

# BATANGAS MEDICAL CENTER



2020  
2<sup>nd</sup> EDITION  
CITIZEN'S  
CHARTER



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# **AGENCY PROFILE**

## **I. Mandate**

By virtue of RA 9791 “An Act Amending RA 7532”, approved and signed into law by former President Gloria Macapagal-Arroyo, the Batangas Regional Hospital was converted to the Batangas Medical Center, further increasing its bed capacity to four hundred (400), a ground-breaking change in the hospital’s history.

Upon the approval of its Implementing Rules and Regulations in 2013, under the administration of Medical Center Chief, Dr. Ramoncito C. Magnaye, the hospital transitioned to Batangas Medical Center, also known as BatMC.

## **II. Vision**

“Batangas Medical Center: The leading multi-specialty medical institution working towards a healthy CALABARZON”

## **III. Mission**

As a well-respected, socially accountable, and financially sustainable institution, we provide quality, advanced, and equitable healthcare by strengthening our training and research programs responsive to the needs of a healthy and productive community.

## **IV. Service Pledge**

We, the officials and employees of Batangas Medical Center pledge and commit to deliver quality public services as promised in this charter. Specifically, we will: Serve with integrity. Be prompt and timely. Display procedures, fees and charges. Provide adequate and accurate information. Be consistent in applying rules. Provide feedback mechanism. Be polite and courteous. Demonstrate sensitivity and appropriate behavior and professionalism. Wear proper uniform and identification. Be available during office hours. Respond to complaints. Provide a comfortable waiting area. Treat everyone equally.



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## **OFFICE OF THE MEDICAL CENTER CHIEF**

### **External Services**

## 1. HANDLING OF LETTERS/CORRESPONDENCES RECEIVED THRU EMAIL, COURIER OR PERSONAL DELIVERY

The process of handling letters /correspondence received thru email, courier, or personal delivery covers activities from receipt of letter up to sending a reply/response letter.

<b>Office or Division:</b>	BatMC Office of the Medical Center Chief (OMCC)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C, G2B, G2G			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<ul style="list-style-type: none"> <li>Letter/Correspondence</li> <li>Receiving copy, checklist/ record/ proof of receipt (whichever is applicable)</li> <li>Contact details of the sender/sender's authorized representative (as deemed necessary)</li> </ul>			Requesting individual/office/agency	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>A. EMAIL</b>  1. Send letter /correspondence to <a href="mailto:mcc@batmc.doh.gov.ph">mcc@batmc.doh.gov.ph</a>	1. Open/Check email. Acknowledge/ forward/refer/ to and coordinate offices/persons concerned for appropriate action (following BatMC Communication Flow)	None	Urgent: 1 Day Non-urgent: 2 Days	OMCC Staff
<b>B. Courier/Personal Delivery</b>  1. Present the letter/correspondence together with the checklist/record/ receiving copy (if necessary).	1. Check/screen/ receive the letter/ correspondence and forward/refer to or coordinate with offices/persons concerned for appropriate	None	Urgent: 1 Day Non-urgent: 2 Days	OMCC Staff

2. Confirm/acknowledge response to the letter/ correspondence/ email	actions (following BatMC Communication Flow)  2. Provide the client with the name of the office, contact number/ person and other details related to the letter / correspondence, as deemed necessary	None	Urgent: 1 Day Non-urgent: 1 Day	OMCC Staff
	<b>Total</b>	<b>None</b>	<b>A. Email</b> Urgent: 2 Days Non-Urgent: 3 Days  <b>B. Courier/ Personal Delivery</b> Urgent: 2 Days Non-Urgent: 3 Days	OMCC Staff

## 2. HANDLING OF INVITATIONS AND REQUESTS FOR APPOINTMENT/MEETING WITH THE MEDICAL CENTER CHIEF II (MCC II)

The process of handling invitations and requests for appointment/meeting with the MCC II covers activities from receipt of invitation /request letter up to sending a reply/response letter.

<b>Office or Division:</b>	BatMC Office of the Medical Center Chief (OMCC)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C, G2B, G2G			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>Letter/Correspondence</li> <li>Receiving copy, checklist/ record/ proof of receipt, documented requests/messages (whichever is applicable)</li> <li>Contact details of the sender/sender's authorized representative</li> </ul>		Requesting individual/office/agency		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>A. EMAIL</b> Email to mcc@batmc.doh.gov.ph	Acknowledge, forward/refer to and coordinate with the Administrative Assistant.	None	1 Day	OMCC Staff
<b>B. Courier</b> Send invitation/request to Office of the Medical Center Chief, Bihi Road, Kumintang Ibaba, Batangas City, 4200	Check/screen receives the invitation/request.	None	30 minutes	OMCC Staff
<b>C. Personal Delivery</b>  1. Present the invitation/ request to OMCC Staff.	1. Check/screen receives the invitation/request.	None	30 minutes	OMCC Staff



2. Confirm acknowledge response to invitation/request.	<p>2. Coordinate with the MCC II and respond to the invitation /request (thru email or by phone)</p> <p>2.1 If invitation/ request is approved, post on MCC II's calendar.</p>	None	2 Days	OMCC Staff
	<b>Total</b>	<b>None</b>	<p>Email: 3 days</p> <p>Courier: 2 Days and 30 minutes</p> <p>Personal Delivery: 2 Days and 30 minutes</p>	OMCC Staff



doh.gov.ph				
3. Visit OMCC to provide details of the request for assistance				
	<b>Total</b>	<b>None</b>	Urgent: 1 Day  Non-Urgent: 2 Days	

#### 4. ATTENDING TO INQUIRIES

Attending to inquires (e.g. hospital procedures and policies, location and direction of department /office/unit)

<b>Office or Division:</b>		BatMC Office of the Medical Center Chief (OMCC)		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C, G2B, G2G		
<b>Who may avail:</b>		All		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Specific details of the concern		Requesting individual		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Visit OMCC office to provide details of the inquiry.	1. Analyze patient inquiries.  1.1 Provide specific instruction/ explanation based on existing policies and/or specific	None	Urgent: 1 hour  Non-Urgent: 2 hours	OMCC Staff
	<b>Total</b>	<b>None</b>	Urgent: 1 hour Non-urgent: 2 hours	OMCC Staff

## 5. APPLICATION FOR AFFILIATION

Screen and approve affiliation applicant (school/universities/colleges) as per A.O. 5-A s. 1996 issued.

<b>Office or Division:</b>	Professional Education Training and Research Office			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Schools/ Universities / Colleges			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter of Intent		School/Universities/Colleges School/Universities/Colleges and PETRO		
2. Signed LTO of Base Hospital/Memorandum of Agreement and Contract of Affiliation				
3. List of names of students to affiliate and areas of rotation		School/Universities/Colleges		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit required documents	1. Receive requirements and check for completeness	None	10 minutes	Training Assistant (PETRO)
2. For those with complete requirements, leave documents for processing.	2. Accept documents and recommend for acceptance of application.	None	10 minutes	Chief PETRO/ Assistant Chief PETRO
	1.1 Submit MOA/COA to Legal Office for review.		10 minutes	Training Assistant (PETRO)
	1.2 Review and recommend for signing		7 days	Attorney IV (Legal Office)
	1.3 c. Notify applying institution via phone call or e-mail regarding updates on application (e.g MOA/COA)		10 minutes	Training Assistant (PETRO)
3. Bring edited/updated MOA/COA (for	3. Receive and check documents	None	10 minutes	Training Assistant (PETRO)



signature of Chief Training officer and MCC) with complete signature of the applying party				
4. Notarize and submit MOA and COA upon signature completion.	4. Receive and make a folder for the school to compile documents.	None	10 minutes	Training Assistant (PETRO)
<b>TOTAL:</b>		<b>None</b>	<b>7 days and 60 minutes</b>	

## 6. SUBMISSION OF APPLICATION FOR RESIDENCY TRAINING

(RA No. 29 s. 1994 - Residency Law)

The different clinical departments are under the Office of the Medical Center Chief with direct coordination and administrative supervision by the office of the Chief of Medical Professional Staff and the Human Resource Management Office. The training programs, training activities are under the supervision of the Chief of the Professional Education Training and Research Office (PETRO).

<b>Office or Division:</b>	Professional Education Training and Research Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Physicians			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Application of Residency Form		Professional Education Training and Research Office; BatMC website ( <a href="http://batmc.doh.gov.ph/public-bidding/career/residency-deadline-of-application">http://batmc.doh.gov.ph/public-bidding/career/residency-deadline-of-application</a> )		
2. (1) Photocopy of the following: 2.1. Transcript of records 2.2. Diploma/Cert. of Recognition 2.3. Class ranking 2.4. PRC license (front and back) 2.5. Board rating certificate 2.6. Certificate of Internship		School/Universities/Colleges School/Universities/Colleges School/Universities/Colleges Professional Regulation Commission Professional Regulation Commission Hospital of Internship		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit required documents at PETRO Office 1.1 Wait for notification (SMS/E-mail) of schedule of credentialing from the department	1 Receive requirements and check for completeness  1.1 Advise applicant to wait for a notification (SMS/E-Mail) from the department for the schedule of credentialing	None	20 minutes	Training Assistant (PETRO)
<b>TOTAL:</b>		<b>None</b>	<b>20 minutes</b>	

## 7. ACCEPTANCE OF ASSOCIATION OF PHILIPPINE MEDICAL COLLEGES INCORPORATED (APMC INC.) APPROVED APPLICATION FOR POST-GRADUATE INTERNSHIP

The Post Graduate Internship is a 12 month training that will provide an opportunity for sufficient exposure and development of proficiency in the recognition and management of common conditions come across in general practice.

<b>Office or Division:</b>	Professional Education Training and Research Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Graduates with Degree in Medicine			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Electronic National Internship Program System (E-NIPS) 2. Original Certificate of Graduation 3. Accomplished PETRO Students/Interns Personal Data Sheet 4. X- Ray result (6 mos. prior to exposure) 5. MMR and Anti- Varicella Immunization Certificate (unless restricted by Medical condition or religious belief.)		APMC Website ( <a href="http://www.apmcf-ph.net/enips">www.apmcf-ph.net/enips</a> ) School last Attended Professional Education Training and Research Office (PETRO)  Medical facility where the procedures were done Medical facility where the procedures were done		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit required documents	1.1 Check E-NIPS if matched, accept documents 1.2 Advise applicant to check SMS/Email for schedule of orientation	None	30 minutes	Training Assistant
<b>TOTAL:</b>		<b>None</b>	<b>30 minutes</b>	

## 8. APPLICATION FOR ALLIED MEDICAL INTERNSHIP PROGRAM, ON-THE-JOB TRAINING (OJT), SENIOR HIGH SCHOOL (SHS) WORK IMMERSION AND OTHER RELATED LEARNING EXPERIENCE

Screen and approve affiliation applicant (school/universities/colleges) as per A.O.5-A s. 1996 issued.

<b>Office or Division:</b>		Professional Education Training and Research Office		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C- Government to Citizen		
<b>Who may avail:</b>		Senior High School, Allied Medical and Non-Medical students from Affiliated Institutions		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Duly accomplished Application Form 2. Endorsement letter from university 3. Time frame/duration of training/schedule of rotation 4. Daily Time Record Form 5. 1x1 picture 6. X-ray result (6 mos. prior to exposure) (except for SHS) 7. MMR & Varicella immunization certificate (except for SHS)		Professional Education Training and Research Office (PETRO) Affiliated School Affiliated School  Applicant Applicant Medical facility where the procedures were done Medical facility where the procedures were done		
CLIENTS STEPS	FEES TO BE PAID	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements 2. Wait for the schedule of orientation	1.1 Check for completeness and accept requirements 1.2 Advise applicant for the schedule of orientation	None	20 minutes	Training Assistant
<b>TOTAL:</b>		<b>None</b>	<b>20 minutes</b>	

## 9. REQUEST AND ISSUANCE OF CERTIFICATE OF POST-GRADUATE INTERNSHIP

Upon satisfactory completion of the Post-Graduate Internship Training and after having complied with the requirements of the program, a certificate of post-graduate internship will be given to the intern/s.

<b>Office or Division:</b>	Professional Education Training and Research Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Post-Graduate Interns			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Accomplished Clearance (Pink) Form		APMC(blank form), Post Graduate Intern (accomplished form)		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit pink form	1. Check for completeness and accept form	None	10 minutes	Training Assistant
2. Log in to the Request Logbook	2. Prepare certificate for signature of PETRO Head and MCC	None	2 days, 40 minutes	Training Assistant
3. Claim certificate	3. Issue certificate	None	10 minutes	Training Assistant
<b>TOTAL:</b>		<b>None</b>	<b>3 days</b>	



## 10. ISSUANCE OF CERTIFICATE OF ON-THE-JOB TRAINING/ ALLIED MEDICAL INTERNSHIP/WORK IMMERSION

Students who have successfully complied and completed their training/rotation shall be given the certificate.

<b>Office or Division:</b>	Professional Education Training and Research Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Senior High School, Allied Medical & Non-Medical students			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Daily time record signed by supervisors		Senior High School, Allied Medical and Non-Medical students		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring required document to PETRO Office	1. Receive requirements and check for completeness	None	10 minutes	Training Assistant
2. Request for the certificate through "PETRO Certificate Request Logbook" 2.1. Wait to be notify that requested certificate is available for release	2. Have the students log in the "PETRO Certificate Request Logbook" 2.1. Prepare the certificate 2.2. Sign by the Chief PETRO/Training Specialist and then dry-seal 2.3. Notify once Certificate is available for release	None	2 days	Training Assistant
3. Proceed to PETRO office and present notification of availability of request	3. Issue students a charge slip and instruct to pay at the cashier.	Php 50.00	10 minutes	Training Assistant

4. Receive the charge slip and proceed to cashier and pay the amount due.	4. Wait for student to settle amount due	None	<i>(clock paused)</i> Depends on queue at the cashier	Cashier
5. Return to PETRO Office and present proof of payment.	5. Receive proof of payment	None	10 minutes	Training Assistant
6. Received requested On-the-Job Training/ Internship/ Work Immersion Certificate with signature and dry seal.	6. Issue Certificate	None	10 minutes	Training Assistant
<b>TOTAL:</b>		<b>None</b>	<b>2 days and 40 minutes</b>	

## 11. ISSUANCE OF BILLING STATEMENT

A standard rate of fees shall be collected from affiliating students from various disciplines directed by the A.O. No. 5-A s. 1996 (Revised policies, procedures and guidelines governing affiliation and training of students in the Department of Health hospitals and other government health facilities)

<b>Office or Division:</b>		Professional Education Training and Research Office		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C- Government to Citizen		
<b>Who may avail:</b>		Allied, Nursing, Clinical Psychology (Undergraduate, M.A., PhD), Medical Clerks and Medical Students		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		None		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Secure billing statement	1. Issue billing statement	None	10 minutes	Training Assistant
2. Pay at the cashier	2. Collect payment and issue official receipt	Depends upon the billing statement	10 minutes	Cashier-on-duty
3. Verify official receipt of payment and submit copy to Petro Office	3. Received copy of Official Receipt	None	10 minutes	Training Assistant
<b>TOTAL:</b>		As per Billing Statement	<b>30 minutes</b>	

## 12. ANSWERING COMPLAINTS FILED VIA 8888 CONTACT CENTER NG BAYAN

The Legal Office is available from Monday to Friday except on Holidays, 8:00 am to 5:00 pm.

<b>Office or Division:</b>		Legal Office		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		Active Employees of Batangas Medical Center		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Copy of complaints			Hotline 8888, DOH Region 4A, DOH Central Office	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Forward complaint thru email	Accept the complaint	None	5 minutes	Legal Assistant
Received reply	Collection of details of the incident from the concerned department and transmits the reply to the complainant/ agency.	None	3 days	Attorney
<b>TOTAL:</b>		None	<b>3 days and 5 minutes</b>	

### 13. ISSUANCE OF LEGAL ADVICE

The Legal Office is available from Monday to Friday except on Holidays, 8:00 am to 5:00 pm. It primarily renders legal advice and document review.

<b>Office or Division:</b>		Legal Office		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C- Government to Citizen		
<b>Who may avail:</b>		Active Employees of Batangas Medical Center (BATMC)		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
ISSUANCE OF LEGAL ADVICE (Verbal and Written) <ol style="list-style-type: none"> <li>1. Details of the incident/event</li> <li>2. Documents that will justify the case</li> </ol>		- Client - Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. File the questions/concerns.	Accept the queries	None	2 minutes	Legal Assistant
2. Claim of resolution	Resolve the questions	None	3 days	Attorney
<b>TOTAL:</b>		None	<b>3 days and 2 minutes</b>	



## 14. PROCESS IN REVIEWING CONTRACTS

The Legal Office is available from Monday to Friday except on Holidays, 8:00 am to 5:00 pm. It primarily renders legal advice and document review.

<b>Office or Division:</b>		Legal Office		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C- Government to Citizen		
<b>Who may avail:</b>		Active Employees of Batangas Medical Center (BATMC)		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Contracts to be reviewed		- Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Forward the contracts	Accept and review the contracts.	None	7 days	Legal Assistant
2. Claim the reviewed contracts with comments.	Forward the contracts to the sender/client	None	2 minutes	Attorney
<b>TOTAL:</b>		None	<b>7 days and 2 minutes</b>	



## **OFFICE OF THE MEDICAL CENTER CHIEF INTERNALSERVICES**

## 15. ISSUANCE OF CERTIFICATE OF COMPLETION FOR RESIDENCY TRAINING

Upon satisfactory completion of the residency training and after having complied with the requirements of the program, a certificate of training will be given to the resident trainee.

<b>Office or Division:</b>	Professional Education Training and Research Office			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Graduate Residents			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Residency Training Endorsement Form		Clinical Department		
2. Evaluation Form		Clinical Department		
3. Finished Research manuscript, three (3) hard bind copies of completed research		Graduate Residents		
4. Soft copy of completed research		Graduate Residents		
5. Clearance Form No. 7 Revised 2018		Professional Education Training and Research Office (PETRO)		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring required documents for checking of completeness	1. Receive requirements and check for completeness	None	10 minutes	Training Assistant
2. Receive a copy of the dry-sealed Certificate of Completion with signature of Department Head, Chief PETRO and MCC.	2. Prepare certificate	None	10 minutes	Training Assistant
	3. Signed certificate by the department head, Chief PETRO and MCC.		6 days, 4 hours and 40 minutes	Dept. Chair, Chief PETRO, MCC II
	4. Dry seal the certificate.		10 minutes	Training Assistant
<b>TOTAL:</b>		<b>None</b>	<b>7 days</b>	

## 16. APPLICATION FOR POST RESIDENCY DEPLOYMENT

Administrative Order No. 2015-0021 dated May 11, 2015 (Guidelines on the Deployment of Physicians Graduating from Residency Training Programs in department of Health - Retained Teaching and Training Hospitals)

Post Residency Deployment Program - aims to improve distribution of medical residents by deploying them in government hospitals that are in dire need of specialist services for a period of at least one year.

<b>Office or Division:</b>		Professional Education Training and Research Office		
<b>Classification:</b>		Highly Technical		
<b>Type of Transaction:</b>		G2C- Government to Citizen		
<b>Who may avail:</b>		Graduate Residents		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1.Finished Research Paper 2.Deployment Matrix		1. Graduate Residents 2. Clinical Department		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill-up the Post Residency Deployment Matrix 6 months prior to deployment	1. Receive and Submit to Center for Health Development (CHD) and DOH Central	None	10 days	Training Assistant Chief PETRO MCC II CHD DOH Central
.1.1.1. Bring required documents for checking of completeness	2. Receive requirements and check for completeness 2.1. Endorse to CHD and DOH Central	None	1 day	Training Assistant
<b>TOTAL:</b>		<b>None</b>	<b>11 days</b>	

## 17. REQUEST FOR SYSTEMS ADMINISTRATION

Service Requests for checking, correction, modification and update of BatMC information systems and database (IHOMIS, ENGAS, INVENTORY SYSTEM, HOSPITAL BENEFIT SYSTEMS)

<b>Office or Division:</b>		Integrated Hospital Operations Management Program Unit		
<b>Classification:</b>		Simple – Highly Technical		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		BatMC System Users		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Service Request Form/Log Book		BatMC IHOMP		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out 2 copies of Service Request Form and Log Book	1. Assess and approve/disapprove request	None	5 minutes	IHOMP Personnel
2. Get Requestor's Copy of SRF	2. Process Request/ (Coordinate with other stakeholders if needed)	None	5 minutes to 1 month (depending on complexity of transaction)	IHOMP Personnel
3. Informed re: Status of Request	3. Inform the requestor of the result	None	5 minutes	IHOMP Personnel
<b>TOTAL:</b>		None	1 month and 10 minutes	

## 18. CORRECTIVE MAINTENANCE

Service Requests for repair of ICT equipment including computers, laptops and printer

<b>Office or Division:</b>		Integrated Hospital Operations Management Program Unit		
<b>Classification:</b>		Simple – Highly Technical		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		BatMC Employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Service Request Form/Log Book		BatMC IHOMP		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Bring ICT Equipment to IHOMP Unit	1. Receive Equipment	None	5 minutes	IHOMP Personnel
2. Fill out 2 copies of Service Request Form and Log Book	2. Assess and approve/disapprove request	None	5 minutes	IHOMP Personnel
3. Get Requestor's Copy of SRF	3. Process Request	None	1 day - 2 weeks (depending on complexity of transaction and availability of parts)	IHOMP Personnel
4. Informed re: Status of Request	4. Inform the requestor of the result	None	5 minutes	IHOMP Personnel
<b>TOTAL:</b>		None	2 weeks and 15 minutes	

## 19. TECHNICAL ASSISTANCE

Service Requests for simple problems in ICT equipment and network including software and configuration issues

<b>Office or Division:</b>		Integrated Hospital Operations Management Program Unit		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		BatMC Employees		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Service Request Form/Log Book			BatMC IHOMP	
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill out 2 copies of Service Request Form and Log Book	1. Assess and approve/disapprove request	None	5 minutes	IHOMP Personnel
2. Get Requestor's Copy of SRF	2. Process Request	None	5 minutes - 2 days (depending on complexity of transaction)	IHOMP Personnel
3. Informed re: Status of Request	3. Inform the requestor of the result	None	5 minutes	IHOMP Personnel
<b>TOTAL:</b>		None	2 days and 10 minutes	

## 20. NETWORK CONNECTIONS

Service Requests for installation of network cabling for telephone and data connection from end-user to server room

<b>Office or Division:</b>		Integrated Hospital Operations Management Program Unit		
<b>Classification:</b>		Simple – Highly Technical		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		BatMC Employees		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Service Request Form/Log Book			BatMC IHOMP	
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill out 2 copies of Service Request Form and Log Book	1. Assess and approve/disapprove request	None	5 minutes	IHOMP Personnel
2. Get Requestor's Copy of SRF	2. Process Request/ Request Assistance from EFM	None	1 day – 1 month (depending on Distance from source to destination, EFM Schedule, availability of materials and work environment issues)	IHOMP Personnel/ EFM Personnel
3. Informed re: Status of Request	3. Inform the requestor of the result	None	5 minutes	IHOMP Personnel
<b>TOTAL:</b>		None	1 month and 10 minutes	



## 21. PROGRAM DEVELOPMENT/MODIFICATION

Service Requests for creation of new modules, systems or program and/or modification of existing modules to include additional functions and reportorial requirements

<b>Office or Division:</b>		Integrated Hospital Operations Management Program Unit		
<b>Classification:</b>		Simple – Highly Technical		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		BatMC Employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Service Request Form/Log Book		BatMC IHOMP		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out 2 copies of Service Request Form and Log Book	1. Assess and approve/disapprove request	None	5 minutes	IHOMP Personnel
2. Get Requestor's Copy of SRF	2. Process Request (Coordinate with other stakeholders if needed e.g. Policy and standardization / pilot testing/ end-user's training/ implementation monitoring )	None	1 week – 1 year (depending on complexity of requested program/design)	IHOMP Personnel
3. Informed re: Status of Request	3. Inform the requestor of the result	None	5 minutes	IHOMP Personnel
<b>TOTAL:</b>		None	1 year and 10 minutes	

## 22. USER ACCOUNT MANAGEMENT/END-USER'S TRAINING

Service Requests for creation of new or renewal of user account, and provision of end-user's training/retraining if needed.

<b>Office or Division:</b>	Integrated Hospital Operations Management Program Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	BatMC Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Service Request Form/Log Book System User's Agreement Non-Disclosure Agreement		BatMC IHOMP BatMC IHOMP BatMC HR Management Office		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out 2 copies of Service Request Form and Log Book	1. Assess and approve/disapprove request (must check with HR with regards to employment status and validity of licenses if applicable)	None	5 minutes – 1 hour	IHOMP Personnel
2. Get Requestor's Copy of SRF	2. Process Request	None	5 minutes – 2 days	IHOMP Personnel
3. Informed re: Status of Request	3. Inform the requestor of the result	None	5 minutes	IHOMP Personnel
<b>TOTAL:</b>		None	2 days, 1 hour and 10 minutes	

## 23. SYSTEM LIBRARY UPDATE

Service Requests for input/update of system library including description of items (eg. drugs and medicine, medical and surgical supplies, miscellaneous) and procedures and its corresponding details and prices

<b>Office or Division:</b>	Integrated Hospital Operations Management Program Unit			
<b>Classification:</b>	Simple - Complex			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	BatMC Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Service Request Form/Log Book Copy of letter to MCC with duly noted by Price Committee Chair and MCC		BatMC IHOMP		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out 2 copies of Service Request Form and Log Book	1. Assess and approve/disapprove request	None	5 minutes	IHOMP Personnel
2. Get Requestor's Copy of SRF	2. Process Request (Coordinate with other stakeholders for standardization if needed)	None	5 minutes – 2 weeks (depending on the complexity of transaction)	IHOMP Personnel
3. Informed re: Status of Request	3. Inform the requestor of the result	None	5 minutes	IHOMP Personnel
<b>TOTAL:</b>		None	2 weeks and 10 minutes	



## **MEDICAL SERVICE DIVISION**

### **External Services**



	1.3. Fill-up Recommendation form and submit to CMPS within the prescribed time.		14 days	Department Chairman
	1.4. If the chair recommends the application, forward to OMCC for final approval		2 days	Administrative Assistant I
	1.5. Submit application and applicable forms to HRMO			Administrative Assistant I
2. Wait for schedule of Selection Board	3. HRMO will contact the physician for the schedule of Selection Board	None	2 days	Administrative Assistant II
<b>TOTAL:</b>		None	19 days and 30 minutes	

## 25. DEPARTMENT OF ANESTHESIOLOGY TELE OPD FOR PREOPERATIVE EVALUATION

Consultation of patients referred for preoperative evaluation prior to elective surgery

<b>Office or Division:</b>	BatMC Department of Anesthesiology			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	People referred for preoperative evaluation			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient's Chart 2. Accomplished Referral Form 3. Consent for TeleOPD 4. Laboratory examination results, imaging studies, other diagnostics (if applicable)		OPD Room 1 Referring Department Out Patient Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Referring Department will inform Anesthesia Department regarding their referral via phone call	None	5 minutes	Resident of the referring department
None	2. Referring departments shall accomplished a referral form with complete patient details ( <i>name, age, sex, contact number, Facebook account, contemplated procedure and schedule of operation, COVID status</i> ) 3. Attached signed consent for telemedicine form, most recent diagnostic results,	None	20 minutes	Resident of the referring department

	updated medical clearances if necessary, other patient information deemed necessary, and submit to OPD Room 1 for attachment to patient's chart			
None	4. OPD Room 1 Staff shall tag submitted chart as for referral to Anesthesia Dept.	NONE	5 minutes	OPD Room 1 Staff
None	5. every Monday and Friday at 8:00 am, the anesthesiologist-in-charge will retrieve the compiled charts of referred patients from the OPD Room 1	NONE	1 hour	Anesthesiology resident-in-charge
1. The patient shall make himself/herself available from 9:00am-12:00nn on the nearest Monday or Friday from his/her last consult with the referring department	6. anesthesiologist-in-charge will call the patients one at a time using the contact details provided and proceed with the consultation a. if additional diagnostic examinations and/or referrals to other departments are deemed necessary, the anesthesiologist shall furnish a soft copy of the examination request, which shall be sent to the patient via FB messenger and inform both the	NONE	1 hours	Anesthesiology resident-in-charge



	<p>patient and the OPD of the need for referral. The OPD shall then tag the chart as “for referral to _____ service” and inform that department of the referral</p> <p>b. if no additional examinations or referrals are necessary, the anesthesiologist shall write “May admit as scheduled by the primary service” to the patient’s chart and inform the OPD for proper tagging</p>			
None	7. The anesthesiologist shall compile all patient charts handled during the day and submit those to the OPD for recordkeeping	NONE	30 minutes	Anesthesiology resident-in-charge
<b>TOTAL</b>		<b>NONE</b>	<b>3 hours</b>	

## 26. DEPARTMENT OF ANESTHESIOLOGY TELE OPD FOR PAIN MANAGEMENT

Consultation of patients referred for Pain Management.

<b>Office or Division:</b>	BatMC Department of Anesthesiology			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	People referred for pain management			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient's Chart 2. Accomplished Referral Form 3. Consent for TeleOPD 4. Laboratory examination results, imaging studies, other diagnostics (if applicable)		OPD Room 1 Referring Department Out Patient Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.None	1. Referring Department will inform Anesthesia Department regarding their referral via phone call	None	5 minutes	Resident of the referring department
2.None	2. Referring departments shall accomplish a referral form with complete patient details ( <i>name, age, sex, contact number, Facebook account, contemplated procedure and schedule of operation, COVID status</i> ). Attached signed consent for telemedicine form, most recent diagnostic results,	None	20 minutes	Resident of the referring department

	updated medical clearances if necessary, other patient information deemed necessary, and submit to OPD Room 1 for attachment to patient's chart			
3.None	3. the OPD Room 1 shall tag the chart as "for referral to the Department of Anesthesiology for Pain Management" and compile this with other similarly tagged charts	None	5 minutes	OPD Room 1 Staff
4.None	4. every Tuesday and Thursday at 8:00 am, the anesthesiologist-in-charge will retrieve the compiled charts of referred patients from the OPD	None	1 hour	Anesthesiology resident-in-charge
5.The patient shall make himself/herself available from 9:00am-12:00nn on the nearest Tuesday or Thursday from his/her last consult with the referring department	5. The anesthesiologist-in-charge will call the patients one at a time using the contact details provided and proceed with the consultation a. If over-the-counter medications will be prescribed, the Anesthesiologist shall furnish a soft copy of the prescription, which shall be sent to the patient via	None	1 hour	Anesthesiology resident-in-charge

	Facebook messenger b. If there is a need to prescribe regulated drugs, the Anesthesiologist shall instruct the patient or his/her representative to claim the prescription at the Department of Anesthesia office at a set date and time.			
6.None	6. the anesthesiologist shall compile all patient charts handled during the day and submit those to the OPD for recordkeeping	None	30 minutes	Anesthesiology resident-in-charge
<b>TOTAL</b>		<b>NONE</b>	<b>3 hours</b>	

## 27. DEPARTMENT OF ANESTHESIOLOGY TELE OPD FOR FOLLOW UP CONSULTATION

Follow up consultation of patients referred.

<b>Office or Division:</b>	BatMC Department of Anesthesiology			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	People referred for pain management			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient's Chart 2. Accomplished Referral Form 3. Consent for TeleOPD 4. Laboratory examination results, imaging studies, other diagnostics (if applicable)		OPD Room 1 Referring Department Out Patient Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The patient seeking follow-up consult shall send a message to the Department of Anesthesiology cellphone number (09228883842) or Facebook page (Batmc Department of Anesthesiology)	1. The anesthesiology resident-in-charge shall schedule the patient for teleconsult on the nearest Monday or Friday for preoperative evaluation and Tuesday or Thursday for pain management	NONE	20 minutes	Anesthesiology resident-in-charge
2. None	2. Every Monday, Tuesday, Thursday, and Friday at 8:00 am, the Anesthesiologist-in-charge will retrieve from the OPD	NONE	1 hour	Anesthesiology resident-in-charge

	the charts of patients scheduled for teleconsult that day			
3. The patient shall make himself/herself available from 9:00am-12:00nn on the scheduled day of consult	3. The Anesthesiologist-in-charge will call the patients one at a time using the contact details provided and proceed with the consultation. Respective protocol for preoperative evaluation or pain management shall be followed as aforementioned	NONE	1 hour	Anesthesiology resident-in-charge
<b>TOTAL</b>		<b>NONE</b>	<b>2 hours 20 minutes</b>	

## 28. DEPARTMENT OF OTORHINOLARYNGOLOGY EMERGENCY ROOM CONSULATION

ENT Clinic offers quality care services to clients with ear, nose, throat, head and neck ailments. Clients will be assessed, diagnosed, treated and referred to other specialty if warranted.

<b>Office or Division:</b>		Department of Otorhinolaryngology		
<b>Classification:</b>		SIMPLE		
<b>Type of Transaction:</b>		G2C –GOVERNMENT TO CITIZEN		
<b>Who may Avail:</b>		All Patients with Urgent and Emergency Ear, Nose, Throat, Head and Neck Problems		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Signed Health Declaration Form 2. Emergency Room ENT Chart		1. Triage 2. Emergency Room Registration		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Triage	1. Signing of Health Declaration Form	None	5 minutes	Triage Officer
2. Vital signs inside the ENT clinic	2. Nurse on duty will take the client's vital sign (BP, height, weight, temperature, heart rate, respiratory rate)	None	5 minutes	Nurse on duty
3. Consultation	3. Doctor on duty will conduct a brief history taking and thorough physical examination and facilitate necessary diagnostic work-ups if needed.	None	20 minutes	ENT Doctor
4. ENT Procedures	4. ENT Doctors will conduct procedures if needed which includes but not limited to: – Emergency Tracheostomy – Foreign Body Removal (ears and nostril)	None None	1 hour	ENT Doctor

	<ul style="list-style-type: none"> <li>– Maxillofacial Trauma</li> <li>– Emergency Esophagoscopy for Foreign Body Ingestion and Extraction of FB</li> </ul>	None  None		
5. Disposition  The procedure will end once the disposition was properly accomplished.	5. ENT Doctors will determine the disposition of the patient as the result of the examination. If non-admissible, treat and send home with proper instructions of medications and follow up visits. If admissible, clients will be admitted and transferred to ward.  RT-PCR test for SARS-NCOV may be required for all admissions. Admissions are subject to bed availability and surgeries are limited to services offered.	None	30 minutes	ENT Doctor
<b>TOTAL:</b>		None	<b>2 hours</b>	



## 29. DEPARTMENT OF OTORHINOLARYNGOLOGY ONLINE CONSULTATION

During this time of pandemic, The Batangas Medical Center Department of Otolaryngology- Head and Neck Surgery will render its services to patients with ears, nose, throat, head and neck condition through online consultation.

In line with this, the Department aims to provide utmost care to our patients. Patients will be assessed and treated accordingly. Patients will also be scheduled for physical consult at BATMC ENT OPD or Emergency Room if warranted.

<b>Office or Division:</b>	Department of Otorhinolaryngology			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C –GOVERNMENT TO CITIZEN			
<b>Who may avail:</b>	All Patients with Ears, Nose, Throat, Head and Neck Problems			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Facebook Online Consult		Facebook Page: ENT-HNS BATMC		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Online consultation through Facebook messenger of the Department	1. Doctor who is assigned for the day will accommodate ENT-HNS consults.	None	15 minutes	Doctor on call for the day
2. Consultation	2. ENT consultant on duty will conduct history taking and assessment of the patient. The Doctor may require picture of the patient's complaint if possible.	None	15 minutes	Otolaryngologist
3. Disposition  The consultation will end once the disposition is	3. ENT Consultant on duty will determine the disposition of the patient as the result of the consultation.	None	15 minutes	Otolaryngologist

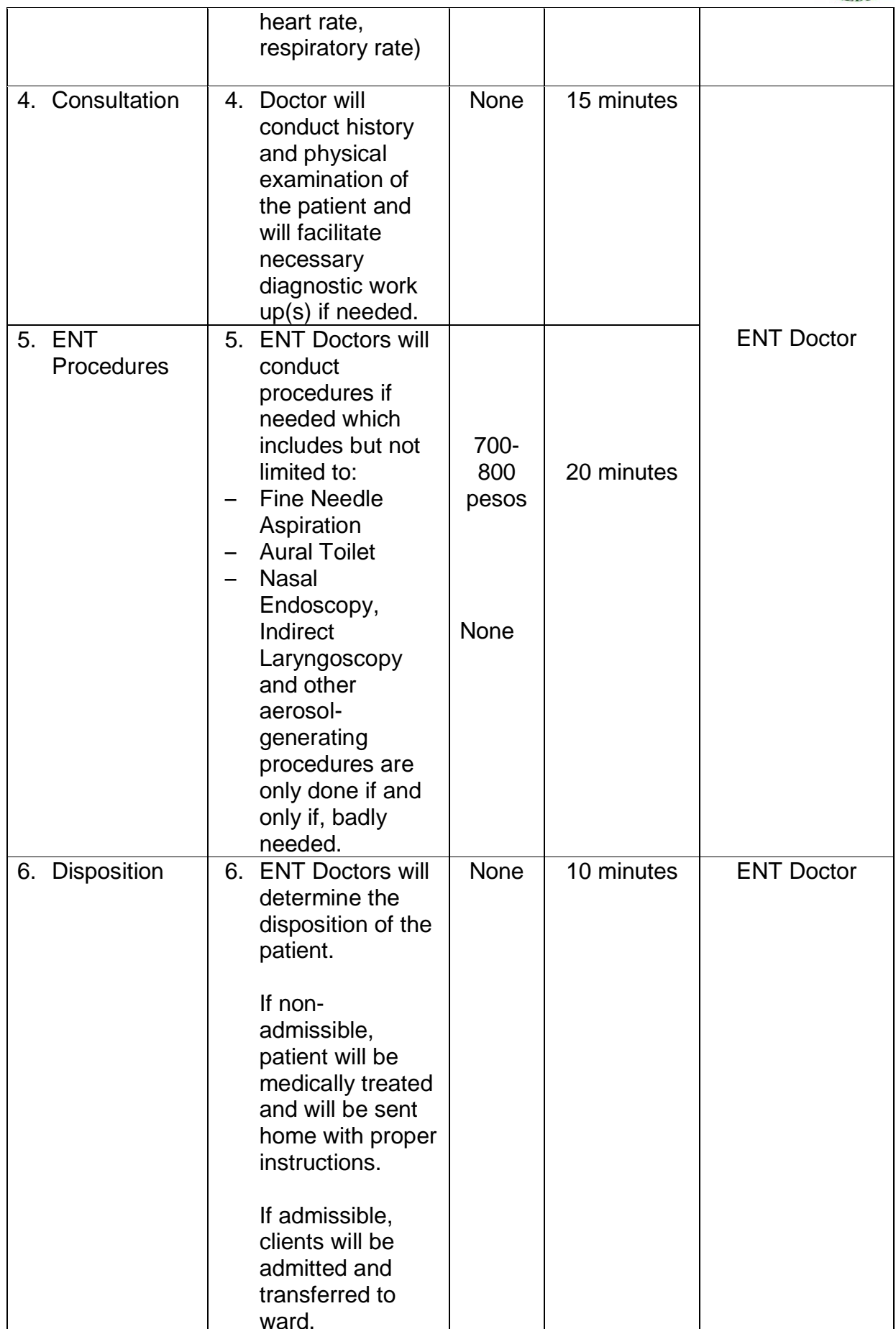
properly accomplished	<p>If non-urgent, medical prescription will be given online with proper instructions. Online follow up will also be scheduled</p> <p>If urgent, patients will be scheduled for physical consultation at Batangas Medical Center Department of ENT-HNS OPD for further evaluation and management. In case of emergency, patients will be referred to the emergency room.</p> <p>The Department is maximizing and utilizing all efforts to medically manage patients on an outpatient basis so as to minimize possible admission of patients. Attending physician is also doing online follow-ups on patients.</p>			
<b>TOTAL:</b>		None	45 minutes	

### 30. DEPARTMENT OF OTORHINOLARYNGOLOGY OPD CONSULTATION

ENT Clinic offers quality care services to clients with ear, nose, throat, head and neck ailments. Clients will be assessed, diagnosed, treated and referred to other specialty if warranted. ENT clearance for employment will also be accommodated.

During this pandemic, we are following the BATMC OPD Guidelines. Our clinic is open on Tuesdays and Thursdays, 1-3 PM. We are only accommodating 3 patients who have made appointments through our Facebook page and 2 walk-in patients. We are maximizing our online consults to ensure less exposure for COVID-19, of both patients and medical staff.

<b>Office or Division:</b>		Department of Otorhinolaryngology		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C –GOVERNMENT TO CITIZEN		
<b>Who may avail:</b>		Only 3 patients with appointments and 2 walk-ins are accommodated in the OPD.		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Signed Health Declaration Form 2. OPD ENT Chart			1. Triage 2. OPD Registration Room	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to OPD Triage on schedule check up	1. Patients scheduled for the day will be given a Health Declaration Form to be filled up and will be screened by the triage physician	None	10 minutes	Doctor on call for the day
2. OPD Registration at Room 1 (Patients with appointment)	2. Chart from registration room will be received by Nurse/Secretary in Room 19	None	10 minutes	OPD Registration Personnel/Nurse /Secretary
3. Vital signs inside the ENT clinic	3. ENT nurse will take the client's vital sign (BP, height, weight, temperature,	None	5 minutes	ENT Nurse



	<p>RT-PCR test for SARS-NCOV may be required for all admissions.</p> <p>Admissions are subject to bed availability and surgeries are limited to services offered.</p> <p>(The Department is maximizing and utilizing all efforts to medically manage patients on an outpatient basis so as to minimize possible admission of patients. Attending physician is also doing online follow-ups on patients.)</p>			
<b>TOTAL:</b>			55 minutes- 1 hour	

### 31. DEPARTMENT OF OPHTHALMOLOGY EMERGENCY ROOM CONSULTATION

Ophthalmology Clinic offers excellent and quality care services to patients with a multivarious eye conditions to preserve sight and improve the quality of life. Ophthalmology patients will be assessed, diagnosed and treated accordingly. Subspecialty referral will be made if warranted.

<b>Office or Division:</b>		Department of Ophthalmology		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C –GOVERNMENT TO CITIZEN		
<b>Who may avail:</b>		All Patients with Urgent and Emergency Eye Problems		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Signed Health Declaration Form 2. Emergency Room Ophthalmology Chart		1. Triage 2. Emergency Room Registration		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Wait at Ophtha Cubicle at the Emergency Room for Consultation	1. Ophthalmology consultant/resident on duty will conduct a concise history taking and appropriate eye examination and facilitate necessary diagnostic work up(s) if needed.	None	10 minutes	Ophthalmologist

None	<p>2. Ophthalmic procedures will be done as necessary which includes but not limited to:</p> <ul style="list-style-type: none"> <li>– Repair of eyelid laceration</li> <li>– Repair of corneal/scleral laceration</li> <li>– Enucleation</li> </ul> <p><i>Ophthalmic surgical emergencies are prioritized</i></p>	None	20 minutes	Ophthalmologist
<p>2. Understand the disposition being given by the attending physician.</p> <p><i>The procedure will end once the disposition is properly accomplished</i></p>	<p>3. Ophthalmology consultant/ resident on duty will determine the disposition of the patient after the examination.</p> <ul style="list-style-type: none"> <li>– If non-admissible, treat and send home with proper instructions of prescribed medications and follow up will be scheduled online unless physical follow up is necessary</li> <li>– If admissible, patients will be admitted, and appropriate diagnostics will be requested; referral to Internal Medicine will be done for evaluation prior transfer to ward.</li> <li>– RT-PCR test for</li> </ul>	None	5 minutes	Ophthalmologist

	<p>SARS-NCOV may be required for all admissions</p> <p>– (Admissions are subject to bed availability and surgeries are limited to services offered)</p>			
<b>TOTAL:</b>		None	<b>35 minutes</b>	



## 32. DEPARTMENT OF OPHTHALMOLOGY ONLINE CONSULTATION

During this time of pandemic, The Batangas Medical Center Department of Ophthalmology will render its services to patients with eye condition through online consultation. In line with this, the department aims to provide eye care, preserve sight and improve the quality of life of our patients. Ophthalmology patients will be assessed and treated accordingly. Patients will also be scheduled for physical consult at BATMC Ophthalmology OPD or Emergency Room if warranted.

<b>Office or Division:</b>		Department of Ophthalmology		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C –GOVERNMENT TO CITIZEN		
<b>Who may avail:</b>		All Patients with Eye Problems		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Facebook Online Consultation Appointment Online Consent Form			Facebook Page: Batangas Medical Center Department of Ophthalmology	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Booking of online appointment via Facebook Page: Batangas Medical Center Department of Ophthalmology	1. Automated message of schedule and limitation of consult	None	1 minute	Auto Reply
2. Fill up online consent form	2. Ophthalmology consultant/Resident on duty online will send a consent form to be filled up by the patient	None	5 minutes	Ophthalmologist
3. Online Consultation Proper	3. Ophthalmology consultant/resident on duty online will conduct history taking and assessment of	None	15 minutes	Ophthalmologist

	the patient. Ophthalmologist may require pictures of affected eye.			
4. Understand the disposition being given by the attending physician.  <i>The consultation will end once the disposition is properly accomplished.</i>	4. Ophthalmology consultant/resident on duty will determine the disposition of the patient as the result of the consultation.  – If non-urgent, medical prescription will be given online with proper instructions. Online follow up will also be scheduled  – If urgent, patients will be scheduled for physical consultation at Batangas Medical Center Department of Ophthalmology OPD for further evaluation and management. In case of emergency, patients will be referred to the emergency room.	None	9 minutes	Ophthalmologist
<b>TOTAL:</b>		None	<b>30 minutes</b>	

### 33. DEPARTMENT OF OPHTHALMOLOGY OPD CONSULTATION

Ophthalmology Clinic offers excellent and quality care services to clients with a multivarious eye conditions to preserve sight and improve the quality of life. Ophthalmology patients will be assessed, diagnosed and treated accordingly. Subspecialty referral will be made if warranted.

During this pandemic we are following the BATMC OPD Guidelines. Ophthalmology OPD clinic will be open every Monday, Wednesday and Friday, 1 pm – 3 pm and will cater 10 patients per clinic day, prioritizing urgent cases. This is to ensure that patient's concerns will be addressed while ensuring the safety of the patients, physician on duty and other healthcare workers present in the OPD.

<b>Office or Division:</b>	Department of Ophthalmology			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C –GOVERNMENT TO CITIZEN			
<b>Who may avail:</b>	All Patients with Eye Problems (Urgent Cases, Recent Post Op Cases) By Appointment			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Scheduled Appointment		1. Facebook Page: Batangas Medical Center Department of Ophthalmology		
2. Signed Health Declaration Form		2. Triage		
3. OPD Ophthalmology Chart		3. OPD Registration Room		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to ER Triage for Patient screening	1. Patients scheduled for the day will be given a Health Declaration Form to be filled up and will be screened by the triage physician	None	10 minutes	Triage Nurse/Physician
2. Line up at OPD Room 1 for Patient Registration	2. Chart from registration room will be received by Nurse/ Nursing Attendant at Room 6.	None	10 minutes	OPD Registration/ Nurse/ Nursing Attendant

3. Wait for nurse assigned to call you for Vital signs; done outside the Ophthalmology Clinic.	3. Ophtha nurse/ nursing attendant will take the patient's vital sign (BP, height, weight, temperature, heart rate, respiratory rate)	None	5 minutes	OPD Registration/ Nurse/ Nursing Attendant
4. Consultation Proper	<p>4. Once the patient's name is called Ophthalmology consultant/resident on duty will conduct the patient's history taking and visual acuity, slit-lamp examination and will facilitate necessary diagnostic work up(s) if needed.</p> <p><i>If the patient is advised surgery:</i>  <i>For patients under 18 years old,</i>            Pediatric Clearance will be required;            diagnostic tests will be requested including Complete Blood Count and Platelet Count, Urinalysis and Chest X-Ray.  <i>For patients above 35 years old,</i>            Internal Medicine Clearance will be required;            diagnostic work up includes Chest</p>	None	15 minutes	Ophthalmologist

	<p>X-Ray, Complete Blood Count and Platelet Count, ECG, Blood Chemistry and Biometry, (in Cataract Cases).RT-PCR may be required to all clients for surgery</p> <p><i>If the patient complains of high blood pressure, dizziness, drowsiness, chest pain, etc. they will be referred to the Emergency Room for further evaluation prior to Ophthalmic Consultation.</i></p>			
5. Procedures Proper	<p>5. Ophthalmic procedures will be done as necessary which include but not limited to:</p> <ul style="list-style-type: none"> <li>– Slit lamp examination of the external eye and anterior segment</li> <li>– Removal of sutures</li> <li>– Removal of corneal/scleral/ conjunctival foreign body</li> <li>– Tonometry (subject to availability of the equipment)</li> <li>– Fundoscopy (only indirect</li> </ul>	None	20 minutes	Ophthalmologists

	<p>fundoscopy, subject to lens availability)</p> <p>– Refraction (not implemented as of now)</p> <p><i>(Ophthalmic emergency cases that may require surgery are prioritized)</i></p> <p><i>Minor surgeries or elective ophthalmic surgeries are not offered as of now. (Incision &amp; curettage of chalazion, cataract surgery, excision of pterygium, etc.)</i></p>			
<p>6. Understand the disposition being given by the attending physician.</p> <p><i>The procedure will end once the disposition is properly accomplished</i></p>	<p>6. Ophthalmology consultant/resident on duty will determine the disposition of the patient as the result of the examination.</p> <p><i>If non-admissible, treat and send home with proper instructions of prescribed medications; follow up will be scheduled online unless physical follow up is necessary</i></p> <p><i>If admissible, clients will be admitted, and</i></p>	None	5 minutes	Ophthalmologist

	<p>appropriate diagnostics will be requested; referral to Internal Medicine will be done for evaluation prior transfer to ward. RT-PCR test for SARS-NCOV maybe required for all admitted patients <i>(Admissions are subjected to bed availability and limited to surgical procedures offered)</i></p>			
<b>TOTAL:</b>		None	<b>65 minutes</b>	

### 34. DEPARTMENT OF INTERNAL MEDICINE ONCOLOGY CLINIC CHEMOTHERAPY

**ONCOLOGY CLINIC** provides possible treatment to diagnosed clients, be both curative or palliative. Awareness of the disease is promoted through educational campaign and health teachings which also help clients and families cope with the disease. Same day care without being admitted is offered.

<b>Office or Division:</b>		Department of Internal Medicine		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		Cancer Patients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		none		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Log In to Facebook- Proceed to internal Medicine BatMC Page 10am -12 noon	1. None	None	2 minute	Patient
2. Fill up Consent for online consultation	2. Secure Consent prior consultation	None	3 minutes	Medical Resident
3. Thru messenger, key in current medical concern	3. Answer oncological inquiries from 10:00AM to 12:00NN <i>History and evaluation of diagnostic examination results</i>	None	15 minutes	Medical Resident
4. Consultation and Disposition for telehealth consultation	4. Follow-up 4.1. Schedule for Physical Consult if necessary. 4.2. Schedule for chemotherapy.	None	10 mins	Medical Resident
5. If for physical	5. .Assess for	None	3 minutes	Triage Staff



consultations/ chemotherapy Proceed To OPD triage on appointment day	signs and symptoms of COVID 5.1. 1a. If with symptoms proceed to ER-tent 5.2. 1b. If no symptoms proceed to Waiting Area			
6. Proceed to waiting area, at the OPD lobby	6. Receiving of client's chart from Room 1 Personnel Vital Signs check	None	5 mins	Onco Nurse
7. Waiting for patients turn for consultation	7. None	None	15 minutes	Onco Nurse
8. Consultation with Oncology Consultant/ OncoRotator	8. Consultation 8.1. Physical Examination, Evaluation of diagnostic results 8.2. Giving of prescriptions and Diagnostic requests 8.3. Referral to other service or department 8.4. Follow up scheduling 8.5. If for chemo- therapy: Preparation of written orders (Chemothera py Flowsheet)	None	30 minutes	Oncologist/ Onco Rotator
9. If for Chemotherapy- signing of	9. Discuss Chemotherapy medications	None	3 minutes	Doctor/Onco nurse

consent	and side effects. Giving out of prescriptions to client's relative			
10. Proceed to Room 7	10. For Philhealth availment verification and stamping. Receiving of duly stamped prescriptions	None	15 Minutes	Philhealth officer
11. Proceed to ER Pharmacy	11. Receiving of chemo drugs and supplies from Pharmacy	depends on the drugs prescribed and Philhealth membership	5 mins.	Onco Pharmacist
12. Proceed To Chemotherapy Room	12. Preparation of properly checked chemo drugs. Checking and administration of properly prepared chemo drugs	none	15 mins.	Client Onco Nurse
	12.1. Monitoring of clients	none	5 mins.	Onco Nurse Onco Pharmacist
		none	3 mins.  while with ongoing chemotherapy	Onco Nurse
13. Processing of Hospital Bill	13. Recording of charges accumulated by the client	none	3 mins.	Onco Nurse
	13.1. Completion of Philhealth Claim Form 4 (CF4)	none	5 mins.	Onco Rotator

14. Proceed to Billing window	14. Release of final bill	None	15 minutes	Staff
15. Discharge(Proceed to oncoclinic)	15. Giving out of health and home instructions and schedule of next visit	none	3 mins.	Onco Nurse
	Recording of time discharge	none	3 mins.	Onco Nurse
<b>TOTAL:</b>		depends on the drugs prescribed and Philhealth membership	2 hours and 38 minutes	

### 35. DEPARTMENT OF INTERNAL MEDICINE ONCOLOGY CLINIC - CHEMOTHERAPY

ONCOLOGY CLINIC provides possible treatment to diagnosed clients, be both curative or palliative. Awareness of the disease is promoted through educational campaign and health teachings which also help clients and families cope with the disease. Same day care without being admitted is offered.

<b>Office or Division:</b>		Department of Internal Medicine		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		Cancer Patients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Log In to Facebook- Proceed to internal Medicine BatMC Page 10am -12 noon	1. None	None	2 minute	Patient
2. Fill up Consent for online consultation	2. Secure Consent prior consultation	None	3 minutes	Medical Resident
3. Thru messenger, key in current medical concern	3. Answer oncological 12:00NN inquiries <i>History and evaluation of diagnostic examination results</i>	None	15 minutes	Medical Resident
4. Consultation and Disposition	4. Discuss current oncological problem and consideration/s 4.1. Give prescription and or request for laboratory	none	10 mins	Medical Resident

	4.2. Follow-up 4.3. Schedule for follow-up online consultation 4.4. Schedule for Physical Consult if necessary. 4.5. schedule for chemotherapy.			
<b>TOTAL:</b>		None	<b>30 minutes</b>	

### 36. DEPARTMENT OF INTERNAL MEDICINE CLINIC TELEHEALTH CONSULTATION

Provides Telehealth consultation and appointment date if necessary for patients' age 19 years old and above who has medical needs

<b>Office or Division:</b>		Department of Internal Medicine		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		Patients 19 years old and above		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Log In to Facebook- Proceed to internal Medicine BatMC Page 10am -12 noon	1. None	None	2 minute	Patient
2. Fill up Consent for online consultation	2. Secure Consent prior consultation	None	3 minutes	Medical Resident
3. Thru messenger, key in current medical concern	3. Answer medical inquiries from 10:00AM to 12:00NN <i>History and evaluation of diagnostic examination results</i>	None	15 minutes	Medical Resident
4. Consultation and Disposition	4. Discuss current medical problem and consideration/s 4.1. Give prescription and or request for laboratory 4.2. Schedule for Physical Consultation	none	10 mins	Medical Resident



<b>TOTAL:</b>	None	30 minutes	
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### 37. DEPARTMENT OF INTERNAL MEDICINE CLINIC OPD PHYSICAL CONSULTATION

Provides Physical consultation for patients' age 19 years old and above who has medical need.

<b>Office or Division:</b>	Department of Internal Medicine			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Patients 19 years old and above			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Hospital card OPD Medical Chart		OPD Registration Room		
	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Log In to Facebook- Proceed to internal Medicine BatMC Page 10am -12 noon	1. None	None	2 minute	Patient
2. Fill up Consent for online consultation	2. Secure Consent prior consultation	None	3 minutes	Medical Resident
3. Thru messenger, key in current medical concern	3. Answer medical inquiries from 10:00AM to 12:00NN <i>History and evaluation of diagnostic examination results</i>	None	15 minutes	Medical Resident
4. Consultation and Disposition	4. Discuss current medical problem and consideration/s 4.1. Give prescription and or request for laboratory 4.2. Schedule for Physical Consultation	none	10 mins	Medical Resident



5. Proceed To BatMC-OPD triage on appointment Day	5. 1.Assess for signs and symptoms of COVID 5.1. If with symptoms proceed to ER-tent 5.2. If no symptoms proceed to Waiting Area	None	3 minutes	Triage Staff
6. Proceed to waiting area, at the OPD lobby	6. Receiving of client's chart from Room 1 Personnel	none	5 mins	Nurse
7. Waiting for patients turn for consultation	7. Vital Signs check	None	30 minutes	
8. Consultation with IM resident physician	8. History and physical examination, evaluation of diagnostic examination results	None	15 mins	IM resident physician
9. Disposition	9. For Discharge 9.1. Giving of home medications, schedule of follow-up and other instructions to the patient. <i>For referral to other department/ subspecialty</i> 9.2. Complete of referral form and endorsement <i>For admission</i> 9.3. Endorsement to ER physician on duty	None	5 mins	IM resident physician
<b>TOTAL:</b>		None	<b>1 hours and 28 minutes</b>	

## 38. DEPARTMENT OF OBSTETRICS & GYNECOLOGY EMERGENCY ROOM CONSULTATION

Provides Emergency Room Consultation to obstetrics and gynecology patients.

<b>Office or Division:</b>		Department of Obstetrics and Gynecology		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		Pregnant and Gynecologic Patients		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
ERChart		ER Registration Window		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Answer Health Assessment Form for COVID 19 and undergo physical examination at triage	1. Giving Health Assessment Form. Doing brief history and physical examination and categorize patient.	None	10 minutes	Family Medicine Resident Nursing Personnel on duty
2. Registration at ER Information Window	2. Encoding of patient's information in the chart and retrieval of old charts if previously registered	None	15 minutes	Nursing Personnel on duty
3. Go to ER entrance for vital signs taking	3. Get vital signs, height, and weight.	None	5 minutes	Nursing Aid Personnel on duty
4. Proceed to ER Room 4	4. Interview to get the history and physical examination. Request diagnostics Ultrasound or CTG when indicated. Refer to OB Gyne consultant	None	1 hour	Ob-gyne Resident on duty
<b>TOTAL:</b>		None	<b>2 hours</b>	

### 39. DEPARTMENT OF OBSTETRICS & GYNECOLOGY CONSULTATION FOR OUT PATIENTS

Provides Consultation to obstetrics and gynecology patients.

<b>Office or Division:</b>		Department of Obstetrics and Gynecology		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		Pregnant and Gynecologic Patients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Scheduled appointment. OB Phone SMS confirmation OPD Chart		Triage Room 1 OPD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Setting appointment at Room 1	1. Encoding of patient's information in the chart for new patients and/or giving of retrieved old charts if previously registered.	None	5 minutes	OPD Room 1 Personnel
2. Go to OB Gyne Clinic 3. Room 5	2. Get vital signs, height, and weight. Categorize patient.	None	5 minutes	Nursing Personnel on duty
4. Proceed to the OB Gyne Clinic	3. Interview to get the history and physical Examination. Request diagnostics Ultrasound or CTG when indicated. Refer to OB Gyne consultant	None	20 minutes	Ob-gyne Resident on duty
<b>TOTAL:</b>		None	<b>2 hours</b>	

## 40. ISSUANCE OF MEDICO-LEGAL CERTIFICATE

The issuance of medico-legal certificate is available from Monday to Friday, except on holidays, from 8:00 am to 5:00 pm at the Medical Records section located at the 2<sup>nd</sup> floor, Out-patient department building of the Batangas Medical Center.

<b>Office or Division:</b>	Department of Surgery			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All patients for medico-legal			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<u>New patient</u>				
1. Filled out patient's information sheet		Information desk at the ER		
2. ER chart		Information desk at the ER		
3. Anatomical chart		Physician		
4. ONEISS chart		Physician		
5. Medico-legal certificate		Medical records		
<u>Old patient:</u>				
1. Hospital card		Patient		
2. ER chart		Information desk at the ER		
3. Anatomical chart		Physician		
4. ONEISS chart		Physician		
5. Medico-legal certificate		Medical records		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<u>New patient</u>	1. Issue ER chart	None	10 minutes	Triage
1. Secure and answer patient information sheet/slip				
<u>Old patient:</u>	2. History and Physical examination of the patient 2.1. Plotting of findings on the Anatomical chart 2.2. Filling-up of	None	30 minutes	Physician
1. Present hospital card at triage personnel				
2. History and Physical examination of the patient				

	<p>the ONEISS form</p> <p>2.3. Patients/relatives advised that medico-legal certificate will be available after 24 hours at the Medical records of the OPD department</p>			
	<b>Total</b>	<b>None</b>	<b>40 minutes</b>	

## 41. MEDICAL CONSULTATION AT THE TB DOTS CLINIC

TB DOTS clinic offers same day care to new and ambulatory (able to walk around) patients at the hospital. Patients are assessed, diagnosed, treated and are able to go home the same day, without being admitted into hospital overnight.

<b>Office or Division:</b>	TB DOTS CLINIC			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Ambulatory Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral forms from BatMC OPD Specialty Clinics/Private Clinics		BatMC OPD Specialty Clinics/Private Clinics		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. TB DOTS Clinic Registration	1. Referral form from the specialty clinic will be received by TB DOTS Nurse	None	5 minutes	TB DOTS Nurse
2. Consultation with TB DOTS Doctor	2. TB DOTS Doctor will conduct history and physical examination of the patient and will facilitate necessary diagnostic work up(s) if needed.	None	20 minutes	TB DOTS Doctor (MOIV)
3. Request for laboratory. For Sputum Gene Expert Study /DSSM/ TB Culture	3. TB DOTS Nurse will instruct the patient to proceed to sputum induction area and proper way of sputum collection.	None	10minutes	TB DOTS Nurse

<p>4. Follow up Consultation with TB DOTS Doctor</p>	<p><b>**Specimens are submitted TB Culture laboratory. Patient will follow up at the TB DOTS Clinic for the result.</b></p> <p>4. TB DOTS Doctor will determine the disposition of the patient:</p> <p>If for anti-koch's treatment, for surveillance and close follow up.</p> <p>If for enrollment to BatMC TB DOTS treatment or for referral to CHO, LGU and RHU for treatment and further management.</p>	<p>None</p>	<p>30minutes</p>	<p>TB DOTS Doctor</p>
<p>5. The procedure will end once the disposition was properly accomplished.</p>	<p>5. Fill-up the referral form address to other department for further evaluation and co-management if not suggested of TB infection</p>			<p>TB DOTS Nurse</p>
<p><b>TOTAL:</b></p>		<p><b>None</b></p>	<p><b>1 hour and 5 minutes</b></p>	

## 42. MEDICAL CONSULTATION AT THE FAMILY MEDICINE CLINIC

Family Medicine clinic offers same day care to new and ambulatory (able to walk around) patients at the hospital. Patients are assessed, diagnosed, treated and are able to go home the same day, without being admitted into hospital overnight.

<b>Office or Division:</b>		Department of Family and Community Medicine		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		Ambulatory Patients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
OPD Medical Chart		OPD Registration Room		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. OPD Registration at Room 1	1. Chart from registration room will be received by FM Nursing Attendant (NA) at Room 14	None	15 minutes	OPD Registration Personnel/ FM Nursing Attendant
2. Vital signs outside Rm. 14	2. FM NA will take the patient's vital sign (BP, height, weight, temperature, heart rate, respiratory rate)	None	5 minutes	FM Nursing Attendant
3. Consultation with FM Resident on Duty	3. Resident on Duty (ROD) will conduct history and physical examination of the patient and will facilitate necessary diagnostic work up(s) if needed.	None	45 minutes	FM Resident on Duty
4. Diagnostic request given to patients	4. FM Nurse will instruct the patient to	None	5 minutes	FM Resident on Duty



<p>5. Interpretation of official result</p> <p><i>The procedure will end once the disposition was properly accomplished.</i></p>	<p>proceed to respective sections (laboratory, radiology, ECG)</p> <p>5. FM ROD will determine the disposition of the patient: If non-admissible, treat and send home with proper instructions of medications and follow-up visit</p> <p>If admissible, fill-up the referral form address to other department for further evaluation and co-management.</p>	None	20 minutes	FM Nurse/Patient
<b>TOTAL:</b>		<b>None</b>	<b>1 hour and 40 minutes</b>	

### 43. MEDICAL CONSULTATION AT THE FAMILY MEDICINE E-CONSULT

Family Medicine E-Consult offers same day care to new patients seeking online consultation. Patients are assessed, diagnosed, treated or scheduled if a face to face consult is needed.

<b>Office or Division:</b>	Department of Family and Community Medicine			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Patients seeking consultation			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Accomplished consent form		DFCM FB Page		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patients to send a message at the DFCM Facebook page	1.Resident on Duty (ROD) will send the consent form to be filled up by the patient that includes the patient's general data.	None	5minutes	FM ROD
2.Consultation with FM Resident on Duty	2.Resident on Duty (ROD) will conduct history-taking and assessment of the patient.	None	30minutes	FM ROD
3.Disposition of the patient	3.FM ROD will determine the disposition of the patient: If not needing face to face consult, treat and give proper instructions of medications and	None	5 minutes	FM ROD

4.The procedure will end once the disposition was properly accomplished.	follow-up visit  4.If needing face to face consult, assist patient to secure appointment at FM OPD (Wednesdays and Fridays 9:00amto 12:00pm)			
<b>TOTAL:</b>		None	40 minutes	

## 44. MEDICAL CONSULTATION AT THE EMPLOYEES CLINIC (ONLINE)

Employee's clinic offers quality health care to our health care providers and staffs to protect them in the possible health hazards and to ensure that the workforce will be in their optimum well-being. Employees' health condition are assessed, diagnosed, treated and referred to other specialty if warranted. Medical Clearance for pre-employment, re-appointment and promotion are also accommodated.

<b>Office or Division:</b>	Employees Clinic			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All Qualified Employees of the Batangas Medical Center			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Accomplished consent form		BatMC Employees Clinic FB Page		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Employees to send a message at the Facebook page	1. Junior Consultant on Duty will send the consent form to be filled up by the employee that includes the patient's general data.	None	5 minutes	Junior Consultant on Duty
2. Consultation with Junior Consultant on Duty	2. Junior Consultant on Duty will conduct history-taking and assessment of the patient.	None	30 minutes	Junior Consultant on Duty
3. Disposition of the patient	3. Junior Consultant on Duty will determine the disposition of the patient: If not needing face to face consult, treat and give proper	None	5 minutes	Junior Consultant on Duty

4.The procedure will end once the disposition was properly accomplished.	instructions of medications and follow-up visit  4.If needing face to face consult, advise employee to visit Employees Clinic (Mondays-Fridays 9:00am to 3:00pm)			
<b>TOTAL:</b>		None	40 minutes	

## 45. MEDICAL CONSULTATION AT THE EMPLOYEES CLINIC

Employee's clinic offers quality health care to our health care providers and staffs to protect them in the possible health hazards and to ensure that the workforce will be in their optimum well-being. Employees' health condition are assessed, diagnosed, treated and referred to other specialty if warranted. Medical Clearance for pre-employment, re-appointment and promotion are also accommodated.

<b>Office or Division:</b>		Employees Clinic		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		All Qualified Employees of the Batangas Medical Center		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
OPD Medical Chart		OPD Registration Room		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.OPD Registration at Room 1	1.Chart from registration room will be received by FM Ward Assistant at Room 12	None	3 minutes	OPD Registration Personnel/ FM Ward Assistant
2.Vital signs inside the employees clinic	2.FM NA will take the patient's vital sign (BP, height, weight, temperature, heart rate, respiratory rate)	None	5 minutes	FM Nursing Attendant
3.Consultation with FM Junior Consultant	3.Junior Consultant will conduct history and physical examination of the patient and will facilitate necessary diagnostic work up(s) if needed.	None	30 minutes	Junior Consultant
4.Diagnostic request given to patients	4.Junior Consultant will instruct the patient to proceed to respective sections	None	5 minutes	Junior Consultant

	(laboratory, radiology, ECG)			
5. Interpretation of official result	5. Junior Consultant will determine the disposition of the patient: If non-admissible, treat and send home with proper instructions of medications and follow-up visit	None	20 minutes	FM Nurse/Patient
6. The procedure will end once the disposition was properly accomplished.	If admissible, fill-up the referral form address to other department for further evaluation and co-management.			
<b>TOTAL:</b>		None	1 hour and 3 minutes	

## 46. FAMILY PLANNING CONSULTATION AT FAMILY PLANNING CLINIC

<b>Office or Division:</b>		Family Planning Clinic		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		All reproductive Women		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
OPD Family Planning Chart		OPD Registration Room		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Triage with COVID-19 Screening	1. Temperature check and client instructed to fill up Health Declaration Form	None	10 minutes.	Triage Personnel and Guard
2. OPD Registration at Room 1 Window 3 (fast lane)	2. Chart from registration room will be received by the FP nurse / midwife at room 4	None	2 minutes.	OPD Registration Personnel
3. Vital signs taking	3. Nurse/Midwife will take the client's vital signs (weight , height, BP, temperature, heart/respirator y rate)	None	3 minutes.	Nurse/Midwife
4. Consultation	4. Doctor/ Nurse/ Midwife will conduct history taking, Family planning counseling /facilitation of Family Planning procedure needed.	None	25 minutes.	Doctor / Nurse / Midwife



	<p>4.1. Refer client with particular condition to OB resident on duty.</p> <p>4.2. Instruct the client to proceed to laboratory / Radiology as needed</p>			
5. Interpretation of official Result	<p>5. OB Resident will determine the disposition of the client.</p> <ul style="list-style-type: none"> <li>– If with no complication, treat and send home with proper instructions of medications and follow up visit.</li> <li>– if with complication, refer client to another department.</li> </ul>	None	Included with the consultation time	Doctor
6. Family Planning Procedures	<p>5. IUD/Implant check-ups / removal</p> <ul style="list-style-type: none"> <li>– Pap smear</li> <li>– Supply/Re-Supply of Pills/Condom</li> <li>– DMPA Injection</li> <li>– Contraceptive Implant</li> <li>– Interval IUD Insertion</li> <li>– Assessment of client for Interval Bilateral Tubal Ligation (BTL)</li> </ul>	<p>None</p> <p>Php 120.00</p> <p>None</p> <p>None</p> <p>None</p> <p>Philhealth Coverage</p>		
<b>TOTAL:</b>		None	<b>40 minutes</b>	

## 47. OUT- PATIENT DEPARTMENT (OPD) CONSULTATION

Provides care and diagnosis for outpatients or people with non-emergent medical/surgical health problems who visit the hospital but do not at this time require a bed or to be admitted for overnight care. OPD offer a wide range of treatment services, diagnostic tests and minor surgical procedures. OPD is available from Monday to Friday except on Holidays, 8:00 am to 4:00 pm.

Office or Division:	Out Patient Department			
Classification:	Simple			
Type of Transaction:	G2C- Government to citizen			
Who may avail:	All Patients/Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<i>New Patient</i> 1. Filled out Patient's Information Sheet/Slip, Health Declaration Form (COVID-19 Screening) 2. Diagnostic Results, if applicable 3. Referral Form, if applicable 4. OPD Medical Chart		Triage Area OPD Registration Room Different Diagnostic Units Referring Physician/Unit Medical Records		
<i>Old Patient:</i> 1. Filled out Health Declaration Form (COVID-19 Screening) 2. Hospital Card 3. Follow-up Appointment slip, if applicable 4. Diagnostic Results, if warranted 5. Discharge Instructions, if available 6. OPD Medical Chart		Triage Area  Medical Records Attending Physician  Radiology, Laboratory & other diagnostic Attending Physician, Wards, ER Medical Records		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Queue and submit self for Triage	1. Assess if patient is an Emergency or OPD case	None	20 minutes	<i>Triage Personnel</i>
2. Fill out Health Declaration Form	2. Assist patient in filling out the form	None	10 minutes	<i>Triage Personnel</i>
<i>New Patient:</i> 3. Fill out Patient's Information Sheet/Slip	Assist patient in filling out the sheet/slip. Register patient to the	None	45 minutes	Medical Records <i>Assigned Personnel</i>

<p><i>Old patient w/o Hospital Card:</i></p> <p>3. Fill out Patient's Information Sheet/Slip and receive instruction for payment</p> <p>3.1. Pay the required amount for the hospital card and receive official receipt</p> <p>3.2. Present Official receipt</p>	<p>system. Print/retrieve patient's chart.</p> <p>3. Assist patient in filling out the sheet/slip. Instruct client to pay for hospital card.</p>	None	20 minutes	Medical Records <i>Assigned Personnel</i>
	<p>3.1. Receive payment and issue official receipt</p>	Php 50.00	20 minutes	OPD Cashier
	<p>3.2. Receive OR and print/retrieve patient's chart</p>	None	10 minutes	Medical Records <i>Assigned Personnel</i>
<p>4. At the designated clinic reception area, wait for the name to be called</p>	<p>4. Call patient's name accordingly. Take patient's vital signs, height and weight</p>	None	10 minutes	<i>Nurse Attendant Clinic</i>
<p>5. Submit self for consultation/treatment once called at consultation area</p>	<p>5. Call patient's name. Interview and examine patient</p>	None	20 minutes	
<p>6. Undertake interview and receive treatment plan and instruction</p>	<p>6. Explain treatment plan to patient.</p> <p><i>If for referral: Prepare referral form and instruct</i></p>	None	10 minutes	<i>Nurse Attendant Clinic</i>

	<p>patient accordingly.</p> <p><i>If for admission:</i> Prepare referral form and endorse patient to nurse for transport to ER.</p> <p><i>If for discharge:</i> Issue requests for diagnostics if needed. Issue prescription if needed. Provide home care or discharge instructions</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>10 minutes</p>	<p><i>Nurse/Doctor Clinic</i></p> <p><i>Doctor Clinic</i></p> <p><i>Doctor Clinic</i></p>
<b>TOTAL:</b>		<p><b>Old patient without Hospital Card: Php 50.00</b></p>	<p><b>New Patient/Old Patient with Hospital Card: 3 hours &amp; 35 minutes</b></p> <p><b>Old Patient without Hospital Card: 4 hours &amp; 25 minutes</b></p>	

## 48. OUT PATIENT DEPARTMENT - TEEN PARENT CLINIC

<b>Office or Division:</b>	Obstetrics Clinic			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All teen parent			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
OPD OB-TPC Chart		OPD Registration Room		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Triage with COVID-19 Screening	1. Temperature check and client instructed to fill-up Health Declaration Form	none	10 mins.	Triage Personnel and Guard
2. OPD Registration at Room 1 Window 3	2. Chart from registration room will be received by the OB-Gyne nursing attendant at room 5	none	2 mins.	OPD Registration Personnel
3. Vital signs taking	3. OB-Gyne NA will take the client's vital signs (weight, height, BP, temperature, heart rate /respiratory rate)	none	3 mins.	Nursing Attendant
4. Fill up Intake form	4. The nurse will interview and counsel the client.	None	10 mins	Nurse
5. Consultation	5. Teen Parent Consultation (TPC) – Clients will be referred to:	None		OB Doctor/Nurse  OB

	<p>Dentist Nutritionist Psychologist <i>(If the client is for Medico-Legal, refer client to BatMC Wellness Zone.)</i></p> <ul style="list-style-type: none"> <li>OB Doctors will facilitate Group Birth Plan Lecture.</li> <li>Family Planning Counseling</li> <li>OB Doctors will conduct physical examination including Fetal Heart Tone, Fundic Height, and Internal Examination.</li> <li>Instruct the patients to proceed to Laboratory, Radiology, and ECG as needed.</li> </ul>	None	<p>5 minutes</p> <p>30 minutes</p> <p>30 minutes</p> <p>30 minutes</p>	Doctor/Nurse
6. OB-Gyne Procedures	<ul style="list-style-type: none"> <li>Cardiotocogram (CTG)</li> <li>Ultrasound</li> <li>Pap Smear</li> </ul>	<p>Php 200.00</p> <p>Php 200.00</p> <p>Php 120.00</p>	depends on the examination/ procedure to be done	OB Doctors
7. Disposition	<p>6. OB Doctors will determine the disposition of the client: If admissible Completion of patient's chart by OB Resident Physician If non-admissible,</p>	None	10 mins.	OB Doctors

<i>The procedure will end once the disposition was properly accomplished</i>	treat and send home with proper instructions of the medications and follow-up visit. If for referral to another clinics / department, referral form must be forwarded to the respective clinic.			
<b>TOTAL</b>			<b>2hours 10 minutes.</b>	

## 49. PSYCHIATRY OUT-PATIENT CONSULTATION: SETTING UP AN APPOINTMENT -TELEMEDICINE

The Psychiatry Department Out-Patient Consultation is available from Monday to Friday except on holidays, 8:00 am to 5:00 pm. By appointment scheduling is strictly implemented. It caters only non-emergent Psychiatric related cases.

This procedure covers activities from receiving patient's online inquiry up to setting up an appointment. Telemedicine refers to the practice of medicine by means of electronic and telecommunications technologies such as phone call, chat or short messaging service (SMS), audio- and video-conferencing to deliver healthcare at a distance between a patient at an originating site, and a physician at a distant site.

<b>Office or Division:</b>	Psychiatry Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Patients requiring Psychiatric Evaluation and Management			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Referral Form, if applicable 2. Filled out Telehealth Program Consent Form 3. Diagnostic Results, if applicable		1. Referring Physician 2. "Psychiatry Batangas MC" facebook page 3. Different diagnostic units		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send message of inquiry in facebook messenger "Psychiatry Batangas MC"	1. Send template of Telemedicine Program consent form	None	30 mins	Psychiatry Personnel on duty
	2. Screen patient's complaints	None	10 minutes	Psychiatry Personnel on duty
	If Psychiatric patient, give schedule for clinic appointment	None	5 minutes	Psychiatry Personnel on duty
	If non Psychiatric patient, refer and instruct accordingly	None	5 minutes	Psychiatry Personnel on duty
<b>TOTAL:</b>		<b>None</b>	<b>20 minutes</b>	

*\*Note: Messages sent beyond 4:00 PM will be entertained the following day.*



## 50. PSYCHIATRY OUT-PATIENT INITIAL CONSULTATION - TELEMEDICINE

The Psychiatry Department Out-Patient Consultation is available from Monday to Friday except on holidays, 8:00 am to 5:00 pm. By appointment scheduling is strictly implemented. It caters only non-emergent Psychiatric related cases.

This procedure covers activities from receiving patient to clinical management to follow-up scheduling and referrals. Telemedicine refers to the practice of medicine by means of electronic and telecommunications technologies such as phone call, chat or short messaging service (SMS), audio- and video-conferencing to deliver healthcare at a distance between a patient at an originating site, and a physician at a distant site.

<b>Office or Division:</b>	Psychiatry Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	New patients requiring psychiatric evaluation and management.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Appointment schedule 2. Referral Form, if applicable 3. Diagnostic Results, if applicable		1. Facebook Messenger (Psychiatry Batangas MC) 2. Referring Physician 3. Different diagnostic units		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present appointment schedule to out-patient clinic personnel	1. Receive and Verify appointment schedule	None	5 minutes	Nursing Attendant/ Nurse
2. Fill out Patient's Information Sheet/Slip	2. Assist patient/relative of patient in filling out the sheet/slip.	None	5 minutes	Nursing Attendant/ Nurse
3. Submit Patient's Information Sheet/Slip	3. Register patient to the system and issue hospital card	None	10 minutes	Ward Assistant
4. Wait at consultation holding area and submit self for consultation/	4. Call patient's name and record blood pressure, temperature,	None	5 minutes	Nursing Attendant/ Nurse

treatment, once called	height and weight			
5. Undertake interview, assessment and receive treatment plan and instruction	5. Interview, Assessment and clinical management of patient	None	1 hour	Psychiatrist, Nurse, Psychologist, Social Worker
	Issues prescription, if needed and Tagubilin form for home care instructions and date of follow up.	None	10 minutes	Nurse
	<i>If for referral:</i> Prepare referral form and instruct patient accordingly.	None	10 minutes	Nurse/ Psychiatrist
	<i>If for admission:</i> Prepare referral form and instruct accordingly.	None	10 minutes	Nurse/ Psychiatrist
<b>TOTAL:</b>		<b>None</b>	<b>New Patient: 1 hour and 55 minutes</b>	

## 51. PSYCHIATRY OUT-PATIENT FOLLOW UP CONSULTATION - TELEMEDICINE

The Psychiatry Department Out-Patient Consultation is available from Monday to Friday except on holidays, 8:00 am to 5:00 pm. By appointment scheduling is strictly implemented. It caters only non-emergent Psychiatric related cases.

This procedure covers activities from receiving patient's online inquiry up to setting of appointment to clinical management to follow-up scheduling and referrals. Telemedicine refers to the practice of medicine by means of electronic and telecommunications technologies such as phone call, chat or short messaging service (SMS), audio- and video-conferencing to deliver healthcare at a distance between a patient at an originating site, and a physician at a distant site.

<b>Office or Division:</b>	Psychiatry Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Follow up patients requiring psychiatric evaluation and management.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Appointment Schedule 2. Signed Telehealth 3. Tagubilin Form 4. Hospital Card 5. Diagnostic Results, if warranted		"Psychiatry Batangas MC" facebook page/ out-patient clinic if from initial consultation Radiology, Laboratory & other diagnostic units		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send message of follow up consultation in facebook messenger (Psychiatry Batangas MC)	1. Verify patient follow up schedule	None	5 minutes	Nurse/ Psychiatrist
2. Undertake interview, assessment, receive treatment plan and instruction	1. Interview, assessment and clinical management of patient	None	1 hour	Psychiatrist, Nurse, Psychologist, Social Worker
	Issues prescription, if needed and Tagubilin form for home care instructions	None	10 minutes	Nurse/ Psychiatrist

	And date of follow up.			
	<i>If for referral:</i> Prepare referral form and instruct patient accordingly.	None	10 minutes	Nurse/ Psychiatrist
	<i>If for admission:</i> Prepare referral form and instruct accordingly.	None	10 minutes	Nurse/ Psychiatrist
<b>TOTAL:</b>		<b>None</b>	<b>New Patient: Old Patient: 1 hour and 35 minutes</b>	

*\*Note: Messages sent beyond 4:00 PM will be entertained the following day.*

## 52. NEURO-PSYCHIATRIC EVALUATION

The Psychiatry Department offers Neuro-Psychiatric Evaluation. This service includes Paper-pencil Psychological tests and oral interview/evaluation, available from Monday to Friday except on Holidays, 8:00 am to 5:00 pm. By appointment scheduling is strictly implemented. It caters only non-emergent Psychiatric related cases.

<b>Office or Division:</b>		Psychiatry Department		
<b>Classification:</b>		Complicated		
<b>Type of Transaction:</b>		G2C- Government to Citizen		
<b>Who may avail:</b>		All employment applicants		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Referral form, if applicable		1. Respective offices		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send a message of inquiry in facebook messenger or thru phone call for test schedule	1. Log name and give test schedule	None	5 minutes	Psychologist/ Clinic assistant
2. On the scheduled day, present referral form, if applicable then fill out Patient's Information Sheet/Slip	2. Verify test schedule, assist in filling out the sheet/slip.	None	5 minutes	Nursing Attendant
3. Submit Patient's Information Sheet/Slip	3. Register client to the system and issue hospital card	None	10 minutes	Clinic Assistant
4. Pay examination fee at cashier	4. Issues charge slip	1,200	5 minutes	Clinic Assistant
5. Undertake the examination process	5. Administer Psychological Tests	None	3 hours	Psychologist
	5.1. Schedule client for evaluation With Psychiatrist	None	5 minutes	Psychologist
	5.2. Score and interpret tests	None	5 days	Psychologist

	responses 5.3. Write Psychological report	None	5 days	Psychologist
6. On scheduled day, present self to clinic staff, wait for cue	6. Verify schedule list	None	5 minutes	Psychologist
7. Undertake evaluation process	7. Evaluation process	None	30 minutes	Psychiatrist
8. Claim result and certification	8. Issues result and certification	None	15 minutes	Clinic Assistant
<b>TOTAL:</b>		<b>None</b>	<b>10 days, 4 hours and 25 minutes</b>	

### 53. DEPARTMENT OF PEDIATRICS OUTPATIENT CONSULTATION

For Consultation of Non-Emergency Cases

<b>Office or Division:</b>	Department of Pediatrics			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Children from 0 -18 years old			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For Old Patient 1. Discharge Summary 2. Tagubilin 3. Prescription (if available)  For New Patient: 1. If referral from other hospital/clinic: 2. Referral Form 3. Laboratory result (if applicable) 4. Prescription		OPD Registration Room		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send message to Department of Pediatrics Facebook page, "Batangas Medical Center Department of Pediatrics" for appointment	1. Telemedicine Resident In-Charge answers messages on Mondays to Fridays 1 – 5 pm except during holidays and asks for patient's personal details, chief complaint. He/she also screens for presence of symptoms not allowed in face-to-face consultations	None	30 minutes	Telemedicine Resident In-charge

Answer questions for online triaging.	Patient is decked accordingly. If deemed urgent or emergency, they will be advised ER consult. If needing subspecialty consult, they are advised of their corresponding checkup schedule.			
2. Proceed to Triage for screening and check appointment	<p>2. Temperature is checked and hands of patients are sanitized.</p> <p>Triage officer checks if patient and patient's relative is cleared of COVID symptoms and exposure. Once cleared, a clearance stub is given to the patient.</p>	None	20 minutes	Triage Officer
3. Proceed to OPD and present clearance stub to security guard before entering.	3. OPD security officer checks if patient and patient's relative are both cleared by the ER triage prior to entering.	None	20 minutes	OPD security officer



4. Present hospital card (for old patient) or give name of patient at OPD Room1 (for new patient).	4. OPD registration officers checks if patient is scheduled for an appointment and if not, if may still be accommodated. Pediatrics OPD face to face is limited to five patients per 1 physician per day	None	20 minutes	OPD Registration Personnel
5. Proceed outside Pedia Room (Room2)	5. Chart from registration Room 1 will be received by Pedia Nurse.  Nursing aid will take the patient's vital signs (blood pressure, temperature, heart rate, respiratory rate), height and weight.	None	30 minutes	OPD Registration Personnel Nursing Aid
5.1 Proceed inside Pedia Room (Room 2)	5.1. Each patient will be called one-by-one to be seen and will be decked to the resident doctor. Doctor will then examine and manage the patient	None	30 minutes	Nurse Pediatric Resident
5.2 Proceed inside Pedia Room (Room 2) (for subspecialty cases)	5.2. For the subspecialty cases, they will be seen individually by the assigned resident on the scheduled time..	None	30 minutes	Pediatric resident

	<b>SUBSPECIALTY CLINIC SCHEDULE:</b>  <u>Well Baby / Immunization</u> Tuesday 8:00 – 12:00 NN <u>Allergology</u> Tuesday 1:00 – 4:00 PM <u>Pulmonology</u> Tuesday 1:00 – 4:00 PM <u>Infectious Disease</u> Wednesday 8:00 – 10:00 AM <u>Neurology</u> Wednesday 1:00 – 5:00 PM <u>Endocrinology</u> Thursday 1:00 – 4:00 PM <u>Hematology</u> Thursday 1:00 – 4:00 PM <u>Cardiology</u> Friday 8:00 – 12:00 NN <u>Nephrology</u> Friday 1:00 – 3:00 PM <u>Nutrition</u> Friday 2:00 – 4:00 PM <u>Pre-operative evaluation</u> (CP clearance) Monday to Friday 8:00 AM – 5:00 PM	None		Pediatric Resident/ Consultant-In-Charge
6. Prescription and laboratory requests given to clients.	6. Clients instructed to proceed to respective sections or department: Laboratory or Radiology Department	Depends on the laboratory examination requested	15 minutes	Client

<p>7. Proceed to Room 2 once with laboratory results for further evaluation. Follow instructions on admission or home instruction or referral to other department whichever is applicable.</p>	<p>7. Resident physician will determine if the patient is for admission or not:</p> <p><b>A) For admission:</b> Completion of patient's chart by the Pediatric resident.</p> <p><b>B) Not For Admission:</b> Send home with prescription of medication and proper instruction and schedule of next follow up.</p> <p><b>C) If for referral to other department for further evaluation:</b> Completion of referral form. Proper endorsement to respective department</p> <ul style="list-style-type: none"> <li>- Surgery</li> <li>- Orthopedics</li> <li>- OB GYNE</li> <li>- Ophthalmology</li> <li>- Rehab Medicine</li> <li>- Internal Medicine</li> <li>- ENT</li> <li>- Surgery</li> </ul>	<p>None</p>	<p>15 minutes</p> <p>10minutes</p> <p>5 minutes</p>	<p>Pediatric Resident Nurse</p>
<p><b>TOTAL:</b></p>		<p>Depends on the laboratory examination requested</p>	<p><b>3hours and 30 minutes</b></p>	

## 54. DEPARTMENT OF PEDIATRICS OUTPATIENT TELEMEDICINE

For Online Consultation of Non-Emergency Cases

<b>Office or Division:</b>	Department of Pediatrics			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Children from 0 -18 years old			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Send message to Department of Pediatrics Facebook page, "Batangas Medical Center Department of Pediatrics" for registration.</p> <p>Answer questions for triaging.</p>	<p>1. Telemedicine Resident In-Charge answers messages on Mondays to Fridays 1 – 5 pm except during holidays and asks for patient's personal details and chief complaint.</p> <p>Patient is decked accordingly. If deemed urgent or emergency, they will be advised ER consult. If needing subspecialty consult, they are advised of their corresponding checkup schedule. If the patient will require face-to-face consultation, he/she will be given a scheduled appointment.</p>	None	30 minutes	Telemedicine Resident In-charge

Accomplish and submit consent form	Patient's relative is asked to fill out Consent Form thru google forms.			
2. Wait for the acknowledgement of telemedicine resident-in-charge that registration and consent form are accomplished.	2. Once registration and consent form are accomplished, OPD registration officers place pediatric patients in queue	None	1 hour	OPD Room 1 Staff
3. Wait for the printing of OPD charts by Room and pick-up of the charts by the resident in-charge.	3. OPD Room 1 staff prints all the OPD charts of the registered pediatric patients and notifies the telemedicine resident in-charge who then picks up the printed charts.	None	1 hour	OPD Registration Personnel Telemedicine Resident In-charge
4. Reply to the message of the BatMC Pedia page.	4. Telemedicine resident-in-charge interviews the patient's relative one-by-one.	None	1 hour	Telemedicine Resident In-charge
	For telemedicine of subspecialty cases, they will be seen individually by the subspecialty consultant and assigned resident on the scheduled time.  Refer to attached Subspecialty Clinic Schedule	None	1 hour	Subspecialty consultants and assigned resident rotators

5. Photographed laboratory requests given to clients if needed.	5. Clients are given instructions and photographed prescription and laboratory requests as necessary. They will be asked to message again once results are available.	Depends on the laboratory examination requested	10 minutes	Subspecialty consultants and assigned resident rotators
6. Message the page if laboratory results available.  Follow instructions on admission or home instruction or referral to other department whichever is applicable.	6. Patient given pictured prescription of medication and proper instruction and schedule of next follow up.  Patient advised to consult on corresponding Telemedicine platform of department to which patient will be referred.	None	5 minutes	Pediatric Resident Nurse
<b>TOTAL:</b>			<b>4 HOURS</b>	

## SUBSPECIALTY CLINIC SCHEDULE

### *Well Baby / Immunization*

Tuesday

8:00 – 12:00 NN

### *Allergology*

Tuesday

1:00 – 4:00 PM

### *Pulmonology*

Tuesday

1:00 – 4:00 PM

### *Infectious Disease*

Wednesday

8:00 – 10:00 AM

### *Neurology*

Wednesday

1:00 – 5:00 PM

### *Endocrinology*

Thursday

1:00 – 4:00 PM

### *Hematology*

Thursday

1:00 – 4:00 PM

### *Cardiology*

Friday

8:00 – 12:00 NN

### *Nephrology*

Friday

1:00 – 3:00 PM

### *Nutrition*

Friday

2:00 – 4:00 PM

### *Pre-operative evaluation (CP clearance)*

Monday to Friday

8:00 AM – 5:00 PM

## 55. DENTAL DEPARTMENT – TOOTH EXTRACTION

For patients seeking tooth extraction services

<b>Office or Division:</b>	Dental Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient's card for old patients 2. Personal Information Form 3. Personal Data Processing Consent 4. Charge slip/Official Receipt 5. Referral Slip/Medical Clearance 6. Doctors Prescription		OPD Room 1 OPD Room 1 Dental clinic Cashier Pharmacy Dental Clinic		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For New Patients  Submit the accomplished Personal Information Form at the Dental Office.  Old Patients will present (Patient's Card) at the Dental Office for log in the patient.  Wait for your name to be called	1. Call on queue patients	None	5 minutes	Dental Aide
2. Proceed for dental check up	2. Dentist will assess patients' condition  Endorse to dental aide on what procedure	None	10 minutes	Dentist

3. Get charge slip proceed to the cashier for payment.  4. Present the receipt to dental aide.  5. Proceed to main treatment	3. to be done 3. Issue charge slip based of the Dentist's Advice	Tooth Extraction Php150.00 Lidocaine Php 90.00 Cotton balls Php 6.00 Needle Php 5.00 Gloves Php 12.00 Face mask Php 2.00	10minutes	Dental Aide
	4. Received Proof of payment and prepare patient for treatment		30 minutes	Dentist
	5. Patient will undergo the dental treatment.  6. Prescribe the necessary medicines and post-operative instructions base on treatment done.		5 minutes	Dentist
<b>TOTAL:</b>		Php 265.00	60 Minutes.	



## 56. DENTAL DEPARTMENT – ODONTECTOMY

<b>Office or Division:</b>		Dental Department		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		All		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient's card for old patients 2. Personal Information Form 3. Personal Data Processing Consent  <i>For PHILHEALTH PATIENTS</i> 4. CF4 5. Operative Record 6. Anesthesia Consent 7. PBEF 8. CSF 9. OPD PHIC Availment Form 10. Doctors Prescription		Dental Office       Billing (window 7)       Dental Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

<p>1. For New Patients</p> <p>Submit the accomplished Personal Information Form at the Dental Office.</p> <p>Old Patients will present (Patient's Card) at the Dental Office for log in the patient.</p> <p>wait to be called</p>	<p>1. Call on queue patients</p>	None	10minutes	Dental Aide
2. Proceed for dental check up	<p>2. Dentist will assess patients' condition</p> <p>Endorse to dental aide on what procedure to be done, Give PHIC Availment Form to patient</p>	None	15 minutes.	Dentist
3. Submit accomplished PHIC Availment Form at Philhealth Claims Window (window 7)	3. Received PHIC Availment Forms and issue PBEF and CSF Form. Instruct to return to dental clinic.	None	20 minutes	Philhealth Claims Staff on duty
4. Proceed to dental clinic for treatment proper.	<p>4. Patient will undergo the dental treatment.</p> <p>Explains to patient the step by step procedure of the operation.</p> <p>Prescribe the necessary</p>	None	60 minutes	Dentist/ Pharmacy

	medicines and post-operative instructions base on treatment done.			
5. Patient submits the complete filled up CF4, PBEF, CSF, OR TECH to billing.	5. Filled up necessary PHIC Forms and instruct patient to submit to Billing Window (Window 9)	None	15 minutes	Billing Staff on duty
6. Bring the billing statement to dental clinic for filling.	6. Received copy of billing statement for filling	None	5 minute	Dental Aide
<b>TOTAL:</b>		None	2 hours 10 minutes	

## 57. DENTAL DEPARTMENT - ORAL PROPHYLAXIS

<b>Office or Division:</b>	Dental			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient's card for old patients 2. Personal Information Form 3. Personal Data Processing Consent 4. Charge slip/Official Receipt		Dental Clinic Dental Clinic Dental Clinic Dental Clinic		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For New Patients  Submit the accomplished Personal Information Form at the Dental Office.  Old Patients will present (Patient's Card) at the Dental Office for log in the patient.  Wait for your name to be called	1. Call on queue patients	None	10 minutes	Dental Aide
2. Proceed for dental check up	2. Dentist will assess patients' condition  Endorse to dental aide on what procedure to be done	None	5 minutes	Dentist
3. Get charge slip proceed to the	3. Issue charge slip based of	Oral prophylaxis	5 minutes	Dental Aide

cashier for payment.	the Dentist's Advice	Php 350.00		
4. Present the receipt to dental aide.	4. Received Proof of payment and prepare patient for treatment	Gloves Php 12.00 Face mask Php2.00	10 minutes	Dental Aide
5. Proceed to main treatment	5. Patient will undergo the dental treatment.		15 minutes	Dentist
	6. Prescribe the necessary medicines and post-operative instructions base on treatment done.		5 minutes	Dentist
<b>TOTAL:</b>		Php 364.00	50 minutes	

## 58. DENTAL DEPARTMENT - TOOTH RESTORATION

<b>Office or Division:</b>		Dental Department		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		All		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient's card for old patients 2. Personal Information Form 3. Personal Data Processing Consent 4. Charge slip/Official Receipt		Dental Clinic Dental Clinic Dental Clinic Dental Clinic		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For New Patients  Submit the accomplished Personal Information Form at the Dental Office.  Old Patients will present (Patient's Card) at the Dental Office for log in the patient.  Wait for your name to be called	1. Call on queue patients	None	10 minutes	Dental Aide
2. Proceed for dental check up	2. Dentist will assess patients' condition  Endorse to dental aide on what procedure to be done	None	5 minutes	Dentist
3. Get charge slip proceed to the	3. Issue charge slip based of	Tooth Restoration	10 minutes	Dental Aide

cashier for payment.	the Dentist's Advice	Php 500.00		
4. Present the receipt to dental aide.	4. Received Proof of payment and prepare patient for treatment	Gloves Php 12.00 Face mask Php 2.00		
5. Proceed to main treatment	5. Patient will undergo the dental treatment.		30 minutes	Dentist
	6. Prescribe the necessary medicines and post-operative instructions base on treatment done.		5 minutes	Dentist
<b>TOTAL:</b>		Php 514.00	60 minutes	

## 59. DENTAL DEPARTMENT – TOOTH XRAY

<b>Office or Division:</b>	Dental Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient's card for old patients 2. Personal Information Form 3. Personal Data Processing Consent 4. Charge slip/Official Receipt		Dental Clinic Dental Clinic Dental Clinic Dental Clinic		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For New Patients  Submit the accomplished Personal Information Form at the Dental Office.  Old Patients will present (Patient's Card) at the Dental Office for log in the patient.  Wait for your name to be called	1. Call on queue patients	None	10 minutes	Dental Aide
2. Proceed for dental check up	2. Dentist will assess patients' condition  Endorse to dental aide on what procedure to be done	None	5 minutes	Dentist
3. Get charge slip proceed to the cashier for	3. Issue charge slip based of the Dentist's	Tooth Xray Php 200.00 Gloves Php	10 minutes	Dental Aide



payment.	Advice	12.00		
4. Present the receipt to dental aide.	4. Received Proof of payment and prepare patient for treatment	Face mask Php 2.00		
5. Proceed to main treatment	5. Patient will undergo the dental procedure		10 minutes	Dentist/Dental Aide
<b>TOTAL:</b>		Php 215.00	35 minutes.	

## 60. BATMC WELLNESS ZONE CONSULTATION

BATMC Wellness Zone is available from Monday to Friday except on Holidays, 8:00 am to 5:00 pm. It caters only non-emergent medical/surgical health cases of patients.

<b>Office or Division:</b>	BATMC Wellness Zone			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Non-Emergent Health Cases of Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For Initial Consultation -Reactive or Positive HIV test result -Referral Letter -Hospital Card -Patient's Registration Form -Initial consultation sheet		-HIV Testing Center -HIV Testing Center -OPD/ ER/ BATMC Wellness Zone -BATMC Wellness Zone -BATMC Wellness Zone		
For Follow-up Consultation -BATMC Wellness Zone Drug Instructions -Follow up sheet		-BATMC Wellness Zone -BATMC Wellness Zone		
For Philhealth Benefits -CF2 -Waiver for release of Information -ARV monitoring booklet		-BATMC Wellness Zone -BATMC Wellness Zone -BATMC Wellness Zone		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Initial Consultation				
<i>For Client's with existing record in this hospital : Provide hospital card or referral letter to staff.</i>	1. Print initial consultation record of patient. Refer to Nurse/ NA for vital signs.	None	30 minutes	Administrative Assistant or Nurse
<i>For New client's without record in this hospital: Ask for a Patient's registration form from the staff.</i>	Provide hospital card. Print initial consultation record of patient.Refer to Nurse/ NA for	None	30 minutes	Administrative Assistant or Nurse

For Follow-up Consultation Show the <i>BATMC Wellness Zone Drug Instructions</i> (given during the previous consultation) to the staff. Then get queuing number.	2. Provide queuing number	None	30 minute	Administrative Assistant or Nurse
<b>Wait for the Queue:</b> <i>For Vital Signs taking:</i> Blood Pressure Pulse Rate Respiratory Rate Temperature Height Weight	3. Measure and document client's vital signs accurately.	None	5 minutes	Nurse
<b>Wait for the Queue:</b> <i>For Doctor's consultation.</i>	4. Give the physician patient's record with complete data.	None	5 minute	Nurse
	5. Examine advice and counsel patient regarding current condition.	None	30 minutes	Hub Physician
	6. Request for diagnostic procedure as needed.			
	7. Prescribe necessary medications.			
	8. Refer to other Department as necessary.			

<b>Wait for the Queue:</b> <i>For Adherence Counseling.</i> After Doctor's Consultation proceed to Nurse's area for counseling and drug instructions.  Receive Anti-retroviral drugs.	9. Instruct patient's home medication. Proceed to adherence counseling.	None	30 minutes	Nurse
	10. Give patient the prescribed of Anti-retroviral drugs.	None	10 minutes	Nurse
<b>Wait for the Queue:</b> <i>For Philhealth Benefits processing</i>	11. Check patients information and history of Philhealth claims.  12. Ask patient to sign waiver for release of information.  13. Complete Philhealth requirement for claims. To be submitted to Billing and claims department.	None	15 minutes	Administrative Staff
<b>TOTAL:</b>			125 minutes	

## 61. HIV COUNSELING AND TESTING (HCT)

HCT allows individuals to learn their HIV status through pre- and post-test counseling and an HIV test. This is **strictly voluntary, confidential**.

<b>Office or Division:</b>	BATMC WELLNESS ZONE			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Any individual who wants to know their HIV status or were referred for HIV Screening			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Informed Consent 2. Filled-up Personal Information Sheet(DOH-NEC FORM A 2017)		BATMC Wellness Zone		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Pre-test Counseling with DOH-Certified HIV Counselor (in BATMC Wellness Zone)	<p>The counselor must thoroughly discuss the procedure for HIV testing to client. The objective of the pre-test counseling are the following:</p> <ul style="list-style-type: none"> <li>-to assess the person's risk for HIV infection</li> <li>-to provide adequate and correct information about HIV antibody test and HIV/AIDS</li> <li>-to assess how the person would cope with the possibility of a positive HIV Antibody test</li> <li>-to promote behaviours that will prevent HIV</li> </ul>	None	30 minutes	DOH Certified HIV Counselor

2. Proceed to Laboratory for blood extraction (HIV Testing)	transmission  Receive accomplished form (enclosed in an envelope) from client	None	2 hours	HIV proficient Medical Technologist
3. Post-test Counseling (in BATMC Wellness Zone)	<p>Proceed with the rapid HIV test designed to detect antibodies to the HIV virus</p> <p>Post-test counseling must be done by the counselor who conducted the pre-test counseling.</p> <p>Explain the meaning of a nonreactive or reactive result.</p> <p>If <i>nonreactive</i>:</p> <ul style="list-style-type: none"> <li>- Explain to the client the meaning of a negative result including the possibility of window period</li> <li>- Re-emphasize behaviours that will prevent HIV infection in the future.</li> </ul> <p>If <i>reactive or positive</i>:</p> <ul style="list-style-type: none"> <li>- Explain to the client the meaning of a reactive or positive result. If reactive, inform client that the</li> </ul>	None	30 minutes	DOH Certified HIV Counselor

	<p>specimen will be sent to STD/AIDS Cooperative Central Laboratory (SACCL) for confirmatory testing</p> <ul style="list-style-type: none"> <li>- Provide adequate medical information about HIV and AIDS</li> <li>- Identify other medical and social support needed by the patient/client</li> <li>- Re-emphasized behaviors that will prevent HIV transmission to other people</li> <li>- Inform the client of the availability of ARVs and management</li> <li>- Refer client to HIV Treatment Hub</li> </ul>			
<b>TOTAL:</b>		None	3 hours	



## **MEDICAL SERVICE DIVISION**

### **Internal Services**



## 62. ACCEPTANCE OF COMMUNICATION LETTERS

Matters within the hospital especially under the Medical Division may be communicated formally through letter to the Chief of Medical Professional Staff Office.

<b>Office or Division:</b>	Chief of Medical Professional Staff Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter of request addressed to or through CMPS.		Client		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit communication letter to CMPS Office	1. Check completeness of document and other pertinent details needed on the concern.	None	5 mins	Administrative Assistant I
	1.1. Affix "RECEIVED" stamp and date on document		1 min	Administrative Assistant I
	1.2. Forward letter to CMPS		5 mins	Administrative Assistant I
	2. Examine letter and make decision regarding the concern		1 day	CMPS II
	2.1. Follow next step as per CMPS instructions		4 hours	Administrative Assistant I
3. Wait for feedback from CMPS Office	3. Inform the requesting party regarding the instructions of CMPS		10 mins	Administrative Assistant I
<b>TOTAL:</b>		None	<b>1 day, 4 hours, 11 mins</b>	

## 63. APPROVAL OF REQUIREMENTS

Approval of documents under the Medical Services Division such as Work Accomplishment Reports, Work Schedule, Document Change Notice, Daily Time Record and other documents that need approval of the CMPS.

<b>Office or Division:</b>	Chief of Medical Professional Staff II			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All Employees under the Medical Division			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. Completely filled-up documents duly signed by other signatories before CMPS.			Client	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit document for approval	1. Check the document for missing details and signatures. 1.1. Forward to CMPS for appropriate action  2. Examine document and decide whether the document is approved or disapproved. 2.1. Sign document if approved 2.2. If disapproved, inform requesting party why the document is disapproved and what to comply	None	5 mins	Administrative Assistant I
			5 mins	Administrative Assistant I
			1 day	CMPS II
			1 min 10minutes	CMPS II Administrative Assistant I
2. Wait for feedback from CMPS Office	3. Return document to requestor	None	1 minutes	Administrative Assistant I
<b>TOTAL:</b>		None	<b>1 day, 21 minutes</b>	

## 64. MEDICAL CONSULTATION AT THE EMPLOYEES CLINIC

Employee's clinic offers quality health care to our health care providers and staffs to protect them in the possible health hazards and to ensure that the workforce will be in their optimum well-being. Employees' health condition are assessed, diagnosed, treated and referred to other specialty if warranted. Medical Clearance for pre-employment, re-appointment and promotion are also accommodated.

<b>Office or Division:</b>		Employees Clinic		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		All Qualified Employees of the Batangas Medical Center		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
OPD Medical Chart		OPD Registration Room		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. OPD Registration at Room 1	1. Chart from registration room will be received by FM Ward Assistant at Room 12	None	15 minutes	OPD Registration Personnel/ FM Ward Assistant
2. Vital signs inside the employees clinic	2. FM NA will take the patient's vital sign (BP, height, weight, temperature, heart rate, respiratory rate)	None	5 minutes	FM Nursing Attendant
3. Consultation with FM Junior Consultant	3. Junior Consultant will conduct history and physical examination of the patient and will facilitate necessary diagnostic work up(s) if needed.	None	45 minutes	Junior Consultant
4. Diagnostic request given to patients	4. Junior Consultant will instruct the	None	5 minutes	Junior Consultant

<p>5. Interpretation of official result</p> <p><i>The procedure will end once the disposition was properly accomplished.</i></p>	<p>patient to proceed to respective sections (laboratory, radiology, ECG)</p> <p>5. Junior Consultant will determine the disposition of the patient: If non-admissible, treat and send home with proper instructions of medications and follow-up visit</p> <p>If admissible, fill-up the referral form address to other department for further evaluation and co-management.</p>	None	20 minutes	FM Nurse/Patient
<b>TOTAL:</b>		None	1 hour and 40 minutes	

## 65. PSYCHOSOCIAL PROCESSING

The Psychiatry Department offers PsychoSocial Processing. A need-supportive assessment and counseling session to BatMC personnel assigned in the Covid ward. This procedure covers activities from receiving referrals to setting of schedules to PsychoSocial processing and assessment. This service is being conducted through electronic and telecommunications technology, specifically video conferencing.

		Psychiatry Department		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2G - Government to Citizen (Hospital Employee)		
<b>Who may avail:</b>		Referred BatMC personnel who were assigned in the Covid wards		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Referral list		1. Respective offices		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send a message of inquiry in facebook Messenger for schedule	1. Verify name in referral list then give schedule	None	5 minutes	Nurse
2. On the scheduled day, stay online 15 minutes before time of appointment	2. Create group chat of participants	None	5 minutes	Nurse
3. Undertake PsychoSocial Processing	3. Facilitate PsychoSocial Processing	None	1 hour	Psychiatrist/ Psychologist
	If for further evaluation and management, refer to nurse for scheduling	None	10 minutes	Psychiatrist/ Psychologist
<b>TOTAL:</b>		<b>None</b>	<b>1 hour and 20 minutes</b>	

## 66. PROCEDURE ON BASIC LIFE SUPPORT (BLS) TRAINING PROPER

Process of providing Basic Life Support Training for Hospital employees. Monday to Friday 8am- 5pm

<b>Office or Division:</b>		Operation Center		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		Employees of BatMC		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Face Mask 2. Ballpen 3. Face shield or googles		Bring your own		
CLIENT'S STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Employees will convene at the said training area	<u>BLS training proper</u> 1 <sup>st</sup> day : pre-test; lecture; and practice demonstration	None	8 hours/day	Dr. Jose M. Tenorio MD FPCS MS III
	2 <sup>nd</sup> day: post test & practical examination		8 hours/day	OPCEN MOIV and BLS trainers
2. Employees will receive their corresponding BLS certificate and ID	BLS trainer will announce the outcome of the employees  BLS trainer will issue the the BLS certificate and ID	None	5 mins  After 5 working days	Dr. Jose M. Tenorio MD FPCS MS III  OPCEN MOIV and BLS trainers
<b>TOTAL:</b>		None	7 days	

## 67. PROCEDURE ON BASIC LIFE SUPPORT REFRESHER TRAINING

Process of providing Refresher Basic Life Support Training for employees Monday to Friday 8am- 5pm

<b>Office or Division:</b>	Operation Center			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	Employees of BatMC			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
✓ Face Mask ✓ Ballpen		Bring your own		
CLIENT'S STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Employees will convene at the said training area	1. BLS training proper Am session : pre-test; lecture; and practice demonstration	None	4 hours	Dr. Jose M. Tenorio MD FPCS MS III
	PM session: post test & practical examination		4 hours	OPCEN MOIV and BLS trainers
2. Employees will receive their corresponding BLS certificate and ID	2. BLS trainer will announce the outcome of the employees	None	5 mins	Dr. Jose M. Tenorio MD FPCS MS III
	BLS trainer will issue the the BLS certificate and ID		After 5 working days	OPCEN MOIV and BLS trainers
<b>TOTAL:</b>		None	7 Days	



## **NURSING SERVICES DIVISION**

### **External Services**



## 68. PROCEDURE ON AVAILMENT OF ANTI RABIES VACCINE

The Out-Patient Department is available from Monday to Friday except on Holidays, 8:00 am to 5:00 pm. It caters all clients with payment collections from the hospital.

<b>Office or Division:</b>	Animal Bite Treatment Center Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Client			
<b>Who may avail:</b>	ALL			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<i>Regular requirements</i>  - Old hospital card - Clearance at triage		OPD/ER first hospital transaction Triage officer		
<i>Situational requirement</i>  - Referral Letter, if available				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Fill out the registry forms (Impormasyon ng Pasyente, Personal Data Processing Consent)		None	5 minutes	Ward Assistant
2.Submission of the Information sheet	Register the Patient's Information	None	5 minutes	Ward Assistant
3.Patient waits for his/her turn for consultation	Doctor will start assessing the patient's condition  The Doctor will issue prescription (if applicable)	None	5 minutes	Animal Bite Treatment Center Doctor  Animal Bite Treatment Center Doctor
4.Receives the prescription (if applicable)		None	5 minutes	Animal Bite Treatment Center Doctor
4.1 Proceed to Pharmacy to get supplies and medicines	ER pharmacist will check if the medicines and supplies is available	None	5 minutes	ER Pharmacist
4.2 If supplies is	Receives the	See	5 minutes	

available, proceed to Cashier for payment	prescription and payments	the attached pricelist		Cashier
4.3 Give the prescription and receipt to Pharmacy	Issue the medicines and supplies		5 minutes	ER Pharmacist
4.4 Return to ABTC Clinic	Nurse on duty will retrieve medication or supplies	None	5 minutes	Nurse on duty
5.Wait for names to be called	The Nurse injects the vaccine	None	20 minutes	Animal Bite Treatment Center nurse-on-duty
	<b>TOTAL:</b>	See the attached pricelist	<b>1 hour</b>	

## 69. ELECTIVE / EMERGENCY OUT - PATIENT OPERATION (OPD OPERATING HOURS)

All patients that will undergo scheduled or emergency surgery under local anesthesia will be under the service of respective department

<b>Office or Division:</b>	Operating Room Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C Government Citizen			
<b>Who may avail:</b>	ALL			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
OPD Record PhilHealth Requirements OR Proposal Consent for Operation and Procedure		Out-Patient Department (Window 1) Billing Section (Window 7)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Operating Room Complex (Trafficking Area)	1.1 Receive patient from OPD Nurse	None	5 minutes	Holding Area Nurse
	1.2 Recheck for OR schedule / proposal	None	2 minutes	
	1.3 Confirmation of patient's identification	None	5 minutes	
	1.4 Proper endorsement done	None	2 minutes	
	1.5 Verification of consent for procedure and anesthesia	None	5 minutes	
	1.6 Accomplish Surgical Safety Checklist	None	10 minutes	
	1.7 Prepare patient for necessary steps prior to	None	15 minutes	

	procedure			
2.Proceed to Operating Room Theater	2.Receive patient from Holding Area Nurse	None	5 minutes	Scrub Nurse
	2.1Confirmation of patient's identification	None	2 minutes	
	2.2Proper endorsement done	None	5 minutes	
	2.3Validation of presented documents	None	5 minutes	
	2.4Transfer patient to OR table	None	5 minutes	
	2.5Hook to cardiac monitor and pulse oximeter	None	3 minutes	
	2.6Secure patient for safety purposes	None	2 minutes	
	2.7 Skin preparation and draping using sterile technique	None	5 minutes	Medical Doctor
	2.8 Local anesthesia induction and operation will take place	None	3 hours	
	2.9 Accomplishment of Surgical Safety Checklist, OR technique, PhilHealth Forms and Pay Slip (if pay)	None	30 minutes	
	2.10	None	10 minutes	Scrub Nurse

	Accomplishment of charge slip for supplies utilized			
	2.11 Attached charge slip to chart	None	2 minutes	
	2.12 Transfer of patient from OR theater to Holding Area	None	10 minutes	
3. Trans-out of patient from Operating Room Theater to Holding Area	3.1 Receive patient from Scrub Nurse	None	5 minutes	
	3.2 Endorsement of patient status and chart done	None	5 minutes	
	3.3 Checking for completeness of forms needed in billing process	None	10 minutes	Holding Area Nurse
	3.4 Notify OPD Nurse / Nurse Attendant that the procedure is done	None	15 minutes	OPD Nurse / Nurse Attendant
	3.5 Instruct OPD Nurse / Nurse Attendant to assist relative of patient for billing process	Fees indicated in billing statement	60 minutes	
4. Trans-out of patient from Operating Room Complex to Out-Patient Department	4.1 Endorsement of patient status and procedures done to OPD Nurse / Nurse Attendant	None	5 minutes	
	4.2 Hand over the chart and accomplished documents needed	None	3 minutes	Holding Area Nurse

	for billing process			
	4.3Receiving Logbook for OPD patient will be signed by the personnel who will assist in patient's transfer to Out – Patient Department	None	3 minutes	
	4.4Transfer of patient to OPD wheelchair / stretcher for transport	None	5 minutes	
	<b>TOTAL</b>		6hours	

## 70. MEDICAL WARD DISCHARGE PROCESS (HAMA)

Description: Is the process of discharging patients whom have decided to discontinue the medical treatment

<b>Office or Division:</b>	IM WARD STATIONS (Station I, Pulmonary Ward)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All admitted patients with discharge orders			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For Philhealth / Point of Service		<p>Window 7 – Philhealth Cares / Medical Social Services</p> <p>Respiratory Therapist Unit</p> <p>Blood Bank</p> <p>Window 9 – Billing Nurses' Station</p>		
<ol style="list-style-type: none"> <li>Green Stub ng Philhealth (<i>Kung gagamitin</i>)</li> <li>Accomplished Patient's Clearance               <ol style="list-style-type: none"> <li>Respiratory Therapist Clearance (<i>If Patient was intubated</i>)</li> <li>Blood bank Clearance (<i>If Patient received blood transfusion</i>)</li> </ol> </li> <li>Cleared Billing Statement</li> <li>AlagangTagubilin</li> </ol>		<p>Respiratory Therapist Unit</p> <p>Blood Bank</p> <p>Laboratory Department</p> <p>Radiology Department</p> <p>Window 9 – Billing Nurses' Station</p>		
Non Philhealth		<p>Respiratory Therapist Unit</p> <p>Blood Bank</p> <p>Laboratory Department</p> <p>Radiology Department</p> <p>Window 9 – Billing Nurses' Station</p>		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Review and sign the waiver of HAMA	1. Secure HAMA waiver		5 minutes	Attending Physician
	1.1 Order HAMA		10 minutes	
	1.2 Accomplish CF4 and submits to Nurse Attendant		10 minutes	
	1.3 Carry out Doctor's order		2 minutes	
	1.4 Accomplish Pharmacy return slip of unused Medicines		10 minutes	
	1.5 Update computer generated charges through IHOMP		10 minutes	
	1.6 Completion and Submission of necessary documents required for Billing		10 minutes	
	- Admission Notice - PBEF (Philhealth Benefit Eligibility Form) - Philhealth Claim Form (CF3/CF4) - Assessment and Referral Form - Operating Record, if applicable - Anesthesia Record, if applicable - Discharge Summary - Laboratory Result			
Fill out CSS (Customer Satisfaction Survey)	Distribute CSS (Customer Satisfaction Survey) to Patient/Relative			
	<b>TOTAL</b>	None	<b>57 minutes</b>	



## 71. MEDICAL WARD DISCHARGE PROCESS

Process of Discharging admitted patients

<b>Office or Division:</b>	IM WARD STATIONS (Station I, Pulmonary Ward)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All admitted patients with discharge orders			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Philhealth / Point of Service		<p>Window 7 – Philhealth Cares</p> <p>Respiratory Therapist Unit</p> <p>Blood Bank</p> <p>Window 9 – Billing Nurses' Station</p>		
<ol style="list-style-type: none"> <li>Green Stub ng Philhealth(<i>Kung gagamitin</i>)</li> <li>Accomplished Patient's Clearance               <ol style="list-style-type: none"> <li>Respiratory Therapist Clearance (<i>If Patient was intubated</i>)</li> <li>Blood bank Clearance (<i>If Patient received blood transfusion</i>)</li> </ol> </li> <li>Cleared Billing Statement</li> <li>AlagangTagubilin</li> </ol>		<p>Respiratory Therapist Unit</p> <p>Blood Bank</p> <p>Laboratory Department Radiology Department Window 9 – Billing Nurses' Station</p>		
Non Philhealth		<p>Respiratory Therapist Unit</p> <p>Blood Bank</p> <p>Laboratory Department Radiology Department Window 9 – Billing Nurses' Station</p>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

None	1.Discharge order 2.Accomplish Alagang Tagubilin and prescription of Home Medications 3.Accomplish CF4 and submits to Nurse Attendant 4.Carry out Doctor's order 5.Accomplish Pharmacy return slip of unused Medicines 6.Update computer generated charges through IHOMP  7.Completion and Submission of necessary documents required for Billing 7.1 Admission Notice 7.2 PBEF ( <i>Philhealth Benefit Eligibility Form</i> ) 7.3 Philhealth Claim Form (CF3/CF4) 7.4 Assessment and Referral Form 7.5 Operating Record, if applicable 7.6 Anesthesia Record, if applicable 7.7 Discharge Summary 7.8 Laboratory Result  8. Distribute CSS (Customer Satisfaction Survey) to Patient/Relative		5mins.  10mins.   10mins  2mins.  10mins  10mins  10mins	Attending Physician   Nurse on Duty
Fill out CSS (Customer Satisfaction Survey)	None		15mins	
Receive "GO CARD" then	Check for Bill availability through		1 hour	Billing Section

proceed to Window 9, Billing Section"	IHOMP Payment Check		10mins	
	Handover "GO CARD" to client and advise to proceed to Window 9, Billing section.			
Accomplish signatories in the Billing Statement			15mins	Billing Section
Proceed to Cashier and settle due amount		Due amount	30mins	Billing Section
Proceed to Nurses' Station and present Cleared Billing Statement(1 copy for Client, 1 copy for Nurses' Station)	Receive Cleared Billing Statement(1 copy for Client, 1 copy for Nurses' Station)		5mins	Nurse on Duty
Secure Vehicle for Patient's transport	Receive Watcher's Pass and GO CARD		2mins	Nursing Attendant / Nurse on Duty
Surrender Watcher's Pass and GO CARD	Discuss Discharge instructions to client, confirm with Clients' signature		10mins	Nurse on Duty
Receive Discharge Instructions -AlagangTagubilin -Prescription of Home Meds	Confirm availability of Patients' transportation		20mins	
Inform Nurse Station of availability of Patients' transportation	Secure in-hospital transporter to transport Patient to the Exit		10mins	
	Remove Intravenous lines and other		5mins	

Relatives can assist in transporting Patient out of the Hospital	unnecessary contraptions from the patient's body  Safely transport Patient out of the hospital and to their transport vehicle via wheelchair / stretcher		5mins	Transporter
	<b>TOTAL</b>		3 hours, 44 minutes	

## 72. PROCESS OF DISCHARGING PATIENTS

<b>Office or Division:</b>	Station II First Floor			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Discharging of Patients			
<b>Who may avail:</b>	All Station II Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Green Stub ng Philhealth		Philhealth Section (Window 7)		
Hospital Bill with CLEARED Stamp (1 copy for Mother's billing statement and 1 copy of new Born Child's Billing Statement)		Billing Section (Window 9)		
Pamphlet ng Newborn Screening Test		Newborn Screening Test Room		
Resulta ng Hearing Test		Newborn Hearing Test Room/ NICU First Floor		
Customer Satisfaction Survey (1 for Medical Division at 1 copy for Nursing Division)		Nurse's Station		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Wait for Doctor's Order for schedule of discharge	1.Advise relative of patient to complete requirements of Philhealth at Window 7	None	1 hour/s	<i>Doctor</i>
2.None	2.The Midwife on Duty brings all the necessary documents that are listed below to Billing Section for the processing of hospital bill  Documents: <ul style="list-style-type: none"> <li>• Admission Notice</li> <li>• <b>PBEF (Philhealth Benefit Eligibility Form)</b></li> <li>• Philhealth</li> </ul>	None	30 minute/s	<i>Midwife on Duty</i>

	<p>Claim Form (CF3/CF4)</p> <ul style="list-style-type: none"> <li>• Assessment and Referral Form</li> <li>• Operating Record</li> <li>• Anesthesia Record</li> <li>• Discharge Summary</li> <li>• Newborn Hearing Test Result and Newborn Screening Stub</li> </ul> <p>2.1 Explain to the patient's relatives that Billing Section only accepts documents for hospital billing until 2pm due to number of patients being discharged every day.</p>			
3.The patient can ask for status of their billing statement's request to the admitting Nurse Station.	The Nurse On Duty will check in the computer system if the billing statement is already available	None	2- 3 minute/s	<i>Nurse on Duty</i>
4.If billing statement is available, proceed to Billing and Claims Section – Window 9 to claim the Billing	4.Advise patient's relative to proceed to Billing and Claims Section to claim the Billing Statement before paying to Cashier		<p>5 minute/s</p> <p>5 minute/s</p>	<p><i>Billing Personnel</i></p> <p><i>Cashier</i></p>

Statement before proceeding to Cashier's area to pay the amount and wait for the Billing statement with CLEARED Stamp				
5.Submit the Cleared Billing Statement to the Nurse on Duty	5.Check the Billing Statement	None	3-5 minute/s	<i>Nurse on duty</i>
6.Wait for advise <b>"TAGUBILIN"</b>	6.The Nurse on Duty will explain to the patient what to do at home and when would be the next follow up check-up.  <b>PAALALA:</b> Consultation at Out Patient Department (OPD) is <b>"By Appointment"</b> thru Facebook Page or its Contact Number to be given by the Nurse On Duty	None	2-3 minute/s	<i>Nurse on Duty</i>
7.Wait for the Nurse On Duty to sign the Clearance which is to be presented to the Guard On duty in Exit area	7.Give the Signed Clearance Form to Patient.	None	5 minute/s	<i>Nurse on Duty</i>
<b>TOTAL</b>			1 hour and 56 minute/s	

## 73. PROCESS OF ADMISSION TO DISCHARGING OF PATIENTS

Office or Division:	Station II OB-Gyne Private			
Classification:	Payward			
Type of Transaction:	Admission to Discharge Process			
Who may avail:	OB-GYNE Private Patients			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>I. ADMISSION</b> Cooperates with the Nurse / Midwife on duty	1. Prepares patient's bed	Single Room – P1100/day Semi-Private Room- 950/day	5 minutes	Nurse/Midwife on Duty
	2. Prepares necessary equipment.		2 minutes	Midwife on Duty
	3. Places patient on bed.		2 minutes	Nurse/Midwife on Duty
Submits self for assessment from head to toe	4. Checks V/S, I & O	None	5 minutes	Midwife on Duty
	5. Verifies Doctor's order		1-2 minutes	Nurse on Duty
Allows nurse to administer medicine.	6.Prepares and administers prescribed medicines	Depends on the prescribed medicines and Medical Supplies	45 minutes	Nurse on Duty



	7. Makes charges of medicines / medical supplies used.		2 minutes	Nurse /Midwife on Duty
<b>II.SPECIAL PROCEDURE/ DIAGNOSTIC PROCEDURE</b> 1.Follows instruction and understands explanation.	1. Prepares request form for: UTZ / X-ray / CT Scan 2D-echo, Non-Stress Test Monitoring, Laboratory Exam	Depends on the Diagnostic procedure performed	2-3 minutes	Nurse on Duty
Cooperates and follows instruction of Nurse/Midwife on duty	2.Preparespatient for the procedure		30 minutes	Nurse/Midwife on Duty
<b>III.PRE-OP CARE (ELECTIVE AND EMERGENCY OPERATION)</b> Signs consent and allows nurse to administer pre- op medication/s as ordered	1.Secures consent.		2 minutes	Nurse On Duty
	2. CP clearance for Elective and in patient, CP evaluation for Emergency Operation		(w/ complete diagnostic results 2 hours -3 hour)	Attending Physician
	3. Notifies OR		2 minutes	Nurse on Duty
	4. Refers to Anesthesiologist for pre-op order		3 minutes	Attending Physician Nurse on Duty
	5. Prepares patient pre-operatively		30 minutes	Nurse on Duty
Allows nurse to administer pre- op medication	6.Administers pre-op medication/s as ordered	Depends on the prescribed medicine and medical supplies used	15-30 minutes or depends on the Doctor's order	Nurse on Duty

	7. Make charges of medicine/s and medical supplies used		2 minutes	Nurse/Midwife on Duty
<b>IV. POST-OP CARE</b> Submits self to assessment	1. Carries out post-operative orders	None	5-10 minutes or depends on the Doctor's order	Nurse/Midwife on Duty
	2. Monitors Vital signs, Intake & Output		5-10 minutes	Midwife on Duty
	3. Requests medicines to the pharmacy.		3-5 minutes	Nurse on Duty
	4. Administers post-op medications		15-45 minutes	Nurse on Duty
	5. Make charges of medicines / medical supplies used.		3 minutes	Nurse/Midwife on Duty
<b>V. BATHING OF NEWBORN BABIES</b> Mother allows her baby to bathe	1. Bathe the newborn baby (at least 24 hours of life)	P10	5 minutes	Midwife on Duty
	2. Make Charges		2 minutes	Midwife on duty
<b>VI. NEWBORN SCREENING/HEARING TEST</b> Mothers allows her baby for NBST/HT Test	1. Accompanies mother and baby at the NBST/HT clinic		30 minutes	Staff on Duty from Laboratory and NICU
	2. Attach stub at the baby's chart		1 minute	Midwife on Duty
	3. Make charges		2 minutes	Midwife on Duty
<b>VII. ACCOMPLISHMENT OF BIRTH CERTIFICATE</b> Submits requirements for Birth Certificate, valid ID's and Birth	1. Checks and verifies the correctness of data in the Birth Certificate prior forwarding to typing clerk		10 minutes	HIMS

Certificate (if not married). Marriage Contract (if married)				
<b>VIII. ACCOMPLISHMENT OF PHILHEALTH REQUIREMENTS</b> 1. Submits the complete requirements at the Philhealth Window 7 to obtain green stub and CSF 2. Submits green stub and CSF at the Nurse Station	1. Attach green stub and CSF at the patient's chart.		1 minute	Nurse on Duty
	2. Informs the Attending Physicians to sign the CSF		1 minute	Nurse on Duty
<b>IX. DISCHARGE INTERNAL EXAMINATION</b> Submits self for dressing and discharge IE	1. Dressing of post-op wound	P30	10 minutes 2 minutes	Attending Physician  Attending Physician
	2. Internal Examination		2 minutes	Nurse/Midwife on Duty
	3. Make charges of medical supplies used		2 minutes	Nurse/Midwife on Duty
<b>X. DISCHARGE PROCESS</b> <u>A. May Go Home/HAMA</u> Understands and follows instructions	<u>May Go Home</u> 1. Carries out Doctor's order		2 minutes	Nurse on Duty
	2. Secures Professional Fee of the Attending Physician	Depend upon to the Procedure and to the Attending Physician	5 minutes	Attending Physician Nurse on Duty
	3. Distributes and collects Customer Satisfaction Survey		2 minutes	Midwife on Duty

	<u>HAMA:</u> <i>a. Explain consequences to the patient and relatives and discuss with the Attending Physician the reason of contemplating HAMA</i>		5 minutes	Attending Physician
	<i>b. Secures waiver (for HAMA patient)- after explaining the consequences to the patient/relatives</i>		2 minutes	Attending Physician Nurse on Duty
	4. Forwards charge slip/s to the IHOMP for the medical supplies used		2 minutes	Nurse/Midwife on Duty
	5. Issues Clearance form (to settle blood account from Batmc-Blood bank (if any)		3 minutes	Nurse on Duty Blood Bank Staff on Duty
	6. Returns unused medicines to the Pharmacy Section.		3 minutes	Nurse/Midwife on Duty
	7. Submits accomplished required documents with CF3/CF4(NSD, CS and Gyne) to the Billing Section		5 minutes	Midwife on Duty

	8. Checks IHOMP for Billed patients and give GO Card and instructs to proceed at the Window 9 to get the Billing Statement		3 minutes	Midwife on Duty Billing Section Staff
	9. Instructs to carefully check the Billing Statement.		1 minute	Billing Section Staff
	10. Proceeds at the Cashier Office for payment.		2 minutes	Cashier Office Staff
	11. Instructs to submit official receipt, Billing Statement and stamped clearance form at the Nurse Station .		20 minutes	Nurse on Duty
	12. Returns the official receipt, discharge clearance form and 1 copy of Billing statement to the patient .		1 minute	Nurse on Duty
	13. Gives and explains discharge instruction		2 minutes	Nurse on Duty
	14. Collects Watcher's ID		1 minute	Midwife on Duty
	15. Transports patient at the Lobby Via Wheelchair		3 minutes	Transporter on Duty

	16. Secures discharge clearance		1 minute	Medical Security Guard
<u>B. Mortality</u> Understands and follows instructions	1. Carries out doctor's order.		2 minutes	Nurse on Duty
	2. Forwards charge slip to the IHOMP for the medical supplies used.		3 minutes	Nurse on Duty
	3. Issues clearance (to settle blood account from BATMC-Blood bank (if any)		2 minutes	Nurse on Duty
	5. Submits accomplished required documents with CF3/CF4(NSD, CS and Gyne) to the Billing Section.		5 minutes	Attending Physician Nurse on Duty
	6.. Performs post mortem care and put 2 identification tag .		20 minutes	Midwife on Duty
	7. Accomplishes 6 copies of Death Certificate and forward in Admitting Section		20 minutes	Attending Physician Nurse on Duty
	8. Endorses cadaver to the medical security guard on duty and facilitates transfer of cadaver to the		5 minutes	Nurse /Midwife on Duty Medical Security Guard Transporter on Duty

	morgue.			
	9. Secures discharge clearance.		3 minutes	Medical Security Guard
<b>TOTAL:</b>			3 hours and 2 minutes (Length of Days Admitted is not included)	

## 74. REQUEST AND RELEASING OF PASTEURIZED BREAST MILK

PASTEURIZED BREAST MILK is prescribed to neonate patient whose mother is unable to provide her breast milk.

<b>Office or Division:</b>	Batangas Medical Center Human Milk Bank			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Newborn babies whose mother are not able to provide breast milk due to medical reason			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Regular: Medical Abstract (for in-patient) Medical Certificate (non-BatMC recipients), Doctors Prescription and Milk Bank Recipient Form Additional: Clean storage with ice packs		Nurse Station Client Batangas Medical Center Human Milk Bank Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Fill-up Milk Bank recipient form	Check the requirements presented Issue recipient form and check for completeness Provide charge slip to relatives	None	5 minutes	Human Milk Bank Personnel
2.Pay corresponding amount to cashier	Received payment and give official receipt	None	30 minutes	Cashier
3.Present receipt to Human Milk bank Personnel	Receive receipt	P220/100ml	5 minutes	
4.Receive pasteurized milk and store storage box with ice and ready for transport	Dispense pasteurized milk to relatives		10 minutes	
	<b>TOTAL</b>		50 minutes	



## 75. ADMISSION OF COVID – SUSPECT PATIENT TO HD ISO ROOM

Hemodialysis treatment on isolation room is available Monday to Sunday, and starts at 6:00pm until 7:00am the following day. It cares only to COVID – Suspect patients negative with Hepatitis B infection.

<b>Office or Division:</b>	Hemodialysis Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Covid – Suspect Dialysis Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<b>OPD</b> >Three(3) copies of latest Dialysis treatment sheets > Copy of latest laboratory test results: - CBC (1 month) - Creatinine/BUN (1 month) - Sodium, Potassium, Calcium, Phosphorus, Albumin (1 month) -HbSag, Anti-HCV(6 months)  <b>Admitted</b> > Copy of latest laboratory test results: - CBC (1 month) - Creatinine/BUN (1 month) - Sodium, Potassium, Calcium, Phosphorus, Albumin (1 month) -HbSag, Anti-HCV(6 months)  * Minimum requirements for OPD/Admitted patients  Non-Reactive Hbsag and Anti-HCV		➤ Previous Dialysis Clinic  ➤ Client / Patient's Copy         ➤ Patient's Chart (Admitting Station)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>OPD/Admitted</b>  1.Inquire for scheduling.	1Checks the availability of schedule.  If there's no available slot, HD unit will list the name and contact number of the	None	5 minutes	Nurse

	<p>patient on the waiting list.</p> <p>If emergency case, Residents-On-Duty will prioritize and finalize the line-up of patients</p>			
2.Submit available laboratory results	<p>2. Checks and validate lab results</p> <p>If laboratory test are unavailable/expired, repeat test will be facilitated and update HD unit staff nurse.</p>	None	5 minutes	Nurse/Doctor
3.Approval of HD treatment and schedule	<p>3. Approves and Notify sending station of the schedule and advices to secure consent for hemodialysis procedure</p>	None	5 minutes	Nurse
	<b>TOTAL</b>		15 minutes	

## 76. COVID SUSPECT HEMODIALYSIS TREATMENT PROCEDURE

Hemodialysis treatment on isolation room is available Monday to Sunday and starts at 6:00pm until 7:00am the following day. It cares only to COVID – Suspect patients negative with Hepatitis B infection.

<b>Office or Division:</b>	Hemodialysis Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Covid – Suspect Dialysis Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<b>OPD</b> >Three(3) copies of latest Dialysis treatment sheets >Original Copy of latest laboratory test results: - CBC (1 month) - Creatinine/BUN (1 month) - Sodium, Potassium, Calcium, Phosphorus, Albumin (1 month) -HbSag, Anti-HCV(6 months)  <b>Admitted</b> >Original Copy of latest laboratory test results: - CBC (1 month) - Creatinine/BUN (1 month) - Sodium, Potassium, Calcium, Phosphorus, Albumin (1 month) -HbSag, Anti-HCV(6 months)  * Minimum requirements for OPD/Admitted patients  Non-Reactive Hbsag and Anti-HCV		Previous Dialysis Clinic  Client / Patient's Copy          Patient's Chart (Admitting Station)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>OPD/Admitted</b> 1. Proceed to HD unit on scheduled treatment date and time	1. Receives patient, check documents and perform initial assessment	None	5 minutes	Nurse
	1.1 Prepares machine and rinse dialyzer for use.		15 minutes	

	1.2 Hemodialysis Procedure		2 hours (initial) 4 hours (regular)	
	1.3 Post dialysis care		20 minutes	
2. Discharge (OPD patient)  Return patient to ward (In-patient)	2. Discharges patient (OPD patient)  (In-patient) 2.1 Informs sending ward of status post procedure  2.2 Request ambulance and transported  2.3 Safe transport of patient  2.4 Endorsement of patient	None	3 minutes  30 minutes	Nurse
3. Billing and Claims Settlement	3. Issues discharge clearance and CSS to patient's relative one's RT-PCR test result of patient is negative.	None	3 minutes	Nurse
4. Patient's clearance	4. Receives billing statement and answered CSS	None	3 minutes	Nurse
	<b>TOTAL</b>		4 Hours and 42 minutes	

## 77. GENERAL ICU ADMISSION PROCEDURE

Process for admitting patient in GICU

<b>Office or Division:</b>		NURSING- General ICU		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C- Government to Citizen		
<b>Who may avail:</b>		All		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Patient's Chart 2. Mechanical Ventilator (if intubated) 3. Room Stub (for bed vacancy)		Emergency Room Respiratory therapy unit (outsource) Emergency Room		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client/relative will provide all necessary information regarding the patient's condition needed for the confirmation of ICU admission.	1. Receive notification of patient's possible admission/transfer, from ICU rotator only (if patient is for isolation, refer to Area Policy Manual regarding admission criteria).	None	10 minutes	Nurse on Duty
2. Client's relatives receive and fully understand the nurse's explanation regarding GICU policy.	2. The nurse on duty explains the policy and hospital charges to the patient's relatives. Room stub provided by the ER department should be signed by ICU nurse to confirm vacant bed (if patient is from ER).	None	10 minutes	Nurse on Duty
3. Client's relatives confirm their decision of admitting their patient to General ICU.	3. Accept confirmation of patient's admission/transfer from ER/OR/Ward nurse.	None	10 minutes	Nurse on Duty
4. Client and relatives will stay at the Emergency Room/ward while	4. Prepare bed and medical equipment needed. Intubated patient can be	None	15 minutes	Nurse on Duty (Respiratory therapist on duty if patient

awaiting admission.	transferred to the unit provided that the mechanical ventilator is already set up.			is intubated)
5. Client's relatives will wait and stay at the designated watcher's area while the nurse on duty attends to the patient's needs upon admission.	5. Receive patient from ER/Ward/OR accompanied by nurse on duty, (RT on duty if intubated), with duly accomplished patient clinical safety checklist.	None	15 minutes	Nurse on Duty
6. Client's relatives receive personal belongings of the patient, if there is any	6. Assess patient's condition. Patient's belongings should be checked and handed over to the relatives.	None	5 minutes	Nurse on Duty
7. Client's relatives will wait and stay at the designated watcher's area while the patient is being taken care of inside the General ICU.	7. Take baseline vital signs and other necessary measurements (IE: CVP).	None	5 minutes	Nurse on Duty
8. Client's relatives will wait and stay at the designated watcher's area while the patient is being taken care of inside the General ICU.	8. Notify attending physician/ resident on duty/ ICU rotator after initial assessment.	None	5 minutes	Nurse on Duty
9. Client's relatives will wait and stay at the designated watcher's area while the patient is being taken care of inside the General ICU.	9. Carry out doctor's order.	None	15 minutes	Nurse on Duty
	<b>TOTAL:</b>	None	1 hour and 30 minutes	

## 78. GENERAL ICU DISCHARGE PROCEDURE

Process when Discharging Patients from GICU

<b>Office or Division:</b>		NURSING- General ICU		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C- Government to Citizen		
<b>Who may avail:</b>		Admitted patient who wish to transfer to another institution		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Transfer to Hospital Of Choice waiver			GICU Nurse Station	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Client/ client's relatives sign a waiver requesting transfer.	1. Carrying out of THOC (transfer to hospital of choice) order.	None	10 minutes	Nurse on Duty
2. Client's relatives accomplish duly signed discharge clearance form.	2. Facilitating patient's discharge clearance (for private and ph service patients)	None	15 minutes	Nurse on Duty
3. Client's relatives facilitate ambulance service and other necessary documents for transfer.	3. Completion of patient's chart (including cf4, coding, operative record, discharge summary, clinical history and final diagnosis)	None	15 minutes	Nurse on Duty Attending Physician
4. Client's relatives pay the final bill respectively.	4. Submission of patient's chart to billing section for the billing process	Final bill Professional fee (Pay category)	20 minutes	Billing Personnel
5. Upon payment and accomplishment of the final bill, relatives will present the clearance sheet to GICU nurse on duty.	5. Getting copy of the final bill from the billing section and presenting it to the nurse on duty for signing.	None	5 minutes	Nurse on Duty
6. Client's relatives accompany the patient out of GICU	6. Discharging the patient and endorsing it to the	None	10 minutes	Nurse on Duty

into the ambulance for transfer.	nurse who will conduct the patient's transfer.			
	<b>TOTAL:</b>	Depends on the Final Bill	1 hour and 15 minutes	



## 79. SECURING PATIENT'S BIRTH CERTIFICATE

Patient's relatives will receive the birth certificate for completion

<b>Office or Division:</b>		NEONATAL INTENSIVE CARE UNIT		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		Patient's parents or relatives		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Birth Certificate (Draft Copy)		NICU 1 <sup>st</sup> Floor		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure the draft birth certificate to nurse on duty	1. Check the received document	None	1 minute	Nurse on duty
2. Inform the relatives of the process and the proper filling up of form	2. Instruct to proceed to Records Section at Out-patient department	None	3 minutes	Nurse on duty
3. Clarify to relatives that the document is only processed at the Records section not in the area	3. Instruct the path to Out-patient department	none	2 minutes	Nurse on duty
4. Have the relatives signed on a portion of the patient's chart to secure proof of receiving the copy	4. Secure signature	none	1 minute	Nurse on duty
<b>TOTAL:</b>			7 minutes	

## 80. SECURING PHILHEALTH CONFIRMATION STUB

Patient's relatives must provide the appropriate Philhealth green stub

<b>Office or Division:</b>		Neonatal Intensive Care Unit		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		G2G		
<b>Who may avail:</b>		Patient's parents or relatives		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Philhealth Green Stub		Philhealth Window 7		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Advise relatives to prepare proper requirements for Philhealth completion	1. Check the documents needed for application	None	1 minute	Nurse on duty
2. Instruct relatives to proceed to Philhealth window 7 and submit the documents	2. Process application	None	1 day	Philhealth personnel
3. After securing the stub, relatives must submit a copy at the nurse's station.	3. Receive and verify Philhealth category	None	1 minute	Nurse on duty
4. Attach stub to patient's chart.	4. Update Philhealth category	None	1 minute	Nurse on duty
5. Advise relatives to prepare proper requirements for Philhealth completion	5. Check the documents needed for application	None	1 minute	Nurse on duty
	<b>TOTAL:</b>		<b>1 day and 3 minutes</b>	

## 81. PATIENT'S ADMISSION PROCESS

Patient's relatives consenting for admission.

<b>Office or Division:</b>		Neonatal intensive care unit		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		Nurse on duty		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Consent for admission		NICU 1 <sup>st</sup> Floor		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Listen to Doctor's explaining the condition of the patient	1.Call presence of relatives	None	20 minutes	Pediatric resident on duty
2. Listen to further terms and condition to relatives and other possible procedures related to admission	2.Clarify relatives' understanding of admission	None	5 minutes	Nurse on duty
3.Secure signed informed consent upon admission	3.Instruct relatives to sign forms before admission	None	5 minutes	Nurse on duty
4.Listen to advise relatives of important checklist of babies' needs. Remind time of viewing and visit.	4.Provide the checklist and reminders slip to relatives	None	10 minutes	Nurse on duty
TOTAL:			30 minutes	

## 82. COMPLIANCE TO KANGAROO MOTHER CARE PROGRAM

Patient's mother will perform kangaroo care

<b>Office or Division:</b>		Neonatal Intensive Care Unit		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		Patient's parents or relatives		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Consent for Kangaroo mother care (KMC) program KMC tube		NICU 1 <sup>st</sup> Floor / Kangaroo Mother Care Ward		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Listen to discussion about the program	1.Explain KMC program	None	15 minutes	Nurse on duty
2.Wear appropriate gear when doing the program	2.Notify and check the mother/relative's clothing	None	5 minutes	Nurse on duty
3.Always log the time-in and time out per session.	3.Check logbook	None	2 minutes	Nurse on duty
4.Listed to the instruction of proper hygiene and handling of baby	4.Instruct KMC provider of the handwashing techniques and process	None	5 minutes	Nurse on duty
	TOTAL		22 minutes	

## 83. PROPER BREASTFEEDING

Mother's willingness to exclusively breastfeed their baby

<b>Office or Division:</b>		Neonatal Intensive Care Unit		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		All Mothers of Newly Born Babies		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Personal Protective Equipment (PPE)		NICU 1 <sup>st</sup> Floor		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Listen to the nurse discussing of benefits and proper health teaching of breastfeeding	1.Remind mother of breastfeeding time	None	10 minutes	Nurse on duty
2.Inform time of breastfeeding	2.Check PPE. Advise handwashing.	None	5 minutes	Nurse on duty
3.Always write the time of log in and log out every session	3.Check logbook	none	1 minutes	Nurse on duty
4.Proceed to breastfeeding area	4.Closely watch breastfeeding process	none	5 minutes	Nurse on duty
	TOTAL:		21 minutes	

## 84. MOTHER AND CHILD ROOM ACCOMODATION

Mother's stay at room after OB discharge while baby is in NICU.

<b>Office or Division:</b>		Neonatal Intensive Care Unit		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		Patient's parents or relatives		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Inform nurse on duty of mother's discharge at OB ward	1. Advise stay at MCR	None	1 minute	Nurse on duty
2. Listen to the nurse-on-duty discussing the time of visitation	2. Verify checklist prior to admission	None	3 minutes	Nurse on duty
3. Listen to the nurse-on-duty discussing the accommodation policies	3. Check area regularly	None	5 minutes	Nurse on duty
	<b>TOTAL</b>		9minutes	

## 85. COMPLIANCE TO NEWBORN HEARING AND SCREENING TEST

Patient will undergo mandatory newborn test after 24 hours of life.

<b>Office or Division:</b>		NEONATAL INTENSIVE CARE UNIT		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C, G2G		
<b>Who may avail:</b>		Patient's parents or relatives		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Newborn Hearing and Screening test forms		NICU 1 <sup>st</sup> Floor  Audiometry Room		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Listen to of importance of newborn tests.	1. Present pamphlets and explain well of procedure	None	5 minutes	Nurse on duty
2. Allow relatives to fill up test forms prior to procedure	2. Check form details if complete. Let baby relax during procedure	None	10 minutes	Nurse on duty
3. Charge billing of procedure to patient	3. Update billing charges	None	2 minutes	Nurse on duty
4. Inform relatives of newborn test results	4. Log result to verify and secure sign of procedure done	None	5 minutes	Nurse on duty
<b>TOTAL</b>			22 minutes	

## 86. COMPLETION OF DISCHARGE REQUIREMENTS

Patient's relatives to complete clearance prior to discharge.

<b>Office or Division:</b>		NEONATAL INTENSIVE CARE UNIT		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		G2G		
<b>Who may avail:</b>		Patient's parents or relatives		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Assessment and Referral form Philhealth documents Newborn Hearing and Screening Test Results Discharge Summary CF4			NICU 1 <sup>st</sup> Floor	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Wait for Doctor's Order	1.Carry out doctors order	None	1 minute	Nurse on duty
2. Wait completion of discharge clearance	2.Check respective departments needed for clearance	None	30 minutes	Department personnel
3. Secure and complete all requirements prior to billing	3.Check all papers and log for discharge verification	None	2 minutes	Nurse on duty
4.Submit all documents to Billing station.	4.Inform relatives of billing process and time of billing statement availability.	None	4 hours	Billing personnel
5.Proceed to Billing Section with a "Go Card"	5Provide a "Go Card" to relatives. Advise to submit cleared stub to nurses' station	None	10 minutes	Billing and Cashier personnel
6.Confirm cleared stub and attach to patient chart.	6.Give Home instructions as per doctor's order. Verify patient identification and have relatives sign. Record discharge to logbook.	None	20 minutes	Nurse on duty
	<b>TOTAL</b>		5 hours and 2 minutes	



## 87. PROCEDURE ON ADMISSION IN PATIENT NEEDING EMERGENCY OR AT OPERATING ROOM AND DELIVERY ROOM

Process of providing admission on patient needing emergency operating procedure. Operates 24 hours, 7 days a week. No Noon Break or Holidays

<b>Office or Division:</b>		Emergency Department		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		All Emergency Patients		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<ul style="list-style-type: none"> <li>✓ Hospital card</li> <li>✓ Admitting Chart (Doctor's order sheet, Admission Notice Form, Clinical History Form, Diagnostic Tests requests, Discharge Summary, Intravenous Fluid Sheet, Medication and Stat Sheet, Nurses notes, Consent for Admission and Procedure, OR proposal)</li> </ul>			<ul style="list-style-type: none"> <li>✓ ED Registration for new patient / Information for old patient who don't bring their old hospital card</li> <li>✓ ED Personnel (ED Resident on duty and ED nurses)</li> </ul>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patient and relative will listen and ask inquiries regarding the plan of management.	1.1 The Resident on duty will discuss the plan of management for the patient  1.2 The nurse on duty will perform acute care to the patient and document	None	15 minutes	(Resident on Duty and ERO)  Nurse III Supervisor of ED
2. Patient and relative will decide for the plan of care.	2.1 Nurse on duty will secure consent for emergency procedure from the relative and secure necessary forms	None	15 minutes	Nurse III Supervisor of ED
2.1 Fill up necessary consent	2.1 Inform OR / DR through phone call  2.2 Secure OR gown			
3. Patient and	The resident on duty	None	30 minutes	(Resident on

relative will wait until the admitting chart and diagnostic forms are completed	will accomplish patient's admitting chart and other diagnostic forms			duty and ERO)
4.Relative will wait for the prescriptions	<p>4.Doctor will prescribe all medications and supplies needed at OR</p> <p>4.1Nurse and Nursing attendant will assist the patient's companion procuring medications and supplies</p>	None (Except Consignment drugs and supplies)	15 minutes	<p>(Resident on duty and ERO)</p> <p>(Nurse and NA)</p>
5.Patient and relative will wait until the nurses are able to complete documentation and carry out doctor's order	<p>5.ED Nurse on duty will log the disposition of patient at ER system as for admission.</p> <p>5.1Nurse on duty will accomplish documentation and carry out doctor's orders</p>	ED charges will be encoded to hospital system (except consignment drugs/supplies)	10 minutes	(Nurse and NA)
6.Have the Room Stub signed by the Area Nurse from the designated area where patient is to be admitted after operation.	<p>6.ED nurse and resident on duty will instruct the relative to proceed with designated area/station to have the stub signed by Area nurse</p> <p>6.2 Area Nurse on duty / nursing attendant will sign the room stub with available room</p>	None	10 minutes	<p>(Nurse)</p> <p>(Area Nurse)</p>

	number.			
7.Patient's relative will proceed to Information for verification of patient's details and Philhealth category	7.Information Clerk will interview and register the patient to In-patient hospital system as admission and to process Philhealth.	None	15 minutes	Administrative Officer III
8.Relative will accompany the patient during transfer	8.ED Nurse on duty will transfer and endorse the patient at OR / DR trafficking area	None	15 minutes	(Nurse)
	<b>Total</b>	None upon admission	2 hours and 5 minutes (include waiting time)	

## 88. PROCEDURE ON DISPOSITION (COVID WARD)

Process of providing admission disposition to a COVID suspect / positive patient. Operates 24 hours 7 days a week. No Noon Break nor Holidays as long as there is vacant room.

<b>Office or Division:</b>	Emergency Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All Emergency and Urgent COVID Suspect or Positive Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> <li>✓ Hospital card</li> <li>✓ Room stub</li> <li>✓ Admitting Chart (Doctor's order sheet, Admission Notice Form, Clinical History Form, Doctors' Order Sheet, Diagnostic Tests requests, Discharge Summary, Intravenous Fluid Sheet, Medication and Stat Sheet, Nurses notes, Consent for Admission and Procedure)</li> </ul>		<ul style="list-style-type: none"> <li>✓ ED Registration for new patient / Information for old patient who don't bring their old hospital card</li> <li>✓ Resident on duty</li> <li>✓ ED Personnel (ED Resident on duty and ED nurses)</li> </ul>		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up necessary consents <i>(If patient and relative decided to continue the admission procedure)</i>	<p>2.1 The Resident on duty will assess the patient and discuss the Admission plan at ED Tent.</p> <p>2.2 ED Resident will inform the IPCC personnel about the intent for admission</p> <p>2.3 The ED nurse on duty will have the patient/ patient's relative sign the Consent for admission</p> <p>ED personnel will don personal protective equipment prior to entry at ED Tent.</p>	<p>PPE Charges as follows:</p> <p>N95 Mask - 273</p> <p>Disposable Gown - 507</p> <p>Gloves- 2 pairs x 60=120</p> <p>Bouff</p>	35 minutes	<p>Dr. Jose M. Tenorio MD FPCS MS III Head of ED (Resident on duty and ERO)</p> <p>Paolo Niccolo Sulit, RN MAN Nurse III Supervisor of ED (Nurse)</p>

		ant Cap- 2		
		Booti es -45		
		Face Shield – 165		
		Goggl es - 373.3 3		
2. Patient and relative will wait until the admitting chart and diagnostic forms are completed	<p>3.1 The resident on duty will accomplish patient's admitting chart and other diagnostic forms</p> <p>3.2 Resident on duty will extract blood specimens at ED Tent.</p> <p>(If ED ROD is unable to extract the patient, medtech will extract the patient)</p>	None	30 minutes	Dr. Jose M. Tenorio MD FPCS MS III Head of ED (Resident on duty and ERO)
3. Patient and relative will wait until the nurses are able to complete documentation and carry out doctor's order	<p>3.1 ED Nurse on duty will encode patient to ED hospital system as admission.</p> <p>3.2 Nurse on duty will accomplish documentation and carry out doctor's orders</p> <p>3.3 ED nurse on duty will inform COVID nurse on</p>	ER charge s will be encod ed to hospit al syste m (excep t consig nment drugs/ suppli es)	10 minutes	Paolo Niccolo Sulit, RN MAN Nurse III Supervisor of ED (Nurse)

	duty thru phone call prior to transfer.			
4. Patient's relative will wait while the nursing attendant or nurse is processing the papers at Information for verification of patient's details and Philhealth category	Information Clerk will register the patient to In-patient hospital system as admission and to process Philhealth.	None	15 minutes	Jacquilyn Marasigan, JD Head of Admitting and Information Section  (Information Clerk)
5. Patient and relative will participate in transfer and transport	5.1 ED Nurse on duty will accompany and endorse the patient at COVID Ward.  All Covid Suspect patient's transport is via ambulance conduction.	None	25 minutes	Paolo Niccolo Sulit, RN MAN Nurse III Supervisor of ED (Nurse)
	<b>Total</b>	ED charges will be encoded to hospital system (except consignment drugs/supplies)	2 hours and 15 minutes (Includes waiting time)	

## 89. PROCEDURE ON DECONTAMINATION

Process of providing decontamination to toxicological patients needing external decontamination. Operates 24 hours 7 days a week. No Noon Break or Holidays.

<b>Office or Division:</b>	Emergency Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All Emergency and Urgent Patients that needs external decontamination			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
✓ Consent for Procedure		✓ ED Resident on Duty		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Have the patient brought to the TRIAGE area for identification and initial assessment	1.1 Triage officer and ED Resident will approach the patient and do initial assessment and identify the need for decontamination.  1.2 Assessment by the Clinical Toxicologist / Resident on duty identifies the need for stabilization / life saving measures.	None	5 minutes	Dr. Jose M. Tenorio MD FPCS MS III Head of ED (Triage Officer Resident and ERO)
2. Have the patient's Vital Signs taken at the Triage Vital signs Area	2.1 Triage nursing attendant will take the patient's complete Vital Signs.	None	10 minutes	Paolo Niccolo Sulit, RN MAN Nurse III Supervisor of ED  (Triage Nurse Attendant)
3. Have the Patient or Patient's relatives sign the Consent for Procedure	3.1 The Resident on duty will explain the procedure and obtain the consent for decontamination	None	5 minutes	Dr. Jose M. Tenorio MD FPCS MS III Head of ED

	procedure			(Resident on Duty / Triage officer/ ERO)
4. Have the patient transferred to a stretcher / wheelchair	4.1 The Nurse/ Nursing attendant / Transporter will assist in transferring the patient to any available bed, stretcher or wheelchair and Transfer to ED- Decontamination room	None	10 minutes	Paolo Niccolo Sulit, RN MAN Nurse III Supervisor of ED (Nurse and NA)  Juanita Casao, RN MAN Nurse III Supervisor of Transporter (Transporter)
5. Relative is allowed in the decontamination area if patient consented.	5.1 The nurse on duty will prepare soap and OR Gown.  5.2 Nurse on duty will provide detailed instruction on how to do decontamination  .	None	10 minutes	Paolo Niccolo Sulit, RN MAN Nurse III Supervisor of ED  (Nurse)
6. Perform decontamination  (Patient will perform decontamination if able)	6.1 Patient's relative and nurse can assist patient in Decontamination  Relative and Nurse will wear Hazmat suit, goggles, booties, and gloves  (If unable to perform alone, the nurse and relative can assist the patient)	None	15 minutes	Paolo Niccolo Sulit, RN MAN Nurse III Supervisor of ED  (Nurse)
7. Patient wears OR	7.1 Patient's relative	None	5 minutes	Paolo Niccolo



Gown.	and nurse on duty will assist patient wearing gown.  7.2 All patient's clothes and belongings will be placed on plastic bag.			Sulit, RN MAN Nurse III Supervisor of ED (Nurse)
8. Patient and relative will wait for the transporter for transfer and transport of patient to Decontamination Area to ED Complex.	8.1 The nurse will instruct the transporter to fetch the patient  8.2 Nurse on duty will do documentation of the procedure.  8.3 The nurse/ nursing attendant/ transported will assists patient with appropriate transferring equipment.	None	10 minutes	Paolo Niccolo Sulit, RN MAN Nurse III Supervisor of ED (Nurse)
	<b>Total</b>	None	1 hour and 10 minutes (includes waiting time)	

## 90. PROCEDURE ON AMBULANCE TRANSPORT / CONDUCTION TO OTHER INSTITUTION

Process of facilitating ambulance conduction. Operates 24 hours 7 days a week. No Noon Break nor Holidays except during disaster or supervening events, vehicle malfunction and limited manpower resources.

<b>Office or Division:</b>	Emergency Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All Emergency and Urgent Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient Transfer or Out on Pass		<ul style="list-style-type: none"> <li>✓ Resident from department</li> <li>✓ Resident from department</li> <li>✓ Information Clerk / Ambulance Driver</li> </ul>		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient and relative will listen to explanation of resident on duty for the plan of management.	1.1 Resident on duty will discuss the plan of management for the patient  1.2 Nurse on duty will secure necessary forms (THOC waiver / Out on pass slips)	None	15 minutes	Dr. Jose M. Tenorio MD FPCS MS III Head of ED (Resident on Duty / ER Officer)  Paolo Niccolo Sulit, RN MAN Nurse III (Nurse)
2. Relative will settle hospital bills and secure clearance	2.1 Resident on duty will coordinate the patient to the desired health facility of transfer through phone call. A Referral slip will be secured that contains the	Depending on hospital charges (if in-patient)	30 minutes	Dr. Jose M. Tenorio MD FPCS MS III Head of ED (Resident on Duty/ ERO)

	<p>patient's condition, management done and reason for referral.</p> <p>2.2 The nurse on duty will inform / inquire the availability of ambulance and to give heads up to prepare for possible transport or conduction.</p> <p>2.3The nurse on duty will secure necessary clearances from the relative</p>	<p>Depen ding on ED charge s (if ED patient )</p>		<p>Paolo Niccolo Sulit, RN MAN Nurse III Supervisor of ED  (Nurse)</p>
3. Relative will pay necessary fees	3.1 Trip ticket will be accomplished at the Information booth and settle ambulance conduction fee.	Depen ding on kilome ter / miles of place of transp ort	10 minutes	<p>Jacquilyn Marasigan, JD Head of Information and Admitting Section  (Information Clerk)</p>
4. Patient and relative will wait for the ambulance driver to be ready.	<p>4.1 The ambulance driver will bring the ambulance at designated ambulance bay.</p> <p>4.2 Transporter, Nursing attendant or the nurse on duty will assists the patient from ambulance stretcher</p>	None	20 minutes	<p>Jectopher Casala Motorpool Supervisor (EFM Ambulance Driver)</p> <p>Juanita Casao, RN MAN Nurse III Supervisor of Transporter</p>

	to ambulance with appropriate transferring equipment.			(Transporter)  Paolo Niccolo Sulit, RN MAN Nurse III Supervisor of ED  (Nurse and NA)
5. Patient and relative will listen to the instructions given by the accompanied health care professional	<p>5.1 Ambulance nurse and doctor will accompany the patient during transfer and transport.</p> <p>5.2 After patient's transfer, ambulance nurse will return to his/her area and report any sentinel event during conduction</p>	None	Depends on the location of transfer and traffic situation,	Jectopher Casala Motorpool Supervisor (EFM Ambulance Driver)  nurse)
	<b>Total</b>	ED Charges will be settled after the disposition is determined	1 hour an 15 minutes (includes waiting time and the location of transfer and traffic situation)	

## 91. PROCEDURE ON AMBULANCE TRANSPORT / CONDUCTION TO AREAS WITHIN THE HOSPITAL (FOR COVID / PUI PATIENTS)

Process of facilitating ambulance conduction. Operates 24 hours 7 days a week. No Noon Break nor Holidays except during disaster or supervening events, vehicle malfunction and limited manpower resources..

<b>Office or Division:</b>	Emergency Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All Emergency and Urgent Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Patient Transfer or Out on Pass		<ul style="list-style-type: none"> <li>✓ Resident from department</li> <li>✓ Resident from department</li> <li>✓ Information Clerk / Ambulance Driver</li> </ul>		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient and relative will listen to explanation of resident on duty for the plan of management.	1.1 Resident on duty will discuss the plan of management for the patient and coordinate with IPCC regarding availability of rooms  1.2 Nurse on duty will coordinate with receiving department regarding patient transfer	None	15 minutes	Dr. Jose M. Tenorio MD FPCS MS III Head of ED (Resident on Duty / ER Officer)  Nurse III Supervisor of ED (Nurse)
2. Relatives will wait for availability of Ambulance	2.1 Nurse on duty will coordinate with Ambulance Driver and Security personnel on the route of ambulance travel	None	15 minutes	Paolo Niccolo Sulit, RN MAN Nurse III Supervisor of ED (Nurse)
3. Relatives will wait	3.1 Nurse on duty		15 minutes	Paolo Niccolo

for availability of Transport team	and Transporter will wear appropriate Personal Protective Equipment			Sulit, RN MAN Nurse III
4. Patient and relative will wait for the ambulance driver to be ready.	<p>4.1 The ambulance driver will bring the ambulance at designated ambulance bay.</p> <p>4.2 Transporter, Nursing attendant or the nurse on duty will assists the patient from ambulance stretcher to ambulance with appropriate transferring equipment</p>	None	20 minutes	<p>Jectopher Casala Motorpool Supervisor (Ambulance Driver)</p> <p>Paolo Niccolo Sulit, RN MAN Nurse III Supervisor of ED (Nurse and NA)</p>
5. Patient and relative will listen to the instructions given by the accompanied health care professional	<p>5.1 Ambulance nurse, nursing attendant and transporter on duty will accompany the patient during transfer and transport.</p> <p>5.2 Nurse on duty will endorse the patient to receiving personnel along with the patient's chart</p> <p>5.2 After patient's transfer, ambulance nurse will return to his/her area and report any sentinel event during conduction</p>	None	20 minutes	<p>Juanita Casao, RN MAN Nurse III (Transporter)</p> <p>Paolo Niccolo Sulit, RN MAN Nurse III Supervisor of ED (Nurse and NA)</p>
	<b>Total</b>	None	1 hour an 25 minutes	

## 92. PROCEDURE ON ED TRIAGING

This is a process in assessing the severity and need of acute care including screening assessment for COVID Disease (Exposure and Physical Assessment). The Emergency Department operates 24 hours a day, seven (7) days a week. No Holidays and No Noon Break

<b>Office or Division:</b>	Emergency Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All patients and relatives			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
-Health Declaration Form -Referral Form and Diagnostic tests if available		-Triage Area -Relative or patient		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Proceed to TRIAGE area to answer the health declaration form and for identification and initial assessment. Present the referral form and diagnostic tests if available.	1. Issue health declaration Form	None	2 minutes	Dr. Jose M. Tenorio MD FPCS MS III Head of ED (Triage officer / ER Officer)
	1.2 Receives the health accomplished health declaration form		1 minute	
	1.3 The Triage Officer and nurse will approach the patient to do initial assessment.		5 minutes	Paolo NiccoloSulit , RN MAN Nurse III Supervisor of ED (Triage Nurse)
	1.4 Assess if the patient is an "Emergency" or "OPD" Case.		5 minutes	
	1.5 If OPD patient, instruct patient and relative on the new policy for consultation to OPD Clinic		15 minutes	Paolo NiccoloSulit , RN MAN Nurse III Supervisor of ED (Triage
	1.6 If ED patient,			

	<p>classify Covid Suspect or Non-Covid Suspect</p> <p>1.7 Triage Officer will refer the patient to ED resident on duty</p>		<p>10 minutes</p> <p>10 minutes</p>	<p>Nurse)</p> <p>Paolo NiccoloSulit , RN MAN Nurse III Supervisor of ED (Triage Nurse)</p>
2. Listen to Doctor's	<p>2. ED Resident on Duty will don Personal Protective Equipment (PPE) and approach patient at ER Triage.</p> <p>2.1 If Tertiary case and Non-Covid Suspect, have the patient transfer to ED complex. Give surgical mask if patient or relative not wearing.</p> <p>2.3 If for ED Complex, transporter and nursing attendant will assists transfer of patient either via stretcher or wheelchair to vital signs area then ED complex.</p> <p>2.4 If Covid Suspect, have the patient transfer to ER Tent. Give surgical mask if patient or relative not wearing.</p> <p>2.4.1 Will don personal protective</p>	<p>PPE Charges as follows:</p> <p>N95 Mask - 273</p> <p>Disposable Gown - 507</p> <p>Gloves- 2 pairs x 60=120</p> <p>Bouffant Cap- 2</p> <p>Booties - 45</p> <p>Face Shield – 165</p> <p>Goggles - 373.33</p> <p>Surgical Mask - 2</p>	<p>15 minutes</p> <p>15 minutes</p> <p>15 minutes</p> <p>15 minutes</p> <p>10 minutes</p>	<p>Dr. Jose M. Tenorio MD FPCS MS III Head of ED (Resident on Duty)</p> <p>Juanita Casao, RN MAN Nurse III Supervisor of Transporter (Transporter)</p> <p>Paolo NiccoloSulit , RN MAN Nurse III (Nurse)</p> <p>Paolo NiccoloSulit , RN MAN</p>



	<p>equipment and will assists transfer via stretcher or wheel chair.</p> <p>2.4.2If patient is transported via ambulance, ambulance gurney will be used for transporting patient from ED Triage to ED complex / tent</p>		10 minutes	<p>Nurse III (Nurse)</p> <p>Paolo Niccolo Sulit , RN MAN Nurse III (Nurse)</p>
	<b>Total</b>	<p><b>The total amount will depend on the number of rounds the attending physician/ nurse checks the patient</b></p>	1 hour and 23 minutes. (Includes waiting time)	

### 93. PROCEDURE ON DISPOSITION (Ward, Institutional and Non Institutional Delivery, and ICU Admission)

This covers process of providing admission disposition to a patient. The operating hours are 24 hours, 7 days a week. No Noon Break nor Holidays.

<b>Office or Division:</b>	Emergency Room			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All Emergency and Urgent Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>✓ Hospital card</li> <li>✓ Room stub</li> <li>✓ Admitting Chart (Doctor's order sheet, Admission Notice Form, Clinical History Form, Doctors' Order Sheet, Diagnostic Tests requests, Discharge Summary, Intravenous Fluid Sheet, Medication and Stat Sheet, Nurses notes, Consent for Admission and Procedure)</li> </ul>		<ul style="list-style-type: none"> <li>✓ ER Registration for new patient / Information for old patient who don't bring their old hospital card</li> <li>✓ Resident on duty</li> <li>✓ ED Personnel (ER Resident on duty and ER nurses)</li> </ul>		
<b>CLIENT'S STEPS</b>	<b>AGENCY ACTION</b>	<b>FEE S TO BE PAID</b>	<b>PROCESSIN G TME</b>	<b>PERSON RESPONSIBLE</b>
1. Have the Room Stub signed by the Area Nurse from the designated area where patient is to be admitted	1. The resident on duty will provide the relative Room stub and give specific instructions	None	15 minutes	Dr. Jose M. Tenorio MD FPCS MS III (Resident on Duty)
2. Fill up necessary consents  (If patient and relative decided to continue the admission procedure)	2.1 The Resident on duty will discuss the Admission plan  2.2 The nurse on duty will have the	None	15 minutes	Dr. Jose M. Tenorio MD FPCS MS III (Resident on Duty)  Paolo Niccolo Sulit,

	patient / patient's relative sign the Consent for admission			RN MAN Nurse III (Nurse on duty)
3. Patient and relative will wait until the admitting chart and diagnostic forms are completed	3.1 The resident on duty will accomplish patient's admitting chart and other diagnostic forms	None	30 minutes	Dr. Jose M. Tenorio MD FPCS MS III (Resident on Duty)
4. Patient and relative will wait until the nurses are able to perform documentation and carry out doctor's order	4.1 ER Nurse on duty will log the patient to hospital system as admission.  4.2 Nurse on duty will perform documentation and carry out doctor's orders	ER charges will be encoded to hospital system (except consignment drugs/ supplies)	30 minutes	Paolo Niccolo Sulit, RN MAN Nurse III (Nurse on duty)
5. Patient's relative will bring the room stub to Information for verification of patient's details and Philhealth category	Information Clerk will interview the relative and to process Philhealth.	None	15 minutes	Jacquilyn Marasigan Information Clerk
6. Patient's relative will return to ED to inform the nurse on duty that the	6.1 ER nurse on duty will inform the respective ward of the incoming admission	None	45 minutes	Paolo Niccolo Sulit, RN MAN Nurse III (Nurse on duty)

interview to information is done	6.2 ER nurse on duty will inform the transporter to prepare the patient for transfer and transport			Juanita Casao, RN MAN Nurse III (Transporter)
7. Patient and relative will participate in transfer and transport	7.1 ER Nurse on duty will accompany and endorse the patient	None	15 minutes	Paolo Niccolo Sulit, RN MAN Nurse III (Nurse on duty)
<b>Total</b>	ER charges will be encoded to hospital system (except consignment drugs/ supplies)		2 hours and 50 minutes (Includes waiting time)	

## 94. PROCEDURE ON DISCHARGE (ED DEATH AND DEAD ON ARRIVAL)

This covers process of discharging (ED DEATH AND DEAD ON ARRIVAL).  
The operating hours are 24 hours, 7 days a week. No Noon Break nor Holidays

<b>Office or Division:</b>		Emergency Department		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		All Emergency and Urgent Patients		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
✓ Patient Clearance and ED Charge Slip ✓ Death Certificate			✓ Nurse on Duty or Resident on Duty ✓ Information	
<b>CLIENT'S STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Relative will answer all inquiries regarding the patient's condition while ED personnel performing resuscitating measures.	1.1 The resident on duty will discuss the plan of care and instruct the relative to wait outside the resuscitating area while the ED personnel performing the resuscitating measures.  If Covid suspect or positive, patient will proceed at ER Tent. ED Personnel will don PPE	PPE Charges as follows:  N95 Mask - 273  Disposable Gown - 507  Glove	5 minutes	Dr. Jose M. Tenorio MD FPCS MS III Head of ED (Resident on Duty / ER Officer)

		<p>es- 2 pairs x 60=1 20</p> <p>Bouff ant Cap- 2</p> <p>Booti es - 45</p> <p>Face Shiel d – 165</p> <p>Gogg les - 373. 33</p> <p>Glov es pair - 12</p>		
2. Relative will listen and ask questions to resident on duty	<p>2.1 Resident on Duty will explain the management done to patient and will answer all the questions regarding the patient's condition.</p> <p>If Covid suspect, patient will be swab prior to post mortem care.</p>	Refer to Lab for Pricing	10 minutes	Dr. Jose M. Tenorio MD FPCS MS III Head of ED and ERO (Resident on Duty)
3. Relative will wait while the nurse or doctor	1.1 Nurse will prepare Patient Clearance and ED Slip	Depends on the drugs,	10 minutes	Paolo Niccolo Sulit, RN MAN Nurse III Supervisor of

prepare patient's clearance and ED charge Slip	1.2 Doctor will prepare the death certificate while the nurse verifies the completeness of Death certificate. 1.3 Patient charges can be referred to Medical Social Service.	supplies and diagnostic tests that the patient undergo  ID bracelet -P4 x 2pcs= 8		ED (Nurse)  Dr. Jose M. Tenorio MD FPCS MS III Head of ED and ERO (Resident on Duty)
2. Relative will return the accomplished form to the nurse or doctor	2.1 Nurse or Nursing attendant will perform post mortem care including removing of all contraptions.  If Covid suspect or positive, cadaver will be placed in 2 yellow trash bag and cadaver bag. If non covid suspect, no need for cadaver bag.	Cadaver Bag - 1493.33  None	25 minutes	Paolo Niccolo Sulit, RN MAN Nurse III Supervisor of ED (Nurse and NA)
3. Patient and relative will wait for transporter availability for transfer and transport to Morgue.	3.1 The Nurse/ Nursing attendant / Transporter will don PPE and assist in transferring the patient to Morgue.  IF Covid suspect or positive, ambulance will be use for transfer of patient from ED Tent to Morgue.	PPE Charges as follows:  N95 Mask	15 minutes	Paolo Niccolo Sulit, RN MAN Nurse III Supervisor of ED (Nurse)  Juanita Casao, RN MAN Nurse III Supervisor of Transporter (Transporter)

		<p>– 273</p> <p>Disp osabl e Gow n – 507</p> <p>Glov es- 2 pairs x 60=1 20</p> <p>Bouff ant Cap- 2</p> <p>Charges can be referred to Medical Social Service for financial assistance.</p> <p>Booti es - 45</p> <p>Face Shiel d – 165</p> <p>Gogg les - 373. 33</p> <p>Glov es pair – 12</p>		
<b>Total:</b>	ED charges will be encoded to hospital system (except consignment drugs/ supplies)		1 hour and 5 minutes (includes waiting time)	





## **NURSING SERVICES DIVISION**

### **Internal Services**

## 95. REQUISITION AND ISSUANCE OF MEDICAL AND SURGICAL SUPPLIES

Process in requesting supplies from CSR.

<b>Office or Division:</b>		Central Supply Room		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		Electronic System		
<b>Who may avail:</b>		Batangas Medical Center health care providers		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. E – Requisition and Issuance Slip		BatMC i-Homis		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Encode supplies to be requested at E-RIS through i-Homis	Check availability of supplies	None	20 minutes	CSR Personnel
2.Queue once all supplies needed was encoded.	Prepare the available supplies for issuances	None	2 minutes	CSR Personnel
3.Check and receive all supplies requested at the CSR	None	None	15 minutes	CSR Personnel
<b>TOTAL</b>			37 minutes	



## **ANCILLARY SERVICE DIVISION**

### **External Services**

## 96. PATIENT REGISTRATION (OPD)

Registration of Patients at OPD is a process by which a patient's name and identity are enrolled into the records of the hospital)

<b>Office or Division:</b>	Health Information Management Section – OPD			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	People seeking consult as outpatients (non-emergency cases).			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Color coded Number		Triage Area (OPD)		
2. Hospital Registry Card (For Old Patient)		Patient		
3. "ImpormasyonngPasyente" form (For new patient)		Triage Area (OPD)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Triage Officer for evaluation  Note: Minor ormentallyincap acitated patients preferablyaccompanied by aparent or guardian.	1. Evaluate patient	None	20 minutes	OPD Staff Triage Doctor
	1.1 Issue Patient			
	1.2 Information Sheet.			
	1.3 Instruct patient to fill-out the Patient			
	1.4 Information Sheet			
2. Wait for the number to flash at the TV screen and submit the requirements listed above.	1.5 Issue queue number	None	40 minutes	OPD Staff
	2. Verify the accuracyof the entries in the Patient InformationSheet.			

3. Proceed to respective room / waiting area and wait to be called for consultation	2.1 Encode patient's information in the computer system.	Php 50.00 (lost card)		
	2.2 Print the OPD Record			
	2.3 Issue hospital card for new patient and instruct the patient to wait in the respective clinic assignments.			
	2.4 If the patient lost the hospital card, instruct to pay at the cashier for the issuance of new card (See Procedure on Replacement of Patient's Hospital Card)			
	3. Endorse the patient OPD Record to clinic nurse.			
	3.1 Hand over OPD Record/s to respective clinic			
<b>TOTAL:</b>		Php 50 (lost card)	1 hour	



	for verification  GREEN STUB – Philhealth Membership is updated. Print PBEF at CSF Form.			
<b>TOTAL:</b>		None	1 hour	

## 98. REPLACEMENT OF LOST PATIENT'S HOSPITAL CARD

The service is intended to those patients whose hospital card was lost.

<b>Office or Division:</b>		Health Information Management Section (HIMS)		
<b>Classification:</b>		G2C		
<b>Type of Transaction:</b>		SIMPLE		
<b>Who may avail:</b>		Patient with Hospital Card that is lost		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Notify the staff about the lost card	1. Verify the case Hospital number in the system  1.1. Issue Charge Slip and Instruct to pay at the cashier		10 minutes	HIMS Staff
2. Pay at the Cashier. 2.1. Submit proof of payment	2. Record the proof of payment	Php 50.00	<i>paused clock</i>	Cashier
3. Receive the new hospital card	3. Issue new hospital card		10 minutes	HIMS Staff
<b>TOTAL:</b>		<b>Php 50.00</b>	20 minutes	



## 99. ISSUANCE OF MEDICAL CERTIFICATE AND PHOTOCOPY/CERTIFIED TRUE COPIES OF MEDICAL RECORDS

This service is intended for patients who need a medical certificate, photocopies/certified true copies of the essential parts of their medical records. In compliance to RA 10173, the release of medical records/information is strictly to the patients concerned only. Authorization letter is required with complete and proper requirements as mentioned below if patient is unavailable except for mortality, minor and mentally incapacitated patients.

<b>Office or Division:</b>	Health Information Management Section – Records Unit
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C; G2G
<b>Who may avail:</b>	Patients/Authorized representatives who needs: <ul style="list-style-type: none"> <li>1. Medical Certificate</li> <li>2. Medical Certificate for medico-legal purposes (service patients only).</li> <li>3. Copy/certified</li> <li>4. true copies of medical record for SSS, GSIS, Insurance Claims, PHILHEALTH and other legitimate purposes.</li> </ul>
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<i>For Patients</i> <ul style="list-style-type: none"> <li>1. Hospital Card</li> <li>2. 1 Valid I.D. (original)</li> <li>3. Request form</li> </ul>	Company ID, any government issued ID Records Section – Table 2
<i>For Patients with authorized representative:</i> <ul style="list-style-type: none"> <li>4. Authorization Letter (state purpose and the name of the representative)</li> <li>5. 1 valid I.D. of the patient (original &amp; photocopy)</li> <li>6. 1 valid I.D. of the representative (original &amp; photocopy)</li> </ul>	Patients  Personal Company ID, any government issued ID
<i>For SSS claims ( follow requirements 1-6) plus:</i> <ul style="list-style-type: none"> <li>7. SSS forms</li> </ul>	SSS / Company of patient
<i>For other insurance claims( follow requirements 1-5)</i> <ul style="list-style-type: none"> <li>8. waiver of the policy holder (original and photocopy) if being processed</li> </ul>	Insurance Company

<p>by insurance representative</p> <p>9. Needed Insurance forms (if any)</p> <p><i>For Mortality Patients</i></p> <p>10. 1 Valid ID of the requesting nearest kin</p> <p>11. Birth Certificate, Marriage Certificate as proof of relationship Order of Nearest Kin:</p> <ul style="list-style-type: none"> <li>- <u>If married</u> - spouse, children of legal age, parents</li> <li>- <u>If single</u> - parents, siblings of legal age (priority whose name appears in the record)</li> <li>- <u>If minor/mentally incapacitated</u> - parents, siblings of legal age (priority whose name appears in the record)</li> <li>- <u>If with live-in partners</u> - children of legal age, parents, siblings of legal age (priority whose name appears in the record).</li> </ul> <p><i>For Minors/Mentally incapacitated patients:</i></p> <p>12. 1 Valid ID of the requesting nearest kin</p> <p>13. Birth Certificate as proof of relation (parents, siblings)</p> <p>14. Outpatient slip with diagnosis/remarks and physician's signature</p>		<p>As mentioned above</p> <p>Company ID, any government issued ID</p> <p>Philippines Statistic Office/ Local Civil Registrar</p> <p>Personal Company ID, any government issued ID</p> <p>Philippines Statistic Office/ Local Civil Registrar</p> <p>Outpatient Department</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a queue number at Table 1 and wait for the number to be called	1. Announce the queue number, give the request form to be filled up and interview the client.	None	10 minutes	Medical Certificate Staff (Frontliner)

2. Submit the filled-out request form	2. Verify the details of the request form, Inspect the requirements and ask the purpose of the request. <i>(If with complete requirements, process the request. If incomplete, give further instructions to patient/relative.</i>	None	10 minutes	Medical Certificate Staff (Frontliner)
	2.1. Retrieve patient record		30 minutes	File Retriever
3. Pay for the requested documents at the Cashier	3. Issue charge slip and instruct to pay at the cashier. 3.1. Process requested document 3.2. Secure physicians/ HIMS head signature	P50.00 / cert + P1.00 / page of record/s that were Certified as True Copy (CTC)	60 minutes  60 minutes <i>depends on the availability of the attending physician</i>	Medical Certificate Staff (Frontliner)  Staff Physician/HIMS Head
	4. Present proof of payment to Records Table 2 and wait for the release of document	4. Verify receipt of payment and availability of requested documents	None	10 minutes
5. Received requested documents	5. Release requested documents	None	10 minutes	Medical Certificate Staff (Frontliner)
<b>TOTAL:</b>		P50.00/ cert + 1.00/ CTC pg	3 hours	

## 100. REQUESTING OF MEDICAL CERTIFICATE AND PHOTOCOPY/CERTIFIED TRUE COPIES OF MEDICAL RECORDS VIA ONLINE

This service is intended for patients who need a medical certificate, photocopies/ certified true copies of the essential parts of their medical records. In compliance to RA 10173, the release of medical records/information is strictly to the patients concerned only. Authorization letter is required with complete and proper requirements as mentioned below if patient is unavailable except for mortality, minor and mentally incapacitated patients.

<b>Office or Division:</b>	Health Information Management Section – Records Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C; G2G			
<b>Who may avail:</b>	Patients/Authorized representatives who needs: Medical Certificate Medical Certificate for medico-legal purposes (servicepatients only). Copy/certified true copies of medical record for SSS,GSIS, Insurance Claims, PHILHEALTH and otherlegitimate purposes.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
For Outpatient, photo/scanned copy of slip with diagnosis/remarks and physician's signature		OPD Clinic/Telehealth Consultation		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PR/OCESSI NG TIME</b>	<b>PERSON RESPONSIBL E</b>
1. Send the request at BatMC HIMS (HIMS FB Page)	1. Verify the details of the request on the FB Page	None	20 minutes	Medical Certificate Staff (Frontliner)
	1.1. Retrieve patient record	None	60 minutes	File Retriever
	1.2. Process requested Document.		30 minutes	Medical Certificate Staff (Frontliner)
	1.3. Secure physicians/ HIMS head signature		60 minutes <i>depends upon the</i>	Medical Certificate Staff (Frontliner)/Att

	1.4. Inform the patient about the schedule of release through SMS or Messenger	None	<i>availability of the attending physician</i> 10 minutes	ending Physician  Medical Certificate Staff (Frontliner)
<b>TOTAL:</b>		None	3hours	

## 101. RELEASING OF MEDICAL CERTIFICATE AND PHOTOCOPY/CERTIFIED TRUE COPIES OF MEDICAL RECORDS REQUESTED ONLINE

This service is intended for patients who need a medical certificate, photocopies/ certified true copies of the essential parts of their medical records. In compliance to RA 10173, the release of medical records/information is strictly to the patients concerned only. Authorization letter is required with complete and proper requirements as mentioned below if patient is unavailable except for mortality, minor and mentally incapacitated patients.

<b>Office or Division:</b>	Health Information Management Section – Records Unit
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C; G2G
<b>Who may avail:</b>	Patients/Authorized representatives who needs: Medical Certificate Medical Certificate for medico-legal purposes (servicepatients only). Copy/certified true copies of medical record for SSS,GSIS, Insurance Claims, PHILHEALTH and otherlegitimate purposes.
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
1. 1 Valid I.D. (original)  <i>For Patients with authorizedrepresentative:</i> 2. Authorization Letter (state purpose andthe name of the representative 3. 1 valid I.D. of the patient (original & photocopy) 4. photocopy) 5. 1 valid I.D. of the representative (original+ photocopy )  <i>For SSS claims</i> 6. Requirements 1-5 7. SSS forms  <i>For other insurance claims:</i> 8. Requirements 1-5 9. waiver of the policy holder (original andphotocopy) if being processed by theinsurance representativeneeded forms (if any)  For Mortality Patients 10. 1Valid ID of the requesting nearest	Patients/Authorized representatives  Personal Company ID, any government issued ID Patient As mentioned above Company ID, any government issued ID  SSS/company of the patient  Insurance company  Patients' Relative

kin 11. Birth Certificate, Marriage Certificate as proof of relation  <b>Order of Nearest Kin:</b> <i>if married</i> - spouse, children of legal age, parents <i>if single</i> - parents, siblings of legal age (priority whose name appears in the record) <i>if minor/mentally incapacitated</i> - parents, siblings of legal age (priority whose name appears in the record) <i>if with live-in partners</i> - children of legal age, parents, siblings of legal age (priority whose name appears in the record).  <i>For Minors/Mentally incapacitated patients:</i>  12. 1 Valid ID of the requesting nearest kin 13. Birth Certificate as proof of relation (parents, siblings)		Patients' Relative		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a queue number from the Table and inform that the document requested is ready for release	1. Call queue number	None	20 minutes	Medical Certificate Staff (Frontliner)
2. Present the requirements	2. Receive and scrutinize the Requirements  <i>-If incomplete, give further instructions to patient/relative</i>	Php50.00 /		
3. Received charge slip and Pay at the Cashier	3. Issue charge slip	certificate + Php1.00 / page of record/s	paused-clock Depends on the queue at the cashier	-Cashier
4. Submit proof of payment and Receive requested	4. Verify receipt of payment and release requested document	that were Certified as True Copy	10 minutes	Medical Certificate Staff (Frontliner)

document	ment	(CTC)		
<b>TOTAL:</b>		P50.00 / certificate + P1.00/pg	30 minutes	



## 102. PROCESSING OF BIRTH CERTIFICATES (NOT MARRIED)

This service is for patients who gave birth in this hospital. The preparation of the Birth Certificate is being done at the Health Information Management Section (HIMS) Records Office on weekdays (8am to 5pm) and at the Information/Admitting Unit beyond office hours or during weekends and holidays for all live births. The registration of BC's by the HIMS is within 30 days after birth only, for those with Married Parents. Otherwise, it is considered as late registration which requires additional documents to be submitted to Local Civil Registry Office, Batangas City (as prescribed).

<b>Office or Division:</b>	Health Information Management Section – Records Unit
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C, G2G
<b>Who may avail:</b>	Father / Parents of the child or Authorized representative
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<p><i>For Unmarried Couple / single mother</i></p> <ul style="list-style-type: none"> <li>Duly accomplished Draft Copy of Certificate of Live Birth/ 3 photocopies</li> <li>Birth Certificate of each parent/ 1 photocopy each</li> <li>Valid ID/2 photocopies, if no ID, provide Barangay Certification with picture</li> </ul>	<p>Delivery Room</p> <p>Philippines Statistic Authority/ Local Civil Registry</p> <p>Issuing Government Agency./ Barangay</p>
<p><i>For minor/mentally incapacitated mother/father of the Child: (must be accompanied by parents or guardian)</i></p> <ul style="list-style-type: none"> <li>Duly accomplished Draft Copy of Certificate of Live Birth/ 3 photocopies</li> <li>Birth Certificate of each parent/ 1 photocopy each</li> <li>1 Government Issued Valid I.D. or Person With Disability ID</li> <li>1 Valid ID of parents/guardian</li> </ul>	<p>Delivery Room</p> <p>Philippine Statistics Authority/ Local Civil Registry</p> <p>Issuing Government Agency. / DSWD</p> <p>Issuing Government Agency. / DSWD</p>
<p><i>For Deceased Not Married Mother:</i></p> <ul style="list-style-type: none"> <li>Duly accomplished Draft Copy of Certificate of Live Birth/ 3 photocopies</li> <li>Birth Certificate of each parent/ 1 photocopy each</li> <li>Father of the child (if</li> </ul>	<p>Delivery Room</p> <p>Philippine Statistics Authority/ Local Civil Registry</p>

acknowledged), <ul style="list-style-type: none"> <li>• Immediate relative of the deceased to facilitate processing</li> <li>• Birth Certificate as proof of relation to the deceased</li> <li>• 1 Government Issued Valid ID of relative of the deceased / 1 photocopy</li> </ul>		Issuing Government Agency. / DSWD		
<i>For Late Registration (6 months after birth)</i> <ul style="list-style-type: none"> <li>• Certificate of No Record of the baby (Original Copy)</li> <li>• Duly accomplished Draft Copy of Certificate of Live Birth/ 3 photocopies</li> <li>• Birth Certificate of each parent/ 1 photocopy each</li> <li>• 1 Government Issued Valid ID / 1 photocopy</li> </ul>		Local Civil Registrar, Batangas City  Delivery Room right after birth  Philippines Statistics Authority / Local Civil Registry Issuing Government Agency		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number from Table 1.  1.1. Wait for number to be called. 1.2. When called, present required documents to the staff.	1. Call for queue number.  1.1 Received submitted documents and interview the client and verify the details of the submitted documents  <i>If incomplete, give further instructions and list of requirements</i>	None	20 minutes	Birth Certificate Staff (Frontline)
2. Pays at the cashier	2. Issue charge slip and return submitted requirements	P50.00/Birth Certificate	(paused-clock)	Cash clerk at the OPD Pharmacy or Cashier's Office
3. Present proof of payments	3. Accept requirements	None	20 minutes	Birth Certificate Staff (Frontline)

together with the required documents to the birth certificate staff.	and process, log to birth certificate log book			
3.1 Wait to be called by the encoder.	3.1. Frontliner to hand over documents to the encoder.	None	5minutes	HIMS Head or Authorized Personnel
3.2 Proceed to the encoder once called	3.2. Encoder inputs all data using Philcrisand print.	None	30 minutes	Birth Certificate Staff (Encoder)
3.3 Check printed Certificate of Live Birth	3.3. Call relative and present the Printed Certificate of Live Birth for their checking.	None	20 minutes	Birth Certificate Staff (Encoder)
3.4 Once all details are okey fill up Birth Certificate waiver (BatMC-HIMS-F-004).	3.4. Once checked and all details are correct Give and instruct the parents to accomplish the Birth Certificate Waiver (BatMC-HIMS-F-004)		For unmarried and single parent 2 working days	
3.5 Receive .from encoder the Draft copy with stamp for submission to Philhealth (Window 7) and Claiming Copy with scheduled date of release.	3.5. Release the copy of Draft Birth Certificate with stamp and Instruct to submit to Window 7. Release also their claiming copy with indicated scheduled date of claiming			

4. None	4. Collate all printed Certificate of Live Birth and bring to OB Complex for doctor's signature.		48 hours Depends upon the availability of doctor.	HIMS Head or Authorized Personnel
<b>TOTAL:</b>		P50.00 / birth certificate	2 days, 1 hr and 25 minutes	

### 103. PROCESSING AND CLAIMING OF BIRTH CERTIFICATES (MARRIED)

This service is for patients who gave birth in this hospital. The preparation of the Birth Certificate is being done at the Health Information Management Section (HIMS) Records Office on weekdays (8am to 5pm) and at the Information/Admitting Unit beyond office hours or during weekends and holidays for all live births. The registration of BC's by the HIMS is within 30 days after birth only, for those with Married Parents. Otherwise, it is considered as late registration which requires additional documents to be submitted to Local Civil Registry Office, Batangas City (as prescribed).

<b>Office or Division:</b>	Health Information Management Section – Records Unit
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	G2C, G2G
<b>Who may avail:</b>	Parents of the child or Authorized representative
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<b>Processing of Birth Certificate</b>	
<i>For Married Couple:</i> <ul style="list-style-type: none"> <li>Duly accomplished Draft Copy Certificate of Live Birth / 3 photocopies</li> <li>Blue/Pink baby's card/ 1 photocopy</li> <li>Marriage Certificate / 1 photocopy</li> <li>1 Valid Government issued ID</li> </ul>	Delivery Room  Delivery Room Philippine Statistic Authority/Local Civil Registry Issuing Government Agency
<i>For Deceased Married Mother:</i> <ul style="list-style-type: none"> <li>Father of the Child to facilitate processing Birth Certificate</li> <li>Duly accomplished Draft Copy Certificate of Live Birth / 3 photocopies</li> <li>Blue/Pink baby's card/ 1 photocopy</li> <li>1 Valid Government Issued ID</li> <li>Marriage Contract/ 1 photocopy</li> </ul>	Delivery Room  Delivery Room Issuing Government Agency Philippine Statistic Authority/Local Civil Registry

<p><i>For Late Registration (6 months after birth)</i></p> <ul style="list-style-type: none"> <li>• Certificate of No Record of the baby (Original Copy)</li> <li>• Duly accomplished Draft Copy of Certificate of Live Birth/ 3 photocopies</li> <li>• Marriage Certificate/1 Photocopy</li> <li>• 1 Government Issued Valid ID / 1 photocopy</li> </ul>		<p>Local Civil Registrar, Batangas City</p> <p>Delivery Room right after birth</p> <p>Philippines Statistics Authority / Local Civil Registry</p> <p>Issuing Government Agency</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Get a number from Table 1 and wait for your number to be called.</p> <p>1.1. When called proceed to Table 1 and present Draft copy and required documents to the staff.</p>	<p>1. Call for queue number.</p> <p>1.1 Interview the client and verify the details of the request form <i>If incomplete, give further instructions and a list of requirements</i></p> <p>1.2 Issue charge slip</p>	None	20 minutes	Birth Certificate Staff (Frontline)
<p>2. Pays at the cashier</p>	<p>2. Issue Official Receipt (OR)</p>	P50.00/ Birth Certificate	(paused-clock) Depends on the queue at the cashier	Cash clerk at the OPD Pharmacy or Cashier's Office
<p>3. Present requirements to the birth certificate staff.</p> <p>3.1 For Philhealth patients, proceed to the authorized personnel and secure signature.</p>	<p>3. Accept requirements and process</p> <p>3.1. Hand over documents to the encoder.</p> <p>3.2. Encoder inputs all data using Philcris and print.</p> <p>3.3. Call relative</p>	<p>None</p> <p>None</p> <p>None</p>	<p>20 minutes</p> <p>15 minutes</p> <p>20 minutes (depends on the volume of patients)</p>	<p>Birth Certificate Staff (Frontline)</p> <p>HIMS Head or Authorized Personnel</p> <p>Birth Certificate Staff (Encoder)</p>

3.2 Wait to be called by the encoder.	and present the Printed Certificate of Live Birth for their checking and signature.	None	15 minutes	
3.3 Check and review the Birth Certificate and accomplish the Waiver (BatMC-HIMS-F-004) and sign if all entries are accurate.	3.4. Once details are validated give and instruct the parents to accomplish the Birth Certificate Waiver (BatMC-HIMS-F-004) and Client Satisfactory Survey	none	10 minutes	
3.3 Record details of baby and Official Receipt number at the receiving logbook	3.5. Release the copy of Draft Birth Certificate with stamp and Instruct to submit to Window 7. Release also their claiming copy with indicated scheduled date of claiming Authorized personnel to sign.			
4.	4. Have the Certificate of Live Birth signed by the attending physician			
5.	5. Once signed bring to Batangas City Civil Registrar			

	for registration			
6.	6. Retrieve Registered Certificates from Local Civil Registry			
<b>TOTAL:</b>		P50.00 / birth certificate	6 days 1 hr and 40 minutes	



## 104. CLAIMING OF BIRTH CERTIFICATES

This service is for patients who gave birth in this hospital and process the birth certificate.

<b>Office or Division:</b>	Health Information Management Section – Records Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C, G2G			
<b>Who may avail:</b>	Father / Parents of the child or Authorized representative			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> <li>Draft copy with date of return and attached OR</li> <li>If married, authorization letter / Valid ID of parents and Valid ID of the Authorized Representative</li> </ul>		Records Section  Baby's Parent's		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number from Table 1.  1.1. Present Draft copy	1. Call for queue number. 1.1 Accepts Draft. 1.2 Release the birth certificate	None	20 minutes	Birth Certificate Staff (Frontline)
2. Verify details and sign at the receiving logbook. For married, end of transaction. <i>If not married</i> 2.1 Register the birth certificate at the Local Civil Registrar's Office (Batangas City) 2.2 If with Philhealth,	2. Present logbook for parent signature.  2.1. Give instructions to register the birth certificate at Batangas City Civil Registrar.  2.2. Received submitted	None  None	20 minutes  (paused-clock) Depends on the Patient	Birth Certificate Staff (Frontline)  Birth Certificate Staff (Frontline)
		None	20 minutes	Birth Certificate Staff (Frontline)

submit photocopy of registered birth certificate to claim the valid ID.	copy of registered & Locate the ID and ask to sign at the receiving logbook.			
<b>TOTAL:</b>		None	1 hour	

## 105. RELEASING OF DEATH CERTIFICATE

This service is for patients who died in this hospital. The preparation of the Death Certificate is being done at the Information/Admitting Unit.

<b>Office or Division:</b>	Health Information Management Section – Records Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Patient's Immediate relative			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<i>Regular Requirements</i> 1. 5 Copies of death certificate with physician's signature 2. Birth or Marriage Certificate of patient, 3. Birth Certificate or any document proof of relation of claimant to deceased 4. 1 Valid Government Issued ID of claimant <i>Situational Requirements</i> 5. Certificate of No Record if late registration (later than 6 months after the date of death ) 6. Certificate of no record if deceased doesn't have Birth Certificate or Marriage Contract 7. Government Issued ID of the deceased.		Nurse Station  Philippine Statistic Authority/ Local Civil Registrar Philippine Statistic Authority/ Local Civil Registrar  Issuing Government Agency  Local Civil Registrar  Local Civil Registrar  Issuing Government Agency		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Information & Admitting Window (Window 1 or 2) and submit the required documents	1. Received submitted requirements and verify the information in the draft copy  <i>If incomplete give the list of requirements to submit</i>	None	5 minutes	Information and Admitting Staff

2. Have interviewed by the Information Staff and check filled up information in the draft copy	2. Interview relative of patients and filled up the draft copy of the Death Certificate	None	15 minutes	Information and Admitting Staff
3. Wait for the Death Certificate to be encoded and printed.	3. Encode the death certificate using Philcris and print	None	1hour	Information and Admitting Staff
4. Double check Death Certificate, Signed the informant portion and Fill up Death CertificateWaiver	4. Release the death certificate and give instructions on how to register	None	10 minutes	Information and Admitting Staff
<b>TOTAL:</b>		None	1 hour and 30minutes	

## 106. DISCOUNTS ON DIAGNOSTIC PROCEDURES FOR OUTPATIENT AND EMERGENCY ROOM PATIENTS

All OPD and ER patients may avail discounts on their diagnostic procedures including laboratory, X-ray, ECG, Ultrasound, CT scan, MRI, Physical Therapy, Occupational Therapy and 2D Echo. Discounts may be availed only if the diagnostic request came from government-employed physician.

<b>Office or Division:</b>		Medical Social Work Department		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C- Government to Citizen		
<b>Who may avail:</b>		All		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Diagnostic Request 2. Charge Slip		Government Employed Physician Cost Center (Laboratory, Radiology, etc.)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the diagnostic request form and charge slip to the MSWD Staff	1. Receive, give discount and log in the General Discount Logsheet Form.	None	13 minutes	Gorgonia P. Javier, RSW <i>Head, Medical Social Work Department</i>
2. Get the discounted charge slip and diagnostic request and proceed to Cashier for payment		None	2 minutes	Gorgonia P. Javier, RSW <i>Head, Medical Social Work Department</i>
<b>TOTAL:</b>			15 minutes	

## 107. AVAILING ASSISTANCE FROM MEDICAL ASSISTANCE TO INDIGENT PROGRAM (MAIP) FUND

All patients may avail medical assistance from Medical Assistance Program (MAIP) except patients who are admitted in a suite room. Assistance can only be charge to hospital bill or charges.

<b>Office or Division:</b>	Medical Social Work Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<i>Original Copy &amp; 1 Photocopy of the following:</i> 1. Diagnostic Request 2. Charge Slip/Hospital Bill 3. Medical Abstract/Medical Certificate 4. Treatment Protocol/Quotation 5. Certificate of Indigency		Government Employed Physician Cost Center (Laboratory, Radiology, etc.)  Barangay Hall of present address		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the photocopy and original copy of the applicable requirements to the MSWD Staff  <b>Inpatient-</b> hospital bill, medical abstract and certificate of indigency  <b>Outpatient and ER patient-</b> diagnostic request form, charge slip, certificate of indigency	1. Received papers.  1.1. Note on patient's hospital bill or charges the deductions made.  1.2. Explain patient/relative of their co-pay or if they have nothing to pay.	None	18 minutes	Gorgonia P. Javier, RSW <i>Head, Medical Social Work Department</i>

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
2. Get the original copy of hospital bill or the charge slip and diagnostic request form and proceed to cashier or cost center for bill settlement.		None	2 minutes	Gorgonia P. Javier, RSW <i>Head, Medical Social Work Department</i>
<b>TOTAL:</b>			20 minutes	

## 108. AVAILING ASSISTANCE FROM OFFICE OF THE VICE PRESIDENT FUND

All patients may avail medical assistance from Office of the Vice President (OVP) Fund (except patients who are admitted in a suite room). Assistance can only be charge to hospital bill or charges.

<b>Office or Division:</b>	Medical Social Work Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<i>Original Copy &amp; 1 Photocopy of the following:</i> 1. Charge Slip/Hospital Bill 2. Medical Abstract/Medical Certificate 3. Quotation for Hemodialysis patients 4. Government Issued ID (patient/immediate relative) 5. Treatment Protocol/Quotation 6. Handwritten request letter addressed to Vice President LenyRobredo 7. Social Case Study Report		Government Employed Physician       Cost Center (Laboratory, Radiology, etc.)       Medical Social Work Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3. Submit the photocopy and original copy of the applicable requirements to the MSWD Staff  <b>Inpatient-</b> hospital bill, medical abstract, ID and Request letter.  <b>Outpatient and ER patient-</b> Hospital charges, Medical	1. Received papers.  1.1. Note on patient's hospital bill or charges the deductions made.  1.2. Explain patient/relative of their co-pay or if they have nothing to pay.	None	30 minutes	Gorgonia P. Javier, RSW <i>Head, Medical Social Work Department</i>



certificate, request letter and ID / quotation				
4. Get the original copy of hospital bill or the charge slip and diagnostic request form and proceed to cashier or cost center for bill settlement.		None	2 minutes	Gorgonia P. Javier, RSW
<b>TOTAL:</b>			32 minutes	

## 109. AVAILING PHILHEALTH MEMBERSHIP THROUGH POINT OF SERVICE (POS) PROGRAM

All Filipino patients without or inactive Philhealth membership may avail of this assistance. It is divided into two categories, which are the following:

**Point of Service – Incapable** – assessed indigent patients whom are admitted at service ward are enrolled in this category and may avail the No Balance Billing benefit

**Point of Service – Capable** – patients admitted at the private ward are enrolled in this category but need to pay Php 3,600.00 as premium contribution and may avail case rate packages of Philhealth.

<b>Office or Division:</b>		Medical Social Work Department		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C- Government to Citizen		
<b>Who may avail:</b>		All		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<ul style="list-style-type: none"> <li>• Birth Certificate</li> <li>• Marriage Contract</li> </ul>				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill up and submit the Philhealth Membership Registration Form (PMRF) to be given by the Medical Social Worker during interview & assessment.	1. Receive and verify the given information  1.1. Enroll at the Online Rapid Enrolment System of Point Service Program		1 hour	Gorgonia P. Javier, RSW <i>Head, Medical Social Work Department</i>
2. Wait for the Approval	2. Once approved, process the documents (CSF, PBEF and POS stub) to be released and explain to patient's		72 hours	Gorgonia P. Javier, RSW <i>Head, Medical Social Work Department</i>

<p>2.1. For Capable enrollees, proceed to the nearest Philhealth office for payment of premium contribution</p> <p>2.2. Present receipt of payment to MSWD Office</p>	<p>relative.</p> <p>2.1. For Capable enrollees, once approved instruct to proceed to the nearest Philhealth office for payment of premium contribution</p> <p>2.2. Accept payment receipt</p>			
<p>3. Receive Philhealth documents POS Stub and proceed to Nurse Station to give the documents and Nurse's Copy of POS Stub.</p>	<p>3. Release Philhealth documents and stub.</p>		<p>30 minutes</p>	<p>Gorgonia P. Javier, RSW <i>Head, Medical Social Work Department</i></p>
<p><b>TOTAL:</b></p>			<p>73 hours and 30 minutes</p>	

## 110. OUT-PATIENT DIET COUNSELING

Individualized diet counseling is provided to out-patients who are nutritionally at risk

<b>Office or Division:</b>		Nutrition and Dietetics Service		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C- Government to Patient		
<b>Who may avail:</b>		Patients of Batangas Medical Center (BatMC)		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accept completely filled-out referral slip		Attending Physician		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit referral slip to Nutrition and Dietetics Service	1. Acceptance of referral slip	None	10 seconds	Clinical Dietitian on duty
	1.1. Assessment of pertinent data: <i>Anthropometric, Biochemical results, Clinical Diet-related, information (24-hr food recall/ food diary, etc.)</i>	None	20 minutes	Clinical Dietitian on duty
	1.2. Identification of nutrition diagnosis	None	20 minutes	Clinical Dietitian on duty
	1.3. Computation of Body Mass Index, Ideal Body Weight, Total Calorie Requirement, Carbohydrates, Protein, Fats)	None		Clinical Dietitian on duty
2. Signing to receiving logbook	2. Diet counseling proper	None	30 seconds	Clinical Dietitian on duty
<b>TOTAL:</b>		None	1 hour and 20 minutes	

## 111. FILLING AND PARTIAL FILLING OF PRESCRIPTION

The Pharmacy Section is open 24/7. It caters In/Out patient.

<b>Office or Division:</b>	PHARMACY			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	All patients/clients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Complete prescription/charge slip 2. Official receipt		1. Doctor/Nurse 2. Pharmacist 3. Cashier		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present complete prescription to Pharmacist on duty.	Assess the prescription. Place value on the prescription/charge slip given.	Selling cost of the item	3 minutes	Pharmacist on duty
2. Present prescription/charge slip to the cashier.	Receive payment for the item purchase.	Cost of the item purchase	5 minutes	Cashier on duty
3. Return to Pharmacy, present prescription/charge slip with official receipt.	Check prescription/charge slip. Handover purchase item.	none	2 minutes	Pharmacist on duty
<b>Total</b>			10 minutes	

## 112. FILLING OF PRESCRIPTION

The Pharmacy Section is open 24/7. It caters In-patient with Philhealth

<b>Office or Division:</b>	PHARMACY			
<b>Classification:</b>	SIMPLE			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	In Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Electronic prescription		Encoded by Nurse/Clinical Pharmacist on duty		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Encode doctor's orders in IHOMIS System. Queue the order once the encoding is complete	1. Check all entries to ensure medicines and their quantities are correct.	None	5 minutes	Nurse/Clinical Pharmacist
	2. Print e-prescription, medicine list in the order displayed on the queuing system	None	3 minutes	Pharmacist/ Administrative Assistant on duty
	3. Identify and Prepare items that are available in the pharmacy	None	3 minutes	Pharmacist/ Administrative Assistant on duty
	4. Delivered and received items available to all clinical wards every 3 hours starting 9:00 AM	None	25 minutes	Pharmacist/ Administrative Assistant on duty
<b>Total</b>			36 minutes	

### 113. Consultation To Rehabilitation Medicine Doctor (OPD)

This procedure is needed prior to physical therapy/occupational therapy since the Rehab. Med. Doctor prescribe the program and intervention specific for the patient

<b>Office or Division:</b>	Rehabilitation Medicine Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Screened for COVID-19 slip Hospital Card Referral Note Result of laboratory, x-ray, CT Scan, MRI (if any)		Triage area (ER-OPD) OPD, Room 1/Room 15 Referring Doctor( other department; outside the hospital) Hosp./Lab. where exam taken		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the requirements at room 15. For new patient, fill out the patient information form.	Register patient and take vital signs	none	10 minutes	Physical Therapist
2. Wait on the patient's waiting area until name is called	Consultation	none	5 - 15 minutes (depend on the number of patient)	Rehab. Med. Doctor
3. Fill out the CSS form and give to PT staff	Received the CSS form	none	5 minutes	Patient & PT Technician
<b>TOTAL:</b>		none	30 minutes	

## 114. Physical Therapy Treatment(Out-Patient)

This step by step procedure is created for the convenience of the patient. Patient treatment is by schedule to avoid long waiting.

<b>Office or Division:</b>	<b>Rehabilitation Medicine Department, Physical Therapy Section</b>			
<b>Classification:</b>	<b>Simple</b>			
<b>Type of Transaction:</b>	<b>G2C</b>			
<b>Who may avail:</b>	<b>Patient</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Screened for COVID-19 slip 2. Hospital Card (Old Patient) 3. PT Program or relevant Endorsement letter ( If patient consulted outside BatMC)		Triage area (ER-OPD) Room 1/Room 15 Rehab. Med. Doctor Physical Therapist		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the requirements at Room 15 on the scheduled date	Register patient and take vital signs	None	3 to 5 minutes	Physical Therapist
2. Receive charge slip. May go to MSWD for discount	Give patient charge slip	Refer to attached price list	1 minute	Physical Therapist
3. Pay the Physical Therapy fee at the cashier	Receive the payment and issue official receipt	Depend on the PT management given	10 minutes (Depend on the number of patient paying)	Patient and cashier
4. Return to room 15 and present the official receipt	Write the official receipt number in the logbook	None	1 minute	Physical Therapist
5. Follow the Physical Therapist during	Treat the patient	—	30 minutes to 2 hours (Depend on the PT)	Physical Therapist and Patient



treatment			management given)	
6. Fill out the CSS Form and return it to PT staff	Receive the filled out CSS Form	None	5 minutes	PT Technician
<b>TOTAL:</b>		Depend on the PT management given	2 hours&22 minutes	

PRICE LIST OF EXERCISES	
Minimum fee (Exercise)	Php100.00
Intermittent/continuous traction	Php50.00
Therapeutic ultrasound	
1 body part	Php45.00
2 body parts	Php55.00
3 body parts	Php65.00
4 body parts	Php75.00
5 body parts	Php85.00
6 body parts	Php95.00
7 body parts	Php105.00
8 body parts	Php115.00
9 body parts	Php125.00
10 body parts	Php135.00
11 body parts	Php145.00
12 body parts	Php155.00
Electrical Stimulation (1)	Php15.00
Paraffin Wax Bath (1)	Php30.00
Infrared Radiation (1)	Php30.00
Bicycle Ergometer	Php20.00
Clinical Restorator	Php20.00
Bell's Package	Php200.00
Stroke Package	Php200.00
Therapeutic Laser (per point)	Php50.00
- additional point	Php10.00
Cryotherapy (per area)	Php100.00
Cold Compress (per area)	Php30.00

## 115. ONLINE CONSULTATION TO REHABILITATION MEDICINE DOCTOR

This procedure is created to provide health service for continuous rehabilitation even while staying at home.

<b>Office or Division:</b>	Rehabilitation Medicine Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Rehab. Med. Old Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Result of laboratory, x-ray, CT Scan, MRI (if any)		Hosp./Lab. where exam taken		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient inquiry through Rehab. Med. Facebook Page for schedule	Schedule patient for online consultation; Retrieval of patient old records at room 15	none	15-30 minutes	Physical Therapy Technician
2. Fill-out patient consent form and send to PT staff	Send and receive patient consent form	none	5 - 10 minutes	Physical Therapy Technician
3. Attend to online consultation; Present to doctor result of test (if any)	Assess/evaluate patient	none	30 minutes-1 hour	Physiatrist
4. Fill out the CSS form and give to PT staff	Send and Receive the CSS form	none	5-10 minutes	Patient & PT Technician
<b>TOTAL:</b>		none	1 hour and 20 minutes	

## 116. GUIDELINES IN CONSULTATION IN REHABILITATION

<b>Office or Division:</b>		Rehabilitation Medicine Department		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		Patient		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Referral Form if applicable 2. Hospital Card 3. Diagnostic Results, if warranted		1. Referring Physicians 2. OPD Room 1/ Rehabilitation Department, Room 15 3. Different Diagnostic Units		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Bring the Hospital Card and Referral Slip in OPD Room 15 on the scheduled date & time of consult.	1.1 Check the Referral slip and log the patient in the computer.	None	5 minutes	Occupational Therapist
	1.2 Check the vital signs.	None	5 minutes	Occupational Therapist
	1.3 Retrieve Charts from the Medical Records	None	10 minutes	Occupational Therapist
2. If the patient is NEW and no record, complete all the details on the information sheet.	2. Provide the necessary forms.	None	10 minutes	Occupational Therapist
3. Patient shall stay in the waiting area and wait for his/her turn for consultation	3. Call name of the patient for consultation	None	1 hour	Occupational Therapist
4. Enter the consultation room when	4.1 Interview and examine patient.	None	10 minutes	Physiatrist

called for consultation.	4.2 Explain treatment plan to patient.	None	10 minutes	Physiatrist
	4.3 If for referral: Prepare referral form and instruct patient accordingly.	None	10 minutes	Physiatrist
5. Secure CSS	Provide the necessary forms	None	5 minutes	Occupational Therapist
6. Patient shall give referral to therapist accordingly	Accept and give schedule of therapy respectively	None	5 minutes	Occupational Therapist
<b>TOTAL:</b>		None	2 hours & 10 minutes	

## 117. GUIDELINES IN OCCUPATIONAL THERAPY TREATMENT IN OPD

Step By Step Procedure in Undergoing Occupational Therapy Treatment in OPD

<b>Office or Division:</b>		Rehabilitation Medicine Department – Occupational Therapy Section		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		Patient		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Hospital Card 2. Charge Slip		1. OPD Room 1/Room 15 2. Rehabilitation Department / Occupational Therapy Section		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Bring Hospital Card in OPD Room 15 on the scheduled date & time of therapy.	1.1 Accept and Log patient in the computer	None	5 minutes	Occupational Therapist
	1.2 Check patient's vital signs	None	5 minutes	Occupational Therapist
	1.3 Issue charge slip if vital signs are stable	None	5 minutes	Occupational Therapist
	1.4 Retrieve Charts from the Medical Records while the patient is paying the bill.	None	10 minutes	Occupational Therapist
2. Patient may opt to go to MSWD to get a discount before going to cashier for payment.	2.1 Interview the patient and get the necessary information	None	10 minutes	Social Worker
	2.2 Give discounts accordingly.	None	5 minutes	Social Worker

3. Pay the required fees at the cashier by showing charge slip. *Make sure to secure official receipt that will be issued upon payment	3.1 Accept the payment based on the charge slip	Depends on the treatment procedure  Please refer to attached price list	10 minutes	Cashier
	3.2 Issue the official receipt	None	5 minutes	Cashier
4 Return to the Rehabilitation Medicine Department and give back the charge slip with OR number	4.1 Check the Charge slip	None	1 minute	Occupational Therapist
	4.2 Log in the Columnar	None	4 minutes	Occupational Therapist
4. Therapy shall start when patient return after payment	3.1 Patient shall be given proper OT management	None	1 hour	Occupational Therapist
	3.2 Check Vital Signs after treatment	None	5 minutes	Occupational Therapist
	3.3 Provide patient schedule for the next session	None	5 minutes	Occupational Therapist
	3.4 Secure CSS	None	5 minutes	Occupational Therapist
<b>TOTAL:</b>		Treatment charge	2 hours 15 minutes	

## **OCCUPATIONAL THERAPY PRICELIST OF EXERCISES**

OPD Adult Package – Php 250.00

OPD Pediatric Package – Php 300.00

Hand Rehab – Php 150.00

Dysphagia Mx – Php 150.00

OT minimum – Php 150.00

Other Services:

+ Php 40.00 per services

ADL/IADL

Cognitive Skills,

Behavioral Modification,

Communication Skills

Sensory Integration

Social Skills

Speech Retraining

Visual Rehab

Vocational Activities

Sample: OT minimum (150) + Cognitive Skills (40) = Php  
190.00

## 118. GUIDELINES IN ONLINE CONSULTATION IN REHABILITATION

<b>Office or Division:</b>		Rehabilitation Medicine Department		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		Patient		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Consent Form  2. Diagnostic Results, if warranted  3. Referral Form, if applicable		1. Facebook Page – Batangas Medical Center Department of Rehabilitation Medicine PT/OT 2. Different Diagnostic Units 3. Referring physician		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Log in the facebook account and visit Batangas Medical Center Department of Rehabilitation Medicine PT/OT Facebook page and ask for schedule of online consultation.	1.1 Patient will be replied thru facebook page to acknowledge inquiry.	None	1 day	Physical Therapy Technician
	1.2 Retrieve old charts of patient from the Rehabilitation Medicine Department and forward it to the physiatrist for reference.	None	10 minutes	Occupational Therapist
	1.3 Physiatrist shall be notify and confirm schedule of availability.	None	1 day	Physical Therapy Technician
	1.4 Patient shall be given schedule of consultation when schedule is confirmed thru message on facebook. * If the patient is OLD, online	None	15 minutes	Physical Therapy Technician



	consultation shall be granted, * If the patient is new, schedule of physical consultation in the Rehabilitation Medicine Department – OPD Room 15 shall be given.			
2. Patient shall fill out Online Consent Form	2.1 Collect filled out online consent form.	None	10 minutes	Physical Therapy Technician
3. Patient shall be consulted on the given date and time thru Facebook page.	3.1 Interview and examine patient.	None	10 minutes	Physiatrist
	3.2 Explain treatment plan to patient.	None	10 minutes	Physiatrist
	a. If for referral: Prepare referral form and instruct patient accordingly.	None	10 minutes	Physiatrist
	b. Prepare e-prescription if needed.	None	10 minutes	Physiatrist
	c. Documentation/ referral shall be send to OT-in-charge	None	10 minutes	Physiatrist
4. Secure CSS	CSS shall send thru google form link.	None	5 minutes	Physical Therapy Technician
<b>TOTAL:</b>		None	2 days & 2 hours and 30 minutes	

## 119. SPECIAL LABORATORY EXAMINATIONS

Simple laboratory examinations that are performed within specified running days and results are released at specified date and time.

<b>Office or Division:</b>		Department of Pathology and Laboratory Medicine		
<b>Classification:</b>		Simple (PBS, Retics, Immunology, Medico-Legal)		
<b>Type of Transaction:</b>		G2C - Government to Citizen		
<b>Who may avail:</b>		All		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Laboratory Request 2. Authorization and ID 3. Charge Slip		1. Physician 2. Client 3. Reception Area of Laboratory		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fall in line at "window "1 of the laboratory and give the request	1. Receive request and check for completeness of data	According to laboratory examination needed	10 minutes	Laboratory staff
2. Wait for the charge slip and instruction from the laboratory staff  2.1 Pay at the cashier	2. Give charge slip and instruct to pay at the cashier		10 minutes  2.2 Refer to the citizen's charter of the cashier	Laboratory staff
3. Give request and receipt and specimen (if any) to window 1  3.1 Proceed to extraction area	3. Receive request and receipt and specimen (if any)  3.1 Perform venipuncture  3.2 Perform testing		5 minutes  20 minutes  Depending on the test methodology	Laboratory staff

4. Return to laboratory (window 2) after the declared turn around time for the result	4. Give the result		15 minutes	<i>Laboratorystaff</i>
<b>TOTAL:</b>		Depending on the number of examinations	1 day for Medico-legal  Tuesdays and Fridays for Immunology  3 days for Peripheral Blood Smear (PBS) and Retics	

#### **IMPORTANT REMINDERS:**

1. Patients for Medico-legal, Wellness Zone, TB-DOTS, PMDT and IPK are not given charge slip because they are being funded.
2. EBD and patients with guarantee letter are given charge slip for stamping at the respective offices.
3. Results for Viral Load and TB Culture are not given directly to patients. The PMDT, TB-DOTS AND Wellness Zone will claim the result.
4. Samples for confirmatory testing are sent to the National Reference Laboratory for further testing and are subjected for delayed release of result. The laboratory management cannot determine the exact date of release so we will call the client when results are available.

## 120. AUTOPSY EXAMINATION

Testing of a cadaver in order to investigate on the cause of death of a person.

<b>Office or Division:</b>	Department of Pathology and Laboratory Medicine			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C - Government to Citizen			
<b>Who may avail:</b>	Patient's Immediate relative			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Laboratory Request 2. Medical Abstract 3. Notice of Death Form 4. Proof of Relationship (Marriage/Birth Certificate) 5. Valid ID of the representative		1. Physician 2. Attending physician 3. Laboratory/ Download at <a href="http://batmc.doh.gov.ph">batmc.doh.gov.ph</a> 4-5 Client		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.A For outpatient:	1. 1. Receive request, check for completeness of data and notify the Medical Officer		10 minutes	Laboratory staff /
1.A.1 Present laboratory request at window 1				
1.B. For inpatient:	1.2 Interview the relative		1 hour	Medical Officer
1.B.1 The attending physician coordinates with the pathology resident on duty	1.3 Assess whether medico-legal case or not (For medico-legal cases, refer to PNP or NBI)		10 minutes	Medical Officer
2. Accomplish the autopsy consent form and submit the requirements	2.1 Received documents and check for completeness		2 hours	Medical Officer/ Medical Specialist

	2. 2 Explain the procedure that will be done			
3. For “Private or Pay” patients, wait for the charge slip and instruction given by laboratory staff (if any).  3.1 Pay at the cashier	3. Give charge slip to client	PHP 15,000.00 (Processing Fee- Php 8, 000. Professional Reading Fee – Php 7,000)	10 minutes  Refer to Cashier’s Citizens Charter	Laboratory staff
4. Present proof of payment and request to window 2.	4. Receive proof of payment		10 minutes	Laboratory staff
5. Wait until autopsy is done.	5. Perform autopsy		1 day	Mortician Medical Officer Medical Specialist
6. Coordinate to the pathologist who performed the autopsy	6. 1 Explain to the client the initial autopsy findings  6.2 Perform the histopathology processes.		2 hours  60 days	Medical Officer Medical Specialist  Medical Officer Medical Specialist Histopathology technician
7. Return on the set date for the final autopsy report	7. Release and discuss final autopsy report		2 hours	Medical Officer Medical Specialist
<b>TOTAL:</b>		PHP 15,000.00	63 days	

**IMPORTANT REMINDERS:**

1. Autopsy is not done in a routine basis. It must be requested to the pathologist by the nearest relative of the deceased and /or attending physician.
2. PNP, NBI

## 121. ROUTINE LABORATORY TESTING (OUT-PATIENT)

Testing and releasing of laboratory results to patients from the Out Patient Department (OPD) and/or other institutions.

<b>Office or Division:</b>		Department of Pathology and Laboratory Medicine		
<b>Classification:</b>		Simple (Routine Laboratory Examinations)		
<b>Type of Transaction:</b>		G2C - Government to Citizen		
<b>Who may avail:</b>		All		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Laboratory Request 2. Authorization Letter and Identification Card (ID) 3. Charge Slip		1. Physician 2. Client 3. Reception area of laboratory		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fall in line at "window "1 of the laboratory and give the request	1. Receive request and check for completeness of data	According to laboratory examination needed	10 minutes	Laboratory staff
2. Wait for the charge slip and instruction from the laboratory staff  2.1 Pay at the cashier	2. Give charge slip and instruct to pay at the cashier		10 minutes  2.1 Refer to the citizen's charter of the cashier	Laboratory staff
3. Give request and receipt and specimen (if any) to window 1  3.1 Proceed to extraction area	3. Receive request and receipt and specimen (if any)  3.1 Perform venipuncture  3.2 Perform testing		10 minutes  20 minutes  Depending on the test methodology	Laboratory staff
4. Return to laboratory (window 2) after the declared turn around time for the result	4. Give the result		15 minutes	Laboratory staff
<b>TOTAL:</b>		Depending	4 hours (whole	

	on the number of examinations	process)	
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### IMPORTANT REMINDERS:

1. Patients for Medico-legal, Wellness Zone, TB-DOTS, PMDT and IPKare not given charge slip because they are being funded.
2. EBD and patients with guarantee letter are given charge slip for stamping at the respective offices.
3. Results for Viral Load and TB Culture are not given directly to patients. The PMDT, TB-DOTS AND Wellness Zone will claim the result.
4. Samples for confirmatory testing are sent to the National Reference Laboratory for further testing and are subjected for delayed release of result. The laboratory management cannot determine the exact date of release so we will call the client when results are available.



## 122. ROUTINE LABORATORY TESTING (IN-PATIENT)

Testing and releasing of laboratory results to in-patients.

<b>Office or Division:</b>		Department of Pathology and Laboratory Medicine		
<b>Classification:</b>		All Routine Laboratory Examinations		
<b>Type of Transaction:</b>		G2C - Government to Citizen		
<b>Who may avail:</b>		All		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Laboratory Request 2. Receiving Logbook		1. Physician/Nurse Station/Ward 2. Nurse Station/Ward		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fall in line at "window " 2 of the laboratory and give the request and specimen, if any (ward personnel)	1. Receive requests/ specimens and assess if they are acceptable or suitable for examination.	According to laboratory examination needed	10 minutes	Laboratory staff
2. Wait for the the laboratory staff to sign on the receiving logbook	2. Sign on the receiving logbook		3 minutes	Laboratory staff
	2.1. Encode the necessary information on the computer and charge testing fee.		10 minutes	
	2.2. Bring request/ specimen to respective section or give requests to warding staff.		5 minutes	
	2.3. Collect the specimen for testing		Depending on the difficulty of procedure	
	2.4. Perform examination		Depending on test methodology.	

3. Proceed to window 2 to claim results (ward personnel)	3. Release results or blood (if any) to ward personnel/ attending physician.		5 minutes	Laboratory staff
<b>TOTAL:</b>		Depending on the number of examinations	4 hours (whole process)	

### IMPORTANT REMINDERS:

1. Samples for confirmatory testing are sent to the National Reference Laboratory for further testing and are subjected for delayed release of result. The laboratory management cannot determine the exact date of release so we will call the client when results are available.

## 123. RT-PCR LABORATORY EXAMINATION

Simple laboratory examinations that are performed within specified running days and results are released at specified date and time.

<b>Office or Division:</b>		Department of Pathology and Laboratory Medicine		
<b>Classification:</b>		Simple (Referring Facility)		
<b>Type of Transaction:</b>		G2C - Government to Citizen		
<b>Who may avail:</b>		All		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Laboratory Request 2. Authorization and ID 3. Charge Slip		1. Physician 2. Client/Representative 3. Reception Area of PCR Laboratory		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fall in line at the reception area (RT-PCR laboratory)	1. Receive request and check for completeness of data	According to requested laboratory examination	5 minutes	Laboratory staff
2. Wait for the charge slip and instruction from the laboratory staff  2.1 Pay at the cashier	2. Give charge slip and instruct to pay at the cashier		5 minutes  2.2 Refer to the citizen's charter of the cashier	Laboratory staff
3. Give request, receipt and specimen to the reception area	3. Receive request, receipt and specimen  3.1 Perform testing		5 minutes  Depending on the test methodology	Laboratory staff
<b>TOTAL:</b>		Depending on the requested examination	2 working days	

### IMPORTANT REMINDERS:

1. Results are released thru email to referring facility and not directly to patients.
2. Payment for testing of BatMC personnel are deducted from their hospital benefits.

## 124. RT-PCR LABORATORY EXAMINATION (SWABBING)

Simple laboratory examinations that are performed within specified running days and results are released at specified date and time.

<b>Office or Division:</b>		Department of Pathology and Laboratory Medicine		
<b>Classification:</b>		Simple (Out Patient)		
<b>Type of Transaction:</b>		G2C - Government to Citizen		
<b>Who may avail:</b>		All		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Laboratory Request 2. Authorization and ID 3. Charge Slip		1. Physician 2. Client/Representative 3. Reception Area of PCR Laboratory		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure request form from the physician	1. Provide properly filled up request forms (Microbiology request form, case investigation form, Philhealth forms)	N/A	15 minutes	Physician
2. Fall in line at window 1 of the main laboratory (patient's companion)  2.1 Pay at the cashier	2. Receive request and issue charge slip	According to requested laboratory examination	5 minutes  2.1 Refer to the citizen's charter of the cashier	Laboratory staff
3. Proceed to swab collection booth (Patient)	3. Receive request and check for completeness of data  3.1 Perform collection procedure		5 minutes  15 minutes	Laboratory staff

	<p>3.2 Instruct patient to claim result at IPCC department after 2 days</p> <p>3.3 Bring specimen to RT-PCR laboratory for testing</p> <p>3.4 Perform testing</p>		<p>10 minutes</p> <p>Depending on test methodology</p>	
<b>TOTAL:</b>		Depending on the requested examination	2 working days	

#### IMPORTANT REMINDERS:

1. Results are released thru email to referring facility and not directly to patients.
2. Employees for testing will no longer need to secure charge slip. They can proceed directly to the collection booth once they have the request forms.
3. Payment for testing of BatMC personnel are deducted from their hospital benefits.

## 125. RT-PCR LABORATORY EXAMINATION (IN-PATIENT)

Simple laboratory examinations that are performed within specified running days and results are released at specified date and time.

<b>Office or Division:</b>		Department of Pathology and Laboratory Medicine		
<b>Classification:</b>		Simple (In-Patient)		
<b>Type of Transaction:</b>		G2C - Government to Citizen		
<b>Who may avail:</b>		All		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Laboratory Request			1. Physician/Nurse Station	
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit specimen and request forms to window 1 of main laboratory	1. Receive requests and specimens and assess if they are acceptable or suitable for examination.	Depending on the test methodology	15 minutes	Laboratory staff
2. Wait for the the laboratory staff to sign on the receiving logbook	2. Sign on the receiving logbook.		1 minute	Laboratory staff
	2.1. Encode the necessary information on the log sheet.		5 minutes	
	2.2. Bring requests and specimens to RT-PCR laboratory.		10 minutes	
	2.3. Perform examination		Depending on test methodology	
	2.4. Send official results to IPCC		15 minutes	
<b>TOTAL:</b>		Depending on the test methodology	2 working days	

## 126. ISSUANCE OF BLOOD PRODUCT

Releasing of blood and/or its product/s to clients from other institutions.

<b>Office or Division:</b>		Blood Bank and Transfusion Medicine		
<b>Classification:</b>		Simple (Releasing of Blood Unit)		
<b>Type of Transaction:</b>		G2C - Government to Citizen		
<b>Who may avail:</b>		All		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Blood Request 2. Charge Slip 3. Request letter		1. Physician 2. Blood Bank Reception Area 3. Agency or Local Government Unit (LGU)		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit blood request/request letter from LGU	1. Receive request and check for completeness of data	Whole Blood: PHP 1800.00 PRBC: PHP 1500.00	10 minutes	Laboratory staff
2. Wait for the charge slip and instruction from the laboratory staff  2.1 Pay at the cashier	2. Check for blood reservation  2.1. Give charge slip and instruct to pay at the cashier	FFP: PHP 1000.00 PC: PHP 1000.00 Cryoppt: PHP 1000.00	20 minutes	Laboratory staff
3. Return to blood bank and give request and receipt  3.1 Give the cooler to the staff	3. Receive request and receipt  3.1 Get blood and perform blood typing  3.2 Get cooler and pack blood accordingly		30 minutes	Laboratory staff
4. Wait for the release of blood product	4. Release blood to the client		10 minutes	Laboratory staff
<b>TOTAL:</b>		Depending on the blood product needed	1 hour and 10 minutes	

## 127. PROCESSING AND TESTING OF SURGICAL SPECIMENS

Processing and releasing of results of specimens for anatomical testing.

<b>Office or Division:</b>	Department of Pathology and Laboratory Medicine			
<b>Classification:</b>	Highly Technical (Tissue Biopsy and Immunohistochemistry)			
<b>Type of Transaction:</b>	G2C - Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Laboratory Request 2. Authorization and ID 3. Charge Slip		1. Physician 2. Client 3. Reception Area of Laboratory		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fall in line at "window "1 of the laboratory and give the request	1. Receive request and check for completeness of data	PAP Smear: PHP 120.00  Cytology: PHP 700.00	10 minutes	Laboratory staff
2. Wait for the charge slip and instruction from the laboratory staff  2.1 Pay at the cashier	2. Give charge slip and instruct to pay at the cashier	ER/PR/HER 2: PHP 7,800.00  Biopsy (Small): PHP 700.00  Biopsy(Medium): PHP 1000.00  Biopsy (Large): PHP 1,500.00	10 minutes  2.2 Refer to the citizen's charter of the cashier	Laboratory staff
3. Give the request, specimen and receipt to window 1	3. Receive request and receipt and specimen (if any)  3.1 Perform testing		10 minutes  Depending on the test methodology	Laboratory staff



			y	
4. Return to laboratory (window 2) after the declared turnaround time for the result	4. Give the result		15 minutes	Laboratory staff
<b>TOTAL:</b>		Depending on the case difficulty of the surgical specimen	10 working days (whole process)  20 working days for difficult cases (Pass Around)	

## 128. SPECIAL LABORATORY EXAMINATIONS AND RELEASE OF RESULTS

Processing and testing of laboratory examinations which results are released beyond 3 days but are within 7 days.

<b>Office or Division:</b>	Department of Pathology and Laboratory Medicine			
<b>Classification:</b>	Complex (PAP Smear, FNAB/Cytology)			
<b>Type of Transaction:</b>	G2C - Government to Citizen			
<b>Who may avail:</b>	All Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A. Examination 1. Laboratory Request  B. Release of Result 1. Authorization Letter and ID from the patient and Valid ID of authorized representative 2. Proof of Payment		A. 1. Physician  B. 1. Patient/Authorized Representative 2. Cashier		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present laboratory request at window 1	1. Receive request and check for completeness of data	(Please see Laboratory Pricelist on Annex _)	10 minutes	Laboratory staff
2. Wait for the charge slip and instruction from the laboratory staff  2.1 Pay at the cashier	2. Give charge slip and instruct to pay at the cashier		10 minutes  2.2 Refer to the citizen's charter of the cashier	Laboratory staff  Cashier-on-duty
3. Give request and receipt and specimen (if any) to window 1  3.1 Proceed to extraction area	3. Receive request and receipt and specimen (if any)  3.1 Perform venipuncture  3.2 Perform testing		5 minutes  20 minutes  Depending on the test	Laboratory staff  Phlebotomist/Medical Technologist  Medical Technologist

			methodology	
4. Return to laboratory (window 2) on the scheduled releasing time of result/s	4. Give the result		15 minutes	Laboratory staff
<b>TOTAL:</b>		Dependi ng on the number of examina tions	6 days for Culture and Sensitivity (other body fluids and discharges)& PAP Smear	

#### **IMPORTANT REMINDERS:**

1. Patients for Medico-legal, Wellness Zone, TB-DOTS, PMDT and IPK are not given charge slip because they are funded.
2. EBD and patients with guarantee letter are given charge slip for stamping at the respective offices.
3. Samples for confirmatory testing are sent to the National Reference Laboratory for further testing and are subjected for delayed release of result. The laboratory management cannot determine the exact date of release so we will call the client when results are available.

## 129. SPECIAL LABORATORY TESTING

Testing and releasing of laboratory results for in-patients.

<b>Office or Division:</b>		Department of Pathology and Laboratory Medicine		
<b>Classification:</b>		Complex Laboratory Examinations (Histopathology)		
<b>Type of Transaction:</b>		G2C - Government to Citizen		
<b>Who may avail:</b>		All		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Laboratory Request 2. Receiving Logbook		1. Physician/Nurse Station/Ward 2. Nurse Station/Ward		
<b>CLIENTS STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fall in line at "window " 2 of the laboratory and give the request and specimen (OR personnel)	1. Receive requests and specimens and assess if they are acceptable or suitable for examination.	According to laboratory examination needed	10 minutes	Laboratory staff
2. Wait for the the laboratory staff to sign on the receiving logbook	2. Sign on the receiving logbook  2.1. Encode the necessary information on the computer and charge testing fee. 2.2. Bring requests and specimens to histopathology section. 2.3. Perform examination		3 minutes  10 minutes  5minutes  Depending on the difficulty of procedure	Laboratory staff
3. Proceed to window 2 to claim results ( attending physician or patients)	3. Release results to attending physician or patients.		5 minutes	Laboratory staff
<b>TOTAL:</b>		Dependin g on the number of examinations	10 days (whole process)	



**IMPORTANT REMINDERS:**

1. Extremely difficult (pass around) cases may be released within 20 working days.

### 130. SPECIAL LABORATORY TESTING

Testing and releasing of laboratory results to in-patients.

<b>Office or Division:</b>		Department of Pathology and Laboratory Medicine		
<b>Classification:</b>		Complex Laboratory Examinations (Bacteriology)		
<b>Type of Transaction:</b>		G2C - Government to Citizen		
<b>Who may avail:</b>		All		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Laboratory Request 2. Receiving Logbook		1. Physician/Nurse Station/Ward 2. Nurse Station/Ward		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fall in line at "window " 2 of the laboratory and give the request and specimen, if any (ward personnel)	1. Receive requests/ specimens and assess if they are acceptable or suitable for examination.	According to laboratory examination needed	10 minutes	Laboratory staff
2. Wait for the the laboratory staff to sign on the receiving logbook	2. Sign on the receiving logbook  2.1. Encode the necessary information on the computer and charge testing fee.  2.2. Bring request/ specimen to bacteriology section or give requests to warding staff.  2.3. Collect the specimen for testing  2.4. Perform examination		3 minutes  10 minutes  5 minutes  Depending on the difficulty of procedure  Depending on test methodology.	Laboratory staff

3. Proceed to window 2 to claim results (ward personnel)	3. Release results to ward personnel/ attending physician.		5 minutes	Laboratory staff
<b>TOTAL:</b>		Depending on the number of examinations	7 days (whole process)	

### IMPORTANT REMINDERS:

1. Samples for confirmatory testing are sent to the National Reference Laboratory for further testing and are subjected for delayed release of result. The laboratory management cannot determine the exact date of release so we will call the client when results are available.

### 131. Request for an X-Ray Examination (OPD)

OPD patients (who are screened and cleared of COVID) that will undergo x-ray examination shall present duly accomplished x-ray request form from their requesting physician together with triage clearance. All requests will be scheduled. OPD – Monday to Friday except holidays, 8 AM to 12 NN.

<b>Office or Division:</b>	RADIOLOGY			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	OPD Patients (who are screened and cleared of COVID)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Triage Clearance (both for the patient and accompanying person)  2. Duly accomplished X-ray Request Form (1 copy - original) or Referral Slip with brief relevant history (photocopy or original)  3. Previous x-ray films and reports for procedures done outside BatMC, if follow-up		Triage Area  Requesting Physician  Medical facility where the imaging was done		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the triage clearance of both patient and accompanying person at Window 1 of Radiology Department.	1. Verify the name and date on the triage clearance form.	None	2 minutes	Rad Tech on duty
2. Present the duly accomplished x-ray request at Window 1 of Radiology	2.1. Verify the request form.  2.2. If the procedure can be done	None	10 minutes	Rad Tech on duty



Department.	within the day, proceed to 3.1. Otherwise, return the request form and provide schedule of examination and give instructions for preparation.			
3. On the schedule of examination, present the triage clearance at Window 1 of Radiology Department. Submit the request form and wait to be called.	3.1. Verify the name and date on the triage clearance form and the request.  3.2. Prepare charge slip and give the charge slip to the patient. Provide instructions for payment.	None	2 minutes  10 minutes	Rad Tech on duty  Rad Tech on duty
4. Bring the charge slip to the cashier and pay the corresponding fee.	4. Process the payment	Refer to the schedule of fees	(paused-clock)	Cashier
5. Return to Window 1 of Radiology Department and present the proof of payment. Wait to be called for the examination.	5.1. Record the proof of payment.  5.2. Place the request on queue.  5.3. Perform the procedure.	None	2 minutes  1 hour  20 minutes or depending on the examination  2 minutes	Rad Tech on duty  Rad Tech on duty  Rad Tech on duty / Doctor on duty

	<p>5.4. Instruct the patient when and how to get the result.</p> <p>5.5. Prepare official result.</p>		3 days	<p>Rad Tech on duty</p> <p>Doctor on duty</p>
<p>6. On the schedule of release of result, present the triage clearance at Window 3 of Radiology Department.</p> <p>Fill-up the form for claiming result.</p> <p>Claim the result.</p> <p>You may call the department for follow-up.</p>	<p>6.1. Verify the name and date on the triage clearance form.</p> <p>6.2. Verify the data on the filled-up form for claiming result and release the result.</p>	None	<p>2 minutes</p> <p>10 minutes</p>	<p>Department Secretary</p> <p>Department Secretary</p>
<b>TOTAL:</b>		Refer to the schedule of fees	3 days, 2 hours	

**Notes:**

- (1) If request forms are not complete, the Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled.
- (2) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention, room decontamination/sanitation, or during machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.
- (4) The BatMC Radiology Department is using a Picture Archiving Communication System (PACS). Image film is issued upon request and payment of corresponding fee.

## 132. REQUEST FOR AN X-RAY EXAMINATION (ER)

ER patients (who are screened and cleared of COVID by the ER department) that will undergo x-ray examination shall present duly accomplished x-ray request form from their requesting physician together with triage clearance. All requests will be scheduled.

ER Patients – Monday to Sunday, 24/7 (No Noon Break). ER cases will be scheduled

<b>Office or Division:</b>	RADIOLOGY			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	ER Patients (who are screened and cleared of COVID by the ER department)			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. Triage Clearance (both for the patient and accompanying person)  2. Duly accomplished X-ray Request Form (1 copy - original) or Referral Slip with brief relevant history (photocopy or original)  3. Previous x-ray films and reports for procedures done outside BatMC, if follow-up			Triage Area  Requesting Physician  Medical facility where the imaging was done	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the triage clearance of both patient and accompanying person at Window 1 of Radiology Department.	1. Verify the name and date on the triage clearance form.	None	2 minutes	Rad Tech on duty

2. Present the duly accomplished x-ray request at Window 1 of Radiology Department. Wait to be called for the examination.	2.1. Verify the request form.	None	10 minutes	Rad Tech on duty
	2.2. Place the request on queue.		30 minutes	Rad Tech on duty
	2.2. Perform the procedure.		20 minutes or depending on the examination	Rad Tech on duty
	2.3. Instruct transporter to return the patient to ER once the procedure is done.			
3. For clearance, give the clearance form at Window 1 of Radiology Department.	3.1. Verify the clearance form.	None	2 minutes	Rad Tech on duty
	3.2. Prepare charge slip and give the charge slip to the patient. Provide instruction for payment. For admitted ER patients, bill the patient in HOMIS and proceed to step 6.		10 minutes	Rad Tech on duty
4. Bring the charge slip to the cashier and pay the corresponding fee.	4. Process the payment	Refer to the schedule of fees	(paused-clock)	Cashier
5. Return to Window 1 of Radiology Department. Present the proof of	5.1. Record the proof of payment.	None	1 minute	Rad Tech on duty
	5.2. Affix signature on		1 minute	Rad Tech on duty

payment.	<p>the clearance form and return the form to the patient.</p> <p>5.3. Instruct the patient when and how to get the result.</p> <p>5.4. Prepare official result.</p>		<p>2minutes</p> <p>24 hours</p>	<p>Rad Tech on duty</p> <p>Doctor on duty</p>
<p>6. On the schedule of release of result, present the triage clearance at Window 3 of Radiology Department.</p> <p>Fill-up the form for claiming result.</p> <p>Claim the result.</p> <p>You may call the department for follow-up.</p>	<p>6.1. Verify the name and date on the triage clearance form.</p> <p>6.2. Verify the data on the filled-up form for claiming result and release the result.</p>	None	<p>2 minutes</p> <p>10 minutes</p>	<p>Department Secretary</p> <p>Department Secretary</p>
<b>TOTAL:</b>		Refer to the schedule of fees	1 day, 1hour, 30 minutes	

**Notes:**

- (1) If request forms are not complete, the Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled.
- (2) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention, room decontamination/sanitation, or during machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.
- (4) The BatMC Radiology Department is using a Picture Archiving Communication System (PACS). Image film is issued upon request and payment of corresponding fee.

<b>Services/Procedures</b>	<b>SERVICE FEE (Php)</b>	<b>SERVICE FEE FOR PRIVATE REQUESTS (Php)</b>
<i>X-RAY Procedures:</i>		
Apicolordotic View	115.00	149.50
Spot view	115.00	149.50
Hand AP/O	140.00	182.00
Wrist Joint	140.00	182.00
Chest (New Born)	160.00	208.00
Chest Lateral Decubitus	170.00	221.00
Chest PA (Adult)	170.00	221.00
Ankle Joint AP/Lateral	180.00	234.00
Clavicle	180.00	234.00
Elbow AP/Lateral	180.00	234.00
Foot APL	180.00	234.00
Hip joint	180.00	234.00
Knee APL	180.00	234.00
Pelvic AP / Hip Joint	180.00	234.00
Scapula	180.00	234.00
Shoulder Joint	180.00	234.00
Sternum	180.00	234.00
Thoracic Cage	180.00	234.00
Thoracolumbar	480.00	624.00
Chest (1-3 yrs old)	200.00	260.00
Arm (Humerus) AP/Lateral	210.00	273.00
Femur APL	210.00	273.00
Forearm APL	210.00	273.00
Leg APL	210.00	273.00
Cervical	240.00	312.00
Facial Bone	240.00	312.00
KUB	240.00	312.00
Nasal Bone/Waters	240.00	312.00
Neck Soft Tissue Lateral	240.00	312.00
Orbit	240.00	312.00
Sacrum/Coccyx	240.00	312.00
Thoracic Spine	240.00	312.00
Loopogram	300.00	390.00
Voiding Cystogram	300.00	390.00
Optic Foramen	300.00	390.00
Paranasal Sinuses	320.00	416.00
Chest PA/Lateral (Adult)	340.00	442.00
Mandible	345.00	448.50
Skull/Mandible	345.00	448.50

<b>Services/Procedures</b>	<b>SERVICE FEE (Php)</b>	<b>SERVICE FEE FOR PRIVATE REQUESTS (Php)</b>
<i>X-RAY Procedures:</i>		
T-tube Cholangiogram	360.00	468.00
Abdomen (Infant)	360.00	468.00
Invertogram	360.00	468.00
Fistulogram/Cystogram	420.00	546.00
Abdomen (adult)	480.00	624.00
Lumbosacral spine	480.00	624.00
Scoliotic Series	480.00	624.00
Barium Swallow	500.00	650.00
C-Arm Procedure add30mins	500.00	650.00
Distal Colonogram	500.00	650.00
Urethrogram	500.00	650.00
Babygram	500.00	650.00
Pelvimetry	500.00	650.00
Retrograde Pyelogram	600.00	780.00
Intraoperative Cholangiogram	600.00	780.00
Mastoid	600.00	780.00
Temporo-Mandibular Joint	600.00	780.00
Upper Gastrointestinal Series	840.00	1,092.00
Barium Enema	960.00	1,248.00
Intravenous Pyelogram	1,200.00	1,560.00
C-Arm Procedure for 1st hr	1,500.00	1,950.00
Mammogram	1,800.00	2,340.00
Skeletal Survey	2,400.00	3,120.00

### 133. REQUEST FOR AN X-RAY EXAMINATION (IN-PATIENT)

In-patients (who are screened and cleared of COVID by the respective ward) that will undergo x-ray examination shall present duly accomplished x-ray request form from their requesting physician. All requests will be scheduled.

In-Patient – Monday to Sunday, 24/7 by schedule.

<b>Office or Division:</b>	RADIOLOGY			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	In-patients (who are screened and cleared of COVID by the respective ward)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Duly accomplished X-ray Request Form (1 copy - original) or Referral Slip with brief relevant history (photocopy or original)  2. Previous x-ray films and reports for procedures done outside BatMC, if follow-up		Requesting Physician    Medical facility where the imaging was done		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the duly accomplished x-ray request at Window 1 of Radiology Department.	1.1. Verify the request form.  1.2. If the procedure can be done within the day, place the request on queue.  1.3. Otherwise, return the request form and provide schedule of examination and give instructions for preparation.  Examinations with preparations like fasting/bowel cleansing will be scheduled.	None	10 minutes	Rad Tech on duty



2. On the schedule of examination, submit the request form and wait to be called.	<p>2.1. Verify the request form.</p> <p>2.2. Place the request on queue.</p> <p>2.3. Perform the procedure.</p> <p>2.4. Instruct the patient when and how to get the result. Instruct the transporter to return the patient to the ward.</p> <p>2.5. Bill the patient in HOMIS.</p> <p>2.6. Prepare official result.</p>	None	<p>2 minutes</p> <p>1 hour</p> <p>20 minutes or depending on the examination</p> <p>4 minutes</p> <p>10 minutes</p> <p>3days</p>	<p>Rad Tech on duty</p> <p>Rad Tech on duty</p> <p>Doctor on duty</p> <p>Rad Tech on duty</p> <p>Rad Tech on duty</p> <p>Doctor on duty</p>
<p>3. If the patient is still admitted on the schedule of release of result, the respective ward will be advised to get the result.</p> <p>If discharged, patient must present triage clearance. Fill-up form for claiming result at the Window 3 of Radiology Department.</p>	<p>3.1. Release result to the respective ward.</p> <p>or</p> <p>3.2. Verify the data on the filled-up form for claiming result and release the result.</p>	None	<p>4 minutes</p> <p>10 minutes</p>	<p>Department Secretary</p> <p>Department Secretary</p>

Claim the result.  You may call the department for follow-up.				
<b>TOTAL:</b>		Refer to the schedule of fees	3 days, 2 hours	

**Notes:**

- (1) If request forms are not complete, the Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled.
- (2) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention, room decontamination/sanitation, or during machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.
- (4) The BatMC Radiology Department is using a Picture Archiving Communication System (PACS). Image film is issued upon request and payment of corresponding fee.

<b>Services/Procedures</b>	<b>SERVICE FEE (Php)</b>	<b>SERVICE FEE FOR PRIVATE REQUESTS (Php)</b>
<i>X-RAY Procedures:</i>		
Apicolordotic View	115.00	149.50
Spot view	115.00	149.50
Hand AP/O	140.00	182.00
Wrist Joint	140.00	182.00
Chest (New Born)	160.00	208.00
Chest Lateral Decubitus	170.00	221.00
Chest PA (Adult)	170.00	221.00
Ankle Joint AP/Lateral	180.00	234.00
Clavicle	180.00	234.00
Elbow AP/Lateral	180.00	234.00
Foot APL	180.00	234.00
Hip joint	180.00	234.00
Knee APL	180.00	234.00
Pelvic AP / Hip Joint	180.00	234.00
Scapula	180.00	234.00
Shoulder Joint	180.00	234.00

Services/Procedures	SERVICE FEE (Php)	SERVICE FEE FOR PRIVATE REQUESTS (Php)
<i>X-RAY Procedures:</i>		
Sternum	180.00	234.00
Thoracic Cage	180.00	234.00
Thoracolumbar	480.00	624.00
Chest (1-3 yrs old)	200.00	260.00
Arm (Humerus) AP/Lateral	210.00	273.00
Femur APL	210.00	273.00
Forearm APL	210.00	273.00
Leg APL	210.00	273.00
Cervical	240.00	312.00
Facial Bone	240.00	312.00
KUB	240.00	312.00
Nasal Bone/Waters	240.00	312.00
Neck Soft Tissue Lateral	240.00	312.00
Orbit	240.00	312.00
Sacrum/Coccyx	240.00	312.00
Thoracic Spine	240.00	312.00
Loopogram	300.00	390.00
Voiding Cystogram	300.00	390.00
Optic Foramen	300.00	390.00
Paranasal Sinuses	320.00	416.00
Chest PA/Lateral (Adult)	340.00	442.00
Mandible	345.00	448.50
Skull/Mandible	345.00	448.50
T-tube Cholangiogram	360.00	468.00
Abdomen (Infant)	360.00	468.00
Invertogram	360.00	468.00
Fistulogram/Cystogram	420.00	546.00
Abdomen (adult)	480.00	624.00
Lumbosacral spine	480.00	624.00
Scoliotic Series	480.00	624.00
Barium Swallow	500.00	650.00
C-Arm Procedure add30mins	500.00	650.00
Distal Colonogram	500.00	650.00
Urethrogram	500.00	650.00
Babygram	500.00	650.00
Pelvimetry	500.00	650.00
Retrograde Pyelogram	600.00	780.00
Intraoperative Cholangiogram	600.00	780.00
Mastoid	600.00	780.00
Temporo-Mandibular Joint	600.00	780.00

<b>Services/Procedures</b>	<b>SERVICE FEE (Php)</b>	<b>SERVICE FEE FOR PRIVATE REQUESTS (Php)</b>
<i>X-RAY Procedures:</i>		
Upper Gastrointestinal Series	840.00	1,092.00
Barium Enema	960.00	1,248.00
Intravenous Pyelogram	1,200.00	1,560.00
C-Arm Procedure for 1st hr	1,500.00	1,950.00
Mammogram	1,800.00	2,340.00
Skeletal Survey	2,400.00	3,120.00

### 134. Request for an X-Ray Examination (Covid Ward and Covid ER)

In-patients and ER patients (with probable, possible, or confirmed case of COVID-19) that will undergo x-ray examination shall present duly accomplished x-ray request form from their requesting physician. All requests will be scheduled.

In-patient (COVID Ward) – Monday to Sunday (alternating days for COVID Ward 1, 2, 3), starts at 7 PM, Cut-off at 5 PM.

ER patient (ER COVID) – Monday to Sunday, starts at 3 PM, Cut-off at 1 PM.

<b>Office or Division:</b>	RADIOLOGY			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	In-patients and ER patients (with probable, possible, or confirmed case of COVID-19)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Duly accomplished X-ray Request Form (1 copy - original) or Referral Slip with brief relevant history (photocopy or original)  2. Previous x-ray films and reports for procedures done outside BatMC, if follow-up		Requesting Physician          Medical facility where the imaging was done		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the duly accomplished x-ray request at Window 1 of Radiology Department.	1.1. Verify the request form.  1.2. If the procedure can be done within the day, place the request on queue.  1.3. Otherwise, return the request form and provide schedule of examination and give instructions for preparation.	None	10 minutes	Rad Tech on duty

2. On the schedule of examination, wait to be examined.	2.1. Verify the request form.	None	4 minutes	Rad Tech on duty
	2.2. Perform necessary protocols and preparations in the COVID areas.		30minutes	Rad Tech on duty
	2.3. Perform the procedure. The procedure will be done in the dedicated areas.		20 minutes or depending on the examination	Rad Tech on duty
	2.4. Instruct the patient/relative when and how to get the result.		4 minutes	Rad Tech on duty
	2.5. Perform necessary protocols for disinfection and sanitation.		30minutes	Rad Tech on duty
	2.6. Bill the patient in HOMIS.		10 minutes	Rad Tech on duty
	2.7. Prepare official result.		3 days	Doctor on duty
3. If the patient is still admitted on the schedule of release of result, the respective ward will be advised to get the result.  If discharged, patient must fill-up form for claiming result at the Window 3 of Radiology Department.  Claim the result.	3.1. Release result to the respective ward.	None	2 minutes	Department Secretary
	or 3.2. Verify the data on the filled-up form for claiming result and release the result.		10 minutes	Department Secretary

You may call the department for follow-up.				
<b>TOTAL:</b>		Refer to the schedule of fees	3 days, 2 hours	

**Notes:**

- (1) If request forms are not complete, the Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled.
- (2) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention, room decontamination/sanitation, or during machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.
- (4) The BatMC Radiology Department is using a Picture Archiving Communication System (PACS). Image film is issued upon request and payment of corresponding fee.

<b>Services/Procedures</b>	<b>SERVICE FEE (Php)</b>	<b>SERVICE FEE FOR PRIVATE REQUESTS (Php)</b>
<i>X-RAY Procedures:</i>		
Apicolordotic View	115.00	149.50
Spot view	115.00	149.50
Hand AP/O	140.00	182.00
Wrist Joint	140.00	182.00
Chest (New Born)	160.00	208.00
Chest Lateral Decubitus	170.00	221.00
Chest PA (Adult)	170.00	221.00
Ankle Joint AP/Lateral	180.00	234.00
Clavicle	180.00	234.00
Elbow AP/Lateral	180.00	234.00
Foot APL	180.00	234.00
Hip joint	180.00	234.00
Knee APL	180.00	234.00
Pelvic AP / Hip Joint	180.00	234.00
Scapula	180.00	234.00
Shoulder Joint	180.00	234.00
Sternum	180.00	234.00
Thoracic Cage	180.00	234.00
Thoracolumbar	480.00	624.00
Chest (1-3 yrs old)	200.00	260.00
Arm (Humerus) AP/Lateral	210.00	273.00

<b>Services/Procedures</b>	<b>SERVICE FEE (Php)</b>	<b>SERVICE FEE FOR PRIVATE REQUESTS (Php)</b>
<i>X-RAY Procedures:</i>		
Femur APL	210.00	273.00
Forearm APL	210.00	273.00
Leg APL	210.00	273.00
Cervical	240.00	312.00
Facial Bone	240.00	312.00
KUB	240.00	312.00
Nasal Bone/Waters	240.00	312.00
Neck Soft Tissue Lateral	240.00	312.00
Orbit	240.00	312.00
Sacrum/Coccyx	240.00	312.00
Thoracic Spine	240.00	312.00
Loopogram	300.00	390.00
Voiding Cystogram	300.00	390.00
Optic Foramen	300.00	390.00
Paranasal Sinuses	320.00	416.00
Chest PA/Lateral (Adult)	340.00	442.00
Mandible	345.00	448.50
Skull/Mandible	345.00	448.50
T-tube Cholangiogram	360.00	468.00
Abdomen (Infant)	360.00	468.00
Invertogram	360.00	468.00
Fistulogram/Cystogram	420.00	546.00
Abdomen (adult)	480.00	624.00
Lumbosacral spine	480.00	624.00
Scoliotic Series	480.00	624.00
Barium Swallow	500.00	650.00
C-Arm Procedure add30mins	500.00	650.00
Distal Colonogram	500.00	650.00
Urethrogram	500.00	650.00
Babygram	500.00	650.00
Pelvimetry	500.00	650.00
Retrograde Pyelogram	600.00	780.00
Intraoperative Cholangiogram	600.00	780.00
Mastoid	600.00	780.00
Temporo-Mandibular Joint	600.00	780.00
Upper Gastrointestinal Series	840.00	1,092.00
Barium Enema	960.00	1,248.00
Intravenous Pyelogram	1,200.00	1,560.00
C-Arm Procedure for 1st hr	1,500.00	1,950.00
Mammogram	1,800.00	2,340.00



Services/Procedures	SERVICE FEE (Php)	SERVICE FEE FOR PRIVATE REQUESTS (Php)
<i>X-RAY Procedures:</i>		
Skeletal Survey	2,400.00	3,120.00

### 135. REQUEST FOR AN ULTRASOUND EXAMINATION (OPD AND ER)

OPD and ER patients (who are screened and cleared of COVID) that will undergo ultrasound examination shall present duly accomplished ultrasound request form from their requesting physician together with triage clearance. All requests will be scheduled.

OPD – Monday to Friday except holidays, 8 AM to 12 NN.

ER Patients – Monday to Sunday, 24 hours (No Noon Break). ER cases will be scheduled as soon as possible, depending on the time and situation to avoid cross contamination.

IR Procedures – Monday except holidays, 8 AM to 5 PM.

<b>Office or Division:</b>	RADIOLOGY			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	OPD and ER Patients (who are screened and cleared of COVID)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Triage Clearance (both for the patient and accompanying person)		Triage Area		
2. Duly accomplished Ultrasound Request Form (1 copy – original or photocopy) or Referral Slip with brief relevant history (photocopy)		Requesting Physician		
3. Previous ultrasound images and results for procedures done outside BatMC, if follow-up		Medical facility where the imaging was done		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the triage clearance of both patient and accompanying person at Window 1 of Radiology Department.	1. Verify the name and date on the triage clearance form.	None	2 minutes	Rad Tech on duty

<p>2. Present the duly accomplished ultrasound request at Window 1 of Radiology Department.</p>	<p>2.1. Verify the request form.</p> <p>2.2. If the procedure can be done within the day, place the request on queue.</p> <p>2.3. Otherwise, return the request form and provide schedule of examination and give instructions for preparation.</p> <p>Examinations with preparations like fasting/bowel cleansing will be scheduled the following operating day (see schedule of operation). IR Procedures will be scheduled on the available date of the consultant.</p>	<p>None</p>	<p>10 minutes</p>	<p>Rad Tech on duty</p>
<p>3. On the schedule of examination, present the triage clearance at Window 1 of Radiology Department. Submit the request form and wait to be called.</p>	<p>3.1. Verify the name and date on the triage clearance form.</p> <p>3.2. Place the request on queue.</p> <p>3.3. Perform the procedure. For ER patient, instruct transporter to return to ER once the procedure is done.</p> <p>3.4. Bill the patient in HOMIS and prepare charge slip. Give the charge slip to the patient and</p>	<p>None</p>	<p>2 minutes</p> <p>1 hour</p> <p>20 minutes or depending on the examination</p> <p>10 minutes</p>	<p>Rad Tech on duty</p> <p>Rad Tech on duty</p> <p>Doctor on duty</p> <p>Rad Tech on duty</p>

	provide instruction for payment. For ER patient, give the charge slip upon clearance.			
4. Bring the charge slip to the cashier and pay the corresponding fee.	4. Process the payment	Refer to the schedule of fees	(paused-clock)	Cashier
5. Return to Window 1 of Radiology Department and present the proof of payment.	<p>5.1. Record the proof of payment.</p> <p>5.2. For ER patient, affix signature on the clearance form once payment is verified.</p> <p>5.3. Instruct the patient how and when to get the result.</p> <p>5.4. Prepare official result.</p>	None	<p>1 minute</p> <p>1 minute</p> <p>2 minutes</p> <p>24 hours</p>	<p>Rad Tech on duty</p> <p>Rad Tech on duty</p> <p>Rad Tech on duty</p> <p>Doctor on duty</p>
<p>6. On the schedule of release of result, present the triage clearance at Window 3 of Radiology Department.</p> <p>Fill-up the form for claiming result.</p> <p>Claim the result.</p> <p>You may call the department for follow-up.</p>	<p>6.1. Verify the name and date on the triage clearance form.</p> <p>6.2. Verify the data on the filled-up form for claiming result and release the result.</p>	None	<p>2 minutes</p> <p>10 minutes</p>	<p>Department Secretary</p> <p>Department Secretary</p>

<b>TOTAL:</b>	Refer to the schedule of fees	1 day, 2hours	
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**Notes:**

- (1) If request forms are not complete, the Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled.
- (2) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention, room decontamination/sanitation, or during machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.

<b>Services/Procedures</b>	<b>SERVICE FEE (Php)</b>	<b>SERVICE FEE FOR PRIVATE REQUESTS (Php)</b>
<i>Ultrasound Procedures:</i>		
Anterior Neck	300.00	390.00
Biophysical Score	600.00	600.00
Breast (unilateral)	500.00	650.00
Chest	300.00	390.00
Fast	300.00	390.00
Guided Biopsy	200.00	260.00
Guided Paracentesis	300.00	300.00
Guided Thoracentesis	300.00	300.00
HBT	600.00	780.00
HBT and Pancreas	960.00	960.00
Hemithorax	300.00	390.00
Hemithorax with mapping	350.00	350.00
Inguinal	300.00	390.00
Inguino-scrotal	300.00	390.00
Kidneys	600.00	780.00
KUB	600.00	780.00
KUB and Prostate	1,100.00	1,430.00
Liver	300.00	390.00
LLQ	500.00	650.00
Lower/Upper Quadrant	500.00	650.00
Mass	300.00	390.00
Non-Biometric Parameter	600.00	780.00
Pelvic	300.00	390.00
Pelvic with BPS	600.00	780.00
Pericardium	300.00	390.00
Prostate	300.00	390.00
RLQ	500.00	650.00
Scrotal	300.00	390.00
Single Organ	300.00	390.00
Spleen	300.00	390.00
Thyroid	300.00	390.00
Transrectal / Transvaginal	600.00	780.00
Whole Abdomen	1,450.00	1,885.00

### 136. REQUEST FOR AN ULTRASOUND EXAMINATION (IN-PATIENT)

In-patients (who are screened and cleared of COVID) that will undergo ultrasound examination shall present duly accomplished ultrasound request form from their requesting physician. All requests will be scheduled.

In-patient

– Monday to Sunday, 8 AM to 12 NN.

Emergency In-patient

– Monday to Sunday, 5 PM onwards. Emergency cases will be scheduled as soon as possible, depending on the time and situation to avoid cross contamination.

IR Procedures

– Monday except holidays, 8 AM to 5 PM.

<b>Office or Division:</b>		RADIOLOGY		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C – Government to Citizen		
<b>Who may avail:</b>		In-patients who are screened and cleared of COVID)		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Duly accomplished Ultrasound Request Form (1 copy – original or photocopy) or Referral Slip with brief relevant history (photocopy)			Requesting Physician	
2. Previous ultrasound images and results for procedures done outside BatMC, if follow-up			Medical facility where the imaging was done	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the duly accomplished ultrasound request at Window 1 of Radiology Department.	1.1. Verify the request form.  1.2. If the procedure can be done within the day, place the request on queue.  1.3. Otherwise, return the request form and provide schedule of examination and give instructions for preparation.  Examinations with	None	10 minutes	Rad Tech on duty

	preparations like fasting/bowel cleansing will be scheduled the following operating day (see schedule of operation). IR Procedures will be scheduled on the available date of the consultant.			
2. On the schedule of examination, submit the request format Window 1 of Radiology Department. Wait to be called.	<p>2.1. Verify the name and date on the request form.</p> <p>2.2. Place the request on queue.</p> <p>2.3. Perform the procedure.</p> <p>2.4. Bill the patient in HOMIS.</p> <p>2.5. Instruct the patient how and when to get the result.</p> <p>2.6. Prepare official result.</p>	<p>None</p> <p>Refer to the schedule of fees</p>	<p>4 minutes</p> <p>1 hour</p> <p>20 minutes or depending on the examination</p> <p>10 minutes</p> <p>2 minutes</p> <p>24 hours</p>	<p>Rad Tech on duty</p> <p>Rad Tech on duty</p> <p>Doctor on duty</p> <p>Rad Tech on duty</p> <p>Rad Tech on duty</p> <p>Doctor on duty</p>
<p>3. If the patient is still admitted on the schedule of release of result, the respective ward will be advised to get the result.</p> <p>If discharged, patient must present triage clearance. Fill-up form for claiming result</p>	<p>3.1. Release result to the respective ward.</p> <p>or</p> <p>3.2. Verify the data on the filled-up form for claiming result and release the result.</p>	None	<p>4 minutes</p> <p>10 minutes</p>	<p>Department Secretary</p> <p>Department Secretary</p>



at the Window 3 of Radiology Department.				
Claim the result.				
You may call the department for follow-up.				
<b>TOTAL:</b>		Refer to the schedule of fees	1 day, 2 hours	

**Notes:**

- (1) If request forms are not complete, the Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled.
- (2) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention, room decontamination/sanitation, or during machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.

<b>Services/Procedures</b>	<b>SERVICE FEE (Php)</b>	<b>SERVICE FEE FOR PRIVATE REQUESTS (Php)</b>
<i>Ultrasound Procedures:</i>		
Anterior Neck	300.00	390.00
Biophysical Score	600.00	600.00
Breast (unilateral)	500.00	650.00
Chest	300.00	390.00
Fast	300.00	390.00
Guided Biopsy	200.00	260.00
Guided Paracentesis	300.00	300.00
Guided Thoracentesis	300.00	300.00
HBT	600.00	780.00
HBT and Pancreas	960.00	960.00
Hemithorax	300.00	390.00
Hemithorax with mapping	350.00	350.00
Inguinal	300.00	390.00
Inguino-scrotal	300.00	390.00
Kidneys	600.00	780.00

<b>Services/Procedures</b>	<b>SERVICE FEE (Php)</b>	<b>SERVICE FEE FOR PRIVATE REQUESTS (Php)</b>
<i>Ultrasound Procedures:</i>		
KUB	600.00	780.00
KUB and Prostate	1,100.00	1,430.00
Liver	300.00	390.00
LLQ	500.00	650.00
Lower/Upper Quadrant	500.00	650.00
Mass	300.00	390.00
Non-Biometric Parameter	600.00	780.00
Pelvic	300.00	390.00
Pelvic with BPS	600.00	780.00
Pericardium	300.00	390.00
Prostate	300.00	390.00
RLQ	500.00	650.00
Scrotal	300.00	390.00
Single Organ	300.00	390.00
Spleen	300.00	390.00
Thyroid	300.00	390.00
Transrectal / Transvaginal	600.00	780.00
Whole Abdomen	1,450.00	1,885.00

### 137. REQUEST FOR AN ULTRASOUND EXAMINATION (COVID WARD AND COVIDER)

In-patients and ER patients (with probable, possible, or confirmed case of COVID-19) that will undergo ultrasound examination shall present duly accomplished ultrasound request form from their requesting physician. All requests will be scheduled.

In-patient (COVID Ward and ER) – Monday to Sunday, 1 PM to 5 PM, Cut-off at 10 AM.

Emergency COVID patient – Monday to Sunday, 5 PM onwards. ER COVID cases will be scheduled as soon as possible, depending on the time and situation to avoid cross contamination.

<b>Office or Division:</b>	RADIOLOGY			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	In-patients and ER patients (with probable, possible, or confirmed case of COVID-19)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Duly accomplished Ultrasound Request Form (1 copy – original or photocopy) or Referral Slip with brief relevant history (photocopy)		Requesting Physician		
2. Previous ultrasound images and results for procedures done outside BatMC, if follow-up		Medical facility where the imaging was done		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present the duly accomplished ultrasound request at Window 1 of Radiology Department.	1.1. Verify the request form.  1.2. If the procedure can be done within the day, place the request on queue.  1.3. Otherwise, return the request form and provide date/time of schedule	None	10 minutes	Rad Tech on duty

	and give instructions for preparation.  Examinations with preparations like fasting/bowel cleansing will be scheduled the following operating day (see schedule of operation).			
2. On the schedule of examination, submit the request form at the schedule of examination.	<p>2.1. Verify the request form.</p> <p>2.2. Perform necessary protocols and preparations in the COVID areas.</p> <p>2.3. Perform the procedure. The procedure will be done in the dedicated areas.</p> <p>2.4. Instruct the patient/relative when and how to get the result.</p> <p>2.5. Perform necessary protocols for disinfection and sanitation.</p> <p>2.6. Bill the patient in HOMIS.</p> <p>2.7. Prepare official result.</p>	None	<p>4 minutes</p> <p>30 minutes</p> <p>20 minutes or depending on the examination</p> <p>2 minutes</p> <p>30 minutes</p> <p>10 minutes</p> <p>24 hours</p>	<p>Rad Tech on duty</p> <p>Rad Tech on duty</p> <p>Rad Tech on duty</p> <p>Rad Tech on duty</p> <p>Rad Tech on duty</p> <p>Rad Tech on duty</p> <p>Doctor on duty</p>
3. If the patient is still admitted on the schedule of release of result, the respective ward will be	<p>3.1. Release result to the respective ward.</p> <p>or</p> <p>3.2. Verify the data on the filled-up form</p>	None	<p>4 minutes</p> <p>10 minutes</p>	<p>Department Secretary</p> <p>Department Secretary</p>

<p>advised to get the result.</p> <p>If discharged, patient must fill-up form for claiming result at the Window 3 of Radiology Department.</p> <p>Claim the result.</p> <p>You may call the department for follow-up.</p>	for claiming result and release the result.			
<b>TOTAL:</b>		Refer to the schedule of fees	1 day, 2 hours	

**Notes:**

- (1) If request forms are not complete, the Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled.
- (2) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention, room decontamination/sanitation, or during machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.

<b>Services/Procedures</b>	<b>SERVICE FEE (Php)</b>	<b>SERVICE FEE FOR PRIVATE REQUESTS (Php)</b>
<i>Ultrasound Procedures:</i>		
Anterior Neck	300.00	390.00
Biophysical Score	600.00	600.00
Breast (unilateral)	500.00	650.00
Chest	300.00	390.00
Fast	300.00	390.00
Guided Biopsy	200.00	260.00
Guided Paracentesis	300.00	300.00
Guided Thoracentesis	300.00	300.00
HBT	600.00	780.00

Services/Procedures	SERVICE FEE (Php)	SERVICE FEE FOR PRIVATE REQUESTS (Php)
<i>Ultrasound Procedures:</i>		
HBT and Pancreas	960.00	960.00
Hemithorax	300.00	390.00
Hemithorax with mapping	350.00	350.00
Inguinal	300.00	390.00
Inguino-scrotal	300.00	390.00
Kidneys	600.00	780.00
KUB	600.00	780.00
KUB and Prostate	1,100.00	1,430.00
Liver	300.00	390.00
LLQ	500.00	650.00
Lower/Upper Quadrant	500.00	650.00
Mass	300.00	390.00
Non-Biometric Parameter	600.00	780.00
Pelvic	300.00	390.00
Pelvic with BPS	600.00	780.00
Pericardium	300.00	390.00
Prostate	300.00	390.00
RLQ	500.00	650.00
Scrotal	300.00	390.00
Single Organ	300.00	390.00
Spleen	300.00	390.00
Thyroid	300.00	390.00
Transrectal / Transvaginal	600.00	780.00
Whole Abdomen	1,450.00	1,885.00

### 138. REQUEST FOR AN MRI EXAMINATION (OPD)

OPD patients (who are screened and cleared of COVID) that will undergo MRI examination shall present duly accomplished MRI forms from their requesting physician together with triage clearance. All requests will be scheduled.

OPD – Monday to Friday except holidays, 7 AM to 5 PM.

<b>Office or Division:</b>	RADIOLOGY
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2C – Government to Citizen
<b>Who may avail:</b>	OPD Patients (who are screened and cleared of COVID)
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Triage Clearance (both for the patient and accompanying person)	Triage Area
2. Duly accomplished MRI Request Form (1 copy – original or photocopy) or Referral Slip and duly accomplished Fall Assessment and History Form (photocopy or original)	Requesting Physician  Medical Facility where the laboratory test was done  Nephrologist  Medical Facility where the procedure was done
3. Creatinine Result for requests with contrast (14 days before the examination)	Retail Store
4. Renal clearance if with elevated creatinine results	
5. Previous MRI film/CD and reports or result of other radiological examination for procedures done outside BatMC, if follow-up	

6. Blank DVD-R (optional)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the triage clearance of both patient and accompanying person at the MRI reception area.	1. Verify the name and date on the triage clearance form.	None	2 minutes	Rad Tech on duty
2. Present the duly accomplished MRI forms at the MRI reception area.	2.1. Verify the request form.	None	10 minutes	Rad Tech on duty
	2.2. Give schedule of examination and instructions for preparation, if there is any.		5 minutes	Rad Tech on duty
	2.3. Prepare charge slip. Give the charge slip to the patient and provide instruction for payment.		10 minutes	Rad Tech on duty
3. Process requests at MSWD if needed or pay corresponding fee to the cashier.	3. Process the payment	Refer to the schedule of fees	(paused-clock)	Cashier
4. On the schedule of examination, present the triage clearance at the MRI reception area.  Submit the MRI request	4.1. Verify the name and date on the triage clearance form.	None	2 minutes	Rad Tech on duty
	4.2. Verify the MRI forms and the laboratory result (for examination with contrast).		5 minutes	Rad Tech on duty
	4.3. Record the proof		2 minutes	



<p>form, fall assessment and history form, and proof of payment. Present the creatinine result (for examination with contrast).</p> <p>Wait to be called.</p> <p>If MRI images are needed for follow-up check-up, submit DVD-R or MRI plates.</p>	<p>of payment.</p> <p>4.4. Place the request on queue.</p> <p>4.5. Interview the patient for history.</p> <p>4.6. If with contrast, insert IV canula.</p>	250 per film	30 minutes	Rad Tech on duty
			10 minutes	Rad Tech on duty
			5 minutes	Doctor on duty
	4.7. Perform the procedure.		1 hour or depending on the examination	Rad Tech on duty / Doctor on duty
	4.8. Prepare discharge instructions in duplicate and explain properly to the patient.		5 minutes	Rad Tech on duty
	4.9. Instruct the patient when and how to get the result.		2 minutes	
	4.10. Prepare official result.		7 days	Doctor on duty / Rad Tech on duty
	4.11 Burn images on disk and/or print plates if requested.		15 minutes	Rad Tech on duty
				Doctor on duty
				Rad Tech on duty
5. On the schedule of release of result, present the triage	5.1. Verify the name and date on the triage clearance form.	None	2 minutes	Department Secretary

<p>clearance at Window 3 of Radiology Department.</p> <p>Fill-up the form for claiming result.</p> <p>Claim the result.</p> <p>You may call the department for follow-up.</p>	<p>5.2. Verify the data on the filled-up form for claiming result and release the result.</p>		<p>10 minutes</p>	<p>Department Secretary</p>
<b>TOTAL:</b>		<p>Refer to the schedule of fees</p>	<p>7 days, 2 hours, 35 minutes (see note no. 5 below)</p>	

Notes:

- (1) If request forms are not complete, the Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled.
- (2) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention, previous patient is uncooperative, room decontamination/ sanitation, or during machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.
- (4) The BatMC Radiology Department is using a Picture Archiving Communication System (PACS). Image film is issued upon request and payment of corresponding fee.
- (5) Examinations may be classified as highly technical and may take up to 20 days to complete if:
  - a. it is a rare and difficult case requiring consensus of consultants or consultation with specialized individuals
  - b. it is an advanced imaging study requiring presence of an applications specialist
  - c. it is a post-operative cases wherein clear delineation of anatomic structures are difficult to ascertain without the acquisition of operative techniques

SERVICES/PROCEDURES	SERVICE FEE	
	Plain/Ordinary	With Contrast
<i>Magnetic Resonance Imaging Procedures:</i>		
Brain	7,800.00	8,000.00
Brain with MRA	10,050.00	12,500.00
Neck	7,800.00	10,800.00
Pleurodesis	9,300.00	12,300.00
Lower Abdomen	9,300.00	12,300.00
Whole Abdomen	15,600.00	18,600.00
Shoulder	7,800.00	10,800.00
Arm	7,800.00	10,800.00
Forearm	7,800.00	10,800.00
Elbow	7,800.00	10,800.00
Wrist	7,800.00	10,800.00
Hand	7,800.00	10,800.00
Femur	7,800.00	10,800.00
Foot	7,800.00	10,800.00
Lumbar	7,800.00	10,800.00
Cervical	7,800.00	10,800.00
Thoracic	7,800.00	10,800.00
Whole Spine	21,000.00	24,000.00
Thoraco-lumbar	15,600.00	18,600.00
Cervico-thoracic	15,600.00	18,600.00
Sacrum / Coccyx	15,600.00	18,600.00
MRA Brain	-	12,500.00
MRA Neck	-	12,500.00
MRA Thoracic	-	15,000.00
MRA Abdomen	-	15,000.00
MRA Renal	-	15,000.00
Additional copy per film	250.00	-

### 139. Request for an MRI Examination (In-Patient)

In-patients (who are screened and cleared of COVID) that will undergo MRI examination shall present duly accomplished MRI forms from their requesting physician. All requests will be scheduled.

In-Patient – Monday to Friday except holidays, 7 AM to 5 PM.

<b>Office or Division:</b>	RADIOLOGY			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	In-patients (who are screened and cleared of COVID)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Duly accomplished MRI Request Form (1 copy – original or photocopy) or Referral Slip and duly accomplished Fall Assessment and History Form (photocopy or original)		Requesting Physician		
2. Creatinine Result for requests with contrast (14 days before the examination)		Medical Facility where the laboratory test was done		
3. Renal clearance if with elevated creatininereults		Nephrologist		
4. Previous MRI film/CD and reports or result of other radiological examination for procedures done outside BatMC, if follow-up		Medical Facility where the procedure was done		
5. Blank DVD-R (optional)		Retail Store		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the duly accomplished MRI forms at the MRI reception	1.1. Verify the request form.	None	10 minutes	Rad Tech on duty
	1.2. Give schedule of examination and instructions for		5 minutes	Rad Tech on duty

area.	preparation, if there is any.			
<p>2. On the schedule of examination, submit the MRI request form and fall assessment and history form. Present the creatinine result (for examination with contrast).</p> <p>Wait to be called.</p> <p>If MRI images are needed for follow-up check-up, submit DVD-R or MRI plates.</p>	2.1. Verify the MRI forms and the laboratory result (for examination with contrast).	None	4 minutes	Rad Tech on duty
	2.2. Place the request on queue.		30 minutes	Rad Tech on duty
	2.3. Interview the patient for history.		10 minutes	Doctor on duty
	2.4 For procedure with contrast, insert IV canula.		5 minutes	Doctor on duty
	2.5. Perform the procedure.		1 hour or depending on the examination	Rad Tech on duty / Doctor on duty
	2.6. Prepare discharge instructions in duplicate and explain properly to the patient.		10 minutes	Rad Tech on duty
	2.7. Instruct the patient how and when to get the result.		2 minutes	Rad Tech on duty / Doctor on duty
	2.8. Instruct the transporter to return the patient to the ward.		2 minutes	Rad Tech on duty
	2.9. Bill the patient in HOMIS and print the charge slip.		5 minutes	Rad Tech on duty
	2.10. Prepare official result.		7 days	Rad Tech on duty
	2.11 Burn images on disk and/or print	250 per film	15 minutes	Rad Tech

	plates if requested.			on duty  Doctor on duty  Rad Tech on duty
3. If the patient is still admitted on the schedule of release of result, the respective ward will be advised to get the result. Or if discharged, patient must present the triage clearance at the Window 3 of Radiology Department.  Claim the result.  You may call the department for follow-up.	3.1. Release result to the respective ward.  or  3.2. Verify the name and date on the triage clearance form.  3.3. Release the result.	None	2 minutes          10 minutes	Rad Tech on duty          Rad Tech on duty
<b>TOTAL:</b>		Refer to the schedule of fees	7 days, 2 hours, 30 minutes (see note no. 5 below)	

**Notes:**

- (1) If request forms are not complete, the Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled.
- (2) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention, previous patient is uncooperative, room decontamination/ sanitation, or during machine maintenance.

- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.
- (4) The BatMC Radiology Department is using a Picture Archiving Communication System (PACS). Image film is issued upon request and payment of corresponding fee.
- (5) Examinations may be classified as highly technical and may take up to 20 days to complete if:
- a. it is a rare and difficult case requiring consensus of consultants or consultation with specialized individuals
  - b. it is an advanced imaging study requiring presence of an applications specialist
  - c. it is a post-operative cases wherein clear delineation of anatomic structures are difficult to ascertain without the acquisition of operative techniques

SERVICES/PROCEDURES	SERVICE FEE	
	<i>Plain/Ordinary</i>	<i>With Contrast</i>
<i>Magnetic Resonance Imaging Procedures:</i>		
Brain	7,800.00	8,000.00
Brain with MRA	10,050.00	12,500.00
Neck	7,800.00	10,800.00
Pleurodesis	9,300.00	12,300.00
Lower Abdomen	9,300.00	12,300.00
Whole Abdomen	15,600.00	18,600.00
Shoulder	7,800.00	10,800.00
Arm	7,800.00	10,800.00
Forearm	7,800.00	10,800.00
Elbow	7,800.00	10,800.00
Wrist	7,800.00	10,800.00
Hand	7,800.00	10,800.00
Femur	7,800.00	10,800.00
Foot	7,800.00	10,800.00
Lumbar	7,800.00	10,800.00
Cervical	7,800.00	10,800.00
Thoracic	7,800.00	10,800.00
Whole Spine	21,000.00	24,000.00
Thoraco-lumbar	15,600.00	18,600.00
Cervico-thoracic	15,600.00	18,600.00
Sacrum / Coccyx	15,600.00	18,600.00
MRA Brain	-	12,500.00
MRA Neck	-	12,500.00
MRA Thoracic	-	15,000.00
MRA Abdomen	-	15,000.00
MRA Renal	-	15,000.00
Additional copy per film	250.00	-

## 140. Request for a Mammogram Examination (OPD)

OPD patients (who are screened and cleared of COVID) that will undergo mammogram examination shall present duly accomplished mammogram request form from their requesting physician together with triage clearance and results of their previous imaging or biopsy, if there is any. All requests will be scheduled.

OPD – Monday to Friday except holidays, 9 AM to 4PM.

<b>Office or Division:</b>	RADIOLOGY			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	OPD Patients (who are screened and cleared of COVID)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ol style="list-style-type: none"> <li>1. Triage Clearance (both for the patient and accompanying person)</li> <li>2. Duly accomplished Mammography Request Form (1 copy - original) or Referral Slip with brief relevant history (photocopy or original)</li> <li>3. Previous x-ray films and reports for procedures or biopsy results done outside BatMC, if follow-up</li> </ol>		<p>Triage Area</p> <p>Requesting Physician</p> <p>Medical facility where the imaging was done</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the triage clearance of both patient and accompanying person at Window 1 of Radiology Department.	1. Verify the name and date on the triage clearance form.	None	2 minutes	Rad Tech on duty



2. Present the duly accomplished mammo request at Window 1 of Radiology Department.	2.1. Verify the request form.	None	10 minutes	Mammo Tech
	2.2. Provide schedule of examination and give instructions to patient.		5 minutes	Mammo Tech
	2.3. Prepare charge slip. Give the charge slip to the patient and provide instruction for payment.		10 minutes	Mammo Tech
3. Bring the charge slip to the cashier and pay the corresponding fee.	3. Process the payment	Php 1,800.00 + 30% for walk-in patients	(paused-clock)	Cashier
4. On the schedule of examination, present the triage clearance at Window 1 of Radiology Department.  Submit the request form and proof of payment.  Wait to be called.  Present any result of previous imaging or biopsy to the doctor on duty.	4.1. Verify the clearance form.	None	2 minutes	Mammo Tech
	4.2. Verify the request form and proof of payment.		2 minutes	Mammo Tech
	4.3. Record the proof of payment.		2 minutes	Mammo Tech
	4.4. Place the request on queue.		30 minutes	Mammo Tech
	4.5. Interview the patient for history.		10 minutes	Mammo Tech
	4.6. Perform the procedure.		1 hour	Doctor on duty
	4.7. Instruct the patient when and how to get the result.		5 minutes	Mammo Tech / Doctor on duty
	4.8. Prepare official result.		9 days	Mammo Tech / Doctor on duty

				Mammo Tech
				Consultan t
5. On the schedule of release of result, present the triage clearance at Window 3 of Radiology Department.	5.1. Verify the name and date on the triage clearance form.	None	2 minutes	Departme nt Secretary
Fill-up the form for claiming result.	5.2. Verify the data on the filled-up form for claiming result and release the result.		10 minutes	Departme nt Secretary
Claim the result.				
You may call the department for follow-up.				
<b>TOTAL:</b>		Refer to the schedule of fees	9 days, 2 hours, 40 minutes	

**Notes:**

- (1) If request forms are not complete, the Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled.
- (2) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention, room decontamination/sanitation, or during machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.
- (4) The BatMC Radiology Department is using a Picture Archiving Communication System (PACS). Image film is issued upon request and payment of corresponding fee.

## 141. Request for a Mammogram Examination (In-Patient)

In-patients (who are screened and cleared of COVID) that will undergo mammogram examination shall present duly accomplished mammogram request form from their requesting physician together results of their previous imaging or biopsy, if there is any. All requests will be scheduled.

In-patient – Monday to Friday except holidays, 9 AM to 4PM.

<b>Office or Division:</b>	RADIOLOGY			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	In-Patients (who are screened and cleared of COVID)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Duly accomplished Mammography Request Form (1 copy - original) or Referral Slip with brief relevant history (photocopy or original)  2. Previous x-ray films and reports for procedures or biopsy results done outside BatMC, if follow-up		Requesting Physician    Medical facility where the imaging was done		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the duly accomplished mammo request at Window 1 of Radiology Department.	1.1. Verify the request form.	None	10 minutes	Mammo Tech
	1.2. Provide date of schedule and give instructions to patient.		5 minutes	Mammo Tech
2. On the schedule of examination, submit the request form and wait to be called. Present any result of	2.1. Verify the request form.	None	5 minutes	Mammo Tech
	2.2. Place the request on queue.		30 minutes	Mammo Tech
	2.3. Interview the patient for history.		10 minutes	Doctor on

previous imaging or biopsy to the doctor on duty.	2.4. Perform the procedure.	Php 1,800.00 + 30% for private patients	1 hour	duty
	2.5. Bill the patient in HOMIS.		10 minutes	Mammo Tech
	2.6. Instruct the patient when and how to get the result. Advise the transporter to return the patient to the ward.		3 minutes	Mammo Tech
	2.7. Prepare official result.		9 days	Mammo Tech
3. On the schedule of release of result, present the triage clearance at Window 3 of Radiology Department.  Fill-up the form for claiming result.  Claim the result.  You may call the department for follow-up.	3.1. Verify the name and date on the triage clearance form.	None	2 minutes	Consultant
	3.2. Verify the data on the filled-up form for claiming result and release the result.		10 minutes	Department Secretary
<b>TOTAL:</b>		Refer to the schedule of fees	9 days, 2 hours, 25 minutes	

Notes:

- (1) If request forms are not complete, the Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled.
- (2) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention, room decontamination/sanitation, or during machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.
- (4) The BatMC Radiology Department is using a Picture Archiving Communication System (PACS). Image film is issued upon request and payment of corresponding fee.

## 142. REQUEST FOR A CT SCAN EXAMINATION (OPD and ER)

OPD and ER patients (who are screened and cleared of COVID) that will undergo CT scan examination shall present duly accomplished CT scan request form from their requesting physician together with triage clearance. All requests will be scheduled.

OPD – Monday to Friday except holidays, 6 AM to 12 NN.

ER Patients – Monday to Sunday, 24 hours (No Noon Break). ER cases will be scheduled as soon as possible, depending on the time and situation to avoid cross contamination

<b>Office or Division:</b>	RADIOLOGY			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	OPD and ER Patients (who are screened and cleared of COVID)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Triage Clearance (both for the patient and accompanying person)		Triage Area		
2. Duly accomplished CT Scan Request Form (1 copy - original) or Referral Slip with brief relevant history (photocopy or original)		Requesting Physician		
3. Creatinine Result for requests with contrast (14 days before the examination)		Medical Facility where the laboratory test was done		
4. Renal clearance if with elevated creatinine results		Nephrologist		
5. Previous CT scan film/CD and reports for procedures done outside BatMC, if follow-up		Medical Facility where the procedure was done		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Present the triage clearance of both patient and accompanying person at the CT scan room.	1. Verify the name and date on the triage clearance form.	None	2 minutes	Rad Tech on duty
2. Present the duly accomplished CT scan request at the CT scan room.	2.1. Verify the request form.  2.2. Give schedule of examination and instructions for preparation, if there is any.	None	10 minutes  5 minutes	Rad Tech on duty  Rad Tech on duty
3. On the schedule of examination, present the triage clearance at the CT scan room. Submit the request form and creatinine result (for examination with contrast). Wait to be called.	3.1. Verify the name and date on the triage clearance form.  3.2. Verify the request form and the laboratory result (for examination with contrast).  3.3. Place the request on queue.  3.4. Interview the patient for history.  3.5. Perform the procedure. For ER patient, instruct transporter to return to ER once the procedure is done.  3.6. Bill the patient in HOMIS and prepare charge slip. Give the charge slip to the patient and provide instruction for payment. For ER patient, give the charge slip upon clearance.	None	2 minutes  5 minutes  30 minutes  10 minutes  20 minutes or depending on the examination  5 minutes	Rad Tech on duty  Rad Tech on duty  Rad Tech on duty  Rad Tech on duty / Doctor on duty  Rad Tech on duty / Doctor on duty  Rad Tech on duty

4. Bring the charge slip to the cashier and pay the corresponding fee.	4. Process the payment	Refer to the schedule of fees	(paused-clock)	Cashier
5. Return to the CT Scan Room and present the proof of payment.	<p>5.1. Record the proof of payment.</p> <p>5.2. For ER patient, affix signature on the clearance form once payment is verified.</p> <p>5.3. Instruct the patient when and how to get the result.</p> <p>5.4. Prepare official result.</p>	None	<p>1 minute</p> <p>1 minute</p> <p>2 minutes</p> <p>7 days</p>	<p>Rad Tech on duty</p> <p>Rad Tech on duty</p> <p>Rad Tech on duty</p> <p>Doctor on duty</p>
<p>6. On the schedule of release of result, present the triage clearance at Window 3 of Radiology Department.</p> <p>Fill-up the form for claiming result.</p> <p>Claim the result.</p> <p>You may call the department for follow-up.</p>	<p>6.1. Verify the name and date on the triage clearance form.</p> <p>6.2. Verify the data on the filled-up form for claiming result and release the result.</p>	None	<p>2 minutes</p> <p>10 minutes</p>	<p>Department Secretary</p> <p>Department Secretary</p>



<b>TOTAL:</b>		Refer to the schedule of fees	7 days, 1 hour, 45 minutes (see note no. 5 below)	

**Notes:**

- (1) If request forms are not complete, the Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled.
- (2) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention, room decontamination/sanitation, or during machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.
- (4) The BatMC Radiology Department is using a Picture Archiving Communication System (PACS). Image film is issued upon request and payment of corresponding fee.
- (5) Examinations may be classified as highly technical and may take up to 20 days to complete if:
  - a. it is a rare and difficult case requiring consensus of consultants or consultation with specialized individuals
  - b. it is an advanced imaging study requiring presence of an applications specialist
  - c. it is a post-operative cases wherein clear delineation of anatomic structures are difficult to ascertain without the acquisition of operative techniques

SERVICES/PROCEDURES	SERVICE FEE	
	Plain/Ordinary	With Contrast
<i>C.T. Scan Procedures:</i>		
Biopsy	6,360.00	-
Cervical Spine	3,360.00	4,560.00
Cervicothoracic Spine	5,760.00	-
Chest	3,600.00	4,200.00
Cranial	2,700.00	3,000.00
CT Angiogram (Cranial, Abdominal, Upper Abdomen)	-	14,500.00
CT Colonogram	-	8,670.00
Facial Bones	4,450.00	-
Facial Bones with 3D Reconstruction	5,050.00	-
Liver Triphasic	-	9,800.00
Lower Abdomen	3,600.00	3,900.00
Lower Extremities	3,000.00	4,560.00
Lumbar Spine	3,360.00	4,700.00
Maxillary/Mandible	4,450.00	-

SERVICES/PROCEDURES	SERVICE FEE	
	<i>Plain/Ordinary</i>	<i>With Contrast</i>
<i>C.T. Scan Procedures:</i>		
Neck /Oropharynx / Nasopharynx	3,000.00	3,960.00
Orbits	2,700.00	4,100.00
Parotid Gland	5,100.00	6,375.00
Perfusion CT		10,400.00
Pelvic 3D		6,800.00
PNS (Axial/Coronal)	3,750.00	4,560.00
PNS sinusitis screening	3,000.00	-
Temporal Bone (Axial/Coronal)	3,750.00	4,700.00
Stonogram	4,500.00	-
Thoracic Spine	3,850.00	4,560.00
Thoracolumbar Spine	4,450.00	5,300.00
Upper Abdomen	3,600.00	3,900.00
Upper Abdomen Triphasic	-	9,800.00
Upper Extremities	3,000.00	3,960.00
Whole Abdomen	4,600.00	5,100.00

### 143. REQUEST FOR A CTSCAN EXAMINATION (IN-PATIENT)

In-patients (who are screened and cleared of COVID) that will undergo CT scan examination shall present duly accomplished CT scan request form from their requesting physician. All requests will be scheduled.

In-patient – Monday to Sunday, 8 AM to 5 PM

<b>Office or Division:</b>	RADIOLOGY			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	In-Patients (who are screened and cleared of COVID)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Duly accomplished CT Scan Request Form (1 copy - original) or Referral Slip with brief relevant history (photocopy or original)  2. Creatinine Result for requests with contrast (14 days before the examination)  3. Renal clearance if with elevated creatinine results  4. Previous CT scan film/CD and reports for procedures done outside BatMC, if follow-up		Requesting Physician  Medical Facility where the laboratory test was done  Nephrologist  Medical Facility where the procedure was done		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the duly accomplished CT scan request form at the CT scan room.	1.1. Verify the request form.	None	10 minutes	Rad Tech on duty
	1.2. Give schedule of examination and instructions for preparation, if there is any.		5 minutes	Rad Tech on duty

<p>2. On the schedule of examination, submit the CT scan request form. Present the creatinine result (for examination with contrast).</p> <p>Wait to be called.</p>	2.1. Verify the CT scan request forms and the laboratory result (for examination with contrast).	None	5 minutes	Rad Tech on duty
	2.2. Place the request on queue.		15 minutes	Rad Tech on duty
	2.3. Interview the patient for history.		10 minutes	Doctor on duty
	2.4. Perform the procedure.		20 minutes or depending on the examination	Rad Tech on duty / Doctor on duty
	2.6. Instruct the patient when and how to get the result.		2 minutes	Rad Tech on duty
	2.7. Instruct the transporter to return the patient to the ward.		1 minutes	Rad Tech on duty
	2.8. Bill the patient in HOMIS.		5 minutes	Rad Tech on duty
	2.9. Prepare official result. Burn images on disk or print film if needed.		7 days	Rad Tech on duty
				Doctor on duty / Rad Tech on duty
<p>3. If the patient is still admitted on the schedule of release of result, the respective ward will be advised to get</p>	3.1. Release result to the respective ward.	None	2 minutes	Department Secretary
	<p>or</p> <p>3.2. Verify the data on the filled-up form for claiming result and</p>		10 minutes	Department

the result.  If discharged, patient must fill-up form for claiming result at the Window 3 of Radiology Department.  Claim the result.  You may call the department for follow-up.	release the result.			Secretary
<b>TOTAL:</b>		Refer to the schedule of fees	7 days, 1 hour, 25 minutes (see note no. 5 below)	

**Notes:**

- (1) If request forms are not complete, the Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled.
- (2) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention, room decontamination/sanitation, or during machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.
- (4) The BatMC Radiology Department is using a Picture Archiving Communication System (PACS). Image film is issued upon request and payment of corresponding fee.
- (5) Examinations may be classified as highly technical and may take up to 20 days to complete if:
  - a. it is a rare and difficult case requiring consensus of consultants or consultation with specialized individuals
  - b. it is an advanced imaging study requiring presence of an applications specialist
  - c. it is a post-operative cases wherein clear delineation of anatomic structures are difficult to ascertain without the acquisition of operative techniques

SERVICES/PROCEDURES	SERVICE FEE	
	Plain/Ordinary	With Contrast
<i>C.T. Scan Procedures:</i>		
Biopsy	6,360.00	-
Cervical Spine	3,360.00	4,560.00
Cervicothoracic Spine	5,760.00	-
Chest	3,600.00	4,200.00
Cranial	2,700.00	3,000.00
CT Angiogram (Cranial, Abdominal, Upper Abdomen)	-	14,500.00
CT Colonogram	-	8,670.00
Facial Bones	4,450.00	-
Facial Bones with 3D Reconstruction	5,050.00	-
Liver Triphasic	-	9,800.00
Lower Abdomen	3,600.00	3,900.00
Lower Extremities	3,000.00	4,560.00
Lumbar Spine	3,360.00	4,700.00
Maxillary/Mandible	4,450.00	-
Neck /Oropharynx / Nasopharynx	3,000.00	3,960.00
Orbits	2,700.00	4,100.00
Parotid Gland	5,100.00	6,375.00
Perfusion CT		10,400.00
Pelvic 3D		6,800.00
PNS (Axial/Coronal)	3,750.00	4,560.00
PNS sinusitis screening	3,000.00	-
Temporal Bone (Axial/Coronal)	3,750.00	4,700.00
Stonogram	4,500.00	-
Thoracic Spine	3,850.00	4,560.00
Thoracolumbar Spine	4,450.00	5,300.00
Upper Abdomen	3,600.00	3,900.00
Upper Abdomen Triphasic	-	9,800.00
Upper Extremities	3,000.00	3,960.00
Whole Abdomen	4,600.00	5,100.00

## 144. Request for a CTScan Examination (Covid Ward and CovidER)

In-patients and ER patients (with probable, possible, or confirmed case of COVID-19) that will undergo CT scan examination shall present duly accomplished CT scan request form from their requesting physician. All requests will be scheduled.

In-patient(COVID Ward) and ER patient (ER COVID) – Monday to Sunday, 6PM & 8PM.

<b>Office or Division:</b>	RADIOLOGY			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	In-patients and ER patients (with probable, possible, or confirmed case of COVID-19)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ol style="list-style-type: none"> <li>1. Duly accomplished CT Scan Request Form (1 copy - original) or Referral Slip with brief relevant history (photocopy or original)</li> <li>2. Creatinine Result for requests with contrast (14 days before the examination)</li> <li>3. Renal clearance if with elevated creatinine results</li> <li>4. Previous CT scan film/CD and reports for procedures done outside BatMC, if follow-up</li> </ol>		<p>Requesting Physician</p> <p>Medical Facility where the laboratory test was done</p> <p>Nephrologist</p> <p>Medical Facility where the procedure was done</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the duly accomplished CT scan request form at the CT scan room.	1.1. Verify the request form.	None	10 minutes	Rad Tech on duty
	1.2. Give schedule of examination and instructions for preparation, if there is any.		5 minutes	Rad Tech on duty

2. On the schedule of examination, submit the CT scan request form. Present the creatinine result (for examination with contrast).	2.1. Verify the CT scan request forms and the laboratory result (for examination with contrast).	None	5 minutes	Rad Tech on duty
	2.2. Perform necessary protocols and preparations in the COVID areas.		30 minutes	Rad Tech on duty
	2.3. Interview the patient for history.		10 minutes	Doctor on duty
	2.4. Perform the procedure.		20 minutes or depending on the examination	Rad Tech on duty / Doctor on duty
	2.5. Instruct the patient/relative when and how to get the result.		2 minutes	Rad Tech on duty
	2.6. Instruct the transporter to return the patient to the ward.		1 minutes	Rad Tech on duty
	2.7. Perform necessary protocols for disinfection and sanitation.		30 minutes	Rad Tech on duty
	2.8. Bill the patient in HOMIS.		5 minutes	Rad Tech on duty
	2.9. Prepare official result. Burn images on disk or print film if needed.		7 days	Rad Tech on duty
				Doctor on duty / Rad Tech on duty



<p>3. If the patient is still admitted on the schedule of release of result, the respective ward will be advised to get the result.</p> <p>If discharged, patient must fill-up form for claiming result at the Window 3 of Radiology Department.</p> <p>Claim the result.</p> <p>You may call the department for follow-up.</p>	3.1. Release result to the respective ward.	None	2 minutes	Department Secretary
	or 3.2. Verify the data on the filled-up form for claiming result and release the result.		10 minutes	Department Secretary
<b>TOTAL:</b>		Refer to the schedule of fees	7 days, 2 hours, 10 minutes (see note no. 5 below)	

**Notes:**

- (1) If request forms are not complete, the Radiologic Technologist/Radiologist reserves the right to return request forms until said forms are completely filled.
- (2) Patients may expect delays in the time of their procedure in the event of other patients requiring urgent/emergent attention, room decontamination/sanitation, or during machine maintenance.
- (3) Emergency cases must be endorsed by a member of the health care team in order to avoid delays.
- (4) The BatMC Radiology Department is using a Picture Archiving Communication System (PACS). Image film is issued upon request and payment of corresponding fee.
- (5) Examinations may be classified as highly technical and may take up to 20 days to complete if:
  - a. it is a rare and difficult case requiring consensus of consultants or consultation with specialized individuals
  - b. it is an advanced imaging study requiring presence of an applications specialist
  - c. it is a post-operative cases wherein clear delineation of anatomic structures are difficult to ascertain without the acquisition of operative techniques

SERVICES/PROCEDURES	SERVICE FEE	
	<i>Plain/Ordinary</i>	<i>With Contrast</i>
<i>C.T. Scan Procedures:</i>		
Biopsy	6,360.00	-
Cervical Spine	3,360.00	4,560.00
Cervicothoracic Spine	5,760.00	-
Chest	3,600.00	4,200.00
Cranial	2,700.00	3,000.00
CT Angiogram (Cranial, Abdominal, Upper Abdomen)	-	14,500.00
CT Colonogram	-	8,670.00
Facial Bones	4,450.00	-
Facial Bones with 3D Reconstruction	5,050.00	-
Liver Triphasic	-	9,800.00
Lower Abdomen	3,600.00	3,900.00
Lower Extremities	3,000.00	4,560.00
Lumbar Spine	3,360.00	4,700.00
Maxillary/Mandible	4,450.00	-
Neck /Oropharynx / Nasopharynx	3,000.00	3,960.00
Orbits	2,700.00	4,100.00
Parotid Gland	5,100.00	6,375.00
Perfusion CT		10,400.00
Pelvic 3D		6,800.00
PNS (Axial/Coronal)	3,750.00	4,560.00
PNS sinusitis screening	3,000.00	-
Temporal Bone (Axial/Coronal)	3,750.00	4,700.00
Stonogram	4,500.00	-
Thoracic Spine	3,850.00	4,560.00
Thoracolumbar Spine	4,450.00	5,300.00
Upper Abdomen	3,600.00	3,900.00
Upper Abdomen Triphasic	-	9,800.00
Upper Extremities	3,000.00	3,960.00
Whole Abdomen	4,600.00	5,100.00



## **ANCILLARY SERVICE DIVISION**

### **Internal Services**

## 145. ADMISSION OF PATIENT TO COVID WARD

This procedure admits patient to respective COVID area assigned.

<b>Office/Division:</b>		HIMS – Information & Admitting Unit		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		Government-to-Citizen		
<b>Who may avail:</b>		Patient for admission to COVID Ward		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Notice of Admission		ER Staff on Duty		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Pass patient's notice of admission to Information & Admission Window (Window 1 or 2)	1. Receive patient's notice of admission.	None	5 minutes	Admitting Staff on Duty
	1.1 Check completeness of Notice of Admission must have at least 1 contact information	None		
	1.2 Check for Patient's Philhealth	None		
2. Wait until patient is admitted.	2. Admits patient via HOMIS	None	20 minutes	Admitting Staff on Duty
	2.1 Choose corresponding ward as indicated in Notice of Admission	None		
	2.2 Select Patient's Philhealth status	None		
	2.3 Print charts front page	None		
	2.4 Issue yellow stub for patient with existing Philhealth; Issue white stub for	None		

3. Receives admission documents	patient without Philhealth 3. Return admissions documents to ER Staff		5 minutes	Admitting Staff on Duty
<b>TOTAL:</b>		<b>NONE</b>	<b>30 minutes</b>	

## 146. RETRIEVAL OF PATIENT HEALTH RECORDS FOR PURPOSE OF RESEARCH AND CASE REVIEW

This service is intended for doctors and researchers requesting for retrieval of records for research and case review purposes. In compliance to RA 10173 - Data Privacy Act of 2012, Memorandum No. 2019-108 Re: Chart Retrieval for Re-admitted Patients and Memorandum No. 2019-109 Re: Chart Retrieval for Training and Research Purposes, review of records shall be done within the MRD premises only. Picture taking and photocopying of records are not allowed.

Office or Division:	Health Information Management Section – Records Unit		
Classification:	Review / Readmission -Simple Research – Highly Technical		
Type of Transaction:	G2C; G2G		
Who may avail:	Physicians and authorized clients requesting for retrieval of records for: Research and Study, Chart Review and Mortality Review, Re-admission of patients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
<i>For Chart Review/ Audit</i> 1. Letter of Request stating the purpose signed by the Department Training Officer  2. List of Records for Retrieval (with complete details such as Hospital Number, Station, Name, Date of Admission/Discharge, Disposition  3. Signed Borrower’s Form by the borrower (Resident Physician) approved by HIMS Head		Personal and endorsed by the Chief Resident or Department Chair   	

<p><i>Chart review for clients outside of BatMC(DOH other agencies)</i></p> <p>1. Letter of request stating the purpose, endorsed by the department head of the agency/company and approved by the Medical Center Chief</p>		<p>Personal and endorsed by the assisting BatMC representative</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of request (with approval of the Office of the MCC) to HIMS along with the list of patient's records for retrieval	<p>1. Scrutinize the letter and list of records for retrieval. Check requirements if complete.</p> <p>1.1 Set schedule of retrieval and inform the requestor when the records will be available.</p>	None	15 minutes	HIMS Head and File retriever
2. On scheduled date, secure the requested records at the HIMS.	<p>2. Release requested records to researcher for review at HIMS premises only.</p> <p><i>Note: The retrieval of records needed for research depends on the volume and availability being requested. We allot a maximum of 50 records/day depending on the number of requestors to ensure that everyone is accommodated.</i></p>	None	15 minutes	File Retriever
3. Return records after review	3. Check returned records if complete	None	15 minutes	File Retriever

4. For Re-admission of patients Fill out Borrowers Form and submit to HIMS. Wait for the retrieval and release of record 5. Return Records	4. Check Borrowers Form if completely filled out then retrieve requested records and release to the requestor.	None	2 days	File Retriever
	5. Receive returned records and update the Borrowers Form	None	15 minutes	File Retriever
<b>Total</b>		None	2 days and 1 hour	



## 147. CHANGE OR UPDATE OF PATIENT'S PERSONAL INFORMATION

The service is intended to those patients whose data was erroneously given and encoded in the system.

Office or Division:		Health Information Management Section		
Classification:		G2C		
Type of Transaction:		SIMPLE		
Who may avail:		Patients whose data or information was erroneously given and		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Hospital Card		Patient/Authorized Representative		
2. Original and 1 photocopy of Birth Certificate		Philippine Statistics Authority/ Local Civil Registrar		
3. Patient's Health Record		Health Information Management Section File/Nurse Stations		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit patients chart for correction to HIMS Staff with corresponding Original and photocopy of Birth Certificate of the patient	1. Received patients chart and access patients record via HOMIS	None	5 minutes	Authorized HIMS Staff
	1.1 Base on submitted Birth Certificate compare with Hospital Records via HOMIS		20 minutes	
	1.2 Correct patients record from the system and update patient's chart.		5 minutes	
	1.3 Return patients			
TOTAL:			30 minutes	

## 148. PSYCHOLOGICAL FIRST AID (INTERNAL)

It is a form of a stress debriefing activity given to patients/relatives admitted at the COVID ward. The patient/relative to receive Psychological First Aid shall first be obtained of their consent.

<b>Office or Division:</b>	Medical Social Work Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
No requirement needed				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patient/Patient Relative consented to be given Psychological First Aid.	1. Obtain contact number and basic information of patient/relative and contact him/her.  1.1. Conduct Psychological First Aid.		20 minutes	Gorgonia P. Javier, RSW <i>Head, Medical Social Work Department</i>
<b>TOTAL:</b>			20 minutes	

## 149. ENTERAL FEEDING PREPARATION

Preparation of tube feeding formula for nutritional support to patients who are nutritionally at risk

<b>Office or Division:</b>		Nutrition and Dietetics Service		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C- Government to Patient		
<b>Who may avail:</b>		Admitted Patients of Batangas Medical Center		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Accept completely filled-out prescription of enteral feeding		Doctor/Nurse		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME*	PERSON RESPONSIBLE
Submit prescription to Nutrition and Dietetics Service	Accept prescription	None	30 seconds	Dietitian on duty
	Prepare container, NGT tag, receiving logbook (Sterilizing of container)	None	1 minute	Dietary Aide and Dietitian on duty
	Preparation proper of enteral feeding (Weighing of enteral formula, mixing)	None	1 minute	Dietitian on duty
Signing to receiving logbook	Delivery of enteral feeding to ward	None	1 minute	Dietary Aide
	-	None	30 seconds	Nurse/ Nurse Attendant
<b>TOTAL:</b>		None	4 minutes	

\* average of 30 patients per preparation

## 150. PATIENT MEAL DISTRIBUTION

Nutritionally adequate meals are prepared and distributed to admitted patients with diet orders.

<b>Office or Division:</b>	Nutrition and Dietetics Service			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Patient			
<b>Who may avail:</b>	Patients of Batangas Medical Center (BatMC)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Updated diet lists per station (3 times a day)		Nurse/Nurse Attendant from each ward		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. In-patients (with diet orders other than NPO and tube feeding) accept food ration	3. <u>Simultaneous</u> patient meals distribution:			Dietitian on Duty and Administrative Aide
	<ul style="list-style-type: none"> <li>Station I- Private, Station IV-Private, and Acute Stroke Unit (ASU) (Average no. of admitted patients 40)</li> </ul>	None	30 minutes	
	<ul style="list-style-type: none"> <li>Station I-A and Station I-B (Average no. of admitted patients 90)</li> </ul>	None	60 minutes	
	<ul style="list-style-type: none"> <li>Pulmonary Ward and General Intensive Care Unit (GICU) (Average no. of admitted patients 20)</li> </ul>	None	15 minutes	
	<ul style="list-style-type: none"> <li>Station II (Average no. of admitted patients 90)</li> <li>Station 3-A, Station 3-B,</li> </ul>	None	30 minutes	

	<p>Surgical Intensive Care Unit (SICU), Pediatric Surgical Intensive Care Unit (PSICU), Mother-Child Room (MCR) (Average no. of admitted patients 55)</p> <ul style="list-style-type: none"> <li>• Station IV-A and Station IV-B (Average no. of admitted patients 90)</li> <li>• Station V and Station II-Private (Average no. of admitted patients 75)</li> </ul>	None	20 minutes	
		None	30 minutes	
		None	20 minutes	
<b>Total</b>		None	3 hours 25 minutes	



# **HOSPITAL OPERATIONS AND PATIENT SUPPORT SERVICES**

## **External Services**

## 151. OUTSOURCING OF HOSPITAL'S MEDICAL EQUIPMENT

- Invitation and Terms of Reference can be viewed at the official website of Batangas Medical Center and conspicuous place inside the hospital.
- Proposals shall be delivered to CAO Office within ten (10) calendar days
- Scheduled presentation of proposal shall be one(1) hour per presenter.
- Presentation of results to Execom will be every Monday.
- Informing the results to End-user and all participants shall be after the ExeCom meeting

<b>Office or Division:</b>	Chief Administrative Officer
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Government to Business
<b>Who may avail:</b>	All Qualified Supplier
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<p>All listed requirements shall be submitted in two (2) separate envelope (All Clear Copy, 2 copies each)</p> <p>First Envelope – Requirements from No. 1 to No.9</p> <p>Second Envelope (Sealed) – Price Proposal</p> <p>1. Letter of Intent address to:</p> <p><b>RAMONCITO C. MAGNAYE, M.D., FPSGS, FPCS, MHA</b> Medical Center Chief II Batangas Medical Center</p> <p>Thru: <b>MR. MANUEL V. SANVICTORES, MPA</b> Chief Administrative Officer</p> <p>2. Company Profile</p> <p>3. License to Operate</p> <p>4. DTI Business Name Registration</p> <p>5. BIR Registration Certificate</p> <p>6. Mayor's Permit</p> <p>7. Business Permit</p> <p>8. Valid Tax Clearance</p> <p>9. Sworn and duly notarized statement that the company and its owner has not been "BLACKLISTED" to participate in any transactions with any Government Agency.</p> <p>10. Price Proposal for the attached Terms of Reference.</p>	Client (Supplier)

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit all requirements to CAO Office.	1.Receives the documents. 1.1The CAO Office will forward the proposal to OMCC. 1.2.OMCC will return the documents to CAO 1.3.The CAO will forward the proposal to the Planning Committee 1.4.Will schedule meeting for the Evaluation of the submitted proposal 1.5Will inform the supplier via email for the scheduled presentation.		1 minute 2 minutes 2 hours 2 minutes 20 minutes 5 minutes	Admin Assistant I Admin Assistant I Admin Assistant I Admin Assistant I Admin Assistant I Admin Assistant I
2.Presents the proposal	2.Listen to the representative presenting the proposal 2.1 Evaluate the eligibility requirements and the proposal 2.2Presents the results of evaluation to Executive Committee on their regular meeting every Monday 2.3Inform the end-user of the result 2.4Draft the Memorandum of Agreement 2.5Submit the draftedMemorandum of Agreement (MOA) to Legal		1 hour 15 minutes 15 minutes 15 minutes 1 hour 1 hour	Planning Committee Members Planning Committee Members CAO Administrative Assistant I Administrative Officer II Administrative Assistant I



	Officer for review 2.6 Send a copy of MOA to the winning supplier for review (via e-mail)		2 minutes	Administrative Assistant I
3. Inform the CAO Office if MOA is approved by their company	3. Print three (3) copies of MOA 3.1 Forward to CAO for signature as witness 3.2 Forward MOA to OMCC for signature 3.3 OMCC will forward the signed MOA to CAO 3.4 Inform the supplier for pick up of MOA		5 minutes  2 minutes  1 hour  1 hour  5 minutes	Administrative Assistant I  Administrative Assistant I Administrative Assistant I  Administrative Assistant I  Administrative Assistant I
4. Receives MOA for owner's signature 4.1 Return two (2) original copies of the Notarized MOA to CAO	Log details from the agreement for monitoring		2 minutes  1 day	Administrative Assistant I
	<b>TOTAL</b>	<b>None</b>	<b>1 day, 8 hours, 31 minutes</b>	

## 152. APPLICATION FOR EMPLOYMENT (WALK-IN)

Applicants shall submit complete requirements for application for proper screening of qualifications.

<b>Office or Division:</b>		Human Resource Management Office		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C- Government to Citizen		
<b>Who may avail:</b>		Internal and External Applicants		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
a) <b>Application letter</b> indicating the position applied for Address to: <p style="text-align: center;"><b>Mrs. Merlita P. Dampil, MA</b>  <b>Psy</b>  <i>Supervising            Administrative Officer            Human Resource            Management Office</i></p>		a) From the applicant           b) Civil Service Commission Website           c) From applicant's respective school/university d) Civil Service Commission Office  e) From applicant's present employer		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit complete requirements to HRMO	Accept and review application requirements if complete; return if incomplete	None	30 minutes	<i>Administrative Assistant II</i>  HRMO
	<b>TOTAL</b>	None	30 minutes	



## 154. ISSUANCE OF CERTIFICATE OF EMPLOYMENT -FOR SEPARATED EMPLOYEE

A Certificate of Employment (COE) (for separated employee) shows the last position held, last salary and the duration of employment of a former employee.

<b>Office or Division:</b>	Human Resource Management Office			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All Batangas Medical Center (BatMC) former employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Duly accomplished request slip form		batmc.doh.gov.ph or Human Resource Management Office (HRMO)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out Request Slip Form	1. Accept Request Slip Form  1.1 Check records on files	None	5 minutes  3 days	<i>Administrative Assistant I</i> HRMO
2. Get the Claim Stub	2. Prepare Certificate of Employment	None	15 minutes	<i>Administrative Assistant I</i> HRMO
3. Present claim stub and receive the COE	3. Get the claim stub and release the COE to requesting client	None	5 minutes	<i>Administrative Assistant I</i> HRMO
	<b>TOTAL:</b>	<b>None</b>	<b>3 days 25 minutes</b>	

## 155. ISSUANCE OF SERVICE RECORD (FOR SEPARATED EMPLOYEE)

A Service Record (SR) is a collection of either electronic or printed material which provides the employment history of an employee.

<b>Office or Division:</b>		Human Resource Management Office (HRMO)		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		G2C- Government to Citizen		
<b>Who may avail:</b>		All Batangas Medical Center former employees		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Duly accomplished request slip form			Human Resource Management Office (HRMO)	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Fill-out Request Slip Form	1.Accept Request Slip Form  1.1 Check records to inactive file	None	5 minutes  4 days	<i>Communications Equipment Operator III</i> HRMO
2.Get the Claim Stub	2.Prepare Service Record	None	15 minutes	<i>Communications Equipment Operator III</i> HRMO
3.Present claim stub and receive the COE	3.Get the claim stub and release the COE to requesting client	None	5 minutes	<i>Communications Equipment Operator III</i>  HRMO
	<b>TOTAL:</b>	<b>None</b>	<b>4 days 25 minutes</b>	

## 156. ACCEPTANCE OF DELIVERIES OF SUPPLIES AND EQUIPMENT

This applies to all the deliveries procured through Public Bidding

<b>Office or Division:</b>		Material Management Section (MMS)		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		G2C – Government to Client		
<b>Who may avail:</b>		All suppliers of BatMC		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. One (1) Original Copy and photocopy Delivery Receipt(DR)/Sales Invoice (SI), Certificate of Product Registration (CPR) Certificate of Good Manufacturing Practice (CGMP); Batch Release (if necessary with deliveries of consumable supplies) 2. One (1) Original Copy and photocopy Warranty Certificate and Certificate of Calibration for Medical Equipment		Sales Representative of the suppliers		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Register to logbook of Suppliers	1.Initial Interview	None	10 minutes	Administrative Officer I/Administrative Assistant II MMS
2.Present the DR/SI to Officer-in-charge	2.Check the DR/SI against the P.O./ Batch Order and the required attachments	None	30 minutes	Administrative Officer I/Administrative Assistant II MMS
3.Witness the process of inspection/ acceptance	3.Receive and inspect in the presence of inspector/end user/ sales representative /warehouseman	None	1 day	Warehouseman an MMS
4.None	4.Affix signature of inspector/end user/warehouseman to SI if complied	None	5 minutes	Warehouseman an MMS
5.Accept signed copy of DR/SI and issue the original copy	Accept the original copy of DR/SI		1 minute	Warehouseman an MMS
	<b>TOTAL:</b>	<b>None</b>	<b>1 day, 46 minutes</b>	

## 157. ACCEPTANCE OF DONATIONS OF SUPPLIES AND EQUIPMENT

This applies to deliveries received through donation.

<b>Office or Division:</b>	Material Management Section (MMS)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Client			
<b>Who may avail:</b>	All donors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Three (3) Original Copies of Property 1. Transfer Report Form (if donations are from government agency), 2. One (1) Original Copy of Delivery Receipt/Sales Invoice, Donation Receipt		Donors		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Register to logbook of Suppliers	1.Initial Interview	None	10 minutes	Administrative Officer I/Administrative Assistant II MMS
2.Present the DR/SI to Officer-in-charge	2.Check the DR/SI against the P.O./Batch Order and the required attachments	None	30 minutes	Administrative Officer I/Administrative Assistant II MMS
3.Witness the process of inspection/acceptance	3.Receive and inspect in the presence of inspector/end user/sales representative/warehouseman	None	1 day	Warehouseman MMS
4.None	4.Affix signature of inspector/end user/warehouseman to SI if complied	None	5 minutes	Warehouseman MMS
5.Accept signed copy of DR/SI and issue the original copy	Accept the original copy of DR/SI		1 minute	Warehouseman MMS
	TOTAL:	None	1 day, 46 minutes	

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## 158. SUBMISSION OF REQUEST FOR QUOTATION/CANVASS PROPOSAL

Processing of Submission of Request for Quotation/Request for Proposal

<b>Office or Division:</b>		Procurement Section		
<b>Classification:</b>		Simple Document		
<b>Type of Transaction:</b>		G2B, G2G		
<b>Who may avail:</b>		PhilGEPS Registered Suppliers		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Photocopy each 1. PhilGEPS Registration 2. Mayor's Permit- Current 3. SEC/DTI/CDA Registration 4. BIR 2303/Tax Clearance		PhilGeps Website Local Government Unit SEC/DTI/CDA BIR		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Manual Submission 1. Present accomplished Request for Quotations(RFQ)/Canvass Proposal together with the needed Documentary Requirements to Procurement Office	Check duly signed RFQ/Canvass Proposal (CP) as to completeness of necessary attachments needed	None	10 minutes	Administrative Assistant II
Submit accomplished form	Receive verified RFQ/CP	None	2 minutes	Administrative Assistant II
	<b>TOTAL</b>		12 minutes	



## 159. SUBMISSION OF REQUEST FOR QUOTATION FOR PROJECTS WITH ABC OF PHP50,000 AND ABOVE

Processing of Submission of Request for Quotation/Request for Proposal

<b>Office or Division:</b>	Procurement Section			
<b>Classification:</b>	Simple Document			
<b>Type of Transaction:</b>	G2B, G2G			
<b>Who may avail:</b>	PhilGEPS Registered Suppliers only			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Photocopy each 1. PhilGEPS Registration 2. Mayor's Permit- Current 3. SEC/DTI/CDA Registration 4. BIR 2303/Tax Clearance		PhilGeps Website Local Government Unit SEC/DTI/CDA BIR		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Electronic Submission  1.Open the PhilGEPS website for opportunities	1.Receive accomplished RFQ together with documentary requirements	None	5 minutes	Administrative Assistant II
2.Submit accomplished form together with documentary requirements at the Procurement Section Electronic Mail Address	2. Acknowledge receipt of email.	None	2 minutes	Administrative Assistant II
	<b>TOTAL</b>		7 minutes	

## 160. MANUAL ISSUANCE OF PURCHASE ORDER

Processing and Issuance of Approved Purchase Order

<b>Office or Division:</b>		Procurement Section		
<b>Classification:</b>		Simple Document		
<b>Type of Transaction:</b>		G2B, G2G		
<b>Who may avail:</b>		PhilGEPS Registered Suppliers		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Company ID			Client	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.State Company/Supplier's name for the availability of approved Purchase Order	1.Check availability of approved Purchase Order	None	5 minutes	Administrative Assistant I
2.Receive and sign all copies of Purchase Order at the space provided and indicate date of receipt.	2.Issue document and ensure that all copies are signed	None	10 minutes	Administrative Assistant I
	<b>TOTAL</b>	None	15 minutes	

## 161. ELECTRONIC ISSUANCE OF PURCHASE ORDER

Processing and Issuance of Approved Purchase Order

<b>Office or Division:</b>		Procurement Section		
<b>Classification:</b>		Simple Document		
<b>Type of Transaction:</b>		G2B, G2G		
<b>Who may avail:</b>		PhilGEPS Registered Suppliers		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Company ID		Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.State Company/Supplier's name for the availability of approved Purchase Order	1.Check availability of approved Purchase Order  1.1 Issue thru electronic mail scanned copy of document with instructions to acknowledge by sending back the signed copy	None	10 minutes	Administrative Assistant II
2.Sign all copies of P.O. at the space provided and indicate date of receipt. Send back thru email the scanned copy	2.Acknowledge receipt of email and print-out copies with signature and date	None	5 minutes	Administrative Assistant II
	TOTAL	None	15 minutes	



# **HOSPITAL OPERATIONS AND PATIENT SUPPORT SERVICES**

## **Internal Services**

## 162. ISSUANCE OF FUEL REQUISITION SLIP

Issuance of slip is applicable only to OFFICIAL Trip of all BatMC Employees with Hospital Order.

<b>Office or Division:</b>		CHIEF ADMINISTRATIVE OFFICE		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		Government to Citizen		
<b>Who may avail:</b>		All Driver– On - Duty		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Trip Ticket (1 Original Copy)		Engineering and Facilities Management Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Submit one (1) original copy of Trip Ticket	1. Receives the copy of Trip Ticket 1.1 Issue the Fuel Requisition Slip 1.2 Log the details of request.	None	2 minutes	Administrative Assistant I
2.Receives the original copy of Fuel Requisition Slip	2. File the copy of Trip Ticket and Fuel Requisition Slip	None	1 minute	Administrative Assistant I
<b>TOTAL</b>		None	3 minutes	

## 163. CHANELLING OF COMMUNICATIONS TO RESPECTIVE AREAS

Communications are made through e-mail to avoid face-to-face contact due to current situations we are facing due to Covid-19 pandemic

<b>Office or Division:</b>		CHIEF ADMINISTRATIVE OFFICE (CAO)		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		Government to Citizen		
<b>Who may avail:</b>		All		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
(Electronic Copy) Any form of Communications address to CAO		Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Send an e-mail thru the official address: <a href="mailto:cao@batmc.doh.gov.ph">cao@batmc.doh.gov.ph</a>  Email with incomplete attachments shall not be entertained because it will not be considered valid and official	1.Acknowledge receipt of e-mail 1.1Forward the e-mail to the Chief Admin Officer for information, review and approval 1.2Send feedback to the sender	None	1 minute  1 minute   15 minutes	Administrative Assistant I Administrative Assistant I   Administrative Officer II
	<b>TOTAL</b>		17 minutes	

## 164. PHILHEALTH MEMBERSHIP REQUIREMENT FOR NEWLY HIRED EMPLOYEES UPDATING

PhilHealth membership duly endorsed by the Head of Agency to be submitted to PhilHealth.

<b>Office or Division:</b>	Human Resource Management Office (HRMO)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	All Batangas Medical Center employees (permanent and temporary)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Membership Registration Form		Human Resource Management Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit accomplished PMRF (with attached photocopies of the documentary requirements, if necessary)	1.1 Receive and check the completeness of the form and attachment/s	None	10 minutes	<i>Administrative Officer II</i> HRMO
	1.2 Accomplish the PhilHealth ER2 form for signature of the HRMO Head		2 days	<i>Administrative Officer II</i> HRMO
	1.3 Submit to PhilHealth Office		4 hours	<i>Administrative Officer II</i> HRMO
	<b>TOTAL:</b>	<b>None</b>	<b>2 days 4 hours 10 minutes</b>	

## 165. UPDATING EMPLOYEE'S MEMBERSHIP PROFILE (ARA) WITH GSIS

Any update/change in the employment status or correction of personnel information of a member should be reported to GSIS through the submission of the Agency Remittance Advice (ARA) by the designated Agency Authorized Officer.

<b>Office or Division:</b>	Human Resource Management Office			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who may avail:</b>	All Batangas Medical Center employees (permanent and temporary)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Correction of personal information 2. Service Record		Human Resource Management Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. GSIS require the Agency on the monthly submission of ARA	1. Identify BatMC employees with updates/change or correction in personal data and employment status for reporting	None	4 hours	Administrative Officer II HRMO
	1.2 Prepare a report using the appropriate form: · Form A-Newly hired employees · Form B-Transfer from other agency · Form C-Salary adjustment · Form E-Update/Correction of Personal Information	None	5 days	Administrative Officer II HRMO
	1.3 Upload to GSIS Web <a href="http://msp.gsis.gov.ph">msp.gsis.gov.ph</a>	None	1 day	Administrative Officer II
	<b>TOTAL:</b>	<b>None</b>	6 days and 4 hours	



## 166. APPLICATION FOR SEPARATION FROM SERVICE (RESIGNATION)

Employees who intend to resign from service shall inform the Head of Office at least one (1) month before the day of intended date of resignation.

<b>Office or Division:</b>	Human Resource Management Office (HRMO)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Outgoing BatMC Employees			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
a. Letter of Intent duly received and approved by the Office of the Medical Center Chief (OMCC) b. Acceptance of Resignation c. Clearance (4 copies) d. Exit Interview Form e. Statement of Assets, Liabilities and Net Worth (SALN as of last day of employment) f. Individual Performance Commitment and Review (up to last day of employment) g. Endorsement Letter/Work Instruction Letter			(b-c) HRMO  (d) Civil Service Commission website  (e-g) Client	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Letter of Intent duly approved by the Medical Center Chief II and the acceptance of Resignation	Accept Letter of Intent and Acceptance of Resignation ; give list of requirements for separation and prepare clearance form	None	30 minutes	Ms. Liza C. Cobeng/  Ms. Joanne A. Doce
2. Get Clearance Form and Checklist of Requirements		None	30 minutes	Ms. Liza C. Cobeng / Ms. Joanne A. Doce
3. Submit complete requirements to HRMO	Accept requirements and endorse to HRMO Head for interview	None	30 minutes	Ms. Liza C. Cobeng /Ms. Joanne A. Doce
4. Exit Interview with HRMO Head	Conduct interview and sign clearance form.	None	1 hour	Mrs. Merlita P. Dampil/ Ms. Hannah E. Barcelon

5. Get copy of the signed clearance form	File employer's copy of the clearance form	None	5 minutes	Ms. Liza C. Cobeng / Ms. Joanne A. Doce
	<b>TOTAL:</b>	<b>None</b>	<b>2 hours 35 minutes</b>	

## 167. APPLICATION FOR LEAVE OF ABSENCE

Leave of absence is being filed thru the employee's respective HRBliz Account. Vacation Leave, Sick Leave and Special Privilege leave are among the major types of leave being used by employees.

<b>Office or Division:</b>		Human Resource Management Office		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C- Government to Citizen		
<b>Who may avail:</b>		All Active Employees of Batangas Medical Center		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
HRBliz Account			Human Resource Management Office (HRMO)	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.Log-in to your HRBliz account	None	None	10 minutes	System Generated
2.Fill-out the appropriate leave type and other necessary details	None	None	15 minutes	System Generated
3.Print two copies of the accomplished form	None	None	5 minutes	System Generated
4.Submit to HRMO the leave application duly approved by the immediate supervisor and Division Chief	4.Accept one (1) copy of the application and update leave record	None	1 day	Ms. Francia M. Babasa
	<b>TOTAL:</b>	None	1 day and 30 minutes	

## 168. REQUEST AND ISSUANCE OF LINEN

Process in requesting linen for hospital's use.

<b>Office or Division:</b>		Laundry and Linen Section		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		Government to Citizen		
<b>Who may avail:</b>		All Offices/ Areas in BatMC		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Three (3) original copies of Requisition and Issuance Slip		Laundry and Linen		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submit request for linen	1.Receives the request	None	5 minutes	Housekeeper
	1.2Prepare the raw materials if available		20 minutes	Seamstress
	1.3Cut and sew according to the request		7 days	Seamstress
	1.4Check the quality of linen		15 minutes	Housekeeper
	1.5Inform the end-user for pick-up of linen		5 minutes	Housekeeper
	1.5Issued to the requestor		10 minutes	Housekeeper
2.Receives the linen and sign to the logbook	None	None	5 minutes	End-User
	<b>TOTAL</b>	None	7 days and 1 hour	

## 169. ACCEPTING SOILED LINEN FOR LAUNDRY

This applies in accepting soiled linen for washing and drying

<b>Office or Division:</b>		Laundry and Linen Section		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		Government to Citizen		
<b>Who may avail:</b>		All office/areas in BatMC		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Give the soiled linens to receiving area in the Laundry section	1. Receives the soiled linen	None	10 minutes	Laundry Worker I
	1.2.Sort the linen		2 hours	Laundry Worker I
	1.3. Wash and dry the linen		4 hours	Laundry Worker I
	1.4Fold the washed and dried linen		2 hours	Laundry Worker I
	1.5Inform the area of the availability of linen		15 minutes	Laundry Worker I
	1.5Issue the linen to respective areas		15 minutes	Laundry Worker I
2.Receives the linen	None	None	15 minutes	Helper
	<b>TOTAL</b>	<b>None</b>	<b>8 hours and 45 minutes</b>	

## 170. REQUESTING FOR ACCOMMODATION IN HOSPITAL'S DROMITORY

This applies to interested employee of hospital or visitor of BatMC who are in needs of accommodation while in the hospital.

<b>Office or Division:</b>	Housekeeping Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizens			
<b>Who may avail:</b>	All Government Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Request		Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Letter of Request	1.Receives the letter of request	None	2 minutes	Hospital Housekeeper
	1.2Check availability of dormitory		3 minutes	
	1.3If available, log the details of requestor to the official logbook for monitoring		5 minutes	
	1.4Check if dorms are ready to use; otherwise, clean the area.		30 minutes	Housekeeper/ Housekeeping Personnel
	1.5Prepare pillows and bed sheets if available		20 minutes	
	1.6Inform the requestor of the rules to follow while staying in the dormitory		15 minutes	Housekeeper
2.Sign in the logbook to confirm the understanding in the house rules	2.Issue the house keys	None	5 minutes	Housekeeper
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 30 minutes</b>	



## **FINANCE SERVICE DIVISION**

### **External Services**

## 171. RELEASING OF OFFICIAL RECEIPT

Cashier collection is open twenty four (24) hours. It caters all persons in the hospital with transactions that need to be settled.

<b>Office or Division:</b>		Cashier Collection- Cash Operations		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		Clients, suppliers, and other stakeholders		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Charge Slip/ Prescription sheet/ Final Bill/ Statement of Account		From issuing department / section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present charge slip/ final bill/ SOA	1. Accept charge slip/ final bill/ SOA.  1.1. Checks the charge slip/ final bill/ SOA  1.2. Encode the item and amount to be paid.	Depends on the amount reflected on the charge slip/ final bill/ SOA	5 minutes	Cashier on duty
2. Pay the amount stated on the charge slip/ final bill/ or SOA	2. Receive payment (cash, check, debit card, credit card)  2.1. Give exact change to client if payment is cash.  2.2. Return charge slip, final bill/ SOA.  2.3. Give official receipt to client.		10 minutes	Cashier on duty
<b>Total</b>			7 minutes	



## 172. RELEASING OF CHECKS TO SUPPLIERS, CLIENTS AND OTHER STAKEHOLDERS

The Out-Patient Department is available from Monday to Friday except on Holidays, 8:00 am to 5:00 pm. It caters all clients with payment collections from the hospital.

<b>Office or Division:</b>	Cashier Disbursement- Cash Operations			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2B – Government to Business			
<b>Who may avail:</b>	Personnel, Clients and Other Stakeholders with Payment Collections			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> <li>Personal Identification Card (preferably, Government Issued IDs)</li> <li>Special Power of Attorney/Authorization to Collect duly notarized</li> <li>Official Receipt/Collection Receipt</li> </ul>		Issuing Government Agency  Collecting Agency  Hospital		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the required documents at cash disbursement window.	1. Check the submitted documents. Give the voucher for OR preparation.  1.1. Get the valid ID or SPA  1.2. Photocopy the valid ID or SPA	NONE	5 minutes	Cash Operations Staff
2. Prepare Official Receipt/Collection Receipt.	2. Check the completeness of the OR/CR.	NONE	10 minutes	Cash Operations Staff
3. Sign the Receipt of Payment section in the Disbursement Voucher and receive the check.	3. Log the transaction details in Logbook.  3.1. Release the check.	NONE	5 minutes	Cash Operations Staff
<b>Total</b>			20 minutes	

## 173. ISSUANCE OF HOSPITAL BILL

The steps involved are initial requirements of patients to be informed of their hospitalization charges.

<b>Office or Division:</b>	Finance- Billing and Claims			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> <li>• Patient's chart with complete Philhealth documents</li> <li>• GO card</li> <li>• Discharge clearance</li> </ul>		Nurse Station		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive GO card from nurse station	1. Submit patient's chart through Window 8	None	2 minutes	Nursing Staff
	1.1. Check and verify submitted documents		10 minutes	Claims Staff
	1.2. Prepare hospital bill		1 hour	Billing Staff
	1.3. Issue GO card to patient's relative		2 minutes	Nursing Staff
2. Present GO card to Window 9	2. Issue hospital bill	None	2 minutes	Billing Staff
3. Proceed to cashier for payment 3.1 Receive discharge clearance	3. Issue Official Receipt and stamped discharge clearance	Amount indicated in the bill	2 minutes	Cashier on duty
4. Present discharge clearance to nurse's station	4. Validate discharge clearance	None	5 minutes	Nursing Staff
5. Present discharge clearance to the guard on duty	5. Validate discharge clearance	None	2 minutes	Guard on duty
	<b>Total</b>	Amount indicated in the bill	1 hour and 25 minutes	

## 174. PHILHEALTH ELIGIBILITY PROCESSING

The steps involved are initial requirements of patients in order for them to avail their Philhealth benefits.

<b>Office or Division:</b>	Finance- Billing and Claims
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C – Government to Citizen
<b>Who may avail:</b>	Patients
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<i>Regular Requirements</i> <ol style="list-style-type: none"> <li>1. Duly accomplished Claim Form Signature (CSF)</li> <li>2. Philhealth Benefit Eligibility Form (PBEF)               <ol style="list-style-type: none"> <li>2.1. White Stub for No Record Found</li> <li>2.2. Yellow Stub for verification</li> <li>2.3. Green Stub for Philhealth eligible</li> <li>2.4. Pink Stub for Benefit Exhausted</li> </ol> </li> <li>3. Philhealth Member Registration Form (PMRF)</li> <li>4. Statement of Account from other hospital</li> </ol>	Claims section (Window 7 or 8)  Admitting section (Window 1or 2)  Admitting section (Window 1or 2)  Claims section (Window 7 or 8)  Claims section(Window 7 or 8)  From other hospital where patient was previously admitted
<i>Situational Requirements</i> <ol style="list-style-type: none"> <li>1. Updated Member Data Record (MDR)</li> <li>2. Birth Certificate with registry number of member/dependent/representative</li> <li>3. Marriage Contract with registry number</li> <li>4. Affidavit of two (2) disinterested person(for discrepancies or no record found)</li> <li>5. Any proof of relationship (in the absence of the member)</li> <li>6. Authorization letter/Valid IDLs/scanned copy of passport for OFW</li> </ol>	Philhealth office  Civil Registry office or PSA  Civil Registry office or PSA Notary Public office  Civil Registry office or PSA  From the Philhealth member  Notary Public office/DSWD

<p>7. Proof of Guardianship/DSWD Certification</p> <p><i>For Dialysis/Radiation/Chemotherapy patients</i></p> <p>1. Philhealth Benefit Consumption Certificate from other hospital</p>		<p>From other hospital where patient was previously admitted/done with OPD procedures</p>		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit required documents	1. Check and verify submitted documents	None	10 minutes	Claims Staff
	1.1 Issue Green Stub, CSF and PBEF Forms	None	5 minutes	Claims Staff
2. Submit all documents with attached green stub to the nurse's station	2. Receive submitted documents	None	5 minutes	Nursing Staff
<b>Total</b>		None	14 minutes	

## 175. REFUND OF OUT-OF-POCKET EXPENSES INCURRED BY NBB PATIENTS

The No Balance Billing (NBB) Policy provides that no other fees or expenses shall be charged or be paid for by the indigent patients above and beyond the packaged rates during their confinement period. However, there are instances when NBB eligible patients have to purchase medicines or medical supplies outside the hospital facility such as when they have yet to be enrolled under Point of Service and their NBB classification is not yet determined as of time of purchase. Such out-of-pocket purchases are refundable.

<b>Office or Division:</b>	Accounting Office
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C
<b>Who may avail:</b>	Patients covered by "No Balance Billing" Policy
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<p>If claimant is patient himself, his or her spouse, mother, father, child or sibling:</p> <ol style="list-style-type: none"> <li>1. 1 valid ID of the claimant [2 photocopies, present original for verification]</li> <li>2. Sales invoice/ Official receipt [1 original, 1 photocopy]</li> <li>3. Doctor's prescription [1 original, 1 photocopy]</li> <li>4. Justification [1 original, 1 photocopy]</li> <li>5. Hospital Bill [2 photocopies, present original for verification]</li> </ol>	<ol style="list-style-type: none"> <li>1. LTO, GSIS, SSS, PhilHealth, PRC, DFA, BIR</li> <li>2. Entity from which the medicine or medical supply was bought</li> <li>3. Doctor who prescribed the medicine or medical supply</li> <li>4. Central Supply Room (CSR) <ol style="list-style-type: none"> <li>a. If medicine, from the Pharmacy;</li> <li>b. If medical supply, from the</li> </ol> </li> <li>5. Billing Office</li> </ol>
<p>If claimant of refund is not among any of the abovementioned:</p> <ol style="list-style-type: none"> <li>1. Authorization letter from the patient [1 original, 1 photocopy]</li> <li>2. 1 valid ID of the patient [2 photocopies, present original for verification]</li> <li>3. 1 valid ID of the claimant [2</li> </ol>	<ol style="list-style-type: none"> <li>1. Patient</li> <li>2. Patient</li> <li>3. Government Offices</li> </ol>

photocopies, present original for verification]  4. Sales invoice/ Official receipt [1 original, 1 photocopy]  5. Doctor's prescription[1 original, 1 photocopy]  6. Justification [1 original, 1 photocopy]  7. Hospital Bill [2 photocopies, present original for verification]		4. Entity from which the medicine or medical supply was bought  5. Doctor who prescribed the medicine or medical supply  6. Central Supply Room (CSR) a. If medicine, from the Pharmacy; b. If medical supply, from the  7. Billing Office		
<i>Other requirements, as may be necessary</i> <ul style="list-style-type: none"> <li>• Birth certificate of patient</li> <li>• Marriage certificate</li> </ul>		Philippine Statistics Authority Philippine Statistics Authority		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up Refund Slip Form for NBB Refund (RSFNBB).	1. Check the completeness of the filled-up RSFNBB. Upon checking, staff will determine whether the claim is eligible for refund. Staff will indicate the same in the RSFNBB.	None	10 minutes	<i>Assigned personnel</i> Accounting Office
1.1. Submit the requirements as abovementioned whichever are applicable.	1.1. If eligible for refund, staff shall ask from the claimant the requirements abovementioned depending on whether the claimant is spouse, mother, father, child, sibling or	None	15 minutes	<i>Assigned personnel</i> Accounting Office

	<p>otherwise of the patient.</p> <p>1.2. If requirements are found to be complete, staff shall prepare the corresponding Petty Cash Voucher (PCV) and attach the documents retrieved from the claimant thereto for processing. Proceed to Cashier</p>	None	10 minutes	<i>Assigned personnel</i> Accounting Office
2. Receive the amount requested and affix signature in RSFNBB and PCV.	<p>2. Disbursement Section. Submit accomplished PCV with attachments and receive amount requested for reimbursement.</p> <p>2.1. Release the amount requested to the claimant.</p>	None	5 minutes	<i>Assigned personnel</i> Accounting Office
3. Proceed to Internal Control Unit for interview	3. Conduct interview regarding the reason behind the refund.	None	5 minutes	<i>Assigned personnel</i> Internal Control Unit
4. Receive the amount requested and affix signature in RSFNBB and PCV.	4. Release the amount requested to the claimant.	None	5 minutes	<i>Assigned personnel</i> Accounting Office
<b>TOTAL:</b>		None	40 minutes	

## 176. REFUND OF OUT-OF-POCKET EXPENSES MADE BY PATIENTS WITH PHILHEALTH ELIGIBILITY

Patients become entitled to refund of out-of-pocket expenses they incurred for medicines and medical supplies prescribed by the hospital physician in charge whenever it is indicated in the patient's Benefit Payment Notice that the patient's total hospital bill did not exceed the amount of case rate allowed by Philhealth.

<b>Office or Division:</b>	Accounting Office
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	G2C
<b>Who may avail:</b>	Patients who are PHIC members or dependents
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<p><i>If claimant is spouse, mother, father, child or sibling of the patient:</i></p> <ol style="list-style-type: none"> <li>1. 1 valid ID of the claimant [2 photocopies, present original for verification]</li> <li>2. Benefit Payment Notice (BPN) [1 original, 1 photocopy]</li> <li>3. Official receipt (OR) [1 original, 1 photocopy]</li> <li>4. Doctor's prescription [1 original, 1 photocopy]</li> <li>5. Justification [1 original, 1 photocopy]</li> <li>6. Final Bill [2 photocopies, present original for verification]</li> </ol>	<p>LTO, GSIS, SSS, PhilHealth, PRC, DFA, BIR</p> <p>PhilHealth</p> <p>Entity from which the medicine or medical supply was bought</p> <p>Doctor who prescribed the medicine or medical supply</p> <p>Central Supply Room (CSR) a. If medicine, from the Pharmacy; b. If medical supply, from the</p> <p>Billing Office</p>
<p><i>If claimant of refund is not among any of the abovementioned:</i></p> <ol style="list-style-type: none"> <li>7. Authorization letter from the patient [1 original, 1 photocopy]</li> <li>8. 1 valid ID of the patient [2 photocopies, present original for verification]</li> <li>9. 1 valid ID of the claimant [2</li> </ol>	<p>Patient</p> <p>Patient</p> <p>Government Offices</p>



photocopies, present original for verification]  10. Benefit Payment Notice (BPN) [1 original, 1 photocopy]  11. Official receipt (OR) [1 original, 1 photocopy]  12. Doctor's prescription[1 original, 1 photocopy]  13. Justification [1 original, 1 photocopy]  14. Final Bill [2 photocopies, present original for verification]		PhilHealth  Entity from which the medicine or medical supply was bought  Doctor who prescribed the medicine or medical supply  Central Supply Room (CSR) a. If medicine, from the Pharmacy; b. If medical supply, from the  Billing Office		
<i>Other requirements, as may be necessary</i>  Birth certificate of patient Marriage certificate		Philippine Statistics Authority Philippine Statistics Authority		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up Refund Slip Form (RSF).  1.1. Present the requirements as abovementioned whichever is applicable.	1. Check the completeness of the filled-up RSF. Upon checking, staff will determine whether the claim is eligible for refund. Staff will indicate the same in the RSF.	None	10 minutes	Assigned personnel Accounting Office
	1.1. If eligible for refund, staff shall ask from the	None	10 minutes	Assigned personnel Accounting Office

	<p>claimant the requirements abovementioned depending on whether the claimant is spouse, mother, father, child, sibling or otherwise of the patient.</p> <p>1.2. If requirements are found to be complete, staff shall prepare the corresponding Disbursement Voucher and attach the documents retrieved from the claimant thereto for processing. Tell the claimant to return for the pick-up of his refund check.</p> <p>1.3. Process the disbursement.</p>	None	6 working days	<i>Assigned personnel</i> Accounting Office
2. Wait until a text message is received from the Cashier Section stating that his refund (in the form of	2. Notify the claimant through text message once the check is ready for pick-up.	None	5 minutes	<i>Assigned personnel</i> Cashier – Disbursement Section

check) is ready for pick-up.				
3. Pick-up the check. Bring 1 valid ID upon claiming.	3. Release the check after proper identification of the claimant.	None	5 minutes	<i>Assigned personnel</i> Cashier – Disbursement Section
<b>TOTAL:</b>			6 working days and 30 minutes	

## 177. REFUND OF PAYMENT FOR RETURNED MEDICINES

Patients become entitled to refund whenever, prior to discharge, they return unused medicines bought under consignment process.

<b>Office or Division:</b>	Accounting Office			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C			
<b>Who may avail:</b>	Patients who have unused medicines bought under consignment process			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<i>If claimant is patient himself, his spouse, mother, father, child or sibling:</i>  1. 1 valid ID of the claimant 2. Official receipt (OR)  3. Pharmacy Return Slip 4. Final Bill		Government offices BatMC Cashier upon paying for the cost of the procedure Pharmacy Billing Office		
<i>If claimant of refund is not among any of the abovementioned:</i>  Authorization letter from the patient; 1. 1 valid ID of the patient; 2. 1 valid ID of the claimant 3. Official receipt (OR)  4. Pharmacy Return Slip 5. Final Bill		Patient Patient Government Offices BatMC Cashier upon paying for the cost of the procedure Pharmacy Billing Office		
<i>Other requirements, as may be necessary</i>  Birth certificate of patient Marriage certificate		Philippine Statistics Authority Philippine Statistics Authority		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up Refund	1. Check the	None	3 minutes	Accounting staff

Slip Form (RSF).	completeness of the filled-up RSF.			
2. Submit all the required documents, whichever are applicable.	2. Check the authenticity of the documents. After which, determine whether patient is qualified under No Balance Billing (NBB).	None	5 minutes	Accounting staff
	If yes, proceed to draw the amount of the refund from the Petty Cash for that purpose.	None	10 minutes	Accounting staff
	Otherwise, prepare the corresponding Disbursement Voucher and attach the documents retrieved from the claimant thereto for processing. Tell the claimant to return for the pick-up of his refund check.	None	5 minutes	Accounting staff
	Process the disbursement.	None	10 working days	Accounting staff
3. Wait until a text message is received from the Cashier	3. Notify the claimant through text message once the check is	None	2 minutes	Cashier staff

Section stating that his refund (in the form of check) is ready for pick-up.	ready for pick-up.			
4. Pick-up the check. Bring 1 valid ID upon claiming.	4. Release the check after proper identification of the claimant.	None	3 minutes	Cashier staff
<b>TOTAL:</b>			10 working days and 28 minutes	

## 178. REFUND OF PAYMENT FOR UNDONE PROCEDURE

Patients become entitled to refund of payments made in relation to a procedure ordered by the doctor to be done which is nevertheless not done for a valid reason.

<b>Office or Division:</b>	Accounting Office
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	G2C
<b>Who may avail:</b>	Patients who paid for a procedure which was nevertheless not performed
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<p><i>If claimant is patient himself, his spouse, mother, father, child or sibling:</i></p> <ol style="list-style-type: none"> <li>1. 1 valid ID of the claimant [2 photocopies, present original for verification]</li> <li>2. Official receipt (OR) [1 original, 1 photocopy]</li> <li>3. Justification [1 original, 1 photocopy]</li> </ol>	<ol style="list-style-type: none"> <li>1. LTO, GSIS, SSS, PhilHealth, PRC, DFA, BIR</li> <li>2. BatMC Cashier upon paying for the cost of the procedure</li> <li>3. Respective department (e.g. Laboratory, Radiology)</li> </ol>
<p><i>If claimant of refund is not among any of the abovementioned:</i></p> <ol style="list-style-type: none"> <li>1. Authorization letter from the patient [1 original, 1 photocopy]</li> <li>2. 1 valid ID of the patient [2 photocopies, present original for verification]</li> <li>3. 1 valid ID of the claimant [2 photocopies, present original for verification]</li> <li>4. Official receipt (OR) [1 original, 1 photocopy]</li> <li>5. Justification [1 original, 1 photocopy]</li> </ol>	<ol style="list-style-type: none"> <li>1. Patient</li> <li>2. LTO, GSIS, SSS, PhilHealth, PRC, DFA, BIR</li> <li>3. LTO, GSIS, SSS, PhilHealth, PRC, DFA, BIR</li> <li>4. BatMC Cashier upon paying for the cost of the procedure</li> <li>5. Respective department (e.g. Laboratory, Radiology)</li> </ol>

<i>Other requirements, as may be necessary</i> <ul style="list-style-type: none"> <li>• Birth certificate of patient</li> <li>• Marriage certificate</li> </ul>		Philippine Statistics Authority Philippine Statistics Authority		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up Refund Slip Form (RSF).	1. Check the completeness of the filled-up RSF.	None	3 minutes	<i>Assigned personnel</i> Accounting Office
	Instruct the claimant to proceed to the respective office or department and secure a Justification as to why the procedure was not performed (e.g. Laboratory Dept. for laboratory procedures; Radiology Dept. for Xray, CT Scan, MRI, Ultrasound).	None	3 minutes	<i>Assigned personnel</i> Accounting Office
2. Receive the Justification and submit the same to the Accounting Staff along with the Official Receipt and valid ID of the claimant and/or patient whichever is/are	2. Prepares and release the Justification letter.	None	30 minutes	<i>Assigned personnel</i> Laboratory Dept Or Radiology Dept, as the case may be
	If requirements are found to be complete, staff shall prepare the corresponding	None	15 minutes	<i>Assigned personnel</i> Accounting Office



applicable.	Disbursement Voucher and attach the documents retrieved from the claimant thereto for processing. Tell the claimant to return for the pick-up of his refund check.			
	Process the disbursement.	None	6 working days	<i>Assigned personnel</i> Accounting Office
3. Wait until a text message is received from the Cashier Section stating that his refund (in the form of check) is ready for pick-up.	3. Notify the claimant through text message once the check is ready for pick-up.	None	5 minutes	<i>Assigned personnel</i> Cashier – Disbursement Section
4. Pick-up the check. Bring 1 valid ID upon claiming.	Release the check after proper identification of the claimant.	None	4 minutes	<i>Assigned personnel</i> Cashier – Disbursement Section
<b>TOTAL:</b>			6 working days and 1 hour	

## 179. REQUEST FOR PROMISSORY NOTES

Patients who cannot settle their hospital bills upon discharge are required to execute promissory notes to ensure payment of their dues to the hospital.

<b>Office or Division:</b>	Accounting Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Patient or his relative			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ol style="list-style-type: none"> <li>1. Promissory Note Request Slip</li> <li>2. Promissory Note application form</li> <li>3. Official Receipt of full payment to private ventilator, if any</li> <li>4. Official Receipt of full payment of Professional Fee of doctors or letter evidencing private doctor's consent to the execution of promissory note with respect to his professional fees;</li> <li>5. 2 Valid IDs (e.g. 1 company ID &amp; 1 Government issued ID); 1 Proof of billing (Meralco, Water bill, Cable TV, Telephone bill, Credit card); 2 contact numbers (1 Landline and 1 Mobile Phone) of two (2) co-makers</li> </ol>		<ol style="list-style-type: none"> <li>1. Accounting Office</li> <li>2. Accounting Office/Billing/Cashier</li> <li>3. Cashier</li> <li>4. OR – Cashier; Letter – Private doctor concerned</li> <li>5. Two co-makers</li> </ol>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure Promissory Note Request Slip and settle partial payment at the cashier.	1. Issue Promissory Note request slip and provide list of requirements namely:	Partial Payment for the Statement of Account.	30 minutes	Assigned Personnel Accounting Office

	<p>a. Due to private ventilator provider must be fully paid; official receipt must be presented.</p> <p>b. Professional fee of doctors must be fully paid; official receipt must be presented. Otherwise, secure letter from the doctor concerned evidencing the latter's consent to settlement thru promissory note.</p> <p>c. 50% of remaining balance on Statement of Account/Hospital Charges shall be settled. The remaining 50% can be applied for promissory note with two (2) co-makers subject to approval.</p> <p>d. These two (2) co-makers must be employed or have fixed source of income.</p>			
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<p>2. Co-makers to be interviewed at Accounting Office (Billing Office during weekends and holidays) to validate all information given.</p>	<p>e. Fully accomplished PN form.</p> <p>2. Interview co-makers, validate information given and secure all requirements. Verify contact number/s e.g. contact number must be existing and personally used by the applicant and must have load balance; and address via Google Maps.</p>	<p>None</p>	<p>1 hour</p>	<p><i>Assigned Personnel</i> Accounting Office or Billing Office</p>
<p>3. Co-makers to be interviewed at legal office for sworn/oath taking.</p>	<p>3. Interview co-makers, validate information given.</p>	<p>None</p>	<p>30 minutes</p>	<p><i>Attorney IV</i> Legal Office</p>
<p>4. Seek final approval of promissory note at office of the Medical Center Chief.</p>	<p>4. Interview co-makers, validate information given.</p>	<p>None</p>	<p>30 minutes</p>	<p><i>Medical Center Chief</i> OMCC</p>
<p>5. Submit approved promissory note to Billing Office.</p>	<p>5. Receive approved promissory note. Release Temporary Clearance to client.</p>	<p>None</p>	<p>5 minutes</p>	<p><i>Assigned Personnel</i> Billing Office</p>
<p><b>TOTAL:</b></p>			<p>2 hours and 35 minutes</p>	

## 180. REQUEST FOR TAX CERTIFICATE 2306/2307

Suppliers secure tax certificate 2306/2307 as proof of tax withheld from them.

<b>Office or Division:</b>		Accounting Office		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C- Government to Citizen		
<b>Who may avail:</b>		Batangas Medical Center Suppliers		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Disbursement Voucher			Cash Disbursement Office	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present disbursement voucher as the form of request.	1. Prepare request Tax Certificate(2306/2307)	None	10 minutes	<i>Assigned personnel</i> Accounting Office
<b>TOTAL:</b>			10 minutes	

## 181. UPDATE/SETTLEMENT OF PROMISSORY NOTES

Patients or their representatives with promissory note shall notify the Accounting Office of the settlements they make so that their ledger will be updated properly.

<b>Office or Division:</b>	Accounting Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Patient / Relative with Promissory Note			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Official Receipt of payment made to partially or fully pay for promissory note (if payment was made);		BatMC Cashier		
2. Letter grants of medical assistance		Respective sources of medical assistance (e.g. legislators, national agencies)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for Promissory Note Update Slip from Accounting office	1. Issue Promissory Note Update Slip.	None	30 minutes	<i>Assigned personnel</i> Accounting Office
2. If paying, bring the Promissory Note Update Slip to Cashier Office when payment is made.	2. Accept payment, issue OR and record transaction in the Promissory Note Update Slip to be forwarded to the Accounting Office.	Payment for due on Promissory Note	1 hour	<i>Assigned personnel</i> Cashier – Disbursement Section
3. If settlement is through grants, bring the Promissory Note Update Slip to	3. Check the completeness and veracity of the documents presented by the client. Record the	None	1 hour	<i>Assigned personnel</i> Medical Social Service

Medical Social Service Office along with the necessary documents for granting of medical assistance.	transaction in the Promissory Note Update Slip to be forwarded to the Accounting Office.			
<b>TOTAL:</b>		Payment for due on Promissory Note	2 hours and 30 minutes	



## **FINANCE SERVICE DIVISION**

### **Internal Services**



## 182. REQUEST FOR CERTIFICATION (GSIS, PHIC, PAG-IBIG)

An employee may request for a certification stating his contributions made to the abovementioned agencies for any legal purpose the certification may serve the employee best.

<b>Office or Division:</b>		Accounting Office		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2G- Government to Government Employees		
<b>Who may avail:</b>		All Employees of Batangas Medical Center		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Write request at the Log Book.  (Employees Name, Request Type)	1. Prepare Certification Request.	None	10 minutes	<i>Assigned Personnel</i> Accounting Office
<b>TOTAL:</b>			10 minutes	

### 183. CORRECTION OF CHARGES

Correction of hospital charges either due to error in encoding or return of unused medicine or medical supply or undone procedure before patient is discharged.

<b>Office or Division:</b>		Accounting Office		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2G		
<b>Who may avail:</b>		All employees authorized to request for correction of charges		
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Request of Correction of Patient Charges Form [2 original copies]			Billing or Accounting Office	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill out Request of Correction of Patient Charges Form in two (2) copies, noted by immediate supervisor. Submit the filled out forms to Billing Section for verification whether patient has been billed already.	1. Receive filled out form. Verify in the system whether patient has been billed already and indicate the same in the face of the form. Personnel who verified must also indicate his name, signature, date and time of verification.  1.1 Return the form to the requestor.	None	5 minutes	<i>Assigned personnel</i> Billing Section
2. Proceed to the Accounting Office (Billing Section in place of	2. Check the completeness and veracity of the request and then correct the	None	5 minutes	<i>Assigned personnel</i> Accounting Section

Accounting Office during holidays and weekends) and submit the forms.	charges as per request.  2.1. Affix Signature Over Printed name of the corrector in both copies and return the second copy to the requestor.			
<b>TOTAL:</b>			10 minutes	

## 184. REQUEST FOR CASH ADVANCE

Hospital personnel may request for cash advance whenever necessary to accomplish a legally authorized specific purpose. No additional cash advances shall be allowed to any official or employee unless the previous cash advance given to him is first liquidated and accounted for in the books. No cash advance shall be granted for payments on account of infrastructure projects or other undertaking on a project basis.

<b>Office or Division:</b>	Accounting Office
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	G2G
<b>Who may avail:</b>	Cash advances P5,000.00 and below – Any permanently appointed employee  Cash advances above P5,000.00 except for travels – Permanently appointed employees with approved application for bond and/or Fidelity Bond for the year
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<ol style="list-style-type: none"> <li>1. Hospital/Office Order [2 photocopies, original to be presented for verification]</li> <li>2. Approved and noted request for training [2 copies]</li> <li>3. Approved/Signed training/course syllabus/ Program/ outline [2 copies]</li> <li>4. Authenticated copy of PPMP/APP [2 copies]</li> <li>5. Approved request for cash advance with purpose indicated [2 copies]</li> <li>6. Certificate of Non-availability of supplies, if applicable [2 copies]</li> <li>7. Other sufficient and relevant document to establish validity of claim [2 copies]</li> </ol> <p><i>If for Honoraria:</i></p> <ol style="list-style-type: none"> <li>8. Complete Curriculum Vitae of the speaker [2 copies]</li> <li>9. Certificate of accreditation, if applicable [2 copies]</li> <li>10. Computations of the honorarium (please indicate in the disbursement</li> </ol>	<ol style="list-style-type: none"> <li>1. Human Resources Management Office</li> <li>2. Applicant, approved by agency head</li> <li>3. Training host/ PETRO</li> <li>4. Applicant/ PETRO</li> <li>5. Applicant, approved by agency head</li> <li>6. Materials Management</li> <li>7. Training host</li> <li>8. Speaker/ Trainor</li> <li>9. Training host/ PETRO</li> <li>10. Requestor/ PETRO/ Training host</li> </ol>

voucher) with speaker's conforme	
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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request-letter along with supporting documents to Finance Head.	1. Receive request.	None	5 minutes	<i>Assigned personnel</i> FMO Office
	1.1. Analyze the request. Stamp approval or disapproval	None	10 minutes	<i>FMO II</i> FMO Office
2. If approved, forward the request to the Office of the Medical Center Chief (OMCC) for final approval.	1.2. Return the request with the documents to the requestor.	None	5 minutes	<i>Assigned personnel</i> FMO Office
	2. Analyze the request. Stamp approval or disapproval.	None	10 minutes	<i>Medical Center Chief II</i> OMCC
	2.1. Forward the request to Finance Office for routing.	None	5 minutes	<i>Assigned personnel</i> OMCC
	2.2. Forward the request to Accounting or Budget Office, according to Finance Head's discretion.	None	10 minutes	<i>Assigned personnel</i> FMO Office
	2.3. Process the request. Prepare disbursement voucher and obligation.	None	1 day	<i>Assigned personnel</i> Accounting Office
	2.4. Forward	None	2 hours	<i>Assigned</i>

	disbursement voucher to OMCC for approval and signature.			<i>personnel</i> Budget Office
	2.5. After approval, forward the DV to Cashier – Disbursement Section.	None	10 minutes	<i>Assigned personnel</i> Accounting Office
	2.6. Prepare check or Advice to Debit Account.	None	1 day	<i>Assigned personnel</i> OMCC
3. Receive cash and sign as proof of receipt of cash advance.	3. Release cash advanced to requestor.	None	5 minutes	<i>Assigned personnel</i> Cashier – Disbursement Office
<b>TOTAL:</b>			2 days and 3 hours	

## 185. REQUEST FOR PER DIEM

Officials and employees authorized to travel are allowed to claim for reimbursement of traveling expenses in amounts not to exceed that provided by law.

<b>Office or Division:</b>	Accounting Office
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	G2G
<b>Who may avail:</b>	All employees with hospital order to travel on official business
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<p><i>Attendance to seminar/training under Contract Agreement with P10,000.00 allowance monthly:</i></p> <ol style="list-style-type: none"> <li>1. Approved Itinerary of Travel (IOT) [2 original copies];</li> <li>2. Certificate of completion; [2 photocopies, original to be presented for verification]</li> <li>3. Copy of contract agreement; [2 photocopies, original to be presented for verification]</li> <li>4. Certificate of appearance/attendance; [2 photocopies, original to be presented for verification]</li> <li>5. Approved communication letters [2 photocopies] <ul style="list-style-type: none"> <li>– Department personnel order</li> <li>– Approved letter of invitation of host/sponsoring agency</li> <li>– Acceptance of the nominees as participants</li> <li>– Program/agenda and logistics information</li> </ul> </li> <li>6. Approved DTR [2 photocopies]</li> <li>7. Narrative report/ Action plan [2 copies]</li> </ol>	<p>Form from the Accounting office; approval from the Office of the Medical Center Chief (OMCC) From host of seminar/training</p> <p>PETRO/Legal Office</p> <p>From host of seminar/training</p> <p>From Department or any other host</p> <p>Retrieve DTR from HR Bliz and have the same approved by immediate supervisor PETRO, to be accomplished by employee concerned</p>

<ol style="list-style-type: none"> <li>1. <i>Reimbursement of traveling expenses/ per diem:</i></li> <li>2. Approved Itinerary of Travel (IOT) [2 original copies];</li> <li>3. Plane, boat or bus tickets, boarding pass, terminal fee [1 original, 1 photocopy];</li> <li>4. Certificate of travel completion [2 photocopies, original to be presented for verification];</li> <li>5. Approved hospital order [2 photocopies];</li> <li>6. Certificate of appearance/attendance [2 photocopies, original to be presented for verification];</li> <li>7. Approved communication letters [2 photocopies]</li> <li>8. Department personnel order</li> <li>9. Approved letter of invitation of host/sponsoring agency</li> <li>10. Acceptance of the nominees as participants</li> <li>11. Program/agenda and logistics information;</li> <li>12. Narrative report/ Action plan [2 copies]</li> </ol>		<p>Accounting office</p> <p>Client, from mode of transportation</p> <p>From host of seminar/training</p> <p>PETRO, to be accomplished by employee concerned From host of seminar/training</p> <p>From Department or any other host</p> <p>PETRO, to be accomplished by employee concerned</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<ol style="list-style-type: none"> <li>1. Register in the provided logbook.</li> <li>1.1 Submit approved IOT with supporting documentary requirements to Accounting Office for checking.</li> </ol>	<ol style="list-style-type: none"> <li>1. Receive the IOT along with the supporting documents. After checking, stamp approval and forward the same to the Human Resource Management Office (HRMO) for payroll processing.</li> </ol>	None	15 minutes	Assigned personnel Accounting Office



	1.1 Prepare the disbursement voucher and payroll. Forward the same to Accounting Office for processing.	None	5 working days (preparation of payroll on weekly basis)	<i>Assigned personnel</i> HRMO
	1.2 Process the DV and payroll. After processing, forward the same to OMCC for final approval.	None	1 day	<i>Assigned personnel</i> Accounting Office
	1.3 Upon final approval, forward the DV and payroll to Cashier – Disbursement Section.	None	30 minutes	<i>Assigned personnel</i> OMCC
	2. Deposit the amount claimed and granted to the account of the employee concerned.	None	15 minutes	<i>Assigned personnel</i> Cashier – Disbursement Section
2. Wait for the amount of per diem to be deposited to your account.				
<b>TOTAL:</b>			6 days and 1 hour	

## 186. REQUEST FOR LIST OF PATIENTS WITH CORRESPONDING PROFESSIONAL FEE CHARGED BY DOCTOR

This is a document, maintained per doctor, containing the list of patients treated by each private doctor and the corresponding professional fee payments made by the patient.

<b>Office or Division:</b>		Accounting Office		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2C		
<b>Who may avail:</b>		Doctors with private professional fees		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		None		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request Private PF list of patients	1. Accepts request	None	5 minutes	<i>Assigned personnel</i> Accounting Office
2. Claim and receive the Private PF list of patients	2. Release the Private PF list of patients	None	3 minutes	<i>Assigned personnel</i> Accounting Office
<b>TOTAL:</b>			8 minutes	

## 187. REIMBURSEMENT OF MONEY PAID FOR OFFICIAL EXPENSES EXCEEDING P15,000.00

Hospital personnel may request for reimbursement of amount paid for official expenses in accordance with government accounting rules and regulations. Disbursements exceeding P15,000.00 cannot be reimbursed out of Petty Cash Fund and hence should be through processing of Disbursement Voucher.

<b>Office or Division:</b>	Accounting Office
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	G2G
<b>Who may avail:</b>	All employees who advanced payment for official expense in accordance with government accounting rules and regulations – amount exceeding P15,000.00
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<p><i>Supplies:</i></p> <ol style="list-style-type: none"> <li>1. Sales invoice – [1 original, 1 photocopy]</li> <li>2. Approved purchase request – [1 original, 1 photocopy]</li> <li>3. Certificate of non-availability of stocks - [1 original, 1 photocopy]</li> <li>4. Inspection and Acceptance Report – [1 original, 1 photocopy]</li> </ol> <p><i>Emergency repairs, service:</i></p> <ol style="list-style-type: none"> <li>1. Official receipt – [1 original, 1 photocopy]</li> <li>2. Approved service request – [1 original, 1 photocopy]</li> <li>3. Job order/inspection - [1 original, 1 photocopy]</li> </ol> <p><i>Seminars, trainings:</i></p> <ol style="list-style-type: none"> <li>1. Official receipt – [1 original, 1 photocopy]</li> <li>2. Approved request-letter – [1 original, 1 photocopy]</li> </ol> <p>Other evidence establishing validity of claim - [1 original, 1 photocopy]</p>	<ol style="list-style-type: none"> <li>1. Payee – supplier</li> <li>2. Procurement Section</li> <li>3. Materials Management Section</li> <li>4. Materials Management Section</li> </ol> <ol style="list-style-type: none"> <li>1. Payee – supplier</li> <li>2. Engineering and Facilities Management Office</li> <li>3. Engineering and Facilities Management Office</li> </ol> <ol style="list-style-type: none"> <li>1. Payee – supplier</li> <li>2. Requestor/ Department – approved by agency head</li> </ol>

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit documentary requirements to Accounting Office.	1. Receive and check completeness of documents submitted.	None	20 minutes	<i>Assigned Personnel</i> Accounting Office
	1.1 Prepare and process Disbursement Voucher (DV).	None	1 day	<i>Assigned Personnel</i> Accounting Office
	1.2 Forward to Budget Office for obligation.	None	5 minutes	
	1.3 Obligate amount indicated in the DV.	None	1 day	<i>Assigned Personnel</i> Budget Office
	1.4 Forward to Accountant.	None	5 minutes	<i>Assigned Personnel</i> Budget Office
	1.5 Pre-audit DV.	None	1 day	<i>Assigned Personnel</i> Accounting Office
	1.6 Forward to Office of Medical Center Chief (OMCC) for approval of payment.	None	5 minutes	<i>Assigned Personnel</i> Accounting Office
	1.7 Approve payment. Forward to Cashier – Disbursement	None	1 day	<i>Assigned Personnel</i> OMCC
2. Receive amount reimbursed thru check or bank account credit.	2. Prepare and release check or Authority to Debit Account (ADA).	None	25 minutes	<i>Assigned Personnel</i> Cashier - Disbursement Office
<b>TOTAL:</b>			4 days and 1 hour	

## 188. REQUEST FOR TAX CERTIFICATE 2307

Private Doctors secure tax certificate 2307 as proof of tax withheld on earned professional fees.

<b>Office or Division:</b>	Accounting Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C/ G2G			
<b>Who may avail:</b>	BatMC Private Doctors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Write requestor's name at the Log Book.	1. Release Tax Certificate (2307)	None	3 minutes	<i>Assigned personnel</i> Accounting Office
<b>TOTAL:</b>			3minutes	

## 189. REQUEST FOR FUNDING FOR PURCHASE ORDERS (PO) AND DISBURSEMENT VOUCHERS

All Purchase Orders and Disbursement Vouchers should have a corresponding obligation.

<b>Office or Division:</b>	Budget Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G			
<b>Who may avail:</b>	BatMC Accounting Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Purchase Orders and Disbursement Voucher from Accounting personnel	1. Receive and record Purchase Orders (PO) and Disbursement Voucher (DV) from Accounting in the logbook	None	5 minutes per P.O or DV	Communications Equipment Operator II
	2. Re-examine the completeness of supporting documents		5 minutes per P.O or DV	Supervising Administrative Officer
	3. Determine the source of fund for allocation of budget by writing it on the face of the PO		5 minutes per P.O	Supervising Administrative Officer
	4. Forward PO/DV to Budget Section Staff for obligation		5 minutes	Administrative Officer IV Administrative Assistant II
	5. Encode the ORS/BURS No., date,		5 minutes per obligation	Administrative Officer IV Administrative

	payee, address of payee, particulars, account code and the amount			Assistant II
	6. Print the ORS/BURS in 3 copies to the corresponding color of paper (yellow – MDS, blue – Hospital Income, pink – Drugs and Medicine, green – Medical and Surgical Supplies and white – Miscellaneous, PBSP, and Trust Liabilities)		2 minutes per obligation	Administrative Officer IV Administrative Assistant II
	7. Write the ORS/BURS No. on the face of the PO/DV		2 minutes per obligation	Administrative Officer IV Administrative Assistant II
	8. Attach 2 copies of BURS/ORS on the PO/DV and 1 copy for filing		2 minutes per obligation	Administrative Officer IV Administrative Assistant II
	9. Affix initial on the duplicate copy of the ORS/BURS		1 minute per obligation	Administrative Officer IV Administrative Assistant II
	10. Record the obligated request in the logbook, Registry of Budget Utilization (RBU) and Monitoring Log		5 minutes per obligation	Administrative Officer IV Administrative Assistant II Communications Equipment Operator II
	11. Forward PO and ORS/BURS to the Department/Se		10 minutes per obligation	Communications Equipment Operator II

<p>1. Give back the signed ORS/BURS from respective signatories</p>	<p>ction Heads/Supervisors namely: <i>Pharmacy – Pharmacist V</i> <i>Pathology – Dept Head</i> <i>Radiology – Dept Head</i> <i>Training – Training Officer</i> <i>Dietetics - Dietitian V</i> <i>Utilities, Pay Roll, MOOE (GAA and Income) and Capital Outlay - Chief Administrative Officer (CAO)</i> <i>Programs – Program Manager</i></p> <p>12. Receive ORS/BURS from Department/Section Heads/Supervisors</p> <p>13. Forward the ORS/BURS to the Supervising Administrative Officer for signature</p> <p>14. Sign ORS/BURS</p> <p>15. Verify that all ORS/BURS are all signed</p> <p>16. Forward ORS/BURS to Accountant IV for signature</p>		<p>5 minutes per obligation</p> <p>2 minutes per obligation</p> <p>5 minutes per obligation</p> <p>1 minute per obligation</p> <p>5 minutes per obligation</p>	<p>Communications Equipment Operator II</p> <p>Supervising Administrative Officer</p> <p>Supervising Administrative Officer</p> <p>Communications Equipment Operator II</p> <p>Communications Equipment Operator II</p>
<b>TOTAL:</b>			1 hour and 5 minutes	



<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
1. How to send a feedback?	<p>Answer the Client Satisfactory Survey and drop it at the designated drop box located at the Out-Patient Department (OPD), Emergency Room (ER), Information/Admission Unit, Stations/Wards and Offices.</p>
2. How feedbacks are processed?	<p>Every Friday, the Public Assistance and Complaint Desk (PACD) Officer opens the drop box and compiles and records all feedback submitted at Out-Patient Department (OPD), Emergency Room (ER), Information/Admission Unit, and Stations/Wards.</p> <p>Every Non-Frontline Services or the Admin Offices will designate one (1) personnel to opens and compiles all feedback submitted in their offices.</p> <p>Feedback requiring answers are forwarded to the relevant offices and they are required to answer within 48 hours upon receipt of the feedback. The answer of the office is then relayed to the citizen</p> <p>For inquiries and follow-ups, clients may contact thru (043) 740-8303 or email us at <a href="mailto:pacd.batmc@gmail.com">pacd.batmc@gmail.com</a></p>
3. How to file a complaint?	<p>Answer the Incident Report form and drop it at the designated drop box in the Out-Patient Department (OPD), Emergency Room (ER), Information/Admission Unit, Stations/Wards and Offices.</p> <p>Complaints can also be filed by sending it thru <a href="mailto:pacd.batmc@gmail.com">pacd.batmc@gmail.com</a>. The following information shall be included in the details of the sender when submitting the complaint, request for assistance or suggestion thru email.</p> <ul style="list-style-type: none"> <li>- Full Name</li> <li>- Sex</li> <li>- Contact Information (mobile, telephone number or email address)</li> <li>- Address</li> <li>- Incident Details</li> </ul> <p>These information will be used for documentation purposes. We will provide the concerned offices your personal information unless you request for anonymity. We may also contact you to request for additional details concerning your complaints or to provide updates on the action taken by the management</p> <p>For inquiries and follow-ups, clients may contact thru</p>

	(043) 740-8303 or email us at <a href="mailto:pacd.batmc@gmail.com">pacd.batmc@gmail.com</a>
4. How complaints are processed?	<p>The PACD Officer opens the complaints drop box on a daily basis and forward it to the Chief Administrative Office (CAO Office).</p> <p>The CAO Office shall start the investigation and forward the complaint to the relevant office for their explanation within 48 hours upon receipt of complaint.</p> <p>The CAO Office will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The PACD Officer will inform the client of the actions taken by the management thru email or contact details submitted.</p>
5. Contact information of CCB, PCC, ARTA	<p>Anti Red Tape Act (ARTA): Phone: 8-748-5093 Email: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a></p> <p>Presidential Complaints Center (PCC) Phone: 8888 Email: <a href="mailto:pcc@malacañang.gov.ph">pcc@malacañang.gov.ph</a></p> <p>Contact Center ng Bayan (CCB): Mobile: 0908-881-6565 Email: <a href="mailto:email@contactcenterngbayan.gov.ph">email@contactcenterngbayan.gov.ph</a></p>



**Thank you!**



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**2020**