



NOVALICHES DISTRICT HOSPITAL

**CITIZEN'S CHARTER
2023 2ND EDITION**



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AGENCY PROFILE

Mandate

Novaliches District Hospital (NDH) by virtue of Ordinance No. SP-997, S-2001 was established to render health services to District 5 as well as the neighboring communities.

Vision

By 2025, NDH shall be a level 2 hospital providing quality and modern health services embracing the ideals of Universal Health Care.


Mission

To provide excellent patient care through upgraded health facilities and services, and by maintaining zealous dedication, competence, and professionalism among its personnel.

Service pledge

The Novaliches District Hospital is committed to provide quality healthcare that is readily available, accessible and affordable to the public in compliance with all regulatory standards set by the national and local government. We also conform to ethical standards, best practices in patient care, safety and ISO 9001:2015.

We continually improve our processes with the goal of delivering total quality services to all our clients.


LUZVIMINDA S. KWONG, MD, DPBA, DPBPM, FPSA, FPSO
Officer-In-Charge, Novaliches District Hospital



MEDICAL AND NURSING SERVICES

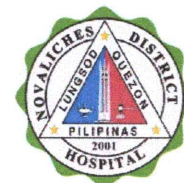
Satellite Consultation Process

Steps for patients seeking consultation in the satellite clinic.

Office or Division	NURSING SERVICE			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Valid ID (1 original copy) Prescription Pad (1 original copy) Laboratory Request Form (1 original copy) Radiology Request Form (1 original copy) Referral Form (1 original copy) ER Form ER Slip Admission Chart			Satellite Clinic – ground floor	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Approach Nurse/Doctor/Triage Officer for interview	1. Interview patient/relative	None	3 minutes	<i>Nurse on Duty</i> Nursing Service Department
2. Answer questions asked by nurse/doctor	2. Triage: Categorize patient accordingly: a. Satellite patient b. ER patient If patient was categorized as ER patient, give ER slip properly filled-up and instruct patient to go to main entrance then proceed to Admitting/Registration Section	None	3 minutes	<i>Nurse on Duty</i> Nursing Service Department <i>Consultant on Duty</i> ER Department
3. Proceed to Admitting window for registration.	3. Instruct patient/relative to go to admitting section for registration (Follow steps in Admitting Section in registration)	100.00	19 minutes	<i>Nurse on Duty</i> Nursing Service Department <i>Admitting Clerk</i> Admitting Section/Records Section
4. Patient shall render self for vital sign taking	4. Take patient Vital sign	None	5 minutes	<i>Satellite Nurse/</i> <i>Nursing assistant</i>
5. Submit self for consultation	4. Examine patient	None	5 minutes	<i>Consultant on Duty</i> <i>Satellite Doctor</i>



<p>5. Follow instructions given</p>	<p>5.1 Patients for discharge/may go home: Instruct patient/relative of patient's home medications and date of when and where to follow up</p> <p>5.2 Patients for emergency medication/laboratory test/Radiology exam: Give request necessary forms and instruct to submit to appropriate unit/section</p> <p>5.3 Patient for observation: Explain management plan and what and why to wait</p> <p>5.4 Patients for admission: Follow steps in Emergency room Admission Process</p> <p>5.5 Patients for Transfer to other hospital: Give instruction and referral form</p>	<p>None</p>	<p>25 minutes</p>	<p><i>Nurse on Duty</i> Nursing Service Department</p> <p><i>Consultant on Duty</i> ER Department</p>
TOTAL:		100.00	1 hour	



Emergency Room Consultation Process
Steps for patients seeking for emergency consultation.

Office or Division	NURSING SERVICE			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Valid ID (1 original copy) ER Chart Order of Payment (1 original copy) Lost Data Sheet Form (1 original copy) Prescription Pad (1 original copy) Laboratory Request Form (1 original copy) Radiology Request Form (1 original copy) Referral Form (1 original copy) Admission Chart			Emergency Room ground floor	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Hospital Main entrance and register patient to admitting section.	1. Get patient information then instruct to proceed to ER	None	10 minutes	Admitting Clerk
2. Go to Emergency Room	2. Receive patient	None	5 minutes	Nurse on Duty Nursing Service Department
3. Prepare self to answer questions regarding illness and physical exam.	3. Interview patient/relative: Classify into: Medicine Pedia Surgery OB-Gyne	None	5 minutes	Nurse on Duty Nursing Service Department Consultant on Duty ER Department
4. Submit self for consultation	4. Examine patient	None	5 minutes	Consultant on Duty ER Department
5. Follow instructions given by staff	5.1 Patients for discharge/may go home: Instruct patient/relative of patient's home medications and date of when and where to follow up 5.2 Patients for emergency medication/laboratory test/Radiology exam:	None	35 minutes	Nurse on Duty Nursing Service Department Consultant on Duty ER Department



	<p>Give request necessary forms and instruct to submit to appropriate unit/section</p> <p>5.3 Patient for observation: Explain management plan and what and why to wait</p> <p>5.4 Patients for admission: Follow steps in Emergency room Admission Process</p> <p>5.5 Patients for Transfer to other hospital: Give instruction and referral form</p>			
TOTAL:		150.00	1 hour	



Out-Patient Department Online Booking for Consultation Process

For all patients who seek consult at the Out-Patient Department Online Appointment Booking for Consultation Page.

Office or Division	NDH Out-Patient Department			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Hospital Card (1 original copy) Valid ID (1 original copy) Consent Form (with signature) PDF Out-Patient Record		NDH Out-Patient Department Online Page		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send message to NDHQC Out-Patient Department Facebook Online Account for queuing and appointment.	1.1 Log into Out-Patient Department's Facebook Online page inbox. 1.2 Triage according to respective medical department.	None	15 minutes	NDH OPD Telemedicine Nurse
2.1 Fill up the Patient Information Sheet (google form)	2.1 Verifies the data in the Patient List (google sheet). 2.2 If for face –to-face, queues the patient for appointment date and time of consultation 2.3 If for telemedicine consultation patient will be requested to proceed to Telemed online platform link given 2.2 Verifies Telemed Consent and DPA Agreement form.	None	20 minutes	Consultant on Duty NDH OPD Telemedicine



	<p>2.3 Verifies google sheet registry and Patient's ID.</p> <p>2.4 Consultant on Duty initiates Video call consultation.</p>			
<p>3.1 Initiates Viber call thru Consultant on Duty's viber number or any secured encrypted platform agreed upon with the Consultant on Duty.</p> <p>3.2 Patients will send laboratory results to the Consultation on Duty thru email or viber.</p>	<p>3. Intervention and management. Consultant on Duty will assess the patient if physical check-up is necessary.</p> <p>3A. If Yes, Consultant on Duty will ask the patient to go to Emergency Room / Satellite clinic for urgent management or will be given a slot on the scheduled dates for physical OPD consults.</p> <p>3B. If No, Consultant on Duty proceeds with teleconsult via viber video call or secured / encrypted platform will give needed laboratory request and prescription. Pictures will be sent to the patient thru COD's viber account.</p> <p>3C. Schedule follow-up dates and time accordingly (face-to- face or Telemed)</p>	None	25 minutes	Telemedicine Consultant on Duty
<p>4. Acknowledges the appointment date and time. (Observes the OPD face to face consult guidelines)</p> <p>a. No Mask, No Entry.</p> <p>b. One companion per patient.</p> <p>c. No Appointment, No Consultation</p>	<p>4. Confirmation of follow-up dates and time accordingly.</p> <p>4.1 All patients' charts are logged, recorded, and sent thereafter to NDHQC OPD email and NDH Medical Records Section for safe keeping.</p>	None	15 minutes	Consultant on Duty NDH OPD Telemedicine



<p>d. Must be in the OPD area 15 minutes before the appointment time.</p> <p>e. Print or take a picture of the verified appointment slip and health declaration form.</p> <p>(To be presented on the day of consultation)</p>				
TOTAL:	None	1 hour 15 minutes*		

* Time may vary depending on the stability of internet connection and computer literacy.



Out-Patient Department Face-To-Face Consultation Process

For all patients who seek consult at the Out-Patient Department Online Page.

Office or Division	NDH Out-Patient Department			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Hospital Card (1 original copy) Valid ID (1 original copy) OPD Record Form (1 original copy)		NDH Out-Patient Department Building		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Obtains general queue number for Triage 2. Proceed to OPD triage window and present the appointment slip and accomplished Health Declaration Form, if applicable or according to relevance of Infection Control protocols 3. Allow the OPD staff to get vital sign.	1. Verify the appointment slip. Triage patient if COVID or NONCOVID Case & take vital signs. If with history of cough, fever, diarrhea, history of travel or contact with COVID suspect or confirmed, patients will be directed to the NDH Satellite Clinic for further evaluation and management.	None	5 minutes	OPD Security Guard –on-Duty Out-Patient Department Nurse on Duty
4. Prepare self to answer questions regarding illness and physical examination.	2. Interview patient / patient's relative.	None	5 minutes	Nurse on Duty Out-Patient Department
3. Submits self to consultation.	3. Examines the patient.	None	5 minutes	Consultant on Duty Out-Patient Department
4. Follows instructions given by the OPD staff for next follow-up schedule. (Telemed face to face)	4. Patient for discharge / may go home: Instruct patient / patient's relative on the home instructions and follow-up check-up if needed.	None	15 minutes	Consultant on Duty Out-Patient Department
TOTAL:		None	35 minutes*	

* Time may vary Depending on the bulk of patients for the day.



Admission Process

Steps for patient who will be admitted in the hospital.

Office or Division	Nursing Service Department			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Admission Order (1 original copy) Consent Form (1 original copy) Laboratory Request Form (1 original copy) Radiology Request Form (1 original copy) Reminders to Patient, Watchers and Visitors (1 original copy) Admission and Discharge Chart			First Floor – Emergency Room	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Coordinate with the doctor of patient's admission	1. Explain the urgency and importance of admission	None	10 minutes	<i>Consultant on Duty</i> ER Department
2. Sign Consent for admission	2. Secure consent for admission from patient/relative	None	3 minutes	<i>ER Nurse on Duty</i> Nursing Service Department
3. Prepare self for examination relevant to admission process	3. Prepare patient for additional examinations for admission process	None	3 minutes	<i>ER Nurse on Duty</i> Nursing Service Department
4. Shall be advised to proceed to Admitting Section to bring Admitting and Discharge Record Form	4. Instruct relative to proceed to admitting section and hand over the Admitting and Discharge Record Form for processing	None	3 minutes	<i>Nurse on Duty</i> Nursing Service Department
5.1 Present Hospital Card of Patient and admitting and discharge Form to admitting section	5.1 Receive hospital card at Admission and Discharge Form	None	20 minutes	<i>Admitting Clerk</i> Admitting Section
5.2 Fill-up Patient Data Sheet	5.2. Instruct relative to fill up Patient Data Sheet and record patient information on registry			
5.3 Receive 2 copies of Reminders to patient, watchers,	5.3 Explain and secure signature of patient/relative on 2 copy ng Reminders to			



and visitor form, read and sign	patient, watchers, and visitor form (give 1 copy to patient/relative)			
5.4 Receive back the admission and discharge form with accomplished details of patient	5.4 Give back Admission and Discharge Form to patient/relative and instruct to return to Emergency room			
6. Bring back the Admission and Discharge Form to Emergency Room and present to nurse	6. Receive the Admission and Discharge Form the properly filled up by admitting section from relative/patient	None	3 minutes	<i>Nurse on Duty</i> Nursing Service Department
7. Wait until patient is transferred to ward	7. Instruct Institutional Worker (IW) to transfer patient to ward/unit	None	3 minutes	<i>Nurse on Duty</i> <i>Nursing Attendant</i> Nursing Service Department <i>Institutional Worker</i> Engineering and Facilities Management
TOTAL:		None	45 minutes	



Kangaroo-Mother Care Process

Describe the services pursuant to essential Intrapartum Newborn care

Office or Division	Pediatrics Department			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	Newborn weighing less than 2500 grams			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Kangaroo-Mother Care Form (1 original copy) Patient Chart (1 original copy) Consultation Record (1 original copy) Mother-Baby Dyad Monitoring Sheet (1 original copy)			Second Floor – Ward Room	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. Receives patient's chart from OR/DR Identify babies for KMC	None	15 minutes	<i>Consultant on Duty</i> Pediatrics Department
2. Give consent for KMC enrollment	2.1 Explain benefits of KMC 2.2 Secure consent for enrollment to KMC	None	1 hour	<i>Consultant on Duty</i> Pediatrics Department
	3. Admits patient	None	1 hour	<i>Consultant on Duty</i> Pediatrics Department
	4. Accompanies patient to the ward and endorsement of patient to ward nurse on duty	None	30 minutes	<i>Ward Nurse on Duty</i> Nursing Service Department
5. Follow doctor's advice and orders	5. Patient is received at the ward by the ward nurse on duty and pediatrician on duty	None	30 minutes	<i>Ward Nurse on Duty</i> Nursing Service Department <i>Consultant on Duty</i> Pediatrics Department
	6. Orientation to KMC	None	1 hour	<i>Consultant on Duty</i> Pediatrics Department
	7. Daily rounds by consultant and evaluation of patient's progress	None	30 minutes	<i>Consultant on Duty</i> Pediatrics Department
8. Follow doctor's discharge advice.	8. Discharge if improved or transfer to tertiary hospital for further management.	None	30 minutes	<i>Consultant on Duty</i> Pediatrics Department



				Ward Nurse on Duty Nursing Service Department
		TOTAL:	None	



Screening Test for Newborn

Indicate the steps for availing newborn screening services and diagnostics.

Office or Division	Pediatrics Department			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	Inborn Deliveries – on their 24 hours of life and more Out born Deliveries – on their 24 hours of life and more			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Nbs Filter Paper (1 original copy) Hearing Screening Card (1 original copy) Registry-Card Hearing Test (1 original copy) Schedule of Release Form (1 original copy)			Second Floor – Neonatal Room	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to respective screening areas	1. Receives babies for screening test	Covered by Philhealth	3 minutes	<i>NBS and HEARING PERSONNEL</i>
2. Screening Test	2. Do the screening procedure		15 minutes	<i>NBS and HEARING PERSONNEL</i>
3. Schedule for release of results	3.1 1 month for NBS 3.1.1 For NBHT: passed-immediate 3.1.2 Failed- schedule for re screening or referral to ENT		For NBS – 2 minutes For NBHT 2 minutes	<i>NBS and HEARING PERSONNEL</i>
TOTAL:			22 minutes	



SPECIAL SERVICES

Process Of Donating Human Breast Milk

This service is provided to potential donors who are willing to donate their extra breast milk to the Human Milk Bank Unit.

(Schedule of Operation: 08:00 am to 05:00pm Monday – Sunday)

Office or Division	Human Milk Bank Unit			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	Outpatient and In-Patient			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card Serological test within six (6) months (Hepatitis B, VDRL – Syphilis and HIV Screening)			Human Milk Bank Unit Ground Floor	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Inquire for Donation	Explain the requirements for breast milk Donors	-	2 minutes	Human Milk Bank Personnel
New patient Registration Old Patient Present Hospital Card Undertake Screening and Serological Testing (if applicable)	Screen and conduct serological test if beyond 6 months. Classify donors if: • Accepted • Temporary deferred • Permanently deferred	-	10 minutes	Human Milk Bank Personnel
Receive orientation about Human Milk Banking and Lactation	Provide orientation about Human Milk Banking and Lactation	-	10 Minutes	Human Milk Bank Personnel
Expression of breast milk	Receive expressed human breast milk	-	2 minutes	Human Milk Bank Personnel
TOTAL:		None	24 minutes	



Provision Of Pasteurized Human Milk (In-Patient)

This service is provided to infants admitted to the Novaliches District Hospital, whose mother's milk supply is insufficient or unable to breastfeed due to medical reasons.

(Schedule of Operation: 08:00 am to 05:00pm Monday – Sunday)

Office or Division	Human Milk Bank Unit			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	In-Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Hospital Card Prescription Clinical Abstract Cooler with gel type icepacks Payment Processing fee and bottle deposit Kasunduan sa paggamit ng pasteurized donor milk		Human Milk Bank Unit Ground Floor		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Inquire for availability of Pasteurized Human Milk	Confirm availability of Pasteurized Human Milk	-	5 minutes	Human Milk Bank Personnel
Present Prescription Clinical Abstract	Review Documents and Screen accordingly Check the integrity of Cooler and gel type icepacks. Register patient.	-	5 minutes	Human Milk Bank Personnel
Receive orientation about Pasteurized Human Milk and Lactation Accomplish Kasunduan sa paggamit ng pasteurized donor milk	Provide orientation about Pasteurized Human Milk and Lactation Receive accomplished Kasunduan sa paggamit ng pasteurized donor milk	-	10 Minutes	Human Milk Bank Personnel
Receive Pasteurized Human Milk	Give Pasteurized Human Milk	-	1 minute	Human Milk Bank Personnel
TOTAL:		None	21 minutes	



Provision Of Pasteurized Human Milk (Out born Recipient)

This service is provided to infants who are admitted to the Novaliches District Hospital, whose mother's milk supply is insufficient or who cannot breastfeed due to medical reasons.

(Schedule of Operation: 08:00 am to 05:00pm Monday – Sunday)

Office or Division	Human Milk Bank Unit			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	Out-Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Hospital Card Prescription Clinical Abstract Cooler with gel type icepacks Payment Processing fee and bottle deposit Kasunduan sa paggamit ng pasteurized donor milk Waiver sa pagtanggap ng pasteurized donor milk para sa mga out born recipient		Human Milk Bank Unit Ground Floor		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Inquire for availability of Pasteurized Human Milk	Confirm availability of Pasteurized Human Milk	-	5 minutes	Human Milk Bank Personnel
New patient Registration Old Patient Present Hospital Card Present Requirements and fill-up the Recipient Records and Waiver Form	Review documents and evaluate accordingly. Check the integrity of Cooler and gel type icepacks. Register patient. Issue order of Payment	-	5 minutes	Human Milk Bank Personnel
Pay to Cashier	Prepare Official Receipt	220/100ml 150/ bottle	2 minutes	Cashier
Present official receipt to Human Milk Bank Unit. Accomplish Kasunduan sa paggamit ng pasteurized donor milk and Waiver sa pagtanggap ng pasteurized donor milk para sa mga out born recipient. Receive orientation about Pasteurized Human Breast Milk and Lactation	Accept official receipt. Receive accomplished Kasunduan sa paggamit ng pasteurized donor milk. And Waiver sa pagtanggap ng pasteurized donor milk para sa mga out born recipient. Provide orientation about Pasteurized Human Milk and Lactation.	-	5 Minutes	Human Milk Bank Personnel
Receive Pasteurized Human Breast Milk	Give Pasteurized Human Milk	-	1 minute	Human Milk Bank Personnel
TOTAL:		₱370	25 minutes	



ANCILLARY SERVICES

Laboratory Examination Process

Steps for patients requesting for laboratory examinations as requested by the physician.

Office or Division	Laboratory Department			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Laboratory Request signed by NDH doctor (1 original copy) Order of Payment (1 original copy) Official receipt (1 original copy)			First Floor, Laboratory Section – Window 1	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Hospital card and laboratory request signed by the doctor. 1.2 Will receive necessary instructions depending on the requested examination. 1.3 For patients with request from other hospital, they have to consult with NDH doctors to acquire new laboratory request.	1. Accept laboratory request. 1.2 Instruct patient according to the requested examination.	None	3 minutes	Laboratory Clerk / RMT Laboratory Department
2.1 Will receive an order of payment and proceed to cashier section for payment. 2.2 For patients who cannot pay the indicated amount, they may proceed to Medical Social Service for assistance.	2.1 Give an order of payment and instruct to proceed to cashier section for payment.	CLINICAL CHEMISTRY TEST OGCT 75 Grams 302.00 BUA 135.00 BUN 122.00 Chloride 90.00 Cholesterol 183.00	3 minutes	Laboratory Clerk / RMT Laboratory Department



		Creatinine	134.00		
		Glucose (FBS, RBS, 2PP)	123.00		
		FT3	500.00		
		HBA1C	909.00		
		HDL	364.00		
		Potassium	90.00		
		PSA	500.00		
		SGOT	263.00		
		SGPT	263.00		
		Sodium	90.00		
		T3	500.00		
		T4	500.00		
		Total protein	142.00		
		Triglycerides	229.39		
		Troponin I (quantitative)	1300.00		
		CLINICAL MICROSCOPY TEST			
		Fecalysis	40.00		
		Occult blood	50.00		
		Pregnancy Test	104.00		
		Urinalysis	45.00		
		HEMATOLOGY TEST			
		ABO and RH typing	40.00		
		Bleeding time	65.00		
		Clotting time	65.00		
		CBC (automated)	180.00		
		CBC (manual)	100.00		
		Differential count			



		ESR 59.00 Hematocrit 70.00 Hemoglobin 65.00 Malarial smear 70.00 Peripheral Blood Smear 75.00 Platelet count 104.00 RBC count 52.00 Toxic Granules 50.00 WBC count 60.00 IMMUNOSEROLOGY TEST HBSAG 800.00 ANTIHBS 1000.00 ANTIHAV IgG 1100.00 ANTIHAV IgM 1100.00 HIV 1100.00 BLOOD BANK TEST Cross matching + blood typing 1315.00 SEROLOGY TEST Dengue IgM and IgG 600.00 NS1Ag 900.00		
3. Present the order of payment and pay the indicated amount. Get official receipt.	3. Accepts Order of payment and indicated amounts. Give official receipt.	Depends on the requested examination.	3 minutes	Cashier Clerk Cash Section
4. Present the Official receipt to the Laboratory Department.	4. Verify Official receipt and list on patient's registry.	None	3 minutes	Laboratory Clerk /RMT Laboratory Department



<p>5.1 Submit specimen (urine, stool, etc.)</p> <p>5.2 Undergo blood extraction</p> <p>5.3 Will receive instructions regarding release of examination's official results.</p>	<p>5.1 Accept specimen and verify identification by asking patient's name.</p> <p>5.2 Verify identification by asking patient's name prior to blood extraction.</p> <p>5.3 Will receive instructions regarding release of examination's official results.</p>	<p>None</p>	<p>10 minutes</p>	<p>Laboratory Clerk / RMT Laboratory Department</p>
<p>6. Steps to claim results, present hospital card, valid ID or Official receipt before claiming the official examination result.</p>	<p>6. Verify Hospital card, valid ID or Official receipt and issue official examination results.</p>	<p>None</p>	<p>2 minutes</p>	<p>Laboratory Clerk / RMT Laboratory Department</p>
<p style="text-align: right;">TOTAL:</p>			<p>25minutes</p>	



Radiology Examination Process

Steps for patients requiring radiological procedures as requested by the doctor.

Office or Division	Radiology Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Radiology Request Form signed by the Doctor (1 original copy) Valid ID (1 original copy) Order of Payment (1 original copy) Official receipt (1 original copy)			First Floor, Radiology Section – Window 1	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the hospital card and radiology request form signed by the Doctor. For patients with request from other hospital, present the radiology request form signed by the Doctor and a valid ID. Instruction will be given depending on the requested procedure / examination.	1. Accept the radiology request form and give instructions depending on the requested procedure / examination. For ultrasound patients. Schedule will depend on the number of patients.	None	3 minutes	<i>Radiology Technologist Radiology Clerk Radiology Section</i>
2. Will receive order of payment and proceed to the cashier section for payment. For patients who cannot pay the whole amount, they may ask assistance from the medical social service section of the hospital.	2. Give order of payment and instruct patient to proceed to cashier section for payment.	X-RAY. Chest PA 300.00 Chest PA/L 400.00 Chest ALV/Coned down 250.00 Chest lateral 250.00 Chest lateral decubitus 250.00 Chest (portable) 315.00 Ribs / Thoracic Cage 400.00	3 minutes	<i>Radiology Technologist Radiology Clerk Radiology Section</i>



		Skull (PA/L) 400.00		
		Mandible 700.00		
		Mastoid 500.00		
		TMJ 600.00		
		Water's view 300.00		
		Paranasal Sinuses 450.00		
		Submentovertex / Towne's view 250.00		
		Orbits 450.00		
		Nasal bones / soft tissue lateral 500.00		
		Cervical spine (A/L) 450.00		
		Cervical spine (AP/L) +O 550.00		
		Thoracic spine 450.00		
		Lumbosacral spine 450.00		
		Lumbosacral spine + Oblique view 550.00		
		Scoliotic study 900.00		
		Abdomen supine & upright 500.00		
		Abdomen (portable) 375.00		
		Pelvis (AP) 300.00		
		Pelvis + frog leg 600.00		
		Shoulder unilateral 300.00		
		Shoulder AP/O 450.00		
		Elbow (unilateral) 350.00		
		Ankle (unilateral)		



		350.00	
	Foot (unilateral)	350.00	
	Humerus (unilateral)	350.00	
	Femur (unilateral)	350.00	
	Lower leg (unilateral)	350.00	
	Hand (unilateral)	350.00	
	Wrist (unilateral)	350.00	
	Extremity (portable)	750.00	
	ULTRASOUND		
	1 Organ (including RLQ)	800.00	
	HBT	1000.00	
	Upper abdomen	1200.00	
	Lower abdomen (KUBP or KUB + pelvic)	1200.00	
	Whole abdomen	2400.00	
	Transrectal (prostate or pelvic)	1500.00	
	Transvaginal	1500.00	
	Pelvic Gyne	1000.00	
	Pelvis (OB/Biometry)	1200.00	
	BPS	1500.00	
	KUB	1000.00	
	Breast (bilateral)	1500.00	
	Thyroid	1200.00	
	Neck	1500.00	



		Cranial 950.00 Scrotal w/ doppler 1500.00 Inguinoscrotal w/ doppler 1500.00		
3. Present the order of payment and pay the indicated amount at the cashier. Client will be given an official receipt.	3. Accept the order of payment at indicated amount. Give official receipt after payment.	None	3 minutes	Cashier Cash Section
4. Present the official receipt at the radiology section and wait for your name to be called.	4. Verify the official receipt and instruct patient wait.	None	3 minutes	Radiology Technologist Radiology Clerk Radiology Section
5. Proceed to the radiology section for the procedure. After the procedure, patient will be instructed on when the official results will be released.	5. call the patient and proceed to the examination room for the procedure. Give instructions when the official results will be released. <ul style="list-style-type: none"> • for X-ray: 2 working days • for Ultrasound: 10 to 20 minutes after the procedure. 	None	15 minutes	Radiology Technologist Radiology Clerk Radiology Section
6. To claim results, present hospital card, valid ID or official receipt.	6. Verify Hospital card, valid ID or Official receipt at release official examination result.	None	3 minutes	Radiology Technologist Radiology Clerk Radiology Section
	TOTAL:	Depending on the requested procedure	30 minutes	



Dental Consultation Process

Process for patients requesting for dental consultation.

Office or Division	Dental Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Dental Record (1 original copy) Order of Payment (1 original copy) Official Receipt (1 original copy) Prescription (1 original copy)			First Floor – Specialty Clinic Room 8	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1 For new patients, proceed to OPD section, get a queuing number and follow OPD process. 1.2 For old patients, proceed to OPD section and present Hospital card and get queuing number. Follow OPD process. 1.3 For old patient without / loss hospital number, proceed to OPD section and answer the Lost Data Sheet Form and get queuing number and follow OPD process.	1. Follow OPD section process.	40.00	10 minutes	OPD Nurse Nursing Service
2. Proceed to dental section and wait to be called.	2. Call patients for dental examination.	None	2 minutes	Dental Assistant Dental Section
3.1 Proceed to dental Section, let the dentist check you. 3.2 For patients for dental examination and consultation only, skip steps 4, 5, and 6.	3. Examine patients and give necessary instructions.	None	10 minutes	Dentist Dental Section
4. For patients requiring dental	4. Give an Order of Payment and	None	2 minutes	Dental Assistant Dental Section



extraction, they will receive an Order of payment. Proceed to cashier section for payment.	instruct client to proceed to cashier section for payment.			
5. Present an order of payment and pay indicated amount Receive an official receipt.	5. Accepts order of payment and indicated amount. Give an official receipt.	100.00 (Tooth Extraction) 50.00 (Oral Prophylaxis)	3 minutes	<i>Dental Assistant & Dentist</i> Dental Section
6. Present official receipt and wait to be called and be treated.	6.1 Verify Official receipt. 6.2 Proceed to the desired dental management.	None	30 minutes	<i>Dental Assistant & Dentist</i> Dentist Section
7. Will receive a home instruction and prescription from the Dentist.	7. Give patient the necessary instructions and prescription.	None	5 minutes	<i>Dentist</i> Dental Section
TOTAL:			1 hour	



Consultation To Psychiatrist and Provision Treatment Program Process

Steps for patient requesting for Psychiatrist consultation and provision of their treatment program.

Office or Division	Rehabilitation Medicine Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Valid ID (1 original copy) Referral Form signed by the Doctor (1 original copy) Out-Patient Assessment Form (1 original copy) Order of Payment (1 original copy) Official receipt (1 original copy)			First Floor, Rehab Section	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Hospital card and referral form signed by the doctor. For patients with referral form from other hospital, present the referral form signed by the doctor and a valid ID.	1. Accept and verify the referral form signed by the doctor.	None	3 minutes	<i>Physical Therapist</i> Rehabilitation Medicine Section
2. Will receive instructions for psychiatrist consultation schedule.	2. Give instructions on psychiatrist consultation schedule.	None	3 minutes	<i>Physical Therapist</i> Rehabilitation Medicine Section
3.1 Day of scheduled consultation: 3.1.1 Present the hospital card and referral form signed by the doctor. 3.1.2 Will receive a queuing number. 3.2 For new patients: 3.2.1 Will receive new hospital card. 3.3 For old patients: 3.3.1 Present the hospital card at the medical records for chart retrieval 3.4 for old patient without hospital card: 3.4.1 Follow the process of citizens	3.1 Accept the referral form signed by the doctor and verify the hospital card or valid ID. 3.2 Give patient queuing number and instruct to answer Out-patient Assessment Form.	None	5 minutes	<i>Physical Therapist</i> Rehabilitation Medicine Section



<p>charter for old patient without / with loss hospital cards.</p> <p>3.5 Answer out-patient assessment form.</p>				
<p>4. Will receive and order of payment and proceed to cashier section for the payment.</p>	<p>4. Give an order of payment and instruct patient to proceed to the cashier section for the payment.</p>	<p>None</p>	<p>3 minutes</p>	<p><i>Physical Therapist</i> Rehabilitation Medicine Section</p>
<p>5.1 Present the order of payment and pay indicated amount.</p> <p>5.2 Will receive official receipt.</p>	<p>5.1 Accept the order of payment and indicated amount.</p> <p>5.2 Give Official receipt.</p>	<p>NON-Senior =100 Senior=ND</p>	<p>3 minutes</p>	<p><i>Cashier / Cashier Clerk</i> Cash Section</p>
<p>6. Present the official receipt to the Rehabilitation Medicine Section at wait to be called.</p>	<p>6. Verify Official receipt and give instructions to wait until called.</p>	<p>None</p>	<p>3 minutes</p>	<p><i>Physical Therapist</i> Rehabilitation Medicine Section</p>
<p>7.1 Be ready for the examination.</p> <p>7.2 Will receive a treatment program.</p>	<p>7.1 Examine the patient.</p> <p>7.2 Provide the patient with a treatment program.</p> <p>7.3 List down the patient on the consultation logbook.</p>	<p>None</p>	<p>15 minutes</p>	<p><i>Physiatrist</i></p>
<p>8. Will receive an instruction and wait to be called for the treatment program to start.</p>	<p>8. Instruct patient to wait outside. Patient will be called for the treatment program to start.</p>	<p>None</p>	<p>3 minutes</p>	<p><i>Physical Therapist</i> Rehabilitation Medicine Section</p>
TOTAL:		100.00	40 minutes	



Physiatrist Treatment Process

Steps for patients requiring treatment program from the Physiatrist

Office or Division	Rehabilitation Medicine Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Valid ID (1 original copy) Treatment program Consent form Order of Payment (1 original copy) Official Receipt (1 original copy)			First Floor, Rehab Section	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present hospital card and treatment program.	1. Accept the treatment program.	None	3 Minutes	Physical Therapist
2. Sign the consent form.	2. Ask the client to sign the consent form.	None	3 Minutes	Physical Therapist
3. Prepare for the treatment program.	3. Proceed to the treatment program.	None	1.5 hours	Physical Therapist
4. Will receive an order of payment and proceed to cashier section for the payment. For patients who cannot pay the whole amount, they may ask assistance from the medical social service section of the hospital.	4. Give Order of payment and instruct client to proceed to cashier section for the payment.	Non-Senior =300 Senior=ND	3 minutes	Physical Therapist
5. Present order of payment and pay indicated amount. Will receive official receipt after payment.	5. Accept order of payment and indicated amount. Issue official receipt.	None	3 Minutes	Cashier
6. Present official receipt to rehabilitation Medicine Section. Will receive instructions for the next treatment schedule.	6. Verify official receipt and register on out-patient logbook. Give instructions on next treatment schedule.	None	3 Minutes	Physical Therapist
TOTAL:		None	2 hours	



Purchasing Medicines Process

Steps on how to purchase medicines for out-patient clients.

Office or Division	Pharmacy Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Prescription signed by the Doctor (1 original copy) Order of Payment (1 original copy) Official Receipt (1 original copy)			Pharmacy Section – Window 1, 2 & 3	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present hospital card and prescription signed by the Doctor.	1.1 Accept prescription signed by the doctor. 1.2 Check stock availability. 1.2.1 If not available, ask the doctor for alternative medicine. 1.2. 2 If still not available, give instructions to buy outside.	None	3 minutes	<i>Pharmacist</i> Pharmacy Section
2. Will receive order of payment and proceed to cashier section for the payment. For patients who cannot pay the indicated amount, may ask for assistance at the Medical Social Service of the hospital.	2. Give order of payment and instruct client to proceed to the cashier section for payment.	Depends on the requested medicine.	3 minutes	<i>Pharmacist</i> Pharmacy Section
3. Present the order of payment and pay the indicated amount. Will receive an official receipt.	3. Accept order of payment and indicated amount. Give official receipt.		3 minutes	<i>Pharmacist</i> Pharmacy Section
4. Present the official receipt at the pharmacy section.	4. Verify the Official receipt.		3 minutes	<i>Pharmacist</i> Pharmacy Section
5. Claim the requested medicine and instructions on how to take the purchased medicines. Sign the logbook for release.	5. Release the requested medicines and give instructions on how to take it. Let the client sign the releasing logbook.		5 minutes	<i>Pharmacist</i> Pharmacy Section
TOTAL:		***	20 minutes	



DOH MAIP Medical Assistance
Provision of Medical Assistance through DOH MAIP

Office or Division	Medical Social Service			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Hospital Card (1 original copy) Valid ID (1 original copy) Unified Intake Sheet (1 original copy) Statement of Account (SOA) Order of Payment Medical Certificate (OPD/ER) Discharge Summary/Clinical Abstract (Admitted) Certificate of Indigency		NDH MALASAKIT CENTER		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client present Statement of Account (Admitted)/ Order of Payment (OPD/ER) and Hospital Card	Receives Hospital Card, Statement of Account or Order of Payment.	None	2 minutes	Social Welfare Officer
3. For OPD Patient fill up the Unified Intake Sheet (UIS) and proceed for interview. For Admitted Present the MSS Card	For OPD give Unified Intake Sheet. Then interview, assess and evaluate patient classification For Admitted ask for the MSS Card	None	15 – 20 minutes	Social Welfare Officer
2. Client receive list of requirements	Provide and instruct patient/patient relative to complete the list of requirements	None	3 minutes	Social Welfare Officer
4. Client submit the requirements	Check the authenticity of the Documents and completeness of the requirements.	None	3 – 5 minutes	Social Welfare Officer
5. Client receive the SOA/ order of Payment and proceed to corresponding Section	Stamp the Order of payment/SOA and instruct to proceed to corresponding Section.	None	3 minutes	Social Welfare Officer
TOTAL:		None	33 minutes	



Enrollment of Qualified Admitted Patient to Point of Service (POS)

Enrolment process for admitted patients to PHILHEALTH Point of Service (POS).

Office or Division	Medical Social Service			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All Qualified patient			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Hospital Card (1 original copy) Birth certificate / Marriage Certificate (1 Xerox copy) Valid ID (1 original copy) PMRF (1 original copy) Unified Intake Sheet (1 original copy)		NDH MALASAKIT CENTER		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client receive text messages from the Social Welfare Officer.	Receives list of admitted patient from Admitting Section. Call and text patient contact number	None	2 minutes	Social Welfare Officer
2. Client present the hospital card/valid ID of the patient	Check the Philhealth Status of the patient.	None	2 minutes	Social Welfare Officer
3. Client fill up the Unified Intake Sheet (UIS) and proceed for interview	Give Unified Intake Sheet. Then interview, assess and evaluate patient classification	None	15 – 20 minutes	Social Welfare Officer
4. Client fill up the PMRF and provide the Birth certificate/married certificate and submit to the SWO	Check the authenticity of the Documents and completeness of the requirements. Then proceed to enrollment of patient to Point of Service (POS)	None	5 minutes	Social Welfare Officer
5. Client receive POS certification and proceed to Billing/Philhealth Window	Provide POS certification and instruct relative to proceed to Billing/Philhealth Window	None	3 minutes	Social Welfare Officer
TOTAL:		None	32 minutes	



Medical And Financial Assistance to Welfare Agencies
 Provision of Medical and Financial Assistance to Welfare Agencies

Office or Division	Medical Social Service			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Hospital Card (1 original copy) Valid ID (1 original copy) Unified Intake Sheet (1 original copy) Statement of Account (SOA) Order of Payment Medical Certificate (OPD/ER) Discharge Summary/Clinical Abstract (Admitted) Certificate of Indigency Prescription Laboratory Request Special Procedure Request Radiology Request Quotation Social Case Study Inter-Agency Referral Referral Letter		NDH MALASAKIT CENTER		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client present Statement of Account (Admitted)/ Order of Payment, Prescription, Special Procedure, laboratory/ radiology request (OPD/ER) and Hospital Card	Receives Hospital Card, Statement of Account (Admitted)/ Order of Payment, Prescription, Special Procedure, laboratory/ radiology request (OPD/ER)	None	2 minutes	Social Welfare Officer
2. For OPD Patient fill up the Unified Intake Sheet (UIS) and proceed for interview. For Admitted Present the MSS Card	For OPD give Unified Intake Sheet. Then interview, assess and evaluate patient classification For Admitted ask for the MSS Card	None	15 – 20 minutes	Social Welfare Officer
3. Client receive list of requirements	Provide and instruct patient or relative to complete the list of requirements	None	3 minutes	Social Welfare Officer
4. Client submit the requirements	Check the authenticity of the Documents and completeness of the requirements.	None	3 – 5 minutes	Social Welfare Officer



5. Client receive instruction and proceed to corresponding Welfare Agency	Properly instruct patient or relative to proceed to identified Welfare Agency	None	3 minutes	Social Welfare Officer
TOTAL:		None	33 minutes	



Social Case Management

Process on assisting abandoned/neglected and patient without relative

Office or Division	Medical Social Service			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Hospital Card (1 original copy) Valid ID (1 original copy) Unified Intake Sheet (1 original copy) Medical Certificate (OPD/ER) Discharge Summary/Clinical Abstract (Admitted) Certificate of Indigency Barangay Report Police Report		NDH MALASAKIT CENTER		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client present Hospital Card	Receives Hospital Card,	None	2 minutes	Social Welfare Officer
2. Provide complete information of relative	Conduct initial interview and gather information of patient relative	None	15 - 20 minutes	Social Welfare Officer
3. Cooperate with the hospital staff	Contact the relative and coordinate with the barangay	None	5 - 10 minutes	Social Welfare Officer
4. Fill up the unified Intake Sheet (UIS)	Interview, assess and evaluate patient with the used of UIS	None	15 – 20 minutes	Social Welfare Officer
4. For no companion and order prepare discharge, prepare his/her self	Coordinate with the ambulance driver	None	3 – 5 minutes	Social Welfare Officer
5. For Abandoned/neglected patient and order for May Go Home. Wait for the SWO further notice	Coordinate with the Welfare Agencies for temporary Shelter and provides the documentary requirements	None	Depends on the availability of Shelter	Social Welfare Officer
5. Ride the ambulance	Conduct home conduction/ Temporary Shelter	None	2 – 4 hours	Social Welfare Officer
TOTAL:		None	4 hours and 57 minutes	



Birth Certificate Registration Process

Steps for clients requesting for Birth Certificate registration.

Office or Division	Health and Information Management (Medical Records Section)			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Live Birth Certificate Form Tool (1 original copy) Valid ID (1 original copy) Cedula (1 original copy) Affidavit of Using Surname of the Father (1 original copy) Authorization Letter (1 original copy) Registered Live Birth (1 original copy) Marriage Certificate (1 photocopy) <i>if needed</i>			First Floor – Health Information Management Window 1	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For married parents, undergo Interview and submit a copy of marriage certificate to the midwife. For married parents, skip steps 2 and 3. For unmarried parents, undergo interview c/o midwife.	1. For married parents, undergo interview and accomplish Live Birth Certificate form tool and attach a copy of marriage certificate. For unmarried parents, undergo interview and accomplish Live Birth Certificate form tool, leave father's details blank and attach affidavit of using Surname of Father (AUSF).	None	5 minutes	<i>Midwife</i> Nursing Service
2. for unmarried parents, father or relative will be given further instructions.	2. Give instructions to the father to proceed to the medical records section and present a valid government ID or cedula.	None	2 minutes	<i>Midwife</i> Nursing Service
3. For unmarried parents, Father of new born will proceed to the medical records section and present a valid ID or Cedula, answer Live Birth Certificate Tool Form regarding father's information.	3. Verify Valid ID o Cedula, instruct how to answer Live Birth Certificate Tool Form father's information and Acknowledgement.	100.00 (notarization of documents)	20 minutes	<i>Medical Records Clerk / Medical Records Officer</i> Health and Information Management



<p>4. For married and unmarried parents, they will receive instructions on when to claim the registered live birth certificate.</p>	<p>4. Instruct to comeback after 1 month to claim the registered live birth certificate.</p>	<p>None</p>	<p>2 minutes</p>	<p><i>Medical Records Clerk / Medical Records Officer Health and Information Management</i></p>
<p>5. for married and unmarried parents, present hospital card and parent's valid ID.</p> <p>For parents who cannot come to claim the certificate, authorized representative must have the following documents:</p> <ul style="list-style-type: none"> • Hospital Card of Mother • Authorization letter • Copy of Mother's ID with signature • Copy of Representative ID with signature 	<p>5. Verify hospital card, valid ID of parents, authorization letter and release the registered Live birth certificate.</p>	<p>None</p>	<p>2 minutes</p>	<p><i>Medical Records Clerk / Medical Records Officer Health and Information Management</i></p>
TOTAL:		<p>100.00</p>	<p>30 minutes</p>	



Release Of Hospital Document Process

Steps when requesting a certified true copy of anesthesia record / operating room technique / discharge summary / clinical abstract for discharged patients.

Office or Division	Health and Information Management (Medical Records Section)			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Certified True Copy of Anesthesia Record (1 original copy) Operating Room Technique/ Discharge Summary (1 original copy) Clinical Abstract (1 original copy) Authorization Letter (1 original copy) <i>if needed</i> Valid ID (1 photocopy) Representative's Valid ID (1 photocopy) Order of Payment (1 original copy) Official Receipt (1 original copy) Request Form (1 original copy)			First Floor – Health and Information Management Window 1	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish Request form and present patient's hospital card. For patient representative the following are required: <ul style="list-style-type: none"> • Hospital Card • Authorization letter • Copy of patient's Valid ID with signature • Copy of Representative's Valid ID with signature 	1. Accept Request Form, Valid ID and Authorization Letter.	None	2 minutes	<i>Medical Records Clerk / Medical Records Officer</i> Health and Information Management
2. Will receive instructions on when to claim the document.	2. Give instructions to comeback after 7 working days for the release of requested document.	None	10 minutes	<i>Medical Records Clerk / Medical Records Officer</i> Health and Information Management
3. Will receive an order of payment and proceed to the cashier section for payment.	3. Give an order of payment and instruct to proceed to the cashier section for payment.	None	5 minutes	<i>Medical Records Clerk / Medical Records Officer</i> Health and Information Management
4. Present Order of payment and pay	4. Accept order of payment and	50.00 (per document)	10 minutes	<i>Cashier Clerk</i> Cash Section



indicated amount. Will receive an official receipt.	indicated amount. Issue an official receipt.			
5. To claim the document: Present the official receipt to the medical records section and claim the requested document.	5. Verify Official receipt and release the requested document.	None	2 minutes	<i>Medical Records Clerk / Medical Records Officer Health and Information Management</i>
TOTAL:		50.00	30 minutes	



Retrieval Of Patient's Old Chart Process

Steps to retrieve old patients / discharged patient's chart.

Office or Division	Health and Information Management (Medical Records Section)			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy)			First Floor Medical Records – Window 1	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Hospital card at the medical records card box.	1. Accept and verify patient's hospital card.	None	3 minutes	<i>Medical Records Clerk / Medical Records Officer</i> Health and Information Management
2. Wait for your name to be called.	2. Give instructions to wait for the name to be called.	None	3 minutes	<i>Medical Records Clerk / Medical Records Officer</i> Health and Information Management
TOTAL:		None	6 minutes	



Retrieval Of Patient's Old Chart Process (Without Hospital Card)

Steps to retrieve old patients / discharged patient's chart. (Without hospital card)

Office or Division	Health and Information Management (Medical Records Section)			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Lost Data Sheet Form (1 original copy) Order of Payment (1 original copy) Official Receipt (1 original copy) New Hospital Card (1 original copy)			Medical Records – Window 1	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish and present Lost card data sheet to the medical records section.	1. Accept Lost card data sheet form.	None	2 minutes	Medical Records Clerk / Medical Records Officer Health and Information Management
2. Wait for the retrieval of old Hospital number.	2. Give Instructions to wait for the retrieval of old hospital number in the database.	None	30 minutes	Medical Records Clerk / Medical Records Officer Health and Information Management
3. Will receive an order of payment and proceed to cashier section for the payment.	3. Give order of payment at instruct client to proceed to the cashier section for the payment.	None	2 minutes	Medical Records Clerk / Medical Records Officer Health and Information Management
4. Present order of payment and pay the indicated amount. Will receive an official receipt.	4. Accept order of payment and indicated amount. Give official receipt.	90.00 (OPD) 150.00 (ER)	3 minutes	Cashier Clerk Cash Section
5. Present official receipt at medical records section. Will receive new hospital card with same hospital number with the lost card. Proceed back to OPD or Emergency room and wait for your name to be called.	5. Verify official receipt and issue new hospital card with same hospital number. Give instructions to go back to OPD or Emergency room and wait for their name to be called.	None	2 minutes	Medical Records Clerk / Medical Records Officer Health and Information Management
TOTAL:		90.00-150.00	40 minutes	



Pulmonary Function Test Process

Steps for patients requiring pulmonary procedures as requested by the doctor.

Office or Division		Pulmonary Section		
Classification:		Simple		
Type of transaction:		G2C – for government services whose client is transacting public		
Who may avail:		All		
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Hospital Card (1 original copy) Pulmonary request signed by the Doctor (1 original copy) Valid ID (1 original copy) Order of Payment (1 original copy) Official receipt (1 original copy)		Pulmonary Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Present the hospital card and pulmonary request form signed by the doctor.</p> <p>For patients with request from other hospitals, they will be instructed to go to the Out-patient Department to have a hospital record and change the outside request to the hospital's pulmonary request form.</p> <p>Instruction will be given depending on the requested procedure / examination.</p>	<p>1. Accept the pulmonary request form and give instructions depending on the requested procedure / examination.</p> <p>Schedule will depend on the number of patients</p>	None	3minutes	<i>Respiratory Therapist</i>
<p>2. Will receive order of payment and proceed to the cashier section for payment.</p> <p>For patients who cannot pay the whole amount, they may ask assistance from the medical social service section of the hospital.</p>	<p>2. Give order of payment and instruct patient to proceed to cashier section for payment.</p>	None	3 minutes	<i>Respiratory Therapist</i>
<p>3. Present the order of payment and pay the indicated amount at the cashier. Client will be given an official receipt.</p>	<p>3. Accept order of payment and give Official receipt after payment.</p>	None	3 minutes	<i>Cashier</i>
<p>4. Present the official receipt at the pulmonary section</p>	<p>4. Verify the official receipt and</p>	None	3minutes	<i>Respiratory Therapist</i>



	instruct patient to wait.			
5. Proceed to the pulmonary section for the procedure and listen to the instructions. After the procedure, patient will be instructed when the official result will be available.	5. Call the patient and proceed to the examination room for the procedure. Give instructions to the patient and that the official result will be available after 7 working days.	None	30 minutes to 1 hour	<i>Respiratory Therapist</i>
6. To claim result, present hospital card, valid ID and official result.	6. Verify Hospital card, valid ID or Official receipt and release official examination result.	None	3 minutes	<i>Respiratory Therapist</i>
TOTAL:		None	1 hour	



2-D Echocardiogram Process

Steps for patients for 2-D Echocardiogram procedure requested by the doctor.

Office or Division		Heart Station		
Classification:		Simple		
Type of transaction:		G2C – for government services whose client is transacting public		
Who may avail:		All		
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Hospital Card (1 original copy) Heart Station request signed by the Doctor (1 original copy) Valid ID (1 original copy) Order of Payment (1 original copy) Official receipt (1 original copy)		First Floor, Heart Station		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>3. Present the hospital card and Heart Station request form signed by the doctor.</p> <p>For patients with request from other hospitals, they will be instructed to go to the Out-patient Department to have a hospital record and change the outside request to the hospital's Heart Station request form.</p> <p>Instruction will be given depending on the requested procedure / examination.</p>	<p>2. Accept the Heart Station request form and give instructions depending on the requested procedure / examination.</p> <p>Schedule will depend on the number of patients.</p>	None	3minutes	<i>Nurse sonographer/Clerk</i>
<p>4. Will receive order of payment and proceed to the cashier section for payment.</p> <p>For patients who cannot pay the whole amount, they may ask assistance from the medical social service</p>	<p>4. Give order of payment and instruct patient to proceed to cashier section for payment.</p>	None	3 minutes	<i>Nurse sonographer/Clerk</i>



section of the hospital.				
5. Present the order of payment and pay the indicated amount at the cashier. Client will be given an official receipt.	6. Accept order of payment and give Official receipt after payment.	None	3 minutes	Cashier
7. Present the official receipt at the Heart Station.	4. Verify the official receipt and instruct patient to wait for their name to be called.	None	3minutes	Nurse Sonographer/Clerk
8. Proceed to the procedure room for the procedure and listen to the instructions. After the procedure, patient will be instructed when the official result will be available.	7. Call the patient and proceed to the procedure room for the procedure. Give instructions to the patient and that the official result will be available after 7 working days.	None	1 hour or more	Nurse Sonographer/ Cardiologist
8. To claim result, present hospital card, valid ID and official receipt.	7. Verify Hospital card, valid ID or Official receipt and release official examination result.	None	3 minutes	Nurse sonographer/Clerk
	TOTAL:	Plain 2D-Echo - 1,700 2D-Echo w/ DS - 2,500	1 hour and 30 minutes	



	Instruct Client to go to the Medical Social Service for Philhealth application instructions.			<i>Medical Social Worker</i> Medical Social Service
TOTAL:		None	26 minutes	



Emergency Room Registration Process

Registration process for patients requiring immediate medical management and treatment.

Office or Division	Admitting Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO AVAIL		
Emergency Room Form (1 original copy) ER Stub (1 original copy) Hospital Card (1 original copy) Patient Information Form (1 original copy) Order of Payment (1 original copy) Official Receipt (1 original copy)		Business Office – Window 4		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For new and old patient. Present the ER Stub and Hospital Card or Valid ID. Answer the Patient Information Form.	1. Accept the ER Stub and let the patient / patient's relative answer the Patient Information Form.	None	10 minutes	Admitting Clerk Admitting Section
2. Accept the Order of Payment and proceed to the cashier for payment.	2. Issue and Order of Payment and instruct client to proceed to the cashier for payment.	None	3 minutes	Admitting Clerk Admitting Section
3. Present the Order of payment form and pay the amount indicated. Client will receive an official receipt after payment.	3. Accept the Order of payment form and payment. Issue an official receipt after payment.	100.00	3 minutes	Cashier Cash Section
4. Present the official receipt to admitting clerk and accept the Emergency record form with the ER stub. For new patients, they will be given a new hospital card. After the transaction, return to Emergency Room.	4. Inspect the Official receipt, release the Emergency room record form and instruct client to go back to the emergency room.	None	3 minutes	Admitting Clerk Admitting Section
TOTAL:		100.00	19 minutes	



Payment Process

Steps on the payment process for availed hospital products and services.

Office or Division	Cashier Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Order of Payment (1 original copy) Statement of Account (1 original copy) Official Receipt (1 original copy)			Business Office – Cashier 1 and 2	
CLIENT STEPS	AGENCY ACTION	FEEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present Hospital Card, Order of Payment, Statement of Accounts and pay the indicated amount.	1. Accepts Order of Payment, Statement of Accounts and indicated amount.	Depends on the amount indicated in the Order of Payment, Statement of Account	3 minutes	Cash Clerk / Cashier Section
2. Will receive an Official receipt and will be instructed to go back to the respective ward/unit/section.	2. Issues Official receipt and instruct client to go back to the respective ward/unit/section.	None	3 minutes	Cash Clerk / Cashier Section
TOTAL:		***	6 minutes	



Philhealth Processing

For Philhealth members, procedures, and requirements for Philhealth processing.

Office or Division	Billing and Claims Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
CF1 (1 original copy) CF2 (1 original copy) CE1 (1 original copy) MDR (1 original copy)			Business Office – Window 3	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For Employed or Member in Formal Economy 1.1 Answer CF1 and CF2 Form 1.2 Ask Employer for certificate of contribution with signature of Employer and MDR 1.3 Or may go to directly Philhealth office of your area to get the MDR. 1.4 OFW Member 1.4.1 Present MDR 1.4.2 if Eligibility of benefits covers hospital admission, answer CF1 and CF2 Form 1.4.3 if not, you may proceed to Medical Social Service for further instructions. 1.5 For individual paying, or self-employed, or voluntary 1.5.1 Present the receipt of contribution and MDR.	1. Instruct client to accomplish and complete all required documents depending on the Philhealth Member classification.	None	5 minutes	<i>Billing Clerk / Philhealth Care Staff</i> Billing and Claims Section



<p>1.5.2 if Eligibility of benefits covers hospital admission, answer CF1 and CF2 Form</p> <p>1.5.3 if not, you may proceed to Medical Social Service for further instructions.</p> <p>1.6 For Sponsored/ Indigent/ 4P's (Pantawid Pamilya Pilipino Program)</p> <p>1.6.1 present CE1 (Sponsored Health Certificate) o MDR</p> <p>1.6.2 answer CF1 and CF2 Form</p> <p>1.7 Lifetime or Senior Citizen</p> <p>1.7.1 present Philhealth lifetime ID/ Senior Citizen's Card/ MDR</p> <p>1.7.2 answer CF1 at CF2 Form</p>				
<p>2. Submit all accomplished documents to Billing and Philhealth section.</p>	<p>2. Verify all submitted documents and attached to patient's ledger.</p>	<p>None</p>	<p>3 minutes</p>	<p><i>Billing Clerk / Philhealth Care Staff</i> Billing and Claims Section</p>
TOTAL:		<p>None</p>	<p>8 minutes</p>	



Provision Of Statement of Account Process

Process for patients requesting for an issuance of Statement of Account.

Office or Division	Billing and Claims Section			
Classification:	Simple			
Type of transaction:	G2C – for government services whose client is transacting public			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO AVAIL	
Hospital Card (1 original copy) Pre-billing Notification Slip (1 original copy) Statement of Account (1 original copy)			Business Office – Window 3	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Hospital card and accomplished pre-billing notification slip. For non-Philhealth members: They will be instructed to go to the Medical Social Service.	1. Accept the accomplished pre-billing notification slip. For non-Philhealth members: Instruct client to go to the Medical Social Service.	None	3 minutes	<i>Billing Clerk / Philhealth Care Staff</i> Billing and Claims Section
2. Accept the Statement of account form and do the following: a) Proceed to the Admitting section (window 4) for clearance. b) Proceed to the Medical Social Service if needed. c) Proceed to the Cashier for payment. d) Go back to the Respective ward.	2. Compute the Hospital Bill, prepare the Statement of Account and release it to the client with instructions of the following: a) Proceed to the Admitting section (window 4) for clearance. b) Proceed to the Medical Social Service if needed. c) Proceed to the Cashier for payment. d) Go back to the Respective ward.	None	45 minutes	<i>Billing Clerk / Philhealth Care Staff</i> Billing and Claims Section
TOTAL:		None	48 minutes	



FEEDBACK AND COMPLAINTS MECHANISM

FFEDBACK AND COMPLAINTS MECHANISMS	
How to send feedback?	Answer the client feedback form and drop it at the designated drop box found in all department / section / office window reception or at the public information desk.
How feedback is processed?	Every day, the Public Relations Officer opens the drop box and compiles and records all feedback submitted. Feedback requiring answers are forwarded to the relevant offices and they are required to answer within three (3) days of the receipt of the feedback. The answer of the office is then relayed to the citizen.
How to file complaints?	Answer the client Complaint Form and drop it at the designated drop found in all department / section / office window reception or at the public information desk.
How complaints are processed?	The Complaints Officer opens the complaints drop box on a daily basis and evaluates each complaint. Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation. The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action. The Complaints Officer will give the feedback to the client.
Contact Information of NDH public information and complaint desk.	NDH email address: cqi.ndh@quezoncity.gov.ph or ndh@quezoncity.gov.ph



LIST OF OFFICES

DR. LUZVIMINDA S. KWONG
Officer-in-Charge

Telephone: (02) 8931-0312 Local: 141
Email Address: luz.kwong@quezoncity.gov.ph

DEPARTMENT	OFFICER NAME	OFFICE ADDRESS	CONTACT INFORMATION
Hospital Operations and Patient Support Services Division	William Christian V. Reboton, MD, MHA, MPM <i>Assistant Hospital Director / City Government Assistant Department Head III</i>	3rd Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 141 NDH@quezoncity.gov.ph
Admitting Section	Mary Rose S. Bartolome <i>Section Head / Storekeeper II</i>	1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 105 NDH@quezoncity.gov.ph
Billing and Claims Section	Rolando O. Tanglao <i>Section Head / Credit Officer IV</i>	1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 106 NDH@quezoncity.gov.ph
Cash Operations Section	Jerlie C. Soledad <i>Section Head / Cashier I</i>	1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 101 NDH@quezoncity.gov.ph
Accounting Section	Cynthia S. Dolor, CPA <i>In-Charge / Accountant</i>	3rd Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 141 NDH@quezoncity.gov.ph
Engineering Section	Engr. Roberto N. Gonzales <i>Section Head / Engineer III</i>	4th Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 146 NDH@quezoncity.gov.ph
Information Technology Section	Dennis G. Villanueva, CoE <i>In-Charge / Computer Engineer</i>	4th Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 147 informationtechnology@quezoncity.gov.ph
Personnel Section	Jo-Ann S. Gutierrez, MGM <i>Section Head / Administrative Officer III</i>	3rd Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 141 personnel.ndh@quezoncity.gov.ph
Property and Supply Section	Alan N. Birog <i>Section Head / Storekeeper II</i>	4th Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 147 propertyandsupply.ndh@quezoncity.gov.ph



Ancillary Services Division	Hendrick Klein G. Acosta, MD, FPSGS, MPM-HG <i>Division Head / Medical Officer III</i>	3rd Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 110 NDH@quezoncity.gov.ph
Dental Section	Cindy May G. Del Mundo, DMD <i>Section Head / Dentist III</i>	Specialty clinic	8931-0312 local: 118 NDH@quezoncity.gov.ph
Hospital Information Management Section	Marivic O. Rombaon <i>Section Head / Record Officer I</i>	1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 123 NDH@quezoncity.gov.ph
Heart Station Unit	Jasper Feliciano, MD <i>In-Charge / Cardiologist</i>	1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 109 NDH@quezoncity.gov.ph
Laboratory Section	Cecilia G. Ortiz, RMT <i>Section Head / Medical Technologist II</i>	1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 124 laboratory.ndh@quezoncity.gov.ph
Medical Social Service Section	Rosario J. Cruz, RSW <i>Section Head / Social Welfare Officer II</i>	NDH Malasakit Center 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 152 socialservice.ndh@quezoncity.gov.ph
Nutrition & Dietetics Section	Nanette S. Rabino, RND <i>Section Head / Dietician II</i>	1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 127 NDH@quezoncity.gov.ph
Pharmacy Section	Olive S. Bartolome, RPh, MPA <i>Section Head / Pharmacist II</i>	1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 126 NDH@quezoncity.gov.ph
Physical Therapy & Rehabilitation Medicine Section	Florence Bries, MD, DPBRM, FPARM <i>Section Head / Medical Officer III</i>	1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 108 NDH@quezoncity.gov.ph
Radiology Section	Merlito S. Viray, RRT <i>Section Head / Rad Tech III</i>	1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 109 NDH@quezoncity.gov.ph
Respiratory Therapy Unit	Roland M. Panaligan, MD, FPCP, FPCCP, LLM <i>Unit Head / Medical Specialist II</i>	1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 150 NDH@quezoncity.gov.ph
Clinical Services Division	Jehiel L. Fabon, MD, FPCP, MPH, MSc <i>Division Head / Medical Officer III</i>	Specialty clinic 1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City,	8931-0312 local: 110 NDH@quezoncity.gov.ph



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Department of Internal Medicine	Jehiel L. Fabon, MD, FPCP, MPHH, MSc <i>Head / Medical Officer III</i>	Specialty clinic 1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 110 NDH@quezoncity.gov.ph
Department of Obstetrics & Gynecology	Richard C. Jordias, MD, FPOGS, FPSUOG, FPSMFM <i>Head / Medical Specialist II</i>	Specialty clinic 1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 112 NDH@quezoncity.gov.ph
Department of Pediatrics	Imelda F. Sevilla, MD, FPPS <i>Head / Medical Officer III</i>	Specialty clinic 1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 112 NDH@quezoncity.gov.ph
Department of Surgery	Hendrick Klein G. Acota, MD, FPSGS, MPM-HG <i>Head / Medical Officer III</i>	Specialty clinic 1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 143 NDH@quezoncity.gov.ph
Department of Anesthesiology	Cherryll L. Mendiola, MD, DPBA, FPSA <i>Head / Medical Officer III</i>	OR / DR Complex 2nd Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 143 NDH@quezoncity.gov.ph
Emergency Room Department	Arnel F. Lim, MD, FPCP <i>Head / Medical Officer III</i>	1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 148 NDH@quezoncity.gov.ph
Outpatient Department	Omega Fralix G. Cruz, MD, FPOGS <i>Head / Medical Officer III</i>	Outpatient Department	8931-0312 local: 120 OutpatientDepartment.NDH@quezoncity.gov.ph
Nursing Service Division	Gina N. Mallaril, RN, MAN <i>Division Head / Nurse IV</i>	3rd Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 141 NDH@quezoncity.gov.ph
Operating Room, Delivery Room and Neonatal Special Care Complex	Joy Gualberto, RN, MAN Head Nurse / Nurse II	2nd Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 113 NDH@quezoncity.gov.ph



Obstetrics & Gynecology Ward	Deborah Tosio, RN, MAN Head Nurse / Nurse II	2nd Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 112 NDH@quezoncity.gov.ph
Pediatric Ward	April Girao, RN Head Nurse / Nurse I	2nd Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 112 NDH@quezoncity.gov.ph
Internal Medicine Ward	Ronald Domingo, RN, MAN Head Nurse / Nurse II	3rd Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 121 NDH@quezoncity.gov.ph
Surgery Ward	Helen Bautista, RN, MAN Head Nurse / Nurse II	2nd Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 121 NDH@quezoncity.gov.ph
Central Supply Room	Sammy Jones Durante, RN, MAN Head Nurse / Nurse II	4th Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 141 NDH@quezoncity.gov.ph
Special Services			
Continuous Quality Improvement (CQI) Unit	Omega Fralix G. Cruz, MD, FPOGS <i>Head / Medical Officer III</i>	3rd Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 141 CQI.NDH@quezoncity.gov.ph
Data Protection Office	Atty. Maria Katerina G. Bustamante, MD, FPPS <i>Data Protection Officer</i>	3rd Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 141 DPO.NDH@quezoncity.gov.ph
Infection Prevention and Control Unit	Justin O. Ho, MD, DPPS, DPIDSP <i>In-Charge / Medical Specialist</i>	3rd Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 141 InfectionControl.NDH@quezoncity.gov.ph
Hospital Epidemiology & Surveillance Unit	Christine Marie C. Bucad, MD <i>In-Charge / Medical Officer</i>	3rd Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 141 InfectionControl.NDH@quezoncity.gov.ph
Human Milk Bank Unit	Grace M. Fabon, MD <i>Unit Head / Medical Officer III</i>	1st Floor, 683 Quirino Highway San Bartolome Novaliches Quezon City, 1116	8931-0312 local: 126 NDH@quezoncity.gov.ph

