



Department of Health  
Central Luzon Center for Health Development  
Mariveles Mental Wellness and General Hospital  
P. Monroe Street, Poblacion, Mariveles, Bataan, Philippines, 2105

*Mariveles Mental Wellness and General Hospital*

# **CITIZEN'S CHARTER HANDBOOK**

2024  
2nd EDITION

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**MARIVELES MENTAL WELLNESS AND GENERAL HOSPITAL**

**CITIZEN'S CHARTER  
2024  
2nd 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:**

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

**III. Mission:**

We provide and advocate for quality mental and medical health care through promotive, preventive curative, and rehabilitative services with training and research."

**IV: Service Pledge:**

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

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

# MMWGH EXTERNAL SERVICES

## PROSESO SA EMERGENCY

Ang tanggapang ito ay may mga kagamitan, tauhan at serbisyong makakapagbigay at makakatugon sa mabilisang pagpapagamot ng mga taong nangangailangan ng agarang interbensyon o kritikal na karamdaman sa lahat ng mamamayan, bata man o may edad. Ang serbisyong ito ay bukas mula Lunes hanggang Linggo, 24 oras.

<b>Office or Division:</b>	EMERGENCY UNIT- MEDICAL			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Lahat			
CHECKLIST REQUIREMENTS		WHERE TO SECURE		
Identification Card <b>Isa (1) Original VALID ID</b>		PWD, Senior Citizen ID, National ID, Government Issued ID		
Emergency Treatment Record (ETR) <b>Isa (1) Orihinal na kopya</b>		ER NOD (Nurse on Duty), Triage Recommending Agency (Ospital, Medics, RHU)		
Referral Letter (Kung mayroon man) <b>Isa (1) Orihinal na kopya</b>		ER POD (Physician on Duty)		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. Magtungo sa Triage para masuri kung may sintomas ng Covid at makuhanan ng inisyal na vital signs.	<b>2.1</b> Tanungin ang pasyente kung sila ay mayroong sintomas. <b>2.2</b> Alamin ang dahilan ng konsultasyon at mga pangunahing personal na detalye <b>2.3</b> Mag alcohol ng kamay at kuhanan ng vital signs ang pasyente.  <b>KAPAG WALANG SINTOMAS</b> <b>2.4</b> Magpatuloy sa Step 3  <b>KAPAG MAY SINTOMAS</b> <b>2.5</b> Manatili sa holding area	Wala	5 minuto	Nurse III / Triage Officer   TRIAGE

<p><b>2.</b> Manatili sa Triage upang masuri ang pasyente depende sa level ng pangangailangang medical ng pasyente (Emergent, Urgent, Non-Urgent)</p> <p>Ipakita kung may referral letter na galing sa ibang ospital at clinic</p>	<p><b>3.1</b> Masuring pagaassess sa pasyente.</p> <p><b>3.1.1</b> Kung <b>emergency</b> ang kaso ng pasyente at nangangailangan ng agarang interbensyon, ito ay maari ng ideretso sa loob ng ER.</p> <p><b>3.1.1.1</b> Itawag sa ER upang malaman agad ng ER na may emergency na pasyenteng padating at samahan ang pasyente papunta sa ER.</p> <p><b>3.1.2</b> Kung ang pasyente naman ay <b>non urgent</b></p> <p><b>3.1.2.1</b> Kukuhanan ng history ang pasyente at iba pang importanteng detalye ng pagpapakonsulta at itatawag sa departamento na nararapat ang pasyente.</p> <p><b>3.1.2.2.</b> Ipaliwanag sa kliyente na mga susunod na hakbang at interbensyon ay nakadepende pa rin sa assessment ng ating Doktor.</p>	Wala	5-10 minuto	Nurse III / Triage Officer   TRIAGE
<p><b>3.</b> Magtungo sa ER at magparehistro sa para punan ang form.</p>	<p><b>4.1</b> Ipaliwanag ang Pahintulot at Deklarasyon para sa pagkolekta ng impormasyon na gagamitin sa paggawa ng Emergency Treatment</p>	Wala	5-10 minuto	ER Nurse III / Emergency Unit  Format for CC Handbook ay

	<p>Record, pagkuha ng impormasyon at pahintulot sa pagprosesong personal para sa pagpapagamot.</p> <p><b>4.2</b> Papirmahan muna ng pasyente o kinatawan ng pasyente kung pumayag.</p> <p><b>4.3</b> Pagsusuri ng kompletong kasaysayan at mabuting pagsusuri /pageeksamin sa pasyente bago irefer sa doctor.</p>			Designation/ Name ng Unit
4. Ilaassess at iinterviewhin ng Doktor	<b>5.1</b> Interviewhin ang pasyente	Wala	15-30 minuto	Medical Officer   Emergency Unit
	<b>5.2</b> Isulat sa record ng pasyente ang mga order			
6. Pagproseso sa mga diagnostics at laboratoryong request ng doctor para sa pasyente	<b>6.1</b> Basahin ang order ng Doktor at icarry-out	Wala	45 minuto- 1 oras	ER Nurse III / Emergency Unit
	<b>6.2</b> Ipatupad ang pamamahala sa pasyente tulad ng pagaccess sa ugat sa pamamagitan ng intravenous at pagsuplay ng oxygen.			
	<b>6.3</b> Ipaliwanag at kumuha ng Pahintulot  <b>6.3.1 Therapeutic Treatment</b> , kung may procedure na kinakailangang gawin <b>6.3.2 Pahintulot sa Pagpapaopera</b> kung ooperahan ang pasyente			

	<p><b>6.4</b> Ihanda ang mga request para sa mga diagnostic at laboratoryong kailangan gawin sa pasyente.</p> <p><b>6.4.1</b> Itatawag na may pasyenteng kailangang magpalaboratoryo/ magpa-xray sa ER</p> <p><b>6.4.1.1</b> Ang mga laboratory at ang radiology personnel ay kailangang gawin ang sumusunod:</p> <ul style="list-style-type: none"> <li><b>a.</b> Titingan at susuriin kung tama ang nakasulat sa laboratory request na ibinigay ng Emergency room nurse</li> <li><b>b.</b> Iverify ang mga detalye ng pagkakakilanlan kung tama bago gawin ang procedure.</li> <li><b>c.</b> Iproseso ang lahat ng specimen na kinuha sa pasyente, kailangang mag-uupdate sa mga resulta gayundin ang sa plaka ng x-ray.</li> </ul>			
	<p><b>PARA SA MERON NG RESULTA</b></p> <p><b>6.5.</b> Tanggapin at siguraduhin ang pangangalaga ng resulta ng mga laboratory at x-ray ay nakalagay sa record ng pasyente.</p>			



<p>7. Reassessment ng doctor sa pasyente at pag interpret ng resulta ng laboratory at x-ray</p>	<p>7.1 Iinterpret ang mga resulta ng laboratory at x-ray at titingan ang lagay ng pasyente upang makapagdesisyon kung ano ang magiging final na disposisyon sa pasyente.</p>		<p>10-15 minuto</p>	<p>Medical Officer   Emergency Unit</p>
<p>8. Pinal na disposisyon sa pasyente</p> <p>A. Admission B. Treated and Discharged C. Transfer to Hospital of Choice</p>	<p>8.1 Ihahanda na at kukumpletuhin lahat ng dokumentong kinakailangan sa pinal na disposisyon</p>		<p>5-15 minuto</p>	<p>Medical Officer   Emergency Unit</p>
<p>9. Pag-aadmit ng pasyente (Admission)</p>	<p><b>PARA SA PASYENTE NA I-AADMIT SA OSPITAL</b></p> <p>9.1 Ipaliwanag ang dahilan kung bakit kailangang i-admit at obserbahan ang pasyente.</p> <p>9.2 Lahat ng order ay kailangang nakasulat sa admitting Doctors Order.</p> <p>9.3 Kung pumayag na ang pasyente magpaadmit, papirmahan agad ang pahintulot sa pagpapaadmit ang pasyente.</p> <p><b>9.3.1 Kung walang kakayahang magdesisyon ang pasyente, o menor de edad ,</b> kailangan papirmahin ang kamag-anak na may sapat na gulang na magdesisyon.</p>	<p>Wala</p>	<p>1 oras</p>	<p>Medical Officer   ER Nurse III / Emergency Unit</p>

	<p><b>9.4</b> Lahat ng nakasulat sa admitting form ay icacarry out ng ER NOD</p>			
	<p><b>9.5</b> Ipaalam sa mga sumusunod na departamento ang admission</p> <p><b>a. Medical Ward</b> - para maihanda ang kwarto na paglalagakan ng pasyente</p> <p><b>b. HIMU</b> - para sa pagkumpleto ng admitting form ng pasyente</p> <p><b>c. MSW</b> - para sa klasipikasyon ng pasyente</p> <p><b>d. Pharmacy at Billing</b> - para sa mga charges at kailangang gamot ng pasyente</p>			
	<p><b>9.6</b> Ihahatid na ang pasyente sa Medical Ward at kumpletong i-endorse ang pasyente at detalye ng pasyenteng iaadmit.</p>			
<p><b>10.</b> Treated and Discharged</p>	<p><b>10.1</b> Isusulat sa Emergency Treatment Record (ETR) idi discharge na ang pasyente at maaari ng pauwiin.</p>	<p>Wala</p>	<p>30 minuto</p>	<p>Medical Officer I ER Nurse III / Emergency Unit</p>
	<p><b>10.2</b> Kakausapin at ipapaliwanag ng ER Doctor na maaari ng umuwi ang pasyente at bibilinan na lang sa tamang pag-inom ng gamot at kung kailan babalik sa follow-up ng konsulta kung kinakailangan.</p>			

	<p><b>10.3</b> Idodokumento lahat sa ETR kung ano ang mga lunas na ginawa sa pasyente. Ihahanda ang mga sumusunod:</p> <p><b>A.</b>Reseta  <b>B.</b>ER Consumption Slip  <b>C.</b>Charge slip (kung mayroon)  <b>D.</b>Clearance Slip</p>			
	<p><b>10.4</b> Kung HAMA ang pasyente, kailangan nilang pumirma na tumatanggi sila sa medical na inirerekomenda ng doktor.</p>			
<p><b>11.</b> Transfer to Hospital Of Choice ( THOC )</p>	<p><b>11.1</b> Isusulat sa ETR na ang pasyente ay ililipat sa ibang ospital o pasilidad.</p> <p><b>11.2</b> Ipapaliwag mabuti ng ER Doctor ang rason kung bakit kailangan ipalipat ang pasyente at kukumpletuhin nya lahat ng dokumentong kailangan sa pagtatransfer.</p> <p><b>A.</b> SDN  <b>B.</b> Referral Form  <b>C.</b> Kopya ng mga laboratory results  <b>D.</b> ER Consumption Slip  <b>E.</b> Charge Slip (kung mayroon)  <b>F.</b> Clearance Slip</p> <p><b>11.3</b> Ihahanda lahat ng nagamit na supplies at gamot sa ER</p>	Wala	15-30 minuto	Medical Officer I ER Nurse III / Emergency Unit
<p><b>12.</b> Magpunta sa pharmacy at ilahad ang reseta ng mga gamot</p>	<p><b>12.1</b> Suriin kung mayroong gamot sa Pharmacy ayon sa resetang gamot .</p> <p><b>12.2</b> Papirmahan ang Clearance Slip</p>	Ayon sa reset a ng gamot	5-10 minuto	Pharmacist/ Pharmacy Unit

<p><b>13.</b> Magtungo sa Billing Unit</p>	<p><b>13.1</b> Iverify lahat ng charge slip at Consumption Slip ng pasyente at kunin ang Clearance Slip</p>	<p>Wala</p>	<p>10-15 minuto</p>	<p>Supervising Administrative Officer /Billing Unit</p>
<p><b>14.</b> Para sa mga qualified sa MALASAKIT Center</p> <p>Magtungo sa MALASAKIT Center at ilahad ang mga sumusunod:</p> <ul style="list-style-type: none"> <li>• Anumang valid ID basta Government ID</li> <li>• Charge Slip at reseta mula sa Pharmacy</li> <li>• Charge Slip at X-ray request Slip form mula sa Radiology Unit</li> <li>• Charge Slip at Laboratory Slip form mula sa Laboratory Unit</li> <li>• Charge Slip, ER Consumptio</li> </ul>	<p><b>14.1</b> Suriin ang mga pangunahing dokumento tulad ng charge slip, request form, ER Consumption slip, reseta at valid na ID</p> <p><b>14.2</b> Suriin kung ang kliyente ay mayroon ng dating record o chart sa MMWGH</p> <p><b>14.3</b> Suriin kung ang kliyente o kamag-anak ay nakausap at nainerbyu na gamit ang MSWU Assessment Tool</p> <p><b>14.4</b> Interbyuhin ang kliyente/kamag-anak gamit ang Unified Intake Sheet ( Malasakit Center Form- Annex B)</p> <p><b>14.5</b> Ihanda ang Malasakit Center Order ng singilin</p> <p><b>14.6</b> Magkaroon ng kopya ng mga kailangan para sa Medical Certificate</p> <p><b>14.7</b> Ang kliyente o kamag-anak ay lalagda sa Malasakit Center Logbook</p> <p><b>14.8</b> Payuhan ang kliyente o kamaganak na tumungo sa seksyon ng Billing</p> <p><b>14.9</b> Pag natapos na ang transaksyon, pirmahan ang Clearance Slip ng kliyente</p>	<p>Wala</p>	<p>15-30 minuto</p>	<p>Social Welfare Officer/ Medical Social Worker Unit</p> <p>Supervising Administrative Officer/ Billing and Claims Unit</p>

<p>n Slip at ECG request mula sa ER</p>				
<p><b>15.</b> Para sa may kakayahang magbayad</p> <ul style="list-style-type: none"> <li>• Pumunta sa Cash Unit, ipakita ang Charge Slip at ibigay ang bayad</li> </ul>	<p><b>15.1</b> Itsek ang charge slip at reseta ng gamot at ibigay ang Clearance Slip</p> <p><b>15.2</b> Hingin ang valid ID upang magkaroon ng discount.</p> <ul style="list-style-type: none"> <li>• PWD ID</li> <li>• Senior Citizen ID</li> </ul> <p><b>15.3</b> Ibigay ang official receipt at ibalik ang reseta ng mga gamut kasama ang charge slip. Kapag tapos na ang transaksyon, pirmahan ang Clearance Slip na dala ng kliyente.</p>	<p>Wala</p>	<p>5-10 minuto</p>	<p>Administrative Assistant I /Cash Unit</p>
<p><b>16.</b> Muling magpunta sa Pharmacy Unit/Botika at ipakita ang charge slip/ official receipt</p>	<p><b>16.1</b> Ihanda at ibigay ang mga gamot sa kliyente. Magbigay ng mga paalala sa pag inom ng mga gamut.</p> <p><b>16.2</b> Pagkatapos ng transaksyon pirmahan ang Clearance slip na dala ng kliyente.</p>	<p>Wala</p>	<p>5 minuto</p>	<p>Pharmacist V /Pharmacy Unit</p>
<p><b>17.</b> Muling magpunta sa ER para ibigay ang Clearance Slip na pirmado ng lahat ng Unit na dinaanan ng proseso</p>	<p><b>17.1</b> Itsek kung kumpleto lahat ng pirma ng Unit na dinaanan ng transaksyon at pirmahan kung kumpleto.</p> <p><b>17.2</b> Kunin ang isang kopya at ipaliwanag na ibigay ang isang kopya sa Security Guard</p>	<p>Wala</p>	<p>5 minuto</p>	<p>ER Nurse III / Emergency Unit</p>

<b>18.</b> Iencode ang detalye ng pasyente sa Emergency Record Book at sa Google Sheet ng Patients Masterlist	<b>18.1</b> Itsek kung kumpleto ang ETR, Clearance Slip at Transfer Form	Wala	5 minuto	ER Nurse III o Administrative Assistant / Emergency Unit
<b>KABUUANG BAYAD AT ORAS NA ILALAN</b>		<b>Wala</b>	<b>Admission-</b> 4 oras at 40 minuto <b>Discharged-</b> 4 oras at 10 minuto <b>THOC-</b> 4 oras at 10 minuto	

## KONSULTASYON PANG 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 kumain.

<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, empleyado atbp.			
<b>CHECKLIST REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
NTP Referral Form Identification Card (ID)		Referring Doctor		
<b>PARA SA DATI NG PASYENTE</b> FORM 5. TB and TPT Patient Booklet		TB Facility		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. Magtungo sa TB Nurse on-duty at magbigay ng impormasyon tungkol sa konsultasyon at iabot ang transaksyon slip.	1.1 Kausapin and kliyente o kamag-anak o awtorisadong kinatawan ng kliyente.  <i>(Para sa Dating Kliyente)</i>  Kuhanin ang <i>health record</i> ng kliyente	Wala	2 minuto	Nurse I/ HFTBU
2. Maghintay na tawagin ng TB Nurse para sa panayam, pagkuha ng vital signs, timbang at sukat ng taas.	2.1 Suriin ang vital signs ng kliyente, vital signs, timbang at sukat ng taas  2.2 Pag screening para sa E-konsulta	Wala	5 minuto	Nurse I/ HFTBU

<p><b>3.</b> Konsultasyon sa doktor o TB Physician on-duty (POD).</p>	<p><b>3.1</b> Isagawa ang panayam sa kliyente/kamag-anak o awtorisadong kinatawan ng kliyente tungkol sa medikal na pangangailangan.</p>	<p>Wala</p>	<p>20 minuto</p>	<p>Medical Specialist / Medical Officer</p>
<p><b>4.</b> Magtungo sa Nurse pagkatapos ang konsultasyon sa Doctor.</p>	<p><b>4.1</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>.</p> <p>Ibalik sa kliyente /kamag-anak ang reseta, Form 5. TB AND TPT Patient Booklet para sa mga dati ng pasyente.</p> <p>Pirmahan at sulatan ng petsa ng kasunod na konsultasyon ang transaksyon receipt at ibalik sa pasyente.</p>	<p>Wala</p>	<p>15 minuto</p>	<p>Nurse I/ HFTBU</p>
<p><b>KABUUANG BAYAD AT TAGAL NA INILAN</b></p>		<p>Wala</p>	<p>42 minuto</p>	



## SERBISYO NG LABORATORYO

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

<b>Office or Division:</b>	Allied Health Professional Service			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Outpatient Service-Users			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
<b>Laboratory Request Form</b> <b>Isa (1) orihinal</b> para sa walk-in clients na galing sa ibang ospital o klinika <b>Dalawa (2) orihinal</b> para sa Outpatient ng MMWGH			Ibinigay ng Nurse on duty/Attending Physician	
<b>ID na gagamitin para sa pagkakakilanlan ng pasyente</b>			Valid ID tulad, at hindi limitado sa mga sumusunod: PhilHealth, GSIS, SSS, National ID, PagiBIG, Senior Citizen, PWD	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magtungo sa Laboratory Unit dala ang Laboratory Request Forms na pirmado ng doktor.  <b>PARA SA MGA MAGPAPAKUHA NG DUGO:</b>  -Kumuha ng numero para sa pila sa entrance ng	1.1 Tawagin ang kliyente base sa numero at kanilang klasipikasyon  <b>Red number - Prayoridad (Buntis, may kapansanan at may edad na 60 at higit pa)</b>	Wala	2 minuto	Medical Technologists Medical Laboratory Technician/ Laboratory Unit

<p>laboratory reception area at hintayin na matawag ang hawak na numero</p>	<p><b>Black number - Regular na mga pasyente</b></p>			
<p><b>PARA SA MGA MAGPAPASURI NG SAMPLES AT IBANG PAKAY SA LABORATORY</b></p> <p>-Magdiretso sa harap ng Receiving and Releasing window</p>	<p><b>1.2</b> Tanggapin at suriin ang Laboratory Request Forms at tingnan ng staff on-duty ang test requests kung ito ay kumpleto at available sa laboratory o ipapadala sa ibang laboratory (outsourcing).</p>	<p>Wala</p>	<p>3 minuto</p>	<p>Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit</p>
	<p><b>1.3</b> Para sa COVID-19 rapid antigen test ipaliwanag na ang swab collection at testing ay tuwing 7:00 ng umaga at 3:00 ng hapon lamang (<i>Lunes hanggang Linggo at holidays</i>).</p> <p><b>Paalala:</b> Ang RT-PCR testing para sa COVID-19 ay hindi natin ginagawa sa mga outpatient clients.</p>	<p>Wala</p>	<p>2 minuto</p>	

<p><b>2.</b> Maghanda sa kaukulang eksaminasyon at ipakita ang sumusunod:</p> <ul style="list-style-type: none"> <li>● Laboratory Request Forms</li> <li>● Identification Card (ID)</li> <li>● Numero ng pila</li> </ul>	<p><b>2.1</b> Tanggapin/kuhanin ang kaukulang specimen o kuhanan ng dugo ang kliyente.</p> <p><b>2.2</b> Pagkatapos kuhanan ng dugo, papuntahin ang kliyente sa receiving window ng Laboratory para mabigyan ng charge slip</p>	<p>Wala</p>	<p>15 minuto</p>	<p>Medical Technologists Medical Laboratory Technician / Laboratory Unit</p>
<p><b>3.</b> Pagkatapos makuhanan ng eksaminasyon, magtungo sa <b>Receiving and Releasing Window</b> ng Laboratory ipakita ang sumusunod:</p> <ul style="list-style-type: none"> <li>● Laboratory Request Forms</li> <li>● Transaction Receipt</li> </ul> <p><b>PARA SA MGA KLIYENTE NA</b></p>	<p><b>3.1</b> Kuhanin ang laboratory request forms at transaction receipt</p>	<p>Ang listahan ng halaga ng mga eksaminasyon ay nakapaskil sa harap ng tanggapan ng laboratory.</p>	<p>2 minuto</p>	<p>Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit</p>
<p><b>3.2</b> Gawin at ibigay ang charge slip at ipaliwanag kung kailan at anong oras pwedeng balikan o kuhanin ang resulta na depende sa eksaminasyon na ipinagawa at payuhan na ibalik ang Malasakit Slip na ibibigay sa kanila ng Billing Unit.</p>	<p>10 minuto</p>			

<p><b>HIHINGI NG TULONG SA MALASAKIT CENTER.</b></p> <p>-Magtungo sa Malasakit Center ipakita ang mga sumusunod:</p> <p><b>MALASAKIT CENTER CHECKLIST</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>Medical Certificate (% HIMU) (valid sa loob ng isang taon)</b></li> <li><input checked="" type="checkbox"/> <b>Isa (1) orihinal na kopya ng Laboratory Request Form</b></li> <li><input checked="" type="checkbox"/> <b>Charge slip</b></li> </ul> <p><b>PARA SA MGA KLIYENTE NA NAIS MAGBABAYAD NG CASH</b></p> <p>-Magtungo sa Cash Unit ipakita ang charge slip at magbayad</p>	<p><b>3.3.</b> I-proseso ang nakuhang specimen.</p>		<p><b>12 oras</b> (depende sa routine laboratory test na nais ipapagawa)</p> <p><b>14 na araw</b> (depende sa outsourced laboratory test na nais ipagawa)</p>	<p>Medical Technologists/ Laboratory Unit</p>
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<p>4. Magtungo sa Laboratory Unit at ibigay ang Malasakit slip na ibinigay ng Billing Unit</p>	<p><b>4.1</b> Tanggapin, siyasatin at itala sa charge logbook ang Malasakit slip na ibinigay ng Billing Unit sa kliyente.</p> <p><b>4.2</b> Ipaalala sa kliyente na balikan ang kanilang resulta sa itinalagang oras o araw.</p>	<p>Wala</p>	<p>5 minuto</p>	<p>Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/Laboratory Unit</p>
<p>5. Balikan ang resulta sa laboratory ayon sa nasabing oras.</p> <p><b>PARA SA MGA KLIYENTE NA COVERED NG MALASAKIT FUND</b></p> <p>-Ipakita ang transaction receipt</p> <p><b>PARA SA MGA NAGBAYAD NG CASH</b></p> <p>-Ipakita ang resibo at transaction receipt</p>	<p><b>5.1</b></p> <p><b>PARA SA MGA KLIYENTE NA COVERED NG MALASAKIT FUND</b></p> <p>Hingin ang transaction receipt.</p> <p><b>PARA SA MGA NAGBAYAD NG CASH</b></p> <p>Hingin ang resibo at itala ang OR number sa Charge/Billing Logbook.</p>	<p>Wala</p>	<p>3 minuto</p>	<p>Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit</p>
	<p><b>5.2</b> Papirmahin ang kukuha ng resulta sa Outpatient Receiving/Releasing logbook.</p>	<p>Wala</p>		
	<p><b>5.3</b> Pirmahan ang transaction receipt at ibalik sa kliyente.</p>	<p>Wala</p>		

<b>KABUANG BAYAD AT INILAANG ORAS</b>	(Tingnan ang listahan ng halaga ng mga eksaminasyon na nakapaskil sa harap ng tanggapan ng laboratory)	<b>15 na araw, 4 oras at 42 minuto</b> (depende sa routine at outsourced laboratory test na ipapagawa)	
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## SERBISYO NG LABORATORYO-IN PATIENT

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

<b>Office or Division:</b>	Allied Health Professional Service			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Inpatient Service-Users			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Laboratory Request Forms <b>(2) Dalawang orihinal na kopya</b>		Ibinigay 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>
1. Magtungo sa Laboratory Unit dala ang 2 Laboratory Request Forms ng pasyente na pirmado ng doktor.	1.1 Tanggapin at suriin ang Laboratory Request Forms.	Wala	5 minuto	Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit

	<p><b>1.2</b> Siyasatin ang test requests kung ito ay kumpleto at available sa laboratory o ipapadala sa ibang laboratory (outsorce).</p> <p><b>Paalala:</b>  <b>Para sa COVID-19 RT-PCR specimen collection:</b>  -<i>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.</i></p> <p><b>Para sa COVID-19 Antigen Testing</b></p> <p>- <i>Ang nurse on-duty ay kinakailangang magpasa ng CIF at Laboratory Request Forms ng pasyente dalawang (2) oras bago mag-7:00 AM o 8:00 PM ng itinalagang araw ng koleksyon.</i></p> <p>Schedule ng RAT:  7:00 AM Daily  8:00 PM Daily</p>	Wala	3 minuto	
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	<b>1.3</b> Ipaliwanag sa nurse-on duty kung kailan at anong oras mairi-release ang resulta ng laboratory tests na depende sa eksaminasyon na ipinagawa	Wala	5 minuto	Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit
<b>2.</b> Maghanda sa kaukulang eksaminasyon.	<b>2.1</b> Tanggapin ang specimen na ipapasuri.	Wala	2 minuto	Medical Technologists Medical Laboratory Technician Administrative Assistant I Laboratory Aide/ Laboratory Unit
	<b>2.2</b> Kuhanan ng dugo ang pasyente		15 minuto	Medical Technologists / Medical Laboratory Technician /Laboratory Unit
	<b>2.3</b> I-proseso ang nakuhang specimen.		5 oras (depende sa routine laboratory test na nais ipagawa)  14 na araw (depende sa outsourced laboratory test na nais ipagawa)	Medical Technologists / Laboratory Unit

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

	<i>il sa harap ng tanggapan ng laboratory)</i>	laboratory test na ipapagawawa)	
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LABORATORY PROCEDURES		
Activated Partial Thromboplastin Time		500.00
Actual Platelet Count		70.00
Albumin		150.00
Biliburin (TB, DB, IB)		272.00
Bleeding Time		60.00
Blood Typing		129.00
BUN		100.00
CBC		130.00
Cholesterol		90.00
CKMB		315.00
Clotting Time		60.00
Creatinine		100.00
Dengue Duo ( Ag- IgM, IgG)		850.00
FBS		80.00
Fecal Occult Blood Tests		150.00
Fecalalysis		50.00

FT3	786.00
FT4	786.00
HBA1C	929.00
HBSAg Screening	185.00
HDL/LDL	250.00
Hematocrit And Platelet	105.00
Hemoglobin And Hematocrit	85.00
Inorganic Phosphorus	250.00
KOH scraping	100.00
Lipid Profile	480.00
Lithium	700.00
Magnesium	250.00
OGTT 75 GMS	400.00
Pregnancy Test	100.00
Prothrombin Time	500.00
Rbc Indices	210.00
Salmonella Typhi ( IgM, IgG)	500.00
Serum Electrolytes ( Sodium, Potassium, Chloride) (each)	190.00
SGOT	150.00
SGPT	150.00
Total Calcium	150.00
Total Protein	150.00
Total Protein Albumin Globulin	300.00
Triglyceride	150.00
Troponin I ( Qualitative)	500.00

TSH	786.00
Uric Acid	100.00
Urinalysis	50.00
Outsourced Laboratory Procedures	
Alkaline Phosphatase	85.00
Alph Feto Protein (AFP)	520.00
Amylase	145.00
ANA w/ Titer	910.00
ANTI-dsDNA	6,110.00
Anti-HBc IgG	250.00
Anti-HBc IgM	250.00
Anti-HBc Total	300.00
Anti-HBe Titer	260.00
Anti-HBs Titer	170.00
Anti-Hbs Ag Titer	195.00
Anti-HCV TITER	520.00
ASO Titer	235.00
CA 19-9	1,950.00
CEA	710.00
CKMB	520.00
CRP Titer	315.00
Dengue Ns1 Ag/Ab	1,105.00
Drug Tests	300.00
page 3 of 8	
ESR	65.00

Gram's Stain	130.00
H. Pylori	1,430.00
Hbe Ag Titer	260.00
Hbs Ag Screening-Qualitative	185.00
Hbs Ag Titer -Quantitative	210.00
Hepa A & B Profile	1,560.00
Hepa A IgM & IgG	585.00
Hepa A,B,C Profile	1,950.00
Hepa B Profile	1,170.00
Hepa B Virus-Dna	7,800.00
Ionized Calcium	390.00
Lipase	185.00
Lithium	1,030.00
Peripheral Blood Smear	235.00
Phenobarbital Assay	975.00
Pregnancy Test	130.00
Prolactin Level	715.00
PSA	965.00
RPR	325.00
Sputum Culture	520.00
T3	220.00
T4	220.00
TIBC w/ Iron	585.00
Troponin I (Qualitative)	910.00

Troponin I (Quantitative)	1,950.00
Typhidot	585.00
Urine Culture	520.00
Urine Micral Test	390.00
Valproic Acid Assay	1,100.00
Wound Culture	520.00
CA-125	1,390.00
Beta-HCG	520.00
Cortisol	715.00
D- dimer	2,990.00
Ferritin	715.00
LDH	195.00
Parathyroid Hormone/ Intact Parathyroid Hormone (Each)	2,860.00
Procalcitonin	5,850.00
Rheumatoid Factor Titer	455.00
Serum Osmolality	6,500.00
Stool Culture and Sensitivity Test	520.00
TPPA Titer	480.00
Urine Chloride	156.00
Urine Creatinine	156.00
Urine Osmolality ( 24 Hour/ Random)	6,500.00
Urine Potassium	156.00
Urine Sodium	156.00
Vaginal Discharge Culture and Sensitivity Test	520.00

Vitamin D Assay	2,860.00
Urine Magnesium	845.00
Urine Calcium	845.00
Urine Ketone ( Qualitative)	65.00
Serum Ketone	1,950.00
Urine Glucose	780.00
Urine Urea Nitrogen	780.00
Urine Creatinine	156.00



## ADMISYON NG PASYENTE MULA SA IBAT-IBANG DEPARTAMENTO (ER, OR/DR, OPU-MEDICAL)

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

<b>Opisina o Dibisyon:</b>		MEDICAL WARD UNIT/ NURSING SERVICE		
<b>Klasipikasyon:</b>		Simpleng Transaksyon		
<b>Uri ng Transaksyon:</b>		G2C- Government to Citizen		
<b>Maaring Kumuha ng Serbisyo:</b>		Relative of Service User		
<b>TAHAN NG MGA REQUIREMENTS/ HIHINGIN</b>		<b>SAAN KUKUNIN</b>		
Nakasulat na order ng doktor para sa pag pasok		Hospitalist Medical Specialist		
Tsart ng mga pasyente		Nurse		
<b>MGA DAPAT GAWIN NG KLIYENTE</b>	<b>HAKBANG NG AHENSYA</b>	<b>KAUKULAN G BAYAD</b>	<b>TAGAL NG PROSESO</b>	<b>NAKATALAGAN G KAWANI</b>
1. Manghingi ng order para sa admisyon.	<p>1. 1 Tumangap ng kahilingan at beripikahin ang nakasulat na order para sa admisyon.</p> <p>1.2 Magbigay paunawa sa pasyente o kamag-anak ukol sa paraan ng admisyon.</p> <p>1.3. Ihanda ang mga kinakailangang dokumento.</p> <p>1.4. Ipagbigay alam sa nars ng medical ward ang nakatakdang admisyon</p> <p>1.5. Ipag bigay alam ang mahahalagang impormasyon at mga importanteng</p>	Wala	25 na minuto	<p>Hospitalist Medical Specialist Nurse</p> <p>Emergency Room</p>

	pag-iingat ukol sa pasyente sa nars ng medikal ward.			
2. Ligtas na tumanggap ng pasyente	2.1. Tumanggap ng pasyente at ilipat sa takdang higaaan.	Wala	10 na minuto	Nurse III   Medical Ward Unit
3. Magbigay ng nakaraang medikal na karamdama n	3.1 Nagsasagawa ng pagsusuri sa pagkuha ng kasaysayan at mga paunang mahahalagang palatandaan.	Wala	20 na minuto	Nurse on duty
4. Unawain at pakingan ang mga tuntunin at patakaran kasama ang tungkol sa kaligtasan ng pasyente.	4.1. Ituro sa pasyente at bantay ang mga tuntunin at patakaran ng pasilidad kabilang ang kaligtasan ng pasyente.	Wala	a minuto	Nurse on duty
<b>TOTAL</b>		<b>Wala</b>	<b>1 Oras at 15 Minuto</b>	

## SERBISYONG OUTPATIENT DENTAL UNIT

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

<b>Office or Division:</b>	Allied Health Professionals Service			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – (Government to Citizen)			
<b>Who may avail:</b>	Lahat ng tao ay sineserbisyohan sa tanggapang ito			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
ID o pagkakakilanlan <b>Isa (1) (orihinal na kopya)</b>			PWD, Senior Citizen's ID, Government Issued ID	
<b>Mensahe ng iskedyul o komfirmasyon ng araw ng iskedyul</b>			Out-Patient Dental Unit	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<p><b>PARA SA MGA KLIYENTE NA MAYROON NG MEDICAL CHART:</b></p> <ul style="list-style-type: none"> <li>- Magtungo na sa dental clinic at magpakita sa Dental Aide para sa pangangailangang kagamutan</li> </ul> <p><b>PARA SA MGA KLIYENTE NA WALA PANG MEDICAL CHART:</b></p> <ul style="list-style-type: none"> <li>- Maari pong pumunta muna sa <b>HIMU</b> para magawa ang chart</li> </ul>				

at pagkatapos ay sa <b>MSWU</b> para makausap ng sosyal worker para sa inyo pong klasipikasyon				
1. Magtungo na sa Dental Unit - OPU	1.1 Interbyuhin ang kliyente ng mabuti para sa detalye ng kanyang Dental Health Record	Wala	10 minuto	Dental Aide
	1.2 Magsimula na sa eksaminasyon at paggagamot sa kliyente  <b>(Sa kasalukuyan, ang aming serbisyong X-RAY ay hindi pa inaalok. Maghintay sa mga susunod na anunsyo.)</b>	Wala	30-60 minuto (Depende sa kung anong kagamutan ang gagawin)	Dentista
	1.3 Ibigay ang resibo/charge slip na babayaran sa kliyente  1.4 Magbigay ng Medical/Dental Certificate para magamit sa Malasakit Center	Wala	5 minuto	Dentista o Dental Aide

<p><b>Dala ang resibo ng babayaran, magtungo sa Malasakit Center</b></p> <p><b>PARA SA MGA KLIYENTE NA HIHINGI NG TULONG SA MALASAKIT CENTER.</b></p> <ul style="list-style-type: none"> <li>- Ipakita ang mga sumusunod; <ul style="list-style-type: none"> <li>✓Charge slip</li> <li>✓Medical Certificate (valid sa loob ng isang taon)</li> </ul> </li> </ul> <p><b>PARA SA MGA KLIYENTE NA NAIS MAGBAYAD NG CASH</b></p> <ul style="list-style-type: none"> <li>- Magtungo sa Cash Unit ipakita ang charge slip at magbayad</li> </ul>		Wala		
2. Bumalik sa Dental Unit at ipakita ang resibo	2.1 Ibigay ang reseta ng gamot at iba pang mga payo sa kliyente	Wala	10 minuto	Dentista
3. Ibigay ang <i>transaction slip</i>	3.1 Pirmahan ang <i>transaction slip</i> at ibalik sa kliyente	Wala	1 minuto	Dentista o Dental Aide
<p><b>Dental Extraction</b> PHP 210.00</p> <p><b>Dental X-Ray</b> (Periapical) PHP 250.00</p> <p><b>Oral Prophylaxis</b> PHP 350.00-450.00</p>				

<b>Kabuuang Babayaran</b>	<b>Dental Extraction</b> PHP 210.00	<b>1 oras at 26 minutos</b>	
	<b>Dental X- Ray</b> (Periapical) PHP 250.00		
	<b>Oral Prophylaxis</b> s PHP 350.00- 450.00		

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

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

<b>Office or Division:</b>	Medical Social Work Unit
<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>For admission:</b> (1) photocopy of Birth Certificate or, (1) photocopy of Valid ID (PWD ID, Senior Citizen ID, Voter's ID, any Government Issued ID)	Philippine Statistics Authority, M/CSWDO, Barangay, Government Agency
<b>For unknown patients:</b> (1) original copy of Referral Letter (1) original copy of Social Case Study Report	M/CSWDO

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds to the Medical Social Work Unit for the psychosocial assessment.	1.1 Check the patient's health record if there is a signed consent form attached for the processing of his/her information.	None	1 minute	Social Welfare Officer I   Medical Social Work Unit

<p><b>2.</b> <b>For admission:</b> Presents any (1) valid ID or (1) photocopy of birth certificate.</p> <p><b>For unknown patient:</b> Representative shall provide (1) original copy of Referral Letter and (1) original copy of Social Case Study Report.</p> <p><b>For outpatient:</b> Proceeds to step 3</p>	<p><b>2.1</b> Receive filled-out PMRF from HIMU and check the completeness of requirements for PhilHealth POS Enrollment.</p> <p><b>2.2</b> Identify if the patient is old or new:</p> <p><b>For Old Patients:</b></p> <p>Retrieve and update the patient's record and conduct a reassessment of the patient's classification if the last admission/consultation is more than one year</p> <p><b>For New Patients:</b> Proceed to step 3.1</p>	None	1 minute	Social Welfare Officer I   Medical Social Work Unit
<p><b>3.</b> Provides the needed information for their psychosocial assessment</p>	<p><b>3.1</b> Orient the patient/relative on the purpose of assessment and facilitates consent signing using the Consent/Responsibility Slip</p>	None	15 minutes	Social Welfare Officer I   Medical Social Work Unit



	<p><b>3.2</b> Interview the patient/relative and conduct psychosocial assessment using the MSWU Assessment Tool</p>			
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	<p><b>3.3</b> Inform the patient/relative on their classification</p>			
	<p><b>3.4</b> Sign and indicate classification at patient's health record, and affix the classification label (colored stamp) on the cover page of the health record.</p>			
	<p><b>3.5</b> Conduct orientation on hospital policies and availment of MSWU services; and provide appropriate MSW intervention as needed</p>	None	1 minute	Social Welfare Officer I   Medical Social Work Unit
<p><b>4.</b> Proceeds to the waiting area and wait for their turn to be called by the Physician on Duty.</p>	<p><b>4.1</b> Instruct the patient/relative to proceed to the next step/concerned office</p> <p><b>4.2</b> Forward the patient's health record to Nurse on-Duty in the Triage/Psychiatry/GMS/Wellness.</p> <p><b>4.3</b> Register the</p>	None	1 minute	Social Welfare Officer I   Medical Social Work Unit

	patient's information in the IHOMIS and MSWU General Registry.			
	<b>TOTAL</b>	<b>None</b>	<b>20 minutes</b>	

## AVAILING SERVICES AT MALASAKIT CENTER

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

<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>
(1) photocopy of Birth Certificate or (1) Valid ID (PWD ID, Senior Citizen ID, Voter’s ID, any Government Issued ID)	Philippine Statistics Authority, M/CSWDO, Barangay, Government agency
(1) original copy of Request form/Prescription	MMWGH Doctor
(1) original copy of Medical Certificate <b>(with Malasakit Center purpose, valid for 1 year)</b>	HIMU
(1) original copy of Charge Slip	Pharmacy Unit/ Laboratory Unit/ X-ray Unit, Dental Care Unit/ New Infirmary/ Psychology Unit/ Wellness Unit
(1) original copy of Statement of Account <b>(for ER/Medical Ward patients)</b>	Billing Unit
Clearance Slip <i>(for ER/Medical Ward patients)</i>	Emergency Unit/ Medical Ward Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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<p>1. Proceed to Malasakit Center and present the following documents to navigator:</p> <ul style="list-style-type: none"> <li>● Charge Slip and Prescription from Pharmacy Unit (<i>original copy</i>)</li> <li>● Charge Slip and Laboratory Request Form from Laboratory Unit (<i>original copy</i>)</li> <li>● Charge Slip and Procedure Request Form from Radiology Unit (<i>original copy</i>)</li> </ul>	<p>1.1. Check the needed requirements such as Charge Slip, Request Form/Prescription/ Medical Certificate and Identification Card/ Statement of Account/Clearance Slip</p>	None	1 minute	Navigator   Medical Social Work Unit
	<p>1.2 Check thru IHOMIS if the patient has a Health Record and MSS Number indicating that the client/relative has been interviewed using MSWU Assessment Tool</p>	None	1 minute	Social Welfare Officer I/Social Welfare Officer II/ Social Welfare Officer III   Medical Social Work Unit
	<p>1.3 Interview the client/relative using Unified Intake Sheet (Malasakit Center Form – Annex B) and forward to other concerned participating agencies within Malasakit Center</p>	None	5-8 minutes	Social Welfare Officer I/Social Welfare Officer II/ Social Welfare Officer III   Medical Social Work Unit
	<p>1.4 Assess the patient/client and make recommendation on the type and/or amount of assistance needed and forward for approval to the</p>	None	2 minutes	Representatives from PhilHealth, PCSO and DSWD

	MSW in the Malasakit Center			
	1.5 Prepare Malasakit Center Order of Charging and Certificate of Eligibility/Indigency and facilitate the signing of acknowledgement receipt	None	2 minutes	Social Welfare Officer I/Social Welfare Officer II/ Social Welfare Officer III   Medical Social Work Unit
	1.1.6 Signed the clearance slip for discharge patients			
	1.1.7 Photocopy the submitted requirements for Medical Assistance and let the client/relative to sign the logbook	None	2 minutes	Social Welfare Officer I/Social Welfare Officer II/ Social Welfare Officer III
	1.1.8 Instruct the client/relative to proceed in the Billing Section/ Unit to give the charge slip	None	1 minute	Medical Social Work Unit Social Welfare Assistants   Medical Social Work Unit
		<b>NONE</b>	<b>15 MINUTES</b>	

## GENERAL MEDICAL CONSULTATION

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

<b>Office or Division:</b>	OUTPATIENT MEDICAL / 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>CHECKLIST REQUIREMENTS</b>		<b>WHERE TO SECURE</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		
Appointment ng konsultasyon (Nakaraang Transaction Slip, text message na galing sa numero ng Outpatient medical) <b>Isang (1) orihinal</b>		OUTPATIENT MEDICAL		
<b>CLIENTS STEP</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>RESPONSIBLE PERSON</b>
<b>1. (Para sa bagong kliyente). Magtungo sa Gawaan ng Medical health record</b> Magparehistro. Punan ang form.	<b>1.1</b> Ipaliwanag ang Pahintulot sa Pagkolekta Pagprosesong Personal na Impormasyon para sa Pagpapagamot na papel bago kumuha ng mga personal na detalye, pirmahan muna ng kliyente	Wala	30 minuto	Administrative Assistant I/ Health Information Management Unit Staff

	<p>(kung pinahihintulutan).</p> <p><b>1.2</b> Ibigay ang Patient Information Sheet form na pupunan ng kliyente/ kamag-anak or awtorisadong kinatawan.</p> <p><b>1.3</b> Ipaliwanag at kumuha ng pahintulot para sa terapyutikang paggamot.</p> <p><b>1.4</b> Paggawa ng rekord ng kalusugan at ipaliwanag ang proseso ng konsultasyon.</p>			
<p><b>2.</b> Magtungo sa Outpatient Medical Unit at sabihin ang pakay.</p>	<p><b>2.1</b> Kausapin ang kliyente o kamag-anak o awtorisadong kinatawan ng kliyente.</p> <p><b>(Para sa Dating Kliyente)</b> Kuhanin ang <i>health record</i> ng kliyente.</p>	Wala	2 minuto	Nurse III/ OPU Medical
<p><b>3.</b> Maghintay na tawagin ng Outpatient Medical Nursing Attendant para sa vital signs, timbang, sukat ng taas at pagscreen para sa E-Konsulta</p>	<p><b>3.1</b> Suriin ang vital signs ng kliyente, vital signs, timbang, sukat ng taas at sukat ng tiyan.</p> <p><b>3.2</b> Pagscreening para sa E-konsulta</p>	Wala	5 minuto	Nurse III/ OPU Medical

	para sa mga bagong kliyente			
<b>4.</b> Konsultasyon sa doktor o Physician on-duty (POD).	<b>4.1</b> Isagawa ang panayam sa kliyente/kamag-anak o awtorisadong kinatawan ng kliyente tungkol sa medikal na pangangailangan.	Wala	15 minuto - 20 minuto	Medical Specialist / Medical Officer
<b>5.</b> Magtungo sa waiting area at hintayin ang Nurse pagkatapos ng konsultasyon sa Doctor.	<b>5.1</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	Nurse III/ OPU Medical
<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	10 minuto	Social Welfare Officer/ Medical Social Work Unit
<b>7.</b> Para sa Bagong Kliyente, Maghintay sa HIMU staff para sa Medical Certificate na kakailanganin sa Malasakit  Para sa Lumang Kliyente mayroon na silang Medical Certificate na may	<b>7.1</b> Ibigay ang form ng <i>“Request for Copy of Health Information”</i> na pupunan at lalagdaan ng pasyente or awtorisadong kinatawan na may katunayan ng pagkakakilanlan o valid ID.	Wala	10 minuto	Administrative Assistant I/ Health Information Management Unit Staff



<p>bisa sa loob ng 1 taon</p>	<p>7.2 Maghanda ng dalawang kopya ng medical certificate na may diagnosis at kasalukuyang gamot ng kliyente. Pirmahan ng kliyente ang tatanggapin kopya.</p>			
<p>8. Magpunta sa Botika at ilahad ang reseta ng mga gamot.</p> <p><b>PARA SA MGA KLIYENTE NA HIHINGI NG TULONG SA MALASAKIT CENTER.</b></p> <p>-Magtungo sa Malasakit Center ipakita ang mga sumusunod:</p> <p><b>MALASAKIT CENTER CHECKLIST</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical Certificate (% HIMU) <i>(valid sa loob ng isang taon)</i></li> <li><input checked="" type="checkbox"/> Isa (1) orihinal na kopya ng reseta ng gamot</li> <li><input checked="" type="checkbox"/> Charge slip</li> </ul> <p><b>PARA SA MGA KLIYENTE NA NAIS MAGBABAYAD NG CASH</b></p> <p>-Magtungo sa Cash Unit ipakita ang</p>	<p>8.1 Suriin kung mayroong gamot sa Botika ayon sa resetang gamot.</p>	<p>Tignan ang listahan ng halaga ng gamot na nakapaskil sa harap ng tanggapan ng Pharmacy</p>	<p>5 minuto</p>	<p>Pharmacist V/ Pharmacy</p>

charge slip at magbayad				
<p><b>9.</b> Muling magtungo sa Seksyon ng Botika, ipakita ang slip ng bayad at opisyal na resibo.</p>	<p><b>9.1</b> Ihanda at ibigay ang mga gamot sa kliyente. Magbigay ng mga paalala sa paginom ng mga gamot.</p> <p><b>9.2</b> Ibigay ang Transaction Receipt at isulat dito ang petsa at oras ng follow up check up ng kliyente (kung mayroon).</p> <p><b>9.3</b> Ibigay ang opisyal na resibo at ibalik ang reseta ng mga gamot kasama ang slip ng bayad.</p>	Wala	5 minuto	Pharmacist (Pharmacy Unit)
<b>KABUUANG BAYAD AT INILAAN NA ORAS</b>		<b>Wala</b>	<b>1 oras at 32 minuto</b>	

## GENERAL MEDICAL TELE KONSULTASYON

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

<b>Office or Division:</b>	OUTPATIENT MEDICAL UNIT - 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) <b>Isang(1) Orihinal na Kopya</b>		PWD, Senior Citizen's ID, Government-issued ID		
Birth Certificate (kung mayroon) Barangay Certification <b>Isang(1) Photocopy</b>		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 Outpatient Medical 0917-125-8905 upang magpatala para sa konsultasyon.	1.1 . Itanong sa kliyente ang kanyang ipapakonsulta upang maitala sa araw ng konsultasyon ng espesialista.  Family Medicine– Mondays-Fridays (1pm-5pm)  Internal Medicine– Mondays-Fridays (8am-12pm)  Pediatrics – Mondays-Fridays (8am-12nn)	Wala	5 minuto	Outpatient medical unit staff on duty

	<p>OB – Mondays - Wednesday - Fridays (1pm-5pm)</p> <p><b>1.2.(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><b>1.3.</b>Ipadala ang kopya ng Privacy Notice gamit and Google form.</p> <p><b>1.4.</b>Payuhan ang kliyente/kamag-anak sa araw ng naitalang konsultasyon at paraan ng komunikasyon (tawag o video call).</p>		10 minuto	Outpatient medical unit staff on duty
<p><b>2.</b> Sa araw ng konsultasyon, hintayin ang tawag ng OPU medical staff para sa komfirmasyon ng inyong <i>schedule</i>.</p>	<p><b>2.1.</b>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</p>	Wala	5 minuto	Outpatient medical unit staff on duty

	<p>araw ng konsultasyon.)</p> <p><b>2.2. (Para sa Dating Kliyente)</b></p> <p>Kuhanin ang <i>health record</i> ng kliyente.</p>			
<p><b>3.</b> Makipag-ugnayan at kumunsulta sa Doctor.</p>	<p><b>3.1.</b> Isagawa ang panayam sa kliyente/kamag-anak o awtorisadong kinatawan ng kliyente tungkol sa medikal na pangangailangan.</p>	Wala	30 minuto	Medical Specialist / Medical Officer
<p><b>4.</b> Pagkatapos ng konsultasyon.</p>	<p><b>4.1.</b> Ipaliwanag sa kliyente/kamag-anak sa proseso ng pagbibigay ng reseta o magsadya sa MMWGH <i>Outpatient Medical</i> (mula 8am - 5pm) o <i>MMWGH Triage Unit</i> (5pm onwards) para makuha ang orihinal na kopya ng reseta.</p> <p><b>4.2.</b> Kapag ang pasyente ang kukuha ng reseta, magdala ng valid ID at ipakita sa OPU/Triage medical staff</p> <p>Kung authorized representative, magdala ng mga sumusunod:</p>	Wala	5 minuto	Outpatient medical unit staff on duty

	<p>a. Pirmadong authorization letter na ipinapadala sa kanilang messenger</p> <p>b. Valid ID ng pasyente</p> <p>c. Valid ID ng kinatawan</p> <p><b>4.3.</b> Payuhan ang kliyente/kamag-anak na maaaring pumunta sa MMWGH kung nais mabili ang niresetang gamot sa ospital.</p> <p><b>4.4.</b> Ipaliwanag sa kliyente/kamag-anak ang paraan ng pag-inom ng gamot at abisuhan sa araw ng <i>follow up</i> (kung kailangan) at itala sa listahan ng mga konsultasyon.</p> <p><b>4.5</b> Ipadala ang Customer Survey Form</p>			
<b>KABUUANG INILAN NA ORAS</b>		<b>Wala</b>	<b>55 na minuto</b>	

## PROSESO NG PAGLABAS/ PAGPAPALABAS NG PASYENTE MULA SA MEDICAL WARD

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

<b>Opisina o Dibisyon:</b>	MEDICAL WARD UNIT/ NURSING SERVICE			
<b>Klasipikasyon:</b>	Simpleng Transaksyon			
<b>Uri ng Transaksyon:</b>	G2C- Government to Citizen			
<b>Maaring Kumuha ng Serbisyo:</b>	Pasyente, Patient's Representative: Kamag-anak (mga), ng pasyente o Legal na Tagapangalaga ng Pasyente			
<b>LISTAHAN NG MGA REQUIREMENTS/ HIHINGIN</b>			<b>SAAN KUKUNIN</b>	
Dalawa (2) Clearance Slip (Orihinal na kopya)			Nurse 1/ Nurse II	
Isa (1) Alagang Tagubilin (Paglabas ng Pasyente)			Nurse I/ Nurse II	
Isa (1) Valid ID (Orihinal)			Sariling Pag-aari/ Ahensya ng Gobyerno	
<b>MGA DAPAT GAWIN NG KLIYENTE</b>	<b>HAKBANG NG AHENSYA</b>	<b>KAUKULANG BAYAD</b>	<b>TAGAL NG PROSESO</b>	<b>NAKATALAGANG KAWANI</b>
1. Kukunin ang papel na ukol sa Paglabas/ Pagpapauwi ng Pasyente	<p>1.1 Ipaalam ang tungkol sa Pagpapauwi ng Pasyente</p> <p>1.2 Kumpletuhin ang Nilalaman ng papel sa Pag-uwi</p> <p>1.3 Magbigay ng Gabay sa Proseso ng Pag-uwi ng Pasyente</p> <p>1.4 Pagbibigay ng Kumpletong Papel sa Pagpapauwi at dahilin ito Papuntang Billing unit</p>	Wala	1 Oras	Hospitalists Medical Specialist Nurse I/ Nurse II Medical Ward

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



<p><b>6. Magtungo sa Radiology Unit</b></p>	<p><b>6. Tignan at beripikahin ang mga dapat bayaran ng Pasyente</b></p> <p><b>6.1 Maglagay ng Buong Pangalan at Pumirma sa Papel na ukol sa Pag-uwi</b></p>	<p>Wala</p>	<p>5 Minuto</p>	<p>Radiologist Technologists Radiology Unit</p>
<p><b>7. Magtungo sa Laundry at Linen Unit</b></p>	<p><b>7. Suriin ang mga Silid ng Pasyente kung ang lahat ng Linen, Uniporme, at kobrekama ay Maayos na Naisaoli</b></p> <p><b>7.1 Maglagay ng Buong Pangalan at Pumirma sa Papel na ukol sa Pag-uwi</b></p>	<p>Wala</p>	<p>5 Minuto</p>	<p>Administrative Assistant III Nursing Attendant I/II</p>
<p><b>8. Ipakita ang Clearance slip sa Nurse' Station</b></p>	<p><b>8. Tumanggap ng kumpletong Clearance Slip</b></p> <p><b>8.1 Suriin at Bineberipika ang Pagka-kumpleto ng mga Lumagda (Billing, MSW, Pharmacy, Laboratory, Radiology, Laundry) sa Clearance Slip</b></p>	<p>Wala</p>	<p>5 Minuto</p>	<p>Nurse I Nurse II Medical Ward</p>
<p><b>9. Tanggapin ang Alagang Tagubilin at Papel ukol sa Pag-uwi</b></p>	<p><b>9. Ipaliwanag at Pag-usapan ang lahat ng Impormasyon na Nakasulat sa Papel ukol sa Pag-uwi at</b></p>	<p>Wala</p>	<p>5 Minuto</p>	<p>Medical Ward</p>

	Lagyan ng tatak na may Pangalan at Pirmahan sa Ibabaw			
<b>10.</b> Ipakita ang discharge clearance slip sa guwardiya at Lumabas ng Hospital	<b>10.</b> Ibigay ang discharge clearance slip at ihatid ang pasyente sa Paglabas ng Hospital	Wala	5 Minuto	Nurse I Nurse II Medical Ward
<b>TOTAL</b>		<b>Wala</b>	<b>2 Oras at 22 minuto</b>	

## 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>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Identification Card or ID		Government-issued ID, person with disability (PWD) ID, senior citizen ID		
<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 Lazareto Hub. Ipakita ang valid ID sa Lazareto staff.	<p><b>1.1</b> Isagawa ang pre-test counseling.</p> <p><b>1.2</b> Kung wala nang katanungan ang kliyente, magpapirma ng <i>Consent Form</i> para sa pagsusuri at punan ang <i>HTS Form</i> (Personal Information Sheet).</p>	Wala	30 minuto	Nurse on Duty/ Trained HIV Counselor
2. Mgatungo sa Laboratory Unit.	<p><b>2.1</b> Ibigay sa <i>Proficient Medical Technologist</i> ang <i>Consent Form</i> at <i>HTS Form</i> (Personal Information Sheet) ng kliyente.</p> <p><b>2.2</b> Itatanong ng <i>Proficient Medical Technologist</i> ang pangalan ng kliyente at tingnan kung tugma ang</p>	Wala	1 oras	Nurse on Duty/ Trained HIV Counselor  Proficient Medical Technologist

	<p>nakasulat sa mga forms.</p> <p><b>2.3</b> Kukuhanan ng dugo ng Proficient Medical Technologist ang kliyente at susuriin sa HIV/STI.</p>			Proficient Medical Technologist
<p><b>3.</b> Bumalik sa Lazareto Hub matapos kuhanan ng dugo.</p>	<p><b>3.1</b> Kunin ang resulta sa Laboratory Unit.</p> <p><b>3.2</b> Ibibigay ang resulta sa kliyente at isagawa ang post-test counseling.</p> <p><b>3.3 Magbibigay</b> ng schedule para sa re-testing kung ang kliyente ay mayroong latest exposure.</p>	Wala	20 minuto	Nurse on Duty/ Trained HIV Counselor
		Wala	<b>1 oras at 50 minuto</b>	

## SEXUALLY TRANSMISSIBLE INFECTION (STI) COUNSELLING, SCREENING, AND MANAGEMENT

Ang serbisyong ito ay tumutugon para sa mga kliyenteng may sintomas ng sexually transmissible infection na nais magpakonsulta.

<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>	Empleyado, Kamag-anak ng Empleyado, at iba pang Kliyente			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Identification Card or ID <b>Isang (1) orihinal</b>		Government Issued ID, Person with Disability (PWD) ID, Senior Citizen ID		
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		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Magtungo sa Lazareto Hub. Ipakita ang valid ID sa Lazareto staff.	1.1 Kapanayamin ang kliyente ukol sa medikal na pangangailangan.  1.2 Gawan ng health record ang kliyente. Kunin ang vital signs, timbang, sukat ng taas.	Wala	20 minuto	HACT Nurse
2. Konsultasyon sa Physician on Duty	2.1 Gawin ang panayam sa kliyente para sa history, physical assessment.  2.2 Isagawa ang counselling ukol sa posibleng sexually	Wala	45 minuto	Physician on Duty

	transmissible infection at gamutan nito.			
<b>3. Magtungo sa Nurse pagkatapos ang konsultasyon sa Doctor.</b>	<p><b>3.1</b> Abisuhan ang kliyente sa mga order ng Doctor. Ipaliwanag ang tagubilin sa pag-inom ng gamot at mga kinakailangang laboratory tests.</p> <p><b>3.2</b> Bigyan ng laboratory request form ang kliyente upang masuri ang specimen at masiguro ang sanhi ng impeksyon</p> <p><b>3.3</b> Pagkatapos masumite ang resulta, ito ay iinterpret ng Doctor. Bibigyan ng reseta ang pasyente at papayuhan kung pano iaadminister o iinumina ang gamot. Bibigyan ng payo ng petsa ng pagbalik, mga maaring adverse o side effects ang pasyente patungkol sa mga gamot na ibinigay.</p> <p><b>3.4</b> Abisuhan ang kliyente sa petsa ng susunod na gamutan o follow up consultation kung kinakailangan.</p>	Wala	30 minuto	HACT Nurse
<b>KABUUNANG BAYAD AT TAGAL NA INILAAN</b>		Wala	<b>1 oras at 35 minuto</b>	

## ANTI-RETROVIRAL THERAPY ENROLLMENT

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

<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>	Person Living with HIV (PLHIV) – bagong diagnosed o nais magpalipat sa Lazareto mula sa naunang treatment Hub			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Identification Card o ID		Government Issued ID, Person with Disability (PWD) ID, Senior Citizen ID		
Para sa bagong diagnosed PLHIV: <ul style="list-style-type: none"> <li>• rHIVda Confirmatory test</li> </ul> Para sa PLHIV na nais magpalipat sa Lazareto: <ul style="list-style-type: none"> <li>• referral letter galing sa naunang treatment hub</li> <li>• consent for release of information</li> <li>• kopya ng laboratory results (kung mayroon)</li> </ul>		Treatment hub/primary HIV clinic/RHU kung saan nagpatest ang kliyente  Treatment hub/primary HIV clinic kung saan unang nagpagamot and kliyente		
<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 Lazareto Hub. Ipakita ang valid ID at kaukulang dokumento sa Lazareto staff.	1.1 Kapanayamin ang kliyente ukol sa serbisyo.  1.2 Kung ang kliyente ay bagong diagnosed PLHIV, isagawa ang	Wala	45 minuto	Nurse on Duty

	<p>counselling kaugnay sa magiging kurso ng pamamahala at gamutan.</p> <p>Kung ag kliyente ay galing sa ibang treatment hub/primary HIV clinic, isagawa ang counseling kaugnay sa pagpapatuloy ng gamutan.</p> <p><b>1.3</b> Gawan ng health record ang kliyente. Kunin ang vital signs, height, weight, abdominal girth.</p>			
<p><b>2.</b> Konsultasyon sa HACT Physician</p>	<p><b>2.1</b> Gawin ang panayam sa kliyente para sa history, physical assessment.</p> <p><b>2.2</b> Isagawa ang counselling ukol sa treatment plan at gamutan.</p>	Wala	1 oras	HACT Physician
<p><b>3.</b> Magtungo sa HACT Nurse para sa ART enrollment.</p>	<p><b>3.1</b> I-enroll ang kliyente sa Anti-Retroviral Therapy at bigyan ng karampatang anti-retroviral medication at prophylaxis.</p> <p><b>3.2</b> Bigyan ng Health Regimen Booklet para sa monitoring ng mga gamot at schedule ng pagrefill.</p> <p><b>3.3</b> Magbigay ng schedule para sa</p>	Wala	30 minuto	HACT Nurse/ Lazareto staff



	susunod na pagbisita sa Lazareto Hub.			
		<b>Wala</b>	<b>2 oras at 15 minuto</b>	

## PAGKUHA NG GAMOT (OUT PATIENT)

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

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

<b>Office or Division</b>	PHARMACY UNIT   ALLIED HEALTH PROFESSIONAL SERVICE			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizens			
<b>Who may avail:</b>	Lahat			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<p><b>Reseta</b> Isang (1) orihinal na kopya para sa ordinaryong reseta.</p> <p><i>Yellow Prescription</i> para sa <i>regulated</i> o <i>controlled drug</i>.</p>		<p><i>Nurse-on-Duty</i> sa <i>Out-patient Unit/New Infirmary</i> pagkatapos ng check-up o konsultasyon o Mula sa isang doktor na ang konsultasyon ay ginawa (<i>Outside client</i>)</p>		
<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 <i>Pharmacy Unit</i> . Ipakita ang mga reseta	<p>1 Suriin ang kaayusan ng mga detalye ng Reseta.</p> <p>2 Ipaalam sa kliyente kung meron o wala ang gamot na kailangan</p> <p>3 Ihanda at gawin ang <i>Charge Slip</i> para sa mga gamot na maibibigay.</p> <p>4 Ipaalam na magtungo sa</p>	Wala	3 minuto	<i>Pharmacist I/II Pharmacy Unit</i>

	susunod na hakbang			
<p><b>PARA SA MGA KLIYENTE NA HIHINGI NG TULONG SA MALASAKIT CENTER.</b></p> <p>-Magtungo sa Malasakit Center ipakita ang mga sumusunod:</p> <p><b>MALASAKIT CENTER CHECKLIST</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Medical Certificate</b> (% HIMU) <i>(valid sa loob ng isang taon)</i></li> <li><input checked="" type="checkbox"/> <b>Isa (1) orihinal na kopya ng Reseta</b></li> <li><input checked="" type="checkbox"/> <b>Charge slip</b></li> </ul> <p><b>PARA SA MGA KLIYENTE NA NAIS MAGBABAYAD NG CASH</b></p> <p>-Magtungo sa Cash Unit ipakita</p>				

<i>ang charge slip at magbayad</i>				
<p><b>2.</b> Bumalik sa <i>Pharmacy Unit</i>, ipakita ang resibo ng binayaran kasama ang pangalawang kopya ng <i>charge slip</i> at ang reseta, Para sa bagong kliyente ng OPU</p>	<p>1 Ihanda ang mga gamot</p> <p>2 Ibigay ang gamot sa kliyente at ipaliwanag o gabayan sa tamang pag inom o paggamit sa gamot na ibinigay.</p> <p>3 Para sa bagong kliyente. Pagpapaliwanag sa paraan at kahalagahan ng pag inom o paggamit ng bago</p> <p>4 Pirmahan at ibalik sa kliyente, ang <i>transaction receipt</i> katunayang tapos na ang transakyon.</p>	Wala	<p>2 minuto</p> <p>3 minuto</p> <p>15 minuto</p>	<i>Pharmacist I or II   Pharmacy Unit</i>
<p><b>Kabuuang babayaran at oras na inilaan:</b></p>	<p><b><i>Tignan ang listahan ng halaga ng gamot na nakapaskil sa harap ng tanggapan ng Pharmacy</i></b></p>		<p><b>23 minuto</b></p>	

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



## PAGKUHA NG GAMOT (IN PATIENT)

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

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

<b>Office or Division</b>	PHARMACY UNIT   ALLIED HEALTH PROFESSIONAL SERVICE			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizens			
<b>Who may avail:</b>	Lahat ng In-patient.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<p><b>Reseta</b> Isang (1) orihinal na kopya para sa ordinaryong reseta.</p> <p><i>Yellow Prescription</i> para sa <i>regulated o controlled drug</i>.</p> <p><i>Masterlist</i> o listahan ng mga gamot na iniinom.</p>		<p>Mula sa isang doktor ng Mariveles Mental Wellness and General Hospital.</p> <p>Ipinapasa ng Nurse ang Masterlist o listahan ng mga gamot na iniinom ng pasyente.</p>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Pagtanggap ng Pharmacist ng reseta o listahan ng mga gamot galing sa nurse.	<p><b>1</b> Suriin ang kaayusan ng mga detalye ng Reseta. Ang reseta ay dapat napirmahan ng isang Doctor.</p> <p><b>3</b> Ihanda at gawin ang <i>Charge Slip</i> o Ilista ang mga gamot na naibigay sa Daily Prescription of In-Patient upang maipasa sa Billing Unit.</p> <p><b>4</b> Ipapirma sa Nurse ang reseta ng gamot na natanggap.</p>	Wala	10 minuto	<i>Pharmacist I/II   Pharmacy Unit</i>

<b>Kabuuang babayaran at oras na inilaan:</b>		<b>10 minuto</b>	
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## X-RAY

**OPERATION HOURS:** Lunes – Linggo , Bente-kwatro oras

<b>Office or Division:</b>	Allied Health Professional 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>		
<p>X-Ray Request</p> <p><b>Isa (1) orihinal na kopya - Para sa mga request na hindi galing sa MMWGH</b></p> <p><b>Dawala (2) orihinal na kopya - Galing sa MMWGH ang request</b></p>		Issued by the 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 Radiology Office at ibigay ang X-ray request.	<b>1.1</b> Tanggapin ang request at interbyuhin ang pasyente.	Wala	2 minuto	Radiologic Technologist I   Radiology Unit
2. Pumasok sa X-ray Room para sa eksaminasyon.	<b>2.1</b> Gawin ang kaukulang eksaminasyon at bigyan ng charge slip ang kliyente.	Wala	10 minuto	Radiologic Technologist I   Radiology Unit
3. Magtungo sa Cash Unit, ipakita ang charge slip at magbayad.	<p><b>3.2</b> Suriin ang Charge slip.</p> <p><b>3.3</b> Hingin at suriin ang mga kaukulang ID para sa diskwento:</p> <p>a. PWD ID</p> <p>b. Senior Citizen ID</p>	<p>Depende sa eksaminasyon na gagawin.</p> <p>(Tingnan ang pahina 3 para</p>	5 minuto	Administrative Assistant I   Cash Clerk



<p><b>3.1</b> Magtungo sa Medical Social Worker Unit at Malasakit Center at ipakita ang charge slip</p>	<p>c. at iba pa</p> <p><b>3.4</b> Tanggapin ang bayad at ibigay ang resibo.</p> <p>Ibalik ang pangalawang kopya ng charge slip.</p> <p><b>3.4</b> Interbyuhin ang kliyente. Hingin at suriin ang mga kaukulang dokumento. Bigyan ng klasipikasyon at Charge slip</p>	<p>sa batayan ng presyo.)</p>	<p>15 minuto</p>	<p>Social Work Officer I   MSWU</p>
<p><b>4.</b> Bumalik sa Reception ng Radiology Office at ipakita ang Official Receipt / Malasakit Slip</p>	<p><b>4.1</b> Kunin ang Official Receipt Number o ang Malasakit Slip at sabihan ang kliyente na makukuha ang resulta (optional: plaka ) sa loob ng dalawang araw  <b>4.2</b> Pirmahan ang transaction slip at at Ibilin sa pasyente na ibalik ito sa Security guard paglabas ng Hospital</p>	<p>Wala</p>	<p>10 minuto</p> <p>Dalawa (2) araw</p>	<p>Radiologic Technologist I   Radiology Unit</p>

<p><b>5.1</b> Ibigay ang resulta sa kliyente.</p> <p><b>5.2</b> Kunin ang transaction slip ng kliyente.</p>	<p><b>5.3</b> Papirmahin ang kliyente sa X-ray Receiving of result logbook.</p> <p><b>5.4</b> Pirmahan ang transaction slip ng pasyente at ibilin na ibalik ito sa Security guard paglabas ng Hospital.</p> <p><b>5.5</b> Pasagutan ang kliyente sa hospital client experience survey form</p>	<p>Wala</p>	<p>15 minuto</p>	<p>Radiologic Technologist I   Radiology Unit</p>
<p><b>KABUANG ORAS O BAYAD NA INILAAN</b></p>	<p><b>Pumunta sa susunod na pahina para sa presyo ng mga eksaminasyon.</b></p>	<p><b>Dalawa (2) araw at 57 minuto</b></p>		

**MGA MAGAGAWANG PROCEDURE SIMULA JANUARY 19, 2023**

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

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

**MGA HINDI MAGAGAWANG PROCEDURE SIMULA JANUARY 19, 2023**

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

**X-ray Procedure Price List**

<b>RADIOGRAPHIC PROCEDURE</b>	<b>PRICE</b>
ANKLE AP-LATERAL	200
APICOLORDOTIC	160
CHEST PA ADULT	170
CHEST PA - LATERAL ADULT	350
CHEST PA ( CHILD)	170
CHEST PA-LATERAL (CHILD)	300
ELBOW AP-LATERAL	200
FOOT AP-OBLIQUE	200
FOREARM AP-LATERAL	200

FEMUR AP- LATERAL	250
HAND PA-OBLIQUE	200
HAND PA-OBLIQUE-LATERAL	250
HUMERUS AP-LATERAL	200
KNEE AP-LATERAL	200
LEG AP-LATERAL	250
NASAL BONE	200
SHOULDER AP	200
SKULL AP-LATERAL	300
T-CAGE AP	250
T-CAGE AP-OBLIQUE	300
WATER'S VIEW	350
WRIST APL	200
SPECIAL VIEW	300

## ULTRASOUND

Schedule: Biyernes 1:00pm – 5:00pm

<b>Office or Division:</b>	Allied Health Professional Services			
<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>	
<p style="text-align: center;">Ultrasound Request</p> <p><b>Isa (1) orihinal na kopya - Para sa mga request na hindi galing sa MMWGH</b></p> <p><b>Dalawa (2) orihinal na kopya- Galing sa MMWGH ang request</b></p>			Issued by 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 Radiology Unit at ipakita ang request.	1.1 Tanggapin ang request. Interbyuhin at lischedule ang pasyente sa available na araw. Bigyan ng slip na naglalaman ng petsa, oras at preparasyon sa gagawing procedure.	Wala	10 minuto	Radiologic Technologist I   Radiology Unit
2. Bumalik sa araw ng schedule. Magtungo sa Radiology Office waiting area at maghintay ng tawag .	2.1 Tawagin ang mga pasyente upang maayos ang pagkakasunod-sunod nito. ( Unang dumating-unang gagawin)  Prayoridad ang mga senior citizen, buntis, at PWD)	Wala	30 minuto	Radiologic Technologist I   Radiology Unit

	Gawin ang kaukulang eksaminasyon at bigyan ng charge slip ang kliyente.			
3. Magtungo sa Cash Unit, ipakita ang charge slip at magbayad.	<p><b>3.3</b> Suriin ang Charge slip.</p> <p><b>3.4</b> Hingin at suriin ang mga kaukulang ID para sa diskwento:</p> <p>a. PWD ID</p> <p>b. Senior Citizen ID</p> <p>c. at iba pa</p> <p><b>3.5</b> Tanggapin ang bayad at ibigay ang resibo.</p> <p><b>3.6</b> Ibalik ang pangalawang kopya ng charge slip.</p> <p><b>3.7</b> Interbyuhin ang kliyente. Hingin at suriin ang mga kaukulang dokumento. Bigyan ng Klasipikasyon at Malasakit slip .</p>	<p>Depende sa eksaminasyon na gagawin.</p> <p>Tingnan ang pahina 3 para sa presyo.</p>	<p>5 minuto.</p> <p>15 minuto</p>	<p>Administrative Assistant I   Cash Clerk</p> <p>Social Work Officer I   MSWU</p>
3.2 Magtungo sa Medical Social Worker Unit at Malasakit Center at ipakita ang charge slip.				
4. Bumalik sa Radiology Office at ipakita ang Official Receipt o Malasakit Slip	<b>4.1</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.	Wala	2 oras	Radiologic Technologist I   Radiology Unit
5. Ibigay ang resulta sa kliyente makalipas ang dalawang	<b>5.1</b> Papirmahan ang kliyente sa ultrasound releasing of result logbook.	Wala	15 Minuto	Radiologic Technologist I   Radiology Unit

oras at kunin ang transaction slip.	<p><b>5.2</b> Pirmahan ang transaction slip ng pasyente at ibilin na ibalik ito Security guard paglabas ng Hospital.</p> <p><b>5.3</b> Pasagutan ang kliyente sa hospital client experience survey form.</p>			
<b>KABUANG BAYAT AT TAGAL NG PROSESO</b>		<b>Pumunta sa susuhod na pahina para sa presyo ng iba't-ibang procedure</b>	<b>3 oras at 13 minuto</b>	

<b>ULTRASOUND PROCEDURE</b>	<b>PRICE</b>
Breast (BOTH)	700.00
Single breast	500
Chest Bilateral	700.00
Chest unilateral	500.00
Chest with mapping	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	500.00
Neck	600.00
Upper / Lower Abdomen	600.00
Kub/pelvic	
Kub/prostate	
Whole Abdomen	850.00
Transvaginal / Transrectal	800.00
Transabdominal (pregnancy evaluation)	600.00
Transabdominal (gynecologic evaluation)	600.00
Biophysical scoring	750.00

## 2D ECHO

**OPERATION HOURS:** Huwebes at Sabado 8:00am- 5:00 pm

### DAPAT TANDAAN:

### ISKEDYUL SA PAGKUHA NG RESULTA

ARAW NG 2D ECHO	PAG-ISSUE NG RESULTA
Huwebes	Huwebes ng susunod na linggo.
Sabado	Biyernes ng susunod na linggo

<b>Office or Division:</b>	ALLIED HEALTH PROFESSIONAL SERVICES			
<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>		
Isa (1) orihinal na kopya - Para sa mga request na hindi galing sa MMWGH		Issued by Physician		
Dalawa (2) orihinal na kopya- Galing sa MMWGH ang request				
<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 Radiology Unit at ipakita ang request.  1.1 Ang request ay kailangan naaprobahan o galing sa in-house	1.3 Tanggapin ang request at itsek kung ito ay kumpleto at aprobado ng in-house cardiologist. Interbyuhin at liskedyul ang pasyente sa available na araw. Bigyan ng slip na naglalaman ng petsa, oras at preparasyon	Wala	15 minuto	Radiology Staff



<p>cardiologist bago mabigyan ng iskedyul</p> <p><b>1.2</b> Tanggapin ang transaction slip ng pasyentw</p>	<p>sa gagawing procedure.</p> <p><b>1.4</b> Pirmahan ang transaction slip ng pasyente at ibilin na ibalik ito Security guard paglabas ng Hospital</p>			
<p><b>2.</b> Bumalik sa araw ng schedule sa Radiology Office at maghintay ng tawag .</p>	<p><b>2.1</b> Tawagin ang mga pasyente upang maayos ang pagkakasunod-sunod nito. Gawin ang kaukulang eksaminasyon at bigyan ng charge slip ang kliyente.</p> <p>Ayusin ang mga eksaminasyon na nagawa para sa pagbabasa ng cardiologist</p>	Wala	<p>45 minuto</p> <p>Limang (5) opisyal na araw.</p>	<p>2d- Echo Technologist</p> <p>2d-echo Technologist / Cardiologist</p>
<p><b>3.</b> Gawan ang pasyente ng charge slip.</p>	<p><b>3.1</b> Sabihan ang pasyente na magtungo sa Cashier o sa Malasakit Center para maiproseso ang pagbabayad.</p>	Wala	2 minuto	Administrative Assistant/ 2d-echo technologist
<p><b>4.1</b> Magtungo sa Cash Unit, ipakita ang charge slip at magbayad.</p>	<p><b>4.4</b> Suriin ang Charge slip.</p> <p><b>4.5</b> Hingin at suriin ang mga kaukulang ID para sa diskwento:</p> <p>a. PWD ID</p> <p>b. Senior Citizen ID</p> <p>c. at iba pa</p>	2800	5 minuto.	Cash Clerk (Cash Clerk /

<p><b>4.2</b> Magtungo sa Medical Social Worker Unit at Malasakit Center at ipakita ang charge slip.</p>	<p><b>4.6</b> Tanggapin ang bayad at ibigay ang resibo.</p> <p><b>4.7</b> Ibalik ang pangalawang kopya ng charge slip.</p> <p><b>4.8</b> Interbyuhin ang kliyente. Hingin at suriin ang mga kaukulang dokumento. Bigyan ng Klasipikasyon at Malasakit slip .</p>		<p>15 minuto</p>	<p>Medical Social Worker</p>
<p><b>5.</b> Bumalik sa 2d-echo room at ipakita ang Official Receipt o Malasakit Slip</p>	<p><b>5.1</b> Kunin ang Official Receipt Number o ang Malasakit Slip at sabihan ang kliyente na makukuha ang resulta sa loob ng 5 opisyal na araw.</p>	<p>Wala</p>	<p>5 minuto</p>	<p>2d-Echo Technologist/Radiology Unit</p>
<p><b>6.</b> Bumalik sa araw ng pagkuha ng resulta matapos ang lima (5) opisyal na araw.</p> <p><b>6.2.</b> Tanggapin ang transaction Slip</p>	<p><b>6.3.</b> Papirmahin ang pasyente sa 2d-echo releasing of result logbook.</p> <p><b>6.4</b> Pirmahan ang transaction slip ng pasyente at ibilin na ibalik ito Security guard paglabas ng Hospital.</p> <p><b>6.5</b> Pasagutan ang kliyente sa hospital client experience survey form.</p>	<p>Wala</p>	<p>15 minuto</p>	<p>Administrative Assistant/ 2d-echo technologist</p>
<p><b>KABUUANG ORAS O BAYAD NA INILAAN</b></p>	<p><b>2800</b></p>	<p><b>Lima (5) opisyal na raw 1 oras at 39 minuto.</b></p>		

**KONSULTASYON PANG PSYCHIATRIC / NEUROLOGIC  
(BAGONG KLIYENTE)**

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

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

Para sa Neurologic na konsultasyon, ito ay nagbibigay ng serbisyo para sa mga pasyenteng nakakaranas ng Alzheimer's, dementia, seizure, epilepsy, Parkinson's Disease, migraine at iba pang neurologic problems .

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

<b>Office or Division:</b>	OUT-PATIENT UNIT PSYCHIATRY / 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>
Birth Certificate Kung wala, sertipikasyon mula sa barangay Alinman sa 2 sa mga sumusunod kung maaari. <b>Isang (1) photocopy</b>		Philippine Statistics Authority (PSA) Barangay
Referral Letter (kung mayroon man) <b>Isang (1) orihinal</b>		Recommending Agency (Ospital, DSWD, Barangay, School, Private Company)
Identification Card o ID (Kliyente/ Kamag-anak) <b>Isang (1) orihinal</b>		Person With Disability (PWD), Senior Citizen's ID, Government Issued ID
<b>PARA SA OPISYAL NG KULUNGAN (JAIL OFFICER):</b> <ul style="list-style-type: none"> <li>Recommendation Letter mula sa Korte, Order</li> </ul> <b>Isang (1) kopya</b>		Court / Korte

<ul style="list-style-type: none"> <li>• Kamag-anak/Legal Authorized Representative</li> <li>• Judicial Affidavit/ Salaysay, mga dokumento na may kaugnayan sa kaso</li> </ul> <p><b>Isang (1) orihinal</b></p> <ul style="list-style-type: none"> <li>• Social Case Study from DSWD</li> </ul> <p><b>Isang (1) orihinal</b></p>				
Social Case Study from DSWD for 'UNKNOWN' Clients		DSWD		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
<p>1. Tumawag at mag-text sa sumusunod na numero para sa scheduling ng konsultasyon</p> <p><b>OPU Psychiatry</b> - 0953-197-0146</p> <p><b>OPU Neurology-09948377565</b> (Lunes-Biyernes 8 ng umaga hanggang 5 ng hapon maliban sa holidays at Sabado, Linggo)</p>	<p>1. Kontakin at sagutin ang mga kliyenteng nag-inquire sa mga official na number.</p> <p>2. Ipaalam sa pasyente or kamag-anak (informant) na ine-encode o nire-record ang mga mapag-uusapan sa call and text.</p> <p>3. Interbyuhin ang kamag-anak at i-assess ang pasyente.</p> <p>4. Magbigay ng tagubilin sa kamag-anak ukol sa ibinigay na schedule ng</p>	Wala	1-2 araw (working days) 20 minuto	Nurse III/ Outpatient Unit - Psychiatry/ Neurology

	konsultasyon at mga requirements or dokumentong dadalin			
<p><b>2.</b> Ipaalam sa guwardiya nakatalaga sa 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>• Senior Citizen</li> <li>• Buntis</li> <li>• Pisikal na kapansanan</li> </ul> <p><b>S-Scheduled</b> <b>U-Unexpected</b></p>	<p><b>2.1</b> Ibigay ang numero ng queuing.</p>	Wala	5 minuto	OPU Security Guard
<p><b>3.</b> Magtungo sa OPU Nurse -on-duty at magbigay ng impormasyon tungkol sa konsultasyon.</p>	<p>Kapanayamin ang kliyente/ kamag-anak o legal authorized representative</p>	Wala	10 minnuto	Nurse III   Out-Patient Unit - Psychiatry/ Neurology
<p><b>4. PARA SA BAGONG KLIYENTE/ PASYENTE:</b></p> <p>Magparehistro sa Health Information and Management Unit. Punan ang form.</p>	<p>Ipaliwanang ang Pahintulot sa Pagkolekta Pagprosesong Personal na Impormasyon para sa Pagpapagamot na papel bago</p>	Wala	40 minuto	Administrative Officer /Administrative Assistant I Health Information Management Unit

	<p>kumuha ng mga personal na detalye, papirmahan muna sa kliyente (kung pinahihintulutan).</p> <p><b>2</b> Ibigay ang <i>Patient Information Sheet Form</i> ng pasyente na pupunan ng kliyente/ kamag-anak o legal authorized representative</p> <p><b>4.3</b> Ipaliwanag at kumuha ng pahintulot para sa Therapeutic Treatment.</p> <p><b>4.4</b> Paggawa ng record ng kalusugan at ipaliwanag ang proseso ng konsultasyon.</p>			
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<p>5. Maghintay na tawagin ng OPU Nurse para sa vital signs, weight, height at abdominal girth.</p>	<p>Suriin ang vital signs ng kliyente, vital signs, weight, height at abdominal girth.</p> <p><b>5.2 PARA SA BAGONG KLIYENTE</b> Bigyan ng Psychiatry Outpatient Booklet at ipaliwanag ang mga nilalaman o magbigay ng Health Teachings.</p>	<p>Wala</p>	<p>15 minuto</p>	<p>Nurse III   Out-Patient Unit - Psychiatry</p>
<p>6. Konsultasyon sa doktor o Physician on duty (POD)</p> <p><b>PARA SA KLIYENTENG NA-ASSESS PARA SA PSYCHIATRIC ADMISSION</b></p>	<p><b>6.1</b> Gawin ang panayam sa 6kliyente/ kamag-anak legal authorized representative para sa history, mental examination ng kliyente.</p> <p><b>6.2</b> Ilista ang mga gamot sa reseta at ang susunod na konsultasyon ng kliyente.</p> <p><b>6.3</b> Kumpletuhin ang mga dokumento tulad ng reseta, <i>laboratory and</i></p>	<p>Wala</p> <p>Wala</p> <p>Wala</p>	<p>45 minuto</p> <p>20 minuto</p> <p>20 minuto</p>	<p>Medical Specialist / Medical Officer</p> <p>Nurse III   Out-Patient Unit - Psychiatry</p> <p>Administrative Officer /Administrative Assistant I Health Information Management Unit</p>

<p><b>PARA SA KLIYENTENG NA-ASSESS PARA SA AGARANG LUNAS (MEDICAL)</b></p>	<p><i>diagnostic requests.</i></p>	Wala	20 minuto	Social Welfare Officer I Medical Social Work Unit
	<p><b>6.4</b> Ipabago ang forms (Consultation Form to Admission Form)</p>	Wala	20 minuto	
		Wala	5-10 minuto	Nurse III   Out-Patient Unit - Psychiatry
	<p><b>6.5</b> Gawin ang panayam sa kliyente/ kamag-anak o <i>legal authorized representative.</i></p>			Nurse III   Out-Patient Unit Psychiatry/Neurology
	<p><b>6.6</b> I-transfer ang pasyente sa Admission and Intervention Crisis Unit</p>			
	<p><b>6.7</b> Dalhin ang pasyente sa Emergency Room</p>			
<p><b>PARA SA OUTPATIENT</b></p> <p><b>7.</b> Pagkatapos ng konsultasyon sa doctor. Muling bumalik sa waiting area at hintaying tawagin ng nurse at ibigay ang Psychiatry Outpatient Booklet</p>	<p><b>7.1</b> Isulat ang petsa ng susunod na konsultasyon. Ibalik sa kliyente /kamag-anak ang reseta, Psychiatry Outpatient Booklet/ talaan,</p>	Wala	10 minuto	Nurse III   Out-Patient Unit - Psychiatry



	<p>at magbigay ng tagubilin tungkol sa kanilang susunod na konsultasyon.</p> <p><b>7.2</b> Para sa kliyenteng walang injection, ibigay ang Transaction Receipt at Hospital Client Experience Survey Form. Sagutan kung matapos na ang mga transaction at ihulog sa Suggestion Box or ibigay sa PACU staff.</p>			
<p><b>8.</b> Magtungo sa Medical Social Work Unit para sa klasipikasyon/ classification.</p>	<p><b>8.1</b> Gawin ang panayam sa kliyente/ kamag-anak o legal authorized representative.</p>	Wala	20 minuto	Social Welfare Officer I Medical Social Work Unit
<p><b>9.</b> Pumunta sa OPU-HIMU para sa Medical Certificate</p> <p>Maghintay na tawagin ng Health Information Management Unit (HIMU) Staff</p>	<p><b>9.1</b> I-refer sa OPU-HIMU para sa issuance ng Medical Certificate para sa Malasakit.</p> <p><b>9.2</b> Ibigay ang kopya ng Request for Copy of Health Information na pupunan at lalagdaan ng pasyente o authorized</p>	Wala	10 minuto	Nurse III   Out-Patient Unit - Psychiatry

	<p>representative na may katunayan ng pagkakakilanlan o valid ID.</p> <p><b>9.3</b> Maghanda ng dalawang kopya ng medical certificate na may diagnosis at kasalukuyang gamot ng kliyente. Pirmahan ng kliyente ang receiving copy.</p>			
<p><b>10.</b> Magpunta sa Pharmacy at ilahad ang reseta ng mga gamot.</p> <p><b>PARA SA MGA KLIYENTE NA HIHINGI NG TULONG SA MALASAKIT CENTER PARA SA GAMOT, LABORATORY AT MGA AVAILABLE NA DIAGNOSTIC PROCEDURES.</b></p> <p>-Magtungo sa Malasakit Center at ipakita ang Charge Slip</p>	<p><b>10.1</b> Suriin kung mayroon gamot sa Pharmacy ayon sa reseta ng gamot at magbigay ng charge slip.</p>	<p>Tignan ang listahan ng halaga ng gamot na nakapaskil sa harap ng tanggapan ng Pharmacy</p>	<p>4 minuto</p>	<p>Pharmacist/ Pharmacy Unit</p>

<b>PARA SA MAY KAKAYAHANG MAGBAYAD, PUMUNTA SA CASH UNIT, IPAKITA ANG CHARGE SLIP</b>				
<b>11.</b> Muling magtungo sa Pharmacy Section/ Botika, ipakita ang charge slip/ official receipt.	<b>11.1</b> Ihanda at ibigay ang mga gamot sa kliyente. Magbigay ng mga paalala sa paginom ng mga gamot.	Wala	5 minuto	Pharmacist /Pharmacy Unit
<b>12.</b> Magtungo sa OPU Nurse para sa mga gamot na for injection.	<b>12.1</b> Sa mga kliyente na para sa injection, ipaliwanag ang proseso sa kliyente, ihanda at i-administer ang gamot through injection.	Wala	10 minuto	Nurse III   Out-Patient Unit - Psychiatry
<b>KABUUNANG BAYAD AT ORAS NA ILALAN</b>		<b>Wala</b>	<b>2 araw (working days), 4 oras at 44 minuto</b>	

## KONSULTASYON PANG PSYCHIATRIC / NEUROLOGIC (LUMANG KLIYENTE)

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

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

Para sa Neurologic na konsultasyon, ito ay nagbibigay ng serbisyo para sa mga pasyenteng nakakaranas ng Alzheimer's, dementia, seizure, epilepsy, Parkinson's Disease, migraine at iba pang neurologic problems .

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

<b>Office or Division:</b>	OUTPATIENT UNIT (PSYCHIATRY) /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..			
CHECKLIST REQUIREMENTS		WHERE TO SECURE		
Psychiatry Outpatient Booklet		Outpatient Unit		
AlagangTagubilin (Discharged Patient) Isa(1) photocopy		Ibibigay ng MMWGH Nurse bago mapauwi ang pasyente.		
Confirmed schedule mula sa Text Message, Messenger, Paraan ng Pag-Inom ng Gamot Form		Psychiatry Outpatient Booklet Pharmacy Unit/ Botika		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1. Tumawag at mag-text sa sumusunod na numero para sa scheduling ng konsultasyon  <b>OPU Psychiatry - 0953-197-0146</b>	1. Kontakin at sagutin ang mga kliyenteng nag-inquire sa mga official na number.  2. Ipaalam sa pasyente or	Wala	1-2 araw (working days) 20 minuto	Nurse III/ Outpatient Unit Psychiatry/ Neurology

<p><b>OPU Neurology-09948377565</b> (Lunes-Biyernes 8 ng umaga hanggang 5 ng hapon maliban sa holidays at Sabado, Linggo)</p>	<p>kamag-anak (informant) na ine-encode o nire-record ang mga mapag-uusapan sa call and text.</p> <p>3. Interbyuhin ang kamag-anak at i-assess ang pasyente.</p> <p>4. Magbigay ng tagubilin sa kamag-anak ukol sa ibinigay na schedule ng konsultasyon at mga requirements or dokumentong dadalin</p>			
<p><b>SA ARAW NG KONSULTASYON</b></p> <p>2. Ipaalam sa guwardiya 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>• Senior Citizen</li> <li>• Buntis</li> <li>• Pisikal na kapansanan</li> </ul> <p><b>S-Scheduled</b> <b>U-Unscheduled</b></p>	<p>2.1 Ibigay ang numero ng queuing.</p>	<p>Wala</p>	<p>5 minuto</p>	<p>OPU Security Guard</p>
<p>3. Magtungo sa OPU Nurse -on-duty at magbigay ng impormasyon</p>	<p>3.1 Kapanayamin ang kliyente/ kamag-anak o legal authorized representative</p>	<p>Wala</p>	<p>10 minnuto</p>	<p>Nurse III   Out Patient Unit - Psychiatry/ Neurology</p>

tungkol sa konsultasyon.				
4. Maghintay na tawagin ng OPU Nurse para sa vital signs, weight, height at abdominal girth at ipakita ang Psychiatry OPU Booklet.	4.1 Suriin ang vital signs ng kliyente, vital signs, weight.  <b>PARA SA NAWALA O NASIRA ANG OPU PSYCHIATRY BOOKLET, KAILANGANG MAGBAYAD NG P50.00</b>	Wala  P50.00	15 minuto	Nurse III   Out-Patient Unit - Psychiatry/ Neurology  Supervising Administrative Officer   Billing Unit / Cash Unit
5. Konsultasyon sa doktor Physician-on-duty (POD).  <b>PARA SA KLIYENTENG NA-ASSESS PARA SA PSYCHIATRIC ADMISSION</b>  Magtungo sa Medical Social Work Unit para sa klasipikasyon/ classification (kung meron ng isang taon)	5.1 Gawin ang panayam sa kliyente/ kamag-anak o legal authorized representative para sa history, mental examination ng kliyente.  5.2 Ilista ang mga gamot sa reseta at ang susunod na konsultasyon ng kliyente.  5.3 Kumpletuhin ang mga dokumento tulad ng laboratory and diagnostic requests at reseta  5.4 Ipabago ang forms (Consultation Form to Admission Form)  5.5 Gawin ang panayam sa kliyente/	Wala  Wala  Wala  Wala	45 minuto  20 minuto  20 minuto  20 minuto	Medical Specialist / Medical Officer  Nurse III   Out-Patient Unit - Psychiatry  Administrative Officer /Administrative Assistant I Health Information Management Unit  Social Welfare Officer I Medical Social Work Unit

<p><b>PARA SA KLIYENTENG NA-ASSESS PARA SA AGARANG LUNAS (MEDICAL)</b></p>	<p>kamag-anak o legal authorized representative.</p> <p><b>5.6</b> I-transfer ang pasyente sa Admission and Intervention Crisis Unit</p> <p><b>5.7</b> Dalhin ang pasyente sa Emergency Room</p>	<p>Wala</p>	<p>5-10 minuto</p>	<p>Nurse III   Out-Patient Unit - Psychiatry</p> <p>Nurse III   Out-Patient Unit - Psychiatry/Neurology</p>
<p><b>PARA SA OUTPATIENT</b></p> <p><b>6.</b> Pagkatapos ng konsultasyon sa doctor. Muling bumalik sa waiting area at hintaying tawagin ng nurse at ibigay ang Psychiatry Outpatient Booklet.</p>	<p><b>6.1</b> Isulat ang petsa ng susunod na konsultasyon sa Psychiatry Outpatient Booklet. Ibalik sa kliyente /kamag-anak ang reseta, Psychiatry Outpatient Booklet / talaan, at magbigay ng tagubilin tungkol sa kanilang susunod na konsultasyon.</p> <p><b>6.2</b> Para sa kliyenteng walang injection, ibigay ang Transaction Receipt at Hospital Client Experience Survey Form. Sagutan kung matapos na ang mga transaction at ihulog sa Suggestion Box or ibigay sa PACD.</p>	<p>Wala</p>	<p>10 minuto</p>	<p>Nurse III   Out-Patient Unit - Psychiatry/ Neurology</p>
<p><b>7.</b> Magtungo sa Medical Social Work Unit para sa</p>	<p><b>7.1</b> Gawin ang panayam sa kliyente/ kamag-anak o legal</p>	<p>Wala</p>	<p>20 minuto</p>	<p>Social Welfare Officer I</p>

klasipikasyon/ classification (kung meron ng isang taon)	authorized representative.			Medical Social Work Unit
Pumunta sa OPU- HIMU para sa Medical Certificate  Maghintay na tawagin ng Health Information Management Unit Staff	I-refer sa OPU-HIMU para sa issuance ng Medical Certificate for Malasakit (kung mayroon ng isang taon na o validity expired).  Ibigay ang kopya ng Request Copy ng Impormasyong Pangkalusugan na kopunan at lalagdaan ng pasyente o authorized representative na may katunayan ng pagkakakilanlan o valid ID.  Maghanda ng dalawang kopya ng medical certificate na may diagnosis at kasalukuyang gamot ng kliyente. Pirmahan ng kliyente ang receiving copy.	Wala	10 minuto	Nurse III   Out-Patient Unit - Psychiatry  Administrative Officer / Administrative Assistant I (Out Patient Staff (Health Information Management Unit) Staff
Magpunta sa Pharmacy at ilahad ang reseta ng mga gamot.  <b>PARA SA MGA KLIYENTE NA HIHINGI NG TULONG SA</b>	Suriin kung mayroong gamot sa Pharmacy ayon sa reseta ng gamot at magbigay ng charge slip.	Tignan ang listahan ng halaga ng gamot na nakapask il sa harap ng tanggapan ng Pharmacy	4 minuto	Pharmacist/ Pharmacy Unit



<p><b>MALASAKIT CENTER PARA SA GAMOT, LABORATORY AT MGA AVAILABLE NA DIAGNOSTIC PROCEDURES.</b></p> <p>-Magtungo sa Malasakit Center at ipakita ang Charge Slip at Medical Certificate</p> <p><b>PARA SA MGA KLIYENTE NA NAIS MAGBABAYAD NG CASH</b></p> <p>-Magtungo sa Cash Unit ipakita ang charge slip at magbayad</p>				
<p>d. Muling magtungo sa Pharmacy Section/ Botika, ipakita ang charge slip o official receipt.</p>	<p>1 Ihanda at ibigay ang mga gamot sa kliyente. Magbigay ng mga paalala sa paginom ng mga gamot.</p>	<p>Wala</p>	<p>5 minuto</p>	<p>Pharmacist   Pharmacy Unit</p>
<p>Magtungo sa OPU Nurse para sa mga gamot na for injection.</p>	<p>1 Sa mga kliyente na para sa injection, ipaliwanag ang proseso sa kliyente, ihanda at i-administer ang gamot through injection.</p>	<p>Wala</p>	<p>10 minuto</p>	<p>Nurse III   Outpatient Psychiatry</p>
<p><b>KABUANG ORAS AT BAYAD NA INILAAAN</b></p>		<p><b>PHP 50.00 kung nawala o nasira ang</b></p>	<p><b>2 araw (working days), 4 oras and 4 minuto</b></p>	

	<b>Psychiatry Outpatient Booklet</b>		
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## PROSESO PARA SA PSYCHIATRIC TELE KONSULTASYON (LUMANG KLIYENTE)

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

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

Ang Telekonsultasyon sa OPU Neurology ay nagbibigay ng serbisyo para sa mga dati ng kliyente na nakakaranas ng Alzheimer's, dementia, seizure, epilepsy, Parkinson's Disease, migraine at iba pang neurologic problems .

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

<b>Office or Division:</b>	OUT-PATIENT UNIT PSYCHIATRY/ 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 na kopya</b>		Philippine Statistic Authority (PSA) Government Issued ID Barangay		
Recommendation Letter (kung mayroon man) <b>Isa(1) orihinal na kopya</b>		Recommending Agency (Ospital, DSWD, Barangay, School, Private Company)		
Wastong pagkakakilanlan o ID (Pasyente/Kamag-anak) na mayroong petsa ng kapanganakan, gitnang pangalan <b>Isa(1) orihinal 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>

<p>1. Magtanong sa Facebook Page ng MMWGH tungkol sa proseso ng Tele-konsultasyon.</p> <p>1.1 Maaari ding magtanong sa sumusunod na numero.</p> <p><b>OPU Psychiatry - 0953-197-0146</b></p> <p><b>OPU Neurology- 09948377565</b> (Lunes-Biyernes 8 ng umaga hanggang 5 ng hapon maliban sa holidays at Sabado, Linggo)</p>	<p>1. Kontakin ang mga kliyenteng nag-inquire sa page.</p> <p>2. Interbyuhin ang kamag-anak at i-assess ang pasyente.</p> <p>3. Magbigay ng tagubilin sa kamag-anak ukol sa iskedyul ng telekonsultasyon.</p> <p>1. Paraan ng Komunikasyon ng telekonsultasyon</p> <p>1.3.1.1 OPU Psychiatry Messenger Phone call Zoom</p> <p>1.3.1.2 OPU Neurology Viber (09948377565)</p> <p>I-encode ang lahat ng mga tanong/query na matatanggap</p>	Wala	1-2 araw 2 minuto	Nurse III/ Outpatient Unit
<p>Hintayin ang tawag ng OPU staff sa umaga ng itinakdang iskedyul ng telekonsultasyon.</p>	<p>Tawagan ang kamag-anak upang ipaalala ang iskedyul ng telekonsultasyon</p> <p>Tanungin sa kamag-anak kung anong account (FB/messenger) ang gagamitin para sa tele konsultasyon para sa OPU Psychiatry client.</p> <p>Para sa OPU Neurology, kunin ang viber number ng kliyente</p> <p>Abisuhan na manatiling online sa hapon</p>	Wala	2 minuto	Nurse III/ Outpatient Unit

Konsultasyon sa doktor	Interbyuhin ang pasyente/kamag-anak o authorized representative para sa mental status examination ng pasyente	Wala	1 oras	Medical Specialist/ Medical Service
Pagkatapos ng tele-konsultasyon, maghintay sa tawag ng OPU staff	<p><b>Abisuhan ang pasyente/kamag-anak kung sa paanong paraan kukunin ang reseta .</b></p> <p>Kung pupunta sa ospital: Kapag si pasyente ang kukuha ng reseta, magdala ng valid ID at ipakita sa OPU staff</p> <p>Kung authorized representative , magdala ng mga sumusunod,</p> <ol style="list-style-type: none"> <li>a. Pirmadong authorization letter na ipinapadala sa kanilang messenger</li> <li>b. Valid ID ng pasyente</li> <li>c. Valid ID ng kinatawan</li> </ol> <p>Ilista ang gamot na nireseta ng doctor at iskedyul sa susunod ng konsultasyon ng pasyente. Abisuhan ang pasyente o kamag-anak para sa susunod na konsulta</p> <p><b>4.4</b> Ipadala ang Customer Survey Form</p>	Wala	2 minuto	Nurse III/ Outpatient Unit
<b>KABUUANG BAYAD AT ORAS NA ILALAN</b>		Wala	<b>2 araw, 1 oras at 6 na minuto</b>	

## 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>		Issue mula sa Psychology Unit Staff		
Referral Slip <b>Isa (1) Orihinal na kopya</b>		Issue mula sa Out-patient Unit o Ward na 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>		Issue mula sa Psychology Unit Staff		
Official Receipt <b>Isa (1) Orihinal na kopya</b>		Issue mula sa Billing Unit		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

<p>1. Pumunta sa psychology unit</p>	<p>1. Sasamahan ng nurse-on- duty ang pasyente papuntang Psychology Unit at ibibigay ang referral slip kasama ang patient's chart.</p> <p>2. Iskedyul ang pasyenteng nirefer para sa psychotherapy at magbigay ng schedule slip.</p> <p>3. Ipaliwanag sa pasyente ang proseso ng psychotherapy.</p> <p>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>	<p>Wala</p>	<p>15 minuto</p>	<p>Nurse o Nursing Attendant/ Out-patient Unit</p> <p><i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i></p>
<p>2. 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.</p>	<p>1. Tanggapin ang Covid-19 RT-PCR o Antigen na may negative result o ang Vaccination Card.</p> <p>2. Hanapin ang pangalan ng pasyente sa listahan ng iskedyul para sa psychotherapy sesyon.</p> <p>3. Isagawa ang initial consultation o follow-up psychotherapy na sesyon base sa referral.</p>	<p>Wala</p>	<p>45-60 minuto</p>	<p><i>Administrative Assistant o Administrative Officer (Psychometrician) at/o Psychologist / Psychology Unit</i></p>

<p><b>3.</b> Kunin ang charge slip para sa Psychotherapy session fee.</p>	<p><b>1</b> Ibigay ang Charge Slip.</p>	<p>Php500.00 para sa paunang konsultation; Php400.00 para sa mga susunod na sesyon ng psychotherapy</p>	<p>5 minuto</p>	<p><i>Administrative Assistant o Administrative Officer (Psychometrician) /Psychology Unit</i></p>
<p><b>4.</b> Pumunta sa cash unit o malasakit center para sa pagbabayad</p>	<p><b>4.1</b> Tanggapin ang charge slip at payment.  <b>4.2</b> Ibigay the Official Receipt</p>	<p>Php500.00 para sa paunang konsultation; Php400.00 para sa mga susunod na sesyon ng psychotherapy</p>	<p>5 minuto</p>	<p>Administrative Assistant Administrative Officer / Cash unit  Administrative Assistant Administrative Officer / Malasakit Center</p>
<p><b>5.</b> Bumalik sa Psychological Unit at ipakita ang Official Receipt para sa pagrerekord.</p>	<p><b>5.1</b> Irekord ang Official Receipt Number sa log book.  <b>5.2</b> Ipaalam sa Pasyente ang susunod niyang iskedyul ng psychotherapy sesyon.</p>	<p>Wala</p>	<p>5 minuto</p>	<p><i>Administrative Assistant o Administrative Officer (Psychometrician) Psychology Unit</i></p>
<p><b>KABUANG ORAS AT BAYAD NA INILAN</b></p>		<p><b>Php500.00 para sa paunang konsultation; Php400.00 para sa mga susunod na sesyon ng psychotherapy</b></p>	<p><b>1 oras at 30 minuto</b></p>	



## PSYCHOLOGICAL ASSESSMENT FOR INPATIENT

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			
<b>Type of transaction:</b>	Highly Technical			
<b>Who may avail:</b>	<b>InPatients</b> na may layunin para sa Diagnostic at/o Treatment.			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Schedule Slip <b>One(1) Orihinal na kopya</b>			Issue mula sa Psychology Unit Staff	
Referral Slip <b>One(1) Orihinal na kopya</b>			Issue mula ng Medical specialist o Officer mula sa Ward	
Covid-19 RT PCR or Antigen Result (if advised) <b>One(1) Orihinal na kopya</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>  Ang nurse o nursing attendant ay pupunta sa Psychology Unit	<b>1.1</b> Ang nurse o nursing attendant ay nagbibigay ng referral slip kasama ang patient's chart.  <b>1.2</b> Iskedyul ang referred patient para sa assessment at ibigay ang schedule slip.	Wala	5 minuto	<i>Nurse o Nursing Attendant / Ward</i>  <i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i>
Ipapasa ang Covid-19 RT PCR or Antigen Result sa loob ng 3 araw bago ang testing iskedyul o magpakita ng Vaccination card.	<b>1.1</b> I-verify ang vaccination card o tanggapin ang Covid-19 RT PCR or Antigen Result. <b>PARA SA NEGATIBO SA COVID-19 O ANTIGEN RESULT</b> Magpatuloy sa 2.2 step.	Wala	2 minuto	<i>Nurse o Nursing Attendant / Ward</i>  <i>Administrative Assistant o</i>

	<p><b>PARA SA POSITIBO SA COVID-19 O ANTIGEN RESULT</b>          Ang kliyente ay mareiskedyul hanggang sa gumaling.  <b>2.2</b>          Ipaalam sa nurse o nursing attendant, kung kailan ang iskedyul at oras ng pagsusulit.</p>			<p><i>Administrative Officer (Psychometrician) / Psychology Unit</i></p>
<p><b>3.</b>          Sa araw ng assessment, pupunta ang Administrative Assistant o Administrative Officer (Psychometrician at/o Psychologist sa open area malapit sa ward ng pasyente para maisagawa ang testing.  <i>*sa tulong ng nurse o nursing attendant</i></p>	<p><b>3.1</b>          Hanapin ang pangalan ng pasyente sa listahan ng mga nakaiskedyul na magsusulit.  <b>3.2</b>          Ibigay ang battery of psychological tests base sa referral.</p>	<p>Wala</p>	<p>5-6 oras          (Nakadepende sa klase ng psychological test na sasagutan at sa kakayahan ng pasyenteng magsagot.)</p>	<p><i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i></p> <p><i>Nurse o Nursing Attendant / Ward</i></p>
<p><b>4.</b>          Ang pasyente ay babalik sa ward sa tulong ng nurse o nursing attendant.</p>	<p><b>4.1</b>          Ipaalam sa nurse o nursing attendant na ang Psychological Test Result/ Evaluation Report ay handa na sa loob ng 20 na araw ng trabaho at ipapasa sa ward ng pasyente.</p> <p>(Ang pagaayos ng Psychological Test Result/ Evaluation Report ay maaring mas tumagal, depende sa dami ng</p>	<p>Wala</p>	<p>3 minuto</p>	<p><i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i></p>

	pagsusuring naibigay at sa dami ng pasyenteng nakalaan sa buwan)			
<b>KABUUANG ORAS AT BAYAD NA INILAN</b>		<b>Wala</b>	<b>20 na araw ng trabaho, 6 oras, at 10 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>	Issued ng Psychology Unit Staff			
Referral Letter <b>Isa(1) Orihinal na kopya</b>	Mula sa offices/agencies ng kliyente.			
<b>SA ARAW NG TESTING DATE KAPAG NABIGYAN NA NG SCHEDULE SLIP:</b>				
2x2 ID Picture na may puting background <b>Isa(1) piraso</b>	Manggagaling mula sa kliyente. Mula sa Akreditadong Testing Facility PWD ID, Senior Citizen ID, Voter's ID, any Government Issued ID			
<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>				
Government issued ID <b>One(1) Original</b>				
Charge Slip <b>One(1) Original copy</b>	Issued ng Psychology Unit Staff			
Official Receipt <b>One(1) Original copy</b>	Makukuha sa 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 posisyon na inaaplayan, pinakamataas na antas na</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>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 marereschedule hanggang sa gumaling.</p> <p><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> <p><b>2.3</b></p> <p>Abisuhan ang kliyente at/o ahensya na bibigyan lamang sila ng isang oras na palugit sa kanilang schedule at kung lumagpas ay hindi na itutuloy</p>	<p>Wala</p>	<p>5 minuto</p>	<p><i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i></p>

	<p>ang psychological evaluation.</p> <p>Kapag hindi nakarating sa nasabing oras sa itinakdang petsa, ang ibibigay sa pasyente ay ang susunod na iskedyul.</p>			
<p><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 ng Vaccination card at kukuha ng pagsusulit.</p>	<p><b>3.1</b> Ibibigay ang battery of Psychological Tests.</p>	Wala	4 oras	<i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i>
<p><b>4.</b> Tanggapin ang Charge Slip para sa pagbabayad ng Psychological exam fee.</p>	<p><b>4.1</b> Ibibigay ang Charge Slip</p>	Wala	2 minuto	<i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i>
<p><b>5.</b> Pumunta sa Billing Unit at magbayad ng kinakailangang halaga.</p>	<p><b>5.1</b> Iproseso ang bayad at ibigay ang Official Receipt</p>	Php 2,207.00	3 minuto	<i>Administrative Assistant o Administrative Officer / Billing Unit</i>
<p><b>6.</b> Ang kliyente ay babalik sa Psychology Unit. Ipapakita ang Official Receipt at Transaction slip.</p>	<p><b>6.1</b> Irecord ang Official Receipt number at ipapaalam sa kliyente na ang Neuropsychological Report ay magagawa sa loob ng 20 na araw ng trabaho.</p> <p><b>6.2</b> Ipapaalam sa kliyente o sa ahensya online interview schedule. (Ito ay nakadepende kung mayroon ng medical specialist.)</p> <p><b>6.3</b> Lagdaan ang transaction slip.</p>	Wala	5 minuto	<i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i>
<p><b>7.</b> Maglog-in sa Zoom platform para sa scheduled Neuropsychological Interviews.</p>	<p><b>7.1</b> Ang psychiatrist on duty ay magsasagawa ng interview via Zoom. Ipaalam sa ahensya na ang</p>	Wala	15 – 30 minuto	Medical specialist / Out-patient Unit

	petsa kung kailan kukunin ang neuropsychological report.			
<p><b>8.</b> Ang walk-in na kliyente o staff ng ahensyang nag refer ay babalik sa psychology unit upang kunin ang Neuropsychological Report.</p> <p>Ipakita ang isang (1) valid Government ID. Kung may representative, magpasa ng Authorization Letter at photocopy ng isang (1) valid Government ID ng kliyente at ng representative.</p>	<p><b>8.1</b> Pag-issue ng Neuropsychological Report.</p> <p>(Ang pagaayos ng Neuropsychological Report ay maaaring mas tumagal, depende sa dami ng pagsusuring naibigay at sa dami ng kliyenteng nakalaan sa buwan)</p>	Wala	10 minuto	<i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i>
<b>KABUUANG ORAS AT BAYAD NA INILAAAN</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>Isa (1) Original na kopya</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	<p>1. Ang nurse-on-duty ay sasamahan ang pasyente papuntang Psychology Unit at ibibigay ang referral slip kasama ang patient's chart.</p> <p>2. I-schedule ang referred patient para sa assessment at bigyan ito ng schedule slip.</p> <p>3. Ipaalam sa pasyente ang</p>	Wala	5 minuto	<p><i>Nurse on Duty</i> Out-patient Unit</p> <p><i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i></p>



	<p>tungkol sa proseso ng testing.</p> <p><b>1.4</b> 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>			
<p><b>2.</b> Sa araw ng scheduled assessment, ipasa ang schedule slip at Covid-19 RT-PCR o Antigen Result, o ipakita ang vaccination card.</p>	<p><b>1.</b> I-verify ang vaccination card o tanggapin ang Covid-19 RT-PCR o Antigen na may negative result.</p> <p><b>2.</b> I-verify ang pangalan ng pasyente sa listahan ng mga nakaschedule na magsusulit.</p> <p><b>3.</b> 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.)	<p><i>Administrative Assistant o Administrative Officer (Psychometrician) and/or Psychologist / Psychology Unit</i></p>
<p><b>3.</b> Kunin ang charge slip of psychological examination fee.</p>	<p><b>3.1</b> Ibigay ang Charge Slip.</p>	Wala	2 minuto	<p><i>Administrative Assistant o Administrative Officer (Psychometrician) / Psychology Unit</i></p>
<p><b>4.</b> Pumunta sa billing unit upang</p>	<p><b>4.1</b> Tanggapin ang charge slip at bayad.</p>	Ang presyong babayaran ay nakadepende sa mga klase ng	5 minuto	<p><i>Administrative Assistant o Administrative Officer /</i></p>

makapag bayad o malasakit center.	<b>4.2</b> Ibigay ang Official Receipt	psychological test na sinagutan.		Billing unit Malasakit center
<b>5.</b> 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>	Ang presyong babayaran ay nakadepende sa mga klase ng psychological test na sinagutan.	20 araw ng trabaho, 6 oras, and 15 minuto	<b>END OF TRANSACTION</b>

## PROSESO SA PAGKUHA NG MEDICAL CERTIFICATE, CERTIFICATE OF CONFINEMENT, CLINICAL CASE SUMMARY AT PSYCHIATRIC REPORT

Ang proseso na ito ay ang pag-iisyu ng Medical Certificate , Certificate of Confinement , Clinical Case Summary at Psychiatric Report para sa mga kliyente na na-admit/ nagpakonsulta sa Mariveles Mental Wellness and General Hospital. Para sa kliyente na nagpapakonsulta sa Out-Patient Unit ( General Medical Service/ Psychiatry) , maaaring magrequest mula Lunes- Biyernes (8:00 ng umaga- 5: 00 ng hapon). Para sa kliyente na nakaadmit sa Ward, maaaring magrequest mula Lunes-Linggo ( walang nakatalagang oras).

<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>	In-Patient, Out-Patient , Kamag-anak/ Awtorisadong Kinatawan			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
Kliyente ( Upang Lagdaan “ <i>Request for Copy of Health Information</i> ”)	Health Information Management Unit (HIMU) Out-Patient Unit ( Lunes-Biyernes 8:00 am-5:00 pm)			
Valid I.D. (Kliyente, Kamag-anak/ Awtorisadong Kinatawan at Empleyado) Isa (1) orihinal na kopya	PWD, Senior Citizen ID, Government Issued ID			
Court Order ( para sa may kaso) Isa (1) orihinal na kopya	Respective Trial Court			
<b>PAALALA: Kinakailangan ang presensya ng kliyente sa pagkuha ng Medical Certificate, Certificate of Confinement, Clinical Case Summary at Psychiatric Report</b>				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. <i>Out-Patient - General Medical Service/Psychiatry</i> Magtungo sa Out-Patient Unit	1.1. Kuhanin ang “ <i>referral</i> ” mula sa Nurse on Duty tungkol sa hinihinging “ <i>certificate</i> ” o dokumento.	Wala	5 minuto	(Health Information Management Unit) Staff-Administrative Officer /Administrative

<p>at lumapit sa Nurse na nakaduty upang sabihin ang kailangan na “certificate” o dokumento.</p> <p><i>In Patient - General Medical Service/Psychiatry</i> Magtungo kung saan nakaadmit ang pasyente at sabihin sa Nurse na nakaduty ang kailangang certificate o dokumento.</p>	<p>1.2 Humingi ng anumang patunay ng pagkakakilanlan / Valid ID mula sa pasyente o awtorisadong kinatawan. Itanong kung saan gagamitin ang hiniling na certificate at kung saan ito ipapasa.</p> <p>1.3 Ibigay ang “Request for Health Information form” sa pasyente/awtorisadong kinatawan.</p> <p>Gabayan ang kliyente/ awtorisadong kinatawan sa pagsagot ng form at suriin kung tama ang impormasyong nakasulat at tiyaking piprmahan ng pasyente ang form</p>			<p>e Assistant I/ Administrative Assistant II (Admission and Information Section Staff)</p>
	<p>1.4 Gawin ang certificate/ document and dalhin ito sa Attending Physician upang pirmahan ito.</p>		<p>20 minuto</p>	

	<p>1.5 Bigyan ang pasyente/awtorisadong kinatawan ng charge slip para sa kaukulang bayad ng certificate o dokumento.</p>	<p><b><u>Php100.00</u></b>          Medical Certificate/Certificate of Confinement</p> <p><b><u>Php150.00</u></b>          Clinical Case Summary ( 1 buwan matapos ang araw ng request)</p> <p>Psychiatric Report          (pagkatapos ng Psychological Examination at ilang sesyon ng konsulatasyon)</p> <p><b><u>Php 5.00</u></b>          Certified True Copy of Medical Certificate , Laboratory Examination/ Radiology Results, Discharge Summary at iba pang dokumento.</p>	<p>Assistant I/ Administrative Assistant II          (Admission and Information Section Staff)</p>
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<p>2. Bumalik sa Out-Patient Unit- HIMU matapos mabayaran ang certificate o dokumento.</p>	<p>2.1 Ibigay ang certificate/ dokumento sa kliyente/awtorisado ng kinatawan.</p> <p>Hayaang lagdaan ng pasyente/</p> <p>awtorisadong kinatawan ang kopya ng certificate o dokumento na magisisilbing patunay na ang impormasyong nakasulat ay napatunayang tama.</p>	<p>wala</p>		
	<p><b>TOTAL:</b></p>	<p><b><u>Php100.00</u></b></p> <p>Medical Certificate/Certificate of Confinement</p> <p><b><u>Php150.00</u></b></p> <p>Clinical Case Summary ( 1 buwan matapos ang araw ng request)</p> <p>Psychiatric Report (pagkatapos ng Psychological Examination at ilang sesyon ng konsulatasyon)</p> <p><b><u>Php 5.00</u></b></p> <p>Certified True Copy of Medical</p>	<p><b>30 minuto</b></p>	

		Certificate , Laboratory Examination/ Radiology Results, Discharge Summary at iba pang dokumento.		
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## CREATION OF PATIENT'S HEALTH RECORD

<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>	Patients, Relative of Patients and Employees			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Valid I.D. - One (1) Original Copy			Client, Nearest Relative, Employees	
Referral Form			Client, Nearest Relative, Referring Agency	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Consultation and Admission: New Client</p> <p>Proceed to the Receiving Area of Health Information Management Unit and state the purpose of your visit.</p> <p>Fill out the form.</p>	<p>1.1. Explain the forms that need to be filled up with Patient Information Sheet.</p>	None	10 minutes	<p>(Health Information Management Unit) Staff- Administrative Officer /Administrative Assistant I/ Administrative Assistant II</p> <p>(Admission and Information Section Staff)</p>
	<p>2. Guide the relative or the patient in filling out the forms.</p>		20 minutes	
	<p>3. Have the patient sign the consent (if able to sign) or the authorized representative.</p> <p><i>(Pahintulot sa Pagpapatala at Pagproseso ng Impormasyon)</i></p> <p>Review the filled-up forms and create the patient's health record.</p>		10 minutes	
<p>2. Admission: Old Client</p>			20 minutes	



	<p>4. Endorsed created patient health record to the unit designated for patient consultation.</p> <p>Get the patient's health record and make sure from the relative or authorized representative that the information written in the patient's health record is still the same as of today.</p> <p>If the information written on patient's health record has changes, let the authorized representative fill up the Patient Information Sheet.</p> <p>1.3 Have the relative or authorized representative sign the consent (Patient unable to decide on his/her own). (Pahintulot sa Pagpapagamot)</p> <p>. After verifying the information is the same, create the patient's health record.</p> <p>1.5 Endorsed created patient health record to the designated unit for admission.</p>			
	<b>TOTAL</b>	None	<b>Consultation and Admission:</b>	

			<b>New Client- 30 minutes</b> <b>Admission: Old Client- 30 minutes</b>	
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## SERBISYO NG ELECTROENCEPHALOGRAM LABORATORY

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

<b>Office or Division:</b>	<i>Medical Service</i>			
<b>Classification:</b>	<i>Complex</i>			
<b>Type of Transaction:</b>	<i>G2C- Government to Citizen</i>			
<b>Who may avail:</b>	<i>In-patient and Outpatient Service-User</i>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<p><i>EEG Request Form</i></p> <p>Isang (1) orihinal – para sa <i>scheduled clients</i> na galing sa ibang ospital o klinika</p> <p>Dalawang (2) orihinal - para sa <i>In-patient at Outpatient</i> ng MMWGH</p>		Mula sa <i>Nurse on Duty o Attending Physician</i>		
<i>Valid I.D (Client/Relatives)</i>		<i>PWD, Senior Citizen’s ID, Government Issued ID</i>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<p>1. Pumunta sa <i>EEG Laboratory</i> dala ang <i>EEG Request Form</i> na napirmahan ng doktor</p> <ul style="list-style-type: none"> <li>Para sa magpapaschedule na <i>Outpatient</i>, kunin ang impormasyon ng kliyente, pangalan, edad, <i>contact number</i></li> </ul>	<p><b>1.1</b> Makipag ugnayan sa kliyente kung ano ang kanilang pakay.</p>	Wala	5 minuto	<i>EEG Technician</i>
	<p><b>1.2</b> Itakda ang araw at oras kung kailan babalik ang kliyente para sa eksaminasyon.</p>		2 minuto	
	<p><b>1.3</b> Ipaliwanag ang mga <i>preparation</i> na</p>		2 minuto	

<p>at <i>requesting physician</i></p> <ul style="list-style-type: none"> <li>• Para sa magpapaschedule na <i>In-patient</i>, ang <i>Nurse on duty</i> ay makikipag-ugnayan sa <i>EEG Technician</i> at maaring mag-message sa opisyal na <i>Viber number (0994-837-7565)</i> o magtungo sa <i>EEG Laboratory</i> para mabigyan ng <i>schedule</i></li> </ul>	<p>dapat sundin bago ang <i>EEG</i></p>			
<p><b>2.</b> Pagsasailalim sa eksaminasyon</p> <ul style="list-style-type: none"> <li>• Ibigay ang mga sumusunod sa <i>EEG Technician</i>: <ul style="list-style-type: none"> <li>• <i>EEG Request Form</i></li> <li>• <i>Identification card</i></li> <li>• <i>Transaction slip</i></li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1. Tanggapin at suriin ang <i>request form</i></li> <li>2. Ihanda ang <i>EEG machine</i> at ang kliyente para sa eksaminasyon</li> <li>3. Ipaliwanag ang <i>procedure</i> sa kliyente at papirmahin ng <i>consent form</i> kung sumasangayon ito sa gagawin na eksaminasyon.</li> </ol> <p><b>2.3.1</b> Ang <i>guardian</i> o tagapangalaga naman ang pipirma kung ang kliyente ay may edad na 18 pababa</p>	<p>Wala</p>	<p>10 minuto</p> <p>1-2 oras</p>	<p><i>EEG Technician</i></p>

	<p>4. Pahigain ng komportable ang kliyente at isagawa ang eksaminasyon</p> <p>5. I-save ang <i>EEG recording</i> para sa interpretasyon ng resulta</p>			
<p>3. Pagkatapos ng Eksaminasyon</p> <p><b>Para sa mga kliyenteng lalapit sa Malasakit Center</b> - Magtungo sa Malasakit Center at ipakita ang mga sumusunod:</p> <ul style="list-style-type: none"> <li>• <i>Medical Certificate c/o HIMU</i></li> <li>• Isang (1) orihinal na kopya ng</li> </ul>	<p>3.1 Ibigay ang isang (1) orihinal na kopya ng <i>EEG Request Form</i>, gawin at ibigay ang <i>charge slip</i></p> <p>2. Ibigay ang araw at oras ng pagkuha ng resulta ng <i>EEG</i></p> <p>3. Payuhan na ibalik ang <i>Malasakit slip</i> na ibinigay sa kanila ng <i>billing unit</i></p>	Wala	5 minuto	<i>EEG Technician</i>



	5. Ipaalala sa kliyente ang pagkuha ng resulta sa itinalagang araw			
5. Pagkuha ng resulta	2. Papirmahin ang kukuha ng resulta sa <i>EEG Result Logbook</i>  3. Pirmahan ang <i>transaction slip</i> at ibalik sa kliyente	Wala	5 minuto	<i>EEG Technician</i>
<b>Kabuuang Bayad at Inilaang Oras</b>		<b>Php2,500 – procedur e at reading fee</b>	<b>5 araw , 2 oras at 47 minuto</b>	

## PROSESO SA PAGSUSUMITE NG REKLAMO

<b>Office or Division:</b>	OMCC   Public Assistance and Complaints Unit			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G & G2B			
<b>Who may avail:</b>	Lahat			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Hospital Clients Experience Survey (HCES) o salaysay <i>ng concern / complain</i>		Public Assistance and Complaints Unit (PACU)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ipagbigay alam sa Public Assistance and Complaints Desk Staff on-duty ang Concern na nais iparating. Maaari din ilahad sa "Hospital Clients Experience Survey Form" ang buong pangyayari	<b>1.1</b> Kapanayamin ang kliyente ast kunin ang detalye hinggil sa konsern na natanggap	Wala	5-20 minuto	Administrative Assistant I / PACU
	<b>1.2</b> Kung maari, tawagin ang atensyon ng <i>concern unit/employee</i> para sa agarang pagbibigay ng resolusyon.  <b>KUNG TUMANGGI ANG UNIT O CONCERN EMPLOYEE</b>	Wala	5 minuto	Administrative Assistant I / PACU



	<p>*i-dokumento ang naging tugon</p> <p><b>KUNG TUMANGGI ANG KLIYENTE NA HUMARAP SA CONCERN UNIT/EMPLOYEE,</b></p> <p>*i-dokumento ang naging tugon at lpaalam sa <i>concern unit/employee</i> na tumangging makipag-usap ang kliyente. Payapain at ipaliwanag ang polisiya at proseso sa kanyang transaksyon</p>			
	<p><b>1.3</b> Kunin ang contact number ng nagrereklamo upang maipabatid ang naging aksyon.</p>			
	<p><b>1.4</b> Magpadala ng komunikasyon sa unit o empleyado upang kunin ang kanilang 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 isususmiteng salaysay sa loob ng</p>	<p>Wala</p>	<p>1 araw</p>	<p>Concern Unit o Empleyado na inirereklamo</p>

	<p>24 oras mula ng maipadala ang notice</p> <p>Mag <i>copy furnish</i> sa Division Concern at QAC para sa kanilang impormasyon</p>			
	<p><b>1.5</b> Gumawa ng Ulat tungkol dito para sa kaalaman ng Quality Assurance Committee Chairperson (QAC) at Division Head ng <i>concern unit o employee</i>, talakayin ang <i>resolution at action taken</i></p>	Wala	1 araw	<p>Administrative Officer II   PACD</p> <p>Quality Assurance Committee Chairperson</p> <p>Division Head ng Concern Unit / Employee</p>
<p>2. Hintayin at i-<i>acknowledge</i> ang mensahe o update mula sa Public Assistance and Complaints Desk hingil sa naging aksyon sa reklamong isinumite sa PACD.</p>	<p><b>2.1</b> Kung naresolba ang concern, ipaalam sa Kliyente ang <i>resolution at action taken</i></p>	Wala	2 minuto	Administrative Officer II   PACD
	<p><b>2.2</b> Kung hindi naresolba ang concern, Ang Quality Assurance Committee Chairperson (QAC) ang siyang magrekomenda ng papapataw ng Corrective Action Report (CAR) sa Medical Center Chief.</p>	Wala	1 araw	Quality Assurance Committee Chairperson

	<p><b>2.3</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>	Wala	3 araw	Medical Center Chief II   OMCC
<p><b>3</b>          Hintayin ang mensahe o update mula sa Public Assistance and Complaints Desk hingil sa naging aksyon sa reklamong isinumite sa PACD.</p>	<p><b>3.1</b>          Ipagbigay alam sa kliyenteng nag reklamo ang ang status, askyon sa naging reklamo. Sa loob ng talong araw ay hindi nag bigay ng saot ang nag reklamo ito ay ituturing na sarado na.</p> <p><b>3.2</b>          Itala ito sa "Complaints Monitoring Sheet"</p>	Wala	5 minutes	Administrative Officer II   PACD
<p><b>KABUUNANG BAYAD O ORAS NA INILAAN</b></p>		<p><b>WALA</b></p>	<p><b>PARA SA AGARANG RESOLUSYON (SIMPLE)</b>          25 minuto</p> <p><b>PARA SA HINDI NA RESOLUSYONAN (COMPLEX)</b>          6 days 27 minutes</p>	

## VIRAL HEPATITIS SCREENING AND TREATMENT

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

<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>	Empleyado, Kamag-anak ng Empleyado, at iba pang Kliyente			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Identification Card or ID <b>Isang (1) orihinal na kopya</b>		Government Issued ID, Person with Disability (PWD) ID, Senior		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Magtungo Lazareto Hub at ipakita ang valid ID sa Lazareto staff o Viral Hepatitis Committee staff.	1.1. Kapanayamin ang kliyente ukol sa medikal na pangangailangan.  1.2. Kung wala nang katanungan ang kliyente, isyuhan ng laboratory request form ang kliyente para sa Hepatitis B/C screening test.	Wala	10 minuto	Nurse I/II  VHC
2. Magtungo sa Laboratory Unit.	2.1. Ibigay sa Proficient Medical Technologist ang laboratory request form.  2.2. Itatanong ng Proficient Medical Technologist ang pangalan ng kliyente at tingnan kung tugma ang nakasulat sa request.  2.3. Kukuhanan ng dugo ng Proficient Medical Technologist ang kliyente at susuriin sa Hepatitis B/C.	Wala	15 minuto	Nurse I/II  VHC  Medical Technologist I   Laboratory Unit  Proficient Medical Technologist
3. Bumalik sa Lazareto Hub habang naghihintay ng resulta.	3.1. Kunin ang resulta sa Laboratory Unit.	Wala	5 minuto	Nurse I/II  VHC

<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>	Empleyado, Kamag-anak ng Empleyado, at iba pang Kliyente			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Identification Card or ID <b>Isang (1) orihinal na kopya</b>		Government Issued ID, Person with Disability (PWD) ID, Senior		
<b>(Para sa bagong kliyente)</b> , gawin ang No. 4. <b>Kung ang kliyente ay dati ng nagpapakonsulta</b> , ang staff na ang kukuha ng rekords.	3.2. Ibibigay ang resulta sa kliyente at isasagawa ang counseling at konsultasyon/ referral sa VHC doktor kung mag-rereaktibo sa screening.			
4. Magtungo sa Health Information Management Unit upang magpagawa ng medical health record. Magparehistro at punan ang mga form na kailangan.	4.1. Ipaliwanag ang Pahintulot sa Pagkolekta o Pagproseso ng Personal na Impormasyon para sa Pagpapagamot na form bago kumuha ng mga personal na detalye, pirmahan muna ng kliyente (kung nakapagbigay ng pahintulot). 4.2. Ibigay ang Patient Infomation Sheet form na pupunan ng kliyente/awtorisadong kinatawan. 4.3. Ipaliwanag at kumuha ng pahintulot para sa terapyutikong paggagamot. 4.4. Paggawa ng health record at ipaliwanag ang proceso ng konsultasyon.	Wala	30 minuto	Administrative Assistant I/ Health Information Management Unit Staff
5. Bumalik sa Lazareto Hub matapos	5.1. I-iisyu ng HIMU staff ang helath record ng kliyente sa VHC staff.	Wala	2 minuto	Administrative Assistant I/ Health

<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>	Empleyado, Kamag-anak ng Empleyado, at iba pang Kliyente			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Identification Card or ID <b>Isang (1) orihinal na kopya</b>			Government Issued ID, Person with Disability (PWD) ID, Senior	
gawan ng health record.				Information Management Unit Staff
6. Konsultasyon sa VHC Doctor or referral.	<p>6.1. Isangguni sa doktor ng Viral Hepatitis Committee upang mabigyan ng atensyong medical.</p> <p>6.2 Aabisuhan ang kliyente sa mga order ng Doctor. Ipaliwanag ang mga kinakailangang laboratory tests at tagubilin sa pag-inom ng gamot kung kinakailangan.</p> <p>6.3. Bigyan ng laboratory request form ang kliyente para sa mga karagdagang pagsusuri sa dugo upang matukoy kung kinakailangan ng masusing gamutan.</p>	Wala	30 minuto	<p>Nurse I/II  VHC</p> <p>Nurse I/II  VHCVHC Doctor</p> <p>Nurse I/II  VHC</p>
7. Paggawa ng Case-Care Record	7.1. Gawin ang panayam sa kliyente upang magawan ng Case-Care Form at ienrol ang kliyente sa Masterlist ng Hepatitis B Pilot Program upang maisama sa listahan ng mga kliyente na minomonitor at/o ginagamot.	Wala	5 minuto	Nurse I/II  VHC
8. Pagbibigay ng tagubilin.	8.1. Aabisuhan ang kliyente sa petsa ng	Wala	3 minuto	Nurse I/II  VHC

<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>	Empleyado, Kamag-anak ng Empleyado, at iba pang Kliyente		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>	
Identification Card or ID <b>Isang (1) orihinal na kopya</b>		Government Issued ID, Person with Disability (PWD) ID, Senior	
	susunod na gamutan o follow up consultation kung kinakailangan.		
<b>BUUANG BAYAD AT TAGAL NA INILAN</b>		<b>Wala</b>	<b>1 oras at 40 minutes</b>

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

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

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



<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>	Empleyado, Kamag-anak ng Empleyado, at iba pang Kliyente			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Identification Card or ID <b>Isang (1) orihinal na kopya</b>		Government Issued ID, Person with Disability (PWD) ID, Senior		
Referral Slip mula sa Doctor na sumuri <b>Isang (1) orihinal na kopya</b>		Doktor o healthcare worker na sumuri		
Kopya ng resulta ng mga pagsusuri <b>Isang (1) orihinal na kopya</b>		Laboratory Facility		
2. Magtungo sa Health Information Management Unit upang magpagawa ng medical health record. Magparehistro at punan ang mga form na kailangan.	<p>4.1. Ipaliwanag ang Pahintulot sa Pagkolekta o Pagproseso ng Personal na Impormasyon para sa Pagpapagamot na form bago kumuha ng mga personal na detalye, pirmahan muna ng kliyente (kung nakapagbigay ng pahintulot).</p> <p>4.2. Ibigay ang Patient Infomation Sheet form na pupunan ng kliyente/awtorisadong kinatawan.</p> <p>4.3. Ipaliwanag at kumuha ng pahintulot para sa terapyutikong paggagamot.</p> <p>4.4. Paggawa ng health record at ipaliwanag ang proceso ng konsultasyon.</p>	Wala	30 minuto	Administrative Assistant I   Health Information Management Unit Staff

<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>	Empleyado, Kamag-anak ng Empleyado, at iba pang Kliyente			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Identification Card or ID <b>Isang (1) orihinal na kopya</b>		Government Issued ID, Person with Disability (PWD) ID, Senior		
Referral Slip mula sa Doctor na sumuri <b>Isang (1) orihinal na kopya</b>		Doktor o healthcare worker na sumuri		
Kopya ng resulta ng mga pagsusuri <b>Isang (1) orihinal na kopya</b>		Laboratory Facility		
3. Bumalik sa Lazareto Hub matapos gawan ng health record.	3.1. I-iisyu ng HIMU staff ang health record ng kliyente sa VHC staff.	Wala	2 minuto	Administrative Assistant I   Health Information Management Unit Staff
4. Konsultasyon sa VHC Doctor or referral.	4.1. Isangguni sa doktor ng Viral Hepatitis Committee upang mabigyan ng atensyong medical.  4.2. Base sa order ng doktor, bigyan ng laboratory request form ang kliyente para sa mga karagdagang pagsusuri sa dugo upang matukoy kung kinakailangan ng masusing gamutan at i-secure ang Medical Certificate para sa pagproseso sa Malasakit Center.	Wala	30 minuto	Nurse I/II  VHC

<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>	Empleyado, Kamag-anak ng Empleyado, at iba pang Kliyente			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Identification Card or ID <b>Isang (1) orihinal na kopya</b>		Government Issued ID, Person with Disability (PWD) ID, Senior		
Referral Slip mula sa Doctor na sumuri <b>Isang (1) orihinal na kopya</b>		Doktor o healthcare worker na sumuri		
Kopya ng resulta ng mga pagsusuri <b>Isang (1) orihinal na kopya</b>		Laboratory Facility		
5. Magtungo sa Laboratory Unit.	5.1. Ibigay sa Proficient Medical Technologist ang laboratory request form.  5.2. Itatanong ng Proficient Medical Technologist ang pangalan ng kliyente at tingnan kung tugma ang nakasulat sa request.  5.3. Kukuhanan ng dugo ng Proficient Medical Technologist ang kliyente at susuriin sa Hepatitis B/C.	Wala	15 minuto	Nurse I/II  VHC  Medical Technologist I   Laboratory Unit  Proficient Medical Technologist
6. Pumunta sa Malasakit Center upang mag-ayos para sa tulong pinansyal.	6.1. Susuriin ang pasyente/kliyente at magrekomenda ng tulong na kailangan para sa medikal/pananalapi na tulong.	Wala	15 minuto	Social Welfare Officer I/II/III   Medical Social Work Unit
7. Bumalik sa Laboratory Unit upang iabot ang Charge Slip.	7.1. Kukuhanin ang resulta kapag ito ay available na sa Laboratory Unit.	Wala	5 minuto	Nurse I/II  VHC

<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>	Empleyado, Kamag-anak ng Empleyado, at iba pang Kliyente			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Identification Card or ID <b>Isang (1) orihinal na kopya</b>		Government Issued ID, Person with Disability (PWD) ID, Senior		
Referral Slip mula sa Doctor na sumuri <b>Isang (1) orihinal na kopya</b>		Doktor o healthcare worker na sumuri		
Kopya ng resulta ng mga pagsusuri <b>Isang (1) orihinal na kopya</b>		Laboratory Facility		
8. Konsultasyon sa VHC Doctor or referral.	8.1. Ipaalam ang resulta ng laboratoryo sa kliyente at sa doktor ng VHC.  8.2. Abisuhan ang kliyente sa mga karagdagang order ng Doctor.  8.3. Ipaliwanag ang tagubilin sa pag-inom ng gamot kung kinakailangan.	Wala	30 minuto	Nurse I/II  VHC
9. Paggawa ng Case-Care Record.	9.1. Gawin ang panayam sa kliyente upang magawan ng Case-Care Form at ienrol ang kliyente sa Masterlist ng Hepatitis B Pilot Program upang maisama sa listahan ng mga kliyente na minomonitor at/o ginagamot.	Wala	5 minuto	Nurse I/II  VHC

<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>	Empleyado, Kamag-anak ng Empleyado, at iba pang Kliyente		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>	
Identification Card or ID <b>Isang (1) orihinal na kopya</b>		Government Issued ID, Person with Disability (PWD) ID, Senior	
Referral Slip mula sa Doctor na sumuri <b>Isang (1) orihinal na kopya</b>		Doktor o healthcare worker na sumuri	
Kopya ng resulta ng mga pagsusuri <b>Isang (1) orihinal na kopya</b>		Laboratory Facility	
10. Pagbibigay ng tagubilin.	10.1. Abisuhan ang kliyente sa petsa ng susunod na gamutan o follow up consultation kung kinakailangan.	Wala	3 minuto Nurse I/II  VHC
<b>ABUANG BAYAD AT TAGAL NA INILAN</b>		Wala	<b>2 oras at 25 minuto</b>

## WELLNESS OUTPATIENT CONSULTATION

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

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

<b>Office or Division:</b>	WELLNESS 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, Empleyado, Kamag-anak ng Empleyado kabilang na ang kanilang magulang, asawa, anak at mga kapatid			
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		
Wastong pagkakakilanlan (Kliyente/ Kamag-anak) <b>Isang (1) orihinal</b>		PWD, Senior Citizen's ID, Government Issued ID		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
<b>PARA SA BAGONG KLIYENTE</b>  <b>1.A</b> Magtungo sa Health Information Unit (HIMU) Para sa Medical health record, magparehistro. Punan ang form.	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). <b>1.A2</b> Ibigay ang "DatusTungkol" sa Pasyente form na pupunan ng kliyente/ kamag-anak or awtorisadong kinatawan. <b>1.A3</b>	Wala	30 minuto	Administrative Assistant I   Health Information Management Unit

	Paggawa ng rekord ng kalusugan at ipaliwanag ang proseso ng konsultasyon.			
<b>PARA SA DATING KLIYENTE</b>  <b>1.B</b> Magtungo sa Wellness Unit na matatagpuan sa OPU 3rd floor.	1B.1 Hingin ang pangalan ng kliyente at kumpirmahin kung ito ay kasama sa listahan ng konsultasyon sa araw na iyon. 1B.2 Bigyan ng numero ang kliyente at kuhanin ang vital signs gaya ng blood pressure, heart rate at respiratory rate. 1B. 3 Itala sa medical record ng kliyente ang nakuhang vital signs ng kliyente at ayusin ayon sa bilang.	Wala	5 minuto	Wellness Nurse-on duty/Nursing attendant
<b>2.</b> Magtungo sa Wellness Unit at sabihin ang pangalan at pakay.	2.1 Kausapin ang kliyente o kamag-anak o awtorisadong kinatawan ng kliyente.	Wala	2 minuto	Wellness Nurse-on duty/Nursing Attendant
<b>3.</b> Maghintay na tawagin ng Wellness Nurse-on duty o Nursing Attendant para sa vital signs, timbang, sukat ng taas at pagscreen para sa E-Konsulta	Bigyan ng numero ang kliyente at suriin ang vital signs ng kliyente, timbang at sukat ng taas  <b>3.2</b> Gamitin ang E-konsulta form upang mascreen ang patient.  <b>3.3</b> Ipaliwanag at kumuha ng pahintulot para sa terapyutikang paggamot.	Wala	5 minuto	Wellness Nurse-on duty/ Nursing Attendant
Konsultasyon sa doktor o Physician on-duty (POD).	Isagawa ang panayam sa kliyente/kamag-anak o awtorisadong kinatawan ng kliyente	Wala	15-20 minuto	Wellness Doctor/General Practitioner

	tungkol sa medikal na pangangailangan.			
<b>5.</b> Magtungo sa Medical Social Work Unit para sa klasipikasyon.	Gawin ang panayam sa kliyente/ kamag-anak o awtorisadong kinatawan.	Wala	10 minuto	Social Welfare Officer I   Medical Social Work Unit
<b>6.</b> <b>Para sa Bagong Kliyente,</b> Maghintay sa HIMU staff para sa Medical Certificate para sa Malasakit  <b>Para sa Lumang Kliyente</b> mayroon na silang Medical certificate na may bisa sa loob ng 1 taon	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.  <b>6.2</b> Maghanda ng dalawang kopya ng medikal na sertipikasyon, diyagnosis, kasalukuyang gamot ng kliyente. Pirmahan ng kliyente ang tatanggaping kopya.	Wala	10 minuto	Administrative Assistant I   Health Information Management Unit [HIMU]
<b>7.</b> Para sa Bagong Kliyente, pumunta sa Billing Unit upang magparehistro sa Ekonsulta	Magpapirma ng pahintulot sa kliyente at irehistro sa Philhealth Konsulta.  Kuhanan ng litrato ang kliyente.	Wala	1 minuto	Administrative Assistant/Billing Clerk
<b>8.</b> Magpunta sa Botika at ilahad ang resta ng mga gamot.	Suriin kung mayroong gamot sa Botika ayon sa resetang gamot.	Ayon sa resetang gamot.	5 minuto	Pharmacist/ Pharmacy
<b>9</b> Magtungo sa Malasakit Center at ilahad ang mga sumusunod:	Suriin ang mga pangunahing dokumento tulad ng slip ng bayad, <i>request form</i> , reseta at balid na ID.	Wala	15 minuto	Social Welfare Officer and Social Welfare Assistant (Medical Social Work Unit)



<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, liham ng pagrerekomenda mula sa Saykolohiyang unit.</li> <li>• Slip ng bayad at ECG rekwes at ibapang Radiographic na prosesong papel mula sa Wellness Unit</li> </ul>	<p>Suriin kung ang kliyente ay meron ng tsart sa MMWGH</p> <p>Suriin kung ang kliyente/kamag-anak ay nakausap at na-interbyu gamit ang MSWU Assessment Tool</p> <p>Interbyuhin ang kliyente/kamag-anak gamit ang Unified Intake Sheet (Malasakit Center Form-Annex B)</p> <p>Ihanda ang Malasakit Center Order ng singilin</p> <p>Magkaroon ng kopya ng mga kailangan para sa medikal na tulong.</p> <p>Ang kliyente o kamag-anak ay lalagda sa Malasakit Center Logbook</p> <p>Payuhan ang kliyente/kamag-anak na tumungo sa seksyon ng Billing</p>			
<p>Pumunta sa Cash Unit, ipakita ang slip ng bayad at ibigay ang bayad.</p>	<p><b>10.1</b> I-tsek ang Slip ng bayad at reseta ng gamot. medications.</p> <p><b>10.2</b> Hingin ang balid na pagkakakilanlan upang magkaroon ng diskwento. a. PWD ID</p>	<p>Wala</p>	<p>5 minuto</p>	<p>Administrative Assistant I / Cash Clerk (Cash Unit)</p>

	b. Senior Citizen's ID <b>10.3</b> Ibigay ang opisyal na resibo at ibalik ang reseta ng mga gamot kasama ang slip ng bayad.			
1. Muling magtungo sa Seksyon ng Botika, ipakita ang slip ng bayad at opisyal na resibo.	1 Ihandang ibigay ang mga gamot sa kliyente. Magbigay ng mga paalala sa paginom ng mga gamot.	Wala	5 minuto	Pharmacist I   Pharmacy Unit
2. Muling magtungo sa laboratory, radiology at wellness unit upang ibigay ang malasakit slip at kuhanin ang resulta.	1 Ibigay ang malasakit slip ng kliyente sa laboratory/radiology/wellness unit sa itinakdang araw ng pagkuha ng resulta.	Ayon sa binigay na rekwes ng doctor	10 minuto	Laboratory/Radiology/Wellness Nurse/s
<b>KABUUANG BAYAD AT ORAS NA INILAAAN</b>		<b>Wala</b>	<b>2 oras and 22 minuto</b>	

## WELLNESS OPD NUTRITION CONSULTATION

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

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

<b>Office or Division:</b>		WELLNESS 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>		Empleyado, Kamag-anak ng Empleyado at Iba pang Kliyente		
<b>CHECKLIST REQUIREMENTS</b>		<b>WHERE TO SECURE</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		
Pinakalatest na resulta ng laboratoryo		Laboratory		
<b>CLIENTS STEP</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>RESPONSIBLE PERSON</b>
<b>PARA SA BAGONG REFERRED NA KLIYENTE</b>  <b>1.A</b> Magtungo sa Wellness Unit na nasa OPU 3rd floor sa araw ng konsulta.	Maghintay tawagin ang iyong pangalan ng nurse on-duty upang magtungo sa Nutritionist-Dietitian.  <b>1.A2</b> Hintayin na ibigay ng nurse on-duty ang	300	1 oras	Nurse I & Nutritionist-Dietitian   Wellness Unit

	<p>referral slip at medical record ng pasyente sa Nutritionist-Dietitian.</p> <p><b>1.A3</b> Gawin ang panayam sa kliyente/kamaganak. Pasagutan ang Pagkolekta sa Pagprosesong Personal na Impormasyon para sa Pagpapakonsulta at Diet Counseling Form</p> <p><b>1.A.4</b> Bigyan ng charge at referral slip ang kliyente at sabihin na iproseso ito sa malasakit.</p>			
<p><b>PARA SA DATING KLIYENTE</b></p> <p><b>1.B</b> Magtungo sa Wellness Unit na matatagpuan sa OPU 3rd floor.</p>	<p>1B.1 Hingin ang pangalan ng kliyente at kumpirmahin kung ito ay kasama sa listahan ng konsultasyon sa araw na iyon.</p> <p>1.B. 2 Gawin ang panayam sa kliyente at alamin ang mga pagbabago sa kanyang timbang, pagkain, ehersisyo at pagtulog. Ikumpara ang dating resulta ng laboratoryo sa ngayon.</p> <p>1.B.3 Bigyan ng panibagong diet ang kliyente kung ito ay kinakailangan.</p> <p>1.B.4</p>	150	30 minuto	Nurse I & Nutritionist-Dietitian   Wellness Unit

	Bigyan ng charge at referral slip ang kliyente at sabihin na iproseso ito sa malasakit.			
<p><b>2. Magtungo sa Malasakit Center at ilahad ang mga sumusunod:</b></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 sa</li> </ul>	<p>Suriin ang mga pangunahing dokumento tulad ng slip ng bayad, <i>request form</i>, reseta at balid na ID.</p> <p>Suriin kung ang kliyente ay meron ng tsart sa MMWGH</p> <p>Suriin kung ang kliyente/ kamag-anak ay nakausap at na-interbyu gamit ang MSWU Assessment Tool</p> <p>Interbyuhin ang kliyente/kamag-anak gamit ang Unified Intake Sheet (Malasakit Center Form-Annex B)</p>	Wala	15 minuto	Social Welfare Officer and Social Welfare Assistant (Medical Social Work Unit)

<p>Saykolohiyang unit.</p> <ul style="list-style-type: none"> <li>Slip ng bayad at ECG rekwes at iba pang Radiographic na prosesong papel mula sa Wellness Unit</li> </ul>	<p><b>2.5</b> Ihanda ang Malasakit Center Order ng singilin</p> <p>Magkaroon ng kopya ng mga kailangan para sa medikal na tulong.</p> <p>Ang kliyente o kamag-anak ay lalagda sa Malasakit Center Logbook</p> <p>Payuhan ang kliyente/kamag-anak na tumungo sa seksyon ng Billing</p>			
<p>Umunta sa Cash Unit, ipakita ang slip ng bayad at ibigay ang bayad.</p>	<p><b>3.1</b> I-tsek ang Slip ng bayad.</p>	<p>Wala</p>	<p>5 minuto</p>	<p>Administrative Assistant I / Cash Clerk (Cash Unit)</p>
<p>Muling magtungo sa Seksyon ng Wellness, ipakita ang slip ng bayad at opisyal na resibo.</p>	<p>Magkaroon ng opisyal na resibo o malasakit slip sa Nutritionist-Dietitian at ibalik ang reseta ng mga gamot kasama ang slip ng bayad.</p>	<p>Wala</p>	<p>5 minuto</p>	<p>Nutritionist-Dietitian</p>
<p><b>KABUANG BAYAD AT ORAS NA INILAN</b></p>		<p><b>1ST CONSULT:300 FOLLOW UP:150</b></p>	<p><b>1 oras</b></p>	

## WELLNESS PHYSIOTHERAPY SERVICES

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

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

<b>Office or Division:</b>		WELLNESS 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>		Empleyado, Kamag-anak ng Empleyado at Iba pang Kliyente		
<b>CHECKLIST REQUIREMENTS</b>		<b>WHERE TO SECURE</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		
Pinakalatest na resulta ng laboratoryo		Laboratory		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
1A <b>PARA SA BAGONG REFERRED NA KLIYENTE</b>  Magtungo sa Wellness Unit na nasa OPU 3rd floor sa araw ng konsulta sa doktor. Siguraduhin na nakonsulta na muna ng Wellness Doctor ang	<b>1.A1</b> Maghintay tawagin ang iyong pangalan ng nurse on-duty upang magtungo sa Physical Therapist  <b>1.A2</b> Hintayin na ibigay ng nurse on-duty ang	300	1 oras	Medical Officer III/ Medical Officer IV Doctor and Nurse I / Physical Wellness Therapist/s

<p>kliyente dahil ito ang magrerefer sa physical therapist kung kinakailangan.</p>	<p>referral slip at medical record ng pasyente sa Physical Therapist.</p> <p><b>1.A.3</b> Gawin ang panayam sa kliyente/kamaganak. Bigyan ng schedule ng unang evaluation.</p> <p><b>1.A.4</b> Sa araw ng physiotherapy session, pasagutan ang pagkolekta sa pagproseso ng personal na impormasyon at assess ng physical therapist ang kliyente para sa unang evaluation.</p> <p><b>1.A.5</b> Gawin ang unang physiotherapy session sa kliyente.</p> <p><b>1.A.6</b> Bigyan ng charge slip at referral slip ang kliyente at sabihin na iproseso ito sa malasakit.</p>			
<p><b>PARA SA DATING KLIYENTE</b></p> <p><b>1.B</b> Magtungo sa Wellness Unit na matatagpuan sa OPU 3rd floor.</p>	<p><b>1B.1</b> Hingin ang pangalan ng kliyente at kumpirmahin kung ito ay kasama sa listahan ng konsultasyon sa araw na iyon.</p> <p><b>1.B.2</b> Gawin ang physiotherapy session.</p>	300	1 oras	Physical Therapist/Physical Therapy Technician



	<p><b>1.B.3</b> Bigyan ng charge slip ang kliyente at sabihin na iproseso ito sa malasakit.</p>			
<p><b>2. Magtungo sa Malasakit Center at ilahad ang mga sumusunod:</b></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 sa Saykolohiyang unit.</li> <li>• Slip ng bayad at ECG rekwes at iba pang Radiographic na prosesong papel mula sa Wellness Unit</li> </ul>	<p>Suriin ang mga pangunahing dokumento tulad ng slip ng bayad, <i>request form</i>, reseta at balid na ID.</p> <p>Suriin kung ang kliyente ay meron ng tsart sa MMWGH</p> <p>Suriin kung ang kliyente/ kamag-anak ay nakausap at na-interbyu gamit ang MSWU Assessment Tool</p> <p>Interbyuhin ang kliyente/kamag-anak gamit ang Unified Intake Sheet (Malasakit Center Form-Annex B)</p> <p><b>2.5</b> Ihanda ang Malasakit Center Order ng singilin</p> <p>Magkaroon ng kopya ng mga kailangan para sa medikal na tulong.</p> <p>Ang kliyente o kamag-anak ay lalagda sa Malasakit Center Logbook</p> <p>Payuhan ang kliyente/kamag-anak</p>	Wala	15 minuto	Social Welfare Officer and Social Welfare Assistant (Medical Social Work Unit)

	na tumungo sa seksyon ng Billing			
umunta sa Cash Unit, ipakita ang slip ng bayad at ibigay ang bayad.	<b>3.1</b> I-tsek ang Slip ng bayad.	Wala	5 minuto	Administrative Assistant I / Cash Clerk (Cash Unit)
Muling magtungo sa Seksyon ng Wellness, ipakita ang slip ng bayad at opisyal na resibo.	ay ang opisyal na resibo o malasakit slip sa Physical Therapist at ibalik ang reseta ng mga gamot kasama ang slip ng bayad.	Wala	5 minuto	Physical Therapist/Physical Therapy Technician
<b>KABUUANG BAYAD AT ORAS NA INILAAAN</b>		<b>FEE per session: PHP 300.00 Additional modalities: PHP 100.00</b>	<b>1 oras at 25 minuto</b>	

## WELLNESS MOVEMENT AND MASSAGE THERAPY SERVICES

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

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

**GYM: 6:00AM-7:00PM (Lunes hanggang Sabado)**

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

<b>Office or Division:</b>	WELLNESS 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>	Empleyado, Kamag-anak ng Empleyado at Iba pang Kliyente			
CHECKLIST REQUIREMENTS		WHERE TO SECURE		
Kopya ng Sertipiko ng Kapanganakan Kung wala, sertipikasyon mula sa barangay Alinman sa 2 sa mga sumusunod kung maaari. <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		
CLIENTS STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	RESPONSIBLE PERSON
<b>PARA SA BAGONG KLIYENTE</b>  1. A. Magtungo sa Wellness Office na matatagpuan sa OPU 3rd floor upang magpaschedule o magenroll o magparehistro sa kahit	1.A.1. Banggitin sa Wellness Staff kung anong serbisyo ang kukunin ng kliyente.  1.A.2 Magparehistro at pasagutan ang pagkolekta sa pagproseso ng personal na	Php 30.00 - Php 650.00	20-30 minuto	Yoga o Gym Instructor/Massage Therapist/s

<p>anong ehersisyo at massage therapy services.</p>	<p>impormasyon at gym assessment form or massage intake form pr yoga form.</p> <p>1.A.3 Hintayin maassess ng yoga o gym instructor o ng massage therapy ang kliyente.</p> <p>1.A.4 Simulan na ang session.</p> <p>1.A.5 Bigyan ng charge slip ang kliyente at abisuhan na iproseso ito sa Cash Unit.</p>			
<p><b>PARA SA DATING KLIYENTE</b></p> <p><b>1.B</b> Magtungo sa pakay na serbisyo ng Wellness Unit:Gym o Massage room o Yoga room</p>	<p>1.B.1 Magsulat sa logbook bago gumamit ng gym.</p> <p>1.B.2 Ipaalam sa massage therapist ang uri ng masahe.</p> <p>1.B.3 Magtungo sa yoga room at hintayin ang yoga instructor upang masimulan ang session.</p> <p>1.B.4 Gawin ang session.</p> <p>1.B.5 Bigyan ng charge slip ang kliyente ng massage at abisuhan na iproseso ito sa Cash Unit.</p>	<p>Php 30.00 - Php 650.00</p>	<p>Yoga: 1 hanggang 1.5 oras</p> <p>Gym: 1 hanggang 4 oras</p> <p>Massage:30 minuto hanggang 1.5 oras</p>	<p>Yoga o Gym Instructor/Massage Therapist/s</p>
<p>umunta sa Cash Unit, ipakita ang slip ng bayad at ibigay ang bayad.</p>	<p><b>2.1</b> I-tsek ang Slip ng bayad.</p>	<p>Php 30.00 - Php 650.00</p>	<p>5 minuto</p>	<p>Administrative Assistant I / Cash Clerk (Cash Unit)</p>

<b>KABUUNGAN BAYAD AT ORAS NA INILANGAN</b>		<b>See attached Wellness rates</b>	Yoga: 1 hanggang 1.5 oras Gym: 1 hanggang 4 oras Massage: 30 minuto hanggang 1.5 oras	



Department of Health  
Central Luzon Center for Health Development  
**MARIVELES MENTAL WELLNESS AND GENERAL HOSPITAL**

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## WELLNESS RATES

Services		Hour	Fee (Php)
<b>Acupuncture</b>			
Basic Treatment	Non-MMWGH Employee	1 hour	500
	MMWGH Employee		250
Extensive Treatment	Non-MMWGH Employee	1.5 hour- 2 hours	800
	MMWGH Employee		400
<b>Gym</b>			
1 session		4 hours	30
12 sessions			250
20 sessions			400
<b>Massage Therapy</b>			
Back Massage		1 hour	200
Combination		1 hour	400
Deep Tissue		1 hour	300
		1.5 hours	450
Hand, Foot and Back Reflexology		30 minutes	200
Head Massage		30 minutes	200
Hot Stone		1 hour	350
		1.5 hours	500
Swedish		1 hour	300
		1.5 hours	450
Therapeutic		1 hour	300
		1.5 hours	450
Ventosa		1 hour	300
		1.5 hours	450
<b>Massage Therapy Packages</b>			
1 hour deep tissue massage + 30 minutes ventosa		1.5 hours	450
1 hour hot stone massage + 30 minutes ventosa			
1 hour Swedish massage+ 30 minutes ventosa			
1 hour deep tissue massage+ 30 minutes hot stone massage		1.5 hours	650
1 hour therapeutic massage+ 30 minutes hot stone massage			
1 hour Swedish massage+30 minutes hot stone massage			
<b>Nutrition Management</b>			
First Consult		1 hour	300
Follow-up Consult			150
<b>Physiotherapy</b>			
Hot Moist Pack / Cryotherapy		1 – 1.5 hrs	300
Electrotherapy			
Therapeutic Ultrasound			
Myofascial Release			
Therapeutic Exercise			
Dry Needling			*Addl 100
<b>Tic Management</b>			
Consultation		1 hour	300
Follow-up Consult			150
<b>Zumba/ Dance Fitness</b>			
1 session			50
12 sessions			500
<b>Yoga and Meditation Class</b>			
1 session			300
4 sessions			1000
10 sessions			2500
20 sessions			5000

**DISCHARGE OF PATIENT THRU HOME CONDUCTION**  
*(pagpapauwi ng pasyente sa pamamagitan ng home conduction)*

This process is carried out for patients who were not picked up by a relative on the appointed day of discharge from the hospital.  
*(Proseso ito na isinagawa para sa mga pasyente na hindi nasundo ng kamag-anak sa itinakdang araw ng paglabas sa ospital)*

<b>Office or Division:</b> <i>(Opisina o Dibisyon)</i>	NURSING SERVICE			
<b>Classification</b> <i>(Klasipikasyon)</i>	SIMPLE <i>(SIMPLENG TRANSAKSYON)</i>			
<b>Type of Transaction</b> <i>(Uri ng Transaksyon)</i>	G2C- Government to Citizen			
<b>Who May Avail:</b> <i>(Maaring Kumuha ng serbisyo)</i>	Relative of Service User			
<b>CHECKLIST OF REQUIREMENTS</b> <i>(LISTAHAN NG MGA REQUIREMENTS/HIHINGIN)</i>		<b>WHERE TO SECURE</b> <i>(SAAN KUKUNIN)</i>		
<ul style="list-style-type: none"> <li>Alagang Pinoy Tagubilin</li> <li>Discharge Slip</li> <li>Prescription</li> <li>Home meds for 2 weeks</li> </ul>		<b>Nurse Station</b>		
<ul style="list-style-type: none"> <li>Updated statement of account</li> <li>Promissory Note (kung may balance)</li> </ul>		<b>Billing</b>		
<b>CLIENT STEPS</b>  <i>MGA DAPAT GAWIN NG KLIYENTE</i>	<b>AGENCY ACTION</b>  <i>(HAKBANG NG AHENSYA)</i>	<b>FEES TO BE PAID</b>  <i>(KAUKULANG BAYAD)</i>	<b>PROCESSING TIME</b>  <i>(TAGAL NG PROSESO)</i>	<b>PERSON RESPONSIBLE</b>  <i>(NAKATALAGANG KAWANI)</i>
1. NONE (WALA)	<p><b>The NOD must review and execute the Doctor's Order regarding Home Conduction of Patient</b> <i>(Ang NOD ay kailangang suriin at isagawa ang ang Doctor's Order tungkol sa paghahatid ng pasyente sa bahay)</i></p> <p>NOD will prepare the following <i>(Ihahanda ng NOD ang mga sumusunod)</i></p> <ul style="list-style-type: none"> <li>Alagang Pinoy Tagubilin</li> <li>Discharge Slip</li> <li>Prescription</li> <li>Home meds for 2 weeks</li> <li>Updated statement of account</li> <li>Promissory Note (kung may balance)</li> </ul>	NONE (WALA)	20 Minuters <i>(20 minuto)</i>	Nurse on Duty / Nurse Station

	<p>3 NOD will prepare the following (<i>Ang Nars na nakaduty ay ihahanda ang mga sumusunod</i>):</p> <ul style="list-style-type: none"> <li>Request for transportation- accomplished in triplicate (<i>tatlong kopya</i>)</li> <li>Special meal (<i>Espesyal na pagkain</i>)</li> </ul> <p>1.4 Signed and approved Request for transportation and Specials meals will be forwarded to assigned units (<i>Ang pinirmahan at naaprubahang Request for transportation and Specials meals ay ipapasa sa mga nakatalagang yunit</i>)</p> <p>5 The Nurse Supervisor will contact the Transport Management Unit for availability of ambulance or hospital vehicle (<i>Makikipag-ugnayan ang Nurse on Duty sa Transport Management Unit para sa availability ng ambulansya o sasakyan ng ospital</i>)</p>	NONE (WALA)	20 MINUTES (20 minuto)	Nurse on Duty
<p>Sign the Discharge slip when the Nursing Attendant and Social Worker arrive</p> <p>(<i>Pirmahan ang Discharge slip sa oras na dumating ang Nursing Attendant at Social Worker</i>)</p>	<p>1 The Nursing attendant and Social Worker will give the patient's documents to his next of kin. (<i>Ibibigay ng Nursing Attendant at Social Worker ang mga dokumento ng pasyente sa kaanak nito.</i>)</p> <p>-Updated Statement of Account, Prescription, Home Medicine for 2 weeks and Alagang Pinoy Tagubilin (<i>Na-update na Pahayag ng Account, Reseta, Gamot sa bahay para sa 2 linggo at Alagang Pinoy Tagubilin</i>)</p> <p>2 The NOD/NAOD will assist the patient's relative in signing the Discharge Slip and Promissory Note (if there is a remaining balance) - (<i>Ang NOD/NAOD ay aasistihin ang kaanak ng pasyente sa pagpirma ng Discharge Slip at Promissory Note( kung mayroong naiwang balanse)</i>)</p> <p>The NOD must guide the patient's relative in the following: (<i>Ang NOD ay kailangang gabayan ang kamag-anak ng pasyente sa mga sumusunod:</i>)</p> <ul style="list-style-type: none"> <li>Correct giving and drinking of medicines to the patient (<i>Tamang</i></li> </ul>	NONE (WALA)	30 MINUTES (30 minuto)	Nursing Attendant / Social Worker Officer



	<p><i>pagbibigay at pagpapainom ng mga gamot sa pasyente)</i></p> <ul style="list-style-type: none"> <li>• Symptoms that need to be observed and monitored in the patient (<i>Mga sintomas na kinakailangang obserbahan at bantayan sa pasyente)</i></li> <li>• Dos and don'ts in patient care (<i>mga dapat at di dapat gawin sa pag-aalaga ng pasyente)</i></li> </ul>	NONE (WALA)	15 Minutes (15 minuto)	Nurse I / Social Worker Officer
		None (Wala)	5 Minutes (5 minuto)	Social Worker Officer
	<p>The NOD must inform the POD of the successful delivery of the patient to his home. (<i>Ang NOD ay kailangang ipaalam sa POD ang matagumpay na paghahatid ng pasyente sa kanyang bahay)</i></p> <p>5 The social worker must complete the patient's referral documents. Attached to this is the taking of a photo to prove that the patient was successfully delivered to their home. (<i>Ang social worker ay kailangang kompletuhin ang mga dokumento sa paghatid ng pasyente. Kalakip dito ay ang pagkuha ng litrato para maging katunayan sa matagumpay na naihatid ang pasyente sa kanilang bahay)</i></p>	None (Wala)	5 Minutes (5 minuto)	Social Worker Officer
	<b>KABUUAN</b>	WALA	<b>1 oras and 40 minuto</b>	

**DISCHARGE OF PATIENT THRU HOME AGAINST MEDICAL ADVICE**  
**Patient choosing to leave the hospital before the treating physician recommends discharge**  
*(Pasyente na pinipiling umalis sa ospital bago irekomenda ng manggagamot na lumabas)*

<b>Office or Division:</b> <i>(Opisina o Dibisyon)</i>		NURSING SERVICE		
<b>Classification</b> <i>(Klasipikasyon)</i>		Simple <i>(Simpleng Transaksyon)</i>		
<b>Type of Transaction</b> <i>(Uri ng Transaksyon)</i>		G2C- Government to Citizens		
<b>Who May Avail:</b> <i>(Maaring Kumuha ng serbisyo)</i>		Patients, Relative of Patients and Other Clients <i>(Mga Pasyente, Kamag-anak ng mga Pasyente at Iba Pang Kliyente)</i>		
<b>LIST OF REQUIREMENTS</b> <i>(LISTAHAN NG MGA REQUIREMENTS/HIHINGIN)</i>		<b>WHERE TO GET (SAAN KUKUNIN)</b>		
Home Against Medical Advice (HAMA) Form <b>One (1) original copy</b> <i>(Isa (1) orihinal na kopya)</i>		Nurse Station/ Patient's Ward		
Valid ID of relative <b>One (1) original copy</b> <i>(Isa (1) orihinal na kopya)</i>		PWD, Senior Citizen's ID, Government Issued ID		
Vaccination Card <b>One (1) original copy</b> <i>(Isa (1) orihinal na kopya)</i>		Akreditadong Vaccination Facility		
Clearance Slip <b>One (1) original copy</b> <i>(Isa (1) orihinal na kopya)</i>		Nurse Station/ Patient's Ward		
Alagang Pinoy Tagubilin <b>One (1) original copy</b> <i>(Isa (1) orihinal na kopya)</i>		Nurse Station/ Patient's Ward		
Discharge Slip <b>One (1) original copy</b> <i>(Isa (1) orihinal na kopya)</i>		Nurse Station/ Patient's Ward		
Referral Slip <b>One (1) original copy</b> <i>(Isa (1) orihinal na kopya)</i>		Doctor on Duty/ Patient's Ward		
Reseta <b>One (1) original copy</b> <i>(Isa (1) orihinal na kopya)</i>		Doctor on Duty/ Patient's Ward		
Gate Pass para sa pasyente <b>One (1) original copy</b> <i>(Isa (1) orihinal na kopya)</i>		Nurse Station/ Patient's Ward		
<b>CLIENT STEPS</b>  <i>MGA DAPAT GAWIN NG KLIYENTE</i>	<b>AGENCY ACTION</b>  <i>(HAKBANG NG AHENSYA)</i>	<b>FEES TO BE PAID</b>  <i>(KAUKULANG BAYAD)</i>	<b>PROCESSING TIME</b>  <i>(TAGAL NG PROSESO)</i>	<b>PERSON RESPONSIBLE</b>  <i>(NAKATALAGANG KAWANI)</i>

<p>1. Return to the hospital on the designated day to pick up the patient based on the message or information received from the Nurse. <i>(Bumalik sa ospital sa itinakdang araw para sa pagsundo ng pasyente base sa mensahe o impormasyon na natanggap mula sa Nurse.)</i></p>	<p>The nurse must review and carry out the Doctor's Order <i>(Ang nars ay kailangang suriin at isagawa ang Doctor's Order)</i></p> <p>The nurse must refer the patient to the Social Worker so that the family can be notified to pick up the patient. <i>(Ang nars ay kinakailangang isangguni sa Social Worker ang pasyente upang maabisuhan ang pamilya na sunduin ang pasyente.)</i></p>	None <i>(Wala)</i>	30 minutes <i>(30 minuto)</i>	Nurse/ Nurse Station	
<p>2. Proceed to TRIAGE to assess the following symptoms</p> <ul style="list-style-type: none"> <li>• <i>(Magpatuloy sa TRIAGE upang masuri ang mga sumusunod na sintomas) :</i></li> <li>• Sore throat <i>(Sakit sa lalamunan)</i></li> <li>• Body pain <i>(Sakit ng katawan)</i></li> <li>• Headache <i>(Sakit ng ulo)</i></li> <li>• Difficulty in breathing <i>(Hirap sa paghinga)</i></li> <li>• Cough <i>(Ubo)</i></li> <li>• Cold <i>(Sipon)</i></li> <li>• Fever <i>(Lagnat)</i></li> <li>• Diarrhea <i>(Pagtatae)</i></li> <li>• Rashes on the skin <i>(Mga pantal sa balat)</i></li> </ul> <p>2.1 Fill out a Health Declaration Form <i>(Sagutan ang Health Declaration Form)</i></p>	<p>1.1 Ask the client if they have symptoms <i>(Tanungin ang kliyente kung mayroon silang mga sintomas)</i></p> <p>1.2 Sanitized hands and take the client's temperature <i>(Maglinis ng mga kamay at kunin ang temperatura ng kliyente)</i></p> <p>1.3 Guide the client in accomplishing Health Declaration Form <i>(Gabayan ang kliyente sa pagsasagawa ng Health Declaration Form)</i></p> <p><b>FOR CLIENTS WITH NO SYMPTOMS PROCEED TO STEP 3</b> (PARA SA MGA KLIYENTE NA WALANG MGA SINTOMAS MAGPATULOY SA HAKBANG 3)</p> <p><b>FOR THOSE WITH SYMPTOMS STAY IN THE HOLDING AREA</b> (PARA SA MGA MAY SINTOMAS MANATILI SA HOLDING AREA)</p>	2 minutes <i>(2 minuto)</i>	2 minutes <i>(2 minuto)</i>	3 minutes <i>(3 minuto)</i>	Nurse (TRIAGE)

<p>Inform the PACD Staff of the reason for going to the hospital (Ipaalam sa PACD Staff ang dahilan ng pagpunta sa ospital.)</p>	<p>Provide the following documents: <i>(Ibigay ang mga sumusunod na dokumento:)</i></p> <ul style="list-style-type: none"> <li>• Transaction Slip,</li> <li>• Customer's Survey form at flyers</li> </ul> <p>2 Guide to ACIU <i>(Gabayan patungo sa ACIU)</i></p>	<p>None <i>(Wala)</i></p>	<p>1 minute <i>(1 minuto)</i></p>	<p>Administrative Assistant / (Public Assistance and Complaints Desk)</p>
<p>Let NOD know what you need. <i>(Ipaalam ang iyong kailangan sa NOD)</i></p>	<p>NOD will prepare the following <i>(Ihahanda ng NOD ang mga sumusunod):</i></p> <ul style="list-style-type: none"> <li>• Alagang Pinoy Tagubilin</li> <li>• Clearance Slip</li> <li>• Charge Slip (para sa pay patient)</li> <li>• Gate pass ng pasyente</li> <li>• Reseta</li> <li>• Referral Slip</li> <li>• Discharge Slip</li> <li>• Discharge Against Medical Advice</li> <li>• Medical Certificate</li> </ul> <p>Give and explain the clearance slip and prescription to the patient's relative. <i>(Ibigay at ipaliwanag ang clearance slip at reseta sa kamag anak ng pasyente).</i></p>	<p>None <i>(Wala)</i></p>	<p>5 Minutes <i>(5 Minuto)</i></p>	<p>Nurse / Nurse Station</p>
<p>5. Go to the Pharmacy Unit and show the prescription <i>(Magtungo sa Pharmacy at ipakita ang reseta)</i></p>	<p>Accept the prescription and issue a charge slip <i>(Tanggapin ang reseta at mag bigay ng charge slip)</i></p>	<p>None <i>(Wala)</i></p>	<p>5 Minutes <i>(5 Minuto)</i></p>	<p>Pharmacist / (Pharmacy Unit)</p>

<p>6.Proceed to the Medical Social Worker for the Malasakit Assistance (<i>Pumunta sa Medical Social Worker para sa Malasakit Assistance</i>)</p>	<p>Orient the relative on the purpose of assessment and facilitates consent signing using the Consent/ Responsibility Slip (<i>I-orient ang kamag-anak sa layunin ng pagtatasa at pinapadali ang pagpirma ng pahintulot gamit ang Consent/ Responsibility Slip</i>)</p> <p>Interview the relative and conduct psychosocial assessment using the MSWU Assessment Tool (<i>Interbyuhin ang kamag-anak at magsagawa ng psychosocial assessment gamit ang MSWU Assessment Tool</i>)</p> <p>Inform the relative on their classification (<i>Ipaalam sa kamag-anak ang kanilang klasipikasyon</i>)</p> <p>Sign and indicate classification and patients health record, and affix classification label (colored stamp) on the cover page of the health record. (<i>Lagdaan at ipahiwatig ang klasipikasyon at rekord ng kalusugan ng mga pasyente, at idikit ang label ng klasipikasyon (kulay na selyo) sa pahina ng pabalat ng rekord ng kalusugan.</i>)</p>	<p>None (<i>Wala</i>)</p>	<p>20 Minutes (<i>20 Minuto</i>)</p>	<p>Social Welfare Officer (Malasakit)</p>
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<p><b>Return to the Pharmacy Unit, show the slip given to the care giver</b> (<i>Bumalik sa Pharmacy Unit, ipakita ang slip na ibinigay ng malasakit</i>)</p>	<p><b>7.1</b> Get the slip and prescription. (<i>Kunin ang slip at reseta</i>)</p> <p>Prepare and administer the medications along with home instructions on how to take the medication (<i>Ihanda at ibigay ang mga gamot kasama ang home instruction kung papaano inumin ang gamot</i>)</p> <p>Sign the clearance slip (<i>Pirmahan ang clearance slip</i>)</p>	<p>None (<i>Wala</i>)</p>	<p>10 Minutes (<i>10 Minuto</i>)</p>	<p>Pharmacist / (Pharmacy Unit)</p>
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<p>Return to the Nurse Station and sign the Alagang Pinoy Tagubilin (Bumalik sa Nurse Station at pimahang ang Alagang Pinoy Tagubilin)</p>	<p>Give a copy of the Alagang Pinoy Tagubilin to the patient's relative <i>Magbigay ng kopya ng Alagang Pinoy Tagubilin sa kamag anak ng pasyente</i></p> <p>The nurse needs to teach the patient's relatives the following: <i>(Ang nars ay kailangang turuan ang mga kamag-anak ng pasyente ng mga sumusunod:)</i></p> <ul style="list-style-type: none"> <li>• Proper medication administration at home <i>(Tamang pagbibigay ng gamot sa bahay)</i></li> <li>• Symptoms to watch out for <i>(Mga sintomas na kinakailangang bantayan)</i></li> <li>• Dos and don'ts in patient care <i>(Mga dapat at di dapat gawin sa pag-aalaga ng pasyente)</i></li> <li>• Return schedule for follow up checkup <i>(Iskedyul ng pagbalik para sa follow up checkup)</i></li> <li>• Other additional tests to be conducted at OPU</li> <li>• Other additional tests to be conducted at OPU <i>(Iba pang karagdagang pagsuri na isasagawa sa OPU)</i></li> </ul> <p>The nurse must provide a referral slip to another institution if necessary <i>(Ang nars ay kailangan magbigay ng referral slip sa ibang institusyon kung kinakailangan)</i></p>	<p>None <i>(Wala)</i></p>	<p>10 Minutes <i>(10 Minuto)</i></p>	<p>Nurse / Nurse Station</p>
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<p>Sign the Discharge Slip or DAMA Form <i>(Pirmahan ang Discharge Slip o DAMA Form)</i></p>	<p>The nurse must sign the transaction slip, gate pass and clearance slip <i>(Kinakailangang pirmahan ng nars ang transaction slip, gate pass at clearance slip)</i></p> <p>The nurse must provide the following: <i>(Kinakailangang ibigay ng nars ang mga sumusunod:)</i></p> <ul style="list-style-type: none"> <li>• Duplicate copy ng Clearance Slip</li> <li>• Gate pass para sa pasyente</li> <li>• Transaction Slip</li> </ul>	<p>Wala</p>	<p>3 minutes <i>(3 minuto)</i></p>	<p>Nurse / Nurse Station</p>
<p>Fill out the CSSF (Customer Satisfaction Survey Form) and give it along with the transaction slip to the PACD Staff <i>(Sagutan ang CSSF (Customer Satisfaction Survey Form) at ibigay kasabay ng transaction slip sa PACD Staff)</i></p> <p>If there is a comment, recommendation or suggestion, please contact the PACD Staff so that it can be addressed <i>(Kung mayroong komento, rekomendasyon or suwestyon maaring makipag ugnayan sa PACD Staff upang ito ay matugunan)</i></p>	<p>1 Get the CSSF (Customer Satisfaction Survey Form) and transaction slip. Ask if the service provided to them was satisfactory from their point of view. <i>(Kunin ang CSSF (Customer Satisfaction Survey Form) at transaction slip. Tanungin kung ang serbisyong ibinibigay sa kanila ay kasiya siya sa kanilang pananaw.)</i></p> <p><b>FOR THOSE WHO HAVE QUESTIONS PARA SA MGA MAY KATANUNGAN)</b></p> <p>Please respond accordingly and based on the service provided to them. <i>(Mangyari tugunan ng naayon at batay sa serbisyong ibinigay sa kanila.)</i></p>	<p>None <i>(Wala)</i></p>	<p>5 minutes <i>(5 minuto)</i></p>	<p>Administrative Assistant / (Public Assistance and Complaints Desk)</p>
	<p><b>TOTAL (KABUUAN)</b></p>	<p><b>Depends on the cost of the medicine and the hospital bill Depend sa halaga ng gamot at bill sa ospital</b></p>	<p><b>1 hour and 36 minutes (1 oras at 36 minuto)</b></p>	



### DISCHARGE OF PATIENT THRU DEATH

This process is followed during the discharge of expired service user.  
(Proseso ng paglabas o pagkuha sa katawan ng pumanaw na pasyente.)

<b>Office or Division:</b> (Opisina o Dibisyon)		NURSING SERVICE		
<b>Classification</b> (Klasipikasyon)		Simple (Simpleng Transaksyon)		
<b>Type of Transaction</b> (Uri ng Transaksyon)		G2C- Government to Citizens		
<b>Who May Avail:</b> (Maaring Kumuha ng serbisyo)		Patients, Relative of Patients and Other Clients (Mga Pasyente, Kamag-anak ng mga Pasyente at Iba Pang Kliyente)		
<b>LIST OF REQUIREMENTS (LISTAHAN NG MGA REQUIREMENTS/HIHINGIN)</b>		<b>WHERE TO GET (SAAN KUKUNIN)</b>		
Disposition of Cadaver Form <b>One original copy (Isa (1) orihinal na kopya)</b>		Nurse Station/ Patient's Ward		
<b>CLIENT STEPS</b>  MGA DAPAT GAWIN NG KLIYENTE	<b>AGENCY ACTION</b>  (HAKBANG NG AHENSYA)	<b>FEES TO BE PAID</b>  (KAUKULANG BAYAD)	<b>PROCESSING TIME</b>  (TAGAL NG PROSESO)	<b>PERSON RESPONSIBLE</b>  (NAKATALAGANG KAWANI)
1. Return to the hospital as soon as you receive a notification that the patient's dead body can be retrieved (Bumalik sa ospital sa sandaling makatanggap ng abiso na maari ng kunin ang patay na katawan ng pasyente)	<b>The NOD must review and execute the Doctor's order regarding the patient's death</b> (Kinakailangang suriin at isagawa ng NOD ang Doctor's order tungkol sa pagkamatay ng pasyente)  The NOD is required to refer the patient's death to the MSW so that the family can be notified about it. (Ang NOD ay kinakailangang isangguni sa MSW ang pagkamatay ng pasyente upang maabisuhan ang pamilya patungkol dito.)	None (Wala)	30 Minutes (30 Minuto)	Nurse / Nurse Station

<p><b>2.</b> Proceed to TRIAGE to assess the following symptoms</p> <ul style="list-style-type: none"> <li>• (Magpatuloy sa TRIAGE upang masuri ang mga sumusunod na sintomas) :</li> <li>• Sore throat (Sakit sa lalamunan)</li> <li>• Body pain (Sakit ng katawan)</li> <li>• Headache (Sakit ng ulo)</li> <li>• Difficulty in breathing (Hirap sa paghinga)</li> <li>• Cough (Ubo)</li> <li>• Cold (Sipon)</li> <li>• Fever (Lagnat)</li> <li>• Diarrhea (Pagtatae)</li> <li>• Rashes on the skin (Mga pantal sa balat)</li> </ul> <p><b>2.1</b> Fill out a Health Declaration Form (Sagutan ang Health Declaration Form)</p>	<p><b>2.1</b> Ask the client if they have symptoms (Tanungin ang kliyente kung mayroon silang mga sintomas)</p> <p><b>2.2</b> Sanitized hands and take the client's temperature (Maglinis ng mga kamay at kunin ang temperatura ng kliyente)</p> <p><b>2.3</b> Guide the client in accomplishing Health Declaration Form (Gabayan ang kliyente sa pagsasagawa ng Health Declaration Form)</p> <p><b>FOR CLIENTS WITH NO SYMPTOMS PROCEED TO STEP 3</b> (PARA SA MGA KLIYENTE NA WALANG MGA SINTOMAS MAGPATULOY SA HAKBANG 3)</p> <p><b>FOR THOSE WITH SYMPTOMS STAY IN THE HOLDING AREA</b> (PARA SA MGA MAY SINTOMAS MANATILI SA HOLDING AREA)</p>	<p>2 minutes (2 minuto)</p> <p>2 minutes (2 minuto)</p> <p>3 minutes (3 minuto)</p>	<p>Nurse (TRIAGE)</p>	
<p>Inform the PACD Staff of the reason for going to the hospital (Ipaalam sa PACD Staff ang dahilan ng pagpunta sa ospital.)</p>	<p>Provide the following documents: (Ibigay ang mga sumusunod na dokumento:)</p> <ul style="list-style-type: none"> <li>• Transaction Slip,</li> <li>• Customer's Survey form at flyers</li> </ul> <p><b>2</b> Guide to the Ward (Gabayan papunta sa ward)</p>	<p>None (Wala)</p>	<p>2 minutes (2 minuto)</p>	<p>Administrative Assistant / (Public Assistance and Complaints Desk)</p>

<p>Let NOD know what you need. <i>(Ipaalam ang iyong kailangan sa NOD)</i></p>	<p>The NOD will provide a form to the relative for clearance to various units (e.g. Malasakit, Pharmacy and Billing) <i>(Ang NOD ay magbibigay ng form sa kamag anak para sa clearance para sa iba't ibang unit (e.g. Malasakit, Pharmacy and Billing))</i></p>	None <i>(Wala)</i>	3 minutes <i>(3 minuto)</i>	Nurse / Nurse Station
	<p>NOD will get the informants information and instruct the relative to sign on the death certificate <i>(Kukunin ng NOD ang impormasyon ng mga impormante at aatasan siya na pirmahan ang sertipiko ng kamatayan)</i></p>	None <i>(Wala)</i>	2 minutes <i>(2 minuto)</i>	
	<p>NOD will forward the signed death certificate to HIMU <i>(Ang NOD ay ibibigay ang napirmahang death certificate sa HIMU)</i></p>	None <i>(Wala)</i>	5 minutes <i>(5 minuto)</i>	
	<p>NOD will guide and instruct the relative to go to the concerned unit for clearance to be able to get the death certificate of expired patient <i>(Gagabayan at tuturuan ng NOD ang kamag-anak na pumunta sa concerned unit para sa clearance para makuha ang death certificate ng namatay na pasyente.)</i></p>			
<p>5. Go to the Billing Unit to get the updated Statement of Account <i>(Pumunta sa Billing Unit para makuha ang updated na Statement of Account)</i></p>	<p><b>5.1</b> The Billing staff will prepare and give the updated Statement of Account to the relative. <i>(Ihahanda at ibibigay ng staff ng Billing ang updated na Statement of Account sa kamag-anak)</i></p> <p>5. 2 Billing staff will instruct the client to go to Malasakit Office for assistance <i>(Aatasan ng billing staff ang kliyente na pumunta sa Malasakit Office para sa tulong)</i></p>	None <i>(Wala)</i>	5 Minutes <i>(5 Minuto)</i>	Administrative Assistant / Billing Clerk <i>(Billing Unit)</i>

<p>6. Proceed to the Medical Social Worker for the Malasakit Assistance (<i>Pumunta sa Medical Social Worker para sa Malasakit Assistance</i>)</p>	<p>Orient the relative on the purpose of assessment and facilitates consent signing using the Consent/ Responsibility Slip (<i>I-orient ang kamag-anak sa layunin ng pagtatasa at pinapadali ang pagpirma ng pahintulot gamit ang Consent/ Responsibility Slip</i>)</p> <p>Interview the relative and conduct psychosocial assessment using the MSWU Assessment Tool (<i>Interbyuhin ang kamag-anak at magsagawa ng psychosocial assessment gamit ang MSWU Assessment Tool</i>)</p> <p>Inform the relative on their classification (<i>Ipaalam sa kamag-anak ang kanilang klasipikasyon</i>)</p> <p>Sign and indicate classification and patients health record, and affix classification label (colored stamp) on the cover page of the health record. (<i>Lagdaan at ipahiwatig ang klasipikasyon at rekord ng kalusugan ng mga pasyente, at idikit ang label ng klasipikasyon (kulay na selyo) sa pahina ng pabalat ng rekord ng kalusugan.</i>)</p> <p>6.5 Sign the clearance slip (<i>Pirmahan ang clearance slip</i>)</p> <p>6.6 Instruct the relative to go to Pharmacy Unit for clearance (<i>Atasan ang kamag-anak na pumunta sa Pharmacy Unit para sa clearance</i>)</p>	<p>None (<i>Wala</i>)</p>	<p>20 Minutes (<i>20 Minuto</i>)</p>	<p>Social Welfare Officer (Malasakit)</p>
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<p>7. Go to the Pharmacy Unit for clearance (<i>Pumunta sa Pharmacy Unit para sa clearance</i>)</p>	<p>Icheck ang slip na galing sa Malasakit at pirmahan ang clearance slip (<i>Check the slip from Malasakit and sign the clearance slip</i>)</p> <p><b>7.2</b> Instruct the relative to go to Billing Unit for clearance (<i>Atasan ang kamag-anak na pumunta sa Billing Unit para sa clearance</i>)</p>	<p>None (<i>Wala</i>)</p>	<p>2 Minutes (2 <i>Minuto</i>)</p>	<p>Pharmacist / (Pharmacy Unit)</p>
<p>8. Go to the Billing Unit for clearance (<i>Pumunta sa Billing sa clearance</i>)</p>	<p><b>8.1</b> Icheck ang slip na galing sa Malasakit at pirmahan ang clearance slip (<i>Check the slip from Malasakit and sign the clearance slip</i>)</p>	<p>None (<i>Wala</i>)</p>	<p>2 Minutes (2 <i>Minuto</i>)</p>	<p>Administrative Assistant / Billing Clerk (Billing Unit)</p>
<p>9. Go to HIMU to get the Death Certificate (<i>Pumunta sa HIMU upang kunin ang Death Certificate</i>)</p>	<p>9.1 HIMU Staff will issue the death certificate and guide the next of kin on how to register it. (<i>Ibibigay ng HIMU Staff ang death certificate at bibigyan ng gabay ang kamag-anak kung paano magparehistro nito.</i>)</p>	<p>None (<i>Wala</i>)</p>	<p>5 Minutes (5 <i>Minuto</i>)</p>	
<p>Forward the registered Death Certificate to HIMU (<i>Ipasa ang rehistradong Death Certificate sa HIMU</i>)</p>	<p><b>1</b> Receive and keep the Death Certificate of the deceased Patient (<i>Tanggapin at itago ang Death Certificate ng namatay na Pasyente</i>)</p> <p><b>2</b> Give a copy of the Death Certificate to the next of kin of the deceased Patient (<i>Bigyan ng kopya ng Death Certificate ang kamag-anak ng namatay na Pasyente</i>)</p>	<p>None (<i>Wala</i>)</p>	<p>2 Minutes (2 <i>Minuto</i>)</p>	<p>Nurse I/ Nurse Station</p>

Bumalik sa Nurse Station (Return to the Nurse Station)	<p>1 The NOD will guide the patient's next of kin in signing the Disposition of Cadaver Form (<i>Gagabayan ng NOD ang kamag anak ng pasyente sa paglagda sa Disposition of Cadaver Form</i>)</p> <p>2 The NOD will give a copy of the clearance slip to the patient's next of kin (<i>Ibibigay ng NOD ang kopya ng clearance slip sa kamag anak ng pasyente</i>)</p>	None (Wala)	2 Minutes (2 Minuto)	Nurse / Nurse Station
12. Give the transaction slip, clearance slip and customer survey form to SGOD (Ibigay ang transaction slip, clearance slip at customer survey form sa SGOD)	12.1 SGOD will check, accept and pass the documents to concern units (Ang SGOD ay icheck, tatanggapin, ipapasa ang mga dokumento sa mga kinauukulang yunit)	None (Wala)	2 Minutes (2 Minuto)	Public Assistance and Complaints Desk (PACD) Staff
<b>TAL (KABUUAN)</b>			1 hour and 28 minutes (1 oras at 28 minuto)	

**VISITATION IN PSYCHIATRIC WARD  
(PAGBISITA SA PSYCHIATRIC WARD)**

This process is for patients visited by relatives. Accepting visitors from Monday to Sunday, 8am-3pm;  
Number of Visitors: 2

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

<b>Office or Division:</b> (Opisina o Dibisyon)		NURSING SERVICE		
<b>Classification</b> (Klasipikasyon)		Simple (Simpleng Transaksyon)		
<b>Type of Transaction</b> (Uri ng Transaksyon)		G2C- Government to Citizens		
<b>Who May Avail:</b> (Maaring Kumuha ng serbisyo)		Patients, Relative of Patients and Other Clients ( <b>Mga Pasyente, Kamag-anak ng mga Pasyente at Iba Pang Kliyente</b> )		
<b>CHECKLIST OF REQUIREMENTS</b> (LISTAHAN NG MGA REQUIREMENTS/HIHINGIN)		<b>WHERE TO SECURE</b> (SAAN KUKUNIN)		
Valid I.D (Client/Relatives) <b>One (1) original copy</b> (Isang (1) orihinal na kopya)		PWD, Senior Citizen's ID, Government Issued ID		
Vaccination Card <b>One (1) original copy</b> (Isang (1) orihinal na kopya)		Akreditadong Vaccination Facility		
Visiting slip <b>Two (2) original copy</b> (Isang (1) orihinal na kopya)		Security Guard-on-Duty		
<b>CLIENT STEPS</b>  MGA DAPAT GAWIN NG KLIYENTE	<b>AGENCY ACTION</b>  (HAKBANG NG AHENSYA)	<b>FEES TO BE PAID</b>  (KAUKULANG BAYAD)	<b>PROCESSING TIME</b>  (TAGAL NG PROSESO)	<b>PERSON RESPONSIBLE</b>  (NAKATALAGANG KAWANI)





<p><b>2.</b> Get transaction slip and Client's experience Survey Form (<i>Kumuha ng slip ng transaksyon at Survey Form ng karanasan ng Kliyente</i>)</p>	<p><b>2.1</b> Provide a Transaction Slip containing the following information; Name, Office to be visited and purpose (<i>Magbigay ng Transaction Slip na naglalaman ng sumusunod na impormasyon; Pangalan, Tanggapan na dapat bisitahin at layunin</i>)</p> <p><b>2.2</b> Provide the CES Form and provide some other information for the client's purpose. (<i>Ibigay ang CES Form at magbigay ng ilang iba pang impormasyon para sa layunin ng kliyente</i>)</p>	None	2 minutes ( <i>2 minuto</i> )	Security Guard  Administrative Assistant I / PACD
<p><b>3.</b> Inform the PACD regarding your purpose/concern (<i>Ipaalam sa PACD ang tungkol sa iyong layunin/ alalahanin</i>)</p>	<p>Give Customer Survey Form and advise to proceed to Billing. (<i>Bigyan ng Customer Survey Form at payuhan na magpatuloy sa Billing.</i>)</p>	None ( <i>Wala</i> )	2 minute ( <i>2 minuto</i> )	Administrative Assistant I / (Public Assistance and Complaints Desk)
<p><b>4 .</b> Proceed to Billing (<i>Magtungo sa Billing</i>)</p>	<p>Update the billing statement of the patient (<i>I-update ang billing statement ng pasyente</i>)</p>	Depends on Patients Statement of Account ( <i>Depende sa SOA ng pasyente</i> )	6 Minutes ( <i>6 na minuto</i> )	Cashier / Administrative Assistant II

<p><b>5. Proceed to Ward and go to Nurse's station</b> <i>(Magtungo sa ward at Nurse's Station)</i></p>	<p><b>5.1</b> For an initial visit after being transferred to a ward, NOD should review the patient's chart if it is a scheduled visit or not <i>(Para sa unang pagbisita pagkatapos mailipat sa ward, dapat ireview ng Nars na nakaduty ang tsart ng pasyente kung ito ay naka-iskedyul sa pagbisita o hindi)</i></p> <p><b>5.1.1</b> If its a scheduled visit,<i>(Kung ito ay isang nakatakandang pagbisita)</i></p> <p><b>5.1.1.1</b> advise patient to do proper hygiene prior to going out to talk to his/her visitor <i>(payuhan ang pasyente na maglinis ng katawan bago lumabas upang makipag-usap sa kanyang bisita)</i></p> <p><b>5.1.2</b> If unscheduled visit, assess patient's behavior if behaviorally stable to accept visitor, prior to referral to POD re: if may allow to accept visitor <i>(Kung hindi naka-iskedyul ang pagbisita, suriin ang pag-uugali ng pasyente kung maayos ang pag-uugali upang tanggapin ang bisita, bago ang referral sa POD re: kung maaaring payagan na tumanggap ng bisita)</i></p>	<p>None <i>(Wala)</i></p>	<p>10 minutes</p>	<p>Nurse I /WARD</p>
<p><b>6. Confer with Physician-on-duty</b> <i>(Makipag-usap sa Doctor-on-duty)</i></p>	<p>If for referral once visited,<i>(Kung ito ay irerefer pag binisita)</i></p> <p><b>5.1.1</b> Assess the behavior of the patient if able to receive visitor <i>(Suriin ang pag-uugali ng pasyente)</i></p>	<p>None</p>	<p>15 minutes <i>(15 minuto)</i></p>	<p>Physician-on-duty <i>(Doktor na naka-duty)</i></p>

	<p><i>kung pwedeng tumanggap ng bisita)</i></p> <p><b>6.1.2</b> Inform POD about the arrival of the relative and the behavior of the patient (<i>Ipaalam sa POD ang pagdating ng kamag-anak at ang pag-uugali ng pasyente)</i></p> <p><b>1.3</b> POD will discuss the patient's condition to the relative (<i>Tatalakayin ng POD ang kalagayan ng pasyente sa kamag-anak)</i></p>			
<b>7.</b> Return to Nurse-on-Duty ( <i>Bumalik sa Nurse-on-Duty)</i>	Assist patient and relative to go to visiting area, following the IPCC protocol (social distancing, wearing of face mask) ( <i>Samahan ang pasyente at kamag-anak na pumunta sa lugar ng pagbisita, sumunod sa IPCC protocol (social distancing, pagsusuot ng face mask)</i> )		3 hours (3 oras)	NurseIII / Nursing Attendant - Ward
<b>8.</b> After visitation, return patient to Nurse's Station ( <i>Pagkatapos ng pagbisita, ibalik ang pasyente sa Nurse's Station)</i>	<p><b>8.1</b> Bring patients back inside their respective ward .(<i>Ibalik ang mga pasyente sa loob ng kani-kanilang ward.</i>)</p> <p><b>8.2</b> Advise relative to visit regularly (<i>Payuhan ang kamag-anak na regular na bumisita)</i></p>		5 minutes (5 minuto)	Nursing Attendant / Ward
<b>TOTAL</b>		<b>None</b>	<b>3 oras at 49 minuto</b>	

## E-KONSULTA SERVICES

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

<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 Government Issued I.D Marriage Certificate <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. PARA SA BAGONG KLIYENTE</b> Pumunta sa Billing and Claims Unit para sa E-Konsulta services	Suriin kung kumpleto ang mahahalagang datos sa PhilHealth E-Konsulta and Health Screening and Assessment Forms	Wala	5 minuto	Administrative Assistant I / <b>Billing</b> and Claims Unit
	Iberipika kung miyembro ng PhilHealth ang kliyente sa PhilHealth Portal.			

	<p><b>1.3</b> Ipaliwanag sa kliyente ang programang E-Konsulta ng Philhealth at itanong kung nais nilang makakuha ng nasabing serbisyo at agparehistro sa ospital</p>	Wala	5 minuto	Administrative Assistant I / Billing and Claims Unit
<p><b>2. PARA SA MGA KLIYENTENG MIYEMBRO NG PHILHEALTH AT NAIS MAGPAREHISTRO SA E-KONSULTA</b></p> <p>Magparehistro sa E-Konsulta System at punan ng mahahalagang datos ang PhilHealth Konsulta Registration Form (PKRF) para sa E-Konsulta</p>	<p><b>2.1</b> Hingian ang kliyente ng Valid ID.</p> <p><b>2.2</b> Kuhanan ng litrato ang kliyente na gagamitin para sa photo consent.</p> <p><b>2.3</b> Irehistro ang kliyente sa E-Konsulta System ng ospital.</p>	Wala	10 minuto	Administrative Assistant I / Billing and Claims Unit
<p><b>3. PARA SA MGA KLIYENTENG HINDI MIYEMBRO NG PHILHEALTH AT NAIS MAGPAREHISTRO SA E-KONSULTA:</b></p> <p>Mag fill-up ng PhilHealth Membership Registration Form (PMRF) at ibigay ang mga sumusunod</p> <ul style="list-style-type: none"> <li>• Valid government ID</li> <li>• Marriage Certificate (kung kasal ang kliyente)</li> </ul>	<p><b>3.1</b> Bigyan ang kliyente ng PhilHealth Membership Registration Form (PMRF)</p> <p><b>3.2</b> Ipaliwanag at gabayan ang kliyente sa paraan ng pagsagot nito.</p> <p><b>3.3</b> Hingan ang kliyente ng mga kailangang dokumento para sa pagpaparehistro sa Philhealth</p>	Wala	10 minuto	Administrative Assistant I / Billing and Claims Unit

<ul style="list-style-type: none"> <li>• Certificate of Indigency galing sa munisipyo (kung walang kakayahang magbayad ng Philhealth contribution)</li> </ul>				
<b>KABUUANG BAYAD AT ORAS NA INILAAAN</b>		<b>Wala</b>	<b>30 minuto</b>	

## ISSUANCE OF STATEMENT OF ACCOUNT FOR CUSTODIAL CARE UNIT'S PATIENTS

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

<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>  Visiting Slip <b>Dalawa (2) orihinal at ikalawang kopya</b>		Public Assistance and Complaint Desk Unit (PACU)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>1. I-PROSESO ANG STATEMENT OF ACCOUNT</b>  Magtungo sa Billing and Claims Satellite Office.	<b>1.1</b> Suriin ang Visiting slip kung kumpleto ang mahahalagang datos ng pasyente.	Wala	1 minuto	Administrative Assistant I / Billing and Claims Staff
	<b>1.2</b> Ihanda ang kopya ng updated na Statement of Account at ipaliwanag sa kamag-anak ng pasyente ang mga serbisyong natanggap.	Wala	10 minuto	
	<b>2. Tanggapin ang Statement of Account ng pasyente.</b>			
	<b>2.1</b> Papirmahin ang kliyente sa logbook sa pagtanggap ng updated na kopya ng Statement of Account.	Wala	1 minuto	Administrative Assistant I / Billing and Claims Staff
	<b>2.2</b>	Depende sa halaga ng serbisyong natanggap	5 minuto	

	<p>Kung magbabayad ang kliyente, ihanda ang mga charge slips at ibigay sa Cashier para sa kaukulang resibo.</p> <p><b>2.3</b> Bigyan ng updated na Statement of Account pagkatapos magbayad</p>	Wala	5 minuto	Administrative Assistant I / Billing and Claims Staff
<b>KABUUNANG BAYAD AT ORAS NA INILAAN</b>		<b>Depende sa halaga ng gamot at ibang pang serbisyo ng ospital.</b>	<b>22 minuto</b>	



**ISSUANCE OF STATEMENT OF ACCOUNT FOR PATIENTS IN EMERGENCY ROOM, ACUTE CRISIS INTERVENTION UNIT AND MEDICAL WARD**

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

<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>  Clearance Slip <b>Dalawa (2) orihinal at pangalawang kopya</b>			Emergency Room Nurse on Duty Acute Crisis Intervention Unit Nurse on Duty Medical Ward Nurse On Duty	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>1. I-PROSESO ANG STATEMENT OF ACCOUNT</b>  Magtungo sa Billing and Claims Satellite Office	<b>1.1</b> Suriin ang Clearance slip kung kumpleto ang mahahalagang datos ng pasyente sa Emergency Room/Acute Crisis Intervention Unit/ Medical Ward.	Wala	1 minuto	Administrative Assistant I / Billing and Claims Staff
	<b>1.2</b> Ihanda ang kopya ng updated na Statement of Account at ipaliwanag sa kamag-anak ng pasyente ang mga serbisyong natanggap.	Wala	10 minuto	
<b>2. Tanggapin ang Statement of Account ng pasyente.</b>	<b>2.1</b> Papirmahin ang kliyente sa logbook sa pagtanggap ng	Wala	1 minuto	Administrative Assistant I /

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

## 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 Building that operates Tuesdays thru Fridays 8:00AM – 4:00PM. It caters to all types of abuse within the Municipality of Mariveles, Bataan by providing medical, social and psychological services and subsequently obtains the medico-legal certificate.

<b>Office or Division</b>	Medical Social Work Unit/Women and Children Protection	
<b>Classification</b>	Highly Technical	
<b>Type of Transaction:</b>	G2C – Government to Citizen	
<b>Who may avail:</b>	<p>All victims of abuse as per</p> <p>RA 7610- n Act Providing for Stronger Deterrence and Special Protection Against Child Abuse, Exploitation and Discrimination, and for other purposes</p> <p>RA 9262 – An act defining violence against women and their children by husband, live-in partner, boyfriend or former male partner providing for protective measures for victims, prescribing penalties therefore, and for other purposes</p> <p>RA 8353 – An act expanding the definition of the crime of rape, reclassifying the same as a crime against persons by any person amending for the purpose Act No. 3815, as amended otherwise known as the Revised Penal Code, and for other purposes</p> <p>RA 8505 – An act providing assistance and protection for rape victims, establishing for a purpose a rape crisis center in every province and city, authorizing the appropriation of funds therefor, and for other purposes</p> <p>RA 7877 – An act declaring sexual harassment unlawful in the employment, education or training environment, and for other purposes</p> <p>RA 9208 – An act to institute policies to eliminate trafficking in persons especially women and children, establishing the necessary institutional mechanisms for the protection and support of trafficked persons, providing penalties for its violations, and other purposes</p>	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Referral Letter, (kung mayroon)		Referring agency
<b>Isa (1) Original na kopya</b>		

	<p><b>1.4.</b> If the case is non-acute (more than 72 hours), for scheduling of her/ his consultation at WCPU office.</p> <p><b>1.5.</b> For child victims, call legal guardian, if not present, call the LGU-SW</p>		<p>2 minutes</p> <p>4 minutes</p>	<p>Ms. Maribeth O. Pante/ Melita G. Marquez WCPU Social Workers</p> <p>Ms. Maribeth O. Pante/ Melita G. Marquez WCPU Social Workers</p>
<b>2.</b> Provides needed information	<p>2.1 Creation of Health record</p> <p>2.2 Social Classification at MSWU</p>		<p>10 minutes</p> <p>10 minutes</p>	<p>HIMU staff</p> <p>MSWU- OPU</p>
<b>3a.</b> Signing of consent forms	<b>3.1.</b> Explain WCPU consent and data privacy form, let the victim and guardian sign		5 minutes	Ms. Maribeth O. Pante/ Melita G. Marquez WCPU Social Workers
<b>3b.</b> Provides general data/information	<b>3.2.</b> Record general data, WCPU intake Form, history intake, perpetrator's profile, physical examination, other important medical history of the client, review of systems if there are symptoms described by the client and/or historian.		2 to 3 hours- (May vary according to the response of the patient and family)	Dr. Bighani D. Yraola-Amir Dr. Kristine Apple Peneyra-Gutierrez WCPU Physicians



	<b>3.3 Record the Family Assessment</b>		7 minutes	Ms. Maribeth O. Pante/ Melita G. Marquez WCPU Social Workers
<b>4. Undergoes Patient Safety and Risk Assessment</b>	<b>4.1 Assess for presence of further threats</b>		30 minutes (May vary according to the cooperation of the patient, family, relatives and other agencies involved)	Ms. Maribeth O. Pante/ Melita G. Marquez WCPU Social Workers
<b>5a. Undergoes Physical Examination</b>	<b>5.1. Perform physical examination/ medico legal examination</b>		20 minutes	Dr. Bighani D. Yraola-Amir Dr. Kristine Apple Peneyra-Gutierrez WCPU Physicians
<b>5b. Undergoes recommended laboratory test</b>	<b>5.2. Laboratory Testing</b>		2 hours	Medical Technologist
<b>5c. Undergoes HIV Testing Services (HTS), if recommended</b>	<b>5.3. Perform HTS Counselling and Testing</b>		15 minutes	HIV counsellors at Lazareto
<b>6. Waits for the result</b>	<b>6.1 Interpret and analyze the results of Laboratory and HTS tests</b>		20 minutes	Dr. Bighani D. Yraola-Amir Dr. Kristine Apple Peneyra-Gutierrez

	<p><b>6.2</b> Prepare the comprehensive physical/ medico legal report</p> <p><b>6.3</b> Explain the result and recommendations to the patient</p> <p><b>6.4</b> Release the original report to the patient</p> <p><b>6.5</b> Refer patients to other professionals for further management (if needed)</p> <p><b>6.6</b> Conduct counseling to patients (if needed)</p>		30 minutes	WCPU Physicians
<b>KABUANG ORAS AT BAYAD NA INILAN</b>		<b>Wala</b>	<b>7 hours &amp; 45 minutes</b>	

# MMWGH INTERNAL SERVICE

## PROSESO PARA SA KOLEKSYON

Ito ay katibayan o nagpapatunay na nakuha na ng mga tagapagtustos/suplayer ang kani-kanilang tseke o bayad para sa mga pangunahing pangangailanga't kagamitan ng ospital at sa mga nakapagbayad ng bidding documents at sa affiliation fee ng bawat eskwelahan. Ito rin ay para sa mga empleyadong nagnanais humingi ng kopya ng kanilang payslip at sertipikasyon ng Philhealth.

<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>		
Kaukulang Pagkakakilanlan (Kliyente) <b>Isa(1) kopya</b>		Kompanya ng Tagapagtustos o Suplayer		
Sulat ng Awtorisasyon <b>Isa(1) kopya</b>		Kompanya ng Tagapagtustos o Suplayer		
Opisyal na Resibo <b>Isa(1) kopya</b>		Kompanya ng Tagapagtustos o Suplayer		
Liham ng Kahilingan <b>Isa(1) kopya</b>		Empleyadong Humihingi		
Slip ng Babayaran / Notice of Award <b>Isa(1) kopya</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>
1. Magtungo sa Cashier at sabihin ang intension/ pakay	<b>1.1 TAGAPAGTUSTOS</b>  1.1.1 Kung tseke ang kukunin, tanungin ang kliyente kung anong ahensiya o kumpanya at hingan ng kaukulang pagkakakilanlan (I.D.) at sulat na pinahihintulutan siyang kumulekta/kumuha. Ibigay ang Disbursement Voucher kasama ng tseke at BIR Form (2 kopya).	Wala	10 Minuto	Supervising Administrative Officer / Cash Unit



	<p>Ang isa ay para sa kolektor at ang naiwang kopya ay para sa opisina ng tagapagtuos. Ituro kung saan dapat pumirma at hingan ng kaukulang opisyal na resibo.</p> <p><b>1.1.2</b> Kung magbabayad ng performance / surety bond at bid docs, kailangan magpakita ng Notice of Award para sa performance/surety bond at charge slip naman para sa bid docs galing sa Procurement Unit, upang sa magawan ng kaukulang resibo.</p>	<p>Limang Porsyento (5%) ng kabuuang kontrata o ng NOA para sa performance /surety bond at P1,000.00-P25,000.00 sa aprubadong pondo naman para sa Bid Docs.</p>	<p>10 Minuto</p>	<p>Administrative Assistant II / Cash Unit</p>
	<p><b>1.2 EMPLEYADO</b> Kung empleyado ang kukuha ng panibagong kopya ng Payslip o sertipikasyon ng Philhealth kontribusyon, hingan ng liham ng kahilingan. Papirmahin sa isang kopya at ibigay ang para sa empleyado.</p>	<p>Wala</p>	<p>15 minuto para sa Payslip Isang (1) araw para sa sertipikasyon Philhealth Kontribusyon</p>	<p>Administrative Officer I / Cash Unit</p>
	<p><b>1.3 KAAKIBAT NA PAARALAN</b> Kung magbabayad ng Affiliation Fee ng mga</p>	<p>Kung narses (P60.00 kada Estudyante).</p>	<p>10 Minuto</p>	<p>Administrative Assistant II/Cash Unit</p>

	estudyante, tanungin kung anong eskwelahan at itsek kung may naibigay na ang PETRU ng Billing of Students Affiliates kalakip ang slip ng babayaran at listahan ng mga estudyante. Pagkatanggap ng kanilang bayad, isyuhan ng kaukulang opisyresibo.	Praktikal Narses o Caregiver (P100.00 kada Estudyante)		
2. Ibigay ang transaction slip	2.1 Pirmahan ang transaction slip at ibalik sa kliyente.	Wala	1 minuto	Administrative Assistant II/Cash Unit
<b>KABUUANG ORAS AT BAYAD NA INILAAN</b>		PHP 60.00 - P25,000.00 + Limang Porsyento (5%) ng kabuuang kontrata o ng NOA	15 minuto - 1 araw depende sa pamamaraang ginawa	

## 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>FEEES 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

	<b>2.2</b> 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
<b>3.</b> Review and sign the drawing	<b>3.1</b> Receive the signed drawing.	None	15-30 Minutes (Depending on the availability of the signatory)	Administrative Assistant II / OMCC Secretary
	<b>3.2</b> Forward the Drawing Request to the Office of Chief Administrative Officer for recommending approval	None	4-8 hours (Depending on the availability of the signatory)	Chief Administrative Officer /OCAO
	<b>3.3</b> Forward the Drawing Request to the Office of the Medical Center Chief for approval	None	1-2 days (Depending on the availability of the signatory)	Medical Center Chief /OMCC
	<b>3.4</b> Receive the approved drawing from OMCC staff  <b>3.5</b> Advise the staff that drawing is ready for pick up	None	8 hours upon approval	Administrative Assistant II / OMCC Secretary
<b>4.</b> Claim the approved Drawing Request	<b>4.1</b> Hand the approved drawing (original) to the client and ask for acknowledgement	None	10-15 minutes	Administrative Assistant II - HFDS

	nt on the receiving copy.			
<b>TOTAL PROCESSING TIME</b>		<b>19 days, 1 hour, and 40 minutes</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

	<p><b>1.4</b> Check if the equipment repair/service process is for in-house or out-source.</p> <p><b>1.4.1</b> If the equipment is to be repaired by in-house Engineers / Technicians, prepare the necessary PR form for the defective parts to be replaced</p> <p><b>1.4.2</b> If the equipment is for repair and does not require replacement of parts, in-house Engineers/ Technicians will troubleshoot the equipment.</p> <p><b>1.4.3</b> If the equipment repair will be outsourced, prepare the necessary PR for the servicing of the defective equipment.</p>	None	<p>5-20 Minutes (Depending on the process of the signatory)</p> <p>1-5 days (Depending on the extent of repair)</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>Administrative I, Administrative Assistant II, HTMS Head and Planning Head - HTMS</p> <p>Administrative Assistant II, MET I, HTMS Head- HTMS</p> <p>Administrative Assistant II, MET I, HTMS Head, Planning Head – HTMS</p> <p>Requestee, HTMS Head - HTMS</p>
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	<b>1.5</b> 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	None	5-10 Minutes (Depending on the availability of the signatory)	Administrative Assistant II, MET I, HTMS Head-HTMS
	<b>1.6</b> 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.	None	5-10 Minutes (Depending on the availability of the signatory)	Administrative Assistant II, MET I, HTMS Head-HTMS
2. Acknowledge post-inspection result	<b>2.1.</b> 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
	<b>2.2.</b> 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
	<b>2.3.</b> Forward the Equipment Repair/Service Form to the Planning Head for checking approval	None	5-10 minutes	Administrative Assistant I, Planning Head - HTMS



	<b>2.4.</b> 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
	<b>2.5</b> 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>	

## CCTV FOOTAGE REQUEST

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

<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 and Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
CCTV Footage Request Form <b>One (1) original copy, one (1) photocopy</b>		Planning - Healthcare Technology Management Section (Planning - HTMS)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the filled-up and approved CCTV Footage Request Form (Which includes the date of request, date and time of the footage to be requested, purpose of requisition, brief description of the incident, signature of the requesting party and request access)	1.1 HTMS staff will check and receive the approved request. CCTV operator will retrieve the footage requested from the system and either.	None	30 mins. - 4 hours (Depending on the length of time of incident to be retrieve)	Administrative Assistant I   HTMS Head, CCTV Operator
	1.1.1. Store the footage with encryption to secure the access of the footage; or	None	5-10 minutes	Engineer II   HTMS
	1.1.2. Print the screenshot with timestamp	None	3-5-minutes	Administrative Assist I   HTMS
	1.2 Hand over the signed and approved copy of request to the	None	3-5 minutes	

	requestor together with the footage			Administrative Assist I   HTMS
2. Receive the footage and acknowledge footage request forms (2 copies). Then return the acknowledged request form (1 copy) to HTMS staff and keep the other copy.	2.1. Receive the acknowledged request form	None	5 minutes	Administrative Assistant I   HTMS
	2.2. The HTMS Head will sign the request.	None	3-5 minutes	Engineer II   HTMS
	2.3. File the request form for safekeeping.	None	3-5 minutes	Administrative Assistant I   HTMS
<b>TOTAL PROCESSING TIME</b>			<b>4 hours and 35 minutes</b>	

## ISSUANCE OF SUPPLIES

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

<b>Office or Division:</b>	HOPSS SERVICE			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2G			
<b>Who may avail:</b>	All MMWGH Units/ Committees			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Requisition and Issue Slip Form (RIS) <b>Four (4) Original Copies</b> <b>One (1) copy of Supplies Availability Inquiry (SAI) Form</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>
1. The end-user submits the approved Requisition and Issue Slip (RIS) form with attached SAI to assigned MMU Staff	1.1. Assigns RIS control number and records in the RIS logbook and stock cards and prepares Inventory Custodian Slip (ICS) for semi-expendable equipment	None	20 minutes	Administrative Assistants I & II / MMU

	<b>1.2.</b> Issues supplies and/or semi-expendable equipment and records issuance in the bin/stock cards and/or property cards, then fills up and signs the “Issuance” portion of RIS and ICS.	None	1-2 hours (Depending on the quantity/ volume requested by the end-user)	Warehouseman III, Storekeepers, Administrative Assistants I&II, SAO / MMU
<b>2.</b> The end-user receives supplies/semi-expendable equipment and signs the “Received by” portion of the RIS and ICS	<b>2.1.</b> Receives a copy of RIS and ICS.	None	20 minutes	Assistant I & II, Warehouseman III, Storekeepers / MMU
	<b>TOTAL PROCESSING TIME</b>		<b>2 hours and 40 minutes</b>	

## RECEIPT, INSPECTION AND ACCEPTANCE OF DELIVERIES

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

<b>Office or Division:</b>	HOPSS SERVICE			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2B			
<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/ Storekeeper at building #22 about the delivery before unloading all supplies and/or equipment at the MMU receiving area.	1.1 The Inspector, End-user, and MMU representative check the conformity of the items delivered with the quantities, specifications, and other requirements indicated in the Purchase Order. Request and conduct testing if applicable.	None	1 hour to 4 hours (depending on the quantity/volume/ type of supplies/ materials/ equipment)	End-User Inspection Officer Supervising Administrative Officer/ MMU Warehouseman III/ MMU

2. Submits Sales Invoice and receives the signed duplicate copy of the sales invoice/receiving copy	2.1 Signs the "Received" portion on the Sales Invoice (SI) indicating the date of receipt after verifying conformity of the deliveries with the contract requirements.	None	5 minutes	Supervising Administrative Officer, Administrative Officer III / MMU
	2.2 If applicable, prepares Goods Return Form to document the rejected items and/ or Discrepancy Report for the items indicated in the Sales Invoice (SI) but undelivered.	None	5 minutes	Warehouseman III/ ADAS II/ ADAS I/ Storekeepers / MMU
<b>TOTAL PROCESSING TIME</b>			<b>4 hours &amp; 10 minutes</b>	

## 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>FEE TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the approved Purchase Request (3 copies) to Procurement Unit	1.1. Review and Ensure that all required documents are complete before accepting and processing the approved Purchase Request	None	15 minutes	Administrative Assistant I - Administrative Officer III / Procurement Unit



	<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>			
	<b>1.2.</b> Conduct Pre-procurement Conference with the end-users.	None	1 day	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>1.3.</b> Prepares Public Bidding Documents	None	3 days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>1.4.</b> Forward Public Bidding Documents to Bids and Award Committee for approval.	None	1 day	Bids and Awards Committee
	<b>1.5.</b> Post the Approved Public Bidding Documents to PhilGEPS and newspaper.	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 forward to HoPE for approval. The HoPE staff will return the approved PO/JO with supporting documents to the Procurement Unit.	None	1-4 days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>2.8.</b> The Procurement Staff will inform the	None	1 day	Administrative Assistant I -

	Supplier that they are the winning bidder and receive the approved PO/JO.			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, and 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 APP <b>One (1) photocopy</b>		Procurement Unit		
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 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
	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 with preparing BAC Resolution.	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 working 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 working 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> After the ABQ is approved, prepare a BAC resolution (2 copies) recommending the award of the contract to the winning supplier. Get this approved by all BAC members and the Head of Procurement Entity (HoPE).	None	1-3 working days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>1.7</b> ABQ and BAC Resolution recommending the award of the contract to the	None	1-7 working days	Administrative Assistant I - Administrative

	winning bidder will be signed by the BAC members and get approved by the Head of the Procuring Entity (HoPE).			Officer III / Procurement Unit
	<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 on the agency's official website	None	30 minutes	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>1.9</b> Complete documentary requirements to be attached in the Purchase Order before forwarding to the Finance and OMCC for approval	None	3 working days	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>1.10</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 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 forwarded to HoPE for approval. The HoPE staff will return the approved PO/JO with supporting documents to the Procurement Unit.	None	1-5 working days	Administrative Assistant I - Administrative Officer III / Procurement Unit

	<b>1.11</b> The Procurement Staff will inform the Supplier that they are the winning bidder and receive the approved PO/JO.	None	1 working day	Administrative Assistant I - Administrative Officer III / Procurement Unit
	<b>1.12</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>29 days, 3 hours</b>	

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



## 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	Bureau of Internal Revenue or Post Office	

<b>Two(2) pieces</b>				
For Doctors: of Residency Training Certificate or Diplomate /Fellowship Certificate (if applicable) <b>Two (2) Certified True Copies</b>		From the hospital you graduated from residency /diplomate /fellowship training		
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 IV- Human Resource Management Unit
	Sign and Approve the Appointment papers.	None	1-3 working days	Supervising Administrative Officer - HRMU HRMPSB Chairperson/CAO

				Medical Center Chief II- OMCC
<b>TOTAL PROCESSING FEES and TIME</b>			<b>18 working days, 2 hours</b>	

## 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
<b>Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</b> <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>	Attending Physician Attending Physician HRMU Office
<b>Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</b> <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>	
<b>Union Leave Privilege/Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292)</b> <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>	<p>Designated Office</p>
<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> <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>Municipal/City/Social Welfare Office Registrar’s Office / PSA Office 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 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 :</li> <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> <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>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)</li> </ul>	<p>Attending Physician HRMU Office</p>

<ul style="list-style-type: none"> <li>• <b>One (1) original/photocopy</b></li> <li>• CS Form No.7 s. 2018 Clearance Form</li> <li>• <b>Four (4) original copies</b></li> <li>• Letter of Extension of Maternity Leave (for live child birth)</li> <li>• <b>One (1) original copy</b></li> <li>• Letter of allocation to child’s Father or Alternative Caregiver (for live child birth)</li> <li>• <b>One (1) original copy</b></li> <li>• CS Form No. 6a s.2020 (Notice of Allocation of Maternity Leave)</li> <li>• <b>One (1) original copy</b></li> <li>• Fit to Work (upon return to work)</li> <li>• <b>One (1) original/photocopy</b></li> <li>• Notarized Affidavit of undertakings and computation of Loan and TLB (if applicable)</li> <li>• <b>One (1) original copy</b></li> </ul>	<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>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</li> <li>• <b>One (1) original copy</b></li> <li>• Police Report/Incident Report</li> <li>• <b>One (1) original copy</b></li> <li>• Medical Certificate</li> <li>• <b>One (1) original/photocopy</b></li> <li>• CS Form No.7 s. 2018 Clearance Form (for 30 days or more leave of absences)</li> <li>• <b>Four (4) original copies</b></li> </ul>	<p>Employee</p> <p>National Police</p> <p>Attending Government Physician</p> <p>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</li> <li>• <b>One (1) original/photocopy</b></li> <li>• Temporary / Permanent Protection Order from the court</li> <li>• <b>One (1) original/photocopy</b></li> <li>• Certification that BPO, TPO, PPO has been filed</li> <li>• <b>One (1) original/photocopy</b></li> <li>• Police Report</li> <li>• <b>One (1) original/photocopy</b></li> <li>• Medical Certificate (may be considered upon discretion of supervisor)</li> </ul>	<p>Barangay Hall/Office</p> <p>Supreme Court</p> <p>Barangay Hall/Office and Supreme Court</p> <p>Philippine National Police</p> <p>Attending Physician</p>

<b>One (1) original/photocopy</b>				
<b>Study Leave (CSC MC No. 21 S. 2004)</b> <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>		Employee HRMU Office  HRMU Office		
<b>Adoption Leave (R.A. No. 8552)</b> <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		
<b>Special Emergency Leave Affected by Natural Calamities/Disasters (CSC Resolution 1200289 dated February 8, 2012)</b> <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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCE SSING TIME</b>	<b>PERSON RESPONSIBL E</b>
1.Submit documentary requirements and apply for leave of absence thru: formal letter, walk-in, e-mail, viber, and or via google link : <a href="https://docs.google.com/forms/d/e/1FAIpQLSfolqI8Cylh-Y1mUofxSY3dmV-Hs3Btr1ZWWskaenjgJAaW3w/viewform">https://docs.google.com/forms/d/e/1FAIpQLSfolqI8Cylh-Y1mUofxSY3dmV-Hs3Btr1ZWWskaenjgJAaW3w/viewform</a>	<b>1.1</b> Check the employee's requirement if complete.	None	5-10 minutes	Administrative Assistant II HRMU-Leave Administration

<p><b>2.</b> Inform HRMU staff the inclusive dates of leave of absence. *Check the details, leave the application form and receive it in the logbook.</p>	<p><b>2.1</b> HRMU will process leave applications and update employee leave records.</p>	<p>None</p>	<p>8-10 minutes</p>	<p>Administrative Assistant II HRMU-Leave Administration</p>
	<p><b>2.2.</b> Print leave application form and will be reviewed by two (2) leave administrative staff before issuance to employee.</p>	<p>None</p>	<p>5-10 minutes</p>	<p>Administrative Assistant II HRMU-Leave Administration</p>
	<p><b>2.3.</b> Instruct the client/employee to submit a leave application to their respective unit head and or division head for approval.</p>	<p>None</p>	<p>2 minutes</p>	<p>Administrative Assistant II HRMU-Leave Administration</p>
	<p><b>Prepare for applicable types of Leave only:</b> <b>2.4.</b> Prepare clearance form (clearance from money, property and legal accountability) in four (4) copies.</p>	<p>None</p>	<p>5-10 minutes</p>	<p>Administrative Assistant II HRMU-Leave Administration HRMU-Leave Administration</p>
	<p><b>2.5.</b> Prepare affidavit of undertakings and computation of remaining leave credits and outstanding loan (if applicable).</p>	<p>None</p>	<p>5-10 minutes</p>	<p>Administrative Officer II HRMU-Leave Administration HRMU-Payroll Officer</p>



	<b>2.6.</b> Prepare authority to travel abroad documents in three (3) copies.	None	12-15 minutes	Administrative Assistant II HRMU-Leave Administration
	<b>2.7.</b> Prepare a service contract between the head of office and employee.	None	5-10 minutes	Administrative Officer III / HRMU- Learning and Development
	<b>2.8</b> Instruct the client/employee to submit their leave application to their respective unit head and or division head for approval.	None	2 minutes	Administrative Assistant II HRMU-Leave Administration
<b>3.</b> Submit leave application form and required attachment to the following for signature: <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>	<b>3.1</b> Sign the leave application form for approval or disapproval by the unit Head and Division Head	None	1-2 working days	Supervising Administrative Officer, Administrative Officers, Chief Administrative Officer, Nurse III, Nurse VI, Medical Officer IV, Medical Center Chief
<b>4.</b> Return properly accomplished leave application to Human Resource Management Unit (HRMU).	<b>4.1</b> Received the properly accomplished Leave Application Form, stamp date of receipt and received in the logbook.	None	5-60 minutes <i>(Depend s on the number of leave applicati on)</i>	Administrative Assistant II HRMU-Leave Administration
<b>TOTAL PROCESSING TIME</b>			<b>2 days, 2 hours</b>	

	<b>and 19 minutes</b>	
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**SUBMISSION OF JOB APPLICATION**  
**POSITION under Job order / contract of service**

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>	From the training provider			
Certificate of Employment/Service Record (if any) <b>One (1) Photocopy</b>	Previous Employer, Agency or Company			
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>	From the hospital you graduated from residency /diplomate /fellowship training			
<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> Submit application with complete requirements.	<b>1.1.</b> Receive the application for screening and review.	None	5 Mins – 10 Mins	Administrative Assistant / Administrative Officer II / Human Resource Management Unit
	<b>1.2.</b> Upon review, the HR Staff shall give a Receipt of Application	None	5 Mins – 10 Mins	Administrative Assistant / Administrative Officer II / Human Resource Management Unit
	<b>1.3.</b> If qualified: the applicant shall be scheduled for HRMU interview.			
	<b>1.4.</b> If not qualified: the applicant will be informed accordingly based on the minimum Qualification Standards.			
<b>2.</b> Attend the scheduled HRMU Interview with the concerned Unit / Division Head	<b>2.1.</b> Conduct the HRMU Interview.	None	1 – 5 Hours	Administrative Officer IV / Human Resource Management Unit / Concerned Unit / Division Head
<b>3.</b> Attend Pre-employment meeting	<b>3.1.</b> Conduct pre-employment meeting	None	2 – 3 hours	Administrative Officer II - Human Resource Management Unit Administrative Officer IV / Human Resource Management Unit,  Accounting Staff
<b>4.</b> Completion of Appointment Requirements	Follow-up the successful applicant/s on their Appointment Requirements	None	10 working days	Administrative Officer II / Human Resource Management Unit
<b>5.</b> Submit a complete list of requirements for	Receive the documents and review for correctness and	None	15 Mins – 30 Mins	Administrative Assistant / Administrative Officer

preparation of contract.	completeness of requirements.  Prepare and approve Obligation Request Status (ORS)  Prepare and review the draft contract  Sign and Approve the Contract.	None  None  None	1-2 working days  1-2 working days after the receipt of complete documents.  1-4 working days	<p>II - Human Resource Management Unit</p> <p>Administrative Assistant / Administrative Officer IV/ Supervising Administrative Officer/ Concerned Division Head/In-Charge of Budget Unit/ Chief Administrative Officer</p> <p>Administrative Assistant / Administrative Officer IV- Human Resource Management Unit</p> <p>Supervising Administrative Officer - HRMU</p> <p>Accountant</p> <p>Financial and Management Officer II</p> <p>Concerned Division Head</p> <p>Legal Unit</p> <p>Medical Center Chief II- OMCC</p>
<b>TOTAL PROCESSING TIME</b>			<b>19 working days and 50 minutes</b>	

## SUBMISSION OF JOB APPLICATION PLANTILLA POSITION

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			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
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>	From the training provider			
Certificate of Employment/Service Record (if any) <b>One (1) Photocopy</b>	Previous Employer, Agency or Company			
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>	From the hospital you graduated from residency /diplomate /fellowship training			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

<b>1. Submit application with complete requirements.</b>	<b>1. Receive the application for screening and review.</b>	None	5 Mins – 10 Mins	Administrative Assistant II / Administrative Officer II / Human Resource Management Unit
	<b>2. Upon review, the HR Staff shall give a Receipt of Application</b>	None	5 Mins – 10 Mins	Administrative Officer IV / Human Resource Management Unit
	<b>3. If qualified: the applicant shall be scheduled for pre-qualifying exam.</b>			
	<b>4. If not qualified: the applicant will be informed accordingly based on the minimum Qualification Standards.</b>			
<b>2. Attend the scheduled pre-qualifying exam</b>	<b>1. Conduct the pre-qualifying exam.</b>	None	1 – 2 Hours	Administrative Officer II / Human Resource Management Unit
	<b>2. Notify the applicant/s regarding the result of pre-qualifying exam through SMS notification</b>	None	1 – 3 working days after the receipt of approved exam result of the pre-qualifying exam	Administrative Officer II / Human Resource Management Unit
<b>3. Attend the scheduled HRMPSB Interview</b>	<b>1. Conduct the HRMPSB Interview</b>	None	1 – 5 Hours	Administrative Officer IV / Human Resource Management Unit, HRMPSB Member, Medical Center Chief II
	<b>2. Consolidate the applicant’s rating using Comparative Assessment Report</b>	None	1 – 3 working days after the receipt of complete HRMPSB Assessment Form	Administrative Officer IV / Human Resource Management Unit, HRMPSB Member, Medical Center Chief II

	<b>3.</b> Release of Memorandum of Successful Applicant/s	None	1 – 3 working days once Comparative Assessment Report and HRMPSB Board Resolution are approved	Supervising Administrative Officer / Human Resource Management Unit, HRMPSB Chairperson, Medical Center Chief II
	<b>4.</b> Notify the applicant/s regarding the result of their job application		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>	



## 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>		
<b>Principal:</b> Proof of Identification <i>(shall be presented upon claiming of Service Record)</i> <b>One (1) original copy</b>		Any Valid Government-issued IDs		
<b>Authorized representative:</b>  Proof of Identification of the principal and authorized representative; and <b>Two (2) original copy</b>  Authorization letter  <i>(Item 1 and 2 shall be submitted upon claiming of Service Record)</i>		Any Valid Government-issued IDs of requesting party (principal) and its authorized representative  Requesting party (principal)		
<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	1.1 Entertain client's request and advice to Log in the Service Record Logbook	None	2 minutes	Administrative Officer/ Human Resource Management Unit (AO/HRMU)
	1.2 Receive the filled out form in the log book for the request of Service Record and advise the schedule of release of the Service Record	None	1 minutes	(AO/HRMU)
		None	30 minutes	(AO/HRMU)
		None	1 day	

	<p><b>1.3 Reconcile Service Records from old files</b></p> <p><b>1.3.1. For active human resource</b></p> <p><b>1.3.2. For inactive human resource</b></p> <p><b>1.4 Update and encode of Service Record</b></p> <p><b>1.5 Print the Service Record and initial upon review</b></p> <p><b>1.6 Review and sign the Service Record</b></p>	<p>None</p> <p>None</p> <p>None</p>	<p>2 hours</p> <p>2 minutes</p> <p>1 day</p>	<p>(AO/HRMU)</p> <p>(AO/HRMU)</p> <p>(AO/HRMU)</p> <p>(AO/HRMU)</p> <p>Supervising Administrative Officer/ Human Resource Management Unit</p> <p>Chief Administrative Officer/ Office of the Chief Administrative Officer</p>
<b>2. Return on the scheduled date and claim the requested Service Record</b>	<b>2.1 Prepare to release the signed Service Record</b>	None	2 minutes	(AO/HRMU)
<b>3. Received the Service Record by affixing the claimant's name and signature on the Issuance of Document Logbook</b>	<b>3.1 Assist the claimant in filling-out the logbook and released once process is completed</b>	None	2 minutes	(AO/HRMU)
	<b>TOTAL</b>		<b>2 days, 2 hours and 39 minutes</b>	

## ISSUANCE OF HOSPITAL PERSONNEL ORDER

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

<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 Learning and Development Request Form <b>One (1) photocopy</b>		Professional Education Training and Research Unit (PETRU)		
Nomination Form <b>One (1) photocopy</b>		Professional Education Training and Research Unit (PETRU)		
Approved Facilitator Request Form <b>One (1) original copy</b>		Professional Education Training and Research Unit (PETRU)		
Letter /Excerpts of the Minutes of the Meeting for designation /Re-assignment / Reconstitution <b>One (1) photocopy</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 Hospital Personnel Order to HRMU ( <i>Must be submitted within five (5) working days prior to the date of activity / travel</i> )	1. Receive and check the request form if it is properly accomplished	None	10 Minutes	Administrative Assistant II   Human Resource Management Unit

	<b>2. Prepare the HPO</b>	None	4-6 Hours	Administrative Assistant II Human Resource Management Unit
	<b>3. Forward the HPO (Official Travel, training, workshop, meeting, seminar, convention, and other LDIs) to Supervising Administrative Officer and Chief Administrative Officer for review and approval</b>	None	6 Hours <i>(Depending on the availability of the signatory)</i>	Supervising Administrative Officer   HRMU / Chief Administrative Officer   OCAO
	<b>4. Forward the HPO (Reconstitution, Designation, and Cash Advance) to Medical Center Chief for approval</b>	None	4 Hours <i>(Depending on the availability of the signatory)</i>	Administrative Assistant II Human Resource Management Unit / Office of the Medical Center Chief
	<b>5. Return the approved HPO to HRMU</b>	None	5-10 Minutes	Administrative Assistant III/Office of the Medical Center Chief
	<b>6. Inform the employee about the availability of approved HPO</b>	None	15-30 Minutes	
2. Claim the approved HPO	1. Log and forward the HPO to the employee	None	4-6 Hours	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>2. 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>3. Return the original HPO together with the required photocopies of it to HRMU</p>	<p>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, 7 hours and 50 Minutes</b></p>	

## 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>		
<b>Principal:</b> Government-issued IDs <b>One (1) photocopy</b> Official receipt (if applicable) <b>One (1) original copy</b>		GSIS UMID, SSS, any government-issued ID MMWGH - Cashier		
<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>		Any Government-issued IDs  Requesting party (principal) MMWGH - Cashier		
<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 of Certificate of Employment (COE) Request  Submit the filled out logbook of Certificate of Employment (COE) Request and receive	1. Entertain client's request and advice to fill-out the COE Logbook	None	2 minutes	Administrative Assistant I Human Resource Management Unit - Records Section (HRMU-RS)

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 of release of the COE	None	5 minutes	Administrative Assistant I - HRMU-RS
	1.2 Prepare, verify and print the COE	None	1 day	Administrative Assistant I - HRMU-RS
	1.3 Review and sign the COE by the designated signing authority	None	1 day	Administrative Officer III HRMU-RS Supervising Administrative Officer 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 I HRMU-RS
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	Administrative Assistant I HRMU-RS
	<b>TOTAL:</b>		<b>2 days and 11 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 Acitivity Plan <b>One(1) original copy</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 Acitivity Plan 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/ Learning and Development 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 nomination form on or before the submission date and have it signed by the participant as proof of his/her confirmation.	None	2-4 working days	Administrative Assistant Nursing/Medical/ HOPSS/OMCC/ Finance Service- Service Secretary



3. Collect the nomination form and check if it is accomplished properly. Attach the Nomination Form together with the other pre-training documents to PETRU	3.1 The PETRU Staff will check the pre-training requirements and register it to the database. After registration, the PETRU Head will approve the Learning and Development Request Form. (MMH-PET-04-02-10).	None	5-10 minutes	Administrative Assistant I or Training Specialis/PETRU
	<b>IF THE TRAINING DOES NOT REQUIRE ANY FUNDING</b> 3.2 Submit the pre training requirements to the MCC for final approval	None	5-10 minutes	Administrative Assistant I or Training Specialis/PETRU
	<b>IF THE TRAINING REQUIRES ANY FUNDING</b> 3.3 Attach the Work and Financial Plan to the pre-training requirements and submit it to the budget office and wait for the approval of the Budget Officer.	None	7 minutes	OIC-Budget Unit
	3.4 Submit the pre-training documents to MCC for approval	None	2 hours	Administrative Assistant
	3.5 Once approved, the service secretary of the OMCC will forward the approved Pre-Training Requirements to PETRU.	None	5 minutes	Administrative Assistant III/OMCC Service Secretary
	3.6 Once the approved documents are received, PETRU staff will facilitate the request for the Hospital Personnel Order.	None	6 hours and 35 minutes	Administrative Assistant II/HRMU
<b>TOTAL PROCESSING TIME</b>			<b>5 days, 1 hour and 17 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>		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 Acitivity Plan <b>One(1) original copy</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 Acitivity Plan 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 Administative Officer/ Learning and Development 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 nomination form on or before the submission date and have it signed by the participant as proof of his/her confirmation.	None	2-4 working days	Administrative Assistant Nursing/Medical/H OPSS/OMCC/ Finance Service-Service Secretary
3. Collect the nomination form and check if it is accomplished	3.1 The PETRU Staff will check the pre-training requirements and	None	5-10 minutes	Administrative Assistant I or Training Specialis/PETRU

<p>properly. Attach the Nomination Form together with the other pre-training documents to PETRU</p>	<p>register it to the database. After registration, the PETRU Head will approve the Learning and Development Request Form. (MMH-PET-04-02-10).</p> <p><b>IF THE TRAINING DOES NOT REQUIRE ANY FUNDING</b></p> <p><b>3.2</b> Submit the pre training requirements to the MCC for final approval</p> <p><b>IF THE TRAINING REQUIRES ANY FUNDING</b></p> <p><b>3.3</b> Attach the Work and Financial Plan to the pre-training requirements and submit it to the budget office and wait for the approval of the Budget Officer.</p> <p><b>3.4</b> Submit the pre-training documents to MCC for approval</p> <p><b>3.5</b> Once approved, the service secretary of the OMCC will</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>5-10 minutes</p> <p>7 minutes</p> <p>2 hours</p> <p>5 minutes</p> <p>6 hours and 35 minutes</p>	<p>Administrative Assistant I or Training Specialis/PETRU</p> <p>OIC-Budget Unit</p> <p>Administrative Assistant</p> <p>Administrative Assistant III/OMCC Service Secretary</p> <p>Administrative Assistant II/HRMU</p>
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	<p>forward the approved Pre-Training Requirements to PETRU.</p> <p><b>3.6</b> Once the approved documents are received, PETRU staff will facilitate the request for the Hospital Personnel Order.</p>			
<p><b>TOTAL PROCESSING TIME</b></p>			<p>5 days, 1 hour and 17 minutes.</p>	

## 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 (can be downloaded at <a href="https://mmwgh.gov.ph/forms.php">https://mmwgh.gov.ph/forms.php</a> )		
Invitation Letter <b>One(1) original copy</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 the approval of the MCC/Service Head by submitting the letter of request that you have received.	1.1 The service secretary will forward	None	5-10 minutes	Supervising Administrative Officer/ Learning and Development 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 nomination form on or before the submission date and have it signed by the participant as proof of his/her confirmation.	None	2-4 working days	Administrative Assistant Nursing/Medical /HOPSS/OMCC / Finance Service-Service Secretary
3. Collect the nomination form and check if it is accomplished properly. Attach the Nomination Form together with the other pre-training documents to PETRU	3.1 The PETRU Staff will check the pre-training requirements and register it to the database. After registration, the PETRU Head will approve the Learning and Development Request Form. (MMH-PET-04-02-10).	None	5-10 minutes	Administrative Assistant I or Training Specialist/PETRU
		None	5-10 minutes	Administrative Assistant I or Training

	<p><b>IF THE TRAINING DOES NOT REQUIRE ANY FUNDING</b>  <b>3.2</b> Submit the pre training requirements to the MCC for final approval</p> <p><b>IF THE TRAINING REQUIRES ANY FUNDING</b>  <b>3.3</b> Attach the Work and Financial Plan to the pre-training requirements and submit it to the budget office and wait for the approval of the Budget Officer.</p> <p><b>3.4</b> Submit the pre-training documents to MCC for approval</p> <p><b>3.5</b> Once approved, the service secretary of the OMCC will forward the approved Pre-Training Requirements to PETRU.</p> <p><b>3.6</b> Once the approved documents are received, PETRU staff will facilitate the request for the Hospital Personnel Order.</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>7 minutes</p> <p>3 hours</p> <p>5 minutes</p> <p>6 hours and 35 minutes</p>	<p>Specialis/PETRU</p> <p>OIC-Budget Unit</p> <p>Administrative Assistant</p> <p>Administrative Assistant III/OMCC Service Secretary</p> <p>Administrative Assistant II/HRMU</p>
<b>TOTAL PROCESSING TIME</b>			<b>5 days, 1 hour and 17 minutes.</b>	

## PROCESS FOR AUDIOVISUAL SERVICES REQUEST

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

<b>Office or Division:</b>	HOPSS / Integrated Management Information System Unit			
<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 Management Information System Unit		
<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 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.	Give one (1) copy of Audiovisual Services Request Form	None	1 minute  5-10 minutes	Administrative Assistant I or Administrative Assistant II / IMISU
2. Forward the accomplished form to the IMISU.	1. Forward the form to Unit Head for checking of possible conflict of schedule and subsequent approval or disapproval.	None	5-10 minutes  2-3 working days	Administrative Assistant I and Computer Maintenance Technologist II / IMISU  Administrative Assistant II and Computer Maintenance

<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>2. Inform end users upon approval or disapproval of their request.</p> <p>3. Input the estimated accomplishment of the request and turnover of files (if any) to the end users.</p> <p>4. Provide assistance and/or coverage and/or files to requesting end users.</p>			<p>Technologist III / IMISU</p> <p>Administrative Assistant I</p> <p>Administrative Assistant I</p>
<p>4. Provide service feedback and satisfaction surveys.</p>	<p>5. IMISU 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 I/ Computer Maintenance Technologist II</p>
	<p><b>TOTAL</b></p>	<p><b>NONE</b></p>	<p><b>2 days 16 minutes – 3 days 31 minutes</b></p>	





<p>2. Duly accomplished form will be forwarded to IMISU staff for encoding.</p>	<p>1. Receiving staff must forward a list to IMISU personnel authorized to whitelist devices.</p> <p>2. Authorized IMISU personnel must check the existing whitelist to check for any duplicates or similar devices. If none, IMISU personnel shall whitelist the approved devices.</p>	<p>None</p>	<p>5-10 minutes</p>	<p>Computer Maintenance Technologist II</p>
	<p><b>TOTAL</b></p>	<p><b>NONE</b></p>	<p><b>11-21 minutes</b></p>	

## 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 Management Information System 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>		
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 Management Information System 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 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   Integrated Management Information System Unit

<p><b>2.</b> Duly accomplished form will be forwarded to IMISU staff.</p>	<p>2.1 Receiving staff must forward the list to the Unit Head.</p>	None	1 minute	Administrative Assistant I Administrative Assistant I, Computer Maintenance Technologist II
	<p>2.2 Unit Head will assess requested software with programmers and identify the state of connectivity, whether the system will be conducted in house or outsourced.</p>	None	5 working days	Computer Maintenance Technologist II
	<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>	None	2-3 days	Administrative Assistant I / Computer Maintenance Technologist II
	<p>2.3 Review the assessment of the system.</p>	None	5 minutes	

	2.4 Forward end user's request to the OCAO for their review and approval. 3.1	None	5 minutes	Administrative Assistant I / Computer Maintenance Technologist II
	2.5 Forward the form to the OMCC after review and approval of the CAO.	None	5 minutes	Administrative Assistant I / Computer Maintenance Technologist II
	2.6 Once approved by the OMCC, IMISU staff shall inform end users of its approval.	None	5 minutes	Administrative Assistant I / Computer Maintenance Technologist II
	2.6.1 If development is in-house, programmers shall create a Gantt Chart of the development of the system.	None	5 minutes	Administrative Assistant I / Computer Maintenance Technologist II
	2.6.1 Gantt Chart will be forwarded to the Unit Head for review and approval.	None	6 months to 5 years (Maximum of 1 year per software development phase)	Administrative Assistant I / Computer Maintenance Technologist II

	2.6.7 Programmers shall start software development per phase upon approval of the Gantt Chart	None		
	2.6.8 Once the system is finished, IMISU staff must accomplish an IT Program or System Transfer Report to be acknowledged by the end users.	None	5 minutes	Administrative Assistant I / Computer Maintenance Technologist II
<b>3. Acknowledgement and signing of IT Program or System Transfer Report</b>	<ol style="list-style-type: none"> <li>1. Conduct photo documentation of system transfer.</li> <li>2. Regularly conduct system maintenance as long as the system is in operation.</li> </ol>		5 minutes	Administrative Assistant I / Computer Maintenance Technologist II
	<b>TOTAL</b>	<b>NONE</b>	<b>6 ½ months – 5 ½ years</b>	

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

## PROCESS FOR IT SERVICE REQUEST

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

<b>Office or Division:</b>	HOPSS / Integrated Management Information System Unit			
<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 Management Information System Unit		
<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 IMISU staff.	1. Assess whether the troubleshooting request is a hardware, software, local network, or internet issue.	None	5-10 minutes	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, units must be pulled out and the necessary additional forms must be accomplished. 2.3 For software installation with	None	5-30 minutes  1-3 days	Administrative Assistant I, Computer Maintenance Technologist II

	<p>license keys, IMISU staff must accomplish a software installation report and input the form control number.</p> <p>2.4 IMISU staff must input the date and time forwarded, action taken, the date and time finished, if the problem was resolved and whether follow up is necessary.</p>			
<p><b>3.</b> End users must provide service feedback and satisfaction survey.</p>	<p>3.1 Provided assistance must forward the form to the unit head for signature.</p>	None	5-10 minutes	End Users
	<b>TOTAL</b>	<b>NONE</b>	<b>15 minutes-3 days</b>	



## PROCESS FOR THE ISSUANCE OF CERTIFICATE OF AVAILABILITY OF FUNDS

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

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

<b>Office or Division:</b>	BUDGET UNIT	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2B - Government to Business G2G - Government to Government	
<b>Who may avail:</b>	Suppliers, Service Providers, Contractors and MMWGH Employees	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
<b>Procurement through:</b> <ul style="list-style-type: none"> <li>• <b>Competitive Bidding</b></li> <li>• <b>Alternative Methods (Basic Requirements Common to All Purchases)</b> <ul style="list-style-type: none"> <li>• <i>Negotiated Procurement - Agency-to-Agency</i></li> <li>• <i>Negotiated Procurement - Small Value Procurement</i></li> </ul> </li> </ul>		
Division / Unit WFP <b>One (1) Certified True Copy</b>	End Users c/o Planning and Management Unit	
Agency <b>One (1) Certified True Copy</b>	End Users c/o Procurement Unit	
Division / Unit PPMP <b>One (1) Certified True Copy</b>		
Mancom Resolution, <i>for IGI Funding</i> <b>One (1) Certified True Copy</b>	Office of the Medical Center Chief (OMCC) c/o MANCOM Secretary	
Duly accomplished Purchase Request (PR) <b>Three (3) Original Copy</b>	End Users	
<b>Direct Contracting</b> <i>(Procurement of Goods of proprietary nature which can be obtained only from the proprietary source, i.e. when patents, trade secrets, and copyrights prohibit others from manufacturing the same item)</i>		
A copy of the Letter of Patent, Copyright or any other document establishing proprietary nature and exclusivity of the source of the items/goods intended to be procured <b>One (1) Photocopy</b>	Procurement Unit	
Division / Unit WFP <b>One (1) Certified True Copy</b>	End Users c/o Planning and Management Unit	
Agency <b>One (1) Certified True Copy</b>	End Users c/o Procurement Unit	
Division / Unit PPMP		

<b>One (1) Certified True Copy</b>	
Mancom Resolution, <i>for IGI Funding</i> <b>One (1) Certified True Copy</b>	Office of the Medical Center Chief (OMCC) c/o MANCOM Secretary
Duly accomplished Purchase Request (PR) <b>Three (3) Original Copy</b>	End Users
<b>Direct Contracting</b> <i>(Those sold by an exclusive dealer or manufacturer which does not have sub-dealers selling at lower prices and for which no suitable substitute can be obtained at more advantageous terms to the GoP)</i>	
Proof of exclusive dealership/manufacture of the specific items sought to be procured; and a list of sub-dealers, if any, and their sale prices for the said items <b>One (1) Photocopy</b>	Procurement Unit
Certificate of Exclusive Distributor for foreign suppliers <b>One (1) Photocopy</b>	
Copy of letter to selected manufacturer/supplier/distributor to submit a price quotation and conditions of sale <b>One (1) Photocopy</b>	
Certification from the agency that there are no sub-dealers selling at lower prices <b>One (1) Original copy</b>	
Division / Unit WFP <b>One (1) Certified True Copy</b>	End Users c/o Planning and Management Unit
Agency <b>One (1) Certified True Copy</b>	End Users c/o Procurement Unit
Division / Unit PPMP <b>One (1) Certified True Copy</b>	
Mancom Resolution, <i>for IGI Funding</i> <b>One (1) Certified True Copy</b>	Office of the Medical Center Chief (OMCC) c/o MANCOM Secretary
Duly accomplished Purchase Request (PR) <b>Three (3) Original Copy</b>	End Users
<b>Shopping (When there is an unforeseen contingency requiring immediate purchase)</b>	
Division / Unit WFP <b>One (1) Certified True Copy</b>	End Users c/o Planning and Management Unit
Agency <b>One (1) Certified True Copy</b>	End Users c/o Procurement Unit
Division / Unit PPMP <b>One (1) Certified True Copy</b>	
Mancom Resolution, <i>for IGI Funding</i> <b>One (1) Certified True Copy</b>	Office of the Medical Center Chief (OMCC) c/o MANCOM Secretary

Duly accomplished Purchase Request (PR), indicating the urgency to address an identified need of the PE and the unforeseen contingency that caused its necessity <b>Three (3) Original Copy</b>	End Users
<b>Shopping (For ordinary or regular office supplies and equipment not available in the DBM-PS)</b>	
Copy of Certificate of Non-Availblity of Supplies <b>One (1) Copy</b>	Materials Management Unit
Division / Unit WFP <b>One (1) Certified True Copy</b>	End Users c/o Planning and Management Unit
Agency <b>One (1) Certified True Copy</b>	End Users c/o Procurement Unit
Division / Unit PPMP <b>One (1) Certified True Copy</b>	
Mancom Resolution, <i>for IGI Funding</i> <b>One (1) Certified True Copy</b>	Office of the Medical Center Chief (OMCC) c/o MANCOM Secretary
Duly accomplished Purchase Request (PR) <b>Three (3) Original Copy</b>	End Users
<b>Negotiated Procurement - Emergency Cases</b>	
Proof of the official declaration of a state of calamity by the President or the Local Chief Executive concerned, if applicable; or proof of the occurrence of a natural or man-made calamity or of other causes by reason of which, immediate action by the PE is necessary to prevent damage to or loss of life or property, or to restore vital public services, infrastructure facilities and other public utilities <b>One (1) Photocopy</b>	End-User/s c/o Procurement Unit
Justification as to the necessity of purchase <b>One (1) Original copy</b>	End-User/s c/o Procurement Unit
Division / Unit WFP <b>One (1) Certified True Copy</b>	End Users c/o Planning and Management Unit
Agency <b>One (1) Certified True Copy</b>	End Users c/o Procurement Unit
Division / Unit PPMP <b>One (1) Certified True Copy</b>	
Mancom Resolution, <i>for IGI Funding</i> <b>One (1) Certified True Copy</b>	Office of the Medical Center Chief (OMCC) c/o MANCOM Secretary
Duly accomplished Purchase Request (PR) <b>Three (3) Original Copy</b>	End Users
<b>Supplies, Materials, Equipment and Motor Vehicles</b>	
<i>For procurement of drugs and medicines:</i>	Procurement Unit

<p>a. Certificate of product registration from Food and Drug Administration (FDA)</p> <p>b. Certificate of good manufacturing practice from FDA</p> <p>c. Batch Release Certificate from FDA</p> <p>d. If the supplier is not the manufacturer, certification from the manufacturer that the supplier is an authorized distributor/dealer of the products/items</p> <p><b>One (1) Photocopy</b></p>	
<p><i>For procurement of Motor Vehicles:</i> Authority to purchase from agency head and Secretary of DBM or OP depending on the type of vehicle being provided,</p> <p><b>One (1) Photocopy</b></p>	
<p>Division / Unit WFP</p> <p><b>One (1) Certified True Copy</b></p>	End Users c/o Planning and Management Unit
<p>Agency</p> <p><b>One (1) Certified True Copy</b></p>	End Users c/o Procurement Unit
<p>Division / Unit PPMP</p> <p><b>One (1) Certified True Copy</b></p>	
<p>Mancom Resolution, <i>for IGI Funding</i></p> <p><b>One (1) Certified True Copy</b></p>	Office of the Medical Center Chief (OMCC) c/o MANCOM Secretary
<p>Duly accomplished Purchase Request (PR)</p> <p><b>Three (3) Original Copy</b></p>	End Users
<b>Catering Services</b>	
<p>Approved Learning and Development Request Form, <i>for training</i></p> <p><b>One (1) Original copy</b> <b>One (1) Certified True Copy</b></p>	End-User % PETRU
<p>Approved Training Program, <i>for training</i></p> <p><b>One (1) Original copy</b> <b>One (1) Certified True Copy</b></p>	End-User
<p>Hospital Personnel Order / Notice / Memorandum</p> <p><b>One (1) Original copy</b> <b>One (1) Certified True Copy</b></p>	End-user % HRMU
<p>Division / Unit WFP</p> <p><b>One (1) Certified True Copy</b></p>	End Users c/o Planning and Management Unit
<p>Agency</p> <p><b>One (1) Certified True Copy</b></p>	End Users c/o Procurement Unit
<p>Division / Unit PPMP</p> <p><b>One (1) Certified True Copy</b></p>	
<p>Mancom Resolution, <i>for IGI Funding</i></p>	Office of the Medical Center Chief (OMCC)

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

	1.4 Scanning of signed PR as to Funds availability, then save the scanned copy to the Budget Google Drive.	None	10 minutes	In-charge for PR processing/ Budget Unit
	1.5 Release the CAF together with the PR and supporting documents to the concerned Division Head (HOPSS, Finance, Nursing, Medical) or to the OMCC for the approval of the PR.	None	10 minutes	Outgoing Documents Forwarder / Budget Unit
		<b>TOTAL</b>	<b>2 hours and 30 minutes</b>	

## PROCESS FOR THE ISSUANCE OF CERTIFICATE OF AVAILABILITY OF FUNDS

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

<b>Office or Division:</b>	BUDGET UNIT	
<b>Classification:</b>	Simple, Complex	
<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>
<b>General Claims through the ATM</b>		
Salary Payroll <b>Three (3) Original Copy (General Payroll)</b> <b>Two (2) Original Copy (other than General Payroll)</b>	HRMU	
Approved DTR <b>Two (2) Original Copy</b>		
<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>		
Statement of Assets, Liabilities, and Net Worth (SALN) <b>Two (2) Certified True Copy</b>	Employee c/o HRMU	
BIR Forms 1902 <b>One (1) Original copy</b>		
Additional documents as required by HRMU <b>Two (2) Certified True Copy</b>		
Approved Payroll or Computation of First Salary <b>Two (2) Original copy</b>	HRMU	
<b><i>Additional for Transferees</i></b>		
Clearance from money, property and legal accountabilities from the previous office <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>Salary (if deleted from Payroll)</b>	
Approved Application for Leave, Clearances and Medical Certificate, if on Sick Leave for five days or more <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	Employee % HRMU
Approved DTR <b>Two (2) Original Copy</b>	
Notice of Assumption <b>One (1) Original Copy</b>	HRMU
<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 and/or Computation of Last Salary <b>Two (2) Original Copy</b>	HRMU
<b>Terminal Leave Benefits (TLB)</b>	
Employee's leave card as at last date of service <b>Two (2) Certified True Copy</b>	HRMU
Complete service record <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	
Appointment / Notice of Salary Adjustment (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>	
Clearance from money, property, and legal accountability <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	Employee c/o HRMU
Approved leave application <b>One (1) Original copy</b> <b>One (1) Photocopy</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>	
Additional documents as required by HRMU <b>Two (2) Certified True Copy</b>	
<b><i>Additional requirements in case of resignation</i></b>	
Employee's letter of resignation <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	Employee c/o HRMU
<b><i>Additional requirements in case of death of claimant</i></b>	
Death Certificate <b>One (1) Authenticated by NSO</b> <b>One (1) Photocopy</b>	c/o HRMU
Marriage contract <b>One (1) Authenticated by NSO</b> <b>One (1) Photocopy</b>	
Birth certificates of all surviving legal heirs <b>One (1) Authenticated by NSO</b> <b>One (1) Photocopy</b>	
Designation of next-of-kin <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	
Waiver of rights of children 18 years old and above <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	
<b>Salary of Job Order/ Contractual Personnel</b>	
<b><i>Additional requirements in case of resignation</i></b>	

Employee's letter of resignation <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	Employee c/o HRMU
<b>Additional requirements in case of death of claimant</b>	
<b>For First Claim</b>	
Accomplishment Report <b>One (1) Original Copy</b>	Employee % HRMU
Approved/Summary of DTR <b>One (1) Original Copy</b>	
Pertinent Contract / Appointment / Job Order <b>One (1) Original Copy</b>	HRMU
Copy of the Report of Personnel Actions (ROPA) of the pertinent Contract / Appointment / Job Order <b>One (1) Original Copy</b>	
Certification by the Personnel Officer that the activities / services cannot be provided by regular / permanent personnel of the agency <b>One (1) Original Copy</b>	
Approved Payroll <b>Two (2) Original Copy</b>	
<b>Overtime Pay</b>	
Approved/Summary of DTR <b>One (1) Original Copy</b>	Employee % HRMU
Overtime work program <b>One (1) Original Copy</b>	
Overtime authority stating the necessity and urgency of the work to be done, and duration of overtime work <b>One (1) Original Copy</b>	
Quantified overtime accomplishment duly signed by the employee and supervisor <b>One (1) Original Copy</b>	
Approved Payroll <b>Two (2) Original Copy</b>	HRMU
<b>Longevity Pay</b>	
Service Record <b>One (1) Photocopy</b>	HRMU
Certification issued by the Personnel Officer that the claimant has not incurred more than 15 days of vacation leave without pay <b>One (1) Original Copy</b>	HRMU
Approved Payroll <b>Two (2) Original Copy</b>	

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

<b>One (1) Original Copy</b>	
Approved Payroll <b>Two (2) Original Copy</b>	HRMU
<b>Hazard Pay</b>	
Approved/Summary of DTR <b>One (1) Original Copy</b>	Employee % HRMU
Approved Payroll <b>Two (2) Original Copy</b>	HRMU
<b>Clothing / Uniform Allowance</b>	
Approved Appointment of new employees <b>One (1) Certified true copy</b>	Employee % HRMU
Certificate of Assumption of new employees <b>One (1) Certified true copy</b>	
Certificate of non-payment from previous agency, <i>for transferees</i> <b>One (1) Certified true copy</b>	
Approved Payroll <b>Two (2) Original Copy</b>	HRMU
<b>Monetization</b>	
Approved leave application (ten days) with leave credit balance <b>One (1) Original Copy</b>	HRMU
Request for leave covering more than ten days duly approved by the Head of Agency <b>One (1) Original Copy</b>	
<b><i>For monetization of 50% or more:</i></b>	
Clinical abstract / medical procedures to undertaken in case of health, medical and hospital needs <b>One (1) Certified true copy</b>	Employee % HRMU
Barangay Certification in case of need for financial assistance brought about by calamities, typhoons, fire, etc. <b>One (1) Original Copy</b>	
Approved Payroll <b>Two (2) Original Copy</b>	HRMU
Approved Appointment of new employees <b>One (1) Certified true copy</b>	Employee % HRMU
<b>Mid-Year Bonus (MYB), Year-End Bonus (YEB) and Cash Gift (CG)</b>	
Clearance from money, property and legal accountabilities, <i>for Individual Claims</i> <b>One (1) Certified true copy</b>	Employee % HRMU
Certification from the head of Office that the employee is qualified to receive the MYB, YEB and CG, <i>for Individual Claims</i>	HRMU

<b>One (1) Original Copy</b>				
Approved Payroll				
<b>Two (2) Original Copy</b>				
<b>Collective Negotiation Agreement (CNA) Incentive</b>				
Resolution signed by both parties incorporating the guidelines / criteria for granting CNA incentive		HRMU / OMC		
<b>One (1) Original Copy</b>				
Comparative statement of DBM approved level of operating expenses and actual operating expenses		HRMU / OMC		
<b>One (1) Original Copy</b>				
Copy of CNA				
<b>One (1) Original Copy</b>				
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				
<b>One (1) Original Copy</b>				
Proof that the planned programs / activities / projects have been implemented and completed in accordance with targets for the year				
<b>One (1) Original Copy</b>				
Approved Payroll		HRMU		
<b>Two (2) Original Copy</b>				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the payroll and supporting documents required for the processing of Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS), and issuance of Certificate of Availability of Funds (CAF).	1.1 Receives all required supporting documents. Then, record/encode in the Budget Documents Monitoring Tool (google sheet).	None	5 minutes	Incoming Documents Receiver / Budget Unit
	1.2 Review the accuracy of supporting documents and their computation. Prepares the ORS/BURS and CAF, then records/encodes to	None	10 minutes	Fund Custodian/ Budget Unit

	the Unpaid Monitoring Tools.			
	<b>1.3</b> Certify as to the Allotment available and obligated for the purpose/adjustment necessary as indicated in the purpose.	None	10 minutes	Unit Head / Budget Unit
	<b>1.4</b> Release the CAF together with the ORS/BURS and supporting documents to the Accounting Unit for the preparation of the Disbursement Voucher.	None	5 minutes	Outgoing Documents Forwarder / Budget Unit
		<b>TOTAL</b>	<b>30 minutes</b>	

## PROCESS FOR THE ISSUANCE OF CERTIFICATE OF AVAILABILITY OF FUNDS

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

<b>Office or Division:</b>	BUDGET UNIT	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2G - Government to Government	
<b>Who may avail:</b>	End-Users/Program Coordinators, Personnels, MMWGH Employees	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
<b>Petty Cash Replenishment - Miscellaneous</b>		
Report on Paid Petty Cash Vouchers <b>One (1) Original Copy</b>	MMU	
Petty Cash Voucher <b>One (1) Original Copy</b>		
Approved Purchase Requests <b>One (1) Original Copy</b>		
Certificate of Emergency Purchases <b>One (1) Original Copy</b>		
Official Receipts/ Invoice <b>One (1) Original Copy</b>		
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 <b>One (1) Original Copy</b>		
Certificate of Inspection and Acceptance <b>One (1) Original Copy</b>		
Approved trip ticket for gasoline expenses <b>One (1) Original Copy</b>		
Canvass from at least 3 suppliers for purchases involving P1,000. and above <b>One (1) Original Copy</b>		
Waste Materials Report (WMR), in case of replacement/repair <b>One (1) Original Copy</b>		
Job Request Order/ Accomplishment Report <b>One (1) Original Copy</b>		
Toll Receipts, Monitoring and Trip Tickets <b>One (1) Original Copy</b>		

<b>Petty Cash Replenishment - Marketing</b>	
Report on Paid Petty Cash Vouchers <b>One (1) Original Copy</b>	NDU
Official Receipts/ Invoice <b>One (1) Original Copy</b>	
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 <b>One (1) Original Copy</b>	
Approved Summary of Daily Purchases <b>One (1) Original Copy</b>	
Canvass from at least 3 suppliers for purchases involving P1,000. and above <b>One (1) Original Copy</b>	NDU
Petty Cash Voucher <b>One (1) Original Copy</b>	
Report in Number of Patients Subsisted <b>One (1) Original Copy</b>	
Menu for today <b>One (1) Original Copy</b>	
<b>Petty Cash Replenishment - Pharmacy</b>	
Report on Paid Petty Cash Vouchers <b>One (1) Original Copy</b>	Pharmacy
Certificate of Emergency Purchases <b>One (1) Original Copy</b>	
Official Receipts/ Invoice <b>One (1) Original Copy</b>	
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 <b>One (1) Original Copy</b>	
Certificate of Inspection and Acceptance <b>One (1) Original Copy</b>	
Doctor's Prescription <b>One (1) Original Copy</b>	
Canvass from at least 3 suppliers for purchases involving P1,000. and above <b>One (1) Original Copy</b>	
Petty Cash Voucher	



<b>One (1) Original Copy</b>	
<b>Petty Cash Replenishment - Representation</b>	
Report on Paid Petty Cash Vouchers <b>One (1) Original Copy</b>	Cash
Bills, Receipts, Sales Invoices <b>One (1) Original Copy</b>	
Official Receipts/ Invoice <b>One (1) Original Copy</b>	
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 <b>One (1) Original Copy</b>	
Certificate of Inspection and Acceptance <b>One (1) Original Copy</b>	
Canvass from at least 3 suppliers for purchases involving P1,000. and above <b>One (1) Original Copy</b>	
Certificate of Attendance, <i>for meetings/ activities</i> <b>One (1) Original Copy</b>	
Petty Cash Voucher <b>One (1) Original Copy</b>	
<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 ( <i>for initial cash advance</i> ) <b>One (1) Original Copy</b>	Cash Unit
Approved application for bond and/or Fidelity Bond for the year for cash accountability of P5,001.00 or more <b>One (1) Original Copy</b>	Cash Unit
Certification from the Accountant that previous cash advances have been liquidated and accounted for in the books <b>One (1) Original Copy</b>	Accounting Unit
Approved Letter of Request or estimates of petty expenses ( <i>for one month for Petty Cash Fund</i> ) <b>One (1) Original Copy</b>	End Users
Hospital Personnel Order <b>One (1) Original Copy</b>	End Users % HRMU
<b>Request for Training / Registration Fees (Cash Advance)</b>	

Approved Training Request Form <b>One (1) Original Copy</b>	End Users
Approved Training Program/ Invitation <b>One (1) Original Copy</b>	
Approved Purchase Request, if applicable <b>One (1) Original Copy</b>	
Statement of Account/Bill or if any documents indicating amount of registration fee <b>One (1) Original Copy</b>	
Approved Work Financial Plan <b>One (1) Photocopy</b>	
Hospital Personnel Order / Department Memorandum <b>One (1) Original Copy</b>	End Users % HRMU
<b>Request for Training / Registration Fees (Liquidation)</b>	
Liquidation Report <b>One (1) Original Copy</b>	End Users
Expense Summary Report <b>One (1) Original Copy</b>	
Official Receipts/ Invoice <b>One (1) Original Copy</b>	
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 <b>One (1) Original</b> <b>One (1) Photocopy</b>	
Duly signed attendance sheets <b>One (1) Original Copy</b>	
Photos taken during the conduct of seminar / training <b>One (1) Original Copy</b>	
Certificate of Appearance / Attendance / Participation <b>One (1) Original Copy</b>	
Training Feedback Form acknowledged by PETRU <b>One (1) Original Copy</b>	
<b>Local Travel (Cash Advance)</b>	
Hospital Personnel Order / Travel Order <b>One (1) Original</b> <b>One (1) Photocopy</b>	Employee

Duly approved itinerary of travel <b>One (1) Original</b> <b>One (1) Photocopy</b>	
Certification from the accountant that the previous cash advance has been liquidated <b>One (1) Original</b>	Accounting Unit
<b>Local Travel (Liquidation)</b>	
Liquidation Report <b>One (1) Original</b> <b>One (1) Photocopy</b>	Employee
Plane, boat or bus tickets, boarding pass, terminal fee <b>One (1) Original</b> <b>One (1) Photocopy</b>	
Certificate of appearance / attendance <b>One (1) Original</b> <b>One (1) Photocopy</b>	
Certificate of participation <b>Two (2) Photocopies</b>	
Previously approved itinerary of travel <b>One (1) Original</b> <b>One (1) Photocopy</b>	
Revised or supplemental Office Order or any proof supporting the change of schedule <b>One (1) Original</b> <b>One (1) Photocopy</b>	
Revised Itinerary of Travel (if different from original IOT) <b>One (1) Original</b> <b>One (1) Photocopy</b>	
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 <b>One (1) Original</b> <b>One (1) Photocopy</b>	
OR in case of refund of excess cash advance <b>One (1) Original</b> <b>One (1) Photocopy</b>	
Certificate of Travel Completed <b>One (1) Original</b> <b>One (1) Photocopy</b>	
Hotel room / lodging bills and ORs	

<b>One (1) Original One (1) Photocopy</b>				
<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 <b>One (1) Original Copy</b>		BAC Secretariat		
Minutes of BAC Meeting <b>One (1) Certified True Copy</b>				
Notice of award to the winning bidder of procurement activity being claimed <b>One (1) Original Copy</b>		BAC Secretariat		
Certification that the procurement involves competitive bidding <b>One (1) Original Copy</b>				
Attendance Sheet listing names of attendees to the BAC meeting <b>One (1) Original Copy</b>				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the supporting documents required for the processing of Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS), and issuance of Certificate of Availability of Funds (CAF).	<b>1.1</b> Before receiving, review the completeness of all required supporting documents in accordance with the relevant guidelines. Then, record/encode in the Budget Documents Monitoring Tool (google sheet).	None	10 minutes	Incoming Documents Receiver / Budget Unit
	<b>1.2</b> Review the accuracy of supporting documents. Prepares the ORS/BURS and CAF, then records/encodes to the Unpaid Monitoring Tools.	None	1 hour	Fund Custodian/ Budget Unit
	<b>1.3</b> Certify as to the Allotment available and obligated for the	None	1 hour	Unit Head / Budget Unit

	purpose/adjustment necessary as indicated in the purpose.			
	1.4 Release the CAF together with the ORS/BURS and supporting documents to the Accounting Unit for the preparation of the Disbursement Voucher.	None	10 minutes	Outgoing Documents Forwarder / Budget Unit
		<b>TOTAL</b>	<b>2 hours and 30 minutes</b>	

## PROCESS FOR THE ISSUANCE OF CERTIFICATE OF AVAILABILITY OF FUNDS

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

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

Computation for Payment/ Schedule of Deductions <b>One (1) Original Copy</b>	
Accomplishment Report <b>One (1) Original Copy</b>	
Certificate of Acceptance <b>One (1) Original Copy</b>	
Proof of remittance to concerned government agency (BIR/SSS/Pag-Ibig) <b>One (1) Original Copy</b>	
<b>Additional documents required under COA Circular-2009-001</b>	
Approved documents indicating the following; a. the number and the corresponding rates/salary of personnel involved b. schedule of work and places of assignment or station <b>One (1) Photocopy</b>	Security Agency/ Security Unit
The group classification of personnel to determine the Equivalent Equipment Monthly Statutory Minimum Wage Rate <b>One (1) Photocopy</b>	
Approved documents indicating the minimum requirements of the agency on the number of security personnel to be involved in the project in accordance with the applicable Rules Implementing R.A. 6727 <b>One (1) Photocopy</b>	
The population of the agency where the services is rendered <b>One (1) Photocopy</b>	
<b>Other Expenditures</b>	
<b>Utility Expenses/ Telephone/ Communication Services</b>	
Statement of Account/Bill (for pre-audit purposes) <b>One (1) Original Copy</b>	Service Provider c/o EFMU (Utilities) & IMISU (Telephone & Communication Services)
Invoice/ Official Receipt or machine validated statement of account/bill (for post-audit purposes) <b>One (1) Original Copy</b>	
ManCom Resolution (for IGI funding) <b>One (1) Certified True Copy</b>	OMCC c/o MANCOM Secretary
<b>Honoraria to Lecturers/ Coordinators</b>	
Hospital Personnel Order <b>One (1) Original Copy</b>	PETRU
Coordinator's report on lecturer's schedule <b>One (1) Original Copy</b>	

Course Syllabus / Program of Lectures <b>One (1) Original Copy</b>				
Computation of Honoraria/ Professional Fee <b>One (1) Original Copy</b>				
Duly approved DTR, <i>in case if claims by the coordinator and facilitators</i> <b>One (1) Original Copy</b>				
Proof of salary rate or copy of appointment/Notice of Salary Adjustment (NOSA), <i>if from government agency</i> <b>One (1) Certified True Copy</b>				
Curriculum Vitae <b>One (1) Original Copy</b>				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the supporting documents required for the processing of Obligation Request and Status (ORS) or Budget Utilization Request and Status (BURS), and issuance of Certificate of Availability of Funds (CAF).	1.1 Before receiving, review the completeness of all required supporting documents in accordance with the relevant guidelines. Then, record Budget Documents Monitoring Tool (google sheet).	None	15 minutes	Incoming Documents Receiver / Budget Unit
	1.2 Review the accuracy of supporting documents and thier computation.	None	15 minutes to 1 hour	Fund Custodian/ Budget Unit
	1.3 Prepares the ORS/BURS, then records to the Unpaid Monitoring Tools.	None	1 hour to 4 hours	Fund Custodian/ Budget Unit
	1.4 Certify as to the Allotment available and obligated for the purpose/adjustment necessary as indicated in the purpose.	None	1 hour to 4 hours	Unit Head / Budget Unit
	1.5.1 For expenditures with Purchase Order/Job Order: Records to Budget Documents Monitoring	None	15 minutes	Outgoing Documents Forwarder / Budget Unit



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

## REQUEST FOR TRANSPORTATION

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

<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>	
Approved Request for Transportation <b>Three(3) Original Copy</b>  <b>NOTE: INCOMPLETENESS OF FORM SHALL NOT BE ACCEPTED</b>			MMWGH -Transportation Management Unit	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1 Confirm the availability of Transportation Management Unit by providing complete details of travel	1. Check for the availability of hospital vehicles and the details of travel  2. If hospital vehicle is available, advise to accomplish "Request for Transportation Form" (MMH-TMU-04-01-00)	None	10 minutes	Administrative Assistant III and Administrative Aide VI /Transportation Management Unit
2. To accomplish a three (3) copies of "Request for Transportation Form" (MMWH-TMU-04-01-00) and shall be forwarded to the Office of the Chief Administrative Officer for the approval of the request  Ensure that Request for Transportation is noted by the Division Head or any authorized signatory in absence of the Division Head	1.1 Review the completeness of form before signing of the Chief Administrative Officer	None	5mins-2hours	Administrative Assistant I and Administrative Assistant III/Office of the Chief Administrative Officer  Chief Administrative Officer/ Officer of the Chief Administrative Officer
3. Awaits further updates from the regarding the status of the request	<b>DISAPPROVED REQUEST FOR TRANSPORTATION</b>  2.1 The Office of the Chief Administrative Officer Secretaries will inform the requesting unit/staff regarding the disapproved request	None	5mins-10mins	Administrative Assistant I and Administrative Assistant III / Office of the Chief Administrative Officer

	<p><b>APPROVED REQUEST FOR TRANSPORTATION</b></p> <p>2.2 Approve Request for Transportation form will be forwarded to the following units:</p> <ul style="list-style-type: none"> <li>• One (1) Copy for the Transportation Management Unit for the creation of the Trip Ticket</li> <li>• Two (2) copies for the Human Resource and Management Unit for travels conducted beyond Mariveles Two (2) copies will remain at Office of the Chief Administrative Officer in case travels conducted around Mariveles to facilitate the Billing of the Patient/s</li> </ul> <p><b>AVAILABILITY OF THE HOSPITAL VEHICLE</b></p> <p>2.4 The trip Ticket will be forwarded to the Office of the Chief Administrative Officer along with:</p> <ul style="list-style-type: none"> <li>• Fuel, Oil and Lubricants Order (MMH-TMU-04-03-00)</li> <li>• A copy of the approved Request for transportation</li> <li>• Sarbey sa Paglilingkod Form (MMH-TMU-04-01-00) (to be accomplished by the client)</li> </ul> <p>2.5 Approved Trip Ticket will be forwarded to the Transportation Management Unit</p>	None	5mins-10mins	Administrative Assistant I and Administrative Assistant III/ Office of the Chief Officer
		None	3mins-5mins	
		None	5mins-2hrs	Administrative Assistant III and Administrative Aide VI /Transportation Management Unit
		None	5mins-10mins	Chief Administrative Officer/ Office of the Chief Administrative Officer
3. To accomplished the Sarbey sa Paglilingkod Form (MMH-TMU-04-01-00)	3.1 The accomplished survey form will be collected for tabulation and reporting purposes	None	3mins-5mins	Administrative Assistant I and Administrative Assistant III/ Office of the Chief Officer
		None	3mins-5mins	Administrative Assistant III,Administrative Assistant II,Administrative Aide V Administrative Aide VI

				/Transportation Management Unit
<b>TOTAL PROCESSING TIME</b>		None	23 minutes	
*** END OF TRANSACTION***				

## PROCESS FOR JOB REQUEST (REPAIR AND MAINTENANCE)

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>
1. Ask for (3) three copies of Job Request Form at EFMU office *(Call number 111 for urgent job request).	1.1 Give (3) three copies of the Job Request Form to the requestor. *(Assign skilled staff).	None	1 minute	Administrative Assistant I or Administrative Aide VI /EFMU
2. Fill in the date Job Request Form; site of work, kinds of work, scope of work, name and signature of the requestor.	2.1 The EFMU staff will inspect job request and have it signed by EFMU head for review and recommendation	None	5 – 15 minutes	Administrative Assistant I or Administrative Aide VI /EFMU
3. Forward the accomplished form to the Service Secretary of OCAO- Office of the Chief Administrative Officer Service Secretary for the approval of CAO	3.1 Endorse the Job Request to Chief Administrative Officer for approval	None	5 – 10 minutes	Administrative Assistant I / OCAO
	3.2 Record and fill in the control number for an approved Job Request.	None	5 – 10 minutes	EFMU Head / Authorized EFMU staff
4. Execution of work	4.1 Once approved, forward it to the EFMU Office for the commencement of work	None	1 – 28 days (Duration will depend on the broadness of work upon availability of materials)	Administrative Assistant I / OCAO
5. Inspect the job.	5.1 Provide Job Accomplishment Report.	None	5 minutes	Administrative Aide /EFMU Staff
6. Acknowledge the Job Accomplishment Report as proof that the request has been completed / accomplished.	6.1 Complete accomplishment report form as proof of job fulfillment and files it accordingly	None	5 – 10 minutes	Administrative Aide /EFMU Staff
<b>TOTAL</b>		<b>NONE</b>	<b>28 days 56 minutes</b>	

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



**PROCESS FOR THE PREPARATION OF DISBURSEMENT VOUCHERS**

All supporting documents, payrolls and contracts from other units/ committees/ sections of the hospital for preparation of Disbursement Vouchers and payments in the accounting unit shall be received by the Unit's secretary (incoming/ outgoing clerk). This service is available 8:00-5:00 pm only, Monday to Friday, except holidays at the Accounting Office, Finance Management Building (Building 5), MMWGH.

This process covers the preparation of Disbursement Vouchers for the Payment of Goods, Services and Infrastructure Projects

<b>Office or Division:</b>	Accounting Unit
<b>Classification:</b>	Simple, Complex
<b>Type of Transaction:</b>	G2B - Government to Business G2G - Government to Government
<b>Who may avail:</b>	Suppliers, Service Providers, Contractors and MMWGH Employees
<b>CHECKLIST OF REQUIREMENTS</b>	
<b>WHERE TO SECURE</b>	
<b>Procurement through Competitive Bidding</b>	
Division / Unit PPMP <b>One (1) Photocopy</b>	End Users c/o Procurement Unit
Mancom Resolution, for IGI Funding <b>One (1) Photocopy</b>	Office of the Medical Center Chief (OMCC) c/o Budget Unit
Approved Purchase Request (indicating APP page number of the item) <b>One (1) Original Copy</b>	End-User/s c/o Procurement Unit
Bidding Documents <b>One(1) Photocopy</b>	Bids and Awards Committee (BAC) c/o Procurement Unit
BAC Resolution declaring winning bidder <b>One (1) Original Copy</b>	
BAC resolution recommending approval <b>One (1) Original Copy</b>	
Notice of Award <b>One (1) Original copy</b>	Procurement Unit
Notice to Proceed <b>One (1) Original copy</b>	
Minutes of Pre-Procurement Conference for projects costing above P5.0 million for infrastructure, P2.0 million and above for goods, and P1.0 million and above for consulting services <b>One (1) Photocopy</b>	
Bid Evaluation Report <b>One (1) Photocopy</b>	
Post Qualification Evaluation Report <b>One (1) Photocopy</b>	
Printout copy of posting of Notice of Award, Notice to Proceed and Contract of award in the PhilGEPS <b>One (1) Photocopy</b>	
Evidence of Invitation of three observers in all stages of the procurement process pursuant to Section 13.1 of the Revised IRR of RA No. 9184	



<b>One (1) Photocopy</b>	
Performance Security a) Cash or cashier's/manager's check issued by a Universal or Commercial Bank 10% of Contract Price b) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank 10% of Contract Price c) Surety bond 30% of Contract Price	
<b>One (1) Original copy</b>	Procurement Unit
Other supporting documents of the contract (Section 37.2.3.h of the 2016 Revised IRR), <i>for infrastructure projects</i> : a) Construction schedule and S-curve b) Manpower schedule c) Construction methods d) Equipment utilization schedule e) Construction safety and health program approved by the DOLE f) PERT/CPM or other acceptable tools of project scheduling for infrastructure projects	
<b>One (1) Photocopy</b>	Procurement Unit
Other documentary requirements included in Terms of Reference, <i>if any</i>	
<b>One (1) Photocopy</b>	
Schedule of Delivery, <i>if applicable</i> <b>One (1) original copy - 1<sup>st</sup> payment;</b> <b>One (1) photocopy - succeeding payments</b>	
Approved Purchase Order (PO)/ Job Order (JO)/ Contract/ Memorandum of Agreement (MOA) <b>One (1) Original copy</b>	
Obligation Request Status / Budget Utilization Request Status <b>One (1) Original Copy</b>	Budget Unit
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
<b>Procurement through Alternative Methods (Basic Requirements Common to All Purchases)</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 Budget Unit
Approved Annual Procurement Plan <b>One (1) Photocopy</b>	Procurement
Approved Purchase Request (indicating APP page number of the item) <b>One (1) Original Copy</b>	End-User/s c/o Procurement Unit
BAC resolution recommending to the HOPE to resort to this alternative method of procurement and approval by the HOPE of the said BAC recommendation <b>One (1) Original copy</b>	BAC c/o Procurement Unit
Schedule of Delivery, <i>if applicable</i> <b>One (1) original copy - 1<sup>st</sup> payment;</b> <b>One (1) photocopy - succeeding payments</b>	Procurement Unit



Approved Purchase Order (PO)/ Job Order (JO)/ Contract/ Memorandum of Agreement (MOA) <b>One (1) Original copy</b>	
Obligation Request Status / Budget Utilization Request Status <b>One (1) Original Copy</b>	Budget Unit
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
<b>Direct Contracting (Procurement of Goods of proprietary nature which can be obtained only from the proprietary source, i.e. when patents, trade secrets, and copyrights prohibit others from manufacturing the same item) (Additional Documentary Requirements)</b>	
A copy of the Letter of Patent, Copyright or any other document establishing proprietary nature and exclusivity of the source of the items/goods intended to be procured <b>One (1) Photocopy</b>	Procurement Unit
Mayor's/ Business Permit <b>One (1) Photocopy</b>	
PhilGEPS Registration Number <b>One (1) Photocopy</b>	
Income/Business Tax Return (for ABC above ₱500,000.00) <b>One (1) Photocopy</b>	
Warranty Security <b>One (1) Original copy</b>	Procurement Unit
<b>Direct Contracting (Those sold by an exclusive dealer or manufacturer which does not have sub-dealers selling at lower prices and for which no suitable substitute can be obtained at more advantageous terms to the GoP (Additional Documentary Requirements)</b>	
Proof of exclusive dealership/manufacture of the specific items sought to be procured; and a list of sub-dealers, if any, and their sale prices for the said items <b>One (1) Photocopy</b>	Procurement Unit
Certificate of Exclusive Distributor for foreign suppliers <b>One (1) Photocopy</b>	
Copy of letter to selected manufacturer/supplier/distributor to submit a price quotation and conditions of sale <b>One (1) Photocopy</b>	
Certification from the agency that there are no sub-dealers selling at lower prices <b>One (1) Original copy</b>	
Mayor's/ Business Permit <b>One (1) Photocopy</b>	
PhilGEPS Registration Number <b>One (1) Photocopy</b>	
Income/Business Tax Return (for ABC above ₱500,000.00) <b>One (1) Photocopy</b>	
Warranty Security <b>One (1) Original copy</b>	
<b>Repeat Order (Additional Documentary Requirements)</b>	
Subsisting procurement contract reflecting the number of items procured, the quantities per item, their units costs, and the total contract price <b>One (1) Photocopy</b>	Procurement Unit
Notice to Proceed issue in favor of the incumbent supplier <b>One (1) Photocopy</b>	



Canvass of prices of the same goods offered by other suppliers in the market <b>One (1) Photocopy</b>	
Warranty Security <b>One (1) Original copy</b>	
Original contract used as basis for repeat order indicating that the original contract was awarded through Public Bidding <b>One (1) Photocopy</b>	
Certification that the supplier has complied with all the requirements under the original contract <b>One (1) Original copy</b>	
<b>Shopping (When there is an unforeseen contingency requiring immediate purchase) (Additional Documentary Requirements)</b>	
Purchase Request indicating the urgency to address an identified need of the PE and the unforeseen contingency that caused its necessity <b>One (1) Original copy</b>	End-User/s c/o Procurement Unit
Price quotation from supplier of known technical, legal and financial qualifications <b>One (1) Original copy</b>	Procurement Unit
Approved BAC Resolution recommending award of contract <b>One (1) Original copy</b>	BAC c/o Procurement Unit
<b>Shopping (For ordinary or regular office supplies and equipment not available in the DBM-PS) (Additional Documentary Requirements)</b>	
Proof of posting of invitation/request for price submission of price quotation in the PhilGEPS, the website of the Procuring Entity, if any, and at any conspicuous place in the PE premises (for ABC above ₱50,000) <b>One (1) Original copy</b>	Procurement Unit
Price quotations from at least 3 bonafide and reputable suppliers <b>One (1) Original copy</b>	
Mayor's/ Business Permit <b>One (1) Photocopy</b>	
PhilGEPS Registration Number <b>One (1) Photocopy</b>	Procurement Unit
Abstract of canvass/ quotations <b>One (1) Original copy</b>	
Approved BAC Resolution recommending award of contract <b>One (1) Original copy</b>	BAC c/o Procurement Unit
Proof of posting of Notice of Award in the PhilGEPS, the website of the Procuring Entity, if any, and at any conspicuous place in the PE premises (for ABC above ₱50,000) <b>One (1) Original copy</b>	Procurement Unit
Proof that common supplies are not available from PS-DBM <b>One (1) Photocopy</b>	
<b>Negotiated Procurement - Two Failed Biddings (Additional Documentary Requirements)</b>	
Invitation to Bid/ Request for Expression of Interest for the failed biddings, and a certification from the PhilGEPS that the bidding opportunity was posted in the PhilGEPS website within the relevant period <b>One (1) Photocopy</b>	Procurement Unit



BAC resolutions declaring failure of biddings/ certification of BAC on the failure of competitive bidding for the second time <b>One (1) Original copy</b>	BAC c/o Procurement Unit
Evidence of invitation of observers in all stages of the negotiation <b>One (1) Photocopy</b>	Procurement Unit
Agency's offer for negotiations with selected suppliers, contractors or consultants <b>One (1) Original copy</b>	
Price quotation/bids/final offers from at least three invited suppliers <b>One (1) Original copy</b>	
PhilGEPS Registration Number <b>One (1) Photocopy</b>	
Abstract of submitted Price Quotation <b>One (1) Original copy</b>	
Approved BAC Resolution recommending award of contract to Lowest Calculated Responsive Bid (LCRB) <b>One (1) Original copy</b>	BAC c/o Procurement Unit
Performance Security <b>One (1) Original copy</b>	Procurement Unit
Warranty Security (except consulting services) <b>One (1) Original copy</b>	
<b>Negotiated Procurement - Emergency Cases (Additional Documentary Requirements)</b>	
Proof of the official declaration of a state of calamity by the President or the Local Chief Executive concerned, if applicable; or proof of the occurrence of a natural or man-made calamity or of other causes by reason of which, immediate action by the PE is necessary to prevent damage to or loss of life or property, or to restore vital public services, infrastructure facilities and other public utilities <b>One (1) Photocopy</b>	End-User/s c/o Procurement Unit
Justification as to the necessity of purchase <b>One (1) Original copy</b>	
Mayor's/ Business Permit <b>One (1) Photocopy</b>	Procurement Unit
Income Tax Returns (Annual Income Tax Return of the preceding tax year) or Business Tax Returns (Value Added Tax or Percentage tax return covering the previous six months) (for ABC above ₱500,000.00) <b>One (1) Photocopy</b>	
Omnibus Sworn Statement (OSS) (for ABC above ₱500,000.00) <b>One (1) Photocopy</b>	Procurement Unit
PCAB License (Infra.) <b>One (1) Photocopy</b>	
Net Financial Contracting Capacity (NFCC) (Infra. with ABC above ₱500,000.00) <b>One (1) Photocopy</b>	
Performance Security <b>One (1) Original copy</b>	
Approved BAC Resolution recommending award of contract <b>One (1) Original copy</b>	
<b>Negotiated Procurement - Agency-to-Agency (Additional Documentary Requirements)</b>	



<p>Cost benefit analysis by the PE indicating that entering into an Agency-to-Agency Agreement with the Servicing Agency (SA) is more efficient and economical for the government <b>One (1) Original copy</b></p>	Procurement Unit
<p>Proof that the SA has the mandate to deliver the goods and services required to be procured or to undertake the infrastructure project or consultancy required by the PE, and that it owns or has access to the necessary tools and equipment required for the project (e.g. Certification from the relevant officer of the SA that it complies with this requirement, Copy of the law creating the SA and/or enumerating its functions, Inventory of Tools and Equipment) <b>One (1) Photocopy</b></p>	
<p>For infrastructure project, proof that the SA has a track record of having completed, or supervised a project, by administration or by contract, similar to and with a cost of at least fifty percent (50%) of the project at hand (e.g., Certification from the relevant officer of the SA that it complies with this requirement, Project Implementation Report) <b>One (1) Photocopy</b></p>	
<b>Negotiated Procurement - Small Value Procurement (Additional Documentary Requirements)</b>	
<p>Proof of posting of invitation/request for price submission of price quotation in the PhilGEPS, the website of the Procuring Entity, if any, and at any conspicuous place in the PE premises (for ABC above ₱50,000) <b>One (1) Original copy</b></p>	Procurement Unit
<p>Letter/invitation to submit proposals to at least three suppliers <b>One (1) Original copy</b></p>	
<p>Price quotation/bids/final offers from at least one invited supplier <b>One (1) Original copy</b></p>	
<p>Mayor's/ Business Permit <b>One (1) Photocopy</b></p>	
<p>Professional License/ Curriculum Vitae (Consulting Services) <b>One (1) Photocopy</b></p>	
<p>PhilGEPS Registration Number <b>One (1) Photocopy</b></p>	
<p>PCAB License (Infra.) <b>One (1) Photocopy</b></p>	
<p>Performance Security (Infra.) <b>One (1) Original copy</b></p>	
<p>Income/Business Tax Return (for ABC above ₱500,000) <b>One (1) Photocopy</b></p>	
<p>Omnibus Sworn Statement (for ABC above ₱50,000) <b>One (1) Photocopy</b></p>	Supplier c/o Procurement Unit
<p>Abstract of submitted Price Quotation <b>One (1) Original copy</b></p>	Procurement Unit
<p>Approved BAC Resolution recommending award of contract to Lowest Calculated Responsive Bid (LCRB) <b>One (1) Original copy</b></p>	BAC c/o Procurement Unit
<p>Proof of posting of Notice of Award in the PhilGEPS, the website of the Procuring Entity, if any, and at any conspicuous place in the PE premises (for ABC above ₱50,000) <b>One (1) Original copy</b></p>	Procurement Unit



<b>New Suppliers/ Contractors/ Consultants</b>	
Philgeps Registration <b>One (1) Photocopy</b>	Supplier c/o Procurement Unit
Registration Certificate from Securities and Exchange Commission (SEC), Department of Trade and Industry (DTI) for sole proprietorship, or Cooperative Development Authority (CDA) for cooperatives, or latest Articles of Incorporation for corporations or its equivalent <b>One (1) Photocopy</b>	
Business Permit / Mayor's Permit or its equivalent <b>One (1) Photocopy</b>	
Tax Clearance <b>One (1) Photocopy</b>	
BIR Certificate of Registration (COR / BIR 2303) <b>One (1) Photocopy</b>	
<i>Note: For individuals, only the BIR Certificate of Registration shall be submitted in lieu of DTI Registration and Mayor's Permit.</i>	
Sample Sales Invoice and Collection Receipt (for goods) or Official Receipt (for services) <b>One (1) Photocopy</b>	
<b>For resubmission of legal documents upon expiration/ updates (for existing suppliers)</b>	
Philgeps Registration (Platinum) <b>One (1) Photocopy</b>	Supplier c/o Procurement Unit
Department of Trade and Industry (DTI) for sole proprietorship <b>One (1) Photocopy</b>	
Business Permit / Mayor's Permit or its equivalent <b>One (1) Photocopy</b>	
Tax Clearance <b>One (1) Photocopy</b>	
BIR Certificate of Registration (COR / BIR 2303) and/or sample invoices and receipts, for updates on tax registration details <b>One (1) Photocopy</b>	
<b>Supplies, Materials, Equipment and Motor Vehicles</b>	
Certified copy of the page of the approved Annual Procurement Plan (APP) or Supplemental APP where the particular Goods subject of payment is indicated <b>One (1) Photocopy</b>	Procurement Unit
<i>For procurement of drugs and medicines:</i> a) Certificate of product registration from Food and Drug Administration (FDA) b) Certificate of good manufacturing practice from FDA c) Batch Release Certificate from FDA	Procurement Unit



<p>d) If the supplier is not the manufacturer, certification from the manufacturer that the supplier is an authorized distributor/dealer of the products/items</p> <p>e) License to Operate from FDA with List of Sources (whether it is a manufacturer, importer, seller or distributor)</p> <p>f) Certification by the Medical Officer that medicines and drugs requisitioned is included in the PNDF Current Edition</p> <p>g) Delivery Receipt/Invoice bearing Lot Nos. and Expiry Dates of the drugs and medicines</p> <p><b>One (1) Photocopy</b></p>	
<p><i>For procurement of Motor Vehicles:</i> Authority to purchase from agency head and Secretary of DBM or OP depending on the type of vehicle being provided,</p> <p><b>One (1) Photocopy</b></p>	
<p><i>For imported items:</i></p> <p>a) Consular Invoice/Pro-forma invoice of the foreign supplier with the corresponding details</p> <p>b) Home Consumption Value of the Items</p> <p>c) Breakdown of the expenses incurred in the Importation</p> <p><b>One (1) Photocopy</b></p>	
<p>Sales / Service Invoice/ Statement of Account/ Billing Statement</p> <p><b>One (1) Original copy</b></p>	Supplier c/o Materials Management Unit (MMU)
<p>Results of Test Analysis, if applicable</p> <p>One (1) Photocopy</p>	Supplier c/o Procurement Unit
<p>Tax receipts from the Bureau of Customs or the BIR indicating the exact specifications and/or serial number of the equipment procured by the government as proof of payment of all taxes and duties due on the same equipment, supplied or sold to the government</p> <p><b>One (1) Photocopy</b></p>	Supplier c/o Procurement Unit
<p>Inspection and Acceptance Report</p> <p><b>One (1) Original copy</b></p>	MMU
<p>Property Acknowledgement Receipt (PAR) for purchased equipment (Php 50,000.00 and above)</p> <p>Inventory Custodian Slip for Semi Expendable items (less than Php 50,000.00)</p> <p><b>One (1) Original copy</b></p>	
<p>Training Certificates/ Attendance, if needed</p> <p><b>One (1) Photocopy</b></p>	Supplier % MMU
<p>Order of Termination, if necessary</p> <p><b>One (1) Original copy</b></p>	MMU
<p>Such other documents peculiar to the contract and/or to the mode of procurement and considered necessary in the auditorial review and in the technical evaluation thereof</p> <p><b>One (1) Original Copy/ Photocopy</b></p>	Supplier c/o Procurement Unit/ MMU
<b>Catering Services</b>	
<p>Approved Training Request Form, for training</p> <p><b>One (1) Original copy</b></p> <p><b>One (1) Photocopy</b></p>	Procurement Unit



Approved Training Program, <i>for training</i> <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	
Hospital Personnel Order / Notice / Memorandum <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	
Duly signed Attendance Sheet or Certificate of Attendance <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	Professional Education, Training and Research Uni (PETRU) / Human Resource Management Unit (HRMU)
Service Invoice/ Billing/ Statement of Account <b>One (1) Original copy</b>	Supplier % End User
<b>Repairs and Maintenance</b>	
Cost Estimate <b>One (1) Original copy</b>	Engineering and Facilities and Maintenance Unit (EFMU)
Accomplishment Report/ Certificate of Acceptance <b>One (1) Original copy</b>	Contractor % EFMU
Request for Payment/ Service Invoice/ Billing/ Statement of Account <b>One (1) Original copy</b>	
Additional documents required under COA Circular No. 2009-001 a) Report of waste materials b) Copy of document indicating the history of repair of equipment <b>One (1) Original copy</b>	EFMU
<b>Infrastructure Mobilization Payment</b>	
Letter Request from Contractor <b>One (1) Original Copy</b>	Contractor c/o EFMU
Pictures, Bunkhouse, Delivery of Materials <b>One (1) Photocopy</b>	Contractor c/o EFMU
Plans and Specifications <b>One (1) Original Copy</b>	
Approved Program & Scope of Works, Detailed Cost, Estimates & Specifications <b>One (1) Original Copy</b>	
Bill of Quantities of Contractors <b>One (1) Original Copy</b>	
Irrevocable standby letter of credit issued by an entity acceptable to the agency and of an amount equal to the advance payment <b>One (1) Original Copy</b>	Contractor c/o EFMU
Such other documents peculiar to the contract and/or to the mode of procurement and considered necessary in the auditorial review and in the technical evaluation thereof <b>One (1) Original Copy/ Photocopy</b>	
<b>Progress Billings and Final Payment to Contractors</b>	
Letter request from contractors for progress and final payment <b>One (1) Original Copy</b>	Contractor c/o EFMU
Statement of Work Accomplished / Progress Billing <b>One (1) Original Copy</b>	EFMU



Inspection Report by the Agency's Authorized Engineer <b>One (1) Original Copy</b>	
Results of Test Analysis, if applicable <b>One (1) Original Copy</b>	
Statement of Time Elapsed <b>One (1) Original Copy</b>	
Monthly Certificate of Payments <b>One (1) Original Copy</b>	
Contractor's Affidavit on payment of laborers and materials <b>One (1) Original Copy</b>	
Pictures: before, during, and after construction of items of work, especially the embedded items <b>One (1) Photocopy</b>	Contractor c/o EFMU
Summary of all previous payments <b>One (1) Original Copy</b>	Accounting Unit
Obligation Request Status / Budget Utilization Request Status (with updated Status of Obligation) <b>One (1) Original Copy</b>	Budget Unit
<b>Additional Requirements for Final Payment</b>	
Certificate of completion <b>One (1) Original Copy</b>	
Turnover of documents <b>One (1) Original Copy</b>	EFMU
As-Built Plans <b>One (1) Photocopy</b>	
Warranty Security a) Cash or Letter of Credit issued by a Universal or Commercial Bank (5% of TCP), or b) Bank guarantee confirmed by a Universal or Commercial Bank (10% of TCP), or c) Surety bond callable on demand issued by a surety or insurance company duly certified by Insurance Commission (30% of TCP) <b>One (1) Original Copy</b>	Contractor c/o EFMU
<b>Release of Retention Money to Contractors</b>	
Letter request from contractors for substitution in case of release of retention money <b>One (1) Original Copy</b>	
Any security in the form of cash, bank guarantee, irrevocable standby letter of credit from a commercial bank, GSIS or surety bond callable on demand, of amounts equivalent to the retention money substituted for and acceptable to Government <b>One (1) Original Copy</b>	Contractor c/o EFMU
Certification from the end-user that the project is completed and inspected <b>One (1) Original Copy</b>	EFMU
Obligation Request Status / Budget Utilization Request Status (with updated Status of Obligation) <b>One (1) Original Copy</b>	Budget Unit
<b>Variation Order/Change Order/Extra Work Order</b>	



Approved Change Order (CO)/Extra Work Order (EWO) <b>One (1) Original Copy</b>	EFMU
A approved original plans indicating the affected portions(s) of the project and duly revised plans and specifications, if applicable, indicating the changes made which shall be color-coded <b>One (1) Photocopy</b>	
A gency's report establishing the necessity/justification(s) for the need of such CO and/or EWO which shall include: (a) the computation as to the quantities of the additional works involved per item indicating the specific stations where such works are needed; (b) the date of inspection conducted and the results of such inspection; (c) a detailed estimate of the unit cost of such items of work for new unit costs including those expressed in volume/area/lump-sum/lot <b>One (1) Photocopy</b>	
Approved revised PERT/CPM Network Diagram which shall be color-coded, reflecting the effect of additional/deductive time on the contract period and the corresponding detailed computations for the additional/deductive time for the subject Change Order/Extra Work Order <b>One (1) Photocopy</b>	
Approved detailed breakdown of contract cost for the variation order <b>One (1) Photocopy</b>	
COA Technical Evaluation Report for the original contract <b>One (1) Photocopy</b>	
If the Variation Order to be reviewed is not the 1st variation order, all of the above requirements for all previously approved variation orders, if not yet reviewed, otherwise, copy of the COA Technical Evaluation Report for the previously approved variation orders <b>One (1) Photocopy</b>	
Additional performance security in the prescribed form and amount if variation order exceeds 10 percent of the original contract cost <b>One (1) Original Copy</b>	
Such other documents peculiar to the contract and/or to the mode of procurement and considered necessary in the auditorial review and in the technical evaluation thereof <b>One (1) Original Copy/ Photocopy</b>	
<b>Expenditures with MOA (payment subject to goods delivered and services rendered)</b>	
<b>Gasoline, Oil and Diesel</b>	
Statement of Account and Sales Invoices <b>One (1) Original Copy</b>	Supplier c/o EFMU
Approved Trip Tickets <b>One (1) Original Copy</b>	EFMU
Summary of Daily Totals of Requisition <b>One (1) Original Copy</b>	
Monthly Consumption Report <b>One (1) Original Copy</b>	
Fuel, Oil and Lubricants Order Slip/ Purchase Request <b>One (1) Original Copy</b>	





Obligation Request Status / Budget Utilization Request Status <b>One (1) Original Copy</b>	Budget Unit
<b>Other Professional / General Services</b>	
Service Invoice/ Billing/ Statement of Account <b>One (1) Original Copy</b>	Service Provider c/o End Users
Request Form <b>One (1) Original Copy</b>	End Users
Such other documents peculiar to the contract and/or to the mode of procurement and considered necessary in the auditorial review and in the technical evaluation thereof <b>One (1) Original Copy/ Photocopy</b>	Procurement Unit
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status / Budget Utilization Request Status <b>One (1) Original Copy</b>	
<b>Security Services</b>	
Service Invoice/ Billing/ Statement of Account <b>One (1) Photocopy</b>	Service Provider
Signed DTRs <b>One (1) Original Copy</b>	
Summary of DTRs/ Record of Attendance/ Service <b>One (1) Original Copy</b>	Security Agency/ Security Unit
Computation for Payment/ Schedule of Deductions <b>One (1) Original Copy</b>	
Accomplishment Report <b>One (1) Original Copy</b>	
Certificate of Acceptance <b>One (1) Original Copy</b>	
Proof of remittance to concerned government agency (BIR/SSS/Pag-Ibig) <b>One (1) Original Copy</b>	
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status / Budget Utilization Request Status <b>One (1) Original Copy</b>	
<b>Additional documents required under COA Circular-2009-001</b>	
Approved documents indicating the following; a. the number and the corresponding rates/salary of personnel involved b. schedule of work and places of assignment or station <b>One (1) Photocopy</b>	Security Agency/ Security Unit
The group classification of personnel to determine the Equivalent Equipment Monthly Statutory Minimum Wage Rate <b>One (1) Photocopy</b>	
Approved documents indicating the minimum requirements of the agency on the number of security personnel to be involved in the project in accordance with the applicable Rules Implementing R.A. 6727 <b>One (1) Photocopy</b>	
The population of the agency where the services is rendered <b>One (1) Photocopy</b>	

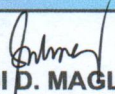


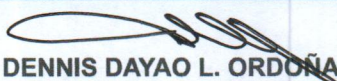
Other Expenditures				
Utility Expenses/ Telephone/ Communication Services				
Statement of Account/Bill (for pre-audit purposes) <b>One (1) Original Copy</b>		Service Provider c/o Budget Unit		
Invoice/ Official Receipt or machine validated statement of account/bill (for post-audit purposes) <b>One (1) Original Copy</b>				
ManCom Resolution (for IGI funding) <b>One (1) Photocopy</b>		OMC c/o Budget Unit		
Obligation Request Status / Budget Utilization Request Status <b>One (1) Original Copy</b>		Budget Unit		
Honoraria to Lecturers/ Coordinators				
Hospital Personnel Order <b>One (1) Original Copy</b>		PETRU		
Coordinator's report on lecturer's schedule <b>One (1) Original Copy</b>		PETRU		
Course Syllabus / Program of Lectures <b>One (1) Original Copy</b>				
Computation of Honoraria/ Professional Fee <b>One (1) Original Copy</b>				
Duly approved DTR, in case if claims by the coordinator and facilitators <b>One (1) Original Copy</b>				
Proof of salary rate or copy of appointment/Notice of Salary Adjustment (NOSA), if from government agency <b>One (1) Certified True Copy</b>				
Curriculum Vitae <b>One (1) Original Copy</b>				
Obligation Request Status <b>One (1) Original Copy</b>		Budget Unit		
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)/ Accounting Unit
	1.2 Review accuracy of supporting documents. Then, prepare the disbursement voucher	none	2-8 hours	Accounting Staff (DV Preparer)/ Accounting Unit
	1.3 Prepare BIR form, if applicable.	none		In-charge of Tax Transactions/ Accounting Unit



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/ Accounting Unit
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/ Accounting Unit
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 (Unit's secretary)/ Accounting Unit
		<b>TOTAL</b>	<b>1 day, 7 hours and 15 minutes</b>

  
**SUSETTE R. PATAGUE, CPA**  
 Accountant IV 

  
**LAARNI D. MAGLAQUI, MBA**  
 FMO II / Head-Finance Service

  
**DENNIS DAYAO L. ORDOÑA, MD**  
 Medical Center Chief II



**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>
<b>General Claims through the ATM</b>		
Salary Payroll <b>Two (2) Original Copy</b>		HRMU
Approved DTR <b>Two (2) Original Copy</b>		
Obligation Request Status <b>One (1) Original Copy</b>		Budget Unit
<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>		Employee c/o HRMU
Statement of Assets, Liabilities, and Net Worth (SALN) <b>Two (2) Certified True Copy</b>		
BIR Forms 1902 <b>One (1) Original copy</b>		
Additional documents as required by HRMU <b>Two (2) Certified True Copy</b>		
Approved Payroll or Computation of First Salary <b>Two (2) Original copy</b>		HRMU
Obligation Request Status <b>One (1) Original Copy</b>		Budget Unit
Certification of Availability of Funds <b>One (1) Original Copy</b>		
<b>Additional for Transferees</b>		
Clearance from money, property and legal accountabilities from the previous office <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>Salary (if deleted from Payroll)</b>	
Approved Application for Leave, Clearances and Medical Certificate, if on Sick Leave for five days or more <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	Employee % HRMU
Approved DTR <b>Two (2) Original Copy</b>	
Notice of Assumption <b>One (1) Original copy</b>	HRMU
Certification of Availability of Funds <b>One (1) Original Copy</b>	
Obligation Request Status <b>One (1) Original Copy Copy</b>	Budget Unit
<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>	
Applicant's authorization to deduct all financial obligations with employer, <i>if any</i> <b>One (1) Certified True Copy</b>	
Certification of Employee's Leave Credits <b>One (1) Certified True Copy</b>	HRMU
Approved Payroll and/or Computation of Last Salary <b>Two (2) Original Copy</b>	
Certification of Availability of Funds <b>One (1) Original Copy</b>	
Obligation Request Status <b>One (1) Original Copy Copy</b>	Budget Unit
<b>Terminal Leave Benefits (TLB)</b>	
Employee's leave card as at last date of service <b>Two (2) Certified True Copy</b>	
Complete service record <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	HRMU



Appointment / Notice of Salary Adjustment (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>	
Clearance from money, property, and legal accountability <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	Employee c/o HRMU
Approved leave application <b>One (1) Original copy</b> <b>One (1) Photocopy</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>	
Additional documents as required by HRMU <b>Two (2) Certified True Copy</b>	
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status <b>One (1) Original Copy Copy</b>	
<b>Additional requirements in case of resignation</b>	
Employee's letter of resignation <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	Employee c/o HRMU
<b>Additional requirements in case of death of claimant</b>	
Death Certificate <b>One (1) Authenticated by NSO</b> <b>One (1) Photocopy</b>	c/o HRMU
Marriage contract <b>One (1) Authenticated by NSO</b> <b>One (1) Photocopy</b>	
Birth certificates of all surviving legal heirs <b>One (1) Authenticated by NSO</b> <b>One (1) Photocopy</b>	
Designation of next-of-kin <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	
Waiver of rights of children 18 years old and above <b>One (1) Original copy</b> <b>One (1) Photocopy</b>	
<b>Salary of Job Order/ Contractual Personnel</b>	
<b>For First Claim</b>	



Accomplishment Report <b>One (1) Original Copy</b>	Employee % HRMU
Approved/Summary of DTR <b>One (1) Original Copy</b>	
Pertinent Contract / Appointment / Job Order <b>One (1) Original Copy</b>	HRMU
Copy of the Report of Personnel Actions (ROPA) of the pertinent Contract / Appointment / Job Order <b>One (1) Original Copy</b>	
Certificate of Assumption <b>One (1) Certified true copy</b>	
Certification by the Personnel Officer that the activities / services cannot be provided by regular / permanent personnel of the agency <b>One (1) Original Copy</b>	
Approved Payroll <b>Two (2) Original Copy</b>	Budget Unit
Certification of Availability of Funds <b>One (1) Original Copy</b>	
Obligation Request Status <b>One (1) Original Copy</b>	
<b>Overtime Pay</b>	
Approved/Summary of DTR <b>One (1) Original Copy</b>	Employee % HRMU
Overtime work program <b>One (1) Original Copy</b>	
Overtime authority stating the necessity and urgency of the work to be done, and duration of overtime work <b>One (1) Original Copy</b>	
Quantified overtime accomplishment duly signed by the employee and supervisor <b>One (1) Original Copy</b>	
Approved Payroll <b>Two (2) Original Copy</b>	HRMU
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status <b>One (1) Original Copy</b>	
<b>Longevity Pay</b>	
Service Record <b>One (1) Photocopy</b>	HRMU
Certification issued by the Personnel Officer that the claimant has not incurred more than 15 days of vacation leave without pay <b>One (1) Original Copy</b>	
Approved Payroll <b>Two (2) Original Copy</b>	
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status <b>One (1) Original Copy</b>	



<b>Night Shift Differential</b>	
Approved/Summary of DTR <b>One (1) Original Copy</b>	Employee % HRMU
Approved Work Schedule <b>One (1) Photocopy</b>	HRMU
List of Absences <b>One (1) Original Copy</b>	
Approved Payroll <b>Two (2) Original Copy</b>	
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status <b>One (1) Original Copy</b>	
<b>Salary Differential</b>	
Approved appointment, in case of promotion <b>One (1) Certified true copy</b>	Employee % HRMU
Notice of Salary Adjustment, in case of step increment / salary increase <b>One (1) Certified true copy</b>	
Certificate of Assumption <b>One (1) Certified true copy</b>	
Approved/Summary of DTR <b>One (1) Original Copy</b>	
Approved Payroll <b>Two (2) Original Copy</b>	HRMU
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status <b>One (1) Original Copy</b>	
<b>Cellphone and Communication Allowance</b>	
Certificate of Entitlement <b>One (1) Original Copy</b>	HRMU
Approved Payroll <b>Two (2) Original Copy</b>	
Certification that the Employees are not Issued Postpaid Plans for Mobile Phone <b>One (1) Original Copy</b>	Accounting and MMU % HRMU
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status <b>One (1) Original Copy</b>	
<b>Representation and Transportation Allowance</b>	
<b>Individual Claims</b>	
Office Order/Appointment <b>One (1) Photocopy</b>	HRMU
Certificate of Assumption <b>One (1) Certified true copy</b>	
Certification that official/employee did not use government vehicle and is not assigned any government vehicle <b>One (1) Original Copy</b>	



Certificate or evidence of service rendered or approved DTR <b>One (1) Original Copy</b>	
Approved Payroll <b>Two (2) Original Copy</b>	
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status <b>One (1) Original Copy</b>	
<b>Subsistence and Laundry Allowance</b>	
Approved/Summary of DTR <b>One (1) Original Copy</b>	Employee % HRMU
Approved Payroll <b>Two (2) Original Copy</b>	HRMU
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status <b>One (1) Original Copy</b>	
<b>Hazard Pay</b>	
Approved/Summary of DTR <b>One (1) Original Copy</b>	Employee % HRMU
Approved Payroll <b>Two (2) Original Copy</b>	HRMU
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status <b>One (1) Original Copy</b>	
<b>Clothing / Uniform Allowance</b>	
Approved Appointment of new employees <b>One (1) Certified true copy</b>	Employee % HRMU
Certificate of Assumption of new employees <b>One (1) Certified true copy</b>	
Certificate of of non-payment from previous agency, for transferees <b>One (1) Certified true copy</b>	
Approved Payroll <b>Two (2) Original Copy</b>	HRMU
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status <b>One (1) Original Copy</b>	
<b>Monetization</b>	
Approved leave application (ten days) with leave credit balance <b>One (1) Original Copy</b>	HRMU
Request for leave covering more than ten days duly approved by the Head of Agency <b>One (1) Original Copy</b>	
<b>For monetization of 50% or more:</b>	





Clinical abstract / medical procedures to undertaken in case of health, medical and hospital needs <b>One (1) Certified true copy</b>	Employee % HRMU
Barangay Certification in case of need for financial assistance brought about by calamities, typhoons, fire, etc. <b>One (1) Original Copy</b>	
Approved Payroll <b>Two (2) Original Copy</b>	HRMU
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status <b>One (1) Original Copy</b>	
<b>Mid-Year Bonus (MYB), Year-End Bonus (YEB) and Cash Gift (CG)</b>	
Clearance from money, property and legal accountabilities, for <i>Individual Claims</i> <b>One (1) Certified true copy</b>	HRMU
Certification from the head of Office that the employee is qualified to receive the MYB, YEB and CG, for <i>Individual Claims</i> <b>One (1) Original Copy</b>	
Approved Payroll <b>Two (2) Original Copy</b>	Budget Unit
Certification of Availability of Funds <b>One (1) Original Copy</b>	
Obligation Request Status <b>One (1) Original Copy</b>	
<b>Collective Negotiation Agreement (CNA) Incentive</b>	
Resolution signed by both parties incorporating the guidelines / criteria for granting CNA incentive <b>One (1) Original Copy</b>	HRMU / OMC
Comparative statement of DBM approved level of operating expenses and actual operating expenses <b>One (1) Original Copy</b>	
Copy of CNA <b>One (1) Original Copy</b>	
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 <b>One (1) Original Copy</b>	
Proof that the planned programs / activities / projects have been implemented and completed in accordance with targets for the year <b>One (1) Original Copy</b>	
Approved Payroll <b>Two (2) Original Copy</b>	HRMU
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status <b>One (1) Original Copy</b>	




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 (Incoming / Outgoing of documents/ Accounting Unit
	1.2 Review accuracy of supporting documents. Then, prepare the disbursement voucher.	none	1 hour	Accounting Staff (Disbursement)/ Accounting Unit
	1.3 Review as to the sufficiency and relevance of the supporting documents. Then record DV in the DMS.	none	30 minutes	In-charge of Disbursing/ Accounting Unit
	1.4 Certify as to the availability of cash and completeness of the supporting documents.	none	10 minutes	Unit Head/ Accounting Unit
	1.5 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/ Accounting Unit
		<b>TOTAL</b>	<b>1 hour and 55 minutes</b>	

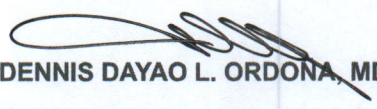
Prepared By:

  
**SUSETTE R. PATAGUE, CPA**  
 Accountant IV 

Recommending Approval:

  
**LAARNI D. MAGLAQUI, MBA**  
 FMO II / Head-Finance Service

Approved by:

  
**DENNIS DAYAO L. ORDONA, MD**  
 Medical Center Chief II



**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 advances and liquidation, reimbursements and 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, MMWGH Employees	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
<b>Petty Cash Replenishment - Miscellaneous</b>		
Report on Paid Petty Cash Vouchers <b>One (1) Original Copy</b>		MMU
Petty Cash Voucher <b>One (1) Original Copy</b>		
Approved Purchase Requests <b>One (1) Original Copy</b>		
Certificate of Emergency Purchases <b>One (1) Original Copy</b>		
Official Receipts/ Invoice <b>One (1) Original Copy</b>		
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 <b>One (1) Original Copy</b>		
Certificate of Inspection and Acceptance <b>One (1) Original Copy</b>		
Approved trip ticket for gasoline expenses <b>One (1) Original Copy</b>		
Canvass from at least 3 suppliers for purchases involving P1,000. and above <b>One (1) Original Copy</b>		
Waste Materials Report (WMR), in case of replacement/repair <b>One (1) Original Copy</b>		
Job Request Order/ Accomplishment Report <b>One (1) Original Copy</b>		
Toll Receipts, Monitoring and Trip Tickets <b>One (1) Original Copy</b>	Budget Unit	
Certification of Availability of Funds <b>One (1) Original Copy</b>		
Obligation Request Status <b>One (1) Original Copy</b>		
<b>Petty Cash Replenishment - Marketing</b>		
Report on Paid Petty Cash Vouchers <b>One (1) Original Copy</b>		NDU
Official Receipts/ Invoice <b>One (1) Original Copy</b>		
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 <b>One (1) Original Copy</b>		



Approved Summary of Daily Purchases <b>One (1) Original Copy</b>	
Canvass from at least 3 suppliers for purchases involving P1,000. and above <b>One (1) Original Copy</b>	NDU
Petty Cash Voucher <b>One (1) Original Copy</b>	
Report in Number of Patients Subsisted <b>One (1) Original Copy</b>	
Menu for today <b>One (1) Original Copy</b>	
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status <b>One (1) Original Copy</b>	
<b>Petty Cash Replenishment - Pharmacy</b>	
Report on Paid Petty Cash Vouchers <b>One (1) Original Copy</b>	Pharmacy
Certificate of Emergency Purchases <b>One (1) Original Copy</b>	
Official Receipts/ Invoice <b>One (1) Original Copy</b>	
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 <b>One (1) Original Copy</b>	
Certificate of Inspection and Acceptance <b>One (1) Original Copy</b>	
Doctor's Prescription <b>One (1) Original Copy</b>	
Canvass from at least 3 suppliers for purchases involving P1,000. and above <b>One (1) Original Copy</b>	
Petty Cash Voucher <b>One (1) Original Copy</b>	
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status <b>One (1) Original Copy</b>	
<b>Petty Cash Replenishment - Representation</b>	
Report on Paid Petty Cash Vouchers <b>One (1) Original Copy</b>	Cash
Bills, Receipts, Sales Invoices <b>One (1) Original Copy</b>	
Official Receipts/ Invoice <b>One (1) Original Copy</b>	
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 <b>One (1) Original Copy</b>	
Certificate of Inspection and Acceptance <b>One (1) Original Copy</b>	
Canvass from at least 3 suppliers for purchases involving P1,000. and above <b>One (1) Original Copy</b>	
Certificate of Attendance, <i>for meetings/ activities</i> <b>One (1) Original Copy</b>	



Petty Cash Voucher <b>One (1) Original Copy</b>		
Certification of Availability of Funds <b>One (1) Original Copy</b>		
Budget Utilization Request Status <b>One (1) Original Copy</b>		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 ( <i>for initial cash advance</i> ) <b>One (1) Original Copy</b>		Cash Unit
Approved application for bond and/or Fidelity Bond for the year for cash accountability of P5,001.00 or more <b>One (1) Original Copy</b>		
Certification from the Accountant that previous cash advances have been liquidated and accounted for in the books <b>One (1) Original Copy</b>		Accounting Unit
Approved Letter of Request or estimates of petty expenses ( <i>for one month for Petty Cash Fund</i> ) <b>One (1) Original Copy</b>		End Users
Hospital Personnel Order <b>One (1) Original Copy</b>		End Users % HRMU
Certification of Availability of Funds <b>One (1) Original Copy</b>		
Obligation Request Status <b>One (1) Original Copy</b>		Budget Unit
<b>Request for Training / Registration Fees (Cash Advance)</b>		
Approved Training Request Form <b>One (1) Original Copy</b>		
Approved Training Program/ Invitation <b>One (1) Original Copy</b>		
Approved Purchase Request, if applicable <b>One (1) Original Copy</b>		End Users
Statement of Account/Bill or if any documents indicating amount of registration fee <b>One (1) Original Copy</b>		
Approved Work Financial Plan <b>One (1) Photocopy</b>		
Hospital Personnel Order / Department Memorandum <b>One (1) Original Copy</b>		End Users % HRMU
Certification of Availability of Funds <b>One (1) Original Copy</b>		
Obligation Request Status / Budget Utilization Request Status <b>One (1) Original Copy</b>		Budget Unit
<b>Request for Training / Registration Fees (Liquidation)</b>		
Liquidation Report <b>One (1) Original Copy</b>		
Expense Summary Report <b>One (1) Original Copy</b>		
Official Receipts/ Invoice <b>One (1) Original Copy</b>		End Users



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 <b>One (1) Original</b> <b>One (1) Photocopy</b>	
Duly signed attendance sheets <b>One (1) Original Copy</b>	
Photos taken during the conduct of seminar / training <b>One (1) Original Copy</b>	
Certificate of Appearance / Attendance / Participation <b>One (1) Original Copy</b>	
Training Feedback Form acknowledged by PETRU <b>One (1) Original Copy</b>	
Certification of Availability of Funds <b>One (1) Original Copy</b>	
Obligation Request Status / Budget Utilization Request Status <b>One (1) Original Copy</b>	Budget Unit
<b>Local Travel (Cash Advance)</b>	
Hospital Personnel Order / Travel Order <b>One (1) Original</b> <b>One (1) Photocopy</b>	Employee
Duly approved itinerary of travel <b>One (1) Original</b> <b>One (1) Photocopy</b>	
Certification from the accountant that the previous cash advance has been liquidated <b>One (1) Original</b>	Accounting Unit
Certification of Availability of Funds <b>One (1) Original Copy</b>	Budget Unit
Obligation Request Status / Budget Utilization Request Status <b>One (1) Original Copy</b>	
<b>Local Travel (Liquidation)</b>	
Liquidation Report <b>One (1) Original</b> <b>One (1) Photocopy</b>	Employee
Plane, boat or bus tickets, boarding pass, terminal fee <b>One (1) Original</b> <b>One (1) Photocopy</b>	
Certificate of appearance / attendance <b>One (1) Original</b> <b>One (1) Photocopy</b>	
Certificate of participation <b>Two (2) Photocopies</b>	
Previously approved itinerary of travel <b>One (1) Original</b> <b>One (1) Photocopy</b>	
Revised or supplemental Office Order or any proof supporting the change of schedule <b>One (1) Original</b> <b>One (1) Photocopy</b>	
Revised Itinerary of Travel (if different from original IOT) <b>One (1) Original</b> <b>One (1) Photocopy</b>	
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 <b>One (1) Original</b>	



<b>One (1) Photocopy</b> OR in case of refund of excess cash advance <b>One (1) Original</b> <b>One (1) Photocopy</b>				
Certificate of Travel Completed <b>One (1) Original</b> <b>One (1) Photocopy</b>				
Hotel room / lodging bills and ORs <b>One (1) Original</b> <b>One (1) Photocopy</b>				
Training fees OR, if applicable <b>One (1) Original</b> <b>One (1) Photocopy</b>				
Certification of Availability of Funds <b>One (1) Original Copy</b>		Budget Unit		
Obligation Request Status / Budget Utilization Request Status <b>One (1) Original Copy</b>				
<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 <b>One (1) Original Copy</b>		BAC Secretariat		
Minutes of BAC Meeting <b>One (1) Photocopy</b>		BAC Secretariat		
Notice of award to the winning bidder of procurement activity being claimed <b>One (1) Original Copy</b>				
Certification that the procurement involves competitive bidding <b>One (1) Original Copy</b>				
Attendance Sheet listing names of attendees to the BAC meeting <b>One (1) Original Copy</b>				
Approved Payroll, if applicable <b>Two (2) Original Copy</b>		HRMU		
Certification of Availability of Funds <b>One (1) Original Copy</b>		Budget Unit		
Obligation Request Status / Budget Utilization Request Status <b>One (1) Original Copy</b>				
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 (Incoming / Outgoing of documents/ Accounting Unit)
	1.2 Review accuracy of supporting documents. Then, prepare the disbursement voucher	none	2 hours-8 hours	Accounting Staff (Disbursement)/ Accounting Unit
	1.3 Prepare BIR form, if applicable.	none		In-charge of Tax Transactions/ Accounting Unit
	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/ Accounting Unit
	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/ Accounting Unit



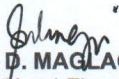
	<p>1.6 Release the Disbursement Voucher together with the supporting documents to the concerned Division Head (HOPSS, Finance, Nursing, Medical) for their attestation / certification as to the necessity of expenses, legality of the supporting documents, and the expenses incurred are under their direct supervision.</p>	none	5 minutes	Accounting Staff (Incoming / Outgoing of documents/ Accounting Unit
		<b>TOTAL</b>	<b>1 day and 7 hours and 15 minutes</b>	

Prepared by:




SUSETTE R. PATAGUE, CPA  
Accountant IV

Noted by:



LAARNI D. MAGLAQUI, MBA  
FMO II / Head-Finance Service

Approved by



DENNIS DAYAO L. ORDONA, MD  
Medical Center Chief II

## 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	Every day 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)</p> <p>The PACD/CSS browses, evaluates, and determines the complaints received on a daily basis. The PACD shall coordinate with the concerned Unit to answer the complaint and shall investigate, if necessary. After the concern has been addressed or after the conduct of the investigation, the PACD shall create an incident report for the Quality Assurance Committee Chairperson and Medical Center Chief for appropriate action. The PACD shall give the feedback to the clients via email.</p> <p>For follow-ups or queries, the contact information are as follows: 0968-8525-604</p>
Contact Information of	<p><b>Mariveles Mental Wellness and General Hospital - (MMWGH - PACD):</b></p> <p><a href="mailto:mmwgh.pacd@gmail.com">mmwgh.pacd@gmail.com</a></p> <p>0968-8525-604</p>

<p>MMWGH- PACD/ CSS ARTA, PCC, and CCB</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>
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## VI. LIST OF OFFICES

OFFICE / PERSON IN-CHARGE	ADDRESS	CONTACT INFORMATION
Office of the Medical Center Chief – <b>DENNIS DAYAO L. ORDOÑA, MD</b>	Administrative Building, P. Monroe St Poblacion Mariveles, Bataan	mobile number: 0968 8526 726 email: <a href="mailto:mail@mmwgh.gov.ph">mail@mmwgh.gov.ph</a> , <a href="mailto:mmwghocoh@gmail.com">mmwghocoh@gmail.com</a>
Office of the Medical Service - <b>RUBY LYNDA L. REYES</b>	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>
Office of the Chief Administrative Officer – <b>VINCENT A. ISIP, MPA</b>	Administrative Building, P. Monroe St Poblacion Mariveles, Bataan	email: <a href="mailto:hopsocao@gmail.com">hopsocao@gmail.com</a> <a href="mailto:hops@mmwgh.gov.ph">hops@mmwgh.gov.ph</a>
Office of the Chief Nurse - <b>RELIA I. VILLEGAS, RN, MAN, ED.D</b>	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>
Office of the Finance Management Officer - <b>LAARNI D. MAGLAQUI, MBA</b>	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>
Out Patient Unit Psychiatry -	OPU Building – Ground Floor	mobile number: 0953 197 0146 email: <a href="mailto:opu.mmwgh@gmail.com">opu.mmwgh@gmail.com</a>
Out Patient Unit Medical	OPCEN Building	mobile number: 0917 125 8905 email: <a href="mailto:mmwgh.newinfirmary@gmail.com">mmwgh.newinfirmary@gmail.com</a>
Out Patient Unit Neurology	OPU Building – Ground Floor	mobile number: 0917 125 8905 email: <a href="mailto:mmwgh.newinfirmary@gmail.com">mmwgh.newinfirmary@gmail.com</a>

Emergency Department	OPCEN Building	mobile number: 0961 431 1824 email: <a href="mailto:emergencyroom.mmwgh@gmail.com">emergencyroom.mmwgh@gmail.com</a>
Clinical Laboratory	Clinical Laboratory Building	mobile number: 0968 854 5321 email: <a href="mailto:lab.mmwgh@gmail.com">lab.mmwgh@gmail.com</a>
Radiology	Lazareto Hub	mobile number: 0970-1001938 email: <a href="mailto:mmhxray@gmail.com">mmhxray@gmail.com</a>
Pharmacy	OPU Building – Ground Floor	mobile number: 0938-7981132 email: <a href="mailto:mmwghpharmacy@gmail.com">mmwghpharmacy@gmail.com</a>
Dental Care Unit	OPU Building – Ground Floor	mobile number: 0977-143-2500 email: <a href="mailto:medical.dcu@gmail.com">medical.dcu@gmail.com</a>
Psychology Services Unit	OPU Building – 2 <sup>nd</sup> floor	mobile number: 0919-0791346 0968 8568289 email: <a href="mailto:mmwghpsychology@gmail.com">mmwghpsychology@gmail.com</a>