



2018



PHILIPPINE HEART CENTER

CITIZEN'S CHARTER

OUR VISION

The Philippine Heart Center is
the leader in upholding
the highest standards of cardiovascular care,
a self-reliant institution
responsive to the health needs
of the Filipino people by 2022.

OUR MISSION

We shall provide
comprehensive cardiovascular care
enhanced by education and research
that is accessible to all.

OUR OBJECTIVES

To provide compassionate and
expert patient care.

To provide world-class education
and training.

To conduct internationally
acclaimed research.

To responsibly disseminate scientific and
lay information to the public.

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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), 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

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

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 Pay applicable fees	Receive payment & issues official	Cashier	Central waiting area, Ground Floor, Annex Building. OPD Cashier's Office, Ground Floor, Annex Building	5 minutes

		receipts			
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
End of Transaction					

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: 1hour 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. Walk-in patients from OPD Screening Section maybe accommodated within the day and need not be scheduled for another day to maximize patients' efforts and time	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 yellow card (if w/o OPD check up yet)	Conduct interview, receive the requirements & issue yellow card	Medical Social Worker (MSW)	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.	Medical Social Worker	Social Services Division, ground floor MAB annex	5 minutes
6	Get permanent OPD card and pay applicable fees	Issue OPD card	Nurse Aide	Screening Section ground floor, MAB Annex	
7	If for cath, coro angio, close / open heart surgery and other procedures: 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	If for house case admission: 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	
End of Transaction					

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	If for diagnostic procedure: 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	If for discharge: 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 official receipts	Record official receipts	Medical Social Worker	Social Service Office, basement hospital building	2 minutes
9	If for emergency admission: 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	Issue financial assistance form	Ward Nurse	Assigned ward	2 minutes

	assistance form				
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	If for discharge: 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
End of Transaction					

CITIZEN'S CHARTER

EMERGENCY ROOM

TITLE OF FRONTLINE SERVICE : **AMBULANCE CONDUCTION (for admission to PHC)
(Residential service within Metro Manila only)**

Frontline Service : **Emergency Room**

Clients : **Clients/Patients**

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

Contact Number : **925-2401 loc. 2142-2146**

Fees	Ambulance Fee for first 5 kms or portion thereof	₱2,500	₱1,500
	Ambulance Fee additional km. thereafter	₱300	₱200
	Ambulance Fee Waiting Time – For every 10mins	₱100	₱100

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Call the Emergency Room and provide all information	None	Gather all relevant data using the Code Red Form	Code Red Form	ER Charge Nurse	Emergency Room, Ground Floor, Hospital Building	3 minutes
2	Wait for ambulance service	None	Assemble and dispatch the ambulance team that includes the Doctor, Nurse, Orderly Drive	None	ER Charge Nurse	Emergency Room, Ground Floor, Hospital Building	Depends at the location
END OF TRANSACTION							

CITIZEN'S CHARTER

EMERGENCY ROOM

TITLE OF FRONTLINE SERVICE	:	<u>AMBULANCE TRANSFER (Within Metro Manila only)</u>		
Frontline Service	:	<u>Emergency Room</u>		
Clients	:	<u>Patients/Relatives</u>		
Schedule of Availability of Service	:	<u>24 hours/7 days a week</u>		
Contact Number	:	<u>925-2401 loc. 2142, 2146, 2163</u>		
Fees	:	Ambulance Fee for first 5 kms or portion thereof	₱2,500	₱1,500
	:	Ambulance Fee additional km. thereafter	₱300	₱200
	:	Ambulance Fee Waiting Time – For every 10mins	₱100	₱100

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	For ER Patients: Inform ER Charge Nurse of transfer/conduction	None	Process availability of ambulance	None	ER Charge Nurse	Emergency Room, Ground Floor, Hospital Building	2 minutes
	For Admitted Patients: Inform the Bedside Nurse of details of transfer/conduction		Send Charge Slip to ER		Unit Charge Nurse	Unit Concerned	15 minutes
2	For ER Patients: Provide information of details of transfer and wait for transfer	None	Process documents for ambulance conduction	None	ER Charge Nurse	Emergency Room, Ground Floor, Hospital Building	15 minutes
	For Admitted Patients: (if for discharge) inform Charge Nurse if ready to leave (if for procedure conduction) 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							

CITIZEN'S CHARTER

EMERGENCY ROOM

TITLE OF FRONTLINE SERVICE	:	<u>CONSULTATION PROCESS</u>
Frontline Service	:	<u>Consultation Process</u>
Fees	:	<u>ER Fee: ₱650 (First 4 hours)</u> <u>₱150 / hour for succeeding hours and other applicable fees</u>
Clients	:	<u>Clients/Patients</u>
Schedule of Availability of Service	:	<u>24 hours/7 days a week</u>
Contact Number	:	<u>925-2401 loc. 2142, 2143, 2145, 2146, 2163</u>

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Proceed to Triage Area	None	Take vital signs and perform quick assessment of client	ER SOAP Form	Triage Nurse Triage Fellow	Triage Area, Emergency Room, Ground Flr., Hospital Building	Severity Level Emergency: 1 minute Urgent: 2-15 minutes Non-Urgent: 15-120 minutes
2	Fill-out the patient information on ER SOAP Form	None	Assist patient or relative in filling-out forms	ER SOAP Form	Triage Clerk Triage Nurse	Emergency Room, Ground Flr., Hospital Building	5 minutes
3	Cooperate in history taking and physical exam	None	Interview relatives and patient Assess patient	ER SOAP Form Lab and Dx results Medication List Referral Form	Triage Nurse Triage Fellow	Emergency Room, Ground Flr., Hospital Building	20 minutes
4	Follow Triage Decision <ul style="list-style-type: none"> • Admit to ER • Refer to OPD/Private Clinic/Other Hospitals 	ER Fee and other applicable fees	Make Triage Decision	Doctor's Order Sheet Referral Form Clinical Abstract	Triage Nurse Triage Fellow	Emergency Room, Ground Flr., Hospital Building	Depends on the Patient's Severity Level

Legend:

Severity Classification

- Emergent** : Patients needing resuscitative measures, with life threatening/emergent conditions or whose conditions are expected to deteriorate
- Urgent** : Patients needing at least 2 ER Resources (diagnostic/simple procedure) for disposition
- Non-urgent** : Patients with less or non-urgent conditions needing 0-1 ER resource for disposition

CITIZEN'S CHARTER

EMERGENCY ROOM

TITLE OF FRONTLINE SERVICE : **CONSULTATION PROCESS**
 Frontline Service : **Consultation Process**
 Fees : **ER Fee: ₱650 (First 4 hours)**
 ₱150 / hour for succeeding hours and other applicable fees
 Clients : **Clients/Patients**
 Schedule of Availability of Service : **24 hours/7 days a week**
 Contact Number : **925-2401 loc. 2142, 2143, 2145, 2146, 2163**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
If for admission, follow admission process							
If for discharge:							
	Get Notice of Discharge		Issue Notice of Discharge	Notice of Discharge Form	ER Nurse	Emergency Room, Ground Flr., Hospital Building	5 minutes
	Proceed to Billing Section and Secure Billing Statement		Receive NOD and Issue Billing Statement	NOD Philhealth HMO GL Senior Citizen/PWD Clinical Abstract, if applicable	Billing Clerk	Billing Section, Basement, Hospital Building	Refer to Billing Process
	Proceed to Cashier and Pay applicable fees		Receive payment and issue OR	Billing Statement	Cashier	Cashier, Basement, Medical Arts Building	Refer to Cashier Process
	Present Official Receipt to ER staff and cooperate with discharge instructions		Receive and log OR number Give instructions and sign NOD	Official Receipt Approved NOD	ER Charge Nurse ER Nurse	Emergency Room, Ground Flr., Hospital Building	10 minutes
END OF TRANSACTIONS							

CITIZEN'S CHARTER

PATIENT SERVICES DIVISION

TITLE OF FRONTLINE SERVICE : **PRE-ADMISSION ORIENTATION OF PATIENTS FOR ADMISSION**

Frontline Service : **Pre-Admission of Patients**

Clients : **Patients**

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

Contact Number : **925-2401 local 2149**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Fill-out Pre-Admission Orientation form & submits to Supervising Administrative Officer.	none	Give Pre-Admission Orientation form to patient/relative and receive filled-out form and check data.	Pre-Admission Orientation Form (PAO)	Supervising Administrative Officer	Ground Floor Hospital Bldg.	2 minutes
2	Cooperate with the Supervising Administrative Officer during the orientation process and provide appropriate information.	none	Conduct orientation, provide appropriate information and answer queries.	Pre-Admission Orientation Form (PAO)	Supervising Administrative Officer	Ground Floor Hospital Bldg.	10 minutes
END OF TRANSACTION							

CITIZEN'S CHARTER

PATIENT SERVICES DIVISION

TITLE OF FRONTLINE SERVICE : **ADMISSION OF PATIENTS – IN-PATIENT**

Frontline Service : **Admission of Patients**
 Clients : **Patients**
 Schedule of Availability of Service : **24 hours/7 days a week**
 Contact Number : **925-2401 loc. 2103-2105**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present Doctor's Admitting Order		Assign room and issue admitting forms	Admitting Order	Admitting Clerk on Duty	PSD Admitting Section-Ground Floor, Hospital Building	3 minutes
2	Fill-out Admitting Forms		Assist the relatives/patients in filling out Admitting forms and check/verify the accuracy of the data. Encode data and issue deposit slip.	Patients Data Sheet (PDS), Consent/Conditions of Admission, Waiver of loss of valuables	Admitting Clerk on Duty	PSD Admitting Section-Ground Floor, Hospital Building	10 minutes
3	Receive deposit slip and pay the required deposit if applicable.		Instruct the relative of the patient to pay the required deposit at the Cashier's Office	Deposit Slip	Admitting Clerk on Duty Cashier on Duty	PSD Admitting Section-Ground Floor, Hospital Building Cashier's Office	2 minutes 8 minutes
4	Present copy of Official Receipt		Record OR # in the Patient's Data Sheet (PDS)	Patient Data Sheet Official Receipt	Admitting Clerk on Duty	PSD Admitting Section-Ground Floor, Hospital Building	2 minutes
5	Cooperate with Admitting Staff for escort to his/her room once prepared and ready for admission.		Escort patient to their respective room	Patients Data Sheet Consent/Conditions of Admission, Waiver of Loss	Admitting Clerk on Duty	PSD Admitting Section-Ground Floor, Hospital Building	10 minutes
END OF TRANSACTION							

TITLE OF FRONTLINE SERVICE : **HANDLING CLIENT'S CONCERNS / COMPLAINTS**

Frontline Service : **Handling Client's Complaints**

Clients : **Patients/Clients**

Schedule of Availability of Service : **Monday – Sunday 6:00 am – 9:00 pm**

Contact Number : **925-2401 local 2140-2141**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Proceed to the Public Assistance and Complaints Unit (PACU) or calls 925-2401 loc. 2140/2141.	none	Receive and acknowledge the clients request/concern or complaint in person or through telephone call. Complaint in Person: Ask the client to fill-out the client's feedback/ complaint form. Complaint thru Phone call: Ask the client's basic information/primary details and record it in the feedback/complaint form.	Client's Feedback/Complaint Form	PACU Staff on duty	Public Assistance and Complaints Unit (PACU) - Ground floor, Hospital Building	2 minutes
2	Fill-out the Feedback/Complaint Form.	none	Assist the client in filling-out the form and verify the details of his queries, issues, concerns or complaints.	Client's Feedback/Complaint Form	PACU Staff on duty	PACU - Ground floor, Hospital Building	5 minutes
3	Inform the PACU staff of the request/concern or complaint.	none	Discuss possible action on the client's query, request, concern or complaint and coordinate it to the concerned unit, office or department.	none	PACU Staff on duty	PACU - Ground floor, Hospital Building	10 minutes

TITLE OF FRONTLINE SERVICE : **HANDLING CLIENT'S CONCERNS / COMPLAINTS**

Frontline Service : **Handling Client's Complaints**

Clients : **Patients/Clients**

Schedule of Availability of Service : **Monday – Sunday 6:00 am – 9:00 pm**

Contact Number : **925-2401 local 2140-2141**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
4	Receive feedback	none	Give feedback to the client on the action undertaken regarding his/her complaint.	none	PACU Staff on duty	PACU - Ground floor, Hospital Building	20 minutes
END OF TRANSACTION							

CITIZEN'S CHARTER

TITLE OF FRONTLINE SERVICE : **NURSING SERVICES**

Frontline Service : **DISCHARGE OF PATIENTS**

Clients : **Clients**

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

Contact Number : **925-2401**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Verify and get Doctor's Notice of Discharge	None	Process Discharge Issue Notice of Discharge	Notice of Discharge	Nurse on Duty	Unit Concerned	16 minutes
2	Get Billing Statement and pay applicable fees	Hospital Bill	Issue Billing Statement	Billing Statement	Billing Clerk	Billing Basement, MAB Cashier's Office	10 minutes
3	Present Official receipt and stamped notice of discharge	None	Check official receipt, sign Discharge Notice, Transport patient to lobby and remove ID band	Official Receipt Discharge Notice	Nurse on Duty Nursing Aide/Orderly Guard	Unit Concerned	5 minutes
END OF TRANSACTION							

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:

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
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
End of Transaction					

CITIZEN'S CHARTER

TREASURY DIVISION

TITLE OF FRONTLINE SERVICE : **HOSPITAL BILL PAYMENT**

Clients : **In-Patients**
Schedule of Availability of Service : **Monday - Friday, 8:00 AM to 8:00 PM**
Saturday 8:00 AM to 7:00 PM
Sunday 8:00 AM to 6:00 PM
Contact Number : **925-2401 local 4050 to 4051**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Get a number from queuing machine.	None		None		Cashier's Office- Basement, Medical Arts Bulding	
2	Present the requirements and and pay applicable fees.	Please refer to Final Statement of Account.	Process payment. Issues Official Receipt. Stamp and sign Notice of Discharge and Statement of Account.	1. Statement of Account 2. Notice of Discharge	Cashier	Cashier's Office (Basement), Medical Arts Bulding	4 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 Patient's Data Sheet (PDS)	Nurse on duty	Unit concerned	5 minutes
3	Affix 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.	
	Note: After office hours	Typing of Death Certificate and forward to Cashiers Office	Admitting Staff	Admitting Section	15 minutes
4	Present official receipt of hospital bill and claim Death Certificate	Issue Death Certificate	Cashier	Cashier's Office, Basement, Medical Arts Bldg.	
End of Transaction					

CITIZEN'S CHARTER

TITLE OF FRONTLINE SERVICE : **RELEASE OF DEAD BODY**

Frontline Service : **Laboratory Medicine Division**

Clients : **Relative of Deceased Patient**

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

Contact Number : **925-2401**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present completely filled-out authorization for release of body form	None	Receive and check requirement and availability of funeral service	Authorization for release of body form	Staff on Duty	Morgue Area, Basement Hospital Building	2 minutes
2	Identify body of the deceased patient	None	Assist in the identification of the body of deceased patient	None	Staff on Duty	Morgue Area, Basement Hospital Building	5 minutes
3	Claim body of the deceased patient	None	Sign the requirement and write time and date in the logbook before releasing the body of the deceased patient Require funeral service agent to sign requirement and leave a contact number	Official Receipt and Charge Slip	Receptionist on Duty	Window 11, 2 nd floor Medical Arts Building Annex	5 minutes

END OF TRANSACTION

CITIZEN'S CHARTER

EXECUTIVE CHECK-UP

TITLE OF FRONTLINE SERVICE : **EXECUTIVE DIAGNOSTIC PACKAGE**

Frontline Service : **Executive Check-Up**
 Clients : **Patients**
 Schedule of Availability of Service : **Sunday to Friday: Cardio-Pulmonary Examination (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 a day prior to Holiday

Contact Number : **925-2401 loc. 2474/ 2103-2105**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Call the Admitting or Executive Diagnostic Package Coordinator for reservation	None	Inform/ explain to the patient about the check-up.	None	Admitting staff/ Executive Diagnostic Package Coordinator	Admitting Office, Ground Flr./Executive Diagnostic Package Coordinator Office (4-A), 4th Flr., Hospital Bldg.	5 minutes
2	Proceed to Admitting on the day of admission	None	Process admission	None	Admitting Staff	Admitting Office, Ground Flr., Hospital Bldg.	10 mins
3	Cooperate with the different Diagnostic Examinations and Medical Procedures	None	Obtain patient history and other information. Prepare patient for the medical test and procedures	None	Charge Nurse Cardio-fellow on duty	Petal 5-A, 4 th Flr., Hospital Bldg.	30 minutes/variable

4	Take notice and understand the discharge instructions	None	Perform discharge instructions Provide patients portfolio with the results	None	Charge Nurse ECU Coordinator	Petal 5-A, 4 th Flr., Hospital Bldg.	15 minutes
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END OF TRANSACTION

CITIZEN'S CHARTER

BLOOD BANK

TITLE OF FRONTLINE SERVICE : **BLOOD BANK PROCEDURES**

Frontline Service : **Blood Bank Procedures**

Clients : **Patients**

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

Contact Number : **925-2401 locals 5130 to 5133 / 5138**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present doctor's order	None	Check requirements, label of specimen and issue applicable form	Doctor's order / OPD card (for service patients) / HMO card	Receptionist / Medical Technologist on duty	Window 14 Blood Bank Mezzanine, MAB Annex	2 minutes
2	Fill-out applicable forms A. For Cash Transaction B. For LOA / HMO	None	Process registration. Give charge slip to the patient. Instruct patient to proceed to Cashier. Enter patient's information and blood request and generate charge slip. Enter patient's information and execute request.	Patient's data Charge slip Charge slip/ Approved recent LOA	Receptionist / Medical Technologist on duty Receptionist / Medical Technologist on duty Receptionist	Reception area, Blood Bank Mezzanine, MAB Annex Window 14 Blood Bank Mezzanine, MAB Annex	2 minutes
3	Pay applicable fees	Please refer to Blood Bank's price list	Receive payment and issue official receipt	charge slip / LOA / HMO Request / Order	Receptionist	Window 14 Blood Bank Mezzanine, MAB Annex	5 minutes

4	Present copy of Official Receipt	None	Record Official Receipt number	Official Receipt & Request / Order	Receptionist	Window 14 Blood Bank Mezzanine, MAB Annex	2 minutes
5	Submit blood sample or proceed with blood extraction	None	Check if the sample is acceptable for testing. IF NOT, perform blood extraction.	Official Receipt & Request / Order	Receptionist / Medical Technologist on duty	Blood Extraction Room Blood Bank Mezzanine Annex	10 minutes
6	Wait for the Blood Bank procedure to be completed	None	Inform the client the time when will the procedure be completed <u>Running Schedule of Specific Tests:</u> Anti-HBs & Anti-HBc: M-W-F Drug Test: <u>Weekdays, 8AM-3PM</u>	Official Receipt & Request / Order	Receptionist/ Medical Technologist	Blood Extraction Room Blood Bank Mezzanine Annex	2 hours
7	Claim result	None	Release the result once available. Note: All Drug Test Results are released the following day. Releasing of HIV Results sent for confirmatory is indefinite.	Official receipt	Receptionist	Window 14 Blood Bank Mezzanine, MAB Annex	3 minutes
END OF TRANSACTION							

** Please consult your doctor for interpretation of results.

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 th 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 th 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 th flr., MAB Bldg.	2 Minutes
6	Listen to Orientation	Explain the entire program and expect outcome after a month	Rehab. Nurse	CCReP Section 8 th flr., MAB	20 minutes
End of Transaction					

CITIZEN'S CHARTER

INVASIVE CARDIOLOGY DIVISION

TITLE OF FRONTLINE SERVICE : **CATHETERIZATION LABORATORY PROCEDURE**

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

Clients : **Out-Patients**

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

Contact Number : **925-2401 loc. 2129 and 2131**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Proceed to CV Lab and present requirements	None	Receive requirements and process registration	Doctor's Orders Applicable Laboratory Results/Patient's Chart	CV Lab Nurse	Nurse's Station CV Lab, Ground Flr. Hospital Bldg.	5 minutes
2	Cooperate with the preparation and sign consent and waiver for procedure	None	Assist in signing consent, conduct health teachings and waiver. Prepare the patient for procedure	None	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	None	Perform the procedure	None	CV Lab Team	Procedural Room, CV Lab, Ground Flr. Hospital Bldg.	45 minutes
4	Cooperate during post procedural care	None	Perform post-procedure care and health teachings	None	CV Lab Fellow / CV Nurse	Holding Area, CV Lab, Ground Flr. Hospital Bldg.	60 minutes
5	Get the Notice of Discharge	None	Process Discharge		CV Lab/ Nurse/	Nurse's Station	20 minutes

	and Billing Statement and pay applicable fees				Billing Clerk/ Cashier	CV Lab, Ground Flr. Hospital Bldg./ Billing Section/ Cashier, Basement	
6	Present Official Receipt to CV Lab	None	Log the OR number, give instruction and discharge patient	None	CV Lab Nurse	Nurse's Station CV Lab, Ground Flr. Hospital Bldg.	3 minutes
7	Claim the results	None	Release the results	None	CV Lab Office Clerk	CV Lab Office, Ground Flr. Hospital Bldg.	3 minutes
END OF TRANSACTION							

CITIZEN'S CHARTER

RENAL AND METABOLIC DIVISION

TITLE OF FRONTLINE SERVICE : **HEMODIALYSIS PROCEDURE**

Frontline Service : **Renal and Metabolic Division**

Clients : **Out-Patients**

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 : **925-2401 loc. 4024 / 4025**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present requirements , sign consent and pay applicable fees Present copy of official receipts		Orient patients on policies and give health teachings Receive payment and issue official receipts Record OR number in logbook	Dialysis Order from Affiliated Nephrologist Latest Laboratory Hepatitis Profile	Renal Nurse Cashier Ward Clerk	Metabolic Unit Basement, Hospital Building Cashier's Office Basement, Hospital Building Renal & Metabolic Section Basement, Hospital Building	30 minutes
2	Cooperate in the procedure and termination of treatment		Conduct initial assessment, monitor treatment process and post dialysis assessment	None	Renal Nurse	Renal & Metabolic Unit Basement, Hospital Building	5 hours
3	Get an appointment for next treatment		Set appointment	None	Renal Nurse	Renal & Metabolic Unit Basement, Hospital Building	5 minutes
END OF TRANSACTION							

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 the cashier	Staff on Duty	Division of Laboratory Medicine, Mezzanine, MAB annex	3 minutes
4	Get a			Ground	

	number from queuing machine			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
End of Transaction					

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 : Routine (within 2 hours)
 STAT for ER Satellite (within 1 hour),
 – 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 and endorses charge slips to Cashier assigned inside the Laboratory Medicine.	Staff on Duty	Division of Laboratory Medicine, Mezzanine, MAB annex	3 minutes
	Issues correspondin	Issuance of Official	Cashier on duty	Division of Laboratory	2 minutes

	g Official Receipt (OR)	Receipt		Medicine, Mezzanine, MAB annxe	
	Gets OR No.	Registers OR No. in the Medtrak Registry System	Staff on duty	Reception Area Division of Laboratory Medicine, Mezzanine, MAB Annex	1 minute
	Directs patient to extraction room		Staff on duty	Reception Area Division of Laboratory Medicine, Mezzanine, MAB Annex	1 minute
4	Cooperate in the procedure	Perform applicable procedure	Medical Technologist	Extraction area, Division of Laboratory Medicine, Mezzanine, MAB annex	5 minutes
5	Claim result	Release official result	Staff on Duty	Reception area, Division of Laboratory Medicine, Mezzanine, MAB annex	3 minutes
End of Transaction					

CITIZEN'S CHARTER

NEUROLOGY SECTION

TITLE OF FRONTLINE SERVICE : **ELECTROENCEPHALOGRAM PROCEDURES**

Frontline Service : **EEG Procedures**

Clients : **Out-Patients**

Schedule of Availability of Service : **Monday to Friday 8:00 am- 5:00 pm, Saturday 8:00am to 4:00pm except Holidays**

Contact Number : **925-2401 loc. 2456/ Cellophone No. 0928-7695218**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present doctor's EEG request on scheduled date and time	None	Receive request and explain procedure and price	Doctor's Request	Medical Technologist on Duty	Neurology Section/EEG Lab.	3-5 minutes
2	Fill-up patient's data on request form and submit to technician on duty	None	Encode patient's data to medtrak and provide charge slip to patient	Request Form	Medical Technologist on Duty	Neurology Section/EEG Lab.	5-10 minutes
3	Pay applicable fees for EEG procedures and EEG reader's fee to hospital cashier	See list of EEG Procedures prices	Receive payment and issue Official Receipt	None	Cashier Employee	Cashier's Office Ground Floor Medical Arts Building/ Basement Medical Arts Building	10-20 minutes
4	Present copy of Official Receipt to technician on duty and cooperate for the EEG procedure	None	Record OR number, perform EEG procedure and gather patient's history	Official Receipt	Medical Technologist on Duty	Neurology Section/EEG Lab.	45-75 minutes
5	Claim official result	None	Release official EEG result	None	Medical Technologist on Duty	Neurology Section/EEG Lab.	72 hours

END OF TRANSACTION

Note: Proceed to your doctor for consultation and interpretation of results.

CITIZEN'S CHARTER

NON-INVASIVE CARDIOLOGY DIVISION

TITLE OF FRONTLINE SERVICE : **NON-INVASIVE DIAGNOSTIC CARDIOLOGY PROCEDURES**

Frontline Service : **Non-Invasive Cardiology**

Clients : **Out-Patients**

Schedule of Availability of Service : **Monday to Friday, 7:00 am- 5:00 pm (TET 8:00am),
Saturday 7:00am – 12:00pm (TET 8:00am)**

Contact Number : **925-2401 loc. 3140 to 3145**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present the doctor's request	None	Receive Doctor's Request issue out-patient data forms, assign queue number (for Adult 2D Echo Doppler only)	Doctor's Request Service Issue Slip (if applicable) Updated OPD Card for Service Patients LOA from HMOs HM/ABP: additional 2 valid IDs	Receptionist	Window 1, Non-Invasive Cardiology Division, Ground Floor Medical Arts Building	5 minutes
2	Fill-out the Patient's Data Form, Fall Consent and Clinical History Forms	None	Encode patient's data and issue charge slip Instruct to pay applicable fees	Patient Data and Fall Consent Forms	Receptionist	Window 1, Non-Invasive Cardiology Division, Ground Floor Medical Arts Building	10 minutes
3	Pay applicable fees	Please see attached price list	None	Charge Slip	None	Cashier's Office 1. Ground Floor, Medical Arts Building Annex 2. Basement, Medical Arts	30 minutes

						Building 3. Ground Floor, Hospital Building	
4	Present Official Receipt	None	Record OR Number and advise patient to wait for name to be called	Official Receipt	Receptionist	Window 1, Non-Invasive Cardiology Division, Ground Floor Medical Arts Building	1 minute
5	Sign consent and fall prevention forms, if needed. Cooperate during the procedure	None	Orient Patient regarding the procedure and fall risk Take the patient's medical history (Physical Examination) Perform the requested procedure Give instruction to patient when claim result Supervise procedure (special procedures)	Consent form P.E form	Medical Technologist Medical Technologist/Cardio Fellow Medical Technologist Clinical Research Fellow	Non-Invasive Diagnostic Cardiology Division, Ground Floor, MAB	ECG 10-15 minutes Stress Test 40-45 minutes 2DED 30-45 minutes TSE 1-2 hrs DSE 2-3 hrs TEE 2-4 hrs Orientation/Consent - 5minutes Physical Exam 5 minutes
6	Claiming of Result	None	Release Result	Official Receipt or Health Card or Claim Slip or Authorization letter and ID (for representative)	Receptionist	Window 3, Non-Invasive Cardiology Division, Ground Floor Medical Arts Building	15 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 Division Pagbubungkos Plaza	3 minutes
	For Imaging Procedure: -Undergo interview	Interview patient and or relative Give charge slip to the patient Instruct patient to pay applicable fees			10 minutes

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 Division Pagbubungkos Plaza	2-7 hours (depending on the procedure)
6.	Claim result	Release results	Secretary/ Clerk IV/ Med. Tech.	Reception, Nuclear Med Division 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
End of Transaction					

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	10 minutes

				Building	
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
End of Transaction					

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 Prepare charge slip	Laboratory lab Clerk	Division of Laboratory Medicine, 2/ F Annex Building	10 minutes

		Instruct patient to pay			
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 provisionary receipt	record Official receipt number and take provisionary 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
End of Transaction					

CITIZEN'S CHARTER

VASCULAR MEDICINE DIVISION

TITLE OF FRONTLINE SERVICE : **VASCULAR CONSULTATION**

Frontline Service : **Vascular Consultation**
 Clients : **Patients**
 Schedule of Availability of Service : **Tuesday to Friday, 1:00 pm- 4:00 pm**
 Contact Number : **925-2401 loc. 5135-5136**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present OPD Card/referral slips and Proceed to Cashier and pay applicable fees	Cat. B 290 Cat C1. 217.50 Cat. C2 145 Cat. C3 72.50 SC/GVT 232 Cat. D No Fee	Register patient and issue Charge Slip And issue of Official Receipt	OPD Card Charge Slip	Laboratory Clerk Cashier	Vascular OPD Clinic	15-30 minutes
2	Present Official Receipt	None	Record Official Receipt number	Official Receipt	Laboratory Clerk	Vascular Laboratory	4-5 minutes
3	Wait to be called	None	Pull-out chart and forward to Clinical Research and Cardio Fellow	Patient Chart and SOAP	CRF/Fellow Lab Clerk	Vascular OPD	10-15 minutes
4	Cooperate in Consultation	None	Evaluate patient, prescribe medications and/or laboratory test	SOAP, prescription and request form	CRF/Fellow	Vascular OPD	20-30 minutes
5	Proceed to Vascular Reception	None	Schedule and instruct patient for next follow-up check-up	OPD Card, prescription and request form	Laboratory Clerk	Vascular OPD	5-10 minutes
END OF TRANSACTION							

CITIZEN'S CHARTER

VASCULAR MEDICINE DIVISION

TITLE OF FRONTLINE SERVICE : **VASCULAR DIAGNOSTIC PROCEDURE**

Frontline Service : **Vascular Procedure**
 Clients : **Patients**
 Schedule of Availability of Service : **Monday to Friday, 8:00 am- 4:00 pm**
 Contact Number : **925-2401 loc. 5135-5136**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Forward request and charge slips to vascular lab (in-patient) Present request to vascular laboratory (out-patient) Wait to be called (in and out patient)	None	Receive patient's request form (out-patient) Receive and verify patient's request form and charge slip (in-patient) Call the ward to bring the patient at the unit (in-patient) Call the patient and issue charge slips (out-patient)	Charge slip and request form Diagnostic worksheet	Laboratory Clerk Charge Nurse Vascular Lab Clerk Vascular Tech.	Vascular Laboratory	10-20 minutes
2	Proceed to vascular laboratory (in and out-patient)	None	Prepare work station for procedure and log patient's information	Monitoring logbook	Vascular Tech.	Vascular Laboratory	15-20 minutes
3	Cooperate in medical history and taking vital signs (in and out-patient)	None	Take medical history Prepare and instruct patient for procedure	Diagnostic worksheet and safety agreement form	Vascular Tech. Clinical Research and Cardio Fellow	Vascular Laboratory	10-15 minutes
4	Cooperate during performance of procedure (in and out-patient)	None	Perform vascular procedure	Diagnostic worksheet Previous study if applicable	Vascular Tech. Clinical Research and Cardio Fellow	Vascular Laboratory	1-2 hours
5	Wait for Nursing Attendant and go back to room (in-patient)	None	Instruct patient to wait for the Nursing Attendant (in-	Patient's evaluation form	Vascular Tech Laboratory Clerk	Vascular Laboratory	15-20 minutes

	Wait for the tech and return after 3 working days for the result (out-patient)		patient) Request patient to fill-up evaluation form after the procedure (in and out-patient)				
END OF TRANSACTION							

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 th 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 th Floor, Medical Arts Bldg.	2 minutes
		Call for Electromyographer	Rehab Secretary/ Rehab Aide	PMRD, 8 th Floor, Medical Arts Bldg.	2 minutes
5	Cooperate in the procedures	Perform procedures	Electromyographer	PMRD, 8 th Floor, Medical Arts Bldg.	45 minutes
6	Claim results	Release results	Electromyographer	PMRD, 8 th Floor, Medical Arts Bldg.	3 minutes
End of Transaction					

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 th 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 th Flr, MAB	2 minutes
		Call for Orthotist	Rehab Secretary/ Rehab Aide	PMRD, 8 th Flr, MAB	2 minutes
4	Cooperate in the procedure	Perform procedures	Orthotist	PMRD, 8 th Flr, MAB	45 minutes
5	Claim fabricated splint	Release fabricated splint	Orthotist	PMRD, 8 th Flr, MAB	3 minutes
End of Transaction					

CITIZEN'S CHARTER

PHYSICAL MEDICINE AND REHABILITATION DIVISION

TITLE OF FRONTLINE SERVICE : **PHYSICAL/OCCUPATIONAL/SPEECH THERAPY, WELLNESS PROGRAM**
 Frontline Service : **Physical/Occupational/Speech Therapy, Wellness Program**
 Clients : **New Patients and Current Patients without Rehabilitation Program**
 Schedule of Availability of Service : **Monday to Saturday, 7:00 am- 5:00 pm**
 Contact Number : **925-2401 loc. 3804**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present referral to Rehab Doctor (if applicable) and wait name to be called for consult		Process registration Instruct patient to fill-up details on the Out-Patient Consult Form Line up patient for Consult	Referral form/letter Out-Patient Consultation Form	Rehab Secretary	8 th Floor, Medical Arts Building	5 minutes
2	Submit self for initial consult of Rehab Doctor	₱700- ₱1000	Perform appropriate evaluation, assessment and prescribe Rehab Program	Out-Patient and Consultation Form	Rehab Doctor	8 th Floor, Medical Arts Building	15 minutes
3	Pay applicable fees	May vary depending on the program (See attached fees)	Issue charge slip and instruct patient to pay Receive payment and issue official receipt	Charge slip	Rehab Secretary Cashier	8 th Floor, Medical Arts Building Cashier's Office, Basement MAB	10 minutes
4	Present copy of official receipt	None	Record official receipt and call assigned PT/OT/SDO	Official Receipt	Rehab Secretary	8 th Floor, Medical Arts Building	2 minutes
5	Submit self for evaluation, assessment and treatment	None	Perform appropriate evaluation, assessment and treatment Schedule next rehab session	Appointment Form	Physical/Occupational/Speech Therapist/Sports Development Officer	8 th Floor, Medical Arts Building	1 to 2 hours
END OF TRANSACTION							

CITIZEN'S CHARTER

PHYSICAL MEDICINE AND REHABILITATION DIVISION

TITLE OF FRONTLINE SERVICE : **PHYSICAL/OCCUPATIONAL/SPEECH THERAPY, WELLNESS PROGRAM**
 Frontline Service : **Physical/Occupational/Speech Therapy, Wellness Program**
 Clients : **New Patients and Current Patients with Rehabilitation Program**
 Schedule of Availability of Service : **Monday to Saturday, 7:00 am- 5:00 pm**
 Contact Number : **925-2401 loc. 3804**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present Rehab Program and contact details (for new patients)	None	Process registration Issue charge slip Instruct patient to pay	Prescription from Rehab Doctor Charge Slip	Rehab Secretary	8 th Floor, Medical Arts Building	5 minutes
2	Pay applicable fees	May vary depending on the program (See attached fees)	Receive payment and issue official receipt	None	Cashier	Cashier's Office, Basement Medical Arts Building	10 minutes
3	Present copy of Official Receipt	None	Record official receipt and call assigned PT/OT/SDO	Official Receipt from Cashier	Rehab Secretary	8 th Floor, Medical Arts Building	2 minutes
4	Submit self for evaluation, assessment and treatment		Perform appropriate evaluation, assessment and treatment Schedule next rehab session	Appointment Form	Physical/Occupational/Speech Therapist/Sports Development Officer	8 th Floor, Medical Arts Building	1 to 2 hours
END OF TRANSACTION							

CITIZEN'S CHARTER

PULMONARY MEDICINE DIVISION

TITLE OF FRONTLINE SERVICE : **PULMONARY SERVICES**

Frontline Service : **Request for Pulmonary Function Tests and Arterial Blood Gas Analysis**

Clients : **Clients**

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

Contact Number : **925-2401 loc.**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present requirements and fill out patient data slip		Receive requirements and issue patient data slip	Doctor's request Service Issue Slip (if applicable) Approved letter of guarantee (if applicable) OPD card (for service patients)	Receptionist / Clerk	Pulmonary Lab G/F, Hospital Bldg.	5 mins
2	Receive charge slip/pay applicable fees	Refer to attached price list	Issue charge slip and official receipt	Charge slip	Pulmo Receptionist / Clerk Cashier	Pulmonary Lab Cashier's Office	5 mins
3	Present official receipt		Record official receipt	Official receipt	Receptionist / Clerk	Pulmonary Lab G/F, Hospital Bldg.	5 mins
4	Perform procedure		Assist patient in the performance of procedure		Staff on duty	Pulmonary Lab G/F, Hospital Bldg.	40 mins
5	Claim result		Release result	Official receipt	Receptionist / Clerk	Pulmonary Lab G/F, Hospital Bldg.	5 mins
END OF TRANSACTION							

CITIZEN'S CHARTER

PULMONARY MEDICINE DIVISION

TITLE OF FRONTLINE SERVICE : **PULMONARY SERVICES**

Frontline Service : **Request for Bronchoscopy Procedure**

Clients : **Clients**

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

Contact Number : **925-2401 loc.**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present requirements		Receive requirements and issues consent form	Doctor's request Xray result/CT scan result	Pulmo Bronch Fellow	Bronchoscopy room Room 112	2 mins
2	Accomplish consent form		Assist patient orient in filling out the consent form. Orient patient.	Fall Risk Agreement Consent Form	Pulmo Bronch Fellow Respiratory Therapist	Bronchoscopy room Room 112	2 mins
3	Cooperate in the procedure		Perform procedure	Professional fee form / Temporary receipt	Pulmo Bronch Fellow Respiratory Therapist	Bronchoscopy room Room 112	40 mins
4			Accompany patient or relative to Pulmonary Laboratory to secure temporary receipt		Respiratory Therapist	Cashier G/F, Hospital Bldg.	2 mins
5	Submission of specimen		Accompany relative or patient to pathology for specimen delivery.	Blue form for specimen Official receipt/Laboratory request	Respiratory Therapist	Pathology 2/F, Annex Bldg.	30 mins
6	Present official receipt		Record official receipt	Official receipt	Respiratory Therapist	Bronchoscopy room Room 112	3 mins
7	Claim result		Release result	Official receipt	Respiratory Therapist	Bronchoscopy room Room 112	3 mins
END OF TRANSACTION							

CITIZEN'S CHARTER

PULMONARY MEDICINE DIVISION

TITLE OF FRONTLINE SERVICE : **PULMONARY SERVICES**

Frontline Service : **Request for Overnight Polysomnography**

Clients : **Clients**

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

Contact Number : **925-2401 loc.**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Presentation of Doctor's request, registration at the admitting section prior to the procedure and escort of patient to the sleep clinic		Issue admitting forms, Assist the relative/patient in filing out admitting forms, escort patient to the sleep clinic	Doctor's request, Patient's Data Sheet, Consent/Condition of admission	Admitting Clerk on duty	Admitting Section – Ground Floor, Hospital Building	15 mins
2	Proceed to Sleep Clinic for the overnight polysomnography procedure (Sleep Study)		Orient patient with procedure, assist in filling out Sleep forms and questionnaires, facilitate polysomnography	SHARP Consent Form, Sleep Bedtime Questionnaire, Sleep Questionnaire	Sleep Technologist	Sleep Clinic – Room 111, Ground floor, Hospital Building	9 hours
3	Fill out post procedure questionnaire and receive charge slip from the sleep technologist and notice of discharge from the nurse on duty prior to process of discharge		Assist patient in filling our post procedure form, finalize charging of procedure and professional fee of doctor, issuance of notice of discharge from the nurse on Duty	Sleep Morning Questionnaire, Outpatient charge slip of procedure and Doctor's fees, notice of discharge	Sleep Technologist, Nurse on Duty	Sleep Clinic – Room 111, ground floor, Hospital Building	10 mins
4	Pay applicable fees, present official receipt and notice of discharge	Applicable fees	Receive payment, issue official receipt, and stamp notice of discharge	Charge slip, notice of discharge	Cashier on duty	New Cahier – Ground Floor, Hospital Building	20 mins
			Check official receipt and	Official Receipt	Nurse on Duty		

			discharge notice, sign notice of discharge Record official receipt		Sleep Technologist Guard on duty	Short Stay Unit Sleep Clinic Hospital building exit	
5	Claim result		Release result	Official Receipt			3 mins
END OF TRANSACTION							

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:

No.	Client Steps	Agency Activity	Person Responsible	Location of Office	Duration of Activity
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 form (for pre flight procedure)	Assist patient Instruct patient to proceed to cashier's office	Pulmo Rehab Fellow Rehab Coordinator	Pulmo Rehab section, 8th floor, MAB	10 minutes
3	Get number from queuing machine			Cashier section, Basement, MAB	
4	Pay applicable	Receive payment and	Cashier	Cashier section, Basement, MAB	10 minutes

	fees	issue official receipt			
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
End of Transaction					

CITIZEN'S CHARTER

CV RADIOLOGICAL DIVISION

TITLE OF FRONTLINE SERVICE : **RADIOLOGICAL SCIENCES DIVISION**

Frontline Service : **Processing of X-ray, Ultrasound and CT-MRI Services**

Clients : **Out-Patients**

Schedule of Availability of Service : **Monday to Sunday, 24 hrs**

Contact Number : **9252401**

Locals: 2123-2125 Diagnostic X-Ray
2100-2102 CT-MRI
2132 Ultrasound

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present the requirements <i>(request of procedure from the doctor)</i> Get a schedule of procedure	None	Receive and verify requirements and instruct patient on preparation of procedure Provide Schedule	<ul style="list-style-type: none"> Request of procedure Guarantee Letter (GL) 	Receptionist Receptionist	Radiological Sciences Division Ground Floor Hosp. Bldg.	2 mins
2	Fill out and sign applicable document	None	Issue out applicable forms and assist client in filling out of forms	<ul style="list-style-type: none"> Complete patient date form Laboratory results (if applicable) Doctor's clearance (depending on the procedure) 	Receptionist	Radiological Sciences Division Ground Floor Hosp. Bldg.	2mins
3	Proceed to Cashier and Pay Applicable Fees	P480.00 (PA-Posterior Anterior) P600.00 (PAL-PA Lateral)	Receive payment and issue Official Receipt (OR)	<ul style="list-style-type: none"> Charge Slip 	Cashier	<ul style="list-style-type: none"> Cashier's Office, ground Floor, Hosp. Lobby Cashier's Office, Basement, MA Building 	30 mins

		*Please see Price List for other procedure request)					
4	Present Official Receipt	None	Record patient data and OR Number	<ul style="list-style-type: none"> • Official Receipt 	Receptionist	Radiological Sciences Division Ground Floor Hosp. Bldg.	5 mins
5	Cooperate in the procedure	None	Perform requested procedures	<ul style="list-style-type: none"> • Request slip from the doctor • Signed Consent Form 	Radiologic Technologist, Nurse, Doctor	Radiological Sciences Division Ground Floor Hosp. Bldg.	X-Ray – 5mins CT Scan – 1hr MRI – 2 hrs Ultrasound – 45 mins
6	Claim result	None	Release result	<ul style="list-style-type: none"> • Official Receipt (OR) or Authorization Letter and Valid ID on patient's behalf 	Receiving/Issuing Clerk	Radiological Sciences Division Ground Floor Hosp. Bldg.	18 hours
END OF TRANSACTION							

Note: Forms are available at the reception area
The processing time for one client being served at one time and depend on the procedure.
The time is extended depending on the procedure done.

Surgical PCI Packages (SPP)

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 nd 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 st 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	Cashier'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 st floor, Hospital Building	
7	Await turn for admission			1 st floor, Hospital Building	
End of Transaction					

CITIZEN'S CHARTER

DEPARTMENT OF SURGERY AND ANESTHESIA

TITLE OF FRONTLINE SERVICE : **PROCESSING OF PHC SURGICAL PACKAGE DEAL**

Frontline Service : **Processing of PHC Surgical Package Deal**
 Clients : **Out-Patients (for Surgical, Percutaneous Coronary intervention and Cardiac Catheterization Package)**
 Schedule of Availability of Service : **Monday to Friday. 8:00 am – 5:00 pm**
 Contact Number : **9252401 loc. 3242**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Fill-out SPD Contract		Receive requirements	Surgical Package Contract	Surgical Package Coordinator/Staff on duty	2 nd Floor, MAB Bldg.	3 mins
2	Present SPD contract to Attending Doctor for signature		Present requirements and Explains package mechanics	Surgical Package Contract	Surgical Package Coordinator/Staff on duty	2 nd Floor, MAB Bldg.	12 mins
3	Complete informed consent for orientation		Check signed informed consent/SPD contract	Surgical Package Contract	Surgical Package Coordinator/Staff on duty	2 nd Floor, MAB Bldg.	4 mins
4	Proceed to Deputy Exec. Director, for Hospital Support Services		Approval of SPD contract by DEDHSS	Surgical Package Contract	DEDHSS Staff	2 nd Floor, MAB Bldg.	3 mins
5	Receive 6 th copy of SPD contract for filing and pay applicable fees		Receive requirements	Surgical Package Contract	Surgical Package Coordinator/Staff on duty	2 nd Floor, MAB Bldg.	2 mins
6	Pay applicable SPD fees		Receive Requirements	Surgical Package Contract	Cashier	Basement, MAB Bldg.	3 mins
7	Present official receipt to SPD coordinator for scheduling of surgery		Receive requirements	Surgical Package Contract	Surgical Package Coordinator/Staff on duty	2 nd Floor, MAB Bldg.	3mins

END OF TRANSACTION

CITIZEN'S CHARTER

WELLNESS CLINIC

TITLE OF FRONTLINE SERVICE : **OUT-PATIENT DIAGNOSTIC PACKAGES**

Frontline Service : **Wellness Clinic**

Clients : **Adult and Pediatric Out-Patients / Employees from Gov't Agencies with Approved Memorandum of Agreement (MOA)**

Schedule of Availability of Service : **Monday to Friday, 8:00 AM to 5:00 PM except holidays**

Contact Number : **925-2401 local 3536**

Fees : **Specified according to package availed**

Release of Official Result : **Availability of official results is determined by the concerned diagnostic laboratories**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present Doctor's request for diagnostic procedures/optional procedures & fill-out forms	None	Check Doctor's Request & determine package to avail	Physician's Request / Referrals	Wellness Clinic staff	Medical Arts Bldg. 5th floor-Room 515	5 to 10 minutes upon receipt
2	Pay applicable fees	None	Accompany patient to the cashier & get the official receipt number	Charge slips or Service Issue slips from Social Service Division, if applicable	Wellness Clinic staff	Cashier's office	5 to 10 minutes
3	Proceed to concerned diagnostic center	None	Accompany the patient to the proper route so as to minimize patient's stay in the concerned laboratories	Charge slips and request form	Wellness Clinic staff	Concerned diagnostic laboratories	1 to 3 hours (patients are queued for tests/procedures)
4	Get official results and present to the to the Attending Physician for interpretation and consultation	None	Collect & releases official results to the Wellness clinic ** Presents to Medical House Staff official & preliminary results for consultation of staff from other agencies	Official receipts for walk-in patients Official & preliminary results	Wellness Clinic staff Medical House Staff	Medical Arts Bldg. 5th floor-Room 515	3-5 working days 10 to 15 minutes (consultation per patient)

END OF TRANSACTION

Note: For OPD patients, releasing of results will be coordinated directly to the concerned laboratories by the patient or companion

* N/A - Not Applicable; Based on diagnostic packages as requested by their Attending Physician

** - Medical consultation is provided as stated in their contract.

CITIZEN'S CHARTER

SOCIAL SERVICES DIVISION

TITLE OF FRONTLINE SERVICE : **SOCIAL SERVICE ASSISTANCE**

Frontline Service : **Social Services Assistance**
 Clients : **Out Patient and In-Patient**
 Schedule of Availability of Service : **Monday to Friday except holiday 7:00AM-5:00 PM**
 Contact Number : **9252401 local 5111 to 5116**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Get number from queuing machine and wait for the number to flash on the queuing monitor <i>Kumuha ng numero sa queue machine at hintaying lumabas sa queuing monitor</i>	None required	Issue queue number <i>Magbigay ng queue number</i>	none	Security Officer	OPD Waiting Area	5 minutes
2	Fill-out Patient's Data Sheet (PDS) for new patients (OPD) <i>Sagutan ang form para sa impormasyon ng pasyente</i>	None required	Issue PDS <i>Magbigay ng PDS</i>	PDS	OPD Clerk	Screening Section	5 minutes
3	Present filled-out PDS or Financial Assistance form (FA) <i>Ibigay ang "filled-out" form sa Window 1</i>	None required	Receive and review filled-out PDS or FA <i>Tanggapin at rebyuhin ang form na ibinigay</i>	PDS and FA	Transaction Clerk	Window 1, Social Services Division	2 minutes
4	Report for psychosocial assessment/ interview <i>Magreport para sa "psychosocial assessment"/ interbyu</i>	None required	Conduct psychosocial assessment/ interview to patient or relative.	Social Service (SS) requirements 1. Social Case Study Report from Municipal Social Welfare and	Medical Social Worker (MSW)	MSW rooms	30 minutes

				Development Office 2. Member Data Record from Philhealth 3. Certificate of Employment/ 1 Month Latest Payslip 4. Patient's picture (1x1 and whole body)			
5	Secure/ Get OPD card (yellow card / white card) or pre-admission clearance (¼) <i>Kumuha ng OPD card (dilaw o puting card) o pre-admission clearance (1/4)</i>	None required	Issue OPD card <i>Bigyan o pagawan ng OPD card o ng pre-admission clearance (1/4)</i>	PDS, Medical Assessment Tool and Contract of Responsibility	MSW/ Transaction Clerk/ OPD Clerk	MSW rooms/ Window 2/ screening section	5 minutes
END OF TRANSACTION							

CITIZEN'S CHARTER

SOCIAL SERVICES DIVISION

TITLE OF FRONTLINE SERVICE : **SOCIAL SERVICE ASSISTANCE**

Frontline Service : **Social Services Assistance**

Clients : **Emergency Room (ER) Patient**

Schedule of Availability of Service : **Monday to Friday 7:00 AM- 8:00PM/ Saturday and Holiday 8:00AM to 5:00PM (ER)**

Contact Number : **9252401 local 5111 to 5116**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Fill-out Patient's Data Sheet (PDS) for new patients <i>Sagutan ang form para sa impormasyon ng pasyente</i>	N/A	Issue PDS	PDS	ER NURSE	Emergency Room (ER)	5 minutes
2	Present filled-out PDS <i>Ibigay ang "filled-out" form</i>	N/A	Receive and review filled-out PDS	PDS	ER Medical Social Worker (ER MSW)	ER, Social Services Division (ER SSD)	2 minutes
3	Report for psychosocial assessment <i>Magreport para sa "psychosocial assessment"/ interbyu</i>	N/A	Conduct psychosocial assessment to patient or relative.	Social Service (SS) requirements 1.Social Case Study Report from Municipal Social Welfare and Development Office 2.Member Data Record from Philhealth 3.Certificate of Employment/ 1 Month Latest Payslip 4. Patient's picture (1x1 and whole body)	ER-MSW	ER SSD	30 minutes

4	Secure OPD card (temporary) <i>Kumuha ng dilaw na card</i>	NA	Issue temporary OPD card	Temporary OPD card	ER MSW	ER SSD	5 minutes
5	Present Notice of Discharge and Statement of Accounts (SOA) <i>Ipakita ang "Notice of Discharge" at "Statement of Account" o "hospital bill printout"</i>	N/A	Indicate category in the SOA and facilitate patient's discharge <i>Ilagay ang katagorya sa "SOA" base sa ebalwasyon ng MSW para maproseso ang paglabas ng pasyente sa ER</i>	Notice of Discharge, SOA	ER NURSE Billing Clerk ER MSW	ER Billing Section ER SSD	15 minutes
END OF TRANSACTION							

CITIZEN'S CHARTER

GENERAL SERVICES DIVISION

TITLE OF FRONTLINE SERVICE : **ART EXHIBIT**

Frontline Service : **Art Gallery**

Clients : **Visual Artist/Exhibitor**

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

Contact Number : **925-2401 loc. 3219-3220**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present and submit requirements	None	Receive and forward to PHC Art Gallery Committee Chairman	Proposal Letter Resume of Artist or Group of Artists Photos of Artwork	Administrative Assistant III	General Services Division, 2 nd Floor, Medical Arts Building	5 minutes
2	Follow-up status of Proposal after 5 working days	None	Process approval of request	None	AGC Members and Chairman	General Services Division, 2 nd Floor, Medical Arts Building	5 minutes
3	Meet with the Chairman and secure copy of Agreement Form with Checklist		Discuss details with the artist and assist in the preparation of the requirements	Notarized Form of Agreement Exhibit Checklist	AGC Chairman	GSD, 2 nd Floor MAB	30 minutes
4	Submit complete requirements for the exhibit within 15 days		Receive the complete requirements	Poster and Mounted Poster Invitations	Administrative Assistant III/AGC Chairman	GSD, 2 nd Floor MAB	10 minutes
5	Set-up of Exhibit		Assist on the exhibit on set-up	Function request form Sketch plan and set-up	AGC Chairman and Housekeeping Staff	PHC Art Gallery, Ground Floor MAB Lobby	8 hours
6	Open the exhibit		Attend the exhibit proceedings	None	AGC Committee	PHC Art	3 hours

					Members and Housekeeping Staff	Gallery, Ground Floor MAB Lobby	
7	Man the exhibit		Oversee the duration of the exhibit	Curator's Time In and Out	AGC Committee Members	PHC Art Gallery, Ground Floor MAB Lobby	11 hours
8	Pull-out the exhibit	20% commission on sales/donated artwork	Supervise the activity	Sales Report Release Form OR of Payment Certificate of Authenticity for Donated Artwork	Housekeeping and Security Staff, Administrative Assistant III, AGC Committee Members	PHC Art Gallery, Ground Floor MAB Lobby	3 hours
END OF TRANSACTION							

CITIZEN'S CHARTER

GENERAL SERVICES DIVISION

TITLE OF FRONTLINE SERVICE : **USE OF FUNCTION ROOMS**

Frontline Service : **Use of Function Rooms**
 Clients : **Private and Government Agencies**
 Schedule of Availability of Service : **Monday to Friday. 8:00 am – 5:00 pm**
 Contact Number : **9252401 loc. 3219-3220**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Call for the availability of Function Room		Confirm availability of function room and issue Function Request Form	Approved letter of request from Director's Office	Administrative Assistant III / Administrative Officer IV	General Services Division (GSD), 2 nd Floor, medical Arts Building (MAB)	2 minutes
2	Present requirements and fill-out form		Process function request	- Application Form for - Use of Function Room Function Request Form	Administrative Officer IV	GSD, 2 nd Floor, MAB	15 minutes
3	Pay applicable fees	Applicable fees	Accept payments and issues official receipt	Official Receipt	Cashier	Cashier's Office, basement, MAV	5 minutes
4	Present Official Receipt		Record official receipt number and endorse the approved form to concerned offices	Approved Function Request Form	Administrative Officer IV	GSD, 2 nd Floor, MAB	3 minutes
END OF TRANSACTION							

Other Services

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					

CITIZEN'S CHARTER

GENERAL SERVICES DIVISION

TITLE OF FRONTLINE SERVICE : **ART EXHIBIT**

Clients : **Visual Artist / Exhibitor**

Schedule of Availability of Service : **Monday to Friday, 8:00 AM to 5:00 PM**

Contact Number : **925-2401 local 3219 to 3220**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present and submit requirements		Receive & forward to PHC Art Gallery Committee (AGC) Chairman	-Proposal Letter -Resume of Artist or Group of Artists -Photos of Art Work	Administrative Assistant III	General Services Division (GSD), 2 nd Floor, Medical Arts Building (MAB)	5 minutes
2	Follow-up status of Proposal after 5 working days		Process approval of the request	-Notarized Form of Agreement -Exhibit Checklist	AGC Members & Chairman	GSD, 2 nd Floor, 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	-Notarized Form of Agreement -Exhibit Checklist	AGC Chairman	GSD, 2 nd Floor, MAB	30 minutes
4	Submit complete requirements for the exhibit within 15 days		Receive the complete requirements	-Poster and Mounted Poster -Invitations	Administrative Assistant III / AGC Chairman	GSD, 2 nd Floor, MAB	10 minutes
5	Set-up of exhibit		Assist on the exhibit set-up	-Function Request Form -Sketch plan & set-up	AGC Chairman & Housekeeping Staff	PHC Art Gallery, Ground Floor, MAB Lobby	8 hours
6	Open the exhibit		Attend the exhibit		AGC Committee	PHC Art	3 hours

					Members & Housekeeping Staff	Gallery, Ground Floor, MAB Lobby	
7	Man the exhibit		Oversee the duration of the exhibit	-Curator's Time In and Out	AGC Committee Member	PHC Art Gallery, Ground Floor, MAB Lobby	11 hours
8	Pull-out the exhibit	20% commission on sales/donated artwork	Supervise the activity	-Sales Report -Release Form -OR of Payment -Certificate of authenticity for donated artwork	Housekeeping & Security Staff, Administrative Assistant III, AGC Committee Members	PHC Art Gallery, Ground Floor, MAB Lobby	3 hours
END OF TRANSACTION							

CITIZEN'S CHARTER

BLOOD BANK

TITLE OF FRONTLINE SERVICE : **BLOOD SCREENING AND DONATION**

Clients : **Donors**
 Schedule of Availability of Service : **Daily, 8:00 AM to 5:00 PM**
 Contact Number : **925-2401 local 5130 to 5133 / 5138**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Fill out and submit blood donor's form	None	1. Issue and assist blood donor in filling out of form 2. Receive/check donor's questionnaire	Donor's Form	Staff on duty	Reception area Blood Bank, Mezzanine floor, MAB Annex	15 minutes
2	Wait for name to be called for interview and blood extraction	None	1. Log donor's data and call donor for screening (pre-counselling) 2. Extract blood sample and collect urine	Donor's Form	Staff on duty	Blood Bank, donor screening Area	1 hour
3	Perform screening on donor's blood	None	1. Drug testing 2. Blood typing 3. Complete Blood Count (CBC) 4. Inform result	Donor's Data	Staff on duty	Blood Testing Area	15 minutes
4	Actual blood donation (450ml) and to rest after donation	None	1. Prepare blood bags and do aseptic collection of donors blood (450ml) 2. Post- counseling	Donor's Form	Staff on duty	Bleeding area, Blood Bank	30 minutes
5	Final screening and charging	Please see Blood Bank Tests price list	Transfusion Transmissible Infection (TTI'S) (Depending on screening result)	Donor's Form	Staff on duty	Blood Testing Area	15 minutes

		<p>Pay patient offsetting blood</p> <ul style="list-style-type: none"> - 1 unit PRBC or Whole Blood : 2 blood donors - 1 unit of PC/FFP/Cryoppt : 1 blood donor - 8 units PC Pheresis : 16 blood donors <p>Service /ZB/ SPD patient – no offsetting blood.</p> <ul style="list-style-type: none"> - 1 unit PRBC or Whole Blood : 1 blood donor - 2 units of PC/FFP/Cryoppt : 1 blood donor - 8 units PC Pheresis : 8 blood donors 				
END OF TRANSACTION						

CITIZEN'S CHARTER

BLOOD BANK

TITLE OF FRONTLINE SERVICE : **BLOOD AND BLOOD COMPONENTS PROCUREMENT**

Frontline Service : **Blood and Blood Components Procurement**

Clients : **Out-patients**

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

Contact Number : **925-2401 locals 5130 to 5133 / 5138**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present requirement	None	Receive requirement and issue applicable form for fill out	Doctor's request / partner agency' referral / LOA / HMO	Staff on duty	Reception area, Blood Bank Mezzanine, MAB Annex	1 minute
2	Fill out applicable form/ patient's data	None	Process registration gives request slip to the patient. Instruct patient to proceed to the Cashier.	Request slip	Staff on duty	Reception area, Blood Bank Mezzanine, MAB Annex	2 minutes
3	Pay applicable fees	Please refer to Blood Bank's price list	Receive payment and issues official receipt	Request slip	Cashier	Cashier's Office Basement Hospital Bldg/ MAB Annex	5 minutes
4	Present official receipt	None	Record official receipt number	Official receipt	Staff on duty	Reception area, Blood Bank	2 minutes
5	Receive blood / blood components	None	Prepare and release blood or blood components		Staff on duty	Reception area, Blood Bank	10 minutes

END OF TRANSACTION

CITIZEN'S CHARTER

NUTRITION AND DIETETICS DIVISION

TITLE OF FRONTLINE SERVICE : **DIETARY INSTRUCTION**

Frontline Service : **Dietary Instruction**

Clients : **Out-Patient**

Schedule of Availability of Service : **Monday to Friday. 2:00-4:00PM**

Contact Number : **9252401 loc. 4044-4045**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present diet prescription		Checks diet prescription/blood chemistry. Assess nutrition status of patient.	Doctor's referral if applicable Blood Chemistry results	Registered Nutritionist-Dietitian on duty	Nutrition and Dietetics Division Office, Hospital Bldg..	5 mins
2	Get a number from queueing machine and pay applicable fees	350.00/No fee for charity patients	Inform patient the cost of diet instruction. Instruct patient / relative to go to the Cashier to pay.	Charge slip	Office Assistant Cashier	Cashier's Office, Basement, Medical Arts Bldg.	5 mins
3	Get dietary instructions		Instruct patient on prescribed diet.	Dietary handouts (Meal Plan)	Registered Nutritionist-Dietitian	Basement, Hospital Bldg., Nutrition Clinic	20 mins
END OF TRANSACTION							

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
End of Transaction					

Other Services

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

Patients with Letters of Authorization (LOAs) and Guarantee Letters (GLs) from PHC-accredited Companies and Health Maintenance Organizations (HMOs) will no longer be required to have the LOAs and GLs approved/signed by the Credit and Collection unit prior to procedures as outpatient.

Other Services

Frontline Service : Approval of 20% 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 nd flr. MAB	3 minutes
2	Get approval	Stamp 10% discount approval	Administrator's Office staff	Administrator's Office, 2 nd flr. MAB	2 minutes
End of Transaction					

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

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:

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
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
End of Transaction					

Frontline Service : Credit and Collection and Accounting Divisions Procedures
Clients : Attending Physicians (APs) and Consultants
Requirements : APs and Consultants Bank Account Numbers

Schedule of Availability of the Service: Office hours 8:00am to 5:00pm
Contact number : (+632) 925-24-01 locals 4063/64/65 (Accounting Division)
 locals 4050/51/52 (Credit & Collection Division)

Fees : None

Total Maximum Duration of Process : Maximum of 7 working days

Release of Payment/Refund of Professional Fee (PF) : In-Patient - 7 working days
 Packages - 2 working days
 PhilHealth - 7 working days

How to Avail of the Service:

No.	Client Step	Agency Activity	Person Responsible	Location Of Office	Duration of Activity
1	One-time opening of bank account	Receives APs bank account number	Computer Operator, Accounting Division	Accounting Division, Basement	2 minutes
		Collection of Professional Fees (PFs)	Cashier	Cashier's Office, Basement	2 minutes
		Verification / Computation of payment	Computer Operator, Accounting Division	Accounting Division, Basement	10 mins / doctor
		Encoding / Checking / Auditing	Computer Operator, Accounting Division	Accounting Division, Basement	6 days
2		Preparation of Summary	Computer Operator, Accounting Division	Accounting Division, Basement	

3		Debit Advice Preparation and Releasing	Computer Operator, Accounting Division & Cashier, Credit & Collection Division		
End of Transaction					

Note: Previous procedure – individual voucher and check are prepared for the refund of PF

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 th 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 th floor, Medical Arts Bldg.	5 minutes
End of Transaction					

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 th 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 th 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 th 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 th floor, Medical Arts Bldg.	5 minutes
	For non-PHC applicants get the sealed result	Issue results	HR Staff		5 minutes
End of Transaction					

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:

No.	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
1	Submit Reference/Background check form either personally, thru e-mail or mail via postal service	process needed information	HRMO III	HRD Office, 8 th 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/background check form via postal service or via e-mail	HR Staff	HRD Office, 8 th floor	variable
End of Transaction					

CITIZEN'S CHARTER

PHARMACY DIVISION

TITLE OF FRONTLINE SERVICE : **OUT-PATIENT DISPENSING PROCEDURE**

Frontline Service : **Out-Patient Dispensing Procedure**
 Clients : **Out-Patient**
 Schedule of Availability of Service : **Monday to Friday, 7:00 AM – 7:00 PM except holidays**
 Contact Number : **9252401 loc. 5117-5118**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Get a queue number	none			None (client generated)	Out-Patient – Annex Ground floor	1 minute
2	Present doctor's prescription		Receive and process prescribes medicines and issue Purchase Order Slip (POS)	- Prescription/s - Service Issue Slip (SIS) for clients with Guarantee letter (GL)	Pharmacist	Out-Patient – Annex Ground floor	10 minutes
3	Pay the amount if applicable		Receive payment and issue Official Receipt (OR)	Purchase Order Slip (POS)	Cashier	Cashier's Office Out-Patient – Annex Ground floor	30 minutes
4	Proceed to releasing counter and present copy of Official Receipt (OR) or SIS		Release medicines	Official Receipt (original copy); or SIS	Pharmacist	Out-Patient Medical Arts Bldg. - Annex Ground floor	5 minutes
END OF TRANSACTION							

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> <i>-Equipment</i>	Designated end-user Dietitian Standards Committee Chief, Pharmacist Designated End-User	Respective office of end-user Division of Nutrition and Dietetics Office, Basement, MAB Product Evaluator's Office, 3 rd Flr., Hospital Bldg. Pharmacy Division, Basement, MAB Respective office of end-user Respective	1 minute variable

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

Other Services

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	Pacemaker room, Basement, MAB	4 hours

	Post security bond	Receive payments	Networking (TAN), NAMFREL and NGO's 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 Validate bid documents submitted Process Notice of Award (NOA) to winning bidder	Cashier BAC Members End-User	Cashier's Office, Basement, MAB	5 minutes 3 days
8	Accept and sign NOA	Process NOA and contract within 2 days	Head Procuring Entity, Chief Accountant	BAC Office, Basement, MAB	2 days
9	Sign and gets copy of the contract	Release signed contract	Head Procuring Entity, Chief Accountant	Purchasing Office, Basement, MAB	2 days
End of transaction					

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:

NO	Client Step	Agency Activity	Person Responsible	Location of Office	Duration of Activity
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
End of transaction					

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:

No.	Client Step	Agency Activity	Person Responsible	Location	Duration of Activity
1.	Submit documents and make performance test (if applicable)	Check, inspect and receive delivered items Schedule orientation with end-user	Storekeeper/ Property Custodian & Engineering Technician Storekeeper/ Property Custodian	Property Sec., Basement, Medical Arts Building (MAB) Property Sec., Basement, MAB	30 minutes
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
End of transaction					

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					

Other Services

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
End of Transaction					

CITIZEN'S CHARTER

HUMAN RESOURCE AND MANAGEMENT DIVISION

TITLE OF FRONTLINE SERVICE : **PROCESSING OF STUDENT INTERNSHIP AND TRAINING**

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

Clients : **Students**

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

Contact Number : **925-2401 loc. 3816**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Inquire the availability of slot, fill out Student Affiliate Application Form and submit requirements, if approved	None	Inquire with end-user and inform the availability of slot Receive filled-out form and requirements, if approved.	1. Student Affiliate Application Form 2. Endorsement Letter 3. Memorandum of Agreement	HR Staff	HRMD Office, 8 th Floor Medical Arts Building	30 minutes
2	Get schedule of orientation and deployment and secure payment slip for ID fee and pay applicable fees	₱30	Give schedule of orientation and deployment, and receive receipt for ID fee *Orientation *Deployment	1. Payment Slip 2. Receipt of Payment	HR Staff	HRMD Office, 8 th Floor MAB	10 minutes
					Cashier	Cashier's Office, Basement MAB	30 minutes 1 hr and 30mins 30 minutes
3	After completion of required training, secure payment slip for Affiliation fee and pay applicable fees	₱2.00 per hour for Admin Courses ₱5.00 per hour for Specialty Courses	Process and Issue Certificate of Completion, receive receipt for Affiliation fee.	1. Payment Slip 2. Receipt of Payment 3. Certificate of Completion	HR Staff	HRMD Office, 8 th Floor MAB	20 minutes
					Cashier	Cashier's Office, Basement MAB	30 minutes
END OF TRANSACTION							

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 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, 6 th 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
End of Transaction					

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

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 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 Income logbook	Auxiliary Machine Operator I	Medical Records, 6th Flr., MAB	6 minutes
5	Receive requested documents	Record & release all the authenticated medical records. Ask	Medical Records Officer I	Medical Records, 6th Flr., MAB	2 minutes

		to sign on logbook.			
					= 28 minutes
End of Transaction					

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

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)	DAY 1 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	DAY 2 to 4
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	Auxiliary Machine Operator I/	Medical Records, 6th Flr., MAB	3 minutes

		records and issue order of payment	Medical Records Officer I		
7	<p>Pay applicable fees: For Health Information for Insurance purposes -- pay at the Cashier-Basement (Hospital Bldg.)</p> <p>For Medical Certificate, Clinical Abstract, xerox & authentication, ---pay at Medical Records Div. & sign on MR Income logbook.</p>	<p>receive payment & issue Official Receipt</p> <p>Receive and record the Payment on MR Income logbook.</p>	<p>Cashier</p> <p>Auxiliary Machine Operator I</p>	<p>Cashier Basement Hospital Bldg.</p> <p>Medical Records, 6th Flr., MAB</p>	<p>2 minutes</p>
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 th flr., MAB	<p>DAY 5</p> <p>Day of Claiming</p> <p>1 minute</p>
End of Transaction					

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
End of Transaction					

CITIZEN'S CHARTER

TRAINING AND EDUCATION DEPARTMENT

TITLE OF FRONTLINE SERVICE : **SUBSPECIALTY FELLOWSHIP, FELLOWSHIP AND RESIDENCY TRAINING PROGRAM**

Frontline Service : **Process Flow of Application for House Staff**
 Clients : **Medical Doctors**
 Schedule of Availability of Service : **Friday, 8:00AM – 5:00 PM**
 Contact Number : **9252401 loc. 3236**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Publication of available positions in PHC web page and local newspapers	N/A	Application for House Staff	Routing Slip with attached Timeline/Schedule of the application and the corresponding requirements	Medical Training Division Staff and Management information Services Department	Medical Arts Building, 2 nd Floor	1 year
2	Submission of completed requirements for application to the Training and Education and payment of fees	Application Fee: P 500.00 Psychological Examination: P400.00	Application for House Staff	Necessary requirements for application	Medical Training Division Staff	Medical Arts Building, 2 nd Floor	10-15 minutes
3	Advice from T.E.D on schedule of written exams and psychological testing	N/A	Application for House Staff	Schedule Slip (Entrance Examination and Psychological Examination)	Medical Training Division Staff	Medical Arts Building, 2 nd Floor	2-3 minutes
4	Submission of application by T.E.D to Division concerned for evaluation and interview	N/A	Application for House Staff	File Folder of the applicant	Medical Training Division Staff	Medical Arts Building, 2 nd Floor	4 hrous
5	Initial recommendation by concerned Division to the T.E.D	N/A	Application for House Staff	Recommendation for Acceptance from the concerned Division	Concerned Department/Division Staff	Offices of the concerned Department/Division	1 week2

6	Endorsement of application by T.E.D	N/A	Application for House Staff	Recommendation for Acceptance from the Medical Training Division	Medical Training Division Staff	Medical Arts Building, 2 nd Floor	48 hours
7	Notification HRMD requirements and procedures to applicant	N/A	Application for House Staff	List of requirements from HRMD	HRMD Staff	HRMD Office, 8 th Floor, MAB	N/A
END OF TRANSACTION							

CITIZEN'S CHARTER

NURSING EDUCATION AND TRAINING DIVISION

TITLE OF FRONTLINE SERVICE : **STUDENTS' HOSPITAL AFFILIATION**

Frontline Service : **Students' Hospital Affiliation**
 Clients : **Deans/Faculty of Colleges/Universities of Nursing**
 Schedule of Availability of Service : **Monday-Friday, 8:00 am- 5:00 pm**
 Contact Number : **925-2401 loc. 3209/3210**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Submit request for Related Learning Experience (RLE) to Deputy Executive Director for Education, Training and Research Service	None	Receive request for Related Learning Experience (RLE)	Request for Related Learning Experience (RLE)	NETD Secretary	2 nd Floor MAB	2 minutes
			Recommends approval of request	Memorandum of Agreement	NETD Training Specialist		2 days
			Approves request for RLE affiliation		Executive Director, Deputy Executive Director for Nursing Services & Deputy Executive Director for Education, Training and Research Services		
2	Pay the affiliation fee	Affiliation fee: P1,280/student for 5 days	Issues Notice of Payment	None	NETD Secretary	2 nd Floor MAB	1 minute
			Receives Payment		Cashier	Basement, MAB	4 minutes
3			Receives official receipt (O.R.)		NETD Secretary		
			Copies O.R.		NETD Training Specialist	2 nd Floor MAB	2 minutes
			Gives instructions of procedure guidelines				

			Schedules RLE				
4	Attend scheduled affiliation	None	Provides orientation and Related Learning Exposure	None	NETD Program Coordinator	2 nd Floor MAB Nursing Clinical Areas	7:00am-3:00pm Monday to Friday
END OF TRANSACTION							

CITIZEN'S CHARTER

NURSING EDUCATION AND TRAINING DIVISION

TITLE OF FRONTLINE SERVICE : **INTRAVENOUS THERAPY TRAINING PROGRAM AND UPDATE**

Frontline Service : **Intravenous Therapy Training Program and Update**

Clients : **Nursing**

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

Contact Number : **925-2401 loc. 3209/3210**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Enlist on-line via PHC website: https://www.phc.gov.ph/training/nursing-education/nureduc/index.php?prog_uid=2	None	Checks on-line enlistment system	PRC Card	NETD Secretary	2 nd Floor MAB	1 minute
2	Secure Notice of payment	None	Issues Notice of Payment	None	NETD Secretary	2 nd Floor MAB	1 minute
3	Pay Registration Fee	Registration Fee: P3,000.00	Cashier receives payment	None	PHC Cashier	Basement MAB	10 minutes
4	Bring Official Receipt (OR) to NETD and Sign Confirmation Sheet to register officially		Copy OR number in applicant's Information Sheet	None	NETD Secretary	2 nd Floor MAB	1 minute
			Give instructions regarding the program		IV Therapy Training Program Coordinator	DAPA Hall	5 minutes
END OF TRANSACTION							

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 nd Floor MAB	2 minutes
2	Take the examination	Give instructions in taking the examination	Program Coordinator/ Clinical Instructor	Executive Conference Room, 2 nd 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
End of Transaction					

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

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 nd 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
End of Transaction					

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	Confirm results	Program Coordinator/ Clinical Instructor/ Division secretary	Division of Nursing Education & Research (DNER), 2 nd Floor MAB	1 minute
	If successful, gets notice of payment	Issue notice of payment and instruct to pay			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
End of Transaction					

CITIZEN'S CHARTER

PREVENTIVE CARDIOLOGY DIVISION

TITLE OF FRONTLINE SERVICE : **PEOPLE'S DAY PROGRAM**

Frontline Service : **Process Flow of Application for House Staff**

Clients : **First 100 Patients**

Schedule of Availability of Service : **Every 3rd Wednesday of the Month, 8:00 am – 12:00 nn**

Contact Number : **9252401 loc. 3817-20**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Registration and Initial Interview	None	-Issue patient form with number -Assist in filling-out demographic data	-People's Day Patient Form	Psychologist II/Science Research Specialist	DAPA Hall, G/F, MAB - Station 1	5 minutes
2	Screening tests	None	-FBS/Cholesterol Tests -Blood pressure and heart rate measurement -Height and Weight taking/BMI Computation	-People's Day Patient Form	Science Research Specialist	DAPA Hall, G/F, MAB- Station 2,3,4	10 minutes
3	Attend Orientation/Lay Forum	None	-Give lecture on CVD Risk -Give lecture on Nutrition & Dietary Program	-None	Adult Cardiology Fellow/PHC Nutritionist Dietitian	DAPA Hall, G/F, MAB	20 minutes
4	ECG Taking	None	-ECG taking	-ECG tracing	Science Research Specialist	DAPA Hall, G/F, MAB – Station 5	10 minutes
5	Physical Examination/ Medical Consultation	None	-Provide medical examination and management of the patient -Accomplish patient form with final diagnosis -Give patient education -Refer patient with CVD risk to Preventive Cardio Clinic -Refer patient with Heart Disease to OPD	-People's Day Patient Form -Prescription Form -Laboratory Request Form -Referral Form -Appointment slip	Adult Cardiology Fellow	DAPA Hall, G/F, MAB – Station 6	15 minutes

6	Diet Counselling and Other Services	None	Provide nutrition and diet counselling	-People's Day Patient Form IEC materials	PHC Nutritionist Dietitian	DAPA Hall, G/F, MAB – Station 7	5 minutes
7	Final instructions	None	-Record patient demographic data, laboratory results and final diagnosis -Clarify doctor's advice -Explain doctor's prescription and laboratory requests -Give IEC materials on CVD Risks -Schedule next follow-u	-People's Day Patient Form -IED materials -Appointment slip -People's Day Logbook	Science Research Specialist	DAPA Hall, G/F, MAB – Station 8	5 minutes

END OF TRANSACTION

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
End of Transaction					

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 th 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 Anthropometric/laboratory examinations Do the health education of patients	OIC, Sr. Science Research Specialist Research Specialist	Preventive Cardiology Division, 8 th Flr., MAB, Laboratory Room	15 minutes
3	Wait for your number to be called for medical consultation.	Medical examination and management of patient.	PHC 2 nd year Fellow	Preventive Cardiology Division, 8 th Flr., MAB, Doctor's Examination Room	15 minutes
4	Listen for final instructions.	Give exit interview – reinforces/clarify	Research Specialist	Preventive Cardiology Division, 8 th Flr., MAB,	5 minutes

TRAININGS AND PROGRAMS

		doctor's advice. Schedule patient for next follow-up.		Reception Area	
End of Transaction					

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 th floor, Medical Arts Bldg.	5 minutes
2	Attend the orientation	Conduct orientation	HR Staff	HRD Office, 8 th 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 th and 30 th of the month and claim allowance	Process and issue allowance	HR Staff Cashier Staff	HRD Office, 8 th 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 th floor, Medical Arts Bldg.	3 hours
End of Transaction					

CITIZEN'S CHARTER

OUT-PATIENT DIVISION

TITLE OF FRONTLINE SERVICE : **Consultation in Various OPD Clinics**

Frontline Service : **Procedures in Consultation in Various OPD Clinics**

Clients : **Patients and/or Patient's Relative**

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

Contact Number : **925-2401 loc. 5100-5108**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Secure queue number. Wait for the display of your queue number at the monitor.	None	Issue queue number	OPD Card/Laboratory Requests and Referral Letter	None (Client-Generated)	Central Waiting Area, Ground Floor Annex Building	5 minutes
2	Proceed to referred clinic	None	Register patient and issue charge slip. Take vital signs	OPD Card	OPD Clerk OPD Nurse/Nursing Attendant	OPD Clinics: Rm. 1 – Screening Rm. 2 – Pedia Clinic Rm. 3 – ECG Rm. 4 – Diabetes/Surgery/Pulmonary Rm. 5 – Gen. Adult Rm. 6 - Specialty	15 minutes
3	Queue at the Cashier and pay applicable fees	OPD Card: 30 Consultation Fee/ECG Fee Cat B: 200/550 SC: 160/440 Cat C1: 150/345 Cat C2: 100/230 Cat C3: 50/115 Cat D: -/69	Issuance of official receipt	Charge Slips/Laboratory Requests	OPD Cashier	OPD Cashier's Office	15 minutes
4	Proceed to designated clinic, present official	None	Register official receipt number. Evaluates	Official Receipt Laboratory Tests	OPD Clerk Pediatric/Adult	OPD Clinics	20 minutes

	receipt and cooperate in consultation		patient, prescribe medications and/or laboratory tests.		Cardiology Fellow		
5	Proceed to Nurse table for discharge instructions.	None	Give prescriptions/ instructions and returning of OPD card with corresponding schedule of next check-up.	OPD Card	OPD Nurse	OPD Clinics	15 minutes

Note: For steps 2, 3, 4 & 5 – Wait at the Central Waiting Area for your queue number to be displayed at the monitor before proceeding to the designated rooms/steps.

END OF TRANSACTION

CITIZEN'S CHARTER

PREVENTIVE CARDIOLOGY DIVISION

TITLE OF FRONTLINE SERVICE : **INITIAL AVAILMENT OF OUT-PATIENT CARDIAC REHABILITATION PROGRAM**

Frontline Service : **CARDIAC REHABILITATION SECTION**

Clients : **Cardiac Rehabilitation Patients**

Schedule of Availability of Service : **Monday to Friday 1:00PM to 5:00PM**

Contact Number : **925-2401 loc. 3800-3801**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present Requirements: - Referral from attending MD	None	Receive requirements and Give Patient Data Sheet	None	Staff on duty	CCReP Section, 8 th floor Medical Arts Bldg. (MAB)	2 minutes
2	Fill out Patient Data Sheet	None	Assist in the filling out of data sheet, Issue request slip	- Patient Data Sheet	Clerk	CCReP Section, 8/F MAB	2 minutes
3	Receive Orientation and Sign Consent	None	Explain the entire program and expected outcomes after a month	- Consent Form	Rehab. Nurse	CCReP Section, 8/F MAB	10 minutes
4	Pay Fees	See Rates of Programs Offered	- Receive payment - issue Official Receipt	- Charge Slip	Cashier	Cashier's Section Basement, MAB	5 minutes
5	Present Copy of Official Receipt	None	Record Official Receipt number	None	Clerk	CCReP Section, 8/F MAB	1 minute
	Undergo Initial Physical Exam	None	- Evaluate patient's fitness to start program - Prescribe starting level of exercise program	- Copies of Patient's Test Results - Intake Form - Outpatient SOAP Form	Clinical Research Fellow/ Adult Cardiology Fellow	CCReP Section, 8/F MAB	10 minutes

	Attend Health Education Lecture	None	- Facilitate and present lectures	None	Staff assigned to topic	CCReP Section, 8/F MAB	60 minutes
	Exercise Class	None	- Facilitate and supervise exercise proper	- Patient exercise diary	PT's/ Cardiac Rehab Nurse	CCReP Section, 8/F MAB	115 minutes (maximum)
	Discharge	None	- Check vital sign stability before sending patient home	- Patient exercise diary	PT's/ Cardiac Rehab Nurse	CCReP Section, 8/F MAB	5 minutes
END OF TRANSACTION							

CITIZEN'S CHARTER

Laboratory Medicine Division

TITLE OF FRONTLINE SERVICE : **AVAILING OF CLINICAL LABORATORY TEST (BLOOD AND NON-BLOOD)**

Frontline Service : **Laboratory Medicine Division**
 Clients : **Out-Patients**
 Schedule of Availability of Service : **24 hours/7 days a week**
 Contact Number : **925-2401 loc. 5120, 5123, 5139, 5127**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present doctor's request upon arrival o the designated counter and wait to be called	None	Receives doctor's order/request Instruct patient to wait for name to be called Enter patient's information and laboratory requests in the system	Doctor's request/OPD Card (for service patients)/HMO card if applicable	Receptionist on Duty	Window 10, 2 nd Floor Medical Arts Building Annex	20 minutes
2	Approach the counter when name is called A. For cash/credit card transaction, pay applicable fees B. For HMO card holders, please proceed to step 3	Please see Laboratory Tests Price List	1. Forward charge slip to cashier 2. Call patient's name, receive payment and issue official receipt	Charge Slip	Receptionist on Duty Cashier on Duty	Payment Window, 2 nd Floor Medical Arts Building Annex (6AM-11:30AM) Cashier Window, Ground Floor, Medical Arts Building Annex (11:30AM-5PM)	15 minutes
3	All types of transaction A. Wait for the charge slip and number for blood extraction (6AM-11:30AM) B. Present charge slip and	None	Enter laboratory tests requested in the Laboratory Information System Return charge slip and OR to	Official Receipt Charge Slip	Receptionist on Duty	Window 11, 2 nd Floor Medical Arts Building Annex	2 minutes

	official receipt (11:30AM onwards)		patient and issue number for Blood Extraction				
4	A. For blood tests, proceed to blood extraction room and wait for your number to be called B. For non-blood tests, submit specimen to receiving window	None	Call patient's number and do blood extraction Receive non-blood specimen Advice on releasing of results	Doctor's Request Charge Slip Official Receipt Charge Slip and doctor's request when available	Medical Technologist on Duty Receptionist on Duty	Room 12, 2 nd Floor, Medical Arts Building Annex Specimen Receiving Window, 2 nd Floor Medical Arts Building Annex	15 minutes
5		None	Conduct Laboratory Test Procedure	Charge Slip	Medical Technologist on Duty	Division of Laboratory Medicine, Medical Arts Building Annex	2 hours for selected routine tests
6	Claim official result	None	Release official result	Official Receipt/HMO Card	Staff on Duty	Division of Laboratory Medicine, Medical Arts Building Annex	3 minutes
END OF TRANSACTION							

CITIZEN'S CHARTER

NUCLEAR MEDICINE DIVISION

TITLE OF FRONTLINE SERVICE : **NUCLEAR IMAGING AND RADIOIMMUNOASSAY PROCEDURES**

Frontline Service : **Nuclear Imaging and Radioimmunoassay Procedures**
 Clients : **Out-Patients**
 Schedule of Availability of Service : **Monday to Friday, 7:00 am- 6:00 pm, Saturday/Sunday/Holidays – ON CALL ONLY**
Radioimmunoassay Procedures – Running Day Monday to Friday
Cut-Off time of extraction – 9am Monday to Friday
Imaging Procedures: by appointment

Contact Number : **925-2401 loc. 2164-2165**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present Requirements For Imaging Procedure: Undergoes Interview	None	Receives requirements and issues	Doctor's request	Secretary/Clerk IV/ Medical Technologist	Reception, Nuclear Medicine Division, Pagbubungkos Plaza	3 minutes
			Applicable forms for fill out and signing	Approved Letter of Guarantee (if applicable)			10 minutes
			Interviews patient and/or relative	Service Issue Slip (if applicable)			2 minutes
			Gives request/charge slip to the patient	Applicable Patients preparations			
			Instructs patient to proceed to the Cashier and come back after paying				
2	Pay applicable fees	Please see list of corresponding fees	Receives payment and issues Official Receipt	Charge Slip Approved Letter of Guarantee (if applicable) Service Issue Slip (if applicable)	Cashier	Cashier's Office, Basement, Medical Arts Building	10 minutes
3	Present the Official Receipt	None	Records the official receipt number on the Request Slip and logs patient data in the Imaging/Radioimmunoassay	Official Receipt	Secretary/Clerk IV/Medical Technologist	Reception, Nuclear Medicine Division,	3 minutes

			logbook			Pagbubungkos Plaza	
4	For Radioimmunoassay Procedures: Undergoes blood extraction For Nuclear Imaging procedures: Returns on the scheduled date for the procedure Cooperate to do the procedure	None	Extracts blood from the patient Checks and verifies requested procedure Performs procedure	Official Receipt Charge Slip Official Receipt Charge Slip Written Request of the Attending Physician	Medical Technologist Secretary/ Clerk IV/ Medical Technologist/ Rad. Tech. Med. Tech./Rad. Tech./Physician	Nuclear Med Laboratory, Nuclear Medicine Division, Pagbubungkos Plaza	5 minutes 1 minute 30 minutes - 7 hrs depending on the procedure
5	Claim result	None	Releases the results on the scheduled date and time	Official Receipt	Secretary/ Clerk IV/ Medical Technologist/ Rad. Tech.	Reception, Nuclear Medicine Division, Pagbubungkos Plaza	3 minutes
END OF TRANSACTION							

CITIZEN'S CHARTER

DIVISION OF VASCULAR SURGERY

TITLE OF FRONTLINE SERVICE : **WOUND CARE CLINIC**

Frontline Service : **Wound Care Clinic**
 Clients : **In-Patients with Peripheral Vascular Diseases and Requiring Wound Management**
 Schedule of Availability of Service : **Monday to Friday, 8:00 am- 5:00 pm**
 Contact Number : **925-2401 loc. 5135-5136**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Forward referral/ request form from the ward	None	Receive and countercheck patient's referral slip	Referral slip	Laboratory Technician/ Wound Care Nurse	Wound Care Clinic, Vascular Division, Ground Floor MAB Annex Building	5 minutes
2	Prepare for transfer to wound care clinic	None	Wound care staff to prepare work area and call ward to transfer patient and materials to be used. Nursing aides to facilitate transfer to clinic	Referral slip and Charge slips	Laboratory Technician/ Wound care Nurse and Nursing Aide	Wound Care Clinic, Vascular Division, Ground Floor MAB Annex Building	5-10 minutes
3	Prepare for wound assessment and cooperate in the procedure	None	Position the patient; take updated photos and measurement of the affected part. Explain the procedure to the patient. Perform the indicated procedure	Patient's wound care record and patient's record	Wound specialist and Wound care nurse	Wound Care Clinic, Vascular Division, Ground Floor MAB Annex Building	15-25 minutes
4	For patients with specimen for Wound Gram Staining Culture and Sensitivity, submit the	None	Wound care nurse to endorse the specimen nursing aide to forward to pathology	Referral slip for Wound Gram Staining Culture and Sensitivity	Nursing aide and Wound care nurse	Division of Laboratory Medicine,	5 minutes

	specimen to nursing aide					2/F Annex Building	
5	Pay attention to the wound specialist's post-procedure instructions for medicines, health teachings and follow-up check up or treatment	None	Wound specialist to provide post-procedure instructions for medicines, health teachings and follow-up check up	Patient's wound care record and patient's record	Wound specialist and Wound care nurse	Wound Care Clinic, Vascular Division, Ground Floor MAB Annex Building	2-5 minutes
6	Wait for the nursing aide to transfer back to ward	None	Wound care staff call the ward and execute charge slips and coordinate schedule for next treatment	Charge slips	Wound care nurse	Wound Care Clinic, Vascular Division, Ground Floor MAB Annex Building	5 minutes
END OF TRANSACTION							

CITIZEN'S CHARTER

PHARMACY DIVISION

TITLE OF FRONTLINE SERVICE : **PRICE CERTIFICATION OF MEDICINES**

Frontline Service : **Processing of Price Certification of Medicines**

Clients : **Patients and/or Patient's Relative**

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

Contact Number : **925-2401 loc. 4055-4058**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Submit necessary documents.	N/A	Assess completeness of submitted documents.	- Request form - Prescription (original) - Clinical Abstract or Medical Certificate (original or certified true copy)	Administrative Assistant II	Pharmacy – Basement Hosp. Bldg.	2 minutes
2			Prepare Certification (2 copies)		Administrative Assistant II	Pharmacy – Basement Hosp. Bldg.	2 minutes
3			Sign Certification.		Pharmacist VI / Department Manager	Pharmacy Division / Ancillary Department	1 – 2 days
4			Inform client to claim the signed Certification (text or call)		Administrative Assistant II	Pharmacy – Basement Hosp. Bldg.	2 minutes
5	Claim Certification.		Release Certification (original copy).	Second copy on file	Administrative Assistant II	Pharmacy – Basement Hosp. Bldg.	1 minute
END OF TRANSACTION							

TITLE OF FRONTLINE SERVICE : **PURCHASE OF MEDICINES**

Frontline Service : **Process for Purchase of Medicines**

Clients : **Patients and PHC Employees**

Schedule of Availability of Service : **Monday to Friday except Holidays, 7:00 am- 7:00 pm**

Contact Number : **925-2401 loc. 5117-5118**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Get a number from the queuing machine.	N/A			Assigned guard on duty	Out-Patient Waiting Area, Medical Arts Bldg. Annex Ground floor	1 minute
2	Present the necessary requirements to the Pharmacy counter.		Receive and process the request.	- Prescription/s - Service Issue Slip (SIS) - Clinical Abstract or Medical Certificate	Pharmacist	Pharmacy Out-Patient, Medical Arts Bldg, Annex, Ground floor	7 minutes
3	Pay the amount due (if Paying).		Receive payment and issue the Official Receipt.	Purchase Order Slip from Pharmacy	Cashier	Pharmacy Out-Patient, Medical Arts Bldg. Annex, Ground floor	1 minute
4	Present copy of Official Receipt (OR) or Service Issue Slip (SIS) at the issuance/releasing counter.		Release of medicines to patients and/or employees.	Official Receipt (original copy) or SIS	Pharmacist	Pharmacy Out-Patient, Medical Arts Bldg. Annex, Ground floor	1 minute
END OF TRANSACTION							

TITLE OF FRONTLINE SERVICE : **REFUND OF MEDICINE**

Frontline Service : **Process for Refund of Medicine**

Clients : **Patients and/or Patient's Relative**

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

Contact Number : **925-2401 loc. 5117-5118**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present the necessary requirements and the medicine for refund.		Release and process the documents.	<ul style="list-style-type: none"> - Doctors certification - Death certificate (deceased patient) - Official Receipt - Medicine/s for return 	Pharmacist	<ul style="list-style-type: none"> - Pharmacy Out-Patient, Medical Arts Bldg. Annex, Ground floor - Pharmacy In-patient, Hospital Bldg. Basement 	2 minutes
2			Prepare the Request for refund (2 copies).		Pharmacist IV	<ul style="list-style-type: none"> - Pharmacy Out-Patient, Medical Arts Bldg. Annex, Ground floor - Pharmacy In-patient, Hospital Bldg. Basement 	2 minutes

TITLE OF FRONTLINE SERVICE : **REFUND OF MEDICINE**

Frontline Service : **Process for Refund of Medicine**

Clients : **Patients and/or Patient's Relative**

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

Contact Number : **925-2401 loc. 5117-5118**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
3			Sign Refund request		Pharmacist VI / Ancillary Department Manager	- Pharmacy In-patient, Hospital Bldg. Basement - Ancillary Department, 2 nd Floor Medical Arts Bldg.	1-2 days
4			Inform client to claim the signed request (text or call).		Pharmacist IV	Pharmacy Out-Patient, Medical Arts Bldg. Annex Ground floor	1 minute
5	Claim request for refund.		Release Request for refund (original copy).	- ID of patient / relative - Second copy on file	Pharmacist / Cashier	Pharmacy Out-Patient, Medical Arts Bldg. Annex Ground floor	2 minutes
END OF TRANSACTION							

CITIZEN'S CHARTER

MEDICAL LIBRARY DIVISION

TITLE OF FRONTLINE SERVICE : **REQUEST FOR PATIENT'S MEDICAL RECORDS**

Frontline Service : **Processing of Request for Medical Certificate, Clinical Abstract, Discharge Summary, Filling out of Insurance Forms**

Clients : **Patients and Authorized representative**

Schedule of Availability of Service : **Monday to Friday, 8:30AM – 5:00 PM except holidays**

Contact Number : **9252401 loc. 3618**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Present the accomplished Request Form and Queue Card when called.	A. MEDICAL CERTIFICATE (MC) P100 – pay/ P50 - service B. C. ABSTRACT (CA) or DISCHARGE SUMMARY (DS) P50 – pay/ P25 - service C. INSURANCE P200.00 D. AUTHENTICATION DS/CA/Certificates P10.00 Test Results P3.00 E. PHOTOCOPY - P3.00	Interview the patient/ relative to check the legality and completeness of the accomplished Request Form. Explain processing time & fees.	Request for Health Information Form ----- 'Authorization Letter Valid IDs (patient/authorized representative)	Medical Records Officer or Clerk IV	Medical Records Section, 6 th Floor, MAB Bldg.	DAY 1 3 Minutes
2	Accept the claim slip.		Issue a Claim Slip to requesting party and advise to bring the necessary requirements and when to call	Claim Slip Form	Medical Records Officer or Clerk IV	Medical Records Section, 6 th Floor, MAB Bldg.	2 minutes
3	Follow-up your request/ call 9252401 Local 3618		Retrieve the chart and process the requested documents. Includes the registration to MR. Tracking System, transporting of chart and document to Clinic or to assigned area of the doctor.	Accomplished Request Form Patient's medical record Claim Slip for verification.	Medical Records Officer or Clerk IV	Medical Records Section, 6 th Floor, MAB Bldg.	DAY 2 to 4

4	Present the Claim Slip at Medical Records Window		Check and pull out the requested documents	Claim Slip and other applicable requirements.	Medical Records Officer or Clerk IV	Medical Records Section, 6 th Floor, MAB Bldg.	Day 5 of Claiming 3 minutes
5	Pay applicable fees and receive the requested document.	F. MEDICAL CERTIFICATE (MC) P100 – pay/ P50 - service G. C. ABSTRACT (CA) or DISCHARGE SUMMARY (DS) P50 – pay/ P25 - service H. INSURANCE P200.00 I. AUTHENTICATION DS/CA/Certificates P10.00 Test Results P3.00 PHOTOCOPY - P3.00	Document transaction and Release the document/s	Release of information logbook.	Medical Records Officer or Clerk IV	Cashier, Basement (8am-5pm)/ 4 th flr. (10am-7pm) MAB Bldg. Medical Records Section, 6 th Floor, MAB Bldg.	7 minutes
END OF TRANSACTION							

CITIZEN'S CHARTER

QUALITY ASSURANCE

TITLE OF FRONTLINE SERVICE : **CLIENT/CITIZEN SATISFACTION**

Frontline Service : **Client/Citizen Satisfaction**
Clients : **Inpatient, Outpatients, Other client**
Schedule of Availability of Service : **24 hours**
Contact Number : **925-2401 loc. 3217**

HOW TO AVAIL:

STEP	CLIENT ACTIVITIES	FEE	AGENCY ACTIVITIES	NECESSARY FORMS / DOCUMENTS	RESPONSIBLE EMPLOYEE	LOCATION OF OFFICE	DURATION OF ACTIVITY
1	Get Patient Satisfaction Survey (PSS) form	N/A	Provide PSS form	None	Unit Staff	Key Service Areas	Less than 1 minute
2	Fill out PSS form	N/A	None	PSS Form			1-15 minutes
3	Drop PSS form in RED QA box	N/A	Collect PSS form; Encode PSS form; Generate	None	Quality Assurance Staff	Key Service Areas	Less than 1 minute
END OF TRANSACTION							

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, 2nd 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.

CLIENT FEEDBACK MECHANISM
Patient Satisfaction Survey (Front and Back pages)

QA Form Version-5 December 2010

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



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.”

Our **Patient Complaint Policy** provides you with a mechanism to voice out your concerns regarding patient care and safety. All concerns are given the utmost attention and courtesy.

If you have concerns about your care or treatment, please let us know. We will be glad to address your concerns the soonest time possible. Please allow us to get in touch with you by completing the information below.

Date Completed	Room Number
Name of Patient	
The respondent is the: <input type="checkbox"/> Patient <input type="checkbox"/> Patient's Companion	
Contact Details	
Telephone / Mobile:	
Email Address:	

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

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

PHILIPPINE HEART CENTER
Patient Satisfaction Survey




Center for Excellence in Cardiovascular Care


CLIENT FEEDBACK MECHANISM
Patient Satisfaction Survey (Inside page)


Dear Patient and Companion,


We are committed to provide you with the best possible care during your stay. You are important to us. Please help us serve you better by giving us your feedback on our services and facilities. Kindly check the box that best describes your experience.

Manuel T. Chuachiaco, MD
Executive Director





 **SP – Surprised**
(Lubusang nasiyahan sa serbisyong natanggap)

 **S – Satisfied**
(Nasiyahan sa serbisyong natanggap)

 **D – Dissatisfied**
(Hindi nasiyahan sa serbisyong natanggap)

 **DP – Disappointed**
(Lubusang hindi nasiyahan sa serbisyong 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)

SP S n DP NA
   

- | | | | | | |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

QUALITY OF FACILITIES

(Comfort, cleanliness, amenities)

- | | | | | | |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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?

YES NO

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

ACKNOWLEDGEMENT

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

EXECUTIVE COMMITTEE MEMBERS

Joel M. Abanilla, MD
Gerardo S. Manzo, MD
Josephine M. Guillermo-Lopez, CPA, MBA

Maria Belen O. Carisma, MD

Marietta A. Velasco, RN, MAN

Executive Director
Deputy Executive Director for Medical Services
Deputy Executive Director for Hospital Support Services
Deputy Executive Director for Education, Training, and Research Services
Acting Deputy Executive Director for Nursing Services

CITIZEN'S CHARTER TEAM

Emilia P. Olbes, RPm
Mercy R. De Jesus, RSW
Ma. Flordeliza M. Sanchez, RMT
Felicisima R. Romero, RN, MAN

Team Leader
Sub-Committee Head for Hospital Support Services
Sub-Committee Head for Medical Services
Sub-Committee Head for Nursing Services

MEMBERS

Elmer Benedict E. Collong, RMT
Margaret Rose R. Clavejo, RSW
Amado A. Europa, Jr.
Mary April Dwan G. Gatdula

Corazon Lynn O. Irinco
Jesus Ferdinand B. Peralta, RN
Ma. Nerissa A. Remojo, CPA

TECHNICAL WORKING GROUP

Medical Services:

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Easy Brian Y. Cardenas, RPT
Judy M. Dy, RMT
Ma. Lourdes A. Gapas, RMT
Rex B. Garde, RMT
Eric E. Mazo, RN
Gina O. Mission
Ramon A. Sacluti, RRT
Aileen C. Seña, RMT
Celia C. Segovia, RMT
Elvira R. Torres

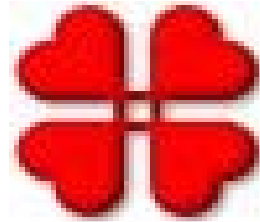
Administrative Services:

Engr. Jose B. Barsaga
Dolores D. Calvarido
Aida L. Catalig
Francis Cyril H. De Guzman, RND
Ma. Teresa G. Estrera
Marivic S. Gonzales
Noemi S. Hernandez
Jerome T. Mamaril
Consolacion C. Mata, RPh
Angelita G. Novela
Jean Vertrudes A. Samonte

Nursing Services:

Olivia M. Dela Cruz, RN
Jocelyn D. Fortin
Zenaida S. Josue, RN

Mary Grace A. Kayanan, RN
Joyette Ann F. Mindoro, RN
Girlye Jenine M. Tugab, RN



***PHILIPPINE HEART CENTER
HOSPITAL RATES
EFFECTIVE AUGUST 1, 2018***

**PHILIPPINE HEART CENTER
CHARGING RATES FOR EXPENDABLES**

AUGUST 1, 2018

Unless otherwise stated, expendables are to be charged as follows:

PHC UNITS	PHARMACEUTICAL ITEMS	CSR, MEDICAL & SURGICAL ITEMS
OPD, Emergency Room (ER) Service and Pay Wards	Acquisition Cost +43%	Acquisition Cost +43%
Semi-Private Rooms including Semi-Private Rooms in SICU/MICU/CCU/PICU/NICU/ Isolation Rooms	Acquisition Cost +55%	Acquisition Cost +55%
Private Rooms/private Rooms in SICU/MICU/CCU/PICU	Acquisition Cost +65%	Acquisition Cost +65%
Suite Rooms	Acquisition Cost +75%	Acquisition Cost +75%

PHILIPPINE HEART CENTER
East Avenue, Quezon City
HOSPITAL ROOM RATES
AUGUST 1, 2018

UNIT		ROOM NOS.	OCCUPANCY	ROOM RATES
1.	Short Stay Unit (SSU)	101/104	Single	4,500.00
		102/103/105/106	Double	2,900.00
		108	Quadruple	2,900.00
	Chemo Room	107	Quadruple	P1,050.00 first 3 hours, P290.00/hr in excess of 3 hours
	Sleep Study Room	111A-111B	Double	2,900.00
	Emergency Isolation		Single	7,000.00
2.	CCU	112	Single Room	7,500.00
		114-119	Single Room	7,500.00
		120-121	Double	5,800.00
		122-125	Single	7,500.00
3.	SICU 1	201-210	Single	7,500.00
		211-212	Double	5,800.00
4.	SICU 2	229-231	Double	6,500.00
		232	6 beds (A - F)	6,500.00
		233-236	Single	8,300.00
5.	SICU 3	215-222/225-228	Single	7,500.00
		223/224	Double	5,800.00
6.	3A	300-312 & 314	Single	4,500.00
7.	3B	315-328	Single	4,500.00
8.	3C	329	Double	2,900.00
		330-332/335-340	Single	4,500.00
		333-334	Triple	2,250.00
	Children's Payward	Bed 1 – 8	Ward	1,800.00

PHILIPPINE HEART CENTER
East Avenue, Quezon City
HOSPITAL ROOM RATES
AUGUST 1, 2018

UNIT		ROOM NOS.	OCCUPANCY	ROOM RATES
9.	3D	341	Isolation room	6,000.00
		342 & 346	Double/double	2,900.00
		343 & 345	Triple	2,250.00
		344, 347 – 349	Quadruple	1,950.00
10.	3E	350-353/355/357	Double/double	2,900.00
		354/356	Double	2,900.00
11.	3F	358-364	Double/double	2,900.00
12.	PICU 1	Bed 1 -10	Ward	4,350.00
		Isolation room	Single	4,650.00
13.	Adult Payward 1	Bed 1 -19	Ward	1,800.00
14.	Adult Payward 2	Bed 1 -18	Ward	1,800.00
		Isolation room	Isolation room	4,200.00
15.	4A	400-401*	Single	8,300.00
		400-401*	Double	5,250.00
		402,405-407*	Single	6,000.00
		402,405-407*	Double	4,500.00
		403-404	Single	5,700.00
16.	4B	408-412/414-416 419-422	Single	4,500.00
		417-418	Double	2,900.00
17.	4D	438-445	Triple	2,900.00
		437	Isolation room	5,200.00

PHILIPPINE HEART CENTER
East Avenue, Quezon City
HOSPITAL ROOM RATES
AUGUST 1, 2018

UNIT		ROOM NOS.	OCCUPANCY	ROOM RATES
18.	MICU 1	423/427-428/432	Double	6,500.00
		424-426/429-431	Single	8,300.00
		433	Isolation room	9,000.00
		434-436	Single	8,300.00
19.	MICU 2	Bed A - M	Cubicle	4,350.00
20.	5A	502-507	Single	6,000.00
21.	5B	508-512/514-516 519-522	Single	4,500.00
		517-518	Single	5,700.00
22.	5C	523-526/529-536	Single	4,500.00
		527-528	Single	5,700.00
23.	Presidential Suite			35,000.00
24.	Children's Service Ward		20 beds	1,800.00
25.	Female Service Ward		29 beds	1,800.00
		Isolation room	1 bed	4,500.00
26.	Male Service Ward		29 beds	1,800.00
		Isolation room	1 bed	4,500.00

*convertible to double occupancy

Retained rooms shall be charged accordingly.

**PHILIPPINE HEART CENTER
OPERATING ROOM**

RATES – AUGUST 1, 2018

PROCEDURE	OPD, Emergency Room (ER), Service and Pay Wards	Semi-Private Rooms Including Semi-Private Rooms in SICU/MICU/CCU/PICU/NICU/Isolation Rooms	Private Rooms/ Private Rooms in SICU/MICU/CCU/PICU	Suite Rooms
1. Open Heart Surgery (6 hours) <i>Open Heart Surgery (per succeeding hour)</i>	19,700 2,950	22,650 3,400	25,600 3,850	28,550 4,300
2. Closed Heart Surgery (4 hours) <i>Closed Heart Surgery (per succeeding hour)</i>	16,200 2,950	18,650 3,400	21,050 3,850	23,500 4,300
3. General Surgery (3 hours) <i>General Surgery (per succeeding hour up to 4 hrs)</i> <i>General Surgery (per succeeding hour up to 5 hrs.)</i>	8,800 3,700 2,750	10,100 4,250 3,150	11,450 4,800 3,550	12,750 5,350 4,000
4. Minor General Surgery (2 hours)	4,700	5,400	6,100	6,800
5. Hybrid OR Fees	30,000	34,500	39,000	43,500

Expendables used shall be charged accordingly depending on room accomodation

**PHILIPPINE HEART CENTER
OPERATING ROOM**

RATES – August 1, 2018

USE OF SPECIAL EQUIPMENT

1	Harmonic Synergy Machine with Cable per Use	2,600
2	Use of Sternal Saw (B. Braun Battery Operated-New)	1,000
3	Analyzer (Pulse Gen)	1,100
4	C-Arm (X-ray Machine) – for first 3 hours	8,950
	Additional 2 hours	1,550
5	Cautery machine	650
6	Defibrillator	900
7	Light Source	1,200
8	Luxter	3,100
9	Octopus	14,750
10	Pavaloro	150
11	Suction Machine	
	Medella	850
	Gomco	850
	Hospivac	850

**PHILIPPINE HEART CENTER
OPERATING ROOM**

RATES – August 1, 2018

USE OF SPECIAL EQUIPMENT

1	MICS Valve Set per use	2,800
2	MICS CABG Set per use	3,650
3	Coronary Probe size 2mm	6,000
4	Coronary Probe size 3mm	6,000
5	Coronary Probe size 4mm	6,000
6	Coronary Flow Meter Machine	1,300
7	CABG Kit	2,300
8	EVH Machine	
	Aesculap Machine Endoscopic Vein Harvesting-CABG	7,450
	Aesculap Machine Laparoscopic Cholysystectomy-Lap Chole	14,900
	Aesculap Machine Video Assisted Thoracic Surgery	14,900
9	Pedia Kit	2,300
10	Vavulotome (La Maitre)	9,700

**PHILIPPINE HEART CENTER
OPERATING ROOM**

RATES – AUGUST 1, 2018

PROCEDURE		OPD, Emergency Room (ER), Service and Pay Wards	Semi-Private Rooms Including Semi-Private Rooms in SICU/MICU/CCU/PICU/NICU/Isolation Rooms	Private Rooms/ Private Rooms in SICU/MICU/CCU/PICU	Suite Rooms
1.	Gastroscopy				
	With sedation	7,150	8,200	9,300	10,350
	Without sedation	6,950	8,000	9,050	10,100
2.	Colonoscopy				
	With sedation	11,750	13,500	15,250	17,050
	Without sedation	7,000	8,050	9,100	10,150
3.	Bronchoscopy				
	With sedation	14,150	16,250	18,400	20,500
	Without sedation	6,950	8,000	9,050	10,100

Expendables used shall be charged accordingly depending on room accommodation

OR Extension Rate

1.	Open Heart – per hour in excess of six (6) hours		2,000		
2.	Closed Heart – per hour in excess of five (5) hours		2,000		
3.	Thoracic & Vascular Surgery – per hour in excess of four (4) hours		2,000		
4.	General Surgery – per hour in excess of three (3) hours		1,300		

Emergency procedures shall be charged an additional 20% of the OR fee.

Expendables used shall be charged accordingly depending on room accommodation.

Handling Fee-15% of acquisition cost but not to exceed P50,000.00

**PHILIPPINE HEART CENTER
ELECTROCARDIOLOGY DIVISION**

RATES - AUGUST 1, 2018

	PROCEDURE	OPD, Emergency Room (ER), Service and Pay Wards	Semi-Private Rooms Including Semi-Private Rooms in SICU/MICU/CCU/PICU/NICU/Isolation Rooms	Private Rooms/ Private Rooms in SICU/MICU/CCU/PICU	SUITE ROOMS
1	Radiofrequency Ablation (RFA) CONVENTIONAL	35,000	40,250	45,500	50,750
2	RFA WITH 3D MAPPING	30,000	34,500	39,000	43,500
3	Electrophysiology Study				
	3.1 SA & AV	23,000	26,450	29,900	33,350
	3.2 SA, AV & VT	24,000	27,600	31,200	34,800
	3.3 SA, AV,VT & PSVT	25,000	28,750	32,500	36,250
4	Cardioversion				
	4.1 with Paddles	7,000	8,050	9,100	10,150
	4.2 with Defibrillator Pads	15,000	17,250	19,500	21,750
5	Head-up Tilt Table Test	8,500	9,800	11,050	12,350
6	Temporary Pacemaker Insertion	13,650	15,700	17,750	19,800
7	Reinsertion of Temporary Pacemaker	9,000	10,350	11,700	13,050
8	Repositioning of Temporary Pacemaker	7,000	8,050	9,100	10,150
9	Removal of Temporary Pacemaker	4,000	4,600	5,200	5,800
10	Daily Use of Pulse Gen				
	SINGLE CHAMBER	1,745	2,000	2,250	2,550
	DUAL CHAMBER	1,745	2,000	2,250	2,550
11	Electrocardiogram (ECG)	460	530	600	665
12	Pacemaker Analysis	800	900	1,050	1,150

Expendables used shall be charged accordingly depending on room accommodation.

**PHILIPPINE HEART CENTER
INVASIVE CARDIOLOGY DIVISION
BASIC LABORATORY RATES**

RATES – AUGUST 1, 2018

Excluding materials and medicines needed for each procedure, professional fees and use of machines.

	PROCEDURE	OPD, Emergency Room (ER), Service and Pay Wards	Semi-Private Rooms Including Semi-Private Rooms in SICU/MICU/CCU/PICU/NICU/Isolation Rooms	Private Rooms/ Private Rooms in SICU/MICU/CCU/PICU	SUITE ROOMS
1	4 VESSEL ANGIOGRAM	13,100	15,050	17,050	19,000
2	ACT DETERMINATION	950	1,100	1,250	1,400
3	AORTOGRAPHY	14,600	16,800	19,000	21,200
4	ASD CLOSURE-DIRECT	24,800	28,500	32,250	35,950
5	ASD CLOSURE W/ HS	29,550	34,000	38,400	42,850
6	BAS	24,150	27,750	31,400	35,000
7	BAS + HS	27,300	31,400	35,500	39,600
8	CORONARY ANGIOGRAPHY (CA)	15,700	18,050	20,400	22,750
9	CA+AORTOGRAPHY	15,850	18,250	20,600	23,000
10	CA+IABI	16,600	19,100	21,600	24,050
11	CA+HS	28,850	33,200	37,500	41,850
12	CA+PTCA+STENT	42,730	49,150	55,550	61,950
13	CA+PTCA+STENT+IABI	48,335	55,585	62,836	70,086
14	CA+PTCA-Direct	33,600	38,640	43,680	48,720
15	CA+4VA	15,700	18,055	20,410	22,765
16	CAROTID ANGIOGRAM	15,650	17,998	20,345	22,693
17	CAROTID STENTING	32,100	36,900	41,750	46,550
18	COIL EMBOLIZATION	14,750	16,950	19,200	21,400
19	FEMORAL ANGIOGRAM	14,650	16,850	19,050	21,250
20	HEMODYNAMIC STUDIES (HS) PLAIN	29,600	34,050	38,500	42,900
21	HS + WITH O2 CHALLENGE	31,400	36,100	40,800	45,550

**PHILIPPINE HEART CENTER
INVASIVE CARDIOLOGY DIVISION
BASIC LABORATORY RATES**

RATES – AUGUST 1, 2018

Excluding materials and medicines needed for each procedure, professional fees and use of machines.

PROCEDURE	OPD, Emergency Room (ER), Service and Pay Wards	Semi-Private Rooms Including Semi-Private Rooms in SICU/MICU/CCU/PICU/NICU/Isolation Rooms	Private Rooms/ Private Rooms in SICU/MICU/CCU/PICU	SUITE ROOMS
22 IVC FILTER INSERTION	14,450	16,600	18,800	20,950
23 PDA CLOSURE DIRECT	26,650	30,650	34,650	38,650
24 PDA CLOSURE WITH HS	29,550	34,000	38,400	42,850
25 PERICARDIOCENTESIS	12,900	14,850	16,750	18,700
26 POST BYPASS CA	15,700	18,050	20,400	22,750
27 PPBV PLAIN	27,200	31,300	35,350	39,450
28 PPBV W/ HS	29,550	34,000	38,400	42,850
29 PTBD DRAINAGE	9,250	10,650	12,050	13,400
30 PTCA + STENT	34,100	39,200	44,350	49,450
31 PTCA – DIRECT	33,300	38,300	43,300	48,300
32 PTCRA/ROTABLATION	23,425	26,950	30,450	33,950
33 PTMC PLAIN	27,200	31,300	35,350	39,450
34 PTMC W/ HS	29,550	34,000	38,400	42,850
35 RENAL STENTING	22,400	25,750	29,120	32,500
36 SGI	13,650	15,700	17,750	19,800
37 TPI	13,650	15,700	17,750	19,800
38 IABI	13,650	15,700	17,750	19,800
39 USE OF IABP PER HOUR	950	1,100	1,250	1,400
40 VSD CLOSURE – DIRECT/ PLAIN	27,200	31,300	35,350	39,450
41 VSD CLOSURE W/ HS	29,550	34,000	38,400	42,850
42 AV FISTULA ANGIOPLASTY	14,250	16,400	18,550	20,650

**PHILIPPINE HEART CENTER
INVASIVE CARDIOLOGY DIVISION
BASIC LABORATORY RATES**

RATES – AUGUST 1, 2018

Excluding materials and medicines needed for each procedure, professional fees and use of machines.

PROCEDURE	OPD, Emergency Room (ER), Service and Pay Wards	Semi-Private Rooms Including Semi-Private Rooms in SICU/MICU/CCU/PICU/NICU/Isolation Rooms	Private Rooms/ Private Rooms in SICU/MICU/CCU/PICU	SUITE ROOMS
43 02 SATS	600	700	800	850
44 IVUS	13,750	15,800	17,900	19,950
45 CORONARY ANGIOGRAPHY + IVUS	16,000	18,400	20,800	23,200
46 CA+PTCA=STENT+IVUS	38,950	44,800	50,650	56,500
47 PTCA+STENT+IVUS	36,050	41,450	46,850	52,250
48 MESENTRIC ANGIOGRAPHY	15,650	18,000	20,350	22,700
49 PTA AV FISTULA ANGIOPLASTY	14,300	16,450	18,600	20,750
50 PFO CLOSURE	27,200	31,300	35,350	39,450
51 ASD STENTING	22,000	25,300	28,600	31,900
52 PDA STENTING	22,200	25,550	28,850	32,200
53 VASCULAR PLUG	14,300	16,450	18,600	20,750
54 RETRIEVAL OF DEVICE	12,700	14,600	16,500	18,400

**PHILIPPINE HEART CENTER
NON-INVASIVE CARDIOLOGY DIVISION
RATES – AUGUST 1, 2018**

PROCEDURE		Patients in OPD, Emergency Room (ER) Service and Pay Wards			Patients in Semi-Private Rooms including Semi-Private Rooms in SICU/MICU/CCU/PICU NICU/Isolation Rooms			Patients in Private Rooms including Private Rooms in SICU/MICU/CCU/PICU			Patients in Suite Rooms		
		Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL
1	ECG												
	1.1 Station	460	90	550	530	105	635	600	115	715	665	130	795
	1.2 Bedside	550	100	650	635	115	750	715	130	845	800	145	945
2	24-Hr Holter Monitor												
	2.1 Station	3,475	625	4,100	3,995	720	4,715	4,520	815	5,335	5,040	905	5,945
	2.2 Bedside	4,170	750	4,920	4,795	860	5,655	5,420	975	6,395	6,045	1,085	7,130
	2.3 Per Additional 24 hrs.	3,300	590	3,890	3,795	680	4,475	4,290	765	5,055	4,785	855	5,640
	2.4 Holter Scan	890		890	1,025		1,025	1,155		1,155	1,290		1,290
3	Echocardiography												
	3.1 2D Echo plain, station	2,610	470	3,080	3,000	540	3,540	3,395	610	4,005	3,785	680	4,465
	3.2 2D Echo with contrast	3,280	590	3,870	3,770	680	4,450	4,265	765	5,030	4,755	855	5,610
	3.3 2D Echo plain, bedside	3,130	560	3,690	3,600	645	4,245	4,070	730	4,800	4,540	810	5,350
	3.4 2D Echo with contrast bedside	3,940	700	4,640	4,530	805	5,335	5,120	910	6,030	5,715	1,015	6,730
	3.5 2D Echo Doppler, Station	3,580	640	4,220	4,115	735	4,850	4,655	830	5,485	5,190	925	6,115
	3.6 2D Echo Doppler, bedside	4,300	860	5,160	4,945	990	5,935	5,590	1,120	6,710	6,235	1,245	7,480
	3.7 2D Echo Doppler with Contrast	4,250	765	5,015	4,890	880	5,770	5,525	995	6,520	6,165	1,110	7,275
	3.8 2D Echo Doppler w/ Contrast - Bedside	5,015	900	5,915	5,765	1,035	6,800	6,520	1,170	7,690	7,270	1,305	8,575
	3.9 Contrast Study Only	1,900	120	2,020	2,185	140	2,325	2,470	155	2,625	2,755	175	2,930
	3.10 Doppler Only	2,320	420	2,740	2,670	485	3,155	3,015	545	3,560	3,365	610	3,975

**PHILIPPINE HEART CENTER
NON-INVASIVE CARDIOLOGY DIVISION
RATES – AUGUST 1, 2018**

PROCEDURE		Patients in OPD, Emergency Room (ER) Service and Pay Wards			Patients in Semi-Private Rooms including Semi-Private Rooms in SICU/MICU/CCU/PICU NICU/Isolation Rooms			Patients in Private Rooms including Private Rooms in SICU/MICU/CCU/PICU			Patients in Suite Rooms		
		Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL
3.11	Doppler Only, bedside	2,780	500	3,280	3,195	575	3,770	3,615	650	4,265	4,030	725	4,755
3.12	2D Echo Doppler with LV Strain	3,400	1,300	4,700	3,910	1,495	5,405	4,420	1,690	6,110	4,930	1,885	6,815
3.13	2D Echo Doppler with 3D LV Strain	4,450	1,650	6,100	5,120	1,900	7,020	5,785	2,145	7,930	6,455	2,395	8,850
4	Fetal Echo												
4.1	Station	4,300	860	5,160	4,945	990	5,935	5,590	1,120	6,710	6,235	1,250	7,485
	With Consultant operator's fee & PF	4,300	1,900	6,200	4,945	2,185	7,130	5,590	2,470	8,060	6,235	2,755	8,990
4.2	Bedside	4,560	1,000	5,560	5,245	1,150	6,395	5,930	1,300	7,280	6,610	1,450	8,060
	With consultant operator's fee & PF	4,560	2,280	6,840	5,245	2,620	7,865	5,930	2,965	8,895	6,610	3,305	9,915
5	TEE												
5.1	Station	6,200	1,120	7,320	7,130	1,290	8,420	8,060	1,456	9,516	8,990	1,625	10,615
	With consultant operator's fee & PF	6,200	3,100	9,300	7,130	3,565	10,695	8,060	4,030	12,090	8,990	4,495	13,485
5.2	Bedside	7,440	1,340	8,780	8,556	1,540	10,096	9,672	1,740	11,412	10,788	1,940	12,728
	With consultant operator's fee & PF	7,440	3,720	11,160	8,556	4,275	12,831	9,672	4,836	14,508	10,788	5,395	16,183
6	IOTEE	8,200	1,480	9,680	9,430	1,700	11,130	10,660	1,924	12,584	11,890	2,145	14,035
7	Stress Echo	5,100	920	6,020	5,865	1,060	6,925	6,630	1,196	7,826	7,395	1,335	8,730
8	Dobutamine Stress Echo	6,770	1,220	7,990	7,786	1,400	9,186	8,801	1,586	10,387	9,817	1,770	11,587

**PHILIPPINE HEART CENTER
NON-INVASIVE CARDIOLOGY DIVISION
RATES – AUGUST 1, 2018**

PROCEDURE		Patients in OPD, Emergency Room (ER) Service and Pay Wards			Patients in Semi-Private Rooms including Semi-Private Rooms in SICU/MICU/CCU/PICU NICU/Isolation Rooms			Patients in Private Rooms including Private Rooms in SICU/MICU/CCU/PICU			Patients in Suite Rooms		
		Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL
9	PTMC	8,200	1,480	9,680	9,430	1,700	11,130	10,660	1,924	12,584	11,890	2,145	14,035
10	3D echocardiography												
	10.1 3D echo only	3,040	550	3,590	3,495	630	4,125	3,952	715	4,667	4,410	800	5,210
	10.2 2DE Doppler with 3D echo	6,620	1,190	7,810	7,610	1,370	8,980	8,605	1,545	10,150	9,600	1,725	11,325
	10.3 2D echo plain with 3D echo	5,650	1,020	6,670	6,500	1,175	7,675	7,345	1,325	8,670	8,195	1,480	9,675
	10.4 Fetal Echo with 3D echo	6,515	1,170	7,685	7,490	1,345	8,835	8,470	1,520	9,990	9,445	1,700	11,145
	With Consultant operator's fee & PF	6,515	3,420	9,935	7,490	3,935	11,425	8,470	4,445	12,915	9,445	4,960	14,405
	10.5 TEE with 3D echo	9,240	1,660	10,900	10,626	1,910	12,536	12,012	2,158	14,170	13,398	2,410	15,808
	With Consultant operator's fee & PF	9,240	4,620	13,860	10,626	5,310	15,936	12,012	6,006	18,018	13,398	6,699	20,097
11	Ambulatory Blood Pressure (ABP) Monitoring												
	11.1 24 hrs. ABP Monitoring	3,100	625	3,725	3,565	720	4,285	4,030	815	4,845	4,495	905	5,400
	11.2 Per additional 24 hrs.	3,100	460	3,560	3,565	530	4,095	4,030	600	4,630	4,495	665	5,160
12	Stress Test	1,640	295	1,935	1,885	340	2,225	2,130	385	2,515	2,380	425	2,805
13	Retaping	360		360	415		415	470		470	520		520

**PHILIPPINE HEART CENTER
VASCULAR MEDICINE DIVISION**

RATES – AUGUST 1, 2018

PROCEDURE	Patients in OPD, Emergency Room (ER) Service and Pay Wards			Patients in Semi-Private Rooms including Semi-Private Rooms in SICU/MICU/CCU/PICU NICU/Isolation Rooms			Patients in Private Rooms including Private Rooms in SICU/MICU/CCU/PICU			Patients in Suite Rooms		
	Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL
1 Abdominal Aorta Duplex Scan	4,330	600	4,930	5,000	690	5,690	5,650	780	6,430	6,300	870	7,170
2 Abdominal Aorta Screening	1,540	330	1,870	1,750	380	2,130	2,000	430	2,430	2,250	480	2,730
3 Abdominal Duplex Scan with Graft	5,000	1,000	6,000	5,750	1,150	6,900	6,500	1,300	7,800	7,250	1,450	8,700
4 ABI/intima media/flow mediated	1,625	200	1,825	1,850	230	2,080	2,100	260	2,360	2,350	290	2,640
5 Allens Test	1,600	150	1,750	1,850	170	2,020	2,100	195	2,295	2,300	220	2,520
6 Ankle/Brachial Index	1,600	110	1,710	1,850	130	1,980	2,100	145	2,245	2,300	160	2,460
7 Arterial Duplex with ABI	5,700	800	6,500	6,550	920	7,470	7,400	1,040	8,440	8,250	1,160	9,410
8 Arterial duplex scan upper & lower	8,025	1,000	9,025	9,250	1,150	10,400	10,450	1,300	11,750	11,650	1,450	13,100
9 Arterial duplex with segmental	6,600	1,000	7,600	7,600	1,150	8,750	8,600	1,300	9,900	9,550	1,450	11,000
10 Arterial/venous duplex package	8,025	1,000	9,025	9,250	1,150	10,400	10,450	1,300	11,750	11,650	1,450	13,100
11 Carotid Duplex Scan	3,800	700	4,500	4,350	805	5,155	4,950	910	5,860	5,500	1,015	6,515
12 Clinic Fee	290		290	335		335	375		375	425		425
13 Cold Immersion Test	3,500	500	4,000	4,050	575	4,625	4,550	650	5,200	5,100	725	5,825
14 Comprehensive Pump for Lymphedema (per hour)	400		400	450		450	500		500	600	0	600
15 Duplex of Mass	2,110	400	2,510	2,450	460	2,910	2,750	520	3,270	3,050	580	3,630
16 DVT Screening	1,800	500	2,300	2,070	575	2,645	2,340	650	2,990	2,610	725	3,335
17 Flow Mediated Dilatation	1,050	100	1,150	1,200	115	1,315	1,350	130	1,480	1,500	145	1,645
18 Graft Surveillance	4,000	600	4,600	4,600	690	5,290	5,200	780	5,980	5,800	870	6,670
19 Hemodialysis Access Pre-Op Evaluation	5,030	1,100	6,130	5,800	1,265	7,065	6,550	1,430	7,980	7,300	1,595	8,895
20 Hepato-Portal Duplex Scan	2,650	600	3,250	3,050	690	3,740	3,450	780	4,230	3,850	870	4,720
21 High Risk Foot Screening	700	150	850	805	175	980	910	195	1,105	1,015	220	1,235

**PHILIPPINE HEART CENTER
VASCULAR MEDICINE DIVISION**

RATES – AUGUST 1, 2018

PROCEDURE	Patients in OPD, Emergency Room (ER) Service and Pay Wards			Patients in Semi-Private Rooms including Semi-Private Rooms in SICU/MICU/CCU/PICU NICU/Isolation Rooms			Patients in Private Rooms including Private Rooms in SICU/MICU/CCU/PICU			Patients in Suite Rooms			
	Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL	
22	Inferior Vena Cava Screening	1,540	330	1,870	1,750	380	2,130	2,000	430	2,430	2,250	480	2,730
23	Intima media thickness	525	100	625	600	115	715	700	130	830	750	145	895
24	Intermittent Pneumatic Compression for Venous Thromboembolism (per hour)	150		150	180		180	200		200	200	0	200
25	Decongestive Lymphatic Therapy, Bandaging & Exercise (Unilateral)	1,600	600	2,200	1,850	690	2,540	2,100	780	2,880	2,300	870	3,170
26	Decongestive Lymphatic Therapy, Bandaging & Exercise (Bilateral)	2,600	900	3,500	3,000	1,035	4,035	3,400	1,170	4,570	3,750	1,305	5,055
27	Renal Duplex Scan	4,330	600	4,930	5,000	690	5,690	5,650	780	6,430	6,300	870	7,170
28	Sclerotherapy Bilateral	3,750	4,000	7,750	4,300	4,600	8,900	4,900	5,200	10,100	5,450	5,800	11,250
29	Sclerotherapy Unilateral	2,200	2,000	4,200	2,550	2,300	4,850	2,850	2,600	5,450	3,200	2,900	6,100
30	Segmental pressure	2,850	450	3,300	3,300	520	3,820	3,700	585	4,285	4,150	655	4,805
31	Segmental pressure & waveform study (doppler bed side) – FOR ICU PATIENT ONLY	1,450	150	1,600	1,650	170	1,820	1,850	195	2,045	2,100	220	2,320
32	Segmental pressure with stress	3,300	450	3,750	3,800	520	4,320	4,300	585	4,885	4,800	655	5,455
33	Subcutaneous Tissue Measurement	900	180	1,080	1,050	210	1,260	1,150	234	1,385	1,300	260	1,560
34	TCD/Carotid Duplex Scan	6,600	800	7,400	7,600	920	8,520	8,600	1,040	9,640	9,550	1,160	10,710
35	Thoracic Outlet Syndrome	3,300	500	3,800	3,800	575	4,375	4,300	650	4,950	4,800	725	5,525
36	Transcranial Duplex Scan	5,500	750	6,250	6,350	865	7,215	7,150	975	8,125	8,000	1,090	9,090
37	Treadmill with Arterial Testing	2,900	800	3,700	3,350	920	4,270	3,750	1,040	4,790	4,200	1,160	5,360
38	Treatment Fee/Wound Care	400		400	450		450	500		500	600		600
39	Use of Arterial Assist Device	1,700		1,700	1,950		1,950	2,200		2,200	2,450		2,450

**PHILIPPINE HEART CENTER
VASCULAR MEDICINE DIVISION**

RATES – AUGUST 1, 2018

PROCEDURE		Patients in OPD, Emergency Room (ER) Service and Pay Wards			Patients in Semi-Private Rooms including Semi-Private Rooms in SICU/MICU/CCU/PICU NICU/Isolation Rooms			Patients in Private Rooms including Private Rooms in SICU/MICU/CCU/PICU			Patients in Suite Rooms		
		Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL
40	Use of Electro Stimulator for Arterial and Venous Disease												
	Arterial / Venous	185		185	200		200	250		250	300		300
41	Use of Intermittent Pneumatic Compression Machine	800		800	900		900	1,050		1,050	1,150		1,150
42	Vein Mapping (Lower Extremity)	3,550	450	4,000	4,100	520	4,620	4,600	585	5,185	5,150	655	5,805
43	Venous Duplex Scan	4,425	825	5,250	5,100	950	6,050	5,750	1,073	6,850	6,400	1,195	7,595
44	Venous Refill Test	1,700	300	2,000	1,950	350	2,300	2,200	390	2,590	2,450	435	2,885

**PHILIPPINE HEART CENTER
LABORATORY MEDICINE**

RATES – AUGUST 1, 2018

	PROCEDURE	OPD, Emergency Room (ER), Service And Pay Wards	Semi-Private Rooms including Semi-Private Rooms SICU/MICU/CCU/ PICU/NICU Isolation Rooms	Private Rooms / Private Rooms in SICU/MICU/CCU/PICU	Suite Rooms
	CLINICAL CHEMISTRY SECTION				
1	24 hr Urine Potassium	450	520	585	655
2	24 hrs Urine Protein	1,200	1,380	1,560	1,740
3	24 hrs Urine Sodium	450	520	585	655
4	24 hrs Urine Creatinine	330	380	430	480
5	2 hrs. OGTT	1,050	1,210	1,365	1,525
6	3 hrs. OGTT	1,350	1,555	1,755	1,960
7	4 hrs. OGTT	1,620	1,865	2,105	2,350
8	Albumin	300	345	390	435
9	Alkaline Phosphatase	320	370	415	465
10	ALT/SGPT	300	345	390	435
11	AST/SGOT	300	345	390	435
12	Ammonia	1,035	1,190	1,345	1,500
13	Amylase	455	525	590	660
14	Bun	290	335	375	420
15	Calcium	305	350	395	440
16	Chloride	305	350	395	440
17	CKMB (including CK – Total)	1,000	1,150	1,300	1,450
18	CK Total	570	655	740	825
19	CK MM	1,200	1,380	1,560	1,740
20	Creatinine	285	330	370	415
21	Creatinine Clearance	450	520	585	655
22	CSF Glucose	285	330	370	415
23	CSF Protein	1,000	1,150	1,300	1,450

**PHILIPPINE HEART CENTER
LABORATORY MEDICINE**

RATES – AUGUST 1, 2018

	PROCEDURE	OPD, Emergency Room (ER), Service And Pay Wards	Semi-Private Rooms including Semi-Private Rooms SICU/MICU/CCU/ PICU/NICU Isolation Rooms	Private Rooms / Private Rooms in SICU/MICU/CCU/PICU	Suite Rooms
24	Digoxin Assay	1,520	1,750	1,975	2,205
25	EGFR	320	370	415	465
26	Fasting Blood Sugar	285	330	370	415
27	Fluid Albumin	300	345	390	435
28	Fluid ALT/SGPT	300	345	390	435
29	Fluid LDH	320	370	415	465
30	Fluid Glucose	285	330	370	415
31	Fluid Protein (except CSF Protein)	350	405	455	510
32	Fluid Alk. Phos	320	370	415	465
33	Fluid Cholesterol	300	345	390	435
34	Fluid Trigly	355	410	460	515
35	Fluid Amylase	455	520	590	660
36	Fluid Lipase	1,000	1,150	1,300	1,450
37	Fluid Total Bili	620	715	805	900
38	Fluid TPAG Ratio	525	605	685	760
39	2 hrs PPBS	285	330	370	415
40	HbA1c	1060	1,220	1,380	1,535
41	HDL	495	570	645	720
42	LDH	320	370	415	465
43	LDL	495	570	645	720
44	Lipase	1000	1,150	1,300	1,450
45	Lipid Profile	1285	1,480	1,670	1,865
46	Magnesium	300	345	390	435
47	OGCT	650	750	845	945

**PHILIPPINE HEART CENTER
LABORATORY MEDICINE**

RATES – AUGUST 1, 2018

	PROCEDURE	OPD, Emergency Room (ER), Service And Pay Wards	Semi-Private Rooms including Semi-Private Rooms SICU/MICU/CCU/ PICU/NICU Isolation Rooms	Private Rooms / Private Rooms in SICU/MICU/CCU/PICU	Suite Rooms
48	Phosphorus	355	410	460	515
49	Potassium	305	350	395	440
50	Random Urine Crea	285	330	370	415
51	Random Urine Potassium	425	490	555	615
52	Random Urine Sodium	425	490	555	615
53	Random Urine Total Protein	1200	1,380	1,560	1,740
54	Random Blood Sugar	285	330	370	415
55	Serum Osmolality	400	460	520	580
56	Sodium	305	350	395	440
57	Total Bilirubin	620	715	805	900
58	Total Cholesterol	300	345	390	435
59	TPAG Ratio	525	605	685	760
60	Triglyceride	355	410	460	515
61	Uric Acid	285	330	370	415
62	VLDL	400	460	520	580

**PHILIPPINE HEART CENTER
LABORATORY MEDICINE**

RATES – AUGUST 1, 2018

	PROCEDURE	OPD, Emergency Room (ER), Service And Pay Wards	Semi-Private Rooms including Semi-Private Rooms SICU/MICU/CCU/PICU/NICU Isolation Rooms	Private Rooms / Private Rooms in SICU/MICU/CCU/PICU	Suite Rooms
	CLINICAL MICROSCOPY SECTION				
1.	Clostridium Defficile (stool)	2,400	2,760	3,120	3,480
2.	H-Pylori (stool)	950	1,095	1,235	1,380
3.	Fecal Occult Blood Test	450	520	585	655
4.	Pregnancy Test, Qualitative	300	345	390	435
5.	Urine Acetone	140	160	180	205
6.	Stool Exam (Fecalalysis)	135	155	175	195
7.	Semen Analysis	875	1,005	1,140	1,270
8.	Urinalysis, Routine	235	270	305	340
9.	Microalbumin Urine, Qualitative	225	260	295	325
	COAGULATION				
1.	Activated Partial Thromboplastin Time(APTT/PTT)	550	635	715	795
2.	Bleeding Time	215	250	280	310
3.	D-Dimer	4,400	5,060	5,720	6,380
4.	Prothrombin Time (PT/PTPA)	450	520	585	655
	HEMATOLOGY SECTION				
1.	CBC (Complete Blood Count)	450	520	585	655
2.	Cell Count (Fluids)	450	520	585	655
3.	ESR (Erythrocyte Sedimentation Rate)	200	230	260	290
4.	Fluid Hematocrit	260	300	340	375
5.	Malarial Smear	335	385	435	485
6.	Peripheral Smear	450	520	585	655
7.	Ph (body fluid)	120	140	155	175
8.	Reticulocyte Count	235	270	305	340
9.	Specific Gravity (Fluids)	120	140	155	175

**PHILIPPINE HEART CENTER
LABORATORY MEDICINE**

RATES – AUGUST 1, 2018

	PROCEDURE	OPD, Emergency Room (ER), Service And Pay Wards	Semi-Private Rooms including Semi-Private Rooms SICU/MICU/CCU/PICU/NICU Isolation Rooms	Private Rooms / Private Rooms in SICU/MICU/CCU/PICU	Suite Rooms
	CCSAT LAB				
1.	CCSat Bleeding Time	215	245	280	310
2.	CCSat Bun	845	970	1,100	1,225
3.	CCSat Ionized Calcium	1,300	1,495	1,690	1,885
4.	CCSat CBC	500	575	650	725
5.	CCSat Chloride	850	975	1,105	1,235
6.	CCSat Creatinine	845	970	1,100	1,225
7.	CCSat Magnesium	660	760	860	955
8.	CCSat Na K Cl	850	980	1,105	1,235
9.	CCSat Na K Cl Ica	1,300	1,495	1,690	1,885
10.	CCSat Potassium	850	980	1,105	1,235
11.	CCSat Prothrombin Time	750	865	975	1,090
12.	CCSat Sodium	850	980	1,105	1,235
13.	CCSat Na K	850	980	1,105	1,235
14.	CCSat Troponin I	1,950	2,245	2,535	2,830

**PHILIPPINE HEART CENTER
LABORATORY MEDICINE**

RATES – AUGUST 1, 2018

	PROCEDURE	OPD, Emergency Room (ER), Service And Pay Wards	Semi-Private Rooms including Semi-Private Rooms SICU/MICU/CCU/PICU/NICU Isolation Rooms	Private Rooms / Private Rooms in SICU/MICU/CCU/PICU	Suite Rooms
	HISTOPATH				
1.	AFB Tissue Stain	750	865	975	1,090
2.	Autopsy (Partial)	9,050	10,405	11,765	13,125
3.	Autopsy (Complete)	11,155	12,830	14,500	16,175
4.	Bronchial Brushing Smear	200	230	260	290
5.	Bronchial Washing Cytology	650	750	845	945
6.	Brown & Brenn	650	750	845	945
7.	Calretinin	2,500	2,875	3,250	3,625
8.	CEA (Carcinoembryonic Antigen)	2,500	2,875	3,250	3,625
9.	CT scan guided FNAB/pass	1,100	1,265	1,430	1,595
10.	CD 3	2,600	2,990	3,380	3,770
11.	CD 15	3,500	4,025	4,550	5,075
12.	CD 20	2,300	2,645	2,990	3,335
13.	CD 30	3,500	4,025	4,550	5,075
14.	CD 31	3,500	4,025	4,550	5,075
15.	CD 45 (Leukocyte Common Antigen)	2,500	2,875	3,250	3,625
16.	CSF Cytospin	700	805	910	1,015
17.	CK 7 (Cytokeratin 7)	2,300	2,645	2,990	3,335
18.	CK 20 (Cytokeratin 20)	2,300	2,645	2,990	3,335
19.	Chromogranin	3,500	4,025	4,550	5,075
20.	Desmin	3,500	4,025	4,550	5,075
21.	Elastic stain	650	748	845	945
22.	Endoscopic/needle core biopsies	620	715	805	900
23.	Estrogen Receptor	2,200	2,530	2,860	3,190
24.	Fluid Cytology	650	750	845	945
25.	FNAB (Pathologist-performed)pass	1,100	1,265	1,430	1,595
26.	FNAB (price/slide) plus, Outside	110	127	143	160
27.	Frozen Section Biopsy	1,500	1,725	1,950	2,175
28.	Frozen Section Biopsy Set-up fee	650	750	845	945

**PHILIPPINE HEART CENTER
LABORATORY MEDICINE**

RATES – AUGUST 1, 2018

	PROCEDURE	OPD, Emergency Room (ER), Service And Pay Wards	Semi-Private Rooms including Semi-Private Rooms SICU/MICU/CCU/ PICU/NICU Isolation Rooms	Private Rooms / Private Rooms in SICU/MICU/CCU/PICU	Suite Rooms
29.	Frozen Section Biopsy (additional tissue, same site)	600	690	780	870
30.	Her-2-neu	3,000	3,450	3,900	4,350
31.	Histopath (Gross Examination only)	200	230	260	290
32.	Large specimen	2,100	2,400	2,750	3,050
33.	Masson's Trichrome	1,500	1,725	1,950	2,175
34.	Mayer Mucicarmine	1,000	1,150	1,300	1,450
35.	Medium specimen	1,050	1,200	1,350	1,500
36.	MIB-1 (K1-67)	2,300	2,645	2,990	3,335
37.	Neuron Specific Enolase	3,000	3,450	3,900	4,350
38.	P 53	3,500	4,025	4,550	5,075
39.	P 63	3,000	3,450	3,900	4,350
40.	Pancytokeratin	2,100	2,415	2,730	3,045
41.	Pap's smear	200	230	260	290
42.	PAS Stain	650	750	845	945
43.	Placental Alkaline Phosphatase (PLAP)	3,500	4,025	4,550	5,075
44.	Price per slide/Re cut	140	160	180	205
45.	Progesterone (PR)	2,200	2,530	2,860	3,190
46.	Radical Specimen	3,100	3,550	4,050	4,500
47.	S-100	3,000	3,450	3,900	4,350
48.	Slide review	110	125	145	160
49.	Small Specimen	750	865	975	1,090
50.	Smooth Muscle Actin	2,000	2,300	2,600	2,900
51.	Synaptophysin	3,500	4,025	4,550	5,075
52.	Thyroid Transcription Factor	2,200	2,530	2,860	3,190
53.	Ultrasound guided FNAB/pass	1,100	1,265	1,430	1,595
54.	Vimentin	2,200	2,530	2,860	3,190
55.	Wright's Giemsa	650	750	845	945

**PHILIPPINE HEART CENTER
LABORATORY MEDICINE**

RATES – AUGUST 1, 2018

	PROCEDURE	OPD, Emergency Room (ER), Service And Pay Wards	Semi-Private Rooms including Semi-Private Rooms SICU/MICU/CCU/ PICU/NICU Isolation Rooms	Private Rooms / Private Rooms in SICU/MICU/CCU/PICU	Suite Rooms
	SERO/IMMUNO				
1.	Ferritin	2,300	2,645	2,990	3,335
2.	Anti Hbc IgM	3,000	3,450	3,900	4,350
3.	Anti HAV IgM	3,000	3,450	3,900	4,350
4.	Anti-HBs	1,500	1,725	1,950	2,175
5.	Anti-HCV (IgG)	2,000	2,300	2,600	2,900
6.	Anti Hbe	2,500	2,875	3,250	3,625
7.	Hbe Ag (Send Out-NKTI)	1,420	1,635	1,845	2,060
8.	HBS Ag	1,500	1,725	1,950	2,175
9.	Hepatitis Profile	5,500	6,325	7,150	7,975
10.	Anti-Streptolysin O(ASO)	950	1,095	1,235	1,380
11.	C-Reactive Protein(CRP)	780	895	1,015	1,130
12.	Dengue NS1 Ag	1,250	1,440	1,625	1,815
13.	Dengue Test (IgG IgM)	1,250	1,440	1,625	1,815
14.	H-Pylori (serum)	1,300	1,495	1,690	1,885
15.	HS CRP	1,300	1,495	1,690	1,885
16.	Trop T	2,750	3,165	3,575	3,990
17.	Alpha Fetoprotein (AFP)	1,800	2,070	2,340	2,610
18.	Rheumatoid Factor	500	575	650	725
19.	Salmonella Test	1,450	1,670	1,885	2,105
20.	CA 125	2,500	2,875	3,250	3,625
21.	CA 15-3	3,000	3,450	3,900	4,350
22.	CA 19-9	2,500	2,875	3,250	3,625
23.	Carcinoembryonic Antigen (Serum)	1,800	2,070	2,340	2,610
24.	PSA	1,700	1,955	2,210	2,465
25.	Pro-BNP	3,800	4,370	4,940	5,510
26.	Procalcitonin	3,500	4,025	4,550	5,075
27.	Troponin I	1,750	2,015	2,275	2,540

**PHILIPPINE HEART CENTER
LABORATORY MEDICINE**

RATES – AUGUST 1, 2018

	PROCEDURE	OPD, Emergency Room (ER), Service And Pay Wards	Semi-Private Rooms including Semi-Private Rooms SICU/MICU/CCU/PICU/NICU Isolation Rooms	Private Rooms / Private Rooms in SICU/MICU/CCU/PICU	Suite Rooms
	MICROBIOLOGY				
1.	AFB	390	450	505	565
2.	Blood C/S Pedia	2,000	2,300	2,600	2,900
3.	Blood C/S w ARD	2,500	2,875	3,250	3,625
4.	Fluid w Aero/anaero ARD	2,500	2,875	3,250	3,625
5.	Fluid C/S (Aerobic ARD)	2,000	2,300	2,600	2,900
6.	Bronchial washing C/s G/s	1,700	1,955	2,210	2,465
7.	CSF C/s G/s	1,700	1,955	2,210	2,465
8.	Disinfectant Culture	1,390	1,600	1,805	2,015
9.	ETA/.NASO C/s G/s	1,700	1,955	2,210	2,465
10.	Eye Disc. C/S G/S	1,700	1,955	2,210	2,465
11.	Enviro/ disenfec Culture	1,390	1,600	1,805	2,015
12.	Equipment / Instru culture	1,390	1,600	1,805	2,015
13.	Gram Stain	300	345	390	435
14.	India Ink	320	370	415	465
15.	KOH (Wet Smear)	260	300	340	375
16.	Other Sp. C/s with gram	1,700	1,955	2,210	2,465
17.	Other Sp. C/S only	1,390	1,600	1,805	2,015
18.	Fluids C/S G/S	1,390	1,600	1,805	2,015
19.	Room/Food/Formula Culture	1,390	1,600	1,805	2,015
20.	Sputum C/S G/S	1,700	1,955	2,210	2,465
21.	Sputum Screening	300	345	390	435
22.	TB DNA Detection	3,500	4,025	4,550	5,075
23.	TB DNA w/ Rifampicin Resistace	6,100	7,015	7,930	8,845
24.	Stool c/s	1,300	1,495	1,690	1,885
25.	Throat swab c/s g/s	1,500	1,725	1,950	2,175
26.	Urine C/S only	1,280	1,470	1,665	1,855
27.	Urine C/S G/s	1,700	1,955	2,210	2,465
28.	Vaginal disch. c/s g/s	1,700	1,955	2,210	2,465
29.	Wound C/S G/S	1,700	1,955	2,210	2,465

**PHILIPPINE HEART CENTER
LABORATORY MEDICINE**

RATES – AUGUST 1, 2018

	PROCEDURE	OPD, Emergency Room (ER), Service And Pay Wards	Semi-Private Rooms including Semi-Private Rooms SICU/MICU/CCU/PICU/NICU Isolation Rooms	Private Rooms / Private Rooms in SICU/MICU/CCU/PICU	Suite Rooms
	ER POCT				
1.	POCT- Bleeding time	215	245	280	310
2.	POCT - Calcium	500	575	650	725
3.	POCT - Ckmb mass	4,235	4,870	5,505	6,140
4.	POCT – CBC	500	575	650	725
5.	POCT – Creatinine	845	970	1,100	1,225
6.	POCT – Magnesium	660	760	860	955
7.	POCT – Na, K	820	945	1,065	1,190
8.	POCT – Prothrombin Time	720	830	935	1,045
9.	POCT- Na K Cl	820	945	1,065	1,190
10.	POCT – Trop I	1,950	2,245	2,535	2,830
11.	POCT-Trop I ERSL	1,950	2,245	2,535	2,830
	MISCELLANEOUS				
1.	Add'l Lab copy	15	17	20	22
2.	Bactec Bottle Only	295	340	385	430
3.	Blood Collection Set (Lab)	75	85	100	110
4.	Frozen Section Set up fee	750	865	975	1,090
5.	Glass Slides	15	17	20	22
6.	Gloves	8	9	10	12
7.	Test Tubes Green/Red/Blue	15	17	20	22
8.	Handling fee (LCP)	400	460	520	580
9.	Handling fee (NKI)	400	460	520	580
10.	Handling fee (Private)	800	920	1,040	1,160
11.	Incineration Fee	2,000	2,300	2,600	2,900
12.	Storage fee	300	345	390	435
13.	Sterile Container	29	33	38	42
14.	Wee Bag	45	50	60	65

**PHILIPPINE HEART CENTER
BLOOD BANK SECTION**

RATES – AUGUST 1, 2018

PROCEDURE		OPD, Emergency Room (ER), Service and Pay Wards	Semi-Private Rooms Including Semi-Private Rooms in SICU/MICU/CCU/PICU/NICU/Isolation Rooms	Private Rooms/ Private Rooms in SICU/MICU/CCU/PICU	SUITE ROOMS
1	One unit of ABO/AB Whole Blood (500cc)	1,800	1,800	1,800	1,800
2	One unit of ABO/AB Packed RBC	1,500	1,500	1,500	1,500
3	One unit of Platelet Concentrate	1,000	1,000	1,000	1,000
4	One unit of Fresh Frozen Plasma	1,000	1,000	1,000	1,000
5	One unit of Fresh Plasma	1,000	1,000	1,000	1,000
6	One unit of Platelet Rich Plasma	1,000	1,000	1,000	1,000
7	One unit of Cryoprecipitate	1,000	1,000	1,000	1,000
8	One unit of Cryosupernate	1,000	1,000	1,000	1,000
9	One unit of Washed RBC	4,700	5,400	6,100	6,800
10	Storage and Handling	350	405	455	510
11	ABO/Rh Blood Typing	350	405	455	510
12	Rh Blood Typing	200	230	260	290
13	Three Phases of Crossmatching	550	635	715	800
14	Bleeding of one (1) donor	500	575	650	725
15	Initial Screening of one (1) donor	1,200	1,200	1,200	1,200
16	Complete Screening of one (1) donor	1,300	1,300	1,300	1,300
15	Screening and Bleeding of one (1) donor	1,800	1,800	1,800	1,800
16	Screening and Bleeding (Whole Blood)	1,800	1,800	1,800	1,800
17	Direct Coomb's Test	300	345	390	435
18	Cold Agglutinins	650	750	845	945
19	Quantitative Cold Agglutinins	1,300	1,500	1,700	1,900
20	Antibody Screening Test (Donor)	550	635	725	835
21	Antibody Screening Test (Patient)	750	865	995	1,145
22	Antibody Screening Test (Per Component)	150	175	200	230
23	Hep B Surface Antigen (HBsAg)	850	1,000	1,100	1,250
24	Hep B Surface Antibody (Anti-HBs)	850	1,000	1,100	1,250

**PHILIPPINE HEART CENTER
BLOOD BANK SECTION**

RATES – AUGUST 1, 2018

PROCEDURE		OPD, Emergency Room (ER), Service and Pay Wards	Semi-Private Rooms Including Semi-Private Rooms in SICU/MICU/CCU/PICU/NICU/Isolation Rooms	Private Rooms/ Private Rooms in SICU/MICU/CCU/PICU	SUITE ROOMS
25	Hep B Core Antibody (Anti-Hbc)	850	1,000	1,100	1,250
26	Hep C Virus Antibody (Anti-HCV)	950	1,100	1,235	1,400
27	Anti HBC IgG	850	1,000	1,100	1,250
28	Syphilis	550	635	730	835
29	HIV Test	850	1,000	1,100	1,250
30	Malaria Screening Test	550	635	730	835
31	Drug Assay	250	290	335	385
32	Pheresis (Haemonetics) procedure* (8 units)	16,350	18,800	21,250	23,700
MISCELLANEOUS ITEMS					
35	Additional Copy of Laboratory Result	15	15	15	15
36	Handling fees for send-out specimens	400	460	530	610

**PHILIPPINE HEART CENTER
NEUROLOGY SECTION**

RATES – AUGUST 1, 2018

PROCEDURE		Patients in OPD, Emergency Room (ER) Service and Pay Wards			Patients in Semi-Private Rooms including Semi-Private Rooms in SICU/MICU/CCU/PICU NICU/Isolation Rooms			Patients in Private Rooms including Private Rooms in SICU/MICU/CCU/PICU			Patients in Suite Rooms		
		Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL
1	Routine EEG (Station, No Video) 30 min. recording awake and drowsy	2,300	700	3,000	2,650	700	3,350	3,000	700	3,700	3,350	700	4,050
2	Routine EEG (Station, with Video) 30 min. recording awake and drowsy	2,800	700	3,500	3,200	700	3,900	3,650	700	4,350	4,060	700	4,760
3	Routine EEG (Bedside, No Video)	2,750	700	3,450	3,150	700	3,850	3,600	700	4,300	4,000	700	4,700
4	Routine EEG (Bedside, with Video)	3,250	700	3,950	3,750	700	4,450	4,250	700	4,950	4,700	700	5,400
5	Awake & sleep/ Sleep deprived (Station, No Video) (minimum of 1 hr. with additional P1,000 exceeding 1 hr.)	3,500	1,000	4,500	4,050	1,000	5,050	4,550	1,000	5,550	5,100	1,000	6,100
6	Awake & sleep/ Sleep deprived (Station, with Video) (minimum of 1 hr. with additional P1,000 exceeding 1 hr.)	4,300	1,000	5,300	4,950	1,000	5,950	5,600	1,000	6,600	6,250	1,000	7,250
7	Awake & sleep/ Sleep deprived (Bedside, No Video) (minimum of 1 hr. with additional P1,000 exceeding 1 hr.)	4,200	1,000	5,200	4,850	1,000	5,850	5,450	1,000	6,450	6,100	1,000	7,100
8	Awake & sleep/ Sleep deprived (Bedside, with Video) (minimum of 1 hr. with additional P1,000 exceeding 1 hr.)	5,000	1,000	6,000	5,750	1,000	6,750	6,500	1,000	7,500	7,250	1,000	8,250

**PHILIPPINE HEART CENTER
NEUROLOGY SECTION**

RATES – AUGUST 1, 2018

PROCEDURE		Patients in OPD, Emergency Room (ER) Service and Pay Wards			Patients in Semi-Private Rooms including Semi-Private Rooms in SICU/MICU/CCU/PICU NICU/Isolation Rooms			Patients in Private Rooms including Private Rooms in SICU/MICU/CCU/PICU			Patients in Suite Rooms		
		Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL
9	Electrocerebral Silence/Comatose Protocol (Bedside) (1 hour recording)	4,400	1,000	5,400	5,050	1,000	6,050	5,700	1,000	6,700	6,400	1,000	7,400
10	Video EEG/Epilepsy monitoring (Station, with Video) 2 hrs. recording	5,400	2,000	7,400	6,200	2,000	8,200	7,000	2,000	9,000	7,850	2,000	9,850
11	Video EEG/Epilepsy monitoring (Bedside with Video) 2 hrs. recording	6,400	2,000	8,400	7,350	2,000	9,350	8,300	2,000	10,300	9,300	2,000	11,300
12	Video EEG/Epilepsy monitoring (Station, with Video) 4 hrs. recording	7,000	3,500	10,500	8,050	3,500	11,550	9,100	3,500	12,600	10,150	3,500	13,650
13	Video EEG/Epilepsy monitoring (Bedside with Video) 4 hrs. recording	9,000	3,500	12,500	10,350	3,500	13,850	11,700	3,500	15,200	13,050	3,500	16,550
14	Video EEG/Epilepsy monitoring (Station, with Video) 6 hrs. recording	8,800	5,000	13,800	10,100	5,000	15,100	11,450	5,000	16,450	12,750	5,000	17,750
15	Video EEG/Epilepsy monitoring (Station, with Video) 8 hrs. recording	11,000	6,500	17,500	12,650	6,500	19,150	14,300	6,500	20,800	15,950	6,500	22,450

PHILIPPINE HEART CENTER
NUCLEAR DIVISION
RATES-August 1, 2018

PROCEDURE		OPD, Emergency Room (ER) Service and Pay Wards					Semi-Private Rooms Including Semi-Private Rooms, SICU/MICU/CCU/PICU/NICU, Isolation Rooms					Private Rooms Including Private Rooms in SICU/MICU/CCU/PICU					SUITE ROOMS				
		RADIOPHARM.	SCAN	PROCEDURE	PF	TOTAL	RADIOPHARM.	SCAN	PROCEDURE	PF	TOTAL	RADIOPHARM.	SCAN	PROCEDURE	PF	TOTAL	RADIOPHARM.	SCAN	PROCEDURE	PF	TOTAL
		COST	COST	TOTAL COST		COST	COST	COST	TOTAL COST		COST	COST	COST	TOTAL COST		COST	COST	COST	TOTAL COST		COST
1.	Bone Scan Total Body	1,401.40	5,498.60	6,900.00	900.00	7,800.00	1,519.00	6,431.00	7,950.00	1,050.00	9,000.00	1,617.00	7,333.00	8,950.00	1,150.00	10,100.00	1,715.00	8,285.00	10,000.00	1,300.00	11,300.00
2.	Bone Scan Three Phase	1,401.40	6,498.60	7,900.00	1,000.00	8,900.00	1,519.00	7,581.00	9,100.00	1,150.00	10,250.00	1,617.00	8,633.00	10,250.00	1,300.00	11,550.00	1,715.00	9,735.00	11,450.00	1,450.00	12,900.00
3.	Brain Perfusion Scan (HMPAO)	15,444.00	2,056.00	17,500.00	2,500.00	20,000.00	16,740.00	3,410.00	20,150.00	2,900.00	23,050.00	17,820.00	4,930.00	22,750.00	3,250.00	26,000.00	18,900.00	6,500.00	25,400.00	3,650.00	29,050.00
4.	Dacryoscintigraphy	350.35	3,149.65	3,500.00	500.00	4,000.00	379.75	3,670.25	4,050.00	575.00	4,625.00	404.25	4,145.75	4,550.00	650.00	5,200.00	428.75	4,671.25	5,100.00	725.00	5,825.00
5.	First Pass RNA	350.35	5,649.65	6,000.00	1,000.00	7,000.00	379.75	6,520.25	6,900.00	1,150.00	8,050.00	404.25	7,395.75	7,800.00	1,300.00	9,100.00	428.75	8,271.25	8,700.00	1,450.00	10,150.00
6.	Gastric Emptying Scan	5,000.00	2,000.00	7,000.00	1,000.00	8,000.00	5,750.00	2,300.00	8,050.00	1,150.00	9,200.00	6,500.00	2,600.00	9,100.00	1,300.00	10,400.00	7,250.00	2,900.00	10,150.00	1,450.00	11,600.00
7.	Gastroesophageal Reflux San	5,000.00	2,000.00	7,000.00	1,000.00	8,000.00	5,750.00	2,300.00	8,050.00	1,150.00	9,200.00	6,500.00	2,600.00	9,100.00	1,300.00	10,400.00	7,250.00	2,900.00	10,150.00	1,450.00	11,600.00
8.	Gated Cardiac Blood Pool	2,717.00	7,283.00	10,000.00	1,500.00	11,500.00	2,945.00	8,555.00	11,500.00	1,750.00	13,250.00	3,135.00	9,865.00	13,000.00	1,950.00	14,950.00	3,325.00	11,175.00	14,500.00	2,200.00	16,700.00
9.	Hepatobiliary Scan	2,145.00	7,855.00	10,000.00	1,500.00	11,500.00	2,325.00	9,175.00	11,500.00	1,750.00	13,250.00	2,475.00	10,525.00	13,000.00	1,950.00	14,950.00	2,625.00	11,875.00	14,500.00	2,200.00	16,700.00
10.	Infarct Avid Scan	2,717.00	3,283.00	6,000.00	900.00	6,900.00	2,945.00	3,955.00	6,900.00	1,050.00	7,950.00	3,135.00	4,665.00	7,800.00	1,150.00	8,950.00	3,325.00	5,375.00	8,700.00	1,300.00	10,000.00
11.	Leg Venography & Lung Perfusion Scan	1,401.40	10,598.60	12,000.00	1,800.00	13,800.00	1,519.00	12,281.00	13,800.00	2,050.00	15,850.00	1,617.00	13,983.00	15,600.00	2,350.00	17,950.00	1,715.00	15,685.00	17,400.00	2,600.00	20,000.00
12.	Liver/Spleen Scan (Sulfur Colloid)	7,150.00	1,850.00	9,000.00	1,400.00	10,400.00	7,750.00	2,600.00	10,350.00	1,600.00	11,950.00	8,250.00	3,450.00	11,700.00	1,800.00	13,500.00	8,750.00	4,300.00	13,050.00	2,050.00	15,100.00
13.	Lung Perfusion Scan	1,401.40	6,598.60	8,000.00	1,200.00	9,200.00	1,519.00	7,681.00	9,200.00	1,400.00	10,600.00	1,617.00	8,783.00	10,400.00	1,550.00	11,950.00	1,715.00	9,885.00	11,600.00	1,750.00	13,350.00
14.	Lung Ventilation Scan	3,975.40	5,524.60	9,500.00	1,300.00	10,800.00	4,309.00	6,641.00	10,950.00	1,500.00	12,450.00	4,587.00	7,763.00	12,350.00	1,700.00	14,050.00	4,865.00	8,935.00	13,800.00	1,900.00	15,700.00
15.	Lung Ventilation/Perfusion (V/Q) Scan	5,376.80	11,623.20	17,000.00	2,200.00	19,200.00	5,828.00	13,722.00	19,550.00	2,550.00	22,100.00	6,204.00	15,896.00	22,100.00	2,850.00	24,950.00	6,580.00	18,070.00	24,650.00	3,200.00	27,850.00
16.	Lymphoscintigraphy	7,150.00	3,850.00	11,000.00	1,500.00	12,500.00	7,750.00	4,900.00	12,650.00	1,750.00	14,400.00	8,250.00	6,050.00	14,300.00	1,950.00	16,250.00	8,750.00	7,200.00	15,950.00	2,200.00	18,150.00
17.	Meckel's Diverticulum Scan	1,859.00	5,141.00	7,000.00	1,000.00	8,000.00	2,015.00	6,035.00	8,050.00	1,150.00	9,200.00	2,145.00	6,955.00	9,100.00	1,300.00	10,400.00	2,275.00	7,875.00	10,150.00	1,450.00	11,600.00
18.	MPS Adenosine Sestamibi	5,662.80	14,337.20	20,000.00	3,000.00	23,000.00	6,138.00	16,862.00	23,000.00	3,450.00	26,450.00	6,534.00	19,466.00	26,000.00	3,900.00	29,900.00	6,930.00	22,070.00	29,000.00	4,350.00	33,350.00
19.	MPS Adenosine Thallium	7,807.80	14,192.20	22,000.00	3,300.00	25,300.00	8,463.00	16,837.00	25,300.00	3,800.00	29,100.00	9,009.00	19,591.00	28,600.00	4,300.00	32,900.00	9,555.00	22,345.00	31,900.00	4,800.00	36,700.00
20.	MPS Dypiridamole Sestamibi	5,662.80	11,937.20	17,600.00	2,400.00	20,000.00	6,138.00	14,112.00	20,250.00	2,750.00	23,000.00	6,534.00	16,366.00	22,900.00	3,100.00	26,000.00	6,930.00	18,570.00	25,500.00	3,500.00	29,000.00
21.	MPS Dypiridamole Thallium	7,807.80	12,192.20	20,000.00	3,000.00	23,000.00	8,463.00	14,537.00	23,000.00	3,450.00	26,450.00	9,009.00	16,991.00	26,000.00	3,900.00	29,900.00	9,555.00	19,445.00	29,000.00	4,350.00	33,350.00
22.	MPS Exercise Only Sestamibi	2,831.40	6,168.60	9,000.00	1,300.00	10,300.00	3,069.00	7,281.00	10,350.00	1,500.00	11,850.00	3,267.00	8,433.00	11,700.00	1,700.00	13,400.00	3,465.00	9,585.00	13,050.00	1,900.00	14,950.00
23.	MPS Exercise Rest Sestamibi	5,662.80	11,937.20	17,600.00	2,400.00	20,000.00	6,138.00	14,112.00	20,250.00	2,750.00	23,000.00	6,534.00	16,366.00	22,900.00	3,100.00	26,000.00	6,930.00	18,570.00	25,500.00	3,500.00	29,000.00
24.	MPS Exercise Rest Thallium	7,807.80	12,192.20	20,000.00	3,000.00	23,000.00	8,463.00	14,537.00	23,000.00	3,450.00	26,450.00	9,009.00	16,991.00	26,000.00	3,900.00	29,900.00	9,555.00	19,445.00	29,000.00	4,350.00	33,350.00
25.	MPS Rest Redistribution Thallium	7,807.80	9,792.20	17,600.00	2,400.00	20,000.00	8,463.00	11,787.00	20,250.00	2,750.00	23,000.00	9,009.00	13,891.00	22,900.00	3,100.00	26,000.00	9,555.00	15,945.00	25,500.00	3,500.00	29,000.00
26.	MPS Resting Sestamibi	2,831.40	5,168.60	8,000.00	1,200.00	9,200.00	3,069.00	6,131.00	9,200.00	1,400.00	10,600.00	3,267.00	7,133.00	10,400.00	1,550.00	11,950.00	3,465.00	8,135.00	11,600.00	1,750.00	13,350.00
27.	Parathyroid (Dual tracer subtraction)	3,181.75	6,818.25	10,000.00	1,500.00	11,500.00	3,448.75	8,051.25	11,500.00	1,750.00	13,250.00	3,671.25	9,328.75	13,000.00	1,950.00	14,950.00	3,893.75	10,606.25	14,500.00	2,200.00	16,700.00
28.	Renal Cortical Scan	1,401.40	3,798.60	5,200.00	750.00	5,950.00	1,519.00	4,481.00	6,000.00	865.00	6,865.00	1,617.00	5,133.00	6,750.00	1,000.00	7,750.00	1,715.00	5,835.00	7,550.00	1,100.00	8,650.00
29.	Renal Diuretic Scan (MAG3)	2,831.40	10,168.60	13,000.00	1,700.00	14,700.00	3,069.00	11,881.00	14,950.00	1,950.00	16,900.00	3,267.00	13,633.00	16,900.00	2,200.00	19,100.00	3,465.00	15,385.00	18,850.00	2,450.00	21,300.00
30.	Renal Dynamic Scan with GFR	1,401.40	4,598.60	6,000.00	900.00	6,900.00	1,519.00	5,381.00	6,900.00	1,050.00	7,950.00	1,617.00	6,183.00	7,800.00	1,150.00	8,950.00	1,715.00	6,985.00	8,700.00	1,300.00	10,000.00
31.	Renal Dynamic Scan (MAG3)	2,831.40	6,168.60	9,000.00	1,400.00	10,400.00	3,069.00	7,281.00	10,350.00	1,600.00	11,950.00	3,267.00	8,433.00	11,700.00	1,800.00	13,500.00	3,465.00	9,585.00	13,050.00	2,050.00	15,100.00
32.	Renal Diuretic Scan (DTPA)	1,401.40	8,598.60	10,000.00	1,500.00	11,500.00	1,519.00	9,981.00	11,500.00	1,750.00	13,250.00	1,617.00	11,383.00	13,000.00	1,950.00	14,950.00	1,715.00	12,785.00	14,500.00	2,200.00	16,700.00
33.	Sialoscintigraphy	1,401.40	3,098.60	4,500.00	700.00	5,200.00	1,519.00	3,681.00	5,200.00	800.00	6,000.00	1,617.00	4,233.00	5,850.00	900.00	6,750.00	1,715.00	4,835.00	6,550.00	1,000.00	7,550.00
34.	Scintimammography & Bone Scan (HDP or MDP)	1,401.40	8,598.60	10,000.00	1,500.00	11,500.00	1,519.00	9,981.00	11,500.00	1,750.00	13,250.00	1,617.00	11,383.00	13,000.00	1,950.00	14,950.00	1,715.00	12,785.00	14,500.00	2,200.00	16,700.00
35.	Scintimammography (Sestamibi)	2,831.40	4,668.60	7,500.00	1,000.00	8,500.00	3,069.00	5,581.00	8,650.00	1,150.00	9,800.00	3,267.00	6,483.00	9,750.00	1,300.00	11,050.00	3,465.00	7,435.00	10,900.00	1,450.00	12,350.00
36.	Tagged RBC Scan for GI Bleeding	2,645.50	15,354.50	18,000.00	2,700.00	20,700.00	2,867.50	17,832.50	20,700.00	3,100.00	23,800.00	3,052.50	20,347.50	23,400.00	3,500.00	26,900.00	3,237.50	22,862.50	26,100.00	3,900.00	30,000.00
37.	Testicular Scan	350.35	5,649.65	6,000.00	900.00	6,900.00	379.75	6,520.25	6,900.00	1,050.00	7,950.00	404.25	7,395.75	7,800.00	1,150.00	8,950.00	428.75	8,271.25	8,700.00	1,300.00	10,000.00
38.	Thyroid Scan (Tc99m Pertechnetate)	350.35	1,599.65	1,950.00	300.00	2,250.00	379.75	1,870.25	2,250.00	350.00	2,600.00	404.25	2,145.75	2,550.00	400.00	2,950.00	428.75	2,421.25	2,850.00	435.00	3,285.00

PROCEDURE	OPD, Emergency Room (ER) Service and Pay Wards					Semi-Private Rooms Including Semi-Private Rooms, SICU/MICU/CCU/ PICU/NICU, Isolation Rooms					Private Rooms Including Private Rooms in SICU/MICU/ CCU/PICU					SUITE ROOMS				
	RADIOPHARM. COST	SCAN COST	PROCEDURE TOTAL COST	PF	TOTAL COST	RADIOPHARM. COST	SCAN COST	PROCEDURE TOTAL COST	PF	TOTAL COST	RADIOPHARM. COST	SCAN COST	PROCEDURE TOTAL COST	PF	TOTAL COST	RADIOPHARM COST	SCAN COST	PROCEDURE TOTAL COST	PF	TOTAL COST
39. Thyroid Uptake & Scan using 1-131	1,287.00	913.00	2,200.00	350.00	2,550.00	1,395.00	1,155.00	2,550.00	400.00	2,950.00	1,485.00	1,365.00	2,850.00	450.00	3,300.00	1,575.00	1,625.00	3,200.00	510.00	3,710.00
40. Thyroid Uptake & Scan using 1-131 & Tc99m Pertechnetate	1,637.35	2,212.65	3,850.00	350.00	4,200.00	1,774.75	2,675.25	4,450.00	400.00	4,850.00	1,889.25	3,110.75	5,000.00	450.00	5,450.00	2,003.75	3,596.25	5,600.00	510.00	6,110.00
41. Thyroid Radioactive Iodine Uptake	1,287.00	613.00	1,900.00	250.00	2,150.00	1,395.00	805.00	2,200.00	290.00	2,490.00	1,485.00	965.00	2,450.00	325.00	2,775.00	1,575.00	1,175.00	2,750.00	365.00	3,115.00
42. Total Body Scan (Post 1-131 Therapy)	-	6,000.00	6,000.00	900.00	6,900.00	-	6,900.00	6,900.00	1,050.00	7,950.00	-	-	7,800.00	1,150.00	8,950.00	-	-	8,700.00	1,300.00	10,000.00
43. Total Body Scan (2mCi 1-131)	1,358.50	5,641.50	7,000.00	1,000.00	8,000.00	1,472.50	6,577.50	8,050.00	1,150.00	9,200.00	1,567.50	7,532.50	9,100.00	1,300.00	10,400.00	1,662.50	8,487.50	10,150.00	1,450.00	11,600.00
44. Total Body Scan (5mCi 1-131)	1,358.50	5,641.50	7,000.00	1,000.00	8,000.00	1,472.50	6,577.50	8,050.00	1,150.00	9,200.00	1,567.50	7,532.50	9,100.00	1,300.00	10,400.00	1,662.50	8,487.50	10,150.00	1,450.00	11,600.00
45. Extra CD			1,000.00		1,000.00			1,150.00		1,150.00			1,300.00					1,450.00		1,450.00
46. Extra Result Print Out			500.00		500.00			600.00		600.00			650.00					725.00		725.00
BONE DENSITOMETRY PROCEDURES																				
1. Routine (Lumbar, Spine & Hips)			2,500.00	1,000.00	3,500.00			2,900.00	1,150.00	4,050.00			3,250.00	1,300.00	4,550.00			3,650.00	1,450.00	5,100.00
2. Whole Body DXA Imaging			3,000.00	1,200.00	4,200.00			3,450.00	1,400.00	4,850.00			3,900.00	1,550.00	5,450.00			4,350.00	1,750.00	6,100.00
3. Routine + Forearm			2,800.00	1,100.00	3,900.00			3,200.00	1,250.00	4,450.00			3,650.00	1,450.00	5,100.00			4,050.00	1,600.00	5,650.00
RADIOIMMUNOASSAY TESTS:																				
1. FT3 RIA			1,300.00	110.00	1,410.00			1,500.00	125.00	1,625.00			1,700.00	145.00	1,845.00			1,900.00	159.50	2,059.50
2. FT4 RIA			1,300.00	110.00	1,410.00			1,500.00	125.00	1,625.00			1,700.00	145.00	1,845.00			1,900.00	159.50	2,059.50
3. TSH IRMA			1,300.00	110.00	1,410.00			1,500.00	125.00	1,625.00			1,700.00	145.00	1,845.00			1,900.00	159.50	2,059.50
4. FT3 RIA & FT4 RIA			2,300.00	210.00	2,510.00			2,650.00	240.00	2,890.00			3,000.00	275.00	3,275.00			3,350.00	304.50	3,654.50
5. FT3 RIA & TSH IRMA			2,300.00	210.00	2,510.00			2,650.00	240.00	2,890.00			3,000.00	275.00	3,275.00			3,350.00	304.50	3,654.50
6. FT4 RIA & TSH IRMA			2,300.00	210.00	2,510.00			2,650.00	240.00	2,890.00			3,000.00	275.00	3,275.00			3,350.00	304.50	3,654.50
7. FT3, FT4 RIA & TSH IRMA			3,300.00	300.00	3,600.00			3,800.00	345.00	4,145.00			4,300.00	390.00	4,690.00			4,800.00	435.00	5,235.00
RADIOIMMUNOASSAY TESTS: (Individual run)																				
1. FT3 RIA (STAT)			4,400.00	300.00	4,700.00			5,050.00	345.00	5,395.00			5,700.00	390.00	6,090.00			6,400.00	435.00	6,835.00
2. FT4 RIA (STAT)			4,400.00	300.00	4,700.00			5,050.00	345.00	5,395.00			5,700.00	390.00	6,090.00			6,400.00	435.00	6,835.00
3. TSH IRMA (STAT)			4,400.00	300.00	4,700.00			5,050.00	345.00	5,395.00			5,700.00	390.00	6,090.00			6,400.00	435.00	6,835.00
RADIOPHARMACEUTICAL THERAPY (Private)																				
1. 5.1 – 8.0 mCi	2,574.00	1,026.00	3,600.00		3,600.00						2,970.00	1,350.00	4,320.00		4,320.00					
2. 8.1 – 10.0 mCi	3,503.50	996.50	4,500.00		4,500.00						4,050.00	1,300.00	5,350.00		5,350.00					
3. 10.1 – 15.0 mCi	4,680.39	1,319.61	6,000.00		6,000.00						5,400.00	1,700.00	7,100.00		7,100.00					
4. 15.1 – 25.0 mCi	6,906.90	593.10	7,500.00		7,500.00						7,970.00	770.00	8,740.00		8,740.00					
5. 25.1 – 50.0 mCi	6,935.50	1,364.50	8,300.00		8,300.00						8,000.00	1,750.00	9,750.00		9,750.00					
6. 50.1 – 75.0 mCi	8,215.35	3,384.65	11,600.00		11,600.00						9,500.00	4,400.00	13,900.00		13,900.00					
7. 75.1 – 100.0 mCi	10,725.00	3,075.00	13,800.00		13,800.00						12,375.00	3,400.00	15,775.00		15,775.00					
8. 100.1 – 125.0 mCi	12,062.05	4,437.95	16,500.00		16,500.00						13,900.00	5,750.00	19,650.00		19,650.00					
9. 125.1 – 150.0 mCi	13,492.05	3,507.95	17,000.00		17,000.00						15,550.00	4,550.00	20,100.00		20,100.00					
10. 150.1 – 175.0 mCi	15,315.30	4,484.70	19,800.00		19,800.00						17,650.00	5,850.00	23,500.00		23,500.00					
11. 175.1 – 200.0 mCi	19,505.20	3,594.80	23,100.00		23,100.00						22,500.00	4,650.00	27,150.00		27,150.00					
12. >200 mCi	23,566.40	2,833.60	26,400.00		26,400.00						27,200.00	3,700.00	30,900.00		30,900.00					

PROCEDURE	OPD, Emergency Room (ER) Service and Pay Wards					Semi-Private Rooms Including Semi-Private Rooms, SICU/MICU/CCU/ PICU/NICU, Isolation Rooms					Private Rooms Including Private Rooms in SICU/MICU/ CCU/PICU					SUITE ROOMS				
	RADIOPHARM. COST	SCAN COST	PROCEDURE TOTAL COST	PF	TOTAL COST	RADIOPHARM. COST	SCAN COST	PROCEDURE TOTAL COST	PF	TOTAL COST	RADIOPHARM. COST	SCAN COST	PROCEDURE TOTAL COST	PF	TOTAL COST	RADIOPHARM. COST	SCAN COST	PROCEDURE TOTAL COST	PF	TOTAL COST
RADIOPHARMACEUTICAL THERAPY (Service)																				
1.	5.1 – 8.0 mCi	2,574.00	626.00	3,200.00							2,970.00	815.00	3,785.00							
2.	8.1 – 10.0 mCi	3,503.50	596.50	4,100.00							4,050.00	775.00	4,825.00							
3.	10.1 – 15.0 mCi	4,680.39	819.61	5,500.00							5,400.00	1,050.00	6,450.00							
4.	15.1 – 25.0 mCi	4,830.00	2,070.00	6,900.00							7,970.00	2,700.00	10,670.00							
5.	25.1 – 50.0 mCi	6,935.50	564.50	7,500.00							8,000.00	735.00	8,735.00							
6.	50.1 – 75.0 mCi	8,215.35	2,284.65	10,500.00							9,500.00	2,950.00	12,450.00							
7.	75.1 – 100.0 mCi	10,725.00	1,775.00	12,500.00							12,375.00	2,300.00	14,675.00							
8.	100.1 – 125.0 mCi	12,062.05	1,937.95	14,000.00							13,900.00	2,500.00	16,400.00							
9.	125.1 – 150.0 mCi	13,492.05	2,007.95	15,500.00							15,550.00	2,600.00	18,150.00							
10.	150.1 – 175.0 mCi	15,315.30	2,684.70	18,000.00							17,650.00	3,500.00	21,150.00							
11.	175.1 – 200.0 mCi	19,505.20	1,494.80	21,000.00							22,500.00	1,950.00	24,450.00							
12.	>200 mCi	23,566.40	433.60	24,000.00							27,200.00	550.00	27,750.00							

**PHILIPPINE HEART CENTER
PHYSICAL MEDICINE AND REHABILITATION**

RATES – AUGUST 1, 2018

PROCEDURE		OPD, Emergency Room (ER), Service And Pay Wards	Semi-Private Rooms including Semi-Private Rooms SICU/MICU/CCU/PICU/NICU Isolation Rooms	Private Rooms / Private Rooms in SICU/MICU/CCU/PICU	Suite Rooms
PHYSICAL THERAPY					
1.	Physical Therapy I	750	865	975	1,090
2.	Physical Therapy II	750	865	975	1,090
3.	Physical Therapy III	850	980	1,105	1,235
4.	Physical Therapy IV	1,000	1,150	1,300	1,450
5.	Physical Therapy V	750	865	975	1,090
6.	Physical Therapy VI	1,000	1,150	1,300	1,450
7.	Physical Therapy VII	650	750	845	945
8.	Physical Therapy VIII	450	520	585	655
9.	Physical Therapy IX	600	690	780	870
10.	Physical Therapy X	600	690	780	870

ADDITIONAL PHYSICAL THERAPY MANAGEMENT					
1.	Hot pack	150	175	195	220
2.	Cold pack	150	175	195	220
3.	Paraffin Wax Bath	150	175	195	220
4.	TENS	150	175	195	220
5.	Infrared Radiation	150	175	195	220
6.	Ultraviolet Radiation	150	175	195	220
7.	Ultrasound	150	175	195	220

**PHILIPPINE HEART CENTER
PHYSICAL MEDICINE AND REHABILITATION**

RATES – AUGUST 1, 2018

PROCEDURE		OPD, Emergency Room (ER), Service And Pay Wards	Semi-Private Rooms including Semi-Private Rooms SICU/MICU/CCU/PICU/NICU Isolation Rooms	Private Rooms / Private Rooms in SICU/MICU/CCU/PICU	Suite Rooms
8.	Cervical Traction (ICT)	150	175	195	220
9.	Lumbar Traction (ILT)	150	175	195	220
10.	Motorpoint//FES/ES	150	175	195	220
11.	IPC/Jobst Compression	150	175	195	220
12.	Taping	150	175	195	220
13.	Biofeedback	150	175	195	220
14.	Tilt Table	200	230	260	290
15.	Cyber Leg Press	150	175	195	220
16.	Cyber Shoulder Press	150	175	195	220
17.	ProStar Lats Pull Down	150	175	195	220
18.	Endolaser	150	175	195	220

NEW ADDITIONAL PHYSICAL THERAPY MANAGEMENT					
1.	Motomed	150	175	195	220
2.	Treadmill	150	175	195	220
3.	Abs/Back Machine	150	175	195	220
4.	Stationery Bike	150	175	195	220
5.	Dual Adjustable Pulley	150	175	195	220
6.	Active Lifter	200	230	260	290

**PHILIPPINE HEART CENTER
PHYSICAL MEDICINE AND REHABILITATION**

RATES – AUGUST 1, 2018

PROCEDURE		OPD, Emergency Room (ER), Service And Pay Wards	Semi-Private Rooms including Semi-Private Rooms SICU/MICU/CCU/PICU/NICU Isolation Rooms	Private Rooms / Private Rooms in SICU/MICU/CCU/PICU	Suite Rooms
WELLNESS					
1.	Wellness I	750	865	975	1,090
2.	Wellness II	800	920	1,040	1,160
3.	Wellness III	600	690	780	870

OCCUPATIONAL THERAPY					
1.	Occupational Therapy I	600	690	780	870
2.	Occupational Therapy II	600	690	780	870
3.	Occupational Therapy III	600	690	780	870
4.	Occupational Therapy IV	600	690	780	870
5.	Occupational Therapy V	600	690	780	870
6.	Occupational Therapy VI	250	290	325	365

SPEECH AND LANGUAGE THERAPY (SLP)					
1.	SLP I (Assessment and Evaluation)	600	690	780	870
2.	SLP II (Speech Program)	600	690	780	870
3.	SLP III (Language Program)	600	690	780	870
4.	SLP IV (Dysphagia Program)	600	690	780	870

**PHILIPPINE HEART CENTER
PHYSICAL MEDICINE AND REHABILITATION**

RATES – AUGUST 1, 2018

PROCEDURE		OPD, Emergency Room (ER), Service And Pay Wards	Semi-Private Rooms including Semi-Private Rooms SICU/MICU/CCU/PICU/NICU Isolation Rooms	Private Rooms / Private Rooms in SICU/MICU/CCU/PICU	Suite Rooms
SPLINTING					
1.	SPLINTING I	600	690	780	870
2.	SPLINTING II	1550	1,785	2,015	2,250
3.	SPLINTING III	3050	3,510	3,965	4,425

ELECTRODIAGNOSTIC PROCEDURE					
1.	EMG Myasthenia Protocol	1,550	1,785	2,015	2,250
2.	EMG SSEP	1,550	1,785	2,015	2,250
3.	EMG (1-2 Extremities)	1,300	1,495	1,690	1,885
4.	EMG (3-4 Extremities)	1,600	1,840	2,080	2,320
5.	NCV (1-2 Extremities)	1,200	1,380	1,560	1,740
6.	NCV (3-4 Extremities)	1,200	1,380	1,560	1,740
7.	EMG-NCV (1-2 Extremities)	2,450	2,820	3,185	3,555
8.	EMG-NCV (3-4 Extremities)	2,950	3,395	3,835	4,280
9.	EMG-NCV with MP	3,350	3,855	4,355	4,860
10.	EMG-NCV with SSEP	3,350	3,855	4,355	4,860

**PHILIPPINE HEART CENTER
PSYCHIATRY AND BEHAVIOR MEDICINE SECTION**

RATES – AUGUST 1, 2018

CHEERS EVALUATION FEES

Category A Pay	P	200.00	(Full)
B Pay		200.00	(Full)
C1 - 25% QFS			(Discount)
C2 - 50% QFS			(Discount)
C3 - 75% QFS			(Discount)
D - 85% QFS			(Discount)

**PHILIPPINE HEART CENTER
PULMONARY MEDICINE DIVISION**

RATES – AUGUST 01, 2018

PROCEDURE	Patients in OPD, Emergency Room (ER) Service and Pay Wards			Patients in Semi-Private Rooms including Semi-Private Rooms in SICU/MICU/CCU/PICU NICU/Isolation Rooms			Patients in Private Rooms including Private Rooms in SICU/MICU/CCU/PICU			Patients in Suite Rooms		
	LAB	PF	TOTAL	LAB	PF	TOTAL	LAB	PF	TOTAL	LAB	PF	TOTAL
PULMONARY LABORATORY												
1 Arterial Blood Gas Determination	715	85	800	825	100	925	930	110	1,040	1,050	120	1,170
2 ABG with electrolytes determination	895	105	1,000	1,030	120	1,150	1,150	135	1,285	1,300	155	1,455
3 ABG with lactate	805	95	900	925	110	1,035	1,050	125	1,175	1,150	135	1,285
4 Complete ABG panel	1,070	130	1,200	1,230	150	1,380	1,400	170	1,570	1,550	180	1,730
5 DLCO	2,330	200	2,530	2,680	230	2,910	3,050	260	3,310	3,400	290	3,690
6 Exhaled Nitric Oxide Determination w/monitoring	1,555		1,555	1,790		1,790	2,000		2,000	2,250		2,250
7 Forced Oscillatory Technique Procedure	850		850	980		980	1,100		1,100	1,250		1,250
8 Inhalation therapy	200		200	230		230	260		260	290		290
9 Lung volume studies	1,050	150	1,200	1,210	173	1,383	1,350	195	1,545	1,500	218	1,718
10 Nasal High Flow Oxygen Therapy Initial	1,200		1,200	1,380		1,380	1,550		1,550	1,750		1,750
11 Nasal High Flow Oxygen Therapy/Day	1,100		1,100	1,250		1,250	1,450		1,450	1,600		1,600
12 Pleural pH det	750		750	865		865	1,000		1,000	1,100		1,100
13 Pulse OX Monitoring 12 hrs	560		560	645		645	730		730	810		810
14 Pulse OX Monitoring 24 hrs	840		840	965		965	1,100		1,100	1,200		1,200
15 Simple Spirometry (PFT)	930	130	1,060	1,050	150	1,200	1,200	170	1,370	1,350	189	1,539
16 Spirometry (pre/post)	1,290	200	1,490	1,500	230	1,730	1,700	260	1,960	1,850	290	2,140
17 Spirometry with Bronchoprovocation	1,350	200	1,550	1,550	230	1,780	1,750	260	2,010	1,950	290	2,240
18 Spirometry (complete)	3,020	500	3,520	3,450	575	4,025	3,950	650	4,600	4,400	725	5,125
19 Spirometry Pedia	2,280	180	2,460	2,600	210	2,810	2,950	235	3,185	3,300	261	3,561
20 Spirometry Neonates	2,075	180	2,255	2,400	210	2,610	2,700	235	2,935	2,150	261	2,411
21 Sputum induction	500		500	575		575	650		650	725		725
22 Use of BIPAP Machine	1,200		1,200	1,400		1,400	1,550		1,550	1,750		1,750
23 Use of Bubble CPAP Machine (1-12 hrs)	650		650	750		750	850		850	950		950
24 Use of Bubble CPAP Machine (12-24 hrs)	700		700	805		805	910		910	1,000		1,000
25 Use of Microprocessor Ventilator -12 hours	2,350		2,350	2,705		2,705	3,050		3,050	3,400		3,400

**PHILIPPINE HEART CENTER
PULMONARY MEDICINE DIVISION**

RATES – AUGUST 01, 2018

PROCEDURE	Patients in OPD, Emergency Room (ER) Service and Pay Wards			Patients in Semi-Private Rooms including Semi-Private Rooms in SICU/MICU/CCU/PICU NICU/Isolation Rooms			Patients in Private Rooms including Private Rooms in SICU/MICU/CCU/PICU			Patients in Suite Rooms		
	LAB	PF	TOTAL	LAB	PF	TOTAL	LAB	PF	TOTAL	LAB	PF	TOTAL
26 Use of Microprocessor Ventilator -24 hours	2,500		2,500	2,850		2,850	3,250		3,250	3,650		3,650
27 Use of Mechanical Percussor	200		200	230		230	250		250	290		290
28 Use of Transport Ventilator 1-12 hours	1,000		1,000	1,150		1,150	1,300		1,300	1,450		1,450
29 Use of Transport Ventilator 24 hours	1,880		1,880	2,150		2,150	2,450		2,450	2,750		2,750
30 Venous Bicarbonate HCO3 determination	750		750	865		865	975		975	1,100		1,100
BRONCHOSCOPY PROCEDURE												
31 Bronchoscopy Procedure	10,200		10,200	11,750		11,750	13,250		13,250	14,800		14,800
Bronchoscopy Package I	13,100		13,100	15,050		15,050	17,050		17,050	19,000		19,000
Bronchoscopy Package II	10,500		10,500	12,100		12,100	13,650		13,650	15,250		15,250
Bronchoscopy Package III	10,400		10,400	11,950		11,950	13,500		13,500	15,100		15,100
Bronchoscopy Package IV	12,600		12,600	14,500		14,500	16,400		16,400	18,250		18,250
Bronchoscopy Package V	12,900		12,900	14,850		14,850	16,800		16,800	18,700		18,700
Bronchoscopy Package VI	12,600		12,600	14,500		14,500	16,400		16,400	18,250		18,250
Bronchoscopy Package VII	10,700		10,700	12,300		12,300	13,900		13,900	15,500		15,500
Note: Bronchoscopy Procedures exclude Professional Fees of Bronchoscopist												
SLEEP STUDIES												
32 Diagnostic	7,560	3,240	10,800	7,560	3,240	10,800	7,560	3,240	10,800	7,560	3,240	10,800
33 Therapeutic	11,560	3,240	14,800	11,560	3,240	14,800	11,560	3,240	14,800	11,560	3,240	14,800
34 Split	19,560	3,240	22,800	19,560	3,240	22,800	19,560	3,240	22,800	19,560	3,240	22,800
35 Essential Test (Apnea Link)	5,000	1,000	6,000	5,000	1,000	6,000	5,000	1,000	6,000	5,000	1,000	6,000
36 MSLT/MWT	9,800	1,000	10,800	9,800	1,000	10,800	9,800	1,000	10,800	9,800	1,000	10,800
PULMO REHABILITATION PROGRAM PACKAGE												
37 Pulmonary Rehab Program Package w/o CPET	15,500	1,000	16,500	17,850	1,150	19,000	20,150	1,300	21,450	22,500	1,450	23,950
38 Pulmonary Rehab Program Package with CPET	20,000	1,000	21,000	23,000	1,150	24,150	26,000	1,300	27,300	29,000	1,450	30,450
39 Cardio Pulmonary Exercise Test (CPET)	6,600	800	7,400	7,600	920	8,520	8,600	1,040	9,640	9,550	1,160	10,710
40 Follow up exercise/per session rehab	450		450	520		520	585		585	650		650

**PHILIPPINE HEART CENTER
PULMONARY MEDICINE DIVISION**

RATES – AUGUST 01, 2018

PROCEDURE	Patients in OPD, Emergency Room (ER) Service and Pay Wards			Patients in Semi-Private Rooms including Semi-Private Rooms in SICU/MICU/CCU/PICU NICU/Isolation Rooms			Patients in Private Rooms including Private Rooms in SICU/MICU/CCU/PICU			Patients in Suite Rooms		
	LAB	PF	TOTAL	LAB	PF	TOTAL	LAB	PF	TOTAL	LAB	PF	TOTAL
41 Pre-flight Assessment Test	3,000	500	3,500	3,450	575	4,025	3,900	650	4,550	4,350	725	5,075
42 Six minute walk	500		500	575		575	650		650	725		725
43 Indirect Calorimetry	2,300		2,300	2,645		2,645	3,000		3,000	3,350		3,350

**PHILIPPINE HEART CENTER
RADIOLOGICAL SCIENCES DIVISION**

RATES – August 1, 2018

PROCEDURE		OPD, Emergency Room (ER), Service and Pay Wards			Semi-Private Rooms Including Semi-Private Rooms, SICU/MICU/CCU/PICU/NICU, Isolation Rooms			Private Rooms/Private Rooms in SICU/MICU/CCU/PICU			SUITE ROOMS		
		Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL
CT SCAN													
1.	Cranial Plain	4,200	1,200	5,400	4,850	1,400	6,250	5,450	1,550	7,000	6,100	1,750	7,850
2.	Cranial W/ Contrast	4,450	1,200	5,650	5,100	1,400	6,500	5,800	1,550	7,350	6,450	1,750	8,200
3.	Head Perfusion w/ Contrast	7,500	2,400	9,900	8,650	2,750	11,400	9,750	3,100	12,850	10,900	3,500	14,400
4.	Temporal / IAC Plain	6,000	1,200	7,200	6,900	1,400	8,300	7,800	1,550	9,350	8,700	1,750	10,450
5.	Temporal / IAC w/ Contrast	6,500	1,200	7,700	7,500	1,400	8,900	8,450	1,550	10,000	9,450	1,750	11,200
6.	Orbit Plain	6,000	1,200	7,200	6,900	1,400	8,300	7,800	1,550	9,350	8,700	1,750	10,450
7.	Orbit w/ Contrast	6,500	1,200	7,700	7,500	1,400	8,900	8,450	1,550	10,000	9,450	1,750	11,200
8.	PNS / Facial Plain	4,850	1,200	6,050	5,600	1,400	7,000	6,300	1,550	7,850	7,050	1,750	8,800
9.	PNS / Facial w/ Contrast	6,100	1,200	7,300	7,000	1,400	8,400	7,950	1,550	9,500	8,850	1,750	10,600
10.	Neck / Naso / Oro Plain	7,000	1,200	8,200	8,050	1,400	9,450	9,100	1,550	10,650	10,150	1,750	11,900
11.	Neck / Naso / Oro w/ Contrast	9,400	1,200	10,600	10,800	1,400	12,200	12,200	1,550	13,750	13,650	1,750	15,400
12.	Dental Plain	4,950	1,200	6,150	5,700	1,400	7,100	6,450	1,550	8,000	7,200	1,750	8,950
13.	Chest Plain	5,100	1,200	6,300	5,850	1,400	7,250	6,650	1,550	8,200	7,400	1,750	9,150
14.	Chest HRCT	7,480	1,200	8,680	8,600	1,400	10,000	9,750	1,550	11,300	10,850	1,750	12,600
15.	Chest w/ Contrast	7,000	1,200	8,200	8,050	1,400	9,450	9,100	1,550	10,650	10,150	1,750	11,900
16.	Upper Abdomen Plain	6,400	1,200	7,600	7,350	1,400	8,750	8,300	1,550	9,850	9,300	1,750	11,050
17.	Upper Abd. w/ Contrast (Tri-phasic)	13,500	1,500	15,000	15,550	1,750	17,300	17,550	1,950	19,500	19,600	2,200	21,800
18.	Lower Pelvis Abd. Plain	6,400	1,200	7,600	4,350	1,400	5,750	8,300	1,550	9,850	9,300	1,750	11,050
19.	Lower Abd/ Pelvis w. Contrast	9,050	1,200	10,250	10,400	1,400	11,800	11,750	1,550	13,300	13,150	1,750	14,900
20.	Whole Abdomen Plain	10,000	2,400	12,400	11,500	2,750	14,250	13,000	3,100	16,100	14,500	3,500	18,000
21.	Whole Abd. W/ Contrast (Tri-phasic)	17,350	2,600	19,950	19,950	3,000	22,950	22,550	3,400	25,950	25,150	3,750	28,900
22.	Stonogram	8,050	2,400	10,450	9,250	2,750	12,000	10,450	3,100	13,550	11,700	3,500	15,200
23.	Cervical Spine Plain	6,100	1,200	7,300	7,000	1,400	8,400	7,950	1,550	9,500	8,850	1,750	10,600
24.	Thoracic Spine Plain	6,100	1,200	7,300	7,000	1,400	8,400	7,950	1,550	9,500	8,850	1,750	10,600
25.	Lumbar Spine Plain	6,100	1,200	7,300	7,000	1,400	8,400	7,950	1,550	9,500	8,850	1,750	10,600
26.	Whole Spine Plain	6,100	2,400	8,500	7,000	2,750	9,750	7,950	3,100	11,050	8,850	3,500	12,350

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		Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL
CT SCAN													
27.	Extremities Plain	6,100	1,200	7,300	7,000	1,400	8,400	7,950	1,550	9,500	8,850	1,750	10,600
28.	CT-Guided Biopsy	3,500	12,000	15,500	4,050	13,800	17,850	4,550	15,600	20,150	5,100	17,400	22,500
29.	Virtual Colonography	9,350	2,400	11,750	10,750	2,750	13,500	12,150	3,100	15,250	13,550	3,500	17,050
CT- ANGIOGRAMS													
1.	Cerebral CTA	13,200	5,000	18,200	15,200	5,750	20,950	17,150	6,500	23,650	19,150	7,250	26,400
2.	Carotid CTA	13,200	5,000	18,200	15,200	5,750	20,950	17,150	6,500	23,650	19,150	7,250	26,400
3.	Thoracic CTA	13,200	5,000	18,200	15,200	5,750	20,950	17,150	6,500	23,650	19,150	7,250	26,400
4.	Abdominal CTA	13,200	5,000	18,200	15,200	5,750	20,950	17,150	6,500	23,650	19,150	7,250	26,400
5.	CT-Aortogram	18,200	5,000	23,200	20,950	5,750	26,700	23,650	6,500	30,150	26,400	7,250	33,650
6.	Cardiac CTA	13,200	5,000	18,200	15,200	5,750	20,950	17,150	6,500	23,650	19,150	7,250	26,400
7.	Coronary CTA	15,000	5,000	20,000	17,250	5,750	23,000	19,500	6,500	26,000	21,750	7,250	29,000
8.	CT-Coronary Calcium Score	6,700	3,500	10,200	7,700	4,025	11,725	8,700	4,550	13,250	9,700	5,100	14,800
9.	CT-Coronary / TAVI	18,500	8,000	26,500	21,300	9,200	30,500	24,050	10,400	34,450	26,850	11,600	38,450
10.	Pulmonary CTA	13,200	5,000	18,200	15,200	5,750	20,950	17,150	6,500	23,650	19,150	7,250	26,400
11.	Renal CTA	13,200	5,000	18,200	15,200	5,750	20,950	17,150	6,500	23,650	19,150	7,250	26,400
12.	Mesenteric CTA	13,200	5,000	18,200	15,200	5,750	20,950	17,150	6,500	23,650	19,150	7,250	26,400
13.	Upper Extremities CTA	15,000	5,000	20,000	17,250	5,750	23,000	19,500	6,500	26,000	21,750	7,250	29,000
14.	Lower Extremities CTA	15,000	5,000	20,000	17,250	5,750	23,000	19,500	6,500	26,000	21,750	7,250	29,000
15.	CT Urogram	15,000	2,600	17,600	17,250	3,000	20,250	19,500	3,380	22,880	21,750	3,750	25,500

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		Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL
1.	MRI Head / Brain Plain	7,260	1,200	8,460	8,350	1,400	9,750	9,450	1,550	11,000	10,500	1,750	12,250
2.	MRI Head / Brain w/ GD	7,260	1,200	8,460	8,350	1,400	9,750	9,450	1,550	11,000	10,500	1,750	12,250
3.	MRI DWI (Stoke Protocol Only)	4,200	1,200	5,400	4,850	1,400	6,250	5,450	1,550	7,000	6,100	1,750	7,850
4.	Head MRA Only	4,200	1,200	5,400	4,850	1,400	6,250	5,450	1,550	7,000	6,100	1,750	7,850
5.	MRI Head Brain Seizure	7,800	1,200	9,000	8,950	1,400	10,350	10,150	1,550	11,700	11,300	1,750	13,050
6.	MRI Orbit	7,800	1,200	9,000	8,950	1,400	10,350	10,150	1,550	11,700	11,300	1,750	13,050
7.	MRI Orbit w/ GD	9,500	1,200	10,700	10,950	1,400	12,350	12,350	1,550	13,900	13,800	1,750	15,550
8.	MRI Head /Brain Spectroscopy	11,300	3,500	14,800	13,000	4,050	17,050	14,700	4,550	19,250	16,400	5,100	21,500
9.	MRI Head /Brain Spectroscopy w/GD	15,950	4,000	19,950	18,350	4,600	22,950	20,750	5,200	25,950	23,150	5,800	28,950
10.	MRI MRA Head / Brain Plain	7,260	2,400	9,660	8,350	2,750	11,100	9,450	3,100	12,550	10,500	3,500	14,000
11.	MRI MRA Head / Brain w/GD	9,300	2,400	11,700	70,700	2,750	73,450	12,100	3,100	15,200	13,500	3,500	17,000
12.	MRI MRA MRV Head/ Brain Plain	9,500	3,600	13,100	10,950	4,150	15,100	12,350	4,700	17,050	13,800	5,200	19,000
13.	MRI MRA MRV Head/ Brain w/GD	9,900	3,600	13,500	11,400	4,150	15,550	12,850	4,700	17,550	14,350	5,200	19,550
14.	MRI MRA Head and MRA Neck Vessel Plain	9,500	3,600	13,100	10,950	4,150	15,100	12,350	4,700	17,050	13,800	5,200	19,000
15.	MRI MRA Head and MRA Neck Vessel w/GD	9,900	3,600	13,500	11,400	4,150	15,550	12,850	4,700	17,550	14,350	5,200	19,550
16.	MRA Neck Vessel only Plain	5,200	1,200	6,400	6,000	1,400	7,400	6,750	1,550	8,300	7,550	1,750	9,300
17.	MRA Neck Vessel only w/GD	7,800	1,200	9,000	8,950	1,400	10,350	10,150	1,550	11,700	11,300	1,750	13,050
18.	MRI Sella / Pituitary	9,500	1,200	10,700	10,950	1,400	12,350	12,350	1,550	13,900	13,800	1,750	15,550
19.	MRI Sella / Pituitary w/GD (Dynamic)	9,600	1,200	10,800	11,040	1,400	12,440	12,500	1,550	14,050	13,900	1,750	15,650
20.	MRI IAC / Temporal Plain	9,500	1,200	10,700	10,950	1,400	12,350	12,350	1,550	13,900	13,800	1,750	15,550
21.	MRI IAC / Temporal Plain w/GD	9,600	1,200	10,800	11,050	1,400	12,450	12,500	1,550	14,050	13,900	1,750	15,650
22.	MRI Neck/ Naso / Oro Plain	9,500	1,200	10,700	10,950	1,400	12,350	12,350	1,550	13,900	13,800	1,750	15,550
23.	MRI Neck/ Naso / Oro w/GD	9,600	1,200	10,800	11,050	1,400	12,450	12,500	1,550	14,050	13,900	1,750	15,650
24.	MRI Chest Plain	9,500	1,200	10,700	10,950	1,400	12,350	12,350	1,550	13,900	13,800	1,750	15,550
25.	MRI Chest w/GD	9,600	1,200	10,800	11,050	1,400	12,450	12,500	1,550	14,050	13,900	1,750	15,650
26.	MRI Breast / Mammogram Plain	11,200	2,400	13,600	12,900	2,750	15,650	14,550	3,100	17,650	16,250	3,500	19,750

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		Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL
27.	MRI Breast / Mammogram w/GD (Dynamic)	11,500	2,400	13,900	13,200	2,750	15,950	14,950	3,100	18,050	16,700	3,500	20,200
28.	MRI Upper Abdomen Plain	9,500	1,200	10,700	10,950	1,400	12,350	12,350	1,550	13,900	13,800	1,750	15,550
29.	MRCP Plain	9,600	2,400	12,000	11,050	2,750	13,800	12,500	3,100	15,600	13,900	3,500	17,400
30.	MRI Upper Abdomen w/GD	9,900	1,600	11,500	11,400	1,850	13,250	12,850	2,100	14,950	14,350	2,300	16,650
31.	MRI Upper Abd. / Adrenal w/GD	9,900	1,200	11,100	11,400	1,400	12,800	12,850	1,550	14,400	14,350	1,750	16,100
32.	MRI Upper Abd. And MRCP w/GD	9,900	3,600	13,500	11,400	4,150	15,550	12,850	4,700	17,550	14,350	5,200	19,550
33.	MRI Lower Abd. Plain	9,500	1,200	10,700	10,950	1,400	12,350	12,350	1,550	13,900	13,800	1,750	15,550
34.	MRI Lower Abd. w/GD	9,900	1,200	11,100	11,400	1,400	12,800	12,850	1,550	14,400	14,350	1,750	16,100
35.	MRI Whole Abdomen Plain	11,300	2,400	13,700	13,000	2,750	15,750	14,700	3,100	17,800	16,400	3,500	19,900
36.	MRI Whole Abdomen w/GD	11,600	2,400	14,000	13,350	2,750	16,100	15,100	3,100	18,200	16,800	3,500	20,300
37.	MRI Whole Abd. And MRCP w/GD	11,600	4,800	16,400	13,350	5,500	18,850	15,100	6,250	21,350	16,800	6,950	23,750
38.	MRI Cervical Spine	7,260	1,200	8,460	8,350	1,400	9,750	9,450	1,550	11,000	10,500	1,750	12,250
39.	MRI Thoracic Spine	7,260	1,200	8,460	8,350	1,400	9,750	9,450	1,550	11,000	10,500	1,750	12,250
40.	MRI Lumbar / Sacral Spine	7,260	1,200	8,460	8,350	1,400	9,750	9,450	1,550	11,000	10,500	1,750	12,250
41.	MRI Whole Spine	14,700	3,600	18,300	16,900	4,150	21,050	19,100	4,700	23,800	21,300	5,200	26,500
42.	MRI Cervico-Thoracic Spine	13,400	2,400	15,800	15,400	2,750	18,150	17,400	3,100	20,500	19,450	3,500	22,950
43.	MRI Thoracic-Lumbar Spine	13,400	2,400	15,800	15,400	2,750	18,150	17,400	3,100	20,500	19,450	3,500	22,950
44.	MRI Hip Joints	9,500	2,400	11,900	10,950	2,750	13,700	12,350	3,100	15,450	13,800	3,500	17,300
45.	MRI Cardiac Plain	13,400	5,000	18,400	15,400	5,750	21,150	17,400	6,500	23,900	19,450	7,250	26,700
46.	MRI Cardiac w/GD	13,400	5,000	18,400	15,400	5,750	21,150	17,400	6,500	23,900	19,450	7,250	26,700
47.	MRI Extremities	7,260	1,200	8,460	8,350	1,400	9,750	9,450	1,550	11,000	10,500	1,750	12,250
48.	MRA Thoracic Aorta	9,500	5,000	14,500	10,950	5,750	16,700	12,350	6,500	18,850	13,800	7,250	21,050
49.	MRA Abdominal Aorta	9,500	5,000	14,500	10,950	5,750	16,700	12,350	6,500	18,850	13,800	7,250	21,050
50.	MRA Aorta	9,500	5,000	14,500	10,950	5,750	16,700	12,350	6,500	18,850	13,800	7,250	21,050
51.	MRA Lower Extremities	14,800	5,000	19,800	17,000	5,750	22,750	19,250	6,500	25,750	21,450	7,250	28,700
52.	MRA Upper Extremities	14,800	5,000	19,800	17,000	5,750	22,750	19,250	6,500	25,750	21,450	7,250	28,700

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Interventional Radiology					
1.	Coronary Angiogram	10,550	12,150	13,700	15,300
2.	CA Aborted	10,550	12,150	13,700	15,300
3.	TCT Aborted	10,550	12,150	13,700	15,300
4.	CA Graft	20,050	23,050	26,050	29,050
5.	DSU=CA + PCI	24,800	28,500	32,250	35,950
6.	EVAR	28,000	32,200	36,400	40,600
7.	TEVAR	28,000	32,200	36,400	40,600
8.	TAVI	28,000	32,200	36,400	40,600
9.	Endovascular Repair	28,000	32,200	36,400	40,600
10.	CRTD	28,000	32,200	36,400	40,600
11.	TCT + ROTA	25,800	29,650	33,550	37,400
12.	TCT + IVUS	25,800	29,650	33,550	37,400
13.	C-ARM used 20 minutes	6,100	7,000	7,950	8,850
14.	C-ARM used 40 minutes	11,950	13,750	15,550	17,350
15.	RFA	18,250	21,000	23,750	26,450
16.	IABI	10,400	11,950	13,500	15,100
17.	SGI	10,400	11,950	13,500	15,100
18.	TPI	10,400	11,950	13,500	15,100
19.	IVC Filter	10,400	11,950	13,500	15,100
20.	Pericardiocentesis	10,400	11,950	13,500	15,100
21.	Fluoro Guided	10,400	11,950	13,500	15,100
22.	FFR	11,500	13,250	14,950	16,700
23.	IVUS	11,500	13,250	14,950	16,700
24.	ROTA	11,500	13,250	14,950	16,700
25.	Hemodynamics Study	18,700	21,500	24,300	27,100
26.	Valvotomies	18,700	21,500	24,300	27,100

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27.	ASD Closure	18,700	21,500	24,300	27,100
28.	VSD Closure	18,700	21,500	24,300	27,100
29.	PFO	18,700	21,500	24,300	27,100
30.	PDA Closure	18,700	21,500	24,300	27,100
31.	PDA Stenting	18,700	21,500	24,300	27,100
32.	TACE	18,700	21,500	24,300	27,100
33.	Cerebral Coiling	18,700	21,500	24,300	27,100
34.	Arterial Plugging	18,700	21,500	24,300	27,100
35.	BAS	18,700	21,500	24,300	27,100
36.	PTMC	18,700	21,500	24,300	27,100
37.	PPBV	18,700	21,500	24,300	27,100
38.	Peripheral Angio	15,250	17,550	19,850	22,100
39.	4Vessel Angiogram	15,250	17,550	19,850	22,100
40.	Aortogram	15,250	17,550	19,850	22,100
41.	Carotid Angio	15,250	17,550	19,850	22,100
42.	Mesentric Angio	15,250	17,550	19,850	22,100
43.	Femoral Angio	15,250	17,550	19,850	22,100
44.	Renal Angio	15,250	17,550	19,850	22,100
45.	Peri Angio	15,250	17,550	19,850	22,100
46.	Fistulogram	15,250	17,550	19,850	22,100
47.	TCT	20,250	23,300	26,350	29,350
48.	POBA	20,250	23,300	26,350	29,350

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		Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL
1.	Chest PA	480	110	590	550	130	680	625	145	770	695	160	855
2.	Chest PAL	600	135	735	690	155	845	780	175	955	870	195	1,065
3.	Chest ALV	480	75	555	550	85	635	625	100	725	695	110	805
4.	Chest Coned Down View	480	75	555	550	85	635	625	100	725	695	110	805
5.	Chest Lateral	480	100	580	550	115	665	625	130	755	695	145	840
6.	Chest Lateral Decubitus	895	105	1,000	1,030	120	1,150	1,165	135	1,300	1,300	150	1,450
7.	Skull Series	600	165	765	690	190	880	780	215	995	870	240	1,110
8.	PNS	600	185	785	690	215	905	780	240	1,020	870	270	1,140
9.	Cervical	600	185	785	690	215	905	780	240	1,020	870	270	1,140
10.	Thoracic	600	150	750	690	175	865	780	195	975	870	220	1,090
11.	Lumbosacral	620	200	820	715	230	945	805	260	1,065	900	290	1,190
12.	COCCYX	480	145	625	550	170	720	625	190	815	695	210	905
13.	Shoulder Series	600	100	700	690	115	805	780	130	910	870	145	1,015
14.	Humerus	480	125	605	550	145	695	625	165	790	695	180	875
15.	Elbow	480	125	605	550	145	695	625	165	790	695	180	875
16.	Forearm	480	125	605	550	145	695	625	165	790	695	180	875
17.	Wrist	480	125	605	550	145	695	625	165	790	695	180	875
18.	Hand	480	125	605	550	145	695	625	165	790	695	180	875
19.	Pelvis	480	125	605	550	145	695	625	165	790	695	180	875
20.	Hip	480	125	605	550	145	695	625	165	790	695	180	875
21.	Femur	480	125	605	550	145	695	625	165	790	695	180	875
22.	Knee	480	125	605	550	145	695	625	165	790	695	180	875
23.	Lower Leg	480	125	605	550	145	695	625	165	790	695	180	875
24.	Ankle	480	125	605	550	145	695	625	165	790	695	180	875
25.	Foot	480	125	605	550	145	695	625	165	790	695	180	875
26.	Digit	480	125	605	550	145	695	625	165	790	695	180	875

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		Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL	Hospital	PF	TOTAL
27.	T-Cage	600	135	735	690	155	845	780	175	955	870	195	1,065
28.	Clavicle	480	105	585	550	120	670	625	140	765	695	150	845
29.	Plain Abdomen	480	150	630	550	175	725	625	195	820	695	220	915
30.	Abdomen (Supine/Uprt)	620	200	820	715	230	945	805	260	1,065	900	290	1,190
31.	Scapula	480	125	605	550	145	695	625	165	790	695	180	875