VALENZUELA MEDICAL CENTER
CITIZEN'S CHARTER HANDBOOK

1st Edition
2025

I. Mandate

REPUBLIC ACT NO. 11327

---"An Act Increasing the Bed Capacity of Valenzuela Medical Center in the City of Valenzuela, from Two hundred (200) to Five hundred (500) beds and Appropriating Funds Therefor " ---

II. Vision

VMC shall be a family-centered multi-specialty medical center in the Northern National Capital Region by 2028.

III. Mission

We provide excellent, sustainable, and evidence-base tertiary health care services, training, and research for healthier Filipinos.

IV. Service Pledge

Valenzuela Medical Center is committed to provide quality health services to all clients.

Together with our stakeholders, we champion the Healthcare Provider Network, healthcare standards, training and research.

We continue to improve our work processes and proactively manage identified risks in our hospital.

V. Core Values

Compassion – working with sympathy and benevolence for the people in need.

Integrity – quality of being honest in all undertakings.

Teamwork – combined action of a group of people to produce effective and efficient results.

Excellence –quality of being outstanding, having distinction and adding value to what we do.

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VALENZUELA MEDICAL CENTER APPROVED PRICELIST

CITIZEN'S CHARTER UPDATES

EXTERNAL SERVICES

1. Emergency Room Consultation

Emergency Department is responsible for the provision of emergency medical and surgical care. The Emergency Room is located at the 1st Floor, Valenzuela Medical Center Main building and its 24 hours, 7 days a week.

Office or Division:	Emergency Department
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Patients with Emergency Cases

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Green Card (1 Original copy)	Emergency Department
Clinical Record (1 Original copy)	Physician / HIMD

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the triage area for interview and assessment.	1.1 Interviews patient and performs quick assessment. - History Taking - Weight and Temperature Measurement - Taking Vital Signs 1.2 Categorizes patient's severity through Emergency Severity Index Level Level 1- Resuscitation Level 2- Emergent Level 3- Urgent Level 4- Less Urgent Level 5- Non-urgent	None	10 minutes	Medical Officer III/ Nurse II / Nurse III / Nursing Attendant

	1.3 Secure Consent 1.4 Designate the patient to the appropriate clinical department			
2. Complete the patient registration form (either the patient or a companion as surrogate)	2.1 Prints Emergency Room Record and attach consent and other filled forms.	None	10 minutes	Administrative Assistant II / Administrative Officer I
3.a. If experiencing respiratory symptoms, proceeds to the designated clinical service department in the ED Tent 3.b If not experiencing respiratory symptoms, proceeds to the designated clinical service department in the ED Main	3.1.a. Accompanies and directs patients to the designated clinical department in the ED infectious area (Tent) if patient is present with respiratory symptoms or other indication of infectious/communicable condition. 3.2.b. Accompanies and directs patient to the designated clinical department in the ED Clean (Main) if patient present without respiratory symptoms.	None	10 minutes	Nurse II / Nursing Attendant II
4. Prepare self for history taking and physical examination	4.1 Resident Physician will do history taking and physical examination	None	30 minutes	Medical Officer III
5. Receive treatment and medical intervention	5.1. Renders initial treatment and intervention.	None		Medical Officer III/ Nurse II / Nurse III / Nursing Attendant

5.a Await completion of laboratory diagnostic procedures in the ED Main or ED Tent	5.1.a. Prepares and performs requested laboratory procedures within the ED Main or ED Tent, as necessary.	(See Updated Department pricelist)		Medical Technologist I/ Medical Laboratory Technologist III
5.b If radiologic procedures are required, an ED staff member will accompany you to the radiology department	5.1.b. Accompany the patient to the radiology department by the ED staff, as necessary.	(See Updated Department pricelist)	3 hours	Radiologic Technologist III / Radiologic Technologist II
5.c If you are a suspected COVID-19 case requiring admission, await the RT-PCR swab test	5.1.c. Resident Physician prepares necessary documents (CIF, CF2, RT-PCR request). RT-PCR swab is administered by laboratory personnel upon completion of required documentation, as necessary.	1,200.00 (to be included in SOA)		Medical Technologies I / Medical Technologies II / Medical Laboratory Technologist III
6. Wait for the Diagnostics, Evaluation, and Disposition from the Attending Physician.	6.1 Checks and verify availability of laboratory results in the Laboratory Information System (LIS) and radiologic results in the Picture Archiving and Communication System (Mini PACS) 6.2 Evaluates result of ancillary procedures	None	2 hours	Medical Officer III

	6.3 Determines disposition of patient: a. ADMISSION b. DISCHARGE c. TRANSFER 6.3.a. ADMISSION: - prepares admitting slip and written physician order. - Instructs and endorse to nurse on duty 6.3.b. DISCHARGE: - Accomplishes Discharge Instructions which includes after care home instruction, frequency and duration of medications, and schedule of follow up checkup. 6.3.c. TRANSFER: - Initiates referral and completes ED referral form - Accomplishes Discharge Instructions 6.4 Out of Emergency Department			
	TOTAL	**For Non-COVID Patients:** **(See Updated Department pricelist)**	**6 hours**	

	For COVID suspect Patient: **1,200.00 RT-PCR** **(exclusive of the ED fee, resource fees, and ancillary procedure fees)** **(See Department of Radiology/ Laboratory and Pathology pricelist)**		

2. Outpatient Consultation – Face to Face

Outpatient Department provide specialist medical opinion and assessment especially for tertiary cases, screening, and risk stratification for elective surgical cases, follow up consults and care after discharge of previously treated and or admitted patients.

Schedule of Availability of the Service:

Clinic Hours: Monday - Friday: 8:00 AM to 5:00 PM except for holidays
Contact Number: (02) 82946711
FB Page: Valenzuela Medical Center

Office or Division:	Outpatient Department (OPD)
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Green Card (1 Original copy) / Hospital Number (Old Patient)	Health Information Management Department (HIMD)
OPD/Clinical Record (1 Original copy)	Health Information Management Department (HIMD)
Proof of Appointment / Appointment Slip	OPD Departments/Specialty/Services/Units/Online Scheduler
Referral Slip	Referring institutions/clinics
PhilHealth ID and forms	PhilHealth

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get to Triage Officer	1.1. Inquire about patient chief complaint or reason for OPD Face to Face Consultation or referral. 1.2. Inquires for possible infectious symptoms, vaccination, co-morbidities, travel history etc.	None	5 minutes	Nurse III / Nurse Supervisor

	1.3. Takes initial assessment or vital signs on as needed basis (Blood Pressure, Cardiac Rate, Respiratory Rate, Temperature, O2 saturation) 1.4. Determine level of care (Primary vs Tertiary; Health center vs VMC; VMC ED vs OPD; Infectious vs Non-infectious) 1.5 Walk-in tertiary patients will be advised to proceed to OPD onsite/online scheduler for advise (Mon-Fri 1pm-3pm | for applicable departments) 1.6 Give OPD Information Slip (New patients)			
2. Get queuing for consultation	2.1 Instructs and assists patient where to go (ER for emergent/urgent cases; OPD infectious vs non – infectious areas or Healthcenter (Valenzuelanos) for with Primary cases) 2.2 Identify and queues patient accordingly (General Public vs	None	5 minutes	Administrative Assistant I / Nursing Attendant I / Navigator

	Priority Lanes - PWD, Senior Citizen, VMC Employees (Active or retired) per clinical department 2.3 Verify completeness of OPD Information Slip (New patients) and Health declaration for all VMC OPD patients. 2.4 Instructs clients/relatives (old and new) to proceed to HIMD staff.			
3. Get Green card (New patients) and registration to iHOMIS	3.1 Encode patient data and give Green card. (new patient) 3.2 Issues Green Card in case of loss 3.3 Retrieve old chart for old patient (walk-in) and gives to OPD staff	P 50.00	5 minutes 30 minutes	Administrative Officer III / Administrative Assistant I
4. Submit self for PhilHealth evaluation *All OPD patients *Priority given to patients for possible admission or procedures	4.1 PhilHealth Enrollment, Verification, and Inquiries	None	25 minutes	Administrative Assistant III
5. Submit self for vital signs and interview	5.1 Take vital signs and record.			

	5.2 Initial interview 5.3 Submit patient's OPD record to attending physician	None	10 minutes	Nurse I / Midwife II/ Nursing Attendant I
6. Go to OPD Primary Care Physicians (PCP)	6.1 Receives and verifies accomplished Health Declaration 6.2 Receives patient record and chart. 6.3 Determine level of care if Primary (Non-Valenzuelanos) or Tertiary cases. Initially assess and manage Primary (Non-Valenzuelanos) cases. 6.4 Tertiary cases (walk-in/referred or scheduled) will be decked/referred to OPD staff/clinical department.	None	20 minutes	Medical Officer IV
7. Submit self for clinical assessment (If without procedure, proceed to step 11)	7.1 Examine and evaluate the patient.	None	1 hour	Medical Officer III/ Medical Officer IV/ Medical Specialist II/ Medical Specialist III/ Medical Specialist IV
8. Get a request for billing form from Nurse/ Midwife in charge at OPD.	8.1 Encode charges to iHomis and give request for billing.	None	5 minutes	Nurse I

9. Get Statement of Account at OPD satellite – Billing and Claims Section then proceed to Cashier for payment (with Procedures) * Follow citizen's charter of billing and claims.	9.1 Verification of PhilHealth status 9.2 Issuance and release of Statement of Account (SOA) after procedure 9.3 If applicable, refer indigent patients to Medical Social Work Service Section. 9.4 Receive payments/ Guarantee letters and other relevant documents	Cost of procedure (see Pricelist)	25 minutes 45 minutes 10 minutes	Administrative Assistant III Social Welfare Officer I/ Social Welfare Officer II/ Social Welfare Officer III Administrative Officer I / Administrative Assistant II/ Collecting Officer
10. Submit self for treatment as needed and or scheduled	10.1 Carry out doctor's order (e.g., minor surgery, iron sucrose infusion, Internal Exam, CTG, papsmear etc.)	Cost of procedure (see Pricelist)	60 minutes	Nurse I
11. Get Home Advice and instructions	11.1 Encode patient chart to iHOMIS 11.2 Issue OPD Gate Pass	None	5 minutes 5 minutes	Nurse I Nurse I
	TOTAL	**Cost of procedure (see Pricelist)** **P50.00 for lost Green Card**	**2 hours and 50 minutes without procedures** **5 hours and 15 minutes with procedure** **30 minutes waiting time**	

3. Outpatient Consultation – Telemedicine

Outpatient Department provide specialist medical opinion and assessment especially for tertiary cases, screening, and risk stratification for elective surgical cases, follow up consults and care after discharge of previously treated and or admitted patients.

Schedule of Availability of the Service:

Palistahan: Monday to Friday 7:00 AM to 12:00 PM except for holidays
Clinic Hours: Monday - Friday: 7:00 AM to 5:00 PM except for holidays
Contact Number: (02) 82946711
FB Page: Valenzuela Medical Center

Office or Division:	Outpatient Department (OPD)
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Green Card (1 Original copy) / Hospital Number (Old Patient)	Health Information Management Department (HIMD)
OPD/Clinical Record (1 Original copy)	Health Information Management Department (HIMD)
Proof of Appointment / Appointment Slip	OPD Departments/Specialty/Services/Units/Online Scheduler
Referral Slip	Referring institutions/clinics
PhilHealth ID and forms	PhilHealth

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For Tele scheduling, Access online platform given by the Telemedicine/ Information Technology Unit	1.1 Triage patient 1.2 Schedule patients for either online or Face to Face Consultation	None	5 minutes	Medical Officer III/ Medical Officer IV/ Medical Specialist II/ Medical Specialist III/ Administrative Assistant I/ Administrative Assistant II

2. Get Teleconsultation	2.1 Issue Hospital Number 2.2 Online consultation 2.3 Chart accomplishment 2.4 Discharge order and advise	None	1 hour	Medical Specialist IV, Medical Officer III, Medical Officer IV, Physical Therapist I, Physical Therapist II
	TOTAL	**None**	**1 hour and 5 minutes**	

4. Admission of Patient

The Admitting Section focuses on dealing with patient registration, admission, classification, and navigation. Also responsible for validation of daily transaction, encoding and recording of all admitted patients.

The Admitting Section is located on the 1st floor VMC Main building- 1st Floor. It operates 24/7.

Office or Division:	HIMD – Admitting Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Patients for Admission

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Admitting Slip (1 Original copy)	Admitting Section
Doctor's Order for direct admission (1 Original copy)	Attending Physician
For validation of the Patient's Guardian/Relative Present two (2) Valid Government ID	Patient relative / guardian

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient's guardian /Relative proceed to Admitting section, accompanied by nurse on duty with the Admitting Slip Patient's guardian/ relative present ID for validation	1.1 Validate the completeness of admission slip and patient's data. 1.2 Verify relationship of the informant or companion of the patient	None	3 minutes	Administrative Officer II / Administrative Officer I/ Administrative Assistant I/ Dental Aide
2. Attend and cooperate with hospital personnel during interview and sign the consent for admission	2.1 Interview and secure consent for admission	None	10 minutes	Administrative Officer II / Administrative Officer I/ Administrative

	2.2 Encode all necessary data in the HOMIS. 2.3 Provide all admission forms			Assistant I/ Dental Aide
3. Pay attention to the orientation and instructions on hospital policy	3.1 Gives orientation and instruction on relevant hospital policies and inform of patient's rights.	None	5 minutes	Administrative Officer II / Administrative Officer I/ Administrative Assistant I/ Dental Aide
4. Relative sign the copy of consent forms and Clinical Cover Sheet Patient/relative sign in the admission logbook	4.1 Receive and validate signed copy of consent forms and Clinical Cover Sheet 4.2 Inform patient's guardian/relative that their patient is already admitted and endorsed to Nurse on Duty 4.3 Advise the relative to proceed to PhilHealth officer for verification. 4.3 Admitting Clerk forward the copy of CCS to MSWS and Billing Section	None	3 minutes	Administrative Officer II / Administrative Officer I/ Administrative Assistant I/ Dental Aide
	TOTAL	**None**	**21 minutes**	

5. Request and Released of Medical Certificate and other Requested Documents

The Health Information Management Department (HIMD) is in charge with the issuance of the following:

- Medical Certificate
- Release of Information (Laboratory and Imaging results, OR Record/Technique, Clinical Abstract/Discharge Summary)
- Certificate of Confinement
- Sickness Notification Claims
- Disability Claim/ SSS Claims
- Other Insurance Claims

Active records are documents which are still being used by an HIMD. They are usually referenced frequently and conveniently located within the HIMD.

- ❖ Charts of patients that have been discharged for less than five years up to present.

Inactive records are documents that are no longer referenced on a regular basis and tend to be stored in a less accessible location.

- ❖ Charts of patients that are discharged more than five years.

HIMD is located on the 2nd floor of the VMC building. The request and release of the medical certificate and other requested documents is from Monday to Friday, 8:00 AM to 5:00 PM excluding Saturdays, Sundays, Holidays, and Work Suspensions.

Office or Division:	Health Information Management Department
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Claim Slip (1 Original copy)	HIMD Window 1
Official Receipt (1 Original copy)	Cash Operations Section
Government Issued/ Valid Identification Card of requesting patient (Photocopy and present the original copy)	Requesting Patient
Forms: SSS/GSIS Disability, Sickness, other insurance Form (1 Original copy) CSC Form 41 (1 Original copy)	 SSS/GSIS Civil Service Commission

For Representative: Authorization letter (1 Original copy) Government Issued/ Valid Identification Card of requesting patient (Photocopy and present the original copy) Government Issued/ Valid Identification Card of representative (Photocopy and present the original copy)		Requesting Patient/ Representative		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Get your number and fill out the request form. Approach HIMD window 1 when called.	1.1 Receive the filled-out request form and necessary forms for validation. 1.2 Encode to google sheet.	None	3 minutes 3 minutes	Administrative Officer I / Administrative Assistant III/ Administrative Assistant I/ Administrative Aide IV
2. Pay at the Cashier and receive claim slip	2.1 Issue Charge Slip 2.2 Advise to pay at the Cashier. 2.3 Issue claim slip for schedule of release	See posted price list	5 minutes	Administrative Officer I / Administrative Assistant III/ Administrative Assistant I/ Administrative Aide IV
3. Wait for the scheduled release of requested document/s	3.1 Retrieve, check and review health records. 3.2 Encode and print Medical Certificate/ Certificate of Confinement.	None	3 working days for OPD 6 working days for inpatient 10 minutes	Administrative Officer I / Administrative Assistant III/ Administrative Assistant I/ Administrative Aide IV

	3.3 Certified true copy with affixed signature		3 minutes	Supervising Administrative Officer / Administrative Officer V / Statistician III
4. Get requested health documents at HIMD Window 1	4.1 Issue requested health document/s.	None	3 minutes	Administrative Officer I / Administrative Assistant III/ Administrative Assistant I/ Administrative Aide IV
TOTAL **Inpatient:** **Active inpatient's chart** ❖ **Charts of patients that have been discharged for less than five years up to present.** **Inactive inpatient's chart** ❖ **Charts of patients that are discharged more than five years.** **OPD / ER:** **Note: The processing time may vary depending on the availability of the attending physician in filling out and signing of requested document/s.**		**See posted price list**	**6 days and 27 minutes** **3 days and 27 minutes**	

6. Onsite Request and Issuance of Medical Certificate at the OPD Geriatric

The Health Information Management Department (HIMD) is in charge with the preparation and issuance of Onsite request of OPD medical certificate.

OPD-HIMD is located on the 1st floor Geriatrics building. The issuance of the certificate is from 7:00 a.m. to 4:00 p.m. Monday to Friday, excluding Saturdays, Sundays, Holidays, and Work Suspensions

Office or Division:	Health Information Management Department
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Pre-form of medical certificate (1 Original copy)	Resident on Duty
Official Receipt (1 Original copy)	Cash Operations Section

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Request Medical Certificate to Resident on Duty	1.1 Forward the Pre-form of Medical Certificate to HIMD staff	None	3 minutes	Nurse I / Midwife
2. Pay at the Cashier	2.1 Issue Charge Slip	P 100.00 /piece	5 minutes	Administrative Officer I / Administrative Assistant I/ Laboratory Aide
3. Wait for the release of Medical Certificate	3.1 Transcribe the data from the Pre-form of Medical Certificate to official form. 3.2 Forward the official Medical Certificate to OPD-NOD for signature of Resident on duty.	None	10 minutes 5 minutes	Administrative Officer III / Administrative Assistant I Nurse I / Medical Officer III / Medical Officer IV

	3.3 Seal and Issue the Medical Certificate		3 minutes	Administrative Officer III / Administrative Assistant I
	TOTAL	**P 100.00 /piece**	**26 minutes**	

7. Same Day Release of Information

The Health Information Management Department (HIMD) is in charge with the Release of Information including Laboratory and Imaging results, OR Record/Technique, Clinical Abstract/Discharge Summary of current year inpatient charts (at most 6 months upon discharge).

HIMD is located on the 2nd floor VMC main building. The request and release of the health documents is from Monday to Friday, 8:00 AM to 5:00 PM excluding Saturdays, Sundays, Holidays, and Work Suspensions.

Office or Division:	Health Information Management Department
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Claim Slip (1 Original copy)	HIMD Window 1
Official Receipt (1 Original copy)	Cash Operations Section
Government Issued/ Valid Identification Card of requesting patient (Photocopy and present the original copy)	Requesting Patient
For Representative: Authorization letter (1 Original copy) Government Issued/ Valid Identification Card of requesting patient (Photocopy and present the original copy) Government Issued/ Valid Identification Card of representative (Photocopy and present the original copy)	Requesting Patient/ Representative

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get your number and fill out the request form. Approach HIMD window 1 when called.	1.1 Receive the filled-out request form and necessary forms for validation.	None	3 minutes	Administrative Officer I / Administrative Assistant III/ Administrative Assistant I/

	1.2 Encode to google sheet.		3 minutes	Administrative Aide IV
2. Pay at the Cashier and receive claim slip	2.1 Issue Charge Slip 2.2 Advise to pay at the Cashier. 2.3 Issue claim slip for schedule of release	See posted price list	5 minutes	Administrative Officer I / Administrative Assistant III/ Administrative Assistant I/ Administrative Aide IV
3. Wait for the scheduled release of requested document/s	3.1 Retrieve, check and review health records. 3.2 Photocopy requested document. 3.3 Certified true copy with affixed signature	None	7 hours and 32 minutes 10 minutes 3 minutes	Administrative Officer I / Administrative Assistant III/ Administrative Assistant I/ Administrative Aide IV Supervising Administrative Officer / Administrative Officer V / Statistician III
4. Get requested health documents from the HIMD window 1	4.1 Issue requested patient health document/s.	None	3 minutes	Administrative Officer I / Administrative Assistant III/ Administrative Assistant I/ Administrative Aide IV
	TOTAL	**See posted price list**	**7 hours and 59 minutes**	

8. Medical Records Online Request

The Health Information Management Department (HIMD) is in charge with Online Request of the following:

- Medical Certificate
- Medico-Legal Certificate
- Release of Information (Laboratory and Imaging results, OR Record/Technique, Clinical Abstract/Discharge Summary)

Online Request from Monday to Sunday (including holidays and work suspensions) from 12:00 am to 4:00pm.

Releasing of Online Request from Monday to Friday (excluding holidays and work suspensions) from 8:00 am to 5:00 pm.

Office or Division:	Health Information Management Department
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Claim Slip (1 Original copy)	HIMD Window 1
Official Receipt (1 Original copy)	Cash Operations Section
Government Issued/ Valid Identification Card of requesting patient (Photocopy and present the original copy)	Requesting Patient
For Representative: Authorization letter (1 Original copy) Government Issued/ Valid Identification Card of requesting patient (Photocopy and present the original copy) Government Issued/ Valid Identification Card of representative (Photocopy and present the original copy)	Requesting Patient/ Representative

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Submit the online request. screenshot/ print the schedule of released and electronic receipt.	1.1 Download the Daily Online Request Report 1.2. Validate the completeness and correctness of information indicated in the request form. 1.3. Notify the patient/client regarding the disapproved request thru text messaging. Process all valid online requests	None	5 minutes 15 minutes 10 minutes	Administrative Officer II / Administrative Officer I
2. Wait for the scheduled release of requested document/s	2.1 Retrieve, check and review health records. 2.2 Encode and print medical certificate. 2.3 Certified true copy with affixed signature	None	6 working days for Inpatient charts 3 working days for ER and OPD charts 10 minutes 3 minutes	Administrative Officer I / Administrative Assistant III/ Administrative Assistant I/ Administrative Aide IV Administrative Assistant III / Administrative Aide Vi Supervising Administrative Officer / Administrative Officer V / Statistician III

3. Get the number and approach HIMD window 2 when called. Present the print/screenshot of electronic receipt and schedule of released	3.1 Issue charge slip 3.2 Advise to pay at the cashier. 3.3 Issue requested patient health document/s.	See posted price list	5 minutes 1 minute 2 minutes	Administrative Officer I / Administrative Assistant III/ Administrative Assistant I/ Administrative Aide IV
TOTAL **Inpatient:** **Active inpatient's chart** ❖ **Charts of patients that have been discharged for less than five years up to present.** **Inactive inpatient's chart** ❖ **Charts of patients that are discharged more than five years.** **OPD / ER:** **Note: The processing time may vary depending on the availability of the attending physician in filling out and signing of requested document/s.**		**See posted price list**	**6 working days and 51 minutes** **3 working days and 51 minutes**	

9. Request and Release of Current Birth Certificate and Inactive Birth Certificate for Late Registration

The Health Information Management Department (HIMD) is in charge of the preparation and release of Birth Certificate and Medical Certificate of Birth Delivery for Late Registration.

HIMD is located on the 2nd floor VMC main building. The request and release of the certificates is from Monday to Friday, 8:00 AM to 5:00 PM excluding Saturdays, Sundays, Holidays and Work Suspensions

During Saturday, Sunday and Holidays a photocopy of the Pre-Form Birth Certificate shall be forwarded by the nurse on duty to the Billing and PhilHealth Claims Sections. Official Pre-Form of Birth Certificate will be forwarded to HIMD the next working day for transcribing in the official form of Birth Certificate.

Office or Division:	Health Information Management Department
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Claim Slip (1 Original copy)	HIMD Window 1
Official Receipt (1 Original copy)	Cash Operations Section
Government Issued/ Valid Identification Card of requesting patient (Photocopy and present the original copy)	Requesting Patient
For Representative: Authorization letter (1 Original copy) Government Issued/ Valid Identification Card of requesting patient (Photocopy and present the original copy) Government Issued/ Valid Identification Card of representative (Photocopy and present the original copy)	Requesting Patient/ Representative

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**

1. Get your number and fill out the request form. Approach HIMD window 2 when called.	1.1 Receive the filled-out request form. 1.2 Check the copy of the submitted pre-form of birth certificate for correctness and validity of information. 1.3 Posting to Logbook	None	5 minutes 5 minutes 5 minutes	Midwife / Administrative Assistant I
2. Receive Claim Slip and charge Slip for the late registration only	2.1 Issue charge slip for Late registration. 2.2 Advise to pay at the cashier. 2.3 Issue claim slip for Schedule of release	P 50.00 None None	3 minutes 2 minutes 3 minutes	Midwife / Administrative Assistant I
3. Wait for the scheduled release of requested documents	3.1 Retrieve, verify, encode, and prepare for the requested document (for inactive files)	None	30 minutes for active files 2 days for inactive files	Midwife / Administrative Assistant I
4. Upon claiming of the requested document present claim slip and official receipt	4.1 Receive claim slip and official receipt for verification.	None	3 minutes	Midwife / Administrative Assistant I
5. Review of document by patient/relative for correctness and accuracy of information Claim Birth Certificate	5.1 Issue birth certificate (Active and Inactive)	None	5 minutes	Midwife / Administrative Assistant I

TOTAL			
Birth Certificate (Active files)	**None**	**1 hour and 1 minute**	
Birth Certificate for Late Registration (Inactive files)	**P 50.00**	**2 days and 1 minute**	

10. Preparation and Releasing of Death Certificate

The Health Information Management Department (HIMD) is in charge with the preparation and releasing of Death Certificate.

HIMD is located on the 2nd floor VMC main building. The requesting and releasing of Death Certificate are from Monday to Friday, 8:00 AM to 5:00 PM excluding Saturdays, Sundays, Holidays and Work Suspensions.

Office or Division:	Health Information Management Department
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Death Certificate Pre-Form (1 Original copy)	Health Information Management Department/ Emergency Department / Clinical wards
For Representative: Government Issued/ Valid Identification Card of representative (Photocopy and present the original copy)	Requesting Representative

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get your number and present valid ID then wait for the release of requested document.	1.1 Check the submitted pre-form of death certificate from the ward/ER for correctness and validity of information. 1.2 Transcribing and preparation of the requested document 1.3 Review of the requested document by patient's relative for correctness of information.	None	5 minutes 10 minutes 10 minutes	Midwife / Administrative Assistant I

2. Sign in the death certificate and receiving logbook	2.1 Posting to logbook. 2.2 Issue death certificate	None None	3 minutes 3 minutes	Midwife / Administrative Assistant I
	TOTAL	**None**	**31 minutes**	

11. Issuance of Patient's Health Record for Emergency Department

The Emergency Department HOMIS of Health Information Management Department (HIMD-Admitting) is in charge of the issuance and securing the records of Emergency Department. ED HOMIS-HIMD is located on the 1st floor of VMC main building. It operates 24/7.

Office or Division:	HIMD – Admitting Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
ED Patient's Information Slip	Admitting Section/ED HOMIS
ED Patient's Record	Admitting Section/ED HOMIS
Green Card	Admitting Section/ED HOMIS
Charge Slip	Admitting Section/ED HOMIS

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the ED patient Information slip for new patient Present green card for old patient after the triage.	1.1 Receive patient information slip from Triage Officer. Encode to the HOMIS for new patient and print. For old patient, print the patient's record. Confirm the correctness of the given information.	None	5 minutes	Administrative Officer II / Administrative Officer I/ Administrative Assistant I
2. Receive Green Card	2.1 Issue Green Card for new patient	None	2 minutes	Administrative Officer II / Administrative Officer I/ Administrative Assistant I

3. Wait for your name to be called for consultation/ assessment/evaluation.	3.1 Print ED patient health record to be forwarded to triage officer on duty to concerned doctor on duty.	None	3 minutes	Administrative Officer II / Administrative Officer I/ Administrative Assistant I
	TOTAL	**None**	**10 minutes**	

12. Rapid Human Immunodeficiency Virus Diagnostic Algorithm (RHIVDA)

The Department of Pathology and Laboratory in coordination with the NRL-SLH/SACCL aims to lessen the turnaround time of HIV confirmatory testing of the inpatient and outpatient services. On-duty laboratory staff with HIV proficiency / RHIVDA training shall be responsible for performing the procedure. The pathology consultant attends to referrals and teaches the residents and laboratory staff with interpretation and current updates.

This test is available at the laboratory department of the Valenzuela Medical Center, located on the 1st floor, VMC Main Building, and is available from Monday to Friday (excluding holidays) from 8:00am to 4:00pm. This service is free of charge.

Office or Division:	Department of Pathology and Laboratory
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	ALL with positive HIV Rapid Testing

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Laboratory Request for procedures / RHIVDA confirmatory request form (completely filled) – one (1) original copy	Requesting Physician
HTS Form / Form-A (completely filled) – one (1) original copy	HIV councilor
Valid government issued ID – one (1)	Client

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For in-house cases: Presents lab request form / RHIVDA confirmatory request form, HTS form / Form-A, and valid government issued ID For referral from outside institutions: Presents RHIVDA confirmatry request form, HTS form / Form-A, and HIV liason ID	1.1 Receive and check for completeness of laboratory requests 1.2 Checks patient identification / liason identification thru valid ID	None	3 minutes	Medical Technologist III/ Medical Technologist II with HIV/RHIVDA proficiency training

2. For in-house cases: Submit for blood extraction. For referral from outside institutions: Liason officer submits blood sample collected	2.1 Collects blood sample from patient. For referral from outside institutions: checks for acceptability of collected blood sample	None	10 minutes	Medical Technologist III/ Medical Technologist II with HIV/RHIVDA proficiency training
3. Wait for the release of claim stub	3.1 Generates claim stub and instructs patient/liaison officer with the schedule and claiming of results.	None	5 minutes	Medical Technologist III/ Medical Technologist II with HIV/RHIVDA proficiency training
4. Wait for release of laboratory test result	4.1 Process specimen for laboratory examination. 4.2 Verification of results 4.3 Documentation and recording of result.	None	Non reactive: 1 day Reactive: 2 working days *repeat testing after 2-6 weeks is recommended for inconclusive results.	Medical technologist II/III with HIV/RHIVDA proficiency training Medical Specialist with HIV/RHIVDA proficiency training Medical technologist II/III with HIV/RHIVDA proficiency training
5. Get the results	5.1 For inhouse cases: Results are released to HIV councilor	None	5 minutes	Medical technologist II/III with HIV/RHIVDA proficiency training

	For referral from outside institutions: Results are released to HIV liason officer 5.2 HIV councilor / HIV liason officer signs releasing logbook. 5.3 Issues laboratory result		2 minutes	
	TOTAL	**None**	**Non reactive: 1 working day and 25 minutes** **Reactive: 3 working days and 25 minutes** ***repeat testing after 2-6 weeks is recommended for inconclusive results.**	

13. Laboratory Examinations of Outpatients (OPD)

The Department of Pathology and Laboratory covers all Out-patients' routine laboratory examinations; on-duty laboratory staffs shall be responsible to perform the procedure. Medical technologist on duty shall perform the laboratory test on hematology, chemistry, clinical microscopy, serology, blood banking, microbiology, histopathology, and drug testing. Collection of samples for RT-PCR testing shall also be facilitated by laboratory staff on duty as well as sending of samples to referral laboratory. The pathology consultant attends to referrals and teaches the residents and laboratory staff with interpretation and current updates.

These tests are available at the laboratory department of the Valenzuela Medical Center, located on the 1st floor, VMC Main Building and are available from Monday to Friday; 7:00 am to 3:00 pm, excluding Holidays.
Results for out-patient shall be released as follows:

a. Routine: the following day 8am to 3 pm (excluding those with special preparation)
b. STAT: within 2 hours upon receipt of request (excluding those with special preparation)

Office or Division:	Department of Pathology and Laboratory
Classification:	Highly Technical
Type of Transaction:	G2C – Government to Citizen
Who may avail:	ALL

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Laboratory Request for procedures (completely filled) – one (1) original copy	Requesting Physician
MSWO Card – one (1) original copy	Medical Social Work Service
PWD/Senior ID – one (1) original copy	Office of the Senior Citizen Affairs / Persons with Disability Affairs Office
For walk-in representative: Authorization Letter – one (1) original copy Valid government issued identification card of patient – one (1) photocopy Valid government issued identification card of representative – one (1) photocopy	Patient/Representative

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**

1. Present the laboratory request/s to the laboratory staff on duty.	1.1 Receive and check laboratory requests *All OPD patients must have their own hospital accounts with assigned Hospital Number for charging purposes. *For patients without hospital numbers, or hospital numbers that are not updated, they must be directed to the Front Desk for opening of accounts.	None	3 minutes	Medical Technologist I/II/III / Medical Laboratory Technician III / Lab Aide II
2. Wait to be charged in HOMIS.	2.1 Charge the patient in HOMIS.	None	3 minutes	Medical Technologist I/II/III / Medical Laboratory Technician III / Lab Aide II
3. Submit specimen to the laboratory	3.1 Extract/collect specimen from the patient. *For test requiring special preparation (fasting, timed collection): Instruct patient with the necessary preparations and schedule the collection or sample submission. **For serologic tests with batch running day: Instruct patient the schedule of sample collection and claiming of the official result form	None	3 minutes ***Thyroid function tests: Every Monday and Wednesday* ***Tumor markers: Every Tuesday and Thursday* ***Human chorionic gonadotropin: Every Tuesday only* ***Hepatitis profile: Every Friday only*	Medical Technologist I/II/III / Medical Laboratory Technician III / Lab Aide II

	3.2 Instruct the patient to proceed to Billing for issuance of Statement of Accounts (SOA).	Please refer to citizens' charter of Billing section.	Please refer to citizens' charter of Billing section.	
	3.3 Process specimen for laboratory examination	None	See attached turnaround time of test results.	
	3.4 Verification of results	None	3 minutes	
	3.5 Document and Record the Result	None	3 minutes	
4. Settle Payment for Service				
4.a. Pay patient: Pay at the Cashier and get the official receipt.	4.a.1.Please refer to citizens charter of cashier	See attached price list of procedures	Please refer to citizens charter of cashier	Collection Officer
4.b. Service patient/indigent: Proceed to Social Service	4.b.1 Please refer to citizens charter of social service	For social service/ indigent: Pricelist -% deduction from social service	Please refer to citizens charter of social service	Medical Social Service Officer

5. Present the official receipt/ official receipt with endorsement from social service, and Patient's ID for claiming of results *If representative: Submit an authorization letter, copy of representative's valid government issued ID and patient's valid government issued ID.	5.1 Accept official receipt/ official receipt with endorsment form social service from patient/representative. 5.2 Retrieve the patient/s result	None	3 Minutes	Medical Technologist I/II/III / Medical Laboratory Technician III / Lab Aide II
6. Patient / representative signs Laboratory Issuing Logbook	5.2 Extract/collect specimen from the patient. 5.2 Issue claim stub and instruct patient for the date and time of release of result *For test requiring special preparation (fasting, timed collection): Instruct patient with the necessary preparations and sets schedule of collection/sample submission	None	15 minutes 1 day	Nurse I/ II / Medical Technologist I/II/III / Medical Laboratory Technician III / Lab Aide II
	TOTAL	**See attached price list of procedures**	**STAT: 2 hrs** ***Routine tests: 1 day and 36 minutes*** ***Routine microbiology with culture and sensitivity:*** ***Blood = 5 - 7 days*** ***Discharges = 3 - 5 days***	

		Urine = 2 - 3 days ***CSF, other body fluids = 3 - 5 days*** ***Gram stain without culture = 24 hours*** ***AFB stain and KOH = 24 hours*** ***GeneExpert = 3 days*** ***Routine Histopathology: 10 working days*** ***Cytology: 5 working days*** ***Immunohisto-chemistry: 14 working days from running day*** ***Peripheral Blood Smear: 3 days*** ***Serology: 1 to 3 working days*** ****Additional one (1) day for tests with special preparation*** ***Immunohisto-chemistry: 14 working days from running day*** ***Peripheral Blood Smear: 3 days*** ***Serology: 1 to 3 working days*** ****Additional one (1) day for tests with special preparation***	

14. Laboratory Examinations of Emergency Patients

The Department of Pathology and Laboratory covers all Emergency patients' routine laboratory examinations; on-duty laboratory staff shall be responsible for performing the procedure. Medical technologist on duty shall perform the laboratory test on hematology, chemistry, clinical microscopy, serology, blood banking. Collection of samples for RT-PCR testing shall also be facilitated by laboratory staff on duty as well as sending of samples to referral laboratory. The pathology consultant attends to referrals and teaches the residents and laboratory staff with interpretation and current updates.

These tests are available at the laboratory department of the Valenzuela Medical Center, located on the 1st floor, VMC Main Building and are available 24 hours a day.

All requests made in the Emergency Room are considered STAT and is given utmost priority with a maximum turnaround time of two (2) hours.

Office or Division:	Department of Pathology and Laboratory
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Emergency Patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Laboratory Request for procedures (completely filled) – one (1) original copy	Requesting Physician

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. For Emergency Department Patients- request will be given by the ED Nurse on duty to laboratory staff on duty	1.1 Receive and check laboratory requests.	None	5 minutes	Medical Technologist I/II/III / Medical Laboratory Technician III / Lab Aide II
2. Submit/collect specimen to the laboratory staff on duty	2.1 Generates charge slip.	None	5 minutes	Medical Technologist I/II/III / Medical Laboratory Technician III / Lab Aide II

	2.2 Extract/collect specimen from the patient. *May receive specimen collected by emergency room personnel.		20 minutes	
3. Wait for the release of laboratory result.	3.1 Process specimen for laboratory examination	None	60 minutes	Medical Laboratory Technician III / Medical Technologist I/II/III
	3.2 Verification of results	None	5 minutes	Medical Laboratory Technician III / Medical Technologist I/II/III / Medical Officer III/IV / Medical Specialist II/III/IV
	3.2 Document and record result	None	5 minutes	Lab Aide II / Medical Laboratory Technician III / Nurse I/II Medical Technologist I/II/III
4. Resident on duty (ROD) to receive results.	4.1 Issue laboratory result to ROD.	None	10 Minutes	*Lab Aide II / Medical Laboratory Technician III / Nurse I/II Medical Technologist I/II/III*

5. Final disposition: For admitted patients: transfers to room For discharge / transfer to hospital of choice / home against medical advise (HAMA): secure statement of account from nurse on duty and settles charges to cashier. *For indigent/social service: proceed to social service with the statement of account	5.1 Charges total bill to room if admitted. 5.2 Verifies total payment for discharge / transfer to hospital of choice / home against medical advise (HAMA) patients. 5.3 Signs gatepass/clearence if no unsettled charges to laboratory	See attached price list For indigent/ social service: Price - % discount from social service	10 minutes 10 minutes	Lab Aide II / Medical Laboratory Technician III / Nurse I/II Medical Technologist I/II/III
	TOTAL	**See attached price list of procedures**	**For admitted patients: 2 hours** **For discharge/transfer/HAMA: 2 hours**	

15. Laboratory Examinations of In Patients

The Department of Pathology and Laboratory covers all In-patients' routine laboratory examinations; medical technologist on-duty shall be responsible to perform the procedure. Medical technologists shall perform laboratory tests on hematology, chemistry, clinical microscopy, serology, blood banking, microbiology, histopathology, MTB RIF/Gene Xpert and drug testing. Collection of samples for RT-PCR testing shall also be facilitated by laboratory staff on duty as well as sending of samples to referral laboratory. The pathology consultant attends to referrals and teaches the residents and laboratory staff with interpretation and current updates.

The Department of Pathology and Laboratory is located on the 1st floor, VMC Main building, and is open 24 hours a day.

Requests made by the clinician for a STAT examination will be given priority, provided that these are included in the list of acceptable laboratory tests or with justification for a specific clinical diagnosis.

Office or Division:	Department of Pathology and Laboratory
Classification:	Highly Technical
Type of Transaction:	G2C – Government to Citizen
Who may avail:	In Patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Laboratory Request for procedures (completely filled) – one (1) original copy	Requesting Physician

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. For In-Patients- request will be given by the Nurse on duty/attending physician to laboratory staff on duty	1.1 Receive and check laboratory requests	None	5 minutes	Medical Technologist I/II/III / Medical Laboratory Technician III / Lab Aide II
2. Submit specimen to the laboratory staff on duty	2.1 Generates charge slip to bill. 2.2 Generates patient identification to Laboratory	None	20 minutes	Medical Technologist I/II/III / Medical Laboratory Technician III / Lab Aide II

	Information System (LIS) 2.1 Extract/collect specimen from the patient. *May receive specimen collected by ward personnel. **For serologic tests with batch running day: Instruct patient the schedule of sample collection and claiming of the official result form		***Thyroid function tests: Every Monday and Wednesday* ***Tumor markers: Every Tuesday and Thursday* ***Human chorionic gonadotropin: Every Tuesday only* ***Hepatitis profile: Every Friday only*	
3. Wait for the release of laboratory result.	3.1 Process specimen for laboratory examination 3.2 Verifiation of result 3.2 Document and record result.	See attached Price List None	See attached. turnaround time of test results. 5 minutes 5 minutes	Medical Laboratory Technician III / Medical Technologist I/II/III Medical Laboratory Technician III / Medical Technologist I/II/III / Medical Officer III/IV / Medical Specialist II/III/IV Lab Aide II / Medical Laboratory Technician III / Nurse I/II Medical Technologist I/II/III
4. Nurse on Duty acknowledge receipt in	4.1 Issue laboratory result to the ward	None	10 minutes	Nurse I/ II / Medical Technologist

the Laboratory Issuing Logbook				I/II/III / Medical Laboratory Technician III / Lab Aide II
	TOTAL	**See attached price list of procedures**	**STAT: 2 hrs** **Routine tests: 4 hrs and 45 mins** **Routine microbiology with culture and sensitivity:** **Blood = 5 - 7 days** **Discharges = 3 - 5 days** **Urine = 2 - 3 days** **CSF, other body fluids = 3 - 5 days** **Gram stain without culture = 24 hours** **AFB stain and KOH = 24 hours** **GeneExpert = 3 days** **Routine Histopathology: 10 working days** **Cytology: 5 working days** **Immunohistochemistry: 14 working days from running day** **Peripheral Blood Smear: 3 days** **Serology: 1 to 3 working days** ***Additional one (1) day for tests with special preparation**	

16. Blood Donation

The Department of Pathology and Laboratory covers all the processes from the arrival of volunteer donors at the blood bank to completion of blood donation; on-duty laboratory staff shall be responsible for performing the procedure.

The Laboratory Unit is located on the 1st floor, VMC Main building and open from Monday to Sunday, including holidays from 8:00 am to 3:00 pm.

Office or Division:	Department of Pathology and Laboratory
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	ALL

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Blood Donors form (completely filled) – one (1) original copy	Department of Pathology and Laboratory
Valid government issued ID – one (1) original copy	Donor
Barangay identification – one (1) original copy * In instances where no valid government issued identification is available	Barangay Hall

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Donor presents valid ID / barangay identification	1.1 Gives donor form to the client.	None	4 minutes	Nurse I/ II / Medical Technologist I/II/III / Medical Laboratory Technician III
2. Fills up and submit Blood Donors Form	2.1 Checks Donor Form and interviews the donor	None	10 mins	Medical Officer III/ Nurse I/ II / Medical Technologist I/II/III / Medical Laboratory Technician III
3. Submits self for physical examination	3.1 Performs physical examination	None	5 mins	Medical Officer IV/ Medical Officer III

4. Wait for the result of blood sample for hemoglobin and blood typing.	3.1. Collects Blood sample for hemoglobin screening and blood typing. 3.2. Processing of blood sample for hemoglobin screening and blood typing	None None	5 minutes 5 minutes	Nurse I/ II / Medical Technologist I/II/III / Medical Laboratory Technician III
5. Submit the Donor Form signed by the Medical Staff on Duty	5.1. Checks for appropriate site for blood collection	None	2 minutes	Nurse I/ II / Medical Technologist I/II/III / Medical Laboratory Technician III
6. Actual Blood Donation	6.1. Blood Collection of blood	None	15 minutes	Nurse I/ II / Medical Technologist I/II/III / Medical Laboratory Technician III
7. Rests after blood donation	7.1 Observes for any untoward reactions. 7.2 Gives post donation instructions. 7.3 Gives confidential unit exclusion slip	None	20 minutes	Medical Officer III/ Nurse I/ II / Medical Technologist I/II/III / Medical Laboratory Technician III

8. Acknowledge Confidential Unit Exclusion Slip.	8.1. Acknowledge blood donor and give reminder for the next donation.	None	10 minutes	Nurse I/ II / Medical Technologist I/II/III / Medical Laboratory Technician III
	TOTAL	**None**	**1 hour and 11 minutes**	

17. Drug Testing

The Department of Pathology and Laboratory covers all the process of Drug testing following the Department of Health Manual of Operations for the Drug Testing Laboratories; The Laboratory Staff on-Duty and Authorized Specimen Collector shall be responsible to perform the procedure. The pathology consultant attends referrals and teaches the residents and laboratory staff with interpretation and updates.

The Laboratory Unit is located on the 1st floor, VMC Main building and open from Monday to Friday, excluding Holidays; 8:00 am to 4:00 pm.

Office or Division:	Department of Pathology and Laboratory
Classification:	Highly Technical
Type of Transaction:	G2C – Government to Citizen
Who may avail:	ALL

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Control and Custody Form for procedures – one (1) original copy	Department of Pathology and Laboratory
Valid government issued ID – one (1) original copy	Client
Court order (for persons deprived of liberty)	Regional Trial Court
Request Form	Requesting Physician

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Donor presents valid ID / request form / court order	1.1 Gives Control and Custody Form to the client.	None	4 minutes	Authorized Specimen Collector / Medical Technologist II/III
2. Fills up Control and Custody Form	2.1 Checks custody and control form of the client	None	8 minutes	Authorized Specimen Collector / Medical Technologist II/III
3. Await charges.	3.1. Generates charge slip to patient	None	3 minutes	Authorized Specimen Collector / Medical Technologist II/III

	3.2 For inpatient: charge to bill			
4. Pay patient: pay at the cashier and get the official receipt Service patient/Indigent, proceed to Social Service	*Please refer to citizens charter of cashier* *Please refer to citizens charter of social service*	None	*Please refer to citizens charter of cashier* *Please refer to citizens charter of social service*	*Collection Officer* *MSWS personnel*
5. Return to the laboratory and present the request form, official receipt / signed charge slip by Social Worker.	5.1. Receive O.R./ charge slip and write O.R./ charge slip number on the request form	None	2 minutes	Authorized Specimen Collector / Medical Technologist II/III
6. Submits himself for Client Verification and Biometrics and consent	6.1. Logs on to IDTOMIS 6.2 Process Client Verification and Biometrics to IDTOMIS	None	20 minutes	Authorized Specimen Collector / Medical Technologist II/III
7. Collection of urine specimen	7.1. Receives and validates specimen collected 7.2. IDTOMIS Specimen Collection and tagging of specimen	None	20 minutes	Authorized Specimen Collector / Medical Technologist II/III
8. Wait for the release of results.	8.1. Drug Screening of urine specimen for THC & Meth.	None	3 hours	Authorized Specimen Collector / Medical Technologist II/III

	8.2 Verifiation of result. 8.2. IDTOMIS Initial Screening Result & printing.			Medical Technologist II/III Medical Officer III/IV / Medical Specialist II/III/IV Authorized Specimen Collector / Medical Technologist II/III
9. Acknowledge receipt in the Issuing Logbook.	9.1. If negative, Issues drug test result to the client; properly documented on the issuing logbook. 9.2 If Positive, submit for confirmatory testing at NRL-lab	None None	5 minutes 30 days	Authorized Specimen Collector / Medical Technologist II/III Confirmatory Lab
	TOTAL	**None**	**For negative: 4 hours and 40 mins** **For positive: 30 days, 4 hours and 35 minutes**	

18. Intranasal / Intrapharyngeal Swab Collection for RT-PCR Testing of COVID-19

The Department of Pathology and Laboratory performs collection and sending of swab samples to referral laboratory for COVID-19 testing. Medical technologist/medical laboratory technician shall perform the collection and sending of the samples to referral laboratory.

The Department of Pathology and Laboratory is located on the 1st floor, VMC Main building and open 24 hours a day.

Office or Division:	Department of Pathology and Laboratory
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	ALL

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Laboratory Request for procedures – one (1) original copy	Requesting Physician
Pay patients: 1. Acknowledgement receipt 2. Petty Cash Voucher 3. RT-PCR send-out waiver	 Department of Pathology and Laboratory Cashier Department of Pathology and Laboratory
Patients with PhilHealth: 1. Annex-E 2. Swab request form 3. Case Investigation Form (CIF) 4. Philhealth Portal	 Department of Pathology and Laboratory Department of Pathology and Laboratory Department of Pathology and Laboratory Billing Office (second floor)
Patients without PhilHealth: 1. Annex-E 2. Swab request form 3. Case Investigation Form (CIF) 4. Canvass 5. Laboratory request with send-out medical assisstance to indigent patients program form (applicable only to the following: in-patients, ER death, first degree relative of employees with symptoms).	 Department of Pathology and Laboratory Department of Pathology and Laboratory Department of Pathology and Laboratory Department of Pathology and Laboratory Malasakit Center

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Patient presents request form	1. Give documents to be filled up	None	10 minutes	Lab Aide II / Medical Laboratory Technician II/III / Nurse I/II Medical Technologist I/II/III
2. Fills-up required forms	2.1 Receives form and checks for completeness of information 2.2 PhilHealth patients: charge to PhilHealth claims	None	10 minutes	Lab Aide II / Medical Laboratory Technician II/III / Nurse I/II Medical Technologist I/II/III
3. Pay Patients: pay at the cashier	Please refer to citizens charter of cashier	Molecular Laboratory: Php 1,200.00	Please refer to citizens charter of cashier	Collecting Officer
4. Submit for specimen collection.	4.1 Explains procedure to patient then asks to sign RT-PCR waiver. 4.2 Collection of specimen. 4.3 Sending to Molecular Laboratory	None	15 minutes 15 minutes 15 minutes	Lab Aide II / Medical Laboratory Technician II/III / Nurse I/II Medical Technologist I/II/III
5. Await for official result	Receives official result. *Releasing schedule:	None	5 hours 30 minutes	Lab Aide II / Medical Laboratory Technician II/III / Nurse I/II Medical

	Surveillance office: Monday to Friday – 8am to 5pm Laboratory: Weekday (beyond office hours) 5pm to 8am; weekends, and Holidays		*In cases where results can't be released by referral laboratory, the patient/relative is informed thru the contact information provided	Technologist I/II/III
	TOTAL	**Molecular Laboratory: Php 1,200.00**	**6hours and 35 minutes**	

19. COVID-19 Real-Time PCR (RT-PCR) Testing – In House

COVID-19 Real-Time PCR (RT-PCR) testing is a sensitive test used for detecting the presence of Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2) in human body that causes the disease known as Coronavirus disease 2019 (COVID-19).

Office or Division:	Department of Pathology and Laboratory
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	ALL

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Laboratory Request for RT PCR testing – one (1) original copy	Requesting Physician
Line List – two (2) original copies	Department of Pathology and Laboratory
Valid Government issued ID – one (1) Original copy and one (1) photocopy	Client/Patient
Completely filled-out Case Investigation Form (CIF) – one (1) original copy	Department of Pathology and Laboratory

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Representative from Laboratory/Liaison: Present line list (2 copies), lab request form, completely filled-out CIF, photocopy of valid government issued ID and Oropharyngeal or Nasopharyngeal swab sample.	1.1 Receives and checks for completeness of the documents submitted. 1.2 Checks patient identification thru valid ID	Php 1,200.00 (For in patients: Automatically charged to iHOMIS; for outpatient, a charge slip will be issued and must pay at the cashier)	10 minutes	Lab Aide II / Medical Laboratory Technician II/III / Nurse I/II Medical Technologist I/II/III
2. Wait for the issuance of receiving copy of line list.	2.1 Checks the correctness of documents submitted (Request form, CIF and line list and copy of valid ID) against the swab sample labels	None	15 minutes	Medical Technologist I/II/III

3. Wait for release of Covid-19 RT-PCR test result	3.1 Processing of swab specimen (performance of RT-PCR testing) 3.2 Validation of test results 3.3 Encoding and recording of test results 3.4 Final checking and electronic signature of official result 3.5 Encoding of patient information and results at COVID Documents Repository System (CDRS)	None	5 hours	Medical Technologist I/II/III Medical Officer III/IV / Medical Specialist II/III Laboratory Aide II / Medical Technologist I/II/III Medical Officer III/IV / Medical Specialist II/III Laboratory Aide II / Medical Technologist I/II/III
4. Receives encrypted results via email or claims the printed result at the Clinical Laboratory.	4.1 Results are released thru email; Printed copy will be readily released at the Hospital Epidemiological Surveillance Unit (HESU) during weekdays and at the Department of Pathology and Laboratory during Weekday (beyond office hours) 5pm to 8am, weekends and holidays.	None	5 minutes **In cases where results can't be released by the laboratory, the patient/relative is informed thru the contact information provided*	Lab Aide II / Medical Laboratory Technician II/III / Nurse I/II Medical Technologist I/II/III
	TOTAL	**Php 1,200.00**	**5 hours and 30 minutes**	

20. All CT scan and Xray Procedures with Contrast

The Radiology Department is located on the ground floor left wing. It is an area at the hospital where diagnostic examinations (routine and special procedures) and ultrasound are done. The department provides corresponding interpretation to all examinations done to the patients as well as assisting the clinician in their proper evaluation in relation to the diagnostic tool.

Results for Out-Patients shall be released in 5 working days except Saturday, Sunday, and holiday between 8:00 am to 4:00 pm only.

Office or Division:	Department of Radiology
Classification:	Complex
Type of Transaction:	Government to Citizen (G2C)
Who may avail:	All-Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Radiology request for procedures completely filled	Requesting physician
Official receipt (1 original copy)	Cashier
MSWS Financial Assessment and Assistance	MSWS
PWD / Senior ID	City Hall (DSWD/OSCA)
For Gov't Employee	Employee ID
Claim stub	Radiology Dept.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give the radiological request form.	1.1 Receive and analyze requests. 1.2 Give the list of laboratory results needed for the procedures. 1.3 Issue Charge slip	None None See attached pricelist	3 minutes 2 minutes 2 minutes	Administrative Assistant I/ Radiologic Technologist I/ Radiologic Technologist II/ Radiologic Technologist III
2. For pay patient: Proceed at the cashier	2.1 Issue official receipt	None	10 minutes	Administrative Officer I/ Administrative Assistant II/ Collecting Officer
For service patient, proceed to MSWS for	2.2 Give financial	None	25 minutes	Social Welfare Officer I Social Welfare Officer II

Financial assessment and assistance	assessment and assistance 2.3 Schedule the procedures	None	5 minutes	Administrative Assistant I Radiologic Technologist I Radiologic Technologist II Radiologic Technologist III
3. Patient get queuing number at the front door and proceed to Radiological procedures	3.1 Log patient data to master's logbook. 3.2 Perform the specific procedure. 3.3 Issue claim stub and advice patient to comeback on the scheduled time for the official results	None None None	3 minutes 1 hour 5 minutes	Radiologic Technologist I, Radiologic Technologist II and Radiologic Technologist III Radiologist Radiologic Technologist I, Radiologic Technologist II and Radiologic Technologist III Administrative Assistant I Radiologic Technologist I, Radiologic Technologist II and Radiologic Technologist III
4. Awaits the official results on the scheduled time	4.1 Retrieving of previous result 4.2 Radiologists perform final diagnosis. 4.3 Encoding, downloading ,and filing of results	None None None	10 minutes 30 minutes 4 days	Administrative Assistant I/ Radiologic Technologist I/ Radiologic Technologist II/ Radiologic Technologist III Radiologist Administrative Assistant I/ Radiologic Technologist I/ Radiologic Technologist II/ Radiologic Technologist III
5. Claim results with claim stub. **If representative:** Present authorization letter with Valid ID of patient's claimants and signed in the releasing logbook	5.1 Release of the official result	None	10 minutes	Administrative Assistant I/ Radiologic Technologist I/ Radiologic Technologist II/ Radiologic Technologist III
	TOTAL	**See attached pricelist.**	**4 days 2 hours and 45 minutes**	

21. All CT Scan Examination without Contrast

The Radiology department is located on the ground floor left wing. It is an area at the hospital where diagnostic examinations (routine and special procedures) and ultrasound are done. The department provides corresponding interpretation to all examinations done to patients as well as assisting the clinician in their proper evaluation in relation to the diagnostic tool.

Results for Out-Patients shall be released in 5 working days except Saturday, Sunday, and holiday between 8:00 am to 4:00 pm only.

Office or Division:	Department of Radiology			
Classification:	Complex			
Type of Transaction:	Government to Citizen (G2C)			
Who may avail:	All OPD Patient			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Radiology request for procedures completely filled		Requesting physician		
Official receipt (1 original copy)		Cashier		
MSWS Financial Assessment and Assistance		MSWS		
PWD / Senior ID		City Hall (DSWD/OSCA)		
For Gov't Employee		Employee ID		
Claim stub		Radiology Dept.		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**

1. Give the radiological request form.	1.1 Receive and analyze requests. 1.2 Issue charge slip to the patient.	None See attached pricelist.	3 minutes 3 minutes	Administrative Assistant I Radiologic Technologist I Radiologic Technologist II and Radiologic Technologist III
2. For pay patient, proceed at the cashier. For service patient, proceed to MSWS for Financial assessment and assistance	2.1 Issue official receipt Give financial assessment and assistance.	None None	10 minutes 25 minutes	Administrative Officer I/ Administrative Assistant II/ Collecting Officer Social Welfare Officer I Social Welfare Officer II
3. Patient get queuing number at the front door and proceed to Radiological procedures	3.1 Log patient data to master's logbook. 3.2 Perform the specific procedure. 3.3 Issue claim stub and advice patient to comeback on the scheduled time for the official results	None None None	3 minutes 25 minutes 5 minutes	Radiologic Technologist I Radiologic Technologist II Radiologic Technologist III Radiologist Radiologic Technologist I Radiologic Technologist II Radiologic Technologist III Administrative Assistant I Radiologic Technologist I Radiologic Technologist II and Radiologic Technologist III

4. Awaits the official results on the scheduled time	4.1 Retrieving of previous result	None	10 minutes	Administrative Assistant I Radiologic Technologist I, Radiologic Technologist II and Radiologic Technologist III
	4.2 Radiologists perform final diagnosis.	None	30 minutes	Radiologist
	4.3 Encoding, downloading , and filing of results	None	4 days	Administrative Assistant I Radiologic Technologist I, Radiologic Technologist II and Radiologic Technologist III
5. Claim results with claim stub. **If representative:** Present authorization letter with Valid ID of patient's claimants and signed in the releasing logbook	5.1 Release of the official result	None	10 minutes	Administrative Assistant I Radiologic Technologist I, Radiologic Technologist II, Radiologic Technologist III
	TOTAL	**See attached pricelist.**	**4 days 2 hours and 4 minutes**	

22. Routine Xray Examination for OPD Patients

The Radiology Department is located on the ground floor left wing. It is an area at the hospital where diagnostic examinations (routine and special procedures) and ultrasound are done. The department provides corresponding interpretation to all examinations done to the patients as well as assisting the clinician in their proper evaluation in relation to the diagnostic tool.

Results for Out-Patients shall be released in 3 working days except Saturday, Sunday, and holiday between 8:00 am to 4:00 pm only.

Office or Division:	Department of Radiology
Classification:	Simple
Type of Transaction:	Government to Citizen (G2C)
Who may avail:	All OPD Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Radiology request for procedures completely filled	Requesting physician
Official receipt (1 original copy)	Cashier
MSWS Financial Assessment and Assistance	MSWS
PWD / Senior ID	City Hall (DSWD/OSCA)
For Gov't Employee	Employee ID
Claim stub	Radiology Dept.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give the radiological request form.	1.1. Receive and analyze requests. 1.2. Issue charge slip to the patient.	None See attached pricelist.	3 minutes 3 minutes	Administrative Assistant I Radiologic Technologist I, Radiologic Technologist II, Radiologic Technologist and III
2. For pay patient: Proceed at the cashier.	2.1 Issue official receipt	None	10 minutes	Administrative Officer I/ Administrative Assistant II/ Collecting Officer
For service patient, proceed to MSWS for Financial assessment and assistance	Give financial assessment and assistance	None	25 minutes	Social Welfare Officer I Social Welfare Officer II

3. Prepare for Radiological procedures	3.1 Log patient data to the master's logbook. 3.2 Perform specific procedure. 3.3 Issue claim stub and advise patient to comeback on the scheduled time for the official result	None None None	3 minutes 20 minutes 5 minutes	Radiologic Technologist I, Radiologic Technologist II, and Radiologic Technologist III Radiologic Technologist I Radiologic Technologist II and Radiologic Technologist III Administrative Assistant I Radiologic Technologist I Radiologic Technologist II and Radiologic Technologist III
4. Awaits the official results at the scheduled time.	4.1 Radiologist performs final diagnosis. 4.2 Encoding, downloading, and filing of results.	None None	15 minutes 2 days	Radiologist Administrative Assistant I Radiologic Technologist I Radiologic Technologist II Radiologic Technologist III
5. Claim results with claim stub. **If representative:** Present authorization letter with Valid ID of patient's claimants and signed in the releasing logbook	Release of the official result	**None**	10 minutes	Administrative Assistant I Radiologic Technologist I, Radiologic Technologist II, Radiologic Technologist III,
TOTAL		**See attached pricelist.**	**2 days 1 hour and 34 minutes**	

23. Ultrasound Procedures

The Radiology Department is located on the ground floor left wing. It is an area at the hospital where diagnostic examinations (routine and special procedures) and ultrasound are done. The department provides corresponding interpretation to all examinations done to patients as well as assist the clinician in their proper evaluation in relation to the diagnostic tool.

Results for Out-Patients shall be released in 2 working days except Saturday, Sunday, and holiday between 8:00 am to 4:00 pm only.

Office or Division:	Department of Radiology
Classification:	Simple
Type of Transaction:	Government to Citizen (G2C)
Who may avail:	All-Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Radiology request for procedures completely filled	Requesting physician
Official receipt (1 original copy)	Cashier
MSWS Financial Assessment and Assistance	MSWS
PWD / Senior ID	City Hall (DSWD/OSCA)
For Gov't Employee	Employee ID
Claim stub	Radiology Dept.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give the radiological request form.	1.1 Receive and analyze requests.	None	3 minutes	Administrative Assistant I Radiologic Technologist I Radiologic Technologist II and Radiologic Technologist III
	1.2 Issue charge slip to the patient.	See attached pricelist.	3 minutes	Administrative Assistant I Radiologic Technologist I Radiologic Technologist II and Radiologic Technologist III
2. For pay patient, proceed at the cashier.	2.1 Issue official receipt	None	10 minutes	Administrative Officer I/ Administrative Assistant II/ Collecting Officer
For service patient, proceed to MSWS for Financial assessment and assistance	Give financial assessment and assistance.	None	25 minutes	Social Welfare Officer I Social Welfare Officer II

3. Present official receipt or financial assessment and assistance	3.1 Received the official receipt of MSWS financial assessment and assistance. 3.2. Schedule the procedures	None None	3 minutes 5 minutes	Administrative Assistant I Radiologic Technologist I Radiologic Technologist II Radiologic Technologist III Administrative Assistant I Radiologic Technologist I Radiologic Technologist II Radiologic Technologist III
4. Patient get queuing number at the front door and proceed to Radiological procedures	4.1 Log patient data to master's logbook. 4.2 Perform the procedure. 4.3 Issue claim stub and advise patient to comeback on the scheduled time for the official results.	None None None	4 minutes 25 minutes 5 minutes	Radiologic Technologist I Radiologic Technologist II Radiologist Radiologic Technologist I Radiologic Technologist II Administrative Assistant I Radiologic Technologist I Radiologic Technologist II Radiologic Technologist III
5. Awaits the official results on the scheduled time	5.1 Perform final diagnosis. 5.2 Encoding, downloading and filing of result	None None	30 minutes 1 day	Radiologist Radiologist Administrative Assistant I Radiologic Technologist I Radiologic Technologist II Radiologic Technologist III
6. Claim results with claim stub. **If representative:** Present authorization letter with Valid ID of patient's claimants and signed in the releasing logbook	6.1 Release of the official result	None	10 minutes	Administrative Assistant I Radiologic Technologist I, Radiologic Technologist II, Radiologic Technologist III,
	TOTAL	**See attached pricelist**	**1 day 2 hours and 52 minutes**	

24. Availment of Social Service Assistance for Out-Patient

The Medical Social Work Service is in charge of assisting VMC OPD patients needing medical treatment but financially incapable of meeting consultation hospital expenses.

The MSWS is located at Malasakit Center adjacent to ED Tent and open from 8:00 am – 5:00 pm, Monday to Friday.

Office or Division:	Medical Social Work Service
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Outpatient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
PRIMARY REQUIREMENTS:	
Doctor Prescription/Request (1 original copy)	VMC Attending Physician
Charge Slip/ Statement of Account (1 original copy)	VMC Cost Center/ Section or Department where the service will be availed
MSWS Scheduled Slip or Queuing number (1 original copy)	Medical Social Work Service
Medical Certificate or Medical Abstract or Certificate of Confinement (Issued within the last 3 months) (1 original copy)	Health Information Management Department
Valid Government Issued ID of patient and relative (1 photocopy)	Patient/Client
SECONDARY REQUIREMENTS:	
Patient's Service Card (if applicable) (1 original copy)	Medical Social Work Service
Inter-Agency Referral (1 original and if applicable)	Others GO's and NGO's Hospital or Clinic's
Doctor Prescription/Request (1 original and if applicable)	Others GO's and NGO's Hospital or Clinic's
Social Case Summary and/or Social Case Study (1 Original and if applicable)	Others GO's and NGO's Hospital or Clinic's
Institutional Patient's Certification (1 Original and if applicable)	Others GO's and NGO's Institution
Legislator's Referral Letter (1 Original and if applicable)	Legislator's Office
Treatment protocol (Original and if applicable)	VMC Attending Physician

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the queuing number/ scheduled slip & other documents to avail the social service assistance	1.1 Received, checked and evaluate documents needed to comply for the service	None	1 minute	Social Welfare Officer IV/ Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant
	1.2 Retrieve assessment tool and/or Unified Intake Sheet of old patient and update his/her present status and for new patient provide an interview		10 minutes	
	1.3 Evaluate and classify new patient and re-evaluate old patient and issue patient service card		2 minutes	
2. Get patient service card and MSWS Financial Assessment and Assistance	2.1 Instruct patient/relative to proceed to cash section for payment and to the concerned section to facilitate appropriate service	None	1 minute	Social Welfare Officer IV/ Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant
	2.2 If patient cannot pay, Endorse to Malasakit Center; prepare documents needed.		8 minutes	
3. Fill-out survery in the Hospital Client Satisfaction System	3.1 Assist patient/ relative to fill-out the survey in the	None	2 minutes	Social Welfare Officer II/ Social Welfare Officer I/

	Hospital Client Satisfaction System			Social Welfare Assistant
	TOTAL	**None**	**Without waiting time: 24 minutes** **With waiting time: 24 minutes following next patient**	

25. Availment of Social Service Assistance for Emergency Patient

The Medical Social Work Service is in charge of assisting ED patients needing medical treatment but financially incapable of meeting emergency hospital expenses.

The ED MSWS is located at the Emergency Department from 8:00 am –10:00 pm, Monday to Sunday and Holiday.

Office or Division:	Medical Social Work Service
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Emergent Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
PRIMARY REQUIREMENTS:	
Statement of Account (1 Original copy)	VMC Billing and Claims Section
Queuing number	Navigator during weekdays/ Medical Social Work Service during weekend and holidays
Medical Certificate or Medical Abstract or Certificate of Confinement (Issued within the last 3 months)	Health Information Management Department
Photocopy of Valid Government Issued ID of patient or relative	Patient or Relative
SECONDARY REQUIREMENTS:	
Patient's Service Card(if applicable)	Medical Social Work Service

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the queuing number and documents to avail the social service assistance	1.1 Received and checked documents needed to comply for the service 1.2 Retrieve old patient assessment tool 1.3 Provide patient/ relative information on MSWS policies/ hospital policies	None	1 minute 2 minutes 3 minutes	Social Welfare Officer IV/ Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant

	1.4 Interview and classify new patient and issue Patient Service Card (with one year validity) 1.5 Provide appropriate discount based on the classification	None	10 minutes 2 minutes	Social Welfare Officer IV/ Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant
2. Get patient service card and MSWS Financial Assessment and Assistance	2.1 Instruct patient to cashier for payment, if cannot pay prepare document for MC endorsement	None	8 minutes	Social Welfare Officer IV/ Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant
3. Fill-out survery in the Hospital Client Satisfaction System	3.1 Assist patient/ relative to fill-out the survey in the Hospital Client Satisfaction System	None	2 minutes	Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant
	TOTAL	**None**	**Without waiting time: 28 minutes** **With waiting time: 28 minutes following next patient**	

26. Availment of Medical Social Service Point of Service (POS)

The Medical Social Work Service is in charge to enroll qualified patient who are indigent and financially-incapacitated patients.

The ED MSW is in-charge in the PhilHealth Point of Service Enrollment and it is located at the hospital Emergency Department from 8:00 am – 7:00 pm, Monday to Sunday and Holiday. In any cases there is problem with the electronic computer/network or lack of staff then proceed to IP Discharge MSW at Malasakit Center.

Office or Division:	Medical Social Work Service
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Classified indigent patient and financially-incapacitated patients.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
PRIMARY REQUIREMENTS:	
Queuing number	Navigator during weekdays/ MSWS during weekend and holidays
Patient's Service Card	Medical Social Work Service
Accomplished Philhealth Member Registration Form (PMRF)	PhilHealth
Monitor Slip "Pagmonitor ng mga kailangan dokumento sa paggamit in Philhealth"	PhilHealth
Documentary Requirements based on the Philhealth circular-2 copies	PhilHealth
SECONDARY REQUIREMENTS:	
Point of Service Alintuntunin (if applicable)	Medical Social Work Service

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the queuing number and documents to avail the social service assistance	1.1 Received queuing number and verify the the remarks indicated in the PHIC Monitoring Slip. 1.2 For inactive member check the	None	2 minutes 3 minutes	Social Welfare Officer IV/ Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant

	information using the Point of Care System to validate the correctness of information. 1.3 Check if the accomplished PMRF are fully filled up and correct based on the document presented. 1.4 Provide a POS orientation on the benefits and their responsibilities. 1.5 Enroll Patient in the Point of Service 1.6Issuance of POS Certificate	None	2 minutes 2 minutes 10 minutes 1 minutes	Social Welfare Officer IV/ Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant
2. Client received POS certificate	2.1 Instruct to proceed to Billing and Claims Section to submit requirements	None	1 minute	Social Welfare Officer IV/ Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant
	TOTAL	**None**	**Without waiting time: 21 minutes** **With waiting time: 21 minutes following next patient**	

27. Availment of Social Service Assistance for Discharge Patient

The Medical Social Work Service is in charge of assisting ED patients needing medical treatment but financially incapable of meeting emergency hospital expenses.

The ED MSWS is located at the Emergency Department from 8:00 am –10:00 pm, Monday to Sunday and Holiday.

Office or Division:	Medical Social Work Service
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Emergent Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
PRIMARY REQUIREMENTS:	
Statement of Account (1 Original copy)	Billing and Claims Section
Queuing number	Navigator during weekdays/ MSWS during weekend and holidays
Patient Service Card (1 Original copy)	MSWS
Photocopy of Valid Government Issued ID of patient or relative	Patient or Relative
SECONDARY REQUIREMENTS:	
Police Report or Barangay Blotter (if applicable)	Police or Barangay
Institutional Patient's Certification (1 Original and if applicable)	Others GO's and NGO's Institution

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the queuing number and documents needed for the service Note: Above 20K bill with Philhealth proceed to the Billing Section	1.1 Received and checked the Patient Service Card 1.2 Retrieve the Assessment Tool of the patient	None	1 minute 1 minute	Social Welfare Officer IV/ Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant

	1.3 Prepare the Financial Assessment & Assistance with breakdown of the summary of itemized charges and encoding to V2 Admitting to Discharge Monitoring	None	7 minutes	Social Welfare Officer IV/ Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant
2. Get MSWS Financial Assessment and Assistance	2.1 Provide the discount based on the classification 2.2 If there is an excess bill prepare the documents for MC assistance 2.3 Instruct patient's relative to proceed to Malasakit (for 20k below bill, the MSWS endorse the Financial Assessment & Assistance to Billing and Claims Section indicating the assistance provided to patient or certification indicating fund assistance given	None	1 minute 5 minutes 1 minute	Social Welfare Officer IV/ Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant
3. Fill-out survery in the Hospital Client Satisfaction System	3.1 Assist patient/ relative to fill-out the survey in the Hospital Client Satisfaction System	None	1 minute	Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant

TOTAL	**None**	**Without waiting time: 17 minutes** **With waiting time: 17 minutes following next patient**	

28. Availment of Social Service Assistance for In Patient Admission

The Medical Social Work Service is in charge of assisting patients for admission to receive the necessary treatment, avoid delayed discharge and minimize length of stay. We need to help patients to cope with their illness, move through the hospital system and eventually return to their home with all the necessary support to sustain their health.

The MSWS admission of In-Patient is located at Admitting Section from 8 am to 10 pm, Monday to Sunday and Holiday.

Office or Division:	Medical Social Work Service
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All In Patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
PRIMARY REQUIREMENTS:	
Clinical Cover Sheet (if applicable)	Admitting Section
SECONDARY REQUIREMENTS:	
Photocopy of Valid Government Issued ID of patient or relative	Patient or Relative
Monitor Slip "Pagmonitor ng mga kailangan dokumento sa paggamit in Philhealth"	Philhealth

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the documents for the assistance needed from In-Pt MSW for admission.	1.1 Received and checked the PhilHealth monitoring slip	None	1 minute	Social Welfare Officer IV/ Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant
2. Get Patient Service Card	2.1 For new patient proceed to letter (b) and old patient proceed to letter (a)			

	a. Retrieve patient record and update the file. Indicate in the patient's service card the classification (if one year has passed) b. Conduct the psycho-social assessment, signed the consent/ responsibility form and issue patient's service card. 2.2 Orient patient's relative on MSWS policies and classification	None	3 minutes 13 minutes 6 minutes	Social Welfare Officer IV/ Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant
	TOTAL	**None**	**23 minutes**	

29. Availment of Malasakit Center Assistance

The Medical Social Work Service - Malasakit Center (MSWS-MC) is established to provide medical and financial services to indigent and financially-incapacitated patients. The assistance shall come from VMC and other different participating facilities such as Philippine Health Insurance Corporation (PhilHealth), Department of Social Welfare and Development (DSWD), Philippine Charity Sweepstakes Office (PCSO) and Department of Health (DOH) wherein access to their services is lodged within the Malasakit Center.

The MSWS and Malasakit Center is located beside Out Patient Department and open from Monday to Sunday and Holiday, 8:00 am to 10:00 pm.

Office or Division:	Medical Social Work Service
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
PRIMARY REQUIREMENTS:	
Patient's Service Card	Medical Social Work Service
Charge Slip / Statement of Account	VMC Cost Center/ Section or Department where the service will be availed
Medical Certificate or Medical Abstract or Certificate of Confinement (Issued within the last 3 months)	Health Information Management Department
Photocopy of Valid Government Issued ID of patient or relative	Patient or Relative
Malasakit Unified Intake Sheet	Medical Social Work Service
MSWS Action Slip	Medical Social Work Service
MSWS Certificate of Eligibility/Indigency	Medical Social Work Service
MSWS Case Summary	Medical Social Work Service
MSWS Financial Assessment and Assistance	Medical Social Work Service
SECONDARY REQUIREMENTS:	
Promissory Note (Original and if applicable)	Medical Social Work Service
Legislator's Referral Letter (Original and if applicable)	Legislator's Office
Three Quotation Price (Original and if applicable)	Out-side supplier

Police Report or Barangay Blotter (if applicable)	Police or Barangay
Institutional Patient's Certification (1 Original and if applicable)	Others GO's and NGO's Institution
Treatment protocol (Original and if applicable)	VMC Attending Physician
Certificate of Indigency/ Barangay Certification (Photocopy if applicable)	Barangay
Endorsement Letter (Original and if applicable)	Other GO's/ LGU/ Municipality
Authorization Letter (Original and if applicable)	Patient/ Relative

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Endorsed OPD/ED patients & by Billing Clerk endorsing SOA with 20k bill below of discharged patient. 1. Present the documents for the assistance needed from MSWS Social Worker. a. For OPD/ED/IP Patient/ relative with SOA	HOST HOSPITAL (In-Patient MSW under MSWS) 1.1 Receive, check, and evaluate all documents referred by OPD MSW/ ED MSW/ Billing Clerk Social Worker. 1.2 Prepare the financial assessment based on SOA and 1.3 Encode patient's details in the MSWS System to generate case summary and to the fund source database monitoring.	None	1 minute 3 minutes 11 minutes	Social Welfare Officer IV/ Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant

	1.4 Advise patient/relative to proceed to concern Malasakit Partner representative for assistance. 1.5 Instruct patient/relative to go back to concerned clinic/ department for the necessary service after the financial assistance is provided.		1 minute 1 minute	Social Welfare Officer IV/ Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant
2. Present endorsement of MSW	2.1.A **FOR PCSO (Online)** A.2.1 Verifies the correctness of the data in the COE and completeness of requirements A.2.2. If incomplete and/or with erroneous data inform the MSW for correction A.2.3. If complete, scan documents forwarded by MSW and upload in PCSO MC system and/ or email. A.2.4 Prepare a promissory note and issue gate pass	None	3 minutes 4 minutes 18 minutes 3 minutes	Partner Agencies PCSO Representative

	2.1.B **FOR DSWD** B.2.1 Secure a photocopy of any valid gov't issued ID from the patient for verification and other documents needed B.2.2. Determine rate of assistance to be given based on the UIS assessment and COE of MSW B.2.3. Give the amount of assistance in cash to patients for food assistance Php 3000 and 10,000 for burial assistance within the same day. B.2.4 Accomplished UIS indicating the type and amount of assistance and ask patient/ representative acknowledgment sign receipt of assistance provided B.2.5 Consent to be picture as evident receiving the assistance B.2.6 Endorse the patient to the other DSWD offices and give the requirements needed	None	1 minute 3 minutes 15 minutes 3 minutes 3 minutes 3 minutes	Partner Agencies DSWD Representative

	2.1.C **FOR DOH MAIFIP** C.2.1 Verify the UIS, COE, SOA and open MSWS system to review the Case Summary details of patient C.2.2. Determine rate of assistance to be provided; encode at the EWEBPAIS the amount deducted to the Legislators fund; generate the GL and prepare the endorsement letter attached with SOA/ charge slip or ED SOA for signatures of client, the MC Operation Manager/ MC Director C.2.3. If there is still an existing huge balance of the IP patient, MSW tap other outside funds available to come up a zero bill. Execute a promissory and issue gate pass.	None	3 minutes 13 minutes 10 minutes	Partner Agencies DSWD Representative
3. Fill-out survery in the Hospital Client Satisfaction System	3.1 Assist patient/ relative to fill-out the survey in the Hospital Client Satisfaction System	None	2 minutes	Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant

TOTAL			
		Without waiting time: 17 minutes	
PCSO		**Patient endorsed- PCSO without waiting time: 28 minutes.**	
	None		
DSWD		**Patient endorsed - DSWD without waiting time: 28 minutes.**	
DOH MAIFIP		**Patient endorsed - MAIFIP without waiting time: 28 minutes.**	

30. Collection of Payment

The Cash Operations Section provides service to all patients by way of collecting their payment/s.

It is located on the Ground Floor, Valenzuela Medical Center and its operating hours is from Mondays to Sundays, 24 hours a day.

Office or Division:	Cash Operations Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Statement of Account (SOA) (1 Original copy)	Billing Section, Emergency Department, Outpatient Department
Charge Slip (CS) (1 Original copy)	Emergency Department, Outpatient Department, Cost Centers

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present SOA and/or CS and Gate Pass to the Cashier window.	1.1 Review the presented documents to ensure correctness.	None	1 minute	*Collecting Officer* (Administrative Assistant III and/or Administrative Officer I)
2. Pay the amount that corresponds to the total amount due.	2.1 Receive and ensure the exact amount of the payment from the payor. 2.2 Issuance of Official Receipt (O.R.).	None None	1 minute 1 minute	*Collecting Officer* (Administrative Assistant III and/or Administrative Officer I)
3. Receive the O.R. and Gate Pass.	3.1 Clear and sign the SOA and/or Gate Pass. 3.2 Instruct the patient to proceed to the designated section for further instructions.	None None	1 minute 1 minute	*Collecting Officer* (Administrative Assistant III and/or Administrative Officer I)
	TOTAL	**None**	**5 minutes**	

31. Check Disbursement Services

The Cash Operations Section extends its service through the use of disbursement of payment to internal and external creditors through cash, approved checks, and LDDAP-ADA (Authority to Debit Advice system).

It is located on the Ground Floor, Valenzuela Medical Center and its operating hours is from Mondays to Sundays, 24 hours a day.

Office or Division:	Cash Operations Section
Classification:	Simple
Type of Transaction:	G2B – Government to Business, G2C – Government to Citizen, G2G – Govenment to Government
Who may avail:	All Patients / Payor

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Valid Primary I.D. (Original) Official Receipt (1 Original copy) and/or Authorization Letter (1 Original copy)	Company Owner, Manager/Supervisor, Authorized Representative who can provide the required documents.

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the company I.D. and/or Authorization Letter.	1.1 Check the validity and authenticity of the company I.D., issued Authorization Letter, and the Authorized Representative.	None	1 minute	*Disbursing Officer* (Administrative Officer III and/or IV)
2. Issue Official Receipt (O.R.).	2.1 Receive and validate the correctness of the issued O.R. based on the issued check/LDDAP-ADA and Disbursement Voucher (DV).	None	5 minutes	*Disbursing Officer* (Administrative Officer III and/or IV)
3. Fill up and sign all necessary documents and Record Book.	3.1 Instruct client to fill up and sign all copies of the DV and Record Book.	None	1 minute	*Disbursing Officer* (Administrative Officer III and/or IV)
4. Fill up the Client Satisfactory Survey form.	4.1 Provide the form / tablet to the client.	None	3 minutes	*Nursing Aide II*
	TOTAL	**None**	**10 minutes**	

32. Disbursement of Petty Cash Fund (PCV)

The Cash Operations Section provides service to all patients by way of providing funds for send out procedures not available in the hospital and for non-availability of office supplies and other petty cash transactions.

It is located on the Ground Floor, Valenzuela Medical Center and its operating hours is from Mondays to Sundays, 24 hours a day.

PCV – Petty Cash Voucher
PCC – Petty Cash Custodian
MSWS – Medical Social Work Service
PBEF – PhilHealth Benefit Eligibility Form
PMRF – PhilHealth Member Registration Form
CDR – Cash Disbursement Record
RPPCV – Report on Paid PCVs
PR – Purchase Request
PPMP – Project Procurement Management Plan

Office or Division:	Cash Operations Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen,
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Petty Cash Voucher (PCV), furnished in 2 original copies; Request for Procedure; Abstract of Canvass; Quotation from at least three (3) different providers; MSWS' Endorsement and/or PhilHealth Portal/PBEF with PMRF (as necessary); Justification Letter (if P1,000.00 and above).	Cost Centers issuing request for send-out diagnostic procedure/s not available in the hospital.
2. Petty Cash Voucher (PCV), furnished in 1 original copy; Approved PR and PPMP; Abstract of Canvass; Quotation from at least three (3) different suppliers/companies; Justification Letter (if P1,000.00 and above); other necessary documentary attachments.	Various Offices / Units / Sections / Departments / Committees / Divisions requesting fund/s for non-availability of office supplies and other petty cash transactions.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present properly filled-up and approved PCV.	1.1 PCC shall review the PCV and all necessary documents to ensure completeness and correctness.	None	1 minute	*Supervising Administrative Officer*
2. Recipient of cash (assigned/authorized VMC employee) shall sign and print his/her name in BOX B ("Cash Received By") and BOX D portions of the PCV.	2.1 PCC pays the amount that corresponds to the amount stated in the PCV.	None	2 minutes	*Supervising Administrative Officer*

3.Give the Invoice to PCC which must be duly received and inspected by the authorized Inspection Officer.	3.1 PCC shall assign a control number in the PCV and record such in the CDR and RPPCV.	None	2 minutes	*Supervising Administrative Officer*
	TOTAL	**None**	**5 minutes**	

33. Dispensing of Medicine for Emergency Patients

The Pharmacy is in charge of preparing and giving medicines to patients on the basis of a prescription from doctors.

The Pharmacy is located on the Ground Floor Main Building and open 24 hours a day.

Office or Division:	Pharmacy Service
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	ED Patient/Companion, Nurse, Nursing Attendant, or Midwife on duty

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Prespcription (completely filled) – 1 original copy	Physician

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the prescription/s and documents (for discounts) to the Pharmacist and wait for Charge slip *If not available Retrieve the prescription with stamp NOT AVAILABLE	1.1 Review the prescription/s: check for completeness, validity, and availability of prescribed medicines. *If not available Stamp prescription with NOT AVAILABLE and return to client 1.2 Encode prescription to patient's data charges and prepare, print, and give charge slip to patient/relative of the patient.	Based on the posted pricelist updated every two weeks (See attached Price List)	5 minutes	Pharmacist II / Administrative Assistant II

2. Indicate name, signature, and relationship at the back of prescription as proof of receipt of the medicine and get the medicine/s	2.1 Dispense the medicine. 2.2 Encode the prescription to patient's data charges, prepare, print, and file charge slip and prescription/	None	4 minutes	Pharmacist II / Administrative Assistant II
	TOTAL	**Based on the posted pricelist updated every two weeks (See attached Price List)**	**9 minutes**	

34. Dispensing of Medicine for Outpatient

The Pharmacy is in charge of preparing and giving medicines to patients on the basis of a prescription from doctors.

The Pharmacy is located on the Ground Floor Main Building and open 24 hours a day.

Office or Division:	Pharmacy Service
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Outpatients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Prespcription (completely filled) – 1 original copy	Physician

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the prescription/s and documents (for discounts) to the Pharmacist and wait for Charge slip *If not available Retrieve the prescription with stamp NOT AVAILABLE	1.1 Review the prescription/s: check for completeness, validity, and availability of prescribed medicines. *If not available Stamp prescription with NOT AVAILABLE and return to client 1.2 Encode prescription to patient's data charges and prepare, print, and give charge slip to patient/relative of the patient.	Based on the posted pricelist updated every two weeks (See attached Price List)	5 minutes	Pharmacist II / Administrative Assistant II

2. Pay at the Cashier and get the official receipt. Bring the charge slip to MSWS office	2.1 Issue Official Receipt 2.2 Instruct the patient/ relative to bring the charge slip to the MSWS office for approval	None	10 minutes 25 minutes	Administrative Officer I / Administrative Assistant II / Collecting Officer Social Welfare Officer I / Social Welfare Officer II / Social Welfare Officer IV / Social Welfare Assistant
3. Return to the Pharmacy – Present the OR and get the medicine/s.	3.1 Record the OR number on the Patient Data Charges 3.2 Prepare the medicines indicated on the charge slip/prescription/s. 3.3 Dispense the medicine. 3.4 Explain to the client the proper use of the medicine/s.	None	5 minutes	Pharmacist II / Administrative Assistant II
	TOTAL	**Cost of medicine (See Price List)**	**For pay patient: 20 minutes** **For patient with medical assistance: 35 minutes**	

35. Dispensing of Medicine for In Patient

The Pharmacy is in charge of preparing and giving medicines to patients on the basis of a prescription from doctors.

The Pharmacy is located on the Ground Floor Main Building and open 24 hours a day.

Office or Division:	Pharmacy Service
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	In Patient, Nurse, Nursing Attendant, or Midwife on duty

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Prespcription (completely filled) – 1 original copy	Physician

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the prescription/s to the Pharmacist	1.1 Review the prescription/s: check for completeness, validity, and availability of prescribed medicines. *If not available conduct emergency purchase 1.2 Encode prescription to patient's data charges and in HOMIS	Based on the posted pricelist updated every two weeks (See attached Price List)	5 minutes for stat orders 4 hours for routine orders	Pharmacist II / Administrative Assistant II
2. Wait for the Medicines	2.1 Prepare the medicines indicated on the charge slip/prescription/s	None	4 minutes	Pharmacist II / Administrative Assistant II

3. Sign at the back of Prescription/s and receive the medicine	3.1 Dispense the medicine and file the prescription	None	1 minute	Pharmacist II / Administrative Assistant II
	TOTAL	**Cost of medicine (See Price List)**	**For stat order: 10 minutes** **For routine orders:** **4 hours and 5 minutes**	

36. Dispensing of Medicine for Emergency Patient - Infectious

The Pharmacy is in charge of preparing and giving medicines to patients on the basis of a prescription from doctors.

The Pharmacy is located on the Ground Floor Main Building and open 24 hours a day.

Office or Division:	Pharmacy Service
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	ER Patient, Nurse, Nursing Attendant, or Midwife on duty

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Prespcription (completely filled) – 1 original copy	Physician

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the prescription to the Pharmacist	1.1 Review the prescription/s: check for completeness, validity, and availability of prescribed medicines (documents if with discount) 1.2 Prepare the medicines indicated on the prescription/s.	None	5 minutes	Pharmacist II / Administrative Assistant II
2. Indicate name, signature, and relationship at the back of prescription as proof of receipt of the medicine and get the medicine/s	2.1 Dispense the medicine. 2.2 Encode the prescription to patient's data charges, prepare, print, and file charge slip and prescription/s	None	4 minutes	Pharmacist II / Administrative Assistant II
	TOTAL	**None**	**9 minutes**	

37. Unit Dose Drug Dispensing System (UDDDS)

The Pharmacy is in charge of reviewing and transcribe medication order of patient's chart, prepare, and give medicines to nurses' station on the basis of a Unit Dose Drug Requisition and Issuance for In-Patients based on patient's chart.

The Pharmacy is located on the Ground Floor Main Building and open 24 hours a day.

Office or Division:	Pharmacy Service
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	In Patient, Nurse, Nursing Attendant, or Midwife on duty

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Prespcription (completely filled) – 1 original copy	Physician

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the patient chart/s to the Pharmacist at the Nurse station.	1.1 Review and transcribe the medication orders in patient chart/s: check for appropriateness of dose, completeness of drug order and correctness of dosage form. 1.2 Conduct interventions and referrals and make medication reconciliation whenever necessary. *Simultaneous review: ordered from 11am – 7pm *Retrospective review: ordered from 7:01pm - 10:59am /Room In patient *(newly admitted patient*	Based on the posted pricelist updated every two weeks (See attached Price List)	5 minutes 1hour from the time the order was written. 3 hours from the arrival at the unit	Pharmacist II / Administrative Assistant II

	from other ward or room. **Prescription/s is not required except for STAT orders* 1.3 Prepare the Unit Dose Drug Requisition and Issuance for In-Patients. Check for availability of ordered medication. *If not available conduct emergency purchase 1.4 Encode prescription to patient's data charges and in HOMIS	Based on the posted pricelist updated every two weeks (See attached Price List)	10 minutes for stat orders 20 minutes for routine orders 10 minutes	Pharmacist II / Administrative Assistant II Pharmacist II / Administrative Assistant II
2. Check, Receive and Sign the Unit Dose Drug Requisition and Issuance for In-Patients	2.1 Deliver to the Nursing units the medicines indicated at the Unit Dose Drug Requisition and Issuance for In-Patient 2.2 Dispense the medicine and file the Unit Dose Drug Requisition and Issuance for In-Patients	None	10 minutes	Pharmacist II / Administrative Assistant II
	TOTAL **For stat order:** **Simultaneous review: (per chart)** **Retrospective review: (per chart)**	**Cost of medicine (See Price List)**	**15 minutes** **1hour and 45 minutes** **3 hours and 45 minutes**	

38. Dispensing of Peritoneal Dialysis Solutions with PhilHealth Z Benefit Package

The Pharmacy is in charge of preparing and giving Peritoneal Dialysis Solutions to patients enrolled in Peritoneal Dialysis PhilHealth Package.

The Pharmacy is located on the Ground Floor Main Building and open 24 hours a day.

Office or Division:	Pharmacy Service
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Peritoneal Dialysis Patients enrolled in Z Benefit Philhealth Package

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Prespcription (completely filled) – 1 original copy	Physician
PD First Passport (fully accomplished)	PD Nurse

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the prescription/s to the Pharmacist	1.1 Review the prescription/s: check for completeness, validity, and availability of prescribed Peritoneal Dialysis Solutions 1.2 Encode prescription to patient's data charges and in HOMIS.	Based on the posted pricelist updated every two weeks (See attached Price List)	5 minutes	Pharmacist II / Administrative Assistant II
2. Go back to PD nurse	2.1 Accomplish PhilHealth forms. 2.2 Issue PD First Passport	None	25 minutes	Nurse II

3. Return to the Pharmacy – Present the PD First Passport	3.1 Sign the PD First Passport	None	2 minutes	Pharmacist II / Administrative Assistant II
4. Get the PD solutions	4.1 Prepare and dispense the Peritoneal Dialysis Solutions subject on the availability of vehicle of patient.	None	3 minutes	Pharmacist II / Administrative Assistant II
	TOTAL	**Cost of medicine (See Price List)**	**35 minutes**	

39. Registration for Tele-Rehabilitation Services

This covers scheduling for tele-rehabilitation services for all Out-Patient clients with problems covered by Physical Medicine and Rehabilitation (PM&R). The scheduling service is open from Mondays to Saturdays from 8:00 to 6:00 except for Holidays.

Registration is done online through the Physical Medicine and Rehabilitation's official Facebook account: VMC Physical Medicine & Rehabilitation.

Office or Division	Physical Medicine and Rehabilitation
Classification	Simple
Type of Transaction	G2C – Government to Citizen
Who may avail	Outpatient with problem covered by PM&R

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Client Information Sheet (e-forms) Consent Form (e-forms)	PM&R
1 scanned/screenshot copy of Medical Records, Ancillary Procedure – if any	Referring Physician

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Send inquiry through Facebook Page, Receive and acknowledge the online forms	1.1 Send the following online forms: • Client information sheet. • Safety guidelines for tele-rehabilitation. • Consent form	None	30 minutes	PT Technician/ Physical Therapist I/ Physical Therapist II
2. Answer and submit online forms	2.1 Receive and check completeness of the submitted forms.	None	20 minutes	PT Technician/ Physical Therapist I/ Physical Therapist II
3. Receive the platform ID and password for tele-rehabilitation schedule	3.1 Provide client schedule for tele-rehabilitation	None	10 minutes	PT Technician/ Physical Therapist I/ Physical Therapist II
	TOTAL	**None**	**1 hour**	

40. Tele-Rehabilitation Consultation for Out-Patient

This covers the on-line consultations for all Out-Patient clients with problems covered by Physical Medicine and Rehabilitation (PM&R). This is a scheduled consultation Mondays to Fridays except for Saturdays, Sundays, and Holidays.

Registration and consultations are done online via the VMC PM&R official Facebook page: VMC Physical Medicine & Rehabilitation. Due to the number of clients availing this service, only clients with a confirmed schedule shall be entertained.

All clients must secure appointment schedule through VMC PM&R official Facebook page: VMC Physical Medicine & Rehabilitation. For assistance, our hotline number: 8294-6711 to 17 loc. 126

Office or Division:	Physical Medicine and Rehabilitation
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Outpatient with problem covered by PM&R

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Appointment ID and password / Schedule	PM&R
PM&R Referral Form (1 Original) – if any	Referring Physician
1 scanned/screenshot copy of Medical Records, Ancillary Procedure – if any	Referring Physician

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Launch Zoom Meeting either thru phone or laptop and join the scheduled virtual consultation. 1.1 Undertake virtual consultation and receive instruction from the Attending Physiatrist	1.1.1 Opens the consultation. • Evaluate, assess, and provide plan of management. • Discharge patients with appropriate instructions / refer to Physical therapy or other departments as necessary.	None	1 hour	Medical Specialist IV

	• Documents the tele-consultation and electronically sends teleconsultation sheet to PM&R Staff-on-Duty			
	TOTAL	**None**	**1 hour**	

41. Physical Therapy Treatment for Referred Outpatient

This covers all Outpatient clients who are being referred for Physical Therapy Treatment. The PM&R is located on the Second floor of VMC Main Building and is open from Mondays to Fridays from 8:00 to 6:00 pm except Holidays.

Office or Division:	Physical Medicine and Rehabilitation
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Out-patient referred for Physical Therapy Treatment

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
PM&R Referral Form (1 Original)	Physiatrist
Patient Health Record (1 Original)	Health Information Management Department
Health Declaration Form (Filled)	Outpatient Department
MSWS Financial Assessment and Assistance (If necessary)	Medical Social Work Service
Duplicate Copy of Charge Slip signed by Social Worker (If necessary)	Medical Social Work Service

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receives patient referred by the physiatrist	1.1 Consent for the evaluation and PM&R procedures/ management	None	5 minutes	PT Technician/ Physical Therapist I/ Physical Therapist II
	1.2 Evaluate and assess.	None	30 minutes	
	1.3 Issuance of charge slip	(See attached Price List)	15 minutes	
2. Payment of PT treatment session Patient proceeds to Cash Operation Section and get the official receipt.	2.1 Prepare the corresponding Official Receipt	None	10 minutes	Collecting Officer

Patient proceeds to MSWS to avail discount (walk in) For patient who sought assistance to MSWS (w/ approved MSWS Financial Assessment and Assistance, please skip procedure No.2	2.2 Assessment of patient qualified for discount patient. 2.3 Countercheck the documents received from MSWS	None	24 minutes	Social Welfare Officer I / Social Welfare Officer II
3. Return to PM&R clinic and present official receipt or MSWS form signed by the social worker.	3.1 Provide PT treatment. 3.2 Discharge patient with appropriate instructions / refer to Physiatrist or other departments as necessary. 3.3 Document treatment	None	3 hours 5 minutes 10 minutes	Physical Therapist I/ Physical Therapist II
	TOTAL	**(See attached Price List)**	**For pay patient: 4 hours 15 minutes** **For service patient (walk-in): 4 hours 29 minutes** **For service patient (appointment): 4 hours 10 minutes**	

42. Tele-Therapy for Outpatient

This covers the on-line therapy session for all Out-Patient clients with problems covered by Physical Therapy. This is a scheduled session is Mondays to Fridays from 8:00 am to 6:00 pm except Holidays.

Under the new normal outpatient consultation, registration and consultations are done online via the PM&R official Facebook page. Due to the number of clients availing this service, only clients with a confirmed schedule shall be entertained.

All clients must secure appointment schedule thru PM&R Official FB page: VMC Physical Medicine & Rehabilitation. For assistance, our hotline number: 8294-6711 to 17 loc. 126.

Office or Division:	Physical Medicine and Rehabilitation
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Outpatient with problem covered by PM&R

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Appointment ID and password / Schedule	PM&R
PM&R Referral Form (1 Original) – if any	Referring Physician

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Launch Zoom Meeting either thru phone or laptop and join the scheduled virtual consultation. 1.1 Undertake virtual consultation and receive instruction from the Attending Physiatrist	1.1.1 Opens the consultation. • Interviews, evaluate, assess, and provide home exercise program as prescribed. • Discharge patients with appropriate instructions/ refer to Physical therapy or other departments as necessary.	None	2 hours	PT Technician/ Physical Therapist I/ Physical Therapist II

	• Documents the tele-therapy session			
TOTAL		**None**	**2 hours**	

43. Rehab Consultation for Admitted Patients

This covers the rehab consultations for all referred In-patients for Physical Medicine and Rehabilitation (PM&R). The PM&R is located at the Second floor of VMC Main Building every Thursdays, Fridays, and Mondays except Holidays.

Office or Division:	Physical Medicine and Rehabilitation
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Inpatient with problem covered by PM&R

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Interdepartmental Referral Form (2 copies)	Wards
Patient Health Record (1 Original)	HIMD

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Awaits consultation for PM&R – as informed by the nurse on duty/ referring physician	1.1 Accepts Interdepartmental Referral Form	None	5 minutes	PT Technician/ Physical Therapist I/ Physical Therapist II
	1.2 Go to ward and review the chart.			
	1.3 Document findings and forwards referral to Physiatrist		1 hour	
	1.4 Evaluate, assess, and provide plan of management.			
	1.5 Discharge patients with appropriate instructions / refer to Physical therapy or other departments as necessary.		1 day	Medical Specialist IV
	TOTAL	**None**	**1 day, 1 hour and 5 minutes**	

44. Physical Therapy Treatment for Referred In Patients

This covers all admitted clients who are being referred for Physical Therapy Treatment. The PM&R is located on the Second floor of VMC Main Building and open from Monday to Friday from 8:00 to 6:00 pm except Holidays.

Office or Division:	Physical Medicine and Rehabilitation
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Inpatient referred for Physical Therapy Treatment

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Interdepartmental Referral Form (2 copies)	Wards
Patient Health Record (1 Original)	HIMD

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Awaits Physical Therapy session as informed by the nurse on duty/Physiatrist	1.1 Evaluate, assess, and provide PT treatment.	Cost of PT Treatment to be forwarded to Billing Section	2 hours	PT Technician/ Physical Therapist I/ Physical Therapist II
	1.2 Document treatment	None	30 minutes	
	1.3 Encodes charge slip in HOMIS.	None	5 minutes	
	TOTAL	**None**	**2 hours and 35 minutes**	

45. Dental Consultation and Treatment Procedures

The Dental Service section is in charge of rendering dental treatment and procedure to all patients. It is located at the second floor, left wing of the Out Patient Department. Available on Monday to Friday at 8:00AM -5:00PM, except Saturday, Sunday, and Holidays.

Office or Division:	Dental Service Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
One (1) Original copy Outpatient Record, (New & Old Patient)	Health Information Management Department
One (1) Original copy Individual Dental Health Record	Dental Service
One (1) Original copy Consent Form	Dental Service
One (1) Original copy Official Receipt	Cash Operations Section
One (1) Original copy Statement of Account (SOA)	Dental Service
One (1) Original copy Pre-form for Medical Certificate	Health Information Management Department
One (1) Original copy Department of Radiology Request Form	Dental Service
Customer Satisfaction Survey Form	Dental Service
For Aerosol-Generating Procedures (AGP):	
One (1) Original and Official Copy of Negative RT-PCR Swab Test	Any Molecular Laboratory / Department of Pathology and Laboratory
For Surgical Procedure / Restorative Procedure:	
Panoramic/Periapical XRAY result	Diagnostic Centers

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. For Online Patient: Proceeds to the Dental Service Section on the scheduled date of appointment	1.1 If Online Patient; Verifies schedule and confirms appointment.	None	3 minutes	Dental Aide

For Walk-In Patient: Falls in line, gets a queueing number, and waits to be called, then proceeds to the Dental Service Section	If For Aerosol-Generating Procedures (AGP): Verifies RT-PCR Result If for For Surgical Procedure / Restorative Procedure: Checks the Panoramic/ Periapical XRAY result.			Dentist II/ Dentist III/ Dentist V
	1.2 Retrieves the OPD record	None	5 minutes	Dental Aide
	1.3 Assesses the patient for BMI & vital signs	None	2 minutes	Dental Aide
2. Gets Charge Slip	2.1 Issues charge slip	Oral Prophylaxis P200.00 Temporary Filling P200.00 Permanent Filling Simple- P250.00 Complex- P300.00 Tooth Extraction Anterior- P200.00 Posterior- P250.00 Comlicated- P400.00 Indirect Pulp Capping (IPC) P250.00	5 minutes	Dentist II/ Dentist III/ Dentist V

		Scaling and Root Planing (SRP) P250.00/quadrant Odontectomy P2,550.00 Pits & Fissure Sealant P250.00 Fluoride Varnish P300.00		
3. For Pay Patient: Proceeds to Cash Operation Section For Service Patient: Proceeds to Medical Social Work Service	3.1 Issues Official Receipt (OR) 3.2 Evaluates the presented documents and gives financial assessment and assistance	None None	10 minutes 25 minutes	Collecting Officer (Cash Operations Section) Social Welfare Officer I / Social Welfare Officer II / Social Welfare Officer IIII / Social Welfare Officer IV (Medical Social Work Service)
4. Presents proof of payment/receipt and fills out consent form	4.1 Receives proof of payment and gives consent form. 4.2 Receives consent form	None	5 minutes	Dental Aide/ Dentist II/ Dentist III/ Dentist V
5. Prepares for the procedure	5.1 Performs the requested procedure	None	1 hour	Dentist II/ Dentist III/ Dentist V
	5.2 Prescribes medicine, if needed	None	5 minutes	Dentist II/ Dentist III/ Dentist V
	5.3 Gives Tagubilin/ Home Instructions	None	10 minutes	Dentist II/ Dentist III/ Dentist V

	5.4 Issues Pre-form for Medical/ Dental Certificate	None	5 minutes	Dental Aide/ Dentist II/ Dentist III/ Dentist V
6. Gives Customer Feedback	6.1 Facilitates Customer Satisfaction Survey	None	5 minutes	Dental Aide/ Dentist II/ Dentist III/ Dentist V
	TOTAL	**Oral Prophylaxis P200.00** **Temporary Filling P250.00** **Permanent Filling Simple- P250.00 Complex- P300.00** **Tooth Extraction Anterior- P200.00 Posterior- P250.00 Comlicated- P400.00** **Indirect Pulp Capping (IPC) P250.00** **Scaling and Root Planing (SRP) P250.00/quadrant** **Odontectomy P2,550.00** **Pits & Fissure Sealant P250.00** **Fluoride Varnish P300.00**	**Pay Patient:** **1 hour and 55 minutes** **Service Patient:** **2 hours and 20 minutes**	

46. OB-Ultrasound Procedure for OPD

The OB-GYN Sonologist is in-charge of performing the ultrasound procedures. The OB-GYNE Ultrasound room is located at 2nd floor, OPD Section and open from Monday to Friday, 8:00am-5:00pm

Office or Division:	OB-GYN Ultrasound
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	OB-GYN OPD

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Ultrasound request (1 Original copy)	Attending Physician

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure number for ultrasound and present / get green card	1.1 Navigator will distribute the number to the patient If old patient present green card If new patient instruct patient to get green card 1.2 For new patient only: issuance of green card	None	2 minutes	Nursing Attendant II
2. Proceed to ultrasound room, wait for number to be called	2.1 Call the queuing number of the patient	None	2 minutes	Nursing Attendant II / MO IV / MO III
3. Provide ultrasound request to be presented	3.1 Check the request of the patient	None	2 minutes	Nursing Attendant II / MO IV / MO III
	3.2 Secure Consent and Health Declaration of the patient			
4.Get request for billing	4. Encode charges and issue request for billing	None	2 minutes	Nursing Attendant II / MO IV / MO III
5. Proceed to billing section and get statement of account (SOA)	5.1 Issue statement of account	None	10 minutes	ADAS I / ADAS II / ADAS III
	5.1.1 TAS Transabdominal Pelvic	500.00		
	5.1.2 BPS Biophysical Profile	500.00		
	5.1.3 TVS Transvaginal	500.00		
	5.1.4 TRS / TREC Transrectal	500.00		
	5.1.5 BPS with NST or CST	600.00		
	5.1.6 TAS with Placental localization	600.00		
	5.1.7 TAS with Cervical	600.00		

	length and shaped			
	5.1.8 Congenital (CAS)	1,500.00		
	5.1.9 OB Doppler	1,000.00		
	5.1.10 Placental Doppler	1,000.00		
	5.1.11 Transperineal	1,500.00		
	5.1.12 Gyne Doppler	1,000.00		
	5.1.13 3D / 4D scan	2,000.00		
	5.1.14 SISH	1,200.00		
	5.1.15 HSSG	1,200.00		
	5.1.16 Gyne Onco	1,500.00		
	5.1.17 Deep Infiltrating Endometriosis (DIE)	1,500.00		
	5.1.18 Ultrasound with Elastography	1,800.00		
	5.1.19 Ultrasound with Targeted scan (CNS) (Fetal Echo)	1,000.00		
6. For Pay Patient: Go to cashier	6.1 Validation of issued Statement of Account (SOA) and issue Official receipt from the Cashier	None	10 minutes	Administrative Officer I (Cash operation section)
For Service patient: Go to MSWS	6.2 Gives financial assistance	None	45 mins	SWO I / SWO II / SWO I (JO)
7. Return to Ultrasound section and wait for the number to be called	7. Patient will be call for the procedure	None	2 minutes	Nursing Attendant II / MO III / MO IV
8. Prepare for necessary ultrasound procedure	8.1 Conduct Ultrasound procedure	None	Refer to the process time below:	MO IV / MS II MS III
	8.2 Pre-scanning of patient by Ultrasound fellows			
	8.3 Checking and final scan of patient by OB-GYNE Sonologist			
	8.1.1 TAS Transabdominal Pelvic		15 minutes	
	8.1.2 BPS Biophysical Profile		30 minutes	
	8.1.3 TVS Transvaginal		15 minutes	
	8.1.4 TRS / TREC Transrectal		15 minutes	
	8.1.5 BPS with NST or CST		30 minutes NST: 20 minutes CST: 20 minutes	
	8.1.6 TAS with placental localization		20 minutes	
	8.1.7 TAS with cervical length and shape		20 minutes	
	8.1.8 Congenital anomaly scan (CAS)		45 minutes	

	8.1.9 OB Doppler		45 minutes	
	8.1.10 Placental Doppler		30 minutes	
	8.1.11 Transperineal (TPUZ)		45 minutes	
	8.1.12 3D / Gyne Doppler		30 minutes	
	8.1.13 OB 3D/4D scan		30 minutes	
	8.1.14 SISH		30 minutes	
	8.1.15 HSSG		30 minutes	
	8.1.16 Gyne Onco		45 minutes	
	8.1.17 Deep infiltrating endometriosis (DIE)		45 minutes	
	5.1.18 Ultrasound with Elastography		45 minutes	
	5.1.19 Ultrasound with Targeted scan (CNS) (Fetal Echo)		45 minutes	
9. Wait for ultrasound result (Waiting time: 30 mins)	9. Encoding of ultrasound result	None	15 minutes	Nursing attendant II / MO III / MO IV
10. Claim Ultrasound result	10. Release the ultrasound result	None	3 minutes	Nursing attendant II / MO III / MO IV
11. For Discharge	11. Issue OPD gatepass with complete details of the patient signed by Nursing attendant/MO II/MO IV followed by the other concern section	None	5 minutes	Nursing attendant II / MO III / MO IV
	TOTAL (hours/mins)			
	TAS Transabdominal Pelvic	500.00	53 minutes	
	BPS Biophysical Profile	500.00	1 hour 8 minutes	
	TVS Transvaginal	500.00	53 minutes	
	TRS / TREC Transrectal	500.00	53 minutes	
	BPS with NST or CST	600.00	1 hour 38 minutes	
	TAS with placental localization	600.00	1 hour 8 minutes	
	TAS with cervical length and shape	600.00	1 hour 8 minutes	
	Congenital anomaly scan (CAS)	1,500.00	1 hour 33 minutes	
	OB Doppler	1,000.00	1 hour 33 minutes	
	Placental Doppler	1,000.00	1 hours 18 minutes	
	Transperineal (TPUZ)	1,500.00	2 days	
	3D / Gyne Doppler	1,000.00	1 hour 8 minutes	
	OB 3D/4D scan	2,000.00	1 hour 18 minutes	

	SISH	1,200.00	1 hour 18 minutes	
	HSSG	1,200.00	1 hour 18 minutes	
	Gyne Onco	1,500.00	2 days	
	Deep infiltrating endometriosis (DIE)	1,500.00	2 days	
	Ultrasound with Elastography	1,800.00	1 hour 33 minutes	
	Ultrasound with Targeted CNS	1,000.00	1 hour 33 mintes	

47. OB-Ultrasound Procedure for In Patient

The OB-GYN Sonologist is in-charge of performing the ultrasound procedures. The OB-GYNE Ultrasound room is located at 2nd floor, OPD Section and open from Monday to Friday, 8:00am-5:00pm

Office or Division:	OB-GYN Ultrasound
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	OB-GYN In-patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Ultrasound request with consent (1 Original copy)	Attending Physician

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give ultrasound request	1.1 Receive and check ultrasound request	None	1 minute	*Nursing Attendant II / MO III / MO IV*
	1.2 Call the unit to bring down the patient at the ultrasound room	None	1 minute	*Nursing Attendant II / MO III / MO IV*
2. Fill-out consent and health declaration	2. Secure consent and health declaration	None	20 minutes	*Nursing Attendant II / MO III / MO IV*
3. Prepare for necessary ultrasound procedure	3.1 Conduct Ultrasound procedure	None	Refer to the time process below:	*MO III / MO IV / MS II / MS III*
	3.2 Pre-scan of patient by ultrasound fellows			
	3.3 Checking and final scan by OB-GYN Sonologist			
	3.1.1 TAS Transabdominal Pelvic		15 minutes	
	3.1.2 BPS Biophysical Profile		30 minutes	
	3.1.3 TVS Transvaginal		15 minutes	
	3.1.4 TRS / TREC Transrectal		15 minutes	
	3.1.5 BPS with NST or CST		30 minutes NST: 20 minutes CST: 20 minutes	
	3.1.6 TAS with Placental localization		20 minutes	
	3.1.7 TAS with Cervical length and shaped		20 minutes	
	3.1.8 Congenital (CAS)		45 minutes	
	3.1.9 OB Doppler		45 minutes	

	3.1.10 Placental Doppler		30 minutes	
	3.1.11 Transperineal		45 minutes	
	3.1.12 Gyne Doppler		30 minutes	
	3.1.13 OB 3D / 4D scan		30 minutes	
	3.1.14 SISH		30 minutes	
	3.1.15 HSSG		30 minutes	
	3.1.16 Gyne Onco		45 minutes	
	3.1.17 Deep Infiltrating Endometriosis (DIE)		45 minutes	
4. Return to unit	4.1 Inform the unit after the procedure to accompany the patient back to their respective area	None	10 minutes	*Nursing attendant / Nurse on duty*
	4.2 Encode for the procedure fee of each patient thru HOMIS	None	10 minutes	*Nursing attendant II / MO III / MO IV*
	4.2.1 TAS Transabdominal Pelvic	500.00	3 minute	*Nursing attendant II / MO III / MO IV*
	4.2.2 BPS Biophysical Profile	500.00		
	4.2.3 TVS Transvaginal	500.00		
	4.2.4 TRS / TREC Transrectal	500.00		
	4.2.5 BPS with NST or CST	600.00		
	4.2.6 TAS with Placental localization	600.00		
	4.2.7 TAS with Cervical length and shaped	600.00		
	4.2.8 Congenital (CAS)	1,500.00		
	4.2.9 OB Doppler	1,000.00		
	4.2.10 Placental Doppler	1,000.00		
	4.2.11 Transperineal	1,500.00		
	4.2.12 Gyne Doppler	1,000.00		
	4.2.13 OB 3D / 4D scan	2,000.00		
	4.2.14 SISH	1,200.00		
	4.2.15 HSSG	1,200.00		
	4.2.16 Gyne Onco	1,500.00		
	4.2.17 Deep Infiltrating Endometriosis (DIE)	1,500.00		
	4.2.18 Ultrasound with Elastography	1,800.00		
	4.2.19 Ultrasoound with Targeted scan (CNS) (Fetal Echo)	1,000.00		
5. Wait for ultrasound result Waiting time: 30 mins	5. Encoding and releasing of ultrasound result	None	10 minutes	*MO IV MS II / MS III*

TOTAL (hours/mins)			
TAS Transabdominal Pelvic	500.00	53 minutes	
BPS Biophysical Profile	500.00	1 hour 8 minutes	
TVS Transvaginal	500.00	53 minutes	
TRS / TREC Transrectal	500.00	53 minutes	
BPS with NST or CST	600.00	1 hour 38 minutes	
TAS with placental localization	600.00	1 hour 8 minutes	
TAS with cervical length and shape	600.00	1 hour 8 minutes	
Congenital anomaly scan (CAS)	1,000.00	1 hour 33 minutes	
OB Doppler	1,000.00	1 hour 33 minutes	
Placental Doppler	1,000.00	1 hours 18 minutes	
Transperineal (TPUZ)	1,500.00	2 days	
3D / Gyne Doppler	1,000.00	1 hour 8 minutes	
OB 3D/4D scan	2,000.00	1 hour 18 minutes	
SISH	1,200.00	1 hour 18 minutes	
HSSG	1,200.00	1 hour 18 minutes	
Gyne Onco	1,500.00	2 days	
Deep infiltrating endometriosis (DIE)	1,500.00	2 days	
Ultrasound with Elastography	1,800.00	1 hour 33 minutes	
Ultrasound with Targeted scan (CNS) (Fetal Echo)	1,000.00	1 hour 33 mintues	

48. Arterial Blood Gas Extraction for Admitted Patient

The Pulmonary Unit covers all Admitted patients ABG extraction except for 10 years old and below, only the medical practitioner shall be responsible to perform the procedure. Respiratory Therapist shall perform the diagnostic test on blood to evaluate the patients ventilatory and oxygenation status.

The Pulmonary Unit is located on the 2nd floor, VMC Main building and open 24hours from Monday to Sunday and Holidays.

Office or Division:	Pulmonary Unit
Classification:	Simple
Type of Transaction:	Government to Citizen (G2C)
Who may avail:	Admitted Patient referred to Pulmonary Unit

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Pulmonary Request (completely filled) (1 original copy)	Requesting Physician

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Admitted patient request will be given by the Nurse on duty to Respiratory Therapist.	1.1 Review the request and requirements needed.	None	5 minutes	Respiratory Therapist I/Respiratory Therapist II/Respiratory Therapist III
	1.2. Explain to the client the procedure	None	1 minute	
	1.3 Perform the procedure	None	25 minutes	Respiratory Therapist I/ Respiratory Therapist II/Respiratory Therapist III
	1.4. Charge the procedure in HOMIS	Cost of Pulmonary Procedure (See price list attached)	3 minutes	
	1.5. Release the result to Nurse on Duty	None	1 minute	
	TOTAL	Cost of Procedure (See price list attached)	35 minutes	

49. Arterial Blood Gas Extraction for Out Patient

The Pulmonary Unit covers all Outpatients ABG extraction except for 10 years old and below, only the medical practitioner shall be responsible to perform the procedure. Respiratory Therapist shall perform the diagnostic test on blood to evaluate the patients ventilatory and oxygenation status.

The Pulmonary Unit is located at 2nd floor, VMC Main building and open 24hours from Monday to Sunday and Holidays.

Office or Division:	Pulmonary Unit
Classification:	Simple
Type of Transaction:	Government to Citizen(G2C)
Who may avail:	Out- Patient referred to Pulmonary Unit

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Pulmonary Request (completely filled) (1 original copy)	Requesting Physician
Interagency referral	MSWS of referring Institution
Case Summary	MSWS of referring Institution
MSWS Financial Assessment and Assistance Form	MSWS of VMC

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.Check patient request and other requirements needed.	1.1 Review the request and requirements needed. Explain to the client the procedure.	None	5 minutes	Respiratory Therapist I/Respiratory Therapist II respiratory Therapist III
	1.2 Issuance of charge slip	Cost of Procedure (See price list attached)	3 minutes	
2.1. For Pay patient proceed at the Cash Operation Section and get the official receipt. 2.2. For Service Patient proceed to MSWS to avail discount/financial assessment	2.1 Prepare the corresponding Official Receipt. 2.2 Assessment of patient qualified for discount or indigency	None None	10 minutes 45 minutes	Administrative Officer I/ Collecting Officer Social Worker I/ Social Worker II

3.Patient return to Pulmonary Unit and present official receipt and corresponding documents from MSWS signed by Social Worker officer	3.1. Perform the procedure	None	25 minutes	Respiratory Therapist I/Respiratory Therapist II respiratory Therapist III
	3.2. Release the result.	None	5 minutes	
TOTAL		Cost of Procedure (See price list attached)	48 minutes (For pay patient)	
		Patient from MSWS	1 hour and 23 minutes (For service patients)	

50. Pulmonary Services

The Pulmonary Unit renders the following pulmonary procedure and modalities (hooking patient to mechanical ventilator, weaning of patient from mechanical ventilator, nebulization for patient on mechanical ventilator, incentive spirometry, chest physiotherapy, high flow oxygen therapy, non-invasive ventilation, use of transport ventilator) for all Admitted patients as ordered by the physician to manage and treat the patients.

The Pulmonary Unit is located at 2nd floor, VMC Main building and open 24 hours from Monday - Sunday and Holidays.

Office or Division:	Pulmonary Unit			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Admitted Patient referred to Pulmonary Unit			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Pulmonary Request (completely filled) (1 Original copy)		Requesting Physician		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Admitted patient request will be given by the Nurse on duty to Respiratory Therapist.	1.1. Review the request and requirements needed		5 minutes	Respiratory Therapist I/Respiratory Therapist II
	1.2. Explain to the client the procedure.		2 minutes	
	1.3. Perform the procedure			
	1.3.1 hooking to mechanical ventilator		30 minutes	
	1.3.2 weaning of patient from mechanical ventilator	Cost of Procedure (See price list attached)		
	1.3.3 nebulization for patient on mechanical ventilator		20 minutes	Respiratory Therapist I/ Respiratory Therapist II
	1.3.4 incentive spirometry		20 minutes	
	1.3.5 chest physiotherapy		10 minutes	

	1.3.6 high flow oxygen therapy 1.3.7 non invasive Ventilation 1.3.8 use of transport ventilator 1.3.9 Fill up the applicable form 4.0 Inform the nurse procedure done 4.1. Charge the procedure in HOMIS		15 minutes 30 minutes 1 hour 3 minutes 2 minutes 3 minutes	
TOTAL: Hooking to mechanical ventilator Weaning of patient from mechanical ventilator Nebulization for patient on mechanical ventilator Incentive spirometry Chest physiotherapy High flow oxygen therapy Non invasive ventilation Use of transport ventilator		Cost of Procedure (See price list attached)	45 minutes 35 minutes 35 minutes 25 minutes 30 minutes 45 minutes 45 minutes 1 hour 15 minutes	

51. Screening for Tuberculosis of Out-Patient

Case finding in the National Tuberculosis Control Program (NTP) is the identification and diagnosis of TB cases among individuals with signs and symptoms presumptive of tuberculosis. VMC DOTS Clinic provides GeneXpert and Direct Sputum Smear Microscopy (DSSM) as part of screening for presumptive TB patients to identify if they should undergo treatment and to classify if they are bacteriologically confirmed cases.

Amid the new normal, the clinic will be accepting patients from patient from out-patient consultation, Emergency Department and other referring government and private hospitals and physicians. For questions and clarifications, text messages are accepted Monday-Friday 8:00am to 5:00pm except Saturday, Sunday and holidays.

Office or Division:	DOTS Clinic
Classification:	Simple
Type of Transaction:	Government-to-Citizen (G2C)
Who may avail:	ALL

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Hospital Green Card	OPD Records
Referral Form (if from other peripheral facility whether government owned or private hospital/physician)	Referring physician and/or peripheral facility
NTP Laboratory Request From (if from Health Center)	Health Center
Intra-hospital Referral (if from OPD Consultation and Emergency Department)	Referring physician

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Show referral/NTP laboratory request form to DOTS Nurse	1.1 Check referral/request form from other peripheral facility	None	2 minutes	*Nurse I/ Nurse II*
2. Submit green card then submit to DOTS Clinic	2.1 Interview and assess the patient.	None	10 minutes	*Nurse I/ Nurse II*
3. Collection of sputum	3.1 Instruct patient with proper direction on specimen collection. If patient cannot collect sputum, give instructions to collect and submit the following day.	None	1 hour	*Nurse I/ Nurse II*

	3.2 Instruct patient to return for the sputum exam result and provide authorization letter and identification card in case of his/her unavailability to pick up result. 3.3 Submit sputum for examination to the laboratory		5 minutes 5 minutes	*Nurse I/ Nurse II* *Nurse I/ Nurse II*
4. Follow-up and claim result	4.1 Get result of sputum from the laboratory. 4.2 Release sputum exam results to patient.	None	2 days and 4 hours 5 minutes	*Nurse I/ Nurse II* *Nurse I/ Nurse II*
	TOTAL	**None**	**2 days 5 hours and 27 minutes**	

52. Screening for Tuberculosis of In-Patient

Case finding is the identification and diagnosis of TB cases among individuals with signs and symptoms presumptive of tuberculosis. VMC DOTS Clinic provides GeneXpert and Direct Sputum Smear Microscopy (DSSM) as part of screening for presumptive DSTB patients to identify if they should undergo treatment and to classify if they are bacteriologically confirmed case.

Office or Division:	DOTS Clinic
Classification:	Simple
Type of Transaction:	Government-to-Citizen (G2C)
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Intra-hospital Referral Form	Referring physician/Nurse-on-Duty

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submit intra-hospital referral form and diagnostic test results to DOTS nurse	1.1 Receive referral from hospital staff (NA/ Nurse)	None	10 minutes	*Nurse I/ Nurse II*
2. Collection of sputum	2.1 Instruct hospital staff regarding the collection of sputum specimen. 2.2 Submit sputum for examination to the laboratory	None	1 hour 5 minutes	*Nurse I/ Nurse II* *Nurse I/ Nurse II*
3. Follow-up and pick up result	3.1 Get result of sputum from the laboratory 3.2 Release sputum exam results to patient's relative/watcher	None	2 days 5 minutes	*Nurse I/ Nurse II* *Nurse I/ Nurse II*
	TOTAL	**None**	**2 days 1 hour 20 minutes**	

53. Initiation of Treatment

Case holding involves assignment of the appropriate treatment regimen based on diagnosis and previous history of treatment, supervised drug intake with support to patients, and monitoring responses to treatment through follow-up sputum smear microscopy.

In-patients who are either clinically diagnosed or bacteriologically confirmed that are referred for initiation of treatment to the VMC DOTS Clinic. History taking shall be done through the patient's watcher/relative by the DOTS nurse. Anti-TB medications needed will then be provided. After being initiated with treatment, the patient will either be referred to other peripheral facility for registration or be registered at the VMC DOTS Clinic prior to discharge for the continuation and completion of treatment regimen.

Office or Division:	DOTS Clinic
Classification:	Simple
Type of Transaction:	Government-to-Citizen (G2C)
Who may avail:	ALL

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Intra-hospital Referral Form and diagnostic results	Referring physician

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit intra-hospital referral form with attached diagnostic results	1.1 Receive intra-hospital referral form with attached diagnostic results indicative of Tuberculosis	None	10 minutes	*Nurse I/ Nurse II*
2. Receive anti-TB medication	2.1 Instruct hospital staff with proper direction of providing anti-TB medication to patient	None	5 minutes	*Nurse I/ Nurse II*
	2.2 Remind hospital staff to instruct patient/patient's relative to go to DOTS and get referral for continuation and registration of treatment prior to discharge		5 minutes	*Nurse I/ Nurse II*

3. Receive referral and bring to peripheral facility	3.1 Instruct patient's relative/watcher to bring the referral to peripheral facility for continuation of treatment and registration of patient	None	5 minutes	*Nurse I/ Nurse II*
	TOTAL	**None**	**25 minutes**	

54. Registration for Treatment

The VMC DOTS Clinic provides appropriate treatment regimen based on diagnosis and previous history of treatment, supervised drug intake with support to patients, and monitoring responses to treatment through follow-up sputum smear microscopy.

Office or Division:	DOTS Clinic
Classification:	Simple
Type of Transaction:	Government-to-Citizen (G2C)
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Intra-hospital Referral Form (1 Original)	Referring physician
DSSM and GeneXpert Result	DOTS
Chest Xray Result	Dept. of Radiology
Other Diagnostic Test results indicative of Tuberculosis	Diagnostic clinic

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submit referral form and diagnostic results	1.1 Interview the patient and fill up pertinent documents for registration of patient	None	1 hour	*Nurse I/ Nurse II*
	1.2 Inform/Verify patient's awareness regarding existing TB disease. Provide key messages about TB disease and give health education on significance of treatment adherence and completion.		30 minutes	*Nurse I/ Nurse II*
	1.3 Determine baseline weight and record baseline clinical findings (TB signs and symptoms.		5 minutes	*Nurse I/ Nurse II*

2. Receive anti-TB medication	2.1 Instruct on proper dosage based on weight. 2.2 Remind patient to come back to DOTS clinic for follow up medication	None	5 minutes 5 minutes	*Nurse I/ Nurse II* *Nurse I Nurse II*
3. Receive NTP ID Card	3.1 Instruct patient to bring NTP ID Card every follow up at DOTS Clinic through the course of treatment regimen.	None	3 minutes	*Nurse I/ Nurse II*
	TOTAL	**None**	**1 hour 48 minutes**	

55. Skin Biopsy for Outpatient

Biopsy is a procedure/biopsy technique to remove skin samples from a lesion to render microscopic diagnosis. The procedure is done in a specified time/schedule at the Department of Dermatology procedure room located on the second floor of the VMC main building, 7:00 am to 4:00 pm from Monday to Friday and 8:00 am to 12:00 pm on Saturday except holidays.

Office or Division:	Department of Dermatology
Classification:	Highly Technical
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) original copy of Skin Biopsy Request Form	Department of Dermatology
One (1) original copy of Request for Billing	Department of Dermatology
Four (4) original copies of Statement of Account	Billing Section
One (1) original copy of Official Receipt or One (1) original copy MSWS Financial Assessment and Assistance Form	Cash Operations Section or Medical Social Work Service
Two (2) original copies of Consent Form	Department of Dermatology
One (1) original copy of Client Satisfaction Survey	Department of Dermatology

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present skin biopsy request form from OPD consultation and get request for billing	1.1. Receive and assess request form. 1.2. Issue request for billing	None Biopsy Fee without processing: A. Punch Biopsy: P415 B. Punch Biopsy with Suture: P1025 C. Shave Biopsy: P770 D. Excision Biopsy: P1480	2 minutes 3 minutes	Nurse I Nurse I

2. Proceed to billing section and present billing request	2.1. Print Statement of Account (SOA)	None	10 minutes	Administrative Assistant I / Administrative Assistant II / Administrative Assistant III Billing and Claims Section
3. For pay patient, proceed to cashier section and get official receipt For service patient, proceed to Medical Social Work Service	3.1. Issue Official Receipt (OR) 3.2. Evaluate the presented documents and give financial assessment and assistance	None None	10 minutes 25 minutes	Collecting Officer Social Welfare Officer I / Social Welfare Officer II / Social Welfare Officer IIII / Social Welfare Officer IV
4. Present proof of payment/receipt and fill out consent form	4.1. Receive proof of payment/receipt and endorse patient to Dermatology doctor. 4.2. Fill out consent form.	None None	5 minutes 5 minutes	Nurse I Medical Officer III / Medical Officer IV / Medical Specialist II / Medical Specialist IV
5. Prepare for the actual biopsy procedure	5.1. Perform specific type of biopsy procedure. a. Punch b. Punch with suture c. Shave d. Excision 5.2. Instruct patient for the schedule of	None None	 1 hour 1 hour and 30 minutes 1 hour and 30 minutes 3 hours 2 minutes	 Medical Officer III / Medical Officer IV / Medical Specialist II / Medical Specialist IV Medical Officer III / Medical Officer IV

	release and claiming of result.			
6. Wait for the release of result	6.1 Histopathology processing	None	7 working days	Medical Technologist III
	6.2 Histopathology reading	None	10 working days	Medical Specialist II - Dermatopathologist
	6.3 Specimen recut or special staining	None	7 working days	Medical Technologist III
7. Claim biopsy result	7.1 Release histopathology / biopsy result	None	2 minutes	Medical Officer III / Medical Officer IV
8. Receive final instructions and follow up schedule and fill out Client Satisfaction Survey	8.1. Give final instructions and follow up schedule.	None	3 minutes	Medical Officer III / Medical Officer IV
	8.2. Facilitate Client Satisfaction Survey	None	3 minutes	Nurse I
Total		**Biopsy Fee without processing:**		
A. Punch Biopsy Procedure		**P415**	**For Pay patient:** 24 days and 1 hour and 45 minutes **For MSWS patient:** 24 days and 2 hours	
B. Punch Biopsy with Suture		**P1025**	**For Pay patient:** 24 days, 2 hours, and 15 minutes **For MSWS patient:** 24 days, 2 hours, and 30 minutes	
C. Shave Biopsy Procedure		**P770**	**For Pay patient:** 24 days, 2 hours, and 15 minutes **For MSWS patient:** 24 days, 2 hour, and 30 minutes	
D. Excision Biopsy Procedure		**P1480**	**For Pay patient:** 24 days, 3 hours, and 45 minutes **For MSWS patient:** 24 days and 4 hours	

56. Phototherapy

Phototherapy, or light therapy, is a common dermatologic procedure for treating skin disorders done in a specified time/schedule at the Department of Dermatology procedure room located at the second floor of the VMC main building, 10:00 am to 11:00 am on Tuesday, Thursday, and Saturday except holidays.

Office or Division:	Department of Dermatology
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) original copy of Phototherapy Request Form	Department of Dermatology
One (1) original copy of Request for Billing	Department of Dermatology
Four (4) original copies of Statement of Account	Billing Section
One (1) original copy of Official Receipt or One (1) original copy MSWS Financial Assessment and Assistance Form	Cash Operations Section or Medical Social Work Service
Two (2) original copies of Consent Form	Department of Dermatology
One (1) original copy of Client Satisfaction Survey	Department of Dermatology

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present phototherapy request form from OPD consultation and get request for billing	1.1. Receive and assess request form 1.2. Issue request for billing	None Phototherapy Fee: P500	2 minutes 3 minutes	Nurse I Nurse I
2. Proceed to billing section and present billing request	2.1. Print Statement of Account (SOA)	None	10 minutes	Administrative Assistant I / Administrative Assistant II / Administrative Assistant III Billing and Claims Section

3. For pay patient, proceed to cashier section, and get official receipt For service patient, proceed to Medical Social Work Service	3.1. Issue Official Receipt (OR) 3.2. Evaluate the presented documents and give financial assessment and assistance	None None	10 minutes 25 minutes	Collecting Officer Social Welfare Officer I / Social Welfare Officer II / Social Welfare Officer IIII / Social Welfare Officer IV
4. Present proof of payment/receipt and fill out consent form	4.1. Receive proof of payment/receipt and endorse patient to Dermatology doctor. 4.2. Fill out consent form.	None None	5 minutes 5 minutes	Nurse I Medical Officer III / Medical Officer IV / Medical Specialist II / Medical Specialist IV
5. Prepare for the actual Phototherapy procedure	5.1. Perform specific type of phototherapy procedure	None	1 hour and 30 minutes	Medical Officer III / Medical Officer IV / Nurse I
6. Receive final instructions and follow up schedule and fill out Client Satisfaction Survey	6.1. Give final instructions and follow up schedule 6.2. Facilitate Client Satisfaction Survey	None None	3 minutes 3 minutes	Medical Officer III / Medical Officer IV Nurse I
Total **Phototherapy**		**P 500**	**For Pay patient:** 2 hours and 11 minutes **For MSWS patient:** 2 hour and 26 minutes	

57. Laser Therapy

Laser therapy is a common dermatologic procedure making use of different types of laser devices done in a specified time/schedule at the Department of Dermatology procedure room located at the second floor of the VMC main building, 7:00 am to 4:00 pm from Monday to Friday and 8:00 am to 12:00 pm on Saturdays except holidays.

Office or Division:	Department of Dermatology
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) original copy of Laser Therapy Request Form	Department of Dermatology
One (1) original copy of Request for Billing	Department of Dermatology
Four (4) original copies of Statement of Account	Billing Section
One (1) original copy of Official Receipt or One (1) original copy MSWS Financial Assessment and Assistance Form	Cash Operations Section or Medical Social Work Service
Two (2) original copies of Consent Form	Department of Dermatology
One (1) original copy of Client Satisfaction Survey	Department of Dermatology

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present laser request form from OPD consultation and get request for billing	1.1. Receive and assess request form 1.2. Issue request for billing	None Laser Fee: CO2 Laser (Low Fractional) - P1800 CO2 Laser (Full Fractional) - P2,560	2 minutes 3 minutes	Nurse I Nurse I

		Q-switched/ Nd:YAG Laser Rejuvenation - P2500 Q-switched/ Nd:YAG Laser Whitening - P1810 Q-switched/ Nd:YAG Laser Hair Removal (facial hair) - P1660 Q-switched/ Nd:YAG Laser Hair Removal (forearms, legs) - P2640 Q-switched/ Nd:YAG Laser Pigment - P1515 Q-switched/ Nd:YAG Laser Tattoo Removal (per square inch) - P1515 Q-switched/ Nd:YAG Laser Telangiectasia (per square inch) - P1660 Q-switched/ Nd:YAG Laser Vascular - P2140 Q-switched/ Nd:YAG Laser Hypertrophic scar - P1515		

		Q-switched/ Nd:YAG Laser Stretch Marks - P1515 Q-switched/ Nd:YAG Laser Onychomycosis - P1515		
2. Proceed to billing section and present billing request	2.1. Print Statement of Account (SOA)	None	10 minutes	Administrative Assistant I / Administrative Assistant II / Administrative Assistant III Billing and Claims Section
3. For pay patient, proceed to cashier section, and get official receipt For service patient, proceed to Medical Social Work Service	3.1. Issue Official Receipt (OR) 3.2. Evaluate the presented documents and give financial assessment and assistance	None None	10 minutes 25 minutes	Collecting Officer Social Welfare Officer I / Social Welfare Officer II / Social Welfare Officer IIII / Social Welfare Officer IV
4. Present proof of payment/receipt and fill out consent form	4.1. Receive proof of payment/receipt and endorse patient to Dermatology doctor. 4.2. Fill out consent form.	None None	5 minutes 5 minutes	Nurse I Medical Officer III / Medical Officer IV / Medical Specialist II / Medical Specialist IV
5. Prepare for the actual Phototherapy procedure	5.1. Perform specific type of laser procedure	None	1 hour 30 minutes	Medical Officer III / Medical Officer IV / Nurse I

6. Receive final instructions and follow up schedule and fill out Client Satisfaction Survey	6.1. Give final instructions and follow up schedule 6.2. Facilitate Client Satisfaction Survey	None None	3 minutes 3 minutes	Medical Officer III / Medical Officer IV Nurse I
Total **CO2 Laser (Low Fractional)** **CO2 Laser (Full Fractional)** **Q-switched/ Nd:YAG Laser Rejuvenation** **Q-switched/ Nd:YAG Laser Whitening** **Q-switched/ Nd:YAG Laser Hair Removal (facial hair)** **Q-switched/ Nd:YAG Laser Hair Removal (forearms, legs)** **Q-switched/ Nd:YAG Laser Pigment** **Q-switched/ Nd:YAG Laser Tattoo Removal (per square inch)** **Q-switched/ Nd:YAG Laser Telangiectasia (per square inch)** **Q-switched/ Nd:YAG Laser Vascular** **Q-switched/ Nd:YAG Laser Hypertrophic scar** **Q-switched/ Nd:YAG Laser Stretch Marks** **Q-switched/ Nd:YAG Laser Onychomycosis**		 **P1,800** **P2,560** **P2,500** **P1,810** **P1,660** **P2,640** **P1,515** **P1,515** **P1,660** **P2,140** **P1,515** **P1,515** **P1,515**	 **For Pay patient:** 2 hours and 11 minutes **For MSWS patient:** 2 hours and 26 minutes	

58. Other In-Office Minor Dermatologic Procedures

In-office minor procedures such as electrocautery, acne surgery, milia extraction, intralesional steroid injections, and others are done in a specified time/schedule at the Department of Dermatology procedure room located at the second floor of the VMC main building, 7:00 am to 4:00 pm from Monday to Friday and 8:00 am to 12:00 pm on Saturdays except holidays.

Office or Division:	Department of Dermatology
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) original copy of procedure request form	Department of Dermatology
One (1) original copy of Request for Billing	Department of Dermatology
Four (4) original copies of Statement of Account	Billing Section
One (1) original copy of Official Receipt or One (1) original copy MSWS Financial Assessment and Assistance Form	Cash Operations Section or Medical Social Work Service
Two (2) original copies of Consent Form	Department of Dermatology
One (1) original copy of Client Satisfaction Survey	Department of Dermatology

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present procedure request form from OPD consultation and get request for billing	1.1. Receive and assess request form 1.2. Issue request for billing	None Procedure Fee: A. Electrocautery (Verruca Plana) - P220 B. Electrocautery (Verruca	2 minutes 3 minutes	Nurse I Nurse I

		Vulgaris) - P610 C. Acne Surgery/ Extraction - P400 D. Intralesional Steroid Injections - P210		
2. Proceed to billing section and present billing request	2.1. Print Statement of Account (SOA)	None	10 minutes	Administrative Assistant I / Administrative Assistant II / Administrative Assistant III Billing and Claims Section
3. For pay patient, proceed to cashier section, and get official receipt For service patient, proceed to Medical Social Work Service	3.1. Issue Official Receipt (OR) 3.2. Evaluate the presented documents and give financial assessment and assistance	None None	10 minutes 25 minutes	Collecting Officer Social Welfare Officer I / Social Welfare Officer II / Social Welfare Officer IIII / Social Welfare Officer IV
4. Present proof of payment/receipt and fill out consent form	4.1. Receive proof of payment/receipt and endorse patient to Dermatology doctor. 4.2. Fill out consent form.	None None	5 minutes 5 minutes	Nurse I Medical Officer III / Medical Officer IV / Medical Specialist II / Medical Specialist IV

5. Prepare for the actual minor procedure	5.1. Perform specific type of minor procedure. a. Electrocautery (Verruca Plana) b. Electrocautery (Verruca Vulgaris) c. Acne Surgery/ Extractions d. Intralesional Steroid Injections	None	90 minutes 90 minutes 30 minutes 45 minutes	Medical Officer III / Medical Officer IV / Medical Specialist II / Medical Specialist IV
6. Receive final instructions and follow up schedule and fill out Client Satisfaction Survey	6.1. Give final instructions and follow up schedule. 6.2. Facilitate Client Satisfaction Survey	None None	3 minutes 3 minutes	Medical Officer III / Medical Officer IV Nurse I
Total **a. Electrocautery (Verruca Plana)** **b. Electrocautery (Verruca Vulgaris)** **c. Acne Surgery / Extractions** **d. Intralesional Steroid Injections**		**P220** **P210** **P400** **P210**	**For Pay patient:** 2 hours and 11 minutes **For MSWS patient:** 2 hours and 26 minutes **For Pay patient:** 2 hours and 11 minutes **For MSWS patient:** 2 hours and 26 minutes **For Pay patient:** 1 hour and 11 minutes **For MSWS patient:** 1 hour and 26 minutes **For Pay patient:** 1 hour and 26 minutes **For MSWS patient:** 1 hour and 41 minutes	

59. Skin Biopsy for In Patient

Biopsy is a procedure/biopsy technique to remove skin samples from a lesion to render microscopic diagnosis. The procedure is done in a specified time/schedule at the hospital wards.

Office or Division:	Department of Dermatology
Classification:	Highly Technical
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) original copy of Interdepartmental Referral Form	Ward
Two (2) original copy of Consent Form	Department of Dermatology

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Ward doctor/nurse will present interdepartmental referral form to the Dermatology doctor	1.1 Receive and assess request form	None	2 minutes	Medical Officer III / Medical Officer IV
2. Fill out consent form	2.1. Dermatology doctor will explain the procedure to the patient and acquire consent	None	5 minutes	Medical Officer III / Medical Officer IV
3. Await charging of procedure to HOMIS	3.1 Ward nurse aide will charge to HOMIS	Biopsy Fee without processing: A. Punch Biopsy: P415 B. Punch Biopsy with Suture: P1025 C. Shave Biopsy: P770 D. Excision Biopsy: P1480	3 minutes	Nurse Aide I / Nurse Aide II / Nurse I / Nurse II / Nurse III *(Ward)*

4. Prepare for the actual biopsy procedure	4.1 Perform specific type of biopsy procedure. a. Punch b. Punch with suture c. Shave d. Excision 4.2. Instruct patient and ward doctor/nurse for the schedule of release and claiming of result	None	1 hour 1 hour and 30 minutes 1 hour and 30 minutes 3 hours 2 minutes	Medical Officer III / Medical Officer IV / Medical Specialist II / Medical Specialist IV Medical Officer III / Medical Officer IV
5. Wait for the release of result	5..1 Histopathology processing 5.2. Histopathology reading 5.3 Specimen recut or special staining	None None None	7 working days 10 working days 7 working days	Medical Technologist III Medical Specialist II – Dermatopathologist Medical Technologist III
6. Receive the histopathology / biopsy result	6.1 Attach the histopathology / biopsy result to the chart. 6.2 Release the histopathology / biopsy result	None	2 minutes	Medical Officer III / Medical Officer IV
7. Receive final instructions	7.1. Give final instructions	None	3 minutes	Medical Officer III / Medical Officer IV

Total	**Biopsy Fee without procesing:**	
A. Punch Biopsy Procedure	**P415**	24 days, 1hour and 17 minutes
B. Punch Biopsy with Suture	**P1025**	24 days, 1hour and 47 minutes
C. Shave Biopsy Procedure	**P770**	24 days, 1 hour, and 47minutes
D. Excision Biopsy Procedure	**P1480**	24 days, 3 hours, and 17 minutes

60. Patch Testing

Patch testing is an out-patient diagnostic procedure that is used to determine which specific substances cause allergic inflammation of a patient's skin. The procedure is done in a specified time/schedule at the Department of Dermatology procedure room located at the second floor of the VMC main building, 1:00 pm to 2:00 pm on Monday, Wednesday, and Friday except holidays.

Office or Division:	Department of Dermatology
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) original copy of Request Form	Department of Dermatology
One (1) original copy of Request for Billing	Department of Dermatology
Four (4) original copies of Statement of Account	Billing Section
One (1) original copy of Official Receipt or One (1) original copy MSWS Financial Assessment and Assistance Form	Cash Operations Section or Medical Social Work Service
Two (2) original copies of Consent Form	Department of Dermatology
One (1) original copy of Client Satisfaction Survey	Department of Dermatology

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present skin biopsy request form from OPD consultation and get request for billing	1.1. Receive and assess request form 1.2. Issue request for billing	None P3600	2 minutes 3 minutes	Nurse I Nurse I
2. Proceed to billing section and present billing request	2.1. Print Statement of Account (SOA)	None	10 minutes	Administrative Assistant I / Administrative Assistant II / Administrative Assistant III Billing and Claims Section

3. For pay patient, proceed to cashier section, and get official receipt For service patient, proceed to Medical Social Work Service	3.1. Issue Official Receipt (OR) 3.2. Evaluate the presented documents and give financial assessment and assistance	None None	10 minutes 25 minutes	Collecting Officer Social Welfare Officer I / Social Welfare Officer II / Social Welfare Officer IIII / Social Welfare Officer IV
4. Present proof of payment/receipt and fill out consent form	4.1. Receive proof of payment/receipt and endorse patient to Dermatology doctor. 4.2. Fill out consent form.	None None	5 minutes 5 minutes	Nurse I Medical Officer III / Medical Officer IV / Medical Specialist II / Medical Specialist IV
5. Prepare for application of patch test	5.1. Application of patch test 5.2. Instruct patient for the follow up and initial reading after 48 hours	None	45 minutes 5 minutes	Medical Officer III / Medical Officer IV / Medical Officer III / Medical Officer IV
6. Wait for 1st reading	6. Interval between application of patch test and 1st reading	None	2 days	None
7. Follow up for 1st reading	7.1. Remove patch test chambers and place markings. 7.2. Facilitate 1st reading. 7.3. Instruct patient for the follow up and 2nd reading for another 48 hours	None None None	10 minutes 20 minutes 5 minutes	Medical Officer III / Medical Officer IV
8. Wait for 2nd reading	8. Interval between 1st and 2nd reading	None	2 days	None

9. Follow up for 2nd reading	9.1. Facilitate 2nd final reading	None	20 minutes	Medical Officer III / Medical Officer IV / Medical Specialist II / Medical Specialist IV
10. Claim official result	10.1 Release official result	None	5 minutes	Medical Officer III / Medical Officer IV
11. Receive final instructions and follow up schedule and fill out Client Satisfaction Survey	11.1. Give final instructions and follow up schedule. 11.2. Facilitate Client Satisfaction Survey	None None	3 minutes 3 minutes	Medical Officer III / Medical Officer IV Nurse I
Total **Patch Testing**		**P 3,600**	**For Pay patient:** 4 days, 2 hours, and 31 minutes **For MSWS patient:** 4 days, 2 hours, and 46 minutes	

61. Dermatology Consultation

We provide dermatologic assessment and management of diseases of the skin, hair, and nails.

Schedule of Services:

Consultation (By appointment)
Morning OPD Consult:
7:00 AM - 11:00 AM | Monday, Tuesday, Thursday, Friday
Afternoon OPD Consult:
1:00 PM - 3:00 PM | Monday, Tuesday, Wednesday, Thursday, Friday
Tele dermatology:
8:00 AM - 10:00 AM | Monday and Friday
1:00 PM - 3:00 PM | Wednesday
Consultation (Walk-in)
7:00 AM - 10:00 AM | Monday, Tuesday, Thursday Friday

Procedure (By appointment)
Phototherapy:
9:00 AM - 11:00 AM | Tuesday, Thursday, and Saturday
Patch Testing:
1:00 PM - 3:00 PM | Monday, Wednesday, and Friday
Other In-Office Dermatologic Procedures:
8:00 AM - 11:00 AM | Monday, Tuesday, Thursday, Friday, Saturday
1:00 PM - 3:00 PM | Monday, Tuesday, Wednesday, Thursday, Friday

Contact Number: (02) 82946711
FB Page: VMC Dermatology
OPD scheduler: http://www.opd.vmc.ph

Office or Division:	Department of Dermatology
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) original copy of Green Card	Health Information Management Department
One (1) original copy of Outpatient Record (Old Patient) One (1) original copy of Dermatology Outpatient Record (New Patient)	Health Information Management Department Department of Dermatology
Proof of Appointment Referral Slip (if applicable)	Outpatient Clinical Departments / Specialty Services and/or Units

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
TELEDERMATOLOGY				
1. Book appointment thru OPD scheduler at least 48 hours before desired date and time	1.1 Retrieve chart	None	5 minutes	Nurse I
2. Teleconsultation	2.1 Online consultation proper 2.2 Examine and evaluate patients. 2.3 Give appropriate management. 2.4 Discharge patients and give proper follow-up instructions. 2.5 Encode patient chart to iHOMIS	None	1 hour	Medical Officer III / Medical Officer IV Nurse I
FACE-TO-FACE CONSULTATION				
1. Proceed to Dermatology OPD For scheduled and walk-in patients, get queuing number	1.1 Give queuing number	None	5 minutes	Nurse I
2. Fill up information slip and health declaration form Wait for name and/or number to be called	2.1 Verify accomplished forms. 2.2 Take vital signs of the patient. 2.3 Call patients for consult arranged by queuing numbers	None	2 minutes 10 minutes 30 minutes	Nurse I Nurse I Nurse I

3. Submit self for check-up	3.1 Consultation proper 3.1.a. Examine and evaluate patient 3.1.b. Give appropriate management	None	1 hour 15 minutes	Medical Officer III / Medical Officer IV / Medical Specialist II / Medical Specialist IV
4. For patients needing procedures, get charge slip and request for billing	4.1. Provide charge slip and request for billing	None	10 minutes	Nurse I
5. Get discharge instructions	5.1 Discharge patients and give proper follow-up instructions. 5.2. Encode patient chart to iHOMIS	None	10 minutes 5 minutes	Medical Officer III / Medical Officer IV Nurse I
TOTAL (TELEDERMATOLOGY) **TOTAL (FACE TO FACE CONSULTATION)**		**None** **None**	**1 hour and 5 minutes** **2 hours and 52 minutes**	

62. Diet Counselling (Face-to-Face)

The Nutrition and Dietetics Service provides nutritional service to all in-patient and out-patient with nutritional requirements. It is located on the 2nd floor of the hospital and open from 8:00 A.M to 5:00 P.M daily.

Office or Division:	Nutrition and Dietetics Service
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) original copy of Interdepartmental Referral Form	Referring Physician
IEC Materials One Original Copy	Nutrition and Dietetics Service

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Interdepartmental Referral form for counselling.	1.1 Check the Interdepartmental Referral Form (FM-ND-030) for completeness of the following: Patient information, reason for referral, clinical diagnosis, signature of physician. If the patient is from other hospital, advised to proceed to VMC OPD for assessment	None	1 minute	Administrative Assistant II Nutritionist-Dietitian II Nutritionist - Dietitian III
2. For interview at NDS for nutritional assessment	2.1 Interview the patient for nutritional assessment if with complete requirements.	None	15 minutes	Nutritionist-Dietitian II Nutritionist - Dietitian
3. After the interview, wait for the diet computation	3.1 Compute the patient's diet requirements	None	15 minutes	Nutritionist-Dietitian II Nutritionist - Dietitian III

4. Listen to the dietitian for the diet recommendations and receive the IEC material.	4.1 Discuss the recommended diet and give advice on food allowed and limits. Also provide IEC material to the patient.	None	15 minutes	Nutritionist-Dietitian II Nutritionist - Dietitian III
	TOTAL	**None**	**46 minutes**	

63. Diet Counselling (Online)

The Nutrition and Dietetics Service provides nutritional service to all in-patient and out-patient with nutritional requirements. It is located on the 2nd floor of the hospital and open from 8:00 A.M to 5:00 P.M daily.

Office or Division:	Nutrition and Dietetics Service
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) original copy of Interdepartmental Referral Form	Referring Physician
IEC Materials / Dietary Instruction Slip – one original copy	Nutrition and Dietetics Service

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Interdepartmental Referral form for counselling.	1.1 Check the Interdepartmental Referral Form (FM-ND-030) for completeness of the following: Patient information, reason for referral, clinical diagnosis, signature of physician. If the patient is from other hospital, advised to proceed to VMC OPD for assessment	None	1 minute	Administrative Assistant II Nutritionist-Dietitian II Nutritionist - Dietitian III
2. Receive the dietary instruction slip with schedule of interview and IEC material	2.1 If the patient has complete requirement, provide dietary instruction slip with schedule for online counselling via NDS Facebook page. Also provide IEC material and ask for contact number of	None	5 minutes	Administrative Assistant II Nutritionist-Dietitian II Nutritionist - Dietitian III

	patient/ relative for follow up purposes.			
3. Message the NDS Facebook link *(https://www.facebook.com/dietary.vmc/)* on the given day of schedule to proceed on the interview for nutritional assessment via video call	3.1 Check the NDS Facebook Page for the confirmation message of the patient and proceed to interview the patient for nutritional assessment via video call	None	3 days	Nutritionist-Dietitian II Nutritionist - Dietitian III
4. After the interview, wait for the diet computation	4.1 Compute the patient's diet requirements	None	15 minutes	Nutritionist-Dietitian II Nutritionist - Dietitian III
5. Listen to the dietitian for diet recommendations.	5.1 Discuss the recommended diet and give advice on food allowed and limits.	None	15 minutes	Nutritionist-Dietitian II Nutritionist - Dietitian III
	TOTAL	**None**	**3 days 51minutes**	

64. Family Planning for Out-Patient

The Family Planning Section conducts one-on-one counselling at the OPD, performing necessary FP procedure based on clients Family Planning method of choice. The Family Planning Section is located at OPD 2nd floor and open from Monday to Friday 7:00 AM – 5:00 PM except Saturday, Sunday, and Holiday.

Office or Division:	Family Planning Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Out Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Out- Patient Record	OPD Record Section
Request for Billing	Family Planning Section
Family Planning Form 1 (2 copies)	Family Planning Section
Informed Consent Form (2) copies	Family Planning Section
Parental Consent Form (for minor client (2) copies)	Family Planning Section
Follow Up Form	Family Planning Section
For minor client: 1 Valid Government ID (2) Photocopy of any of the following: UMID ID, Voter's ID, Philippine ID, TIN ID, Pag Ibig ID, PWD ID, Solo Parent ID, and Phil-Health ID Government ID with validity period: Driver's License, PRC ID, NBI Clearance, Pantawid Pamilya Pilipino Program (4 P's) ID, Barangay ID and Philippine Postal ID	Government Agency
OPD Gate Pass (include procedure)	Family Planning Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present queuing number issued by Navigator Follow up: Present queuing number and scheduled follow up form	1.1 Initial assessment and interview Follow Up: Validate Scheduled Follow Up Form	None	3 minutes	Nurse II/ Nurse I/ Midwife II/ Midwife I
2. Proceed to OPD Records for creation/retrieval of OPD Records	2.1 Vital Sign and History taking	None	3 minutes	Nurse II/ Nurse I/ Midwife II/ Midwife I
	2.2 One on one counseling and 3 accomplishment of FP Form 1	None	15 minutes	

3. Sign consent prior the procedure For minor client: Consent must be sign by Guardian or immediate relative, present (1) valid issued government Id with (2) photocopy of presented ID	3.1 Thorough explanation before signing the consent prior the procedure. For minor client: Verify the presented Government ID and other pertinent data	None	3 minutes	Nurse II/ Nurse I/ Midwife II/ Midwife I
4. Proceed to Billing Section for issuance of Statement of Account (SOA)	4.1 Encode charges to HOMIS	None	2 minutes	Nurse II/ Nurse I/ Midwife II/ Midwife I
	4.2 Issue Request for Billing Form with complete information of the client for the following procedure:	None	1 minute	
	4.1.1 Implant Insertion	₱ 455.00		
	4.1.2 Implant removal	₱ 874.00		
	4.1.3 IUD Insertion	₱ 611.00		
	4.1.4 IUD Removal	₱ 588.00		
	4.1.5 IUD Follow up	₱ 368.00		
	4.1.6 IM Procedure	₱ 125.00		
	4.1.7 Pap smear	₱ 323.00		
	4.1.8 VIA	₱ 398.00		
5. For Pay Patient: Proceed to Cashier For Indigent: Proceed to MSWS	5.Issuance of Official receipt Prepare financial assessment and give financial assistance	None None	10 minutes 25 minutes	Administrative Officer I /Administrative Assistant III Social Welfare OfficeI/Social Welfare Officer II/Social Welfare Assistant
6. Proceed to Ultrasound Office for Family Planning procedure	6.1 Validation of issued Official receipt from Cashier Section	None	1 minutes	Nurse II/ Nurse I/ Midwife II/ Midwife I
	6.2 Perform the necessary Family Planning procedure.	None	15 minutes	Nurse II/ Nurse I/ Midwife II/ Midwife I
7. For Discharge: Home instruction and get Gate Pass	7.1 Issuance of follow-up form for the follow up appointment, health teaching and clear instruction upon discharge and issue OPD Gate Pass	None	5 minutes	Nurse II/ Nurse I/ Midwife II/ Midwife I

TOTAL	**Implant Insertion- ₱455.00** **Implant removal- ₱874.00** **IUD Insertion- ₱611.00** **IUD Removal- ₱588.00** **IUD Follow up- ₱368.00** **IM Procedure - ₱120.00** **Pap smear- ₱333.00** **VIA- ₱398.00**	**Pay patient: 58 minutes** **Indigent service patient: 1 hour and 13 minutes**	

65. Family Planning for In-Patient

The Family Planning Section conducts one-on-one counselling, performing necessary FP procedure based on clients Family Planning method of choice. The Family Planning Section is located at OPD 2nd floor and open from Monday to Friday 7:00 AM – 5:00 PM, Saturday 7:00 AM – 3:00 PM, Sunday and Holiday (Family Planning Rotator).

Office or Division:	Family Planning Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	In-Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
In Patient Consultation Form	OB Ward Nurse on duty
Family Planning Form 1 (2 copies)	Family Planning Section
Informed Consent Form (2 copies)	Family Planning Section
Parental Consent Form (for minor client (2) copies)	Family Planning Section
For minor client: 1 Valid Government ID (2) Photocopy of any of the following: UMID ID, Voter's ID, Philippine ID, TIN ID, Pag Ibig ID, PWD ID, Solo Parent ID, and Phil-Health ID Government ID with validity period: Driver's License, PRC ID, NBI Clearance, Pantawid Pamilya Pilipino Program (4 P's) ID, Barangay ID and Philippine Postal ID	Government Agency
Follow Up Form	Family Planning Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Admitted Client for Counselling	1.1 Received In Patient Consultation Form from ward Nurse on duty	None	2 minutes	Nurse II/ Nurse I/ Midwife II/ Midwife I
	1.2 Explain the purpose and importance of Family Planning through one-on-one counselling.	None	15 minutes	
	1.3 Conduct initial assessment and interview using FP Form 1	None	5 minutes	

2. Receiving voluntary chosen Family Planning method For minor client: Consent must be sign by Guardian or immediate relative, present (1) valid issued government Id with (2) photocopy of presented ID	2.1 Explain the voluntary decision and thorough explanation before signing the consent for chosen method prior to the procedure. For minor client: Verify the presented Government ID and other pertinent data	None	3 minutes	Nurse II/ Nurse I/ Midwife II/ Midwife I
3. Proceed to Ultrasound Office for Family Planning procedure, client accompany by OB ward Nursing Aid or Nurse on duty	3.1 Perform the necessary Family Planning procedure	None	15 minutes	Nurse II/ Nurse I/ Midwife II/ Midwife I
	3.2 Health Teaching after the procedure	None	5 minutes	
4. Follow Up visit	4. Issuance of follow-up form, with date of return, time and where to proceed for the follow up appointment.	None	2 minutes	Nurse II/ Nurse I/ Midwife II/ Midwife I
5. Return to OB Ward	5. Inform the OB Ward Nursing Aid or Nurse on duty after the procedure to accompany the client back to their respective room	None	10 minutes	OB Ward Nursing Aid/ Nurse on duty
6. Statement of Account	6. Encode charges to HOMIS		2 minutes	Nurse II/ Nurse I/ Midwife II/ Midwife I
	6.1.1 Implant Insertion	₱ 455.00		
	6.1.2 Implant removal	₱ 874.00		
	6.1.3 IUD Insertion	₱ 611.00		
	6.1.4 IUD Removal	₱ 588.00		
	6.1.5 IUD Follow up	₱ 368.00		
	6.1.6 IM Procedure	₱ 120.00		
	6.1.7 Pap smear	₱ 333.00		
	6.1.8 VIA	₱ 398.00		

TOTAL	**Implant Insertion - ₱455.00** **Implant removal - ₱874.00** **IUD Insertion - ₱611.00** **IUD Removal - ₱588.00** **IUD Follow up - ₱368.00** **IM Procedure - ₱120.00** **Pap smear - ₱333.00** **VIA - ₱398.00**	**59 Minutes**	

66. Electrocardiogram (ECG) – Outpatients

Heart Station functions as the central ECG Unit that will handle all services and document processing concerning ECG for In and Outpatients. ECG is requested for adult and pediatric patients who are symptomatic, adult patients with co-morbidities and patients ≥40 years prior to operation.

Operating hours: Monday to Friday 8:00AM to 4:00PM, except Holidays.

Claiming of ECG results: Monday to Friday 2:00PM to 4:00PM, except Holidays.

Office or Division:	Heart Station
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
One (1) Original Copy of completely filled request for procedure	Requesting Physician
Official Receipt 1 original copy	MSWS/Cashier
Claim Stub 1 original copy	Outpatient Department/Heart Station
One (1) photocopy of Valid ID	Patient and Representative
One (1) Original copy of Authorization Letter – For Representative	Patient and Representative

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Give request of procedure to Heart Station	1.1 Heart station staff gives charge slip for the ECG procedure to the patient	See attached updated price list	5 minutes	PT Technician I
2. Proceed to billing section and present billing request	2.1. Print Statement of Account (SOA)	None	10 minutes	Administrative Assistant I / Administrative Assistant II / Administrative Assistant III Billing and Claims Section

3. Give official receipt to Heart Station staff	3.1 Prepare supplies and explain the procedure to the patient.	None	5 minutes	
	3.2 Perform the procedure.		10 minutes	PT Technician I
	3.3 Give Claim stub and instruct patient for the claiming of result.		3 minutes	
	3.4 Initial reading of Internal Medicine doctor		1 day	Medical Officer III/ Medical Officer IV (Internal Medicine)
	3.5 Official reading of Cardiologist		4 days	Medical Specialist II Medical Specialist IV (Internal Medicine)
	3.6 Logging of official results		3 minutes	PT Technician I
4. Present claim stub	4.1 ECG will be released to the patient.	None	5 minutes	PT Technician I
	TOTAL	**See attached updated price list.**	**5 days and 36 minutes**	

67. Electrocardiogram (ECG) – In patients

Heart Station functions as the central ECG Unit that will handle all services and document processing concerning ECG for In and Outpatients. ECG is requested for adult and pediatric patients who are symptomatic, adult patients with co-morbidities and patients ≥40 years prior to operation.

Operating hours: Monday to Friday 8:00AM to 4:00PM, except Holidays.

Claiming of ECG results: Monday to Friday 2:00PM to 4:00PM, except Holidays.

Office or Division:	Heart Station
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All In Patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
One (1) Original Copy of completely filled request for procedure	Requesting Physician

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Give request of procedure to Heart Station	1.1 Endorse ECG request to Heart Station Staff	See attached updated price list	3 minutes	Nurse I/ Nurse II/ Nurse III (Ward)
	1.2 Transport of ECG machine from Heart Station to requesting area		10minutes	
	1.3 Perform the procedure.		10 minutes	PT Technician I (Heart Station)
	1.4 Documenting and logging of ECG and preparing of ECG tracing to ECG form.		3 minutes	

	1.5 Initial Reading of Internal Medicine doctor		1 day	Medical Officer III/ Medical Officer IV (Internal Medicine)
	1.6 Official reading of Cardiologist		2 days	*Medical Specialist II* *Medical Specialist IV* *(Internal Medicine)*
	1.7 Releasing of ECG result		3 minutes	*PT Technician I (Heart Station)*
	TOTAL	**See attached updated price list.**	**3 days and 39 minutes**	

68. 2D ECHOCARDIOGRAPHY (2D ECHO) – Outpatient

2D echo is requested for adult and pediatric patients for assessment of the heart's overall function and general structure. The procedure takes 30mins to 1 hour and is scheduled. Operating hours: 8am-4pm Monday to Friday, except Holidays, AM slots dedicated for Outpatients PM slots dedicated for Inpatients. Claiming of 2D echo results: Monday to Friday 2:00PM to 4:00PM, except Holidays.

Office or Division:	Heart Station
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Original Copy of completely filled request for procedure	Requesting Physician
Official Receipt 1 original copy	MSWS/Cashier
Schedule Stub 1 original copy	Outpatient Department/Heart Station
Claim Stub 1 original copy	Outpatient Department/Heart Station
One (1) photocopy of Valid ID	Patient and Representative
One (1) Original copy of Authorization Letter – For Representative	Patient and Representative

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give request of procedure to Heart Station	1.1 Heart station staff give request for billing for the 2D Echo procedure to the patient. 1.2 Issue Schedule Stub to patient	See attached updated price list	5 minutes 3 minutes	Nurse I
2. Proceed to billing section and present billing request	2.1. Print Statement of Account (SOA)	None	10 minutes	Administrative Assistant I / Administrative Assistant II / Administrative Assistant III Billing and Claims Section

3. Give official receipt to Heart Station staff	3.1 Prepare for the Procedure of the patient.	None	3 minutes	
	3.2 Check vital signs, height, and weight		5 minutes	
	3.3 Explain to the patient the procedure.		2 minutes	
	3.4 Perform the procedure.		1 hour	Nurse I
	3.5 Instruct patient in claiming of result and give claim stub.		2 minutes	
	3.6 Transposing of 2D echo		30 minutes	
	3.7 Documentation of 2D Echo and endorsing to cardiologist for official reading		30 minutes	Medical Specialist II
	3.8 Official reading of Cardiologist		5 days	Medical Specialist IV (Internal Medicine)
	3.9 Printing of official result and for signature		30 minutes	Nurse I
4. Present claim stub	4.1 Releasing of 2D Echo Result	None	3 minutes	Nurse I
	TOTAL	**See attached updated price list.**	**5 days and 3 hours and 3 minutes**	

69. 2D ECHOCARDIOGRAPHY (2D ECHO) – In patient

2D echo is requested for adult and pediatric patients for assessment of the heart's overall function and general structure. The procedure takes 30mins to 1 hour and is scheduled. Operating hours: 8am-4pm Monday to Friday, except Holidays, AM slots dedicated for Outpatients PM slots dedicated for Inpatients. Claiming of 2D echo results: Monday to Friday 2:00PM to 4:00PM, except Holidays.

Office or Division:	Heart Station
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Original Copy of completely filled request for procedure	Requesting Physician

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Give request for procedure	1.1 Give 2D Echo schedule to nurse-on-duty	See attached updated price list	3 minutes	Nurse I
2. Transfer patient to Heart station	2.1 Prepare for the Procedure of the patient. 2.2 Check vital signs, height, and weight 2.3 Explain to the patient the procedure. 2.4 Perform the procedure. 2.5 Transposing of 2D echo	None	3 minutes 5 minutes 2 minutes 1 hour 30 minutes	Nurse I

	2.6 Documentation of 2D Echo and endorsing to cardiologist for official reading		30 minutes	
	2.7 Official reading of Cardiologist		5 days	Medical Specialist II Medical Specialist IV (Internal Medicine)
	2.8 Printing of official result and attach to patient chart		30 minutes	Nurse I
	TOTAL	**See attached updated price list.**	**5 days and 2 hours and 46 minutes**	

70. Anti-Rabies Vaccination

The VMC Animal Bite Treatment Center (ABTC) is a special unit for the Rabies Prevention and Control Program accredited under the Department of Health. The VMC ABTC is located on the 2nd Floor VMC IDS Building.

Clinic Schedule: Monday-Friday (except holidays), 8:00 AM – 5:00 PM.

Office or Division:	Animal Bite Treatment Center
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
OPD/ ER Patient Health Record (1Original)	Emergency Room / Out Patient Department
For Follow up Patients: Rabies Post Exposure Prophylaxis Card	 Animal Bite Treatment Center

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submit self for screening	1.1 Triage Patient 1.2 Take initial vital signs. 1.3 Classify bite category.	None	5 minutes	Medical Specialist II/ Nurse II Midwife II
2. Fill out information slip and health declaration and Proceed to OPD	2.1 Encode patient information and issue green card for new patients.	None	5 minutes	Administrative Officer III
3. Proceed to PhilHealth Desk for verification and/or portal c/o Patient and Relative – For Category III only	3.1 If patient is under Category III, to verify Philhealth eligibility and comply requirements IF FOUND ACTIVE 3.2 For INACTIVE Philhealth members, patient must settle outstanding balance (amount will be based on the billing clerk's assessment)	None	19 minutes	Administrative Assistant I

4. Submit self for interview	4.1 Take clinical history of bite/ scratch. 4.2 Give plan of management of animal bite. 4.3Carry out doctor's order and prepare vaccine and treatment supplies	None	9 minutes	Medical Specialist II/ Nurse II Midwife II
5. Submit self for vaccination	5.1 Dispense Vaccine at Pharmacy Service 5.2.1 For Patients with Category III exposure: Administer skin test. 5.2.2 For Patients with Category II exposure: Administer Anti-Rabies Vaccination	See attached cost of vaccine, procedure, and supply	3 minutes 1 hour 5 minutes	Pharmacist II/ Administrative Assistant II Medical Specialist II/ Nurse II Midwife II
6. Return to ABTC for equine rabies immunoglobulin (ERIG)	6.1. Administer ERIG if patient is negative on skin test. 6.2 Post vaccination monitoring 6.3 For patients with POSITIVE skin test; refer to other institution with available HRIG.	See attached cost of vaccine, procedure, and supply.	1 hour	Medical Specialist II/ Nurse II/ Midwife II
7. Get Home Advice, Instruction, and schedule of follow up vaccination	7.1 Conduct health teaching 7.2 Advise patient regarding the dates of follow up for the completion of vaccination.	None	10 minutes	Nurse II/ Midwife II

	7.3 For patients with COMPLETE PhilHealth Portal with CF2; issue vaccine card and OPD gate pass			
8. Get Statement of Account	8.1 Issue Statement of Account	None	5 Minutes	*Administrative Officer III – Billing and Claims*
TOTAL **For Patients with Category III exposure** **For Patients with Category II exposure:** **Waiting Time: 1 hour**		**Cost of procedure and supply (see Pricelist)**	**With PhilHealth: 2 hours and 56 minutes** **Without PhilHealth: 3 hours and 37 minutes** **45 minutes**	

71. Procedure on Claiming Peritoneal Dialysis Package

The Dialysis Unit - Peritoneal Dialysis gives service to patients with Chronic Kidney Disease Stage V. We provide processes and techniques in Peritoneal Dialysis, from exit site care to manual exchange of Peritoneal Dialysis solution, flushing, draining, and post care of dialysis patients. We are located on the 2nd Floor, Outpatient Department, Valenzuela Medical Center.

Operating hours: Monday to Friday 8:00AM to 5:00PM, except Holidays.

Office or Division:	Dialysis Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Peritoneal Dialysis Patients

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Initial Claim: Patient is required to **appear** during his/her initial claim	
One (1) Original copy of Statement of Accounts	Billing and Claims Section
One (1) Original copy of Approved Pre-Authorization Form	Billing and Claims Section/ Dialysis Unit
One (1) Certified True Copy of Medical Abstract (1 month validity)	Medical Records Section
PD PhilHealth Forms (Annex C; D; E; CF1; CF2, MDR)	Billing and Claims Section/ Dialysis Unit
One (1) Photocopy of Proof of Payment (at least 9 months of contribution within a year prior to the month of availment	Billing and Claims Section
Original copy of PD Record Book	Dialysis Unit
Two (2) photocopies of Valid Government ID (Patient and Claimant)	Patient/Relative
Succeeding Claims:	
Patient:	
Forty Two (42) Pull Rings	Patient or Relative
One (1) Original copy of Statement of Accounts	Billing and Claims Section
One (1) Original copy of Approved Pre Authorization Form	Billing and Claims Section/ Dialysis Unit
One (1) Certified True Copy of Medical Abstract (1 month validity)	Medical Records Section
PD Philhealth Forms (Annex C; D; E; CF1; CF2, MDR)	Billing and Claims Section/ Dialysis Unit
One (1) Photocopy of Proof of Payment (at least 9 months of contribution within a year prior to the month of availment	Billing and Claims Section
Two (2) pieces 2x2 photo of patient	Patient/Relative
Original copy of PD Record Book	Dialysis Unit

If representative, additional requirements needed:				
One (1) Original Copy Authorization Letter		Patient/Relative		
Two (2) photocopies of Valid Government ID (Patient and Claimant)		Patient/Relative		
Photo of Proof of life of patient (must be taken on the day of claim)		Patient/Relative		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present PD Requirements	1.1 Assessment of submitted required documents. 1.2 Issuance of PD Prescription	None	5 minutes 3 minutes	Nurse I
2. Present PD prescription to pharmacy	2.1 Charging of PD solutions and supplies 2.2 Issuance of request for billing	None	3 minutes 2 minutes	Administrative Assistant II/ Pharmacist II (Pharmacy) Nurse I
3. Present request for billing	3.1 Issue Statement of Accounts	None	10 minutes	Administrative Assistant III/ Administrative Assistant II/ Administrative Assistant I (Billing)
4. Present Statement of Accounts	4.1 Processing of order of payment (based on PHIC classification) 4.2 Accomplishing and signing of PD Philhealth Forms 4.3 Issuance of PD Passport	For NBB: No Co-Pay Regular: P 790 Private: P 1560	3 minutes 10 minutes 5 minutes 3 minutes	Nurse I Administrative Officer I (Cashier) Medical Specialist II/ Nurse I (Dialysis Unit) Nurse I

5. Present PD Passport to Pharmacy	5.1 Issuance of PD dialysate and supplies 5.2 Signing of PD Passport	None	10 minutes 3 minutes	Administrative Assistant II/ Pharmacist II (Pharmacy)
6. Present signed PD Passport	6.1 Signing of PD Passport 6.2 Scheduling of next PD Claim	None	3 minutes 3 minutes	Nurse I
	TOTAL	**For NBB: None** **Regular: P790** **Private: P1560**	**NBB: 53 minutes** **Regular and Private: 1 hour**	

72. Procedure for Z-Benefit Package

The Dialysis Unit - Peritoneal Dialysis gives service to patients with Chronic Kidney Disease Stage V. We provide processes and techniques in Peritoneal Dialysis, from exit site care to manual exchange of Peritoneal Dialysis solution, flushing, draining, and post care of dialysis patients. We are located on the 2nd Floor, Outpatient Department, Valenzuela Medical Center.

Operating hours: Monday to Friday 8:00AM to 5:00PM, except Holidays.

Office or Division:	Dialysis Unit
Classification:	Highly Technical
Type of Transaction:	G2C – Government to Citizen
Who may avail:	PD Patients (New, Renewal and Transfer from other Hospital/Healthcare Provider)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
PD Philhealth Forms (Annex C; D; E; CF1; CF2, MDR)	Billing and Claims Section/ Dialysis Unit
One (1) Photocopy of Proof of Payment (at least 9 months of contribution within a year prior to the month of availment	Philhealth Office
One (1) Certified True Copy of Medical Abstract (1 month validity)	Medical Records Section
One (1) Photocopy of Latest Laboratories	Diagnostic Centers
One (1) Original Copy Authorization Letter	Patient/Relative
Two (2) photocopies of Valid Government ID with three (3) signature specimen (Patient and Representative)	Patient/Relative

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present complete Requirements	1.1 Verification of required documents and validity of supporting papers	None	30 minutes	Nurse I
	1.2 Process Enrollment		1 day	
	1.3 Submission of Complete Pre-Authorization Documents to Philhealth office for approval		14 days	Philhealth Officer (Philhealth Main Office)
	1.4 Scheduling patient for PD Orientation and 1st PD claim of PD Solution		2 minutes	Nurse I

TOTAL	**None**	**15 days and 32 minutes**	

73. Processing of Statement of Account (SOA) for In-Patients

Prior to hospital discharge, the Billing Section serves all admitted patients by processing their Statement of Account (SOA). The Billing and Claims Section is located on the 2nd floor of the Main Building of Valenzuela Medical Center.

Operating hours is from 7:00 AM to 9:00 PM on weekdays and 8:00 AM to 9:00 PM on weekends and holidays. No noon breaks.

Office or Division:	Billing and Claims Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Original Copy of Request for Billing Form	Requesting Ward (Covid, Medicine, O.B., Gyne, Pedia, Surgery)
PhilHealth documentary requirements: • One (1) Original Copy Claim Form 2 (CF2)	Clinical Ward (Covid, Medicine, O.B., Gyne, Pedia, Surgery)
Newborn Screening Sticker	Laboratory Department
One (1) Original Copy of Newborn Hearing Screening Result	Newborn Hearing Unit
One (1) Original Copy of Diagnostic Results	Clinical Ward (Covid, Medicine, O.B., Gyne, Pedia, Surgery) Laboratory
One (1) Original Copy of Radiologic Results	Clinical Ward (Covid, Medicine, O.B., Gyne, Pedia, Surgery), Radiology
Operation Record (OR)	Clinical Ward (OB/Gyne, Surgery)
Operation Technique	Clinical Ward (OB/Gyne, Surgery)
Additional Requirements (if applicable):	
One (1) Duplicate Copy of RT-PCR Result	Clinical Ward (Covid, Medicine, O.B., Gyne, Pedia, Surgery)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the Request for Billing form	1.1 Check the necessary and required documentary requirements for completeness	None	2 minutes	Nursing Attendant, Administrative Assistant I, II and III
	1.2 Encode the PhilHealth Claim Form 2 (CF2) and process the Statement of Account (SOA) and apply outright	None	10 minutes	Administrative Assistant I, II and III

	deduction and discounts to bill.			
2. Receive and sign the duplicate copy of Statement of Account (SOA).	2.1 Issuance of the Statement of Account (SOA):	None	10 minutes	
	Note: **If the bill is less than P20,000.00:** The billing clerk will issue gate pass to the patient's representative member and forward a copy of SOA to Medical Social Welfare Service. **If the bill is more than P20,000.00:** The billing clerk will give the patient's representative a copy SOA and refer to Medical Social Welfare Service for financial assistance.			Administrative Assistant I, II and III/ Social Welfare Officer Administrative Assistant I, II and III/ Social Welfare Officer
3. Fill up the Client Satisfaction Survey	3.1 Give the form for the Client Satisfaction Survey	None	5 minutes	Administrative Assistant I, II,and III
	TOTAL	**NONE**	**For bill less or more than the 20,000.00 27 minutes**	

74. Processing of Statement of Account (SOA) for Emergency Department and Outpatient Department Patients

The Billing Section serves all OPD patients by processing their Statement of Account (SOA). The Billing and Claims Section is located on the 2nd floor of the Main Building of Valenzuela Medical Center.

ED operating hours is from 7:00 AM to 9:00 PM on weekdays and 8:00 AM to 9:00 PM on weekends and holidays. while OPD operating hours is from 7:00 AM to 5:00 PM on weekdays only. No noon Break.

Office or Division:	Billing and Claims Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
One (1) Original Copy of Request for Billing Form	Day Surgery - OR/DR Dental Service TB DOTS Clinic OB Ultrasound Section Family Planning Service Animal Bite Treatment Center OB-GYNE OPD Emergency Department
PhilHealth documentary requirements: (Day Surgery) • One (1) Original Copy Claim Form 2 (CF2)	Dermatology Department Ophthalmology Section Internal Medicine Department TB DOTS Clinic
• Operation Record (OR) • Operation Technique • Anesthesia Record (if any)	OR/DR/ED
• Cataract Pre-Surgery Authorization Checklist	Ophthalmology Section
• Diagnostic Result (Histopath)	Dermatology Deparment
• GI Endoscopy Report	Internal Medicine Department
• NTP Treatment Card	TB DOTS Clinic
Official Receipt (OR)	Cash Operation Section/Cashier

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the Request for Billing form	1.1 Processing of Billing Statement: **Note:** **If with Philhealth:** Check the completeness of necessary documents, if complete proceed to encoding.	None	2 minutes	OR/DR/ED Nurse/Relative Administrative Assistant I, II and III

	If without PhilHealth: Verify charges if it is encoded in the HOMIS and proceed to printing of SOA.	None	5 minutes	Administrative Assistant I, II and III
	1.2 Encode the PhilHealth Claim Form 2 (CF2), process the Statement of Account (SOA) and apply outright deduction and discounts to bill. 1.2	None	10 minutes	Administrative Assistant I, II and III
2. Receive and sign the duplicate copy of Statement of Account (SOA).	2.1 Issuance of the Statement of Account (SOA): **Note for ER and OPD Patients:** If without Philhealth instruct the patient/ representative to pay at the cashier and return to the billing and claims section to present, the official receipt and for signature of gate pass. If the balance is greater than the amount covered by the PhilHealth package, the billing clerk will instruct the relative/ PhilHealth member to pay at the cashier and return to the billing and claims section to present the official receipt and for signature of gate pass.	None None	5 minutes 7 minutes	Administrative Assistant I, II and III/ Administrative Oficer I,Collecting Officer Administrative Assistant I, II and III/Collecting Officer
	If the balance is less than the value of the PhilHealth package proceed to issuance of SOA.	None	3 minutes	Administrative Assistant I, II and III/ Administrative
3. Fill up the Client Satisfaction Survey	Give the form for the Client Satisfaction Survey	None	5 minutes	Administrative Assistant I, II,and III

TOTAL	**NONE**	**For ER and OPD Patients:** If without PhilHealth **= 13 minutes** If with PhilHealth but no excess to PhilHealth **= 20 minutes** If with excess to PhilHealth Package **= 24 minutes**	

75. Issuance of PhilHealth Benefit and Eligibility Form (PBEF) and Claim Signature Form

The Billing and Claims Section Office provides services to all members both admitted and as out-patient basis in relation of information to their Philhealth eligibility and benefit records.

The Billing and Claims Section Office is located on the 2nd Floor, Valenzuela Medical Center Main Building. Operating hours is from Monday to Sunday Including Holidays; 7:00 am to 7:00 pm.

Office or Division:	Billing and Claims Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Qualified Philhealth Member/Patient

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
PhilHealth Member: • Philhealth ID • Philhealth Member Registration Form (PMRF) (1 Original), and **Note:** • If, Self-employed : Official receipt of contribution (Original and 1 Photocopy) • If, Indigent Member : Latest Member Data Record (MDR) with current year validity period (1 Photocopy) • If, Group Enrollment Scheme : Latest Member Data Record (MDR) (1 Photocopy)	Local Health Insurance Office (LHIO)/PhilHealth
Point of Service (POS): • Registration Slip (1 Original) • Certificate & Point of Service (POS) Enrollment (1 Original)	Medical Social Work Service (MSWS)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present requirements applicable	1.1 Receive documents for review and validation	None	2 minutes	Administrative Assistant I, II, and III
2. Interview the patient/ member/ representative of the patient.	2.1 Conducts interview to obtain additional and/or changes of information to verify and supplement existing data of member.	None	10 minutes	Administrative Assistant I, II, and III

3. Waiting for verification of status of Philhealth membership	3.2 Verification of status for active Philhealth membership **Note:** **If with complete requirements:** Proceed to encoding. **If with incomplete requirements:** Advice to comply necessary requirements and upon completion proceed to encoding.	None	5 minutes	Administrative Assistant I, II, and III
	3.2 Verification of status for inactive Philhealth membership **Note:** Provide PMRF to the patient's representative and instruct to proceed to Malasakit Center for assessment if qualified for POS.	None	5 Minutes	Administrative Assistant I, II, and III Social Worker Assistant /Social Worker Officer I, and II
4. Wait for Validation of Philhealth Benefit Eligibility Form (PBEF).	4.1 Encoding of member's data to the PHIC portal to verify the status of eligibility of PHIC member.	None	5 minutes	Administrative Assistant I, II, and III
	4.2 Generates and issues Philhealth Benefit Eligibility Form (PBEF).	None	3 minutes	Administrative Assistant I, II, and III
5. Fill up the Client Survey	5.1 Give Satisfaction the form for the Client Satisfaction Survey	None	5 minutes	Administrative Assistant I, II,and III
	TOTAL	**NONE**	For active PHIC member with complete requirements and non-eligible patient/member **= 30 minutes**	

76. Discharge Process in the Wards

The Hospital Ward Personnel is responsible for the discharge process of all admitted patients and helps coordinate the information and care you'll need after you leave.

The wards include the Medicine, Neonatal Intensive Care Unit (NICU), Obstetrics and Gynecology, Pediatric, and Surgery, that is located at the 3rd floor and 4th floor of Valenzuela Medical Center, Main building. Operating hours is 24 hours, 7 days a week including holidays.

Office or Division:	Nurse Station/Ward
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All Admitted Patients with Doctor's may-go-home order

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Discharge Clearance Slip/ Billing Notice Form/ Notice of Discharge Form	Nurse Station
Philhealth Forms: Primary Requirements: PBEF CF2 CF3 CF4 (ALL) CSF (Internal Medicine) (Updated)PMRF Secondary Requirement: MDR	 PhilHealth and Claims Section Nurse Station Nurse Station Nurse Station PhilHealth and Claims Section PhilHealth and Claims Section Philhealth Main / Satellite Offices
One (1) Photocopy Medical Abstract / Discharge Summary One (1) Photocopy OR Technique / Surgical Memo One (1) Photocopy of All Laboratory/Radiology/Diagnostics Results	Nurse Station/ PhilHealth and Claims Section Nurse Station/ PhilHealth and Claims Section Nurse Station / Department of Laboratory / Department of Radiology
Statement of Account	Billing Section
Senior Citizen Identification Card (if any) PWD Identification Card (if any)	OSCA CSWD

For Medical Assistance: One (1) Certificate of Eligibility One (1) Endowment Fund Acknowledgement One (1) Pahintulot Form One (1) Unified Intake Sheet One (1) MSWS Financial Assessment One (1) Patient Service Card One (1) MSWS Action Slip	Medical Social Work Service Office			
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Be inform by the Attending physician a may-go-home order	1.1 Inform the patient he/she will be discharge.		5 minutes	Medical Officer IV/ Medical Officer III
	1.2 Carry out the doctor's may-go-home order with the following documents signed by the attending physician: • CF2, CF3, and CF4 • Medical Abstract	None	30 minutes	Nurse III/ Nurse II/ Nurse I
	1.3 Forward billing request form to the PhilHealth Section		5 minutes	Nursing Attendant II
	1.4 Check and verify the billing request form			Administrative Assistant III/ Administrative Assistant II/ Administrative Assistant I
	1.4.1 If correction is needed, return the document to the concern ward		1 hour	
	1.4.2 Forward the corrected document to PhilHealth Section		10 minutes	Nursing Attendant II

2.1 Guardian/Relative/ Next of Kin will proceed to the Billing Section and get gate pass	2.1.1 Issue Statement of Account 2.1.2 If total payment is below P20,000; Issue gate pass 2.1.3 If total payment is above P20,000, the Guardian/Relative/ Next of Kin proceed to Malasakit Center	None	2 minutes	Administrative Assistant III/ Administrative Assistant II/ Administrative Assistant I
2.2 Guardian/Relative/ Next of Kin will proceed to the Frontline Assistance Desk and get a queuing number for Malasakit Center	2.2.1 If total payment is above P20,000, Evaluate for medical assistance; Check documents and tap funds to pay bill and issue gatepass 2.2.2 If still with remaining balance, execute promissory note.	None	45 minutes	Social Welfare Officer IV/ Social Welfare Officer II/ Social Welfare Officer I/ Social Welfare Assistant
3. Guardian/Relative/ Next of Kin will give gate pass to its concerned Nurse Station and accomplish Hospital Client Experience Survey	3.1 Discuss all information written in the Tagubilin / Discharge Instructions Form 3.2 Sign the gate pass	None	30 minutes	Nurse III/ Nurse II/ Nurse I
4. Get the gate pass, present and transport to Hospital Lobby	4.1 Assist and transport the patient to the hospital exit	None	5 minutes	Nurse III/ Nurse II/ Nurse I/ Nursing Attendant

	4.2 Proceed to Admitting Section for verification of discharge in HOMIS			
Total Patient bill is below P20,000.00 Patient bill is above P20,000.00		**None**	**2 hours and 27 minutes** **3 hours and 10 minutes**	

77. Recruitment of Plantilla Positions

Pursuant to the Civil Service Commission's Omnibus Rules on Appointments and Other Human Resources Actions (ORAOHRA) Rule VII Sec. 24 and Sec. 29, the hiring process shall be completed within nine (9) months from the date the vacant position was published.

This service involves the following stages:

Acceptance & Evaluation of Job Applications - Applicants who submitted complete application requirements/documents within the application period shall be evaluated based on the CSC Minimum Qualification Standards

Administration of General and Technical Examination - Applicants who met the CSC Minimum Qualification Standards will proceed to take the General and Technical Examination. This refers to non-verbal or verbal test used to assess a variety of mental and cognitive abilities of applicants. On the other hand, technical examination refers to the examination given by the Office where the vacancy exists (expect administrative positions) that evaluates the candidate's skills for the position applied for.

Conduct of Panel and Final Interview - Applicants who passed both General and Technical Examinations shall proceed to the Panel Interview which will be conducted by the Human Resource Merit Promotion and Selection Board (HRMPSB) and Final Interview will be conducted by the Medical Center Chief II.

Preparation of Appointment and Orientation/Onboarding - The appointment shall be issued to qualified applicant who has been considered by the Appointing Authority. The proposed appointee should submit to the Human Resource Management Office the required documents (***See checklist of requirements on Appointment and Onboarding***) to facilitate its preparation.

Office or Division:	Human Resource Management Office
Classification:	Highly Technical
Type of Transaction:	G2C – Government to Citizen, G2G – Government to Government
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Job Application:	
1. Application Letter (1 Original Copy) Addressed to: **MEDICAL CENTER CHIEF II** Thru: Human Resource Management Office	Applicant
2. Personal Data Sheet (PDS) with work experience sheet (Fully accomplished and under	CSC Website

oath PDS with recent passport-sized picture (CS Form No. 212, Revised 2017) (1 Original Copy)	Human Resource Management Office
3. Photocopy of Authenticated copy / Certified True Copy (CTC) of the following Credentials: Diploma Transcript of Records Form 137 Completion of Residency Training, Diplomate or Fellow Certificate of Trainings/Seminars *Present original copy for validation or Affidavit of Authenticity	 School or University where graduated Hospital of the Completed Residency Training, Office of the Specialty Society, Office of the Relevant Specialty Board Office Conducted/Sponsored the Trainings/Seminars
4. Photocopy of Authenticated copy / Certified True Copy (CTC) of Certificate of Eligibility and/or Authenticated Certificate of PRC license and board rating *Present original copy for validation or Affidavit of Authenticity	Professional Regulation Commission, Civil Service Commission, TESDA, LTO
5. Original copy of latest NBI Clearance	NBI
6. Certified True Copy of duly signed and approved Performance Rating from current employer, if applicable	Former Office
7. Photocopy of Certificate of Employment with Actual Duties and responsibilities, if applicable	Former Office
8. Photocopy of the following: Birth Certificate (PSA Copy) Marriage Certificate (PSA Copy)	PSA
Appointment and Onboarding:	
A. ***For Original Appointment***	
1. Two (2) copies of duly accomplished and notarized Personal Data Sheet with Work Experience Sheet	CSC Website Human Resource Management Office
2. Two (2) Authenticated Copy and/or Certified True Copy of a) Civil Service Eligibility (for Civil Service Passers), or	Professional Regulation Commission, Civil Service Commission, TESDA, LTO

b) PRC License, Board Rating, and Certificate of Registration (for Licensed Professionals), or c) any related eligibility granted in the government service (original copy must be presented)	
3. Medical Certificate (CSC Form 211 – Revised 2018) from Government Physician (with complete result of: chest x-ray, laboratory procedures, drug test, neuro-psychiatric examination from any government institution, and complete check- up by the designated physician)	Human Resource Management Office, VMC Family and Community Medicine
4. One (1) original copy of NBI Clearance	NBI
5. One (1) Certified True Copy of Diploma	School or University where graduated
6. One (1) Certified True Copy of Transcript of Records	School or University where graduated
7. Two (2) Certified True Copy of Certificate of Specialty Board / Fellow / Medical Specialist Examination / Completion of Residency for Physician	Office of the Specialty Society, Office of the Relevant Specialty Board, Hospital of the Completed Residency Training
8. One (1) Certified True Copy of Form 137	School or University where graduated
9. Four (4) copies of duly accomplished and notarized Statement of Assets, Liabilities and Net Worth (Revised 2015)	Human Resource Management Office, CSC Website
10. One (1) original copy of Birth Certificate	PSA
11. One (1) original copy of Marriage Certificate	PSA
12. Two (2) original signed copies of Comparative Assessment Report (CAR)	HRMPSB
13. Two (2) original signed copies of Resolution	HRMPSB
14. One (1) original signed copies of Minutes of Deliberation	HRMPSB
B. **For Promotion within Valenzuela Medical Center**	
Refer to Original Appointment Checklist of Requirements: Numbers: 1, 2, 3, 7, 9, 12, 13, 14	
Two (2) Certified True Copies of duly signed and approved Performance Rating from current employer for the last rating period	Former Office
C. **For Transfer**	

Refer to Original Appointment Checklist of Requirements: Numbers: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14				
Two (2) Certified True Copies of duly signed and approved Performance Rating from current employer for the last rating period		Former Office		
One (1) original copy of Service Record and Certificate of Employment		Former Office		
Two (2) original copies of Approved request to transfer		Former Office		
One (1) original copy of Clearance from former office		Former Office		
One (1) original copy of Certificate of Last Salary, Leave Credits and Remittances		Former Office		
D. **For Reappointment:**				
Refer to Original Appointment Checklist of Requirements: Numbers 1, 2, 3 and 7				
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
Stage 1: Acceptance and Evaluation of Application Documents				
1. Submit letter of intent together with the complete documentary requirements	1.1. Receive and check completeness of application documents If complete, forward the application documents to the HRMOs If incomplete, return to applicant	None	30 minutes	Administrative Assistant III /Administrative Officer II/ Administrative Officer IV
	1.2 Evaluate applicants' qualifications vis-a-vis CSC minimum qualification standards of the vacant position and validate authenticity of the submitted documents	None	12 days	Administrative Officer II/ Administrative Officer IV

	1.3 Prepare Report of Documentary Review	None	4 days	Administrative Officer II/ Administrative Officer IV
2. Receive the result of evaluation	2.1 Notify the applicants (both those who meet and did not the minimum requirements of the position) through a SMS, Call or Email	None	3 days	Administrative Officer II
	TOTAL	**None**	**19 days and 30 minutes**	
Stage 2: Administration of General and Technical Examination				
1. Receive the schedule of general and technical examination and confirm the attendance to general and technical examination	1.1 Schedule shortlisted applicants for general and technical exam	None	2 days	Administrative Officer II (HRMPSB Secretariat)
2. Attend and submit the general and technical examination to HRMPSB	2.1 Administer the general and technical examination to applicants	None	2 days	Administrative Officer II/ Administrative Officer IV (HRMPSB Secretariat)
	2.2 Check general examination and transmit the Technical Examination to the End-User for checking	None	2 days	Administrative Officer II/ Administrative Officer IV (HRMPSB Secretariat)
	2.3 Check and evaluate the Technical Examination and transmit to HRMPSB	None	2 days	*(end-user) from the office where the vacant position exists*

3. Receive the result of examination	3.1 Receive the technical examination results and inform the applicants on the result of the examination through SMS, Call or Email	None	2 days	Administrative Officer II (HRMPSB Secretariat)
	TOTAL	**None**	**10 days**	
Stage 3: Conduct of Panel and Final Interview				
1. Wait for the schedule of the panel interview	1.1 Prepare the list of qualified applicants and schedule the panel interview	None	1 day	Administrative Officer II/ Administrative Officer IV (HRMPSB Secretariat)
2. Receive the schedule of panel interview	2.1 Inform applicants on the schedule of panel interview through SMS, Call or Email	None	3 days	Administrative Officer II/ Administrative Officer IV (HRMPSB Secretariat)
3. Attend the scheduled panel interview	3.1Conduct of Interview	None	4 days	HRMPSB Committee
4. Wait for the result	4.1 Conduct Character Investigation	None	10 days	Administrative Officer II/ Administrative Officer IV (HRMPSB Secretariat)
	4.2 Prepare the Comparative Assessment Report of shortlisted applicants	None	5 days	Administrative Officer II/ Administrative Officer IV (HRMPSB Secretariat)
	4.3 Deliberation of shortlisted applicants	None	1 day	HRMPSB Committee

	4.4 Endorse to the Medical Center Chief the shortlisted applicants	None	1 day	HRMPSB Chairperson
	4.5 Review the final report of the shortlisted applicants	None	3 days	Medical Center Chief II
5. Receive the schedule of final interview	5.2 Inform applicants on the schedule of panel interview through SMS, Call or Email	None	3 days	Administrative Officer II/ Administrative Officer IV
6. Attend the scheduled final interview	6.1 Conduct of Final Interview	None	3 days	Medical Center Chief II
7. Wait for the result	7.1 Endorse the successful applicant	None	14days	Regional Director – MMCHD/
	TOTAL	**None**	**48 days**	
Stage 4: Preparation of Appointment and Onboarding				
1. Receive congratulatory and/or regret message	1.1 Upon receipt of the decision from the appointing authority, inform successful/unsuccessful applicant through message. For successful applicant, prepare checklist of requirements.	None	3 days	Administrative Assistant II / Administrative Officer II
2. Submit the complete documentary requirements for appointment	2.1 Receive documentary requirements and check its completeness If incomplete: Return to the proposed appointee If complete forward to HRMO in-charge	None	1 hour	Administrative Assistant II / Administrative Officer II
	2.2 Prepare appointment paper	None	10 days	Administrative Officer II

	2.3 Submit the appointment paper together with the documentary requirements to the following officials for signature: HRMO, Chairperson of HRMPSB, Division Head, Medical Center Chief and the Appointing Authority.	None	30 days	Administrative Officer II / Supervising Administrative Officer / HRMPSB Chairperson / Division Heads / Medical Center Chief II/ Regional Director - MMCHD
	2.4 Received Signed Appointment	None	1 day	Administrative Officer II
3. Receive a message of the scheduled assumption to duty	3.1 Inform successful applicant on the schedule of his/her assumption to duty	None	1 day	Administrative Officer II
4. Attend to the scheduled duty	4.1 Assist the new appointee and endorse to the place of assignment	None	1 day	Administrative Officer II
5. Receive the Online Orientation/Onboarding Program	5.1 Conduct orientation/ onboarding to the new employee	None	1 day	Administrative Officer II
	TOTAL	**None**	**47 days and 1 hour**	
	GRAND TOTAL	**None**	**124 days 1 hour and 30 minutes**	

Note: Service is covered by Civil Service Commission's 2017 Omnibus Rules on Appointments and Other Human Resources Actions (ORAOHRA), revised July 2018

78. Acceptance of Deliveries

The Materials Management Section (MMS) is responsible on the processing and acceptance of deliveries. MMS is located at Valenzuela Medical Center Annex 1 Building; 8:00 am to 5:00 pm from Monday to Friday. Acceptance of deliveries is until 3:00 pm. However, deliveries maybe extended on a case-to-case basis. Deliveries on weekend / holiday are not allowed except for Medical Gases.

Office or Division:	Materials Management Section
Classification:	Simple
Type of Transaction:	G2B – Government to Business
Who may avail:	Supplier / Distributor

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Sales Invoice / Delivery Receipt (1 Original Copy)	Supplier / Distributor

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Sales Invoice / Delivery Receipt	1. Accepts Sales Invoice / Delivery Receipt	None	5 minutes	Administrative Assistant I / Warehouseman III
2. Wait for the verification of Sales Invoice / Delivery Receipt	2.1 Verifies Sales Invoice / Delivery Receipt vs duly Approved Purchase Order	None	20 minutes	Administrative Assistant I / Warehouseman III
3. Unloading of deliveries	3.1. Unloading of deliveries in the receiving area	None	30 minutes	Administrative Assistant I / Warehouseman III
4. Wait for the inspection of deliveries	4.1 Informs Inspection Committee Member/s to inspect delivery	None	20 minutes	Administrative Assistant I / Warehouseman III
	4.2 Inspect deliveries as to quantity and conformity to specifications based on the Delivery Receipt / Sales Invoice and duly Approved Purchase Order	None	50 minutes	Inspection Committee Member, End-user and Administrative Assistant I / Warehouseman III
5. Receives signed Sales Invoice / Delivery Receipt	5.1 Accepts delivery if conform to the duly Approved Purchase Order & sign Sales Invoice / Delivery Receipt on the received portion. Note: If the delivery does not conform with the duly Approved Purchase	None	20 minutes	Administrative Assistant I / Warehouseman III

	Order, return the items to the supplier with annotation of the reason for the return and require the latter to comply with the agreed specifications.			
6. Fill up the Client Satisfaction Survey	6.1 Give the form for the Client Satisfaction Survey	None	5 minutes	Administrative Assistant I / Warehouseman III
	TOTAL	**None**	**2 hours and 30 minutes**	

79. Issuance of Certificate of Good Performance

The Procurement Section provides services to suppliers who obtained satisfactory performance ratings.
Procurement Section is located at 2nd Floor, Valenzuela Medical Center Annex Building. Operating hours is from Monday to Friday; 8:00 am to 5:00 pm.

Office or Division:	Procurement Section			
Classification:	Simple			
Type of Transaction:	G2B – Government to Business			
Who may avail:	Supplier / Distributor			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Sales Invoice / Delivery Receipt (1 Original Copy)		Supplier / Distributor		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Request for accreditation	1.1 Retrieve results of Suppliers' Evaluation 1.2 Prepare Certificate of Good Performance 1.3 For Review and Signature of the supervising administrative officer	None	10 minutes 5 minutes 5 minutes	Administrative Officer III Administrative Officer III Supervising Administrative Officer III
2. Claim the Certificate of Good Performance	2.1 Issuance of Certificate of Good Performance	None	5 minutes	Administrative Officer III
3. Fill up the Client Satisfaction Survey	3.1 Give the form for the Client Satisfaction Survey	None	5 minutes	Administrative Assistant I / Warehouse III
	TOTAL:	**None**	**30 minutes**	

80. Simplified Supplier's Registration System (SSRS)

The Bids and Awards Committee (BAC) office provides services to regular suppliers with updated list of eligibility documents.

It is located at 2nd Floor, Valenzuela Medical Center Annex Building. Operating hours is from Monday to Friday 8:00am to 5:00pm.

Office or Division:	Bids and Awards Committee (BAC)
Classification:	Simple
Type of Transaction:	G2B – Government t Business
Who may avail:	Supplier / Distributor

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Sales Invoice / Delivery Receipt (1 Original Copy)	Supplier / Distributor

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
a. Request for accreditation	1.1 Evaluate the coumments submitted by the supplier.	None	20 minutes	Administrative Assistant I and III / Administrative Officer II
	1.2 Issuance of charge slip	1,500.00	5 Minutes	Administrative Assistant I and III / Administrative Officer II
7. Pay at the Cashier and get the Official Receipt	2.1 Issuance of Official Receipt	None	10 minutes	Collection Officer
8. Return to BAC office and present Official Receipt	3.1. Record payment	None	5 minutes	Administrative Assistant I and III / Administrative Officer II
	3.2 Prepare certification of SSRS	None	10 minutes	Administrative Assistant I and III / Administrative Officer II
	3.3 For review and Signature of SSRS	None	5 minutes	Supervising Administrative Officer / BAC Secretariat Head
9. Wait for the inspection of deliveries	4.1 Informs Inspection Committee Member/s to inspect delivery	None	10 minutes	Administrative Assistant I and III / Administrative Officer II

10. Fill up the Client Satisfaction Survey	6.1 Give the form for the Client Satisfaction Survey	None	5 minutes	Administrative Assistant I / Warehouseman III
	TOTAL	**1,500.00**	**1 hour**	

81. Handling of Client's Complaint filed through Public Assistance and Complaints Desk (PACD) and other Concern Centers (Simple)

This service is available for clients who lodged their complaint on DOH-related matters. Clients file their complaints through the complaint's centers – Hotline 8888, Presidential Action Center, Contact Center ng Bayan, Office of the Vice President, VMC Public Assistance and Complaints Desk and/or through direct email to the agency's email address.

Contact Information:
Anti-Red Tape Authority (ARTA): complaints@arta.gov.ph
Presidential Action Center (PAC): Hotline 8888
Contact Center ng Bayan (CCB): 0908-881-6565 (SMS)
Office of the Vice President: 8532-5942/8370-1719

Valenzuela Medical Center:
8291-4259 (Office of the Medical Center Chief II)
8281-6640 (Human Resource Management Office)
8294-6711 local 115 (PACD)
valgen_hosp@yahoo.com / vmc.subcart2023@yahoo.com

Simple complaint - refers to concerns which only require ministerial actions on the part of the public officer or employee or that present only inconsequential issues for the resolution by an officer or employee of said government.

Operating Hours: Monday to Friday, 8:00AM to 5:00PM, excluding holidays/work suspension.

Office or Division:	Committee on Anti-Red Tape (CART)			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Written Complaint of client which indicates any of the Contact information (Full Name, Contact Number, Email Address)– 1 original copy		Requesting party or any of originating concerned centers		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**

1. **For walk-ins:** Provide and submit a duly accomplished written complaint to the Public Assistance and Complaints Desk (PACD) **For Concern Centers:** Submit a complaint through any Concern Centers (i.e., Presidential Action Center [PAC], Contact Center ng Bayan [CCB], 8888 Citizen's Complaint Hotline, etc.), and/or through direct email to the agency's email address.	1.1 Receive and acknowledge the receipt of duly accomplished written complaint	None	10 minutes	Public Assistance and Complaints Desk Officer (PACDO)
None	1.2 Log, assess, and evaluate the complaints.	None	1 hour	Focal or Alternate-Focal Person
None	1.3 Prepare and endorse documents to the concerned division/department/section/office/ unit	None	1 hour	Focal or Alternate-Focal Person
None	1.4 Draft a resolution and action for the complaint.	None	1 day, 5 hours and 40 minutes	Division/department/section/office/ unit
None	1.5 Forward the resolution and action of the complaint to the CART Focal Person or Alternate Focal Person	None	10 minutes	Division/department/section/office/ unit

2. Receive the concrete and specific action from CART Client Concern	2.1 Provide feedback to the client the concrete and specific action **For concern centers:** Transmit concrete and specific action, and recommend for closure of ticket.	None	4 Hours	Focal Person and/ or Alternate focal person
	TOTAL	**None**	**2 days and 4 hours**	

82. Handling of Client's Complaint filed through Public Assistance and Complaints Desk (PACD) and other Concern Centers (Complex)

This service is available for clients who lodged their complaint on Agency-related matters. Clients file their complaints through the complaint's centers – Hotline 8888, Presidential Action Center, Contact Center ng Bayan, Office of the Vice President, VMC Public Assistance and Complaints Desk and/or through direct email to the agency's email address.

Contact Information:
Anti-Red Tape Authority (ARTA): complaints@arta.gov.ph
Presidential Action Center (PAC): Hotline 8888
Contact Center ng Bayan (CCB): 0908-881-6565 (SMS)
Office of the Vice President: 8532-5942/8370-1719

Valenzuela Medical Center:
8291-4259 (Office of the Medical Center Chief II)
8281-6640 (Human Resource Management Office)
8294-6711 local 115 (PACD)
valgen_hosp@yahoo.com / vmc.subcart2023@yahoo.com

Complex complaints - refers to complaints which necessitate evaluation in the resolution of complicated issues by an officer or employee of said government.

Operating Hours: Monday to Friday, 8:00AM to 5:00PM, excluding holidays/work suspension.

Office or Division:	Committee on Anti-Red Tape (CART)			
Classification:	Complex			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Written Complaint of client which indicates any of the Contact information (Full Name, Contact Number, Email Address)– 1 original copy		Requesting party or any of originating concerned centers		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. **For walk-ins:** Provide and submit a duly accomplished written complaint to the Public Assistance and Complaints Desk (PACD)	1.1. Receive and acknowledge the receipt of duly accomplished written complaint.	None	10 minutes	Public Assistance and Complaints Desk Officer (PACDO)

For Concern Centers: Submit a complaint through any Concern Centers (i.e., Presidential Action Center [PAC], Contact Center ng Bayan [CCB], 8888 Citizen's Complaint Hotline, etc.), and/or through direct email to the agency's email address.				
None	1.2. Log, assess and evaluate the content of the received complaint.	None	1 hour	Focal or Alternate-Focal Person
None	1.3. Forward the complaint to the Medical Center Chief	None	30 minutes	Focal or Alternate-Focal Person
None	1.4. Receive the complaint.	None	5 minutes	Administrative Assistant III OMCC
None	1.5. Review and endorsed the complaint to the Legal Office.	None	4 hours and 10 minutes	MCC II OMCC
None	1.6. Receive and then review the complaint received	None	5 hours	Attorney IV Legal Office
None	1.7. Forward the complaint to CART to conduct a thorough investigation.	None	30 minutes	Attorney/Secretary Legal Office
None	1.8. Receive and investigate which includes interview with the complainant (if applicable)	None	2 days and 4 hours	CART Chairperson
None	1.9. Draft a resolution and action for the complaint and forward it to CART.	None	1 day	Division/ Department/ Office/ Unit Concerned
	1.10. Forward the resolution and action to the complaint to the	None	15 minutes	Focal Person/ Alternate Focal Person

	Medical Center Chief.			
None	1.11. Receive the resolution and action to the complaint.	None	5 minutes	Administrative Assistant III OMCC
None	1.12. Review the provided resolution and actions taken and approve/sign the resolution.	None	1 day	MCC II OMCC
None	1.13. Forward the signed resolution and action to CART	None	15 minutes	Administrative Assistant III OMCC
2. Receive concrete and specific action from CART. For complaints that fall outside of the jurisdiction of the committees, the complaint will undergo the process under RRACCS or the corresponding Republic Act to which it falls under.	2.1 Provide feedback to the client the concrete and specific action. **For concern centers:** Transmit concrete and specific action and recommend for closure of ticket. For complaints that falls outside of the jurisdiction of the committees, advise the client that the complaint will undergo the process under RRACCS or the corresponding Republic Act to which it falls under.	None	4 Hours	Focal Person/ Alternate Focal Person
	TOTAL	**None**	**6 days and 4 hours**	

83. Handling of Client's Complaint filed through Public Assistance and Complaints Desk (PACD) and other Concern Centers (Highly Technical)

This service is available for clients who lodged their complaint on Agency-related matters. Clients file their complaints through the complaint's centers – Hotline 8888, Presidential Action Center, Contact Center ng Bayan, Office of the Vice President, VMC Public Assistance and Complaints Desk and/or through direct email to the agency's email address.

Contact Information:
Anti-Red Tape Authority (ARTA): complaints@arta.gov.ph
Presidential Action Center (PAC): Hotline 8888
Contact Center ng Bayan (CCB): 0908-881-6565 (SMS)
Office of the Vice President: 8532-5942/8370-1719

Valenzuela Medical Center:
8291-4259 (Office of the Medical Center Chief II)
8281-6640 (Human Resource Management Office)
8294-6711 local 115 (PACD)
valgen_hosp@yahoo.com / vmc.subcart2023@yahoo.com

Highly Technical complaints - refers to complaints which require the use of technical knowledge, investigation, specialized skills, and/or training in the processing and/or evaluation thereof.

Operating Hours: Monday to Friday, 8:00AM to 5:00PM, excluding holidays/work suspension.

Office or Division:	Committee on Anti-Red Tape (CART)			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Written Complaint of client which indicates any of the Contact information (Full Name, Contact Number, Email Address)– 1 original copy		Requesting party or any of originating concerned centers		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
3. **For walk-ins:** Provide and submit a duly accomplished written complaint to the Public Assistance	1.1. Receive and acknowledge the receipt of duly accomplished written complaint.	None	10 minutes	Public Assistance and Complaints Desk Officer (PACDO)

and Complaints Desk (PACD) **For Concern Centers:** Submit a complaint through any Concern Centers (i.e., Presidential Action Center [PAC], Contact Center ng Bayan [CCB], 8888 Citizen's Complaint Hotline, etc.), and/or through direct email to the agency's email address.				
None	1.2. Log, assess and evaluate the content of the received complaint.	None	1 hour	Focal or Alternate-Focal Person
None	1.3. Forward the complaint to the Medical Center Chief	None	30 minutes	Focal or Alternate-Focal Person
None	1.4. Receive the complaint.	None	5 minutes	Administrative Assistant III OMCC
None	1.5. Review and endorsed the complaint to the Legal Office.	None	1 day and 10 minutes	MCC II OMCC
None	1.6. Receive and review the complaint received	None	1 day and 4 hours	Attorney Legal Office
None	1.7. Forward the complaint to the concerned committee to conduct a thorough investigation.	None	30 minutes	Attorney/Secretary Legal Office
None	1.8. Receive and investigate which includes interview with the complainant (if applicable)	None	14 days	CART Chairperson
None	1.9. Draft a resolution and action for the complaint and forward it to CART.	None	1 day	Division/ Department/ Office/ Unit Concerned

	1.10. Forward the resolution and action to the complaint to the Medical Center Chief.	None	30 minutes	CART Chairperson/ Focal Person/ Alternate Focal Person
None	1.11. Receive the resolution and action to the complaint.	None	5 minutes	Administrative Assistant III OMCC
None	1.12. Review the provided resolution and actions taken and approve/sign the resolution.	None	1 day and 30 minutes	MCC II OMCC
None	1.13. Forward the signed resolution and action to the CART	None	30 minutes	Administrative Assistant III OMCC
4. Receive concrete and specific action from **CART.** For complaints that fall outside of the jurisdiction of the committees, the complaint will undergo the process under Rules on Administrative Cases in the Civil Service (RRACCS) or the corresponding Republic Act to which it falls under.	2.1 Provide feedback to the client the concrete and specific action. **For concern centers:** Transmit concrete and specific action and recommend for closure of ticket. For complaints that falls outside of the jurisdiction of the committees, advise the client that the complaint will undergo the process under RRACCS or the corresponding Republic Act to which it falls under.	None	4 Hours	Focal Person/ Alternate Focal Person
	TOTAL	**None**	**19 days and 4 hours**	

INTERNAL SERVICES

1. Approval of Hospital Documents (Hospital Order, Leave Forms/Clearance Forms/Travel Authority, Purchase Requests, Disbursement Vouchers, Contract of Service, Appointment Checklist, Medical Assistance to Indigent Patient Endorsement/Inter-Referral Agency Form, and Certificates)

This covers the process of Approval of Hospital Documents (Hospital Order, Leave Forms, Purchase Requests, Disbursement Vouchers, Contract of Service, Appointment Checklist, Medical Assistance to Indigent Patient Endorsement/Inter-Referral Agency Form, And Certificates) from the receipt up to the final disposition/endorsement to concerned department/offices/personnel.

Hospital Contact Information
Email Address: valgen_hosp@yahoo.com
Trunk Line: 8-294-67-11 to 17
Operating Hours: Monday to Friday; 8:00am-5:00pm (No Noon Break)

Office or Division:	Office of the Medical Center Chief II
Classification:	Simple Transaction
Type of Transaction:	G2G – Government to Government
Who may avail:	All internal clients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Duly accomplished form/document with required attachments (refer to the Citizen Charter of the appropriate processor sections)	Various Offices to wit: 1. HRMO (for HR related documents) 2. MSWS (for Social Service documents) 3. Procurement (for Purchase Request) 4. Accounting (for Finance-related documents) 5. PETRU (for training related documents)

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Hand over the document together with the required supporting papers with Dtrack number	1. Check on the completeness of the document	None	5 minutes	Administrative Assistant I MCC Office
	1.1 If in the initial checking, the document is complete, receive the Dtrack number in the eDTS database	None	5 minutes	Administrative Assistant I MCC Office
	1.2 If incomplete, return the document/s to the client along with instructions to comply the lacking document			

	1.3 Forward the document to the Administrative Officer II for review. Administrative Office II may request additional document, if deemed necessary	None	5 minutes	Administrative Assistant I Administrative Officer II
	1.4 Forward the document to the head of the agency for approval. 1.5 The head of the agency signs the document if approved, but may request additional documents, if deemed necessary	None None	10 minutes 1 day	Administrative Officer II Medical Center Chief II
2. Receive the processed document	2.1 Forward the document to the respective office with corresponding Dtrack number (if applicable) and encode/record/file comments of the MCC in the database, if there is any	None	1 hour	Administrative Assistant III
	Note: *In the event that the hospital document/s was/were received during the time that the MCC is not around due to official business, the OIC acts with limited authority in signing hospital documents, hence, approval may take longer depending on the complexity of the concern* ** Note: The allotted time is per document only*			

TOTAL	**None**	**1 day, 1 hour and 25 minutes**	

2. Handling of Letters/Correspondence Received Thru Internal and External Clients

This covers the process of Handling of Letters/Correspondence Received Thru Internal and External Clients from the receipt up to the final disposition/endorsement to concerned department/offices/personnel.

Hospital Contact Information:
Email Address: valgen_hosp@yahoo.com
Trunk Line: 8-294-67-11 to 17
Operating Hours: Monday to Friday; 8:00am-5:00pm (No Noon Break)

Office or Division:	Office of the Medical Center Chief II
Classification:	Simple Transaction
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government
Who may avail:	All internal and external clients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
1. Letter/Correspondence with DTrack number/endorsement/initials from Division Heads, whichever is applicable 2. Receiving Copy/Logbook, or any proof of receipt, if applicable 3. Contact Details of the sender/sender's authorized representative, if deemed necessary	Requesting individual/office/agency

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Send/Present/Deliver Incoming Communication to: **a. Email:** valgen_hosp@yahoo.com	1.1a Open/Check email then Acknowledge/ Forward email to concerned areas for advance information. Create Dtrack number to record the communication in the database and print the email for attachment of routing	None	Urgent: 1 Day Non-Urgent: 2 Days	Administrative Assistant III MCC Office

	slip, to be acted upon by the head of the agency.			
b. Personal/Courier Delivery: ▪ Present the letter/correspondence with DTrack number/endorsement/initials from Division Heads, whichever is applicable	1.1b Check document; Stamp "Received" and puts initial, date and time. Create Dtrack number for external communication to record the communication in the database or Receives the Dtrack number in the database and attached routing slip.	None	5 minutes	Administrative Assistant I
	1.2b Review and Forward the document to the head of the agency for information/ comment/suggestion/ note and approval	None	5 minutes	Administrative Officer II
	1.3b The MCC acts on the communication or gives comment/notes if needed	None	Urgent: 1 hour Non-Urgent: 2 days	Medical Center Chief
	Note: In the event that the letter/ correspondence was received during the time that the MCC is not around due to official business, the OIC acts on the communication and the MCC staff informs the MCC and files a copy of the communication, if needed			

	Note: For urgent communications requiring written response/report/action, the MCC Staff informs the concerned individual/office for immediate action response.			
2. Client receives the processed communication	2.1 For communication received via: 2.1a **Email:** Scan the accomplished document/report and forward to respective email 2.1b **Personal/Courier Delivery:** For internal clients: Forward the document to the respective office with corresponding Dtrack number (if applicable) and encodes/records comments of the MCC in the database For external clients: Forward the document to the EFMS-General Service for delivery of document/report to the respective individual/agency/ Office outside the hospital with corresponding Dtrack number (if applicable)	None None None	10 minutes 1 hour 30 minutes	Administrative Assistant III Administrative Assistant III Administrative Assistant I

	Note: For communication requiring submission of report with deadline, concerned department/ section/personnel forward the report to the MCC for review and/or approval. Once approved, MCC staff scan the document for submission via email, copy furnished the concerned offices and forward the hard copy of the document/report to EFMS-General Service for delivery to respective individual/agency/ office outside the hospital. If the document should be answered directly by concerned office thru their own email (e.g survey form), MCC staff shall inform them if the document/report has been approved or needs further revision			
	TOTAL	**None**	**For communication via email:** **Urgent: 1 day and 10 minutes** **Non-Urgent: 2 days and 10 minutes** **For communication via Personal/ Courier Delivery:** **Urgent: 1 hour and 40 minutes** **Non-Urgent: 1 day and 30 minutes**	

3. Handling of Invitations, Requests for Appointment/Meeting and Schedule of Interview with the Medical Center Chief II

This covers the process of Handling of Invitations, Requests for Appointment/Meeting and Schedule of Interview with the Medical Center Chief II from the receipt up to the final disposition/endorsement to concerned department/offices/personnel.

Hospital Contact Information
Email Address: valgen_hosp@yahoo.com
Trunk Line: 8-294-67-11 to 17
Operating Hours: Monday to Friday; 8:00am-5:00pm (No Noon Break)

Office or Division:	Office of the Medical Center Chief II
Classification:	Simple Transaction
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government
Who may avail:	All internal clients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Request Letter/Endorsement	Requesting individual/agency/office

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Request schedule through letter/ endorsement, or phone call to the office of the Medical Center Chief	2.2 Check/screen/ receive the letter/endorsement.	None	5 minutes	Administrative Assistant I
	2.3 Check the availability of schedule in the calendar of activities.	None	5 minutes	Administrative Officer II
	2.4 Coordinate with the MCC for approval of schedule.	None	40 minutes	Administrative Officer II
3. Receive Confirmation of Schedule through any of the following: a. Email b. SMS c. Phone Call d. Viber/Messenger e. Personal	3.1 Respond to the client on the scheduled date of appointment/ meeting or interview	None	10 minutes	Administrative Assistant I
	TOTAL	**None**	**1 hour**	

4. Processing of Freedom of Information (FOI) Request

Procedures in the requests for information received by this hospital.

Hospital Contact Information:
Email Address: valgen_hosp@yahoo.com
Trunk Line: 8-294-67-11 to 17

Office or Division:	Office of the Chief Administrative Officer / Office of the Medical Center Chief II
Classification:	Highly Technical
Type of Transaction:	G2C – Government to Citizen, G2G – Government to Government
Who may avail:	Academe, Government officials and employees, Non-Government Organization, Private and Public Sector

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Letter Request with Contact Information (Email or Original Copy)	Requesting Party
For Walk-in: Photocopy of Valid ID • Driver's License • Passport • Professional Regulation Commission (PRC) ID • National Bureau of Investigation (NBI) Clearance • SSS Card (digitized) • Police Clearance • Postal ID • Voter's ID • Barangay Certification • GSIS e-Card • Philhealth Card • Senior Citizen Card • Gov't Office ID (e.g. AFP, HDMF) Authorization Letter / SPA	• Land Transportation Office • Department of Foreign Affairs • Professional Regulation Commission • National Bureau of Investigation • SSS • Philippine National Police • Philippine Postal • COMELEC • Barangay Hall • GSIS • PhilHealth • Office of Senior Citizen Affairs • Government Agencies Requesting Party

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit FOI Letter request thru email / courier / hand over	1.1 Receive and/or acknowledge FOI request and forward to the FOI Focal Person	None	15 Working Days	Administrative Assistant III
	1.2 Assess whether requested information is	None		Chief Administrative Officer / FOI Focal Person

	intended or appropriate request for the hospital Note: * *If the hospital does not have custody of the requested information, refer the request to the appropriate agency* **If the request is too vague and broad in nature, the client will be contacted to further specify or elaborate the request*			
2. Wait for the response	2.1 Forward the request to the concerned FOI Data Steward for Processing.	None		Chief Administrative Officer / FOI Focal Person
	2.2 Process the request Note: * *Agency shall inform the client for any extension in the processing of the FOI request, especially request that are complex/ highly technical in nature.*	None		Concerned Unit/ Office/ Department /Division
3. Receipt of Response	3.1 Provide response to the FOI Focal Person	None		Concerned Unit/ Office/ Department /Division

	3.2 Issue/Email approved agency response to the client	None		Chief Administrative Officer / FOI Focal Person / Administrative Assistant III
	TOTAL	None	15 Working Days	

Note: The fifteen (15) working days shall apply only to simple FOI requests. Additional twenty (20) days shall be incurred for FOI requests that are complex/highly technical in nature.

5. Admission of Postgraduate Interns

Postgraduate Internship is a phase of the professional education of the physician to further hone his/her academic and technical proficiency in medicine undertaken after graduation from medical school. Internship is one full year.

Office or Division:	Professional Education Training and Research Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All applicants of Postgraduate Internship Program

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Letter of endorsement from APMC (original)	Association of Philippine Medical Colleges, Inc. (APMC)
General Weighted Average (1 original)	School/University
Certificate of Graduation (1 original)	School/University
Medical Requirements	VMC/DOH Accredited Hospitals

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Send thru email or submit to PETRU the endorsement letter from APMCI	1.1 PETRU will receive and forward endorsement letter to the PGI Coordinator	None	1 hour	Training Specialist IV/ Training Assistant
2. Request for list of requirements	2.1 Upon approval of PGI coordinator, PETRU will provide list of requirements to the endorsed PGI and process the VMC ID 2.2 Request for an appointment at Internal Medicine Department for Neuro-psychiatric evaluation	None	30 minutes 5 minutes	Training Specialist IV/ Training Assistant

3. Submit all the necessary requirements	3.1 Check and receive the requirements if complete	None	15 minutes	Training Specialist IV/ Training Assistant
4. APMCI will send Pink Form to VMC	4.1 Receive and distribute to PGI	None	1 hour	Training Specialist IV/ Training Assistant
5. Submission of list for the current batch of PGI	5.1 Prepare and submit thru email the list of the current batch of PGI before the required deadline	None	30 minutes	Training Specialist IV/ Training Assistant
6. Get Certificate of Completion	6.1 Print and distribute the Certificate of Completion	None	3 days	Training Specialist IV/ Training Assistant
	TOTAL	**None**	**3 days, 3 hours, and 20 minutes**	

6. CPD Application

Application for Accreditation of CPD Program.

Office or Division:	Professional Education Training and Research Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Control and Custody Form for procedures (completely filled) (1 original copy/1 soft copy) a. "CPDD-02" Application for Accreditation of CPD Program b. "CPDD-14" Certificate for Participants/Attendees (A copy of what to be issued) c. Program of Activities showing time/duration of topics/workshop and resource persons d. "CPDD-16" Instructional Design (or using the prescribed template by the Board such as Professional Teachers, Nursing, etc. see Downloadable) e. Evaluation method or tool that measures the learning gained by the participants specific and appropriate to course objectives set (Pre/Post-test Questionnaire, Survey Questionnaire, etc.) f. "CPDD-17" Resume of the Resource Person/s (including the required attachment) g. Valid Professional Identification Card/Receipt of Renewal of Resource Persons (Attach to Form "CPDD-17") if licensed/registered professional. Otherwise, submit a copy of a valid government or company-issued Identification Card	https://cpdas.prc.gov.ph/public/downloadables.aspx Professional Education Training and Research Unit

h. Financial Plan/Breakdown of Expenses (using the prescribed template pursuant to Commission Resolution No. 1520 S. 2022) *In addition: For Online or Video-On-Demand Learning: (1) Declaration of Minimum Technical Requirements (e.g. Operating System, Processor, Memory, Browser, Internet Connection, etc.); (2) Data Privacy Notice (Composed by the Provider) **In addition: If there is a Foreign Resource Person: Valid Special Temporary Permit if engagement is more than three (3) days or if there is physical contact with patients in the case of medical and allied professions.	
PDF Poster of the training/event Consolidated PDF File of the whole documentary requirements	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Program Coordinator will submit to PETRU via email the CPD application request with complete attachment of documentary requirements.	1.1 PETRU Training Assistant will receive the email	None	10 minutes	Training Assistant
2. Review the attached requirements	2.1 If complete, PETRU will facilitate the online CPD application.	None	30 minutes	Training Assistant
3. Online Application processed	3.1 PRC will give an automatic accreditation number.	None	60 minutes	Training Specialist IV/Assistant Chief Nurse for training

4. Received the accreditation number	4.1 PETRU will notify the program coordinator of their accreditation number	None	20 minutes	Training Specialist IV/Assistant Chief Nurse for training
	TOTAL	**None**	**2 hours**	

7. Processing of Various Documents – Medical Division

The Office of the Chief Medical Professional Staff (CMPS) is in-charge of processing various documents for review, compliance, and approval of the CMPS Chief Medical Professional Staff II. The Chief Medical Professional Staff II reviews the content and accuracy of the submitted documents and affixes his/her initial under the name of the Medical Center Chief (MCC) II.

The Office of the Chief Medical Professional Staff is located on the 2nd Floor of Main Building and is open from Monday to Friday from 8:00 AM to 5:00 PM, except weekends and holidays.

Office or Division:	Office of the Chief of Medical Professional Staff II
Classification:	Simple
Type of Transaction:	G2G – Government of Government
Who may avail:	All VMC Employees

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Voucher, Purchase Request, Purchase Order, Leave Applications, DTR, Notice of Award, Notice to Proceed, Hospital Orders, Risk Registry, and Send Out, Communication Letter, ISO Documents, Contracts, Memorandum of Agreement (MOA)	End-user/VMC employees

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Forward the documents	1.1. Check and review for the completeness of documents received	None	1 minute	Administrative Assistant I / Administrative Officer I
2. Wait for the documents	2.1. Review the content of the documents. If complete, receive the documents thru Electronic Document Tracking System (EDTS) If incomplete, return the documents thru EDTS	None	10 minutes	Administrative Assistant I / Administrative Officer I

	2.2. Prepares the routing slip/endorsement letter for proper channeling of documents, if needed	None	5 minutes	Administrative Assistant I / Administrative Officer I / Chief of Medical Professional Staff II
	2.3. Forward the documents to CMPS II for final review. Affix initial and/or signature of CMPS II in the documents, if necessary	None	2 hours	Chief of Medical Professional Staff II
	2.4. Record documents thru EDTS for releasing.	None	3 minutes	Administrative Assistant I / Administrative Officer I
3. Receive the documents	3.1. Release and forward the documents with affixed initial or signature to the concerned office thru EDTS.	None	10 minutes	Administrative Assistant I / Administrative Officer I
4. Fill out the Client Satisfaction Survey	4.1. Give the link or QR Code for the Client Satisfaction Survey	None	5 minutes	Administrative Assistant I / Administrative Officer I
	TOTAL		**2 hours, 34 minutes**	

8. Processing of Various Documents – HOPSD

The Office of the Chief Administrative Officer is in-charge for the approval/recommendation for approval of various documents and/or communications (internal/external) specifically those related to Hospital Operations and Patients Support activities and functions.

The Office of the Chief Administrative Officer is located on the 3rd Floor of Annex Building and is open Monday to Friday from 8:00 AM to 5:00 PM, except holidays.

Office or Division:	Office of the Chief Administrative Officer
Classification:	Simple
Type of Transaction:	G2G (Government to Government)
Who may avail:	All VMC Employees

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Vouchers, Purchase Request, Purchase Order, Leave Applications, DTR, Notice of Award, Notice to Proceed, Contracts, Memorandum of Agreement (MOA), Hospital Orders, Communications	End-user / VMC employees

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. End-user forwards the document to CAO Office for review and signature/initial of the Chief Administrative Officer.	1.1 Receives the documents thru Electronic Document Tracking System (EDTS).	None	2 minutes	Administrative Aide I / Administrative Assistant III
	1.2 Checks and reviews completeness of documents	None	5 minutes	Administrative Assistant III
	*For BAC documents	None	20 minutes	Administrative Assistant III
	1.3 Final review and signature/initial of the document.	None	10 minutes 4 hours (waiting time)	Chief Administrative Officer
	1.4 Records documents thru EDTS for release.	None	2 minutes	Administrative Aide I / Administrative Assistant III

2. Concerned office receives the document.	2.1 Release of processed documents to the concerned office.	None	5 minutes	Administrative Aide I / Administrative Assistant III
	TOTAL	None	**44 minutes** **With waiting time: 4 hours and 34 minutes**	

9. Handling of Complaints through the Grievance Committee

The Grievance Committee's primary purpose is to review a complaint that has not been resolved at the department level and to provide mediation when appropriate.

The Grievance Committee receives concerns from Monday to Friday, 8:00 AM to 5:00 PM, except holidays.

Office or Division:	Office of the Chief Administrative Officer
Classification:	Highly Technical
Type of Transaction:	G2G – Government to Government
Who may avail:	All VMC Employees

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Letter of Complaint	VMC employees
Certification on the Final Action on the Grievance (CFAG)	Grievance Committee

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Employee submits verbal/written complaint to his/her immediate supervisor.	1.1 Immediate supervisor informs the aggrieved party of the corresponding action.	None	3 working days	Medical Specialist IV / Nurse III / Pharmacist V / Nutrition Dietitian V / Supervising Administrative Officer / Engineer VI / Accountant IV
2. If the employee is not satisfied with the verbal/written decision of his/her immediate supervisor, he/she may submit grievance in writing to the Division Chief's Office.	2.1 Reviews received documents and conducts investigation. 2.2 The division chief renders his/her decision in writing to the employee through the immediate supervisor.	None	5 working days	Chief Medical Professional Staff II / Nurse VII / Chief Administrative Officer / Financial Management Officer / Medical Specialist IV
3. If not satisfied, the decision may be elevated to the Grievance Committee for investigation.	3.1 The Grievance Committee receives the complaint. 3.2 Reviews received documents and conducts investigation.	None	2 minutes 10 working days	Grievance Committee

	3.3 Renders decision after investigation		5 working days	
	TOTAL	**None**	**23 working days and 2 minutes**	

10. Issuance of Certificate of Employment (COE) and Service Record (SR)

The Human Resource Management Office provides services to all employees related to their employment records. Aside from the usual safekeeping of 201 files function the office also offers services such as issuance of certificate of employment (COE) and service record (SR).

Human Resource Management Office is located at 1st Floor, Valenzuela Medical Center Annex Building. Operating hours is from Monday to Friday; 8:00 am to 5:00 pm.

Office or Division:	Human Resource Management Office			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	All VMC Employees (Active and Separated)			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Principal				
Request on Logbook with specific purpose		Requesting Employee or HRMO		
*For COE with duties – duly approved duties / Job description by the immediate supervisor and division head		Requesting Employee and Immediate Supervisor		
For separated employees - Clearance		HRMO		
Representative				
Authorization letter		Requesting Employee		
Government Issued / Valid Identification Card of employee (1 photocopy) Government Issued / Valid Identification Card of the representative (1 photocopy)		Requesting Employee and Representative		
*For COE with duties – duly approved duties / Job description by the immediate supervisor and division head		Requesting Employee and Immediate Supervisor		
For separated employees - Clearance		HRMO		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Request Certificate of Employment or Service Record	1.1 Classify and prepare the requested document 1.1.1 Plain COE 1.1.2 COE with compensation 1.1.3 COE w/ward assignments, Job description for Visa application and others 1.2.4 Service Record	None	1 day	*Administrative Assistant II/ Administrative Assistant III / Administrative Officer II (Human Resource Management Office)*

2. Wait for the instruction of scheduled return	2.1 For review and signature 2.1.1 Review and Initial of the HRMO Supervisor 2.1.2 Forward the COE to the Office of the Chief Administrative Officer	None None None	1 day	*Supervising Administrative Officer / OIC – HRMO* *Chief Administrative Officer / OIC - HOPSD*
3. Claim COE / SR at HRMO. For Representative: Present Authorization Letter and Copy of ID	3.1 Release the Signed COE/SR with seal	None	1 day	*Administrative Assistant II/ Administrative Assistant III / Administrative Officer II (Human Resource Management Office)*
	TOTAL: For Plain COE For COE with compensation For COE w/ward assignments, Job description for Visa application and others For Service Record	 None	 3 days 3 days 3 days 3 days	

11. Request for the Creation of Official VMC Identification Card

Request for the creation of official VMC Identification Card to be used inside the hospital premises.

Office or Division:	IMISS
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	All VMC Employees

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Account in Electronic Service Request System	Online (bit.ly/ESRS_Login)

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Log-in to your account and then fill-up request for VMC ID card in ESRS	1.1 Received the request through ESRS	None	5 minutes	Computer Maintenance Technologist II
2. Wait for the verification of the submitted request.	2.1 Evaluate submitted request.	None	5 minutes	Computer Maintenance Technologist II
3. Wait for the ICT office to finished the Identification Card	3.1 Verify information at HR	None	1 hour	Computer Maintenance Technologist II
	3.2 Encode employee's information	None	30 minutes	Computer Maintenance Technologist II
	3.3. Scan photos and signature of the employee	None	5 minutes	Computer Maintenance Technologist II
	3.4 Remove background and enhance the picture submitted.	None	3 hours	Computer Maintenance Technologist II
	3.5 Remove background and enhance the photo of the signature	None	1 hour	Computer Maintenance Technologist II
	3.6. Prepare ID Template for printing.	None	45 minutes	Computer Maintenance Technologist II
	3.7. ID Printing, Laminating and Cutting.	None	1 day	Computer Maintenance Technologist II
Situation Specific:	3.8 If more than five (5) and less than ten	None	1 day	Computer Maintenance Technologist II

	(10) ID requests ID Printing, Laminating and Cutting.			
4. Receive the VMC Identification card. Acknowledge and sign the service request form	4.1 Present the filled-up service request form for acknowledgment and signature	None	10 minutes	*Computer Maintenance Technologist II*
5. Fill up the Client Satisfaction Survey	5.1 Give the link for the Client Satisfaction Survey	None	10 minutes	Computer Maintenance Technologist II
TOTAL **If the situation applies:**		**None**	**1 day and 7 hours and 5 minutes** **2 days, 7 hours, and 5 minutes**	

12. Request for the Mass Creation of Official VMC Identification Card

More than 10 Requests for the creation of official VMC Identification Card to be used inside the hospital premises.

Office or Division:	IMISS			
Classification:	Complex			
Type of Transaction:	G2G – Government to Government			
Who may avail:	All VMC Employees			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Account in Electronic Service Request System		Online (bit.ly/ESRS_Login)		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Log-in to your account and then fill-up request for VMC ID card in ESRS	1.1 Received the request through ESRS	None	5 minutes	Computer Maintenance Technologist II
2. Wait for the verification of the submitted request.	2.2 Evaluate submitted request.	None	5 minutes	Computer Maintenance Technologist II
3. Wait for the ICT office to finished the Identification Card	3.1 Verify information at HR	None	1 hour	Computer Maintenance Technologist II
	3.2 Encode employee's information	None	30 minutes	Computer Maintenance Technologist II
	3.3. Scan photos and signature of the employee	None	5 minutes	Computer Maintenance Technologist II
	3.4 Remove background and enhance the picture submitted.	None	3 hours	Computer Maintenance Technologist II
	3.5 Remove background and enhance the photo of the signature	None	1 hour	Computer Maintenance Technologist II
	3.6. Prepare ID Template for printing.	None	45 minutes	Computer Maintenance Technologist II
	3.7. ID Printing, Laminating and Cutting.	None	5 days	Computer Maintenance Technologist II
4. Receive the VMC Identification card.	4.1 Present the filled-up service request form for	None	10 minutes	*Computer Maintenance*

Acknowledge and sign the service request form	acknowledgment and signature			*Technologist II*
5. Fill up the Client Satisfaction Survey	5.1 Give the link for the Client Satisfaction Survey	None	10 minutes	Computer Maintenance Technologist II
	TOTAL	**None**	**6 days and 7 hours and 5 minutes**	

13. Daily Time Record Biometrics Registration

Request for biometrics registration/ enrollment for all VMC employees to be used in monitoring of the daily time record inside the hospital premises.

Office or Division:	IMISS
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	All VMC Employees

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Account in Electronic Service Request System	Online (bit.ly/ESRS_Login)
Valenzuela Medical Center Identification Card	ICT Office, 2nd floor

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Log-in to your account and then fill-up request for Biometrics enrollment.	1.1 Received the request through ESRS	None	5 minutes	Computer Maintenance Technologist II
2. Wait for the verification of the submitted request.	2.3 Evaluate submitted request / requirements.	None	2 minutes	Computer Maintenance Technologist II
	2.3 Add employee name to biometrics database	None	5 minutes	Computer Maintenance Technologist II
3. Wait at the face scanner location	3.1 Initiate face and fingerprint scanning on the biometrics device.	None	15 minutes	Computer Maintenance Technologist II
4. Acknowledge and sign the service request form.	4.1 Present the filled-up service request form for acknowledgment and signature	None	5 minutes	Computer Maintenance Technologist II
5. Fill up the Client Satisfaction Survey	5.1 Give the link for the Client Satisfaction Survey	None	10 minutes	Computer Maintenance Technologist II
		TOTAL	**42 minutes**	

14. Corrective Maintenance

Request for repair of IT equipment or technical assistance relative to IT equipment or software.

Office or Division:	IMISS
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	All VMC Employees

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Account in Electronic Service Request System	Online (bit.ly/ESRS_Login)

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Log-in to your account and fill-up request for technical assistance or repair.	1.1 Received the request through ESRS.	None	5 minutes	Computer Maintenance Technologist II
2. Wait for the verification of the submitted request.	2.1 Evaluate submitted request / requirements.	None	2 minutes	Computer Maintenance Technologist II
3. Wait for the ICT Officers to visit/ inspect the area.	3.1 Assess the cause of equipment or software malfunction and then repair or troubleshoot the problem.	None	4 hours	Computer Maintenance Technologist II
Situation specific:	*3.2 If in needs of parts replacement, check availability of parts*	None	2 days	Computer Maintenance Technologist II
4. Acknowledge and sign the service request form.	4.1 Present the filled-up service request form for acknowledgment and signature	None	5 minutes	Computer Maintenance Technologist II
5. Fill up the Client Satisfaction Survey	5.1 Give the link for the Client Satisfaction Survey	None	10 minutes	Computer Maintenance Technologist II
TOTAL **If the situation applies:**		**None**	**4 hours and 22 minutes** **2 days, 4 hours, and 22 minutes**	

15. Request for Network Connection

Request for network connection for any IT equipment.

Office or Division:	IMISS
Classification:	Complex
Type of Transaction:	G2G – Government to Government
Who may avail:	All VMC Employees

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Account in Electronic Service Request System	Online (bit.ly/ESRS_Login)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Log-in to your account in ESRS and then fill-up request for Network Connection	1.1 Received request through ESRS	None	5 minutes	Computer Maintenance Technologist II
2. Wait for the verification of the submitted request.	2.4 Evaluate submitted request / requirements.	None	2 minutes	Computer Maintenance Technologist II
3. Wait for the ICT Officers to visit/ inspect the area.	3.1 Survey the location for cabling.	None	20 minutes	Computer Maintenance Technologist II
	3.2 Cabling layout and termination	None	3 days	Computer Maintenance Technologist II
Situation specific:	*3.3 If the designated area is still not ready to place the unit, inform the client/ requestor to coordinate with the EFMS regarding the office equipment or power outlet that will be needing in placing the unit.*	None	1 day	Computer Maintenance Technologist II
4. Acknowledge and sign the service request form.	4.1 Present the filled-up service request form for acknowledgment and signature	None	5 minutes	*Computer* Maintenance *Technologist II*
5. Fill up the Client Satisfaction Survey	5.1 Give the link for the Client Satisfaction Survey	None	10 minutes	Computer Maintenance Technologist II

	TOTAL	**3 days and 42 minutes**	
TOTAL	If the situation applies:	**4 days and 42 minutes**	

16. Virtual Meeting Scheduling

Request for virtual meeting links.

Office or Division:	IMISS
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	All VMC Employees

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Account in Electronic Service Request System	Online (bit.ly/ESRS_Login)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Log-in to your ESRS account and then fill-up the request for virtual meeting	1.1 Received request through ESRS.	None	5 minutes	Computer Maintenance Technologist II
2. Wait for the verification of the submitted request.	2.1 Evaluate submitted request/ requirements.	None	2 minutes	Computer Maintenance Technologist II
3. Wait for the ICT Officers to send Virtual Meeting Link.	3.1 Create schedule for the requested time, date, and number of participants.	None	30 minutes	Computer Maintenance Technologist II
	3.2 Send Virtual Meeting link to the requestor.	None	5 minutes	Computer Maintenance Technologist II
4. Acknowledge and sign the service request form.	4.1 Present the filled-up service request form for acknowledgment and signature	None	5 minutes	*Computer* Maintenance *Technologist II*
5. Fill up the Client Satisfaction Survey	5.1 Give the link for the Client Satisfaction Survey	None	10 minutes	Computer Maintenance Technologist II
		TOTAL	**57 minutes**	

17. Website Upload

Request for uploading announcement or activities in VMC official Facebook page and/ or VMC website.

Office or Division:	IMISS
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	All VMC Employees

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Account in Electronic Service Request System	Online (bit.ly/ESRS_Login)

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Log-in to your ESRS account and then fill-up the request for virtual meeting	1.1 Received filled Service Request Form	None	5 minutes	Computer Maintenance Technologist II
2. Wait for the verification of the submitted request.	2.1 Evaluate submitted request/ requirements.	None	2 minutes	Computer Maintenance Technologist II
	2.2 Scan files to be posted and convert it to PDF	None	5 minutes	Computer Maintenance Technologist II
	2.3 Edit scanned files and enhance the appearance	None	15 minutes	Computer Maintenance Technologist II
3. Wait for the ICT Officers to upload requested details to website.	3.1 Prepare and upload the requested detail to the website.	None	30 minutes	Computer Maintenance Technologist II
4. Acknowledge and sign the service request form.	4.1 Present the filled-up service request form for acknowledgment and signature	None	5 minutes	Computer Maintenance Technologist II
5. Fill up the Client Satisfaction Survey	5.1 Give the link for the Client Satisfaction Survey	None	10 minutes	Computer Maintenance Technologist II
		TOTAL	**1 hour and 12 minutes**	

18. Processing of Various Documents - AHPS

The Office of the Allied Health Professional Service is responsible for the approval and/or recommendation for approval of the received documents from different department/areas of the Valenzuela Medical Center especially from Allied Health Professional Service Departments.

The Office of the Allied Health Professional Service is located on the 4th Floor, Main Building and is open from Monday to Friday from 8:00 AM to 5:00 PM, except holidays.

Office or Division:	Allied Health Professional Service			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	All VMC Employees			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Communications, ISO Documents, Purchase Request, Purchase Order, Notice of Award, Notice to Proceed, Application for Leave, DTR, Contracts, Memorandum of Agreement (MOA), Hospital Orders		End-user/VMC Employees		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Forward the document	1.1. Check and review for the completeness of documents received	None	1 minute	Administrative Assistant I
2. Wait for the documents	2.1. Review the content of the documents If complete, receive the documents thru Electronic Document Tracking System (EDTS) If incomplete, return the documents thru EDTS	None	10 minutes	Administrative Assistant I
	2.2. Prepares the routing slip/endorsement letter for proper	None	5 minutes	Administrative Assistant I / Head of the Office

	channeling of documents, if needed			
	2.3. Forward the documents to the Head of Office for final review Affix initial and/or signature of OIC-Allied Health Professional Service in the documents, if necessary	None	2 hours	Head of the Office
	2.4. Record documents thru EDTS for releasing.	None	3 minutes	Administrative Assistant I
3. Receive the documents	6.1. Release and forward the documents with affixed initial or signature to the concerned office thru EDTS.	None	10 minutes	Administrative Assistant I
4. Fill out the Client Satisfaction Survey	7.1. Give the link or QR Code for the Client Satisfaction Survey	None	5 minutes	Administrative Assistant I
		TOTAL	**2 hours, 34 minutes**	

19. RECEIVING AND RELEASING OF DISBURSEMENT VOUCHER

The Office of the Financial Management Officer II is assigned to receive and record all disbursement vouchers to review the accuracy of the data provided in the DV and make a final review for releasing to the Office of the Medical Center Chief II. The OFMO is located at the 2nd floor of the Annex Building; operating hours is from 8:00 AM – 5:00 PM.

Office or Division:	Office of the Financial Management Officer II
Classification:	Simple
Type of Transaction:	G2G – for services whose client is another government agency, employee or official (Government-to-Government)
Who may avail:	End-user of goods and services such as employees, various departments, suppliers and oversight agencies.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
• Disbursement Voucher	• Accounting Section
• Various supporting documents as per COA Circular No. 2012-001 dated June 14, 2012 (*see FM-ACC-010-A to D*)	• Procurement Section • Materials and Management Supply Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accounting staff forwards the Disbursement Voucher to the FMO Office thru eDTS for review and recording.	1.1 FMO staff receives the DV thru eDTS and records it on the tracker.	None	10 minutes	Administrative Officer I
	1.2 FMO staff reviews the completeness of signatures and initials in Box A, C and D.	None	10 minutes	Administrative Officer I
	1.3 FMO staff releases the reviewed Disbursement Vouchers to the Office of the Medical Center Chief II thru eDTS.	None	10 minutes	Administrative Officer I
	TOTAL	**None**	**30 minutes**	

20. RECEIVING AND RELEASING OF CHECKS/LDDAP/ADA

The Office of the Financial Management Officer II is assigned in receiving and recording the checks/LDDAP/ADA attached in the disbursement vouchers for the approval and signature of the FMO II. The OFMO is located at the 2nd floor of the Annex Building; operating hours is from 8:00 AM – 5:00 PM.

Office or Division:	Office of the Financial Management Officer II
Classification:	Simple
Type of Transaction:	G2G – for services whose client is another government agency, employee or official (Government-to-Government)
Who may avail:	End-user of goods and services such as employees, various departments, suppliers and oversight agencies.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
• Approved Disbursement Voucher • Checks/LDDAP/ADA/PACSBAL	• Cash Operations Section

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Cashier staff forwards the approved Disbursement Voucher with the attached check/LDDAP/ADA to the FMO Office for review, recording and signature of FMO.	1.1 FMO staff receives the DV with check thru eDTS and records the check number on the tracker.	None	10 minutes	Administrative Officer I
	1.2 FMO makes the final review and validation on the prepared check before affixing signature.	None	10 minutes	Financial Management Officer II
	1.3 FMO staff reviews the completeness of signatures and accuracy of details in the check.	None	10 minutes	Administrative Officer I
	1.4 FMO staff releases the reviewed Disbursement Vouchers and checks to the Cash	None	10 minutes	Administrative Officer I

	Operations Section thru eDTS.			
	TOTAL	**None**	**30 minutes**	

21. RECEIVING AND RELEASING OF COMMUNICATIONS/ DOCUMENTS – FINANCE DIVISION

The Office of the Financial Management Officer II is assigned in receiving and recording all communications/documents for review, compliance or for approval. The FMO II reviews the content and accuracy of the submitted financial documents and affix initial under the name of the Medical Center Chief II. The OFMO is located at the 2nd floor of the Annex Building; operating hours is from 8:00 AM – 5:00 PM.

Office or Division:	Office of the Financial Management Officer II
Classification:	Simple
Type of Transaction:	G2B – for services whose client is a business entity (Government-to-Business) G2G – for services whose client is another government agency, employee or official (Government-to-Government)
Who may avail:	End-user of goods and services such as employees, various departments, suppliers and oversight agencies.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
• Communication Letter	• End-user/supplier/clients
• Various supporting documents (if applicable)	• End-user/supplier/clients

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. End-user/supplier/client forwards communication letter to the FMO Office.	1.1 FMO staff receives the communication letter/documents thru eDTS. (Internal/external that requires the initial of the FMO II)	None	10 minutes	Administrative Officer I
	1.2 FMO staff reviews the content of the communication letter/documents if it is relative to financial matters.	None	15 minutes	Administrative Officer I
	1.3 FMO staff prepares routing slip/endorsement letter for proper channeling of communication letter/documents.	None	10 minutes	Administrative Officer I

	1.4 FMO II makes final review on all communication letter/documents (internal/external) and affix initial and/or signature if necessary.	None	15 minutes	Financial Management Officer II
	1.5 FMO Staff releases the communication letter/financial documents with affixed initial or signature to the Office of the Medical Center Chief II thru eDTS.	None	10 minutes	Administrative Officer I
	TOTAL	**None**	**1 hour**	

22. Issuance of Medical Supplies to Wards

The Central Supply Room (CSR) ensures the availability and is responsible for the issuance of medical supplies in the hospital.

The Central Supply Room is located at the 2nd floor, Valenzuela Medical Center Main Building and open Monday to Thursday, Saturday and Sunday, 07:00 a.m. to 08:00 p.m., and Friday, from 07:00 a.m., to 05:00 p.m.

Office or Division:	Central Supply Room
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	All Clinical Areas and Offices

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Four (4) original copies Requisition and Issue Slip (RIS) Form	CSR

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submit the filled out RIS form	1.1. Receive and check the completeness of the RIS form	None	1 minute	Nurse III / Nurse I / Midwife II / Nursing Attendant II / Administrative Officer I
2. Get the claim stub	2.1. Issue claim stub	None	1 minute	Nurse III / Nurse I / Midwife II / Nursing Attendant II / Administrative Officer I
3. Wait for the medical supplies	3.1. Check the availability of medical supplies. Note: If the medical supplies are available, proceed to preparation. If there are unavailable medical supplies, notify the requesting area/office and proceed to preparation	None	10 minutes	Nurse III / Nurse I / Midwife II / Nursing Attendant II / Administrative Officer I

	3.2. Prepares the medical supplies. Note: Processing time may vary depending on the number of medical supplies	None	2 hours	Nurse III / Nurse I / Midwife II / Nursing Attendant II / Administrative Officer I
4. Received then check for the completeness of the medical supplies	4.1. Counter-check for the completeness of the medical supplies	None	5 minutes	Nurse III / Nurse I / Midwife II / Nursing Attendant II / Administrative Officer I
5. Give the claim stub, sign the RIS form and in the Issuance of Medical Supply Logbook, and receive the medical supplies	5.1. Sign the RIS form and issue the medical supplies	None	1 minute	Nurse III / Nurse I / Midwife II / Nursing Attendant II / Administrative Officer I
6. Fill out the Client Satisfaction Survey	6.1. Give the link or QR Code for the Client Satisfaction Survey	None	5 minutes	Nurse III / Nurse I / Midwife II / Nursing Attendant II / Administrative Officer I
	TOTAL	**None**	**2 hours, 22 minutes**	

23. Sterilization of Medical Supplies and Instruments

The Central Supply Room (CSR) ensures sterilization of certain supplies and instruments for all clinical areas.

The Central Supply Room is located at the 2nd floor, Valenzuela Medical Center Main Building and open Monday to Thursday, Saturday and Sunday, 07:00 a.m. to 08:00 p.m., and Friday, from 07:00 a.m., to 05:00 p.m.

Office or Division:	Central Supply Room
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	All Clinical Areas

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Medical supplies and instruments for sterilization; Sterilization Logbook	Clinical Areas

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Submit the medical supplies and instruments and log to Sterilization Logbook	1.1. Receive the medical supplies and instruments and sign the Sterilization Logbook	None	2 minutes	Nurse III / Nurse II / Midwife II / Nursing Attendant II / Administrative Officer I
2. Wait for the claim stub	2.1. Log the medical supplies and instruments in the Autoclave Logbook.	None	2 minutes	Nurse III / Nurse II / Midwife II / Nursing Attendant II / Administrative Officer I
3. Get the claim stub	3.1. Issue claim stub	None	1 minute	Nurse III / Nurse II / Midwife II / Nursing Attendant II / Administrative Officer I
4. Wait for the sterilized medical supplies and instruments	4.1. Label the medical supplies and instruments with expiration date 4.2. Sterilize and cool completely the medical supplies and instruments	None	3 hours	Nurse III / Nurse II / Midwife II / Nursing Attendant II / Administrative Officer I

5. Receive information for release of the sterilized medical supplies and instruments	5.1. Inform the respective clinical area for releasing of sterilized medical supplies and instruments	None	1 minute	Nurse III / Nurse II / Midwife II / Nursing Attendant II / Administrative Officer I
6. Give the claim stub and receive the sterilized medical supplies and instruments and sign in the Autoclave Logbook	6.1. Release the sterilized medical supplies and instruments	None	3 minutes	Nurse III / Nurse II / Midwife II / Nursing Attendant II / Administrative Officer I
7. Fill out the Client Satisfaction Survey	7.1. Give the link or QR Code for the Client Satisfaction Survey	None	5 minutes	Nurse III / Nurse II / Midwife II / Nursing Attendant II / Administrative Officer I
	TOTAL	**None**	**3 hours, 14 minutes**	

24. Issuance of Office Supplies

The Materials Management Section is responsible on the issuance of office supplies to end-users of Valenzuela Medical Center. Request for office supplies shall be limited to once a month per unit/section, in order to provide ample time in updating of records and conducting regular inventory of the warehouse.

Office or Division:	Materials Management Section
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	All Sections and Offices

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Sales Invoice / Delivery Receipt (1 Original Copy)	Supplier / Distributor

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Requisition and Issue Slip duly signed on the "Requested by" portion of the Head of the Requisitioning Division / Section.	1.1 Reviews and receives Requisition and Issue Slip as to completeness of information and advises end-users when to get the office supplies. 1.2 Check the availability of office supplies from the stock card in Supplies Management Inventory System. Ensures the quantity and nature of office supplies are included in the approved Project Procurement Management Plan. Forwards Requisition and Issue Slip to MMS Head for review and signs "Approved by" portion.	None	20 minutes 30 minutes	Administrative Assistant I / Warehouseman III Administrative Assistant I / Warehouseman III/ Supervising Administrative Officer
2. Wait for the announcement of MMS if office supplies are ready for pick-up.	2.1 Prepares office supplies requested. Notifies end-user if ready for pick-up.	None	3 hours	Administrative Assistant I / Warehouseman III
	TOTAL	**None**	**3 hours and 50 minutes**	

25. Repair of Equipment and Facility

Description: Request for repair of medical/non-medical equipment, architectural/electrical/plumbing works and technical assistance relative to building maintenance

Office or Division:	EFMS
Classification:	Highly Technical
Type of Transaction:	G2G – Government to Government
Who may avail:	All VMC Employees

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Account in Electronic Service Request System	Online (bit.ly/ESRS_Login)

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Log-in to your account and fill-up request for technical assistance or repair.	1.1 Receive the request through ESRS.	None	5 minutes	Administrative Assistant II
2. Wait for the verification of the submitted request.	2.5 Evaluate submitted request.	None	2 minutes	Administrative Assistant II
3. Wait for the EFMS Staff to visit/ inspect the area/equipment	3.1 Assess the cause of malfunction and repair or troubleshoot the problem.	None	4 hours	Medical Equipment Technician / Administrative Aide (Mason/Carpenter/ Plumber)
Situation specific:	*3.2 If it needs parts replacement, check availability of parts or if for outside repair*	None	10 days	Medical Equipment Technician / Administrative Aide (Mason/Carpenter/ Plumber)
4. Acknowledge and sign the service request form.	4.1 Click done in ESRS.	None	5 minutes	Medical Equipment Technician / Administrative Aide (Mason/Carpenter/ Plumber)

5. Fill up the Client Satisfaction Survey	5.1 Give the link for the Client Satisfaction Survey	None	10 minutes	Medical Equipment Technician / Administrative Aide (Mason/Carpenter/ Plumber)
TOTAL			**4 hours and 22 minutes**	
		If the situation applies:	**10 days, 4 hours and 22 minutes**	

26. Request for Vehicle Conduction

Request for ambulance and service vehicle conduction

Office or Division:	EFMS
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	All VMC Employees

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Account in Electronic Service Request System	Online (bit.ly/ESRS_Login)

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Log-in to your account and fill-up request for technical assistance or repair.	1.1 Receive the request through ESRS.	None	5 minutes	*Transport Officer*
2. Wait for the Confirmation of the Transport Officer	2.1 Check the schedule and availability of vehicle and assign driver for the travel.	None	2 minutes	*Transport Officer*
3. Wait for the Driver at the designated meeting place and scheduled travel	3.1 Prepare trip ticket and check the vehicle before transporting passenger 3.2 Conduct the passenger to destination	None	10 minutes	*Driver*
4. Acknowledge and sign the Trip Ticket	4.1 Click done in ESRS.	None	5 minutes	*Driver*
5. Fill up the Client Satisfaction Survey	5.1 Give the link for the Client Satisfaction Survey	None	10 minutes	*Driver*
	TOTAL	None	**32 minutes**	

FEEDBACK AND COMPLAINTS MECHANISM	
How to send feedback	Send Feedback by: 1. Client Satisfactory Survey 2. Call Contact Info: 82916711-17 loc. 135 3. Email valgen_hosp@yahoo.com For inquiries and follow up, clients may contact the Office of the Medical Center Chief II: 829142-59
How to feedback are processed	CSAT Committee compiles, consolidates, and analyzes feedback and submits it to the Office of the MCC for recommendations. Three types of feedback or reports are generated which include: • Customer Satisfaction Rating • Customers Complaints • and Positive Comments These will be measured, evaluated, and analyzed. The Customer Satisfaction Survey Rating shall be computed and analyzed. Customer Complaints will be validated. All comments/ suggestions shall be reported as written. This will be converted as a Report which will be given to each unit for opportunity for improvement, correction, or corrective action. Feedback requiring answers is forwarded to the relevant units and they are required to answer within three (3) days of receipt of the feedback. The answer of the office is then relayed to the citizen.
How to file a complaint	Concerned citizens submit complaints / inquiry / recommendation / suggestion through Client Satisfactory Survey. Complaints can also be filed via telephone, email, Valenzuela Medical Center Official FB page. Make sure to provide the following information: • Date/Time • Subject of Complaint • Name of Complainant • Incident report or Summary of Complaint • Contact Information For inquiries and follow up, clients may contact the Office of the Medical Center Chief II: 829142-59

How complaints are processed	The Legal officer will evaluate and analyze the complaint. Complaints will be validated and will be endorsed to the appropriate body of the agency for action. The relevant units are required to answer within three (3) days of receipt of the complaints. Notify the concerned citizen on the Action Taken or will be invited for discussion and closure/reconciliation of the complaints
Contact Information of CCB, PCC, ARTA	ARTA: complaints@arta.gov.ph 1-ARTA (2782) PCC: 8888 CCB: 0908-881-6565 (SMS) VMC: 829142-59 (Office of the MCCII) 828166-40 (HRMO) 829467-11 local 115 (PACD) valgen_hosp@yahoo.com

VALENZUELA MEDICAL CENTER

APPROVED PRICELIST

Republic of the Philippines
Department of Health
Metro Manila Center for Health Development
VALENZUELA MEDICAL CENTER

HOSPITAL RESOLUTION NO. 2022- 08

A RESOLUTION OF THE EXPANDED EXECUTIVE COMMITTEE OF VALENZUELA MEDICAL CENTER AUTHORIZING THE MEDICAL CENTER CHIEF II FOR ADOPTING AN UPDATED PRICELIST OF HOSPITAL PROCEDURES AND SUPPLIES

WHEREAS, present economic conditions has rendered the prices on procedures and supplies being charged by the Valenzuela Medical Center as outdated;

WHEREAS, the Valenzuela Medical Center undertook to initiate a study in order to address existing market distortion on fees of medical supplies and services;

WHEREAS, the study on prevailing costs of medical supplies and services have been conducted together with the hospital's stakeholders in order to minimize any impact against end-users;

WHEREAS, after careful evaluation and assessment, the Valenzuela Medical Center has come up with reasonable and competitive rates on its hospital procedures and supplies;

WHEREAS, the respective increases on hospital procedures and supplies will certainly uphold the Valenzuela Medical Center in maintaining the quality standards and professionalism that it guarantees to offer to its end-users;

NOW THEREFORE, in consideration of the foregoing premises, the undersigned, together with Medical Center Chief II of Valenzuela Medical Center, hereby APPROVES and ADOPTS the attached Updated Pricelist on Hospital Procedures and Supplies. The same shall take effect immediately upon issuance of this Resolution.

IN WITNESS WHEREOF signed on this 18 day of 09. 2022 at the Office of the Medical Center Chief II, Annex Building, Valenzuela Medical Center, Padrigal St., Karuhatan, Valenzuela City.

APPROVED BY:

DR. GENESERE VINO
Head, Department of Internal Medicine

DR. MARIA MILAGROS U. MAGAT
Head, Department of Pediatrics

DR. JUAN L. MENDOZA
Head, Department of Anesthesia

DR. MA. EILEEN SIANGHIO
Head, Family Medicine and OPD

DR. JOAN G. ALVAREZ
Head, Respiratory ER

DR. JOYCE A. BISMONTE
Head, Radiology Department

DR. ARNEL BAYOTAS
Head, Department of Laboratory & Pathology

DR. LEILANI CHUA
Head, Physical Medicine & Rehab

DR. ERLINDA M. LUMIBAO
Head, Dental Service

DR. MA. LOURDES T. SOLIDUM
OIC, Department of OB-Gyne, Head, OR/DR

DR. RAMONCITO G. YAMBAO
Chairman, Infection Prevention & Control

DR. ALLAN JOHN MANANGAN
Point Person (Service Delivery Network)

ATTY. JOSE PAULO G. GONZALES
Attorney IV-PT

EDSEL MARTIN
Head, Pharmacy Section

DR. MARIA LOURDES R. ABELEDA
Program Coordinator, MNCHN (Family Planning)

GERALD ABANTE
Radiology Technologist IV

ANNA MILLETH D. DEMITION
Physical Therapist III

ANGELICA M. NACINO
COVID-19 Ward Nurse Supervisor

MARY GRACE T. SANILLAN
Medical Technologist V

LIZA E. DEMITION
OR/RR Complex Nurse Supervisor

EMILY A. SORIANO
Head, Health Information Management Department

AVIGAIL B. CHING
NICU Nurse Supervisor

KAYCELYN D. ALEGRE
NTP Nurse Coordinator

CHERRYL ANNE TOYOCAN
LR/DR Complex Nurse Supervisor

ANNA MARIE R. INAMARGA
Pediatrics Ward Nurse Supervisor

MARY GRACE P. SEJUB
ICU Nurse Supervisor

CAROLINE R. YONGCO
Medicine Ward Nurse Supervisor

JOSE LIBERATO B. DUEÑAS
OPD Nurse Supervisor

FILOMENA C. BATALLER
OB-Gyne Ward Nurse Supervisor

MA. LOURDES G. BAUTISTA
Nurse V

ESPERANZA K. CAMACHO
Head, Billing and Claims Section

HELEN M. MENDOZA
Head, Medical Social Work Service

ENGR. GERARDO E. LINGAT
Head, General Services Section

CHRISTOPHER B. VILLAFRIA
Head, Human Resource Management Office

DR. ELIZABETH GO-TAN
Head, QMS Office

CATHERINE T. SOFIA
Head, Materials Management Section

RINA JANE M. ALARCON
Head, Central Supply Room

ERIC JOSE E. PAJARILLO
Emergency Dept. Nurse Supervisor

ENGR. ROSELITO B. CORTEZ
Head, Cash Operations Section

RUFINA F. VADIL
Head, Budget Section

SUSAN M. HERNANDEZ
Head, Nutrition & Dietetics Service

LIGAYA E. UBALDE
Head, Procurement Section

ENGR. ZORAIDA S. CUADRA
Head, Engineering & Facilities Mgt. Section

BILLY T. LUCENA
Head, ICT Unit

RUBY S. GURREA RN, MAN
Officer-in-Charge, Chief Nurse

ALMIRA G. SATUMBA
Officer-in-Charge, Financial Management Officer II

SHIRLENE V. VIANZON
Chief Administrative Officer

DR. EDILBERTO V. CAVANEYRO
Chairperson, Ancillary Division

DR. JOSEPH T. NOCOM
Officer-in-Charge, Chief of Medical Professional Staff II

ESTELA E. JAVIER, MD, FPOGS, FPSMS
Officer-in-Charge, Medical Center Chief II
Date Signed: 10-18-22

COST CENTER: DEPARTMENT OF PATHOLOGY AND LABORATORY

EXAMINATION	PROCEDURE FEES
A. CLINICAL MICROSCOPY	
1. Routine Urinalysis (Automated)(RTU)	240.00
2. Urine Sugar/ Urine Albumin/Urine Ketone/Urine Bile	260.00
3. Pregnancy Test	210.00
4. Seminal Fluid Analysis	160.00
5. CSF & Other Body Fluids (Cell Count Only)	320.00
6. CSF & Other Body Fluids- Sugar	480.00
7. CSF & Other Body Fluids- Protein	480.00
8. Fecal Occult Blood Test (FOBT)	280.00
B. PARASITOLOGY	
1. Fecalysis	160.00
C. HEMATOLOGY	
1. Complete Blood Count w/ platelet count	270.00
2. ESR	160.00
3. Malarial Smear	130.00
4. Clotting Time/Bleeding Time	130.00
5. Peripheral Smear	280.00
6. Reticulocyte Count	230.00
7. Prothrombin Time	460.00
8. Partial Thromboplastin Time	550.00
9. D-DIMER (QUANTITATIVE)	1,780.00
D. CLINICAL CHEMISTRY	
1. Glucose	200.00
2. Cholesterol	210.00
3. BUN	205.00
4. BUA	210.00
5. Creatinine	200.00
6. SGOT/AST	205.00
7. SGPT/ALT	205.00
8. Triglycerides	225.00
9. HDL/LDL	500.00
10. Lipid Profile	630.00
11. Total Protein/Albumin	200.00
12. LDH	245.00
13. Sodium/Potassium/Chloride/Magnesium	515.00

(RTU)	
14.Magnesium	515.00
15. Ionized Calcium	515.00
16. Oral Glucose Tolerance Test (with FBS)	605.00
17. Oral Glucose Challenge Test (with FBS)	560.00
18. 2 Hours Post Prandial (with FBS)	360.00
19. Oral Glucose Challenge Test (without FBS)	360.00
20. Alkaline Phosphatase (ALP)	220.00
21. Calcium	220.00
D. CLINICAL CHEMISTRY	
22. Routine Urinalysis (Automated)(RTU)	250.00
23. Bilirubin (Total, Direct, Indirect)	250.00
24. Microalbumin (24 hr Urine Albumin)	585.00
25. Amylase	335.00
26. Lipase	705.00
27. Phosphorus	370.00
28. HBA1C (RTU)	760.00
29. Send Out Blood Specimen	
a. with Test tube/syringe	105.00
b. without test tube	80.00
E. MICROBIOLOGY	
1. AFB	220.00
2. Gram's Stain	230.00
3. KOH	230.00
5. Blood Culture & Sensitivity	2,600.00
Note: Additional 400 for every Culture Bottle	
6. Culture Bottle	520.00
7. Culture & Sensitivity (Other than blood)	1,920.00
F. IMMUNOSEROLOGY	
1. HBsAg (Rapid Test)	215.00
2. Syphilis (Rapid Test)	200.00
3. Dengue NS1 Antigen	705.00
4. Dengue IgG IgM	705.00
5. ASO Titer (Qualitative Test)	255.00
6. CRP (Qualitative Test)	255.00
THYROID PROFILE :	
7. TSH	820.00
8. FT4	670.00
9. FT3	670.00
10. T3	655.00
11. T4	680.00

TUMOUR MARKERS:	
12. CA 125 (OVA-MA)	1,205.00
13. CEA (CARCINOEMBRYONIC ANTIGEN)	1,375.00
14. TPSA	1,650.00
15. BHCG/Beta HCG	4,575.00
CARDIOVASCULAR DISEASE:	
16. CK MB	1,640.00
17. TROPONIN I (QUANTITATIVE)	1,740.00
HEPATITIS PROFILE:	
18. Anti-HBc (Hepatitis B Core Antibody) (Total)	1,020.00
19. HBc IgM (Hepatitis B Core IgM)	765.00
20. Anti-Hbe (Hepatitis B Envelope Antibody)	1,600.00
21. HBeAg (Hepatitis B Envelope Antigen)	1,600.00
22. Anti-HBs (Hepatitis B Surface Antibody)	940.00
F. IMMUNOSEROLOGY	
1. Routine Urinalysis (Automated)(RTU)	250.00
23. HBsAg (Hepatitis B Surface Antigen)	600.00
24. Anti-HAV IgM (Hepatitis A IgM Antibody)	1,600.00
25. Anti-HAV Total	1,880.00
26. Anti-HCV/HCV Test (Hepatitis C Antibody)	1,295.00
27. HBsAg Confirmatory	2,370.00
OTHER SEROLOGICAL TEST:	
28. Rapid Antigen COVID-19 Test	660.00
29. Helicobacter pylori	970.00
30. Syphilis Confirmatory (TPSA)	1,310.00
31. Procalcitonin	3,970.00
32. Ferritin	2,370.00
33. Syphilis RPR Quantitative	1,020.00
G. BLOOD BANK	
1. Blood Typing	565.00
2. Crossmatching (Gel Method)	1,230.00
3. DAT (Gel Method)	725.00
4. IAT (Gel Method)	725.00
5. Crossmatching (Typing for Components)	480.00
H. BLOOD TRANSFUSION SERVICE	
1. Blood Processing Fee-No Donor (DOH Price Ceiling)	-
a. Whole Blood	1,800.00
b. PRBC (Closed System)	1,500.00
c. PRBC (Open System)	1,800.00
d. FFP	1,000.00
e. Platelet Concentrate	1,000.00

f. Cryoprecipitate	1,000.00
f. Apheresis (Platelet)	30,800.00
I. DRUG TESTING	**250.00**
J. EXPANDED NEWBORN SCREENING	**1,800.00**

COST CENTER: OPHTHALMOLOGY SECTION

PROCEDURES:	PROCEDURAL FEE:
Comprehensive Eye Exam	**500.00**
Lacriminal Apparatues Irrigation	**500.00**
Foreign Body Removal (conjunctival)	**1,500.00**
Eye Irrigation	**1,500.00**
Corneal Scrapping for Culture Sensitivity/ Gram Stain	**500.00**
Biometry	**1,500.00**
Excision of Pterydium	**10,000.00**
Incision and Curretage of Chalazion	**6,000.00**
Cataract Surgery	**20,000.00**

COST CENTER: ANIMAL BITE TREATMENT CENTER

PROCEDURES:	PROCEDURAL FEE:	PROFFESIONAL/READER'S FEE:	TOTAL:
IM Injection	100.00	N/A	**100.00**
ID Injection	100.00	N/A	**100.00**
Cotton with Alcohol (per use)	10.00	N/A	**10.00**
Plaster	10.00	N/A	**10.00**
Clean gloves	3.24	N/A	**3.24**
Insulin Syringe	2.86	N/A	**2.86**
1 cc syringe	1.52	N/A	**1.52**
3 cc syringe	5.73	N/A	**5.73**
5 cc syringe	6.18	N/A	**6.18**
10 cc syringe	6.76	N/A	**6.76**

COST CENTER: CENTRAL SUPPLY ROOM

Item No	PARTICULARS	UNIT	Total
1	Adhesive Surgical Tape Cloth 1"	roll	231.73
2	Adhesive Surgical Tape Cloth 1/2"	roll	169.00
3	Adhesive Surgical Tape Cloth 2.5x5m	roll	367.00
4	Adhesive Tape, cotton 1"	roll	493.35
5	Adhesive Tape, cotton 2"	roll	520.30
6	Adhesive Tape, Silk 2"	roll	400.23
7	Adhesive Tape, cotton 4"	roll	715.00
8	Admission Kit	kit	220.38
9	Alcohol 70%	bot	68.67
10	Alcohol 4L	gal	1,014.00
11	Anesthesia Breathing Circuit, Pedia	pc	845.00
12	Anesthesia Breathing, Adult	pc	806.04
13	Anesthesia Facemask, Pedia	pc	455.00
14	Anesthesia Facemask, Small	pc	455.00
15	Anestheisa Facemask, large	pc	377.00
16	Anestheisa Facemask, Medium	pc	377.00
17	Ambu-bag, Adult (Resuscitator)	pc	1,005.15
18	Ambu-bag , Pedia (Resuscitator)	pc	1,275.99
19	Ambu-bag , Neonate (Resuscitator)	pc	1,129.36
20	Applicator Stick (wood)	pc	1.96
21	Arm sling, small	pc	63.70
22	Arm sling, medium	pc	64.35
23	Arm sling, large	pc	64.35
24	Asepto Syringe (Bulb Irrigation)	pc	28.78
25	Autoclave Tape 1"	roll	435.50
26	Auto adhsive labels for documentation	roll	5,848.70
27	Bacterial Filter (Retangular/Round)	pc	267.90
28	Baby Carrier	pc	273.00
29	Bedpan	pc	64.56
30	Betaplast Silver	pc	1,062.83
31	Blade #10	pc	2.57
32	Blade #11	pc	2.57
33	Blade #15	pc	2.57
34	Blade #20	pc	4.45
35	BT set (Blood Tranfusion set)	pc	14.66
36	Breathing Circuit, Adult	pc	1,178.06
37	Breathing Circuit, Neonate	pc	1,625.00

38	Breathing Circuit, Pedia	pc	1,625.00
39	Bootis (Shoe cover boots)	pair	104.00
40	Bootis (Shoe cover non- woven)	pair	2.52
41	Bone wax	pc	188.50
42	Bone Marrow aspirator needle g.15	pc	1,560.00
43	BP Cuff, Adult	pc	520.00
44	BP Cuff, Pedia	pc	520.00
45	Breastmilk storage bag 350ml	pc	13.00
46	Cadaver Bag, Extra Large (4x8)	pc	624.00
47	Cadaver Bag, Pedia (4x30)	pc	383.50
48	Cadaver Bag,Large (3x7)	pc	513.50
49	Cadaver Bag, Pedia (4x30)	pc	383.50
50	Carbon Dioxide Absorber (Sodalime)	barrel	5,167.50
51	Cautery pencil with cautery pad, disposable (Electrosurgical)	set	548.34
52	Cautery Pencil	pc	548.34
53	Cautery Pad, adult	pc	585.00
54	Cautery Pad, pedia	pc	585.00
55	Cautery Pad and pencil	set	624.00
56	Centrifuge Tube Vol. 50ml	pc	30.52
57	Cervical Collar, small	pc	601.78
58	Cervical Collar, medium	pc	686.40
59	Cervical Collar, large	pc	686.40
60	Cling Film Plastic Wrap 50x200m	roll	2,600.00
61	Condom probe for ultrasound, 100's/bx	pc	8.72
62	Con Catheter Fr.12 (Pigtail)	pc	4,550.00
63	Con Catheter Fr.10 (Pigtail)	pc	4,550.00
64	Con Catheter Fr.8 (Pigtail)	pc	4,550.00
65	Cord Clamp, sterile	pc	3.17
66	Cover-all with booties	pc	156.75
67	Clavicular Brace	pc	1,774.50
68	Cottonoids	pc	432.25
69	Cotton Balls, 3 pcs/pack, sterile	pack	3.90
70	Cotton Balls, 5 pcs/pack, sterile	pack	10.40
71	Cotton Tip Applicator	pc	0.85
72	Core Needle, g18x15cm	pc	4,420.00
73	Core Needle, g18x20cm	pc	2,600.00
74	Core Needle, g14	pc	3,770.00
75	CTG paper (Fetal Monitoring)	pad	1,560.00
76	CTT Bottle	pc	260.00
77	Colostomy bag, 57mm	pc	195.00
78	Colostomy bag, pedia, 38mm	pc	182.43

79	Cutasept (Propanolol+Benzalconium)	bot	990.60
80	Curasys Canister	pc	2,600.00
81	CVP Manometer	pc	1,212.90
82	Diaper, Adult	pc	24.44
83	Disposable Needle g.19	pc	2.56
84	Disposable Needle g.21	pc	1.18
85	Disposable needle g.23	pc	1.89
86	Disposable needle g.25	pc	1.56
87	Disposable needle g.30	pc	5.20
88	Disposable OR Pack	pack	2,080.00
89	Disposable Sensor	pc	364.85
90	Disposable Gown, unsterile	pc	99.58
91	Disposable Gown, sterile,with two towels, light weight, fluid resistant, antistatic	pc	509.60
92	Disinfecting Pre-Saturated Towelettes Wipes	can	858.00
93	Dri Sheet (Underpads)	pc	13.09
94	Drainage Bag	pc	1,950.00
95	Earlip Pastel Yellow	pc	67.60
96	Earlip Pastel Green	pc	67.60
97	Earlip Pastel Pink	pc	67.60
98	Earlip Pastel Blue	pc	67.60
99	E.T. 2.5	pc	60.88
100	E.T. 3.0	pc	28.44
101	E.T. 3.5	pc	41.48
102	E.T. 4.0	pc	65.75
103	E.T. 4.5	pc	166.39
104	E.T. 5.0	pc	27.37
105	E.T. 5.5	pc	28.72
106	E.T. 6.0	pc	32.75
107	E.T. 6.5	pc	35.31
108	E.T. 7.0	pc	28.44
109	E.T. 7.5	pc	30.00
110	E.T. 8.0	pc	29.45
111	Endobrochial Tube Fr.35 left	pc	9,080.50
112	Endobrochial Tube Fr.37 Left	pc	8,820.50
113	Endotracheal Closed Suction Catheter Fr.8	pc	1,154.40
114	Endotracheal Closed Suction Catheter Fr.12	pc	1,626.17
115	Endotracheal Closed Suction Catheter Fr.14	pc	1,723.87
116	Eye Sheet	pc	214.50

117	Eye Protector (Micro size/ Eyeshield)	pc	190.53
118	ECG Single channel	roll	61.75
119	ECG Three channel	roll	87.75
120	Elastic Bandage 2"	roll	13.92
121	Elastic Bandage 4"	roll	21.14
122	Elastic bandage 6"	roll	24.31
123	Electrodes, ECG	pc	6.61
124	Epidural Catheter g.18	pc	1,280.50
125	Examining/Clean Gloves, Large	pc	4.20
126	Examining/Clean Gloves, Medium	pc	4.20
127	Examining/Clean Gloves, Small	pc	4.20
128	Examining/Clean Gloves, XSmall	pc	9.71
129	Enzymatic Detergent (Cidezyme)	gal	3,744.00
130	Extension Tube 100 cm	pc	39.00
131	Exhalation Bulb	pc	405.60
132	Face Mask	pc	2.26
133	Faceshield	pc	9.04
134	Formaline	gal	1,534.00
135	Foley Cather Fr. 8	pc	38.19
136	Foley Cather Fr. 10	pc	33.58
137	Foley Cather Fr. 12	pc	35.00
138	Foley Catheter Fr.14	pc	39.00
139	Foley Catheter Fr.16	pc	31.58
140	Foley Catheter Fr.22, 3 way	pc	359.45
141	Foley Catheter Fr.20, 3 way	pc	359.45
142	Gauze 2x2, sterile	pc	1.29
143	Gauze 4x4, sterile 4's/pack	pack	19.50
144	Gauze 4x4, sterile	pc	1.09
145	Gauze 4x36, sterile	pc	83.88
146	Gauze 12x12, sterile	pc	73.78
147	Gauze 18x18, sterile	pc	99.07
148	Gauze Bandage 4"x10	roll	16.37
149	Gel Foam (Absorbable Gelatin Sponge)	pc	362.70
150	Gigle Saw wire	pc	649.99
151	Gloves, sterile size 6.0	pair	17.51
152	Gloves, sterile size 6.5	pair	16.87
153	Gloves, sterile size 7.0	pair	17.68
154	Gloves, sterile size 7.5	pair	19.58
155	Gloves, sterile size 8.0	pair	17.88
156	Glucostrips (Blood Glucostricps)	pc	5.66
157	Glutaraldehyde (Soaking Solution)	gal	1,740.97
158	Goggles	pc	179.14

159	Guidewire Fr.6	pc	247.00
160	Guidewire Fr.12	pc	195.00
161	Hand Sanitizer	bot	335.88
162	Heplock (IV Access System)	pc	11.39
163	High Flow nasal cannula, Adult	pc	2,080.00
164	High Flow Chest Drainage System	pc	4,940.00
165	HME Rectangular GGM	pc	197.60
166	Hot water bag	pc	78.00
167	Hydrogen peroxide	bot	87.61
168	Hygienic and Surgical hand disinfectant (Sterillium)	bot	1,396.86
169	Hub Cutter	pc	546.00
170	Humby Blade	pc	884.00
171	Intrajugular Catheter, double lumen, Fr.12	pc	3,919.50
172	Incentive Spirometer	pc	715.65
173	IV Dressing 6cmx7cm	pc	21.45
174	I.V. Cannula g. 18	pc	23.56
175	I.V. Cannula g. 20	pc	24.83
176	I.V. Cannula g. 22	pc	30.72
177	I.V. Cannula g. 24	pc	34.09
178	I.V. Cannula g. 26	pc	34.75
179	I.V. Start kit	pc	115.44
180	Infusion set, adult (macroset, 20drops/ml)	pc	11.40
181	Infusion set, pedia (microset, 60 drops/ml)	pc	12.31
182	Irrigitating Water Solution	bot	122.21
183	Intestinal Needle, curve, 30mm	pc	1,170.00
184	Intestinal Needle, curve, 35mm	pc	1,170.00
185	Intestinal Needle, curve, 40mm	pc	1,170.00
186	Intestinal Needle, curve, 49mm	pc	1,170.00
187	Jackson Pratt (Suction Resevoir) 100 ml	pc	1,077.70
188	Jackson Pratt (Suction Resevoir) 400 ml	pc	1,430.00
189	Kangaroo tube, large	pc	169.00
190	Kangaroo tube, medium	pc	169.00
191	Kangaroo, extra large	pc	169.00
192	KN 95 Mask	pc	15.93
193	Kidney Basin	pc	9.72
194	KY Lubricating gel	tube	115.36
195	KY Lubricating gel, sachet	sachet	7.80
196	Kelly Pad	pc	923.00
197	Laryngeal mask Airway #3	pc	3,640.00
198	Laryngeal mask Airway #4	pc	3,640.00
199	Laryngeal mask Airway #5	pc	3,640.00

200	Liquid soap	gal	243.07
201	Ligating Clip	pc	1,385.09
202	Lotion	bot	475.80
203	Maternity Napkin	pc	12.65
204	Measuring Cup (Calibrated glass)	pc	32.47
205	Medical Infusion Pump Pressure Bag	pc	2,340.00
206	N95 Mask	pc	137.57
207	Nebulizer kit (Mask)	pc	48.23
208	Nebulizer kit mouthpiece	pc	36.14
209	Nebulizer kit w/ pedia mask	pc	42.17
210	Non-vented NIV Mask, medium	pcq	4,810.00
211	NGT,Siliconize Fr. 14	pc	52.98
212	NGT, Siliconize Fr. 16	pc	241.80
213	NGT Fr. 5	pc	14.30
214	NGT Fr. 8	pc	10.10
215	NGT Fr. 10	pc	34.03
216	NGT Fr. 12	pc	11.44
217	NGT Fr. 14	pc	52.98
218	NGT Fr. 16	pc	11.70
219	NGT Fr. 18	pc	8.74
220	Non-Rebreather Mask, Neonate	pc	116.65
221	Non Rebreather Mask, Adult	pc	116.90
222	Non Rebreather Mask, Pedia	pc	100.69
223	O2 Flow Nasal Cannula with comfort sleeve (medium)	pc	845.00
224	O2 Flow Nasal Cannula with comfort sleeve (small)	pc	845.00
225	O2 Flow Nasal Cannula with comfort sleeve (xsmall)	pc	819.00
226	O2 Cannula, Adult	pc	14.60
227	O2 Cannula, Neonate	pc	20.80
228	O2 Cannula, Pedia	pc	13.88
229	O2 Humidifier w/ sterile water	bot	181.21
230	O2 Mask, Adult	pc	39.66
231	O2 Mask, neonate	pc	48.54
232	O2 Mask, Pedia	pc	27.40
233	OR Cap	pc	0.85
234	Oral Airway #1	pc	43.93
235	Oral Airway #2	pc	41.60
236	Oral Airway #3	pc	41.60
237	Oral Airway #4	pc	41.60
238	Oral Airway #5	pc	45.50

239	Oral Airway #8	pc	39.00
240	Orogastric Tube Fr.5, 100cm	pc	74.56
241	Orogastric Tube Fr.8, 100cm	pc	79.30
242	Patient Chart Holder	pc	516.10
243	Paper Towel	roll	435.50
244	Patients Tag (white)	pc	2.44
245	Patients Tag (blue)	pc	2.44
246	Patients Tag (pink)	pc	2.31
247	Plaster 1"x10yards, adhesive, blended tape, hypoallergenic	roll	96.29
248	Plaster of Paris 6"	roll	137.11
249	Plaster of Paris 4"	roll	127.40
250	Penrose 1/4	pc	66.16
251	Penrose 1"	pc	66.24
252	Penrose 1/2	pc	63.67
253	Peritoneal Dialysis Organizer	pc	1,300.00
254	Peritoneal Dialysis Catheter	pc	6,825.00
255	Peritoneal Dialysis Catheter Extension	pc	1,820.00
256	Povidone 10%	gal	789.56
257	Povidone 7.5%	gal	745.30
258	Peripherally Inverted Central Catheter	pc	8,710.00
259	Philadelphia Collar	pc	2,600.00
260	Primary Wound Dressing Agua	pc	1,160.90
261	Polypropylene Mesh 7.6x15cm (3"x6")	pc	458.25
262	Polypropylene Mesh 15cm x 15cm	pc	1,583.73
263	Prolene Mesh 3x5	pc	2,340.00
264	Rubber Tubing	ft	54.22
265	Scalp vein butterlfy G.19	pc	27.30
266	Scalp vein butterlfy G.21	pc	43.55
267	Scalp vein butterlfy G.23	pc	36.08
268	Scalp vein butterlfy G.25	pc	30.99
269	Sharp container	pc	455.00
270	Securement Device (NGT)	kit	56.16
271	Securement Device (Foley Catheter)	kit	205.92
272	Securement Device (IV Catheter)	kit	77.22
273	Single limb Patient Circuit Adult	pc	3,510.00
274	Skin Traction set, small	pc	1,532.70
275	Skin Traction set, large	pc	1,532.70
276	Skin Traction set, medium	pc	1,532.70
277	Skin Stapler with remover	pc	479.70
278	Sodium Hypochlorite	gal	216.11
279	Sodium Monobasic (Fleet Enema)	pc	374.40

280	Sodium Fusidate (Intertulle)	pc	159.90
281	Spinal Needle g. 19	bx	14.95
282	Spinal Needle g. 21	bx	14.95
283	Spinal Needle g. 25	bx	81.28
284	Splint Intravenous Adult	pc	60.07
285	Splint Intravenous Pedia	pc	56.54
286	Splint Intravenous Neonate	pc	49.40
287	Specimen Bottle	pc	6.50
288	Suction Poole Drain	pc	125.11
289	Straight Catheter g.12	pc	17.42
290	Straight Catheter g.16	pc	52.00
291	Straight Catheter g.14	pc	17.42
292	Suction Catheter Fr. 5	pc	6.63
293	Suction Catheter Fr.8	pc	9.66
294	Suction Catheter Fr. 10	pc	6.20
295	Suction Catheter Fr. 12	pc	9.20
296	Suction Catheter Fr. 14	pc	6.46
297	Suction Cathetr Fr. 16	pc	9.14
298	Sputum cup	pc	5.06
299	Surgical Clipper Blade	pc	243.63
300	Syringe, Insulin with g. 29 x 1/2 needle, sterile	pc	3.22
301	Syringe 1cc with g.25 needle, sterile	pc	1.72
302	Syringe 3cc with g.23 needle, sterile	pc	2.65
303	Syringe 5cc with g.23 needle, sterile	pc	3.55
304	Syringe 10cc, with g.21 needle, sterile	pc	3.32
305	Syringe 20cc, with g.19, needle, sterile	pc	7.53
306	Syringe 30cc, with g.19, needle, sterile	pc	34.55
307	Syringe 50cc, with g. 21, needle sterile	pc	23.11
308	Syringe Dual Pack 200ml/100ml	set	2,340.00
309	Surgicel (Absorbable hemostat, 3"x4 ,7.6cm x 10.2 cm)	pc	2,535.00
310	Tracheostomy set, cuff size 6.0	pc	3,380.00
311	Tracheostomy set, cuff size 7.5	pc	3,588.00
312	Tracheostomy set, cuff size 7.0	pc	3,588.00
313	Tracheostomy set, cuff size 8.0	pc	3,185.00
314	Transparent IV Dressing (6x7cm)	pc	23.40
315	Transparent IV Dressing (10x12cm)	pc	74.70
316	TISSUE, TOILET PAPER, 2-plys sheets,150 pulls per roll (300 sheets), min., 12rolls/pack	roll	10.62
317	T-Piece Connector	pc	65.00

318	T-Tube Fr.12	pc	390.00
319	T-Tube Fr.14	pc	390.00
320	T-Tube Fr.16	pc	390.00
321	Torniquet	ft	12.43
322	Tongue Depressor	pc	1.63
323	Thoracostomy tube #32	pc	159.90
324	Thoracostomy tube #36	pc	159.90
325	Thoracostomy tube #28	pc	159.90
326	Thoracic Catheter Fr.36	pc	117.00
327	Thermometer (Digital)	pc	50.56
328	Urinal (Translucent)	pc	36.49
329	Urine Bag, adult	pc	11.02
330	Urine Bag Collector (Pediatric)	pc	4.26
331	Ureteral Catheter Open End 6F (2.0mm)	pc	1,366.30
332	Ureteral Stent (Double J Stent 6x24cm)	pc	9,464.00
333	Umbilical Catheter Fr.3.5 x 37cm	pc	455.00
334	UTZ Thermal paper	roll	977.78
335	UTZ Gel (Transonic)	gal	984.10
336	Vaccuum Pillow	pc	161.04
337	Volumetric (soluset)	pc	89.12
338	VP Shunt kit Burr Hole Design 16mm Medium	pc	18,850.00
339	VP Shunt kit Burr Hole Design 12mm Medium	pc	14,560.00
340	Vented NIV Mask	pc	4,810.00
341	Wadding Sheet 4"	roll	35.06
342	Wadding sheet 6"	roll	36.06
343	Wound Irrigation Solution	pc	1,183.00
344	Wound Dressing	pc	1,160.90
345	3 Way Stop Cock with tubing	pc	11.70
346	3 Way Stop Cock without tubing	pc	27.98
347	3 Way Foley Catheter Fr.22	pc	359.45
348	3 Way Foley Catheter Fr.20	pc	359.45
349	**SUTURES**		-
350	Braided Absorbable Suture Polyglactin size 0, 90cm, 36mm 1/2 circle taper needle -	pc	290.25
351	Braided Abosrbable Polyglactin size1, 90cm 1/2 circle taper needle	pc	312.00
352	Braided Absorbable Suture Polyglactin size 2.0, 90cm, 37mm 1/2 circle taper	pc	305.50
353	Braided Synthetic Absorbable Suture 2.0, 120cm, 35-36cmm 1/2 circle taper, cut needle	pc	429.00

354	Braided Absorbable Suture size 3.0 Polyglactin, 26mm round needle	pc	343.20
355	Braided Absorbable Suture size 4.0 Polyglactin, 19mm, 70cm, with cutting needle	pc	258.44
356	Braided Absorbable Suture size 5.0, 17cm, 70cm, with round needle	pc	296.24
357	Chromic 1.0, with round needle	pc	123.50
358	Chromic 2.0, with round needle	pc	123.50
359	Chromic 3.0, with round needle	pc	153.40
360	Chromic 4.0, with round needle	pc	123.50
361	Nylon 3.0, 45cm, 19mm, cutting needle	pc	448.50
362	Nylon Monofilament non-absorbable suture 10-0, round needle, double arm, 30cm-45cm	pc	527.80
363	Polypropylene Monofilament, non-absorbable Suture 0 round needle	pc	322.40
364	Polypropylene Monofilament, non-absorbable Suture 1 round needle	pc	322.40
365	Polypropylene Monofilament, non-absorbable Suture 2.0 round needle	pc	322.40
366	Polypropylene Monofilament, non-absorbable Suture 4.0 round needle (double needle)	pc	617.50
367	Polypropylene Monofilament, non-absorbable Suture 5.0 round needle (double needle)	pc	234.00
368	Polypropylene Monofilament, non-absorbable Suture 6.0 round needle (double needle)	pc	441.35
369	Polyglecaprone Suture Absorbable Monofilament size 0, reverse cutting needle	pc	520.00
370	Polyglecaprone Suture Absorbable Monofilament size 1.0, reverse cutting needle	pc	520.00
371	Polyglecaprone absorbable monofilament suture size 1, 36-37mm, 90cm, round needle	pc	390.00
372	Polyglecaprone Suture Absorbable Monofilament size 4.0, reverse cutting needle	pc	520.00
373	Silk 0, strands, 15x60cm, non-nnedle	pc	107.90
374	Silk 1, strands, 15x60cm, non-nnedle	pc	107.90
375	Silk 2.0 strands, 15x60cm, non-needle	pc	107.90

376	Silk 3.0 strands, 15x60cm, non-needle	pc	107.90
377	Silk Black 0, with round needle	pc	221.00
378	Silk 2.0, 24mm, 75cm with cutting needle	pc	107.90
379	Silk 3.0, 24mm, 75cm with cutting needle	pc	147.71
380	Silk 4.0, 19mm, 45cm, with cutting needle	pc	217.10
381	Silk 3.0, with round needle	pc	87.09
382	Silk 4.0, with round needle	pc	195.00
383	Synthetic fast Absorbing Polyglactin suture size 2.0, 120cm, 35-37mm, 1/2 circle taper cut needle	pc	318.50
384	Special set made of non-absorbable polyester white tape 50cm size 0.5cm	pc	1,902.38

COST CENTER: DENTAL SERVICE

PROCEDURES:	PROCEDURAL FEE:	PROFFESIONAL/READER'S FEE:	TOTAL:
Oral Prophylaxis	200.00	N/A	**200.00**
Scaling and Root Planting (per quadrant)	250.00	N/A	**250.00**
Temporary Filling	200.00	N/A	**200.00**
Indirect Pulp Capping	250.00	N/A	**250.00**
Permanent Filling (complex)	300.00	N/A	**300.00**
Tooth Extraction (anterior)	200.00	N/A	**200.00**
Tooth Extraction (posterior)	250.00	N/A	**250.00**
Tooth Extraction (complicated)	400.00	N/A	**400.00**
Odontectomy	2,500.00	N/A	**2,500.00**

COST CENTER: DERMATOLOGY SECTION

NAME OF PROCEDURE	PROCEDURE FEE		REMARKS	TOTAL
	OPD	IN PATIENT		
PUNCH BIOPSY	₱400.00	₱400.00	Excluding lab processing fee	₱400.00
SHAVE BIOPSY	₱200.00	-	Excluding lab processing fee	₱200.00
MILIA EXTRACTION/ACNE SURGERY	₱200.00	-	per 10 pieces	₱200.00
MOLLUSCUM EXTRACTION	₱200.00	-	per 5 pieces	₱200.00
INTRALESIONAL STEROID	₱150.00	-	per 0.1ml	₱150.00
ELECTROCAUTERY - VERRUCA PLANA	₱150.00	-	per 10 pieces	₱150.00
EXCISION BIOPSY	₱1,200.00			₱1,200.00
ELECTROCAUTERY - VERRUCA VULGARIS AND OTHERS	₱300 to ₱600	-	₱300: Up to 1 cm ₱400: Up to 2 cm ₱600: Up to 3 cm	₱300: Up to 1 cm ₱400: Up to 2 cm ₱600: Up to 3 cm
PHOTOTHERAPY	₱500.00	₱500.00		₱500.00
FRACTIONAL LASER				
Low Pain Fraction Mode				
1. Acne Scar (Full face)	₱1,500.00	-	Per session	₱1,500.00
2. Laser peeling (Full face)	₱1,500.00	-	Per session	₱1,500.00
3.Stretch marks (8.5x5.5)	₱1,500.00	-	Per session	₱1,500.00
4. Skin tightening (Full face)	₱1,500.00	-	Per session	₱1,500.00
5.Large pore (Full face)	₱1,500.00	-	Per session	₱1,500.00
6.Fine lines/Wrinkles (Full face)	₱1,500.00	-	Per session	₱1,500.00
Full Fractional Mode				
1. Acne Scar (Full face)	₱2,500.00	-	Per session	₱2,500.00
2. Laser peeling (Full face)	₱2,500.00	-	Per session	₱2,500.00
3. Stretch marks (8.5x5.5)	₱2,500.00	-	Per session	₱2,500.00
4. Skin tightening (Full face)	₱2,500.00	-	Per session	₱2,500.00

5. Large pore (Full face)	₱2,500.00	-	Per session	₱2,500.00
6. Fine lines/Wrinkles (Full face)	₱2,500.00	-	Per session	₱2,500.00
Surgical/Pen Mode				
1. Warts	₱2,000.00	-	Per area	₱2,000.00
2. Syringoma	₱2,000.00	-	Per session	₱2,000.00
3. Sebaceous Gland Hyperplasia	₱2,000.00	-	Per area	₱2,000.00
4. Mole (per piece)	₱1,000.00	-	Per piece	₱1,000.00
5. Skin tag (per piece)	₱1,000.00	-	Per piece	₱1,000.00
Q-SWITCHED / PULSE LASER				
Carbon Peeling	₱2,500.00	-	Per session	₱1,500.00
Skin Rejuvenation and Toning	₱2,000.00	-	Per session	₱2,000.00
Skin Rejuvenation and Tightening	₱2,000.00	-	Per session	₱2,000.00
Neck Rejuvenation and Tightening	₱2,000.00	-	Per session	₱2,000.00
Hair Removal				
1. Mustache	₱1,500.00	-	Per session	₱1,500.00
2. Beard	₱1,500.00	-	Per session	₱1,500.00
3. Axilla (Bilateral)	₱1,500.00	-	Per session	₱1,500.00
4. Forearms (Bilateral)	₱2,000.00	-	Per session	₱2,000.00
6. Lower Legs (Bilateral)	₱2,500.00	-	Per session	₱2,500.00
7. Thighs (Bilateral)	₱2,000.00	-	Per session	₱2,000.00
Whitening				
1. Axilla	₱1,500.00	-	Per session	₱1,500.00
2. Elbow	₱1,500.00	-	Per session	₱1,500.00
3. Knee	₱1,500.00	-	Per session	₱1,500.00
4. Groin	₱1,500.00	-	Per session	₱1,500.00
5. Gluteal Area	₱1,500.00	-	Per session	₱1,500.00
Dermal Pigments (Nevus of Ota/Ito/Becker's)	₱1,500.00	-	Per session	₱1,500.00
Melasma	₱1,500.00	-	Per session	₱1,500.00
Post-Inflammatory Hyperpigmentations (PIH)	₱1,500.00	-	Per session	₱1,500.00
Panda Eyes	₱1,000.00	-	Per session	₱1,000.00
Lip Lightening	₱1,000.00	-	Per session	₱1,000.00
Tattoo Removal	₱1,500.00	-	Per sq inch	₱1,500.00

Epidermal Pigments (Ephelids/Lentigenes)	₱1,500.00	-	Per session	₱1,500.00
Face Telangiectasia	₱1,500.00		Per session	₱1,500.00
Leg Telangiectasia	₱2,000.00		Per area	₱2,000.00
Hemangioma/ Angioma/ Port wine Stain	₱2,000.00		Per session	₱2,000.00
Hypertrophic Scar	₱1,500.00		Per lesion	₱1,500.00
Stretch marks	₱1,500.00		Per area	₱1,500.00
Onychomycosis	₱1,500.00		Per session	₱1,500.00

COST CENTER: ER/OPD

PROCEDURES:	FEE:	UNIT:	TOTAL:
IV Insertion	150.00	per procedure	150.00
SQ Injection	100.00	per procedure	100.00
IM Injection	100.00	per procedure	100.00
Umbilical Cannulation	500.00	per procedure	500.00
Wound Dressing	80.00	per procedure	80.00
CTT Procedure	500.00	per procedure	500.00
Removal CTT	79.23	supplies	79.23
Rubber Tubing	437.78	supplies	437.78
Enema	300.00	per procedure	300.00
Incision and Drainage	300.00	per procedure	300.00
NGT Insertion	300.00	per procedure	300.00
OGT Insertion	200.00	per procedure	200.00
Foley Catheter Removal	50.00	per procedure	50.00
Internal Examination	75.00	per procedure	75.00
Parasentesis/Culdocentesis	250.00	per procedure	250.00
Needling	200.00	per procedure	200.00
Suctioning (Adult)	300.00	per procedure	300.00
Suctioning (Pedia)	100.00	per procedure	100.00
Removal of Sutures	100.00	per procedure	100.00
Catheterization	250.00	per procedure	250.00
Manual Disarticulation	500.00	per procedure	500.00
Circumcision	300.00	per procedure	300.00
Cauterization	500.00	per procedure	500.00
Nebulization	100.00	per procedure	100.00
Intubation with CPR (Pedia)	700.00	per procedure	700.00
Intubation with CPR	700.00	per procedure	700.00
Lumbar Tap	200.00	per procedure	200.00

PAP Smear	120.00	per procedure	**120.00**
Fine Needle Aspiration	300.00	per procedure	**300.00**
Newborn Care	150.00	package	**150.00**
Excision	250.00	per procedure	**250.00**
Chemotherapy	250.00	per procedure	**250.00**
Casting	500.00	per procedure	**500.00**
ER Fee	200.00	more than 4 hours	**200.00**
Phototherapy	250.00	per day	**250.00**
ECG	200.00	per use	**200.00**
Spot Check Pulse Oximeter	60.00	per use	**60.00**
Use of Pulse Oximeter	250.00	per day	**250.00**
Use of Droplight	60.00	per use	**60.00**
Use of O2 Hood	150.00	per shift	**150.00**
Use of Syringe Pump	300.00	per use	**300.00**
Use of Infusion Pump	500.00	per use	**500.00**
Use of Cardiac Monitor	500.00	per use	**500.00**
Use of Mechanical Ventilator	650.00	per day	**650.00**
O2 sensor	402.00	per use	**402.00**
Infectious Waste/Radioactive Waste	300.00	per day	**300.00**
Buy-out Patient gown	900.00	per piece	**900.00**
Buy-out Linen	800.00	per piece	**800.00**
Linen	75.00	per piece	**75.00**
Tenchoff Insertion	2,500.00	per procedure	**2,500.00**
Thoracentesis	2,500.00	per procedure	**2,500.00**
Instragular Catheter Insertion	2,500.00	per procedure	**2,500.00**
Pigtail Insertion	2,500.00	per procedure	**2,500.00**
Tracheostomy Insertion	2,500.00	per procedure	**2,500.00**
Cutdown (Pedia)	100.00	per procedure	**100.00**

COST CENTER: FAMILY PLANNING

PROCEDURES:	PROCEDURAL FEE:	PROFFESIONAL/READER'S FEE:	TOTAL:
PAP Smear	333.00	N/A	**333.00**
VIA (Visual Inspection using Acetic Acid Wash)	398.00	N/A	**398.00**
Implant Insertion	455.00	N/A	**455.00**
Implant Removal	874.00	N/A	**874.00**
IUD (Intra Uterine Device) Insertion	611.00	N/A	**611.00**
IUD (Intra Uterine Device) Removal	588.00	N/A	**588.00**
IUD (Intra Uterine Device) Check Up	368.00	N/A	**368.00**
DMPA IM Procedure	120.00	N/A	**120.00**
Internal Examination	83.00	N/A	**83.00**

PARTICULARS:	UNIT:	PRICE:
Lyndavel (Medroxyprogesterone Acetate) 150mg/ml Suspension	piece	**117.00**

COST CENTER: GENERAL SERVICES SECTION

	DESTINATION:	FEE:
1	Amang Rodriguez Medical Center	1,500.00
2	East Avenue Medical Center	1,000.00
3	Fatima University Medical Center	450.00
4	Jose Reyes Memorial Medical Center	1,000.00
5	Lung Center of the Philippines	1,000.00
6	Manila Central University Hospital	550.00
7	National Children's Hospital	1,000.00
8	National Kidney and Transplant Institute	1,000.00
9	Ospital ng Maynila	1,300.00
10	Philippine Children's Medical Center	1,000.00
11	Philippine General Hospital	1,350.00
12	Philippine Heart Center	1,000.00
13	Quirino Memorial Medical Center	1,350.00
14	San Lazaro Hospital	1,000.00
15	St. Vianney Clinic	175.00
16	Tondo Medical Center	950.00
17	Veteran's Memorial Medical Center	900.00
18	BDM CT Scan	650.00
19	Meycauayan Doctor's Hospital	650.00
20	Allied Care Experts Valenzuela	550.00
21	Valenzuela Emergency Hospital	550.00
22	iScan Malanday	550.00
23	iScan Quezon City	1,000.00

COST CENTER: HEART STATION

PROCEDURES:	PROCEDURAL FEE:	TOTAL:
2-Dimensional Echocardiography (2D-ECHO)	2,500.00	2,500.00
Electrocardiography (ECG)	290.00	290.00

COST CENTER: NEWBORN HEARING

PROCEDURES:	PROCEDURAL FEE:	PROFFESIONAL/READER'S FEE:	TOTAL:
Newborn Hearing	300.00	N/A	**300.00**

COST CENTER: HEALTH INFORMATION MANAGEMENT DEPARTMENT

PARTICULARS:	PRICE:
Medical Certificate	50.00
Clinical Abstract	50.00
Certificate of Confinement	50.00
CS Form 14	100.00
OB History	100.00
Medico Legal	50.00
Operative Technique	50.00
Operative Record	50.00
Laboratory Results	50.00
X-ray/CT-Scan Results	50.00
PAG-IBIG Disability	100.00
SSS Sickness	100.00
SSS Disability	100.00
Insurance	100.00
Lost Green Card	50.00

COST CENTER: PHARMACY SERVICE

NAME OF MEDICINES	PRICE	NAME OF MEDICINES	PRICE
Acetylcysteine 100mg sachet	11.20	Betahistine 8mg tablet	6.02
Acetylcysteine 100mg/ml, 3ml ampule	179.40	Bisacodyl 10mg suppository	18.17
Acetylcysteine 200mg sachet	12.60	Budesonide 250mcg/ml, 2ml resp. sol nebule	37.38
Acetylcysteine 600mg effervescent tablet	23.80	Bupivacaine 0.5% heavy, 4ml ampule	130.37
Aciclovir 800mg Tablet	60.20	Bupivacaine 0.5% isobaric, 10ml ampule	110.87
Aciclovir 25mg/ml, 10ml vial	1,007.27	Butamirate Citrate 50mg tablet	18.20
Adesonide 3mg/ml, 2ml vial	271.00	Butorphanol 2mg/ml, 1ml ampule	495.00
Albumin, Human 25%, 50ml vial	2,973.90	Calcium Carbonate + Cholecalciferol 600mg tablet	5.47
Albumin, Human 20%, 50ml vial	2,051.00	Calcium Carbonate 500mg tablet	3.92
Amikacin 50mg/ml, 2ml vial	55.08	Calcium Gluconate 10%, 10ml ampule	23.44
Amlodipine 10mg tablet	0.60	Captopril 25mg Tablet	1.39
Amlodipine 5mg tablet	0.33	Carbetocin 100mcg/ml, 1ml ampule	1,134.60
Amoxicillin 500mg capsule	1.67	Carboplatin 10mg/ml, 45ml vial	1,875.00
Ampicillin 1g vial	39.20	Carboprost 250mcg/ml, 1ml ampule	375.00
Ampicillin 250mg vial	23.66	Carvedilol 6.25mg tablet	1.65
Ampicillin 500mg vial	29.12	Carvedilol 25mg tablet	6.65
Ampicillin 500mg + Sulbactam 250mg vial	27.01	Cefalexin 500mg capsule	6.72
Anti-tetanus Serum 1500iu ampule	82.13	Cefazolin 1g vial	23.07
Ascorbic Acid 500mg tablet	0.97	Cefixime 100mg/5ml, 60ml suspension bottle	215.10
Aspirin 80mg Tablet	0.83	Cefoxitin 1g vial	128.08
Atorvastatin 40mg tablet	15.12	Ceftazidime 1g vial	43.81
Atorvastatin 80mg tablet	28.00	Ceftriaxone 1g without diluent vial	21.34
Atracurium 10mg/ml, 2.5ml ampule	92.40	Ceftriaxone 1g with diluent vial	27.48
Atropine Sulfate 1mg/ml ampule	7.67	Cefuroxime 1.5g vial	53.20
Azithromycin 200mg/5ml, 15ml suspension bottle	315.00	Cefuroxime 125mg/5ml, 70ml suspension bottle	218.70
Azithromycin 500mg Lyophilized Powder for IV vial	495.00	Cefuroxime 500mg tablet	12.87
Benzylpenicillin 5M vial	21.17	Cefuroxime 750mg vial	20.30
Baricitinib 4mg tablet	975.00	Celecoxib 200mg capsule	2.03
Beractant 25 mg/ml suspension, 4 ml vial	11,074.30	Celecoxib 400mg capsule	9.80
Betahistine 24mg tablet	27.30	Cetirizine 10mg tablet	0.48

NAME OF MEDICINES	PRICE	NAME OF MEDICINES	PRICE
Cetirizine 5mg/5ml syrup, 60ml bottle bottle	89.50	Domperidone 10 mg tablet	2.94
Cetirizine 5mg/5ml, 30ml syrup bottle	83.00	Dopamine 40mg/ml, 5ml ampule	47.91
Cilostazol 100mg tablet	29.75	Doxorubicin 10mg vial	217.80
Ciprofloxacin 500mg tablet	1.81	Doxorubicin 50mg vial	615.00
Clarithromycin 125mg/5ml, 50ml suspension bottle	167.40	Doxycycline 100mg capsule	10.92
Clarithromycin 250mg/5ml, 70ml suspension bottle	675.00	Dydrosgesterone 10mg Tablet	72.38
Clarithromycin 250mg/5ml, 50ml suspension bottle	603.00	Dyphenhydramine 50mg Capsule	1.68
Clarithromycin 500mg tablet	15.68	Enalapril 5mg Maleate Tablet	7.35
Clindamycin 150mg/ml, 4ml ampule	78.00	Enoxaparine 100mg/ml, 0.4ml prefilled syringe	855.00
Clindamycin 150mg/ml, 2ml ampule	89.50	Enoxaparine 100mg/ml, 0.6ml prefilled syringe	1,071.00
Clonidine 75mcg tablet	8.40	Epinephrine 1mg/ml ampule	26.57
Clopidogrel 75mg tablet	1.53	Epoetin alfa 10,000iu/ml prefilled syringe	1,718.80
Clotrimazole 10mg/g cream tube	362.20	Epoetin alfa 4000iu/0.4ml prefilled syringe	324.60
Cloxacillin 500mg capsule	3.36	Erythromycin 0.5%, 3.5g eye ointment tube	163.00
Co-amoxiclav 625mg Tablet	8.81	Escitalopram 10mg tablet	6.06
Co-amoxiclav 457mg/5ml, 70ml suspension bottle	228.60	Esmolol 10mg/ml, 10ml vial	656.20
Colchicine 500mcg tablet	2.94	Etoposide 20mg/ml, 5ml vial	381.00
Colistin 2000000 IU Vial	2,379.57	Fenofibrate 200mg Capsule	18.76
Combined Amino Sorbitol Solution 500ml Solution	597.00	Fentanyl 50mcg/ml, 2ml ampule	60.51
Conjugated estrogen 625mcg tablet	42.00	Ferrous Sulfate 75mg/.6mldrops Bottle	35.00
Cyclophospamide 500mg vial	199.80	Ferrous Sulfate 150mg/5ml Suspension Bottle	32.20
Cytarabine 100mg/ml, 5ml vial	335.35	Ferrous Salt (60mg) tablet	4.06
Dexamethasone 4mg/ml, 2ml vial	15.71	Ferrous Sulfate + Folic Acid (60mg+400mcg) capsule	0.97
Dexamethasone 4mg/ml, 2ml ampule	15.71	Filgrastim 300mcg/0.5ml prefilled syringe	1,528.50
Diclofenac 25mg/ml, 3ml ampule	14.00	Finasteride 5mg tablet	8.68
Digoxin 250mcg tablet	7.00	Fluconazole 150mcg Capsule	88.55
Digoxin 250mcg/ml, 2ml ampule	140.06	Fluconazole 2mg/ml vial	289.52
Digoxin 50mcg/ml elixir, 60ml bottle	819.00	Fluocinonide 0.05% cream tube	352.80

Diphenhydramine 50mg/ml, 1ml ampule	20.05	Fluocinonide 0.05% ointment tube	352.80
Dobutamine 50mg/ml, 5ml ampule	121.35	Fluorouracil 50mg/ml, 10ml vial	89.50

NAME OF MEDICINES	PRICE	NAME OF MEDICINES	PRICE
Fluticasone 250mcg+ Salmeterol Metered Dose Inhaler	279.53	Isophane Insulin, Human 70/30, 100IU/ml vial	139.80
Folic Acid 5mg capsule	4.34	Isosorbide Mononitrate 60mg tablet	8.61
Fondaparinux 2.5mg/0.5ml solution for injection prefilled syringe	1,347.00	Isosorbide Mononitrate 30mg tablet	6.30
Furosemide 10mg/ml, 2ml ampule	7.17	Isosorbide Dinitrate 10ml vial	173.14
Furosemide 20mg tablet	1.30	Isoxsuprine 5mg/ml, 2ml ampule	183.53
Furosemide 40mg tablet	2.38	Itraconazole 100mg capsule	41.30
Fusidate Sodium / Fusidic Acid 2% cream, 5gm tube	206.08	Ketamine 50mg/ml, 10ml vial	737.80
Gabapentin 100mg capsule	8.26	Ketoconazole cream 2%(20mg/g), 15gm tube	108.84
Gabapentin 300mg capsule	8.26	Ketorolac 30mg/ml, 1ml ampule	17.89
Gemcitabine 1g vial	1,758.40	Lactulose 3.3g/5ml, 120ml bottle	89.50
Gemcitabine 200mg vial	468.60	Letrozole 2.5mg tablet	33.60
Gentamicin 40mg/ml, 2ml ampule	4.89	Levetiracetam 250mg tablet	20.72
Heparin 1000iu/ml, 5ml vial	59.28	Levetiracetam 500mg tablet	14.00
Heparin 5000iu/ml, 5ml vial	186.86	Levodopa + Carbidopa 100mg/25mg tablet	19.60
Hepatitis B Immunoglobulin, 0.5ml vial	1,985.00	Levodopa + Carbidopa 250mg/25mg tablet	32.23
Human Immunoglobulin 50mg/ml, 50ml vial	5,003.40	Levofloxacin 500mg tablet	5.25
Hydralazine 20mg/ml, 1ml ampule	34.82	Lidocaine 2%, 50ml vial	49.00
Hydrocortisone 1%, 5g cream tube	132.40	Lidocaine Hcl 2% 20mg/ml, 5ml ampule	12.22
Hydrocortisone 100mg vial	22.86	Lidocaine HCl 20mg/ml, 5ml ampule	12.22
Hydrocortisone 250mg vial	59.11	Lidocaine Pump Spray 50ml pump spray	2,552.01
Hydroxyurea 500mg capsule	22.40	Loratadine 10mg tablet	1.88
Hyoscine Butylbromide 10mg tablet	5.21	Losartan 100mg tablet	3.78
Hyoscine-N-butylbromide 20mg/ml, 1ml ampule	30.80	Losartan 50mg tablet	1.15
Ibuprofen 200/5ml, 60ml suspension bottle	94.38	Losartan 50mg + Hydrochlorthiazide 12.5mg tablet	1.96
Iohexol 350mg/ml, 100ml vial	2,172.00	Magnesium sulfate 250mg/ml,	40.60

		20ml vial vial	
Iohexol 350mg/ml, 50ml vial	1,264.50	Mefenamic acid 500mg capsule	4.55
Ipratropium + Salbutamol 500mcg + 2.5mg x 2.5ml respiratory solution nebule	11.82	Meropenem 500mg vial	136.18
Iron Sucrose 20mg/ml, 5ml ampule	131.39	Metformin 500mg tablet	0.70
Isoflurane 100ml bottle	809.80	Methimazole 5 mg tablet	7.56
Isophane Insulin Human, 10ml vial	147.00	Methyldopa 250mg tablet	13.30

NAME OF MEDICINES	PRICE	NAME OF MEDICINES	PRICE
Methylprednisolone 16mg tablet	25.20	Oxacillin 500mg vial	22.40
Methylprednisolone 4mg tablet	6.30	Oxaliplatin 50mg powder vial	1,361.54
Methylprednisolone 500mg vial	2,095.00	Oxcarbazepine 300mg tablet	28.00
Metocloparamide 10mg tablet	2.94	Oxytocin 10iu/ml, 1ml ampule	7.62
Metoclopramide 5mg/ml, 2ml ampule	13.86	Paclitaxel 150mg/25ml vial	6,165.00
Metoprolol 50mg tablet	0.70	Paracetamol 125mg/5ml Suspension, 60ml Suspension	23.80
Metronidazole 5mg/ml, 100ml vial	17.43	Paracetamol 125mg suppository	16.41
Midazolam 1mg/ml, 5ml ampule	83.93	Paracetamol 100mg/ml, 15ml drops Bottle	23.80
Monobasic/Dibasic Sodium Phosphate 19gm/7gm, 133ml bottle	270.60	Paracetamol 150mg/ml, 2ml ampule	4.80
Montelukast 10mg tablet	9.10	Paracetamol 250mg Suspension	25.20
Montelukast 4mg chewable tablet	6.99	Paracetamol 250mg suppository	16.41
Montelukast 5mg Chewable tablet	7.60	Paracetamol 500mg tablet	2.17
Multivitamins 60ml syrup Bottle	30.80	Penicillin G Benzathine 1.2M units vial	62.51
Multivitamins Drops 15ml Bottle	40.60	Pethidine 50mg/ml, 2ml ampule	183.00
Multivitamins capsule	1.61	Phenytoin 100mg capsule	16.80
Nalbuphine 10mg/ml, 1ml ampule	69.06	Phenytoin 50mg/ml, 2ml ampule	99.03
Neostigmine 500mcg/ml, 10ml vial	852.78	Phytomenadione 10mg/ml, 1ml (Vitamin K) ampule	49.00
Nicardipine 10mg/ml, 10ml ampule	206.06	Piperacillin + Tazobactam 2.25g vial	99.76
Nifedipine 10mg Capsule	5.18	Piperacillin + Tazobactam 4.5g vial	127.76
Norepinephrine 1mg/ml, 2ml ampule	106.24	Potassium chloride 2mEq/ml, 20ml vial	32.20
Norepinephrine 1mg/ml, 4ml ampule	181.13	Potassium Chloride 600mg tablet	19.60
Nystatin 100000units/ml, 30ml bottle	241.80	Potassium Chloride 750mg durules tablet	16.80
Octreotide 100mcg/ml, 1ml ampule	491.78	Potassuim Citrate 10meq (1080mg) tablet	8.40
Olanzapine 10mg tablet	5.42	Prednisone 10mg/5ml, 60ml suspension bottle	156.60
Omeprazole 20mg capsule	1.09	Propanolol 40mg tablet	14.00
Omeprazole 40mg capsule	5.29	Propofol 10mg/ml, 20ml vial	71.60
Omeprazole 40mg + 10ml solvent vial	30.77	Quadrivalent Influenza Vaccine vial	771.00
Ondansetron 2mg/ml, 2ml ampule	193.02	Quetiapine 100mg tablet	37.10

Ondansetron 2mg/ml, 4ml ampule	105.40	Rabies Vaccine 2.5IU/0.5ml vial	962.21
Oral Rehydration Salts 20.5gm sachet	5.67	Ranitidine 25mg/ml, 2ml ampule	4.45

NAME OF MEDICINES	PRICE	NAME OF MEDICINES	PRICE
Regular Insulin 100iu/ml, 10ml vial	147.00	Tranexamic acid 500mg capsule	8.26
Remdesivir 100mg vial	3,910.00	Trimetazidime 35mg tablet	4.76
Rifaximin 200mg tablet	87.16	Ursodeoxycholic Acid 250mg Capsule	53.40
Risperidone 1mg tablet	9.80	Valproic Acid 250mg/5ml, syrup 120ml Syrup	391.86
Rocuronium bromide 10mg/ml, 5ml vial	211.13	Vancomycin 500mg vial	163.00
Rosuvastatin 10mg tablet	4.13	Vitamin B1+B6+B12 tablet	2.52
Rosuvastatin 20mg tablet	7.36	Zinc Sulfate 10mg/ml, 15ml drops bottle	44.80
Sacubitril/Valsartan 100mg tablet	78.13	D10W 500ml bottle	38.88
Sacubitril/Valsartan 50mg tablet	78.13	D50.3 NaCl 500ml bottle	36.37
Salbutamol 100mcg/actuation MDI (200 doses/canister) Inhaler	101.64	D5IMB 500ml bottle	38.72
Salbutamol 1mg/ml, 2.5ml nebule	6.01	D5LR 1L bottle	33.32
Salbutamol 2mg/5ml, 60ml syrup bottle	15.37	D5LR 500ml bottle	38.43
Sevelamer 800mg tablet	48.48	D5NM 1L bottle	39.66
Sevoflurane 250ml bottle	4,732.80	D5NSS 1L bottle	51.03
Silver sulfadiazine cream 1%, 25g tube	82.84	D5W 1L bottle	33.94
Sodium Bicarbonate 1meq/ml, 20ml ampule	103.51	D5W 250ml bottle	109.00
Sodium chloride 2.5mEq/ml, 20ml vial	61.60	D5W 500ml bottle	47.45
Spironolactone 25mg tablet	7.98	D50 50ml bottle	49.00
Suxamethonium (Succynylcholine) 20mg/ml, 10ml vial	163.13	PLR 1L bottle	32.48
Tamsulosin 200mcg tablet	39.20	PLR 500ml bottle	31.11
Tamsulosin 400mcg capsule	9.79	PNSS 1L bottle	27.71
Telmisartan 40mg tablet	15.40	PNSS 500ml bottle	29.69
Tenofovir disoproxil fumarate 300mg capsule	61.10	PNSS 50ml bottle	27.69
Terbutaline 500mcg/ml, 1ml ampule	57.85	Sterile Water 1L injenction	75.52
Tetanus Toxoid 0.5ml ampule	40.94	Sterile water 50ml bottle	26.28
Thiopental 1g vial	1,563.70	All in one Admixture 1400Kcal Solution	1,961.90
Thiopental 500mg vial ampule	1,167.00	Isotonic Electrolyte Sodium Chloride bottle	259.80
Topiramate 50mg tablet	11.48	Modified Fluid Gelatin bottle	795.00

Tramadol 50mg/ml, 2ml ampule	9.37	Mannitol 500ml bottle	113.41
Tranexamic acid 100mg/ml, 5ml ampule	21.94	Dextran 70% 500ml IV bottle	509.40

NAME OF MEDICINES	PRICE	EMERGENCY PURCHASE MEDICINES	PRICE
Intraocular Irrigating Solution bottle	495.00	Cefixime 200mg capsule	4.03
Peritoneal Dialysis Fluid 2.5% 2L Solution	218.57	Cefotaxime 500mg vial	24.20
Peritoneal Dialysis Fluid 4.25% 2L Solution	214.58	Chlorhexidine 0.12% (as gluconate), 120ml bottle	159.50
Peritoneal Dialysis Fluid 1.5%, 2L Solution	216.74	Chlorphenamine 4mg tablet	0.31
Peritoneal Dialysis Fluid Soln, 1.5%, 2L bag	214.20	Chlorpheniramine 10mg/ml ampule	7.70
Peritoneal Dialysis Fluid Solution 2.3%, 2L bag	214.20	Cinnarizine 25mg tablet	3.30
Peritoneal Dialysis Fluid Solution 4.25%, 2L bag	214.20	Clindamycin 150mg capsule	47.03
Disinfection Cap piece	19.60	Clindamycin 300mg capsule	4.18
EMERGENCY PURCHASE MEDICINES	PRICE	Cotrimoxazole (sulfamethazole + trimethoprim) 800mg+160mg tablet	1.38
50% Dextrose in Water, 50ml vial	57.20	Diazepam 5mg/ml ampule	79.20
Activated Charcoal 10gram pack	101.75	Dicycloverine HCl 10mg/5ml syrup bottle	11.55
Allopurinol 100mg tablet	0.72	Digoxin 0.25mg tablet	6.33
Aluminum hydroxide 200mg + Magnesium hydroxide 100mg tablet	2.20	Digoxin 62.5mcg pptab	1.65
Amino Acid Solutions for hepatic Failure,8%, 500ml bottle	1,303.50	Diphenhydramine 25mg capsule	0.72
Amino Acid Solutions for Infants 6%, 100ml bottle	603.90	Dydrogesterone 10mg tablet	90.75
Aminophylline 25mg/ml, 10ml ampule	13.75	Eperisone hydrochloride 50mg tablet	21.45
Amiodarone 50mg/ml, 3ml ampule	363.00	Ephedrine 50 mg/mL, 1 mL ampule	95.15
Amiodarone hydrochloride 200mg tablet	47.58	Felodipine 10mg tablet	33.00
Amoxicillin 100mg/ml, 15ml drops bottle	52.80	Fluconazole 10mg pptab	1.65
Ascorbic Acid (vitamin C) 100mg/5ml, 60ml bottle	14.78	Fluconazole 150mg tablet	686.40
Ascorbic Acid 100mg/ml drops, 15ml bottle	17.86	Fluconazole 15mg pptab	1.65
Baclofen 10mg tablet	8.80	Fluconazole 2mg pptab	1.65
Bisacodyl 10mg tablet	22.00	Fluconazole 50mg capsule	88.00
Bisacodyl 5mg tablet	0.66	Furosemide 2mg pptab	1.65

Budesonide 80mcg + Formoterol 4.5mcg/ 120 doses x 120 doses Metered Dose inhaler inhaler	1,112.93	Gliclazide 30mg tablet	4.18
Calcitriol 0.25mcg capsule	26.40	Glycerin suppository (adult) suppository	13.31
Calcium Folinate (Leucovorin Calcium) 10mg/ml, 5ml vial	186.78	Glycerin suppository (infant) suppository	11.09
Capecitabine 500mg tablet	57.20	Hydroxyurea 500mg tablet	37.13
Castor oil 60ml bottle	57.48	Ibuprofen 200mg tablet	1.65
Cefixime 100mg/5ml, 60ml bottle	776.60	Irbesartan 150mg tablet	4.62

EMERGENCY PURCHASE MEDICINES	PRICE	EMERGENCY PURCHASE MEDICINES	PRICE
Isosorbide dinitrate 5mg tablet	1.93	Telmisartan + Hydrochlorothiazide 40mg+12.5mg tablet	17.60
Levothyroxine 50mcg tablet	1.89	Tobramycin + Dexamethasone 0.3% + 0.1%, 3.5 gram Eye Ointment tube	647.90
Loperamide 2mg capsule	0.61	Tramadol 50mg capsule	3.08
Medroxyprogesterone 10mg tablet	94.05	Ursodeoxycholic acid 100mg pptab	1.65
Memantine 10mg tablet	40.15	Ursodeoxycholic acid 250mg tablet	21.78
Methotrexate 2.5mg tablet	10.73	Valsartan 80mg tablet	22.00
Methotrexate 25mg/ml, 2ml vial	258.72	Vincristine 1mg/ml, 1ml vial	273.90
Metoclopramide 10mg tablet	0.86	Vitamin B1 B6 B12 100mg+ 100mg+ 1mg, 3ml ampule	15.40
Metronidazole 500mg tablet	0.97	Warfarin 2.5mg tablet	20.08
Morphine 10mg/ml,1ml ampule	87.45	Warfarin sodium 3mg pptab	1.65
Mupirocin 2% , 5g ointment tube	70.40	Warfarin sodium 5mg tablet	24.75
Naproxen Sodium 275mg tablet	12.65	Zinc gluconate (equiv. to 30mg elemental zinc) tablet	3.36
Naproxen Sodium 500mg (550mg) tablet	8.80	Zinc Sulfate solution(equiv. to 20mg elemental zinc/5ml), 60ml syrup bottle	88.00
Nimodipine 30mg tablet	42.90		
Nitrofurantoin 100mg capsule	37.68		
Paracetamol 100mg/ml, 15ml drops bottle	12.10		
Permethrin lotion,5%, 60ml bottle	259.60		
Phenobarbital 2.5mg pptab	1.65		
Phenobarbital 60mg tablet	4.57		
Phenobarbital 90mg tablet	5.89		
Phenoxymethylpenicillin 250mg capsule	12.93		
Prednisone 10mg tablet	0.83		
Propranolol 10mg tablet	0.83		
Quetiapin 25mg tablet	24.48		
Raniditine 150mg tablet	19.53		

Silver sulfadiazine 10mg/g cream tube	**61.60**
Simvastatin 20mg tablet	**5.50**
Simvastatin 40mg tablet	**9.90**
Sodium Bicarbonate 650mg tablet	**1.76**
Streptokinase 1,500,000 IU vial	**8,470.00**

COST CENTER: PHYSICAL MEDICINE AND REHABILITATION

PROCEDURES:	PROCEDURAL FEE:
HMP (per piece)	50.00
Cryotherapy (per piece)	50.00
Infrared Rays (per area)	50.00
Initial Evaluation	150.00
Laser Therapy (per part)	100.00
Paraffin Wax Bath (per part)	50.00
Shockwave Therapy (per area)	500.00
TENS/ES/FES/FUP (per area)	50.00
Therapeutic Exercise (per part)	50.00
Traction (per area)	150.00
Ultrasound (per area)	50.00
Use of Gym and Area Equipment	50.00
Intermittent Pneumatic Compression Machine	150.00

COST CENTER: PULMONARY UNIT

PROCEDURES:	PROCEDURAL FEE:	PROFFESIONAL/READER'S FEE:	TOTAL:
ABG Extraction	1,000.00	N/A	1,000.00
Use of Mechanical Ventilator/day	1,500.00	N/A	1,500.00
Nebulization	100.00	N/A	100.00
Chest Physiotherapy	50.00	N/A	50.00
PEFR Monitoring/day	100.00	N/A	100.00
Incentive Spirometry monitoring/day	200.00	N/A	200.00
High flow oxygen therapy/day	800.00	N/A	800.00
BIPAP or CPAP/day	500.00	N/A	500.00
PFT (Simple Spirometry)	920.00	N/A	920.00
Spirometry (Pre/Post)	1,000.00	N/A	1,000.00
Spirometry with Bronchoprovocation	1,200.00	N/A	1,200.00
Spirometry Pedia	1,200.00	N/A	1,200.00
Transport Ventilator	750.00	N/A	750.00

PARTICULARS:	UNIT:	PRICE:
Adult Breathing Circuit	piece	962.00
Pedia Breathing Circuit	piece	1,430.00
Neonatal Breathing Circuit	piece	1,209.00
NIV Mask	piece	6,500.00
High Flow Nasal Cannula	piece	2,080.00
Single Adult Tubing w/ Exhalation Connector	piece	3,550.00
T-Piece	piece	91.00
Bacterial Filter	piece	390.00
HME Filter	piece	390.00
MDI	piece	455.00
Incentive Spirometer	piece	715.65
High flow spray/Hi-vent set tubing	set	7,150.00

COST CENTER: RADIOLOGY

PROCEDURES:	PROCEDURAL FEE:	TOTAL:
CHEST PA	360.00	360.00
CHEST PA LATERAL	480.00	480.00
APICOLORDOTIC VIEW	300.00	300.00
CHEST LATERAL VIEW	300.00	300.00
CHEST LATERAL DECUBITUS VIEW	300.00	300.00
CHEST (PORTABLE)	525.00	525.00
RIBS/ THORACIC CAGE	480.00	480.00
SKULL AP LATERAL	480.00	480.00
WATERS VIEW	360.00	360.00
FACIAL	720.00	720.00
ORBITAL	600.00	600.00
MASTOID	960.00	960.00
TEMPORO MANDIBULAR JOINT	720.00	720.00
MANDIBLE	600.00	600.00
PARANASAL SINUSES	720.00	720.00
SUBMENTO VERTEX	300.00	300.00
TOWNE'S VIEW	300.00	300.00
NASAL BONES/ SOFT TISSUE LATERAL	600.00	600.00
CERVICAL SPINE APL	540.00	540.00

SPECIAL PROCEDURES

PROCEDURES:	PROCEDURAL FEE:	TOTAL:
CERVICAL SPINE AP LATERAL/ OBLIQUE	660.00	660.00
THORACIC SPINE	900.00	900.00
LUMBOSACRAL SPINE APL	720.00	720.00
LUMBOSACRAL SPINE APL AND OBLIQUE	840.00	840.00
THORACOLUMBAR SPINE	1,620.00	1,620.00
COCCYC/ SACRUM APL	600.00	600.00
ABDOMEN UPRIGHT & SUPINE	600.00	600.00
ABDOMEN PORTABLE AP VIEW	563.00	563.00
SKELETAL SURVEY	3,500.00	3,500.00
PELVIS AP VIEW	360.00	360.00

PELVIS (FROGLEG)	720.00	**720.00**
SHOULDER AP VIEW	360.00	**360.00**
SHOULDER AP LATERAL	540.00	**540.00**
Y – SCAPULA/ CLAVICLE	360.00	**360.00**
ELBOW APL	420.00	**420.00**
ANKLE APL	420.00	**420.00**
FOOT APL	420.00	**420.00**
HUMERUS APL	420.00	**420.00**
FEMUR APL	540.00	**540.00**
LEG APL	420.00	**420.00**
ARM APL	420.00	**420.00**
FOREARM APL	420.00	**420.00**
HIP AP	360.00	**360.00**
HAND PA OBLIQUE	420.00	**420.00**
HAND PA LATERAL	420.00	**420.00**
WRIST PA LATERAL	420.00	**420.00**
EXTREMITIES (PORTABLE)	1125.00	**1,125.00**

PROCEDURES:	PROCEDURAL FEE:	TOTAL:
KUB (Plain)	500.00	**500.00**
T-TUBE CHOLANGIOGRAM	1,800.00	**1,800.00**
DISTAL COLONOGRAM	1,800.00	**1,800.00**
UPPER AND LOWER GI SERIES	1,800.00	**1,800.00**
HYSTEROSALPHINGOGRAPHY	1,800.00	**1,800.00**
IVP RETROGRADE PYELOGRAPHY	1,800.00	**1,800.00**
BARIUM SWALLOW/ ESOPHAGOGRAM	1,380.00	**1,380.00**
BARIUM ENEMA	1,380.00	**1,380.00**

- Additional charges for additional view: **180.00**
- Additional charge for PPE:
  Secondary level- **2,080.00**
  Third level- **3,120.00**
- Additional Film Charging: **240.00** per film (DIGITAL) paper/blue base film

PROCEDURES	PROCEDURAL CHARGES	TOTAL CHARGES READER'S FEE
Whole Abdomen/ FAST	1,800.00	1,800.00
Whole Abdomen with Prostate Gland (PG)	2,200.00	2,200.00
Lower Abdomen/ KUB	1,600.00	1,600.00
KUB with Prostate Gland (PG)	1,500.00	1,500.00
Prostate Gland	700.00	700.00
Thyroid Plain	1,300.00	1,300.00
Thyroid Doppler	1,500.00	1,500.00
Neck	1,600.00	1,600.00
Soft Tissue (mass localization)	2,000.00	2,000.00
Inguino-Scrotal	2,000.00	2,000.00
Inguinal/Scrotal plain	1,000.00	1,000.00
Inguinal/Scrotal with Doppler	1,500.00	1,500.00
Breast (Bilateral)	1,500.00	1,500.00
Breast (Single)	900.00	900.00
Single Organ	700.00	700.00
Upper Abdomen	1,600.00	1,600.00
Hepato-biliary tract with Pancreas	1,300.00	1,300.00
Cranial	1,000.00	1,000.00
Thoracic/Chest without mapping (single)	1,000.00	1,000.00
Chest with mapping (single)		1,200.00

	1,200.00	
Chest with mapping (Bilateral)	1,700.00	**1,700.00**
Ultrasound Guided Paracentesis	3,000.00	**3,000.00**
Ultrasound Guided Thoracentesis	3,000.00	**3,000.00**
Ultrasound Guided Biopsy	3,000.00	**3,000.00**
Ultrasound Guided Aspiration	3,000.00	**3,000.00**
Transrectal Prostate/Uterus	1,200.00	**1,200.00**

CT-SCAN

	PLAIN			CONTRAST		
PROCEDURE	**Procedure Fee**	**Professional Fee**	**TOTAL**	**Procedure Fee**	**Professional Fee**	**TOTAL**
HEAD/BRAIN	1,875.00	N/A	**1,875.00**	4,193.75	N/A	**4,193.75**
SELLA	2,250.00	N/A	**2,250.00**	4,666.25	N/A	**4,666.25**
ORBIT	2,625.00	N/A	**2,625.00**	5,131.25	N/A	**5,131.25**
FACIAL	2,625.00	N/A	**2,625.00**	5,131.25	N/A	**5,131.25**
MANDIBLE	2,625.00	N/A	**2,625.00**	5,131.25	N/A	**5,131.25**
PARANASAL SINUS	3,000.00	N/A	**3,000.00**	5,600	N/A	**5,600**
MASTOID	2,625.00	N/A	**2,625.00**	5,131.25	N/A	**5,131.25**
TEMPORAL	3,000.00	N/A	**3,000.00**	5,600	N/A	**5,600**
TEMPORO-MANDIBULAR JOINT (TMJ)	2,625.00	N/A	**2,625.00**	5,131.25	N/A	**5,131.25**
NECK	3,000.00	N/A	**3,000.00**	5,600	N/A	**5,600**
NASOPHARYNX	3,000.00	N/A	**3,000.00**	5,600	N/A	**5,600**
CHEST	2,625.00	N/A	**2,625.00**	5,131.25	N/A	**5,131.25**
UPPER ABDOMEN	2,625.00	N/A	**2,625.00**	5,131.25	N/A	**5,131.25**
UPPER ABDOMEN (TRIPHASIC)		N/A		10,236.75	N/A	**10,236.75**
LOWER ABDOMEN	2,625.00	N/A	**2,625.00**	5,131.25	N/A	**5,131.25**

WHOLE ABDOMEN	4,875.00	N/A	**4,875.00**	9,243.00	N/A	**9,243.00**
WHOLE ABDOMEN (TRIPHASIC)				11,418.00	N/A	**11,418.00**

PLAIN				**CONTRAST**		
PROCEDURE	**Procedure**	**Professional Fee**	**TOTAL**	Procedure Fee	**Professional Fee**	**TOTAL**
STONOGRAM	3,375.00	N/A	**3,375.00**			
UROGRAM				11,654.25	N/A	**11,654.25**
SPINE (CERVICAL/THORACIC/ LUMBOSACRAL)	3,000.00	N/A	**3,000.00**	5,600.00	N/A	**5,600.00**
EXTREMITIES	2,625.00	N/A	**2,625.00**	5,131.25	N/A	**5,131.25**

- ADDITIONAL FILM CHARGING = **200.00** per film
- CONTRAST STUDY = **1,265.00** FOR 50 ML CONTRAST **2,172.00** FOR 100 ML CONTRAST
- ADDITIONAL POWER INJECTOR USAGE FOR DYNAMIC CONTRAST STUDIES – **1,800.00** (**2,400.00**) FOR SYRINGES AND TUBINGS
- NO PROFESSIONAL FEE FOR SERVICE PATIENTS
- ADDITIONAL **1,000.00** FOR PRIORITY CASES
- ADDITIONAL **1,000.00** FOR COVID CASES
- ADDITIONAL **1,000.00** FOR MEDICOLEGAL CASES
- **ADDITIONAL FILM CHARGING = 200.00** per film

PROCEDURE	Procedure Fee	Professional Fee	TOTAL
ANGIOGRAMS:			
A. BRAIN (COW)	7,331.25	N/A	**7,331.25**
B. NECK (CAROTID)	8,906.25	N/A	**8,906.25**
C. HEAD AND NECK (COW AND CAROTID)	11,118.75	N/A	**11,118.75**
D. THORACIC/PULMONARY	8,118.75	N/A	**8,118.75**
E. ABDOMINAL AORTA	12,056.25	N/A	**12,056.25**
F. THORACIC AND ABDOMINAL AORTA	14,812.50	N/A	**14,812.50**
G. MESENTERIC ARTERY	12,056.25	N/A	**12,056.25**
H. RENAL ARTERY	9,693.75	N/A	**9,693.75**
I. EXTREMITIES (UPPER/LOWER)	8,118.75	N/A	**8,118.75**
SPECIAL PROCEDURES:			
A. GUIDED BIOPSY AND DRAINAGE (PIGTAIL INSERTION)	3,500.00	N/A	**3,500.00**
B. CHOLANGIOGRAM, ABSCESSOGRAM AND FISTULOGRAM	3,500.00	N/A	**3,500.00**

Republic of the Philippines
Department of Health
Metro Manila Center for Health Development
VALENZUELA MEDICAL CENTER

HOSPITAL RESOLUTION NO. 2022-004

A RESOLUTION OF THE EXECUTIVE COMMITTEE OF THE VALENZUELA MEDICAL CENTER ALLOWING THE INCREASE OF ROOM RATES OF AIR-CONDITIONED AND NON-AIRCONDITIONED ROOMS

WHEREAS, the hospital has an on-going bed allocation/conversion, and part of it is the renovation of its private rooms;

WHEREAS, the existing hospital charges per day to its which is way below the prevailing room rates of other hospitals located within the vicinity of the hospital which charges ranges from P500.00 to P3,000.00;

WHEREAS, as part of its Revenue Enhancement Program, there is a need to increase its current room rates to meet increasing expenses incurred in the use and maintenance of the rooms;

NOW THEREFORE, upon the recommendation of the Chairperson of the Revenue Enhancement Program and duly seconded by the members of the Executive Committee, the EXECUTIVE COMMITTEE OF VALENZUELA MEDICAL CENTER HEREBY RESOLVED to allow the increase of room rates:

- ***Emergency Room Tent*** from the current rate of Three Hundred Pesos (₱300.00) to Five Hundred Pesos (₱500.00),
- ***Clean Emergency Room*** from the current rate of Three Hundred Pesos (₱300.00) to Nine Hundred Pesos (₱900.00),
- ***ER and OB-ER Isolation Rooms with Negative pressure and aircon*** from the current rate of Three Hundred Pesos (₱300.00) to Two Thousand Pesos (₱2,000.00),
- ***COVID-19 Isolation Rooms with Negative Pressure and ICU set-up*** from the current rate of Five Hundred Pesos (₱500.00) to Two Thousand Five Hundred Pesos (₱2,500.00),
- ***OB Ward*** from the current rate of Three Hundred Pesos (₱300.00) to Six Hundred Pesos (₱600.00),
- ***OB Room with aircon*** from the current rate of Three Hundred Pesos (₱300.00) to Nine Hundred Pesos (₱900.00),
- ***VMC Employees Infirmary Room*** from the current rate of Five Hundred Pesos (₱500.00) to One Thousand Five Hundred Pesos (₱1,500.00),
- ***NICU*** from the current rate of Four Hundred Pesos (₱400.00) to Two Thousand Five Hundred Pesos (₱2,500.00),
- ***COVID-19 Pediatric Isolation Room*** from the current rate of Four Hundred Pesos (₱400.00) to Nine Hundred Pesos (₱900.00),
- ***COVID-19 Adolescent Isolation Room*** from the current rate of Three Hundred Pesos (₱300.00) to Six Hundred Pesos (₱600.00),
- ***COVID-19 Pediatric Special Monitoring Room*** from the current rate of Five Hundred Pesos (₱500.00) to Nine Hundred Pesos (₱900.00),

- ***COVID-19 NICU Extension*** from the current rate of Four Hundred Pesos (₱400.00) to Two Thousand Pesos (₱2,000.00),
- ***Pediatric Ward*** from the current rate of Four Hundred Pesos (₱400.00) to Six Hundred Pesos (₱600.00),
- ***Intensive Care Unit with Negative pressure*** from the current rate of One Thousand Five Hundred Pesos (₱1,500.00) to Two Thousand Five Hundred Pesos (₱2,500.00),
- ***Special Monitoring Ward with Negative pressure and aircon*** from the current rate of One Thousand Five Hundred Pesos (₱1,500.00) to Two Thousand Pesos (₱2,000.00),
- ***Philhealth Rooms*** from the current rate of Five Hundred Pesos (₱500.00) to Six Hundred Pesos (₱600.00),
- ***Philhealth Rooms with aircon*** from the current rate of Five Hundred Pesos (₱500.00) to Nine Hundred Pesos (₱900.00),
- ***Medicine-Onco Room with aircon*** from the current rate of Five Hundred Pesos (₱500.00) to One Thousand Five Hundred Pesos (₱1,500.00),
- ***Peritoneal Dialysis Room with aircon*** from the current rate of Five Hundred Pesos (₱500.00) to One Thousand Five Hundred Pesos (₱1,500.00),
- ***Male and Female Medicine Ward*** from the current rate of Three Hundred Pesos (₱300.00) to Six Hundred Pesos (₱600.00)

RESOLVED further, that the hospital through the Admitting and Billing and Claims Section, shall notify the public of its increase in room rates through posting of notices or by other means;

APPROVED this 10th day of MAY, 2022 in Valenzuela Medical Center, Padrigal St, Karuhatan, Valenzuela City.

ESTELA E. JAVIER, MD, FPOGS, FPSMS
OIC, Chief of Medical Professional Service II

RUBY S. GURREA, RN, MAN
Chief Nurse

ALMIRA G. SATUMBA, CPA
OIC-Financial & Management Officer II

SHIRLENE V. VIANZON
Chief Administrative Officer

NIMFA M. PUTONG, MD, MHA, FPSMID, MPSA, FPAFP, DTMH, MCTM, FPSVI
Medical Center Chief II

VALENZUELA MEDICAL CENTER

Proposed Room Rates for CY 2022

AREA	ROOM	CURRENT CHARGES	PROPOSED CHARGES	NO. OF BEDS	FACILITIES					REMARKS
					BED	FAN	AIRCON	NEGATIVE PRESSURE	ICU SET-UP	
EMERGENCY DEPARTMENT	ER Clean	300.00	900.00	12	/		/			
	ER Isolation	300.00	2,000.00	3	/		/	/		# of patients in a room
	OB-ER Isolation	300.00	2,000.00	2	/		/	/		# of patients in a room
	ER Tent	300.00	500.00	7	/	/				
COVID	Covid ICU	500.00	2,500.00	5	/		/	/	/	
	Isolation Rooms (301)	500.00	2,500.00	3	/		/	/	/	
	Isolation Rooms (302)	500.00	2,500.00	2	/		/	/	/	
	Isolation Rooms (303)	500.00	2,500.00	2	/		/	/	/	
	Isolation Rooms (304)	500.00	2,500.00	2	/		/	/	/	
	Isolation Rooms (305)	500.00	2,500.00	2	/		/	/	/	
OB CLEAN	OB Room 3	300.00	900.00	9	/		/			
	OB Room 2	300.00	600.00	9	/	/				
	OB Room 1	300.00	600.00	9	/	/				
	VMC Employees Infirmary Room	500.00	1,500.00	2	/		/			# of patients in a room
	NICU	400.00	2,500.00	10	/		/	/	/	
COVID ISO (PEDIA)	ISO Room (Pedia)	400.00	900.00	1	/		/			Negative Pressure to be installed in the room; once installed the room rates will be P 2,000
COVID WARD (PEDIA)	Adolescent Room (Pedia)	300.00	600.00	1	/	/				
ICU COVID (PEDIA)	Special Monitoring Room	500.00	900.00	3	/		/			
	NICU Extension	400.00	2,000.00	3	/		/	/		
PEDIA WARD	Pedia Room 2	400.00	600.00	5	/	/				
	Pedia Room 3	400.00	600.00	6	/	/				
ICU	SMW (ICU 3)	1,500.00	2,000.00	7	/		/		/	
	ICU 2	1,500.00	2,500.00	2	/		/	/	/	# of patients in a room
	ICU 1	1,500.00	2,500.00	4	/		/	/	/	# of patients in a room

AREA	ROOM	CURRENT CHARGES	PROPOSED CHARGES	NO. OF BEDS	FACILITIES					REMARKS
					BED	FAN	AIRCON	NEGATIVE PRESSURE	ICU SET-UP	
CLEAN AREA (IM)	PH Room 1 (Surgery)	500.00	600.00	9	/	/				
	PH Room 2 (Surgery)	500.00	900.00	9	/		/			
	PH Room 3 (Surgery)	500.00	600.00	9	/	/				
	Medicine-Onco Room	500.00	1,500.00	2	/		/			*# of patients in a room*
	Peritoneal Dialysis	500.00	1,500.00	2	/		/			*# of patients in a room*
	Male Medicine Ward	300.00	600.00	8	/	/				
	Female Medicine Ward	300.00	600.00	8	/	/				

Prepared by:

MARY GRACE B. ELFA
Secretariat

Reviewed by Revenue Enhancement Committee Members:

DR. ESTELA JAVIER
OIC-CMPS II

RUBY S. GURREA, RN, MAN
OIC-Chief Nurse

SHIRLENE V. VIANZON
Chief Administrative Officer

BILLY T. LUCENA
Head, ICT Unit

RAYMUND JOE B. MACUANA
Accountant III

ENGR. OLIVER DE LEON
Administrative Officer I

ESPERANZA K. CAMACHO
Head, Billing and Claims Section

ENGR. ROSELITO B. CORTEZ
OIC-Head, Budget Section

Recommending Approval:

ALMIRA G. SATUMBA
Chairperson, Revenue Enhancement Committee

RUFINA F. VADIL
Vice Chairperson

Approved by:

NIMFA M. PUTONG, MD, MHA, FPSMID
Medical Center Chief II

Republic of the Philippines
Department of Health
Metro Manila Center for Health Development
VALENZUELA MEDICAL CENTER

HOSPITAL RESOLUTION NO. 2023- 002

A RESOLUTION OF THE EXECUTIVE COMMITTEE OF VALENZUELA MEDICAL CENTER AUTHORIZING THE MEDICAL CENTER CHIEF II FOR ADOPTING AN UPDATED PRICELIST OF HOSPITAL PROCEDURES OF THE NUTRITION AND DIETETICS SECTION AND DEPARTMENT OF DERMATOLOGY

WHEREAS, present economic conditions has rendered the prices on procedures and supplies being charged by the Valenzuela Medical Center as outdated;

WHEREAS, the Valenzuela Medical Center undertook to initiate a study in order to address existing market distortion on fees of medical supplies and services;

WHEREAS, the study on prevailing costs of medical supplies and services have been conducted together with the hospital's stakeholders in order to minimize any impact against end-users;

WHEREAS, after careful evaluation and assessment, the Valenzuela Medical Center has come up with reasonable and competitive rates on its hospital procedures and supplies;

WHEREAS, the respective increases on hospital procedures and supplies will certainly uphold the Valenzuela Medical Center in maintaining the quality standards and professionalism that it guarantees to offer to its end-users;

NOW THEREFORE, in consideration of the foregoing premises, the undersigned, together with Medical Center Chief II of Valenzuela Medical Center, hereby APPROVES and ADOPTS the attached Updated Pricelist on Hospital Procedures and Supplies. The same shall take effect immediately upon issuance of this Resolution.

IN WITNESS WHEREOF signed on this 30th day of JUNE 2023 at the Office of the Medical Center Chief II, Annex Building, Valenzuela Medical Center, Padrigal St., Karuhatan, Valenzuela City.

APPROVED BY:

RUBY S. GURREA RN, MAN
Chief Nurse

ALMIRA G. SATUMBA
Officer-in-Charge, Financial and Management Officer II

SHIRLENE V. VIANZON
Chief Administrative Officer

DR. EDILBERTO V. CAVANEYRO
Chairperson, Ancillary Division

DR. JOSEPH T. NOCOM
Officer-in-Charge, Chief of Medical Professional Staff II

ESTELA E. JAVIER, MD, FPOGS, FPSMS
Officer-in-Charge, Medical Center Chief II
Date Signed: 6-30-2023

COST CENTER: DERMATOLOGY SECTION

PROCEDURES:	TOTAL:
Punch Biopsy	**415.00**
Punch Biopsy with suture	**1,025.00**
Shave Biopsy	**770.00**
Excision Biopsy	**1,480.00**
ECT (Verruca Plana)	**220.00**
ECT (Verruca Vulgaris)	**610.00**
Intralesional Steroid Injection	**210.00**
Extractions/Acne Surgery	**400.00**
CO2 Laser (Low fractional)	**1,800.00**
CO2 Laser (Full fractional)	**2,560.00**
CO2 Laser (Surgical/Pen Mode)	**2,010.00**
Q-switched/Nd:YAG Laser - Rejuvenation	**2,500.00**
Q-switched/Nd:YAG Laser – Whitening	**1,810.00**
Q-switched/Nd:YAG Laser – Hair Removal (Facial hair)	**1,660.00**
Q-switched/Nd:YAG Laser - Hair Removal (Forearms, legs)	**2,640.00**
Q-switched/Nd:YAG Laser - Pigment	**1,515.00**
Q-switched/Nd:YAG Laser – Tattoo Removal (per square inch)	**1,515.00**
Q-switched/Nd:YAG Laser – Telangiectasia (Face, Leg- per square inch)	**1,660.00**
Q-switched/Nd:YAG Laser – Vascular (Hemangioma/Angioma/Port Wine Stain)	**2,140.00**
Q-switched/Nd:YAG Laser – Hypertrophic Scar	**1,515.00**
Q-switched/Nd:YAG Laser – Stretch Marks	**1,515.00**
Q-switched/Nd:YAG Laser – Onychomycosis	**1,515.00**

COST CENTER: NUTRITION AND DIETETICS SECTION

NUTRITIONAL FORMULA	UNIT PRICE	TOTAL PRICE
Beneprotein	38.00/scoop	**1,178.00/can**
Ensure Gold	9.00/scoop	**1,422.00/can**
Glucerna	9.00/scoop	**765.00/can**
Jevity	192.00/bottle	**192.00/bottle**
Nephro HP	188.00/can	**188.00/can**
Nephro LP	177.00/can	**177.00/can**
Pediasure Plus	514.00/pouch	**514.00/pouch**
Vital	192.00/bottle	**192.00/bottle**

Republic of the Philippines
Department of Health
Metro Manila Center for Health Development
VALENZUELA MEDICAL CENTER

HOSPITAL RESOLUTION NO. 2023- 004

A RESOLUTION OF THE EXECUTIVE COMMITTEE OF VALENZUELA MEDICAL CENTER AUTHORIZING THE MEDICAL CENTER CHIEF II FOR ADOPTING AN UPDATED PRICELIST OF HOSPITAL PROCEDURES OF THE ANIMAL BITE TREATMENT CENTER, DERMATOLOGY DEPARTMENT AND TREATMENT HUB

WHEREAS, present economic conditions has rendered the prices on procedures and supplies being charged by the Valenzuela Medical Center as outdated;

WHEREAS, the Valenzuela Medical Center undertook to initiate a study in order to address existing market distortion on fees of medical supplies and services;

WHEREAS, the study on prevailing costs of medical supplies and services have been conducted together with the hospital's stakeholders in order to minimize any impact against end-users;

WHEREAS, after careful evaluation and assessment, the Valenzuela Medical Center has come up with reasonable and competitive rates on its hospital procedures and supplies;

WHEREAS, the respective increases on hospital procedures and supplies will certainly uphold the Valenzuela Medical Center in maintaining the quality standards and professionalism that it guarantees to offer to its end-users;

NOW THEREFORE, in consideration of the foregoing premises, the undersigned, together with Medical Center Chief II of Valenzuela Medical Center, hereby APPROVES and ADOPTS the attached Updated Pricelist on Hospital Procedures and Supplies. The same shall take effect immediately upon issuance of this Resolution.

IN WITNESS WHEREOF signed on this 28th day of SEPT. at the Office of the Medical Center Chief II, Annex Building, Valenzuela Medical Center, Padrigal St., Karuhatan, Valenzuela City.

APPROVED BY:

RUBY S. GURREA RN, MAN
Chief Nurse

ALMIRA G. SATUMBA
Officer-in-Charge, Financial and Management Officer II

SHIRLENE V. VIANZON
Chief Administrative Officer

DR. EDILBERTO V. CAVANEYRO
Head, Allied Health Professional Service

DR. JOSEPH T. NOCOM
Officer-in-Charge, Chief of Medical Professional Staff II

ESTELA E. JAVIER, MD, FPOGS, FPSMS
Officer-in-Charge, Medical Center Chief II
Date Signed: SEP 28 2023

COST CENTER: TREATMENT HUB

PROCEDURES:	TOTAL:
IDS Service Fee	4,300.00

COST CENTER: ANIMAL BITE AND TREATMENT CENTER

PROCEDURE:	PROCEDURAL FEE:
Intramuscular Injection	250.00
Intradermal Injection	250.00
Skin Testing	200.00
Wound Dressing	250.00
Antiseptics, Betadine	20.00
Gauze, 4x4 Sterile 8's per pack	40.00
Cotton with Alcohol	10.00
Plaster	10.00
Clean Gloves	3.24
Syringes:	
Insulin Syringe	3.22
1cc Syringe	1.72
3cc Syringe	2.65
5cc Syringe	3.55
10cc Syringe	3.32

COST CENTER: DERMATOLOGY SECTION

PROCEDURES:	TOTAL:
Patch Test	3,600.00
Removal of Sutures	50.00

HOSPITAL RESOLUTION NO. 2024- 003

A RESOLUTION OF THE EXECUTIVE COMMITTEE OF VALENZUELA MEDICAL CENTER AUTHORIZING THE MEDICAL CENTER CHIEF II FOR ADOPTING AN UPDATED PRICELIST OF THE COVID-19 RT-PCR TEST

WHEREAS, present economic conditions has rendered the prices on procedures and supplies being charged by the Valenzuela Medical Center as outdated;

WHEREAS, the Valenzuela Medical Center-Revenue Enhancement Committee undertook to initiate a study in order to address existing market distortion on fees of medical supplies and services;

WHEREAS, the study on prevailing costs of medical supplies and services have been conducted together with the hospital's stakeholders in order to minimize any impact against end-users;

WHEREAS, after careful evaluation and assessment, the Valenzuela Medical Center has come up with reasonable and competitive rates on its medical supplies;

WHEREAS, the respective increases on medical supplies will certainly uphold the Valenzuela Medical Center in maintaining the quality standards and professionalism that it guarantees to offer to its end-users;

NOW THEREFORE, in consideration of the foregoing premises, the undersigned, together with OIC-Medical Center Chief II of Valenzuela Medical Center, hereby APPROVES and ADOPTS the attached Updated Pricelist on Various Medical Supplies. The same shall take effect immediately upon issuance of this Resolution.

IN WITNESS WHEREOF signed on this 3rd day of December at the Office of the Medical Center Chief II, Annex Building, Valenzuela Medical Center, Padrigal St., Karuhatan, Valenzuela City.

APPROVED BY:

RUBY S. GURREA RN, MAN
Chief Nurse

ALMIRA G. SATUMBA
Officer-in-Charge, Financial and Management Officer II

SHIRLENE V. VIANZON
Chief Administrative Officer

EDSEL S. MARTIN, RPh
Officer-in-Charge, Allied Health Professional Service

DR. EDILBERTO V. CAVANEYRO
Officer-in-Charge, Chief of Medical Professional Staff II

ESTELA E. JAVIER, MD, FPOGS, FPSMS
Officer-in-Charge, Medical Center Chief II
Date Signed: December 3, 2024

COST CENTER: DEPT. OF PATHOLOGY AND LABORATORY

PROCEDURES:	TOTAL:
COVID-19 RT-PCR Test	1,200.00

Address: **Padrigal St., Karuhatan, Valenzuela City, 1441**
Telephone Nos: **8294-6711 to 17**
Director's Office Direct Line: **8291-4259**
Email Address: **valgen_hosp@yahoo.com**
Website: **https://vmc.doh.gov.ph/**

VALENZUELA MEDICAL CENTER

PROCEDURE COSTING REPORT

COST CENTER: DEPARTMENT OF PATHOLOGY AND LABORATORY

TYPE OF PROCEDURE: COVID-19 RT-PCR

MATERIALS USED

Item	QTY.	Unit	Unit Cost	Total
Haircap	3	piece	0.85	2.55
N-95 mask	2	piece	67	134.00
Hazmat (Coverall)	2	piece	156.75	313.50
Gloves	24	piece	4.20	100.80
Shoecover	6	piece	2.52	15.12
Isolation gown	1	piece	12.99	12.99
Face mask	2	piece	1.16	2.32
Alcohol	100	ml	0.1366	13.66
Zonrox	30	ml	0.1664	4.99
Tissue	1	roll	43.55	43.55
Hand soap	30	ml	0.064222	1.93
Autoclave bag (small)	1	piece	8	8.00
Autoclave bag (medium)	1	piece	12.5	12.50
Sub Total: Divide by 10 (ave. 10 samples/day)				**66.59**
Covid-19 RT-PCR nucleic acid	1	test	176	176.00
Sample storage reagnet (UTM/VTM) and NPS OPS swabs	1	piece	39	39.00
Sample release reagent (Extraction kit)	1	test	20	20.00
96 -Deep well plate	1	rack	122.85	122.85
1000 uL filtered tips	3	piece	12.96	38.88
5 ml sterilized tubes	2	piece	12.96	25.92
Controls x 3 if ≤ 10 samples	3	test	176	52.80
1000 uL Pipette tips	1	piece	4.48	4.48
200 uL Pipette tips	1	piece	4.48	4.48
10 uL Pipette tips	1	piece	4.48	4.48
PCR Strips	1	well	12.96	12.96
Result form	1	piece	1.00	1.00
Sub Total:				**502.85**
Total Materials Used:				**569.44**

Note: Unit Cost should be based on acquisition cost without 30% mark-up

PERSONNEL ASSIGNED

OUT-PATIENT PROCEDURES (22 Days/8 Hours)

Position	Total Salary and Benefits for 1 year	Rate/Month	Rate/Day	Rate/Hour	Rate/Minute	per procedure (per minute)
MS III	1752475.28	146039.6067	6638.163939	829.7704924	13.8295082	69.14754104
Medical Technologist II	844,307.40	70,358.95	3198.134091	399.7667614	6.662777936	133.2555871
Administrative Assistant I	475,919.16	39,659.93	1,802.72	225.34	3.76	18.78
Total Labor Costs		39,659.93	1,802.72	225.34	3.76	221.18

Note: Use this if operation is on weekdays

PERSONNEL ASSIGNED

OUT-PATIENT PROCEDURES (30 Days/24 Hours)

Position	Total Salary and Benefits for 1 year	Rate/Month	Rate/Day	Rate/Hour	Rate/Minute	per procedure (per min)
Total Labor Costs	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!

Note: Use this for regular hospital operations

EQUIPMENT COST PER MINUTE USE BASIS

Equipment	Acquisition Cost	Estimated Useful Life in Months	Depreciation Cost/Month	Depreciation Cost/Day	Depreciation Cost/Hour	Depreciation Cost/Minute	per procedure (per min)
RT-PCR Machine (DONATION)	-	60	-	-	-	-	-
Automated Extraction Machine (DONATION)	-	60	-	-	-	-	-
Biosafety Cabinet 1 (Specimen Receiving)	323,950.00	60	5,399.17	179.97	22.50	0.37	11.25
Biosafety Cabinet 2 (Extraction)	323,950.00	60	5,399.17	179.97	22.50	0.37	11.25
Clean Bench	328,000.00	60	5,466.67	182.22	22.78	0.38	11.39
Dry Bath	41,300.00	60	688.33	22.94	2.87	0.05	1.43
Centrifuge 1 (Extraction)	23,800.00	60	396.67	13.22	1.65	0.03	0.83
Centrifuge 2 (Reagent Preparation)	23,800.00	60	396.67	13.22	1.65	0.03	0.83
Centrifuge 3 (PCR)	23,800.00	60	396.67	13.22	1.65	0.03	0.28
Vortex mixer 1 (Extraction)	27,300.00	60	455.00	15.17	1.90	0.03	0.95
Vortex mixer 2 (Reagent Preparation)	27,300.00	60	455.00	15.17	1.90	0.03	0.32
Autoclave	310,500.00	60	5,175.00	172.50	21.56	0.36	21.56
Biomedical Refrigerator 1	82,550.00	60	1,375.83	45.86	5.73	0.10	5.73
Biomedical Refrigerator 2	82,550.00	60	1,375.83	45.86	5.73	0.10	5.73
Biomedical Freezer 1	318,000.00	60	5,300.00	176.67	22.08	0.37	22.08
Biomedical Freezer 2	318,000.00	60	5,300.00	176.67	22.08	0.37	22.08
Total Depreciation Cost			37,580.00	1,252.67	156.58	2.61	115.71

Overhead Cost

				Total Cost
Power and Water				30.00
Total Overhead Costs				**30.00**

SUMMARY	TOTAL
Materials	569.44
Personnel - 22 days/8 hours	221.18
Personnel - 30 days/24 hours	-
Equipment	115.71
Overhead	30.00
Mark-up @ 30%	280.90
Grand Total	1,217.23

SUGGESTED PRICE : 1200

COMPARATIVE RATES from other GOVERNMENT HOSPITALS

		EAMC	VAL HOPE	BMC	Average
COVID-19 RT-PCR					
Amount		800.00	2800.00	1600.00	1300.00

Prepared By:	Verified By:
MARY GRACE T. [illegible], RMT, MPH, MHA	MARIA CONCEPCION T. ISIDERIO, MD, FPSP
Chief Medical Technologist	*Chairperson, DEPARTMENT OF PATHOLOGY AND LABORATORY*
Endorsed By:	
[illegible]	

Republic of the Philippines
Department of Health
Metro Manila Center for Health Development
VALENZUELA MEDICAL CENTER

HOSPITAL RESOLUTION NO. 2024- 002

A RESOLUTION OF THE EXECUTIVE COMMITTEE OF VALENZUELA MEDICAL CENTER AUTHORIZING THE MEDICAL CENTER CHIEF II FOR ADOPTING AN UPDATED PRICELIST OF VARIOUS MEDICAL SUPPLIES OF THE CENTRAL SUPPLY ROOM

WHEREAS, present economic conditions has rendered the prices on procedures and supplies being charged by the Valenzuela Medical Center as outdated;

WHEREAS, the Valenzuela Medical Center-Revenue Enhancement Committee undertook to initiate a study in order to address existing market distortion on fees of medical supplies and services;

WHEREAS, the study on prevailing costs of medical supplies and services have been conducted together with the hospital's stakeholders in order to minimize any impact against end-users;

WHEREAS, after careful evaluation and assessment, the Valenzuela Medical Center has come up with reasonable and competitive rates on its medical supplies;

WHEREAS, the respective increases on medical supplies will certainly uphold the Valenzuela Medical Center in maintaining the quality standards and professionalism that it guarantees to offer to its end-users;

NOW THEREFORE, in consideration of the foregoing premises, the undersigned, together with OIC-Medical Center Chief II of Valenzuela Medical Center, hereby APPROVES and ADOPTS the attached Updated Pricelist on Various Medical Supplies. The same shall take effect immediately upon issuance of this Resolution.

IN WITNESS WHEREOF signed on this 11th day of OCTOBER at the Office of the Medical Center Chief II, Annex Building, Valenzuela Medical Center, Padrigal St., Karuhatan, Valenzuela City.

APPROVED BY:

RUBY S. GUERRA RN, MAN
Chief Nurse

ALMIRA G. SATUMBA
Officer-in-Charge, Financial and Management Officer II

SHIRLENE V. VIANZON
Chief Administrative Officer

EDSEL S. MARTIN, RPh
Officer-in-Charge, Allied Health Professional Service

DR. EDILBERTO V. CAVANEYRO
Officer-in-Charge, Chief of Medical Professional Staff II

OCT 11 2024
ESTELA E. JAVIER, MD, FPOGS, FPSMS
Officer-in-Charge, Medical Center Chief II
Date Signed: _____

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room

VARIOUS MEDICAL SUPPLY

Item	Unit	Total
3-Way Extension Tube, 80cm infusion tube 3 needleless injection site male luer lock+B145	pc	262.60
3-way Foley Catheter Fr.22	pc	66.90
3-way Foley Catheter Fr.24	pc	66.90
3-Way stop cock w/o tubing	pc	9.66
Absorbable Gelatin Sponge Static 80mm x 50mm x10mm	pc	422.50
Absorbable hemostat, 3"x4 (7.6cm x 10.2cm) (surgicel)	pc	2,912.00
Adhesive Surgical tape Cloth, brown (5cmx5m)	roll	361.40
Adhesive Surgical Tape Cloth, Brown Color, Size 2.5cm x 5m	roll	361.40
Admission kit, 1 pc Face towel (regular size), 1 pc toothbrush (soft bristle), 1 pair Spoon and Fork, 1 pc Calibrated glass, 210ml, 1 bottle alcohol 70% 150ml (Isopropyl), 1 pc Antibacterial soap 60 grams, 1 pc Digital Thermometer, 1 pc Admission Transparent kit bag with Valenzuela Medical Center name, 1 sachet Toothpaste, 1 roll Tissue paper	kit	197.60
Antiseptic Hand Rub, surgical hand disinfection in min. 90 sec ,with 75% v/v Isopropanol or 80% v/v Ethanol, with Dexpanthenol for skin protection, no equats, no perfume & colorant,surgical grade, 1 Liter bottle	bot	2,145.00
Skin Cleanser, sodium laureth, sodium chloride, sodium hydroxide, lauryl glucoside, mild and soap free, pH balance 5.0 skin cleanser, with organic moisturizer allantoin, Paraben free and Phthalate free, suitable for use in bath and shower, with built in spout, 1 liter per bottle	bot	1,462.50
ALCOHOL, Ethyl, 68-72%, 500ml (-5ml), scented, Cap: Flip-top/ Pull-up	bot	62.61
Anesthesia Breathing Circuit, adult collapsible with breathing bag	pc	845.00
Anesthesia Breathing Circuit, pedia collapsible with breathing bag	pc	708.50
Armsling, large	pc	51.68
Armsling, medium	pc	51.68
Armsling, small	pc	51.68
Auto Adhesive labels for documentation	roll	5,848.70
Autoclave Indicator Tape 1", Adhesive	roll	435.50
Baby carrier	pc	354.90
Bacterial Filter (Retangular/Round)	pc	390.00
Bedpan, plastic	pc	63.70
Blade #10, surgical, sharp, stainless steel, disposable, 100`s/bx	pc	2.57
Blade #11, surgical, sharp, stainless steel, disposable, 100/box	pc	2.57

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room

VARIOUS MEDICAL SUPPLY

Item	Unit	Total
Blade #15, surgical, sharp, stainless steel, disposable, 100/box	pc	2.57
Blade #20, surgical, sharp, stainless steel, disposable, 100/box	pc	2.57
Blood Glucose Test tips, individually pack with regular needle lancet, 3-5 sec. result (with free Glucometer 30 units),	pc	5.12
Blood Transfusion set, sterile, with filter, needle g.18x1x1/2	pc	14.04
Bone wax	pc	188.50
Breastmilk storage bag 350ml	pc	13.00
Breathing Circuit Ventilator, with 2 corrugated tube, clear with 2 water trap, with nebulizer kit, Adult with exhalation valve	pc	1,105.00
Breathing Circuit Ventilator, with 2 corrugated tube, clear with 2 water trap, with nebulizer kit, Neonate with exhalation valve	pc	1,365.00
Breathing Circuit, Pedia - Ventilator Circuit	pc	1,625.00
Bulb Irrigation Syringe Catheter tip with plastic protector, 60ml capacity	pc	27.11
Butterfly g. 19, scalp vein, sterile, sharp filter, luerlock	pc	27.30
Butterfly g.21, scalp vein, sharp filter, luerlock	pc	43.55
Butterfly g.23, scalp vein, sharp filter, luerlock	pc	43.55
Butterfly g.25, scalp vein, sharp filter, luerlock	pc	43.55
Cadaver Bag, Extra Large (4x8)	pc	623.35
Cadaver Bag, Extra Small (18"x30")	pc	409.02
Cadaver Bag, Infant 4x30 (Pedia)	pc	383.50
Cadaver bag (3x30)	pc	582.40
Carbon Dioxide Absorber (Sodalime)	barrel	3,640.00
Catheter, All purpose drainage, large drainage holes, with glidex hydrophilic coating and accustick system complete set Fr 10	pc	8,074.30
Catheter, All purpose drainage, large drainage holes, with glidex hydrophilic coating and accustick system complete set Fr 12	pc	8,074.30
Catheter, All purpose drainage, large drainage holes, with glidex hydrophilic coating and accustick system complete set Fr 8	pc	8,074.30
Central Venous Pressure Manometer	pc	1,040.00
Clipper Blade	pc	237.90
Colostomy bag, transparent with clip adhesive, pedia 38mm	pc	182.43
Colostomy bag, transparent with clip,adhesive, adult, 57mm diameter	pc	195.00
Con Catheter, drainage set (locking pigtail) 10F	pc	3,250.00
Con Catheter, drainage set (locking pigtail) 12F	pc	3,250.00
Con Catheter, drainage set (locking pigtail) 8F	pc	3,250.00
Cord Clamp, sterile, individually packed	pc	3.22
Core needle g.14x11	pc	2,860.00

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room		
VARIOUS MEDICAL SUPPLY		
Item	**Unit**	**Total**
Core needle g.16 x 11	pc	**4,550.00**
Core needle g.18x15cm	pc	**4,420.00**
Core needle g.18x20cm	pc	**2,600.00**
COTTON BALLS, non-sterile, absorbent, soft 1600`s/pack	pc	**10.40**
Cotton Tip Applicator, sterile, individual pack	pc	**0.66**
Diaper, adult, disposable, thick, absorbent 10`s/pack (size XL) (convert to piece)	pc	**32.50**
Diaper, adult, disposable, thick, absorbent 10`s/pack (size L) (convert to piece)	pc	**32.50**
Diaper, Newborn, disposable, thick, absorbent, hypoallergenic	pc	**9.49**
Disinfecting Pre-Saturated Towelettes Wipes	can	**858.00**
Disposable gown, sterile, with two towels, light weight, fluid resistant, antistatic	set	**509.60**
Disposable Isolation Gown Clothes non-woven security Protection Suit, non sterile, knitted arm sleeve	pc	**30.89**
Disposable Needle 30Gx1/2", single use, sterile, individually blister packed, hypodermis needle, non-rusting non-toxic, pyrogen-free	pc	**5.20**
Disposable Needle G. 21	pc	**6.34**
Disposable Needle G. 23, sharp, single use, sterile, individually blister packed, hypodermis needle, non rusting, non toxic, pyrogen free	pc	**1.20**
Disposable needle g.19, sharp, single use, sterile, individually blister packed, hypodermis needle, non rusting, non toxic, pyrogen free	pc	**2.60**
Disposable needle g.25, sharp, single use, sterile, individually blister packed, hypodermic needle, non rusting, non toxic, pyrogen free	pc	**1.63**
Disposable sensor, fit for patient monitor	pc	**338.00**
ECG Electrodes, foam, standard size, 50`s/pack	pc	**6.50**
ECG Single channel	roll	**44.59**
ECG tracing paper, 3 channel, 80mmx20m, clear print-out, universal type	roll	**54.60**
Elastic Bandage 2"	roll	**13.00**
Elastic Bandage 4, 5 yards	roll	**18.98**
Elastic Bandage 6, 5 yards	roll	**24.31**
Electrosurgical pencil	pc	**507.00**
Electrosurgical pencil with pad with cleaner	kit	**624.00**
Empty Gallon Container, 15 liters (for sharp use)	pc	**247.00**
Empty Gallon Container, 18-20 liters (for sharp use)	pc	**227.50**
Endotracheal Closed Suction Catheter Fr.12	pc	**3,380.00**
Endotracheal Closed Suction Catheter Fr.14	pc	**3,380.00**
Endotracheal Closed Suction Catheter Fr.8	pc	**1,154.40**
Endotracheal Tube Size 2.5, sterile, single use	pc	**60.88**
Endotracheal Tube Size 3.0, sterile, single use	pc	**28.44**

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COST CENTER: Central Supply Room		
VARIOUS MEDICAL SUPPLY		
Item	**Unit**	**Total**
Endotracheal Tube Size 3.5, sterile, single use	pc	**28.44**
Endotracheal Tube Size 4.0, sterile, single use	pc	**28.44**
Endotracheal Tube Size 4.5, sterile, single use	pc	**28.44**
Endotracheal Tube Size 5.0, sterile, single use	pc	**28.44**
Endotracheal Tube Size 5.5, sterile, single use	pc	**28.44**
Endotracheal Tube Size 6.0, sterile, single use	pc	**28.44**
Endotracheal Tube Size 6.5, sterile, single use	pc	**28.44**
Endotracheal Tube Size 7.0, sterile, single use	pc	**28.44**
Endotracheal Tube Size 7.5, sterile, single use	pc	**28.44**
Endotracheal Tube Size 8.0, sterile, single use	pc	**26.29**
Enzymatic Detergent	gal	**3,705.00**
Epidural Catheter g.18	pc	**1,280.50**
Eye shield neonate	pc	**169.33**
FACE MASK / SURGICAL MASK, 3ply, earloop-rounded, not easily detach, elastic, odorless, hypoallergenic, adaptable nose bar garterized, 50`s/bx	pc	**37.67**
FACE SHIELD, Safety Protect eyes and face with protective clear film elastic band and covering the entire chin and adhesive comfort Sponge	pc	**131.82**
FETAL MONITOR Fetal Paper	pad	**1,560.00**
Foley Catheter fr. 10, w/ foley balloon, sterile, needleless, single use	pc	**41.60**
Foley Catheter fr. 12, w/ foley balloon, sterile, needleless, single use	pc	**39.00**
Foley Catheter fr. 14, w/ foley balloon, sterile, needleless, single use	pc	**39.00**
Foley Catheter fr. 16, w/ foley balloon, sterile, needleless, single use	pc	**37.70**
Foley Catheter fr. 8, w/ foley balloon, sterile, needleless, single use	pc	**41.60**
FORMALIN, (Formaldehyde 10% Neutralized and Buffered Solution)	gal	**1,534.00**
FORMALIN, (Formaldehyde 37% Neutralized and Buffered Solution)	gal	**1,820.00**
FULL FACE MASK NON-VENTED (For non-invasive ventilation, size, LARGE, Silicon CPAP Mask Disposable non-vented)	pc	**4,134.00**
FULL FACE MASK NON-VENTED (For non-invasive ventilation, size, medium, Silicon CPAP Mask Disposable non-vented)	pc	**4,134.00**
FULL FACE MASK VENTED (For non-invasive ventilation, size, LARGE, Silicon CPAP Mask Disposable vented)	pc	**4,134.00**
FULL FACE MASK VENTED (For non-invasive ventilation, size, MEDIUM, Silicon CPAP Mask Disposable vented)	pc	**4,134.00**
GAUZE 12X12, sterile with x-ray detectable, 24X28 mesh	pc	**149.76**

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room		
VARIOUS MEDICAL SUPPLY		
Item	**Unit**	**Total**
GAUZE 18X18, sterile with x-ray detectable, 24X28 mesh	pc	**96.81**
GAUZE 2x2, 8ply, non-sterile, 24x28 mesh, 100's/pack	pack	**98.80**
GAUZE 4X 4, 8 ply, non-sterile, 24x28 mesh, 100's/pack	pc	**1.08**
GAUZE 4X36, non sterile/sterile with x-ray detectable, 24X28 mesh	pc	**83.79**
Gauze 4x4, 4 ply non woven sponge, individually pack, sterile (for Derma)	pc	**113.10**
GLOVES, LARGE, clean non sterile, nitrile, color blue, disposable easy fit powder-free, 100s/box	box	**323.82**
GLOVES, MEDIUM, clean non sterile, nitrile, color blue, disposable easy fit powder-free, 100s/box	box	**323.82**
GLOVES, SIZE 6.0, Surgical, sterile, thick, powder free, elastic, 50 pairs/box	pair	**16.90**
GLOVES, SIZE 6.5, Surgical, sterile, thick, powder free, elastic, 50 pairs/box	pair	**16.90**
GLOVES, SIZE 7.0 Surgical, sterile, thick, powder free, elastic, 50 pairs/box	pair	**15.34**
GLOVES, SIZE 7.5, Surgical, sterile, thick, powder free, elastic, 50 pairs/box	pair	**16.90**
GLOVES, SIZE 8.0, Surgical, sterile, thick, powder free, elastic, 50 pairs/box	pair	**16.90**
GLOVES, SMALL, clean non sterile, nitrile, color blue, disposable easy fit powder-free, 100s/box	box	**323.82**
Goggles	pc	**312.00**
HAND SANITIZER, concentrated, scented, anti-bacterial with moisturizer/ bottle, 1L with individual dispenser, Table-top Pump bottle, no thickening ingredients, less residual	bot	**585.00**
Head cover, disposable, for hospital/ medical use, 100's/pack	pc	**1.25**
Heparinized lock sterile, IV Access System	pc	**11.49**
High Flow Chest Drainage System	pc	**6,422.00**
High Flow nasal cannula, Adult	pc	**3,380.00**
High Flow nasal cannula, Medium	pc	**1,105.00**
HME Rectangular GGM	pc	**390.00**
Hydrogen Peroxide 3% (10 volumes), topical solution, Antiseptic/Disinfectant, 500ml	bot	**110.31**
Hygienic & Surgical Hand Disinfectant, with emolient and higher log reduction and long residual effect, 1L capacity bottle	bot	**1,066.00**
I.V. Cannula g. 18	pc	**9.10**
I.V. Cannula g. 20	pc	**9.10**
I.V. Cannula g. 22	pc	**9.10**
I.V. Cannula g. 24	pc	**7.80**
I.V. Cannula g. 26	pc	**7.80**
Incentive Spirometer	pc	**552.50**

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room		
VARIOUS MEDICAL SUPPLY		
Item	**Unit**	**Total**
INFUSION SET (MICROSET), PEDIA, disposable, sterile, with Y port (30-90cm), with pinch clamp and roller clamp and luer lock tip, 185-215cm length, clear & soft tubing, auto prime and anti run dry, preferably needleless port	pc	**11.34**
INFUSION SET, ADULT, sterile, with safety filter, with air intake and injection site; with spike of perforator; with air inlet with air filter and protective cap; Drip-counting chamber; Materials for tubing: a. Medical grade materials, PVC-based b. Transparent (allowing bubble detection), supple and resistant to kinking c. Minimum length: 170cm, giving the IV set an overall length of at least 200cm.	pc	**22.75**
Intrajugular Catheter (Hemodialysis Catheterization Set Fr. 12x16 Curved Double Lumen)	pc	**3,919.50**
Intubating Stylet (Guidewire) Fr.10	pc	**247.00**
Intubating Stylet (Guidewire) Fr.12	pc	**247.00**
Intubating Stylet (Guidewire) Fr.14	pc	**227.50**
Intubating Stylet (Guidewire) Fr.6	pc	**247.00**
Irrigating solution 0.9% NaCl 1L, releasable cap, microwaveable, contoured shape bottle in over wrapped pouch	bot	**117.00**
IV Extension tubing, 100cm	pc	**45.50**
IV Start kit (1pc transparent dressing, 1 roll plaster, 2 pc Gauze 2x2, 2 pc Alcohol swab, 1 pc swabstick, 1 pc tourniquet and 1 pc patient ID label)	pc	**114.40**
Kangaroo Tube, 2XL	pc	**227.50**
Kangaroo Tube, large	pc	**227.50**
Kangaroo Tube, medium	pc	**227.50**
Kangaroo Tube, X-large	pc	**227.50**
Kidney Basin, plastic, medium, thick	pc	**9.72**
KN95 Protective Mask, FDA approved medical grade, thick, bacterial Filtration Efficiency.>95%, 4ply, blocks harmful PM2.5 particles, elastic earloop, nose clip, with individual packaging.	pc	**15.93**
KY Lubricating gel, sachet, 5gms	sachet	**6.50**
Ligating Clip, medium/large, titanium	pc	**1,361.98**
Ligating Clip, Polymer/hemolok	pc	**4,550.00**
LIQUID HAND SOAP, concentrated, scented, anti-bacterial with moisturizer / gallon	gal	**226.20**
Lubricating Gel, sterile, water based, 150gms/100gms	tube	**101.97**
Maternity pad, absorbent, 8's/pack	pack	**107.80**
Measuring cup (Calibrated glass), 210ml (for medical)	pc	**32.50**
Mucus Extractor	pc	**110.50**
N95 Mask, large	pc	**88.40**

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room		
VARIOUS MEDICAL SUPPLY		
Item	**Unit**	**Total**
N95 Mask, medium	pc	**88.40**
Nasogastric Tube fr. 10, sterile, disposable, transparent	pc	**9.36**
Nasogastric Tube fr. 12, sterile, disposable, transparent	pc	**11.44**
Nasogastric Tube fr. 14, sterile, disposable, transparent	pc	**11.44**
Nasogastric Tube fr. 16, sterile, disposable, transparent	pc	**9.36**
Nasogastric Tube fr. 18, sterile, disposable, transparent	pc	**8.81**
Nasogastric Tube Fr. 5, 100cm	pc	**21.97**
Nasogastric Tube fr. 5, sterile, disposable, transparent	pc	**8.84**
Nasogastric Tube Fr. 8, 100cm	pc	**21.97**
Nasogastric Tube fr. 8, sterile, disposable, transparent	pc	**8.96**
Nasogastric Tube Siliconize Fr. 14	pc	**241.80**
Nasogastric Tube Siliconize Fr. 16	pc	**21.81**
Nebulizer kit mouthpiece	pc	**58.50**
NEBULIZER KIT WITH FACEMASK, ADULT	pc	**55.90**
NEBULIZER KIT WITH FACEMASK, PEDIA	pc	**58.50**
Non Rebreather Mask, Adult	pc	**104.00**
Non Rebreather Mask, Neonate	pc	**104.00**
Non Rebreather Mask, Pedia	pc	**100.69**
Non-vented NIV Mask, medium	pc	**4,810.00**
O2 Cannula, Neonate	pc	**20.80**
O2 Mask, Pedia	pc	**25.83**
OR Pack, disposable, with a lap sheet drawsheet, 4 towels, 3 disp. Gowns, 1 mayo cover, 1 backtable cover, sterile, individually pack	pack	**2,080.00**
Oral Airway #1	pc	**35.65**
Oral Airway #2	pc	**35.65**
Oral Airway #3	pc	**34.63**
Oral Airway #4	pc	**46.41**
Oral Airway #5	pc	**46.41**
Orogastric Tube Fr.8 sterile, disposable transparent 100cm	pc	**26.00**
Oxygen Cannula, adult, curved, flared tip, crushed resistant, transparent tube	pc	**15.25**
Oxygen Cannula, pedia, curved, flared tip, crushed resistant, transparent tube	pc	**16.65**
Oxygen Flow Nasal Cannula with comfort sleeve (Mediuml)	pc	**894.40**
Oxygen Flow Nasal Cannula with comfort sleeve (Small)	pc	**894.40**
Oxygen Flow Nasal Cannula with comfort sleeve (X-Small)	pc	**894.40**
Oxygen Humidifier, 500-650ml, with sterile water for inhalation, USP with adapter	bot	**182.00**

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room		
VARIOUS MEDICAL SUPPLY		
Item	**Unit**	**Total**
Oxygen Mask, adult, soft, transparent w/ nose clip	pc	**37.44**
PAPER HAND TOWEL, 20cmx176cm	roll	**435.50**
Patients Tag (blue), 100's/bx	bx	**314.60**
Patients Tag (pink), 100's/bx	bx	**314.60**
Patients Tag (white), 200's/bx	bx	**231.40**
Pediatric urine collector, sterile	pc	**3.64**
Peripherally Inverted Central Catheter	set	**8,710.00**
Peritoneal Dialysis Catheter Extension	pc	**1,755.00**
Peritoneal Dialysis Catheter w/ 2 cuffs (left) 15F x 47cm V-neck (Tenckhoff Catheter)	pc	**7,150.00**
Peritoneal Dialysis Catheter w/ 2 cuffs (left) 15F x 62cm V-neck (Tenckhoff Catheter)	pc	**6,825.00**
Peritoneal Dialysis Organizer	pc	**1,274.00**
PLASTER 1"X10YARDS, adhesive, blended paper, hypoallergenic, 12rolls/bx	roll	**95.33**
Plaster Adhesive Surgical Tape, Silk Tape, 2, Hypoallergenic	roll	**336.56**
Plaster Bandage (Plaster of Paris), 4"	roll	**127.40**
Plaster Bandage (Plaster of Paris), 6"	roll	**135.20**
Polypropylene Mesh 15cm x 15cm	pc	**1,583.73**
Polypropylene Mesh 7.6 x 15cm (3"x 6")	pc	**458.25**
POUCH (GAUZE 4x4) Self Sealing Pouch 90mmx260mm, (200's/bx)	pc	**3.38**
Povidone 10% Solution, non-residue, concentrated	gal	**707.20**
Povidone 7.5, solution	gal	**733.20**
PPE Complete set	set	**3,900.00**
Propan-2-ol/Isopropanol, Benzalkonium Chloride colorless, Pre-operative and post-operative site skin/wound disinfection (1 liter) Cutasept	bot	**2,392.00**
Protective Clothing Safety Coverall, polypropylene, non woven, unisex, (Cover-all suit with booties)	pc	**439.40**
Resuscitator Manual Disposable (Ambu-bag) with pressure relief valve, PEDIATRIC with additional facemask	pc	**1,097.20**
Resuscitator Manual Disposable (Ambu-bag), with pressure relief valve, heavy duty , Neonate with additional facemask	pc	**1,097.20**
Resuscitator Manual Disposable (Ambu-bag), with pressure relief valve, heavy duty, adult	pc	**1,001.00**
Rubber Tubing, latex, 1/4x1/8, 50 feet	ft	**51.39**
Self Sealing Sterlization 57mm x 130mm (cotton)	pack	**325.35**
Self Sealing Sterlization 90mm x 165mm (gauze 4x4)	pack	**642.20**
Shoe cover, non-woven, disposable, cover the ankle free size, 50's/pack	pair	**3.03**
Shoe cover, knee high, disposable boot covers plastic waterproof	pair	**75.40**
Skin stapler with remover, disposable	pc	**479.70**

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room		
VARIOUS MEDICAL SUPPLY		
Item	**Unit**	**Total**
Skin Traction set, large	pc	**2,014.48**
Skin Traction set, medium	pc	**2,014.48**
Skin Traction set, small	pc	**2,014.48**
Soaking Solution (Disinfectant)	gal	**1,739.40**
SODIUM HYPOCHLORITE, 3.75-4 liters/gallon	gal	**217.10**
Specimen Container, polypropylene (clear) plastic, sterile, individually wrapped, disposable, wide mouth, screw cap, leak-proof, 50ml, with label	pc	**6.02**
Spinal Needle g 19, sterile, single use	pc	**101.40**
Spinal Needle g 22, sterile, single use	pc	**101.40**
Spinal needle g. 25, sterile, single use, 25 pcs/box	pc	**70.67**
Splint Intravenous with arm board strap, Adult	pc	**58.50**
Splint Intravenous with arm board strap, Neonate	pc	**49.40**
Splint Intravenous with arm board strap, Pedia	pc	**58.50**
Sputum Cup with cover	pc	**5.14**
Sterile Breathable Adhesive Strip reinforced with polymer filament strong closure incision and skin laceration size: 1/4 x 4 inches, 50's/box	pack	**147.11**
Straight Catheter Fr.16, non sterile, rubberrized, single use	pc	**52.00**
Suction Catheter, sterile, single use fr. 5, with vacuum tip for single use, sterile non-pyrogenic	pc	**6.46**
Suction Catheter, sterile, single use fr. 8	pc	**11.70**
Suction Catheter, sterile, single use fr.10	pc	**11.70**
Suction Catheter, sterile, single use fr.12	pc	**11.70**
Suction Catheter, sterile, single use fr.14	pc	**11.70**
Suction Catheter, sterile, single use fr.16	pc	**11.70**
Suction Poole Drain, single sterile, connecting tube with guard, 210cm Universal Connecting tube	pc	**170.31**
Suction Reservoir Kit, flat drain 100ml	pc	**785.20**
Syringe 10cc with g.21 needle, sharp, sterile, 100's/box	pc	**2.57**
Syringe 1cc with gauge 25 needle, sharp, sterile, 100's/box	pc	**1.57**
Syringe 20cc w/ g.19 needle, sharp, sterile, 50`s/box	pc	**12.22**
Syringe 30cc w/ needle, sharp, sterile, 25's/box	pc	**10.92**
Syringe 3cc with g.23 needle, sharp, sterile, 100/box	pc	**3.41**
Syringe 50cc w/ needle, sharp, sterile, 25/box	pc	**12.43**
Syringe 5cc with g.23 needle, sharp, sterile, 100/box	pc	**3.76**
Syringe Dual Pack 200ml/100ml	set	**2,340.00**
Syringe Insulin w/ needle, sterile, disposable, 100's/box	pc	**10.14**
Thermal Paper for Ultrasound, 110 x 20mm, type II, Silk, Smooth	roll	**895.70**
THERMOMETER, Digital, individually pack	pc	**48.91**

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room		
VARIOUS MEDICAL SUPPLY		
Item	**Unit**	**Total**
Thoracostomy/Thoracic tube #28	pc	**148.20**
Thoracostomy/Thoracic tube #32	pc	**148.20**
Thoracostomy/Thoracic tube #36	pc	**148.20**
Thoracostomy/Thoracic tube #20	pc	**238.36**
Thoracostomy/Thoracic tube #16	pc	**238.36**
Thoracostomy/Thoracic tube #12	pc	**238.36**
Thoracostomy/Thoracic tube #24	pc	**238.36**
TISSUE, TOILET PAPER, 2-plys sheets,150 pulls per roll (300 sheets), min., 12rolls/pack	roll	**127.40**
Tongue Depressor, wooden, sterile, individually wrapped, 100's/box	bx	**156.00**
Torniquet rubberrized, 50ft/roll, 1/8x1/32, latex	ft	**12.43**
Tracheostomy set, cuff size 6.0	pc	**5,200.00**
Tracheostomy set, cuff size 8.0	pc	**3,588.00**
Tracheostomy Tube (fenetrated) 6.5	pc	**5,850.00**
Tracheostomy Tube size 2.5, neonate, non-fenestrated, uncuffed	pc	**3,640.00**
Tracheostomy Tube size 3.0, neonate, non-fenestrated, uncuffed	pc	**3,640.00**
Tracheostomy Tube size 3.5, neonate, non-fenestrated, uncuffed	pc	**3,640.00**
Ultrasound Transducer probe cover (CONDOM)	pc	**14.43**
Ultrasound Transonic gel, clear water based, scent free	gal	**941.20**
Umbilical Catheter Fr.3.5 x 37cm	pc	**455.00**
Underpad (Dri-sheet), thick, disposable with super absorbent gel, large, 10 pads/pack	pc	**12.71**
Urinal, calibrated, translucent, 1L capacity	pc	**36.53**
Urine bag, adult 2000ml capacity, sterile, disposable, with adjustable tie/hook, easily drain, with resealable lock, 10's/pack	pc	**1.09**
Vaccum Pillow, thick, 18x28	pc	**161.04**
Vented NIV Mask	pc	**4,810.00**
Vessel loop blue 2's/pack	pc	**546.00**
Vessel loop yellow 2's/pack	pc	**546.00**
Volumetric Infusion set Sterile, 150ml capacity with filter, luer lock with Y-port, needleless	pc	**43.10**
VP Shunt kit 12mm medium burr hole	pc	**14,560.00**
VP Shunt kit Burr Hole Design 16mm Medium	pc	**18,850.00**
Ventriculo-Peritoneal Shunt, Flat Bottom, Medium Pressure	pc	**29,640.00**
Wadding Sheet, 4" x 5yards	roll	**32.36**
Wadding Sheet, 6" x 5yards	roll	**32.36**

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room		
SUTURES		
Item	**Unit**	**Total**
Blue monofilament polyprophylene suture, 2.0 round double arm needle 90cm-110cm	pc	**261.30**
Blue monofilament polyprophylene suture, 3.0 round double arm needle 75cm-95cm	pc	**320.45**
Braided Absorbable Suture Polyglactin size 0, 90cm, 36mm 1/2 circle taper needle	pc	**266.50**
Braided Absorbable Suture Polyglactin size 1, 90cm, 40mm 1/2 circle taper needle	pc	**312.00**
Braided Absorbable Suture Polyglactin size 2.0, 90cm, 36-37 circle / round taper needle	pc	**416.00**
Braided Absorbable Suture Polyglactin size 3.0, with round needle, 26mm, 70-90cm	pc	**343.20**
Chromic Abosrbable Suture size 3.0 cutting needle	pc	**153.40**
Coated Polyglactin dyed or undyed braided suture 4.0, 70cm-90cm, round needle	pc	**245.05**
Nylon 3.0, 45cm, 19mm, cutting needle	pc	**448.50**
Nylon 4.0 non absorbable monofilament 35cm-45cm cutting needle	pc	**155.68**
Nylon 5.0 Suture Black Monofilament, non-absorbable with reverse cutting needle	pc	**155.68**
Nylon non absorbable monofilament 35cm-45cm cutting needle 2.0	pc	**107.90**
Polydiaxanone Monofilament absorbable Sutre 3.0 round needle	pc	**324.68**
Polydiaxanone Monofilament absorbable Sutre 4.0 round needle	pc	**312.00**
Polydiaxanone Monofilament absorbable Suture 5.0 w/ RB-1 needle	pc	**312.00**
Polyglactin 3.0 Synthetic, undyed braided, absorbable with reverse cutting needle, 75CM	pc	**189.80**
Polyglactin 4.0 Synthetic, undyed braided, absorbable with reverse cutting needle, 70CM	pc	**205.40**
Polyglactin 5.0 Synthetic, undyed braided, absorbable with reverse cutting needle, 70CM	pc	**205.40**
Polyglactin suture violet braided 4.0 RB-1 needle or its equivalent, 17mm-20mm	pc	**201.50**
Polyglecaprone absorbable monofilament suture size 1, 36-37mm, 90cm, round needle	pc	**468.00**
Polyglecaprone absorbable monofilament suture size 4, 70-75cm, 19mm, 3/8-1/2 reverse cutting needle	pc	**455.00**
Polypropylene Monofilament, non-absorbable Suture 2.0 round needle	pc	**194.68**
Polypropylene Monofilament, non-absorbable suture 4.0 round needle, 31-37mm	pc	**519.35**
Polypropylene Monofilament, non-absorbable Suture 5.0 round needle	pc	**455.00**
Silk 0 Strands, 15x60cm, non-needle	pc	**107.90**
Silk 1.0 Strands, 15x60cm, non-needle	pc	**107.90**
Silk 2.0 Strands, 15x60cm, non-needle	pc	**107.90**
Silk 2.0, 24-26 mm, 75cm cutting needle	pc	**83.20**

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room		
SUTURES		
Item	**Unit**	**Total**
Silk 2.0, 24-26 mm, 75-95cm cutting needle	pc	**121.68**
Silk 3.0 Strands, non-absorbable suture	pc	**175.50**
Silk 3.0, 24-26 mm, 75cm cutting needle	pc	**166.40**
Silk 3.0, 24-26 mm, 45-76cm cutting needle	pc	**58.50**
Silk 3.0, 24mm, 75cm round needle	pc	**83.20**
Silk 4.0 Braided coated, non-absorbable with reverse cutting	PC	**213.59**
Silk 4.0, 22 - 37 mm, 75cm round needle	pc	**136.50**
Silk Black Braided size 6.0, cutting needle 10-16mm, 40cm-50cm	pc	**224.45**
Special set made of non-absorbable polyester white tape 50cm size 0.5cm	pc	**1,902.38**
Synthetic fast Absorbing Polyglactin suture size 2.0, 120cm, 35-37mm, 1/2 circle taper cut needle	pc	**395.20**

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room		
CONSUMABLES		
Item	**Unit**	**Total**
CONSUMABLES FOR WASHER DISINFECTOR		
Neodizer FA 5L per container	con	26,000.00
Neodizer Z 5L per container	con	26,000.00
Wash checks 200pcs/bx	bx	19,500.00
CONSUMABLES FOR PLASMA STERILIZER		
Chemical Indicator Strip	roll	7,800.00
Chemical Tape for H2O2	roll	2,600.00
Biological Indicator (100pcs/bx)	roll	65,000.00
Single Adhesive Documentation System for Plasma	roll	8,450.00
Tyvek Pouches 75mm*100m	roll	6,500.00
Tyvek Pouches 100mm*100m	roll	8,450.00
Tyvek Pouches 150mm*100m	roll	11,700.00
Tyvek Pouches 200mm*100m	roll	13,000.00
Tyvek Pouches 250mm*100m	roll	14,300.00
Pure-SA 120 PURE Sterilant SA-120	cas	13,000.00
NEWBORN ACCESSORIES & SUPPLIES (OTOMETRICS)		
Earlip Pastel Yellow	pc	67.60
Earlip Pastel Green	pc	67.60
Earlip Pastel Pink	pc	67.60
Earlip Pastel Blue	pc	67.60
CONSUMABLES 3M BAIR HUGGER (PATIENT WARMING UNIT)		
Full Body Blanket, Pedia	pc	1,755.00
Full Body Blanket, Adult	pc	1,365.00
CONSUMABLES UMEC -12/2000/VS-800 (PATIENT MONITOR/ PULSE OXIMETER)		
6 PIN Extension Cable	pc	8,060.00
NIBP Cuff Neonate	pc	3,640.00
NIBP Cuff Pedia	pc	3,640.00
NIBP Cuff Adult	pc	3,640.00
NIBP Hose	pc	3,640.00
MR4303 Reusable Temp Probe Adult Skin 2 PIN	pc	9,100.00
ECG set (Leads)	pc	10,140.00
SPO2 Extension Cable	pc	8,060.00
Temp. Probe	pc	7,150.00
CONSUMABLES FOR ANESTHESIA MACHINE		
Sampling Line, Adult/Pedia	pc	1,032.20
Dryline II water Trap Straight	pc	3,139.50
CONSUMABLES OF NEGATIVE PRESSURE CEILING SYSTEM MEDICLEAN		
ULPA 15 FILTER	unit	390,000.00
PRE-FILTER	unit	12,999.97
ACCESSORIES FOR LAPAROSCOPIC TOWER		
Tube set, silicone reusable	set	50,037.00
Sealing cap 5mm 10's/pack	pack	6,500.00
Sealing Cap10 mm, 10's/pack	pack	6,500.00

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room		
CONSUMABLES		
Item	**Unit**	**Total**
Vario-port Reducing Adapter 10mm to 5.5mm	pc	**37,050.00**
Monopolar Laparoscopic Cable 3M	pc	**19,500.00**
Bipolar Connecting Cable 3M	pc	**19,500.00**
Insufflation tube, reussbale	pc	**114,400.00**
CONSUMABLES FOR HIGH FLOW MACHINE (HIFENT)		
High flow Cannula Adult/Heated Breathing Circuits	set	**6,500.00**
CONSUMABLES FOR HIGH FLOW MACHINE (SEPRAY)		
Auto Free Humidifier Chamber/ HeatedBreathing System/High flow cannula, Adult medium	set	**9,295.00**
CONSUMABLES FOR UTZ MACHINE (OBGYNE)		
Transeptic Spray Cleaning Solution, 250 grams	pc	**2,964.00**
CONSUMABLES OF ABG (TIE-UP)		
Prime ABG Cartridge	pc	**531.70**
CONSUMABLES OF AUTOMATED PD MACHINE		
ADP Drain Bag	pc	**747.50**
Casette for Cyler	pc	**747.50**
Clip for Organizer	pc	**481.00**
CONSUMABLES OF HARMONIC		
Harmonic Focus + 9cm w/m adaptive tissue	pc	**42,900.00**
Harmonic Focus + 17cm w/m adaptive tissue	pc	**42,900.00**
Harmonic Focus + 23cm w/m adaptive tissue	pc	**42,900.00**
Harmonic Focus + 36cm w/m adaptive tissue	pc	**42,900.00**
MANUAL PERITONEAL DIALYSIS (BAXTER)		
Minicap Extend Lifer transfer	pc	**1,443.00**
Ultra Clamp	pc	**474.50**
Peritoneal Dialysis Extension (Locking Titanium)	pc	**1,846.00**
CONSUMABLES OF BP APPARATUS		
BP Cuff and Bulb Adult	pc	**780.00**
BP Cuff and Bulb Pedia	pc	**910.00**
BP Cuff and Bulb Neonate	pc	**910.00**
BP Cuff and Bulb Obese	pc	**1,300.00**
CONSUMABLES FOR HYSTEROSCOPY TOWER		
Loop electrode, angled, 30^0, 24/26 Fr	pc	**12,805.00**
Loop electrode, angled, 24/26 Fr	pc	**12,805.00**
Ball electrode, Ø 5mm, 24/26 Fr	pc	**12,805.00**
Roller electrode, Ø 5mm, 24/26 Fr	pc	**12,805.00**
Knife electrode, 24/26 Fr	pc	**12,805.00**
Inner Diagnostic Sheath, 30^0, Ø5.4mm	pc	**59,150.00**
Obturator	pc	**17,745.00**
Single-use tubing set	pc	**9,750.00**
CONSUMABLES FOR WASHER DISINFECTOR		
Mediklar Special 5L per container	con	**26,000.00**
IP Spray lubricant 400ml	bot	**5,850.00**
Mediclean Forte 5 liters	con	**27,300.00**
CONSUMABLES FOR PLASMA STERILIZER		
Tyvek Pouches 300mm*100m	roll	**18,200.00**

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room		
CONSUMABLES		
Item	**Unit**	**Total**
NEWBORN ACCESSORIES & SUPPLIES (OTOMETRICS)		
Probe Tip Cleaning Tool	pc	**325.00**
Probe Tip	pc	**325.00**
CONSUMABLES UMEC -12/2000/VS-800 (PATIENT MONITOR/ PULSE OXIMETER)		
SPO2 Probe	pc	**10,140.00**
7 PIN Extension Cable	pc	**8,060.00**
SPO2 Sensor Cup	pc	**10,140.00**
WOUND CARE DRESSING		
Easy Foam 20x20cm	pc	**1,950.00**
Curavac Medium	pc	**6,500.00**
Canister	pc	**2,600.00**

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room		
OXYGEN GAS/COMPRESSED AIR		
Item	**Unit**	**Total**
MEDICAL OXYGEN GAS /COMPRESS AIR AND MEDICAL GRADE		
Medical Oxygen Gas, Standard size, 50lbs, 47ltrs, 1800psi	tank	**284.70**
Carbon Dioxide Medical Grade, Standard size, 1000psi	tank	**2,340.00**
Compress Air, Standard size, 50lbs, 1800psi	tank	**365.30**

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room				
OXYGEN GAS/COMPRESSED AIR PER PSI				
Item	**PSI**	**Unit**	**Price per PSI**	**Total**
MEDICAL OXYGEN GAS /COMPRESS				
Medical Oxygen Gas, Standard size, 50lbs, 47ltrs, 1800psi	100	PSI	13.51	**13.51**
	200	PSI	27.01	**27.01**
	300	PSI	40.52	**40.52**
	400	PSI	54.02	**54.02**
	500	PSI	67.53	**67.53**
	600	PSI	81.03	**81.03**
	700	PSI	94.54	**94.54**
	800	PSI	108.04	**108.04**
	900	PSI	121.55	**121.55**
	1000	PSI	135.06	**135.06**
	1100	PSI	148.56	**148.56**
	1200	PSI	162.07	**162.07**
	1300	PSI	175.07	**175.07**
	1400	PSI	189.08	**189.08**
	1500	PSI	202.58	**202.58**
	1600	PSI	216.09	**216.09**
	1700	PSI	229.59	**229.59**
	1800	PSI	243.10	**243.10**

VALENZUELA MEDICAL CENTER

SUPPLIES COSTING REPORT

COST CENTER: Central Supply Room		
MEDICAL SUPPLIES WITHOUT CODE		
Item	**Unit**	**Total**
OTHERS SUPPLIES (W/O CODE)		
Anesthesia Facemask, large	pc	377.00
Anesthesia Facemask, Medium	pc	377.00
Anesthesia Facemask, Pedia	pc	377.00
Anesthesia Facemask, Small	pc	377.00
Bone Marrow Aspirator needle	pc	1,560.00
Cervical Collar, large	pc	686.40
Cervical Collar, medium	pc	686.40
Cervical Collar, small	pc	601.78
Cling Film Plastic Wrap 50x200m	pc	2,600.00
Double J Stent 6x24	pc	4,940.00
Drainage bag 600ml	pc	2,535.00
Electrosurgical pad, Adult	pc	507.00
Endotracheal Closed Suction Catheter Fr.10	pc	3,380.00
Gigle Saw wire	pc	649.99
Kelly Pad	pc	910.00
Medical Infusion Pump Pressure Bag	pc	2,340.00
Single limb Patient Circuit Adult	pc	3,510.00
Suction Reservoir Kit, flat drain 400ml	pc	1,170.00
T-Piece Connector	pc	65.00
Ureteral Catheter, open-end	pc	1,300.00
Intestinal Needle, curve, 30mm	pc	1,170.00
Intestinal Needle, curve, 35mm	pc	1,170.00
Intestinal Needle, curve, 40mm	pc	1,170.00
Intestinal Needle, curve, 49mm	pc	1,170.00
Chiba Fine Needle 22x15cm	pc	1,560.00
T-Tube Fr. 12	pc	390.00
T-Tube Fr. 14	pc	390.00
T-Tube Fr. 16	pc	390.00
T-Tube Fr. 18	pc	390.00

Republic of the Philippines
Department of Health
Metro Manila Center for Health Development
VALENZUELA MEDICAL CENTER

BAGONG PILIPINAS

HOSPITAL RESOLUTION NO. 2025- 001

A RESOLUTION OF THE EXECUTIVE COMMITTEE OF VALENZUELA MEDICAL CENTER AUTHORIZING THE MEDICAL CENTER CHIEF II FOR ADOPTING AN UPDATED PRICELIST OF THE OPHTHALMOLOGY SECTION-CATARACT PACKAGE AND THE COST OF ON-SITE ISSUANCE OF MEDICAL CERTIFICATE

WHEREAS, present economic conditions has rendered the prices on procedures and supplies being charged by the Valenzuela Medical Center as outdated;

WHEREAS, the Valenzuela Medical Center-Revenue Enhancement Committee undertook to initiate a study in order to address existing market distortion on fees of medical supplies and services;

WHEREAS, the study on prevailing costs of medical supplies and services have been conducted together with the hospital's stakeholders in order to minimize any impact against end-users;

WHEREAS, after careful evaluation and assessment, the Valenzuela Medical Center has come up with reasonable and competitive rates on its medical supplies;

WHEREAS, the respective increases on medical supplies will certainly uphold the Valenzuela Medical Center in maintaining the quality standards and professionalism that it guarantees to offer to its end-users;

NOW THEREFORE, in consideration of the foregoing premises, the undersigned, together with OIC-Medical Center Chief II of Valenzuela Medical Center, hereby APPROVES and ADOPTS the attached Updated Pricelist on the Cataract Package and Cost of On-site Issuance of Medical Certificate. The same shall take effect immediately upon issuance of this Resolution.

IN WITNESS WHEREOF signed on this 27 day of January at the Office of the Medical Center Chief II, Annex Building, Valenzuela Medical Center, Padrigal St., Karuhatan, Valenzuela City.

APPROVED BY:

RUBY S. GURREA RN, MAN
Chief Nurse

ALMIRA G. SATUMBA
Chief Administrative Officer, Finance Service

SHIRLENE V. VIANZON
Chief Administrative Officer

EDSEL S. MARTIN, RPh
Chief Health Program Officer

DR. MANUEL B. POCSIDIO JR.
Officer-in-Charge, Chief of Medical Professional Staff II

EDILBERTO V. CAVANEYRO, MD, MHA, FPCS, FPSGS
Officer-in-Charge, Medical Center Chief II
Date Signed: 01-23-2025

Annex A

COST CENTER: OPHTHALMOLOGY SECTION

PROCEDURES:	TOTAL:
Cataract Package	₱7,500.00

COST CENTER: HEALTH INFORMATION MANAGEMENT DEPARTMENT

PROCEDURES:	TOTAL:
On-site Issuance of Medical Certificate	₱100.00