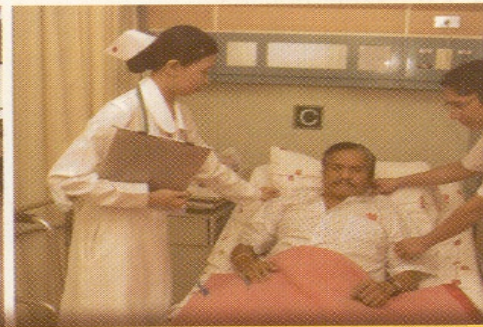
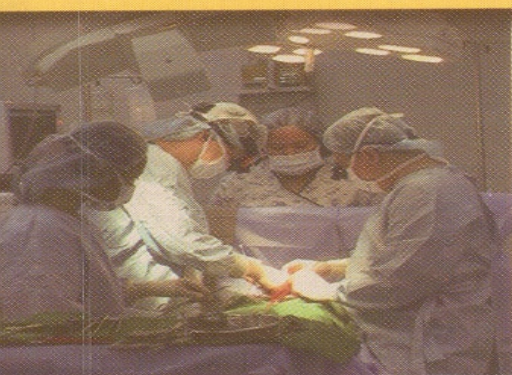


# PHILIPPINE HEART CENTER

Center *for* Excellence in Cardiovascular Care



## CITIZEN'S CHARTER



*"Caring For Your Heart"*



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## PERFORMANCE PLEDGE

*Philippine Heart Center is committed to:*

- P erform service with utmost knowledge and skills keeping in mind the welfare of the general public.
- E xcel in patient focused care, public information, education and training, and research
- O versee the continuous operations of the institution to fully serve the people in a friendly environment.
- P rovide client awareness through the 24/7 accessibility of information, education and communication through our website ([www.phc.gov.ph](http://www.phc.gov.ph)), and reach us through Tel. No. (02) 925-2401 up to 50
- L ead in the provision of the highest standard of cardiovascular care in the country
- E nsure the best service rendered at the shortest given time with integrity, compassion and respect

## **MESSAGE FROM THE DIRECTOR**

The Anti Red Tape Act of 2007 was passed in response to an urgent need to establish an effective system that will eliminate bureaucratic red tape, avert graft and corrupt practices. It aims to maintain honesty and integrity in the public service and shall take positive and effective measures against graft and corruption.

Graft and corruption have been a part of Filipino culture for so long that it will take a long time before they are completely eradicated from bureaucracy. This however is not totally impossible.

The Citizen's Charter is a tool that will serve as guidelines in the conduct of employees' duty. It aims to promote transparency and efficiency in government with regard to the manner of transacting with the public by simplifying frontline procedures. Every transaction should be treated with equal importance, efficiency and priority.

For the PHC Citizen's Charter to succeed, it will need the cooperation of our employees in its implementation and the support of the Civil Service Commission as a monitoring agency.

Let the fight against graft and corruption start in our own hospital. Do your share in delivering efficient frontline services with courtesy to our clientele... the PATIENTS.

**LUDGERIO D. TORRES, M.D.**  
Director

## **PREFACE**

Through the collective efforts of the Citizen's Charter Team, the Technical Working Group and the empowering support of our superiors, Philippine Heart Center is proud to present this handbook to our clients, the first of its kind in a tertiary hospital.

Made for the general public, this handbook is easy to understand and tells the client what, where, when, who and how a service is to be provided. It informs the client of the predictability of the action to be taken and therefore reduces variability, eliminates discretion on the part of service providers and ensures consistency in the application of rules. It also points out mutual accountability and responsibility, fulfilled requirements from the client and committed service from the agency. While there are already existing flowcharts of the different services, it was re-engineered into an external client-focused structure by simplifying, combining, re-arranging and eliminating some processes that may not be necessary information to the client. The times indicated in the duration of activity are based on a face to face interaction with the client. At the start of citizen's charter preparation, all frontline services were identified and prioritized, trimming it down to services that have only interaction with external clients. The review of existing systems and procedures was a pleasant opportunity to bridge the gap between mediocre and responsive public service.

The telephone numbers of each service provider are also included for easy access of further detailed information since the handbook is more on general data. The rates of hospital procedures are only a partial list of so many other different procedures.

The publication of Citizen's Charter Handbook is a bold start to a more challenging task of strictly implementing, sustaining and developing efficient public service.

Whatever impact this handbook imparts to the clients, stakeholders, process owners and/or service providers is our business, public service delivery is an evolving, continuing process which can be further improved through your honest feedback. Let's hear from you, so Philippine Heart Center Family may be able to serve you better.

**EMILIA PAZ OLBES**  
Team Leader  
PHC Citizen's Charter

## SCREENING OF PATIENT

**Frontline Service** : Screening of Patient  
**Clients** : Out-Patient  
**Requirements** : Appointment or Referral Letter (if applicable)  
 List of current medication  
 Pertinent laboratory results  
 Subject Observation Assessment Plan (SOAP)  
 document from ER  
 Approved Financial Assistance Fund (if applicable)  
**Schedule of Availability of Service**: 8 am to 5 pm, Mondays to Fridays  
 except holidays  
**Contact Numbers** : (+632) 9252401 local 5101  
**Fees** : Consultation fee of ₱200.00  
**Total Maximum duration of Process**: 37 minutes.

### How to Avail of the Service:

No.	Client Step	Activity	Person Responsible	Location of Office	Duration of Activity
1	Get number from the queuing machine			Central waiting area, Ground Floor, Annex Building.	
2	Fill out Screening form. Present Service Issue Slip (SIS), if applicable	Assist patient/companion in filling out screening form  Interview & records vital signs	Screening Nurse	Room 1 OPD Ground Floor Annex Building.	5 minutes
3	Secure queue number for cashier and wait for number to be displayed			Central waiting area, Ground Floor, Annex Building.	



	Pay applicable fees	Receive payment & issues official receipts	Cashier	OPD Cashier's Office, Ground Floor, Annex Building	5 minutes
4	Present official receipt to the nursing staff.	Record official receipt number Register patient	Nursing attendant	Room 1 OPD Ground Floor Annex Building	2 minutes
5	Cooperate in consultation	Assess the patient Prescribe medications and/or laboratory examinations	Screening Doctor	Room 1 OPD Ground Floor Annex Building	15 minutes
6	Submit the SOAP to the Nurse Listen to the instructions	Give instructions on medications, laboratory tests and follow up	Screening Nurse  Nursing Attendant	Room 1 OPD Ground Floor Annex Building	10 minutes
<b><i>End of Transaction</i></b>					

## **SOCIAL SERVICE ASSISTANCE**

**Frontline Service** : Social Services Assistance  
**Clients** : Out-Patient/Relatives  
**Requirements** : Social Service Requirements

### LIST OF REQUIREMENTS

1. New residence certificate of the patient, spouse, parents (if patient is a minor), and of other family members.
2. Social case study report from the municipal / city Social Welfare Officer.
3. Assessor's certification if with or without property in the name of the couple (if married) or parents (if minor patient) from the municipal, city assessor.
4. Business Certification from the Business & Licensing Office or Office of the Mayor in the name of the couple (if married) or parents (if minor)
5. Certification from the Social Security System of the couple (if married), of parents (if minor) and other non-working family members.
6. Driver's license if the patient and supporting relative are drivers.
7. 2 ID pictures.

### Additional Requirements, If Family Members Are Working/Pensioners:

8. Certificate of employment of the couple (if married), parents (if minor) and other family members. Indicate position, monthly income, other benefits & deductions. Include latest 1 month pay slips
9. If resigned, secure certificate of employment stating disconnection from work.
10. If patient/ family member is pensioner, copy of latest SSS / GSIS / veteran's pension voucher.
11. Philhealth papers of patient/spouse (if married) or parents (if minor) if patient is admitted at Philippine Heart Center.

**Fees** : Applicable fees

**Schedule of Availability of Service:** Monday to Saturday, 8:00 am to 5:00pm  
(except holidays)

**Contact Number** : (+632) 925-2401 locals 5111-5116

**Duration of Activity:** Out-patient: 1 hour and 32 minutes  
Emergency Room: 1 hour and 42 minutes

**HOW TO AVAIL:**

**A. OUT PATIENT**

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Get number from the queuing machine			MAB Annex ground floor	
2	Fill-out Data Sheet from the Screening Section		Screening Clerk	Out-Patient Screening Section, Ground Flr., MAB Annex	5 minutes
3	Submit filled-out data sheet, get the schedule of interview and list of requirements	Review Patient's Data Sheet and give the schedule of interview and list of requirements	Social Service Clerk	Social Service Division, Ground Flr., MAB Annex	5 minutes
4	Report for interview, submit requirements and get the <b>yellow card (if w/o OPD check up yet)</b>	Conduct interview, receive the requirements & issue yellow card	<b>Medical Social Worker (MSW)</b>	Social Services Division, ground floor MAB annex	30 minutes
5	Present yellow card, get the Data Sheet / S.O.A.P.	Release the Patient's Data Sheet/ S.O.A.P.	<b>Medical Social Worker</b>	Social Services Division, ground floor MAB annex	5 minutes
6	Get permanent OPD card and pay	Issue OPD card	Nurse Aide	Screening Section ground floor, MAB	

	applicable fees			Annex	
7	<b>If for cath, coro angio, close / open heart surgery and other procedures:</b> Get financial assistance form	Issue financial assistance form	OPD pedia / adult clinics	OPD Annex building Ground floor	1 minute
8	Arrange donation	Process house case & issue admission slips	Medical Social Worker	Social Service Office, ground floor MAB Annex	30 minutes
9	<b>If for house case admission:</b> Get admission slip	Issue admission slip	Medical Social Worker	Social Service Office, ground floor MAB Annex	10 minutes
10	Get Admission Order	Issue admission order	OPD doctor	OPD Clinic, ground floor MAB Annex	5 minutes
11	Present admission slips & admitting order	Receive admission slips & admitting order	Admitting Clerk	Admitting Office, ground floor hospital building	1 minute
12		Process Admission	Admitting Clerk	Admitting Section, grnd flr, hospital building	
<b>End of Transaction</b>					



**B. EMERGENCY ROOM PATIENT**

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Get & fill-out Patient's Data Sheet for interview	Issue patient's data sheet form  Conduct interview & issue yellow card	E.R. Nurse  Medical Social Worker	E.R. Ground floor, hospital building  Social Service Office, basement, hospital building	30 minutes
2	<b>If for diagnostic procedure:</b> Get charge slips	Issue charge slips	Charge Nurse	Emergency room, ground floor, hospital building	2 minutes
3	Present charge slips for discount	Stamp discount/classification	Medical Social Worker	Social Service Office, basement, hospital building	2 minutes
4	<b>If for discharge:</b> Get the Notice of Discharge	Issue the Notice of Discharge	E.R. nurse	E.R. Ground floor, hospital building	5 minutes
5	Get billing statement	Issue billing statement	Billing clerk	Billing Section, basement MAB	5 minutes
6	Get a number from the queuing machine			Near Cashier, Basement, MAB	
7	Pay applicable fees	Receive payment and issues official receipt	Cashier	Cashier's office, Basement, MAB	5 minutes
8	Present	Record	Medical	Social Service	2 minutes

	official receipts	official receipts	Social Worker	Office, basement hospital building	
9	<b>If for emergency admission:</b> Get and fill out Patient's Data Sheet	Receive Patient's Data Sheet & process admission	Admitting Clerk	Admitting Section, ground floor, hospital bldg.	5 minutes
10	Get the financial assistance form	Issue financial assistance form	Ward Nurse	Assigned ward	2 minutes
11	Report for interview & issue permanent card	Conduct Interview, process assistance, and issue permanent card	Medical Social Worker	Social Service Office, ground floor, MAB Annex	45 minutes
12	<b>If for discharge:</b>  Get notice of discharge	Issue notice of discharge	Nurse on duty	Ward/Room	1 minute
13	Present notice of discharge & secure recommendation	Prepare recommendation for cashier & billing  Process discharge	Medical Social Worker	Social Service Office, ground floor MAB annex	5 minutes
<b>End of Transaction</b>					

## Emergency Room Services

**Frontline Service** : Ambulance Conduction - for Admission to PHC  
(Residential Service within Metro Manila only)

**Clients** : Patients

**Availability of Service:** 24 hours / 7 days a week  
(except during DOH mandated Code White)

**Contact Number** : (+632) 9252401 loc. 2142 - 2146

**Fees** : Applicable Fees: Conduction fee per kilometer  
(₱250 per km)

**Maximum Duration of Process:** variable

### How to Avail of Service:

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Call the Emergency Room and provide all information	Gather all relevant data using the Code Red Form	ER Charge Nurse	Emergency Room, Ground Floor, Hospital Building	3mins.
2	Wait for ambulance service	Assemble and dispatch the ambulance team that includes the Doctor, Nurse, Orderly, Driver	ER Charge Nurse	Emergency Room, Ground Floor, Hospital Building	Depends on the location
End of Transaction					

## *Emergency Room Services*

**Frontline Service** : Ambulance Transfer (Within Metro Manila Only)

**Clients** : Patients/Relatives

**Availability of Service:** 24 hours/ 7 days a week

**Contact Numbers** : (+632) 9252401 loc. 2142 - 2146

**Fees** : Applicable Fees : Conduction fee per kilometer  
(₱250.00 per km) + Waiting Time (₱70 per 10 minutes)

**Maximum Duration of Process:** ER Patients : 17 minutes

Admitted Patients: 30 minutes

### **How to Avail the Service:**

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	<b>For ER Patients:</b> Inform ER Charge Nurse of transfer/conduction	Process availability of ambulance	ER Charge Nurse	Emergency Room, Ground Floor, Hospital Building	2 minutes
	<b>For Admitted Patients:</b> Inform the Bedside Nurse of details of transfer/conduction	Send charge slip to ER	Unit Charge Nurse	Unit concerned	15 minutes
2	<b>For ER Patients:</b> Provide information of details of transfer and wait for transfer  <b>For Admitted Patients:</b>	Process documents for ambulance conduction	ER Charge Nurse	Emergency Room, Ground Floor, Hospital Building	15 minutes



	<b>(If for discharge)</b> Inform Charge Nurse if ready to leave  <b>(If for procedure conduction:)</b> Cooperate in the preparation for conduction	Process transfer/discharge of patient	Unit Charge Nurse/ Bedside Nurse/ER Ambulance Nurse	Patient's Room	15 minutes
End of Transaction					

## Emergency Room Services

**Frontline Service** : ER Consultation

**Clients** : Patients

**Availability of Service:** 24 hours/ 7 days a week

**Contact Numbers** : (+632) 9252401 loc. 2142 - 2146

**Fees** : ER Fee: ₱500 and other applicable fees

**Maximum Duration of Process:** variable

### How to Avail the Service:

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Inform the Triage Nurse	Take vital signs and perform quick assessment of client	Triage Nurse	Triage Area, Emergency Room, Ground Floor, Hospital Bldg.	5 min.
2	Fill-out the patient information on ER SOAP form	Assist patient or relative in filling-out forms	Triage clerk	Emergency Room, Ground Floor, Hospital Bldg.	5 min.
3	Cooperate in history taking and physical exam.	Interview patient and relatives  Assess patient	Triage Nurse  Triage Fellow	Emergency Room, Ground Floor, Hospital Bldg.	10 min.
4	Cooperate in interventions needed	Make orders for treatment  Carry out treatment ordered	ER Fellow  ER Bedside Nurse	Emergency Room, Ground Floor, Hospital Bldg.	Depends on the patient's condition and intervention

	<b>If for admission, follow admission process</b>				
	<b>If for discharge:</b> Get the Notice of Discharge , Billing Statement and pay applicable fees	Process Discharge	ER Nurse/ Billing Clerk/ Cashier	Emergency Room, Ground Floor, Hospital Bldg. / Billing Section/Cashier, Basement, MAB	20 min.
5	Present Official Receipt to ER	Log OR number, give instructions and discharge patient	ER Charge Nurse	Emergency Room, Ground Floor, Hospital Building	8 min.
<b>End of Transaction</b>					

**Frontline Service** : Out-Patient Heart Packages  
**Clients** : Patients  
**Requirements** : Doctor's request  
**Schedule of Availability of Service:** 8 am – 5 pm, Mondays thru Fridays  
except holidays  
**Contact number** : (+632) 9252401 local 5101  
**Fees** : Applicable Fees  
**Total Maximum duration of Process:** 40 minutes  
**Release of Official Result:** one day after last procedure

**How to Avail of the Service:**

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Get number from queuing machine  Wait for your number to be displayed at the monitor			Central waiting area, Ground Floor, Annex Building.	
2	Present requirements	Process request and issue charge slip  Instruct patient to pay applicable fees	Heart Package coordinator /ECG technician/ ECG clerk	Room 3 OPD Ground floor, Annex building	15 minutes
3	Get number from queuing machine			Central waiting area, Ground floor, Annex bldg.	
4	Pay applicable fees	Receive payment & issue official receipt	Cashier	OPD Cashier's Office, Ground Floor, Annex Building	5 minutes
5	Proceed to	Perform	Heart	Room 3 OPD	15



	Room 3 (ECG & HP Rm.)	applicable procedure.	Package coordinator /ECG technician/ ECG clerk	Ground floor, Annex building	minutes
6	Present official receipt and claim result	Release official results	Heart Package coordinator /ECG technician/ ECG clerk	Room 3 OPD Ground floor, Annex building	5 minutes
<b>End of Transaction</b>					

**Frontline Service** : Admission of Patients**Clients** : Patients**Requirements** : Doctor's Admitting Orders**Schedule of Availability of Service:** 24 hours/7 days**Contact Numbers** : (+632) 925-24-01 locals 2103 up to 2105**Fees** : Applicable Fees**Total/Maximum Duration of Process:** 26 minutes**How to Avail of the Service:**

<b>No.</b>	<b>Client Step</b>	<b>Agency Activity</b>	<b>Person Responsible</b>	<b>Location of Office</b>	<b>Duration of Activity</b>
1	Present doctor's admitting order	Assign room and issue admitting forms	Admitting Clerk	Admitting Section, Ground Flr., Hospital Bldg.	5 minutes
2	Fill-out admitting forms	Assist the patient/relative in filling-out admitting forms	Admitting Clerk	Admitting Section, Ground Flr., Hospital Bldg.	10 minutes
3	Pay applicable fees	Receive payment and issues official receipts	Cashier	Cashier's Office, Basement, MAB	5 minutes
4	Present copy of official receipt	Record Official Receipt number in the Patients Data Sheet (PDS)	Admitting Clerk	Admitting Section, Ground Flr., Hospital Bldg.	1 minute
5	Cooperate with admitting personnel for escort to their respective room	Escort patient to their respective room	Admitting clerk	Admitting Section, Ground Flr., Hospital Bldg.	5 minutes
<b>End of Transaction</b>					

\*Cashier's Office open from Monday-Saturday,  
7:30 am to 8:00 pm, Basement, Medical Arts Buidling  
8:00 pm to 7:30 am, Admitting Section, Ground Flr., Hospital Bldg.  
Sunday's and Holidays,  
9:00 am to 6:00 pm, Basement, Medical Arts Building  
6:00 pm to 9:00 am, Admitting Section, Ground Flr., Hospital Bldg.

**Frontline Service** : Acceptance of Patients to Hospital Room/Ward

**Clients** : Patients

**Requirements** : Doctor's admitting Orders

**Availability of Service:** 24 hours/ 7 days a week

**Contact Numbers** : (+632) 9252401

**Fees** : Applicable fees

**Maximum Duration of Process:**

**How to Avail of Service:**

<b>No.</b>	<b>Client Steps</b>	<b>Agency Activity</b>	<b>Person Responsible</b>	<b>Location of Office</b>	<b>Duration of Activity</b>
1	Enter assigned room and receive orientation	Accompany the patients to assigned room and give orientation	Nurse Nursing Aide/ Orderly	Hospital Wards/Rooms, Hospital Building	10 minutes
2	Provide information in the assessment and history taking	Perform assessment and history taking	Nurse on duty Fellow-on-duty Attending physician	Hospital Wards/Rooms, Hospital Building	15 minutes
3	Cooperates with different diagnostic and therapeutic procedures	Prepare and transport patients for different diagnostic and therapeutic procedures	Nurse on duty		variable
<b>End of Transaction</b>					

**Frontline Service** : Discharge of Patients

**Clients** : Patients

**Requirements** : Doctor's Order  
Notice of Discharge

**Availability of Service:** 24 hours/ 7 days a week

**Contact Numbers** : (+632) 9252401

**Fees** : Applicable fees

**Maximum Duration of Process:** 36 minutes

**How to Avail of Service:**

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Verify Doctor's order for discharge	Process discharge Give Home Instructions	Nurse on duty Nurse on duty	Unit concerned	15 minutes
2	Get the Notice of Discharge	Issue Notice of Discharge	Nurse on duty	Unit concerned	1 minute
3	Get a number from the queuing machine			Near Cashier's Office, Basement, MAB	
4	Review Billing Statement and pay applicable fees	Issue Billing Statement	Billing Clerk	Billing, Basement, MAB	5 minutes
5	Get a number from the queuing machine			Near Cashier's Office, Basement, MAB	
6	Pay applicable fees	Receive payment, issue official receipt and stamp	Cashier	Cashier's Office, Basement, MAB	10 minutes

		Notice of discharge			
7	Present official receipt and stamped notice of discharge	Check Official receipt, sign Discharge Notice, Transport patient to lobby and Remove ID band	Nurse on duty  Nursing Aide/ Orderly Guard	Unit concerned	5 minutes
<b>End of Transaction</b>					

*In-Patient*

**Frontline Service** : Hospital Bill Payment

**Clients** : In-Patients

**Requirements** : Notice Of Discharge  
Final Statement of Account

**Schedule of availability of Service:** Monday – Friday 7:30 AM to 8:00 PM

Saturday 8:00 AM to 7:00 PM

Sunday 8:00 AM to 6:00 PM

**Contact Numbers** : (+632) 925-2401 local 4050 - 4051

**Fees** : Applicable Fees

**Total/Maximum Duration of Process:** 7 Minutes

**How to Avail of the Service:**

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Get a number from queuing machine.			Near Cashiers Office - Basement, Medical Arts Bldg.	
2	Present the requirements and Pay Applicable Fees	Process payment.  Stamp and sign discharge notice and Statement of Accounts.	Cashier	Cashiers Office - Basement, Medical Arts Bldg.	7 Minutes
End of Transaction					

**Frontline Service** : Issuance of Death Certificate  
**Clients** : Immediate Relatives (legal spouse, parents, siblings)  
 and legal guardian/representative  
**Requirements** : Official Receipt of hospital bill  
**Availability of Service:** 24 hours/ 7 days a week  
**Contact Numbers** : (+632) 9252401  
**Fees** : Applicable fees  
**Maximum Duration of Process:** 36 minutes

**How to Avail of Service:**

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Fill out data on the death certificate	Interview legal relative and write down information given	Nurse on duty	Unit concerned	5 minutes
2	Confirm information written on the death certificate	Counter check information on death certificate with PDS	Nurse on duty	Unit concerned	5 minutes
3	Affixe signature on informant's space	Process Death Certificate and bring to the cashier	Nurse on duty/ nursing aide/ orderly /clerk	Unit concerned Cashier's Office, Basement, Medical Arts Bldg.	25 minutes
4	Present official receipt of hospital bill and claim Death Certificate	Issue Death Certificate	Cashier	Cashier's Office, Basement, Medical Arts Bldg.	1 minute
<b>End of Transaction</b>					



**Frontline Service** : Release of Dead Body  
**Clients** : Relative of Deceased Patient  
**Requirements** : Completely Filled-Out Authorization for Release of Body Form  
 Available Funeral Service

**Schedule of Availability of Service:** 24 hours/7 days

**Contact Numbers** : (+632) 925-2401

**Fees** : Applicable Fees

**Total/Maximum Duration of Process:** 12 minutes

**How to Avail of the Services:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present completely filled-out authorization for release of body form	Receive and Check requirement and availability of Funeral service	Staff on duty	Morgue Area, Basement Hospital Building	2 minutes
2	Identify body of deceased patient	Assist in the identification of the body of deceased patient	Staff on duty	Morgue Area, Basement Hospital Building	5 minutes
3	Claim body of deceased patient	Sign the requirement and write time and date in logbook before releasing the body of deceased patient  Require funeral service agent to sign requirement and leave contact number	Staff on duty	Morgue Area, Basement Hospital Building	5 minutes
<b>End of Transaction</b>					

**Frontline Service** : Executive Diagnostic Package  
**Clients** : Patient  
**Requirements** : Doctor's Order (optional)  
 Letter of Authorization (if company sponsored)

**Schedule of availability of Service:**

Sunday to Friday: Cardio-Pulmonary Exam  
 (CPE: 24 Hours or 48 Hours)  
 Sunday to Friday: Cardiovascular Check-Up  
 (CVCU: 24 Hours or 48 Hours)  
 Sunday to Thursday: Executive Check-Up (ECU: 48 Hours)  
 Admission Time: 5:00 pm to 7:00 pm, except Holidays

**Contact Number** : (+632) 925-2401 locals 2473-2474 /2103-2105

**Fees** : Applicable Rates

**Total/Maximum Duration Procedure:** variable

**Total Duration of Transaction:** 57 minutes

**How to Avail of the Service:**

No.	Client Step	Agency activity	Person Responsible	Location of Office	Duration of Activity
1	Call the Admitting or Executive Diagnostic Package Coordinator for reservation.	Inform /explain to the patient about the check-up	Admitting staff/ Executive Diagnostic Package Coordinator	Admitting Office, Ground Flr./ Executive Diagnostic Package Coordinator Office (4-A), 4 <sup>th</sup> Flr., Hospital Bldg	10 Minutes
2	Proceed to Admitting on the day of admission	Process admission	Admitting Staff	Admitting office, Ground Flr., Hospital Bldg.	10 minutes
3	Cooperate with the different Diagnostic Examinations	Obtain patient history and other information	Charge Nurse	Petal 4-A, 4 <sup>th</sup> Flr., Hospital Bldg	30 minutes/ variable

	and Medical Procedures	Prepare patient for the medical test and procedures	Cardio-fellow on duty		
4	Listen to the discharge instructions	Perform discharge instructions	Charge nurse	Petal 4-A, 4 <sup>th</sup> Flr., Hospital Bldg	15 minutes
5	Get discharge notice	Issue the discharge notice	Charge nurse	Petal 4-A, 4 <sup>th</sup> Flr., Hospital Bldg	3 minutes
6	Proceed to Billing to get the Statement of Accounts and to Cashier Section to pay applicable fees	Process discharge and receives payment	Billing Clerk/ Cashier	Billings Section/ Cashier, Basement, Medical Arts Bldg.	10 minutes
7	Present approved discharge notice	Sign the approved discharge notice	Charge Nurse	Petal 4-A, 4 <sup>th</sup> Flr., Hospital Bldg	2 minutes
8	Follow up official results and further instructions	Submit all complete results w/in 5 days to the doctor's clinic	Executive Diagnostic Package Coordinator	Executive Diagnostic Package Coordinator Office	5 minutes
<b>End of Transaction</b>					

**Frontline Service** : Blood Bank Procedures  
**Clients** : Patients  
**Requirements** : Doctor's request  
                             Approved Letter of Guarantee (if applicable)  
                             Service Issue Slip (if applicable)  
                             Updated OPD card for service patients  
**Schedule of availability of Service:** 24 hours/7 days  
**Contact number** : (+632) 925-24-01 locals 5130 to 5133 / 5138  
**Fees** : Applicable fees  
**Total/maximum duration of process:** 20 minutes  
**Release of Results** : within 24 hours

**How to Avail of the Service:**

No.	Client Step	Agency activity	Person Responsible	Location of Office	Duration of Activity
1	Present requirements	Receive requirements and issue applicable forms	Staff on duty	Reception area, Blood Bank Division, mezzanine floor MAB Annex	2 minutes
2	Fill out applicable forms	Process registration  Give charge slip to the patient  Instruct patient to pay applicable fees	Staff on duty	Blood Bank Division, mezzanine floor MAB Annex, Reception area	2 minutes
3	Get a number from queuing machine			Cashier office, Basement, Hospital Bldg. MAB annex	
4	Pay applicable fees	Receive payment and issue	Cashier	Cashier office, Basement,	5 minutes

		official receipt		Hospital Bldg. MAB annex	
5	Present copy of official receipt	Record official receipt number	Staff on duty	Reception area, Blood Bank Division	2 minutes
6	Submit blood sample ( if applicable)  Submit for blood extraction	Check if the sample is acceptable for testing (with specimen from patient) Perform blood extraction	Staff on duty  Medical Technologist	Reception area, Blood Bank Division  Extraction room, Blood bank division, Mezzanine floor, MAB annex	1 minute  5 minutes
7	Claim result	Release the result	Blood Bank staff (Med. Tech.)	Reception area, Blood Bank Division	3 minutes
<b>End of Transaction</b>					

**Frontline Service** : Cardiac Rehabilitation Services  
**Clients** : OPD Cardiac Rehabilitation Patients  
**Requirements** : Referral slip  
Service issue slip

**Schedule of Availability of Services:** Monday-Friday (1-5 PM)

**Contact Number** : (+632) 925-24-01 local

**Fees** : Available fees

**Total Maximum Duration of Process:** 34 minutes

**HOW TO AVAIL OF THE SERVICE:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present requirements	Receive requirements and Give Patient Data Sheet	Staff on duty	CCReP Section 8 <sup>th</sup> flr., MAB	2 minutes
2	Fill out Patient Data Sheet	Assist in the filling out of data sheet, Issue request slip, Instruct patient to pay at the cashier's office	Secretary	CCReP Section 8 <sup>th</sup> flr., Medical Arts Bldg. (MAB )	5 minutes
3	Get number from the queuing machine			Near Cashier's Section Basement, MAB	
4	Pay Fees	Receive payment of issue official receipt	Cashier	Cashier's Section Basement, MAB	5 minutes
5	Present Copy of Official Receipt	Record Official Receipt number	Secretary	CCReP Section 8 <sup>th</sup> flr., MAB Bldg.	2 Minutes
6	Listen to Orientation	Explain the entire program and expect outcome after a month	Rehab. Nurse	CCReP Section 8 <sup>th</sup> flr., MAB	20 minutes
<b>End of Transaction</b>					

**Frontline Service** : Invasive Cardiology Management Procedure  
(Coronary Angiogram, Four- Vessel Angiogram,  
Trans-Arterial Chemo-Embolization)

**Clients** : Out-Patient

**Requirements** : Doctor's Orders  
Applicable Laboratory Results/Patient's Chart  
Letter of Authorization (LOA) – if applicable  
Inter-Agency Referral

**Availability of Service:** 7am – 5pm Monday to Saturday  
(except Sunday and Holiday)

**Contact Numbers** : (+632) 9252401 loc. 2129 and 2131

**Fees** : Applicable fees

**Release of Result** : 3 days

**Maximum Duration of Process:** 166 minutes

**How to Avail of Service:**

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Proceed to CV lab and present requirements	Receive requirements and process registration	CV Lab Nurse	Nurses' Station CV Lab Ground Floor Hospital Bldg.	5 minutes
2	Cooperate with the preparation and sign consent and waiver for procedure	Assist in signing consent, conduct health teachings and waiver  Prepare the patient for procedure	CV Lab Nurse  CV Lab Nurse	Nurse's Station, CV Lab, Ground Flr, Hospital Bldg.  Holding Area, CV Lab, Ground Flr, Hospital Bldg.	30 minutes
3	Cooperate during the procedure	Perform procedure	CV Lab Team	Procedural Room, CV Lab, Ground Flr, Hospital Bldg.	45 minutes
4	Cooperate	Perform post-	CV lab	Holding	60

	during post procedural care	procedure care and health teachings	Fellow/CV Nurse	Area, CV Lab, Ground Flr., Hospital Bldg.	minutes
5	Get the Notice of Discharge and Billing Statement and pay applicable fees	Process Discharge	CV Lab Nurse/ Billing Clerk/ Cashier	Nurse's Station, CV Lab, Ground Flr., Hospital Bldg./ Billing Section/ Cashier, Basement, MAB	20 minutes
6	Present Official Receipt to CV Lab	Log the OR number, give instruction and discharge patient	CV Lab Nurse	Nurse's Station, CV Lab Ground Floor Hospital Bldg.	3 minutes
7	Claim the results	Release the results	CV Lab Office Clerk	CV Lab Office, Ground Floor Hospital Bldg.	3 minutes
<b>End of Transaction</b>					



**Frontline Service** : Hemodialysis Procedures

**Clients** : Out-Patients

**Requirements** : Dialysis Order from Affiliated Nephrologist  
Latest Laboratory  
Hepatitis Profile

**Schedule of Availability of Service:** Mon, Wed & Sat.: 1st shift 7am,  
2nd shift 12nn, 3rd shift 5pm  
Tues, Thu. & Fri : 1st shift 7am, 2nd shift 12nn

**Contact Number** : (+632) 9252401 loc. 4024 / 4025

**Fees** : Applicable fees

**Total/Maximum Duration of Process:** 5 hours and 35 minutes

**How to Avail of the Service:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present requirements, sign consent and pay applicable fees	Orient patients on policies and give health teachings	Renal Nurse	Renal & Metabolic Unit Basement, Hospital Building	30 minutes
		Receive payment and issue official receipts	Cashier	Cashier's Office Basement, Hospital Building	
	Present copy of official receipts	Record OR number in logbook	Ward Clerk	Renal & Metabolic Section Basement, Hospital Building	
2	Cooperate in the procedure and termination of treatment	Conduct initial assessment, monitor treatment process and post dialysis assessment	Renal Nurse	Renal & Metabolic Unit Basement, Hospital Building	5 hours
3	Get an	Set	Renal Nurse	Renal &	5 minutes

	appointment for next treatment	appointment		Metabolic Section Basement, Hospital Building	
<b>End of Transaction</b>					

### *Laboratory Medicine Services*

**Frontline Service** : Histopathology / Cytopathology Procedures

**Clients** : Out-Patient

**Requirements** : Doctor's Request

Completely filled out Blue Form

Service Issue Slip (if applicable)

Updated OPD card for service patients

Approved Letter of Guarantee (if applicable)

Applicable patient preparations

**Schedule of Availability of the Service:** 24 hours /7 days

Processing: Monday to Saturday (except holidays)

**Contact number** : (+632) 925-24-01 locals 5121, 5122, 5144

**Fees** : Applicable Fees

**Total Maximum Duration of Process:** 1 hour

**Release of Official Results:** 5 working days (non-complicated cases)

#### **How to Avail of the Services:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Get a number from queuing machine			Central waiting area, Ground floor, MAB annex	
2	Present requirements	Receive requirements and issue applicable forms for fill out	Staff on Duty	Division of Laboratory Medicine, Mezzanine, MAB annex	1 minute
3	Fill out applicable forms	Assist patient in filling out applicable form, Process registration, Give request slip to the patient, Instruct patient to proceed to	Staff on Duty	Division of Laboratory Medicine, Mezzanine, MAB annex	3 minutes

		the cashier			
4	Get a number from queuing machine			Ground floor, MAB annex	
5	Pay applicable fees	Receive payment and issue Official Receipt	Cashier	Cashier's Office, ground floor, MAB annex	5 minutes
6	Present Official Receipt	Record Official Receipt number and advise the patient to wait for their turn to be called.	Staff on Duty	Division of Laboratory Medicine, Mezzanine, MAB annex	1 minute
7	Answer queries in the blue form	Interview patient/relative	Doctor	Division of Laboratory Medicine, Mezzanine, MAB annex	15 minutes
8	Give specimen/s mears or	Receive specimen/smears	Staff on Duty	Division of Laboratory Medicine, Mezzanine, MAB annex	2 minutes
	Cooperate for the procedure	Perform Fine Needle Aspiration Biopsy (FNAB) procedure	Doctor		30 minutes
9	Claim result	Release official result	Staff on Duty	Reception area, division of laboratory medicine, ground Flr, MAB annex	3 minutes
<b>End of Transaction</b>					

## Laboratory Medicine Services

**Frontline Service** : Laboratory Medicine Procedures

**Clients** : Out-Patient

**Requirements** : Doctor's Request

Service Issue Slip (if applicable)

Updated OPD card for service patients

Approved letter of guarantee (if applicable)

Applicable patient preparations

**Schedule of Availability of the Service:** 24 hours/7 days

**Contact number** : (+632) 925-24-01 locals 5120, 5123, 5139, 5127

**Fees** : Applicable Fees

**Total Maximum Duration of Process** :17 minutes

**Release of Official Results** :STAT (within 2 hours), Routine (within 4 hours)

– if applicable

As scheduled for special tests /culture and sensitivity tests

### How to Avail of the Service:

No.	Client Step	Agency Activity	Person Responsible	Location Of Office	Duration of Activity
1	Get a number from the queuing machine			Ground floor, MAB annex	
2	Present the requirements	Receive requirements and issue applicable forms for fill out	Staff on Duty	Division of laboratory medicine, Mezzanine, MAB annex	
3	Fill out applicable forms	Assist patient in filling out applicable forms, Process registration, Give request slip to the patient, Instruct patient to	Staff on Duty	Division of laboratory medicine, Mezzanine, MAB annex	3 minutes

		proceed to the cashier			
4	Get a number from the queuing machine			Ground floor, MAB annex	
5	Pay applicable fees	Receive payment and issue Official Receipt	Cashier	Cashier's Office, ground floor, MAB annex	5 minutes
6	Present Official Receipt	Issue number for blood extraction	Staff on Duty	Reception area, Division of Laboratory Medicine, Mezzanine, MAB annex	1 minute
7	Cooperate in the procedure	Perform applicable procedure	Medical Technologist	Extraction area, Division of Laboratory Medicine, Mezzanine, MAB annex	5 minutes
8	Claim result	Release official result	Staff on Duty	Reception area, Division of Laboratory Medicine, Mezzanine, MAB annex	3 minutes
<b><i>End of Transaction</i></b>					

**Frontline Service** : Neurovascular Diagnostic Examinations  
Electroencephalogram (EEG)  
Transcranial Doppler Examination (TCD)

**Clients** : Out-Patient

**Requirements** : Doctor's request / order  
Service Issue Slip (if applicable)  
Approved Letter of Guarantee  
Updated OPD Card for service patients  
Applicable patient preparation

**Schedule of Availability of Service:** Monday to Saturday  
(except holiday) 9:00 am - 5:00 pm

**Contact Numbers** : (+632)925-24-01 to 50 local 2456

**Fees** : Applicable Fees

**Total/Maximum Duration of Process:** 1 hr-EEG, 1 1/2 hr-TCD / variable

**Release of Result** : within 24 hours (initial Reading) 5 working days

**How to Avail of the Service:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present doctor's request	Receive request and processes registration  Issue request slip  Instruct patient to proceed to cashier	Medical technologist	Neurovascular laboratory, 4 <sup>th</sup> floor, hospital bldg.	2 minutes
2	Get a number from queuing machine			Cashier's office, Basement, Hospital Bldg.	
3	Pay applicable fees	Receive payment and issue official receipt	Cashier	Cashier's office, Basement, Hospital Bldg.	5 minutes

4	Present copy of official receipt	Record official receipt number	Medical technologist	Neurovascular laboratory, 4 <sup>th</sup> floor, hospital bldg.	1 minute
5	Cooperate in the procedure	Perform procedure	Medical technologist	Neurovascular laboratory, 4 <sup>th</sup> floor, hospital bldg.	30 minutes
		Conduct TCD exam.	Medical technologist	Neurovascular laboratory, 4 <sup>th</sup> floor, hospital bldg.	1 hour
6	Claim official result	Release official result	Medical technologist	Neurovascular laboratory, 4 <sup>th</sup> floor, hospital bldg.	3 minutes
<b>End of Transaction</b>					



**Frontline Service** : Non-Invasive Diagnostic Cardiology Procedures

-Electrocardiography (ECG)

12L/15L ECG

24/48 hours Holter Monitoring (HM)

Treadmill Exercise Testing (TET)

-Echocardiography

2-D and 3-D Echocardiogram

2-D Echocardiogram with Doppler (2DED)

Special Procedures

Treadmill Stress Echocardiogram

Dobutamine Stress Echocardiogram

Transesophageal Echocardiogram

**Clients** : Out-Patients

**Requirements** : Doctor's Request

2 Valid ID's (for Holter Monitoring)

Service Issue Slip (if applicable)

Approved Letter of Guarantee (if applicable)

Updated OPD card for Service Patients

Applicable Patient Preparations

**Schedule of Availability of the Service:**First come, first serve basis

Weekdays: 7am to 5 pm (TET 8am)

Saturdays: 7am to 12nn (TET 8am)

By Scheduling: HM and Special Procedures

**Contact Numbers** : (+632) 9252401 locals 3140 to 3145

**Fees** : Applicable Fees

**Total Maximum Duration of Process:** 20 minutes to 2 hours

(depending on the requested procedure)

**Release of Results** : within 24 hours (initial reading) After 3 working days

**How to Avail of the Service:**

No	Client Step	Agency Activity	Person Responsible	Location Of Office	Duration of Activity
1	Present the requirements	Receive the requirements and issue outpatient data forms for fill out  Assign number for	Receptionist	Window 1, Non-Invasive Diagnostic Cardiology Division, Ground Floor, Medical Arts Building	2 minutes

		queuing (for Adult 2-D Echo/Doppler only).			
2	Fill out the Out-Patient data forms	Process registration Gives the charge slip to the patient Instruct patient to pay applicable fees	Reception-ist	Window 1, Non-Invasive Diagnostic Cardiology Division, Ground Floor, Medical Arts Building	2 minutes
3	Get a number from queuing machine			Cashier's Office Basement, Medical Arts Building	
4	Pay applicable fees	Receive payment and issue Official Receipt	Cashier	Cashier's Office Basement, Medical Arts Building	5 minutes
5	Present Official Receipt	Record Official Receipt number and advises the patient to wait for their name to be called	Reception-ist	Window 1, Non-Invasive Diagnostic Cardiology Division, Ground Floor, Medical Arts Building	1 minute
6	Sign consent form (if applicable)  Cooperate during procedure  (Start for In-Patient)	Orient patient  Perform the requested procedure  For 2-D Echocardiogr	Medical Tech-nologist  Medical Tech-nologist/ Doctor  Doctor	Non-Invasive Diagnostic Cardiology Division, Ground Floor, Medical Arts Building	Depending on procedure to be done

		am / Stress Test: Take patient's medical history  Monitor Procedures (TET) Perform Physical Examination			
7	FOR HOLTER MONITORING: Returns on appointed date to turn-in equipment and claim results	Retrieve unit and diary Returns I.D  Release result	Medical Tech.  Receptionist	Non-Invasive Diagnostic Cardiology Division, Ground Flr, MAB  Window 3, Non-Invasive Diagnostic Cardiology Division, Ground Flr, MAB	5 minutes
End of Transaction					

## *Nuclear Medicine Services*

**Frontline Service** : Radioimmunoassay and Imaging Procedures

**Clients** : Out-Patients

**Requirements** : Doctor's Request

Approved Letter of Guarantee (if applicable)

Service Issue Slip (if applicable)

OPD card for service patients

Applicable patient preparations

**Schedule of Availability of Service:** 7:00 AM – 6:00 PM/Monday – Friday

Saturdays/Sundays/Holiday –ON CALL ONLY

Running day – MWF (Radioimmunoassay procedure)

Cut off time of extraction – 9 AM – MWF

Imaging Procedures – by appointment

**Contact number** : (+632) 925-24-01 locals 2164/2165

**Fees** : Applicable Fees

**Total/Maximum Duration of Procedure:** 2-7 hours (depending on the procedure)

**Total/Maximum Duration of Transaction:** 24 minutes

**Release of Official Results:** Radioimmunoassay: 5PM – MWF

Imaging Procedure: within 24 hours after the procedure is done

### **How to Avail of the Service:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present requirements	Receive requirements and issue applicable forms for fill out and signing	Secretary/ Clerk IV/ Med. Tech. Doctor	Reception, Nuclear Medicine Div, Pagbu- bungkos Plaza	3 minutes
	For Imaging Procedure: -Undergo interview	Interview patient and or relative  Give charge slip to the patient  Instruct patient to			10 minutes

		pay applicable fees			
2.	Get number from queuing machine			Cashier's Office, Basement, Medical Arts Bldg	
3.	Pay applicable fees	Receive payment and issue official receipt	Cashier	Cashier's Office, Basement, Medical Arts Bldg	10 minutes*
4	Present Official Receipt	Record the Official Receipt number on the Request slip and logs patient data in the RIA logbook.	Secretary/ Clerk IV/ Med. Tech.	Reception, Nuclear Medicine Div., Pagbubungkos Plaza	5 minutes
5.	For nuclear imaging procedures: return on the scheduled date of the procedure  Cooperate In the procedure	Check and verify requested procedure  Perform procedure	Med. Tech.	Nuclear Med Lab, Nuclear Med Div, Pagbubungkos Plaza	2-7 hours (depending on the procedure)
6.	Claim result	Release results	Secretary/ Clerk IV/ Med. Tech.	Reception, Nuclear Med Div, Pagbubungkos Plaza	3 minutes
End of Transaction					

*Peripheral Vascular Services*

**Frontline Service** : Vascular Check-Up

**Clients** : Out-Patient

**Requirements** : Doctor's Referral Slip/OPD Card

**Schedule of Availability of Service:** Tuesday – Friday, 1:00 pm to 4:00 pm

**Contact Number** : (+632) 925-2401 local 5135-5136

**Fees** : Applicable Fees

**Total/Maximum Duration of Transaction:** 18 minutes

**Total/Maximum Duration of Procedure:** 1 Hour

**How to Avail of the Services:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present requirements	Receive requirements and Issue charge slip  Instruct patient to pay	Clerk/Medical Technologist	Vascular Lab, Ground floor, MAB Annex	2 minutes
2	Get number from queuing machine			Cashier's Office MAB Annex Ground Flr	
3	Pay applicable fees	Receive payment and issue official receipt	Cashier	Cashier's Office MAB Annex Ground Flr	10 minutes
4	Present official receipt	Record the official receipt	Clerk	Vascular Lab, Ground floor, MAB Annex	1 minute
5	Submit to Vascular check-up	Examine patient	Assigned Doctor	Vascular Lab, Ground floor, MAB Annex	1 hour
6	Ask schedule for the next check-up	Schedule patient for next check up	Clerk	Vascular Lab, Ground flr, MAB Annex	5 minutes
<b><i>End of Transaction</i></b>					

## *Peripheral Vascular Services*

**Frontline Service** : Vascular Procedures

**Clients** : Patient

**Requirements** : Doctor's Request Form  
Approved Letter of Guarantee (if applicable)  
Service Issue Slip (if applicable)  
OPD card ( for service patients)  
Applicable patient's preparation

**Schedule of Availability of Service:** Monday – Friday, 8:00 am to 4:00 pm

**Contact Number** : (+632) 925-2401 locals 5135-5136

**Fees** : Applicable Fees

**Total/Maximum Transaction Process:** 22 minutes (depending on the procedures)

**Total/Maximum Duration of Procedure:** 3 hours

**Release of Result** : Within 24 hours

### **How to Avail of the Services:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present requirements	Receive requirements and issue vascular forms for fill out	Clerk	Reception area, Vascular Lab, Ground floor, MAB Annex	3 minutes
2	Fill-out vascular forms	Assist patient in filling out form	Clerk/Med Tech	Reception area, Vascular Lab, Ground floor, MAB Annex	5 minutes
3	Get number from the queuing machine			Cashier's Office MAB Annex Ground Floor Or Basement Hospital Building	

4	Pay applicable fees	Receive payment and issue official receipt	Cashier	Cashier's Office MAB Annex Ground Floor Or Basement Hospital Building	10 minutes
5	Present official receipt	Record official receipt and advise patient to wait for their name to be called	Clerk/Med Tech	Reception area, Vascular Lab, Ground floor, MAB Annex	1 minute
6	Cooperate during the procedure	Perform procedure  Take medical history	Med Tech  Doctor	Vascular Lab, Ground floor, MAB Annex	1-3 hours (depending on the procedure)
7	Claim results	Release result	Clerk	Reception area, Vascular Lab, Ground floor, MAB Annex	3 minutes
<i>End of Transaction</i>					



*Peripheral Vascular Services*

**Frontline Service** : Wound Care

**Clients** : Out-Patient

**Requirements** : Doctor's Request

**Schedule of Availability of Service:** Monday – Friday, 8:00 am to 5:00 pm

**Contact Number** : (+632) 925-2401 locals 5135-5136

**Fees** : Applicable Fees

**Total/Maximum Duration of Transaction:** 40 minutes

**Total/Maximum Duration of Procedure:** 30 minutes to 1 Hour

**How to Avail of the Services:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present doctor's request	Receive doctor's request and issue applicable forms for fill out and signing	Nurse/ Unit Clerk	Wound care clinic, Vascular Division, GF, MAB annex building	3 minutes
2	Fill out and signs consent form	Assist patient in filling out and signing of consent form	Nurse/ Unit Clerk	Wound care clinic, Vascular Division, GF, MAB annex building	5 minutes
3	Cooperate in the procedure	Perform procedure	Nurse/ Doctor	Wound care clinic, Vascular Division, GF, MAB annex building	30 minutes to 1 hour
		Prepare Laboratory request form and specimen (if necessary)	Nurse/ Doctor	Wound care clinic, Vascular Division, GF, MAB annex building	5 minutes
4	If with Laboratory request:	Receive request and specimen	Laboratory lab Clerk	Division of Laboratory Medicine,	10 minutes

		Prepare charge slip  Instruct patient to pay		2/F Annex Building	
5	Get number from queuing machine			Cashier's Office G/F Annex Building	
6	Pay applicable fees	Receive payment and issues official receipt	Cashier	Cashier's Office G/F Annex Building	10 minutes
7	Present official and provisional receipt	record Official receipt number and take provisional receipt	Nurse/Unit Clerk	Wound care clinic, Vascular Division, GF, MAB annex building	2 minutes
8	Note Schedule for next wound dressing	Schedule for follow up visit	Nurse	Wound care clinic, Vascular Division, GF, MAB annex building	5 minutes
<b><i>End of Transaction</i></b>					

*Physical Medicine and Rehabilitation Services*

**Frontline Service** : Electromyography-Nerve Conduction Velocity (EMG-NCV)

**Clients** : In-Patients and Out-Patients

**Requirements** : Doctor's Request

Service Issue Slip (if applicable)

Approved Letter of Guarantee (if applicable)

**Schedule of Availability of Service:** Tuesday, Thursday & Saturday

(1:00 – 3:00 pm)

**Contact Numbers** : (+632) 925-2401 locals 3802-3804

**Fees** : Applicable Fees

**Total/Maximum Duration of Procedure:** 45 minutes

**Total/Maximum Duration of Transaction:** 20 minutes

**Release of Official Results:** after 5 minutes

**How to Avail of the Service:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present requirements	Process registration  Give charge slip to patients  Instruct patients to proceed to cashier	Rehab Secretary/ Rehab Aide	PMRD, 8 <sup>th</sup> Floor, Medical Arts Bldg.	3 minutes
2	Get a number from queuing machine			Basement, Medical Arts Bldg.	
3	Pay applicable fees	Receive the payment and issues official receipts	Cashier	Cashier's office, Basement, Medical Arts Bldg.	10 minutes
4	Present official receipt (OR)	Record OR to Census Logbook	Rehab Secretary/ Rehab Aide	PMRD, 8 <sup>th</sup> Floor, Medical Arts Bldg.	2 minutes
		Call for Electromyogr	Rehab Secretary/	PMRD, 8 <sup>th</sup> Floor,	2 minutes

		apher	Rehab Aide	Medical Arts Bldg.	
5	Cooperate in the procedures	Perform procedures	Electromyogr apher	PMRD, 8 <sup>th</sup> Floor, Medical Arts Bldg.	45 minutes
6	Claim results	Release results	Electromyogr apher	PMRD, 8 <sup>th</sup> Floor, Medical Arts Bldg.	3 minutes
<b>End of Transaction</b>					

*Physical Medicine and Rehabilitation Services*

**Frontline Service** : Splint Fabrication

**Clients** : Out-Patients

**Requirements** : Prescription for Splint Fabrication

**Schedule of Availability of Service:** Monday to Saturday 7:00 am – 5:00 pm

**Contact Numbers** : (+632) 925-2401 locals 3802-3804

**Fees** : Applicable Fees

**Total Duration of Transaction Process:** 20 minutes

**Total Duration of Transaction Procedure:** 45 minutes

**Release of Fabricated Splint:** 3 working days

**How to Avail of the Service:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present requirements	Process registration  Give charge slip to the patient  Instruct patient to proceed to the cashier	Rehab Secretary/ Rehab Aide	PMRD, 8 <sup>th</sup> Flr, Medical Arts Bldg (MAB)	3 minutes
2	Pay applicable fees	Receive payment and issue receipt	Cashier	Cashier's Office, Basement, MAB	10 minutes
3	Present official receipt (OR)	Record OR to Census Logbook	Rehab Secretary/ Rehab Aide	PMRD, 8 <sup>th</sup> Flr, MAB	2 minutes
		Call for Orthotist	Rehab Secretary/ Rehab Aide	PMRD, 8 <sup>th</sup> Flr, MAB	2 minutes
4	Cooperate in the procedure	Perform procedures	Orthotist	PMRD, 8 <sup>th</sup> Flr, MAB	45 minutes
5	Claim fabricated splint	Release fabricated splint	Orthotist	PMRD, 8 <sup>th</sup> Flr, MAB	3 minutes
<b>End of Transaction</b>					

*Physical Medicine and Rehabilitation Services*

**Frontline Service** : Physical/Occupational Therapy, Wellness Program  
**Clients** : New Patients  
                   Current patients  
**Requirements** : Doctor's Prescription  
**Schedule of Availability of Service:** Monday to Saturday, 7:00 am to 5:00 pm  
**Contact number** : (+632) 925.24.01 locals 3803 to 3804  
                           Local 3802 (Occupational therapy section)  
**Fees** : Applicable Fees  
**Total Duration of Procedure:** 1.5 hours  
**Total Duration of Transaction Process:** 18 minutes

**How to Avail of the Service:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present prescription & contact details ( for new patients only)	Process registration Issue charge slip Instruct patient to pay	Rehab Secretary	8 <sup>th</sup> Floor, Medical Arts Bldg. (MAB)	3 minutes
2	Get number from queuing machine (for current and new patients)			Cashier's office, Basement, MAB	
3	Pay applicable fees	Receive payment and issue official receipt	Cashier	Cashier's office, Basement, MAB	10 minutes
4	Present copy of official receipt	Record official receipt and call assigned PT/OT	Rehab Secretary	8 <sup>th</sup> Floor, MAB	2 minutes
5	Submit self for evaluation, assessment & treatment	Perform appropriate evaluation, assessment & treatment	Physical / Occupational Therapist	8 <sup>th</sup> Floor, MAB	1 to 1 ½ hours
6	Confirm next treatment date	Set the treatment schedule	Physical / Occupational Therapist	8 <sup>th</sup> Floor, MAB	3 minutes
<b>End of Transaction</b>					

**Frontline Service** : Bronchoscopy Procedure  
**Clients** : OPD Patients  
**Requirements** : Doctor's Request  
**Availability of Service:** By Appointment  
**Contact Numbers** : (+632) 9252401 loc. 2271  
**Fees** : Applicable Fees  
**Total Duration of Transaction Process:** 20 minutes  
**Total Duration of Procedure:** 40 minutes  
**Release of Result** : On the same day

**How to Avail the Service:**

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present applicable requirements	Receive requirements and issues consent form	Pulmo Broncho Fellow	Special Procedure Room (SPR), 2nd floor, in front of room Hospital bldg,	2 minutes
2	Accomplish Consent Form	Assist patient in filling out the consent form Orients patient	Pulmo Broncho Fellow / Respiratory Therapist	Special Procedure Room (SPR), 2nd floor, in front of room Hospital bldg,	2 minutes
3	Cooperate in the procedure	Perform procedure  Issue request slip Instructs relative to pay	Pulmo Bronch Fellow / Respiratory Therapist	Special Procedure Room (SPR), 2nd floor, in front of room Hospital bldg,	40 minutes

4	Pay applicable fees	Receive payment and issues official receipt	Cashier	Cashier section Basement , Hosp. Bldg.	10 minutes
5	Present official receipt	Record official receipt	Respiratory Therapist	Special Procedure Room (SPR), 2nd floor, in front of room Hospital bldg,	3 minutes
6	Claim result	Release result	Respiratory Therapist	Special Procedure Room (SPR), 2 <sup>nd</sup> floor, in front of room Hospital bldg,	3 minutes
<b>End of Transaction</b>					



*Pulmonary Services*

**Frontline Service** : Polysomnograph Procedures (Sleep Procedures)

**Clients** : OPD Patients

**Requirements** : Doctor's Request

**Availability of Service:** By Appointment

**Contact Numbers** : (+632) 9252401 loc. 2480

**Fees** : Applicable Fees

**Total Duration of Procedure:** 9 hours

**Total Duration of Transaction Process:** 50 minutes

**Release of Result** : Within 24 hours

**How to Avail the Service:**

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present doctor's request	Receive doctor's request Integrate patient information and determine final testing parameters	Sleep technologist	Sleep Clinic 4/F, Hosp. Bldg.	15 minutes
2	Answer questionnaire	Assist patient	Sleep technologist	Sleep Clinic 4/F, Hosp. Bldg.	30 minutes
3	Cooperate in procedure	Perform sleep testing  Instruct to proceed at the cashier's office	Sleep technologist	Sleep Clinic 4/F, Hosp. Bldg.	9 hours
4	Get number from queuing			Cashier Section Basement , Hosp	

	machine			Bldg	
5	Pay applicable fees	Receive payment and issue official receipt	Cashier	Cashier Section Basement, Hosp Bldg	10 minutes
6	Present official receipt	Record official receipt	Sleep technologist	Sleep Clinic 4/F, Hosp. Bldg.	2 minutes
7	Claim result	Release result	Sleep technologist	Sleep Clinic 4/F, Hosp. Bldg.	3 minutes
<b>End of Transaction</b>					

## *Pulmonary Services*

**Frontline Service** : Pulmonary Function Tests (PFT) -Pediatric and Adult  
Arterial Blood Gas Analysis

**Clients** : OPD Patients

**Requirements** : Doctor's Request  
Service Issue Slip (if applicable)  
Approved letter of guarantee (if applicable)  
OPD Card (for Service Patients)

**Availability of Service:** Monday to Saturday, 9:00 am to 5:00pm (for PFT)  
24 hours/ 7 days for Arterial Blood Gas Studies

**Contact Numbers** : (+632) 9252401 loc. 2159-2160

**Fees** : Applicable Fees

**Total Duration of Procedure:** 40 minutes

**Total Duration of Transaction Process:** 20 minutes

**Release of Result** : within 24 hours (initial reading) after three (3) workings  
days for PFT results; After 20 minutes for ABG results

### **How to Avail the Service:**

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present requirements	Receive requirements and issue patient data slip	Receptionist	Pulmonary Laboratory, Ground Flr, Hospital Bldg	2 minutes
2	Fill out patient data slip	Give request slip and instruct patient to proceed to cashier's office	Receptionist	Pulmonary Laboratory, G/F, Hospital Bldg.	2 minutes
3	Get number from queuing machine			Cashier Section, Basement, Hosp. Bldg.	
4	Pay	Record	Receptionist	Pulmonary	10

	applicable fees	official receipt	t	y Laborator y, G/F, Hospital Bldg.	minutes
5	Present official receipt	Record official receipt	Receptionis t	Pulmonar y Laborator y, G/F, Hospital Bldg.	2 minutes
6	Cooperate in the procedure	Perform procedure	Staff on duty	Pulmonar y Laborator y, G/F, Hospital Bldg.	40 minutes
7	Claim result	Release result	Receptionis t	Pulmonar y Laborator y, G/F, Hospital Bldg.	4 minutes
<b>End of Transaction</b>					

## *Pulmonary Services*

**Frontline Service** : Pulmonary Rehabilitation Program  
Pre-Flight Assessment  
Six Minute Walk Test

**Clients** : OPD Patients

**Requirements** : Doctor's Request  
OPD Card (if applicable)

**Availability of Service:** Monday to Friday, 8:00 am to 5:00pm

**Contact Numbers** : (+632) 9252401 loc. 3805

**Fees** : Applicable Fees

**Total Duration of Process:** one hour

**Release of Result** : For Pre-flight Assessment Test: 30 Minutes

For six Minute Walk Test: 10 Minutes after procedure

For Pulmo Rehab Results: 2 Days after the two months program

### **How to Avail the Service:**

<b>No.</b>	<b>Client Steps</b>	<b>Agency Activity</b>	<b>Person Responsible</b>	<b>Location of Office</b>	<b>Duration of Activity</b>
1	Present applicable requirements	Receive requirements and interview patient  Issue information sheet and consent form for fill out	Pulmo Rehab Fellow Rehab Coordinator	Pulmo Rehab. Section, 8th floor, MAB	5 minutes
2	Fills out patient information sheet and answer questionnaire (for rehab program)  Sign consent	Assist patient  Instruct patient to proceed to cashier's office	Pulmo Rehab Fellow Rehab Coordinator	Pulmo Rehab section, 8th floor, MAB	10 minutes

	form ( for pre flight procedure)				
3	Get number from queuing machine			Cashier section, Basement , MAB	
4	Pay applicable fees	Receive payment and issue official receipt	Cashier	Cashier section, Basement , MAB	10 minutes
5	Present official result	Record official receipt	Rehab Coordinator	Pulmo Rehab section, 8th floor, MAB	2 minutes
6	Cooperate in pre testing (for pulmo rehab)  Cooperate in procedure ( for pre flight and 6 minutes walk test)	Perform procedure	Pulmo Rehab Fellow Rehab Coordinator	Pulmo Rehab section, 8th floor, MAB	30 minutes
7	Claim result ( for pre flight and 6 minutes walk test)	Release result	Pulmo Rehab Fellow Rehab Coordinator	Pulmo Rehab section, 8th floor, MAB	3 minutes
<b>End of Transaction</b>					

## Radiological Services

**Frontline Service** : Radiological Services  
 CT-MRI procedures  
 Ultrasound procedures  
 Interventional Radiology Procedures

**Clients** : OUT Patients

**Requirements** : Doctor's request  
 Approved letter of guarantee (if applicable)  
 Service Issue Slip (if applicable)  
 OPD card (if applicable)  
 Applicable patient preparations

**Schedule of Availability of Service:**

Diagnostic Radiology Procedures: 24/7

CT-MRI: *Monday to Friday: 8 am to 5 pm, Saturday: 8am-12 nn*  
*Sundays and Holidays: on-call*

Ultrasound: *Monday to Saturday: 8am to 5 pm*  
*Sundays and Holidays: on-call*

Interventional Radiology: *Monday to Friday: 8 am to 5 pm*  
*Saturday: emergency cases only,*  
*Sundays and Holidays: on-call*

**Contact number** : (+632) 925-24-01

Locals: 2123-2125                      Diagnostic radiology procedures  
                  2100-2101                      CT-MRI  
                  2132                                      Ultrasound  
                  2126/2128/2130                      Interventional radiology

**Fees** : Applicable fees

**Total Duration of Transaction Process:** 14 minutes

**Total Duration of Procedure:** 30 minutes

**Release of results** : Within 24 hours (initial reading) After 3 working days

**How to avail of the Service:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present applicable requirements	Receive requirements and issue applicable documents for fill out and signing	Receptionist / Radiologic Technologist	G/F Hospital Bldg.	2 minutes

	Fill out and sign applicable documents	Assist in fill out and signing of applicable documents  Process registration  Give charge slip to patient  Instruct patient to proceed to the cashier			2 minutes
2	Get number from queuing machine			Cashier's office, Basement, Medical Arts Bldg.	
3	Pay applicable fees	Receive payment and issues OR	Cashier	Cashier's Office, basement, MAB	5 minutes
4	Present official receipt	Record OR# and advise patient to wait for their name to be called	Receptionist	G/F Hospital Bldg	2 minutes
5	Cooperate in the procedure	Perform requested procedure	Radiologic Technologist / Fellows	G/F Hospital Bldg	30 minutes
6	Claim result	Release result	Receptionist	G/F Hospital Bldg	3 minutes
<b>End of Transaction</b>					

Note: Patient is given instructions regarding preparation on all special procedures at least 24 hours prior to examination.



## *Surgical Package Deals*

**Frontline Service** : Cardiac Catheterization/ Surgical Package Deal  
**Clients** : Out Patients (for coronary angiogram, cardiac catheterization and surgical interventions)  
**Requirements** : CCPD/SPD Contract duly signed by the attending physicians and approved by Asst. Director for Administrative Services  
**Schedule of Availability of Service:** Monday to Friday: 8 am – 5:00 pm  
**Contact Number** : (+632) 925-24=01 local 3242  
**Fees** : Applicable fees  
**Total Duration of Process:** 40 minutes

### **How to Avail of the Service:**

No.	Client Step	Agency Activity	Office/Person Responsible	Location of Office	Duration of Activity
1	Present requirements	Receive requirements Explains package mechanics	Staff on duty	2 <sup>nd</sup> Floor, M.A.B.	15 minutes
2	Proceed to Admitting Section	Verify availability of patient's room Instruct patient to proceed to cashier	Admitting Clerk	1 <sup>st</sup> floor, Hospital Building	10 minutes
3	Get number from queuing machine			Cashier's office, basement, MAB	
4	Pay applicable fees	Receive payment and issues official receipt	Cashier	Cahier's office, Basement, M.A.B.	10 minutes
5	Proceed to Billing Section	Validate contract	Billing Supervisor	Billing section, Basement, M.A.B.	5 minutes
6	Proceed to Admitting Section	Verify availability of patient's room	Admitting clerk	1 <sup>st</sup> floor, Hospital Building	
7	Await turn for admission			1 <sup>st</sup> floor, Hospital Building	
<b>End of Transaction</b>					

**Frontline Service** : Art Gallery  
**Clients** : Visual Artist / Exhibitor  
**Requirements** : Letter Proposal  
 Resume of Artist or Group of Artists  
 Photos of Art Work  
 Notarized Form of Agreement  
 Poster Invitation and Mounted Poster  
 Checklist of Paintings

**Schedule of availability of Service:** 8 hours / 5 days

**Contact Number** : (+632) 925-2401 local 3218

**Fees** : 20% Commission for Sold Paintings

**Total/Maximum Duration Process:** 14 hours and 50 minutes

**How to Avail of the Service:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present and submit Requirements	Receive & forward to PHC Art Gallery Committee (AGC) Chairman	Clerk	Allied Services Division (ASD), 2 <sup>nd</sup> Flr., Medical Arts Bldg. (MAB)	5 minutes
2	Follow-up status of Proposal after 5 working days	Process approval of the request	AGC members and Chairman	ASD, 2F, MAB	5 minutes
3	Meet with the chairman & secure copy of Agreement Form with checklist	Discuss details with the Artist and assist in the preparation of the requirements	AGC Chairman	ASD, 2F, MAB	30 minutes
4	Submit complete requirements for the	Receive the complete requirements	Clerk / AGC Chairman	ASD, 2F, MAB	10 minutes

	Exhibit within 15 days				
5	Set-up of Exhibit	Assist on the Exhibit Set-up	AGC Chairman & Housekeeping Staff	PHC art Gallery, GF, MAB Lobby	8 hours
6	Open the Exhibit	Attend the Exhibit proceedings	AGC Committee Members & housekeeping Staff	PHC Art Gallery, GF, MAB Lobby	3 hours
7	Man the Exhibit	Oversee the duration of the Exhibit	AGC Committee Members	PHC Art Gallery, GF, MAB Lobby	
8	Pull-out the Exhibit	Supervise the activity	Housekeeping & Security Staff	PHC Art gallery, GF, MAB lobby	3 hours
<b>End of Transaction</b>					

**Frontline Service** : Telephone Calls

**Clients** : General Public

**Requirements:**

**Schedule of availability of Service:** 24 hours/7 days

**Contact Number** : (+632) 925-2401

**Fees:**

**Total/Maximum Duration Process:** 2 minutes and 30 seconds

**How to Avail of the Service:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Call	Answer the call	Switchboard Operator on duty	Switchboard Section, Ground Flr., Medical Arts Bldg.	30 seconds
2	Inquire	Answer queries/ connect the call to the desired unit	Switchboard Operator on duty	Switchboard Section, GF, MAB	2 minutes
End of Transaction					

**Frontline Service** : Use of Function Rooms  
**Clients** : Private and Government Agencies  
**Requirements** : Approved letter of request from Director's Office  
**Schedule of availability of Service:** Monday – Friday (8 hrs.)  
**Contact Number** : (+632) 925 2401 local 3218  
**Fees** : Applicable Fees  
**Total Duration Process:** 25 Minutes

**How to Avail of the Service:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Call for the availability of function room	Confirm availability of function room and issue Function Request Form	Administrative Officer II	Allied Services Division, 2 <sup>nd</sup> Flr., Medical Arts Bldg. (MAB)	2 minutes
2	Present requirements and fill out form	Process function request	Administrative Officer II	Allied Services Division, 2 <sup>nd</sup> Flr., MAB	15 minutes
3	Get number from the queuing machine			Near Cashier's Office, Basement, MAB	
4	Pay applicable fees	Accept payments and issues official receipt	Cashier	Cashier's Office, Basement, MAB	5 minutes
5	Present official receipt	Record official receipt number and endorse the approved form to concerned offices.	Administrative Officer II/ DC II	Allied Services Division, 2 <sup>nd</sup> Flr., MAB	3 minutes
<b>End of Transaction</b>					

**Frontline Service** : Screening for Blood Donation

**Clients** : Donors

**Requirements** : Valid ID's

Donor's Criteria: 18 to 60 years old, at least 110 lbs, no medicine intake, no recent alcohol intake for 24 hours, should have at least 5 hours sleep, for female donor (no menstrual period)

**Schedule of availability of Service:** 8:00 AM to 5:00 PM/daily

**Contact number** : (+632) 925-24-01 locals 5130 to 5133 / 5138

**Fees** : Applicable fees

**Total duration of transaction process:** 45 minutes

**Total duration of procedure/blood extraction:** 2 hours

**Release of Official Result:** within 24 hours

**How to Avail of the Service:**

No.	Client Step	Agency activity	Person Responsible	Location of Office	Duration of Activity
1	Get number from the queuing machine			Ground floor, MAB Annex near the stairway	
2	Fill out blood donor form	Issue and assist blood donor in filling out of form	staff on duty	Blood Bank Division, Mezzanine floor, MAB Annex	10 minutes
3	Submit form	Receive/ check donor's questionnaire	staff on duty	Reception area, Blood Bank Division, Mezzanine floor, MAB Annex	10 minutes
4	Wait for number to be flashed on monitor	Log donors data and call donor for screening -pre	Staff on duty	Screening area, Blood Bank Division, Mezzanine floor, MAB	5 minutes

		counseling		Annex	
5	Donor interview/ blood extraction	Initial screening, extract blood sample and collect urine Inform results of initial screening.	Staff on duty	Screening area, Blood Bank Division	1 hour 30 minutes  5 minutes
6	Actual blood donation (450ml)	Prepare blood bags and do aseptic collection of donors blood (450ml)	Staff on duty	Bleeding area, Blood Bank Division	30 minutes
7	Rest after donation	Post donation counseling	Staff on duty	Bleeding area, Blood Bank Division	15 minutes
<b>End of Transaction</b>					

**Frontline Service** : Blood Procurement  
**Clients** : Out-Patients  
**Requirements** : request from the hospital/center  
**Schedule of availability of Service:** 24 hours/7 days  
**Contact number** : (+632) 925-2401 locals 5130  
**Fees** : Applicable fees  
**Total duration of process:** 20 minutes

**How to Avail of the Service:**

No.	Client Step	Agency activity	Person Responsible	Location of Office	Duration of Activity
1	Present requirement	Receive requirement and issue applicable form for fill out	Staff on duty	Reception area, Blood Bank Division, mezzanine floor MAB Annex	1 minute
2	Fill out applicable form/ patient's data	Process registration Give charge slip to the patient Instruct patient to proceed to the cashier	Staff on duty	Reception area, Blood Bank Division, mezzanine floor MAB Annex	2 minutes
3	Get number from queuing machine			Cashier's office, Basement, Hospital Bldg. or MAB annex	
4	Pay applicable fees	Receive payment and issues official receipt	Cashier	Cashier's office, Basement, Hospital Bldg. or MAB annex	5 minutes



5	Present official receipt	Record official receipt number	Staff on duty	Reception area, Blood Bank Division	2 minutes
6	Receive blood /blood components	Prepare and release blood /blood components	Staff on duty	Reception area, Blood Bank Division	10 minutes
<b>End of Transaction</b>					

**Frontline Service** : Dietary Instruction

**Clients** : Out-Patient

**Requirements** : Doctor's Diet Prescription

**Schedule of Availability of Service:** 2:00-4:00 p.m. – Monday to Friday

**Contact numbers** : (+632) 925-2401 locals 4044-4046

**Fees** : Applicable Fees

**Total Duration of Process:** 30 minutes

**How to Avail of the Service:**

NO.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present diet prescription	Assess nutritional status  Instruct patients to pay	Clinical Nutritionist/ Dietitian on duty	Division of Nutrition and Dietetics Office, Basement, Hospital Bldg.	5 minutes
2	Get a number from the queuing machine			Near Cashier's Office, Basement, Medical Arts Bldg.	
3	Pay applicable fees	Receive payments and issue official receipt	Cashier	Cashier's Office, Basement, Medical Arts Bldg.	5 minutes
4	Get dietary instructions	Give dietary instructions	Clinical Nutritionist/ Dietitian on duty	Division of Nutrition and Dietetics Office, Basement, Hospital Bldg.	20 minutes
<b>End of Transaction</b>					

*Other Services*

**Frontline Service** : Purchase of Nutritionals (Dietary Supplements)

**Clients** : Patients

**Requirements** : Doctor's prescription  
Senior Citizen ID (if applicable)  
Service Issue Slip (if applicable)

**Schedule of Availability of Service:** Monday to Friday – 8 am to 5 pm

**Contact Numbers** : (+632) 925-24-01 locals 4044 to 4046

**Fees** : Applicable Fees

**Total Duration of Process:** 12 minutes

**How to Avail of the Service:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present applicable requirements	Prepare and issue service slip /Instruct patient to pay	Cafeteria Cashier	1475 Cafeteria, Basement, Medical Arts Bldg.	2 minutes
2	Pay applicable fees	Prepare official receipt and accept payment	Cashier	Cashier's Office, Basement, Medical Arts Bldg.	5 minutes
3	Present official receipt and get purchased item	Record official receipt number and give purchased item	Cafeteria Cashier	1475 Cafeteria, Basement, Medical Arts Bldg.	5 minutes
<b>End of Transaction</b>					

**Frontline Service** : Approval of Letter of Authority/Guarantee  
**Clients** : Out-Patients  
**Requirements** : Letter of Authority/Guarantee from Company  
or Health Maintenance Organization (HMO)  
**Availability of Service:** 8:00a.m. - 5:00p.m. / Monday - Friday  
**Contact Numbers** : (+632) 9252401 locals4052-4053  
**Fees:**  
**Total Duration of Process:** 5 minutes

**How to Avail of Service:**

No.	Client Steps	Agency Activity	Peson Responsible	Location of Office	Duration of Activity
1	Present the Letter of Authority/Guarantee for approval	Check, validate and approve the Letter of Authority/Guarantee  Instruct the patient to proceed to applicable Diagnostic Laboratories	Credit Officer / Budget Officer IV/Cashiers after office hours and on Weekend	Credit & Collection Division, Basement , Medical Arts Bldg.	5 minutes
<b>End of Transaction</b>					

**Frontline Service** : Approval of 10% Discount on Medicines  
**Clients** : Government Employees and Dependents  
**Requirements** : Certificate of Employment (COE)  
 Office ID  
 Prescription Slip(s)

**Schedule of Availability of Service:** Mondays- Fridays, 8:00 am to 5:00 pm

**Contact Numbers** : (+632) 9252401 local 3223

**Total Duration of Process:** 5 minutes

**How to Avail of the Service**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present Certificate of Employment (CEO), ID and prescription slip(s)	Check on Validity of CEO, ID and prescription slip(s) *	Administrator's Office staff	Administrator's Office, 2 <sup>nd</sup> flr. MAB	3 minutes
2	Get approval	Stamp 10% discount approval	Administrator's Office staff	Administrator's Office, 2 <sup>nd</sup> flr. MAB	2 minutes
<b>End of Transaction</b>					

\* In the absence of COE and Office ID, Unexpired GSIS E-card may be

*Other Services*

**Frontline Service** : Releasing of Checks for Suppliers

**Clients** : Company Collectors

**Requirements** : Official Receipt and Company ID.

**Schedule of availability of Service:** Friday 9:00am - 11:00am, 1:00pm - 4:00pm

**Contact Numbers** : (+632) 925-2401 local 4050 to 4051

**Fees** : None

**Total Duration of Process:** 5 minutes

**How to Avail of the Service:**

<b>No.</b>	<b>Client Step</b>	<b>Agency Activity</b>	<b>Person Responsible</b>	<b>Location of Office</b>	<b>Duration of Activity</b>
1.	Present Company ID  Issue Official Receipt	Validate Official Receipt.	Cash Clerk	Cashiers Office - Basement, Medical Arts Bldg.	3 minutes
2.	Acknowledge receipt of check	Release check.	Cash Clerk	Cashiers Office – Basement, Medical Arts Bldg.	2 minutes
<b>End of Transaction</b>					

**Frontline Service** : Filing of Application for Employment

**Clients** : Applicants

**Requirements** : Original and photocopies of the following:

1. Transcript of records w/ SO number and with RLE for nurses , Med. Tech. & other paramedical position
2. Board Rating & PRC license (2 copies)
3. Certificate/ID of membership in any organization
4. NBI clearance (for local employment)
5. Residence certificate (current year)
6. Certificate of work experience and training
7. 3 ID pictures (2x2)
8. Marriage contract (if any)
9. Birth Certificate of children (if any)
10. Certificate from school with general weighted average score
11. BIR TIN
12. Birth Certificate of applicants

**Schedule of Availability of Service:** Tuesday - Friday (8:00 am to 4:00 pm)

**Contact Numbers** : (+632) 925-24-01 to 50 local 3815/3816

**Fees** : none

**Total/Maximum Duration of Process:** 10 minutes

**How to Avail of the Service:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present the requirements and fill out application form	Receive and issue application and personal history statement (PHS) form	HR Staff	HRD Office, 8 <sup>th</sup> floor, Medical Arts Bldg.	5 minutes
2	Submit properly filled out forms and get schedule of examination	Process application, schedule and issue examination slip	HR Staff	HRD Office, 8 <sup>th</sup> floor, Medical Arts Bldg.	5 minutes
<b>End of Transaction</b>					

### Other Services

**Frontline Service** : Screening Test (IQ and Personality) & Interview  
**Clients** : Applicants for PHC and other Agencies  
**Requirements** : Official Receipt and  
Examination Slip: for PHC Applicants  
Request letter with list of examinees from agency: for  
non PHC applicants  
**Schedule of Availability of Service:** Every Monday (9:00 am – 3:00 pm)  
**Contact Number** : (+632) 925-24-01 to 50 local 3815/3816  
**Fees** : P75.00 Technical Positions, P50.00 Nursing Aides,  
P200.00 non-PHC applicants  
**Total/Maximum Duration of Process:** 3 hours and 52 minutes  
**Release of Results** : 3 days after examination

#### How to Avail of the Service:

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Submit requirements	Accept and verify requirements	HR Staff	HRD Office, 8 <sup>th</sup> floor, Medical Arts Bldg.	5 minutes
2	Pay applicable fees	Accept payment	Cashier	Cashier's Office, Basement, MAB	5 minutes
	Present official receipt	Record Official Receipt number	HR Staff	HRD Office, 8 <sup>th</sup> floor, Medical Arts Bldg.	2 minutes
3	Take the Examination and report for initial interview	Administer examination and conduct interview	HR Staff	HRD Office, 8 <sup>th</sup> floor, Medical Arts Bldg.	3 hours and 30 minutes



4	See posted results at HRD bulletin board	Post result of exam at the bulletin board	HR Staff	HRD Office, 8 <sup>th</sup> floor, Medical Arts Bldg.	5 minutes
	For non-PHC applicants get the sealed result	Issue results	HR Staff		5 minutes
<b>End of Transaction</b>					

### *Other Services*

**Frontline Service** : Reference/Background Check

**Clients** : Resigned Employees

**Requirements** : Reference/Background Check form

**Schedule of Availability of Service:** Monday – Friday, 8:00 am – 5:00 pm

**Contact Number** : (+632) 925-24-01 to 50 local 3815/3816

**Fees** : applicable fees

**Total/Maximum Duration of Process:** variable

#### **How to Avail of the Service:**

<b>No.</b>	<b>Client Step</b>	<b>Agency Activity</b>	<b>Person Responsible</b>	<b>Location of Office</b>	<b>Duration of Activity</b>
1	Submit Reference/ Background check form either personally, thru e-mail or mail via postal service	process needed information	HRMO III	HRD Office, 8 <sup>th</sup> floor	variable
2	Wait for the sealed filled-up reference/ background check form via postal service or via e-mail	Send sealed filled-up reference/back ground check form via postal service or via e-mail	HR Staff	HRD Office, 8 <sup>th</sup> floor	variable
<b>End of Transaction</b>					

**Frontline Service** : Out-Patient Pharmacy Dispensing Services

**Clients** : Patients

**Requirements** : Doctor's Prescription

For Senior Citizen: Senior Citizen's ID, Purchase Slip or Booklet, Prescription, Authorization Letter for Representatives

For PDAF holder : Prescription, Service Issue Slip (From Accounting Division)

**Schedule of Availability of Service:** 7:00 a.m. to 7:00 p.m.

Monday-Saturday, except Sundays and Holidays.

**Contact Numbers** : (+632) 925-2401 locals 5117,5118

**Fees** : Applicable Price

**Total/Maximum Duration of Process:** 18 minutes

**How to Avail of the Service:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Get number from the queuing machine			Out-Patient, Medical Arts Bldg., Annex Ground Flr.	1 minute
2	Present the necessary requirements to the assigned counter	Receive and process documents	Pharmacists	Out-Patient Pharmacy, Medical Arts Bldg., Annex Ground Flr.	10 minutes
3	Pay the amount due	Receive payment and issue Official Receipt.	Cashier/ Pharmacist	Out-Patient Pharmacy, Medical Arts Bldg., Annex Ground Flr.	5 minutes
4	Present copy of the Official Receipt or SIS at the Issuance/ Releasing Counter	Release medicine to patients	Pharmacist	Out-Patient Pharmacy, Medical Arts Bldg., Annex Ground Flr.	2 minutes
<b>End of Transaction</b>					

## Other Services

**Frontline Service** : Qualifying of Suppliers

**Clients** : Suppliers

**Requirements** : Complete company profile

**Schedule of Availability of Service:** Mondays to Fridays, 8:00 am to 5:00 pm

**Contact Numbers** : (+632) 925-2401 locals 4066-4070

**Fees** : None

### How to Avail of the Service:

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Submit the requirements	Receive requirements and explain policies Refers to designated end-user	Purchasing staff	Purchasing Office, Basement, Medical Arts Bldg.	5 minutes
2	Submit the sample/ demo products	Receive the product  Evaluate the samples <i>-Food Stuff</i>  <i>-Medical Supplies</i>  <i>-Medicines</i>	Designated end-user  Dietitian  Standards Committee  Chief, Pharmacist	Respective office of end-user  Division of Nutrition and Dietetics Office, Basement, MAB  Product Evaluator's Office, 3 <sup>rd</sup> Flr., Hospital Bldg.  Pharmacy Division, Basement, MAB	1 minute variable

		<i>-Equipment</i>	Designated End-User	Respective office of end-user	
		<i>-Services</i>	Designated End-User	Respective office of end-user	
3	Follow-up result of evaluation	Inform clients of the result  If qualified: instruct the supplier to proceed to Bids and Awards Committee (BAC) Office	Purchasing Staff	Purchasing Office, Basement, Medical Arts Bldg.	1 minute
<b>End of transaction</b>					

**Frontline Service** : Bids and Awards Procedures and Activities  
**Clients** : Qualified Suppliers  
**Requirements** : Letter of intent  
 Department of Trade and Industry (DTI) Registration  
 Mayor's Permit  
 Bureau of Food and Drugs (BFAD) license (for  
 Medical supplies and Drugs)  
 Tax Clearance  
 Income Tax Returns (ITR) for the past 3 years  
 Notarized list of completed and on-going private and/or  
 government projects for the past 3 years  
 (at least 5 major)

**Schedule of Availability of Service:** 8:00 am to 5:00 pm, Mondays to Fridays

**Contact Number** : (+632) 925-2401 local 4059

**Total/ Maximum Duration of Process:** 7 days, 8 hours and 19 minutes

**How to Avail of the Service:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Submit applicable requirements	Receive requirements, explain policies and advise to follow-up result after 2 working days	BAC Secretariat BAC Members	BAC Office, Basement MAB	2 minutes
2	Get order of payment of Terms of Reference (TOR)	Issue order of payment	BAC Secretariat	BAC Office, Basement MAB	2 minutes
3	Get number from the queuing machine			Near Cashier's Office, Basement, MAB	
4	Pay applicable fees	Receive payment and issue official receipt	Cashier	Cashier's Office, Basement, MAB	5 minutes

5	Attend schedule of pre-bidding conference	Discuss TOR with End-user and suppliers	BAC Members, BAC Technical Working Group, COA representative, Transparency Accountability Networking (TAN), NAMFREL and NGO's	Pacemaker room, Basement, MAB	4 hours
	Post security bond	Receive payments	Cashier	Cashier's Office, Basement, MAB	5 minutes
6	Submit bidding documents, attend opening of Bids and announcement of winning bidders	Receive bidding documents, Conduct opening of bids and announce the winning bidder	BAC Members, BAC Technical Working Group, COA representative, Transparency Accountability Networking (TAN), NAMFREL and NGO's	Pacemaker room, Basement, MAB	4 hours
7	Post performance bond of winning bidders	Receive payment and issues official receipt	Cashier	Cashier's Office, Basement, MAB	5 minutes
		Validate bid documents submitted  Process Notice of Award (NOA) to winning bidder	BAC Members End-User		3 days
8	Accept and sign NOA	Process NOA and contract	Head Procuring	BAC Office, Basement,	2 days

		within 2 days	Entity, Chief Accountant	MAB	
9	Sign and gets copy of the contract	Release signed contract	Head Procuring Entity, Chief Accountant	Purchasing Office, Basement, MAB	2 days
<b>End of transaction</b>					



*Other Services*

**Frontline Service** : Issuance of Gate Pass for Supplies

**Clients** : Suppliers and tenants

**Requirements** : Request for Gate Pass for supplies  
Valid Identification  
Request for Gate Pass

**Schedule of Availability of Service:** Mondays to Fridays from 8:00 a.m. - 5:00 p.m.

**Contact Number** : (+632) 9252401 locals 4081-4084

**How to avail of the Service:**

<b>NO</b> .	<b>Client Step</b>	<b>Agency Activity</b>	<b>Person Responsible</b>	<b>Location of Office</b>	<b>Duration of Activity</b>
1	Present requirements	Process Gate Pass	Supervisor, Supply Section / PSD Secretary	Supply Section, Basement, MAB Bldg.	3 minutes
2	Sign and get a copy of Gate Pass	Approve and Issue Gate Pass	Division Chief / PSD Secretary	PSD Office, Basement, MAB Bldg.	3 minutes
<b>End of transaction</b>					

## *Other Services*

**Frontline Service** : Receipt of Hospital/Office Equipment/Furniture/Books  
**Clients** : Supplier  
**Requirements** : Copy of approved Purchase Order(PO), Invoice, Warranty Certificate and Equipment's Performance Test  
**Schedule of Availability of Service:** 8:00am-12:00 noon & 1:00pm-5:00pm  
 Mondays to Fridays (Saturdays, Sundays & Holidays if necessary)  
**Total/Maximum Duration of Process:** 8 Working Days

### **How to Avail of Services:**

<b>No.</b>	<b>Client Step</b>	<b>Agency Activity</b>	<b>Person Responsible</b>	<b>Location</b>	<b>Duration of Activity</b>
1.	Submit documents and make performance test (if applicable)	Check, inspect and receive delivered items	Storekeeper/ Property Custodian & Engineering Technician	Property Sec., Basement, Medical Arts Building (MAB)	30 minutes
		Schedule orientation with end-user	Storekeeper/ Property Custodian	Property Sec., Basement, MAB	
2.	Orientation with end-user (if applicable)	Accompany the Supplier to the End-user's Unit/Area	Storekeeper/ Property Custodian & Engineering Technician	End-User's Unit/Area	30 minutes to 1 hour
<b>End of transaction</b>					

### Other Services

**Frontline Service** : Receiving Deliveries of Supplies

**Clients** : PHC Suppliers

**Requirements** : Purchase Orders, Invoice and/or Delivery Receipts

**Schedule of Availability of Service:** Mondays to Fridays from 8:00 am - 5:00 pm  
(except Wednesdays for Pharmaceuticals)

**Contact Number** : (+632) 9252401 local 4081-4084

**Total/Maximum Duration of Process:** 7 minutes (variable)

#### How to avail of the Service :

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present requirements	Check completeness of documents	Property Custodian-in-charge	Supply Section, Basement, MAB Bldg.	3 minutes
2	Deliver items	Check the items being delivered and supervise transport to storeroom	Property Custodian-in-charge	Supply Section, Basement, MAB Bldg.	3 minutes (variable)
3	Receive delivery receipt	Acknowledge delivery of goods	Property Custodian-in-charge	Supply Section, Basement, MAB Bldg.	2 minutes
End of Transaction					

**Frontline Service** : Purchase of Linen Items  
(beddings, binders, arm-sling, scrub suit, vest)

**Clients** : Patients/Relatives

**Requirements** : Request Slip (Pay Patients)  
Linen Request Form (Service Patients)

**Schedule of Activity of Service:** 7am – 11pm / Monday to Sunday, and Holidays

**Contact Numbers** : (+632) 925-2401 locals 2502 to 2504

**Fees** : Applicable Fees

**Total/Maximum Duration of Process:** 13 minutes

**How to Avail of the Service:**

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present the requirements	Process registration	Linen Attendant	Linen Section Penthouse, Hospital Bldg.	1 minute
2	Pay the Applicable Fees	Receive payments and issues official receipt	Cashier	Cashier's Office, Basement, MAB Bldg.	10 minutes
3	Present copy of OPD Charge Slip and OR	Record OR number	Linen Attendant	Linen Section Penthouse, Hospital Bldg.	1 minute
4	Claim issued items	Release items	Linen Attendant	Linen Section Penthouse, Hospital Bldg	1 minute
<b>End of Transaction</b>					

## *Other Services*

**Frontline Service** : Release of Patient's Medical Records  
**Clients** : Patients/relatives/Insurance agents/courts  
**Requirements** : Request Form properly accomplished  
OPD/In-patient Card  
Valid ID with signature of patient &  
representative  
Authorization Letter from the patient or the  
next of kin  
Social Case Study Report or Adoption papers  
Marriage Contract –certified true copy  
Subpoena  
Local and Foreign Letter of Request  
**Schedule of Availability of Service** : Monday to Friday  
8:30am-5:00pm (no noon break)  
**Contact Numbers** : (+632) 925-2401 local 3618  
**Fees** : Applicable Fees  
**Total/Maximum Duration of Process:**

For simple transaction ----- 1-5 working days:

- Certificate of Confinement – Day 1 (13mins.)
- Certified true copies of Clinical Abstracts, Diagnostic Test Results, Operating Room Records, Anesthesia Records, Death Certificate – Day 1 (28 mins.)
- Medical Certificates, Clinical Abstracts, Insurance Forms
- Subpoena addressed to Chief/Custodian/Medical Records Officer – (2 days)

For complex transactions-----10 working days :

Medical Certificates, Clinical Abstracts, Insurance Forms of in-patients whose attending physicians are either visiting, out of the country or by appointment schedule, surgeons, anesthesiologists and fellows on duty.

Medico-legal and other special cases

OPD cases of unreturned / unreceived patients charts

Approval from Attending physician, Office of Education, Training & Research &/or Director's Office

## HOW TO AVAIL OF THE SERVICE:

### REQUEST FOR CERTIFICATE OF CONFINEMENT (for confined patients) \*

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Fill out request form	Assist the patient/relative.	Medical Records Officer I	Medical Records, 6th Flr., Medical Arts Bldg. (MAB)	2 minutes
2	Present the accomplished Request form and OPD Card or In-Patient Card.	Interview the patient/relative to check the legality & completeness of the accomplished Request Form	Medical Records Officer I	Medical Records, 6th Flr., MAB	5 minutes
3	Wait for patient's name to be called	Process the Certificate of Confinement	Clerk IV	Medical Records, 6th Flr., MAB	4 minutes
4	Receive the Certificate of Confinement	Release the signed Certificate of Confinement to patient's authorized representative or Ward Clerk.	Medical Records Officer I	Medical Records, 6th Flr., MAB	2 minutes
					=13 minutes
<b>End of Transaction</b>					

**REQUEST FOR PHOTOCOPIES OF CLINICAL ABSTRACTS, ER-SOAP,  
OPERATING ROOM RECORDS, ANESTHESIA REPORT, DEATH  
CERTIFICATES, DIAGNOSTIC TEST RESULTS**

<b>No.</b>	<b>Client Steps</b>	<b>Agency Activity</b>	<b>Peson Responsible</b>	<b>Location of Office</b>	<b>Duration of Activity</b>
1	Fill-out request form	Assist the patient/relative.	Medical Records Officer I	Medical Records, 6th Flr., Medical Arts Bldg. (MAB)	2 minutes
2	Present the accomplished Request form and OPD Card or In-Patient Card.	Interview the patient /relative to check the legality and completeness of the accomplished Request Form. Explains fees.	Medical Records Officer I	Medical Records, 6th Flr., MAB	5 minutes
3	Wait for patient's name to be called.	If with proper authorization, retrieve the chart and prepare the documents to be photocopied	Clerk III Project Aide	Medical Records, 6th Flr., MAB	13 minutes
4	Pay the photocopying fee and signs on MR Income logbook.	Receive and record the Payment on MR	Auxiliary Machine Operator I	Medical Records, 6th Flr., MAB	6 minutes

		Income logbook			
5	Receive requested documents	Record & release all the authenticated medical records. Ask to sign on logbook.	Medical Records Officer I	Medical Records, 6th Flr., MAB	2 minutes
					= 28 minutes
<b>End of Transaction</b>					

**REQUEST FOR MEDICAL CERTIFICATE, CLINICAL ABSTRACT & FILLING UP OF INSURANCE FORMS, ETC.**

No.	Client Steps	Agency Activity	Peson Responsible	Location of Office	Duration of Activity
1	Fill-out request form	Assist the patient/relative.	Medical Records Officer I	Medical Records, 6th Flr., Medical arts Bldg. (MAB)	<b>DAY 1</b> 2 minutes
2	Present the accomplished Request form and OPD Card or In-Patient Card.	Interview the patient /relative to check the legality and completeness of the accomplished Request Form. Explain processing time & fees.	Medical Records Officer I	Medical Records, 6th Flr., MAB	2 minutes



3	Accept the Claim Slip.	Issue a Claim Slip to patient /relative and advises to bring a letter of authorization & other requirements and when to call.	Medical Records Officer I	Medical Records, 6th Flr., MAB	2 minutes
4	Follow-up request / call 925-24-01 loc.3618	Retrieve the chart .and process the requested documents	Clerk III / Project Aide	Medical Records, 6th Flr., MAB	<b>DAY 2 to 4</b>
5	Present claim slip at MRD Counter.	Check & pulls out the requested document/s	Clerk III / Medical Records Officer I	Medical Records, 6th Flr., MAB	1 minute
6	Wait for patient's name to be called.	Photocopy, authenticate the medical records and issue order of payment	Auxiliary Machine Operator I/ Medical Records Officer I	Medical Records, 6th Flr., MAB	3 minutes
7	Pay applicable fees: <b>For Health Information for Insurance purposes</b> -- pay at the Cashier-Basement (Hospital Bldg.)	receive payment & issue Official Receipt	Cashier	Cashier Basement Hospital Bldg.	2 minutes

	For Medical Certificate, Clinical Abstract, xerox & authentication, ---pay at Medical Records Div. & sign on MR Income logbook.	Receive and record the Payment on MR Income logbook.	Auxiliary Machine Operator I	Medical Records, 6th Flr., MAB	
8	Submit the Official Receipt and receive the requested documents.	Accept the Official Receipt or signed Order for payment form and release the requested document.	Medical Records Officer I	Medical Records, 6 <sup>th</sup> flr., MAB	<b>DAY 5</b> Day of Claiming 1 minute
<b>End of Transaction</b>					

#### RECORDS SUBPOENAED BY COURT

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Present subpoena.	Accept and process required documents.			Day 1 2 minutes
2	Receive the document	Bring to court the subpoenaed medical record.	MRLD Chief, Medical Records Officer III or Officer I	Court	Day of court hearing
<b>End of Transaction</b>					

## TRAININGS AND PROGRAMS

**Frontline Service** : Application for Residency, Fellowship and Sub-Specialty Fellowship

**Clients** : Medical Doctors

**Requirements** : Medical Diploma  
 Transcript of Records with general average  
 Board Rating  
 3 letters of recommendation  
 4 pieces 2x2 picture colored  
 Certificate of Residency (2 years) –for Fellowship and Sub-Speciality applicants  
 Certificate of Fellowship (3years) –for Sub-Specialty applicants  
 Specialty Board Certificate  
 Research Protocol for Sub-Specialty applicants  
 Application Form (from DETR Office)

**Schedule of Availability of Service:** Monday -Friday, 8:00am- 5:00pm

**Contact numbers** : (+632) 925-24-01 local 3234 to 3236

**Fees** : Applicable fees

**Total / Maximum Duration of Process:** 30 minutes

**Release of Result** : After one week

### How to Avail of the Service:

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1.	Submit requirements	Receive, check and review requirements  Issue request slip  Instruct to proceed at the cashier's office	DETR Staff	DETR 2 <sup>nd</sup> fl MAB	7 minutes
2	Get number from			Cashier Section, Basement	

	queuing machine			Hospital	
3	Pay applicable fees	Receive payment and issue official receipt	Cashier Staff	Cashier Section, Basement Hospital	10 minutes
4.	Present official receipt	Check the official receipt Issue information sheet	DETR Staff	DETR 2 <sup>nd</sup> fl MAB	2 minutes
5	Fill out information sheet	Advise date of written examination	DETR Staff	DETR 2 <sup>nd</sup> fl MAB	3 minutes
7.	Report for interview and examination	Conduct qualifying examination, psycho test and interview	DETR Staff & HRD Staff	DETR 2 <sup>nd</sup> fl MAB & HRD 8 <sup>th</sup> fl MAB	3 minutes
8.	Wait for the result of examination	Release result of examination Advise to complete final requirements	DETR Staff	DETR 2 <sup>nd</sup> fl MAB	5 minutes
<b>End of Transaction</b>					

## TRAININGS AND PROGRAMS

**Frontline Service** : Processing of Student Internship and Trainees

**Clients** : Students

**Requirements** : Recommendation letter from the  
Dean of the school,  
2 pictures (1x1)

**Schedule of Availability of Service:** Monday-Friday, 8:00am -5:00 pm

**Contact Numbers** : (+632) 925-24-01 to 50 local 3815/3816

**Fees** : P1.00 for every hour of service rendered

**Total/Maximum Duration of Process:** 2 days and 33 minutes

### How to Avail of the Service:

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Inquire in person or over the phone the availability of slot	Inform the availability of slot	HR Staff	HRD Office, 8 <sup>th</sup> floor, Medical Arts Bldg.	3 minutes
2	Fill out Personal History Statement and submit the requirements	Receive requirements and refer to the concerned Division/ Office for approval	HR Staff  Division Chief  Assistant Director	HRD Office, 8 <sup>th</sup> floor  Concerned office	10 minutes  1 day  1 day
3	If approved, apply for Identification Card and reports to the assigned unit	Prepares, issue ID and endorse to assigned office	HR Staff	HRD Office, 8 <sup>th</sup> floor	10 minutes

4	After completion of required training, secure payment slip and pay the applicable fees	Process and issue Certificate of completion	HR Staff Cashier	HRD office, 8 <sup>th</sup> floor, Medical Arts Bldg. Cashier's Office, Basement, Medical Arts Bldg.	10 minutes
<b>End of Transaction</b>					

## TRAININGS AND PROGRAMS

**Frontline Service** : Pre-Qualifying Examination and Interview for Critical Care Course

**Clients** : Training applicants

**Requirements** : PRC license and Official receipt of payment

**Schedule of Availability of Service** : As scheduled

**Contact Number** : (+632) 925 2401 locals 3209 to 3210

**Fees** : Applicable fees

**Total/Maximum Duration of Process:** 2 hours and 13 minutes

### How to Avail of the Service:

No.	Client Step	Agency activity	Person Responsible	Location of Office	Duration of Activity
1	Present Requirements and sign attendance sheet	Check requirements	Program Coordinator / Clinical Instructor	Division of Nursing Education & Research (DNER), 2 <sup>nd</sup> Floor MAB	2 minutes
2	Take the examination	Give instructions in taking the examination	Program Coordinator / Clinical Instructor	Executive Conference Room, 2 <sup>nd</sup> Floor MAB	2 hours
3	Prepare for the interview and receive final instructions	Interview the applicant and give final instructions	Program Coordinator / Clinical Instructor	DNER	10 minutes
<b>End of Transaction</b>					

## TRAININGS AND PROGRAMS

**Frontline Service** : Process of screening for the Critical Care Course  
**Clients** : Training applicants

**Requirements** : Transcript of records, Board rating, Board certificate, PRC license, General Weighted Average, Certificate of employment, Membership card from any accredited nursing organization and 1 pc (2x2) Picture

**Schedule of Availability of Service** : Please see schedule on-line:  
[www.phc.gov.ph](http://www.phc.gov.ph)

**Contact Number** : (+632) 925 2401 locals 3209-3210

**Fees** : Applicable fees

**Total/Maximum Duration of Process:** 20 minutes

**How to Avail of the Service:**

No.	Client Step	Agency activity	Person Responsible	Location of Office	Duration of Activity
1	Submit complete requirements and fill-out Information Sheet	Process application and issue notice of payment  Instruct to pay	Clinical Instructor/ Division Secretary	Division of Nursing Educ. & Research, 2 <sup>nd</sup> Flr, MAB  Cashier's Office	10 minutes
2	Get number from queuing machine			Near Cashier, Basement, MAB	
3	Pay the examination fee	Issue official receipt	Cashier's clerk	Cashier's office, Basement, MAB	5 minutes
4	Present official receipt and get instructions	Record official receipt and give instructions	Clinical Instructor/ Division Secretary	DNER	5 minutes
<b>End of Transaction</b>					



## TRAININGS AND PROGRAMS

**Frontline Service** : Payment for Critical Care Course  
**Clients** : Training applicants  
**Requirements** : passed screening examination and interview  
**Schedule of Availability of Service** : 8:00am to 5:00pm,  
Monday to Friday  
**Contact number** : (+632) 925-240 locals 3209 to 3210  
**Fees** : Applicable fees  
**Total/Maximum Duration of Process:** 12 minutes

### How to Avail of the Service:

No	Client Step	Agency activity	Person Responsible	Location of Office	Duration of Activity
1	Call up the office for the result  <b>If successful, gets notice of payment</b>	Confirm results  Issue notice of payment and instruct to pay	Program Coordinator/ Clinical Instructor/ Division secretary	Division of Nursing Education & Research (DNER), 2 <sup>nd</sup> Floor MAB	1 minute  1 minute
2	Get number from the queuing machine			Near Cashier's office, Basement, MAB	
3	Pay applicable fees	Receive payment and issue official receipt	Cashier's clerk	Cashier's office, Basement, MAB	5 minutes
4	Present official receipt and receive instruction	Record the official receipt and give instruction	Program Coordinator/ Clinical Instructor/ Division clerk	DNER	5 minutes
<b>End of Transaction</b>					

## TRAININGS AND PROGRAMS

**Frontline Service** : People's Day  
**Clients** : Any person  
**Requirements** : No food intake after 9pm  
**Schedule of Availability of Service** : Every 3<sup>rd</sup> Wednesday  
of the month  
**Contact Number** : (+632) 9252401 locals 3209, 3210  
**Fees** : Free  
**Total/Maximum Duration of Process**: 95 minutes

### How to Avail of the Service:

No.	Client Step	Agency activity	Person Responsible	Location of Office	Duration of Activity
1	Proceed to Dr. Avenilo P. Aventura Hall (DAPA)  (Clients will be served according to seat number)	Give orientation to the attendees  Issue information sheet for fill-out	Chief, Division of Nursing Education & Research  Coordinator	Dr. Avenilo P. Aventura Hall (DAPA), Ground Flr., MAB	10 minutes
2	Fill-out the information sheet	Assist in filling-out the information sheet	Chief, Division of Nursing Education & Research	DAPA Hall	5 minutes
3	Attend the lecture	Provide lecture for the attendees	Physician/ Nutritionist/ Non-paramedical person	DAPA Hall	15 minutes
4	Proceed to applicable stations and submit for procedures: -vital signs -Weight	Perform applicable tests and procedures	People's Day Team	DAPA Hall	60 minutes

	taking <i>-FBS and cholesterol</i> <i>-Consultation</i> <i>-ECG</i> <i>-Preventive Medicine</i>	Advise patient to go back to the consultation station for interpretation of results			
5	Take final instructions.	Record final diagnosis and discharge client	Coordinator/ Clinical Instructor/ Volunteer	DAPA Hall	5 minute
<b>End of Transaction</b>					

## TRAININGS AND PROGRAMS

**Frontline Service** : Hospital-Guided Tour  
**Clients** : Nursing colleges/universities  
**Requirements** : Application letter  
**Schedule of Availability of Service** :  
**Contact number** : (+632) 925-240 locals 3209 to 3210  
**Fees** : Free  
**Total/Maximum Duration of Process:** 55 minutes

### How to Avail of the Service:

No.	Client Step	Agency activity	Person Responsible	Location of Office	Duration of Activity
1	Send letter of request to the Hospital Director/ Asst. Director for Nursing Services	Receive the letter request for approval and forward it to the Division of Nursing Education & Research (DNER)	Executive Secretary	Director's Office/ Nursing Service Office	2 minutes
2	Call DNER office to follow-up schedule of tour	Schedule school for hospital tour and give the procedural guidelines through email or fax	Chief, Division of Nursing Education & Research/ Secretary	DNER, 2nd Floor MAB	3 minutes
3	Attend hospital orientation (as scheduled)	Give orientation and video presentation	Clinical Instructor	DNER, 2nd Floor MAB	20 minutes
4	Proceed with hospital tour	Accompany the students in the hospital tour	Assigned Ward clerk	Hospital Building	30 minutes
<b>End of Transaction</b>					

## TRAININGS AND PROGRAMS

**Frontline Service** : Student's Hospital Affiliation  
**Clients** : Nursing colleges/universities  
**Requirements** : Application letter  
**Schedule of Availability of Service** :  
**Contact number** : (+632) 925-240 locals 3209 to 3210  
**Fees** : P120.00/40 hours/pax  
**Total/Maximum Duration of Process:** 25 minutes

### How to Avail of the Service:

No	Client Step	Agency activity	Person Responsible	Location of Office	Duration of Activity
1	Send letter of request to the Hospital Director	Receive the letter request and forward it to the Asst. Director for Nursing Service	Executive Secretary	Director's Office/ Nursing Service Office	2 minutes
2	Await notification from the Nursing Service Office	Check and approves letter request and forward it to the Chief, DNER office	Asst. Director for Nursing Services	Nursing Service Office (NSO), 2 <sup>nd</sup> floor MAB	5 minutes
3	If approved, follow-up availability of schedule	Check availability of schedule.	Division Chief, Nursing Education & Research	Division of Nursing Education & Research (DNER), 2 <sup>nd</sup> Floor MAB	3 minutes
4	Make a Memorandum of Agreement (MOA) between the requesting school and the Philippine Heart Center & furnish one copy to the	Receive the MOA and forward it to the Nursing Service Office/ Division of Nursing Education & Research	Hospital Director and Asst. Director for Nursing Service/Division Chief	Director's office/ Nursing Service Office/ DNER, 2 <sup>nd</sup> Floor MAB	5 minutes

	Department of Health				
5	Pay the affiliation fee	Receive payment and issues official receipt	Clerk	Cashier's office, Basement area MAB	5 minutes
	Present the official receipt	Copy the official receipt number and give instructions	Executive Secretary	DNER	5 minutes
6	Attend scheduled affiliation	Give orientation and procedure guidelines	Clinical Instructor/ Faculty member	DNER	7:00am – 3:00 pm Monday-Friday
<b>End of Transaction</b>					

## TRAININGS AND PROGRAMS

**Frontline Service** : Process Application for Intravenous Therapy Update

**Clients** : Registered Nurses/ Nursing students

**Requirements** : Any valid identification card

**Schedule of Availability of Service** :

**Contact number** : (+632) 925-240 locals 3209 to 3210

**Fees** : P500.00

**Total/Maximum Duration of Process:** 190 minutes

### How to Avail of the Service:

No	Client Step	Agency activity	Person Responsible	Location of Office	Duration of Activity
1	Go online for pre-enlistment procedure through PHC website (www.phc.gov.ph)	Check available slots through the website	Executive Secretary	Division of Nursing Education & Research (DNER), 2 <sup>nd</sup> Floor MAB	3 minutes
2	Print the confirmation letter and pay the registration fees	Receive the payment & issues official receipt	Clerk	Cashier's Office, Basement area MAB	5 minutes
3	Go to DNER office and present the official receipt	Copy the official receipt number and enlist the participant	Executive Secretary	DNER, 2 <sup>nd</sup> Floor MAB	2 minutes
4	Attend the scheduled update	Check the participant's name on the master list and give handouts.	Update coordinator/ Clinical Instructor	Dr. Avenilo P. Aventura Hall, Ground Floor MAB	180 minutes
<b>End of Transaction</b>					

## TRAININGS AND PROGRAMS

**Frontline Service** : Process Application for Intravenous Therapy Training Program

**Clients** : Registered Nurses

**Requirements** : PRC license

**Schedule of Availability of Service** :

**Contact number** : (+632) 925-240 locals 3209 to 3210

**Fees** : P 2,000.00

**Total/Maximum Duration of Process:**

**How to Avail of the Service:**

No	Client Step	Agency activity	Person Responsible	Location of Office	Duration of Activity
1	Go online for pre-enlistment procedure through PHC website (www.phc.gov.ph)	Check available slots through the website	Executive Secretary	Division of Nursing Education & Research (DNER), 2 <sup>nd</sup> Floor MAB	2 minutes
2	Print the confirmation letter and go to DNER office	Check the validity of the PRC license and issue notice of payment	Executive secretary	Division of Nursing Education & Research (DNER), 2 <sup>nd</sup> Floor MAB	3 minutes
3	Pay the registration fee	Receive payment and issue official receipt	Clerk	Cashier's office, Basement area, MAB	5 minutes
4	Present the official receipt and purchase the IV manual	Copy the official receipt number, issue manual and give instructions.	Program Coordinator/ Executive Secretary	Division of Nursing Education & Research (DNER), 2 <sup>nd</sup> Floor MAB	5 minutes
5	Attend the scheduled training program	Check the official receipt and PRC license	Program Coordinator/ Clinical Instructor	DAPA Hall	3 days (7:00am - 4:00pm)
<b>End of Transaction</b>					



## TRAININGS AND PROGRAMS

**Frontline Service** : Process Application for Intravenous Therapy Training Program

**Clients** : Registered Nurses

**Requirements** : PRC license

**Schedule of Availability of Service:**

**Fees** : P 2,000.00

**Total/Maximum Duration of Process:**

### How to Avail of the Service:

No	Client Step	Agency activity	Person Responsible	Location of Office	Duration of Activity
1	Go online for pre-enlistment procedure through PHC website (www.phc.gov.ph)	Checks available slots through the website	Executive Secretary	Division of Nursing Education & Research (DNER), 2 <sup>nd</sup> Floor MAB	2 minutes
2	Print the confirmation letter and go to DNER office	Check the validity of the PRC license and issue notice of payment	Executive secretary	Division of Nursing Education & Research (DNER), 2 <sup>nd</sup> Floor MAB	3 minutes
3	Pay the registration fee	Receive payment and issue official receipt	Clerk	Cashier's office, Basement area, MAB	5 minutes
4	Present the official receipt and purchase the IV manual	Copy the official receipt number, issue manual and gives instructions.	Program Coordinator/ Executive Secretary	Division of Nursing Education & Research (DNER), 2 <sup>nd</sup> Floor MAB	5 minutes
5	Attend the scheduled training program	Check the official receipt and PRC license	Program Coordinator/ Clinical Instructor	DAPA Hall	3 days (7:00am - 4:00pm)
<b>End of Transaction</b>					

## TRAININGS AND PROGRAMS

**Frontline Service** : Consultation of Patients Under  
Community Health Development

**Clients** : Patients with High Blood Pressure, Diabetes,  
High Blood Cholesterol and Other  
Cardiovascular Risk Factors

**Requirements** : Referrals from Peoples Day, OPD, HPN Clinic,  
Community

**Schedule of Availability of Service:** Tuesdays and Thursdays,  
8:00am–12:00 NN

**Contact Number** : (+632) 925-2401 locals 5135-5136

**Fees** : None

**Total Duration of Process:** 40 minutes

### How to Avail of the Services:

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Register in the attendance sheet	Prepare initial/follow-up form, diagnostic results form	Research Specialist	Preventive Cardiology Division, 8 <sup>th</sup> Flr. Medical Arts Building (MAB), Reception Area	5 minute
2	Wait for your number to be called for anthropometric/ laboratory examinations	Do the Patient's Anthro-Metric/ laboratory examinations  Do the health education of patients	OIC, Sr. Science Research Specialist  Research Specialist	Preventive Cardiology Division, 8 <sup>th</sup> Flr., MAB, Laboratory Room	15 minutes
3	Wait for your number to	Medical examination	PHC 2 <sup>nd</sup> year Fellow	Preventive Cardiology	15 minutes

	be called for medical consultation.	and management of patient.		Division, 8 <sup>th</sup> Flr., MAB, Doctor's Examination Room	
4	Listen for final instructions.	Give exit interview – reinforces/ clarify doctor's advice.  Schedule patient for next follow-up.	Research Specialist	Preventive Cardiology Division, 8 <sup>th</sup> Flr., MAB, Reception Area	5 minutes
<b>End of Transaction</b>					

## TRAININGS AND PROGRAMS

**Frontline Service** : Heart Volunteers Program  
**Clients** : Out of School youth, at least High School graduate, undergraduate/graduate of any course  
**Requirements** : Diploma of highest educational attainment or Transcript of records, 2 (1X1 picture)  
**Schedule of Availability of Service:** Monday – Friday, 8:00 – 5:00 pm  
**Contact Numbers** : (+632)925-24-01 to 50 local 3815/3816  
**Fees** : none  
**Total/Maximum Duration of Process:** 2 days 6 hours and 10 minutes

### How to Avail of the Service:

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Get and Fill out Personal History Statements (PHS)	Process the application and schedule orientation	HR Staff	HRD Office, 8 <sup>th</sup> floor, Medical Arts Bldg.	5 minutes
2	Attend the orientation	Conduct orientation	HR Staff	HRD Office, 8 <sup>th</sup> floor, Medical Arts Bldg.	3 hours
3	Report to the assigned units	Endorse/Introduce to the supervisor and staff	HR Staff	Concerned office	5 minutes

4	Submit DTR every 15 <sup>th</sup> and 30 <sup>th</sup> of the month and claim allowance	Process and issue allowance	HR Staff  Cashier Staff	HRD Office, 8 <sup>th</sup> floor, Medical Arts Bldg.,  Cashier's Office, Basement, Medical Arts Bldg.	2 days
5	Attend graduation	Prepare and issue Certificate of Completion	HR Staff	HRD Office, 8 <sup>th</sup> floor, Medical Arts Bldg.	3 hours
<b>End of Transaction</b>					

## HOSPITAL ROOM RATES

As of October 1, 2008

\*Rates are subject to increase without prior notice

	<b>UNIT</b>	<b>ROOM NOS.</b>	<b>OCCUPANCY</b>	<b>RATES</b>
1	1-A	101-105	Single	1,750
		Infirmery/106	Double	900
		107	Double	1,400
		108	Quadruple	1,250
		109	Single	1,750
		110	Double	1,400
2	1-B	114-119, 121, 124-127	Double	1,000
		120	Single	1,750
		122 & 123	Triple	900
3	SICU	200-211	Single	2,600
		212 & 214	Double	1,750
4	CCU	215-222, 225-228	Single	2,600
		223 & 224	Double	1,750
5	MICU	229-232, 235-238	Double	1,750
		233-234	Triple	1,450
6	3-A	300-314	Single	1,750
7	3-B	315-328	Single	1,750
8	3-C	Pedia-Main		
		330-332,335-338	Single	1,750
		329	Double	1,300
		333-334	Triple	1,100
		339	Quadruple	800
		340	Quadruple	800
9	PICU I / II		Ward – 10 beds	2,150
			and 1 isolation bed	
10	Children's Ward		11 Beds	700
11	Children's Pay ward		7 Beds	750
12	Men's Ward		15 Beds	700
13	Pre Operation Ward		15 Beds	700
14	Adult Payward		11 Beds	750
15	4-A	400-401*	Single	3,700
		400-401*	Double	2,300
		402,405-407*	Single	2,600
		402,405-407*	Double	1,750
		403 & 404	Single	2,600

16	4-B	408-416,419-422	Private Single	1,750
		417 & 418	Corner Single	2,600
17	4-C	423-426, 429-436	Single	1,750
		427 & 428	Corner Single	2,600
18	4-D	437-446	Triple	1,200
		447	Quadruple	1,100
19	Recovery Room		10 Beds	2,900
20	Neurological Unit		8 beds	1,300

\* convertible to double occupancy

## ELECTROPHYSIOLOGY SECTION

As of October 1, 2008

\*Rates are subject to increase without prior notice

	PROCEDURE/ITEMS	Patients in OPD, Wards, Semi-Private Rooms incl. Semi- Private Rooms in SICU/ MICU/CCU	Patients in Private Rooms and Cubicles Including Private Rooms in SICU/ MICU/CCU/PICU	Patients in Suite
1	Cardioversion	7,000	8,050	9,100
2	Electrophysiologic Studies			
	2.1 SA & AV	5,000	5,700	6,500
	2.2 SA, AV & VT	5,750	6,600	7,500
	2.3 SA, AV, PSVT & VT	6,500	7,500	8,500
3	Head-up Tilt Test	7,500	8,625	9,750
4	Pacemaker Analysis	700	805	910
5	Radiofrequency Ablation	13,450	15,450	17,500
6	Removal of Temporary Pacemaker	3,420	3,935	4,445
7	Repositioning of Temporary Pacemaker	6,215	7,150	8,080
8	Temporary Pacemaker Insertion	13,650	15,700	17,745
9	Use of Pulse Generator	1,745	2,005	2,270
10	EPS-Pharmaceutical Items			
	10.1 Adenosine, vial	1,431.50	1,646.50	1,860.95
	10.2 Atropine Sulfate, ampule	27.00	31.00	35.10
	10.3 Benadryl Ampule	260.75	300.00	339.00
	10.4 Benaxil	151.20	174.00	196.60
	10.5 Calcium Gluconate, ampule	88.75	102.00	115.40
	10.6 Cordarone	275.35	316.50	357.95
	10.7 Dextrose 50%- 50ml,vial	41.80	48.00	54.35
	10.8 Diazepam,ampule	121.25	139.50	157.65
	10.9 Dobutamine, vial	614.25	706.50	798.50
	10.10 Dormicum,ampule	206.70	237.70	268.70
	10.11 Dopamine HCL,ampule	148.50	170.80	193.00
	10.12 Epinephrine,ampule	33.40	38.40	43.50



10.13	Heparin 1000u/ml	197.10	226.70	256.25
10.14	Heparin 5000u/ml	273.50	314.50	355.60
10.15	Isordil 5 mg sublingual	15.45	17.75	20.10
10.16	Lidocaine,polyamp	27.95	32.50	36.35
10.17	Lidocaine, vial	166.75	191.80	216.80
10.18	Nubain, ampule	205.55	236.40	267.20
10.19	Morphine Sulfate,ampule	48.60	55.90	63.20
10.20	Sodium Bicarbonate,vial	141.75	163.00	184.30
10.21	Sterile Water 50cc	23.65	27.20	30.75
10.22	Verapamil	153.00	175.95	199.00

## INVASIVE CARDIOLOGY

As of October 1, 2008

\*Rates are subject to increase without prior notice

	PROCEDURE	Patients in OPD, Wards, Semi-Private Rooms incl. Semi-Private Rooms in SICU/MICU/C CU	Patients in Private Rooms and Cubicles including Private Rooms in SICU/ MICU/CCU/ PICU	Patient in Suite
1	E ASD CLOSURE	22,770	26,185	29,600
2	E CA + ASD CLOSURE	28,125	32,350	36,560
3	E CA + CAROTID ANGIOGRAM	17,000	19,550	22,100
4	E HS + ASD CLOSURE	26,400	30,360	34,320
5	E HS/CA + ASD CLOSURE	31,750	36,510	41,275
6	E RENAL ANGIOPLASTY + STENT	42,600	48,990	55,380
7	E RENAL STENTING	24,660	28,360	32,060
8	ABDOMINAL ANGIOGRAPHY	9,850	11,325	12,805
9	ACT DETERMINATION	440	500	570
10	AORTOGRAPHY CCATHLAB 6	8,200	9,430	10,660
11	ASD CLOSURE	18,975	21,820	24,665
12	BALLOON ATRIAL SEPTOSTOMY	14,060	16,170	18,280
13	CA + AORTOGRAM	14,180	16,305	18,435
14	CA + ASD CLOSURE	23,440	26,955	30,470
15	CA + CAROTID ANGIO + CAROTID STENTING	38,410	44,170	49,930
16	CA + CAROTID ANGIO + PTCA + STENT	45,525	52,350	59,180
17	CA + CAROTID ANGIOGRAM	14,170	16,295	18,420
18	CA + CAROTID STENTING	30,200	34,730	39,260
19	CA + FEMORAL ANGIO	13,465	15,485	17,505
20	CA + FEMORAL ANGIO + FEMORAL ANGIOPLASTY	31,380	36,085	40,795
21	CA + IABI	13,580	15,615	17,655
22	CA + IABI + SGI	22,185	25,510	28,840
23	CA + PTCA	32,700	37,605	42,510
24	CA + PTCA + IABI + SGI + TPI	52,150	59,970	67,795

25	CA + PTCA + STENT	42,730	49,140	55,550
26	CA + PTCA + STENT + IAB	48,335	55,585	62,835
27	CA + PTCA + STENT + IABI + SGI	52,820	60,745	68,665
28	CA + PTCA + STENT + IABI + SGI + TPI	54,100	62,215	70,330
29	CA + PTCA + STENT + TPI	50,240	57,775	65,310
30	CA + PTCA + STENT + TPI + SGI	51,475	59,195	66,915
31	CA + SGI	13,550	15,580	17,615
32	CA + SGI + IABI + TPI	23,440	26,955	30,470
33	CA + TPI	13,180	15,155	17,135
34	CA + VALVOTOMY	23,450	26,965	30,485
35	CAROTID ANGIOGRAPHY	8,200	9,430	10,660
36	CAROTID STENTING	27,400	31,510	35,620
37	SUBCLAVIAN ANGIOGRAPHY	8,200	9,430	10,660
38	SWAN GANZ CATHETER INSERTION - CATH. LAB.	8,125	9,345	10,560
39	TACE/EMBOLIZATION	9,280	10,670	12,065
40	TEMPORARY PACEMAKER INSERTION - CATH. LAB.	7,510	8,635	9,760
41	TRANS-ARTERIAL CHEMOEMBOLIZATION	9,280	10,670	12,065
42	TRANSJUGULAR INTRA-HEPATIC PORTO-SYSTEMIC	31,850	36,625	41,405
43	USE OF IABP FOR THE FIRST 24 HOURS OR PORTION	5,600	6,440	7,280
44	USE OF IABP PER HOUR AFTER THE FIRST 24 HOURS	225	260	290
45	VALVOTOMY ADULT	18,975	21,820	24,665
46	VALVOTOMY PEDIA	18,975	21,820	24,665
47	VENA CAVA FILTER IMPLANTATION	8,200	9,430	10,660
48	MESENTERIC ANGIOGRAPHY	8,200	9,430	10,660
49	PDA CLOSURE-AMPLATZER	18,975	21,820	24,665
50	PERCUTANEOUS AORTIC BALLOON VALVULOPLASTY	18,975	21,820	24,665
51	PERCUTANEOUS BALLOON AORTOPLASTY	18,975	21,820	24,665
52	PERCUTANEOUS PULMONIC BALLOON VALVULOPLASTY	18,975	21,820	24,665

53	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY	29,900	34,385	38,870
54	PERCUTANEOUS TRANSVENOUS BILLIARY DRAINAGE	10,000	11,500	13,000
55	PERCUTANEOUS TRANSVENOUS MITRAL COMMISSUROTOMY	18,975	21,820	24,665
56	PERCUTANEOUS TRICUSPID BALLOON VALVULOPLASTY	18,975	21,820	24,665
57	PERICARDIOCENTESIS - CATH. LAB.	8,050	9,260	10,465
58	PERIPHERAL ANGIOGRAPHY	8,200	9,430	10,660
59	PERIPHERAL/RENAL/VISCERAL	9,160	10,535	11,905
60	PERMANENT PACEMAKER INSERTION	10,650	12,250	13,845
61	POST BYPASS CORONARY ANGIOGRAPHY	13,000	14,950	16,900
62	PRIMARY STENTING	29,900	34,385	38,870
63	PTBD/BILLIARY DRAINAGE	5,470	6,290	7,110
64	PTCA - STENTING (PCI)	31,900	36,685	41,470
65	PTCA + IABI (USE OF MACHINE FOR 1ST DAY)	37,000	42,550	48,100
66	PTCA + RCA + STENT	35,230	40,515	45,800
67	PTCA + RCA + STENT + CAROTID ANGIO	35,230	40,515	45,800
68	PTCA ONLY, DIRECT	29,950	34,440	38,935
69	PTCA W/ RCA	33,280	38,270	43,265
70	PTCRA ONLY	23,425	26,940	30,450
71	PTRA (RENAL ANGIOPLASTY)	14,950	17,190	19,435
72	PULMONARY ANGIOGRAPHY	8,200	9,430	10,660
73	RENAL AND ILIAC STENTING	41,100	47,265	53,430
74	RENAL ANGIOGRAPHY	6,950	7,990	9,035
75	RENAL ANGIOPLASTY + STENT	35,500	40,825	46,150
76	RENAL STENTING	20,550	23,630	26,715
77	RETRIEVAL OF FOREIGN BODIES	10,025	11,530	13,030
78	ROTATIONAL ATHERECTOMY	13,020	14,975	16,925
79	SGI + IABI	10,090	11,605	13,115
80	SGI + TPI	8,790	10,110	11,425
81	SPINAL ANGIOGRAPHY	8,200	9,430	10,660
82	STENT-SUPPORTED CAROTID ANGIOPLASTY	27,400	31,510	35,620
83	COIL EMBOLIZATION	9,280	10,670	12,065
84	CORONARY ANGIOGRAPHY - CATH. LAB	10,830	12,455	14,080

85	ENDOMYOCARDIAL BIOPSY	13,400	15,410	17,420
86	FEMORAL ANGIOGRAPHY	8,995	10,345	11,695
87	HEMODYNAMIC STUDIES (HS) - ADULT	13,400	15,410	17,420
88	HEMODYNAMIC STUDIES (HS) - PEDIA	13,400	15,410	17,420
89	HEPATIC ANGIOGRAPHY	8,200	9,430	10,660
90	HF + TT3A + STENT	39,180	45,055	50,935
91	HS + 2X VALVOTOMY (ADULT)	23,410	26,920	30,435
92	HS + 2X VALVOTOMY (PEDIA)	23,410	26,920	30,435
93	HS + ASD CLOSURE	21,995	25,295	28,595
94	HS + BAS (ADULT)	17,340	19,940	22,540
95	HS + BAS (PEDIA)	17,340	19,940	22,540
96	HS + CA	15,300	17,595	19,890
97	HS + CA + AORTOGRAM	17,720	20,375	23,035
98	HS + CA + ASD CLOSURE	26,460	30,430	34,400
99	HS + CA + IABI	22,800	26,220	29,640
100	HS + CA + TPI	17,635	20,280	22,925
101	HS + EMBOLIZATION	17,540	20,170	22,800
102	HS + PERICARDIOCENTESIS	14,850	17,075	19,305
103	HS + PTR A + RENAL STENTING (PEDIA)	39,190	45,070	50,945
104	HS + RENAL ANGIOPLASTY + STENT + PTR A	39,180	45,055	50,935
105	HS + SGI	14,850	17,075	19,305
106	HS + SGI + TPI	15,685	18,040	20,390
107	HS + TPI	14,850	17,075	19,305
108	HS + VALVOTOMY (ADULT)	22,000	25,300	28,600
109	HS + VALVOTOMY (PEDIA)	22,000	25,300	28,600
110	HS + VALVOTOMY + CA	26,460	30,430	34,395
111	ILIAC STENTING	20,550	23,630	26,715
112	INTRA-AORTIC BALLOON INSERTION	7,510	8,635	9,765

"STAT" procedures shall be charged an additional of 20% on total cost.

Expendables as used will be charged as follows:

1. Drugs and Pharmaceutical Items - acquisition cost + 35%
  2. Narcotics - acquisition cost 50%
  3. Surgical and Medical Supplies - acquisition cost + 50%
  4. Reprocessed Items - 50% of charging rate for new item
- Handling fee (Consigned Items) - 15% of cost

# NON-INVASIVE DIAGNOSTIC CARDIOLOGY DIVISION

As of October 1, 2008

\*Rates are subject to increase without prior notice

	PROCEDURE	Patients in OPD, Wards,Semi-Private Rooms incl. Semi- Private Rooms in SICU/MICU/CCU			Patients in Private Rooms & Cubicles including Private Rooms in SICU / MICU/CCU/PICU			Patients in Suite		
		LAB	PF	TOTAL	LAB	PF	TOTAL	LAB	PF	TOTAL
1	ECG									
	1.1 Station	460	90	550	530	100	630	600	115	715
	1.2 Bedside	550	100	650	635	115	750	715	130	845
2	SA ECG									
	2.1 Station	1,380	250	1,630	1,585	290	1,875	1,795	325	2,120
	2.2 Bedside	1,680	300	1,980	1,930	345	2,275	2,185	390	2,575
3	24-Hr Holter Monitor									
	3.1 Station	3,475	625	4,100	3,995	720	4,715	4,515	810	5,325
	3.2 Bedside	4,170	750	4,920	4,800	860	5,660	5,420	975	6,395
	3.3 Per Additional 24 hrs.	3,300	590	3,890	3,795	680	4,475	4,290	765	5,055
	3.4 Holter Scan	890		890	1,025		1,025	1,155		1,155
4	Echocardiography									
	4.1 2D Echo plain, station	2,610	470	3,080	3,000	540	3,540	3,390	610	4,000
	4.2 2D Echo with contrast	3,280	590	3,870	3,770	680	4,450	4,265	765	5,030
	4.3 2D Echo plain, bedside	3130	560	3,690	3,600	645	4,245	4,070	725	4,795
	4.4 2D Echo with contrast bedside	3940	700	4,640	4,530	800	5,330	5,120	910	6,030
	4.5 2D Echo Doppler, Station	3580	640	4,220	4,115	735	4,850	4,655	830	5,485
	4.6 2D Echo Doppler, bedside	4300	860	5,160	4,945	990	5,935	5,590	1,115	6,705
	4.7 2D Echo Doppler with Contrast	4250	765	5,015	4,890	880	5,770	5,525	995	6,520
	4.8 2D Echo Doppler Contrast Bedside	5015	900	5,915	5,765	1,035	6,800	6,520	1,170	7,690
	4.9 Conrast Study Only	670	120	790	770	135	905	870	155	1,025
	4.10 Doppler Only	2320	420	2,740	2,670	480	3,150	3,015	545	3,560
	4.11 Doppler Only, bedside	2780	500	3,280	3,195	575	3,770	3,615	650	4,265

5	Fetal Echo									
	5.1 Station	4300	860	5,160	4,945	990	5,935	5,590	1,115	6,705
	With Consultant operator's fee & PF	4300	1900	6,200	4,945	2,185	7,130	5,590	2,470	8,060
	5.2 Bedside	4560	1000	5,560	5,245	1,190	6,435	5,930	1,350	7,280
	With consultant operator's fee & PF	4560	2280	6,840	5,245	2,620	7,865	5,930	2,965	8,895
6	TEE									
	6.1 Station	6200	1120	7,320	7,130	1,290	8,420	8,060	1,455	9,515
	With consultant operator's fee & PF	6200	3100	9,300	7,130	3,565	10,695	8,060	4,030	12,090
	6.2 Bedside	7440	1340	8,780	8,555	1,540	10,095	9,670	1,740	11,410
	With consultant operator's fee & PF	7440	3720	11,160	8,555	4,275	12,830	9,670	4,835	14,505
7	IOTEE	8200	1480	9,680	9,430	1,700	11,130	10,660	1,920	12,580
8	Stress Echo	5100	920	6,020	5,865	1,060	6,925	6,630	1,200	7,830
9	Dobutamine Stress Echo	6770	1220	7,990	7,785	1,400	9,185	8,800	1,585	10,385
10	PTMC	8200	1480	9,680	9,430	1,700	11,130	10,660	1,920	12,580
11	3D echocardiography									
	11.1 3D echo only	3040	550	3,590	3,495	630	4,125	3,950	715	4,665
	11.2 2DE Doppler with 3D echo	6620	1190	7,810	7,610	1,370	8,980	8,605	1,545	10,150
	11.3 2D echo plain with 3D echo	5650	1020	6,670	6,500	1,170	7,670	7,345	1,325	8,670
	11.4 Fetal Echo with 3D echo	6515	1170	7,685	7,490	1,345	8,835	8,470	1,520	9,990
	With Consultant operator's fee & PF	6515	3420	9,935	7,490	3,930	11,420	8,470	4,440	12,910
	11.5 TEE with 3D echo	9240	1660	10,900	10,625	1,900	12,525	12,010	2,150	14,160
	With Consultant operator's fee & PF	9240	4620	13,860	10,625	5,310	15,935	12,010	6,000	18,010
12	Stress Test	1640	295	1,935	1,885	340	2,225	2,130	385	2,515
13	Retaping	720		720	830		830	935		935

## CARDIAC REHABILITATION SECTION

As of October 1, 2008

\*Rates are subject to increase without prior notice

	PROCEDURE	Patients in OPD, Wards, Semi-Private Rooms incl. Semi-Private Rooms in SICU/MICU/CCU			Patients in Private Rooms & Cubicles including Private Rooms in SICU / MICU/CCU/PICU			Patients in Suite		
		LAB	PF	TOTAL	LAB	PF	TOTAL	LAB	PF	TOTAL
	<b>CCReP Packages</b>									
1	Phase I – In Patient									
	1.1 For Open Heart Surgery (6 visits)	4,500	4,440	8,940	5,175	4,440	9,615	5,850	4,440	10,290
	1.2 For Post MI (5 visits)	5,100	3,240	8,340	5,865	3,240	9,105	6,630	3,240	9,870
2	Phase I – In Patient									
	2.1 For Open Heart Surgery (3 visits)	2,250	2,220	4,470	2,590	2,220	4,810	2,930	2,220	5,150
	2.2 For Post MI (3 visits)	3,060	1,950	5,010	3,520	1,950	5,470	3,980	1,950	5,930
3	Phase II – Out Patient	7,700	4,320	12,020						
4	Combined Phase I & II (for open heart surgery)	10,725	7,800	18,525						
5	Combined Phase I & II (for post MI)	10,920	6,960	17,880						
6	Phase III (maintenance)									
	6.1 One (1) month – 12 sessions	2,790	1,980	4,770						
	6.2 Two (2) months – 24 sessions	5,015	2,880	7,895						
	6.3 Three (3) months – 36 sessions	6,340	4,320	10,660						
7	Project HOPE (Health Optimization through Prevention & Exercise) 6 weeks – 16 sessions	8,000	4,560	12,560						



## LABORATORY MEDICINE DIVISION

As of October 1, 2008

\*Rates are subject to increase without prior notice

	PROCEDURE	Patients in OPD, Wards,Semi-Private Rooms incl. Semi- Private Rooms in SICU/MICU/CCU	Patients in Private Rooms & Cubicles including Private Rooms in SICU / MICU/CCU/ PICU	Patients in Suite
	<b>CLINICAL CHEMISTRY SECTION</b>			
	<b>SERUM/PLASMA</b>			
1	Albumin	280	325	365
2	ALP (Alkaline Phosphatase)	280	345	390
3	ALT/SGPT	280	345	390
4	Amylase	390	520	600
5	AST/SGOT	280	345	390
6	BUN/Urea	195	225	255
7	Calcium	235	300	345
8	Chloride	250	300	345
9	CKMB (including CK - Total)	895	1,100	1,250
10	Creatine Kinase (CK-Total)	555	640	725
11	Creatinine	195	225	255
12	Fasting Blood Sugar	195	225	255
13	HbA1c/Glycosylated Hemoglobin	870	1,005	1,135
14	Lactate Dehydrogenase (LDH)	280	345	390
15	Lipase	1,000	1,150	1,300
16	Magnesium	260	300	345
17	Oral Glucose Challenge Test (OGCT)	600	795	900
18	Oral Glucose Tolerance Test - 2 hours	720	900	1,015
19	Oral Glucose Tolerance Test - 3 hours	890	1,090	1,255
20	Oral Glucose Tolerance Test - 4 hours	1,060	1,220	1,345
21	Phosphorus	300	345	390
22	Post Prandial Blood Sugar (PPBS)	195	225	255

23	Potassium	250	300	345
24	Random Blood Sugar	195	225	255
25	Sodium	250	300	345
26	Total Bilirubin	605	700	790
27	TP/AG Ratio	505	600	690
28	Uric Acid	195	225	255
	<b>CLINICAL CHEMISTRY SECTION</b>			
	<b>FLUIDS</b>			
1	Cerebrospinal fluid - Glucose	195	225	255
	Cerebrospinal fluid - LDH	280	345	390
	Cerebrospinal fluid - Protein	975	1,125	1,270
2	Other Fluid Albumin	280	325	365
	Other Fluid Alkaline Phosphatase	280	345	390
	Other Fluid ALT	280	345	390
	Other Fluid AST	280	345	390
	Other Fluid Amylase	390	520	600
	Other Fluid BUN/Urea	195	225	255
	Other Fluid Chloride	250	300	345
	Other Fluid CKMB (including CK-Total)	895	1,100	1,250
	Other Fluid Creatine Kinase (CK-Total)	555	640	725
	Other Fluid Creatinine	195	225	255
	Other Fluid Glucose	195	225	255
	Other Fluid Lactate Dehydrogenase (LDH)	280	345	390
	Other Fluid Magnesium	260	300	345
	Other Fluid Phosphorus	300	345	390
	Other Fluid Potassium	250	300	345
	Other Fluid Protein (except CSF protein)	280	350	395
	Other Fluid Sodium	250	300	345
	Other Fluid Total Bilirubin	605	700	790
	Other Fluid TP/AG Ratio	505	600	690
	Other Fluid Uric Acid	195	225	255
3	Pericardial Fluid Glucose	195	225	255
	Pericardial Fluid LDH	280	345	390
	Pericardial Fluid Protein	280	350	395
4	Peritoneal Fluid Glucose	280	325	365
	Peritoneal Fluid LDH	195	345	390
	Peritoneal Fluid Protein	280	350	395
5	Pleural Fluid Glucose	195	225	255

	Pleural Fluid LDH	280	345	390
	Pleural Fluid Protein	280	350	395
	<b>URINE</b>			
	24 hour Urine Creatinine	195	225	255
	24 hour Urine Potassium	250	300	345
	24 hour Urine Protein	480	555	625
	24 hour Urine Sodium	250	300	345
	23 hour Urine Creatinine Clearance	435	600	690
	Random or Timed Urine Amylase	390	520	600
	Random Urine Creatinine	195	225	255
	Random Urine Potassium	250	300	345
	Random Urine Sodium	250	300	345
	<b>SPECIAL CHEMISTRY SECTION</b>			
1	Lipid Profile	1,230	1,620	1,855
2	Cholesterol	250	300	345
3	Triglycerides	350	480	550
4	High Density Lipoprotein (HDL Direct)	470	600	690
5	Low Density Lipoprotein (LDL Direct)	470	545	615
6	Very Low Density Lipoprotein (VLDL)	400	530	600
1	Complete Cardiac Panel	4,730	5,440	6,150
	(Troponin I, CKMB mass, Myoglobin)			
2	CKMB mass	1,875	2,160	2,440
3	CKMB mass + Troponin I	2,470	2,845	3,215
4	D-Dimer Exclusion	4,220	4,855	5,490
5	Troponin I (Quantitative)	1,200	1,380	1,560
6	Myoglobin	2,515	2,895	3,270
7	Troponin T	2,565	2,950	3,335
	<b>FLUIDS</b>			
1	Other Fluid Cholesterol	250	300	345
2	Other Fluid Triglycerides	350	480	550
3	Pleural Fluid Cholesterol	250	300	345
4	Pleural Fluid Triglycerides	350	480	550
	<b>MISCELLANEOUS ITEMS</b>			
1	Additional Laboratory Copy	15	17	20
2	Green/Red/Blue Test Tube	15	17	20
3	Miscellaneous Test 1 (Body Fluid)	150	175	195

4	Miscellaneous Test 2 (Body Fluid)	250	290	325
5	Miscellaneous Test 3 (Body Fluid)	500	575	650
6	Miscellaneous Test 4 (Body Fluid)	1,000	1,150	1,300
7	Handling Fee (government specialty center)	200	230	260
8	Handling Fee (private hospital)	500	575	650
	<b>HEMATOLOGY SECTION</b>			
1	Activated Partial Thromboplastin Time (APTT/PTT)	400	460	520
2	Bleeding Time	90	105	120
3	Cell Count (Fluids)	250	290	325
4	Clot Retraction Time	120	140	160
5	Complete Blood Count	300	345	390
6	Erythrocyte Sedimentation Rate	165	190	215
7	Howell-Jolly Bodies	165	190	215
8	Lupus Erythematosus Preparation	240	300	345
9	Malarial Smear	300	345	390
10	Peripheral Smear	300	345	390
11	pH	90	105	120
12	Prothrombin Time (PT/PTPA)	300	345	390
13	Reticulocyte Count	100	120	130
14	Specific Gravity (Fluids)	90	105	120
15	Fluid Hematocrit	250	290	325
	<b>IMMUNOLOGY SECTION</b>			
1	Alpha fetoprotein (AFP)	1,430	1,645	1,860
2	Carcino Embryonic Antigen (CEA)	1,325	1,525	1,725
3	Total Prostate Specific Antigen	860	990	1,120
	Total Prostate Specific Antigen - STAT	1,500	1,725	1,950
	<b>SEROLOGY SECTION</b>			
1	Anti-Nuclear Antibody (ANA) - Qualitative	1,465	1,685	1,905
2	Anti-Streptolysin O titer (ASO)	545	630	710
3	C-Reactive Protein (CRP)	480	555	625
4	Dengue Test	900	1,035	1,170
5	Rheumatoid Factor (RF/RA Factor)	420	520	600
6	Salmonella typhi IgM	1,225	1,410	1,595
	<b>MICROBIOLOGY SECTION</b>			

	<b>Smear/Wet Mount Preparation</b>			
1	Acid Fast Bacilli (AFB) Smear	175	205	230
2	Gram Stain	155	180	205
3	India Ink Preparation	155	205	240
4	KOH	155	205	240
	<b>Culture and Sensitivity</b>			
5	Ascitic (Peritoneal/Abdominal) Fluid C/S with Gram Stain)	860	990	1,120
	<b>Blood Culture and Sensitivity</b>			
6	Blood C/S (Pediatric - ARD)	1,280	1,475	1,665
	Blood C/S (Aerobic and Anaerobic - ARD)	2,000	2,300	2,600
	<b>Body Fluid Culture and Sensitivity</b>			
7	Body Fluids C/S (Aerobic - ARD)	1,280	1,475	1,665
8	Body Fluids C/S (Aerobic and Anaerobic - ARD)	2,000	2,300	2,600
	<b>Culture and Sensitivity</b>			
9	Bronchial Washing C/S (with Gram Stain)	860	990	1,120
10	Cerebrospinal Fluid C/S (with Gram Stain)	860	990	1,120
11	Ear Discharge C/S ( with Gram Stain)	860	990	1,120
12	Endotracheal Aspirate (ETA) C/S (with Gram Stain)	860	990	1,120
13	Eye Discharge C/S (with Gram Stain)	860	990	1,120
14	Nasotracheal Aspirate C/S (NTA) (with Gram Stain)	860	990	1,120
15	Nose Discharge C/S (with Gram Stain)	860	990	1,120
16	Other C/S (with Gram Stain)	860	990	1,120
17	Other C/S (without Gram Stain)	820	945	1,070
18	Pericardial Fluid C/S ( with Gram Stain)	860	990	1,120
19	Peritoneal (Ascitic/Abdominal) Fluid C/S (w/ GS)	860	990	1,120
20	Pleural Fluid C/S (with Gram Stain)	860	990	1,120
21	Prostatic Discharge C/S (with Gram Stain)	860	990	1,120

22	Rectal Swab C/S (with Gram Stain)	860	990	1,120
23	Sputum C/S (with Gram Stain)	860	990	1,120
24	Stool C/S ( with Gram Stain)	860	990	1,120
25	Stool C/S ( without Gram Stain)	820	945	1,070
26	Synovial (Joint) Fluid C/S ( with Gram Stain)	860	990	1,120
27	Throat Swab C/S ( with Gram Stain)	860	990	1,120
28	Urethral Discharge C/S ( with Gram Stain)	860	990	1,120
29	Urine C/S (with Gram Stain)	860	990	1,120
30	Urine C/S (without Gram Stain)	820	945	1,070
31	Vaginal Discharge C/S ( with Gram Stain)	860	990	1,120
32	Wound Discharge C/S ( with Gram Stain)	860	990	1,120
	<b>CLINICAL MICROSCOPY SECTION</b>			
1	Bence-Jones Protein	155	195	220
2	Microalbumin Urine, Qualitative	155	180	200
3	Pregnancy Test, Qualitative	190	255	285
4	Semen Analysis	450	600	690
5	Sperm Count Only	260	300	345
6	Urinalysis, Routine	170	200	225
	<b>Urinalysis Parameter</b>			
8	Glucose	90	105	120
9	Protein	90	105	120
10	Acetone	90	105	120
11	pH	90	105	120
12	Specific Gravity	90	105	120
13	Erythrocytes	90	105	120
14	Leukocyte	90	105	120
15	Nitrite	90	105	120
16	Bilirubin	90	105	120
17	Urobilinogen	90	105	120
	<b>PARASITOLOGY SECTION</b>			
1	Direct Smear Examination	90	105	120
2	Helicobacter Pylori (H. Pylori)	870	1,005	1,135
3	Occult Blood	135	155	180
4	Stool Exam (Fecalalysis)	90	105	120

## LABORATORY MEDICINE DIVISION

As of October 1, 2008

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	PROCEDURE	Patients in OPD, Wards,Semi- Private Rooms incl. Semi-Private Rooms in SICU/MICU/CCU			Patients in Private Rooms & Cubicles including Private Rooms in SICU / MICU/CCU/ PICU			Patients in Suite		
	<b>CYTOLOGY SECTION</b>									
	<b>Smear</b>									
1	Pap's smear	200	400	600	230	460	690	260	520	780
2	Bronchial brushing smear	200	600	800	230	690	920	260	780	1,040
3	Cerebrospinal fluid (cytospin) smear	755	600	1,355	870	690	1,560	985	780	1,765
4	Urine (cytospin) smear	755	600	1,355	870	690	1,560	985	780	1,765
	<b>Fluid Cytology and Cell Block</b>									
1	Bronchial washing	510	600	1,110	590	690	1,280	665	780	1,445
2	Endotracheal aspirate	510	600	1,110	590	690	1,280	665	780	1,445
3	Other body fluid	510	600	1,110	590	690	1,280	665	780	1,445
4	Pericardial fluid	510	600	1,110	590	690	1,280	665	780	1,445
5	Peritoneal (ascitic/abdominal) fluid	510	600	1,110	590	690	1,280	665	780	1,445
6	Pleural (thoracentesis) fluid	510	600	1,110	590	690	1,280	665	780	1,445
7	Synovial (joint) fluid	510	600	1,110	590	690	1,280	665	780	1,445
8	Sputum	510	600	1,110	590	690	1,280	665	780	1,445
	<b>Fine Needle Aspirate and Biopsy</b>									
1	CT Scan Guided FNAB/pass	990	1,000	1,990	1,140	1,150	2,290	1,290	1,300	2,590
2	Ultrasound Guided FNAB/pass	990	1,000	1,990	1,140	1,150	2,290	1,290	1,300	2,590
	(6 slides only and 1 cell block									
3	FNAB (Pathologist performed) pass	1,100	1,000	2,100	1,265	1,150	2,415	1,430	1,300	2,730
<b>Fine Needle Aspirate and Biopsy (outside)</b>										
4	FNAB (price/slide) plus	80		80	100		100	110		110

	Slide Review or Second Opinion	110	1,000	1,110	130	1,150	1,280	145	1,300	1,445
5	FNAB (price/cell block) plus	250		250	290		290	325		325
	Slide Review or Second Opinion	110	1,000	1,110	130	1,150	1,280	145	1,300	1,445
	<b>HISTOPATHOLOGY SECTION</b>									
1	Small specimen	530	**		610	**		690	**	
2	Endoscopic/needle core biopsies	595	**		685	**		775	**	
3	Medium specimen	770	**		885	**		1,000	**	
4	Large specimen	1,100	**		1,265	**		1,430	**	
5	Radical specimen	1,500	**		1,725	**		1,950	**	
6	Additional slides for H & E (re-cut slide tissue)	100	**		115	**		130	**	
7	Slide Review or Second Opinion	100	**		115	**		130	**	
8	Gross Examination Only	100	**		115	**		130	**	
	<b>Special Stains</b>									
9	AFB Tissue Stain	450	500	950	520	575	1,095	585	650	1,235
10	Brown and Brenn (Modified Gram Stain)	450	500	950	520	575	1,095	585	650	1,235
11	Elastic Satin (for Pulmonary Hypertension)	450	500	950	520	575	1,095	585	650	1,235
12	Masson's Trichrome (Connective Tissue Stain)	450	500	950	520	575	1,095	585	650	1,235
13	Mayer's Mucicarmin (for Mucin)	450	500	950	520	575	1,095	585	650	1,235
14	PAS Stain	450	500	950	520	575	1,095	585	650	1,235
15	Wright's Giemsa (for Helicobacter Pylori)	450	500	950	520	575	1,095	585	650	1,235
	<b>Autopsy</b>									
16	Partial	3,120	**		3,590	**		4,060	**	
17	Complete	4,345	**		5,000	**		5,650	**	

\*\* PF according to level of specimen



## BLOOD BANK DIVISION

As of October 1, 2008

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	PROCEDURE	Patients in OPD, Wards,Semi- Private Rooms incl. Semi- Private Rooms in SICU/MICU/CCU	Patients in Private Rooms & Cubicles including Private Rooms in SICU / MICU/CCU/ PICU	Patient in Suite
1	One unit of ABO/AB Whole Blood (500cc)	1,500	1,500	1,500
2	250 cc or less of ABO/AB Whole Blood	1,400	1,400	1,400
3	One unit of ABO/AB Packed RBC	1,100	1,100	1,100
4	150 cc or less of ABO/AB Packed RBC	1,050	1,050	1,050
5	One unit of Platelet Concentrate	700	700	700
6	One unit of Fresh Frozen Plasma	700	700	700
7	One unit of Fresh Plasma	700	700	700
8	One unit of Cryoprecipitate	700	700	700
9	One unit of Cryosupernate	700	700	700
10	One unit of Washed RBC	2,620	3,010	3,400
11	Storage and Handling	285	330	370
12	ABO/Rh Blood Typing	210	240	275
13	Rh Blood Typing	155	180	200
14	Three Phases of Crossmatching	325	375	425
15	Screening of One Donor (w/o HIV & HCV)	1,000	1,150	1,300
16	Screening and Bleeding (Whole Blood)	1,500	1,500	1,500
17	Screening and Bleeding (Packed RBC)	1,100	1,100	1,100
18	Screening Test for Syphilis (RPR)	175	200	230
19	Quantitative Test for Syphilis ( RPR)	195	225	255
20	Direct Coomb's Test	195	225	255
21	Test for Cold Agglutinins	430	495	560
22	One CPD - Single Blood Pack	210	240	275
23	One Transfer Pack (300 ml)	210	240	275
24	HIV / AIDS Test	585	675	760

25	Antibody Screening Test (Donor)	410	470	535
26	Antibody Screening Test (Patient)	640	830	830
27	Antibody Screening Test (per component)	130	150	170
28	Hep B Surface Antigen (HBsAg)	600	690	780
29	Hep B Surface Antibody (Anti-HBs)	600	690	780
30	Hep B Core Antibody (Anti-Hbc)	600	690	780
31	Hep B Envelope Antigen (HBeAg)	650	750	845
32	Hep B Envelope Antibody (Anti-Hbe)	650	750	845
33	Hep A Virus IgM Antibody (Anti-HAV)	780	900	1,015
34	Hep C Virus Antibody (Anti-HCV)	815	935	1,060
35	Hepatitis Profile (A)			
	(Package deal for 7 Markers #28-34)	4,225	4,850	5,500
36	Hepatitis Profile (B)			
	(Package deal for 6 Markers #28-33)	3,500	4,025	4,550
37	Hepatitis Profile (C)			
	(Package deal for 4 Markers HBsAg, Anti-HBs, Anti-HBc & Anti-HCV)	2,350	2,700	3,055
38	Hepatitis Profile (D)			
	(Package deal for 3 Markers HBsAg, Anti-HBs & Anti-HBc)	1,620	1,860	2,100
	(Package deal for 3 Markers HBsAg, Anti-HBs & Anti-HCV)	1,815	2,080	2,360
39	Hepatitis Profile (E) (Package deal for 2 Markers HbsAg & Anti-HBs)	1,080	1,240	1,400
40	Use of Plasmapheresis Machine (8)	13,515	15,540	17,570
	Screening and Bleeding (Whole Blood)	1,500	1,500	1,500
41	Screening Test for Malaria	515	590	670
42	Drug Testing	180	180	180

"STAT" request for procedure #12-21, shall be charged an additional charge of 20% on total cost.

No professional fees authorized for any of the procedures.

## NEUROVASCULAR/EEG LABORATORY

As of October 1, 2008

\*Rates are subject to increase without prior notice

	PROCEDURE	Patients in OPD, Wards,Semi-Private Rooms incl. Semi- Private Rooms in SICU/MICU/CCU			Patients in Private Rooms & Cubicles including Private Rooms in SICU / MICU/CCU/ PICU			Patient in Suite		
		LAB	PF	TOTAL	LAB	PF	TOTAL	LAB	PF	TOTAL
	<b>TRANSCRANIAL DOPPLER EXAMINATION</b>									
	Station	2,300	800	3,100	2,645	800	3,445	3,000	800	3,800
	Bedside	2,760	800	3,560	3,175	800	3,975	3,600	800	4,400
	<b>EEG</b>									
	Station	1,375	500	1,875	1,600	500	2,100	1,800	500	2,300
	Bedside	1,650	500	2,150	1,920	500	2,420	2,160	500	2,660

## NUCLEAR MEDICINE

As of October 1, 2008

\*Rates are subject to increase without prior notice

	PROCEDURE	Patients in OPD, Wards,Semi-Private Rooms incl. Semi- Private Rooms in SICU/MICU/CCU			Patients in Private Rooms & Cubicles including Private Rooms in SICU / MICU/CCU/ PICU			Patient in Suite		
		LAB	PF	TOTAL	LAB	PF	TOTAL	LAB	PF	TOTAL
1	SPECT TL-201 W/ STRESS	14,000	1,700	15,700	16,100	1,955	18,055	18,200	2,210	20,410
2	SPECT TI-201 REST REDISTRIBUTION	13,800	1,680	15,480	15,870	1,930	17,800	17,940	2,180	20,120
3	SPECT TI-201 W/ DIPYRIDAMOLE	14,000	1,700	15,700	16,100	1,955	18,055	18,200	2,210	20,410
4	SPECT TI-201 W/ STRESS	16,000	1,900	17,900	18,400	2,185	20,585	20,800	2,470	23,270
5	SPECT SESTAMIBI W/ STRESS	14,000	1,700	15,700	16,100	1,955	18,055	18,200	2,210	20,410
6	SPECT SESTAMIBI ( RESTING )	13,800	1,680	15,480	15,870	1,930	17,800	17,940	2,180	20,120
7	SPECT SESTAMIBI W/ DIPYRIDAMOLE	14,000	1,700	15,700	16,100	1,955	18,055	18,200	2,210	20,410
8	FIRST PASS RNA	6,000	500	6,500	6,900	575	7,475	7,800	650	8,450
9	ACUTE M.I.	6,000	500	6,500	6,900	575	7,475	7,800	650	8,450
10	GCBP ( REST)	8,000	500	8,500	9,200	575	9,775	10,400	650	11,050
11	GCBP ( STRESS)	9,500	950	10,450	10,925	1,090	12,015	12,350	1,235	13,585
12	THYROID SCAN	1,350	150	1,500	1,550	175	1,725	1,755	195	1,950
13	THYROID UPTAKE (1-31)	1,350	100	1,450	1,550	115	1,665	1,755	130	1,885
14	THYROID SCAN AND UPTAKE	2,700	150	2,850	3,105	175	3,280	3,510	195	3,705
15	RENAL SCAN/GFR/ RENOGRAM (IN-VITRO	5,000	500	5,500	5,750	575	6,325	6,500	650	7,150
16	RENAL SCAN FUROSEMIDE	5,000	500	5,500	5,750	575	6,325	6,500	650	7,150
17	RENAL SCAN (DMSA)	4,200	500	4,700	4,830	575	5,405	5,460	650	6,110
18	SCINTIMAMMOGRAPHY( HDP)	5,500	550	6,050	6,325	630	6,955	7,150	715	7,865
19	SCINTIMAMMOGRAPHY(	5,500	550	6,050	6,325	630	6,955	7,150	715	7,865

	SESTAMIBI)									
20	SCINTIMAMMOGRAPHY WITH BONE SCAN	7,500	750	8,250	8,625	860	9,485	9,750	975	10,725
21	TOTAL BODY BONE SCAN	5,500	550	6,050	6,325	630	6,955	7,150	715	7,865
22	RBC TAGGED SCAN/ G.I. BLEEDING (6HRS)	13,000	1,300	14,300	14,950	1,495	16,445	16,900	1,690	18,590
23	RBC TAGGED SCAN/ G.I. BLEEDING									
	ADD'N CHAR ( AFTER OFFICE HOURS)	2,500		2,500	2,875		2,875	3,250		3,250
24	HEPATOBIILIARY	6,500	650	7,150	7,475	745	8,220	8,450	845	9,295
25	LIVER SCAN (SPECT)	5,000	500	5,500	5,750	575	6,325	6,500	650	7,150
26	LUNG PERFUSION	6,000	600	6,600	6,900	690	7,590	7,800	780	8,580
27	LUNG VENTILATION	8,000	800	8,800	9,200	920	10,120	10,400	1,040	11,440
28	LEG VENOGRAPHY	7,000	700	7,700	8,050	805	8,855	9,100	910	10,010
29	LEG VENOGRAPHY INC. LUNG PERF.	8,500	850	9,350	9,775	975	10,750	11,050	1,105	12,155
30	PARATHYROID(TL-201)	8,000	800	8,800	9,200	920	10,120	10,400	1,040	11,440
31	PARATHYROID(MIBI)	8,000	800	8,800	9,200	920	10,120	10,400	1,040	11,440
32	GASTROESOPHAGEAL REFLUX	6,000	600	6,600	6,900	690	7,590	7,800	780	8,580
33	TESTICULAR IMAGING	5,000	400	5,400	5,750	460	6,210	6,500	520	7,020
34	DACRYOCYSTOGRAM	2,500	250	2,750	2,875	285	3,160	3,250	325	3,575
35	SALIVARY GLAND	3,500	300	3,800	4,025	345	4,370	4,550	390	4,940
36	GASTRIC EMPTYING	4,500	500	5,000	5,175	575	5,750	5,850	650	6,500
37	MECKEL'S DIVERTICULUM	5,400	400	5,800	6,210	460	6,670	7,020	520	7,540
38	SPECT ( USE OF MACHINE)	2,500		2,500	2,875		2,875	3,250		3,250
39	TOTAL BODY SCAN (USE OF MACHINE PER HOUR)	3,500		3,500	4,025		4,025	4,550		4,550
40	EXTRA FILM CHARGE ( PER FILM)	350		350	400		400	455		455
41	1-131 THERAPY ( EXCLUDING 1-131)	1,500		1,500	1,725		1,725	1,950		1,950
42	BONE SCAN ( USING 1- 131)	6,000	500	6,500	6,900	575	7,475	7,800	650	8,450
43	EXTRA CD	1,000		1,000	1,150		1,150	1,300		1,300
	<b>RADIOIMMUNOASSAY (  BY BATCH)</b>									

1	FT3 RIA	1,000	100	1,100	1,150	115	1,265	1,300	130	1,430
2	FT4 RIA	1,000	100	1,100	1,150	115	1,265	1,300	130	1,430
3	DIGOXIN	3,000	300	3,300	3,450	345	3,795	3,900	390	4,290
4	TSH IRMA	1,000	100	1,100	1,150	115	1,265	1,300	130	1,430
5	FT3 & FT4 RIA	1,900	190	2,090	2,185	220	2,405	2,470	245	2,715
6	FT4 RIA & TSH IRMA	1,900	190	2,090	2,185	220	2,405	2,470	245	2,715
7	FT3, FT4 RIA & TSH IRMA	2,700	270	2,970	3,105	310	3,415	3,510	350	3,860
	<b>RADIOIMMUNOASSAY ( INDIVIDUAL RUN )</b>									
1	FT3 RIA	2,700	270	2,970	3,105	310	3,415	3,510	350	3,860
2	FT4 RIA	2,700	270	2,970	3,105	310	3,415	3,510	350	3,860
3	DIGOXIN	3,500	350	3,850	4,025	400	4,425	4,550	455	5,005
4	TS IRMA	2,700	270	2,970	3,105	310	3,415	3,510	350	3,860

## PHYSICAL MEDICINE AND REHABILITATION DIVISION

As of October 1, 2008

\*Rates are subject to increase without prior notice

	<b>PROCEDURE</b>	<b>Patients in OPD, Wards,Semi-Private Rooms incl. Semi- Private Rooms in SICU/MICU/CCU</b>	<b>Patients in Private Rooms &amp; Cubicles including Private Rooms in SICU / MICU/CCU/ PICU</b>	<b>Patient in Suite</b>
1	Occupational Therapy I	300	445	550
2	Occupational Therapy II	300	445	550
3	Occupational Therapy III	300	445	550
4	Occupational Therapy IV	300	445	550
5	Occupational Therapy V	300	445	550
6	Occupational Therapy VI	100	150	180
7	Splinting I	380	435	390
8	Splinting II	1,155	1,335	1,500
9	Splinting III	2,335	2,665	3,000
1	Physical Therapy I	500	650	725
2	Physical Therapy II	500	650	725
3	Physical Therapy III	500	650	725
4	Physical Therapy IV	580	730	805
5	Physical Therapy V	500	650	725
6	Physical Therapy VI	580	730	805
7	Physical Therapy VII	500	650	725
8	Physical Therapy VIII	250	325	360
9	Wellness I	500	650	725
10	Wellness II	530	680	735
1	EMG-Myasthenia Protocol	1,110	1,330	1,665

2	EMG-SSEP	1,110	1,330	1,665
3	EMG-NCV (1-2 extremities)	1,830	2,055	2,390
4	EMG-NCV (3-4 extremities)	2,230	2,440	2,670
5	EMG-NCV with MP	2,550	2,830	3,225
6	EMG-NCV with SSEP	2,550	2,830	3,225

\*Inclusive of EMG needle

\*\* All rates of Electrodiagnostic procedures are exclusive of professional fees.

Excluding professional fees:

(OT I-V) - ₪ 200

(OT VI) - ₪ 50

(Splinting I ) - ₪ 150

(Splinting II ) - ₪ 280

(Splinting III )- ₪ 400



## PULMONARY AND CRITICAL CARE MEDICINE

As of October 1, 2008

\*Rates are subject to increase without prior notice

	PROCEDURE	Patients in OPD, Wards,Semi-Private Rooms incl. Semi- Private Rooms in SICU/MICU/CCU	Patients in Private Rooms & Cubicles including Private Rooms in SICU / MICU/CCU/ PICU	Patient in Suite
1	Arterial Blood Gas (ABG)	800	920	1,040
2	ABG with electrolytes det	1,000	1,150	1,300
3	ABG with lactate	900	1,035	1,170
4	Complete ABG panel	1,200	1,375	1,555
5	Pleural pH det	750	870	975
6	Venous HCO <sub>3</sub> det	750	870	975
7	Hemodynamic studies CV lab/analysis	400	460	520
8	Use of microprocessor/day	1,725	1,985	2,243
9	IPPB inhalation therapy	240	275	310
10	Inhalation therapy	115	135	150
11	Incentive spirometry use/monitoring	75	85	100
12	PEFR monitoring/day	110	125	145
13	Pulmo Rehab Program	10,000	10,000	10,000
14	Cardio pulmonary exercise test	3,600	3,600	3,600
15	Follow up exercise/per session rehab	450	450	450
16	Pre-flight evaluation	2,100	2,100	2,100
17	Six minute walk	500	500	500
18	AaDO <sub>2</sub> test	1,760	1,995	2,290
19	Use of AaDO <sub>2</sub> gadget	175	200	230
20	Use of mech percussor	115	135	150
21	Use of BIPAP machine/day	1,200	1,380	1,560
22	Spotcheck	330	380	430
23	Pulse ox 1-12 hrs	560	640	730
24	Pulse ox 24 hrs	840	970	1,090
25	Bronchoscopy Procedure	5,900	6,780	7,670
	Bronchoscopy Package I	11,275	-	-

	Bronchoscopy Package II	8,520	-	-
	Bronchoscopy Package III	6,770	-	-
	Bronchoscopy Package IV	7,965	-	-
	Bronchoscopy Package V	10,495	-	-
	Bronchoscopy Package VI	8,745	-	-
	Bronchoscopy Package VII	9,300	-	-
	Bronchoscopy Package VIII	5,900	-	-
26	Simple Spirometry (PFT)	900	1,025	1,165
27	Spirometry (pre/post)	1,380	1,590	1,795
28	Post broncho challenge	1,045	1,200	1,360
29	Spiro with bronchoprovocation	1,495	1,720	1,945
30	Lung volume studies	908	1,045	1,185
31	DLCO	1,370	1,575	1,780
32	Complete test	3,470	3,990	4,520
33	PFT Pedia	1,415	1,630	1,840
34	PFT neonates	1,470	1,690	1,910
35	Diagnostic sleep study	14,500	same	same
36	Therapeutic sleep study	12,000	same	same
37	Diag & Thera	22,500	same	same
38	Sputum induction	100	100	100
39	Use of transport vent ( 1- 12 hrs)	980	1,130	1,270
40	Use of transport vent ( 12 - 24 hrs )	1,880	2,160	2,445
41	Use of IPC machine	415	477	540

"STAT" requests are to be charged an additional 20% of the procedure

Expendables will be charged as follows:

1. Drugs and Pharmaceuticals - acquisition cost + 35%
2. Medical and Surgical Supplies - acquisition cost + 50%
3. Narcotics - acquisition cost + 50%

Note: Bronchoscopy Procedures exclude reader's fee of Bronchoscopist

## RADIOLOGICAL SCIENCES DIVISION

As of October 1, 2008

\*Rates are subject to increase without prior notice

	PROCEDURE	Patients in OPD, Wards,Semi-Private Rooms incl. Semi- Private Rooms in SICU/MICU/CCU			Patients in Private Rooms & Cubicles including Private Rooms in SICU / MICU/CCU/ PICU			Patient in Suite		
		LAB	PF	TOTAL	LAB	PF	TOTAL	LAB	PF	TOTAL
	<b>Diagnostic Radiology</b>									
1	Chest PA	340	110	450	405	135	540	475	155	630
2	Chest PAL (Adult)	400	135	535	460	155	615	520	175	695
3	Chest PAL (Pedia)	400	135	535	460	155	615	520	175	695
4	Chest AP (Portable)	345	115	460	400	130	530	450	150	600
5	Chest ALV	225	75	300	260	85	345	300	90	390
6	Chest Coned Down View	225	75	300	260	85	345	300	90	390
7	Chest Lateral	300	100	400	345	115	460	390	130	520
8	Chest Lateral Decubitus	315	105	420	365	120	485	415	135	550
9	Ribs	400	135	535	460	155	615	520	175	695
10	Sternum	400	135	535	460	155	615	520	175	695
11	Clavicle	315	105	420	365	120	485	415	135	550
12	Cardiac Series	1,200	400	1,600	1,380	460	1,840	1,560	520	2,080
13	IVP, Plain	2,850	950	3,800	3,280	1,090	4,370	3,705	1,235	4,940
14	IVP, Hypertensive	3,150	1,050	4,200	3,625	1,205	4,830	4,095	1,365	5,460
15	Barium Enema	2,100	700	2,800	2,415	805	3,220	2,730	910	3,640
16	Barium Swallow	1,200	400	1,600	1,380	460	1,840	1,560	520	2,080
17	Upper GI Series	1,500	500	2,000	1,725	575	2,300	1,950	650	2,600
18	Small Int. Series	1,500	500	2,000	1,725	575	2,300	1,950	650	2,600
19	Oral Cholecystogram	900	300	1,200	1,035	345	1,380	1,170	390	1,560
20	Chole-GI Series	2,250	750	3,000	2,590	860	3,450	2,925	975	3,900
21	Skull	505	165	670	580	195	775	655	220	875
22	Mandible	550	185	735	635	210	845	720	240	960
23	Mastoid	550	185	735	635	210	845	720	240	960
24	Paranasal Sinuses	555	185	740	640	215	855	725	240	965
25	Optic Foramina	550	185	735	635	210	845	720	240	960
26	TMJ	525	175	700	605	200	805	685	225	910
27	Auditory Canals	525	175	700	605	200	805	685	225	910

28	Facial Bones	525	175	700	605	200	805	685	225	910
29	Nasal Bones	375	125	500	430	145	575	490	160	650
30	Orbit (Unilateral)	550	185	735	635	210	845	715	245	960
31	Cervical Spine	555	185	740	640	215	855	725	240	965
32	Thoracic Spine	450	150	600	520	170	690	585	195	780
33	Lumbo-Sacral Spine	600	200	800	690	230	920	780	260	1,040
34	Scoliotic Study	675	225	900	775	260	1,035	880	290	1,170
35	Plain Abdomen	450	150	600	520	170	690	585	195	780
36	Abdomen (Supine/Uprt)	600	200	800	690	230	920	780	260	1,040
37	KUB	450	150	600	520	170	690	585	195	780
38	Pelvis (AP)	375	125	500	430	145	575	490	160	650
39	Pelvis Sacro-Coccyx	440	145	585	505	170	675	575	190	765
40	Sacro-iliac jts., pelvis	595	195	790	685	225	910	775	255	1,030
41	Scapula	375	125	500	430	145	575	490	160	650
42	Shoulder, Unilateral	300	100	400	345	115	460	390	130	520
43	Elbow	375	125	500	430	145	575	490	160	650
44	Hand	375	125	500	430	145	575	490	160	650
45	Ankle	375	125	500	430	145	575	490	160	650
46	Foot	375	125	500	430	145	575	490	160	650
47	Foot and Ankle	750	250	1,000	865	285	1,150	975	325	1,300
48	Humerus	375	125	500	430	145	575	490	160	650
49	Tibia (lower leg)	375	125	500	430	145	575	490	160	650
50	Pelvimetry	750	250	1,000	865	285	1,150	975	325	1,300
51	Chest Fluoroscopy	450	150	600	520	170	690	585	195	780
52	Intra-op Cholangiogram	1,875	625	2,500	2,155	720	2,875	2,440	810	3,250
53	Drip Infusion IVP(non-ionic)	2,850	950	3,800	3,280	1,090	4,370	3,705	1,235	4,940
54	Retrograde Pyelogram	1,500	500	2,000	1,725	575	2,300	1,950	650	2,600
55	Cystourethrogram	1,500	500	2,000	1,725	575	2,300	1,950	650	2,600
56	Hystero-Salpingography	2,000	-	-	2,300	-	-	2,600	-	-
57	T-Tube (w/ ionic dye)	1,950	650	2,600	2,245	745	2,990	2,535	845	3,380
58	PTC (w/ ionic dye)	2,000	-	-	2,300	-	-	2,600	-	-

59	Venogram (w/ non-ionic)									
	Unilateral	5,000	-	-	5,750	-	-	6,500	-	-
	Bilateral	7,200	-	-	8,280	-	-	9,360	-	-
	<b>Ultrasound</b>									
1	Breast	1,200	400	1,600	1,380	460	1,840	1,560	520	2,080
2	Thyroid	1,165	385	1,550	1,340	445	1,785	1,510	505	2,015
3	Scrotal	1,350	450	1,800	1,555	515	2,070	1,755	585	2,340
4	Pelvis	1,050	350	1,400	1,210	400	1,610	1,365	455	1,820
5	Thorax	1,050	350	1,400	1,210	400	1,610	1,365	455	1,820
6	Fetal Sex	1,050	350	1,400	1,210	400	1,610	1,365	455	1,820
7	One Organ	1,050	350	1,400	1,210	400	1,610	1,365	455	1,820
8	UB or Prostate Only	1,050	350	1,400	1,210	400	1,610	1,365	455	1,820
9	Two Organs	1,725	575	2,300	1,985	660	2,645	2,245	745	2,990
10	Three Organs	2,175	725	2,900	2,500	835	3,335	2,830	940	3,770
11	HBT	2,175	725	2,900	2,500	835	3,335	2,830	940	3,770
12	KUB	2,175	725	2,900	2,500	835	3,335	2,830	940	3,770
13	Four Organs	2,700	900	3,600	3,105	1,035	4,140	3,510	1,170	4,680
14	Five Organs	3,225	1,075	4,300	3,710	1,235	4,945	4,195	1,395	5,590
15	Whole Abdomen	3,750	1,250	5,000	4,315	1,435	5,750	4,875	1,625	6,500
16	Abdominal Aorta	1,725	575	2,300	1,985	660	2,645	2,245	745	2,990
17	Carotid with Doppler	1,875	625	2,500	2,155	720	2,875	2,440	810	3,250
18	Neonatal Intracranial	1,050	350	1,400	1,210	400	1,610	1,365	455	1,820
19	Transrectal for Prostate	1,725	575	2,300	1,985	660	2,645	2,245	745	2,990
20	Transvaginal	1,350	450	1,800	1,555	515	2,070	1,755	585	2,340
21	Ultrasound guided biopsy	1,800	-	-	2,000	-	-	2,600	-	-
22	Thoracentesis	1,800	-	-	2,000	-	-	2,600	-	-
	<b>CT Scan</b>									
	<b>Non-Contrast Examinations</b>									
1	Abdomen (Lower)	4,800	1,200	6,000	5,520	1,400	6,920	6,240	1,500	7,740
2	Abdomen (Upper)	4,800	1,200	6,000	5,520	1,400	6,920	6,240	1,500	7,740
3	Abdomen (Whole)	9,100	2,400	11,500	10,465	2,600	13,065	11,830	2,800	14,630
4	Adrenal Glands	4,800	1,200	6,000	5,520	1,400	6,920	6,240	1,500	7,740

5	Cervical Spine w/o 3D	4,800	1,200	6,000	5,520	1,400	6,920	6,240	1,500	7,740
6	Cervical Spine w/ 3D	7,600	1,200	8,800	8,740	1,400	10,140	9,880	1,500	11,380
7	Chest	4,600	1,200	5,800	5,290	1,400	6,690	5,980	1,500	7,480
8	Chest w/ Hi-Resolution	6,800	1,200	8,000	7,820	1,400	9,220	8,840	1,500	10,340
9	Cranial	3,800	1,200	5,000	4,370	1,400	5,770	4,940	1,500	6,440
10	Extremities w/ 3D	8,300	1,200	9,500	9,545	1,400	10,945	10,790	1,500	12,290
11	Extremities w/o 3D	5,000	1,200	6,200	5,750	1,400	7,150	6,500	1,500	8,000
12	Lumbar Spine w/ 3D	7,500	1,200	8,700	8,625	1,400	10,025	9,750	1,500	11,250
13	Lumbar Spine w/o 3D	4,700	1,200	5,900	5,405	1,400	6,805	6,110	1,500	7,610
14	Neck	4,500	1,200	5,700	5,175	1,400	6,575	5,850	1,500	7,350
15	Orbit	4,500	1,200	5,700	5,175	1,400	6,575	5,850	1,500	7,350
16	Paranasal Limited	3,100	1,200	4,300	3,565	1,400	4,965	4,030	1,500	5,530
17	Paranasal Regular	4,400	1,200	5,600	5,060	1,400	6,460	5,720	1,500	7,220
18	Stonogram	7,300	1,200	8,500	8,395	1,400	9,795	9,490	1,500	10,990
19	Temporal Bone	4,700	1,200	5,900	5,405	1,400	6,805	6,110	1,500	7,610
20	Thoracic Spine w/ 3D	8,400	1,200	9,600	9,660	1,400	11,060	10,920	1,500	12,420
21	Thoracic Spine w/o 3D	5,300	1,200	6,500	6,095	1,400	7,495	6,890	1,500	8,390
	<b>Contrast Enhanced Examinations</b>									
1	Abdomen (Lower)									
	Uniphasic	5,000	1,200	6,200	5,750	1,400	7,150	6,500	1,500	8,000
	Biphasic	8,000	1,200	9,200	9,200	1,400	10,600	10,400	1,500	11,900
2	Abdomen (Upper)									
	Uniphasic	5,000	1,200	6,200	5,750	1,400	7,150	6,500	1,500	8,000
	Biphasic	8,000	1,200	9,200	9,200	1,400	10,600	10,400	1,500	11,900
3	Abdomen (Whole)									
	Uniphasic	9,000	2,400	11,400	9,200	2,600	11,800	11,700	2,800	14,500
	Biphasic	14,500	2,600	17,100	16,675	2,800	19,475	18,850	3,000	21,850
4	Adrenal Glands	5,000	1,200	6,200	5,750	1,400	7,150	6,500	1,500	8,000
5	Cervical Spine	5,000	1,200	6,200	5,750	1,400	7,150	6,500	1,500	8,000
6	Chest	5,000	1,200	6,200	5,750	1,400	7,150	6,500	1,500	8,000

7	Chest w/ Hi-Resolution	6,700	1,200	7,900	7,705	1,400	9,105	8,710	1,500	10,210
8	Cranial	4,000	1,200	5,200	4,600	1,400	6,000	5,200	1,500	6,700
9	Extremities	5,500	1,200	6,700	6,325	1,400	7,725	7,150	1,500	8,650
10	Lumbar Spine	5,000	1,200	6,200	5,750	1,400	7,150	6,500	1,500	8,000
11	Neck	5,000	1,200	6,200	5,750	1,400	7,150	6,500	1,500	8,000
12	Orbit	5,000	1,200	6,200	5,750	1,400	7,150	6,500	1,500	8,000
13	Paranasal Sinuses	4,500	1,200	5,700	5,175	1,400	6,575	5,850	1,500	7,350
14	Temporal Bone	5,000	1,200	6,200	5,750	1,400	7,150	6,500	1,500	8,000
15	Thoracic Spine	5,500	1,200	6,700	6,325	1,400	7,725	7,150	1,500	8,650
	<b>CT Scan</b>									
	<b>Cardiovascular Procedures</b>									
1	4 Vessels CT Angiogram	6,000	1,200	7,200	6,900	1,400	8,300	7,800	1,500	9,300
2	Abdominal CT Angiogram	6,500	1,200	7,700	7,475	1,400	8,875	8,450	1,500	9,950
3	Brain Perfusion	5,000	1,200	6,200	5,750	2,600	8,350	6,500	2,800	9,300
4	Calcium Scoring	3,500	1,200	4,700	4,025	1,400	5,425	4,550	1,500	6,050
5	Cardiac CT Angiogram	7,000	1,200	8,200	8,050	1,400	9,450	9,100	1,500	10,600
6	Carotid CT Angiogram	6,500	1,200	7,700	7,475	1,400	8,875	8,450	1,500	9,950
7	Coronary CT Angiogram	7,000	1,200	8,200	8,050	1,400	9,450	9,100	1,500	10,600
8	Coronary CTA w/calcium score	8,000	1,200	9,200	9,200	1,400	10,600	10,400	1,500	11,900
9	Lower Peripheral CT Angiogram	10,000	1,200	11,200	11,500	1,400	12,900	13,000	1,500	14,500
10	Mesenteric CT Angiogram	6,500	1,200	7,700	7,475	1,400	8,875	7,475	1,500	8,975
11	Pulmonary CT Angiogram	6,500	1,200	7,700	7,475	1,400	8,875	8,450	1,500	9,950
12	Pulmonary CTA w/ Venogram	11,000	1,200	12,200	12,650	1,400	14,050	14,300	1,500	15,800
13	Renal CT Angiogram	6,500	1,200	7,700	7,475	1,400	8,875	8,450	1,500	9,950

14	Thoracic CT Angiogram	6,500	1,200	7,700	7,475	1,400	8,875	8,450	1,500	9,950
15	Thoraco-Abdominal CT Angiogram	10,000	1,200	11,200	11,500	1,400	12,900	13,000	1,500	14,500
16	Upper Peripheral Angiogram	6,500	1,200	7,700	7,475	1,400	8,875	8,450	1,500	9,950
	<b>Non Contrast MRI</b>									
1	Head/Brain	6,600	1,200	7,800	7,000	1,400	8,400	7,500	1,400	8,900
2	Orbit	7,100	1,200	8,300	7,500	1,400	8,900	8,000	1,400	9,400
3	Sella	7,100	1,200	8,300	7,500	1,400	8,900	8,000	1,400	9,400
4	International Acoustic Canal	7,100	1,200	8,300	7,500	1,400	8,900	8,000	1,400	9,400
5	Brain Seizure	7,100	1,200	8,300	7,500	1,400	8,900	8,000	1,400	9,400
6	Neck/Nasopharynx	7,100	1,200	8,300	7,500	1,400	8,900	8,000	1,400	9,400
7	Chest	7,500	1,200	8,700	8,000	1,400	9,400	8,500	1,400	9,900
8	Mammogram	7,500	2,400	9,900	8,000	2,600	10,600	8,500	2,600	11,100
9	Upper Abdomen	7,500	1,200	8,700	8,000	1,400	9,400	8,500	1,400	9,900
10	Lower ABD/Pelvis	7,500	1,200	8,700	8,000	1,400	9,400	8,500	1,400	9,900
11	Whole Abdomen	11,500	2,400	13,900	12,500	2,600	15,100	13,500	2,600	16,100
12	Adrenal Glands	7,500	1,200	8,700	8,000	1,400	9,400	8,500	1,400	9,900
13	Cervical Spine	6,600	1,200	7,800	7,000	1,400	8,400	8,000	1,400	9,400
14	Thoracic Spine	6,600	1,200	7,800	7,000	1,400	8,400	8,000	1,400	9,400
15	Lumbar Spine	6,600	1,200	7,800	7,000	1,400	8,400	8,000	1,400	9,400
16	Extremities	6,600	1,200	7,800	7,000	1,400	8,400	8,000	1,400	9,400
17	Sacrum or Coccyx	6,600	1,200	7,800	7,000	1,400	8,400	8,000	1,400	9,400
18	Hip Joints/Pelvic Bones	7,500	1,200	8,700	8,000	1,400	9,400	9,000	1,400	10,400
	<b>Non Contrast MRA</b>									
1	Head and Neck	6,600	2,400	9,000	7,000	2,600	9,600	7,500	2,600	10,100
2	Brain DWI Only	3,000	1,200	4,200	3,000	1,400	4,400	3,500	1,400	4,900
3	MRI and MRA Brain Package	6,600	1,200	7,800	7,000	1,400	8,400	7,500	1,400	8,900
4	MRI Brain & MRA Neck Package	7,500	1,200	8,700	8,000	1,400	9,400	8,500	1,400	9,900
5	MRI & MRA Brain and MRA Neck Package	9,000	2,400	11,400	9,500	2,600	12,100	10,000	2,600	12,600
	<b>Contrast Enhanced MRI</b>									



1	Head/Brain	8,500	1,200	9,700	9,000	1,400	10,400	9,500	1,400	10,900
2	Orbit	9,000	1,200	10,200	9,500	1,400	10,900	10,000	1,400	11,400
3	Sella	9,000	1,200	10,200	9,500	1,400	10,900	10,000	1,400	11,400
4	International Acoustic Canal	9,000	1,200	10,200	9,500	1,400	10,900	10,000	1,400	11,400
5	Brain Seizure	9,000	1,200	10,200	9,500	1,400	10,900	10,000	1,400	11,400
6	Neck/Nasopharynx	9,000	1,200	10,200	9,500	1,400	10,900	10,000	1,400	11,400
7	Chest	10,000	1,200	11,200	10,500	1,400	11,900	11,000	1,400	12,400
8	Mammogram	10,000	2,400	12,400	10,500	2,600	13,100	11,000	2,600	13,600
9	Upper Abdomen	10,000	1,200	11,200	10,500	1,400	11,900	11,000	1,400	12,400
10	Lower ABD/Pelvis	10,000	1,200	11,200	10,500	1,400	11,900	11,000	1,400	12,400
11	Whole Abdomen	15,000	2,400	17,400	15,500	2,600	18,100	16,000	2,600	18,600
12	Adrenal Glands	10,000	1,200	11,200	10,500	1,400	11,900	11,000	1,400	12,400
13	Cervical Spine	8,500	1,200	9,700	9,000	1,400	10,400	9,500	1,400	10,900
14	Thoracic Spine	8,500	1,200	9,700	9,000	1,400	10,400	9,500	1,400	10,900
15	Lumbar Spine	8,500	1,200	9,700	9,000	1,400	10,400	9,500	1,400	10,900
16	Extremities	8,500	1,200	9,700	9,000	1,400	10,400	9,500	1,400	10,900
17	Brain Metastatic Work Up	10,500	1,200	11,700	11,000	1,400	12,400	11,500	1,400	12,900
18	Sacrum or Coccyx	8,500	1,200	9,700	9,000	1,400	10,400	9,500	1,400	10,900
19	Hip Joints/Pelvic Bones	9,000	1,200	10,200	9,500	1,400	10,900	10,000	1,400	11,400
20	MRI and MRA Brain	8,500	1,200	9,700	9,000	1,400	10,400	9,500	1,400	10,900
21	MRI Brain & MRA Neck Package	9,500	1,200	10,700	10,000	1,400	11,400	10,500	1,400	11,900
22	MRI & MRA Brain & MRA Neck	12,500	2,400	14,900	13,000	2,600	15,600	13,500	2,600	16,100
<b>MR Examinations – Special Procedures</b>										
	<b>MR Spectroscopy</b>									
1	MR Spectroscopy Package									
	With IV Contrast	14,500	4,000	18,500	15,000	4,200	19,200	15,500	4,200	19,700
2	Liver with Resovist	20,000	2,400	22,400	20,500	2,600	23,100	21,000	2,600	23,600
3	Liver with Resovist									
	& Gadolinium	25,000	2,400	27,400	25,500	2,600	28,100	26,000	2,600	28,600
	<b>MRA with Contrast</b>									
1	Thoracic	14,000	3,500	17,500	14,500	3,700	18,200	15,000	3,700	18,700
2	Abdominal	14,000	3,500	17,500	14,500	3,700	18,200	15,000	3,700	18,700

3	Renal Arteries	14,000	3,500	17,500	14,500	3,700	18,200	15,000	3,700	18,700
4	Peripheral	17,000	3,500	20,500	17,500	3,700	21,200	18,000	3,700	21,700
5	Abdominal Aorta & Peripheral	25,000	7,000	32,000	25,500	7,200	32,700	26,000	7,200	33,200

NOTE: Contrast/injection and Professional Fee not included.  
*Emergency cases (cases done after regular working hours) shall be charged and Additional 20% of the procedure and Professional Fees).*

"STAT" requests will be charged additional 20% of the procedure & PF

## RENAL AND METABOLIC DIVISION

As of October 1, 2008

\*Rates are subject to increase without prior notice

<b>HEMODIALYSIS (Out Patient)</b>	
Bicarbonate	
New Dialyzer	<b>4,500</b>
Reprocessed Dialyzer	<b>3,200</b>
Acetate	
New Dialyzer	<b>3,700</b>
Reprocessed Dialyzer	<b>2,500</b>

## PERFUSION SECTION

As of October 1, 2008

\*Rates are subject to increase without prior notice

	PROCEDURE	Patients in OPD, Wards,Semi- Private Rooms incl. Semi-Private Rooms in SICU/MICU/ CCU	Patients in Private Rooms & Cubicles including Private Rooms in SICU / MICU/CCU/ PICU	Patient in Suite
1	Use of Heart – Lung Machine			
	First 4 hrs. or portion thereof	9,760	11,225	12,700
	Every additional hour or portion thereof	410	470	530
2	Use of Heater/Cooler Machine			
	First 4 hrs. or portion thereof	2,775	3,190	3,610
	Every additional hour or portion thereof	115	135	150
3	Use of Intra-Aortic Balloon Pump			
	First 24 hrs. or portion thereof	14,840	17,065	19,290
	Every additional hour or portion thereof	620	710	805
4	Use of Auto-Transfusion Machine			
	First 24 hrs. or portion thereof	8,145	9,370	10,770
	Every additional hour or portion thereof	340	390	440
5	Use of Scherist Blender	765	880	995
6	Lactate Determination	1,020	1,175	1,325
7	Activated Coagulation Time Determination	315	375	430

8	ABG with Electrolyte, Calcium and			
	Hematocrit Determination	1,535	1,945	2,225

Emergency or stat procedures shall be charged an additional 20% on total cost

Note: Expendables as used shall be charged as follows:

1. Drugs and Pharmaceuticals - acquisition cost + 35%
2. Narcotics - acquisition cost + 50%
3. Surgical and Medical Supplies- acquisition cost + 50%
4. Reprocessed items - 50% of the rate of the new item
5. Handling Fee - 15% of acquisition cost/invoice price

## PERIPHERAL VASCULAR LABORATORY

As of October 1, 2008

\*Rates are subject to increase without prior notice

	PROCEDURE	Patients in OPD, Wards, Semi-Private Rooms incl. Semi-Private Rooms in SICU/MICU/CCU			Patients in Private Rooms & Cubicles including Private Rooms in SICU / MICU/CCU/ PICU			Patient in Suite		
		LAB	PF	TOTAL	LAB	PF	TOTAL	LAB	PF	TOTAL
1	Carotid Duplex scan	3,800	700	4,500	5,300	850	6,150	5,900	950	6,850
2	TCD/Carotid Duplex scan	6,600	800	7,400	7,425	900	8,325	8,580	1,000	9,580
3	DVT Screening	1,400	300	1,700	1,680	350	2,030	1,920	400	2,320
4	Venos Duplex scan	4,300	700	5,000	5,200	770	5,970	6,000	880	6,880
5	Arterial Duplex with ABI	5,500	750	6,250	5,850	1,100	6,950	7,800	1,200	9,000
6	Abdominal aorta duplex scan	4,330	600	4,930	4,900	650	5,550	5,690	700	6,390
7	Renal Duplex scan	4,330	600	4,930	4,900	650	5,550	5,690	700	6,390
8	Graft Surveillance	2,500	450	2,950	2,970	550	3,520	3,430	650	4,080
9	Duplex of mass	2,110	400	2,510	2,575	500	3,075	3,040	600	3,640
10	Ankle/brachial index	1,400	100	1,500	1,470	150	1,620	1,540	150	1,690
11	Segmental pressure	2,600	400	3,000	2,800	450	3,250	2,960	500	3,460
12	Segmental pressure with stress	3,300	450	3,750	3,670	500	4,170	4,210	550	4,760
13	Arterial duplex with ABI	5,500	750	6,250	5,850	1,100	6,950	7,800	1,200	9,000
14	Arterial duplex with Segmental	6,600	1,000	7,600	8,200	1,100	9,300	9,800	1,200	11,000
15	Arterial/venous duplex package	8,025	1,000	9,025	9,300	1,100	10,400	11,200	1,200	12,400
16	Arterial duplex scan upper and lower	8,025	1,000	9,025	9,300	1,100	10,400	11,200	1,200	12,400
17	Intima media thickness	525	100	625	550	150	700	600	200	800
18	Flow Mediated Dilatation	1,050	100	1,150	1,080	150	1,230	1,170	200	1,370
19	ABI/intima media/flow mediated	1,625	200	1,825	1,710	250	1,960	1,940	300	2,240

## **CLIENT FEEDBACK MECHANISM**

Information gathered from feedback of our clients, whether positive or negative, will assist us in further improving our systems and procedures. We ask our clients to be generous in giving us feedback so we can satisfy their requirements and expectations. Please feel free to avail of the following feedback mechanism:

1. Public Assistance Office – attends to client's immediate concerns, located at the Hospital Lobby, available from 8:00 am to 5:00 pm, Monday to Sunday.
2. Quality Assurance Office – attends to client's complaints, located at the Management Service Office, 2<sup>nd</sup> Floor, Medical Arts Building, available from 8:00 am to 5:00 pm, Monday to Friday.
3. Suggestion Drop Box – You may drop your feedback letter at the drop boxes located at designated place.
4. PRAISE Committee – You may send your letter of commendation to the Chairperson of PRAISE Committee
5. Integrity Development Committee (IDC) – You may send your letter of feedback regarding the Integrity of our staff to the Chairperson, Integrity Development Committee.
6. Citizen's Charter Team – You may send your letter of feedback regarding systems and procedures of our services to the Team Leader, Citizen's Charter Team.
7. Patient's Satisfaction Survey (sample copy on the next page)  
– A survey form is distributed to the patient's room and to be filled-out by the patient or relative and collected for evaluation and necessary action.



## **PHILIPPINE HEART CENTER**

### **Our Mission**

**“Driven by our shared desire  
to improve the health status of the Filipino people,  
we, the Philippine Heart Center,  
shall provide comprehensive cardiovascular care  
enhanced by education and research  
that is accessible to all.”**

### **Patient Satisfaction Survey**



*Center for Excellence in Cardiovascular Care*



*CLIENT FEEDBACK MECHANISM*  
*Patient Satisfaction Survey (Page 2)*

You are important to us. Please help us serve you better by giving us your feedback on our services and facilities.

(Nais po naming maglingkod sa inyo dahil mahalaga kayo sa amin. Pakilagay po ang matapat ninyong kasagutan sa mga sumusunod.)

Check the appropriate answer. (Markahan ang akmaang kasagutan)

**SP** 😊 **Surprised**

(Lubusang nasiyahan sa serbisvong natanggap)

**S** 😊 **Satisfied**

(Nasiyahan sa serbisvong natanggap)

**D** 😞 **Dissatisfied**

(Hindi nasiyahan sa serbisvong serbisvong natanggap)

**DP** 😞 **Disappointed**

(Lubusang hindi nasiyahan sa natanggap)

**QUALITY OF SERVICES RENDERED**

**Personal Manner (courtesy, respect,**

**sensitivity, friendliness)**

SP S D DP NA  
😊 😊 😞 😞

- |                           |                          |                          |                          |                          |                          |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Security Personnel     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Social Service Staff   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Nurses / Nursing Aides | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Professionalism and helpfulness**

- |                    |                          |                          |                          |                          |                          |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. Admitting Staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Billing Staff   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Cashiers        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Dietary Staff   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Pharmacy Staff  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Medical Records | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Technical skills (thoroughness, carefulness, competence)**

- |                               |                          |                          |                          |                          |                          |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. Laboratory Staff          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Other Medical Technicians | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Housekeeping Staff        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Maintenance Crew          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





**Expertise (provided adequate time, timely care and education valuable to improving my health)**

- |             |                          |                          |                          |                          |                          |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 14. Nurses  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Doctors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*CLIENT FEEDBACK MECHANISM*  
*Patient Satisfaction Survey (Page 3)*

**QUALITY OF FACILITIES**

**(Comfort, cleanliness, amenities)**

	SP	S	D	DP	NA
					
1. Patient's Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Waiting Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Public Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Diagnostic Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Food Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Would you return for further care?**

**YES NO**

1. In our hospital	<input type="checkbox"/>	<input type="checkbox"/>
2. In our Diagnostic / Laboratory Centers	<input type="checkbox"/>	<input type="checkbox"/>
3. With your present Doctor	<input type="checkbox"/>	<input type="checkbox"/>

**Did any specific staff member stand out? If yes, who and why?** ☐ ☐

**Please tell us what else we could have done to take better care of you.**

**Please tell us what you liked best about the care you received at the Philippine Heart Center.**

*CLIENT FEEDBACK MECHANISM*  
*Patient Satisfaction Survey (Page 4)*

Please complete the information below:

<i>Date Completed</i>	<i>Room Number</i>
Name of Patient	
The respondent is the: <input type="checkbox"/> Patient <input type="checkbox"/> Patient's Companion	

Thank you for your valuable time and the opportunity  
to serve you better.

If you would like us to give you feedback on your comments  
and/or suggestions, please give us your contact details.

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

QUALITY ASSURANCE  
PHILIPPINE HEART CENTER  
East Avenue, Quezon City  
Telephone Number 9252401 local 3217  
<http://www.phc.gov.ph>  
[phcqa@phc.gov.ph](mailto:phcqa@phc.gov.ph)

# ACKNOWLEDGMENT

This is to acknowledge the contributions of the following Philippine Heart Center officers and personnel in the development of this Citizen's Charter:

## **EXECUTIVE COMMITTEE MEMBERS**

Ludgerio D. Torres, M.D.	- Director
Jose A. Yulde, M.D.	- Assistant Director, Medical Services
Maria Linda G. Buhat, RN, Ed.D.	- Assistant Director, Nursing Services
Gerardo S. Manzo, M.D.	- Assistant Director, Administrative Services

## **CITIZEN'S CHARTER TEAM**

Ms. Emilia P. Olbes	- Team Leader
Ms. Elena D. Malihan	- Assistant Team Leader
Ms. Mercy R. De Jesus	- Sub-Comm. Head for Admin. Services
Ms. Jenelyn C. Ramos	- Sub-Comm. Head for Nursing Services
Ms. Ma. Flordeliza M. Sanchez	- Sub-Comm. Head for Medical Services

## **MEMBERS**

Mr. Elmer Benedict E. Collong	Mr. Jesus Ferdinand B. Peralta
Ms. Florence G. Desuyo	Ms. Ma. Nerissa A. Remojo
Archd. Amado A. Europa, Jr.	Ms. Mary April Dwan G. Gatdula
Ms. Corazon Lynn O. Irinco	

## **TECHNICAL WORKING GROUP**

### **Medical Services:**

Mr. Nilo O. Buhayan  
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Ms. Judy M. Dy  
Ms. Edith E. Estacio  
Ms. Maria Concepcion B. Fajardo  
Ms. Ma. Lourdes A. Gapas  
Mr. Rex B. Garde  
Mr. Eric E. Mazo  
Ms. Gina O. Mission  
Mr. Mark Anthony P. Panergo  
Mr. Cromwell A. Reyes  
Ms. Celia C. Segovia  
Ms. Elvira R. Torres  
Ms. Deodora J. Tuzara  
Mr. Nilo M. Villanueva  
Ms. Brillietta Z. Yasay

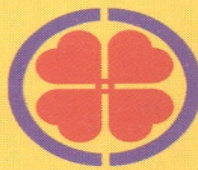
### **Nursing Services:**

Ms. Sandra S. Aquino  
Mr. Brian Jess L. Cipriano  
Ms. Olivia M. Dela Cruz  
Ms. Jocelyn D. Fortin  
Ms. Maria Lilibeth Q. Icasiano

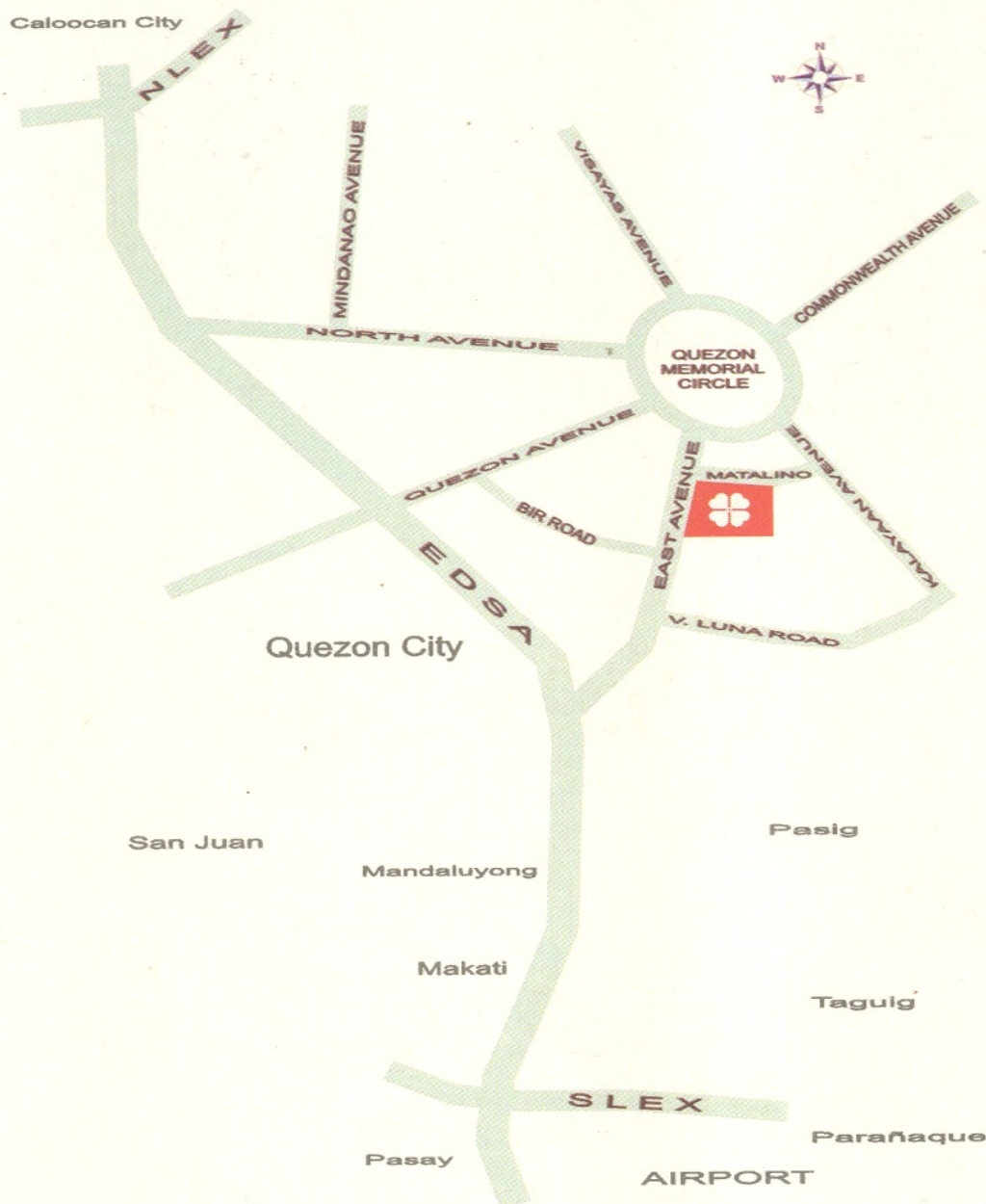
### **Administrative Services:**

Engr. Jose A. Barsaga, Jr.  
Ms. Dolores D. Calvarido  
Ms. Aida L. Catalig  
Ms. Margaret Rose R. Clavejo  
Ms. Ma. Teresa G. Estrera  
Ms. Olive T. Gimenez  
Ms. Marivic S. Gonzales  
Ms. Noemi S. Hernandez  
Ms. Lorida D. Macaraan  
Ms. Precila D. Malitao  
Mr. Jerome T. Mamaril  
Ms. Angelita G. Novela  
Ms. Jean A. Samonte  
Ms. Bibiana A. Solis  
Ms. Grace G. Yra

Ms. Zenaida S. Josue  
Ms. Mary Grace A. Kayanan  
Mr. Roel R. Malemit  
Ms. Joyette Ann F. Mindoro  
Ms. Girlie Jenine M. Tugab



PHC  
CITIZEN'S CHARTER



**PHILIPPINE HEART CENTER**

East Avenue, Quezon City

Tertiary Level - License No. 13-L4-280-113-09-G

Date Established: 02-14-1975

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