



## 1. Guarantee Letter

A Guarantee Letter is assurance letter provided by Special Assistance Program to the hospital to indicate the amount of cost that they will cover.

|                             |   |
|-----------------------------|---|
| <b>Office or Division:</b>  | PGO- Special Assistance Program & 1Bataan Malasakit Dialysis Assistance |
| <b>Classification:</b>      | Simple  |
| <b>Type of Transaction:</b> | G2C - Government to Citizen   |
| <b>Who may avail:</b>       | ALL   |

| CHECKLIST OF REQUIREMENTS  | WHERE TO SECURE  |
|--|--|
| <p><b>FOR HOSPITAL BILL:</b></p> <ul style="list-style-type: none"> <li>*Updated Final Bill with billing clerk's signature (1 original ,1 photocopy)</li> <li>*Medical Certificate/ Clinical Abstract with doctor's signature and license number (1 original, 1 photocopy)</li> <li>*Valid id of patient &amp; representative (1 original, 1 photocopy)</li> <li>*Letter to Gov. Jose Enrique S. Garcia (Handwritten)</li> <li>*Supporting Documents (Birth Certificate, Marriage Certificate, ect.) (1 original, 2 photocopies)</li> <li>*Brgy. Indigency (1 original, 1 photocopies)</li> </ul> <p><b>FOR LABORATORY &amp; OTHER MEDICAL PROCEDURES:</b></p> <ul style="list-style-type: none"> <li>*Request for laboratory/ other medical procedures with doctor's signature &amp; license number (1 Original, 1 Photocopy)</li> <li>*Qoutation of laboratory &amp; Other medical procedures from the hospital ( 1 original, 1 Photocopy)</li> <li>*Medical certificate/ Medical abstract with doctor's signature ( 1 original, 1 Photocopy)</li> <li>*Valid id of patient * representative ( 1 original, 1 Photocopy)</li> <li>*Letter to Gov. Jose Enrique S. Garcia (Handwritten)</li> <li>*Supporting Documents (Birth Certificate, Marriage Certificate, ect.) ( 1 original, 2 Photocopies )</li> <li>*Brgy. Indigency ( 1 original, 1 photocopy)</li> </ul> | <p>It is secure in the office by the assigned employee in every hospital and will submit to DOH for liquidation process.</p> |

| CLIENTS STEPS           | AGENCY ACTION                      | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE   |
|-------------------------|------------------------------------|-----------------|-----------------|--|
| 1. Signs the attendance | 1. Collects the client information | None            | 1 minute        | <i>Administrative Aide II<br/>Executive Assistant III/ SAP Coordinator<br/>SAP</i> |



|  |   |             |                  |   |
|--|---|-------------|------------------|---|
|  | <p>2.2 Assesses the client's hospital bill or diagnostic procedure, then evaluate the amount needed, coordinate to the person accountable (SAP Coordinator) for the approve amount, and prepare the guarantee letter.<br/>* Print the general intake sheet, then give it to the client.</p> | None        | 3 minutes        | <p><i>Nurse I<br/>Executive Assistant II/<br/>SAP Coordinator<br/>SAP</i></p> |
| <p>3. Checks and sign the General Intake Sheet, then return to the assigned staff.</p>     | <p>3. Receives the signed general intake sheet from the client, then prepare the receiving copy of guarantee letter and give it to the client.</p>  | None        | 1 minute         | <p><i>Nurse I<br/>Executive Assistant II/<br/>SAP Coordinator</i></p>         |
| <p>4. Signs the receiving copy of Guarantee Letter, then return to the assigned staff.</p> | <p>4. Releases the original guarantee letter with an attached copy of the requirements.</p>   | None        | 1 minute         | <p><i>Nurse I<br/>Executive Assistant II/<br/>SAP Coordinator<br/>SAP</i></p> |
| <b>TOTAL:</b>  |   | <b>None</b> | <b>7 minutes</b> |   |