

2024  
4TH EDITION



# ROSARIO MACLANG BAUTISTA GENERAL HOSPITAL

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## CITIZEN'S CHARTER HANDBOOK

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## CITIZEN'S CHARTER HANDBOOK



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# **Ancillary and Medical Allied Division**

## **Dental Section**



## DENTAL SERVICES

The hospital Dental department specializes and covers the following procedures Extraction, Restoration, Prophylaxis and Gum treatment, Prophylaxis with Fluoride and Oral Examination.

<b>Office or Division:</b>	Dental Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All OPD Patients who needs Oral care.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For New Patients: any valid government issued ID for issuance of Hospital card (1 original copy)		Any Government Agency		
For Old Patients: Any valid government issued ID (1 original copy) Hospital Card (1 original copy)		Any Government Agency		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to OPD Triage and accomplish Covid-19 TB Screening Tool FDorm	1.1 Registration of Patients' Data	None	10 Minutes	<i>Nurse of duty/ Nursing aide Out Patient Department</i>
	1.2 Interview the patient for the needed Oral Care and perform vital signs			
2. Proceed to patients waiting area	2. Outpatient Record received by Dental Aide, will call the patient for his/her consultation or treatment turn	None	5 minutes  *Depends on the number of patients on queue	<i>Dental Aide Dental Section</i>
3. Proceed to the Dental Clinic	3. Assess/ Evaluate patient medical history and vital signs and complete oral dental record of patient and formulate treatment	None	10 minutes	<i>Dentist Dental Section</i>
	3.1 Patient for dental service procedure, explain the procedure and ask to sign a consent form			
4. Submit self for the Dental Procedure	4. Explain to patient about the operation process and procedure while preparing the patient before operation	None	5 minutes	<i>Dentist Dental Section</i>
5. Submit self for Dental procedure	5. Perform Dental operation procedure	None	30 minutes  *Depends on the patient's case.	<i>Dentist Dental Section</i>
6. Submit self for dental procedure	6. Home instructions given after operation	None	5 minutes	<i>Dentist Dental Section</i>



7. Wait for issuance of dental charge slip	7. Issue the charge slips to the patient	None	3 minutes	Dental Aide Dental Section
8. Pay or settle bill at Cashier	8. Receive payment and issue Official receipt to the patient	Please refer to pricelist table below	5 minutes	Collecting officer Cashier Operation Section
<i>Note: City Ordinance No. SP 2349 S-2014 / SP 2891, S-2019 /SP 3226, S-2023 for Prices and other fees.</i>				
9. Goes back to the dental clinic and submit official receipt to the dental aide.	9. Present official receipt to dental aide and return hospital card and issued medical prescription if any.	None	3 minutes	Dental aide/ Dentist Dental Section
<b>TOTAL:</b>		<b>Please refer to pricelist table below</b>	<b>1 Hour and 16 Minutes</b>	

**Dental Services Price List:**

1. Tooth Extraction:
  - a. Simple (per tooth) PHP 150.00
  - b. Complicated (per tooth) PHP 200.00
  - c. Additional Dental Anesthesia Carpule PHP 50.00
2. Tooth Restoration:
  - a. Temporary Filling PHP 75.00
  - b. Permanent Filling PHP 175.00
3. Oral Prophylaxis:
  - a. Mild to Moderate PHP 125.00
  - b. Severe PHP 200.00
4. Oral Prophylaxis with Fluoride Treatment PHP 200.00
5. Oral Examination PHP 40.00
6. Odontectomy
  - a. Simple PHP 1,000 with PhilHealth
  - b. Complicated PHP 1,500 with PhilHealth
7. Multiple Extraction with Suturing with Alveoplasty PHP 500.00 with PhilHealth
8. Periodontal Treatment:
  - a. Mild to Moderate PHP 250.00/Quadrant
  - b. Severe PHP 350.00/Quadrant
9. Pit and Fissure Sealant PHP 300.00
10. Dental X-Ray – Periapical PHP 200.00
11. Splint/Mouth Guard PHP 750.00



**Ancillary and Medical Allied Division  
Health Information Management Department**



## BIRTH CERTIFICATE

This service is to record and provide official document of all live births.

<b>Office or Division:</b>	Health Information Management Unit
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C – Government to Citizen
<b>Who may avail:</b>	All Newborn Babies delivered at RMBGH to include all admitted non-institutional deliveries.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Any Valid Government Issued ID of Parents or Authorized Representative (1 original copy)	Any Government Agency
If Authorized Representative present letter of Authorization (1 copy)	Parents
Marriage contract or Affidavit to use Surname of the Father (AUSF) if not married (1 photocopy)	Philippine Statistics Authority

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the Preliminary Birth Certificate Form.	1.1 Check for the correctness of information.	None	5 Minutes	Medical Records Personnel Hospital Information and Management Department
	1.2 Validate the documents required.	None		

*Note: Documents required are the following:*

- a. Marriage certificate for legitimate birth.
- b. Two (2) valid government issued ID's for both parents of illegitimate birth.
- c. Birth Certificate of both minor parents, if without any valid government issued ID's.
- d. Residence Certificate for a separated mother reflecting maiden name.

\*\*\*Other documents deemed necessary.

2. Submit required documents for processing of Birth Certificate to the Medical Records Office.	2. Receive required documents submitted for processing of Birth Certificate	None	10 Minutes	Medical Records Personnel Hospital Information and Management Department
	2.1 Transfer Information to the official Birth Certificate Form.			
3. Check and approve the correctness of the entries in the Birth Certificate Form.	3. Print 4 copies of the official Birth Certificate Form.	None	10 Minutes	Medical Records Personnel Hospital Information and Management Department
4. Sign and submit the printed official Birth Certificate Forms to the Medical Records	4. Receive and register to the Civil Registry	None	5 Minutes	Medical Records Personnel Hospital Information and Management Department

*Notes:*

1. Registration process may take one (1) month for the City Civil Registry to issue the registered Birth Certificate.
2. Notarization of birth certificate is required to all illegitimate births.



<b>3. Proceed to Step 5 to receive the registered birth certificate.</b>				
5. Get Order of Payment from the Medical Records Office and proceed to Cashier for payment.	5. Issue Order of Payment and direct parent or authorized representative to the Cashier	PHP 50.00	5 Minutes	Collecting Officer Cash Operation Section
<i>Note: City Ordinance No. SP-3226, S-2023 for charges and other fees.</i>				
6. Present the Official Receipt of payment to the Medical Records Office.	6. Release official Birth Certificate and log the official receipt number in the Birth Certificate Releasing Logbook.	None	5 Minutes	Medical Records Personnel Hospital Information and Management Department
<b>TOTAL:</b>		<b>PHP 50.00</b>	<b>40 Minutes</b>	

## DEATH CERTIFICATE

This service is to provide documents necessary for any claims needed by the family of the deceased patients.

<b>Office or Division:</b>	Health Information Management Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Authorized Representative of Deceased Patient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Any Valid Government Issued ID of Authorized Representative (1 original copy)		Any Government Agency		
<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 Medical Records Office to check the correctness of the filled-out death certificate form. <ul style="list-style-type: none"> <li>Municipal Form 103 Certificate of death</li> <li>Municipal Form 103A Certificate of Fetal death</li> </ul>	1.1 Receives validated Preliminary Death Certificate.	None	5 Minutes	Medical Records Personnel Hospital Information and Management Department
	1.2 Transfer the data from the Preliminary Death Certificate to the official Death Certificate Form.			
2. Signs and submits the 4-copies of the official death certificates.	2.1 Check all the 4-copies of the death certificates for the signatures of the informant.	None	2 minutes	Medical Records Personnel Hospital Information and Management Department
	2.2 Prepare order of payment for the death certificate fee.			
<i>Note: City Ordinance No. SP-3226, S-2023 for charges and other fees.</i>				
3. Proceed to the Cashier Office for payment of death certificate.	3. Validation of Official receipt	None	1 Minute	Medical Records Personnel Hospital Information and Management



				Department
4. Present the Official Receipt of payment to the Medical Records Office.	4. Release 3 copies of official Death Certificates to the informant.	None	1 minute	<i>Medical Records Personnel</i> Hospital Information and Management Department
5. Sign the death certificate logbook upon receipt of the death certificates.	5. File a copy of the official Death Certificate for records keeping.	None	1 Minute	<i>Medical Records Personnel</i> Hospital Information and Management Department
<b>TOTAL:</b>		<b>None</b>	<b>10 minutes</b>	

## REQUEST FOR MEDICAL RECORDS

Patients with request for Medical Records (Medical Abstract, Medical Certificate, OR Record, Certificate of Confinement and other related Medical Records.)

<b>Office or Division:</b>	Health Information Management Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All RMBGH Patient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Any Valid Government issued ID for issuance (1 original copy)		Any Government Agency		
Hospital Card (1 original copy)				
<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 Medical Records receiving area and fill up the Medical Record request form	1.1 Provide request form to the patient/relative	None	3 Minutes	<i>Medical Records Personnel</i> Hospital Information and Management Department
	1.2 Gives instruction and prepares medical information			
	1.3 Check and verify the correctness of data and request			
2. Wait for the issuance of Charge Slip	2. Issue Charge Slip to the patient.	None	3 Minutes	<i>Nursing Aide</i> Nursing Service Division
<i>Note: City Ordinance No. SP-3226, S-2023 for charges and other fees.</i>				
3. Pay or settle bill at the Cashier	3. Receives payment and issue official receipt to the patient	Please refer to the pricelist below	5 Minutes	<i>Collecting Officer on duty</i> Cashier Unit
4. Goes back to the Medical Records receiving area and submit Official Receipt to the Medical Record	4 Informs the patient as to the date of release of Official Result of requested medical	None	1 Minute	<i>Medical Records Staff</i> Medical Records Office



Staff	records			
<b>TOTAL:</b>		<b>Please refer to the pricelist below</b>	<b>12 minutes</b>	

**REQUEST FOR MEDICAL RECORDS PRICELIST:**

- Certificate of Confinement PHP 50.00
- Medical Certificate PHP 30.00
- Clinical Abstract PHP 50.00
- Discharge Summary PHP 50.00
- CTC Laboratory/Radiology Reports PHP 50.00
- Medico-Legal Certificate PHP 50.00



**Ancillary and Medical Allied Division  
Health Information Management Department  
Emergency Room Admitting Section**



# PATIENT ADMISSION FROM EMERGENCY ROOM

Patients for Admission and Confinement from Emergency Room

<b>Office or Division:</b>	Admitting Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All RMBGH Patient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Any Valid Government issued ID (1 photo copy) Hospital Card (1 original copy) PhilHealth I.D/ Members Data Record (MDR) (1 photo copy) Admitting Order (1 copy)		Any Government Agency  PhilHealth Office  Emergency Room		
<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 ER Admitting Section and present the Hospital Card, or any Valid Government ID and Admitting Order and fill out the Patient Data Sheet  *In case of Minor, the Guardian will fill out the Patient data Sheet	1. Validate completeness and correctness of Patient Information thru the Government Issued I.D and verifies Doctors Order with duly signed attending physician.  • For old patient: Validate Hospital Card • For new patient: Encode patient's data at HIS and assign Hospital Number	None	5 Minutes	<i>Admitting Staff</i> ER Admitting Section
2. Sign the Consent Form for admission	2.1 Secure signature of the patient/relative	None	2 Minutes	<i>Nurse</i> Emergency Room Department
	2.2 Verifies and double checks the Consent Form			<i>Admitting Staff</i> ER Admitting Section
	2.3 Inform patient of hospital rules and regulations, patients' rights and obligation during confinement			
3. Proceed to PhilHealth Section for Membership verification	3.1 For PhilHealth member: Interview and assess the PhilHealth Membership status of the patient	None	5 Minutes	<i>PhilHealth Staff</i> Billing and Claims Department
	3.2 For Non-PhilHealth member:			



	Instruct the relative of the patient to proceed to Social Service for PhilHealth enrollment and assessment			
4. Wait for admission to ward	5. Designate Room/Bed assignment and transfer the patient to ward	None	15 Minutes	<i>Admitting Staff</i> ER Admitting Section or <i>Nursing Aide</i> Nursing Service Division
<b>TOTAL:</b>		<b>None</b>	<b>27 Minutes</b>	



**Ancillary and Medical Allied Division**  
**Health Information Management**  
**Out-Patient Department Admitting Section**



## OUT-PATIENT ADMITTING REGISTRATION

Steps for requesting of Hospital card (for outside Request procedure/examination from other Hospital only.)

<b>Office or Division:</b>	Outpatient Admitting Unit			
<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		
<ul style="list-style-type: none"> <li>- Any Valid Government issued ID for issuance of Hospital Card</li> <li>- Request procedure/examination form from other Hospital</li> </ul>		Any Government Agency		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Outpatient Admitting section and present the request form signed by the Doctor and a valid ID.	1. Accept and Verify the procedure/examination request form and a valid ID	None	2 Minutes	OPD <i>Admitting Staff</i> OPD Admitting Unit
	1.1 Encode patient's data to IHOMIS and assign Hospital Number.			
2. Patient will receive charge slip and proceed to the cashier section for payment	2. Issue charge slip and instruct to proceed to the cashier section for payment.	None	3 Minutes	OPD <i>Admitting Staff</i> OPD Admitting Unit
3. Will return to the OPD Admitting Unit submit Official Receipt to the OPD Admitting Staff	3. Verify Official receipt and release the Hospital Card.	None	1 Minute	OPD <i>Admitting Staff</i> OPD Admitting Unit
<b>TOTAL:</b>		<b>None</b>	<b>6 Minutes</b>	



**Ancillary and Medical Allied Division**  
**Medical Social Service Department**



## REQUEST FOR MEDICAL SOCIAL SERVICE ASSISTANCE FOR ER-PATIENTS

For Indigent ER- Patients needing medical and financial assistance.

<b>Office or Division:</b>	Medical Social Service Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen			
<b>Who may avail:</b>	ER-Patient needing financial and medical assistance			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Order of Payment (1 copy)		Cost Centers		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Relative proceeds to Medical Social Service Department for interview and assessment	1.1 Receives copy of Request Slip for Ancillary procedures and/or Order of Payment.	None	10 Minutes	Social Welfare Officer Medical Social Service Department
	1.2 Assess and classify the patient based on their financial status			
2. Wait for the issuance of Certificate of Medical Assistance with the discounted order of payment	2.1 Issue Certificate of Medical Assistance duly signed by the Social Worker	None	10 Minutes	Social Welfare Officer Medical Social Service Department
	2.2 Instruct the patient or relative to proceed to the cashier for settlement of bill			
<b>TOTAL:</b>		<b>None</b>	<b>20 Minutes</b>	

## REQUEST FOR MEDICAL SOCIAL SERVICE ASSISTANCE FOR INPATIENTS

For Indigent In-Patients needing medical and financial assistance.

<b>Office or Division:</b>	Medical Social Service Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen			
<b>Who may avail:</b>	For indigent In- patient needing financial and medical assistance			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Any Valid Government issued ID or Barangay Clearance (1 original copy)		Any Government Agency		
Statement of Account (3 copies)		Billing and PhilHealth Department		
Barangay Indigency (1 original copy)		Barangay Hall		
Medical Social Service Card (1 original copy)		Medical Social Service		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Relative proceeds to Medical Social Service Department for interview and assessment	1.1 Receives copy of Statement of Account	None	15 Minutes	Social Welfare Officer Medical Social Service Department
	1.2 Assess and classify the patient based on			



	their financial status			
2. Submit the required documents needed for the medical/financial assistance.	2. Verify authenticity of submitted documents.	None	5 Minutes	<i>Social Welfare Officer</i> Medical Social Service Department
3.Wait for the issuance of Certificate of Medical Assistance with the discounted charge slip	3.1 Issue Certificate of Medical Assistance duly signed by the Social Worker	None	5 Minutes	<i>Social Welfare Officer</i> Medical Social Service Department
	3.2 Instruct the patient or relative to proceed to the cashier for settlement of Bill			
4. Proceed to Medical Social Service for provision of Medical Social Service Card (for new patient)	4. Issue Medical Social Service Card (for new patient)	None	5 Minutes	<i>Social Welfare Officer</i> Medical Social Service Department
<b>TOTAL:</b>		<b>None</b>	<b>30 Minutes</b>	

## REQUEST FOR MEDICAL SOCIAL SERVICE ASSISTANCE FOR OUT-PATIENTS

Indigent Patients needing medical assistance

<b>Office or Division:</b>	Medical Social Service Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen			
<b>Who may avail:</b>	Out-Patient needing medical assistance			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Any Valid Government issued ID and Photo copy of the I.D or Barangay Clearance (1 original copy)		Any Government Agency		
Request Slip for Ancillary procedures (1 original copy)		Ancillary Departments		
Order of Payment (1 original copy)		Cost- Centers		
Barangay Indigency Original (1 original copy)		Barangay Hall		
Medical Social Service Card (1 original copy) *For old patient		Medical Social Service		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Patient proceeds to Medical Social Service Department for interview and assessment	1.1 Receives copy of Request Slip for Ancillary procedures and/or order of payment	None	10 Minutes	<i>Social Welfare Officer</i> Medical Social Service Department
	1.2 Orientation of requirements and releasing of MSS Assistance slip with remarks of patient requirements status			
2. Submit the required documents needed for the medical/financial assistance	2.1 Verify authenticity of submitted documents			<i>Social Welfare Officer</i>
	2.2 Conduct interview and accomplish assessment tool form			



	2.3 Classify the patient based on their Socio-economic status	None	15 Minutes	Medical Social Service Department
	2.4 Issuance of Medical Social Service Card			
3. Proceed to the Cashier to settle bill	3. Instruct the patient or relative to proceed to billing for settlement of Statement of Account	Depends on the patient's classification	5 Minutes	Social Welfare Officer Medical Social Service Department
4. patients with MSS card, Proceed to Social Service	4.1 Grant MSS Discount to the patient's Order of Payment	None	3 minutes	Social Welfare Officer Medical Social Service Department
	4.2 Log the patient to Returned Patient Log book for monitoring	None		Social Welfare Officer Medical Social Service Department
<b>TOTAL:</b>		<b>Depends on the patient's classification</b>	<b>35 minutes</b>	

## REQUEST FOR MEDICAL SOCIAL SERVICE ASSISTANCE FOR PHILHEALTH POINT OF SERVICE (POS)

PhilHealth Point of Service is a program to cover all Filipinos under the National Health Insurance Program specifically the unregistered and inactive registered members that are financially incapable. Health Care Institutions are directed to enroll their patients to register within 72 hours upon admission or within their admission period.

<b>Office or Division:</b>	Medical Social Service Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen			
<b>Who may avail:</b>	For indigent In- patient needing to be enrolled to Point of Service			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Any Valid Government issued ID (1 copy)		Any Government Agency		
PSA issued Birth Certificate (1 photocopy)		Philippine Statistics Authority		
Marriage Contract (1 photocopy)		Philippine Statistics Authority		
Barangay Indigency Original Copy		Barangay Hall		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Upon admission of the patient; relative or companion proceeds to the Medical Social	1.1 Conduct interview and accomplish assessment tool form	None	15 Minutes	Social Welfare Officer Medical Social Service Department
	1.2 Classify the patient based on their Socio-economic status			



Service Department for interview and assessment of socio-economic status of the patient.	1.3 Orientation of requirements that need to comply for enrolment to Point of Service			
<p><i>Note: The following documents are required:</i></p> <ol style="list-style-type: none"> <li>1. One (1) valid government issued ID of the patient. (Photocopy)</li> <li>2. PSA issued Birth Certificate of the patient. (Photocopy)</li> <li>3. If married, Marriage Certificate is required. (Photocopy)</li> </ol>				
2. Submit required documents for registration to Point of Service within 72 hours upon admission.	2.1. Assess and verify the authenticity of requirements.  Point of Service Sponsored PhilHealth	None	15 Minutes	Social Welfare Officer Medical Social Service Department
	2.2. Receives and encodes information of the patient correctly to			
	2.3. Releasing of Assistance slip for patient's and other department reference.			
<p><i>Note:</i></p> <ol style="list-style-type: none"> <li>1. Release of Point of Service (POS) certification may vary within three (3) to five (5) days.</li> <li>2. Failure to comply the required documents within 72 hours upon admission may not be able to register to Point of Service.</li> </ol>				
<b>TOTAL:</b>		<b>None</b>	<b>20 Minutes</b>	



**Ancillary and Medical Allied Division**  
**Nutrition and Dietetics Department**



## OPD NUTRITION COUNSELLING

The Department of Nutrition and Dietetics caters to all ambulatory patients needing nutritional consultation referred from the different medical departments.

<b>Office or Division:</b>	Nutrition and Dietetics Department (Dietary)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Non-Emergent Care Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Attending Physician		
Hospital Card		Admitting Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the designated waiting area.	1.1 Receives the patients' chart from the Outpatient department.	None	10 Minute	Nurse/Nurse Associate Out Patient Department
	1.2 Advise the patient to proceed to the designated Nutrition Clinic for consultation			
2. Present referral form for Nutrition counselling.	2. Verifies the data. Assess the nutritional needs of the patient.	None	15 Minute	Clinical and/or Therapeutic Dietitian Nutrition and Dietitian Department
3. Receives Dietary consultation.	3.1 The clinical Dietitian attends to the patient for consultation. Performs Nutritional Assessment based on medical diagnosis, interviews, and patient's food intake/preference.	None	60 Minutes	Clinical and/or Therapeutic Dietitian Nutrition and Dietitian Department
	3.2 Computes for patient's body mass index (BMI), determines Nutritional status, and calculates recommended energy intake.			
	3.3 Explain diet and provide a handout.			
<b>TOTAL:</b>		<b>None</b>	<b>1 Hour &amp; 25 Minutes</b>	



**Ancillary and Medical Allied Division  
Pathology Department**



## LABORATORY SERVICE (OUT-PATIENT SERVICES)

Laboratory services pertains to diagnostic analysis of blood, urine, feces, other body fluids, cells and tissues ordered by a physician.

<b>Office or Division:</b>	Pathology Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	For all OPD Patients who wants to avail laboratory services			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Hospital Card (1 original copy)		OPD Triage		
Laboratory Request (1 original copy)		OPD Clinics and Emergency Room		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to Laboratory Receiving Area and present request form	1. Receives request from patient	None	5 Minutes	<i>Lab Clerk/Aide/ Medical Technologist Pathology Department</i>
2. Submit self for the procedure	2.1 Explanation of procedure	None	10 Minutes	<i>Medical Technologist Pathology Department</i>
	2.2 Blood Extraction			
	2.3 Specimen Collection			
3. Wait for the issuance of Charge Slip	3. Issue Charge Slip to the patient	None	5 Minutes	<i>Lab Clerk/Aide/ Medical technologist Pathology Unit</i>
4. Proceed to the Cashier to settle bill	4. Receive payment and issue Official Receipt	Please refer to the price list below	10 Minutes	<i>Collecting Officer Cash Operation Section</i>
5. Goes back to the Pathology and present Official Receipt to the Pathology Clerk	5. Encode the Official Receipt	None	2 Minutes	<i>Lab Lab Clerk/Aide/ Medical Technologist Pathology Department</i>
6. Wait for the release of Official Result.	6. Processing of Specimen	None	4 Hours Variable (depending on the laboratory test/s requested)	<i>Medical Technologist Pathology Department</i>
	6.1 Logging and encoding of result/s		10 Minutes	<i>Medical Technologist Pathology Department</i>
	6.2 Verification and signing of Official Result/s		10 Minutes	<i>Medical Technologist Pathology Department</i>
7. Receives Official Result/s	7. Release Official Result/s	None	5 Minutes	<i>Lab Lab Clerk/Aide/ Pathology Department</i>



8. Sign in the Releasing Logbook to acknowledge receipt of the result	8. Document in the Logbook the release of Official Result	None	3 Minutes	Lab Lab Clerk/Aide/ Pathology Department
<b>TOTAL:</b>		<b>Please refer to the price list below</b>	<b>5 Hours</b>	

**PATHOLOGY DEPARTMENT PRICE LIST:**

**CHEMISTRY**

FBS/RBS - ₱140.00  
 Cholesterol- ₱183.00  
 Triglycerides ₱229.39  
 HDL-₱364.00  
 BUA- ₱135.00  
 BUN- ₱122.00  
 Creatinine- ₱134.00  
 SGOT- ₱263.00  
 SGPT-₱263.00  
 ALP- ₱144.00  
 Total Protein – ₱142.00  
 Albumin- ₱167.00  
 Bilirubin - ₱401.00  
 Lipase – ₱160.00  
 Amylase – ₱160.00  
 OGTT - ₱722.00  
 LDH – ₱150.00  
 Na -₱160.00  
 K – ₱160.00  
 Chloride - ₱160.00  
 iCa - ₱160.00  
 Mg – ₱182.00  
 Phos - ₱159.00  
 CBG- ₱92.00  
 HbA1c – ₱909.00  
 CKMB – ₱1,000.00

**IMMUNOLOGY**

FT3 -₱500.00  
 FT4 –₱ 500.00  
 TSH – ₱500.00  
 CEA –₱700.00  
 CA125 – ₱1,000.00  
 CA 19-9 – ₱1,400.00  
 B-HCG – ₱1,100.00  
 PSA – ₱500.00  
 Procalcitonin- ₱2,000.00  
 Ferritin – ₱1,300.00  
 D-Dimer – ₱1,500.00  
 Trop I – ₱1,300.00  
 HBsAg - ₱800.00  
 aHBs- ₱1,000.00  
 HBeAg - ₱654.00  
 aHbe - ₱654.00  
 aHBclgM -₱744.00  
 aHBclgG- ₱621.00  
 aHAVlgG ₱1,100.00  
 aHAVlgM ₱1,100.00  
 aHCV- ₱1,300.00  
 HIV ₱1,100.00  
 HEPA B PROFILE – ₱4473.00

**SEROLOGY**

Dengue Duo-- ₱600.00  
 Dengue NS1 Ag – ₱900.00  
 HBsAg- ₱160.00  
 RPR- ₱350.00  
 HIV -₱310.00  
 CRP – ₱350.00  
 ASO – ₱250.00  
 RF – ₱248.00  
 C3 –₱ 500.00  
 Anti HCV- ₱750.00  
 RAT – ₱800.00

**MICROBIOLOGY**  
 Blood & Sterile Body fluids C/S - ₱4,232  
 Non-Sterile Body Fluids C/S- ₱633.00  
 AFB - ₱110.00  
 G/S – ₱205.00  
 KOH – ₱110.00

**HEMATOLOGY**

CBC - ₱180.00  
 Retics - ₱70.00  
 ESR - ₱70.00  
 PBS - ₱100.00  
 CT - ₱65.00  
 BT- ₱65.00  
 PT - ₱200.00  
 PTT - ₱200.00

**CLINICAL MICROSCOPY**

Urinalysis - ₱65.00  
 Fecalalysis - ₱65.00  
 Ketone - ₱35.00  
 FOBT - ₱143.00  
 Preg Test - ₱112.00

**BLOOD STATION**

Blood Typing- ₱80.00  
 DAT – ₱1,315.00  
 IAT- ₱1,315.00



## RELEASE OF CADAVER

Facilitate immediate release of Cadaver and Certificate of Death upon issuance of clearance.

<b>Office or Division:</b>	Pathology Unit, Cashier Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Immediate Relative of Deceased Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Any Valid Government Issued ID of the authorized representative of the deceased (1 original copy)		Any Government Agency		
Discharge Clearance Slip		Cashier		
ID & calling card of Funeral Representative		Funeral		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the accomplished Clearance Slip, Statement of Account (SOA) for In-Patient and Order of Payment for ER-Patient	1. Receive and check the Clearance Slip, Statement of Account (SOA) or Order of Payment	None	10 Minutes	<i>Collecting Officer</i> Cash Operation Section
2. Settle Bill at the Cashier	2. Receives payment and issue Official Receipt to the patient and Clearance Slip	None	15 minutes	<i>Collecting Officer</i> Cash Operation Section
3. Proceed to Cadaver holding area and present the Clearance Slip	3. Check and validate Clearance Slip	None	15 Minutes	<i>Pathology Staff</i> Pathology Unit
4. Authorized Representative to confirm the identity of the deceased	4. Assist by showing the Identification Tag and face of the Cadaver	None	5 Minute	<i>Pathology Staff</i> Pathology Unit
5. Relatives contact their funeral parlor	5. Verify the accreditation of the Funeral Parlor	None	30 Minutes	<i>Pathology Staff</i> Pathology Unit
6. Present Clearance Slip to the Guard on duty for signature	6. Check and validate the signed Clearance Slip	None	10 Minutes	<i>Pathology Staff</i> Pathology Unit / <i>Guard on duty</i> Security
	6.1 Validate the identity of the Funeral Parlor Representative			
	6.2 Release Cadaver			
<b>TOTAL:</b>		<b>None</b>	<b>1 Hour &amp; 30 Minutes</b>	



# **Ancillary and Medical Allied Division**

## **Pharmacy Department**



## PHARMACY SERVICES

Caters In-patient and Out-patient in providing high-quality, safe, and effective medicines. It promotes the rational use of drugs and offers patient counseling, thus, providing client-friendly pharmaceutical services.

<b>Office or Division:</b>	Pharmacy Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Out-patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		RMBGH Medical Doctors		
Hospital Card		Out-patient Department/ Admitting Unit		
For Senior Citizen and PWD: Any valid government-issued ID (1 original copy) Senior Citizen and PWD Booklet (1 original copy) Authorization letter from the patient for claiming relatives (1 original copy)		Any government agency Office of the Senior Citizens Affair/Persons with Disability Affairs Office Patient		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.) Proceeds to Pharmacy Reception Area and presents Prescription Requests  • OPD: Out-patient	1.) Receives prescription and checks the availability of medicine  * If unavailable, inform patient/relative. Record unavailable medicine for reporting	None	3 minutes	<i>Pharmacist</i> Pharmacy Department
2.) Wait for the issuance of Order of Payment	2.) Issues Charge Slip/ Order of Payment and prepare the prescribed medicine/s	None	5 minutes	<i>Pharmacist</i> Pharmacy Department
3.) Pay or settle bill at the Cashier	3.) Receives payment and issues Official Receipt to the patient	Please refer to the price list below	5 minutes	<i>Collecting Officer</i> Cash Operation Section
4.) Goes back to the Pharmacy Reception Area and presents Official Receipt to the Pharmacist-on-duty to receive the prescribed medicine/s.	4.) Writes the receipt number to the Pharmacy Charge Slip/Order of payment duplicate and dispense medicine/s by counter checking with the patient or relative.	None	5 minutes	<i>Pharmacist</i> Pharmacy Department
<b>TOTAL:</b>		<b>Please refer to the price list below</b>	<b>18 Minutes</b>	

PHARMACY PRICE LIST AS OF JULY 01, 2023	UNIT PRICE
Acetylcysteine 100mg/5ml susp 100ml	135.00
Acetylcysteine 200 mg/mL, 25 mL Bottle	1,615.00
Acetylcysteine 600mg effervescent tablet	37.00
Adenosine 3mg/ml, 2ML vial	399.99
Albumin, Human 20% 50ML bottle	2,388.99
Albumin, Human 25% 50ML bottle	2,397.00
Allopurinol 300mg tablet	11.49
Aluminum hydroxide + Magnesium hydroxide 200mg/100mg tablet	4.23
Amikacin 50mg/ml, 2ml ampule	64.33
Amiodarone 200mg tablet	35.49
Amiodarone 50mg/ml, 3ml ampule	321.24
Amlodipine besylate 10mg tablet	8.50
Amlodipine besylate 5mg tablet	6.40
Amoxicillin 250mg capsule	1.79
Amoxicillin 250mg/5ml 60ML Susp	94.61
Amoxicillin 500mg capsule	4.47
Amoxicillin Trihydrate 100 mg/ml, 15 ml Oral drops	22.99
Ampicillin + Sulbactam 1000mg + 500mg vial	764.00
Ampicillin 1g vial	123.00
Ampicillin 250mg vial	65.00
Anti-Tetanus serum 1,500IU/0.7ml solution for injection, ampule	97.00
Ascorbic acid 100mg/5ml syrup 120ml	105.99
Ascorbic acid 100mg/ml oral drops, 15ml	70.99
Ascorbic Acid 500mg tablet	1.99
Aspirin 80mg tablet	2.99
Atenolol 50mg tablet	2.99
Atorvastatin 20 mg tablet	18.00
Atorvastatin 40mg tablet	21.95
Atorvastatin 80mg tab	26.49
Atracurium Besylate 10mg/ml, 2.5ml ampule	299.99
Atropine sulfate 1mg/ml, amp 1ml	26.49
BCG Vaccine freeze-dried powder, 100mcg/1ml ampule	345.00
Betahistine 16mg tablet	28.49
Betahistine 24mg tablet	48.49
Bicalutamide 50mg tablet	29.99
Bisacodyl 10 mg suppository	24.99
Bisacodyl 5mg tablet	32.49
Budesonide 160mcg + Formeterol 4.5mcg x 60 doses with dispenser (DPI)	975.86
Budesonide 250mcg/ml, 2ml (unit dose)	94.90
Bupivacaine HCL HEAVY 0.5% 4ML amp with 8% Dextrose (Branded)	847.00
Bupivacaine HCL ISOBARIC 0.5% 10ML (branded)	219.99
Butamirate Citrate 50mg MR tablet	20.00
Butorphanol (as Tartrate) 2mg/ml, 1ML ampule	299.99
Calcium carbonate 500mg tablet (branded)	18.90
Calcium Gluconate 10%, 10ML ampule	109.99
Carbetocin 100mcg/ml, 1ML ampule	1,438.00
Carboprost trometamol 250mcg/ml, 1ml ampule	478.00
Carvedilol 25mg tablet	17.49
Carvedilol 6.25mg tablet	7.99
Cefalexin 100mg/ml, 10ML Drops	24.79
Cefalexin 250mg/5ml, 60ml Suspension	60.19
Cefalexin 500mg capsule	9.45
Cefazolin 1g vial	246.00
Cefepime 500mg vial	142.00
Cefixime 100mg/5ml suspension, 60ML	198.00
Cefixime 200mg capsule	30.99
Cefotaxime 500mg vial	595.00
Cefoxitin 1g vial	397.00
Ceftazidime 1g vial	296.00
Ceftriaxone Na 1g vial + 10ml diluent	294.00

Cefuroxime 250mg/5ml, 50ML Suspension	195.00
Cefuroxime 500mg tablet	19.00
Cefuroxime 750mg vial	195.00
Celecoxib 200mg capsule	9.99
Celecoxib 400mg capsule	16.49
Cetirizine 5mg/5ml, 60ML bottle	78.40
Cetirizine 2.5mg/ml oral drops, 10ML	74.95
Cetirizine diHCL 10mg tablet	19.00
Cilostazol 50mg tablet	12.99
Ciprofloxacin 200mg/100ml vial	888.00
Ciprofloxacin 500mg tablet	29.99
Clarithromycin 500mg tablet	61.24
Clindamycin HCL 300 mg capsule	29.95
Clindamycin palmitate HCL 75mg/5ml 60ML suspension	489.99
Clindamycin phosphate 150mg/ml, 2ML ampule	549.99
Clindamycin phosphate 150mg/ml, 4ML ampule	187.99
Clonidine 150mcg tablet	24.99
Clopidogrel 75mg tablet	25.80
Cloxacillin 500mg capsule	17.49
Cloxacillin Sodium 250mg/5ml, 60ml Suspension	220.49
Co-Amoxiclav 228.5mg/5ml, 70ML suspension	203.56
Co-Amoxiclav 400mg + 57 mg/5ml suspension, 70ML	318.74
Co-Amoxiclav 625mg tablet	18.00
Colchicine 500mg tablet	2.09
Cotrimoxazole 400mg + 80mg tablet	0.99
Cotrimoxazole 400mg/80mg per 5ml, 60ML Suspension	35.19
Cotrimoxazole 800mg + 160mg tablet	3.59
D50% 50ML Dextrose	133.99
Dexamethasone 8mg/2ml ampule	142.00
Diazepam 5 mg/mL(2mL) amp	104.99
Digoxin 250mcg tablet	4.24
Digoxin 250mcg/ml 2ML ampule	204.99
Diphenhydramine 50mg capsule	3.47
Diphenhydramine HCL 50mg/ml, 1ML ampule	79.00
Dobutamine 250mg/5ml vial	498.00
Domperidone 10mg tablet	16.49
Domperidone 1mg/ml, 60ml suspension	189.00
Dopamine 40mg/ml 5ML amp	187.00
Doxycycline 100mg capsule	14.74
Enalapril 5mg tablet	17.59
Enoxaparin 100mg/ml 0.4ML Pre-filled syringe	601.89
Enoxaparin 100mg/ml 0.6ML Pre-filled syringe	797.49
Eperisone HCL 50mg tablet	18.45
Ephedrine sulfate 50mg/ml ampule	88.24
Epinephrine 1mg/ml amp	88.00
Ertapenem (as sodium) 1g vial	3,015.99
Erythromycin Eye ointment 0.5%, 3.5G tube	223.00
Esmolol 10mg/ml, 10ml vial	849.99
Ethinylestradiol 30mcg + Desogestrel 150mcg tablet cycle pack	130.00
Ethinylestradiol 30mcg + Levonorgestrel 150mcg + Ferrous fumerate 75mg tablet cycle pack	52.49
Etogestrel 68mg subdermal implant	649.99
Felodipine 5mg tablet	7.19
Fentanyl Citrate 100mcg/2ml ampule	359.99
Ferrous Salt (equiv to 30mg elemental iron/5ml 60ml syrup	197.99
Ferrous sulfate 325mg tablet (branded)	11.95
Ferrous sulfate 60mg elemental iron + 400mcg Folic acid (branded)	7.99
Ferrous sulfate oral drops	132.39
Finasteride 5mg tablet	17.99
Finofibrate 160mg tablet	29.00
Fluconazole 200mg capsule	499.99
Fluconazole 200mg/100ml vial	1,099.99
Fluconazole 50mg tablet	84.99
Fluocinolone + Polymyxin B + Neomycin OTIC	234.99
Fluticasone 0.05% x 120 doses nasal aqueous inhalation spray	587.99
Furosemide 10mg/ml, 2ML ampule	64.95
Furosemide 20mg tablet	3.78

Furosemide 40mg tablet	5.99
Gabapentin 100mg capsule	35.24
Gabapentin 300mg capsule	14.99
Gentamycin 80mg/2ml vial	249.00
Gliclazide 30mg tablet	6.40
Gliclazide 60mg tablet	12.70
Haloperidol 50mg/ml, 1ml ampule	199.99
Heparin 1000iu/ml unfractionated, 5ML vial	132.00
Hepatitis B Vaccine 10 mcg/0.5ml PEDIA ampule	240.00
Hydralazine 20mg/ml ampule	149.99
Hydrocortisone 100mg/2ml vial	378.00
Hydrocortisone 250mg/2ml vial	212.00
Hydrocortisone cream 1%, 5G tube	153.99
Hydroxyethyl starch 6% 500ml	499.99
Hyoscine (as N-butyl bromide) 10 mg tablet	5.74
Hyoscine (as N-butyl bromide) 20mg/ml 1ML ampule	123.00
Hypromellose Ophthalmic Solution 0.3%, 10ML bottle	119.99
Ibuprofen 100mg/5ml, 60ML Suspension	58.31
Ibuprofen 200mg tablet	8.49
Ibuprofen 200mg/5ml, 60ML Suspension	104.99
Ibuprofen 400mg tablet	2.14
Immuno Globulin Intravenous (HUMAN) 2.5G 50ml	4,260.00
Immunoglobulin, Hepatitis B (Human) 0.5ml	1,740.00
Immunoglobulin, Tetanus (Human) 250iu/ml 1m prefilled syringe	975.00
Influenza Polyvalent (quadri) Vaccine	840.00
Insulin Human 70/30,100 units	622.99
Insulin Human Regular,100 Units	467.00
Ipratropium 500mcg + Salbutamol 2.5mg, 2.5ML unit dose Respiration Solution	24.00
Ipratropium Bromide 250mg/ml, 2ML	105.00
Irbesartan 150mg tablet	22.24
Iron Sucrose 20mg/ml, 5ML ampule	575.00
Isosorbide 5 Mononitrate 30mg MR tablet	12.99
Isosorbide Dinitrate 5mg sublingual tab	22.99
Isoxsuprine 10mg tablet	19.49
Isoxsuprine 5mg/ml, 2ML ampule	217.49
Ketorolac 30 mg/mL, 1mL Ampule	99.95
Lactulose 3.35g/5ml syrup, 120ML bottle	307.99
Leuproreline 3.75mg/2ml vial + syringe	4,740.00
Levetiracetam 500mg film coated tablet	32.74
Levetiracetam 500mg/5ml vial	1,733.99
Levofloxacin 500mg/100ml vial	599.99
Levofloxacin eye drops 5mg/ml	494.99
Levothyroxine 50mcg tablet	6.24
Lidocaine 2% 5ml ampule	36.00
Lidocaine HCL 2% 20mg/ml 50ml vial	54.99
Lidocaine HCL Spray 10%, 50ML	2,898.00
Losartan potassium 100mg tablet	7.75
Losartan potassium 50mg + Hydrochlorothiazide 12.5mg tablet	11.99
Losartan potassium 50mg tablet	6.00
Lynestrenol 500mcg tablet cycle pack	39.99
Magnesium Sulfate250 mg/ml(10 mL) amp	70.49
Mannitol 500ml	149.99
Mebendazole 100mg/5ml 60ml	27.99
Mebendazole 500mg tablet	3.99
Medroxyprogesterone 50 mg/mL, 3 mL vial + syringe (IM) (as acetate)	135.74
Mefenamic acid 500mg capsule	4.99
Meropenem 1G IV vial	839.00
Meropenem 500mg IV vial	539.99
Metformin 500mg tablet	4.20
Methimazole 10mg tablet	19.99
Methotrexate 50mg/ml vial	138.49
Methyldopa 250mg tablet	14.49
Methylergometrine maleate 200mcg/ml ampule	149.99
Methylprednisolone 16mg tablet	25.29
Methylprednisolone 4mg tablet	9.89
Metoclopramide 10mg tablet	7.99

Metoclopramide 5mg/ml, 2ML ampule	29.90
Metoprolol tartrate 50mg tablet	4.59
Metronidazole 125mg/5ml, 60ML Suspension	68.99
Metronidazole 500mg tablet	3.80
Metronidazole 5mg/ml, 100ML plastic/bottle	56.00
Miconazole oral gel 20mg, 3.5g aluminum tube	268.49
Miconazole topical cream 2% (20mg/g) 5g aluminum collapsible tube	398.74
Monobasic sodium phosphate dibasic sodium phosphate 19g/7g solution per 133 ml bottle	212.99
Monobasic sodium phosphate dibasic sodium phosphate 48g/18g per 100mL solution, 45ml bottle	244.99
Montelukast 5mg chewable tablet	17.49
Montelukast Na 10mg tablet	35.90
Morphine sulfate 10 mg tablet	15.99
Morphine sulfate 10 mg/ml ampule	114.99
Multivitamins Adult capsule (branded)	6.90
Multivitamins pe ml 60ml syrup	69.99
Multivitamins per 15ml drops	64.99
Mupirocin 2% 5G ointment	208.00
Nalbuphine 10mg/ml, 1ML ampule	148.74
Naloxone 400mcg/ml 1ml ampule	549.99
Neostigmine Methylsulfate 0.5 mg/mL amp	142.49
Nicardipine 1mg/ml 10ML ampule	498.00
Nifedipine 10mg capsule	14.99
Nitrofurantoin Macrocrystals 100mg capsule	17.99
Norepinephrine 1mg/ml, 4ML ampule	397.00
Nystatin 100,000 units/ml, 30ml suspension	154.99
Ofloxacin eye drops 0.3% 5ml	169.99
Ofloxacin otic drops 0.3% 5ml	199.99
Omeprazole 40mg capsule	47.00
Omeprazole 40mg powder vial + 10ml solvent ampule	246.00
Ondansetron (as hydrochloride) 2mg/ml 4ml ampule	274.90
Oral Rehydration Salts (ORS 75 Replacement) 5.125g sachet	11.00
Oxacillin sodium 500mg vial	129.99
Oxymetazoline hydrochloride 0.05%. 15ML nasal spray	179.99
Oxytocin 10 I.U ,amp	169.00
Pantoprazole 40mg tablet	54.90
Paracetamol 100mg/ml drops, 15ML	65.99
Paracetamol 10mg/ml, 100ML vial	986.90
Paracetamol 120mg/5ml, 60ML Syrup	21.99
Paracetamol 125mg Suppository	17.74
Paracetamol 150mg/ml, 2ML ampule	44.95
Paracetamol 250mg/5ml suspension, 60ML	86.99
Paracetamol 500 mg tablet	3.74
Penicillin G Benzathine (benzathine benzylpenicillin) 1,200,000 units vial	154.99
Permethrin 1% shampoo 30ml	126.79
Permethrin 1% lotion 125ml	205.79
Pethidine (meperidine) (as hydrochloride) 50 mg/mL, 2 mL ampul (IM, IV, SC)	219.99
Phenobarbital 30mg tablet	2.99
Phenytoin 100mg capsule	31.99
Phenytoin 50mg/ml, 2ml ampule	679.99
Phytomenadione 10mg/ml, 1ML ampule	48.00
Piperacillin + Tazobactam 2g + 250mg vial	398.00
Piperacillin + Tazobactam 4g + 500mg vial	498.00
Pneumococcal polyvalent vaccine 25mcg/0.5ml (polysaccharide) soln for injection 0.5ml pre-filled syringe	1,995.00
Potassium Chloride 2mEq/ml, 20ML vial	79.99
Potassium Chloride 750mg durule	24.00
Potassium Citrate 10mEq tablet	10.99
Povidone Iodine 1% oral antiseptic, 60ML bottle	88.99
Prednisolone acetate 5mg/ml (1%) eye drops	249.99
Prednisone 10mg/5ml, 60ML Susp	177.00
Prednisone 20 mg tablet	7.74
Prednisone 5 mg tablet	2.39
Propofol 10mg/ml, 20ML amp	199.99
Propranolol 10mg tablet	9.43

Propranolol 40mg tablet	29.99
Propylthiouracil 50mg tablet	27.79
Purified Protein Derivatives (PPD) 5 TU/0.1ml freeze-dried powder + 2ML diluent ampule	495.00
Ranitidine 150mg tablet	1.00
Ranitidine HCL 25mg/ml, 2ML ampule	69.90
Rocuronium Bromide 10 mg/mL/5mL	584.99
Rosuvastatin 10mg tablet	8.75
Rosuvastatin 20mg tablet	14.85
Sacubitril/valsartan 50mg tablet (branded)	55.24
Salbutamol 100mcg/dose x 200 doses MDI	312.99
Salbutamol 1mg/ml, 2.5ML (unit dose) nebule	26.70
Salmeterol 25mcg + Fluticasone 250mcg x 120 actuation MDI bottle	495.99
Salmeterol 50mcg + Fluticasone 250mcg x 120 actuation with dose counter bottle	386.01
Silver Sulfadiazine 1% 25g cream	374.99
Sodium Bicarbonate 650mg tablet	1.99
Sodium bicarbonate 8.4% 1mEq/ml, 50ml vial	84.20
Sodium Chloride 2.5mEq/ml, 20ML vial	79.99
Sodium Valproate 500 mg CR tablet	55.75
Spironolactone 25mg tablet	14.99
Streptokinase 1,500,000 IU vial	3,699.99
Sugammadex 100mg/ml, 2ML vial	5,256.99
Suxamethonium (Succinylcholine) 20mg/ml, 10ml vial	364.49
Tamsulosin 400mcg film coated tablet	24.90
Telmisartan 40mg tablet	24.99
Terbutaline Sulfate 500mcg/ml	157.99
Tetanus toxoid 40 units ampule	107.00
Tobramycin + Dexamethasone Eye Ointment 0.3% + 0.1 %, 3.5g Tube	249.99
Tobramycin 3mg + Dexamethasone 1mg eye drops	229.90
Tobramycin 3mg/ml, 5ML	206.38
Tramadol 50mg capsule	14.90
Tramadol 50mg/ml, 2mL ampule	34.90
Tranexamic acid 500mg capsule	28.99
Tranexamic acid 500mg/5ml ampule	99.95
Trimetazidine 35mg tablet	18.90
Ursodeoxycholic Acid 250 mg Capsule	43.99
Valproic acid 250mg/5ml syrup, 120ML	889.99
Valproic acid 500mg/5ml IV infusion	1,693.99
Vancomycin 1g vial	899.99
Verapamil 2.5mg/ml, 2ML ampule	180.99
Vitamin B complex 150mg/50mg/1mg, 3ML ampule	99.99
Vitamin B1 B6 B12 100 mg + 5 mg + 50 mcg Tablet	14.95
Zinc chewable tablet (equiv. to 30mg elemental zinc) as gluconate	2.99
Zinc Sulfate 27.5mg/ml, 15ML drops	80.99
Zinc Sulfate 55mg/5ml, 60ML Syrup	86.45
<b>CONTRAST</b>	
Iodixanol 320mg 100mL	6,353.80
Iodixanol 320mg 50mL	1,881.50
Iopamidol 755mg/ml equiv to 370mg Iodine, 50ML	1,388.50
<b>IV FLUIDS</b>	
0.9% Sodium Chloride 1L	75.00
0.9% Sodium Chloride 500ml	75.00
0.9% Sodium Chloride 50ML	50.00
0.9% Sodium Chloride Irrigating Solution 1L	77.50
10% Dextrose in Water 500ML	76.00
5% Dextrose in 0.3% Sodium Chloride 1L	75.00
5% Dextrose in 0.3% Sodium Chloride 500ml	75.00
5% Dextrose in 0.9% Sodium Chloride 1L	75.00
5% Dextrose in Water 1L	75.00
5% Dextrose in Water 500ML	75.00
5% Dextrose in Water 250ML, GLASS	120.00



Balanced Multiple Maintenance Solution with 5% Dextrose in water(pedia)	79.00
Dextrose 5% Lactated Ringer's Solution 1L	95.00
Dextrose 5% Lactated Ringer's Solution 500ML	108.00
Dextrose 5% NM 1L	79.00
Dextrose 50% 50ml	78.00
Plain Lactated Ringer's 500ML	75.00
Plain Lactated Ringer's Solution 1L	78.00
Sterile Water for Injection 50ML bottle	50.00



**Ancillary and Medical Allied Division  
Radiology Department**



## CT SCAN PROCEDURES

<b>Office or Division:</b>	Radiology Unit: Diagnostic Section: <b>CT SCAN</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	ER-Patient, Out-Patient and Admitted Patient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
For Out-patient: Hospital Card (1 original copy) Radiology Request Form (1 original copy)		Out-Patient Department		
For In-patient/ ER-patient: Patient's Chart (1 original copy) Radiology Request Form (1 original copy)		Emergency Room		
<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 Diagnostic Assistance Center and present request form and secure schedule for the procedure <ul style="list-style-type: none"> <li>• Out-patient: Patient</li> <li>• ER-Patient: NOD/NA</li> <li>• In-patient: NOD/NA</li> </ul>	1.1 Receives request form	None	30 Minutes	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Department</i>
	1.2 Gives verbal and written instructions for preparation before the procedure			
	1.3 Inform the Patient/NOD of the schedule			
2. Proceed to CT-Scan Room	2. Performs the procedure	None	70 Minutes	<i>Radiologic Technologist Radiology Department</i>
3. Issuance of Charge Slip	3. Issue Charge Slip	None	10 Minutes	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Department</i>
4. Pay or settle bill at the Cashier	4. Receives Payment and issue Official Receipt	Please refer to the price list below	15 Minutes	<i>Collecting Officer Cash Operation Section</i>
5. Goes back to Diagnostic Assistance Center and present Official Receipt	5. Encode the Official Receipt	None	5 Minutes	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Department</i>
	5.1 Informs the patient as to the date of release of Official Result			
6. Proceeds to Diagnostic Assistance Center	6. Release of Official Result; Provide a digital copy (if requested)	None	In-Patient & ER: within 24 Hours, OPD: 3 working days	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Department</i>
<b>TOTAL:</b>		<b>Please refer to the price list below</b>	<b>2 Hours &amp; 10 Minutes</b>	



CT- SCAN PLAIN		CT-SCAN WITH CONTRAST	
HEAD/BRAIN	₱ 3,500.00	HEAD/BRAIN	₱4,000.00
HEAD WITH 3D RECONSTRUCTION	₱ 3,150.00	CHEST	₱4,500.00
CHEST	₱ 3,500.00	CHEST HR	₱5,000.00
CHEST HR	₱ 4,000.00	MANDIBLE/NECK	₱5,000.00
CT ADRENALS	₱ 3,240.00	ORBITS	₱5,000.00
MANDIBLE/NECK	₱ 4,000.00	PNS	₱4,000.00
MANDIBLE/NECK WITH 3D RECONSTRUCTION	₱ 3,600.00	TEMPORAL BONE	₱5,000.00
ORBITS	₱ 4,000.00	NASOPHARYNX	₱4,500.00
PNS	₱ 3,000.00	FACIAL BONE	₱5,500.00
TEMPORAL BONE	₱ 4,000.00	THORACIC SPINE	₱5,000.00
NASOPHARYNX	₱ 3,500.00	LUMBOSACRAL SPINE	₱5,000.00
FACIAL BONE	₱ 4,500.00	<b>WHOLE ABDOMEN</b>	
FACIAL BONE WITH 3D RECONSTRUCTION	₱ 4,050.00	A. UNIPHASIC	₱8,000.00
THORACIC SPINE	₱ 4,000.00	B. Bi./TRIPHASIC	₱10,000.00
LUMBOSACRAL SPINE	₱ 4,000.00	<b>UPPER ABDOMEN</b>	
WHOLE ABDOMEN	₱ 7,500.00	A. UNIPHASIC	₱5,000.00
UPPER ABDOMEN	₱ 4,000.00	B. Bi./TRIPHASIC	₱8,000.00
LOWER ABDOMEN	₱ 4,000.00	<b>LOWER ABDOMEN</b>	
EXTREMITIES	₱ 3,500.00	A. UNIPHASIC	₱ 5,000.00
PELVIS	₱ 4,000.00	B. Bi./TRIPHASIC	₱8,000.00
STONOGRAM	₱ 7,000.00	EXTREMITIES	₱5,500.00
		PELVIS	₱5,500.00
		UROGRAM	₱9,000.00
		PELVIS	₱5,500.00
		UROGRAM	₱9,000.00
		CTA HEAD	₱8,500.00
		CTA PULMONARY	₱8,500.00
		(CTA) THORACIC/ABDOMINA L AORTA	₱10,000.00

## ULTRASOUND PROCEDURES

<b>Office or Division:</b>	Radiology Unit: Diagnostic Section: <b>ULTRASOUND</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	ER-Patient, Out-Patient and Admitted Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For Out-patient: Hospital Card (1 original copy) Radiology Request Form (1 original copy)		Out-Patient Department		
For In-patient/ ER-patient: Patient's Chart (1 original copy) Radiology Request Form (1 original copy)		Emergency Room		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Diagnostic Assistance Center and present Request Form  <ul style="list-style-type: none"> <li>• Out-patient: Patient</li> <li>• ER-Patient: NOD/NA</li> <li>• In-patient: NOD/NA</li> </ul>	1.1 Receives request form	None	30 Minutes	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Department</i>
	1.2 Gives verbal and written instructions for preparation before the procedure			
	1.3 Inform the Patient/NOD of the schedule			
2. Proceed to Ultrasound Room	2. Performs the procedure	None	60 Minutes	<i>Radiologic Technologist Radiology Department</i>
3. Issuance of Charge Slip	3. Issue charge slip	None	10 Minutes	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Department</i>
4. Pay or settle bill at the Cashier	4. Receives payment and issue Official Receipt	Please refer to the price list below	15 Minutes	<i>Collecting Officer Cash Operation Section</i>
5. Goes back to Diagnostic Assistance Center Radiology Receiving Area and present Official Receipt	5. Encode the Official Receipt	None	5 Minutes	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Department</i>
	5.1 Informs the patient as to the date of release of Official Result			
6. Proceed to Diagnostic Assistance Center	6. Release of Official Result; Provide a digital copy (if requested)	None	In-Patient & ER: within 24 Hours  OPD: 3 working days	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology</i>



				Department
<b>TOTAL:</b>		<b>Please refer to the price list below</b>	<b>2 Hours</b>	

<b>ULTRASOUND PROCEDURE PRICE LIST</b>	
1 ORGAN (INCLUDING RLQ)	₱800.00
2D ECHO	₱2,500.00
HBT	₱1,000.00
UPPER ABDOMEN	₱1,200.00
LOWER ABDOMEN (KUBP or KUB + PELVIC)	₱1,200.00
WHOLE ABDOMEN	₱2,400.00
TRANSRECTAL (PROSTATE or PELVIC)	₱1,500.00
KUB	₱1,000.00
BREAST (BILATERAL)	₱1,500.00
THYROID	₱1,200.00
NECK	₱1,500.00
CRANIAL	₱950.00
SCROTAL WITH DOPPLER	₱1,350.00
INGUINOSCROTAL WITH DOPPLER	₱1,500.00
FAST	₱1,500.00
CHEST	₱800.00
CHEST MAPPING UNILATERAL	₱1,200.00
CHEST MAPPING (BILATERAL)	₱1,700.00

## X-RAY PROCEDURES

Assess the patients' medical history, obtain consent, treatment plan and treat using various procedures.

<b>Office or Division:</b>	Radiology Unit: Diagnostic Section: <b>X-RAY</b>			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	ER-Patient, Out-Patient and admitted Patient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
For Out-patient: Hospital Card (1 original copy) Radiology Request Form (1 original copy)		Out-Patient Department		
For In-patient/ER-patient: Patient's Chart (1 original copy) Radiology Request Form (1 original copy)		Emergency Room		
<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 Diagnostic Assistance Center and present Request Form <ul style="list-style-type: none"> <li>• Out-patient: Patient</li> <li>• ER-Patient: NOD/NA</li> <li>• In-patient: NOD/NA</li> </ul>	1. Receive request form	None	30 Minutes	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Unit</i>
2. Proceed to X-Ray Room	2. Performs the procedure	None	30 Minutes *Depends on the number of requested procedures.	<i>Radiologic Technologist Radiology Unit</i>
3. Issuance of charge slip.	3. Issue Charge Slip	None	15 Minutes	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Unit</i>
4. Pay or settle bill at the Cashier	4. Receives payment and issue Official Receipt	Please refer to the price list below	15 Minutes	<i>Collecting Officer on Duty Cashier Unit</i>
5. Goes back to Diagnostic Assistance Center and present Official Receipt	5.1 Encode the official receipt	None	5 Minutes	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Unit</i>
	5.2 Informs the patient as to the date of release of Official Result			<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Unit</i>
6. Proceed to Diagnostic Assistance Center	6. Release of Official Result; Provide a digital copy (if requested)	None	In-Patient & ER: within 24 Hours  OPD: 3	<i>Radiologic Technologist Aide/ Radiologic Technologist</i>

			working days	Radiology Unit
<b>TOTAL:</b>		<b>Please refer to the price list below</b>	<b>1 Hour &amp; 35 Minutes</b>	

### X-RAY PROCEDURE PRICELIST:

CHEST PA	₱300.00	THORACIC SPINE OBLIQUE	₱468.00
CHEST PA/L	₱400.00	LUMBOSACRAL SPINE	₱450.00
CHEST ALV/ CONED DOWN	₱250.00	LUMBOSACRAL SPINE + OBLIQUE VIEW	₱550.00
CHEST LATERAL	₱250.00	SCOLIOTIC STUDY	₱900.00
CHEST AP/ LATERAL (PEDIA)	₱250.00	ABDOMEN SUPINE AND UPRIGHT	₱500.00
CHEST LATERAL DECUBITUS	₱250.00	ABDOMEN (PORTABLE)	₱375.00
CHEST (PORTABLE)	₱315.00	PELVIS (AP)	₱300.00
RIBS/THORACIC CAGE	₱400.00	PELVIS + FROG LEG	₱600.00
SKULL (PA/L)	₱400.00	SHOULDER UNILATERAL	₱300.00
MANDIBLE	₱700.00	SHOULDER AP/O	₱450.00
MASTOID	₱500.00	ELBOW (UNILATERAL)	₱350.00
TMJ	₱600.00	ANKLE (UNILATERAL)	₱350.00
WATER'S VIEW	₱300.00	FOOT (UNILATERAL)	₱350.00
PARANASAL SINUSES	₱450.00	HUMERUS (UNILATERAL)	₱350.00
SUBMENT OVERTEX/TOWNES VIEW	₱250.00	FEMUR (UNILATERAL)	₱350.00
ORBITS	₱450.00	LOWER LEG (UNILATERAL)	₱350.00
NASAL BONES /SOFT TISSUE LATERAL	₱500.00	HAND (UNILATERAL)	₱350.00
CERVICAL SPINE (AP/L)	₱450.00	EXTREMITY (UNILATERAL)	₱750.00
CERVICAL SPINE (AP/L) + O	₱550.00	SKULL SERIES (ADULT)	₱468.00
COCCYX	₱234.00	SCAPULAR Y	₱234.00
THORACIC SPINE	₱450.00	FOREARM (UNILATERAL)	₱115.00
WRIST (UNILATERAL)	₱350.00		

<b>(PEDIA)</b>	
BABYGRAM	₱300.00
ABDOMEN (PEDIA)	₱350.00
SKULL SERIES (PEDIA)	₱500.00
ZYGOMA/CHEEK BONE	₱150.00
HIP JOINT (UNILATERAL) PEDIA	₱234.00
SUNRISE / SUNSET VIEW KNEE	₱350.00



# **Ancillary and Medical Allied Division**

## **Respiratory Unit**



## RESPIRATORY THERAPY DEPARTMENT SERVICES

The Respiratory Therapy Department caters to all ambulatory patients who need respiratory care services.

<b>Office or Division:</b>	Respiratory Therapy Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Non-Emergent Care Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form		Attending Physician		
Hospital Card		Admitting Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Respiratory Unit Area and present the Request Form	1.1 Receive the request from the patient and verify patient identification	None	15 Minutes	<i>Respiratory Therapist</i> Respiratory Therapy Department
	1.2 Gives verbal and written instruction for preparation prior the procedure			
	1.3 Inform the patient of the schedule of the procedure			
2. Submit self for the procedure	2. Explain the procedure and its purpose	None	20 Minutes	<i>Respiratory Therapist</i> Respiratory Therapy Department
	2.1 Prepare the needed supplies and proceed with the procedure	None	1 Hour and 10 Minutes	
3. Wait for the issuance of Charge Slip	3. Issue Charge Slip to the patient	None	3 Minutes	<i>Respiratory Therapist</i> Respiratory Therapy Department
4. Pay or Settle the bill at the cashier	4. Receives payment and issue Official Receipt	Please refer to the price list	10 Minutes	<i>Collecting Officer</i> Cash Operation Department
<i>Note: City Ordinance No. SP 2349 S-2014 / SP 2891, S-2019 /SP 3226, S-2023 for Prices and other fees.</i>				
5. Wait for further instructions	5. Inform the patient about the schedule for releasing official results and gather the necessary information to notify the patient of the official result.	None	10 Minutes	<i>Respiratory Therapist</i> Respiratory Therapy Department
6. Waits for the official result	6. Proceeds to forward the result to the Pulmonologist for Interpretation and Signing	None	2-3 days *Depends on the availability of the Pulmonologist	<i>Respiratory Therapist</i> Respiratory Therapy Department  <i>Pulmonologist</i> Internal Medicine Department
	6.1 Inform the patient once the results are available.	None	3 Minutes	<i>Respiratory Therapist</i>



				Respiratory Therapy Department
7. Proceed to the Respiratory Unit and present Hospital Card for Identification	7.1 Verify the patient's identification.	None	5 Minutes	Respiratory Therapist Respiratory Therapy Department
	7.1 Release the official result to the patient and document the release of the patient's official result	None	5 Minutes	Respiratory Therapist Respiratory Therapy Department
<b>TOTAL:</b>		None	<b>Procedure: 2 Hours &amp; 8 Minutes</b>  <b>Result: After 2-3 days</b>	

<b>RESPIRATORY THERAPY DEPARTMENT OUT-PATIENT PRICE LIST</b>	
<b>UPDATED AS OF FEBRUARY 5, 2024</b>	
<b>SERVICE / PROCEDURE</b>	<b>PRICE</b>
Simple Spirometry	PHP 1,300.00
Pre and Post Bronchodilator	PHP 1,500.00
Sputum Induction Fee	PHP 500.00
Nebulization	PHP 40.00
Arterial Blood Gas Test	PHP 700.00
Incentive Spirometry	PHP 250.00
<b>ITEMS</b>	<b>PRICE</b>
Nebulizer Kit w/ Mask	PHP 240.00
Heparinized Syringe	PHP 3.09
Incentive Spirometer	PHP 420.00



**Medical Division**  
**Emergency Department**



## EMERGENCY DEPARTMENT CONSULTATIONS

Provides initial treatment for patients with a broad spectrum of illnesses and injuries that may be life-threatening and requires immediate attention.

<b>Office or Division:</b>	Emergency Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - for government services whose client is transacting public			
<b>Who may avail:</b>	All ER Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Hospital Card		Medical Records / Admitting Section		
Valid ID		Personal		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Issuance of Registration Form and filling out of forms by patient / companion	1.1 Issues ER Registration Form	None	5 Minutes	<i>Security Personnel</i>
	1.2 Issues ID lace for the relative or companion of patient.			
	1.3 Issues number to the patient.			
	1.4 Guard directs patient/ companion to vital signs station			
2. Taking of Vital Signs of patient	2. Vital signs taken by nurse associate	None	5 minutes	<i>Nurse Associate</i>
3. Triage Classification of patient	3. ERO classify patient in accordance with ED triage classification table <ul style="list-style-type: none"> <li>• Level 1(resuscitative) – Immediately assessed and managed by medical officer.</li> <li>• Level 2 (emergent) – assessment and management by medical officer within 5 mins.</li> <li>• Level 3 (urgent) - assessment and management by medical officer within 60 mins.</li> <li>• Level 4 (less urgent) - assessment and</li> </ul>	None	5 minutes	<i>ERO / Triage Nurse</i>

	<p>management by medical officer within 120 mins</p> <ul style="list-style-type: none"> <li>Level 5 (non-urgent) - assessment and management by medical officer within 180 mins.</li> </ul>			
<p><i>Note: All level 1 (resuscitative) and level 2 (emergent) cases are attended with priority.</i></p>				
4. Registration of Patient in IHOMIS	4.1 ER admitting section Registers patient in IHOMIS.	None	15 minutes	<p><i>ER Admitting Section</i></p> <p><i>Triage nurse</i></p>
	4.2 Issues Hospital card if new patient, and ID tag for the patient.			
	4.3 Issue and give ER Chart to triage nurse			
5. Registration of Patient in Triage Logbook	5. Triage nurse documents patient at ER triage logbook	None	5 minutes	<i>Head / Triage Nurse</i>
6. Patient proceeds to the bed assignment	6.1 ERO endorses patient to Medical officer.	None	5 minutes	<p><i>ERO</i></p> <p><i>Head/ Triage Nurse</i></p> <p><i>Nurse Associate</i></p>
	*if no bed vacancy, ERO assesses and manages patient at Triaging area*			
	6.2 Patient is brought and accompanied to his/her bed assignment by nurse associate / Triage nurse.			
	6.3 Chart is endorsed to nurse in charge by triage nurse			
7. Patient is attended by the Medical Officer for Consultation	7.1 History taking	None	1-2 hours	<p><i>Medical Officer</i></p> <p><i>Nurse in charge</i></p> <p><i>Nurse Associate</i></p> <p><i>Pharmacy</i></p>
	7.2 Physical Examination			
	7.3 Diagnosis			
	7.4 Treatment Plan and Medical Intervention			
8. Laboratory and diagnostic procedures	8. Request and facilitate for laboratory	None	1-2 hours	<i>Nurse in charge</i> <i>Nurse Associate</i>



	and diagnostic procedures.			Pathology Radiology
9. Disposition	Types of Disposition: <ul style="list-style-type: none"> <li>• May go home (MGH)</li> <li>• Admission</li> <li>• Discharge Against Medical Advice (DAMA)</li> <li>• Transfer to other Hospital (THOC)</li> </ul>	None	10 minutes	Medical Officer Nurse in charge Nurse Associate
10. Payment of fees and charges / Clearance	10.1 Patient or relative -companion proceeds to Cashier Section for payment.	Consultation fee P150.00  Procedural fees	30 minutes	Collecting Officer Cash Collection Section  Nurse in charge Nurse Associate
	10.2 Issues clearance slips	Drugs and Medicines  Medical Supplies		
	10.3 Issues Official receipt for payments made.	Medical Legal Certificate  Other fees		
<p><b>Note:</b></p> <ol style="list-style-type: none"> <li>1. In case patient avails financial assistance, proceed to Medical Social Service</li> <li>2. Reference for charges: Ordinance # 3226, 2023. Unified rates and charges.</li> </ol>				
11. Discharge of patient	11.1 Patient / relative-companion brings the clearance slips and Official receipt to the Nurse associate and nurse associates informs nurse in charge.  11.2 Nurse in charge gives discharge instructions to the patient such as home medication, request for procedures (if any) and return visit to OPD.  11.3 Nurse in charge gives prescription made by medical officer to the patient.	None	10 minutes	Nurse in Charge Nurse Associate
<p><b>Note:</b> One copy of the clearance slip is attached to the chart; one copy is given by the patient to the Security Guard upon exit.</p>				



<b>TOTAL:</b>	<b>PHP 150.00 Consultation Fee + Other fees reflected in the charge slip</b>	<b>5 Hours and 30 Minutes</b>	
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**\*\*Inuuna ang mga pangangailangan ng mga Senior Citizen, Buntis, mga taong may kapansanan (PWD) at mahigpit na ipinatutupad ng tanggapanang ito ang "NO NOON BREAK POLICY at RA 11032 "EASE OF DOING BUSINESS AND EFFICIENCY IN GOVERNMENT SERVICE DELIVERY"**  
*(Priority for Senior Citizens, Pregnant Women, Persons with Disability (PWD) and this office observes the "NO NOON BREAK" policy and RA 11032 "EASE OF DOING BUSINESS AND EFFICIENCY IN GOVERNMENT SERVICE DELIVERY")*  
**Para sa inyong mga reklamo, tugon o mungkahi, maaring dumulog sa PUBLIC ASSISTANCE AND COMPLAINTS DESK (PACD) na nasa INFORMATION DESK sa oras ng opisina.**  
*(For Complaints, Feedback and Suggestion, you can go to the Public Assistance and Complaints Desk (PACD) at the Information Desk during office hours.)*

**RMBGH HOTLINE: 8-835-25560**  
 Email Address: [rmbgh@quezoncity.gov.ph](mailto:rmbgh@quezoncity.gov.ph)  
**ARTA HOTLINE: (02) 8478-5091, (02) 8478-5093, (02) 8478-5099.**  
 Email Address: [complaints@arta.gov.ph](mailto:complaints@arta.gov.ph)  
**DOH-CART SECRETARIAT: (02) 8651-7800 local 2318, 2320-2321**  
 Email Address: [cartcomplaints@doh.gov.ph](mailto:cartcomplaints@doh.gov.ph)

**8888 CITIZEN'S COMPLAINT: 8888**  
**CSC-CONTACT CENTER NG BAYAN: 0908-881-6565 (SMS)**  
**PRESIDENTIAL COMPLAINT CENTER: 8736 8629 / 8736 8645 / 8736 8621**  
 Email Address: [pcc@malacanang.gov.ph](mailto:pcc@malacanang.gov.ph)



# **Medical Division**

## **Heart Station**



## HEART STATION PROCEDURES

2D ECHO with Doppler, ECG, Treadmill Stress Test, 24-Hours Holter Monitoring

<b>Office or Division:</b>	Medical Division: Diagnostic Section: HEART STATION			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	ER-Patient, Out-Patient and Admitted Patient			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
For Out-patient: Hospital Card (1 original copy) Request Form (1 original copy) Any Valid government ID/Senior Citizen ID		Out-Patient Department		
For In-patient/ ER-patient: Patient's Chart (1 original copy) Request Form (1 original copy)		Emergency Room		
<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 Diagnostic Assistance Center and present Request Form <ul style="list-style-type: none"> <li>• Out-patient: Patient</li> <li>• ER-Patient: NOD/NA</li> <li>• In-patient: NOD/NA</li> </ul>	1.1 Receives request form	None	10 Minutes	Heart station Nurse/Nurse Assistant) Radiologic Technologist Aide
	1.2 Gives verbal and written instructions for preparation prior to the procedure			
	1.3 Inform the Patient/NOD of the schedule			
2. Proceeds to Heart station	2. Performs the procedure	None	<ul style="list-style-type: none"> <li>• <b>2D ECHO</b> (60 Mins)</li> <li>• <b>ECG</b> (10 minutes)</li> <li>• <b>TST</b> (30-60 minutes)</li> <li>• <b>HOLTER</b> (5-10 minutes)</li> </ul>	Cardiac Sonographer/ Nurse Assistant)
3. Wait for the issuance of Charge Slip	3. Issue charge slip	None	3 Minutes	Heart station Nurse/ Nurse Assistant/ Aide
4. Pay or settle bill at the Cashier	4. Receives payment and issue Official Receipt	<ul style="list-style-type: none"> <li>• ECG PHP 236.00</li> <li>• 2D ECHO PHP 2500.00</li> <li>• HOLTER PHP</li> <li>• STRESS</li> </ul>	5 Minutes	Collecting officer Cash Operation Section



		TEST PHP		
5. Goes back to Diagnostic Assistance Center Radiology Receiving Area and present Official Receipt	5. Encode the Official Receipt	None	2 Minutes	<i>Heart station Nurse/Nurse Assistant) Radiologic Technologist Aide</i>
	5.1 Informs the patient as to the date of release of Official Result			
6. Proceeds to Diagnostic Assistance Center	6. Release of Official Result; Provide a digital copy (if requested)	None		<i>Heart station Nurse/Nurse Assistant) Radiologic Technologist Aide</i>
<b>TOTAL:</b>		<b>ECG PHP 236.00 2D ECHO PHP 2500.00 HOLTER PHP STRESS TEST PHP</b>	<b>Procedure: ECG: 30 Minutes 2D ECHO: 1 Hour &amp; 20 Minutes HOLTER : 25 Minutes to 30 Minutes STRESS TEST: 45 Minutes to 1 Hour &amp; 20 Minutes Result: ECG: OPD, In- Patient &amp; ER: 1-3 days 2D ECHO: OPD and In- Patient 3- 5 DAYS HOLTER : In-Patient 1-3 Days STRESS TEST: OPD : 30 mins</b>	

<b>HEART STATION PRICE LIST</b>	
ECG	₱236.00
2D ECHO	₱2,500.00
HOLTER	₱
STRESS TEST	₱



**Medical Division**  
**Obstetrics and Gynecology Department**



## PROCEDURES IN AVAILING OBSTETRICS AND GYNECOLOGY ULTRASOUND SERVICES

RMBGH offers ultrasound, a diagnostic procedure of obstetrics and gynecology cases.

<b>Office or Division:</b>	Obstetrics and Gynecology Ultrasound Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	In-patients, OPD and ER			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Form (1 copy)		Physician		
Charge Slip (1 copy)		Diagnostic Assistance Center		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-up the Health Declaration Form	1. Issuance of Health Declaration Form	None	5 Minutes	<i>Information Desk Officer</i>
2. Proceed to Diagnostic Assistance Center and present Request Form.	2. Receives the request form and filled up Health Declaration Form for queuing.	None	5 Minutes	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Department</i>
3. Stay at the waiting area while waiting for your name or number to be called.	3. Calls the patient from the waiting area for the procedure.	None	30 Minutes *Depending on the case and number of patients	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Department</i>
4. Proceed to the OB Gyn ultrasound room for the procedure.	4. Perform the requested procedure and encode data for official result.	None	30 Minutes *Depending on the case and number of patients	<i>Ob Gyn Ultrasound Subspecialist or Perinatologist Obstetrics and Gynecology Department – Ultrasound Section</i>
5. Proceed to Diagnostic Assistance Center and wait for the issuance of Charge Slip.	5. Issue charge slip to the patient.	None	3 Minutes	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Department</i>
6. Proceed to the Cashier to pay the fees.	6. Receives payment and issue official receipt to the patient.	Please refer to the price list below	5 Minutes	<i>Collecting Officer Cash Operation Section</i>
<i>Note: Quezon City Ordinance No.SP 3226, S-2023 for charges and other fees</i>				
7. Present the Official Receipt for documentation and claim the official result at the Diagnostic Assistance Center.	7. Release the official result.	None	5 Minutes	<i>Radiologic Technologist Aide/ Radiologic Technologist Radiology Department</i>
8. Sign in the procedure Logbook to acknowledge receipt of the result.	8. Document in the Logbook the release of official	None	2 Minutes	<i>Radiologic Technologist Aide/ Radiologic</i>



	result.			Technologist Radiology Department
<b>TOTAL:</b>		<b>Please refer to the price list below</b>	<b>1 Hour and 25 minutes</b>	

**ULTRASOUND SERVICES PRICE LIST:**

- Transvaginal PHP 1,500.00
- Transrectal PHP 1,500.00
- Pelvic PHP 1,500.00
- BPS PHP 1,500.00



**Medical Division**  
**Out-Patient Department**



## OUT PATIENT DEPARTMENT

Caters all ambulatory patients needing primary care

<b>Office or Division:</b>	Out Patient Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Non-Emergency Care Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
For New Patients: Any Valid Government issued ID for issuance of Hospital Card (1 original copy)		Any Government Agency /OPD Triage		
For Old Patients: Any Valid Government issued ID (1 original copy) Hospital Card (1 original copy)				
<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 OPD for Triage and fill-out Covid-19 TB Screening Tool Form	1. Verifies Patient's Data and Triage the Patient based on chief complaint	None	10 Minutes	<i>Nurse/ Nursing Associate</i> Out-Patient Department
2. Proceed to Vital signs area	2. Take the vital signs	None	6 Minutes	<i>Nursing Associate</i> Out-Patient Department
3. Proceed to the designated patient waiting area while waiting to be called to the department clinic	3.1 OPD Admitting section registration of patient data in iHomis (Pull out old chart if old patient)	None	1-3 Hours *Depending on the number of patient consultations	<i>Admitting Clerk</i> OPD Admitting Section
	3.2 Receiving of the patient chart from Medical Records to the Assigned Clinic for consultation			<i>Nursing Associate</i> Out-Patient Department
4. Proceed to the Medical Clinic for consultation a. Family Medicine b. Internal Medicine c. Pediatrics d. Surgery e. OB-Gynecology f. Specialty Clinics g. Dental	4. Consultation Proper Assess medical history and examine the patient thoroughly.	None	15-30 Minutes depending on the consultation	<i>Medical Officer/Medical Specialist on Duty</i> Medical Service Division
	4.1 Instruct patient or patient's relative on medical prescription, home instructions, diagnostic work- ups, and follow-up checkups if needed.	None	10 minutes	<i>Nursing Associate</i> Out-Patient Department
<b>Note:</b> 1. The doctor issues Inter-departmental referral Form, if the patient needs to be transferred to Emergency Room or need to be seen by other specialist. 2. Medical Certificate issued upon request of the patient 3. Issuance of Certificate of Non-Apparent Disability to PWD qualified individuals.				
5. Wait for the issuance of an Order of Payment	5. Issue an Order of Payment to the patient	None	15 minutes	<i>Nursing Associate/Cashier</i>



issued by the designated OPD Clinic and proceed to the cashier for payment of fees and wait for the Return of Hospital Card	and check the issued official receipt after payment			
<i>NOTE: City Ordinance No. SP-2349, S-2014/ SP-2891 for charges and other fees</i>				
<b>TOTAL:</b>		<b>Please refer to the price list below</b>	<b>4 Hours and 11 Minutes</b>	



# **Medical Division**

## **Operating Room Complex**



## ELECTIVE AND EMERGENCY PROCEDURES

This service refers to the elective and emergency procedures at the Operating Room Complex

<b>Office or Division:</b>	Operating Room Complex			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - for government services whose client is transacting public			
<b>Who may avail:</b>	All patients for Elective and Emergency Procedures			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ul style="list-style-type: none"> <li>- Patient Chart</li> <li>- Wrist Tag</li> <li>- OR Elective/Emergency Proposal Form</li> </ul>		- Admitting/OPD		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. The patient brought to the Operating Room Complex	1. Elective Case – Fetches and brings the patient to the OR (1 <sup>ST</sup> case), patient brought to the OR by the ward Nurse and NA.	None	15 – 20 minutes	<i>OR Nurse and Nursing Attendant OR/DR Complex</i>
	1.1 Emergency – Ward/ER Nurse brings and endorses the patient to the OR with the Nursing Attendant.		10 – 15 minutes	<i>Ward/ER Nurse and Nursing Attendant</i>
2. In the Operating Room	2.1 Intraoperative Care: Setting up of sterile field by the Scrub nurse. Pre-counting of sponges, needles, and instruments by the scrub nurse and circulating nurse.	None	Case dependent	<i>Anesthesiologist, Surgeon, OR Nurse, Scrub Nurse, Circulating Nurse</i>
	2.2 Accomplish the Safety Surgical Checklist (Time-out) by the circulating nurse.		10 minutes	<i>Anesthesiologist and PACU Nurse</i>
	2.3 Start of procedure by the OR team. First and final counting of sponges, needles, and instruments complete and correct.		Case dependent	<i>Anesthesiologist and PACU Nurse</i>
	2.4 Procedure ended. Post-operative care			<i>Anesthesiologist and PACU Nurse</i>
	2.5 Transfer to PACU			<i>Anesthesiologist and PACU</i>



				<i>Nurse</i>
3. In the PACU	3. Post-Operative Care Unit	None	Variable	<i>Anesthesiologist and PACU Nurse</i>
	3.1 Monitoring of Patients until transfer out			<i>Anesthesiologist and PACU Nurse</i>
4. To ward or ICU	4. Transfer out order to conduction of the patient to the ward / ICU	None	15 – 30 minutes	<i>PACU Nurse and Nursing Attendant</i>
<b>TOTAL:</b>		<b>None</b>	<b>4 to 10 hours (but may vary)</b>	



**Medical Division**  
**Pediatrics Department**



## EXPANDED NEWBORN SCREENING

In compliance to Republic Act 9288, also known as the Newborn Screening Act of 2004, all newborns delivered at RMBGH shall undergo the procedure at more than 24 hours of life or prior to discharge for the early detection and management of several genetic and metabolic disorders that may lead to mental retardation and death if left untreated.

<b>Office or Division:</b>	Pediatrics Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen			
<b>Who may avail:</b>	All Newborn babies delivered at RMBGH to include non-institutional deliveries admitted at RMBGH.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Newborn Screening Filter Card (1 original copy)		Newborn Screening Room		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Mother will be informed of the benefits and details of the procedure of the Newborn Screening test.	1. Newborn Screening Nurse will discuss the benefits of the test and explain the step-by-step procedure to the mother.	None	5 Minutes	Newborn Screening Nurse (NSN)
<i>Notes:</i>				
<ul style="list-style-type: none"> <li>• Fees will be covered by PhilHealth for all PhilHealth members.</li> <li>• Non-PhilHealth members will be referred to the Medical Social Service for Point of Service enrolment.</li> </ul>				
2. Mother will be asked to provide details of birth history and additional personal information as required.	2.1 The NSN validates the details of birth history.	None	5 Minutes	Newborn Screening Nurse (NSN)
	2.2 The NSN registers the newborn in the Expanded Newborn Screening Logbook.			
3. Mother and Newborn will proceed to the Newborn Screening room for the test.	3.1 The NSN will perform blood pricking thru a <i>Heel Prick</i> test.	None	10 Minutes	Newborn Screening Nurse (NSN)
	3.2 The NSN will advise the mother to wait for 2-3 weeks for the result of the test.			
<i>Note: The Filter Card will be sent to Newborn Screening Center/National Institute of Health for testing.</i>				
4. Mother receives an SMS or text message if the result is available for pick-up.	4. The NSN will inform the mother thru SMS to claim the official result at the Rosario Maclang Bautista General Hospital	None	1 Minute	Newborn Screening Nurse (NSN)



	(RMBGH)			
5. Mother / authorized representative receives result of the Newborn Screening test.	5.1 The NSN issues the official result to the mother or authorized representative.	None	3 Minutes	Newborn Screening Nurse (NSN)
Authorized representative to bring the following: <ul style="list-style-type: none"> <li>• Authorization Letter from the mother.</li> <li>• One valid government issued ID of the authorized representative.</li> </ul>	5.2 The NSN will log in the test result in the Newborn Screening logbook received by the mother or authorized representative.			
<b>Notes:</b> <ol style="list-style-type: none"> <li>1. <i>If the result is POSITIVE, the Newborn Screening nurse will instruct the mother to bring the newborn to the appropriate Confirmatory facilities; and advise to follow up at the Out-Patient Department (OPD) once Confirmatory result is available.</i></li> <li>2. <i>If the result is INVALID /INSUFFICIENT, proceed to STEP 3 (Repeat Newborn Screening test)</i></li> </ol>				
<b>TOTAL:</b>		<b>None</b>	<b>24 Minutes</b>	



## NEWBORN HEARING SCREENING

In compliance to Republic Act 9709, also known as the Universal Newborn Hearing Screening and Intervention Act, all newborns delivered in RMBGH shall undergo Newborn Hearing Screening by means of an Otoacoustic emissions test (OAE) after the 24<sup>th</sup> hour of life or before hospital discharge.

<b>Office or Division:</b>	Pediatrics Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All newborns delivered at RMBGH including non-institutional deliveries admitted at RMBGH.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Newborn Hearing Registry Card		Newborn Hearing Screening Room		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Mother will be informed of the benefits and details of the procedure for Newborn Hearing Screening test.	1. The Newborn Hearing Screening Nurse will discuss the benefits of the test and explain the step-by-step procedure to the mother.	None	5 Minutes	<i>Newborn Hearing Screening Nurse</i>
2. Mother will be asked to provide details of birth history and additional personal information as required.	2.1 Newborn Hearing Screening Nurse registers the details of birth history and personal information in the Newborn Hearing Screening Reference Center (NHSRC)	None	5 Minutes	<i>Newborn Hearing Screening Nurse</i>
	2.2 The Newborn Hearing Screening Nurse enters the same data in the Newborn Hearing Logbook.			
3. Mother and Newborn will proceed to the Newborn Hearing Screening room for the test.	3. Newborn Hearing Screening nurse will prepare and perform the otoacoustic emission test on the newborn.	None	5 Minutes	<i>Newborn Hearing Screening Nurse</i>
4. Mother is informed and get the result of the otoacoustic emission test.	4.1 The Newborn Hearing Screening Nurse will provide photocopy of the seals (otoacoustic test result)	None	5 minutes	<i>Newborn Hearing Screening Nurse</i>
	4.2. The Newborn Hearing Screening will log in the test result received by the mother.			
<b>Notes:</b>				



1. If the result is "REFER", the mother will be instructed to bring back the newborn (baby) after one month for repeat test.
2. If the result is "PASSED", the mother is advised to monitor the hearing ability and symptoms related to hearing of the child.

<b>TOTAL:</b>	<b>None</b>	<b>20 Minutes</b>	
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**Nursing Services Division**  
**General Nursing Department**



## DISCHARGE OF IN-PATIENT

This service is to provide a systematic and organized discharging of all In-patients

<b>Office or Division:</b>	Nursing Services Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All In-Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Form		Billing and Claims Section		
Certificate of Employment for Government Employees (1 original copy)		Government Agency where patient/parent is employed		
Any Valid Government Issued ID (1 original copy)		Any Government Agency		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for Hospital Bill	1.1 Carry out Doctor's Discharge Order	None	3 Minutes	Nurse Nursing Service Division
	1.2 Issue Discharge Clearance Slip			
2. Submit self for the procedure	2. Validate and sign Discharge Clearance Slip	None	20 Minutes	All concerned Departments
3. Presents Discharged slip to Billing and Claims Department	3. Validate and issue Discharge Clearance Slip	None	15 Minutes	Billing and Claims Clerk Billing and Claims Department
4. Pay or Settle the bill at the cashier	4. Receives payment and issue Official Receipt	Please refer to the final bill	10 Minutes	Collecting Officer Cash Operation Department
<i>Note: City Ordinance No. SP 2349 S-2014 / SP 2891, S-2019 /SP 3226, S-2023 for Prices and other fees.</i>				
5. Presents to the Nurse Station the accomplished Discharge Clearance Slip and Official Receipt	5.1 Explain and provide a copy of the Discharge instruction to patients / parents.	None	10 Minutes	Nurse Nursing Service Division
	5.2 Provide Prescription and Ancillary Request as needed			
	5.3 Provide Customer Feedback form			
	5.4 Issue two (2) copied of the signed Discharged Clearance Slip			
6. Present Discharge Clearance Slip to Lobby Guard	6.1 Receive and validate the discharge slip and get one (1) copy	None	3 Minutes	Guard Security



	6.2 Cut Patient Identification Band	None		<i>Nursing Service Personnel Nursing Service Division</i>
	6.3 Cleared for Discharged			
<b>TOTAL:</b>		<b>Please refer to the final bill</b>	<b>53 Minutes</b>	



# **Nursing Services Division**

## **Infection Prevention and Control**



## RMBGH RT-PCR SWABBING PROCESS (OUT-PATIENT DEPARTMENT)

Process for patients with COVID-19-related symptoms or COVID-19 Exposure requiring RT-PCR Swab Test as ordered by the Attending Physician.

<b>Office or Division:</b>	Infection, Prevention and Control			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Non-Emergent Care Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Case Investigation Form (3 original copies) PhilHealth PMRF (2 original copies) Patient Valid ID (1 original copy)		Designated Swabbing Area		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient will proceed to the designated Swabbing Booth.	1. The OPD Nursing Attendant instructs the patient to proceed to the swabbing booth	None	1 minute	<i>OPD Nursing Attendant</i>
2. Patient/companion fills out the Case Investigation Form (CIF) Part 1.1 to 1.4	2.1 Swabber provides the Case Investigation Form (CIF) to the patient/companion	None	3 minutes	<i>Swabber</i>
	2.2 Swabber checks and validates the information provided by the patient/companion in the CIF			
	2.3 Swabber completes and validates the CIF.			
<i>Note:</i> 1. <i>For Inactive PhilHealth Account: Patient fills out PMRF and submits valid ID with complete address.</i> 2. <i>No Payment for RT-PCR is necessary</i>				
3. Patient will listen to the instructions on swabbing procedure.	3. Swabber instructs the patient on proper the swabbing procedure.	None	2 minutes	<i>Swabber</i>
4. Patient go through the swabbing procedure.	4. Swabber prepares swabbing materials (VTM and kit, Sealed pouch)	None	5 minutes	<i>Swabber</i>
	4.1 Swabber completes the identification of the swabbing materials.			
5. Patient will wait for the notification of the availability of the RT-PCR results.	5. Infection Prevention and Control Nurse (IPCN) notifies the patient thru text message for the availability of the	None	1 minute	<i>IPC Nurse</i>



	RT-PCR results.			
<p><i>Note:</i></p> <p>1. Release of RT-PCR results will take 2-3 days from the date of swab.</p> <p>2. Release of results can be requested thru e-mail. (rmbgh.ipcc@gmail.com)</p>				
6. Patient will proceed to the RMBGH Pathology Department to claim the RT-PCR results.	6. Laboratory personnel provides the official RT-PCR results to the patient.	None	3 minutes	IPC Nurse IPC Committee
<p><i>Note:</i></p> <p>1. RT-PCR official results will only be released to the patient or his/her authorized representative.</p> <p>2. For authorized representative bring authorization letter and one valid ID.</p>				
<b>TOTAL:</b>		None	<b>15 minutes (Excluding 2-3 days of processing of RT-PCR)</b>	



**Hospital Operation and Patient System Service  
Division  
Cash Collection Section**



## COLLECTION OF PAYMENTS (OPD)

This service refers to the cash collection of payments from patients for hospital treatment.

<b>Office or Division:</b>	Cash Operation Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Outpatient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Order of Payment/Charge Slip (2 copies)		<ul style="list-style-type: none"> <li>- OPD Clinics</li> <li>- Laboratory</li> <li>- Radiology</li> </ul> <ul style="list-style-type: none"> <li>- Pharmacy</li> <li>- Medical Records</li> </ul>		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Order of Payment/Charge Slips to the Cashier.	1.1 Receives and validates the Order of Payment/Charge Slips.	None	3 Minutes	Collecting Officer Cash Operation Section
	1.2 Informs the patient or relative the amount to be paid.			
2. Settle and pay the corresponding amount.	2.1 Collects payment.	Depends on the service rendered to the patient.	2 Minutes	Collecting Officer Cash Operation Section
	2.2 Issues Official Receipt.			
<b>Notes:</b> <ol style="list-style-type: none"> <li>1. City Ordinance No. SP-3226, S-2023 / SP-2891, S-2019 / SP-2349, S-2014 as reference for hospital charges and other fees.</li> <li>2. The patient or relative may avail the Medical Social Services, if necessary.</li> </ol>				
<b>TOTAL:</b>		Depends on the service rendered to the patient.	<b>5 Minutes</b>	



## COLLECTION OF PAYMENTS (ER)

This service refers to the cash collection of payments from patients for hospital treatment and to clear patient accounts before discharge.

<b>Office or Division:</b>	Cashier Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	ER Patient			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
ER Statement of Account (2 copies)		Cashier		
ER Clearance Form (2 copies)		ER Nurse Station		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the ER Clearance Forms to the Cashier.	1.1 Receives the ER Clearance Forms and search for the patient's name and hospital charges in the system	None	5 Minutes	Collecting Officer Cash Operation Section
	1.2 Validates the patient's hospital charges encoded by the cost centers			
	1.3 Prints the ER Statement of Account and informs the patient or relative the amount to be paid.			
2. Settle and pay the bill accordingly.	1. Collects payment.	Depends on the service rendered to the patient	25 Minutes	Collecting Officer Cash Operation Section
	2. Issues Official Receipt			
	3. Signs and returns the ER Clearance Forms (2 copies) to the patient.			
<b>Notes:</b> <ol style="list-style-type: none"> <li>City Ordinance No. SP-3226, S-2023 / SP-2891, S-2019 / SP-2349, S-2014 as reference for hospital charges and other fees.</li> <li>The patient or relative may avail the Medical Social Services, if necessary.</li> </ol>				
<b>TOTAL:</b>		<b>Depends on the service rendered to the patient</b>	<b>30 Minutes</b>	



**Hospital Operation and Patient System Service  
Division  
Billing and Claims Department**



## PHILHEALTH BENEFIT – ACQUISITION

Verification of PhilHealth status of member and dependent

<b>Office or Division:</b>	Billing and Claims Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	In-patients (PhilHealth Member)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Any Government issued Valid ID		Government Agency		
Members Data Record		PhilHealth Office		
PhilHealth Certification (CE1/Sponsored) (1 photocopy)		PhilHealth Office		
Birth Certificate (1 photocopy)		Philippine Statistics Authority		
Marriage Certificate (1 photocopy)		Philippine Statistics Authority		
Senior Citizen ID (1 photocopy) As needed*		Any Office of the Senior Citizens Affairs		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient or Relative shall proceed in Billing and Claims Section, present any valid ID of patient or member of PhilHealth which the patient is declared dependent.	1.1 Verifies eligibility from PhilHealth portal.	None	10 Minutes	<i>PhilHealth Clerk</i> Billing and Claims Unit
	1.2 Issuance of PhilHealth verification form.			
	1.3 Assists the relative in completion of PhilHealth forms (CSF, CSF2)			
<b>TOTAL:</b>		<b>None</b>	<b>10 Minutes</b>	

## PROCESSING AND RELEASE OF FINAL BILL FOR IN-PATIENT

The processing of final bills is a series of actions that validate the final financial obligation of the admitted patient.

<b>Office or Division:</b>	Billing and Claims Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Patient or Authorized Representative of Patient for discharge			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Discharge Clearance Slip (1 original copy) Claim Signature Form (1 original copy) Claim Form 2 (1 original copy) Claim Form 3 (1 original copy) Claim Form 4(1 original copy)		Clinical Wards		
*If representative(non-relative): An authorization letter from the Patient Any Government Issued I.D of the Patient and Representative in compliance with R.A 10173 (Data Privacy Act)		Any Government Agency		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The relative and or the ward clerk gives the requirements for discharge to the Billing and PhilHealth	1. The PhilHealth Clerk receives the requirement submitted	Covered by PhilHealth	1 Hour	<i>PhilHealth Clerk</i> Billing and Claims Department



Section				
	1.2 The Clerk checks the completeness of CSF, CF2, CF3 and CF4 if applicable			<i>PhilHealth Clerk Billing and Claims Unit</i>
	1. 3 Deducts PhilHealth benefits			<i>PhilHealth Clerk Billing and Claims Unit</i>
	1.4 Forwards to Billing the PhilHealth Forms and requirements for final bill preparation			<i>Billing Clerk Billing and Claims Unit</i>
	1.5 Compute and print the Statement of Account (SOA)			<i>Billing Clerk Billing and Claims Unit</i>
2. Receive and sign the Statement of Account (SOA)	2. Release the Statement of Account (SOA) and advise to proceed to the Cashier Section for settlement.	None	1 Hour and 30 Minutes	<i>Billing Clerk Billing and Claims Unit</i>
<b>TOTAL:</b>		<b>None</b>	<b>2 Hours and 30 Minutes</b>	



## AVAILMENT OF PHILHEALTH BENEFITS AT THE OPD AMBULATORY SURGERY

The processing of final bills is a series of actions that validate the final financial obligation of the patient.

<b>Office or Division:</b>	Billing and Claims Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen			
<b>Who may avail:</b>	OPD ambulatory surgery patient and dependent.			
CHECKLIST OF REQUIRMENTS		WHERE TO SECURE		
1 Valid Government ID Claim Signature Form (1 Original Copy) Claim Form 2 (1 Original Copy) Claim Form 4 (encoded to iHOMIS)		Government Agency Billing and Claims Section / Out Patient Surgery Clinic		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The patient or companion will proceed to the Billing and Claims section located on the 2 <sup>nd</sup> Floor of the hospital for PhilHealth status verification.	1.1 Verifies the eligibility of the patient to avail of PhilHealth benefits.	None	3 minutes	<i>Billing Clerk</i> Billing and Claims Unit
	1.2 Distribute PhilHealth forms (CSF and CF2) to the patient or companion, if qualified.			<i>Billing Clerk</i> Billing and Claims Unit
<i>Note:</i>				
1. All companions authorized by the patient must bring one (1) valid government ID.				
2. For patients who are not PhilHealth members or not active members, please proceed to the nearest PhilHealth office near your residence for enrolment and updating of membership/dependent.				
2. The patient or companion will fill out the PhilHealth forms given by the Billing and Claims clerk.	The Billing and Claims clerk 2.1 Instructs how to fill out the forms		5 minutes	<i>Billing Clerk</i> Billing and Claims Unit
	2.2 Assists the patient or companion in filling - out the forms			
3. The patient or companion will submit the complete and properly filled-out PhilHealth forms to the Billing and Claims clerk	3. The Billing and Claims clerk verifies the completeness of the entries in the PhilHealth forms	None	3 minutes	Billing and Claims Clerk
	3.1. Instruct the patient or companion to bring the forms (CSF & CF2) on the day of the procedure as scheduled.			
<b>TOTAL</b>		<b>None</b>	<b>11 Minutes</b>	

## FEEDBACKS AND COMPLAINTS MECHANISM

FEEDBACKS AND COMPLAINTS MECHANISM	
How to send feedback?	<p>To send a feedback, client may:</p> <p>For Walk-ins: Proceed to Public Assistance and Complaints Desk (PACD) located at Ground Floor Lobby and answer the feedback form in the drop it in the feedback box.</p> <p>For Online: Send a feedback thru: <a href="mailto:rmbgh@quezoncity.gov.ph">rmbgh@quezoncity.gov.ph</a></p> <p>Other forms of submission: Client can call the Landline Number: (02) 88352560</p>
How feedbacks are processed?	<p>Feedback Forms are submitted and collected by the CART Officer for appropriate action Quality Assurance Committee reviews the complaint every Meeting</p>
How to file a complaint	<p>To file a complaint, client may:</p> <p>For Walk-ins: Proceed to Public Assistance and Complaints Desk (PACD) located at Ground Floor Lobby and Fill up Complaint form</p> <p>For Online: File a complaint through <a href="mailto:rmbgh@quezoncity.gov.ph">rmbgh@quezoncity.gov.ph</a></p> <p>Landline Number: (02) 88352560</p>
How complaints are processed	<p>If the complaint can be resolved by the CART officer the escalation protocol will not be employed.</p> <p>But if the complaint cannot be resolved, a thorough investigation and review will be done by the Patient Experience Committee by coordinating with the concerned office or personnel.</p> <p>The client must expect a response to the complaint after 72 hours via email or through mobile number that was provided in the complaint form.</p>



## LIST OF OFFICES

OFFICE	ADDRESS
OFFICE OF THE MEDICAL CENTER CHIEF	2ND FLOOR, MAIN BUILDING
CITY GOVERNMENT ASSISTANT HEAD III	2ND FLOOR, MAIN BUILDING
<b>MEDICAL DIVISION</b>	
CHIEF OF CLINICS	HOSPITAL ADMIN OFFICE, 2ND FLOOR, MAIN BUILDING
ANESTHESIOLOGY DEPARTMENT	OR COMPLEX, 2ND FLOOR, MAIN BUILDING
EMERGENCY ROOM DEPARTMENT	GROUND FLOOR, MAIN BUILDING
FAMILY MEDICINE DEPARTMENT	OPD GROUND FLOOR, MAIN BUILDING
INTERNAL MEDICINE DEPARTMENT	OPD GROUND FLOOR, MAIN BUILDING
OB-GYNE DEPARTMENT	OPD GROUND FLOOR, MAIN BUILDING
PEDIATRICS DEPARTMENT	OPD GROUND FLOOR, MAIN BUILDING
SURGERY DEPARTMENT	OPD GROUND FLOOR, MAIN BUILDING
<b>NURSING SERVICE DIVISION</b>	
OUTPATIENT DEPARTMENT	GROUND FLOOR, MAIN BUILDING
CENTRAL SUPPLY AND STERILIZATION DEPARTMENT	2ND FLOOR, MAIN BUILDING
SPECIAL CARE DEPARTMENT	2ND FLOOR, MAIN BUILDING
OR / DR COMPLEX	2ND FLOOR, MAIN BUILDING
NURSING SERVICE OFFICE	3RD FLOOR, MAIN BUILDING
CLINICAL WARD	3RD FLOOR, MAIN BUILDING
<b>ANCILLARY &amp; MEDICAL ALLIED DIVISION</b>	
DENTAL SECTION	OPD GROUND FLOOR, MAIN BUILDING
HEALTH INFORMATION MANAGEMENT DEPARTMENT	GROUND FLOOR, MAIN BUILDING
MEDICAL SOCIAL SERVICE DEPARTMENT	GROUND FLOOR, MAIN BUILDING
NUTRITION AND DIETETICS DEPARTMENT	2ND FLOOR, MAIN BUILDING
PATHOLOGY DEPARTMENT	GROUND FLOOR, MAIN BUILDING
PHARMACY SECTION	GROUND FLOOR, MAIN BUILDING
RADIOLOGY DEPARTMENT	GROUND FLOOR, MAIN BUILDING
RESPIRATORY SECTION	OPD GROUND FLOOR, MAIN BUILDING
<b>HOSPITAL OPERATION AND PATIENT SUPPORT SERVICES</b>	
CASHIER SECTION	GROUND FLOOR, MAIN BUILDING
ACCOUNTING SECTION	2ND FLOOR, MAIN BUILDING
BILLING AND CLAIMS	2ND FLOOR, MAIN BUILDING
BUDGET SECTION	2ND FLOOR, MAIN BUILDING
ENGINEERING DEPARTMENT	2ND FLOOR, MAIN BUILDING
HUMAN RESOURCE DEPARTMENT	2ND FLOOR, MAIN BUILDING
INFORMATION TECHNOLOGY / CDCU	2ND FLOOR, MAIN BUILDING
PROPERTY AND SUPPLY DEPARTMENT	2ND FLOOR, MAIN BUILDING



**END**