>	End Users/ Personnels	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	<b>Petty Cash Replenishment - Miscellaneous</b>	
	Report on Paid Petty Cash Vouchers One (1) Original Copy	MMU / DRRMH
	Approved Purchase Requests One (1) Original Copy	
	Certificate of Emergency Purchases One (1) Original Copy	
	Bills, Receipts, Sales Invoices 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	
	Petty Cash Voucher One (1) Original Copy	
	Obligation Request Status Three (3) Original Copy	Budget Unit
	<b>Petty Cash Replenishment - Marketing</b>	
	Report on Paid Petty Cash Vouchers One (1) Original Copy	NDU

Bills, Receipts, Sales Invoices 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	
Petty Cash Voucher One (1) Original Copy	
Report in Number of Patients Subsisted One (1) Original Copy	
Menu for today One (1) Original Copy	
Obligation Request Status Three (3) Original Copy	Budget Unit
<b>Petty Cash Replenishment - Pharmacy</b>	
Report on Paid Petty Cash Vouchers One (1) Original Copy	Pharmacy
Certificate of Emergency Purchases One (1) Original Copy	
Bills, Receipts, Sales Invoices 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	
Obligation Request Status Three (3) Original Copy	Budget Unit
<b>Granting of Cash Advances</b>	
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) 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	

Approved application for bond and/or Fidelity Bond for the year for cash accountability of P2,000.00 or more One (1) Original Copy	
Approved Letter of Request One (1) Original Copy	End Users
Hospital Personnel Order One (1) Original Copy	End Users % HRMU
Obligation Request Status Three (3) Original Copy	Budget Unit
<b>Request for Training / Registration Fees (Cash Advance)</b>	
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	
Approved Work Financial Plan One (1) Photocopy	
Hospital Personnel Order / Department Memorandum One (1) Original Copy	End Users % HRMU
Obligation Request Status / Budget Utilization Request Status Three (3) Original Copy	Budget Unit
<b>Request for Training / Registration Fees (Liquidation)</b>	
Liquidation Report One (1) Original Copy	End Users
Expense Summary Report One (1) Original Copy	
Official Receipts 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 (1 Original, 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	
Obligation Request Status / Budget Utilization Request Status Three (3) Original Copy	Budget Unit
<b>Local Travel (Cash Advance)</b>	
Hospital Personnel Order / Travel Order (1 Original, 1 Photocopy)	Employee
Duly approved itinerary of travel (1 Original, 1 Photocopy)	
Certification from the accountant that the previous cash advance has been liquidated (1 Original, 1 Photocopy)	Accounting Unit
Obligation Request Status / Budget Utilization Request Status Three (3) Original Copy	Budget Unit
<b>Local Travel (Liquidation)</b>	
Liquidation Report (1 Original, 1 Photocopy)	Employee
Plane, boat or bus tickets, boarding pass, terminal fee (1 Original, 1 Photocopy)	
Certificate of appearance / attendance (1 Original, 1 Photocopy)	
Certificate of participation (2 Photocopies)	
Previously approved itinerary of travel (1 Original, 1 Photocopy)	
Revised Itinerary of Travel (if different from original IOT) (1 Original, 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 (1 Original, 1 Photocopy)	

OR in case of refund of excess cash advance (1 Original, 1 Photocopy)				
Certificate of Travel Completed (1 Original, 1 Photocopy)				
Hotel room / lodging bills and ORs (1 Original, 1 Photocopy)				
Training fees OR, if applicable (1 Original, 1 Photocopy)				
Obligation Request Status / Budget Utilization Request Status Three (3) Original Copy		Budget Unit		
<b>Honoraria for Government Personnel involved in Government Procurement</b>				
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) Photocopy				
Notice of award to the winning bidder of procurement activity being claimed One (1) Original Copy				
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				
Obligation Request Status / Budget Utilization Request Status Three (3) Original Copy		Budget Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

1. Submit the supporting documents required for the processing of Disbursement Voucher.	1.1 Before receiving, review the completeness of all required supporting documents in accordance with the relevant guidelines. Then, record in the logbook and In/Out sheet of the DV Monitoring System (DMS).	none	10 minutes	Accounting Staff (Incoming / Outgoing of documents)
	1.2 Review accuracy of supporting documents. Then, prepare the disbursement voucher	none	2 hours- 8 hours	Accounting Staff (Disbursement)
	1.3 Prepare BIR form, if applicable.	none		In-charge of Tax Transactions
	1.4 Review DV and BIR forms as to the sufficiency and relevance of the supporting documents. Then record DV in the DMS	none	1 hour-6 hours	In-charge of Disbursing
	1.5 Certify as to the availability of cash and completeness of the supporting documents, and sign the BIR form, if any.	none	Simple-10 minutes Complex-1 hour	Unit Head
	1.6 Release the Disbursement Voucher together with the supporting documents to the concerned Division Head (HOPSS, Finance, Nursing, Medical) for their attestation / certification as to the necessity of expenses, legality of the supporting documents, and the expenses incurred are under their direct supervision.	none	5 minutes	Accounting Staff (Incoming / Outgoing of documents)
		<b>TOTAL</b>	<b>3 hours and 25 minutes Complex-15 hours and 15 minutes</b>	

## PROCESS FOR COLLECTION/ PAYMENT



This shows proof that payments have been made to suppliers for the delivery of hospital supplies or that the cashier has received the payment of bidding docs and student affiliation fee for their course. This is also for the employees who would like to secure a copy of their Payslip and Philhealth certification.

<b>Office or Division:</b>	CASH UNIT			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2B-Government to Business			
<b>Who may avail:</b>	Employees, Suppliers, Students			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Government Issued ID <b>One(1) photocopy</b>		Supplier's Company		
Authorization Letter <b>One(1) original copy</b>		Supplier's Company		
Official Receipt <b>One(1) original copy</b>		Supplier's Company		
Letter of Request <b>One(1) original copy</b>		Requesting Employee		
Charge slip/ Notice of Award <b>One(1) original copy</b>		MMWGH- Procurement Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>1.</b> Proceed to TRIAGE to assess the following symptoms: <ul style="list-style-type: none"> <li>● Sore throat</li> <li>● Body pain</li> <li>● Headache</li> <li>● Difficulty in breathing</li> <li>● Cough</li> <li>● Cold</li> <li>● Fever</li> <li>● Diarrhea</li> <li>● Rashes on the skin</li> </ul> <b>1.1</b> Fill out a Health Declaration Form	<b>1.</b> Ask the client if they have symptoms <b>1.2</b> Sanitized hands and take the client's temperature.	None	2 minutes	Nurse III / TRIAGE
	<b>1.1</b> Guide the client in accomplishing Health Declaration Form	None	2 minutes	Nurse III / TRIAGE

	<p><b>FOR THE CLIENTS WITH NO SYMPTOMS PROCEED TO STEP 3</b></p> <p><b>FOR THOSE WITH SYMPTOMS STAY IN THE HOLDING AREA</b></p>			
<p><b>2.</b> Get transaction slip and Clients experience Survey Form</p>	<p><b>2.1</b> Provide a Transaction Slip containing the following information: Name, Office to be visited and purpose of visit</p> <p><b>2.2</b> Provide the CES Form and provide some other information for the client's purpose</p>	None	2 minutes	<p>Security Guard</p> <p>Administrative Assistant I / PACD</p>
<p><b>3.</b> Go to the Cashier and state your purpose.</p>	<p><b>3.1</b> <b>SUPPLIERS</b> If the client will claim a cheque, ask him/her about their agency or company. Verify the information by asking for an identification card (ID) and authorization letter. Release the Disbursement Voucher (DV) with the cheque and ask the supplier to sign the two (2) copies of DV and BIR Certificates. Give one (1) copy of the Certificate and ask for the issuance of Official Receipt accordingly.</p> <p><b>3.2</b> If the client will pay performance/surety bond and bid docs, they need to present a copy of Notice of Award for</p>	<p>None</p> <p>Five Percent (5%) of total Awarded Contract Price or of NOA for the performance / surety bond and P1,000.00 - P25,000.00 on the</p>	<p>10 Minutes</p> <p>10 Minutes</p>	<p>Supervising Administrative Officer / Cash Unit</p> <p>Administrative Assistant II / Cash Unit</p>

	performance/ surety bond and charge slip for bid docs from Procurement Unit for the issuance of Official Receipt accordingly.	Approved Budget for the Contract for the Bid Docs.		
	<b>3.3 EMPLOYEES</b> If the employee will get another copy of Payslip or Philhealth Contribution Certificate, ask for a letter of request. Give the employee's copy and keep the signed file copy.	None	<b>FOR PAYSLIP</b> 15 Minutes  <b>Philhealth Contribution Certification</b> 1 day	Administrative Officer I / Cash Unit
	<b>3.4 SCHOOL AFFILIATES</b> If the client will pay Students Affiliation Fee, ask for their corresponding school and check if their Billing of Students Affiliates is forwarded by the PETRU with charge slips and list of Students. Upon receipt of their payment, issue Official Receipt (OR) accordingly.	<b>Nursing Student</b> P60.00  <b>Practical Nursing Student or Caregiver Student</b> P100.00	10 Minutes	Administrative Assistant II/Cash Unit
4. Give the transaction slip	4. Sign the transaction slip and return it to the client.	None	1 minute	Administrative Assistant II/Cash Unit
<b>TOTAL</b>		<b>P60.00 - P25,000.00 +(Five Percent (5%) of total Awarded Contract Price or of NOA)</b>	<b>15 minutes- 1 day depending on the procedure done</b>	

## Receipt, Inspection and Acceptance of Deliveries

Taking possession of goods for inspection to determine the conformity to Purchase Order requirements which is a prerequisite to acceptance

<b>Office or Division:</b>	HOPSS SERVICE			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	EXTERNAL CLIENTS			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Sales Invoice <b>One (1) Original Copy</b>		Supplier		
Purchase Order <b>One (1) Original Copy</b>		Procurement Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Informs Warehouseman of delivery before unloading all supplies and materials at the MMU receiving area for checking and inspection.	1.1 The Inspector and End-user check the conformity of the items delivered with the quantities, and specifications indicated in the Purchase Order/Request and conduct testing if applicable.	None	30 minutes to 4 hours (depending on the quantity/volume / type of supplies/ materials/ equipment)	End-User Inspection Officer Supervising Administrative Officer/ MMU Warehouseman III/MMU <b>FOR FOOD SUPPLIES</b> Administrative Assistant II/ MMU <b>FOR MEDICAL SUPPLIES</b> Administrative Assistant III/ MMU <b>FOR MISCELLANEOUS SUPPLIES</b> Administrative Assistant I and Administrative Assistant II / MMU <b>CONSTRUCTION SUPPLIES</b>

				Warehouseman III and Administrative Officer III / MMU  <b>SEMI-EXPENDABLE / EQUIPMENT</b>  Administrative Assistant II and Administrative Officer III / MMU  <b>MEDICINE</b>  Warehouseman III / MMU
<b>2.</b> Submits Sales Invoice	<b>2.1</b> The Supply Officer receives delivered goods after verifying conformity with the checklist in the receiving of goods (MMH-MMU-04-18) and signs the "Received" portion on the Sales Invoice (SI) indicating the date of receipt.	<b>None</b>	5 minutes	Supervising Administrative Officer / MMU
	<b>2.2</b> If applicable, prepare a Goods Return Form to document the rejected items and/ or Discrepancy Report for the item indicated in the Sales Invoice (SI) but not yet delivered.	<b>None</b>	5 minutes	Warehouseman III & ADAS I / MMU
<b>3.</b> Receives the signed duplicate copy of the sales invoice/receiving copy.	<b>3.1</b> Prepares Inspection and Acceptance Report (IAR) to be signed by the Inspection Officer and Supply Officer.  <b>3.2</b> In case of partial delivery, the MMU Administrative Assistant submits the photocopy of the IAR, Sales Invoice, and Purchase Order without supporting documents to the Accounting Unit.  <b>3.3</b>	None	20 minutes	Administrative Assistant III / MMU

	If the delivery is complete, the MMU Administrative Assistant submits the original Inspection and Acceptance Report and Sales Invoice with supporting documents to the Accounting Unit.			
<b>TOTAL PROCESSING TIME</b>		<b>None</b>	<b>4 hours 30 minutes</b>	

## Issuance of Supplies

To provide a constant supply to the different end-user units.

<b>Office or Division:</b>	HOPSS SERVICE			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All MMWGH Units/ Committees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Supplies Availability Inquiry Form (SAI) <b>One (1) Original Copy</b>		MATERIALS MANAGEMENT UNIT		
Requisition and Issue Slip Form (RIS) <b>Four (4) Original Copies</b>		MATERIALS MANAGEMENT UNIT		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>1.</b> The End-User prepares Supplies Availability Inquiry Form (SAI) form and submits to MMU.	<b>1.1</b> Provides the availability status, stock number, and fund cluster of items from the inventory monitoring sheet.  <b>1.2.1</b> The End-User receives the Original SAI.	None	5 minutes	Administrative Assistant I / Administrative Assistant I / MMU
<b>2.</b> <b>FOR ITEMS AVAILABLE</b>  Prepares Requisition and Issue Slip in four (4) copies Signed by the Unit Head/ Committee Chairperson, submits it to the Division Head for Approval and forwards the approved RIS to MMU.	<b>2.1</b> Receives approved RIS to check details such as stock number, unit of measure, item description, quantity and provide control number.  <b>2.2</b> Records the requested items in the stock cards and bin cards.  <b>2.3</b>	None	3 minutes	Administrative Assistant I / MMU
		None	5 minutes	Administrative Assistant II / MMU
		None	1-2 hours (Depending on the quantity/ volume requested by the end-user)	Warehouseman III / Storekeepers / MMU

<p><b>2.1 FOR ITEMS INCLUDED IN THE APPROVED PPMP BUT NOT AVAILABLE</b></p> <p>Wait for the Delivery Date</p> <p><b>*FOR FAILED ITEMS</b></p> <p><i>Prepares and submits the approved Purchase Request and forwards it to the Procurement Unit for processing.</i></p>	<p>Prepare the supplies and deliver the requested supplies to the end user.</p> <p><b>2.1.1</b> Notifies the end-user of the availability of supplies.</p>	<p>None</p>	<p>3 minutes (Depending on the availability of supplies)</p>	<p>Administrative Assistant II / MMU</p>
	<p><b>TOTAL PROCESSING TIME</b></p>		<p><b>2 hours and 16 minutes</b></p>	



## PROCESS FOR JOB REQUEST (REPAIR, MAINTENANCE AND IMPROVEMENTS)

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

<b>Office or Division:</b>	HOPSS / Engineering and Facilities Management Unit			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G Government to Government			
<b>Who may avail:</b>	MMWGH Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Job Request Form <b>Three(3) Original Copy</b>		Engineering and Facilities Management Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>1.</b> Ask for (3) three copies of Job Request Form at EFMU office *(Call number 111 for urgent job request).	<b>1.1</b> 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
<b>2.</b> Fill in the date Job Request Form; site of work, kinds of work, scope of work, name and signature of the requestor.	<b>2.1</b> Tell the requestor for the approval of the Unit Head.	None	5 – 10 minutes	Administrative Assistant I or Administrative Aide VI /EFMU
<b>3.</b> Forward the accomplished form to the Service Secretary of OCAO- Office of the Chief Administrative Officer Service Secretary for the approval of CAO	<b>3.1</b> Endorse the Job Request to Chief Administrative Officer for approval	None	5 – 10 minutes	Administrative Assistant I / OCAO
	<b>3.2</b> Once approved, forward it to the	None	5 – 10 minutes	Administrative Assistant I / OCAO

	EFMU Office for initial inspection			
	<b>3.3</b> Record and fill in the control number for an approved Job Request.	None	5 – 10 minutes	EFMU Head / Authorized EFMU staff
<b>4.</b> Wait for the assigned EFMU staff to assess and do the job request. <i>*(Follow up the Job request after a few hours or days if there is no available materials for it).</i>	<b>5.1</b> Review and accomplish the job. <i>*(If there is no available materials for the job, prepare Requisition and Issue Slip for PCV / PR).</i>	None	<b>URGENT</b> Within 24 hours  <b>MINOR</b> 1 to 3 days  <b>MAJOR</b> 1 month	Administrative Aide /EFMU Staff
<b>5.</b> Inspect the job.	<b>6.1</b> Provide Job Accomplishment Report.	None	5 minutes	Administrative Aide /EFMU Staff
<b>6.</b> Acknowledge the Job Accomplishment Report as proof that the request has been completed / accomplished.	<b>7.1</b> Sign the job accomplishment report as proof of completion of job and inspected by the Inspector (EFMU inspector)	None	5 – 10 minutes	Administrative Aide /EFMU Staff
	<b>TOTAL</b>	<b>NONE</b>	<b>30 days</b>	

### Equipment Repair/Service

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.

<b>Office or Division:</b>	PLANNING - HEALTHCARE TECHNOLOGY MANAGEMENT SECTION			
<b>Classification:</b>	G2G			
<b>Type of Transaction:</b>	Highly Technical			
<b>Who may avail:</b>	MMWGH Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Equipment Repair /Service Form <b>One(1) original copy</b>		Planning - Healthcare Technology Management Section (Planning - HTMS)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 assessment of the equipment for repair/service.	None	10-20 minutes	Administrative Assistant II, MET I, HTMS Head - HTMS
	1.4 Check if the equipment repair/service process is for in-house or out-source.	None	5-20 Minutes (Depending on the process of the signatory)	Administrative I, Administrative Assistant II, HTMS Head and Planning Head - HTMS
	1.4.1 If the equipment is to be repaired by in-house Engineers / Technicians, prepare	None	1-5 days (Depending on the extent of repair)	Administrative Assistant II, MET

	<p>the necessary PR form for the defective parts to be replaced</p> <p>1.4.2 If the equipment is for repair and does not require replacement of parts, in-house Engineers/ Technicians will troubleshoot the equipment.</p> <p>1.4.3 If the equipment repair will be outsourced, prepare the necessary PR for the servicing of the defective equipment.</p> <p>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 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>	<p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>5-30 Minutes (Depending on the availability of the signatory)</p> <p>5-20 Minutes (Depending on the availability of the signatory)</p> <p>5-10 Minutes (Depending on the availability of the signatory)</p> <p>5-10 Minutes (Depending on the availability of the signatory)</p>	<p>I, HTMS Head-HTMS</p> <p>Administrative Assistant II,MET I, HTMS Head, Planning Head - HTMS</p> <p>Requestee, HTMS Head - HTMS</p> <p>Administrative Assistant II,MET I, HTMS Head-HTMS</p> <p>Administrative Assistant II,MET I, HTMS Head-HTMS</p>
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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 (Depending on the availability of the signatory)	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	10-20 minutes (Depending on the availability of the signatory)	Administrative Assistant II, MET I, HTMS Head- HTMS
	2.3 Forward the Equipment Repair/Service Form to the Planning Head for checking approval	None	5-10 minutes	Administrative Assistant I, Planning Head - HTMS
	2.4 Hand the approved Form (original) to the Accounting Unit and ask for acknowledgement on the receiving copy if it requires to purchase part/s or service/s.	None	5-10 minutes	Accounting Unit, Administrative Assistant I, - HTMS
	2.5 Secure copy (original) for safekeeping.	None	5 minutes	Administrative Assistant I - HTMS
<b>TOTAL PROCESSING TIME</b>			<b>5 days,3 hours and 5 minutes</b>	

### Architectural Drawing Request

MMWGH Employees can utilize the Drawing Request Form (MMH-HFD-04-05-01) to request technical and architectural detailed drawings needed for or related to the improvement and modification of healthcare facilities, physical hospital plants, and other architectural matters.

<b>Office or Division:</b>	PLANNING - HEALTH FACILITY DEVELOPMENT SECTION			
<b>Classification:</b>	G2G			
<b>Type of Transaction:</b>	Highly Technical			
<b>Who may avail:</b>	MMWGH Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Drawing Request Form <b>Two(2) original copy</b>		Planning - Health Facility Development Section (Planning - HFDS)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the filled-up Drawing Request Form (Must be reviewed and signed by the Division Head of the requestee)	1.1 Receive and check the request form if it is properly accomplished	None	5 Minutes	Administrative Assistant II - HFDS
	1.2 Review the request	None	30 Minutes	HFDS Head and Planning Officer
	1.3 Inform the employee about the approved Drawing Requests	None	10 minutes	Administrative Assistant II - HFDS
2. Coordinate and discuss the expected drawing output and purpose.	2.1 Prepare the Drawing Request with close coordination to the requestee.	None	7-15 Working Days	Administrative Assistant II - HFDS
	2.2 Once finalized, print and sign the requested drawing (2 copies)	None	5-10 Minutes (Depending on the availability of the signatory)	Administrative Assistant II - HFDS, HFDS Head and Planning Officer
3. Review and sign the drawing	3.1 Receive the signed drawing.	None	15-30 Minutes (Depending on the availability of the signatory)	Administrative Assistant II / OMCC Secretary

	<p><b>3.2</b> Forward the Drawing Request to the Office of Chief Administrative Officer for recommending approval</p> <p><b>3.3</b> Forward the Drawing Request to the Office of the Medical Center Chief for approval</p> <p><b>3.4</b> Receive the approved drawing from OMCC staff</p> <p><b>3.5</b> Advise the staff that drawing is ready for pick up</p>	<p>None</p> <p>None</p> <p>None</p>	<p>4-8 hours (Depending on the availability of the signatory)</p> <p>1-2 days (Depending on the availability of the signatory)</p> <p>8 hours upon approval</p>	<p>Chief Administrative Officer /OCAO</p> <p>Medical Center Chief /OMCC</p> <p>Administrative Assistant II / OMCC Secretary</p>
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	10-15 minutes	Administrative Assistant II - HFDS
<b>TOTAL PROCESSING TIME</b>			<b>19 days, 1 hour, and 40 minutes</b>	

## REQUEST FOR TRANSPORTATION AND TRIP TICKET

<b>Office or Division:</b>	HOPSS / Transportation Management Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G Government to Government			
<b>Who may avail:</b>	MMWGH Employee/Stakeholder and Service User.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request for Transportation (Approval) – <b>Three (3) original copies.</b> <b>One (1) copy for HRMU,</b> <b>one (1) copy for Accounting and</b> <b>One (1) copy for TMU files.</b>		MMWGH -Transportation Management Unit		
Approved Trip Ticket (Approval)- <b>Four (4) original copies</b>				
Sarbey Sa Paglilingkod <b>One (1) original copies.</b>				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>1.</b> Get (3) three copies of “Request for Transpo Form ”at TMU Office	1.1 Give (3) three copies of the Request of Request for Transportation Form.	None	1 Minute	Administrative Assistant I / Transport Motor Pool Unit  TMU Staff.
<b>2.</b> Fill up and bring the “Request of Transportation Form” at Office of Chief Administrative Officer And give to secretary.	2.1 The Secretary of Chief Administrative Officer bring the “Request of Transportation Form “ to signing for approval	None	5 Minutes	Administrative Assistant I /OCAO



<p><b>3.</b> Request for Transportation with signing for approval of Chief Administrative Officer (CAO) will be brought to TMU Office.</p>	<p>3.1 Prepare a "Trip Ticket with attachment of Request for Transportation, Fuel, oil and lubricant order slip form and Sarbey sa paglilingkod form.</p>	<p>None</p>	<p>1 Minute</p>	<p>TMU Staff/OCAO Staff</p>
<p><b>4.</b> The Secretary of the Chief Administrative Officer will bring the "Trip Ticket" with approval.</p>	<p>4.1 Driver will go to fetch the passenger that takes them to their destination.</p>	<p>None</p>	<p>5 Minutes</p>	<p>Administrative Assistant I / Transport Motor Pool Unit</p>
<p><b>5.</b> The security will take (1) one copy of "Trip Ticket" for their records and return the other copies to the driver.</p>	<p>5.1 The driver will sign to their passenger.</p>	<p>None</p>	<p>1 Minute</p>	<p>Administrative Assistant I / Transport Motor Pool Unit</p>
<p><b>TOTAL PROCESSING TIME</b></p>		<p><b>None</b></p>	<p><b>13 minutes</b></p>	



	whitelist the approved devices.			
	<b>TOTAL</b>	<b>NONE</b>	<b>11-21 minutes</b>	

## PROCESS FOR IT SERVICE REQUEST FORM

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

<b>Office or Division:</b>	HOPSS / Integrated Hospital Operations Management Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G Government to Government			
<b>Who may avail:</b>	MMWGH Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
IT Service Request Form <b>One(1) original copy</b>		Integrated Hospital Operations Management Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request troubleshooting assistance from IHOMS staff.	1.1 Assess whether the troubleshooting request is a hardware, software, local network, or internet issue.	None	5-10 minutes	Administrative Aide V, Administrative Assistant I, Computer Maintenance Technologist II
2. Fill in the full name, unit/division, request description, signature, and request category.	2.1 Provide basic troubleshooting assistance to requesting staff. 2.2 Assess whether the troubleshooting request requires pulling out, parts replacement, software installation, or is unserviceable. If it surpasses basic troubleshooting,	None	5-30 minutes  1-3 days	Administrative Aide V, Administrative Assistant I, Computer Maintenance Technologist II

	<p>units must be pulled out and the necessary additional forms must be accomplished.</p> <p>2.2.1 For software installation with license keys, IHOMS staff must accomplish a software installation report and input the form control number.</p> <p>2.3 IHOMS 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>			
3. End users must provide service feedback and satisfaction survey.	3.1 Provided assistance must forward the form to the unit head for signature.	None	5-10 minutes	End Users
	<b>TOTAL</b>	<b>NONE</b>	<b>15 minutes-3 days</b>	

## PROCESS FOR IT COMPUTER PROGRAM OR SYSTEM REQUEST

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

<b>Office or Division:</b>	HOPSS / Integrated Hospital Operations Management Section			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G Government to Government			
<b>Who may avail:</b>	MMWGH Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
IT Computer Program or System Request <b>One(1) original copy</b> List of Features and Functionality <b>One(1) original copy</b> Software Flowchart and Process Flow <b>One(1) original copy</b> IT Program or System Transfer Report <b>One(1) original copy</b>		Integrated Hospital Operations Management Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>1.</b> Ask for copy of IT Computer Program or System Request  <b>1.1</b> Provide software description, list of features and functionality, and software flowchart and process flow. <b>1.2</b> Forward the accomplished form to their immediate supervisor for review and approval. <b>1.3</b> Immediate supervisor will forward the list to the division head for review and approval	<b>1.1</b> Give one (1) copy of IT Computer Program or System Request	None	1 minute	Administrative Assistant I or Administrative Assistant II

<p><b>2.</b> Duly accomplished form will be forwarded to IHOMS staff.</p>	<p><b>2.1</b> Receiving staff must forward the list to the Unit Head.</p> <p><b>2.2</b> Unit Head will assess requested software with programmers and identify the state of connectivity, whether the system will be conducted in house or outsourced.</p> <p><b>2.2.1</b> 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.</p> <p><b>2.3</b> Review the assessment of the system.</p> <p><b>2.4</b> Forward end user's request to the OCAO for their review and approval.</p>	None	<p>1 minute</p> <p>5 working days</p> <p>2-3 days</p> <p>5 minutes</p> <p>5 minutes</p> <p>5 minutes</p>	<p>Administrative Assistant I or Administrative Assistant II</p> <p>Administrative Aide V, Administrative Assistant I, Computer Maintenance Technologist II, Computer Maintenance Technologist III</p> <p>Computer Maintenance Technologist III</p> <p>Administrative</p>

	<p><b>2.5</b> Forward the form to the OMCC after review and approval of the CAO.</p>		<p>5 working days</p>	<p>Assistant I / Administrative Assistant II / Computer Maintenance Technologist II</p>
	<p><b>2.6</b> Once approved by the OMCC, IHOMS staff shall inform end users of its approval.</p>		<p>5 minutes</p>	<p>Administrative Assistant I / Administrative Assistant II / Computer Maintenance Technologist II</p>
	<p>2.6.1 If development is in-house, programmers shall create a Gantt Chart of the development of the system.</p>		<p>6 months to 5 years (Maximum of 1 year per software development phase)</p>	<p>Administrative Assistant I / Administrative Assistant II / Computer Maintenance Technologist II</p>
	<p>2.6.1.1 Gantt Chart will be forwarded to the Unit Head for review and approval.</p>			
	<p>2.6.1.2 Programmers shall start software development per phase upon approval of</p>			



	<p>the Gantt Chart.</p> <p>2.6.1.3 Once the system is finished, IHOMS staff must accomplish an IT Program or System Transfer Report to be acknowledged by the end users.</p>			
<p><b>3. Acknowledgement and signing of IT Program or System Transfer Report</b></p>	<p><b>3.1</b> Conduct photo documentation of system transfer.</p> <p><b>3.2</b> Regularly conduct system maintenance as long as the system is in operation.</p>			<p>Administrative Assistant I / Administrative Assistant II / Computer Maintenance Technologist II</p>
	<p><b>TOTAL</b></p>	<p><b>NONE</b></p>	<p><b>6 ½ months – 5 ½ years</b></p>	

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

## PROCESS FOR AUDIOVISUAL SERVICES REQUEST FORM

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

<b>Office or Division:</b>	HOPSS / Integrated Hospital Operations Management Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G Government to Government			
<b>Who may avail:</b>	MMWGH Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Audiovisual Services Request Form <b>One(1) original copy</b>		Integrated Hospital Operations Management Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Ask for copy of Audiovisual Services Request Form	1.1 Give one (1) copy of Audiovisual Services Request Form	None	1 minute	Administrative Assistant I or Administrative Assistant II / IHOMS
1.1 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.			5-10 minutes	

<p>2. Forward the accomplished form to the IHOMS.</p> <p>3. End users will input the time and date that the request is accomplished and the name and signature of the receiving staff.</p>	<p>1.1 Forward the form to Unit Head for checking of possible conflict of schedule and subsequent approval or disapproval.</p> <p>1.2 Inform end users upon approval or disapproval of their request.</p> <p>1.3 Input the estimated accomplishment of the request and turnover of files (if any) to the end users.</p> <p>1.4 Provide assistance and/or coverage and/or files to requesting end users.</p>	<p>None</p>	<p>5-10 minutes</p> <p>2-3 working days</p>	<p>Administrative Assistant II and Computer Maintenance Technologist III / IHOMS</p> <p>Administrative Assistant I and Administrative Assistant II /IHOMS</p> <p>Administrative Assistant I / Administrative Assistant II</p> <p>Administrative Assistant I / Administrative Assistant II</p>
<p>4. Provide service feedback and satisfaction surveys.</p>	<p>5. IHOMS staff will forward the duly accomplished request form to the Unit Head for signature.</p>	<p>None</p>	<p>5-10 minutes</p>	<p>Administrative Assistant II/ Computer Maintenance Technologist II/ Computer Maintenance</p>

				Technologist III
	<b>TOTAL</b>	<b>NONE</b>	<b>2 days 16 minutes – 3 days 31 minutes</b>	

## INTERNAL TRAINING REQUEST

<b>Office or Division:</b>	Professional Education, Training and Research Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G or Government to Government			
<b>Who may avail:</b>	Mariveles Mental Wellness and General Hospital Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Nomination Form <b>One(1) Original Copy</b>		PETRU Office Can be downloaded at <a href="https://mmwgh.gov.ph/forms.php">https://mmwgh.gov.ph/forms.php</a>		
Training Request Form <b>One(1) Original Copy</b>		PETRU Office Can be downloaded at <a href="https://mmwgh.gov.ph/forms.php">https://mmwgh.gov.ph/forms.php</a>		
Training Design <b>One(1) Photocopy</b>		Resource Person		
Training Program <b>One(1) Photocopy</b>		Resource Person		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Prepare a Nomination Form (MMH-PET-04-13-05) attach the Training Design, Training Program and quotation for the training (if there are training fees to be paid) and proceed to HRMU.	1.1 The HRMU staff will verify if the training has a corresponding Return Service Agreement (RSA) or Length of Service Obligation.	None	5-10 minutes	Supervising Administrative Officer /HRMU
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	None	2-4 working days	Administrative Assistant

	<p>nomination form on or before the submission date and have it signed by the participant as proof of his/her confirmation.</p> <p>If the nominee is unable to sign, the service secretary can sign on his/her behalf provided that the nominee has confirmed his/her availability on the said training date(s).</p>			Nursing/Medical/HO PSS/OM CC/ Finance - Service Secretary
<p>3. Collect the nomination form and check if it is accomplished properly. Attach the Nomination Form together with the other pre-training requirements and proceed to PETRU</p>	<p>3.1 The PETRU Staff will check the pre-training requirements and register it in the database. After the registration, the PETRU Head will approve the Training Request Form.</p>	None	5-10 minutes	Administrative Assistant I or Training Specialist / PETRU
	<p><b>IF THE TRAINING DOES NOT REQUIRE ANY FUNDING</b></p> <p>3.2 Submit the Pre Training Requirements to the MCC for final approval.</p>	None	5-10 minutes	Administrative Assistant I or Training Specialist / PETRU
	<p><b>IF THE TRAINING REQUIRES FUNDING</b></p> <p>3.3 Attach the Work and Financial Plan to the pre training requirements and submit it to the budget office and wait for</p>	None	2 hours	OIC Financial Management Officer / Finance Service
		None	7 minutes	

	<p>approval of the Budget Officer.</p> <p><b>3.4</b> Submit the pre-training documents to the OMCC for approval</p> <p><b>3.5</b> Give the approved TRF to PETRU</p> <p><b>3.6</b> Once the Approved TRF is received, request for the Hospital Personnel Order of the training.</p>	None	6 hours and 35 minutes (Depending on the	<p>Medical Center Chief / OMCC</p> <p>Administrative Assistant II / OMCC Service Secretary</p> <p>Administrative Assistant II / HRMU</p>
<b>TOTAL PROCESSING TIME</b>			<b>4 days 9 hours 19 minutes</b>	

## EXTERNAL TRAINING REQUEST

<b>Office or Division:</b>	Professional Education, Training and Research Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G or Government to Government			
<b>Who may avail:</b>	Mariveles Mental Wellness and General Hospital Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Nomination Form <b>One(1) Original Copy</b> Training Request Form <b>One(1) Original Copy</b>		PETRU Office		
Invitation Letter/Promotional Poster <b>One(1) photocopy</b>		Lecturer		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Prepare a Nomination Form (MMH-PET-04-13-05) attach the Invitation Letter/Promotional Poster and quotation for the training (if there are training fees to be paid) and proceed to HRMU.	1.1 The HRMU staff will verify if the training has a corresponding Return Service Agreement (RSA) or Length of Service Obligation.	None	5-10 minutes	Supervising Administrative Officer /HRMU
2. Prepare a Nomination Form (MMH-PET-04-13-05) attach the Invitation Letter/Promotional Poster and quotation for the training (if there are training fees to be paid) and proceed to HRMU.	2. Distribute the nomination form to the service secretary/ies of the target participants and have it signed by the participant as proof of his/her confirmation. If the nominee is unable to sign, the service secretary can sign on his/her behalf provided that the nominee has confirmed his/her availability on the said training date(s).	None	2-3 working days	Administrative Assistant Nursing/Medical/HOPSS/OMCC/ Finance - Service Secretary



<p><b>3.</b> Collect the nomination form and check if it is accomplished properly.</p>	<p><b>3.1</b> Submit the properly accomplished nomination form the requesting unit on or before the submission deadline.</p>	None	5-10 minutes	Administrative Assistant Nursing/Medical/HOPSS/OMCC/Finance - Service Secretary
<p><b>4.</b> Attach the Nomination Form together with the other pre-training requirements and proceed to PETRU</p>	<p><b>4.1</b> Check the pre-training requirements and register it in the database. After the registration, the PETRU Head will approve the Training Request Form.</p>	None	5-10 minutes	Administrative Assistant I or Training Specialist PETRU
<p><b>5.</b> If the training does not require any funding, submit the Pre Training Requirements to the MCC for final approval. In instances where the training requires funding, attach the Work and Financial Plan to the pre training requirements and submit it to the budget office.</p>	<p><b>5.1</b> If the training does not require any funding, put "N/A" or "Not Applicable" to the space provided for the budget officer and submit the documents to the OMCC.</p> <p><b>5.2</b> If the training requires funding, the budget officer will check the availability of the budget for the training and will sign the training request form. The budget staff will be the one to submit the documents to the OMCC after it was signed.</p>	None	20-30 minutes	Employee/ Budget Staff/ Budget Officer

5. Submit the pre-training documents to the OMCC.	The OMCC staff will give the approved TRF to PETRU once the documents are signed by the MCC. Once the Approved TRF is received, the PETRU staff will request for the Hospital Personnel Order of the training.	None	30 minutes - 1 hour	Employee/ OMCC Staff/ MCC/ PETRU Staff
<b>TOTAL PROCESSING TIME</b>			<b>3 days and 2 hours.</b>	

## FACILITATOR'S TRAINING REQUEST

<b>Office or Division:</b>	Professional Education, Training and Research Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G or Government to Government			
<b>Who may avail:</b>	Mariveles Mental Wellness and General Hospital Employees			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Facilitator's Training Request Form <b>One (1) Original Copy</b>			PETRU Office	
Invitation Letter <b>One (1) Photocopy</b>			Requesting Unit/Agency	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Seek for the approval of the MCC by submitting the letter of invitation that you/your unit has received.	1.1 The OMCC staff will receive the invitation letter and forward it to the MCC for approval.	None	30 minutes-1 hour	Employee/OMCC Staff
2. Prepare a Facilitator's Training Request Form and attach the approved letter of invitation.	2.1 The concerned service head should check the work schedule of the requested facilitator. In instances where the requested facilitators are from different services, all the concerned service heads should sign the facilitator's training request form. If the requested facilitators are from the same service, only the concerned service head should sign.	None	1-2 hours	Employee/Service Head
3. Submit the Facilitator's Training Request Form to PETRU	3.1 Once signed by the concerned service heads, submit the facilitator's training	None	10-15 minutes	Employee/PETRU Staff

	request form to PETRU for registration. Once the training is registered, PETRU Staff will forward the documents to the OMCC for final approval.			
<b>TOTAL PROCESSING TIME</b>			<b>3 hours and 15 minutes</b>	

## SUBMISSION OF JOB APPLICATION

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

<b>Office or Division:</b>	Human Resource Management Unit	
<b>Classification:</b>	Highly Technical	
<b>Type of Transaction:</b>	G2C	
<b>Who may avail:</b>	Interested Applicants	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	Letter of Intent <b>One (1) Original Copy</b>	Applicant
	Personal Data Sheet (PDS) & Work Experience Sheet <b>One (1) Original Copy</b>	Can be downloaded at <a href="http://www.csc.gov.ph">www.csc.gov.ph</a>
	Diploma <b>One (1) Photocopy</b>	From the school you graduated
	Transcript of Records (if applicable) <b>One (1) Photocopy</b>	From the school you graduated
	PRC Certification & Board Rating (if applicable) <b>One (1) Photocopy</b>	Professional Regulatory Commission
	PRC License /Certificate of Civil Service Eligibility (if applicable) - <b>One (1) Photocopy</b>	Professional Regulatory Commission/ Civil Service Commission
	Certificate of Trainings and Seminars attended (if any) <b>One (1) Photocopy</b>	
	Certificate of Employment/Service Record (if any)	Previous Employer, Agency or Company

<b>One (1) Photocopy</b>				
TESDA NC II (if applicable) <b>One (1) Photocopy</b>		TESDA		
For Doctors: Certificate of Residency/ Diplomate/Fellow (if applicable) <b>One (1) Photocopy</b>				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit application with complete requirements.	<p>1.1 Receive the application for screening and review.</p> <p>1.2 Upon review, the HR Staff shall give a Receipt of Application</p> <p>1.3 If qualified: the applicant shall be scheduled for pre-qualifying exam.</p> <p>1.4 If not qualified: the applicant will be informed accordingly based on the minimum Qualification Standards.</p>	None	<p>5 Mins – 10 Mins</p> <p>5 Mins – 10 Mins</p>	<p>Administrative Assistant II / Administrative Officer II / Human Resource Management Unit</p> <p>Administrative Officer IV / Human Resource Management Unit</p>

2. Attend the scheduled pre-qualifying exam	2.1 Conduct the pre-qualifying exam.  2.2 Notify the applicant/s regarding the result of pre-qualifying exam through SMS notification	None  None	1 – 2 Hours  1 – 3 working days after the receipt of approved exam result of the pre-qualifying exam	Administrative Officer II / Human Resource Management Unit  Administrative Officer II / Human Resource Management Unit
3. Attend the scheduled HRMPSB Interview	3.1 Conduct the HRMPSB Interview  3.2 Consolidate the applicant's rating using Comparative Assessment Report  3.3 Release of Memorandum of	None  None  None	1 – 5 Hours  1 – 3 working days after the receipt of complete HRMPSB Assessment Form  1 – 3 working days once Comparative Assessment Report and	Administrative Officer IV / Human Resource Management Unit, HRMPSB Member, Medical Center Chief II  Administrative Officer IV / Human Resource Management Unit, HRMPSB Member, Medical Center Chief II

	Successful Applicant/s		HRMPSB Board Resolution are approved	Supervising Administrative Officer / Human Resource Management Unit, HRMPSB Chairperson, Medical Center Chief II
	3.4 Notify the applicant/s regarding the result of their job application	None	1 – 3 working days after the release of Memorandum of Successful Applicant/s	Administrative Officer II / Human Resource Management Unit
<b>TOTAL PROCESSING TIME</b>			<b>12 working days, 7 hours and 20 minutes.</b>	



## PREPARATION OF APPOINTMENT

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

<b>Office or Division:</b>	Human Resource Management Unit	
<b>Classification:</b>	Highly Technical	
<b>Type of Transaction:</b>	Government to Citizens - G2C	
<b>Who may avail:</b>	Successful Applicant/s	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	Personal Data Sheet (PDS) & Work Experience Sheet <b>Two (2) Original Copies</b>	Can be downloaded at <a href="http://www.csc.gov.ph">www.csc.gov.ph</a>
	Medical Certificate <b>Two (2) Original Copies</b>	Shall be accomplished by a licensed government physician
	Urinalysis <b>One(1) Original &amp; Two(2) photocopies</b>	
	Hematology <b>One (1) Original &amp; Two (2) photocopies</b>	
	Drug Test <b>One (1) Original &amp; Two (2) photocopies</b>	
	X-ray Result <b>One (1) Original &amp; Two (2) photocopies</b>	
	Neuro-Psychiatric Screening Result <b>One (1) Original Copy</b>	MMWGH -Psychology Unit

NBI Clearance <b>Two (2) Original copies</b>	National Bureau of Investigation
Diploma <b>Two(2) copies Certified True Copy</b>	From the school you graduated
Transcript of Records <b>Two(2)copies, Certified True Copy</b>	From the school you graduated
PRC Certification & Board Rating <b>Two (2) copies, Certified True Copy</b>	Professional Regulatory Commission
PRC License /Certificate of Civil Service Eligibility <b>Two(2) copies, Certified True Copy</b>	Professional Regulatory Commission/ Civil Service Commission
PSA Birth Certificate/ Marriage Contract/Children's Birth Certificate <b>One(1) original &amp; 2 photo copy</b>	Philippine Statistics Authority
Documentary Stamp <b>Two(2) pieces</b>	Bureau of Internal Revenue or Post Office
For Doctors: of Residency Training Certificate or Diplomate /Fellowship Certificate (if applicable) <b>Two (2) Certified True Copies</b>	
Clearance from last employment- <b>One(1) Certified True Copy)</b>	From the previous employment

<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Attend Pre-employment meeting	Conduct pre-employment meeting	None	1 hour – 1 hour & 30 minutes	Administrative Officer IV - Human Resource Management Unit
2. Completion of Appointment Requirements	Follow-up the successful applicant/s on their Appointment Requirements	None	12 working days	Administrative Officer II - Human Resource Management Unit
3. Submit a complete list of requirements for preparation of appointment.	Receive the documents and review for correctness and completeness of requirements.	None	15 Mins – 30 Mins	Administrative Assistant II / Administrative Officer II - Human Resource Management Unit
	Prepare and review the draft appointment	None	1-3 working days after the receipt of complete documents.	Administrative Assistant II / Administrative Officer II - Human Resource Management Unit
	Sign and Approve the Appointment papers.	None	1-3 working days	Administrative Officer IV- Human Resource Management Unit  Supervising Administrative

				e Officer - HRMU  HRMPSB Chairperson/ CAO  Medical Center Chief II- OMCC
<b>TOTAL PROCESSING FEES and TIME</b>			<b>18 working days, 2 hours</b>	

## 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.

<b>Office or Division:</b>	Human Resource Management Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen			
<b>Who may avail:</b>	All active and inactive human resource			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<p><b>Principal:</b> Government-issued IDs <b>One (1) photocopy</b> Official receipt (if applicable) <b>One (1) original copy</b></p>		<p>GSIS UMID, SSS, any government-issued ID MMWGH - Cashier</p>		
<p><b>Authorized representative:</b>  Proof of Identification of the principal and authorized representative  Authorization letter <b>One(1) original copy</b> Official receipt (if applicable) <b>One (1) original copy</b></p>		<p>Any Government-issued IDs  Requesting party (principal) MMWGH - Cashier</p>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill-out the logbook/request form/request slip for the request of Certificate of Employment (COE)	1. Entertain client's request and advice to fill-out the COE Logbook/request form/request slip	None	2 minutes	Administrative Assistant II Human Resource Management Unit - Records Section (HRMU-RS)
1.1. Submit the filled out logbook/request form/request slip and receive scheduled date of release of the COE	1.1 Receive and check the filled out logbook/request form/request slip if properly accomplished. Advise the schedule	None	5 minutes	Administrative Assistant II - HRMU-RS

	of release of the COE	None	1 day	Administrative Officer III
	1.2 Prepare, verify and print the COE	None	1 day	HRMU-RS Supervising Administrative Officer
	1.3 Review and sign the COE by the designated signing authority			HRMU and Chief Administrative Officer
2. Return on the scheduled date and claim the COE	2. Release the signed COE	None	2 minutes	Administrative Assistant II
2.1 Sign Receiving QSCopy of the COE	2.1 Photocopy the COE and have the receiving copy signed by the employee	None	2 minutes	HRMU-RS Administrative Assistant II
	<b>TOTAL:</b>		<b>2 days and 11 minutes</b>	

**ISSUANCE OF HOSPITAL PERSONNEL ORDER**

Mariveles Mental Wellness and General Hospital Form MMH-HOP-04-18-01 is used to authorize personnel travel outside hospital premises / attend activity / designation or additional assignment / reconstitution of committee.

<b>Office or Division:</b>	Human Resource Management Unit			
<b>Classification:</b>	G2G			
<b>Type of Transaction:</b>	Simple			
<b>Who may avail:</b>	MMWGH Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request Form for Issuance of Hospital Personnel Order (HPO) <b>One(1) original copy</b>		Human Resource Management Unit (HRMU)		
Approved Training Request Form <b>One(1) original copy</b>		Professional Education and Training Unit (PETU)		
Nomination Form <b>One(1) original copy</b>		Professional Education and Training Unit		
Approved Facilitator Request Form <b>One(1) original copy</b>		Professional Education and Training Unit		
Letter /Excerpts of the Minutes of the Meeting for designation /Reassignment / Reconstitution <b>One(1) original copy</b>		Management Committee Secretariat		
Request for Transportation <b>One(1) original copy</b>		Engineering and Facilities Management Unit (EFMU)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the required documents for issuance of	1.1 Receive and check the request form if	None	5 Minutes	Administrative Assistant II Human Resource Management Unit

Hospital Personnel Order to HRMU ( <i>Must be submitted within five (5) working days prior to the date of activity / travel</i> )	it is properly accomplished	None	5 Minutes	Administrative Assistant II Human Resource Management Unit
	1.2 Inform the employee about the availability of approved HPO	None	15 Minutes – 4 Hours	Administrative Assistant II Human Resource Management Unit
	1.3 Prepare the HPO	None	5-18 Hours ( <i>Depending on the availability of the signatory</i> )	HR Officer / Chief Administrative Officer
	1.4 Forward the HPO to HR Officer and Chief Administrative Officer for review and initial	None	1-2 Days ( <i>Depending on the availability of the signatory</i> )	Administrative Assistant II Human Resource Management Unit / Office of the Medical Center Chief
	1.5 Forward the HPO to Medical Center Chief for approval	None	5-10 Minutes	Administrative Assistant II / Office of the Medical Center Chief
	1.6 Return the approved HPO to HRMU	None	10-15 Minutes	Administrative Assistant II / Human Resource Management Unit
2. Claim the approved HPO	1.7 Log and forward the HPO to the employee	None	10-15 Minutes	Administrative Assistant II / Human Resource Management Unit



<p><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.</i></p> <p><i>Fill-up all the necessary information for Annex A Part II</i></p>	<p>1.8 If the concerned is the whole workforce, various units or majority of the human resource, forward it to the Service Secretaries</p>	<p>None</p>	<p>30-45 Minutes</p>	<p>Administrative Assistant II / Human Resource Management Unit</p>
<p>2. Return the original HPO together with the required photocopies of it to HRMU</p>	<p>2.1 Receive and check the HPO if it is properly filled-up</p>	<p>None</p>	<p>10-15 Minutes</p>	<p>Administrative Assistant II / Human Resource Management Unit</p>
<p><b>TOTAL PROCESSING TIME</b></p>			<p><b>2 Days, 23 Hours and 35 Minutes</b></p>	

## 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.

<b>Office or Division:</b>	Human Resource Management Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen			
<b>Who may avail:</b>	All active and inactive human resource of the hospital			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<p><b>Principal:</b></p> <p>Proof of Identification <i>(shall be presented upon claiming of Service Record)</i>  <b>One (1) original copy</b></p>		Any Valid Government-issued IDs		
<p><b>Authorized representative:</b></p> <p>Proof of Identification of the principal and authorized representative; and  <b>Two (2) original copy</b></p> <p>Authorization letter</p> <p><i>(Item 1 and 2 shall be submitted upon claiming of Service Record)</i></p>		<p>Any Valid Government-issued IDs of requesting party (principal) and its authorized representative</p> <p>Requesting party (principal)</p>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill-out the logbook “Issuance of Document” for the request of Service Record	1. Entertain client’s request and advice to Log in the Service Record Logbook	None	5 minutes	Administrative Officer Human Resource Management Unit
2. Submit the filled out requests form and receive scheduled date of release of service record	2. Receive the filled out form for the request of Service Record and advise the schedule of release of the Service Record	None	5 minutes	Administrative Officer Human Resource

	2.1 Reconcile Service Records from old files	None	1 day	Management Unit
		None	2 days	
	2.1.1. For active human resource	None	2 hours	Administrative Officer Human Resource Management Unit
	2.1.2. For inactive human resource	None	2 minutes	
	2.2 Update and encode of Service Record	None	2 hours	Administrative Officer Human Resource Management Unit
	2.3 Print the Service Record and initial upon review			Administrative Officer Human Resource Management Unit
	2.4 Review and sign the Service Record			Administrative Officer Human Resource Management Unit
				Administrative Officer Human Resource Management Unit
				Chief Administrative Officer/ Office of the Chief Administrative Officer
				Supervising Administrative Officer/ Human Resource Management Unit

<p><b>3.</b> Return on the scheduled date and claim the requested Service Record</p>	<p><b>3.</b> Prepare to release the signed Service Record</p>	<p>None</p>	<p>2 minutes</p>	<p>Administrative Officer II / Human Resource Management Unit</p>
<p><b>4.</b> Received the Service Record by affixing the claimant's name and signature on the Issuance of Document Logbook</p>	<p><b>4.</b> Assist the claimant in filling-out the logbook and released once process is completed</p>	<p>None</p>	<p>2 minutes</p>	<p>Administrative Officer II / Human Resource Management Unit</p>
	<p><b>TOTAL</b></p>		<p><b>2 days, 4 hours and 16 minutes</b></p>	

**LEAVE APPLICATION**

Civil Service Form No. 6 Revised 2020 is used to document an employee’s leave of absence.

<b>Office or Division:</b>	Human Resource Management Unit
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2G or Government to Government
<b>Who may avail:</b>	Mariveles Mental Wellness and General Hospital Employees
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
CSC Form No. 6 (for all types of Leave)	HRMU Office
<p><b>Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</b></p> <ul style="list-style-type: none"> <li>Medical Certificate if half-day or more than 5 days <b>One (1) original or photocopy</b></li> <li>Fit to work (if applicable) <b>One (1) original/photocopy</b></li> <li>CS Form No.7 s. 2018 Clearance Form (if sick leave will be for 30 days or more leave of absences) <b>Four (4) original copies</b></li> </ul>	<p>Attending Physician Attending Physician HRMU Office</p>
<p><b>Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</b></p> <ul style="list-style-type: none"> <li>Travel Authority - (if vacation will be spent abroad) <b>Two (2) original copies</b></li> <li>CS Form No.7 s. 2018 Clearance Form (if vacation will be spent abroad and or for 30 days or more leave of absences) <b>Four (4) original copies</b></li> <li>Notarized Affidavit of Undertaking - (if vacation will be spent abroad and or for 30 days or more leave of absences) <b>One (1) original copy</b></li> <li>Notarized Affidavit of Guarantee: employee with outstanding loan - (if vacation will be spent abroad and or for 30 days or more leave of absences) <b>One (1) original copy</b></li> </ul>	<p>HRMU Office</p>
<p><b>Union Leave Privilege/Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</b></p> <ul style="list-style-type: none"> <li>N/A</li> </ul>	
<p><b>Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</b></p> <ul style="list-style-type: none"> <li>Work schedule (leave must be plotted on schedule) <b>One(1) Original copy</b></li> </ul>	Designated Office
<p><b>Parental Leave for Solo Parent (RA No. 8972 / CSC MC No. 8, s. 2004)</b></p> <ul style="list-style-type: none"> <li>Solo Parent ID <b>One (1) certified true Copy</b></li> </ul>	Municipal/City/Social Welfare Office Registrar’s Office / PSA Office

<ul style="list-style-type: none"> <li>• Birth Certificate of child <b>One (1) original/photocopy</b></li> <li>• Medical Certificate (if child/children is sick) <b>One (1) original/photocopy</b></li> </ul>	<p>Attending Physician</p>
<p><b>Paternity Leave (R.A. No. 8187 / CSC MC No. 71, s. 1998, as amended)</b></p> <ul style="list-style-type: none"> <li>• Marriage contract <b>One (1) certified true Copy</b></li> <li>• Birth Certificate of the newly born child <b>One (1) original/photocopy</b></li> <li>• Medical certificate with pathological reports in case of miscarriage of spouse <b>One (1) original/photocopy</b></li> </ul>	<p>Registrar’s Office / PSA Office Registrar’s Office / PSA Office</p> <p>Attending Physician</p>
<p><b>Special Leave Benefits for Women (RA No. 9710 / CSC MC No. 25, s. 2010)</b></p> <ul style="list-style-type: none"> <li>• One (1) original/photocopy of the following report : <ul style="list-style-type: none"> <li>➢ Medical Certificate (reflecting the estimated period of recuperation)</li> <li>➢ Clinical Summary (reflecting gynecological disorder)</li> <li>➢ His-pathological report</li> <li>➢ Operative Technique used surgery</li> <li>➢ Duration of Surgery</li> </ul> </li> <li>• Fit to Work (upon return to work) <b>One (1) original/photocopy</b></li> <li>• CS Form No.7 s. 2018 Clearance Form (for 30 days or more leave of absences) <b>Four (4) original copies</b></li> </ul>	<p>} Attending Physician</p> <p>HRMU Office</p>
<p><b>Expanded Maternity Leave (R.A. No. 11210 / IRR issued by CSC, DOLE and SSS)</b></p> <ul style="list-style-type: none"> <li>• Medical Certificate (with estimated date of delivery) <b>One (1) original/photocopy</b></li> <li>• CS Form No.7 s. 2018 Clearance Form <b>Four (4) original copies</b></li> <li>• Letter of Extension of Maternity Leave (for live child birth) <b>One (1) original copy</b></li> <li>• Letter of allocation to child’s Father or Alternative Caregiver (for live child birth) <b>One (1) original copy</b></li> <li>• CS Form No. 6a s.2020 (Notice of Allocation of Maternity Leave) <b>One (1) original copy</b></li> <li>• Fit to Work (upon return to work) <b>One (1) original/photocopy</b></li> <li>• Notarized Affidavit of undertakings and computation of Loan and TLB (if applicable)</li> </ul>	<p>Attending Physician</p> <p>HRMU Office</p> <p>Employee (who will extend Maternity Leave)</p> <p>Employee (who will allocate seven (7) days of Leave)</p> <p>HRMU Office</p> <p>Attending Physician</p> <p>HRMU Office</p>

<p><b>One (1) original copy</b></p>	
<p><b>Rehabilitation Leave (Joint Circular No. 01 S. 2006-CSC &amp; DBM)</b> Job-related injuries incurred in the performance of duty (upto 6 months)</p> <ul style="list-style-type: none"> <li>• Letter of Absence due to Accident <b>One (1) original copy</b></li> <li>• Police Report/Incident Report <b>One (1) original copy</b></li> <li>• Medical Certificate <b>One (1) original/photocopy</b></li> <li>• CS Form No.7 s. 2018 Clearance Form (for 30 days or more leave of absences) <b>Four (4) original copies</b></li> </ul>	<p>Employee  National Police Attending Government Physician HRMU Office</p>
<p><b>Ten-Day Leave Under R.A. 9262 (Anti-Violence Against Women and Their Children Act of 2004)</b></p> <ul style="list-style-type: none"> <li>• Barangay Protection Order <b>One (1) original/photocopy</b></li> <li>• Temporary / Permanent Protection Order from the court <b>One (1) original/photocopy</b></li> <li>• Certification that BPO, TPO, PPO has been filed <b>One (1) original/photocopy</b></li> <li>• Police Report <b>One (1) original/photocopy</b></li> <li>• Medical Certificate (may be considered upon discretion of supervisor) <b>One (1) original/photocopy</b></li> </ul>	<p>Barangay Hall/Office  Supreme Court  Barangay Hall/Office and Supreme Court  Philippine National Police Attending Physician</p>
<p><b>Study Leave (CSC MC No. 21 S. 2004)</b></p> <ul style="list-style-type: none"> <li>• Letter requesting for Study Leave <b>One (1) original copy</b></li> <li>• Contract between the head of office and Employee <b>Six (6) original notarized copy</b></li> <li>• CS Form No.7 s. 2018 Clearance Form (for 30 days or more leave of absences) <b>Four (4) original copies</b></li> </ul>	<p>Employee HRMU Office  HRMU Office</p>
<p><b>Adoption Leave (R.A. No. 8552)</b></p>	

<ul style="list-style-type: none"> <li>Pre-Adoptive Placement Authority <b>One (1) authenticated copy</b></li> <li>The Decree of Adoption <b>One (1) authenticated copy</b></li> </ul>		DSWD Proper Court		
<p><b>Special Emergency Leave Affected by Natural Calamities/Disasters (CSC Resolution 1200289 dated February 8, 2012)</b></p> <ul style="list-style-type: none"> <li>Certification from the Municipal/City/Baranggay Office that the current area of residence is declared under state of calamity <b>One (1) original/photocopy</b></li> <li>Other proofs as may be necessary (ex. picture) <b>One (1) original/photocopy</b></li> </ul>		Barangay Hall/Office  Employee		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit documentary requirements and apply for leave of absence.	1.1 Check the employee's requirement if complete.	None	5-10 minutes	Administrative Assistant II HRMU-Leave Administration
2. Inform HRMU staff the inclusive dates of leave of absence. *Check the details, leave the application form and receive it in the logbook.	2.1 HRMU will process leave applications and update employee leave records.	None	8-10 minutes	Administrative Assistant II HRMU-Leave Administration
	2.2 Print leave application form and initial upon review.	None	5-10 minutes	Administrative Assistant II HRMU-Leave Administration
	2.3 Instruct the client/employee to submit a leave application to their respective unit head and or division head for approval.	None	2 minutes	Administrative Assistant II HRMU-Leave Administration
	<b>Prepare for applicable types of Leave only:</b>	None	5-10 minutes	
	2.4 Prepare clearance form (clearance from money, property and legal accountability) in five (5) copies.	None	5-10 minutes	Administrative Assistant II HRMU-Leave Administration HRMU-Leave Administration
	2.5 Prepare affidavit of undertakings and computation of remaining leave credits and	None	12-15 minutes	



	<p>outstanding loan (if applicable).</p> <p>2.6 Prepare authority to travel abroad documents in three (3) copies.</p> <p>2.7 Prepare a service contract between the head of office and employee.</p> <p>2.8 Instruct the client/employee to submit their leave application to their respective unit head and or division head for approval.</p>	<p>None</p> <p>None</p>	<p>5-10 minutes</p> <p>2 minutes</p>	<p>Administrative Officer II HRMU-Leave Administration HRMU-Payroll Officer</p> <p>Administrative Assistant II HRMU-Leave Administration</p> <p>Administrative Officer III / HRMU-Learning and Development</p> <p>Administrative Assistant II HRMU-Leave Administration</p>
<p>3. Submit leave application form and required attachment to the following for signature:</p> <ul style="list-style-type: none"> <li>➤ Unit head/Supervisor</li> <li>➤ Division head</li> <li>➤ Head of the agency if 30 days or more</li> </ul>	<p>3.1 Sign the leave application form for approval or disapproval by the unit Head and Division Head</p>	<p>None</p>	<p>1-2 working days</p>	<p>Supervising Administrative Officer, Administrative Officers, Chief Administrative Officer, Nurse III, Nurse VI, Medical Officer IV, Medical Center Chief</p>
<p>5. Return properly accomplished leave application to Human Resource Management Unit (HRMU).</p>	<p>5.1 Received the properly accomplished Leave Application Form, stamp date of receipt, check again the details (leave credits and remaining leave privileges), and received in logbook.</p>	<p>None</p>	<p>5-60 minutes <i>(Depends on the number of leave application)</i></p>	<p>Administrative Assistant II HRMU-Leave Administration</p>

<b>TOTAL PROCESSING TIME</b>			<b>2 days, 2 hours and 19 minutes</b>	

## V. FEEDBACK AND COMPLAINTS

FEEDBACK AND COMPLAINTS MECHANISM	
How to send feedback	Answer the Clients Experience Survey Form and drop it at the designated suggestion box or directly give it to the on duty Public Assistance Complaints Desk/ Customer Service Section located at the main entrance of the hospital. Contact Info: 0968-8525-604
How feedbacks are processed	Everyday the Public Assistance Complaints Desk/ Customer Service Section 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	<p>Answer the Clients Experience Survey Form indicating the concern or complaint. Make sure to provide the following information:</p> <ul style="list-style-type: none"> <li>- Full name and contact information of the complainant</li> <li>- Narrative of the complain</li> <li>- Name of the person/office being complained</li> </ul> <p>Send all complaints against the MMWGH to <a href="mailto:mmwgh.pacd@gmail.com">mmwgh.pacd@gmail.com</a></p> <p>For follow-ups or queries, the contact information are as follows:0968-8525-604</p>
How complaints are processed	<p>All complaints received against the MMWGH will be processed by the Public Assistance Complaints Desk (PACD) / Customer Service Section (CSS)</p> <p>The PACD/CSS browses, evaluates, and determines the complaints received on a daily basis. The PACD/CSS shall coordinate with the concerned Unit to answer the complaint and shall investigate, if necessary. After the concern has been addressed or after the</p>

	<p>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>
<p>Contact Information of MMWGH- PACD/ CSS ARTA, PCC, and CCB</p>	<p><b>Mariveles Mental Wellness and General Hospital - (MMWGH - PACD):</b> <a href="mailto:mmwgh.pacd@gmail.com">mmwgh.pacd@gmail.com</a> 0968-8525-604</p> <p><b>Anti-Red Tape Authority (ARTA):</b> <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> 8-478-5093</p> <p><b>Presidential Complaint Center (PCC):</b> <a href="mailto:pcc@malacanang.gov.ph">pcc@malacanang.gov.ph</a> 8888</p> <p><b>Contact Center ng Bayan (CCB):</b> <a href="mailto:email@contactcenterngbayan.gov.ph">email@contactcenterngbayan.gov.ph</a> 0908-881-6565</p>

## VI. LIST OF OFFICES

OFFICE / PERSON IN-CHARGE	ADDRESS	CONTACT INFORMATION
Mariveles Mental Wellness and General Hospital - Office of the Medical Center Chief	Administrative Building, P. Monroe St Poblacion Mariveles, Bataan	mobile number: 09688526726 email: <a href="mailto:mail@mmwgh.gov.ph">mail@mmwgh.gov.ph</a> , <a href="mailto:mmwghocoh@gmail.com">mmwghocoh@gmail.com</a>
Mariveles Mental Wellness and General Hospital - Office of the Medical Service	Administrative Building, P. Monroe St Poblacion Mariveles, Bataan	email: <a href="mailto:mmwgh.medical@gmail.com">mmwgh.medical@gmail.com</a> <a href="mailto:medical@mmwgh.gov.ph">medical@mmwgh.gov.ph</a>
Mariveles Mental Wellness and General Hospital - Office of the Chief Administrative Officer	Administrative Building, P. Monroe St Poblacion Mariveles, Bataan	email: <a href="mailto:hopssocao@gmail.com">hopssocao@gmail.com</a> <a href="mailto:hopss@mmwgh.gov.ph">hopss@mmwgh.gov.ph</a>
Mariveles Mental Wellness and General Hospital - Office of the Chief Nurse	Nursing Service Office, P. Monroe St Poblacion Mariveles, Bataan	email: <a href="mailto:cno.mmwgh@gmail.com">cno.mmwgh@gmail.com</a> <a href="mailto:nursing@mmwgh.gov.ph">nursing@mmwgh.gov.ph</a>
Mariveles Mental Wellness and General Hospital - Office of the Finance Management Officer	Administrative Building, P. Monroe St Poblacion Mariveles, Bataan	email: <a href="mailto:finance.mmwgh@gmail.com">finance.mmwgh@gmail.com</a> <a href="mailto:finance@mmwgh.gov.ph">finance@mmwgh.gov.ph</a>