



CITIZEN'S CHARTER

A Century of Service, Passion, Mission and Care for All



*Updated as of June 2019

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VISION

World-class, service-oriented medical center leading in the provision of healthcare and training in Mindanao.

MISSION

Responsive health care from preventive to rehabilitative for all age groups and ethnicities in a safe and green environment; outstanding and compassionate health professionals serving and engaging in ethical and relevant researches; establishing linkages and networks to further develop SPMC and healthcare in the Southern Philippines.



QUALITY POLICY

The Southern Philippines Medical Center is committed to provide its clients with excellent, sustainable and accessible health care services delivered in a timely manner by competent and compassionate staff through the full implementation of sound quality management systems. We shall aim to continually improve our processes and service to exceed our client's requirements and conform to all statutory and regulatory requirements to achieve our strategic directions.



FEEDBACK AND REDRESS MECHANISM

Please let us know how we may serve or have served you by doing any of the following:

Accomplish our Client Satisfaction Survey Form available at the Public Assistance and Complaints Desk (PACD)/Information Counters or in the office you visited and put this in the drop box/suggestion box.

Send feedback, queries, complaints, or suggestions at email address: **spmcpacd@gmail.com** or you may contact at the following numbers: **0999 224 9785**

Talk to our PACD officers at the PACD/Information Counters.

Access information on our policies, activities, and services at the SPMC website: <http://www.spmc.doh.gov.ph>.

If you are not satisfied with our service, your written or verbal complaints shall immediately be attended to by the Officer of the DAY (OD) at the PACD counters.

Thank you for helping us continuously improve our services.



OPD CLINIC CONSULTATION (Entire Process)

Location: OPD Building

Who may avail?

1. Outpatients/ walk-in patients
2. Patients for follow-up
3. Patients with referral from other clinics

Availability of services: Mondays to Fridays except Holidays. Registration/Triage 7:00AM to 5:00PM. *Clinic & Triage Schedules Apply

Requirements

1. Patient's Information Sheet (SPMC-F-HIMD-07) for registration or Patients Identification Card/Yellow Card (SPMC-F-HIMD-11)
2. Official Receipt or Social worker approval /Routing Slip (SPMC-F-MSWS-06)
3. Senior Citizen/PWD ID (if applicable)
4. Referral from other physician (if applicable)
5. Discharge instructions of previous consultation/admission (if applicable)

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	New Patient/Lost Yellow Card Fills up information sheet at the Information Desk.	Assists client in filling up the information sheet.	5 minutes	-	OPD PACD/ Information Desk Staff	Patient's Information Sheet
	Old Patient/With Yellow Card Proceed to Triage (Step 3).	-	-	-	-	-
2	Submits information sheet to encoder at HIMD Window 8 or 9.	Encodes data from the information sheet.	38 minutes	-	HIMD Staff	Encoded Patient's Information Sheet OR Patient's Identification/ Yellow Card
3	Proceed to Triage for interview.	Interviews patient regarding their symptoms/complaints and guides them to the assigned clinic.	30 minutes	-	OPD Triage Nurse	-
4	Gets priority number and asks assistance from social worker and then proceed to assigned clinic.	Prints priority number for Social Worker.	2 minutes	-	Queueing Machine In-Charge	-
		Interviews and classifies patient and gives discount.	15 minutes	-	OPD Social Worker	Patients Identification Card; SC or PWD ID
	OR Pays consultation fee to cashier and then proceed to assigned clinic.	Receives payment and gives receipt.	5 minutes	P50 - Consultation Fee; P50 - Lost Card	OPD Cashier	Encoded Patient's Information Sheet OR Patient's Identification/ Yellow Card; Official Receipt
		Encodes transaction to computer and prints patient chart, if needed, then gives it to reception clerk.	5 minute	-	HIMD Encoder at clinic	
		Prepares patient identification card (yellow card) and chart or arranges for patient chart retrieval, if needed.	20minutes	-	Clinic Reception Clerk	
5	At the assigned clinic, waits for name to be called. Undergoes initial vital signs checking and receives yellow card.	Calls patient's name and gives or returns Patient's Identification/ Yellow Card and Official Receipt. Prepares patient and gives vital signs checking, if any.	120 mins (2 hours)	-	Clinic Reception Clerk Nursing Attendant/Nurse	-
6	Consultation. Receives prescription and/or laboratory/ procedural requests. Discharge.	Examines the patient. Gives prescription and/or procedural/laboratory requests. Fills up and gives discharge instruction to patient.	120 mins (2 hours)	-	Doctor	Prescription. Diagnostic Request, Discharge Instruction Form
END OF TRANSACTION						



OPD CLINIC CONSULTATION (Clinic Proper)

Location: OPD Building

Who may avail?

1. Outpatients/ walk-in patients
2. Patients for follow-up
3. Patients with referral from other clinics

Availability of services: Mondays to Fridays except Holidays. Registration/Triage 7:00AM to 5:00PM. *Clinic & Triage Schedules Apply

Requirements

1. Triage Note to Clinic from Triage.
2. Referral from other clinic (if applicable)

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	After Triage, pays consultation fee to cashier and then proceed to assigned clinic.	Receives payment and gives receipt.	5 minutes	P50-Consultation Fee; P50 - Lost Card	OPD Cashier	Encoded Patient's Information Sheet OR Patient's Identification/ Yellow Card; Official Receipt
		Encodes transaction to computer and prints patient chart, if needed, then gives it to reception clerk.	5 minute	-	HIMD Encoder at clinic	
		Prepares patient identification card (yellow card) and chart or arranges for patient chart retrieval, if needed.	20minutes	-	Clinic Reception Clerk	
5	At the assigned clinic, waits for name to be called. Undergoes initial vital signs checking and receives yellow card.	Calls patient name.	120 mins (2 hours)	-	Clinic Receptionist/ Nurse	-
		Prepares patient and gets vital signs, if any.				
6	Consultation. Receives prescription and/or laboratory/procedural requests. Discharge.	Examines the patient.	120 mins (2 hours)	-	Doctor	Prescription, Diagnostic Request, Discharge Instruction Form
		Gives prescription and/or procedural/laboratory requests.				
		Fills up and gives discharge instruction to patient.				
END OF TRANSACTION						





Physiatrist / Rehabilitation Medicine Consultation

Location: ICU Building 5th Floor, Physical Medicine and Rehabilitation Section

Who may avail?

1. Patients referred from other clinics of SPMC
2. Patients with referral notes from other hospitals or clinics
3. Patients with follow-up Rehab Consultation/ Re- Evaluation

Availability of services: Mondays to Fridays except Holidays (8:00 am – 5:00 pm)

Requirements:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. Patients Identification Card/<i>Yellow Card</i> (SPMC-F-HIMD-11) 2. Official Receipt or Social worker approval /Routing Slip (SPMC-F-MSWS-06) 3. Senior Citizen/PWD ID (if applicable) | <ol style="list-style-type: none"> 4. Referral from other physician (if applicable) 5. Referral Note |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

Fees :

P50-Physiatrist Consultation;

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Stay at the waiting area for your name to be called.	Wait for the patients' triage form Prepare patient's chart. Call patient's name	5 minutes	-	PRM Clerk	Patients Identification Card; Official Receipt; Routing Slip
2	Undergoes interview.	Check and file all necessary documents for consultation. Provide initial interview. Schedule patient for consultation.	10 minutes	-	PRM Clerk	Referral
3	Undergoes consultation.	Evaluate, assess, and plan management for rehabilitation. Provides number of treatment sessions.	30 minutes	-	Physiatrist	Referral; Diagnostic Results
4	Proceed to front desk in-charged for physical and/or occupational therapy schedule	Schedule patient for physical/ occupational therapy treatment.	2 minutes	-	PRM Clerk	None
END OF TRANSACTION						





PHYSICAL THERAPY / OCCUPATIONAL THERAPY

Location: ICU Building 5th Floor, Physical Medicine and Rehabilitation Section

Who may avail?

1. In-patients
2. Outpatient
3. Patients with referral from other clinics

Availability of services: Mondays to Fridays except Holidays (8:00 am – 5:00 pm)

Requirements

1. Patients Identification Card/*Yellow Card* (SPMC-F-HIMD-11).
2. Official Receipt or Social worker approval /Routing Slip (SPMC-F-MSWS-06) or Billing Slip (SPMC-F-BIL-79)
3. Senior Citizen/PWD ID (if applicable)
4. Referral from other physician (if applicable)

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Proceed to Physical Medicine and Rehabilitation Section and get priority number. Present yellow card.	Call patient's priority number and get the yellow card. Retrieve patient's chart. Bill the patient.	5 minutes	-	PRM Clerk	Patients Identification Card; Billing Slip
2	Pays to the Cashier.	Receives payment and gives receipt.	5 - 10 minutes	P150-Physical Therapy Session; P150-Occupational Therapy Session	PRM Clerk	Patients Identification Card
3	Present receipt to Rehab clerk.	Checks and logs OR number.	5 minutes	-	PRM Clerk	Official Receipt
4	Undergoes Physical Therapy/Occupational Therapy session.	Assess, treat, and perform Rehabilitation management as stated in the referral. Remind client's next PT/OT session. Document the findings during the session.	1 hour- 1 hour and 30mins Depending on the prescribed program	-	Physical Therapist/ Occupational Therapist	None
END OF TRANSACTION						





GENERAL LABORATORY SERVICES

Location: OPD Lower Ground Floor, Main Laboratory

Who may avail?

1. Out-patient
2. Walk-in patient (Referred from other hospitals/clinics)

Availability of services: Mondays to Fridays except Holidays (8:00 am – 5:00 pm)

Requirements

1. Laboratory Request from physician indicating the type of procedure
2. Laboratory Request (SPMC-F-LAB-14), (SPMC-F-LAB-16 to 18)
3. Patients Identification Card/Yellow Card (SPMC-F-HIMD-11)
4. Official Receipt or Social Worker Approval (SPMC-F-MSWS-06)

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Out-Patient Presents patient's hospital number/yellow card and proof of payment for the requested procedure.	Verifies request in the computer and issues claim stub.	2 minutes	Applicable Laboratory Fees	Laboratory Clerk Window 1 & 2	Patients Identification Card & Official Receipt
	Walk-In Patients Presents doctor's request with hospital number then pays for the procedure.	Encodes request in the computer.	2 minutes	Applicable Laboratory Fees	Laboratory Clerk Window 1 & 2	Patients Identification Card & Official Receipt
2	Proceed to the extraction area for blood extraction.	Extracts blood of patient.	10 minutes	-	Phlebotomist	Laboratory Request
	Submits laboratory sample (urine and stool).	Receives samples.	30 seconds	-	Receptionist Clerk	Laboratory Request
3	Results will be released in the following	-	-	-	-	-
	Out-Patient Consulted clinic reception.	Electronic release of results through Doctor's Dashboard.	5 minutes	-	Clinic Receptionist	Claim Stub
	Walk-In Patients Laboratory counter.	Gives the result of the procedure.	5 minutes	-	Laboratory Clerk Window 1 & 2	Claim Stub
END OF TRANSACTION						

Duration of Release of Results: *(depending on underlying condition)*

Out-Patient

CBC, Blood Chemistry, Serology, Immunology, Urinalysis, Fecalalysis
Microbiology Culture
AFB
Slides (KOH, Gramstain) Indian Ink, Giemsa Wet Mount
Histopath

- within 4 hours
- 5 working days
- within 48 hours after receipt of sample
- within 24 hours after receipt of sample
- 10 working days

In-Patient

CBC, Blood Chemistry, Serology, Immunology, Urinalysis, Fec
Microbiology

- within 5 hours after receipt of samples
- Initial results within 48 hours after receipt of sample





Release of Cadaver

Location: Morgue

Who may avail?

1. Relatives of deceased patients.

Availability of services: Everyday, 24/7

Requirements

1. Cadaver Clearance
2. Valid ID

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Presents Cadaver Clearance Slip and Valid ID to the Morgue in charge for verification.	Reviews presented documents.	10 minutes	-	Medical Technologist; Medical Technician; Laboratory Aide	Cadaver Clearance Slip
2	Identifies the body of the deceased.	Assists the client in identifying the body of the deceased. Instructs client to wait for the processing of the cadaver clearance slip.	10 minutes	-	Medical Technologist; Medical Technician; Laboratory Aide	Cadaver Tag
3	Accepts the body of the deceased together with two (2) copies of cadaver clearance slip and signs in the Morgue logbook to acknowledge the receipt of the cadaver.	Releases the body of the deceased as well as the copies of cadaver clearance slip. Asks the client to acknowledge receipt of the cadaver and sign in the Morgue logbook.	5 minutes	-	Medical Technologist; Medical Technician; Laboratory Aide	Copies of Cadaver Clearance Slip
END OF TRANSACTION						





X-RAY & ULTRASOUND (*Except Interventional Procedures*)

Location: OPD Lower Ground Floor, Radiology

Who may avail?

1. Out-patient
2. Walk-in patient (Referred from other hospitals/clinics)

Availability of services: Mondays to Fridays except Holidays (8:00 am – 5:00 pm)

Requirements

1. Request from physician indicating the type of procedure
2. Patients Identification Card/Yellow Card (SPMC-F-HIMD-11)
3. Official Receipt

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	Duration of Activity <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Presents proof of payment for requested procedure.	Verifies request and payment in the computer.	1 minute	Applicable Radiology Fees	X-ray Receiving Clerk/ Ultrasound Counter Staff	Official Receipt & Patients Identification Card
	Proceed to area:	-	-	-	-	-
2	X-ray Undergoes procedure.	Prepares materials and conducts the procedure.	15 minutes	-	Radtech	None
	Ultrasound Receives schedule of the procedure (depending on the required preparations as determined by the radtech in-charge or by the radiology doctor). Returns to Radiology department on the scheduled date or time to undergo procedure.	Gives schedule and requirements, if any, for the ultrasound. Conducts procedure.	2 minutes -	-	Ultrasound Counter Staff Doctor	Ultrasound Schedule & Claim Stub (SPMC-F-RAD-24)
3	Receives instruction and/or claim stub for the release of results.	Gives schedule of release of results and claim stub.	30 seconds	-	X-ray Receiving Clerk/ Ultrasound Counter Staff	X-Ray Claim Stub (SPMC-F-RAD-06)
END OF TRANSACTION						

Duration of Procedure: *(under normal circumstances)*

- X-ray - 15 minutes
- Ultrasound - 1 hour

Duration of Release of Results: *(depending on underlying condition)*

- X-ray - 3 working days after the procedure
- Ultrasound - one working day after the procedure (3:00pm)





CT-SCAN & MRI

Location: OPD Lower Ground Floor, Radiology

Who may avail?

1. Out-patient
2. Walk-in patient (Referred from other hospitals/clinics)

Availability of services: Mondays to Fridays except Holidays (8:00 am – 4:00 pm)

Requirements

1. Request from physician indicating the type of procedure
2. Patients Identification Card/Yellow Card (SPMC-F-HIMD-11)
3. Official Receipt

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Submits CT-Scan/MRI request.	Verifies the request.	30 seconds	-	CT-MRI Reception Clerk	MRI Request Form /CT Scan Request Form, Patients Identification Card
	Submits to interview with Doctor. Fills up and submits the MRI form 2.	Extracts patient history and P.E. Assists patient in filling up form.	5 minutes	-	Vetting Imaging Protocol (VIP) Doctor	MRI Request Form (SPMC-F-RAD-09), MRI Screening Form (SPMC-F-RAD-04), CT Scan Request Form (SPMC-RAD-05), CT Scan Screening Form (SPMC-RAD-01)
2	Receives instruction and prescription of medical supplies.	Provides prescription and instructions for the procedure.	3 minutes	-	VIP Doctor/ Clerk	Prescription
3	Presents proof of payment and complete medical supplies prior to scheduling of procedure.	Verifies complied requirements and payments and gives schedule for procedure.	3 minutes	Applicable Radiology Fees	Reception Clerk	Official Receipt, Assistance Attachment Papers
4	Returns to Radiology department on the scheduled date or time of procedure.	Conducts the procedure.	MRI - 1 hour; CT Scan - 30 minutes	-	Nurse, RadTech, Doctor	None
END OF TRANSACTION						

Duration of Release of Results: *(depending on underlying condition)*

MRI & CT-Scan - three working days after procedure





PHARMACY - Verification of the Availability and Price of Prescribed Medicine and Medical Supply

Location: MURANG GAMOT, OPD Pharmacy, IWNH Pharmacy and Heart Institute Pharmacy

Who may avail?

1. Patients (Out-patient and Walk-in patient) with prescription

Availability of services:	MURANG GAMOT	- Mondays to Sunday (24 hours)
	OPD Pharmacy	- Monday to Friday (8:00 am – 5:00 pm)
	IWNH Pharmacy	- Monday to Friday (24 hours)
	Heart Institute Pharmacy	- Monday to Friday (7:00 am – 11:00 pm)

Requirements

1. Prescription

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Presents prescription at the pharmacy to verify availability and price of medicine or medical supply.	Verifies the request and encodes and classifies the prescribed medicine or medical supply (Forward Stocking or Regular Stocks) and determines its price.	3 minutes	-	Pharmacist	Prescription (SPMC-F-PHA-04A to F)
2	Receives back the prescription with price listed for payment to cashier or for financial assistance.	Returns the priced prescription and instructs the client to settle the payment	2 minutes	Applicable Fees	Pharmacist	Prescription (SPMC-F-PHA-04A to F)
END OF TRANSACTION						





PHARMACY - Receiving the Prescribed Medicine and Medical Supply

Location: MURANG GAMOT, OPD Pharmacy, IWNH Pharmacy and Heart Institute Pharmacy

Who may avail?

1. Patients (Out-patient and Walk-in patient) with prescription

Availability of services:	MURANG GAMOT	- Mondays to Sunday (24 hours)
	OPD Pharmacy	- Monday to Friday (8:00 am – 5:00 pm)
	IWNH Pharmacy	- Monday to Friday (24 hours)
	Heart Institute Pharmacy	- Monday to Friday (7:00 am – 11:00 pm)

Requirements

1. Official Receipt of payment
2. Approved Financial Assistance from MAP, Lingap Para sa Mahihirap o Malasakit Program or PCSO

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Presents prescription and proof of payment or financial assistance for the medicine or medical supply.	Receives the prescription and verifies the payment and prepares the medicine or medical supply for release.	3 minutes	-	Pharmacist	Prescription (SPMC-F-PHA-04A to F); Official Receipt of Payment
2	Receives the requested medicine or medical supply.	Gives the medicine or medical supply with the official receipt of payment. For medicines, instructs the schedule and dosage of intake to patient/client.	2 minutes	Applicable Fees	Pharmacist	
END OF TRANSACTION						





AMBULATORY SURGERY

Location: OPD Lower Ground Floor, Ambulatory Surgery Unit (ASU)

Who may avail?

1. Referred patients from clinical departments who will undergo minor, medium and selected major surgery cases.

Availability of services: Mondays to Fridays except Holidays (8:00 am – 5:00 pm)

Requirements

1. Referral from clinical departments
2. Patients Identification Card/Yellow Card (SPMC-F-HIMD-11)
3. Official Receipt

Fees : Applicable Fees

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FORM/DOCUMENT
1	Patient enters the unit.	Assists patients in wearing O.R. gown and removal of unnecessary belongings.	10 minutes	Nurse	Official Receipt & Patients Identification Card
2	Goes into the pre-holding area for final pre-operative evaluation.	Evaluates patient's requirements, physical and medical condition for operation.	15 minutes	Surgeon/ Anesthesiologist/ Nurse	None
3	Undergoes the scheduled operation.	Conducts the procedure.	1-2 hours	Doctor	None
4	Patient is transferred to Post-Anesthesia Care Unit or Recovery Room for post-operative monitoring.	Attaches monitors to patient. Administers post-operative medicines. Assesses and evaluates patient to his/her full recovery prior to discharge.	3-4 hours -	Anesthesiologist/ PACU Nurse	None
5	Receives home medications, instructions and schedule for post-operative check-up.	Gives discharge instructions and home medication to the patient from PACU.	15 minutes	PACU Nurse	None
END OF TRANSACTION					

Duration of Procedure: 3-4 hours (depending on underlying condition)





Physical Examination and Issuance of Medical Certificate

Location: Health Specialty & Services Clinic

Who may avail?

1. Clients needing Medical Certificate for:

- | | | | |
|-----------------------|-------------------|--------------------------|----------------------|
| a. Pre-employment | d. Scholarship | g. LTO | j. Seafarers and OFW |
| b. Annual P.E. | e. Walk In | h. Naturalization | k. ePCB-PHIC |
| c. School Requirement | f. Child Adoption | i. Gender Identification | |

Availability of services: 8:00AM to 5:00PM, Monday to Friday, except Holidays. No Noon Break.

Requirements

1. Patient's Information Sheet (SPMC-F-HIMD-07) for registration or Patients Identification Card/Yellow Card (SPMC-F-HIMD-11)

Contact Number(s) : +63 082 227-2731 local 4146

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY (in normal circumstances)	FEES	PERSON IN-CHARGE	FORM/ DOCUMENT
1	For client without patient's hospital card Fills up Patient's Information Sheet	Screens and assesses to identify their specific need.	5 minutes	-	HSSC Pre-Screening Clerk	Patient's Information Sheet
	For client with patient's hospital card Submits yellow card for screening. Proceed to Step 3					Yellow Card
2	For client without patient's hospital card Submits Patient Information Sheet to the Information Area.	Submits Patient Information Sheet or Hospital Card to the Registration in-charge.	5 minutes		HSSC Information Clerk	Patient's Information Sheet
3	Receives hospital card and proper instruction.	Discusses appropriate package for the client. Gives Chart for other clinical findings.	10 minutes	P200 - consultation with Yellow Card	HSSC Encoder	Yellow Card, Other Clinical Findings Form
4	Pays for the fees at the Cashier.	Receives payment and issues official receipt.	2 minutes	Fees will depend on the packages that they need	HSSC Cashier	Yellow Card
5	Proceeds to HSSC Laboratory for blood extraction and to submit urine and stool sample. Collects urine sample at designated area.	Extracts blood samples and receives urine and stool samples. Verifies proper client identification and payment.	45 minutes		HSSC MedTech/ HSSC Chemist	Valid ID and Official Receipt
6	Proceeds to Radiology room for x-ray.	Checks receipt and yellow card then performs procedure.	15 minutes		HSSC RadTech	Yellow Card, Official Receipt
7	If with ECG request, proceed to ECG room.	Checks receipt and yellow card then performs procedure.	10 minutes		HSSC Nurse/ ECG Technician	Yellow Card, Official Receipt
8	Proceeds to respective OPD clinic for Ophtha/ ENT consultations included in the package. Proceed to HSSC Dental Clinic for dental consultation.	Check the other clinical findings form and official receipt. Performs examination.	10 minutes		Clerk, Nurse and Physician/Dentist In-charge	Other Clinical Findings Form, Official Receipt
9	Waits for the results from laboratory and other diagnostic results. After releasing of results, vital signs will be taken in preparation for the medical consultation.	Facilitates receipt of different diagnostic results then take the client's vital signs.	10 minutes		HSSC Nurse/ Attendant	Yellow Card, Official Receipt
10	Physical Examination / Medical Consultation.	Examines patient.	10 minutes		HSSC Physician	Patient Chart with diagnostic results
11	Receives Medical Certificate.	Prepares and issues Medical Certificate.	5 minutes		HSSC HIMD Staff	Medical Certificate
END OF TRANSACTION						

Duration of Release of Results: 2 working days, depending on underlying condition.





MAMMOGRAM & BREAST ULTRASOUND

Location: Health Specialty & Services Clinic

Who may avail?

1. Patients with mammogram or breast ultrasound referrals/requests.

Availability of services: 8:00AM to 5:00PM, Monday to Friday, except Holidays. No Noon Break.

Requirements

1. Patient's Information Sheet (SPMC-F-HIMD-07) for registration or Patients Identification Card/Yellow Card (SPMC-F-HIMD-11)
2. At least 2 Valid Identification Cards

Fees : Applicable Fees

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY (in normal circumstances)	FEES	PERSON IN-CHARGE	FORM/ DOCUMENT
1	New Client Fills up information sheet at the registration area and submits it to information clerk for screening.	Provides information sheet and assist patient to fill it up. Submits information sheet to the registration in-charge.	5 minutes	-	HSSC Encoder	Patient's Information Sheet
	Old Client Submits hospital card to encoder.	Submits hospital card for registration.				Yellow Card
	New and Old Client	Verify encoded request.	5 minutes	-	HSSC Rad.tech	Patient's Information Sheet
2	Receives instructions and information on packages. Receives hospital card.	Orients the client about packages payment.	10 minutes	-	HSSC Rad.tech	Yellow Card
		Schedules the procedure, if needed, and instructs patient on when to come back.				Other Clinical Findings Form
3	On scheduled day of procedure, proceed to cashier to settle the payment.	Receives payment and issues official receipt.	2 minutes	Applicable Fees	HSSC Cashier	Yellow Card
4	Proceed to mammogram/ ultrasound room for the Procedure and presents receipt and hospital card.	Checks receipt and hospital card. Orients the client on the procedure then proceeds with the procedure.	30 minutes	-	HSSC Rad.tech (Mammogram) / Doctor (Ultrasound)	Valid Identification Card and Official Receipt
5	Returns to mammogram/ ultrasound reception area for the results, after 2 working days.	Check receipt and hospital card then releases results. Advises client to bring result to respective clinic/ attending physician.	5-10 minutes	-	HSSC Radtech	Yellow Card and Official Receipt
END OF TRANSACTION						





PEDIATRIC AND ADULT CARDIOLOGY CLINIC

Location: Heart Institute, Ground Floor

Who may avail?

1. Patients diagnosed with specific cardiac problems as referred by private or government practitioner, preferably a cardiologist, provided that the patient was seen first at the OPD clinic.
2. Patients who were previously admitted at the ward or seen at the Emergency Room.
3. Referred patients from OPD Clinics (Pedia/IM) with cardiac problems/complaints who require consultation and treatment.

Availability of services:

PEDIA Tuesday (9:00 am - 12:00 nn) Rheumatic Heart Disease & Kawasaki Disease; Benzathine Penicillin Injection
Wednesday & Friday (9:00 am – 12:00 nn) Congenital Heart Disease

*Cut-off for patient registration at Triage:

Tuesday: 11:00 am Wednesday & Friday: 11:00 am

ADULT Monday (1:00 pm -5:00 pm) Consultation & CP Clearance; Benzathine Penicillin Injection
Wednesday (10:00 am – 12:00 nn) Consultation
Friday (1:00 pm – 5:00 pm) Consultation & CP Clearance

*Cut-off for patient registration at Triage:

Monday & Friday: 3:00 pm Wednesday: 11:00 am

Requirements

1. Patients Identification Card/Yellow Card (SPMC-F-HIM-11) for Old patients
2. Referral letter (If available)

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (in normal circumstances)	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Proceed to Triage window.	Verify if new patient.	10 minutes	-	Nurse	None
	New Patient Fill up information sheet.	Gives information sheet then registers patient information.	10 minutes	-	Clerk	Patients' Information Sheet (SPMC-F-HIM-07)
	Old Patient Present Patients Identification Card.		10 minutes	-	Clerk	Yellow Card
2	Proceed to Cashier for payment of consultation and/or injection procedure.	Receives payment then gives official receipt.	2 minutes	P75 - New Patient; P50 - Old Patient; P30 - Injection	Cashier	Patients' Information Sheet (SPMC-F-HIM-07)/ Yellow Card
3	Goes back to triage window and gives official receipt and Patients Identification Card.	Encodes the name of the patient and gets patient's records.	3 minutes	-	Clerk	None
4	Proceeds to waiting area for vital signs taking and consultation.	Takes the patient's vital signs for assessment. Orients the patient and watcher.	30 minutes	-	Nurse	None
5	Consultation.	Interviews the patient and explains the medical care/treatment. Gives instructions for home medication.	10 minutes	-	Doctor	None
	Receives prescription and request for laboratory or other procedure OR Receives referral to other clinic or for admission.	Gives prescription or request for diagnostic procedure. Refers patient to other clinic or to Emergency Room for admission.	5 minutes	-	Doctor	Consultation and Referral Sheet (SPMC-F-MRO-10)
END OF TRANSACTION						





HEART STATION / ECHOCARDIOGRAPHY

1. 2D Echo
2. TEE
3. IOTEE
4. 24-hours Ambulatory Holter ECG

5. Vascular Studies (Arterial, Venous and Carotid)
6. Stress Test
7. Stress Echo
8. Dobutamine Echo

Location: Heart Institute, Ground Floor

Who may avail?

1. All patients needing any of the abovementioned procedure.

Availability of services: Monday - Friday (8:00 am - 5:00 pm)

*Cut-off for patient registration at Triage:

Monday & Friday: 3:00pm

Wednesday: 11:00am

Requirements

1. Request for procedure
2. Proof of payment

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (in normal circumstances)	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Submits request for heart station/echocardiography laboratory for scheduling.	Receives request form and gives schedule the examination/procedure.	3 minutes	-	Heart Station/ Echocardiography Staff	Heart Station/ Echocardiographic Section & Laboratories Form (SPMC-F-HS&EL-01)
2	Pays to Cashier.	Receives payment and issues official receipt.	2 minutes	Applicable Heart Station Fees	Cashier	Heart Station/ Echocardiographic Section & Laboratories Form (SPMC-F-HS&EL-01)
	Asks assistance from Social Worker, CMAP, Lingap, etc.	Interviews patient and gives discount.	5 minutes	-	Social Worker	
3	Goes back to heart station/echocardiography laboratory at the scheduled date and presents the approved request and official receipt.	Verifies the approval of request or the payment of the procedure.	2 minutes	-	Heart Station/ Echocardiography Staff	Heart Station/ Echocardiographic Section & Laboratories Form (SPMC-F-HS&EL-01) & Official Receipt
4	Signs the consent form (if applicable).	Provides consents form.	5 minutes	-	Heart Station/ Echocardiography Staff	Consent Form (SPMC-F-MRI-21c)
5	Undergoes procedure.	Executes the procedure.	15-40 minutes	-	Heart Station/ Echocardiography Staff (with resident and cardiologist on special procedure)	None
6	Receives instructions for the release of results and claim stub.	Instructs or issues claim stub for the result.	2 minutes	-	Heart Station/ Echocardiography Staff	Claim Stub

Duration of Release of Results: 1—2 weeks, depending on underlying condition





CARDIAC REHAB

Location: Heart Institute, Ground Floor

Who may avail?

1. All patients needing cardiac rehab services.

Availability of services: Monday, Tuesday, Wednesday, Friday (8:00am - 5:00pm); Thursday (7:00am - 3:00pm)

- * Saturdays, by appointment (7:00am - 3:00pm)

Requirements

1. Referral
2. Proof of payment

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (in normal circumstances)	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Submits referral for Cardiac Rehab.	<p>Receives referral form for Cardiac Rehab.</p> <p>Issues Yellow Card. Retrieves patient's chart.</p> <p>Logs patient's data in daily logbook. Issues Charge Slip and instructs patient to pay at the Cashier or to ask for assistance at the Social Worker</p>	9 minutes	-	<p>Cardiac Rehab Staff</p> <p>HIMD Staff</p> <p>Cardiac Rehab Staff</p>	Cardiac Rehabilitation Charge Slip SPMC-F-MRI-BIL-87
2	Pays to Cashier. OR	Receives payment and issues official receipt.	5 minutes	<p>Phase II Package A: P6,000 Package B: P9,000 Phase III Package A: P4,500 Package B: P6,500 Package C: P8,500</p>	Cashier	Cardiac Rehabilitation Charge Slip SPMC-F-MRI-BIL-87
	Asks assistance from Social Worker, CMAP, Lingap, etc.	Interviews patient and gives discount.	1 hour		Social Worker/ CMAP or LIN-GAP Staff	
3	<p>Presents charge slip with assistance attachments and/or official receipt.</p> <p>Undergoes Cardiac Rehab Session.</p>	<p>Assesses and documents the findings during the course of the session.</p> <p>Instructs the patient to come back on the next rehab session</p>	1 hour and 30 minutes	-	Cardiac Rehab Staff	None





Z PACKAGE

Location: Heart Institute, Ground Floor

Who may avail?

1. All patients needing Z Package services

Availability of services: Monday to Friday (8:00am - 5:00pm)

Requirements

1. Referral slip

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (in normal circumstances)	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Submits referral slip coming from their respective cardiologist (Adult/Pedia) to Z Program Navigator/Z Program Staff	Receives referral slip and proceed to orientation. Present Pre Admission form, Financial Assistance form and diagnostic requirements.	10 minutes	-	Z Program Navigator/ Z Program staff	Pre Admission form(PAF) 1.1 SPMC-F-MRI_38I (VSD) 1.2 SPMC-F-MRI-38K (TOF) SPMC-F-HI-Z-02 (CABG) SPMC-F-MSWS-02-A
2	Go to PHIC in charge for evaluation	Evaluates PHIC Membership. Provide Pre Authorization Request/Checklist and Members Empowerment once with complete requirements	5 minutes	-	PHIC Coordinator	Pre Authorization Request/ Checklist (PARF) Members Empowerment Form (MEF)
3	Go back to Attending Physician (Cardio Clinic) Presents all forms given by Z Navigator and PHIC incharge	Fills up the Pre Admission form , Pre Authorization Request/ Checklist and Members Empowerment. Go over with the diagnostic requirements	10 minutes	-	Cardio Consultants/ Cardio Residents	Pre Admission form(PAF) 1.1 SPMC-F-MRI_38I (VSD) 1.2 SPMC-F-MRI-38K (TOF) 1.3SPMC-F-HI-Z-02 (CABG) Pre Authorization Request/ Checklist (PARF) Members Empowerment Form (MEF)
4	Submits all the documents to Z Program Navigator/ Z program staff	Evaluates the documents submitted. Sets schedule for the Evaluation of Expert Panel.	5 minutes	-	Z Program Navigator/ Z Program staff	None
5	Undergoes Evaluation of expert Panel	Make sure that inclusion and exclusion criteria are being met	30 minutes		Screening Committee (Cardio consultants, Surgeons and Anesthesiologist) Z Package Staff	None
6	Presents donor for patient's blood used during operation	-	-	-	-	-
7	Admission	Activation of Clinical Pathway	5 minutes		Cardio /TCVS consultants Nurse on duty	



SOCIAL SERVICES - Heart Institute

Location: Heart Institute, Ground Floor

Who may avail?

1. All Heart Institute patients or their representative

Availability of services: In Patients/other Wards : 8:00 AM- 5:00 PM (Monday to Friday, Excluding holidays)
 OPD Patients: 8:00 AM- 5:00 PM (Monday to Friday, Excluding holidays)

Requirements

1. Filled up financial Assistance form from Cardio residents/Physician and/or TEAM OF CARDIOVASCULAR SURGEONS
2. Routing slip from Z-Program Coordinator

Services Offered:

1. Classification of Patients OPD/In Patients
2. Assessment
3. Provisions of Medical Needs thru MHCAP
4. POC/POS enrollment-For Non Active PHIC Member
5. Networking with other Funding Agencies
6. Referral
7. Counseling

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (in normal circumstances)	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Submits to Social Worker interview.	In-depth interview re: OPD Patients/In-Patients. Assessment. Establish classification of patient. Establish Social Case Summary for admitted Patients. Issuance of costing of Procedure. Issuance of Referral to Medical Team .	20 minutes	-	Medical Social Worker	Encoded and issued MSWS Card; Intake Sheet; SPMC-F_MSWD-03 Assessment Tool; SPMC-F_MSWD-12 Social Case Summary Form; SPMC-F_MSWD-10- Document Slip; Referral to Medical Team still for Approval
2	Submits needed documents for Z Package.	Receives Required Documents for Z-Package patients(1 week Complying). Establish Patients Share/ Co-Pay. Orientation and counseling.	25 minutes	-	Medical Social Worker	SPMC-F_MSWD-07Check list of Requirements
3	Receives referral to other funding agencies.	Refer patients to MHCAP and other funding Agencies.	25 minutes	-	Medical Social Worker	SPMC-MSWD-23 Referral Form
END OF TRANSACTION						





PSYCHIATRIC CONSULTATION

Location: Institute of Psychological & Behavioral Medicine, Ground Floor

Who may avail?

1. Discharged patients for follow-up.
2. Outpatients/Walk-in patients (New/Old)
3. Patients for follow-up from other units/wards of SPMC and other clinics or hospitals.
4. Patients referred from other agencies: DSWD, LGU, Lingap, CMAP, BJMP, Court.

Availability of services: Monday to Friday 8:00 AM to 5:00 PM, except Holidays

Requirements

1. From other SPMC units/wards/clinics or hospitals:
 - a. A referral note from referring doctor
2. From other agencies:
 - a. Referral from social worker with case study
 - b. Referral from Barangay
 - c. If forensic - court order
3. If Lingap/CMAP beneficiary:
 - a. Voter's ID and Barangay certificate
4. Patients Identification Card/Yellow Card (SPMC-F-HIMD-11)

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (in normal circumstances)	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Secure gate pass from guard house.	Provide gate pass to client.	2 minutes	-	Security Guard	Gate Pass
2	Present the yellow card and referring documents to Medical Records Section.	Checks documents and encodes information.	5 minutes	-	Medical Records Staff	Patients Identification Card / Referral
3	Fill up triage form.	Provide triage form and assist client in filling up.	5 minutes	-	Medical Records Staff	Triage Form
4	Interview with social worker.	Interviews client/watcher.	3 minutes	-	Social Worker	None
5	Pay consultation fee at the Cashier.	Receives payment and issues official receipt.	2 minutes	P50	Cashier	Official Receipt
6	Consultation with the psychiatrist.	Checks and examines patient.	-	-	Doctor	None
7	Receives prescription and have gate pass signed by doctor/psychiatry social worker.	Writes prescription and/or signs gate pass.	5 minutes	-	Doctor/ Social Worker	Prescription /Gate Pass
8	Surrender gate pass to guard house.	Receives gate pass.	1 minute	-	Security Guard	Gate Pass
END OF TRANSACTION						





NEURO-PSYCHOLOGICAL TESTING

Location: Institute of Psychological & Behavioral Medicine, Ground Floor

Who may avail?

1. Psychiatric OPD clients:
 - a. Outpatient/Walk-in client
 - b. Clients for follow-up from wards
 - c. Clients referred from psychiatrist, other disciplines, agencies and institutions.
2. Clients from Industrial Clinic of SPMC.

Availability of services: Monday - Friday (8:00 am - 5:00 pm), except Holidays

Requirements

1. Referral from psychiatrists, other physicians other SPMC clinical departments, other agencies, and institutions.
2. Official Receipt/Social Service Approval

Fees : Applicable Fees

How to avail of the service?

1. Psychiatric OPD Patients

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	If referred, go to Psychologist's Office.	Schedules NPT.	-	-	Psychologist	Referral
2	Takes NPT.	Administers NPT.	4 hours	-	Psychologist	None
END OF TRANSACTION						

2. Other Psychiatric Service Patients

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Go directly to Psychologist's Office.	-	-	-	Psychologist	None
2	Present referral from IC.	Schedule client's NPT and gives appointment slip.	5 minutes	-	Psychologist	Referral
3	After receiving appointment slip, go to Cashier to pay.	Receives payment and issues official receipt.	2 minutes	-	Cashier	Official Receipt
4	Come back on the appointed time and date for NPT.	Administers NPT.	-	-	Psychologist	Appointment Slip
END OF TRANSACTION						





SOCIAL SERVICES - IPBM

Location: Institute of Psychological & Behavioral Medicine, Ground Floor

Who may avail?

1. Outpatient (Old and New)
2. Inpatient (Old and New)
3. Patients referred from other agencies.
4. Clients covered by special laws, Republic Acts and Executive Orders

Availability of services: Monday - Friday (8:00 am - 5:00 pm), except Holidays

Requirements

1. All clients: Interviewed by social worker.
2. Patients referred from other agencies:
 - a. A case study from referring social worker
referral note from referring doctor/agency
court order if forensic case
Lingap/CMAP documents
 - b. Clients covered by special laws/Republic Acts:
Senior Citizen - Senior Citizen ID
Person with Disability - PWD ID
PHIC (indigent) - 4P's ID
PHIC Regular - PHIC ID

How to avail of the service?

1. New Patients

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/ DOCUMENT
1	Client interview (if client is incapacitated, accompanying person is interviewed; preferably a family member).	Interviews patient/client.	5 minutes	-	Social Worker	None
2	Client signs psycho-social form to affirm data.	Provides psycho-social form and assist patient in signing.	1 minute	-	Social Worker	Psycho-Social Form
3	Receive pink card	Gives pink card.	2 minutes	-	Social Worker	Pink Card
END OF TRANSACTION						

2. Old Patients

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/ DOCUMENT
1	Present pink card.	Receives pink card.	1 minute	-	Social Worker	Pink Card
2	Client interview (re-take).	Interviews patient.	5 minutes	-	Social Worker	None
3	Have pink card updated and stamped by social worker.	Updates pink card and stamps it.	1 minute	-	Social Worker	None
END OF TRANSACTION						





PHARMACY SERVICES - IPBM

Location: Institute of Psychological & Behavioral Medicine, Ground Floor

Who may avail?

- 1. All IPBM clients.

Availability of services: Monday - Friday (8:00 am - 5:00 pm), except Holidays

Requirements

- 1. Prescription

Fees : Applicable Fees

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Present prescription to pharmacist for availability of medicines.	Verifies the request and encodes and prices and classifies the prescribed medicine (Forward stocking or Non-forward stocking).	1 minute	-	Pharmacist	Prescription
2	Charity Patient Proceed to psychiatry social worker.	Interviews and classifies patient then gives discount to request.	5 minutes	-	Social Worker	Prescription
	CMAP/Lingap Have pharmacist stamp prescription with "Murang Gamot".	Stamps "Murang Gamot" to prescription.	1 minute	-	Pharmacist	Prescription
	Depot Clinic Patient Have the doctor note that patient is an authorized recipient.	Writes note on prescription and signs it with his name and signature.	1 minute	-	Doctor	Prescription
	Pay Patient Consult price list.	Provide price list and assist client.	2 minutes	-	Pharmacist	Prescription
	Pay to Cashier.	Receives payment and issues official receipt.	2 minutes	Applicable Pharmacy Fees	Cashier	Prescription
	Proceed to Pharmacy and present official receipt.	Receives the request and Official Receipt. For PHIC beneficiary, encodes the requested medicine to computer	2 minutes	-	Pharmacist	Prescription & Official Receipt
	Receive medicines.	Dispenses medicine to the client	2 minutes	-	Pharmacist	None
END OF TRANSACTION						





TRIAGING (ESI Category 1& 2 and Category 3,4 & 5 Patients^{***})

Location: Emergency Room & Trauma Center

Who may avail?

1. Emergency Severity Index Category 1 and 2 Patients
2. Emergency Severity Index Category 3, 4 and 5 Patients

Availability of services: Everyday (24 hours)

Requirements

1. Referral, if available

Fees : P83—ER Consultation Fee, excluding diagnostics/medications/supplies

How to avail of the service?

1. Emergency Severity Index Category 1 and 2 Patients

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Arrives and presents patient/self to the triage area.	Directs and assists in transferring patients to the triage area.	1 minute		Transporter/ Orderly	Referral, if available
	Patient receives immediate resuscitative measures while significant other facilitates registration process.	Immediately transports patient to the Resuscitation Area. Takes and records vital signs and performance emergency medical and nursing management.	15 minutes and until the patient is stable		Triage Of- ficer (Nurse / Doctor)	None
		After stabilization, endorses patient to the appropriate department for continuity of management and admission process.	5 minutes		Emergency Medicine Resident	None
Proceed to Admission Process – Step 7)						

2. Emergency Severity Index Category 3, 4 and 5 Patients

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Arrives and presents patient/self to the triage area.	Directs and assists in transferring patients to the triage area.	1 minute		Transporter/ Orderly	Referral, if available
	Subjects self for medical screening.	Takes and records vital signs and interviews/ evaluates patient of his/ her complaint.	2 minutes		Triage Of- ficer (Nurse / Doctor)	None
Proceed to Registration Process – Step 2						

^{***}The **Emergency Severity Index (ESI)** is a **five-level emergency department triage algorithm** based on the acuity of patients' health care problems and the number of resources their care is anticipated to require.

Category	Name	Description	Example
1	Resuscitation	Immediate, life-saving intervention required without delay	Cardiac arrest Massive bleeding
2	Emergent	High risk of deterioration, or signs of a time-critical problem	Cardiac-related chest pain Asthma attack
3	Urgent	Stable, with multiple types of resources needed to investigate or treat (such as lab tests plus X-ray imaging)	Abdominal pain High fever with cough
4	Less Urgent	Stable, with only one type of resource anticipated (such as only an X-ray, or only sutures)	Simple laceration Pain on urination
5	Nonurgent	Stable, with no resources anticipated except oral or topical medications, or prescriptions	Rash Prescription refill





REGISTRATION AND CONSULTATION

Location: Emergency Room & Trauma Center

Who may avail?

1. Emergency room patients

Availability of services: Everyday (24 hours)

Requirements

1. Referral, if available

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/ DOCUMENT
1	Fills out patient's data form	Provides patient's data form.	3 minutes	-	Triage Officer (Nurse / Doctor)	Patient's Data Form (SPMC F-ADM-01)
2	Submits the filled out patients form	Encodes/registers the personal data of the patient and prints the Emergency Department (E.D.) Clinical Form.	2 minutes	-	Registration Staff	Patient's Data Form and E.D. Clinical Form
3	Proceeds to respective departments for examination.	Assist the patient towards the Resident on Duty (R.O.D.) (For Emergency cases, triage nurse assist patient to Resuscitation for immediate interventions)	2 minutes	-	Nurse / Transporter / Orderly	None
4	Presents self for examination by the medical staff and receives therapeutic / diagnostic care	Takes medical history and examines the patient depending on patient's severity (Refer to Emergency Severity Index (E.S.I.)), administers prescribed interventions or medication. Provides care and encodes request for laboratory and diagnostic procedure.		-	Doctor	E.D. Clinical Form
		E.S.I. 3: Acute care area.	15- 30 minutes			
		E.S.I. 4 and 5: E.D. waiting area.	2 hours			
5	Presents patient/self for diagnostic procedure.	Instructs patient on requested diagnostics.		-		
		Laboratory department: Collects and submits sample for diagnostic procedures.	30 minutes	Applicable Fees, charged to Statement of Account	Medical Technologist	Laboratory request
		Radiologic and imaging department: Performs imaging procedures.	30 minutes		Radiologic Technologist	Imaging request
		Cardiopulmonary Services: Collects and submits blood specimen for arterial blood gas analysis. Performs electrocardiogram tracing (whichever is applicable and indicated by the doctor).	30 minutes		Respiratory Therapist	Cardiopulmonary services request
6	Awaits diagnostic results and disposition advice.	Monitors and gives intervention (as ordered). Advices patients on decision and plan (disposition). After thorough assessment and diagnostic procedures, the resident-in-charge will decide whether to admit or discharge the patient.	120 minutes		-	Doctor / Nurse
END OF TRANSACTION						





ADMISSION PROCESS

Location: Emergency Room & Trauma Center

Who may avail?

1. Emergency room patients

Availability of services: Everyday (24 hours)

Requirements

1. Referral, if available

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/ DOCUMENT
1	Fills out the informed consent for emergency care/admission	Instructs patients to the admission process and directs patient to admitting section.	2 minutes	-	Doctor	Informed consent for Admission Admission slip
2	Submits the Admission slip/ Consent Form for Admission to the Admitting Section and signs the consent form for Admission.	Officially register the patient as a case of Admission. Prints clinical cover sheet and instructs signification/patient to give it to the admitting physician.	10 minutes	-	Admitting Clerk	Clinical Cover Sheet
3	If with PHIC: Proceeds to the ER Philhealth Counter for Philhealth verification.	Checks, verifies eligibility to avail PHIC benefits. If eligible, provides Temporary PHIC Card and instructs significant other to comply the requirements within 24 hours. If not eligible, instructs patients to proceed to the Social Services for classification and possible assistance.	15 minutes	-	PhilHealth Care Clerk	Claims Form 1 (CF1) Temporary PHIC Card
4	Gives the Clinical Cover to the admitting physician and waits for prescriptions and request for additional diagnostic tests	Makes admitting orders and prepares the patient chart. Fills-up history record, encodes additional diagnostic tests, makes prescriptions, endorses/ refers patients to Senior resident and/or consultant, as necessary.	60 minutes	-	Resident in Charge	Patient Chart Prescriptions
5	Waits for further instructions from the resident in charge	Endorses the patient's chart to the Nurse in Charge	1 minute	-	Resident in Charge	Patient Chart
6	Receives necessary medical and nursing care	Carry-out and perform admitting orders (e.g. inserts IV fluids, gives STAT medications, performs nursing procedures as ordered).	20 minutes	-	Nurse in Charge	Patient Chart
		Endorses patient to the receiving unit as ordered by the admitting physician.	5 minutes	-	Nurse in charge	Patient Chart
END OF TRANSACTION						





DISCHARGE PROCEDURE (Discharge as ordered, HAMA, Transfer)

Location: Emergency Room & Trauma Center

Who may avail?

1. Emergency room patients: a. For Discharge as ordered b. Home Against Medical Advise (HAMA) c. Transfer to Other Facility

Availability of services: Everyday (24 hours)

Requirements

1. Cleared Statement of Account 2. ED Discharge Slip

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Receives discharge instructions from the resident in charge. If patient/watcher decides to Transfer or Go Home Against Medical Advise, signs Waiver form.	Provides discharge order and prescription. For Transfer to other facility: creates Referral form and endorses patient to the receiving hospital once with reserved accommodation.	15 minutes	-	Doctor	E.D. Discharge Slip
2	Proceeds to Billing Section and present the Billing Charges form to the clerk on duty	Encodes charges and prints Statement of Account.	5 minutes	-	Billing Clerk	Billing Charges Form
3	If able to pay, proceeds to the Cashier for payment.	Receives payment and marks billing statement as cleared.	5 minutes	Applicable Fees	Cashier	Statement of Account (SOA)
	If unable to pay, proceeds to the social worker for assistance.	Interviews client gives appropriate assistance	15 minutes	-	ED Social Worker	Statement of Account (SOA)
4	Present cleared billing statement to the Nurse in Charge	Provides appropriate discharge instructions (home medications and follow-up check-up). Signs discharge slip after making sure that patient/significant other fully understood the instructions. Removes IV and other contraptions as needed.	5 minutes	-	Nurse In Charge	ED Discharge Slip
5	Proceed to the Exit and presents the cleared and NOD-signed Billing Statement (Clearance) to the Security Personnel	Check the Clearance Form presented, making sure that the Billing was settled with the nurse's name and signature. Collects back the watcher's ID from the significant other.	1 minute	-	Security Personnel	ED Discharge Slip
END OF TRANSACTION						





MEDICO LEGAL SERVICES

Location: Emergency Room & Trauma Center

Who may avail?

1. Inpatients, outpatients and walk-in patients.

Availability of services: Everyday (24 hours)

Requirements

1. Patients with medico legal complaints on untoward incident occurring not more than 24 hours.

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Proceed to triage area for screening and assessment.	Screens and Assesses the patient and provides Patient's Data Form	5 minutes	Triage Nurse	-	None
2	Fills up patient's data form and submits it to Admitting Clerk for encoding.	Encodes the personal data of patient and prints the ER Clinical Form.	5 minutes	Admitting Clerk	-	Patient's Data Form (SPMC-F-ADM-01)
3	Proceeds to respective department for consultation.	Conducts medical examination and treatment to patient.	-	Doctor	-	ER Clinical Form (SPMC-F-MRI-10A)
4	Requests for medical certificate (if patient may go home).	Issues a discharge charge slip to the patient that includes the request for medical certificate.	5 minutes	Doctor	-	Discharge Slip (SPMC-F-BIL-80) and ER Billing Charges (SPMC-F-BIL-80)
5	Presents the discharge slip to ER Billing Section.	Prints the Billing or Statement of Account of the patient.	5 minutes	ER Billing Clerk	-	Discharge Slip (SPMC-F-BIL-80)
6	Pays the bill, including the request for medical certificate, at the Cashier.	Receives payment and issues official receipt,	2 minutes	Cashier	Applicable Fees	Statement of Account (SPMC-F-BIL-11) & Discharge Slip (SPMC-F-BIL-80)
7	Presents the official receipt to the nurse for discharge instructions.	Forwards/Hands the ER Clinical Form to the Registration Clerk for preparation of Medical Certificate.	5 minutes	Nurse	-	Statement of Account (SPMC-F-BIL-11) & Official Receipt
8	Goes to ER Registration and asks the registration clerk for medical certificate.	Prepares and issues the Medical Certificate/s. Instructs client to go back to Doctor for signature.	10 minutes	Registration Clerk	-	Statement of Account (SPMC-F-BIL-11) & Official Receipt
9	Returns to attending doctor for signature.	Affixes the signature and license number on the two (2) copies of the Medical Certificate. Indicates no. of days patient is advised to rest. Instructs client to return to ER Registration Clerk.	1 minute	Doctor	-	Medical Certificate (SPMC-F-HIM-14);
10	Receives the original, signed and sealed copy of medical certificate.	Issues the original signed and sealed copy and keeps the duplicate of medical certificate.	3 minutes	Registration Clerk	-	Medical Certificate (SPMC-F-HIM-14)
END OF TRANSACTION						





ER RADIOLOGY SERVICES

Location: Emergency Room & Trauma Center

Who may avail?

1. Emergency room patients.

Availability of services: Everyday (24 hours)

Requirements

1. Note from the doctor.

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Submit patient hospital number to ER X-Ray Receiving Area.	Asks client of their location at the ER and tells them to wait for their name to be called	2 minutes	RadTech	-	Patient Hospital Number
	Stays in their respective/ observation area and waits to be called.	Calls and assists patient to enter for X-ray.	5 minutes	ER Transporter	-	None
2	Undergoes X-Ray procedure.	Conducts X-ray procedure.	15 minutes	RadTech	-	None
3	Receives claim stub for the official result of X-Ray.	Gives claim stub for the release of X-ray official result, Or Doctors makes an initial reading of the X-ray result	1 minute	ER X-Ray Receiving Clerk/ Doctor	-	Claim Stub
END OF TRANSACTION						

Duration of Release of (Official) Results: 3 working days, at the Main Radiology Department





ER LABORATORY SERVICES

Location: Emergency Room & Trauma Center

Who may avail?

1. Emergency room patients.

Availability of services: Everyday (24 hours)

Requirements

1. Note from the doctor.

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEEES	FORM/ DOCUMENT
1	Proceeds to ER Laboratory for verification of encoded request. (Optional: submits blue stub to ER Laboratory)	Prints and gives the laboratory request to the phlebotomist for blood collection.	2 minutes	ER Laboratory Receiving Clerk	-	Note from Doctor
2	Undergoes blood extraction. Given instruction of proper specimen collection of urine and stool.	Collects blood sample. Instructs patient of proper sample collection. Endorses sample to MTOD.	10 minutes	ER Laboratory Phlebotomist	-	None
3	Submits samples (urine and stool) with the laboratory request and receives claim stub for the release of results.	Receives and processes the samples for laboratory examination	2 minutes	ER Laboratory Receiving Clerk	-	Laboratory Request (SPMC-F-LAB-14) to (SPMC-F-LAB-18)
	Waits for the result of laboratory test.	Process blood, urine and stool sample.	100 minutes	Medical Technologist	-	-
4	Receives the laboratory result according to the specified time of release.	Prints and gives the laboratory result to the watcher/doctor	2 minutes	ER Laboratory Receiving Clerk	-	Claim Stub (SPMC-F-LAB-14)
END OF TRANSACTION						



IWNH ER Consultation

Location: OB—Emergency Room

Who may avail?

1. All OB and Gynecology patients.

Availability of services: Everyday (24 hours)

Requirements

1. Blue stub from the doctor.

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Receives immediate attention.	Takes the vital signs.	3 minutes	Nurse	-	None
2	Fills up triage form and submits for encoding.	Assist client to fill up the information sheet and encode the data in our Hospital Information System.	3 minutes	Admitting Clerk	-	Patients' Information Sheet (SPMC-F-HIMD-07)
3	Receives the examination.	Take the history; perform physical examination and determine condition/status of patient and prescribes laboratory and diagnostic procedures	30 minutes	Doctor	-	None
4	Collected with samples for laboratory work up.	Inserts IV and collects the blood and urine.	5 minutes	Nurse	-	None
5	Patients for Observation Monitored at the observation.	Monitors patients.	6 hours	Doctor	-	None
6.A	Patients for Admission Transported to Delivery Room, Gyne Ward, or OB Ward.	Transports patient to delivery room ,Gyne Ward or OB Ward.	5 minutes	Male Nursing Attendant	-	None
	Presents the laboratory request for encoding.	Encodes the laboratory request.	2 minutes	Laboratory Receiving Clerk	-	Laboratory Request
	Settles the payment of the requests:	-	-	-	-	-
	Pays the laboratory procedure or	Receives payment and issues official receipt.	2 minutes	Cashier	-	Laboratory Request
	Asks assistance from Social Worker/Lingap/CMAP.	Classifies patient and gives discount or referred the watcher to Lingap / CMAP.	10 minutes	Social Worker	-	Laboratory Request
	Presents official receipt and submits the laboratory samples for processing.	Grants the request and receives samples for process.	2 minutes	Laboratory Receiving Clerk	-	Official Receipt
6.B	Patients for Discharge. Receives the hospital bill.	Gives clearance to the discharge of patient after paying the bill.	2 minutes	Nurse	-	Statement of Account (SPMC-F-BIL-11)
	Pays the bill.	Receives payment and issues official receipt.	2 minutes	Cashier	Applicable Fees	Statement of Account (SPMC-F-BIL-11)
	Presents official receipt to OB-ER Nurse Station for clearance and receives discharge slip.	Cleared and discharge patient.	1 minute	Nurse	-	Official Receipt
END OF TRANSACTION						





ADMISSION - To Service Ward

Location: Emergency Room & Trauma Center

Who may avail?

1. ER patients needing admission.

Availability of services: Everyday (24 hours)

Requirements

1. Admission order from doctor
2. Consent for admission and
3. PHIC ID (for PHIC member)

Fees : None

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (in normal circumstances)	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Fills and signs up the consent form for admission.	ER Doctor advises admission, informs client of their right to refuse. If client agrees to be admitted, sees to it that the Informed Consent Form is signed. Prepares Patient Chart for admission and gives the ER Clinical Form with admitting diagnosis, attached signed Informed Consent and directs client to go to Admitting Section.	5 minutes	Doctor	-	Informed Consent For Admission (SPMC-F-MRI-21A); ER Clinical Form (SPMC-F-MRI-10A)
2	Submits consent form for admission to Admitting Section for encoding and receives clinical cover sheet.	Checks the Informed Consent Form, encodes the Admitting order and prints the Clinical Cover Sheet.	5 minutes	Admitting Clerk	-	Informed Consent For Admission (SPMC-F-MRI-21A)/Clinical Cover Sheet (SPMC-F-MRI-01A)
		For PHIC patient Directs the client to ER Billing Unit.				
		For non-PHIC patient Directs client to social worker for classification and return to Doctor with Admitting Papers/Clinical Cover Sheet.				
3	PHIC Member Proceeds to ER Billing Section and present clinical cover sheet and PHIC ID (if available).	Stamps "PHIC Temporary" on Clinical Cover Sheet. Gives yellow card and other forms to be filled up. Instructs client to submit all necessary PHIC documents to continue availing of the benefit.	5 minutes	ER Billing Clerk	-	Clinical Cover Sheet (SPMC-F-MRI-01A)/PHIC ID
	Non-PHIC Member Proceeds to medical social worker for classification.	Interviews client and gives classification.	10 minutes	Social Worker	-	Clinical Cover Sheet (SPMC-F-MRI-01A)
4	Waits for Doctor's order for admission chart.	Prepares admission chart.	5 minutes	Doctor	-	
5	Submits the clinical cover sheet to the attending doctor/nurse.	Receives Clinical Cover Sheet and attaches all other documents.	10 minute	Doctor/Nurse	-	Clinical Cover Sheet (SPMC-F-MRI-01A)
	Patient is transported to the service ward.	When room is available, transports and endorses patient with its chart to the Ward.	-	Nursing Attendant	-	None
END OF TRANSACTION						





ADMISSION - to Payward

Location: Emergency Room & Trauma Center; Main Billing Section

Who may avail?

1. Patients with elective request from OPD
2. ER patients needing admission
3. Patients with referral from outside clinic

Availability of services: Everyday (24 hours)

Requirements

1. Admission order from doctor
2. Consent for admission and
3. PHIC ID (for PHIC member)

Fees : None

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FORM/ DOCUMENT
1	Fills and signs up the consent form for admission.	ER Doctor advises admission, informs client of their right to refuse. If client agrees to be admitted, sees to it that the Informed Consent Form is signed. Prepares Patient Chart for admission and gives the ER Clinical Form with admitting diagnosis, attached signed Informed Consent and directs client to go to Admitting Section.	5 minutes	Doctor	Informed Consent For Admission (SPMC-F-MRI-21A)
2	Submits consent form for admission to Admitting Section for encoding and receives clinical cover sheet.	Checks the Informed Consent Form, encodes the Admitting order and prints the Clinical Cover Sheet.	5 minutes	Admitting Clerk	Informed Consent For Admission (SPMC-F-MRI-21A)/ Clinical Cover Sheet (SPMC-F-MRI-01A)
		For PHIC patient Directs the client to ER Billing Unit.			
		For non-PHIC patient Directs client to return to doctor with the admitting papers.			
3	Proceeds to Main Billing Section to inquire for available room.	If room is available: Explains the requisites and bylaws for a Payward admission. Attaches the admission order and informed consent form, Payward deposit slip with the following information: 1. Room number 2. Name of doctor – specified as to house or private case.	10 minutes	Billing Clerk	Informed Consent For Admission (SPMC-F-MRI-21A); Payward Deposit Slip (SPMC-F-BIL-08A)
4	Submits clinical cover sheet and receives payward deposit slip.	Encodes and generates 2 copies of Clinical Cover Sheet and allows the client to sign the informant portion.	5 minutes	Billing Clerk	Clinical Cover Sheet (SPMC-F-MRI-01A); Payward Deposit Slip (SPMC-F-BIL-08A)
5	Pays the deposit for payward admission.	Receives payment and issues receipt.	2 minutes	Cashier	Payward Deposit Slip (SPMC-F-BIL-08A)
6	Presents the official receipt of payment of deposit with clinical cover sheet to the Main Billing Section.	Issues the Payward (green) card where all the charges will be posted.	1 minute	Billing Clerk	Official Receipt/ Clinical Cover Sheet
7	Receives the green card from billing clerk and returns to the admitting doctor for disposition to the ward.	Transports and endorses the patient and admission papers to the Nurse on Duty in the ward station.	2 minutes	Billing Clerk/ Doctor	Green Card
8	Submits clinical cover sheet to the doctor to be attached to patient's chart.	Accepts clinical cover sheet and attaches it to patient's chart then endorses patient chart to nurse on duty.	2 minute	Doctor	Clinical Cover Sheet (SPMC-F-MRI-01A)
		Nurse on duty endorses patient to payward nurse on duty.	2 minutes	Nurse	None
9	Patient is transported to the payward.	Transport patient to the payward.	-	Nursing Attendant	None
END OF TRANSACTION					





PHILHEALTH INSURANCE CORP. (PHIC) BENEFIT AVAILMENT

Location: Main Billing Section, Satellite Billing Offices

Who may avail?

1. All patients who are active PHIC member

Availability of services:

Main Billing	Everyday, including holidays (7:00 am—7:00 pm)
OPD	Mondays— Fridays, excluding holidays (8:00 am—6:00pm)
RDU Billing	Everyday, including Holidays (8:00 am—7:00 pm)
OB-ER Billing	Everyday, including Holidays (24 hours)
Main-ER Billing	Everyday, including Holidays (24 hours)
Annex Ward Billing	Everyday, including Holidays (9:00 am—6:00 pm)
ICU Billing	Mondays— Fridays, excluding holidays (8:00 am—5:00pm)

Requirements

1. Completely filled-out PHIC documents
 - Claim Form 1 (CF1)
 - Philhealth Membership Registration Form (PMRF)
 - Proof of Contribution
 - Membership Data Form (MDR)
2. Certifications
 - Birth Certificate
 - Marriage Certificate
 - Baptismal Certificate
 - Barangay Certificate, etc
3. Statement of Account (SOA) if patient was admitted within 3 months prior to current admission

Fees : None

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/ DOCUMENT
1	Asks requirement to avail PHIC benefit.	Gives the list of requirement and instructs to comply properly fill up PHIC form and other supporting documents to avail PHIC benefits.	3minutes	Queuing counter in charge	-	PHIC CF1
2	Submits all the required Documents: In patients May be submitted within confinement Out patient for procedure All requirements must be complied before date of Procedure.	Receives and evaluates the submitted PHIC documents with the supporting documents. Issues SPMC PHIC card for IN PATIENT and PHIC approval of procedure for OUT PATIENT.	15 minutes	Receiving counter clerk	-	PMRF; MDR; Valid ID; Birth or Marriage or Baptismal or Barangay certificates
3	IN PATIENT Presents SPMC PHIC Benefit Card with: prescription to pharmacy, laboratory request to laboratory, x-ray request to radiology section. OUT PATIENT Presents PHIC approval of procedure to clinics and Ambulatory Surgery Unit (ASU).	Encodes and dispenses medicines or renders services to patients. Schedules procedure.	-	Pharmacy, Radiology, Laboratory In-charge OPD clinical nurses	-	None
4	Asks for upgrading of patient's PHIC allotment when exhausted.	Evaluates case of patient and determines the status of PHIC benefits. If it is upgradable, adds the PHIC allotment. If it is not upgradable, endorses patient to Medical Social Services.	15 minutes	Billing Clerk & Medical Evaluator	-	None





ISSUANCE OF STATEMENT OF ACCOUNT (SOA) / BILLING STATEMENT

Location: Main Billing Section

Who may avail?

1. All patients who have availed of hospital services.

Availability of services:

Inpatient: Everyday, including holidays (8:00 am—6:00 pm)

Out-patient: Mondays— Fridays, excluding holidays (8:00 am—6:00pm)

Requirements

1. Patient's Chart

Fees : None

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Nurse Attendant Submits complete patient's chart with MGH order.	Receives the patient's chart and generates print out of details of supplies and medicines and photocopies patient's documents as required by PHIC.	30minutes	Evaluator Clerk	-	Patients Chart, Copy of Clinical coversheet and other medical Attachments
		Assigns PHIC Case Rate.		Medical Evaluator	-	Copy of Clinical coversheet and other medical Attachments
		Prepares Statement of Account and attaches claim stub per chart.		Billing Clerk	-	Patients chart with Claim Stub
		Calls concerned wards for pick up of billed patient's charts.		Evaluator Clerk	-	Patients chart with Claim Stub
2	Nurse Attendant Receives billed patient's chart with attached claim stub and distributes claim stubs to patients.	Releases billed patient's chart with attached claim stub.	5minutes	Evaluator Clerk	-	Patients chart with Claim Stub
3	Presents claim stub and receives SOA.	Receives claim stub and releases SOA.	5minutes	Nurse Attendant Nurse/ Billing Counter Clerk	-	Statement of Account (SPMC-F-BIL-11)





AVAILMENT OF MEDICINE AND SUPPLIES FOR INPATIENTS

Location: Main Pharmacy

Who may avail?

1. All inpatients with prescriptions.

Availability of services:	Cancer Institute	8AM - 5PM	IWNH	24 Hours
	ICU Complex	8AM - 5PM	OPD	8AM - 4PM
	MAIN MURANG GAMOT	24 Hours	Heart Institute	8AM - 11PM

Requirements 1. Prescriptions 2. Official Receipt

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/ DOCUMENT
1	Presents Prescriptions to pharmacists for availability of medicines.	Receives, Checks, verifies the request price and classifies the prescribed meds. (FS/MG Reg Stocks).	2 minutes	Pharmacist	-	Prescription (SPMC-F-PHA-04A to F)
	Charity Patients Requests and availment of medicines shall be done by nurses in the ward stations through the pneumatic tube.	Interviews & classifies patient then gives discounts to request.	5 minutes	Medical Social Worker	-	Prescription (SPMC-F-PHA-04A to F)
2	Pay to Cashier	Receives payment and issue (OR) Official Receipt	2 minutes	Cashier	Applicable Fees	Prescription (SPMC-F-PHA-04A to F); Official Receipt
3	Patients that needs assistance MAP, LPM, OP, DSWD, PCSO Have Pharmacists stamps MG/FS meds.	Stamps MG/FS to Prescriptions with charge price	3 minutes	Pharmacist	-	Prescription (SPMC-F-PHA-04A to F)
4	Proceed to pharmacy and present (OR) Official Receipt	Receives the request and prescriptions. For PHIC Patients encode and charge the requested medicine to the computer.	2 minutes	Pharmacist	-	Prescription (SPMC-F-PHA-04A to F); Official Receipt
5	Receives medicine	Dispenses medicines to patient	3 minutes	Pharmacist	-	None
END OF TRANSACTION						

IWNH PHARMACY

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Presents prescriptions from ward assistants for availability of medicine.	Receives, Checks, verifies the request price and classifies the prescribed medicines. (FS/MG Reg Stocks)	2 minutes	Pharmacist	-	Prescription (SPMC-F-PHA-04A to F)
	Charity Patients Proceed to Medical Social Worker	Interviews & classifies patient then gives discounts to request	2 minutes	Medical Social Worker	Applicable Fees	Prescription (SPMC-F-PHA-04A to F)
	Pay to Cashier	Receives payment and issue (OR) Official Receipt	2 minutes	Cashier	Applicable Fees	Prescription (SPMC-F-PHA-04A to F); Official Receipt
2	PHIC beneficiary	Charge/encode to computer the prescribed medicines.	3 minutes	Pharmacist	Applicable Fees	Prescription (SPMC-F-PHA-04A to F)
3	Receives medicines thru Ward Assistant.	Dispenses medicines	3 minutes	Pharmacist	-	Prescription (SPMC-F-PHA-04A to F)
END OF TRANSACTION						



ELECTROCARDIOGRAPHY (ECG)

Location: OPD 2nd Floor, Special Laboratory

Who may avail?

1. Outpatient (Service)

Availability of services: Mondays to Fridays, except Holidays (7:00 am – 5:00 pm)

Requirements

1. Patients Identification Card/*Yellow Card* (SPMC-F-HIMD-11).
2. Official Receipt or Social worker approval /Routing Slip (SPMC-F-MSWS-06) or Billing Slip (SPMC-F-BIL-79)
3. Diagnostic Request

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/ DOCUMENT
1	Presents Patient Identification Card to clerk.	Verifies encoded ECG request and check proof of payment for non-Senior Citizen patient in the Hospital Information System.	1 minute	Special Lab Receiving Clerk	-	Patient Identification Card, Official Receipt
2	Patient with Unpaid Account Receives instruction to pay at the cashier.	Instructs patient to pay for the procedure at the cashier.	1 minute	Special Lab Receiving Clerk	-	Patient Identification Card
	Patient with Cleared Account Proceed to Step 4.		-	-	-	-
3	Pays for the procedure at the cashier.	Receives payment and issues official receipt.	2 minutes	Cashier	P200 - ECG	Patient Identification Card, Official Receipt
4	Presents proof of payment.	Encodes patient data in the ECG Record Form.	2 minutes	Special Lab Receiving Clerk	-	Claim Stub (SPMC-F-SLS-09); ECG Record Form (SPMC-F-SLS-11)
	Receives priority number and claim stub for the result.	Gives priority number & claim stub to patient.				
		Instructs patient to proceed to ECG room for the procedure.				
5	Rest for 5-10 minutes then undergoes procedure and signs in the ECG Performed, Claimed and Instruction Form	Conducts procedure and asks patient to sign in the ECG Performed, Claimed and Instruction Form	10 minutes	ECG Technician	-	ECG Performed, Claimed and Instruction Form (SPMC-F-SLS-10)
END OF TRANSACTION						

Schedule of Release of Results: 3:00pm, on the following working day after the test, at the Special Laboratory.





ELECTROENCEPHALOGRAPHY (EEG) & ELECTROMYOGRAPHY/NERVE CONDUCTION VELOCITY (EMG/NCV)

Location: OPD 2nd Floor, Special Laboratory

Who may avail?

- 1. In-patient (Service)
- 2. Out-patient (Service)
- 3. Walk-in patient (Referred from other hospitals/clinics)

Availability of services: Mondays to Fridays except Holidays (8:00 am – 4:00 pm)

Requirements

- 1. EEG Request Form (SPMC-F-BIL-73)
- 2. EMG Request Form (SPMC-F-BIL-74)
- 3. Patient's hospital number or Patients Information Sheet (SPMC-F-HIMD-07)
- 4. Official Receipt

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/ DOCUMENT
1	Patient with HRN Presents request to clerk then proceed to STEP 4.	Assist client in filling-up of information sheet then instructs patient to register at HSSC.	2 minutes	Special Lab Receiving Clerk		Patients' Information Sheet
	Patient without Hospital Registration Number (HRN) Fill up information sheet.	Encodes request then instructs client to pay for the procedure at the cashier.				Walk-in patient: EEG/EMG Request Form Service patient: SPMC-F-BIL-73 / SPMC-F-BIL-74
2	Patient without HRN Submits the information sheet at HSSC clerk for encoding	Encodes patient information in the Hospital Information System and instructs client to proceed back to Special Laboratory.	5 minutes	HSSC Clerk		Patients' Information Sheet
3	Patient without HRN Presents request and Patient's Identification Card to Special Lab Clerk.	Encodes request then instructs client to pay for the procedure at the cashier.	2 minutes	Special Lab Receiving Clerk		Walk-in patient: EEG/EMG Request Form Service patient: SPMC-F-BIL-73 / SPMC-F-BIL-74
4	Pays for the procedure at the cashier.	Receives payment and issues official receipt.	2 minutes	Cashier	P2,000-EEG; P2,500-EMG/NCV	EEG/EMG Request Form (SPMC-F-BIL-73 / SPMC-F-BIL-74)
5	Presents the request and proof of payment to EEG/EMG Technician. Receives schedule and instructions.	Gives schedule of the procedure and instructs the patient of procedural preparations.	2-5 minutes	EEG/EMG Technicians		EEG/EMG Request Form SPMC-F-BIL-73 / SPMC-F-BIL-74 Official Receipt
On Scheduled Date of Procedure						
6	Returns to Special Laboratory for the procedure.	Conducts EEG/EMG-NCV procedure.	EEG - 1 to 1.5 hours EMG-NCV - 1 to 2 hours	EEG/EMG Technician/ Electro-myographer		EEG/EMG Request Form SPMC-F-BIL-73 / SPMC-F-BIL-74
7	Receives claim stub.	Instructs patient on date of release of result.	1-2 minutes	Special Lab Receiving Clerk		Claim Stub (SPMC-F-SLS-09)
END OF TRANSACTION						

Duration of Transaction:

Filing of Request/Schedule—10-16 minutes
EMG-NCV—1 to 2 hours

Duration of Procedure:

EEG—1 to 1.5 hours
EMG-NCV—1 to 2 hours

Duration of Release of Results:

EEG - 2 weeks after the procedure
EMG-NCV - 30 minutes after the procedure



DIGESTIVE & PULMONARY SERVICES

- **Upper Gastrointestinal Endoscopy**
- **Proctosigmoidoscopy**
- **Endoscopic Retrograde Cholangiopancreatography (ERCP)**
- **Colonoscopy**
- **Bronchoscopy**

Location: OPD 2nd Floor, Special Laboratory

Who may avail?

1. All patients with gastro-intestinal problems/respiratory problems
2. Referred patients from private clinics or other hospital

Availability of services: Mondays to Fridays except Holidays (8:00 am – 4:00 pm); Saturday/Sunday/Holidays (On Call)

Requirements

1. Patient's hospital number or Patients Identification Card/Yellow Card (SPMC-F-HIMD-11)
2. Official Receipt

Service clients: Patients must be seen by Internal Medicine Resident on duty /Pedia/Surgery/Gastro Resident at the respective clinic.

Private case: patient should have a referral from the attending consultant.

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Patients without HRN Fills up information sheet.	Assists client in filling up of information sheet then instructs patient to register at HIMD (Medical Records).	2 minutes	Nurse	-	Patients' Information Sheet (SPMC-F-HIMD-07)
	Patients with HRN Submits referral sheet from IM clinic/ward to Endoscopy Unit.	Receives referral and evaluates patient. Gives charge slip. Encodes request then instructs client to pay for the procedure at the Cashier.	5 minutes	Nurse	-	Consultation & Referral Sheet (SPMC-F-MRO-10); Inpatient Referral Form (SPMC-F-MRI-13A); Digestive Pulmonary Request for Charity Patients (SPMC-BIL-70); Digestive Pulmonary Request for Pay Patients (SPMC-BIL-71)
2	Pays for the procedure at the Cashier.	Receives payment and issues official receipt.	2 minutes	Cashier	Applicable Fees	Digestive Pulmonary Request for Charity Patients ; Digestive Pulmonary Request for Pay Patients; Yellow Card
3	Submits laboratory results and secure Cardio-Pulmonary Clearance and schedule of procedure at the Endoscopy Unit and Anesthesia Clearance at the Surgery Clinic.	Evaluates the patient and gives CP Clearance for endoscopy procedure. Refers to consultant and sets schedule for endoscopy.	30 minutes	Gastro Resident/ Anesthesia Resident	-	CP Clearance Form (SPMC-F-MRI-13E)
4	Submits CP Clearance and Referral Sheet for admission to Internal Medicine Emergency Room 1 day prior to scheduled date.	Receives referral and admits patient from ER to Ward.	30 minutes	ER Resident on Duty	-	CP Clearance Form, Referral Sheet (SPMC-F-MRO-10), Yellow Card
5	Undergoes endoscopy procedure.	Performs endoscopy procedure.	15-30 minutes (Diagnostic) 90-120 minutes (Therapeutic)	Consultant/ Residents, Anesthesiologist, Nurse	-	None
6	Receives discharge instruction and official result.	Gives discharge instructions and releases result.	5 minutes	Nurse	-	Discharge Instructions & Official Report (SPMC-F-SLS-01 to 05)
END OF TRANSACTION						

Duration of Procedure:

- Diagnostic procedure - 15 to 30 minutes
- Therapeutic procedure - 90 to 120 minutes

Duration of Release of Results: 5 minutes after the procedure



ENDORECTAL & ENDOANAL ULTRASOUND

Location: OPD 2nd Floor, Special Laboratory

Who may avail?

- 1. In-patient
- 2. Out-patient
- 3. Walk-in patient (Referred from other hospitals/clinics)

Availability of services: Mondays to Fridays except Holidays (8:00 am – 4:00 pm)

Requirements

- 1. Consultation and Referral Sheet (SPMC-F-MRO-10)
- 2. Patient's hospital number or Patients Information Sheet (SPMC-F-HIMD-07)
- 3. Official Receipt

Fees : Endorectal Ultrasound—P9,800
Senior Citizen & PWD—P7,840

Endoanal Ultrasound—P8,300
Senior Citizen & PWD—P6,640

Contact Number(s) : +63 082 227-2731 local 4708

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FORM/DOCUMENT
1	Patient without Hospital Registration Number (HRN) Fill up information sheet.	Assist client in filling-up of information sheet then instructs patient to register at HSSC	5 minutes	Colorectal Nurse	Patients' Information Sheet
	Patient with HRN Presents Consultation and Referral Sheet to Colorectal Nurse then proceed to STEP 4.	Encodes request and give Endorectal/ Endoanal Ultrasound Charge Slip then instructs client to pay for the procedure at the cashier or ask assistance from Social Worker. For admitted patients, instructs client to process PHIC coverage at the Billing Section.			Walk-in patient: Endorectal/Endoanal Ultrasound Request Form Service patient: Consultation and Referral Sheet, Endorectal/Endoanal Ultrasound Charge Slip (SPMC-F-BIL-85); Inpatient Referral Form (SPMC-F-MRI-13A);
2	Patient without HRN Submits the information sheet at HSSC clerk for encoding	Encodes patient information in the Hospital Information System and instructs client to proceed back to Special Laboratory.	10 minutes	HSSC Clerk	Patients' Information Sheet
3	Presents Consultation and Referral Sheet and Patient Identification Card to Colorectal Nurse.	Encodes request and give Endorectal/ Endoanal Ultrasound Charge Slip then instructs client to pay for the procedure at the cashier or ask assistance from Social Worker. For admitted patients, ask for PHIC coverage.	30 minutes	Colorectal Nurse	Walk-in patient: Endorectal/Endoanal Ultrasound Request Form Service patient: Consultation and Referral Sheet, Endorectal/Endoanal Ultrasound Charge Slip (SPMC-F-BIL-85); Inpatient Referral Form (SPMC-F-MRI-13A)
4	Pays for the procedure at the cashier Or asks assistance from social worker. For admitted patients, ask for PHIC coverage.	Receives payment and issues official receipt. Receives endorsement and issues attached document with controlled valid number. Receives valid PHIC requirements and covered the payment of the procedure.	10—30 minutes	Cashier MSW/MAP/Other Medical Asst Office Billing PHIC Personnel	Endorectal/Endoanal Ultrasound Charge Slip; Official Receipt; Supporting Agencies Form
5	Presents the request and proof of payment to Colorectal Nurse. Receives schedule and instructions.	Gives schedule of the procedure and instructs the patient of procedural preparations.	15 minutes	Colorectal Nurse	Endorectal/Endoanal Ultrasound Charge Slip, Official Receipt, Supporting Agencies Form

On Scheduled Date of Procedure

6	Returns to Special Laboratory Colorectal Unit for the procedure.	Conducts Endorectal/Endoanal procedure.	Endorectal Ultrasound - 15-45 minutes Endoanal Ultrasound - 15-30 minutes	Endosonologist (Colorectal Fellow/Consultants), Nurse	-
7	Receives result.	Encodes and releases official result and signs the logbook.	1 - 24 hours	Colorectal Nurse	Endoanal Ultrasound Report; Endorectal Ultrasound Report
8	Receives discharge instructions and signs the logbook.	Gives discharge instructions.	10 minutes	Colorectal Nurse	Patient Discharge Instruction Logbook (SPMC-LB-UROCOL-13)

END OF TRANSACTION



TRANSRECTAL ULTRASOUND-GUIDED PROSTATE BIOPSY

Location: OPD 2nd Floor, Special Laboratory

Who may avail?

1. In-patient
2. Out-patient
3. Walk-in patient (Referred from other hospitals/clinics)

Availability of services: Wednesday & Thursday (11:00 am – 4:00 pm)

Requirements

1. Consultation and Referral Sheet (SPMC-F-MRO-10)
2. Patient's hospital number or Patients Information Sheet (SPMC-F-HIMD-07)
3. Official Receipt

Fees :

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Service Patient
 Including PF, Machine Fee & Supplies
 Senior Citizen w/ NBB PHIC—P0.00
 Without PHIC—P13,595
 Self-Employed PHIC - P4,295</p> | <p>Pay Patient (Non-Socialized)
 Including PF, Machine Fee & Supplies
 With PHIC—P10,056
 Without PHIC—P24,195</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FORM/DOCUMENT
1	Patient without Hospital Registration Number (HRN) Fill up information sheet.	Assist client in filling-up of information sheet then instructs patient to register at HIMD (Medical Records).	5 minutes	Urology Nurse	Patients' Information Sheet Walk-in patient: Transrectal Ultrasound Guided Prostate Biopsy Request Form Service patient: Consultation and Referral Sheet, Transrectal Ultrasound Guided Prostate Biopsy Charge Slip, Inpatient Referral Form
	Patient with HRN Presents Consultation and Referral Sheet to Urology Nurse then proceed to STEP 4.	Encodes request and give Transrectal Ultrasound Guided Prostate Biopsy Charge Slip then instructs client to pay for the procedure at the cashier or ask assistance from Social Worker.			
2	Patient without HRN Submits the information sheet at HSSC clerk for encoding.	Encodes patient information in the Hospital Information System and instructs client to proceed back to Special Laboratory.	5 minutes	Medical Records Clerk (Windows 8-10)	Patients' Information Sheet
3	Presents Consultation and Referral Sheet and Patient's Identification Card with cleared Cardio-Pulmonary and Anesthesia Clearance to Urology Nurse.	Encodes request and give Transrectal Ultrasound Guided Prostate Biopsy Charge Slip then instructs client to pay for the procedure at the cashier or ask assistance from Social Worker. For admitted patients, instruct to ask for PHIC coverage.	2 minutes	Urology Nurse	Walk-in patient: Transrectal Ultrasound Guided Prostate Biopsy Request Form Service patient: Consultation and Referral Sheet, Transrectal Ultrasound Guided Prostate Biopsy Charge Slip, Inpatient Referral Form
4	Pays for the procedure at the cashier Or asks assistance from social worker. For admitted patients, ask for PHIC coverage.	Receives payment and issues official receipt. Receives endorsement and issues attached document with controlled valid number. Receives valid PHIC requirements and covered the payment of the procedure.	10—30 minutes	Cashier MSW/MAP/ Other Medical Asst Office Billing PHIC Personnel	Transrectal Ultrasound Guided Prostate Biopsy Charge Slip Official Receipt Supporting Agencies Form
5	Presents the request and proof of payment to Urology Nurse. Receives schedule and instructions.	Gives schedule of the procedure and instructs the patient of procedural preparations.	15 minutes	Urology Nurse	Transrectal Ultrasound Guided Prostate Biopsy Charge Slip (Pay or Charity), Official Receipt, Supporting Agencies Form

On Scheduled Date of Procedure

6	Returns to Special Laboratory for the procedure.	Conducts Transrectal Ultrasound Guided Prostate Biopsy.	20—40 minutes	Urology Doctors, Anesthesiologist, Nurse	None
7	Receives Result after one hour.	Encodes and Releases Official Result one to three hours after the procedure. Signs the Log-book.	5 minutes	Urology Nurse	Transrectal Ultrasound Guided Prostate Biopsy Report Form
8	Receives discharge instruction.	Instructs patient for some important reminders.	10 minutes	Urology Nurse	None

END OF TRANSACTION

Duration of Release of Results: 1 to 3 hours after the procedure





HEMODIALYSIS

Location: Renal Dialysis Unit Main & Annex

Who may avail?

Patient for hemodialysis treatment.

Availability of services: Monday - Saturday (7:00 am - 11:00 pm)

Requirements

1. Medical request or referral
2. Hospital Bill
3. Proof of payment

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/ DOCUMENT
1	Presents the medical request/referral of doctor to dialysis unit.	Receives the referral and encodes the patient Orients the patients for dialysis procedures	3 minutes	Dialysis Receiving Staff	-	Request/ Referral
2	Gets the schedule and bill for dialysis.	Gives the orientation, schedule, requirements (especially the PHIC requirement) and bills for dialysis to the patient.	10 minutes	Dialysis Receiving Staff	-	None
3	Settles the bill of the patient.	Receives payment and issues official receipt.	2 minutes	Cashier	Applicable Fees	Statement of Account (SPMC-F-BIL-11)
4	Submits the proof of payment of the dialysis bill.	Records the payment of the dialysis.	1 minute	Dialysis Receiving Staff	-	Official Receipt
	Waits for name to be called.	-	-	-	-	-
5	Enters the dialysis room for the preparation of the hemodialysis treatment.	Prepares the dialysis machine.	25 minutes	Nurse	-	None
6	Undergoes hemodialysis procedure.	Assesses and takes and records the vital signs of patient.	4 hours & 20 minutes	Nurse/ Doctor	-	None
7	Recovery period from hemodialysis procedure.	Monitors blood pressure of patient and heart rate of patient.	15 minutes	Nurse	-	None
8	Assisted to be brought out from the dialysis room.	Advise patients to rest for 15 minutes and takes the hemodialysis blood and weight of the patient.	2 minutes	Nurse Attendant	-	None
END OF TRANSACTION						





ISSUANCE OF MSS CARD TO ER, ADMITTED AND OPD (optional) patients

Location: Main Social Workers Office

Who may avail?

1. Patients
2. Watchers
3. General Public
4. Inter-Agencies / LGU

Availability of services: Mondays to Fridays except Holidays (8:00 am – 5:00 pm)

Requirements

1. Social Case Study from MSWDO/ CSSDO, recommendation, referral from inter-agencies, LGUs, DOH-SPMC Admin and Medical Staff.
2. Clients may just walk-in or call

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Undergoes interview and presents necessary documents, if needed.	Initial interview: OPD Patients Intake interview: ER/In patients - Explain hospital policies, provision, modes of cost sharing and referral system - Assessment - Establish classification of patient	3-5 minutes 10-15 minutes	Medical Social Worker	-	Social Case Study from MSWDO/ CSSDO, recommendation, referral from inter-agencies, LGUs, DOH-SPMC Admin and Medical Staff
2	Receives MSW Card.	Issues MSW Card.	3 minutes	Medical Social Worker	-	MSS Card
END OF TRANSACTION						



Referral of patients to inter-agencies (Help Net) LGUs, CMAP, Lingap/Media for various assistance such as: transportation assistance, procurement of medicine/ appliances/ placement / temporary shelter/public service , etc.

Location: Main Social Workers Office

Who may avail?

1. Patients
2. Watchers
3. General Public
4. Inter-Agencies / LGU

Availability of services: Mondays to Fridays except Holidays (8:00 am – 5:00 pm)

Requirements

1. Social Case Study from MSWDO/ CSSDO, recommendation, referral from inter-agencies, LGUs, DOH-SPMC Admin and Medical Staff.
2. Clients may just walk-in or call

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Undergoes interview and presents necessary documents, if needed.	Review intake and supporting documents submitted by patient/watcher or request as verbalized by patient/watcher and contact concerned agencies.	10-30 minutes	Medical Social Worker	-	Referral form (SPMC-F-MSW-4)
2	Informed of outcome of request.	Inform patient/ watcher–family / medical outcome of request	3-5 minutes	Medical Social Worker	-	None
END OF TRANSACTION						



PROMPT ACTION ON REFERRALS FROM THE MEDICAL WARD AND ADMIN STAFF, INTER-AGENCIES(HELP NET) LGUS, MEDIA, CONCERNED CITIZENS, ETC.

Location: Main Social Workers Office

Who may avail?

1. Patients
2. Watchers
3. General Public
4. Inter-Agencies / LGU

Availability of services: Mondays to Fridays except Holidays (8:00 am – 5:00 pm)

Requirements

1. Social Case Study from MSWDO/ CSSDO, recommendation, referral from inter-agencies, LGUs, DOH-SPMC Admin and Medical Staff.
2. Clients may just walk-in or call

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Undergoes interview.	Explain scope of limitation of services provided. Facilitate delivery of services needed Inform Patient / Watcher –Family outcome of request / action taken.	Depends on follow-up and resources	Medical Social Worker	-	Progress Note
END OF TRANSACTION						





REFERRAL TO FACILITATE PATIENT DISCHARGE

Location: Patient Discharge Planning Unit Office, 2nd Floor, Main Hospital Building

Who may avail?

- 1. Admitted patients, Out-Patients and their watchers.

Availability of services: Mondays to Sundays, 8:00 AM to 6:00 PM, including Holidays

Requirements:

- 1. 1. PDPU Referral (SPMC-F-PDPU-01) / Doctor's Referral

How to avail of the service?

Step	Client/Patient	Service Provider	Duration of Activity <i>(in normal circumstances)</i>	Person In-charge	FEES	Form/ Document
1	Patient with doctor's order for discharge.	Goes to nurse station to look for patient charts with discharge order. Lists names of patients with discharge order in each ward and submits it to social worker assigned.	45 minutes	PDPU Staff	-	None
2	Patient or watcher in the ward or at waiting areas.	Goes to ward to check on patients, especially those who have not been discharged yet.	5 minutes	PDPU Staff	-	None
3	Relays information on the reason they were not yet discharged.	Listens to patient's concerns.	10 minutes	PDPU Staff	-	None
4	Listens to instructions of PDPU staff.	Gives instructions on what to do and gives referral to Social Service and other agencies for assistance.	10 minutes	PDPU Staff	-	Assessment and SPMC-F-PDPU-01;Referral Form SPMC-F-PDPU-11 Referral Slip
5	Overstaying Patient Undergoes interview to ask for medical assistance, especially on the hospital bill.	Conducts interview and classification to get right information of patient's financial capacity. Updates record of patient after gathering information and classification.	5 minutes	PDPU Staff	-	None

END OF TRANSACTION



AVAILMENT OF TEMPORARY SHELTER

Location: Patient Discharge Planning Unit Office, 2nd Floor, Main Hospital Building

Who may avail?

1. Admitted patients, Out-Patients and their watchers.

Availability of services: Mondays to Sundays, 8:00 AM to 6:00 PM, including Holidays

Requirements:

1. 1. PDPU Referral (SPMC-F-PDP-01) / Doctor's Referral

How to avail of the service?

Step	Client/Patient	Service Provider	Duration of Activity <i>(in normal circumstances)</i>	Person In-charge	FEES	Form/ Document
1	Patient and/or watcher presents referral for temporary shelter.	Receives referral form.	1 minute	PDPU Staff	-	SPMC-F-PDP-01 Referral Form / Doctor's Referral
2	Receives orientation on policies for transient home accommodation.	Interviews patient/watcher and orients them on the policies for transient home accommodation.	15 minutes	PDPU Staff	-	None
3	Answers questions and provide exact information about their family member, age, educational attainment, and employment status as basis for the assistance.	Interviews and classifies patient information provided. Updates record of patient after classification.	5 minutes	PDPU Staff	-	None
4	Signs referral form to signify their understanding and agreement to follow the policies.	Gives referral form for temporary shelter.	5 minutes	PDPU Staff	-	SPMC-F-PDP-04 Assessment and Referral Form
5	Undergoes orientation on policies for temporary shelter, and preparing documents for PhilHealth membership.	Orients patients and watchers for temporary shelter policies on accommodation assistance.	1 hour	PDPU Staff	-	Orientation Attendance Form





BIRTH CERTIFICATE (AT OB WARD)

Location: Birth Registration Area, IWNH

Who may avail?

1. Parent
2. Grandparent
3. Nearest Kin

Availability of services: 7:00AM to 6:00PM, Monday to Friday, with Noon Break (12:00—1:00);
8:00AM to 5:00PM, Saturday & Sunday with Noon Break (12:00—1:00).

Requirements

A. Married

1. Birth Data Form (SPMC-F-MRI-11)
2. At least two (2) valid identification cards
3. Marriage Contract/Birth Certificate, if necessary

B. Single Parent

1. Birth Data Form (SPMC-F-MRI-11)
2. At least two (2) valid identification cards, if necessary

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Present filled up Birth Data Form with requirements.	Receive and validate entries in the Birth Data Form. Transcribe data to Official Birth Certificate Form. Proofread data and print copy of Birth Certificate and Erroneous Entry Form.	20 minutes	HIMD Staff in-charge	-	Birth Data Form
2	Review all entries on Birth Certificate for completeness and accuracy. Affix signature on official copy of Birth Certificate and "Release of Responsibility for Erroneous Entry" form.	Validate client's signature.	5 minutes	HIMD Staff in-charge	-	Birth Certificate Form, Release of Responsibility for Erroneous Entry Form (SPMC-F-MRI-21K)
3	Acknowledge receipt of birth claim stub.	Issue birth claim stub and log at the issuance logbook.	5 minutes	HIMD Staff in-charge	-	Birth Claim Stub
END OF TRANSACTION						





BIRTH CERTIFICATE - PATERNAL ACKNOWLEDGMENT (AT OB WARD)

Location: Birth Registration Area, IWNH

Who may avail?

- 1. Parents (Mother & Father)
- 2. Grandparent

Availability of services: 7:00AM to 6:00PM, Monday to Friday, with Noon Break (12:00—1:00);
8:00AM to 5:00PM, Saturday & Sunday with Noon Break (12:00—1:00).

Requirements

- 1. Birth Data Form (SPMC-F-MRI-11)
- 2. Recent Community Tax Certificate (Cedula)
- 3. At least two (2) valid identification cards, if necessary

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Present filled up Birth Data Form with requirements.	Receive and validate entries in the Birth Data Form. Transcribe data to Official Birth Certificate Form. Proofread data and print copy of Birth Certificate and Erroneous Entry Form. Print Affidavit to Use the Surname of the Father (AUSF).	20 minutes	HIMD Staff in-charge	-	Birth Data Form
2	Review all entries on Birth Certificate for completeness and accuracy. Affix signature on official copy of Birth Certificate, "Release of Responsibility for Erroneous Entry" form and Affidavit to Use the Surname of the Father (AUSF).	Validate client's signature.	5 minutes	HIMD Staff in-charge	-	Birth Certificate Form, Release of Responsibility for Erroneous Entry Form (SPMC-F-MRI-21K), Affidavit to Use the Surname of the Father
3	Notarize the certificate of live birth and Affidavit to Use the Surname of the Father (AUSF).	Instruct client to register the Affidavit to Use the Surname of the Father (AUSF) at the Local Civil Registrar Office.	5 minutes	HIMD Staff in-charge	-	Birth Certificate Form, Affidavit to Use the Surname of the Father
After AUSF Registration to LCR						
4	Submit notarized Live Birth Certificate and affidavit of use the surname of the father with the certification of approval.	Receive notarized documents.	5 minutes	HIMD Staff in-charge	-	Notarized Birth Certificate Form, Affidavit to Use the Surname of the Father
5	Acknowledge receipt of birth claim stub.	Issue birth claim stub and log at the issuance logbook.	5 minutes	HIMD Staff in-charge	-	Birth Claim Stub
END OF TRANSACTION						





BIRTH CERTIFICATE FOR LATE REGISTRATION (AT HIMD)

Location: Window 1 or 2, Health Information Management Department (Medical Records), Ground Floor, OPD Building

Who may avail?

1. Parents (Mother/Father)
2. Legal guardian WITH Certificate of Guardianship
3. Department of Social Welfare and Development (DSWD)

Availability of services: 8:00AM to 5:00PM, Monday to Friday except Holidays. No Noon Break.

Requirements

1. Request slip (SPMC-F-HIM-01C)
2. Present Birth Certificate Claim Stub, if available
3. At least two (2) valid identification cards
4. Death Certificate of biological parent/s in case of demise
5. Recent Community Tax Certificate (Cedula)
6. Letter request from the Head of DSWD duly approved by the Medical Center Chief or Chief Administrative Officer
7. Affidavit of Loss or Sworn Statement for failure to register with Local Civil Registrar
8. Proof of payment/official receipt or Social Worker's approval.
9. Certificate of No Record from LCR and PSA.

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Accomplish request slip and present valid identification card/s.	Receive, validate and verify request. Issue charge slip and instruct client to pay to cashier or ask assistance from social worker.	15 minutes	-	HIMD Staff in-charge	Request Slip, Charge Slip (SPMC-F-BIL-17), Claim Stub (SPMC-F-HIM-06)
2	<i>Pays to Cashier, OR Asks assistance from Social Worker.</i>	<i>Receives payment then gives official receipt.</i>	2 minutes	<i>P100 - Certificate; P100 - Retrieval fee for records filed 5 years and above</i>	Cashier	<i>Official Receipt</i>
		<i>Interviews client and gives discount.</i>	5 minutes		Social Worker	<i>Charge Slip with Social Worker's Approval</i>
3	Present proof of payment or Charge Slip with Social Worker's approval.	Issue claim stub and instruct client to come back after five (5) days.	5 minutes	-	HIMD Staff in-charge	Claim Stub (SPMC-F-HIM-06), Official Receipt, or Charge Slip with Social Worker Approval

After Five (5) Working Days

4	Present Claim Stub and other required documents.	Check requirements. Encode and proof read entries on Birth Certificate Form.	20 minutes	-	HIMD Staff in-charge	Birth Certificate Form, Claim Stub (SPMC-F-HIM-06)
5	Check accuracy of entries in the Birth Certificate and affix signature.	Release the birth certificate with instruction to complete the registration process with Local Civil Registrar in Davao City.	5 minutes	-	HIMD Staff in-charge	Birth Certificate Form, Form on "Pamaagi sa pagparehistro" of Birth Certificate (SPMC-F-HIM-17A)
6	Acknowledge receipt of Birth Certificate.	Log in the issuance of Birth Certificate.	5 minutes	-	HIMD Staff in-charge	Birth Certificate Form

END OF TRANSACTION

Duration of Release of Requested Document: 5 working days



**CERTIFICATE AND SUPPORTING DOCUMENTS FOR SSS, GSIS, HDMF AND OTHER INSURANCES
ADMITTED PATIENTS**

Location: Window 6, Health Information Management Department (Medical Records), Ground Floor, OPD Building

Who may avail?

1. Patient
2. Parent or legal guardian in case of minors or incapacitated patients
3. Nearest of kin or legal heirs for died patient
4. Authorized representative

Availability of services: 8:00AM to 5:00PM, Monday to Friday except Holidays. No Noon Break.

Requirements

A. Patient, or Parent of minor, or Legal Guardian (with Certificate of Guardianship)

1. Request Slip (SPMC-F-HIM -01C)
2. At least two (2) Valid Identification Cards
3. Proof of payment/official receipt or social worker's approval

B. Other Authorized Requesting Party

1. Request slip (SPMC-F-HIM -01C)
2. Notarized authorization with at least two (2) valid ID cards of patient and representative; or Approval from the Medical Center Chief, Chief Administrative Officer or his duly authorized representative
3. Proof of payment/official receipt or social worker's approval

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Accomplish request slip and submit insurance claim form.	Receive, validate and verify request. Issue charge slip and instruct client to pay to cashier or ask assistance from social worker. Issue claim stub.	15 minutes	-	HIMD Staff in-charge	Request Slip, Charge Slip (SPMC-F-BIL-17), Claim Stub (SPMC-F-HIM-06)
2	<i>Pays to Cashier, OR</i>	<i>Receives payment then gives official receipt.</i>	<i>2 minutes</i>	<i>P100 - Certificate; P100 - Retrieval fee for records filed 5 years and above</i>	<i>Cashier</i>	<i>Official Receipt</i>
	<i>Asks assistance from Social Worker.</i>	<i>Interviews client and gives discount.</i>	<i>5 minutes</i>		<i>Social Worker</i>	<i>Charge Slip with Social Worker's Approval</i>
After Five (5) Working Days						
3	Present claim stub and required documents together with proof of payment or Social Worker's approval.	Check requirements. Release requested documents.	10 minutes	-	HIMD Staff in-charge	Claim Stub (SPMC-F-HIM-06), Official Receipt, or Charge Slip (SPMC-F-BIL-17) with Social Worker Approval
4	Acknowledge receipt of Medical Certificate with supporting documents.	Log in the issuance of requested documents.	5 minutes	-	HIMD Staff in-charge	Certificate and Supporting Documents
END OF TRANSACTION						

Duration of Transaction:

- Filing of Request—15 minutes
- Releasing of Requested Documents—15 minutes

Duration of Release of Medical Certificate:

5 working days from date of filing the request





**CERTIFICATE AND SUPPORTING DOCUMENTS FOR SSS, GSIS, HDMF AND OTHER INSURANCES
OUT PATIENTS & ER CASES**

Location: Window 6, Health Information Management Department (Medical Records), Ground Floor, OPD Building

Who may avail?

1. Patient
2. Parent or legal guardian in case of minors or incapacitated patients
3. Nearest of kin or legal heirs for died patient
4. Authorized representative

Availability of services: 8:00AM to 5:00PM, Monday to Friday except Holidays. No Noon Break.

Requirements

A. Patient, or Parent of minor, or Legal Guardian (with Certificate of Guardianship)

1. Request Slip (SPMC-F-HIM -01C)
2. At least two (2) Valid Identification Cards
3. Proof of payment/official receipt or social worker's approval

B. Other Authorized Requesting Party

1. Request slip (SPMC-F-HIM -01C)
2. Notarized authorization with at least two (2) valid ID cards of patient and representative; or Approval from the Medical Center Chief, Chief Administrative Officer or his duly authorized representative
3. Proof of payment/official receipt or social worker's approval

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Accomplish request slip and submit insurance claim form.	Receive, validate and verify request. Issue charge slip and instruct client to pay to cashier or ask assistance from social worker. Issue claim stub.	15 minutes	-	HIMD Staff in-charge	Request Slip, Charge Slip (SPMC-F-BIL-17), Claim Stub (SPMC-F-HIM-06)
2	<i>Pays to Cashier, OR</i>	<i>Receives payment then gives official receipt.</i>	<i>2 minutes</i>	<i>P100 - Certificate; P100 - Retrieval fee for records filed 5 years and above</i>	<i>Cashier</i>	<i>Official Receipt</i>
	<i>Asks assistance from Social Worker.</i>	<i>Interviews client and gives discount.</i>	<i>5 minutes</i>		<i>Social Worker</i>	<i>Charge Slip with Social Worker's Approval</i>
After Five (5) Working Days						
3	Present claim stub and required documents together with proof of payment or Social Worker's approval.	Check requirements. Release requested documents.	10 minutes	-	HIMD Staff in-charge	Claim Stub (SPMC-F-HIM-06), Official Receipt, or Charge Slip (SPMC-F-BIL-17) with Social Worker Approval
4	Acknowledge receipt of Medical Certificate with supporting documents.	Log in the issuance of requested documents.	5 minutes	-	HIMD Staff in-charge	Certificate and Supporting Documents
END OF TRANSACTION						

Duration of Transaction:

- Filing of Request—15 minutes
- Releasing of Requested Documents—15 minutes

Duration of Release of Medical Certificate:

5 working days from date of filing the request





CERTIFICATE OF CONFINEMENT

Location: Window 6, Health Information Management Department (Medical Records), Ground Floor, OPD Building

Who may avail?

1. Parent or Legal Guardian of patient
2. Relative taking care of the patient

Availability of services: 8:00AM to 5:00PM, Monday to Friday except Holidays. No Noon Break.

Requirements

A. Patient, or Parent of minor, or Legal Guardian (with Certificate of Guardianship)

1. Request Slip (SPMC-F-HIM -01C)
2. At least two (2) Valid Identification Cards
3. Proof of payment/official receipt or social worker's approval

B. Other Authorized Requesting Party

1. Request slip (SPMC-F-HIM -01C)
2. Patient's authorization letter.
3. At least two (2) valid ID cards of patient and relative
4. Proof of payment/official receipt or social worker's approval

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Accomplish request slip and fill up Draft Form of Certificate of Confinement.	Receive, validate and verify request. Issue charge slip and instruct client to pay to cashier or ask assistance from social worker. Instruct client to bring draft form to Nurse-on-duty to confirm patient admission and for signature.	15 minutes	-	HIMD Staff in-charge	Draft Form—Certificate of Confinement (SPMC-F-HIM-12A), Request Slip, Charge Slip (SPMC-F-BIL-17)
2	<i>Pays to Cashier, OR</i> <i>Asks assistance from Social Worker.</i>	<i>Receives payment then gives official receipt.</i>	2 minutes	<i>P50 - Certificate of Confinement</i>	Cashier	<i>Official Receipt</i>
		<i>Interviews client and gives discount.</i>	5 minutes		Social Worker	<i>Charge Slip with Social Worker's Approval</i>
After Nurse-On-Duty Confirmation						
3	Present Draft Form with Nurse signature, Official Receipt or Charge Slip with Social Worker's Approval	Checks documents then instruct client to come back on scheduled time for the release of requested document. Transcribed Certificate of Confinement. Facilitate signing of Certificate of Confinement.	15 minutes	-	HIMD Staff in-charge	Draft Form (SPMC-F-HIM-12A), Official Receipt, or Charge Slip (SPMC-F-BIL-17) with Social Worker Approval
On Scheduled Time of Release of Requested Document						
4	Acknowledge receipt of Certificate of Confinement.	Log in the issuance of Certificate of Confinement.	5 minutes	-	HIMD Staff in-charge	None
END OF TRANSACTION						

Schedule of Release of COC:

- 1:00PM - 5:00PM—for Requests filed between 8:00AM to 11:00AM of the same day.
- Next Working Day—for Requests filed between 1:00PM to 5:00PM



MEDICAL CERTIFICATE—ADMITTED PATIENTS

Location: Window 6, Health Information Management Department (Medical Records), Ground Floor, OPD Building

Who may avail?

1. Patient
2. Parent or legal guardian in case of minors or incapacitated patients
3. Nearest of kin or legal heirs for died patient
4. Authorized representative

Availability of services: 8:00AM to 5:00PM, Monday to Friday except Holidays. No Noon Break.

Requirements

A. Patient, or Parent of minor, or Legal Guardian (with Certificate of Guardianship)

1. Request Slip (SPMC-F-HIM -01C)
2. At least two (2) Valid Identification Cards
3. Proof of payment/official receipt or social worker's approval.

B. Other Authorized Requesting Party

1. Request slip (SPMC-F-HIM -01C)
2. Notarized authorization with at least two (2) valid ID cards of patient and representative; or Approval from the Medical Center Chief, Chief Administrative Officer or his duly authorized representative.
3. Proof of payment/official receipt or social worker's approval.

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Accomplish request slip.	Receive, validate and verify request. Issue charge slip and instruct client to pay to cashier or ask assistance from social worker. Issue claim stub.	15 minutes	-	HIMD Staff in-charge	Request Slip, Charge Slip (SPMC-F-BIL-17), Claim Stub (SPMC-F-HIM-06)
2	<i>Pays to Cashier, OR</i>	<i>Receives payment then gives official receipt.</i>	2 minutes	<i>P50 - Medical Certificate; P100 - Retrieval fee for records filed 5 years and above</i>	Cashier	Official Receipt
	<i>Asks assistance from Social Worker.</i>	<i>Interviews client and gives discount.</i>	5 minutes		Social Worker	Charge Slip with Social Worker's Approval
After Five (5) Working Days						
3	Present claim stub and required documents together with proof of payment, or Social Worker's approval.	Check requirements. Release Medical Certificate.	10 minutes	-	HIMD Staff in-charge	Claim Stub (SPMC-F-HIM-06), Official Receipt, or Charge Slip (SPMC-F-BIL-17) with Social Worker Approval, Medical Certificate (SPMC-F-HIM-14)
4	Acknowledge receipt of Medical Certificate.	Log in the issuance of Medical Certificate.	5 minutes	-	HIMD Staff in-charge	Medical Certificate (SPMC-F-HIM-14)
END OF TRANSACTION						

Duration of Transaction:

- Filing of Request—15 minutes
- Releasing of Requested Documents—15 minutes

Duration of Release of Medical Certificate:

5 working days from date of filing the request





MEDICAL CERTIFICATE—OUTPATIENT CONSULTATION

Location: Window 12, Health Information Management Department (Medical Records), Ground Floor, OPD Building

Who may avail?

1. Patient
2. Parent or legal guardian in case of minors or incapacitated patients

Availability of services: 8:00AM to 5:00PM, Monday to Friday except Holidays. No Noon Break.

Requirements

1. Patient Identification Card/Yellow Card (SPMC-F-HIMD-11)
2. Draft Copy—Medical Certificate (SPMC-F-HIM-12B)
3. At least two (2) valid identification cards
4. Proof of payment/official receipt or social worker’s approval

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Submit Patient Identification Card (yellow card) and draft copy of medical certificate.	Receive, validate and verify request. Issue charge slip and instruct client to pay to cashier or ask assistance from social worker.	15 minutes	-	HIMD Staff in-charge	Draft Copy—Medical Certificate (SPMC-F-HIM-12B), Request Slip, Charge Slip (SPMC-F-BIL-17),
2	<i>Pays to Cashier, OR</i>	<i>Receives payment then gives official receipt.</i>	<i>2 minutes</i>	<i>P50 - Medical Certificate;</i>	<i>Cashier</i>	<i>Official Receipt</i>
	<i>Asks assistance from Social Worker.</i>	<i>Interviews client and gives discount.</i>	<i>5 minutes</i>		<i>Social Worker</i>	<i>Charge Slip with Social Worker’s Approval</i>
3	Present Official Receipt or Charge Slip with Social Worker’s Approval.	Print Medical Certificate. Facilitate signing of Medical Certificate by Attending Physician.	25 minutes	-	HIMD Staff in-charge	Claim Stub (SPMC-F-HIM-06), Official Receipt, or Charge Slip (SPMC-F-BIL-17) with Social Worker Approval, Medical Certificate (SPMC-F-HIM-14)
4	Present valid identification card/s and other required documents.	Check requirements then releases Medical Certificate	5 minutes	-	HIMD Staff in-charge	Medical Certificate (SPMC-F-HIM-14)
5	Acknowledge receipt of Medical Certificate.	Log in the issuance of Medical Certificate.	5 minutes	-	HIMD Staff in-charge	Medical Certificate (SPMC-F-HIM-14)
END OF TRANSACTION						

Duration of Release of Medical Certificate: Same day



MEDICAL CERTIFICATE—PREVIOUS OPD & ER CASES

Location: Window 12, Health Information Management Department (Medical Records), Ground Floor, OPD Building

Who may avail?

1. Patient
2. Parent or legal guardian in case of minors or incapacitated patients
3. Nearest of kin or legal heirs for died patient
4. Authorized representative

Availability of services: 8:00AM to 5:00PM, Monday to Friday except Holidays. No Noon Break.

Requirements

I. Patient, or Parent of minor, or Legal Guardian (with Certificate of Guardianship)

1. Request Slip (SPMC-F-HIM -01C)
2. At least two (2) Valid Identification Cards
3. Proof of payment/official receipt or social worker’s approval

II. Other Authorized Requesting Party

1. Request slip (SPMC-F-HIM -01C)
2. Notarized authorization with at least two (2) valid ID cards of patient and representative; or Approval from the Medical Center Chief, Chief Administrative Officer or his duly authorized representative
3. Proof of payment/official receipt or social worker’s approval

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Accomplish request slip or submit Draft Form of Medical of Certificate.	Receive, validate and verify request. Issue charge slip and instruct client to pay to cashier or ask assistance from social worker. Issue claim stub.	15 minutes	-	HIMD Staff in-charge	Request Slip, Draft Copy—Medical Certificate (SPMC-F-HIM-12B), Charge Slip (SPMC-F-BIL-17), Claim Stub (SPMC-F-HIM-06)
2	<i>Pays to Cashier, OR Asks assistance from Social Worker.</i>	<i>Receives payment then gives official receipt.</i>	2 minutes	<i>P50 - Medical Certificate; P100 - Retrieval fee for records filed 5 years and above</i>	Cashier	Official Receipt
		<i>Interviews client and gives discount.</i>	5 minutes		Social Worker	Charge Slip with Social Worker’s Approval
After Five (5) Working Days						
2	Present claim stub and required documents together with proof of payment, or Social Worker’s approval.	Check requirements. Release Medical Certificate.	10 minutes	-	HIMD Staff in-charge	Claim Stub (SPMC-F-HIM-06), Official Receipt, or Charge Slip (SPMC-F-BIL-17) with Social Worker Approval, Medical Certificate (SPMC-F-HIM-14)
3	Acknowledge receipt of Medical Certificate.	Log in the issuance of Medical Certificate.	5 minutes	-	HIMD Staff in-charge	Medical Certificate (SPMC-F-HIM-14)
END OF TRANSACTION						

Duration of Release of Medical Certificate: 5 Working Days





DEATH CERTIFICATE—INITIAL ISSUANCE

Location: Window 3, Health Information Management Department(Medical Records), Ground Floor, OPD Building

Who may avail?

1. Patient
2. Parent or legal guardian in case of minors or incapacitated patients
3. Nearest of kin or legal heirs for died patient
4. Authorized representative

Availability of services: 8:00AM to 5:00PM, Monday to Friday.

*8:00AM to 4:00PM, Saturdays & Holidays, except Sundays (*Initial Issuance ONLY)

Requirements

1. Request slip (SPMC-F-HIM-01C)
2. Statement of Account (SPMC-F-BIL-11)
3. At least two (2) valid identification cards
4. Birth Certificate, Marriage Contract, Sworn Statement, if necessary.

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Accomplish request slip. Present hospital statement of account (SOA) and valid identification card/s.	Interview client to verify relationship. Retrieve patient's record. If SOA is not available, advice client to secure from Billing Section. If clearance and SA is not settled, advice client to pay, or ask assistance from social worker.	10 minutes	HIMD Staff in-charge	P100— Retrieval Fee for records filed 5 years & above	Request Slip, Statement of Account
2	Check patient's data and validate the required information.	Encode and proof read entries on death certificate.	20 minutes	Transcription Clerk	-	Death Certificate Form
3	Review entries for completeness and accuracy. Affix signature on copy of Death Certificate and "Release of Responsibility for Erroneous Entry" form.	Release death certificate with instruction to complete the process with Local Civil Registrar in Davao City.	10 minutes	HIMD Staff in-charge	-	Form on "Pamaagi sa pagpare-histro" of Death Certificate (SPMC-F-HIM-17B), Release of Responsibility for Erroneous Entry (SPMC-F-MRFI-21)
4	Acknowledge receipt of Death Certificate.	Log in at the issuance of Death Certificate.	5 minutes	HIMD Staff in-charge	-	Death Certificate Form
END OF TRANSACTION						

Duration of Release of Requested Document:

5 working days - Initial Issuance of Records 5 years and above



DEATH CERTIFICATE—RE-ISSUANCE

Location: Window 3, Health Information Management Department(Medical Records), Ground Floor, OPD Building

Who may avail?

1. Patient
2. Parent or legal guardian in case of minors or incapacitated patients
3. Nearest of kin or legal heirs for died patient
4. Authorized representative

Availability of services: 8:00AM to 5:00PM, Monday to Friday.

*8:00AM to 4:00PM, Saturdays & Holidays, except Sundays (*Initial Issuance ONLY)

Requirements

1. Request slip (SPMC-F-HIM-01C)
2. At least two (2) valid identification cards
3. Birth Certificate, Marriage Contract, Sworn Statement, if necessary
4. Affidavit of Loss or Sworn Statement for non registration of previously issued death certificate
5. Certificate of No Record of Registration from LCR & PSA.
6. Proof of payment/official receipt, or social worker approval

How to avail of the service?

STEP	CLIENT STEP	SERVICE PROVIDER STEP	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	FEES	PERSON IN-CHARGE	FORM/DOCUMENT
1	Accomplish request slip for the re-issuance of Death Certificate and present valid identification card/s.	Interview client to verify relationship with the deceased. Issue charge slip and instruct client to pay to cashier or ask assistance from social worker.	15 minutes	-	HIMD Staff in-charge	Request Slip, Charge Slip (SPMC-F-BIL-17)
2	<i>Pays to Cashier, OR</i> <i>Asks assistance from Social Worker.</i>	<i>Receives payment then gives official receipt.</i>	<i>2 minutes</i>	<i>P100 - Death Certificate; P100 - Retrieval fee for records filed 5 years and above</i>	<i>Cashier</i>	<i>Official Receipt</i>
		<i>Interviews client and gives discount.</i>	<i>5 minutes</i>		<i>Social Worker</i>	<i>Charge Slip with Social Worker's Approval</i>
After Five (5) Working Days						
2	Present proof of payment or social Worker Approval and other required documents.	Type/encode and proof read entries in the death certificate.	20 minutes	-	Transcription Clerk	Death Certificate Form, Official Receipt, or Charge Slip (SPMC-F-BIL-17) with Social Worker Approval
3	Review entries on the death certificate for completeness and accuracy. Affix signature on copy of Death Certificate and "Release of Responsibility for Erroneous Entry" form.	Release death certificate with instruction to complete the process with Local Civil Registrar in Davao City	5 minutes	-	HIMD Staff in-charge	Death Certificate Form, Form on "Pamaagi sa pagparehistro" of Death Certificate (SPMC-F-HIM-17B), Release of Responsibility for Erroneous Entry (SPMC-F-MRFI-21)
4	Acknowledge receipt of Death Certificate.	Log in at the issuance logbook.	5 minutes	-	HIMD Staff in-charge	Death Certificate Form
END OF TRANSACTION						

Duration of Release of Requested Document:

5 working days from Date of Filing of Request





PAYMENT TRANSACTIONS

Location: Main Hospital, ER, OPD, Heart Institute, HSSC Cashiers

Who may avail?

Clients who will pay for their bills, medicines, laboratory and other diagnostic procedures.

Availability of services:

Main Hospital Cashier: 24 hours, Mondays to Sundays, including Holidays

OPD 7:00 AM to 3:00 PM (FAMMED, PEDIA, IM & SURGERY) Mondays to Fridays; except Holidays

8:00 AM to 5:00 PM (OB) Mondays to Fridays; except Holidays

Heart Institute 8:00 AM to 4:00 PM Mondays to Fridays; except Holidays

HSSC Cashier: 8:00 AM to 4:00 PM Mondays to Fridays; except Holidays

Requirements

Diagnostic request, Prescription or Hospital Bill

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Presents the request, prescription or bill.	Verifies and approves in the computer the request, prescription or bill of the Patient.	30 seconds	Cashier	-	Procedure Request/ Prescription/ Statement of Account (SPMC-F-BIL-11)
2	Pays the request, prescription or bill.	Receives and counts the payment	45 seconds	Cashier	Applicable Fees	None
3	Receives the Official Receipt of payment and checks the change (if available).	Issues official receipt and gives the change (if any).	30 seconds	Cashier	-	Official Receipt
END OF TRANSACTION						





REFUND OF UNSERVED MEDICINE OR PROCEDURE

Location: Main Cashier, Window 1 only, Monday – Friday (8:00 am – 5:00 pm)

Who may avail?

Clients seeking refund for unserved procedures or medicines and bills covered by PhilHealth.

Availability of services: Monday – Friday (8:00 am – 5:00 pm)

Requirements

1. Official receipt of unserved request with note of justification from doctor/receptionist or pharmacist.
 - Laboratory Request—Receptionist on duty
 - X-ray Request—Receptionist on duty
 - MRI & CT Scan—Receptionist on duty
 - Blood Request—Receptionist on duty & BTS Head
2. Note of justification from Billing Head/In-charge for PhilHealth refunds.
3. Photocopy of Valid IDs of both patient and claimant
4. Authorization Letter from the Patient, specifying the name of the claimant.

Fees: None

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY (in normal circumstances)	PERSON IN-CHARGE	FORM/ DOCUMENT
1	Procedure (Xray, MRI, CT Scan, Ultrasound, etc.) Return to the attending physician for justification of refund.	Indicates reason for unserved procedure at the back of the official receipt and signs it with their name and signature.	Depending on circumstances	Doctor/Nurse/Receptionist	Official Receipt
	Medicine For out of stock, excess or unused medicines, go to attending doctor or nurse and have them write the reason for refund and sign the official receipt with their name (trodad) and signature. Then return the medicines, if any, to Pharmacy.	Gets unused medicines and stamps the official receipt with "Medicines Returned".		Doctor/Nurse/Pharmacist	
	PhilHealth Proceed to Billing Section for approval of refund.	Stamps the official receipt with "Approved for Refund" and signs it with their name and signature.		Billing Head/PhilHealth In-charge	
2	Gives the Official Receipt with note of justification for refund.	Checks receipt, interviews claimant and have them sign Credit Memo and logbook.	5 minutes	Cashier Window 1 Staff	Official Receipt, Credit Memo (SPMC-F-CAS-17)
3	Cash Refund Receives refund.	Gives cash refund.	1 minute		None
	Cheque Refund Returns to Cashier after 5 working days with necessary documents to claim refund.	Checks the documents then issues the refund.	1 minute		Cheque
END OF TRANSACTION					

Duration of Release of Refund:

Cash Refund

Refunds will be released immediately upon submission of the official receipts to Cashier (Window 1) from 8:00am – 5:00pm, during Monday – Friday only.

*Only official receipts with note of justification will be accommodated.

***** ONLY OUTRIGHT REFUNDS are allowed during Saturdays, Sundays and Holidays.**

Cheque Refund (P15,000 and above)

Released after 5 working days. *Prepare necessary documents for claiming.



IN-SERVICE TRAINING PROGRAM

Location: Professional Education, Training and Development Office, Ground Floor, OPD Building

Who may avail?

1. Personnel from requesting institutions

Availability of services: Monday – Friday, except Holidays (8:00 am – 5:00 pm)

Requirements

1. Endorsement from sending institution, addressed to:
LEOPOLDO J. VEGA, MD, FPCS, FPATACSI, MBA-H
Medical Center Chief II
Southern Philippines Medical Center
- Thru: MARIA ELINORE A. CONCHA, MD, FPAFP
Chief Training Officer
Professional Education, Training and Development Office
2. Resume with attached 2 x 2 picture
3. Photocopy: valid PRC card (if applicable), PNA Card (for nurses)
4. Photocopy: certificate of employment
5. Photocopy: medical certificate (may be issued by sending institution) and drug test result (must be done in SPMC)
6. Training fee (depends on the training program; no training fee if sending institution is a government hospital)
7. Notarization fee

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Submits letter of intent to the office of the Medical Center Chief.	Receives endorsement letter. PETD staff receives the approved letter of intent from the Medical Center Chief. Chief Training Officer sends a response letter with the list of requirements to the requesting institution for compliance before desired commencement of training.	1 minute 1 minute 3 minutes	Medical Center Chief staff PETD staff Chief Training Officer		Endorsement Letter
2	The in-service trainee submits the complete requirements, accomplishes the training agreement, proceeds to the Legal Office for notarization of documents and settles the corresponding training fee, if applicable.	The PETD staff receives and checks the requirements. If the requesting party is a private institution, the staff issues a statement of account. The PETD staff orients on SPMC General Policies, Expectation and Responsibilities and issues duty schedule and clinical area of exposure.	10 minutes 15 minutes	PETD Staff	Training fee: P1,500— P3,000 ; Notarization fee: P 100	PETD statement of account <i>(SPMC-F-PETD-15A)</i> Training Agreement <i>(SPMC-F-PETD-09)</i> Schedule of Duties form <i>(SPMC-F-PETD-11)</i>
3	The trainee undergoes the training program under the supervision of the SPMC staff.	SPMC staff orients, teaches and supervises the trainee.	2-6 months	SPMC staff		
4	At the end of training contract, the trainee evaluates the training program and complies the exit clearance. Once completed, the trainee submits the complied forms to PETD staff in-charge.	PETD staff issues the exit clearance and gives the certificate of training completion.	5 minutes	PETD Staff		Training Program Evaluation <i>(SPMC-F-PETD-27)</i> Training clearance slip <i>(SPMC-F-PETD-28)</i> Certificate of Training Completion
END OF TRANSACTION						



AFFILIATION

Location: Professional Education, Training and Development Office, Ground Floor, OPD Building

Who may avail?

- 1. All institutions/ schools, universities, colleges requiring hospital exposure for different categories (Medical students, Nursing, Midwifery, Med. Lab Sciences, Radiologic Technology, Respiratory Therapy, Pharmacy, Physical Therapy, Nutrition and Dietetics,) for their Related Learning Experience (RLE).

Availability of services: Monday – Friday, except Holidays (8:00 am – 5:00 pm)

Requirements

- 1. Letter of intent from sending institution, addressed to:
LEOPOLDO J. VEGA, MD, FPCS, FPATACSI, MBA-H
Medical Center Chief II
Southern Philippines Medical Center

Thru: MARIA ELINORE A. CONCHA, MD, FPAFP
Chief Training Officer
Professional Education, Training and Development Office

- b. Contract of Affiliation (COA) processing with CHED Recognition

Fees: Applicable Fees

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Submits letter of intent to the office of the Medical Center Chief.	Receives letter of intent.	1 minute	Medical Center Chief staff	-	Letter of intent
		Discuss the decision whether to accept or reject request.	1-2 working days for new applicants; 5 minutes for renewals	Medical Center Chief/Chief Training Officer		
		PETD staff receives the approved letter.	1 minute	PETD staff		
2	Receives Certificate of Affiliation document and accomplishes needed requirements.	A) If approved, PETD Staff provides Contract of Affiliation document and gives instruction on how to fill up and number of documents to submit and attachments. Recognition of the said course must be included.	10 minutes	PETD staff	-	Contract of Affiliation Document Contract of Affiliation Document with CHED Recognition Notarized Contract of Affiliation Document with CHED Recognition
		B) Returns the signed documents to the school representative for notarization.	1-2 days			
		C) Two (2) copies of the notarized document must be returned to PETD Office for file and one copy for DOH file.	1 minute			
3	Submits signed COA with attached CHED accreditation from school.	Receives COA already signed by school officials for completion of signatures from SPMC.	5 minutes	PETD Staff	-	Contract of Affiliation Document with CHED Recognition
4	Receive fully signed COA by SPMC officials to the affiliating school	Informs school to pick up signed COA	1-2 working days	PETD staff	-	Fully signed COA
END OF TRANSACTION						



COMPUTER SERVICES

Location: Virtual Library, 2nd Floor, Main Hospital, Monday – Friday (8:00 am – 5:00 pm)

Who may avail?

- 1. SPMC Personnel
- 2. Plantilla
- 3. Job Order Contractual
- 4. Affiliates
- 5. Clerks
- 6. PGIs

Availability of services: Monday – Friday (8:00 am – 5:00 pm)

Requirements

- 1. SPMC ID or Any Valid ID

Fees: None

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Sign-in at the log sheet.	Provides log sheet.	1 minute	Librarian or Library Staff	-	SPMC ID/ Any Valid ID; Daily Attendance of Library Users Log Sheet <i>(SPMC-F-LIB-02)</i>
2	Uses library computer.	Address the client’s needs, if there are any.	-	Librarian or Library Staff	-	None
3	Saves document, if any.	Assists the client in saving their documents	2 minutes	Librarian or Library Staff	-	None
4	Sign-out at the Log Sheet.	Provides log sheet.	1 minute	Librarian or Library Staff	-	Daily Attendance of Library Users Log Sheet <i>(SPMC-F-LIB-02)</i>
END OF TRANSACTION						



RESEARCH

Location: Virtual Library, 2nd Floor, Main Hospital, Monday – Friday (8:00 am – 5:00 pm)

Who may avail?

- | | |
|--------------------------|---------------|
| 1. SPMC Personnel | 4. Affiliates |
| 2. Plantilla | 5. Clerks |
| 3. Job Order Contractual | 6. PGIs |

Availability of services: Monday – Friday (8:00 am – 5:00 pm)

Requirements

- | | |
|----------------------------|---------------------------|
| 1. SPMC ID or Any Valid ID | 2. Filled-up request slip |
|----------------------------|---------------------------|

Fees: None

How to avail of the service?

STEP	CLIENT/PATIENT	SERVICE PROVIDER	DURATION OF ACTIVITY <i>(in normal circumstances)</i>	PERSON IN-CHARGE	FEES	FORM/DOCUMENT
1	Sign-in at the Log Sheet.	Provides log sheet and determine the needs of the user or client.	1 minute	Librarian or Library Staff	-	Daily Attendance of Library Users Log Sheet (SPMC-F-LIB-02)
2	Fills up request form. Fills up Research Services logbook.	Provides request form and logbook for client to fill up.	5 minutes	Librarian or Library Staff	-	Request Form (SPMC-F-LIB-03); Research Services Logbook (SPMC-LB-LIB-01)
3	Returns to library after 1 working day.	Informs the client of the availability of the requested research topic then asks client to return to library with their electronic storage devices.	3 minutes	Librarian or Library Staff	-	None
	Or waits for the emailed document.	Emails the requested research topic to client.	5 minutes	Librarian or Library Staff	-	None
4	Sign-out at the Log Sheet.	Provides Log Sheet.	1 minute	Librarian or Library Staff	-	Daily Attendance of Library Users Log Sheet (SPMC-F-LIB-02)
END OF TRANSACTION						



OPD TRIAGE

Minor & Specialty Clinics	
7:00am—10:00am	PT Rehab
7:00am—3:00pm	Dental
	Dermatology
	ENT-HNS
	Ophthalmology
	Ortho Clinic
1:00pm—5:00pm	Urology (Monday, Wednesday, Friday)
Major Clinics	
7:00am—5:00pm	Family Medicine
	Internal Medicine
	OB-Gynecology
	Pediatrics
	Surgery

DENTAL CLINIC

1	Consultation	Monday to Friday	8:00am—5:00pm
2	Dental Procedures	Monday to Friday	8:00am—3:00pm
		Saturday	By Appointment

DERMATOLOGY CLINIC

1	Consultation & Procedures	Monday to Friday	8:00am—3:00pm
2	Initial Patch Testing	Monday & Tuesday	8:00am—5:00pm

ENT-HNS CLINIC

1	Tumor (Head & Neck/Oncology)	Monday	7:00am—3:00pm
2	Broncho (Bronchoesophagology/ Laryngology/ Endoscopy)	Tuesday	10:00am—12:00nn
3	Trauma (Maxillofacial)	Wednesday	8:00am
4	Sinus (Rhinology/ Allergy/ Sleep)	Thursday	7:00am—9:00am
5	Plastic (Reconstructive)	Friday	10:00am—11:00am
6	Ear (Otology/ Audiology/ NeuroOtolgy)	Friday	10:00am—11:00am

FAMILY MEDICINE CLINIC

1	Asthma Clinic	1st Friday of the Month	8:00am—12:00nn
2	Anxiety	Tuesday	1:00pm—3:00pm
3	Geriatrics	Last Friday of the Month	8:00am—12:00nn
4	Hypertension Clinic	Monday to Friday	8:00am—5:00pm
5	Personnel Health Services	Monday to Friday	8:00am—3:00pm
6	Smoking Cessation Clinic	Monday to Friday	9:00am—3:00pm
7	Hospice & Palliative Care Clinic	Thursday	1:00pm—3:00pm
8	TBDC	By Schedule	
9	Toxicology	Wednesday	1:00pm—3:00pm

INTERNAL MEDICINE CLINIC

1	CP/Medical Clearance	Monday to Friday	9:00am—11:00am
2	Cardio Clinic	Monday & Friday Wednesday	1:00pm—3:00pm 8:00am—11:00nn
3	Pulmo Clinic	Tuesday & Thursday	9:00am—11:00nn
4	Diabetes	Monday to Friday	8:00am—11:00nn
6	Endocrine Clinic	Tuesday & Thursday	1:00pm—4:00pm
7	Gastro Clinic	Tuesday & Thursday	1:00pm—4:00pm
8	Rheuma Clinic	Tuesday	1:00pm—4:00pm
9	Nephro Clinic	Monday, Wednesday & Friday	9:00am—11:00am
10	Neuro Clinic	Monday & Friday	1:00pm—4:00pm

OB-GYNE CLINIC

OBSTETRICS			
1	General Consultation	Monday to Friday	8:00am—4:00pm
2	Post-Partum follow up (By Service)	Monday to Friday	8:00am—4:00pm

GYNECOLOGY			
1	General Consultation	Monday to Friday	8:00am—4:00pm
3	Reproductive/Endo/Infertility	Friday	12:00nn—2:00pm
4	Uro-Gyne		
	CMG	Wednesday	8:00am—12:00nn
	Consultation	Wednesday	1:00pm - 4:00pm
5	Gyne-Oncology		
	Endometrial Cancer	Monday	1:00pm—3:00pm
	Cervical Cancer	Tuesday	1:00pm—3:00pm
	Ovarian Cancer	Wednesday	1:00pm—3:00pm
	Trophoblastic Dse/ Hmole	Thursday	1:00pm—3:00pm

OPHTHALMOLOGY CLINIC

1	General Ophthalmology	Mon, Tue, Wed, Fri Thursday	8:00am—3:00pm 8:00am—12:00nn
2	Cornea & External Disease	Monday, Tuesday, Wednesday & Friday	1:00pm—3:00pm
3	Glaucoma/Orbit/Plastic & Lacrimal Service	Monday, Tuesday, Wednesday & Friday	1:00pm—3:00pm
4	Pediatric Ophthalmology, Strabismus, Neuro-Ophthalmology	Thursday	1:00pm—3:00pm
5	Vitreo-Retina Service	Monday, Tuesday, Wednesday & Friday	1:00pm—3:00pm
6	Ophthalmic Plastic, Orbit, Lacrimal, Eye Trauma & Reconstructive Surgery	Monday, Tuesday, Wednesday & Friday	1:00pm—3:00pm

ORTHOPEDICS CLINIC

1	General Consultation Day - Adult Orthopedics - Pediatric Orthopedics	Monday	8:00am—3:00pm
2	Adult Orthopedics Consultation Day - Musculoskeletal Tumors - Ilizarov & Limb Lengthening Procedures - Joints & Joint Replacement - Fracture Complications & Deformities - Bone & Joint Infections - Congenital Deformities	Tuesday	8:00am—3:00pm
3	Pediatric Orthopedics Consultation Day - Clubfoot Correction - Congenital Deformity Clinic/ Correction - Bone & Joint Infections - Musculoskeletal Tumors - Fracture Complications & Deformities - Cerebral Palsy	Wednesday	8:00am—3:00pm
4	Spine Clinic Day - Low Back Pain - Spine Tumors & Spine Trauma - Infections of the Spine - Scoliosis & Other Spinal Deformities - Degenerative Conditions & Instability of the Spine	Thursday	8:00am—3:00pm
5	Hand & Sports Clinic Day - Hand Trauma - Congenital Deformities of the Hand - Infections of the Hand - Common Hand Conditions (Carpal Tunnel Syndrome, Trigger Finger) - Sports Injuries Day	Friday	8:00am—3:00pm

SURGERY CLINIC

1	General Surgery	Monday to Friday	8:00am—6:00pm
2	Colorectal	Tuesday Thursday	8:00am—12:00nn 1:00pm—4:00pm
3	Neurosurgery	Tuesday & Thursday	1:00pm—4:00pm
4	Uro-Surgery	Monday & Friday	1:00pm—4:00pm
5	Pedia Surgery	Wednesday	1:00pm—4:00pm
6	Change Catheter	Monday	8:00am—12:00nn
7	Burn	Wednesday & Friday	8:00am—2:00pm
8	Reconstructive	Wednesday	8:00am—12:00nn

PEDIATRICS CLINIC

1	Pulmo	Monday	1:00pm—4:00pm
2	Gastro	Monday	1:00pm—4:00pm
3	Well Baby/NICU	Tuesday & Thursday	1:00pm—3:00pm
4	Nephrology	Tuesday	1:00pm—4:00pm
5	Immunization	Wednesday	8:00am—11:00am
6	Neuro	Thursday	8:00am—10:30am
7	Endo/Genetics	1 st Tuesday & Last Thursday of the Month	8:00am—11:00am
8	Hematology	Tuesday	8:00am—11:00am

X-Ray

Skull	
APL + Towne's view (Skull Series)	220.00
APL only	170.00
AP or Lateral View only (One View)	90.00
Towne's view only	75.00
Water's View	75.00
Submentovertex view	95.00
Orbit	185.00
Nasal bone	115.00
Paranasal Sinuses	200.00
Mastoids	230.00
Temporo-Mandibular Joint	245.00
Internal Auditory Meatus	265.00
Mandible	185.00
Panoramic	300.00
Cephalometry	295.00
Axial Skeleton/Spine	
Cervical APL	205.00
Cervical APL + Obliques	310.00
Cervical oblique R/L	170.00
Thoracic APL	295.00
Thoracolumbar Spine	420.00
Lumbosacral Spine APL	190.00
Lumbosacral (L/S) Oblique Views	190.00
Lumbosacral APL + Obliques	395.00
Coccyx AP	120.00
Coccyx APL	160.00
Pelvis AP	130.00
Pelvis APO or APL	200.00
Pelvis Inter or Outlet Views	220.00
Shoulder AP	130.00
Shoulder APL	200.00
Shoulder R & L	200.00
Clavicle AP	135.00
Clavicle R & L	195.00
Scapula AP	130.00
Scapula Lateral View	90.00
Scapula Y-View	90.00
Scoliosis AP	145.00
Scoliosis Series	425.00

Chest / Thorax	
Chest PA (ADULT)	105.00
Chest PAL (ADULT)	195.00
Chest Lateral View	90.00
Chest PAL (PEDIA)	150.00
Chest Lateral Decubitus	150.00
Apicolordotic View Only	75.00
Chest Spot View	75.00
Cone Down View	75.00
Thoracic bony Cage (TBC) AP	135.00
TBC APL	235.00
TBC R & L Oblique	275.00
Extremities	
Humerus APL (Upper Arm)	140.00
Humerus (BOTH) APL	285.00
Elbow APL	130.00
Elbow (BOTH) APL	270.00
Forearm APL	130.00
Forearm (BOTH) APL	265.00
Wrist APL	145.00
Wrist (BOTH) APL	280.00
Hand APO or APL	135.00
Hand (BOTH) APO or APL	275.00
Thigh APL/Femur	215.00
Thigh (BOTH) APL	360.00
Knee APL	130.00
Knee (BOTH) APL	265.00
Knee Sunrise View	130.00
Knee Tunnel View	130.00
Leg APL	160.00
Leg (BOTH) APL	330.00
Ankle APL	135.00
Ankle (BOTH) APL	295.00
Ankle Mortise view	100.00
Foot APL	130.00
Foot (BOTH) APL	270.00
Angiography Procedures	
Digital subtraction/Angiography	2,000.00
ERCPC (Films & Room Use Fee)	1,085.00
Abdomen	
Plain	150.00
Upright/Supine views	255.00
KUB (Bowel prep. Needed)	145.00

Special Procedures	
Dacrycystogram	270.00
Sialogram (Parotid Gland)	325.00
Sialogram (Submandibular Gland)	325.00
Esophagogram	275.00
UGIS (with preparation)	490.00
UGIS with Follow Through	565.00
T-Tube Cholangiogram	365.00
Barium Enema (ADULT)	625.00
Barium Enema (PEDIA)	475.00
Colonogram (ADULT)	360.00
Colonogram (PEDIA)	535.00
IVP (with preparation)	495.00
One Shot IVP or Trauma	235.00
Cystogram (non-voiding)	360.00
VCUG (Voiding cyctourethrogram)	430.00
RGP (Retrograde Pyelography)	550.00
Fistulogram	270.00
Hysterosalpingogram	985.00
Myelogram (Conventional)	785.00
Skeletal Survey (ADULT)	955.00
Skeletal Survey (PEDIA)	675.00
Babygram	210.00
Intraop and Portable Procedures (Non-Socialized)	
Intra-op procedures = cost of Examination + P785 (Portable Fee)	
Portable fee=P300 (Non-Socialized)	

CT SCAN

Head & Neck	
Cranial, Plain	4,750.00
Cranial, with Contrast	5,750.00
Paranasal Sinuses, Plain	5,750.00
Paranasal Sinuses, with Contrast	6,750.00
Neck, Plain	6,750.00
Neck, with Contrast	7,750.00
Pharynx (NASO/ORO), Plain	6,750.00
Pharynx (NASO/ORO), with Contrast	7,750.00
Temporal Bone, Plain	6,750.00
Temporal Bone, with Contrast	7,750.00
Orbits, with Contrast	7,750.00
Chest	
Chest, Plain	5,750.00
Chest, with Contrast	6,750.00
HRCT, Plain	8,750.00
Abdomino-Pelvis	
Whole Abdomen, Plain	8,750.00
Whole Abdomen, with Contrast	9,750.00
Upper/Lower Abdomen, Plain	6,750.00
Upper/Lower Abdomen, with Contrast	7,750.00
Pelvis/Kidney/Adrenal, Plain	6,750.00
Pelvis/Kidney/Adrenal, with Contrast	7,750.00
Axial Spine	
Cervical, Plain	4,750.00
Cervical, with Contrast	5,750.00
Thoracic, Plain	5,750.00
Thoracic, with Contrast	6,750.00
Lumbar-Sacrum, Plain	5,750.00
Lumbar-Sacrum, with Contrast	6,750.00
Special Examinations	
CT-guided Biopsy	7,050.00
CT Angiogram	15,050.00

MRI

Head/Cranial	7,700.00
Cervical	8,200.00
Neck	8,600.00
Thoracic	8,100.00
Lumbar	7,600.00
Chest	7,900.00
Whole Abdomen	14,300.00
Pelvis	8,600.00
Shoulder	7,700.00
Elbow	7,700.00
Upper Extremities	7,700.00
Lower Extremities	7,700.00
Knee	7,700.00
MRA	9,600.00
MRCP	9,600.00

**Price (for both CT SCAN & MRI) excludes the amount for contrast media and other materials.*

**Additional Fee will be charged for STAT CASES (CT Scan):
10% for Service Patients and 30% for Pay Patients.**

PHYSICAL EXAMINATION & MEDICAL CERTIFICATE

PRE-EMPLOYMENT (LOCAL/SPMC NON-MEDICAL)	
BELOW 35 YRS OLD WITH BMI < 26	
CHEST XRAY	825.00
CBC	
URINALYSIS	
STOOL	
DRUG TEST	
PHYSICAL EXAM	
ADDITIONAL LAB TESTS FOR AGE 35 & ABOVE/ WITH BMI > 26	
FBS	1,930.00
LIPID PROFILE	
SGPT	
ECG	

PRE-EMPLOYMENT (SPMC MEDICAL)	
BELOW 35 YRS OLD WITH BMI < 26	
CHEST XRAY	2,145.00
CBC	
URINALYSIS	
STOOL	
HBSAG	
ANTI-HBS	
DRUG TEST	
NEURO TEST	
PHYSICAL EXAM	
ADDITIONAL LAB TESTS FOR AGE 35 & ABOVE/ WITH BMI > 26	
FBS	3,250.00
LIPID PROFILE	
SGPT	
ECG	

CITY HEALTH CARD CERTIFICATE REQUIREMENTS (AS PER CITY HEALTH OFFICE)	
PACKAGE 1	
CHEST XRAY, URINE & STOOL	155.00
PACKAGE 2	
CHEST XRAY, HBSAG, URINE & STOOL	295.00

REGULAR PHYSICAL EXAM	
CHEST XRAY	600.00
CBC	
URINALYSIS	
STOOL	
PHYSICAL EXAM	

OTHER SERVICES OFFERED

DENTAL SERVICES
CONSULTATION
ORAL PROPHYLAXIS
OP WITH FLOURIDE
DEEP SCALING & POLISHING
SIMPLE EXTRACTION W/ ANTIBIOTIC
SIMPLE EXTRACTION (POSTERIOR)
ODONTECTOMY
LIGHT CURE FILLING

OTHER SERVICES
SCREENING MAMMO
DIAGNOSTIC MAMMO
TOMOSYNTHESIS
STEREOTACTIC BIOPSY
BREAST ULTRASOUND
CHEST ALV
BLOOD TYPING
CULTURE & SENSITIVITY
STOOL CULTURE
T3
T4
TSH
PSAT
OGTT 3X
POST PRANDIAL BS
HBA1C
GRAM STAIN
POTASSIUM
SODIUM

Procedure	Price
Electrocardiography (ECG)	P 200.00
Electroencephalography (EEG)	P 2,000.00
Electromyography/Nerve Conduction Velocity (EMG/NCV)	P 2,500.50
Endorectal Ultrasound	P9,800
Endorectal Ultrasound - Senior Citizen & PWD	P13,595
Endoanal Ultrasound	P8,300
Endoanal Ultrasound - Senior Citizen & PWD	P6,640

Transrectal Ultrasound-Guided Prostate Biopsy

Service Patient (Including PF, Machine Fee & Supplies)	Price
Senior Citizen & PWD With NBB PHIC	P 0.00
Senior Citizen Without PHIC	P13,595
Self-Employed PHIC	P4,295
Pay Patient (Non-Socialized) Including PF, Machine Fee & Supplies	Price
Senior Citizen & PWD With NBB PHIC	P 0.00
Senior Citizen Without PHIC	P13,595
Self-Employed PHIC	P4,295

DIGESTIVE & PULMONARY SERVICES

- *Upper Gastrointestinal Endoscopy*
- *Proctosigmoidoscopy*
- *Endoscopic Retrograde Cholangiopancreatography (ERCP)*
- *Colonoscopy*
- *Bronchoscopy*

CHARITY PATIENTS

Procedure	with PHIC	without PHIC
Upper Gastrointestinal Endoscopy	P 5,314.00	P 8,667.50
Colonoscopy	P 6,047.00	P 9,792.50
Endoscopic Retrograde Cholangio Pancreatography	P 14,335.50	P 19,867.50
Proctosigmoidoscopy	P 1,000.00	P 1,500.00
Bronchoscopy	P 5,927.50	P 8,855.00
Flexible Proctosigmoidoscopy	P 1,500.00	P 1,800.00

PAY PATIENTS (To pay Machine Fee ONLY, Not inclusive of PF and supplies)

Procedure	with PHIC	without PHIC	Senior Citizen w/ PHIC	Senior Citizen w/out PHIC
Upper Gastrointestinal Endoscopy	P 2,887.50	P 4,355.00	P 2,310.00	P 3,484.00
Colonoscopy	P 2,887.5	P 4,355.00	P 2,310.00	P 3,484.00
Endoscopic Retrograde Cholangio Pancreatography	P 3,800.00	P 6,180.00	P 3,040.00	P 4,944.00
Bronchoscopy	P 2,887.5	P 4,355.00	P 2,310.00	P 3,484.00