

1. Patient Triage				
Early identification and s	separation of suspected COVIE	0-19 patients	to prevent tra	ansmission and
contamination of clean (
	ose C. Payumo Jr. Memorial H	ospital/ Tria	ge Area	
Classification:	Simple			
Type of Transaction:	62C - Government to Citizen			
Who may avail: 🛛 🗚				
	OF REQUIREMENTS		HERE TO SE	CURE
Health Declaration Che	cklist	Triage Area		
Hospital Card Patient Medical Record		Records Se	ction	
			PRO-	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	CESSING	PERSON RESPONSIBLE
1. Proceeds to Triage	1.1 Interviews the purpose of visit.			
	1.2 If for consultation, catego- rizes patient condition (non- emergent, emergent, urgent) along with COVID-like symp- toms	None	3 minutes	Nurse I
	1.3 If emergent/urgent case, directs to the Emergency Room as endorsed by the nurse.			Triage Area
	1.4 If non-emergent, follow the next step.2.1 Interviews the patient/ rel-			
2. Submits information on Health Declaration	ative/ guest/ staff for signs and symptoms, exposure and travel history and completes the health declaration. 2.2 Signs the health declara- tion form.	None	3 minutes	Nurse I Triage Area
	2.3 If NOT for consultation, assists to identified concern department.			
3. Provides information on the creation of new medical record. (New Patient)	3. Creates medical record of the patient.	Out Patient Card- PHP 20.00	2 minutes	Nurse I Triage Ar- ea / Cashier
4. Proceeds to Records section and presents the hospital card for the retrieval of old patient record. (Old Patient)	4. Retrieves old patient rec-	Loss Card/ Penalty- PHP 100.00	4 minutes	Medical Records Clerk / Cashier



ment of the nurse.	saturation, blood pressure, weight) and history taking.	None	3 minutes	Nurse I Triage Area
	6. Endorses the patient to Out Patient Department or Consultant clinic.	None	2 minutes	Nurse I Triage Area
	TOTAL:	PHP 20.00 -100.00	17 minutes	

2. Emergency Room: Consultation & Treatment Area specializing in the acute care of patient who present without prior appointment; either by their own means or ambulance. The department provide initial treatment and immediate attention for a broad spectrum of illnesses and injuries .				
Office or Division:	Jose C. Payumo Jr. Men	norial Hospital/ I	Emergency D	epartment
Classification:	Simple			
Type of Transaction:	G2C - Government to Ci	tizen		
Who may avail:	Patients			
CHECKLIST OF	REQUIREMENTS	w	HERE TO SE	CURE
Health Declaration Chec Record (New) Patient Medical Record (Referral Form/ Hospital ((Old) Medical Records Section RHU or other hospital/clinic			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PRO- CESSING PERSON TIME SPONSI		
1. Arrives in the Triage	1. Assesses the patient' condition as emergent/ urgent and COVID and non-COVID case.	None	3 minutes	Nurse I Triage Area
2. Proceeds to the Emergency room and approaches the nurse.	2.1 Interviews the patients' complaint and past medical history.2.2 Takes initial vital signs and refers to the doctor.	None	7 minutes	Nurse I Emergency Department
3. Waits for the doctor's initial assessment.	3. Conducts thorough assessment and sug- gests appropriate treat- ment management.	None	20 minutes	Medical Officer I Emergency Department



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RE- SPONSIBLE
	appropriate medical management and treat- ment to stabilize patient condition	ECG tracing- PHP 200.00 ECG Tracing with inter- pretation- PHP 250.00 Suturing Fee- PHP 500- 1,500 Wound Dressing- 50- 100 Circumcision, Incision and drainage, Excision- PHP 1,000-2,000 Nebulization (excluding meds)- PHP 50.00 Injection Fee- PHP 50.00 NGT insertion/ Catheter insertion- PHP 50.00 Oxygen Fee- PHP 100 per hour	1 hour	Nurse II Emergency De- partment
	5. Explains the patients' condition and advises patient to be admitted/ discharge/ referred to a higher facility.	None	15 minutes	Medical Officer I Emergency De- partment
pliance on the ap- propriate treatment	6. Admits, discharges,or refers the patient to a higher facility as need- ed.	None	15 minutes	Medical Officer I Emergency De- partment
	TOTAL:	Varies depending on all incurred charges	2 hours	

3. Emergency Room: Consultation, Diagnostics and Treatment

Area specializing in the	Area specializing in the acute care of patient who present without prior appointment; either by					
their own means or aml	their own means or ambulance. The department provide initial treatment and immediate attention					
for a broad spectrum of	for a broad spectrum of illnesses and injuries					
Office or Division: Jose C. Payumo Jr. Memorial Hospital/ Emergency Department						

Classification:	Simple				
Type of Transaction:	G2C - Government to Citizen				
Who may avail:	Patients				
CHECKLIST O	F REQUIREMENTS		WHERE TO S	SECURE	
Record (New) Patient Medical Record	ealth Declaration Checklist, Patient Medical ecord (New) atient Medical Record (Old) eferral Form/ Hospital Chart		Triage Area Medical Records Section RHU or other hospital/clinic		
CLIENTS STEPS	AGENCY ACTION	FEES TO PROCESSI PERSON BE PAID NG TIME RESPONSIBL			
1. Arrives in the Triage	rives in the Triage 1. Assesses the patient' urgent and COVID and non-COVID case.			Nurse I Triage Area	
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CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
2. Proceeds to the Emergency room and approaches the nurse.	 2.1 Interviews the patients' complaint and past medical history. 2.2 Takes initial vital signs and refers to the doctor. 	None	7 minutes	<i>Nurse II</i> Emergency Department
3. Waits for the doctor's initial assessment.	 3.1 Conducts thorough assessment and suggests appropriate treatment management. 3.2 Requests diagnostic examination for differential diagnosis. 	None	15 minutes	<i>Medical Officer III</i> Emergency Department
4. Waits for the diagnostic procedure to be done	 4.1 Completes and forwards request to appropriate department. 4.2 Collects blood sample; performs x-ray procedure. 	None	40 minutes	Nurse I Medical Technologist and/or Radiologic Emergency Department
5. None	5. Retrieves old medical record/chart of patient by the relative to the Medical Record Section.	None	10 minutes	<i>Medical Records Clerk</i> Records Section
6. Receives initial treatment/ management	6. Provides prompt and appropriate medical management and treatment to stabilize patient condition.	None	1 hour	<i>Medical Officer III Nurse II</i> Emergency Department
7. Waits for diagnostic findings and/or effect of initial treatment	7. Gathers and interprets result of diagnostic tests, makes diagnosis and monitors the response of the patient to the initial treatment.	None	1 hour	<i>Medical Officer III Nurse II</i> Emergency Department
8. Waits for the advised plan of care/treatment	8. Explains the patients' condition and advises patient to be admitted/ discharge/ referred to a higher facility.	None	15 minutes	<i>Medical Officer III</i> Emergency Department
9. Decides on compliance on the appropriate treatment options presented.	9. Admits, discharges,or refers the patient to a higher facility as needed.	None	15 mins	<i>Medical Officer III</i> Emergency Department
	TOTAL:	None	3 hours, 45 minutes	



	4. Out Patient Department: Consultation					
	irgent diagnosis and care					
	ose C. Payumo Jr. Memo	orial Hospit	al/ Out Patient D	epartment		
	Simple					
Type of Transaction:	G2C - Government to Citizen					
	Patients					
CHECKLIST OF	REQUIREMENTS		WHERE TO S	SECURE		
Health Declaration Form Patient Medical Record, Laboratory and X-ray Re	on Form Triage Area Record, Old Medical Records Section					
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Proceeds to Out Patient Department, submits the medical record and waits to be called by the nurse.	1. Receives the medical record, arrange the patients by number.	None	2 minutes	<i>Nurse I</i> Out Patient Department		
2. Waits for secondary assessment and history taking.	2. Conducts secondary assessment, vital signs, and history taking.					
3. Waits for consultation to the doctor.	3. Conducts medical	None 20 minutes Out Patient				
4. Waits for the prescribed medications and other instructions of treatment plan.	4. Issues prescription of needed medications and explain to the patient and relative.	of None 10 minutes <i>Medical Officer III</i> Department				
5. None	5. Provides health teachings.	None 5 minutes Nurse I Out Patient Department				
	TOTAL None 45 minutes					

5. Out Patient Department: Consultation with Diagnostic Procedures

Area that provides non-urgent diagnosis and care, and follow-up for patients.

Office or Division:	Jose C. Payumo Jr. Memorial Hospital/ Out-Patient Department			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Patients			
CHECKLIST C	OF REQUIREMENTS WHERE TO SECURE			
Health Declaration Form	orm Triage Area			
Patient Medical Record				
Laboratory and X-ray R	esults	Laboratory	y and Radiolog	y Department
CLIENTS STEPS	AGENCY ACTION	FEES TO PROCESSIN PERSON BE PAID G TIME RESPONSIBLE		
 Proceeds to Out Pati Department, submits th medical record and wai to be called by the nurs 	is patients by number	None	2 minutes	<i>Nurse I</i> Out-Patient Department



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE
2. Waits for secondary assessment and history taking.	2. Conducts secondary assessment, vital signs, and history taking.	None	8 minutes	Nurse I Out-Patient Department
3. Waits for consultation to the doctor.	3. Conducts medical assessment and provide plan of care for the patient.	None	20 minutes	Medical Officer I/ Medical Officer III Out-Patient Department
4. Takes the laboratory request and proceeds to the Laboratory for blood tests and to Radiology department for x-ray procedures.	4. Collects blood sam- ple; performs x-ray pro- cedure	Varies depend- ing on all incurred charges	1 hour, 30 minutes	Medical Technologist and/or Radiologic Technolo- gist Laboratory/Radiology Department
results or x-ray findings to OPD department for inter-	5. Interprets the diag- nostic results and pro- vide treatment plan as based on the patients' diagnosis.	None	15 minutes	<i>Medical Officer I/ Medical Officer III</i> Out-Patient Depart- ment
6. Waits for the prescribed medications and other in- structions of treatment plan.	6. Issues prescription of needed medications and explain to the patient and relative. Provides health teach- ings.	None	10 minutes	<i>Medical Officer I/ Medical Officer III Nurse I</i> Out-Patient Depart- ment
Room assisted by nurse if	7. Advises patient to be admitted/ discharge/ re- ferred to a higher facility if necessary.	None	10 minutes	<i>Medical Officer I/ Medical Officer III</i> Out-Patient Depart- ment
	TOTAL	Varies depend- ing on all incurred charges	2 hours, 35 minutes	



6. Out Patient Depar	tment: Consultation and	Follow -u	p with Specia	alist
Area that provides non-ur	gent diagnosis and care, and fo	bllow-up for	patients referred	d to specialist.
Office or Division:	Jose C. Payumo Jr. Memorial H	lospital/ Out	Patient Departr	ment
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Patients			
CHECKLIST O	FREQUIREMENTS	W	HERE TO SEC	URE
Patient Medical Record, 0 Laboratory and X-ray Res			a cords Section and Radiology [Department
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSI- BLE
1. Arrives in the Triage	 1.1 Assesses the patient' condition as emergent/ ur- gent and COVID and non- COVID case. 1.2 Checks the HCI number- on the Hospital Card. 1.3 Interviews the patients' complaint and past medical history and encodes in the DCI e-Med electronic health record system. 1.4 Takes initial vital signs 	None	3 minutes	Nurse I Triage Area
2. Proceeds to the Con- sultants' Clinic and ap- proaches the nurse.	 and refers to the doctor. 2.1 Cheks the record on the system, receives the medical record and conduct initial assessment of patient. 2.2 Arrange patients by number. 3. Conducts medical assess- 	None	7 minutes	Nurse I Consultants' Clinic Specialist
3. Waits for consultation to the specialist.	ment and provide plan of care for the patient.	None	20 minutes	Consultants' Clinic
4. Waits for the pre- scribed medications and other instructions of treat- ment plan.	 4.1 Issues prescription of needed medications and explain to the patient and relative. 4.2 Advises schedule of follow-up. 	None	10 minutes	Specialist Consultants' Clinic
5. None	5. Provides health teachings and importance of compli-	None	5 minutes	Nurse I Consultants' Clinic
	ance and follow-up of care.			Cintic



7. Admission				
	a facility as an In-Patient for co	ntinuity of	medically ne	ecessary and appro-
priate care and treatmer		:		
	ose C. Payumo Jr. Memorial H	ospital/ El	mergency De	epartment
	imple 32C - Government to Citizen			
	atients			
	OF REQUIREMENTS		WHERE TO	SECURE
Medical Record with end		Out Patie		nt/ Consultant Clinic
Laboratory and/or Radio Referral form Valid Identification Card		Laboartor RHU/ oth	y/ Radiology	Department
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPON- SIBLE
1. Proceeds in the Emergency Room and willing to comply with the treatment plan and be admitted. Submits the medical records.	1. Receives all the necessary medical records from the pa- tient. Takes vital signs, as- sesses, and refers the patient to the doctor.	None	10 minutes	<i>Nurse I</i> Emergency Department
2. Wait for the doctor's explanation of treament plan and sign the in- formed consent.	2. Explains to the patient and/ or immediate relative/ legal guardian the diagnosis and treatment plan of and ask them to sign the informed consent as a proof of approv- al and understanding.	None	10 minutes	<i>Medical Officer III</i> Emergency Department
3. Occupies bed and waits for the nurse to carry out the doctors' orders on the plan of care.	3. Accomplishes the patient chart. Completes the Doctor's Order Sheet for the medical care and treatment plan.	None	20 minutes	<i>Medical Officer III</i> Emergency Department
4. Provides accurate personal information; present valid identifica- tion card if available.	4. Completes all other per- sonal information for encod- ing in iHOMIS Database and Patient Chart.	None	5 minutes	<i>Nurse I</i> Emergency Department
lange and other needed	5. Performs initial venoclysis, administer medications and other nursing procedures.	None	30 minutes	<i>Nurse II</i> Emergency Department
6. Waits for the comple- tion of patients chart.	6. Completes patient chart and documents all treatment and management done.	None	10 minutes	<i>Nurse II</i> Emergency Department
7. Awaits transfer to designated ward.	7.1 Transports patient via stretcher/ wheelchair. 7.2 Endorses patient to Ward	None	10 minutes	Utility Worker Emergency Department Nurse I
	Nurse for continuity of care.			Emergency Department
	TOTAL:	None	1 hou	r ,35 minutes



8. Discharge					
	e for may go home (MGH), home	against me	dical advice (I	HAMA), and/or	
transfer. Office or Division:	Jose C. Payumo Jr. Memorial Ho Ward/Surgey Ward/Medical-Ped		id Isolation W	ard/OB-GYNE	
Classification:	Simple				
Type of Transac- tion:	G2C - Government to Citizen	·			
Who may avail:	Patients				
CHECKLIS	T OF REQUIREMENTS		WHERE TO S	SECURE	
Discharge Clearance Itemized Billing Statement CSF, CF1 Summarized Statement of Account Official Receipt/ Guarantee Letter/ Discharge Clear-		Nurse Stati Billing Sect PhilHealth Billing Sect Cashier/ So	ion Office ion	Billing Section	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING	PERSON RESPONSIBLE	
tors' advise of may go home. 1.1 Insists on going home against medi- cal advise; must	 Examines by the resident on duty and orders May Go Home with home medications and in- structions. Orders Home Against Medi- cal Advise (HAMA) if the patient and relative still insist to go home after doctors' explanation and signs on the chart and 	None	15 minutes	<i>Medical Officer</i> Covid Isolation Ward/OB-GYNE Ward/Surgey Ward/ Medical-Pedia Ward	
	2. Carries out doctor's order and updates disposition of pa- tient on iHOMIS database. Pre- pares the discharge clearance form and client satisfaction sur- vey form, then distributes to pa-	None	10 minutes	<i>Nurse I</i> Covid Isolation Ward/OB-GYNE Ward/Surgey Ward/ Medical-Pedia Ward	
linen ang get un- used medicines or supplies.	 3.1 Receives and document the returned linen; signs the discharge clearance. Tallies all oxygen consumption report and attaches in the clearance. 3.2 Checks the medication box for any unused medicines and medical supplies to be given to patients' relatives. 	None	10 minutes	<i>Nursing Attendant Nurse I Covid Isolation Ward/OB-GYNE Ward/Surgey Ward/ Medical-Pedia Ward</i>	
4. Proceeds to Pharmacy to return the unused medi- cines and supplies.	4. Receives the unused medi- cine and supplies, verify in- curred charges and signs the discharge clearance.	None	10 minutes	<i>Pharmacist</i> Pharmacy Department	



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPONSIBLE
5. Proceeds to Labora- tory to check incurred charges for blood tests, newborn screening/ blood consumption.	5. Verifies incurred charges for blood tests, newborn screening/ blood consump- tion and signs the discharge clearance.	None	10 minutes	<i>Medical Technologist/ Laboratory Aide</i> Laboratory Department
6. Proceeds to Billing Section for initial billing procedure.	6. Makes a copy of the item- ized billing statement and gives it to patients' relative.	None	10 minutes	<i>Billing Clerk</i> Billing Section
7. Proceeds to Phil- Health to check Phil- health eligibility.	7. Validates eligibility of pa- tient to avail PhilHealth bene- fits.	None	10 minutes	<i>PhilHealth Clerk</i> Philhealth Section
8. Proceeds to Social Worker to check eligibil- ity for social assistance.	8. Validates eligibility of pa- tient to avail social assis- tance.	None	10 minutes	<i>Social Welfare Officer</i> Medical Social Work
9. Proceeds to Billing for issuance of Final Statement of Account.	9. Validates if payment is still needed and issues the final statement of account. Signs the discharge clearance.	None	10 minutes	<i>Billing Clerk</i> Billing Section
10.Proceeds to Cashier to pay the prescribed amount noted in clear- ance	10. Collects the prescribed amount and issues official receipt.	Varies depend- ing on all incurred charges	8 minutes	Cashier Cashier Section
11. Returns to Nurse Station and give one copy of the discharge clearance.	 11.1 Validates the completeness of Discharge Clearance. 11.2 Instructs patient and/or relative on medications and follow-up consultation. 11.3 Removes patient's contraptions and collects the client satisfaction survey. 11.4 Collects the completed discharge clearance and cuts the patient ID band prior to exit. 	None	12 minutes	Nurse I / Nursing At- tendant Covid Isolation Ward/ OB-GYNE Ward/ Surgey Ward/Medical -Pedia Ward
12. None	12.1 Transports the patient for discharge via wheelchair to be sent home. 12.2 Collects the completed discharge clearance and cuts the patient ID band prior to exit.	None	10 minutes	Utility Worker Security Guard Covid Isolation Ward/ OB-GYNE Ward/ Surgey Ward/Medical -Pedia Ward
	TOTAL:	Varies depend- ing on all incurred charges	2 hours, 5 minutes	



9. Surgery, Emergency					
	This procedure covers from the initial contact (consultation), performance of diagnostic exams and swab, clearance, admission, and actual performance of surgery to recovery room.				
Office or Division:	Jose C. Payumo Jr. Memorial			-	
Classification:	Simple				
	G2C - Government to Citizen				
Who may avail:	Patients				
CHECKLIST OF REQUIREMENTS WHERE TO SECURE					
Health Declaration, Pa Diagnostic Exam Resu	tient Medical Record (Old) llts			iage and Radiology	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE	
1. Arrives in the Triage.	1. Categorizes patient as non-COVID, non-urgent case and creates patient medical record	None	10 minutes	<i>Nurse I</i> Triage Area	
2. Proceeds to Consultation Clinic.	2. Conducts assessment and history taking and advises patient the need to undergo	None	30 minutes	<i>Medical Specialist</i> Out-patient Department	
 Decides to continue with surgery. 	3. Explains the procedure to the patient and relative, completes the history and	None	30 minutes	<i>Medical Specialist</i> Out-patient Department	
4. Transfers to Emergency Room for admission.	4. Performs admission procedure and notifies Operating Room, Surgeon, and Anesthesiologist for the surgery case	None	30 minutes	<i>Nurse II</i> Emergency Department	
5. Occupies bed in the ward.	5. Performs pre operative protocols and procedure, and administers pre operative medications.	None	30 minutes	<i>Nurse II</i> Surgery Ward	
6. Awaits transfer to operating Room.	6. Endorses the patient toOperating room.6.1 Tranports the patient to	None	15 minutes	<i>Nurse I</i> Surgery Ward <i>Utility Worker</i>	
7. Occupies the OR table.	Operating Room after proper 7. Performs surgery in strict infection control protocol wearing level 3/4 PPE.	None	4 hours	Surgery Ward Surgeon, Anesthesiologist, Assistant Surgeon, Scrub Nurse, Circulating Nurse (Nurse I/ Nurse II) Emergency Department	
8. Awaits transfer to Post Anesthesia Care Unit	Monitors patient condition.	None	3 hours	Utility Worker Nurse I Operating Room Department	
	TOTAL:	None	9 hours, 25 minutes		



10. Surgery, Elective						
	from the initial contact (c					
and swab, clearance, a	dmission, and actual pe	rformance of	surgery to recover	ery room.		
	Jose C. Payumo Jr. Mer Emergency Room	norial Hospita	al/Out-Patient De	partment /		
	Simple					
Type of Transaction:	G2C - Government to Ci	tizen				
Who may avail: Patients						
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	ECURE		
Health Declaration, Pat (Old) Diagnostic Exam Resul			Triage Laboratory and F	Radiology		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Arrives in the Triage.	1. Categorizes patient as non- COVID, non-urgent case and creates patient medical record	None	10 minutes	Nurse I Triage Area		
2. Proceeds to Consultation Clinic.	2. Conducts assessment and history taking and advises patient the need to undergo surgery	None	30 minutes	Medical Specialist Nurse I Out-Patient Department		
3. Waits for the schedule of swab test or rapid antigen test and other laboratory tests.	3. Schedules patient to undergo NPS/OPS and other diagnostic exams for clearance.	Swab: PHP 2,800 (may be covered by PhilHealth)	2 days	Medical Specialist Out-Patient Department		
4. Returns to the Consultant Clinic with complete laboratory results.	4. Provides secondary consultation for CP Clearance and schedules for surgery.	None	30 minutes	Medical Specialist Out-Patient Department		
5. Proceeds to emergency Room for admission.	5. Performs admission procedure and notifies Operating Room, Surgeon, and Anesthesiologist for the surgery case	None	45 minutes	Nurse I Emergency Department		
6. Awaits transfer to surgery ward.	6.1 Transports the patient to ward via wheelchair.6.2 Endorses the patient to ward.	None	15 minutes	Utility Worker Emergency Department Nurse I Emergency Department		



7. Occupies bed in the ward.	7. Performs pre operative protocols and procedure, and administers pre operative medications	None	1 day	<i>Nurse I</i> Surgery Ward
8. Waits for the assessment of the anesthesiologist.	8. Performs pre-anesthetic assessment prior to surgery	None	25 minutes	Anesthesiologist
9. Awaits transfer to operating Room.	 9. Endorses the patient to Operating room. 9.1 Tranports the patient to Operating Room after proper coordination. 	None	25 minutes	<i>Nurse I</i> Emergency Department <i>Utility Worker</i> Emergency Department
10. Occupies the OR table.	10. Performs surgery in strict infection control protocol wearing level 3/4 PPE.	None	4 hours	Surgeon, Anesthesiologist, Assistant Surgeon, Scrub Nurse, Circulating Nurse (Nurse I/ Nurse II) Emergency Department
11. Awaits transfer to Post Anesthesia Care Unit	11. Transports to Post Anesthesia Care unit. Monitors patient condition.	None	3 hours	<i>Utility Worker</i> <i>Nurse I</i> Emergency Department
	TOTAL:	PHP 2800	3 days, 10 hours	

11. Normal Spontaneous Vaginal Delivery Covers from the period when patient experienced her first labor pains, admission, delivery of the newborn and placenta.

newborn and placenta.				
Office or Division:	Jose C. Payumo Jr. Memorial Hospital/ Delivery Room			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Patients			
CHECKLIST	OF REQUIREMENTS	W	HERE TO S	SECURE
Health Declaration Checl (Old) Patient Chart Partograph Delivery Room Record	klist, Patient Medical Record	st, Patient Medical Record Labor/Delivery Room Labor Room Delivery Room		
CLIENTS STEPS	AGENCY ACTION	FEES TO PROCESSI PERSON BE PAID NG TIME RESPONSIE		
1. Proceeds to Triage	 1.1 Categorizes patient as non -COVID case and creates patient medical record. 1.2 Retrieves old patient record to the Records section. 	None	7 minutes	Nurse I Triage Area



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
2. Waits for transport to Delivery Room (DR).	2. Endorses the patient and her vital signs to the Delivery Room nurse and midwife. Transports to Delivery Room via wheelchair.	None	8 minutes	Nurse I Utility Worker Delivery Room
3. Arrives in the Delivery Room.	 Re-assesses blood pressure of patient and verifies complaint and history. 	None	8 minutes	Nurse I Delivery Room
4. Position to the DR table.	 4. Performs initial internal examination (IE) and assessment. 4.1 For patient under active phase of labor (cervical dilatation of 4cm and above), proceeds to admission procedure. 4.2 For patient under latent phase of labor (cervical dilatation of less than 4cm) sents home or in the waiting area with proper instructions. 4.3 Conducts secondary assessment and cervical dilatation, vital signs, and history taking. 	None	10 minutes	<i>Obstetrician</i> Delivery Room <i>Nurse I</i> Delivery Room <i>Midwife</i> Delivery Room
5. Signs the informed consent for admission and transfer to Labor Room assisted by nurse.	5. Completes patients' chart with doctors orders. Carries out doctors orders.	None	15 minutes	<i>Obstetrician Nurse I</i> Delivery Room
6. Monitors feeling of contractions and report if contractions become stronger and persistent.	6. Monitors progress of labor, fetal heart tone, fetal movement, and vital signs every 30 mins or as needed.	None	4 hours	<i>Nurse I</i> Delivery Room
7. Verbalizes strong and regular contractions, or feeling of rupture of bag of water.	7. Performs internal examination. If fully dilated, patient is transported to Delivery Room.	None	7 minutes	<i>Midwife</i> Delivery Room
8. Occupies the DR table.	8. Assists patient in positioning to DR table.	None	5 minutes	Nurse I Delivery Room



	TOTAL:	None	8 hours, 35 minutes	
or monitoring and	12. Documents all procedures, completes monitoring and endorses to ward for continuity of care.	None	15 minutes	<i>Nurse</i> Delivery Room
11. Transfers to bed and reports if there is profuse vaginal bleeding.	11. Monitors vitals signs and signs of profuse bleeding.	None	2 hours	<i>Nurse I</i> Delivery Room
10. Cooperates with the administration of medications and other procedures.	10.1 Administers prescribed medication and treatment.10.2 Assesses for perineal laceration and repairs it.	None	20 minutes	<i>Nurse I</i> Delivery Room <i>Midwife</i> Delivery Room
9. Follows the instructions given by nurse/ midwife.	 9.1 Assists patient on the delivery of the newborn following strict infection control wearing level 3/4 PPE. 9.2 Assists on the delivery of the placenta and assesses its completeness and 	None	1 hour	<i>Nurse I</i> Delivery Room <i>Midwife</i> Delivery Room

12. Essential Newborn Care					
Essential newborn care is the care provided to the newborn after birth within the delivery room by skilled personnel which includes drying and stimulating, assessing breathing, cord care, skin-to-skin contact, inititating exclusive breastfeeding, eye care, vitamin K provision, place of identifica-tion band and weighing.					
Office or Division: J	ose C. Payumo Jr. Memorial Hosp	ital/ Deliv	ery Room		
Classification:	Simple				
Type of Transac- tion:	G2C - Government to Citizen				
Who may avail: F	Patients				
CHECKLIST	KLIST OF REQUIREMENTS WHERE TO SECURE				
Patient Chart, Patient M Maturity Rating NBS and NBHST Requ					
CLIENTS STEPS	AGENCY ACTION	FEES PRO- TO BE CESSING RESPONSIBLE			
1. Awaits for the baby.	1. Catches the baby and places under the mother's abdomen	None 1 minute Nurse I Delivery Room			
2. Receives and holds the baby well maintain- ing skin to skin contact.	2. Dries the newborn thoroughly using a clean cloth by wiping the eyes, face, head, front and back, arms, and legs	None	1 minute	<i>Nurse I</i> Delivery Room	



CLIENTS STEPS	AGENCY ACTION	FEES TO BE	PRO- CESSING	PERSON RESPONSIBLE
3. Observes her baby's cry.	3. Assesses newborn if breath- ing, if not, may perform ventila- tion or suctioning	None	1 minute	<i>Nurse I</i> Delivery Room
4. Maintains skin to skin contact with the baby.	4. If newborn is breathing and crying, places the newborn in prone position on mother's abdo- men and covers with dry blanket and bonnet and places identifica- tion band on ankle.	None	3 minutes	<i>Nurse I</i> Delivery Room
5. Cooperates with the care being provided to her newborn.	5. Assesses umbilical pulsations and may clamp and cut the cord using strict sterile technique.	None	5 minutes	<i>Nurse I</i> Delivery Room
6. Offers her breast to the newborn to initiate breastfeeding.	6. Observes for feeding cues and initiate breastfeeding.	None	90 minutes	<i>Nurse I</i> Delivery Room
7. The mother awaits for completion of ad- ministration of vac- cines.	7. Measures anthropometric measurements, performs eye care, and administers BCG,Hepatitis B vaccine and Vit- amin K injections.	None	10 minutes	<i>Nurse I</i> Delivery Room
8. Awaits transfer to ward.	8. Documents all procedure done and fills-in request for newborn screening and hearing screening test and forwards to appropriate area.	None	15 minutes	<i>Nurse I</i> Delivery Room
	TOTAL:	None	2 hours, 5 minutes	

13. Hemodialysis (New Patients)				
Hemodialysis is a treatment to filter wastes and water from a patient's blood.				
Office or Division:	Jose C. Payumo Jr. Mem	orial Hospital/ Dialysis Department		
Classification:	Simple			
Type of Transaction:	G2C - Government to Citi	zen		
Who may avail:	Patients			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
Health Declaration Checklist Triage Nurse Patient Medical Record, Treatment Sheet Dialysis				
Medical Abstract, Presc Treatment Sheet Laboratory and Chest X Results PhilHealth MDR (Memb health Dialysis Database nal, Certificate of Philhea	-ray er Data Record), Phil- e (PDD), Philhealth Jour-	Government or Non-Government Nephrolo- gist, Hospital and Hemodialysis Center Hospital and Hemodialysis Center Government or Non-Government Diagnostic Center PhilHealth, PhilHealth Online, Hospital and Hemodialysis Center -PhilHealth, PhilHealth Online		
Senior Citizens ID		Senior Citizens Office		
Persons with Disability (PWD) ID	DSWD Office		



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPON- SIBLE
1. Proceeds in the Tri- age.	1. Categorizes patient as non- COVID case and creates pa- tient medical record.	None	8 minutes	<i>Nurse I</i> Triage Area
2. Submit all require- ment needed (medical abstract, latest labora- tory result, referral form)	 2.1 Conduct physical examination and evaluation of requirement 2.2 Ask patient for referral letter from other dialysis center/ hospital 	None	20 minutes	Physician on Duty
3. Completion of Pa- tient's Chart	3.1 Secure and complete pa- tient's chart 3.2 Patient/ relatives will sign informed con- sent and conduct orientation of Hemodialysis units' rules and regulations	None	20 minutes	HD Nurse / Physician on Duty
4. Preparation for He- modialysis Treatment	4.1 Conduct pre dialysis as- sessment 4.2 Prepare designated dialysis machine for initial treatment	None	20 minutes	Dialysis Nurse/ Dialy- sis Technician / Phy- sician on Duty Dialysis Department
5. Pre- dialysis care	5. Cleaning and assessment for patency of hemodialysis vascular access and cannulation.	None	15 minutes	<i>Dialysis Nurse</i> Dialysis Department
6. Hemodialysis Treat- ment	6. Provide Hemodialysis treat- ment and monitoring for intradi- alytic complications.	None	4 hours	Dialysis Nurse/ Dialy- sis Technician / Phy- sician on Duty Dialysis Department
7. Post dialysis care	 Conduct termination, deccan- ulation and post dialysis as- sessment and home advised. 	None	15 minutes	Dialysis Nurse/ Dialy- sis Technician / Phy- sician on Duty Dialysis Department
8. Philhealth package claim, Statement of Ac- count and Discharge	8. Patient /relative will sign CSF, PBEF, Text BPN, CF2 Philhealth forms and Statement of Account.	None	15 minutes	<i>Dialysis Clerk</i> Dialysis Department
	TOTAL:	None	5 hours, 53 minutes	



14. Hemodialysis (Old Patients with Philhealth)				
	ment to filter wastes and water from a patient's blood.			
	Jose C. Payumo Jr. Memorial Hospital/ Dialysis Department			
	Simple			
	G2C - Government to Citizen			
	Patients			
	F REQUIREMENTS		WHERE TO	SECURE
Health Declaration Chec Patient Medical Record,		Triage Nurs Dialysis Governmen		/ernment Nephrolo-
Medical Abstract, Presc Treatment Sheet Laboratory and Chest X		gist, Hospita Hospital and Governmen	al and Hemo d Hemodialys	dialysis Center
		Hemodialys	is Center PhilHealth 0 ens Office	nline, Hospital and Online
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RE- SPONSIBLE
1. Proceeds in the Tri- age.	1. Categorizes patient as non-COVID case and cre- ates patient medical record.	None	8 minutes	<i>Nurse I</i> Triage Area
2. Retrieval of Charts	2. Retrieve and secure pa- tients record	None	5 minutes	<i>Dialysis Nurse</i> Dialysis Department
3. Pre- dialysis care	3.1 Conduct pre dialysis as- sessment 3.2 Cleaning and assessment for patency of hemodialysis vascular access and cannu- lation. 3.3 Preparation of Di- alysis Machine	None	20 minutes	Dialysis Nurse/ Dialy- sis Technician / Phy- sician on Duty Dialysis Department
4. Hemodialysis Treat- ment	4. Provide Hemodialysis treatment and monitoring for intradialytic complications.	None	4 hours	Dialysis Nurse/ Dialy- sis Technician / Phy- sician on Duty Dialysis Department
5. Post dialysis care	5. Conduct termination, dec- canulation and post dialysis assessment and home ad- vised.	None	15 minutes	Dialysis Nurse/ Dialy- sis Technician / Phy- sician on Duty Dialysis Department
6. Philhealth package claim, Statement of Ac- count and Discharge	6. Patient /relative will sign CSF, PBEF, Text BPN, CF2 Philhealth forms and State- ment of Account.	None	15 minutes	<i>Dialysis Clerk</i> Dialysis Department
	TOTAL:	None	5 hours, 3 minutes	



15. Hemodialysis (I	Patients without Phill	health)		
	nent to filter wastes and wa			
	Jose C. Payumo Jr. Memorial Hospital/ Dialysis Department			
	Simple			
	2C - Government to Citize	en		
Who may avail: P	atients			
CHECKLIST OF	REQUIREMENTS		WHERE TO SE	CURE
Health Declaration Chec Patient Medical Record,		Triage Nu Dialysis Governme		ment Nephrologist,
Medical Abstract, Presc Treatment Sheet Laboratory and Chest X		Hospital a Hospital a	nd Hemodialysis (nd Hemodialysis (ent or Non-Govern	Center Center
Results		Center		
PhilHealth MDR (Memb health Dialysis Database nal, Certificate of Philhea Senior Citizens ID	e (PDD), Philhealth Jour-	modialysis -PhilHealt	-	e, Hospital and He- ne
Persons with Disability (PWD) ID	DSWD Of		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID		PERSON RESPONSIBLE
1. Proceeds in the Tri- age.	1. Categorizes patient as non-COVID case and creates patient medical record.	None	8 minutes	<i>Nurse I</i> Triage Area
2. Retrieval of Charts	2. Retrieve and secure patients record	None	5 minutes	<i>Dialysis Nurse</i> Dialysis Department
3. Pre- dialysis care	 3.1 Conduct pre dialysis assessment 3.2 Cleaning and assessment for patency of hemodialysis vascular access and cannulation. 3.3 Preparation of Dialysis Machine 	None	20 minutes	<i>Dialysis Nurse/ Dial- ysis Technician /</i> Physician on Duty Dialysis Department
4. Hemodialysis Treat- ment	4. Provide Hemodialysis treatment and monitoring for intradialytic complica- tions.	None	4 hours	<i>Dialysis Nurse/ Dial- ysis Technician /</i> Physician on Duty Dialysis Department
5. Post dialysis care	5. Conduct termination, deccanulation and post dialysis assessment and home advised.	None	15 minutes	<i>Dialysis Nurse/ Dial- ysis Technician /</i> Physician on Duty Dialysis Department
6. Statement of Account and Discharge	6. Patient /relative will sign Statement of Ac- count.	None	5 minutes	<i>Dialysis Clerk</i> Dialysis Department
	TOTAL:	None	4 hours, 53 minutes	



16. Dental						
This department prima tooth extraction.	rily focus on the denta	al health of patient. It pr	ovide dental	consultation and		
Office or Division:	Jose C. Pavumo Jr. J	Jose C. Payumo Jr. Memorial Hospital/ Dental Department				
Classification:	Simple					
Type of Transaction:	G2C - Government to	o Citizen				
Who may avail:	Patients					
CHECKLIST OF R	EQUIREMENTS	WHER	E TO SECU	RE		
Health Declaration Che Dental Record	ecklist	De	Triage ental Clinic			
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPONSIBLE		
1. Arrives to Triage.	1. Categorizes pa- tient as non-COVID case and creates patient medical rec- ord	None	7 minutes	<i>Nurse I</i> Triage Area		
2. Receives number and proceeds to Den- tal Clinic.	2. Arranges the pa- tient by number and assists them to the waiting area in the Dental Clinic.	None	3 minutes	<i>Security Guard</i> Admin		
3. Awaits for your number to be called for initial assessment.	3. Registers patient in the logsheet and creates/ retrieves dental record. Also, interviews patient history and takes vital signs.	None	10 minutes	<i>Dental Aide</i> Dental De- partment		
4. Awaits for your turn for consultation.	4. Performs dental assessment and consultation and may send patient for tooth extraction.	Dental Consultation/ Check-up PHP 50.00	25 minutes	<i>Dentist</i> Dental De- partment		



tion [.] Buys dental sup-	5. Instructs the pa- tient /relative to buy dental supplies	Dental Extraction Fee -Anterior teeth/ Root frag- ments PHP 250.00	10 minutes	
and pay dental fee in the Cashier.	in the pharmacy and pays dental fee.	 Posterior Teeth /Severely broken down teeth (normal extraction)- PHP 300.00 Local Anesthesia (additional)- PHP 50.00 Suturing (additional)- PHP 400.00 Complicated extraction (surgical extraction) - PHP 600.00 Glass Ionomer Permanent restoration (Class V - Anterior/Posterior teeth)- PHP 400.00 Glass Ionomer Permanent Restoration PHP 500.00- + 100 per deep restora- 		Cashier
6. Occupies the dental chair and cooperates with tooth extraction.	6. Performs tooth extraction and check for signs of complication.	None	60 minutes	<i>Dentist</i> Dental Department
7.None	7. Instructs pa- tients for home medications and instructions.	None	5 minutes	Dentist Dental Depart- ment
	TOTAL:	Varies depending on all incurred charges	2 hours	

17. ARV Refill	17. ARV Refill					
This covers the refill of Antiretroviral (ARV) Treatment for HIV & Hepa B Treatment Hub patient.						
Office or Division:	Jose C. Payumo Jr. Memor	ial Hospital / HIV & Hepa B Treatment Hub				
Classification:	Simple					
Type of Transaction:	G2C - Government to Citize	en				
Who may avail:	Patients					
CHECKLIST O	F REQUIREMENTS	WHERE TO SECURE				
Health Declaration Che	ecklist	Triage				
		HEARTH Unit				
ARV Treatment Card						



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RE- SPONSIBLE
1. Arrives in the Triage.	1. Categorizes patient as non-COVID case and creates patient medical record.	None	7 minutes	<i>Nurse I</i> HIV & Hepa B Treatment Hub
2. Proceeds to HEARTH Unit. Present ARV Treat- ment Card.	2.2 Takes vital signs and perform brief physi- cal assessment.	None	15 minutes	<i>Nursing attendant I / Nurse I</i> HIV & Hepa B Treatment Hub
verbalizes concerns.	3. Performs adherence counseling and assess- es patient current medi- cal condition and com- pliance.	None	30 minutes	<i>Nurse I HIV & Hepa B</i> Treatment Hub
4. Cooperates with la- boratory and x-ray pro- cedure; if requested.	 4.1 Collects blood sample for monitoring of CD4 count. 4.2 Performs chest x-ray. 	Varies de- pending on incurred charges	15 minutes	Medical Technolo- gists (HIV & Hepa B Treatment Hub) / Radiologic Tech- nologist
5. Awaits for the ARV refill.	4. Refills pill bottle and other medications.	None	15 minutes	Nurse I HIV & Hepa B Treatment Hub
6. Out Patient HIV/ AIDS Treatment Package	5. Fills up and signs documents for philhealth Claims	None	5 minutes	<i>Nurse I</i> HIV & Hepa B Treatment Hub
6. None	5. Advises follow-up as prescribed on the date written on Treatment Card.	None	5 minutes	<i>Nurse I</i> HIV & Hepa B Treatment Hub
	TOTAL:	Varies de- pending on incurred charges	1 hour, 5 minutes	

It is an IIIV many continue		PrEP)		
It is an HIV preventive	service and treatment that is	continuing to evolve.		
Office or Division:	Jose C. Payumo Jr. Memoria	al Hospital / HIV & Hepa B Treatment Hub		
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Patients	Patients		
CHECKLIST OF REQUIREMENTS WHERE TO SECURE				
Health Declaration Che Patient Medical Record ARV Treatment Card		Triage HEARTH Unit		



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPONSIBLE
1. Arrives in the Triage.	1. Categorizes patient as non-COVID case and cre- ates patient medical rec- ord.	None	7 minutes	<i>Nurse I</i> HIV & Hepa B Treat- ment Hub
2. Proceeds to HEARTH Unit. Present ARV Treatment Card.	2.1 Retrieves patient med- ical record.2.2 Takes vital signs and perform brief physical as- sessment.	None	10 minutes	Nursing Attendant I / Nurse I HIV & Hepa B Treat- ment Hub
3. Cooperates STI Di- agnostics Counselling	3. Provides an overview and definition of HIV/ AIDS, STI and Viral Hepa- titis	None	30 minutes	<i>Nurse I</i> HIV & Hepa B Treat- ment Hub
4. Cooperates with specimen collection (blood).	4. Collects blood sample for STI/ HIV/ Hepa B Diag- nostic test and for Creati- nine level.	None	10 minutes	<i>Medical Technolo- gists</i> (HIV & Hepa B Treat- ment Hub) / <i>Radiologic Technolo-</i>
5. Receives the results of STI Diagnostics.	5. Releases official result. If Non-reactive to HIV, proceed with PrEP Initia- tion. If reactive, may pro- ceed Antiretroviral Treat- ment Initiation counselling.	None	45 minutes	Medical Technolo- gists (HIV & Hepa B Treatment Hub) / Radiologic Technolo- gist
6. Cooperates with PrEP Initiation Coun- selling	6. Provides thorough dis- cussion on ways how to use PrEP.	None	45 minutes	<i>Medical Officer III/</i> <i>Nurse I</i> HIV & Hepa B Treatment Hub
7. None	5. Perform brief physical examination to rule out any possible Sexually Transmitted Infection.	None	10 minutes	<i>Medical Officer III/ Nurse I</i> HIV & Hepa B Treatment Hub
8. Waits for the release of PrEP pill.	5. Gives the PrEP pill bot- tle.	None	5 minutes	<i>Nurse I</i> HIV & Hepa B Treatment Hub
9. Receives the Treat- ment card.	5. Advises follow-up as prescribed on the date written on Treatment Card.	None	5 minutes	<i>Nurse I</i> HIV & Hepa B Treatment Hub
	TOTAL:	None	2 hours, 47 minutes	



19. Antiretroviral Treatment Initiation (HIV/Hepa B)					
It is he start of HIV treatment after the dianosis of HIV infection.					
Office or Division:	Jose C. Payumo Jr. Memorial Hospital / HIV & Hepa B Treatment Hub				
Classification:	Simple				
Type of Transaction:	G2C - Government to C	itizen			
Who may avail:	Patients				
CHECKLIST OF	REQUIREMENTS		WHERE TO	SECURE	
Health Declaration Che Patient Medical Record ARV Treatment Card		Triage HEARTH (Jnit		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSI- BLE	
1. Arrives in the Tri- age.	1. Categorizes patient as non-COVID case and creates patient medical record.	None	7 minutes	<i>Nurse I</i> HIV & Hepa B Treatment Hub	
2. Proceeds to HEARTH Unit.	2.1 Retrieves patient medical record.2.2 Takes vital signs and perform brief physi- cal assessment.	None	10 minutes	<i>Nurse I/ Nursing At- tendant</i> HIV & Hepa B Treatment Hub	
standsto what is being	3. provides a thorough discussion on how to take ARV and what to avoid during initiation phase and what are the general side effects to expect upon treatment initiation.	None	45 minutes	<i>Medical Officer III/ Nurse I</i> HIV & Hepa B Treatment Hub	
cations and Treatment	 4.1 Releases medica- tions (ARV, Prophylax- is) with brief discussion of treatment card. 4.2 Advises follow-up as prescribed on the date written on Treat- 	None	13 minutes	Nurse I/ Nursing At- tendant HIV & Hepa B Treat- ment Hub	
	TOTAL:	None	1 hours, 15 minutes		



20. Dispensing of Me	20. Dispensing of Medicines and Supplies				
Covers the issuance of medicines and medical supplies of pharmacy.					
	Jose C. Payumo Jr. Memorial Hospital / Pharmacy				
	Simple		Thanhaoy		
	G2C - PHP Government to C	Citizen			
	ALL				
	REQUIREMENTS		WHERE TO	O SECURE	
Prescription Charge Slip		Physician/ Pharmacy	Dentist/ Nu	irse	
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPON- SIBLE	
1. Receives the Prescrip- tion for the needed medi- cines and supplies.	 1.1 Issues prescription of medicines and supplies. 1.2 Instructs to proceed to Pharmacy to buy/collect medicines and medical supplies. 	None	5 minutes	<i>Medical Officer/Dentist/ Nurse</i> Emergency or Out Pa- tient Department	
2. Awaits for verification if medicines are available.	2. Verifies and collects available medicines and supplies.	None	5 minutes	<i>Pharmacist</i> Pharmacy	
3. Awaits for the charge slip.	3. Logs patient in the iHOMIS database and is- sues charge slip.	None	5 minutes	<i>Pharmacist</i> Pharmacy	
4. Proceeds to Cashier for payment.	r 4. Collects the prescribed amount and issues official receipt.	Depends on Medi- cine Price	7 minutes	Cashier	

LIST OF FEES

Amoxicillin 250 mg/5ml.,60ml PHP 34.78
Amoxicillin 500 mg tab - PHP 3.00
Ampicillin+Sulbactam 500/250 mg PHP226.00
Ampicillin 1g (IM,IV) - PHP 26.00
Ampicillin 250 mg PHP 24.00
Ampicillin 500 mg PHP 16.00
Anti- PHPRabies Serum, (equine)
Ascorbic Acid (Vitamin C) 500 mg Tab- PHP2.00
Ascorbic Acid (Vitamin C) syrup, 60 ml PHP
143.00
Ascorbic Acid (Vit. C) 250 mg/m amp - PHP 52.00
Aspirin 80 mg. Tablet - PHP 2.00
Atenolol 50 mg tab - PHP 5.00
Atorvastatin 40 mg tab PHP 7.00
Atorvastatin 80mg tab - PHP 30.00
Atropine Sulfate 1mg/ml PHP 130.00
Azithromycin 200 mg/5 ml, 15 ml PHP 700.00
Azithromycin 500 mg - PHP 54.00



Benzyl Penicillin Sodium 1M unit - PHP 20.00 Benzyl Penicillin Sodium 5M unit - PHP 35.95 Betahistine tab. 16 mg. - PHP 20.00 Betahistine tab. 24 mg. - PHP 71.50 Bisacodyl 10 mg. supp. - PHP 98.00 Bisacodyl 5 mg. supp. - PHP 52.00 Budesonide 250mcg/ml., 2 ml. resp - PHP 100.00 Bupivacaine hcl. Heavy, 5 mg/ml. 4 ml. -PHP987.00 Butamirate citrate 500mg - PHP 25.00 Calcium Gluconate 10% 10 ml. - PHP 100.00 Captopril 25 mg. tablet - PHP 4.00 Carbociestine 250 mg. syrup - PHP 67.00 Carboprost 125 mg - PHP 715.00 Castor oil 120 ml- PHP 200.00 Carvedilol 6.25 mg. tab. - PHP 13.00 Cefalexin 250 mg/5ml. Susp., 60 ml. - PHP 42.90 Cefazolin 1 g (as soldium salt) - PHP 143.00 Cefixime 200mg/100ml drops - PHP 250.00 Ceftazidime 1 gram vial - PHP 93.00 Ceftriaxone 1g vial - PHP 41.00 Cefuroxime 500 mg. tablet - PHP 42.00 Cefuroxime 750 mg vial - PHP 53.00 Celecoxib 200 mg. capsule - PHP 23.00 Cetirizine drop 10 ml- PHP 71.00 Chloramphenicol 1 gram vial - PHP 63.00 Chlorphenamine 10mg/ml., 1 ml. (IM/IV) - PHP 34.00. Chlorpromazine 200 mg. tab. - PHP 65.00 Chlorpromazine 25 mg./ ml. - PHP 136.00 Cinnarizine 75 mg, oral - PHP 164.00 Ciprofloxacin 2 mg/ml. sol. 100 ml. - PHP 267.00 Ciprofloxacin 500 mg tab - PHP 5.00 Clarithromycin 125 mg/5ml., 60 ml.- PHP156.00 Clindamycin 150 mg/ ml. 4 ml. - PHP 228.00 Clonidine 150 mcg. Tab - PHP 16.00 Clopidogrel 75 mg. - PHP 18.00 Cloxacillin 250 mg/5 ml. Syrup, 60 ml.- PHP 54.00 Cloxacillin 500 mg (as sodium salt) - PHP 48.00 Co- PHPAmoxiclav 250 mg.5 ml. susp. 60ml. 350.00 Co- PHPAmoxiclav 625 mg. - PHP 24.00 D10% Water 1 liter - PHP 102.00 D10% Water 500 ml. - PHP 99.00 D5% 0.3% Nacl. 500 ml. - PHP 93.00 D5% IMB 500 ml. - PHP 93.00 D5% LRS 1 liter - PHP 104.00 D5% Normosol M 1 liter - PHP 104.00 D5% Normosol R 1 liter - PHP 99.00 D5% NSS 1 liter - PHP 86.00 D5% Water 1 liter - PHP 96.00 D5% Water 250 ml. - PHP 219.00 D5% Water 500 ml. - PHP 91.00 Dexamethasone 4mg/ml., 2 ml. (amp/vial) - PHP 60.00 Dextran 70% Water, 500 ml. - PHP 974.00 Diazepam 10 mg/ 2 ml. amp. - PHP 187.00 Digoxin 250 mcg/mL, 2 ml. - PHP 323.00 Diphenhydramine 50mg/ml. amp - PHP 74.00

Distilled Water for inj. 50 ml. - PHP 78.00 Dobutamine 12.5mg/ml., 20 ml. (IV) - PHP 771.00 Dobutamine 12.5mg/ml., premixed - PHP 1234.00 Dopamine 40 mg/ml.,5ml. - PHP 100.00 Doxycycline 100 mg cag (as Hydrate) - PHP 19.50 Dydrogesterone 10 MG TAB - PHP 5.3.00 Enoxaparin 4,000 iu - PHP 660.00 Enoxaparin 6,000 iu- PHP 990.00 Ephedrine 50mg/ml. 1 ml. - PHP108.00 Epinephrine amp.1 mg/ml., 1 ml - PHP 85.00 Epoetin Alfa 4000 IU/0.4 ml. - PHP 845.00 Famotidine 20 mg tab - PHP 26.00 Fenofibrate 200 mg. cap. - PHP 23.00 Fentanyl 50 mcg, 2 ml. amp - PHP 139.00F Fluticasone + Salmeterol 50 mcg + 25 mcg. Fluticasone Propionate 25mcg inhaler- PHP 216.00 Furosemide 10 mg. / ml. 2 ml. - PHP Furosemide 40 mg. tablet Gabapentin 300 mg. - PHP 32.00 Gentamycin 40 mg/mL,2ml. - PHP 34.00 Gliclazide 80 mg tab - PHP 6.00 Heparin Sodium 1000 IU/ml. 5 ml. - PHP83.00 Hexitidine 60 ml. Hydralazine 20mg/ml., 1`ml. - PHP 339.00 hydrochlorthiazide 25 mg.- PHP 4.00 Hydrocortisone 100mg. Vial- PHP 91.00 Hydrocortisone 250 mg vial - PHP 120.00 Hydroxyzine 10mg tab - PHP 31.00 Hydroxyethyl starch 6% sol. 500 ml.- PHP 900.00 Hyoscine 10 mg tab - PHP 8.00 Hyoscine N- PHPButyl Bromide 20mg/ml - PHP 75.00 Ibuprofen 200 mg/5 ml., 60 ml. - PHP 130.00 Ibuprofen 400 mg. - PHP 10.00 Ipratropium + Salbutamol 500mcg /2.5mg/2.5ml Isoflurane 100%inhalation - PHP 99.00 Isosorbide Dinitrate 1 mg./ml. 10 ml. - PHP 862.00 Isosorbide Dinitrate 5 mg. SL Tablet - PHP 27.00 Isosorbide- PHP5- PHPMononitrate 30 mg - PHP 44.00 Isoxsupine Hcl. 10 mg. - PHP 33.00 Isoxsuprine Hcl. 5mg/2ml. - PHP 285.00 Ketamine Hcl. 50 mg/ml., 10 ml. - PHP 289.00 Ketorolac 30 mg/ml. 1 ml.- PHP 86.00 Lactulose 3.3g/5 ml. syrup 120 ml. - PHP 174.00 Lagundi tab. 300 mg. - PHP 3.00 Levofloxacin 500 mg - PHP 63.00 Levothyroxine 50mcg - PHP 11.00 Lidocaine 2%, 5 mL - PHP 40.00 Lidocaine 2% 50 ml. vial - PHP 130.00 Losartan 100 mg. tablet - PHP 13.00 Losartan 50 mg. tablet - PHP 7.00 Losartan HCTZ 50 mg. + 125 mg. - PHP 20.00



Magnesium Sulfate 5 g vial- PHP 102.00	Paracetamol 100 mg/5ml. Drops, 15 ml PHP
Magnesium Sulfate 500 mg. / 2 ml. amp PHP 54.00	63.00
Mannitol 500 ml PHP 257.00	Paracetamol 125 mg (rectal) supp - PHP 58.00
Mebendazole 100 mg/5ml. Susp., 60 ml PHP	Paracetamol 125mg/5ml,60ml syrup- PHP 65.00
170.00	Paracetamol 150mg/ml., 2 ml. (IM/IV) - PHP 33.00
Mebendazole 500 mg tab PHP 141.00	Paracetamol 250 mg. supp- PHP 24.00
Mefenamic Acid 250 mg cap - PHP 3.00	Paracetamol 250mg/5ml,60ml syrup- PHP 80.00
Mefenamic Acid 500 mg cap - PHP 3.00	Paracetamol 500 mg/tab PHP 2.00
Meperidine Hcl. 50 mg/ml., 2 ml PHP 387.00	Phenobarbital 30 mg/bot,- PHP 8.00
Metformin 500 mg tab- PHP 3.00	Phenytoin 100 mg. IV- PHP 384.00
Methyldopa 250 mg tab PHP 27.00	Phytomenadione 10mg/ml PHP 29.00
Methylergometrine 200 mcg 1 ml.amp - PHP 59.00	Plain LRS 1 liter - PHP 111.00
Methylergometrine Maleate 125 mcg.tab - PHP	Plain NSS 1 liter - PHP111.00
20.00	Plain NSS 500 ml PHP 104.00
Methylprednisolone 4 mg/tab - PHP 13.00	Potassium Chloride 2 mEq/mL, 20 mL Vial - PHP
Metoclopramide 5 mg./2 ml. ampule- PHP 17.00	53.00
Metoclopramide 10mg tab - PHP 7.00	Potassium Chloride 750 mg. (as durules)- PHP
Metoprolol 100 mg	59.00
Metoprolol 50 mg	Prednisone 10 mg./ml., 60 ml PHP 364.00
Metronidazole 500 mg IV - PHP 144.00	Prednisone 20 mg tab - PHP 20.00
Metronidazole 500 mg. tablet - PHP 2.00	Propofol 10mg/ml, 20 ml PHP 691.00
Midazolam 5mg/ml. 1 ml - PHP 137.00	Promethazine Hcl. amp - PHP 21.00
Montelukast 4mg tab - PHP 15.00	Prophylthiouracil 50mg tab - PHP 15.00
Morphine SO4, 10 mg/ml., 1 ml PHP 162.00	Propranolol 10mg - PHP 16.00
Mupirocin Ointment 2%, 15 g - PHP	Pyrantel + Oxantel Suspension- PHP 220.00
Multi Vitamin + dextrose 550 ml.	Ranitidine 150 mg tab - PHP 5.00
N- PHPAcetyl Cysteine 200 mg.	Ranitidine 25 mg/mL, 2ml PHP 25.00
N- PHPAcetyl Cysteine 600 mg.	Rebamipide 25 mg / ml. 2 ml.
Nalbuphine Hcl. 10 mg/ml. 1 ml	Regular Insulin 100 IU/ml. 10 ml PHP 845.00
Naloxone 400 mcg/mL, 1 mL Ampule - PHP 650.00	Rosuvastatin 20mg - PHP 42.00
Nicardepine 1mg/ml. 2 ml PHP 207.00	Salbutamol 2 mg/ml,2.5 mg neb - PHP 36.00
Nicardepine ampule 1mg/ ml., 10 ml PHP 350.00	Salbutamol 100 mcg. / dose x 200 MDI- PHP
Nifedipine 10 mg cap - PHP 20.00	201.00
Norepinephrine 2 mg amp PHP 728.00	Salbutamol 2 mg/5 ml. 60 ml. syrup - PHP 40.00t
Ofloxacin 200 mg PHP 27.00	
Omeprazole 20 mg. tablet - PHP 13.00	
Omeprazole 40 mg, 10 ml. with diluent- PHP 173.00	
Omeprazole 40 mg. tablet - PHP 33.00	
Oresol Sachet 20.5 g - PHP 26.00	
Oxytocin 10 I.U/ml, 1 ml PHP 25.00	
-	

5, Gives the medicines and supplies after presen- tation of Official Receipt.	None	3minutes	<i>Pharmacist</i> Pharmacy
TOTAL:	Varies de- pending on all incurred charges	25 minutes	



21. Radiology - X-ray				
X-ray, form of medical ima	aging, assists in the dia	gnosis and treatn	nent of medic	al conditions.
Office or Division:	Jose C. Payumo Jr. M	emorial Hospital/	Radiology De	epartment
Classification:	Simple			
Type of Transaction:	G2C - Government to	Citizen		
Who may avail:	ALL			
CHECKLIST OF RI	EQUIREMENTS	WH	ERE TO SE	CURE
Radiology Request Form Charge Slip Official Receipt/ Acknowle		Physician/ Nurse Radiology Cashier		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RE- SPONSIBLE
1. Receives the x-ray re- quest.	1. Issues request for imaging procedure and instructs/ assissts to Radiology Depart- ment depending on the case of the pa- tient.	None	7 minutes	<i>Medical Officer I/ Nurse</i> Emergency or Out Patient Department
2. Proceeds to Radiology department and presents the request.		None	8 minutes	<i>Radiologic Technol- ogist</i> Radiology Department
3. Awaits for the x-ray procedure.	3. Performs appropri- ate imaging proce- dure and processes the film.	None	40 minutes	<i>Radiologic Technol- ogist</i> Radiology Department



	4 1000000 01	"*Choot DA DUD 160.00	10	Podiologia Tachaologiat
4. Receives	5	"*Chest PA - PHP 160.00	io minutes	Radiologic Technologist
the charge	slip and instructs	*Ankle APL - PHP 160.00		Radiology Department
	to pay to the Cash-	*Knee Bilateral AP only - PHP		
ceeds to	ier.	160.00		
Cashier for		*Apicolordotic View - PHP		Cashian
payment.		160.00		Cashier
		*Chest AP - PHP 160.00		Cashier Section
		*Chest AP Sitting -PHP		
		160.00		
		*Arm (Humerus) APL - PHP		
		200.00		
		*Clavicle AP - PHP 200.00		
		* Elbow AP - PHP 200.00		
		*Scapula AP - PHP 200.00		
		*Shoulder AP - PHP 200.00		
		*Towne's View - PHP 180.00		
		* Water's View - PHP 180.00		
		* Wrist APL - PHP 200.00		
		*KUB - PHP 200.00		
		*Forearm APL -PHP 200.00		
		*Foot APL - PHP 200.00		
		*Foot APO - PHP 200.00		
		*Hand/Digit APL -PHP 200.00		
		*Hand/Digit APO - PHP		
		200.00		
		*Hip/Pelvic AP - PHP 200.00		
		* Knee APL - PHP 200.00		
		*Leg APL - PHP 200.00		
		*Mandible APL - PHP 320.00		
		*Nasal Bone (R&L) - PHP		
		180.00		
		*Oscalsis view - PHP 200.00		
		*Pelvic (Frog Leg View) -		
		*Femur/Thigh APL - PHP		
		*Thoracic Cage AP - PHP		
		170.00 *Zygomatic View -PHP 160.00		
		*Abdomen Lateral -PHP		
		185.00		
		*Abdomen Upright - PHP		
		185.00		
		*Babygram/ Fetus Gram -PHP		
		320.00		
		*Elbow Bilateral -PHP 400.00		
		*Clavicle Bilateral - PHP		
		340.00		
		*Forearm Bilateral - PHP		
		400.00		
		*Hand Bilateral - PHP 400.00		
		*Knee Bilateral - PHP 400.00		
		*Foot Bilateral - PHP 400.00		
		*Leg Bilateral - PHP 400.00		
		*Sacrum APL - PHP 320.00		
		*Shoulder APL - PHP 400.00		
		*Wrist Bilateral - PHP 400.00		
		*Chest Lateral Decubitus -PHP		
L			[



5. Presents the Official receipt and inform the nurse that the x-ray film can now be borrowed to the Radiology section for initial reading of the re- questing physician.		None	5 minutes	<i>Radiologic Technolo- gist</i> Radiology Department
6. Returns the x-ray films and waits for the Official result.	6. Sends film to Radi- ologist for official reading of result then issues it to the pa- tient.	None	5 minutes	<i>Radiologic Technolo- gist</i> Radiology Department
	TOTAL:	Varies depend- ing on all in- curred charges	1 hour, 5 minutes	

22. Clinical Labora	tory				
Clinical area focus on c nostic examinations	collection and processing of	blood, serur	n, urine a	nd stool for various diag-	
Office or Division:	Jose C. Payumo Jr. Memo	rial Hospital	/ Laborate	ory Department	
Classification:	Simple				
Type of Transaction:	G2C - Government to Citize	G2C - Government to Citizen			
Who may avail:	ALL				
CHECKLIST O	F REQUIREMENTS		WHERE	TO SECURE	
Laboratory Request Fo Charge Slip Official Receipt/ Acknow Laboratory Result	equest Form Physician/ Nurse Laboratory pt/ Acknowledgement Receipt Cashier				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID G TIME FEES TO CESSIN BLE BLE			
1. Receives the labor- atory request.	1. Issues request for la- boratory tests and sends to Laboratory Department.	None	5 minutes	<i>Physician/ Nurse</i> Emergency or Out Patient Department	
tory department and present the laboratory	2. Verifies patient's identi- ty and completeness of data and logs in the iHOMIS database.	None	8 minutes	<i>Medical Technologist</i> Clinical Laboratory Depart- ment	
collection and pro-	 3.1 Collects specimen (blood). 3.2 Instructs the patient to properly collect specimen like urine and stool. 3.3 Processes the sample/ specimen appropriately. 	None	4 hours	<i>Medical Technologist</i> Clinical Laboratory Depart- ment	



4. Receives	4. Issues	"A. All Stat Procedures - Depends on the	10	Cashier
	charge slip	procedure	minutes	Casillei
the charge slip and pro-	and instructs	B. Clinical Microscopy	minutes	
ceeds to	to pay to the	* Routine Urinalysis - PHP 80.00		
Cashier for	Cashier.	* Routine Fecalysis -PHP 80.00		
	Cashiel.	* Occult Blood -300.00		
payment.		* Pregnancy Test -150.00		
		C. Hematology		
		*CBC - 230.00		
		* CBC withPlatelet Count -275.00		
		* CT BT - 100.00		
		* Protime (PT) - 750.00		
		* Activated Partial		
		Thromboplastine Time (APTT) -750.00		
		* Malarial Smear - Non-Charge		
		D. Blood Chemistry		
		*RBS (Capillary Blood - 150.00		
		Glucose) * FBS -150.00		
		* BUN - 150.00		
		* Creatinine - 150.00		
		* Cholesterol - 150.00		
		* Blood Uric Acid - 150.00		
		* Tryglycerides - 250.00		
		* HDL/LDL - 500.00		
		* SGOT - 230.00		
		* SGPT - 230.00		
		* Na, K, Cl package - 600.00		
		E. Microbiology		
		* AFB Staining (Sputum) / Trugnat - Non-Charge		
		* GRAM Staining - 150.00		
		* Wet Smear/ KOH - 150.00		
		F. Serology/ Blood Banking		
		* ABO-Rh Typing - 200.00		
		* Hepa B Surface Ag - 160.00		
		* VDRL/ Syphilis - 250.00		
		* Rapid Screen Testing - Non-Charge		
		* Dengue NS1 - 1,200		
		* Dengue Duo -PHP 1,200.00		
		* Typhidot - PHP 600.00 * Cross Matching - PHP 700.00		
		G. COVID Ag Test - PHP 850.00		
		H. Special Examinations		
		* Troponin I - PHP 1,000.00		
		* CK-MB - PHP 1,000.00		
		* PSA - PHP 950.00		
		* TSH - PHP 650.00		
		* T3 - PHP 600.00		
		* T4 - PHP 450.00		
		* fT3- PHP 600.00		
		* fT4 - PHP 650.00		
		* HbA1c - PHP 700.00		
		I. Newborn Screening		
		* Newborn Screening Test		
		(Expanded) - PHP 1,800.00- Depends on the		
		procedure		



tains the results on	Verifies the Official re- ceipt and release the re- sults.	None	7 minutes	Medical Technolo- gist Clinical Laboratory Department
	TOTAL:	on all incurred	4 hours and 30 minutes	

23. Swabbing				
Detection of COVID-19 Dis		performing	OPS and NPS	and submit for RT
-PCR testing in a molecular				
	lose C. Payumo Jr. Memo	orial Hospita	al/ Clinical Labor	atory Department
	Simple			
Type of Transaction: G2C - Government to Citizen				
	Patients, Staff			
CHECKLIST OF F		WHERE TO SE		
Case Investigation Form C Request Form PhilHealth Forms Valid ID and Birth or Marria photocopy)			Laborator PhilHealt Government Ag	ĥ
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits information that are required.	1. Interviews the patiet and fills-in the Case Investigation Form COVID-19, Laboratory Test Request Form, and other PhilHealth Forms	None	20 minutes	<i>Nurse I</i> Emergency or Out Patient Department
2. Awaits for the schedule of swab test.2.1 Returns to the Laboratory on the scheduled date and time.	 2. Submits the forms for scheduling of patient of for swab test. 2.1 Verifies the completeness of forms and attachments; then provide schedule. 	None	5 minutes	<i>Nurse</i> Emergency or Out Patient Department <i>Medical</i> <i>Technologist</i> Clinical Laboratory Department
3. None	3. Attaches unique barcode on the forms and encodes all data in the Bataan - BGHMC Online Referral System.	None	10 minutes	<i>Medical Technologist</i> Clinical Laboratory Department
L	498	1		1



	TOTAL:	2,800	2 days, 1 hour, 50 minutes	
7. Collects the result on the specified date and time.	7. Updates the system for the status of the result. Validates the result prior to official release and printing of result.	None	1 day	<i>Nurse</i> Emergency or Out Patient Department
6. None	6. Submits the samples and all documentary requirements to BGHMC Molecular Laboratory.	None	1 hour	Clerk/ Medical Technologist Clinical Laboratory Department
5. Proceed to Laboratory's designated swabbing area on the scheduled date and time.	5. Performs OPS and NPS following strict infection control procedure wearing a level 3/4 PPE.	None	15 minutes	<i>Medical Technologist</i> Clinical Laboratory Department
4. None	4. Verifies the completeness of all forms.	PHP 2800 (1)	1 day	BGHMC

24. Hospital Certificates: Issuance of Certificates				
Covers the interview, e	encoding and releasing	of requested hospital certificate.		
Office or Division:	Jose C. Payumo Jr. M	emorial Hospital/ Records Section		
Classification:	Simple	Simple		
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	ALL			
CHECKLIST OF I	REQUIREMENTS	WHERE TO SECURE		
Hospital Card Valid Identification Card of Patient and In- formant or (1 photocopy)		Government Agencies		



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RE- SPONSIBLE
the certificate/s needed. 1.2 Present the hospital	card and asks to fill up on the logbook	None	8 minutes	<i>Medical Records Clerk</i> Records Section
 2.1 Presents the charge slip to the cashier. 2.2 Pay the amount indicated. 	2. 3. Collects pay- ment for requested certificate.	Medical Certificate- Php 120.00 Medico-Legal Certificate- Php 150.00 Certificate of Confinement - Php 120.00 Medical Abstract- Php 200.00 Discharge Summary- Php 120.00 Operation Report- Php 120.00 Surgical Memorandun- Php 120.00 Additional copy of Certifi- cates- Php 30.00 Certified True Copy- Php 100.00 for every docu- ment, additional Php 20.00 for second page and every succeeding pages	7 minutes	<i>Cashier</i> Cashier Section
3. Awaits for the issu- ance of certificate.	2.1 Encodes the requested certifi- cate. 2.2 Facilitates sign- ing of attending physician on the certificate.	None	10 minutes	<i>Medical Records Clerk</i> Records Section
 4.1 Presents the Official Receipt. 4.2 Receives the requested certificate, verifies the details and signs the logbook upon receipt. 	4. Issues the re- quested certificate.	None	5 minutes	<i>Medical Records Clerk</i> Records Section
	TOTAL:	Varies depending on incurred charges	30 minutes	



25. Hospital Certificate: Birth Certificate				
Covers the interview, e	ncoding and releasing of birth c	ertificate.		
Office or Division:	Jose C. Payumo Jr. Memorial Ho	ospital/ Reco	ords Section	
Classification:	Simple			
Type of Transac- tion:	G2C - Government to Citizen			
	ALL			
	OF REQUIREMENTS	V	VHERE TO S	ECURE
photocopy)		f Patient and Informant or(1 nents of patients' identifica- ocopy)		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RE- SPONSIBLE
1. Proceeds to Records Section and checks the information of patient and informant.	 1.1 Verifies the information written in the Birth certificate stemplate collected daily from the wards. 1.2 Signs the form. (The initial information for birth certificate is obtained from mothers.) 	None	7 minutes	<i>Medical Records Clerk</i> Records Section
Valid Identification	 2.1 Checks for the Cedula and Valid I.D. Asks the father to sign the template. 2.2 Issues charge slip and instruct the relative to pay to the Cashier. 	None	8 minutes	<i>Medical Records Clerk</i> Records Section
3. Receives the charge slip and proceed to Cashier for payment.	3. Collects payment for Birth Certificate.	PHP 50.00	5 minutes	<i>Cashier</i> Cashier Section
4. Awaits for the issu- ance of Birth Certifi- cate.	4. Encodes the information as verified.	None	10 minutes	<i>Medical Records</i> <i>Clerk</i> Records Section
5.1 Present the Official Receipt. 5.2 Receives the Birth Certificate then pro- ceed to Local Civil Registrar for Registra- tion.	 5.1 Issues the Birth certificate and instructs the informant to proceed to Local Civil Regis- trar in the Municipal Office. 5.2 Signs the logbook and waiver form as a proof of re- ceipt and details verification. 	None	5 minutes	<i>Medical Records Clerk</i> Records Section
	TOTAL:	PHP 50.00	30 minutes	



26. Hospital Certificate: Death Certificate					
Covers the interview, en	coding and releasing of de	eath certifica	te.		
Office or Division: J	ose C. Payumo Jr. Memo	rial Hospital/	Records Sect	tion	
	imple				
Type of Transaction: G	2C - Government to Citiz	en			
	LL				
	REQUIREMENTS	-	WHERE TO	SECURE	
	of Patient and Informant	Governmen	t Agencies		
or Any two supporting docu fication (for verification p	ments of patients' identi- urposes)				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPON- SIBLE	
1. Proceeds to Records Section and checks the information of patient and informant.	1. Verifies the infor- mation written in the Death certificate tem- d plate collected daily from the wards. Signs the form.	None	10 minutes	<i>Medical Records Clerk</i> Records Section	
2. Presents a Valid I.D. or any supporting docu- ment for patients' identifi cation and that of the in- formant.		None	5 minutes	<i>Medical Records Clerk</i> Records Section	
3. Receives the charge slip and proceed to cash ier for payment.	3. Collects payment for death Certificate.	PHP 50.00	5 minutes	<i>Cashier</i> Cashier Section	
4. Awaits for the issu- ance of Death Certificate	3. Encodes the infor- e. mation as verified.	None	10 minutes	Medical Records Clerk Records Section	
5.1 Present the Official Receipt. 5.2 Receives theDeath Certificate then proceed to Local Civil Registrar for Registration.	 4.1 Issues the Death Certificate and instructs the informant to pro- ceed to Local Civil Registrar in the Munici- pal Office. 4.2 Signs the logbook and waiver form as a proof of receipt and de- tails verification. 	None	5 minutes	<i>Medical Records Clerk</i> Records Section	
	TOTAL:	PHP 50.00	30 minutes		



27. Outgoing Referrals to Bataan General Hospital						
Process of proper coo General Hospital (BG	ordination and referral throug H).	gh use of s	ervice delivery	network to Batan		
	ose C. Payumo Jr. Memoria	I Hospital/	Emergency De	partment		
	imple			•		
Type of Transaction: G	2C - Government to Citizen					
Who may avail: Patients						
CHECKLIST C	OF REQUIREMENTS		WHERE TO	SECURE		
Referral Form Discharge Clearance		Ward/	Emergency Ro	oom/ Delivery Room		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE		
1. Decides on the advise of patients' transfer to higher facility. Signs the consent for transfer to hospital.	1. Orders transfer to a higher facility and explains the need for referral.	None	30 minutes	<i>Medical Officer I</i> Emergency Department		
2. Waits for the approval of the higher facility to proceed with transfer.	2. Coordinates the referral either by accomplishing a written Referral Form, telephone call or use of Bataan-BGHMC Online Referral Form.	None	3 hours	<i>Medical Officer I</i> Emergency Department		
3. Awaits transfer of patient to higher facility.	3. Carries out the doctor's order and notify the Ambulance Driver once approved.	None	10 minutes	<i>Nurse</i> Emergency Department		
4. Proceeds to discharge process until the discharge clearance is signed and released.	4. Instructs the relative on the discharge process or if needs immediate transfer, the nurse assists the relative for discharge clearance	Ambulanc e Fee- PHP 500	15 minutes	Nurse, Medical Technologist, Radiologic Technologist, Pharmacist, Billing Clerk, Cashier Emergency Department/ ADMIN Section		
5. Proceeds with transfer to the referral facility.	5. Transports the patient via ambulance. Monitors the patient during conduction and endorses all medical treatment and management to the referral facility.	None	30 minutes	<i>Ambulance Driver</i> <i>Nurse</i> Emergency Department		
	TOTAL:	PHP 500	4 hours, 25 minutes			



28. Outgoing Referrals to Jose B Lingad Memorial Hospital						
Process of proper co Lingad Memorial Ho		nation and referral through use I (JBLMH)	e of service	delivery ne	etwork to Jose B.	
Office or Division:	Jose	e C. Payumo Jr. Memorial Hos	pital/ Emer	gency Depa	artment	
Classification:	Simp	Simple				
Type of Transaction:	G2C	- Government to Citizen				
Who may avail:	Patie	ents				
CHECKLIS	ST O	F REQUIREMENTS			O SECURE	
Referral Form Discharge Clearance	Э		Ward/ Er	nergency F	Room/ Delivery Room	
CLIENTS STEP	5	AGENCY ACTION	FEES TO BE PAID	PROCES SING TIME	PERSON RESPONSIBLE	
1. Decides on the advise of patients' transfer to higher facility. Signs the consent for transfer hospital.		1. Orders transfer to a higher facility and explains the need for referral.	None	30 minutes	<i>Medical Officer I</i> Emergency Department	
2. Waits for the appr of the higher facility proceed with transfe	to r.	2. Coordinates the referral either by accomplishing a written Referral Form, telephone call or use of Bataan-BGHMC Online Referral Form.	None	3 hours	<i>Medical Officer I</i> Emergency Department	
3. Awaits transfer of patient to higher faci	lity.	3. Carries out the doctor's order and notify the Ambulance Driver once approved.	None	10 minutes	<i>Nurse</i> Emergency Department	
4. Proceeds to discharge process u the discharge cleara is signed and releas	ntil nce	4. Instructs the relative on the discharge process or if needs immediate transfer, the nurse assists the relative for discharge clearance	Ambulanc e Fee- 1,000	15minutes	Nurse, Medical Technologist, Radiologic Technologist, Pharmacist, Billing Clerk, Cashier ADMIN Section	
5. Proceeds with transfer to the referra facility.	al	5. Transports the patient via ambulance. Monitors the patient during conduction and endorses all medical treatment and management to the referral facility.	None	1 hour	<i>Ambulance Driver Nurse</i> Emergency Department	
		TOTAL:	PHP 1000	4 hours, 55 minutes		



29. Billing (For NB	29. Billing (For NBB Patients)					
Covers and verifies all	Covers and verifies all the incurred charges and prints the statement of account.					
Office or Division:	ose C. Payumo Jr. Memorial	Hospital/	Billing Section			
	Simple					
Type of Transaction:	G2C - Government to Citizen	2C - Government to Citizen				
Who may avail: F	Patients					
	F REQUIREMENTS		WHERE TO	SECURE		
Discharge Clearance			ER/Wa	ard		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSIN G TIME	PERSON RESPONSIBLE		
1. Presents the Dischar clearance.	1. Verifies the completeness of all incurred charges from the Discharge Clearance	None	5 minutes	<i>Billing Clerk</i> Billing Section		
2. Proceeds to Philheal	2. Applies applicable benefit based on the case rate of the final diagnosis and checks eligibility for Philhealth benefits.	None	10 minutes	<i>PhilHealth Clerk</i> Philhealth Section		
3. Returns to Billing section and waits for th statement of account a discharge clearance.	Incenital etall in the	None	10 minutes	<i>Billing Clerk</i> Billing Section		
4. None	4. Logs benefit package in the iHOMIS database and prints CSF and CF1	None	5 minutes	<i>PhilHealth Clerk</i> Billing Section		
5. Waits for the final statement of account.	5. Verifies the completeness of all documents and prints the Final Statement of Account. If Philhealth eligible, no fee shall be collected.	None	5 minutes	<i>Billing Clerk</i> Billing Section		
6. Receives the dischar clearance and submits one copy to the Nursing Station.	discharge clearance	None	5 minutes	<i>Billing Clerk</i> Billing Section		
	TOTAL:	None	40 minutes			



30. Billing (Philhealth or non-Philhealth patients with excess bill)						
Covers and verifies all	Covers and verifies all the incurred charges and prints the statement of account.					
Office or Division:	Jose C. Payumo Jr. Memori	al Hospita	al/ Billing Section			
Classification:	Simple	-				
Type of Transac- tion:	G2C - Government to Citize	n				
····· / ·····	Patients					
CHECKLIST C	OF REQUIREMENTS		WHERE TO S	ECURE		
Discharge Clearance Statement of Account		ER/Ward Billing Se				
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Presents the Dis- charge clearance.	1. Verifies the complete- ness of all incurred charg- es from the Discharge Clearance	None	5 minutes	<i>Billing Clerk</i> Billing Section		
2. Proceeds to Phil- health	2. Applies applicable ben- efit based on the case rate of the final diagnosis and checks eligibility for Philhealth benefits.	None	10 minutes	<i>PhilHealth Clerk</i> PhilHealth Section		
3. Returns to Billing section and waits for the statement of ac- count and discharge clearance.	3. Logs final diagnosis and ICD Code, profes- sional fee, and hospital stay in the iHOMIS data- base. Prints Itemized Bill- ing Statement	None	10 minutes	<i>Billing Clerk</i> Billing Section		
4. None	4. Logs benefit package in the iHOMIS database and prints CSF and CF1	None	5 minutes	<i>PhilHealth Clerk</i> Billing Section		
5. Waits for the final statement of account.	 5.1 Verifies the completeness of all documents and prints the Final Statement of Account. 5.2 Instructs the relative to bring the Statement of account to Social Worker to be advised on how to augment the excess in hospital bill. 	None	5 minutes	Billing Clerk Billing Section		



6.2 Presents the Official	6. Checks the Official Receipt and signs the discharge clearance.	Varies	10 minutes	Billing Clerk/ Cash- ier/ Social Welfare Officer ADMIN Section
	TOTAL:	Varies de- pending on all in- curred charges	45 minutes	

31. Claims Benefits					
	PhilHealth office processes philhealth claims and packages, benefits eligibility verification, and				
updating of membership					
	Jose C. Payumo Jr. Memorial Hospital/ Philhealth Section				
	Simple				
	G2C - Government to Citizen				
Who may avail:	Patients				
CHECKLIST	OF REQUIREMENTS	V	WHERE TO	SECURE	
Valid Identification Card photocopy)	of Patient and Informant or (1	C	Governmen	t Agencies	
Any two supporting doc	uments of patients' identification		PhilHealt	h Office	
(1 photocopy) MDR (Members Data R	ecord)/Philhealth I D				
PBEF					
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCES SING	PERSON RESPONSIBLE	
 Proceeds to Philhealt and presents your documents. 	th 1. Asks the patient/ relative fills in the PhilHealth Member Registration Form.	None	10 minutes	<i>PhilHealth Clerk</i> Philhealth Section	
2. Waits for verification of eligibility.		None	10 minutes	PhilHealth Clerk Philhealth Section	
3. Waits for other documents to be checke	 3. Advises patient/relative to submit other documents (birth certificate, marriage certificate, valid ID) to update membership status using PLINKS 	None	10 minutes	PhilHealth Clerk Philhealth Section	
4. Submits other requirements needed.	4. Advises patient/relative to sign and submits other documents (PBEF, Text BPN, PMRF) to avail benefit package.	None	5 minutes	PhilHealth Clerk Philhealth Section	
	TOTAL:	None	35 minutes		



32. Social Service A	ssistance				
Responsible to various r	eferral and social assis	stance	e to financia	Illy incapable p	atients.
	lose C. Payumo Jr. Me				
	Simple		•		•
Type of Transaction:		Citizen	1		
	Patients				
	F REQUIREMENTS			WHERE TO S	ECURE
Social Worker Classifica	tion Form			Social Ser	
Patient Benefit Elegibility	y Form			PhilHealth	Office
POS Certification				Social Ser	rvice
Referral/ Recommendat	ion Form				
CLIENTS STEPS	AGENCY ACTIO	N	FEES TO BE PAID	PROCESSING TIME	B PERSON RESPONSIBLE
1. Proceeds to Social	1. Assesses and class				Social Worker
Worker office	patient according to so status.		None	10 minutes	Medical Social Work
2. None	2. Verifies if there is a active PhilHealth membership.	n	None	5 minutes	PhilHealth Clerk Medical Social Work
3. Waits for the signed or approved discharge clearance or charge slip	3. Enrolls qualified patient to POS FI and refers unqualified to other		None	10 minutes	<i>Social Worker</i> Medical Social Work
	TAL:	None	25 minutes		
33. Cash Collection					
Section that receives ca	sh payment from variou	us de	partments		
Office or Division:	Jose C. Payumo Jr. Me	emoria	al Hospital/	Cashier Section	'n
Classification:	Simple		-		
Type of Transaction:	G2C - Government to (Citizeı	n		
	ALL				
CHECKLIST OF F	REQUIREMENTS		W	HERE TO SEC	CURE
Charge Slip/ Statement	of Account		macy/ Labc g Section	oratory/ Radiolo	ду
CLIENTS STEPS	AGENCY ACTION	FE	ES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Presents charge slip/ statement of account.	1. Receives the charge slip or statement of account and states the amount to pay.	None		2 minutes	<i>Cashier</i> Cashier Section
2. Pays the amount stated.	2. Collects cash payment.	Varies		3 minutes	Cashier Cashier Section
3. Receives the Official receipt.	 Issues official receipt and records the transaction. 		None	2 minutes	<i>Cashier</i> Cashier Section
	TOTAL:	dep all	Varies ending on incurred harges	7 minutes	



24 Nowborn Screening						
34. Newborn Screening						
set of special tests that survival.	Set of special tests that is use to identify conditions that can affect a child's ;ong-term health or					
	Jose C. Payumo Jr. Mem	orial Hospit	al/Laboratory D)enartment		
	Simple		all Laboratory L	epartment		
	•	2C - Government to Citizen				
<i></i>	Patients					
	REQUIREMENTS		WHERE TO	SECHIDE		
NBS Request Form			Labora	,		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Waits for the schedule of NBS.	 1.1 Forwards NBS Request Form to laboratory. Medical Technologist schedules the time of collection 24 hrs after birth. 1.2 Logs the data in the NBS Collection Logbook. 	None	10 minutes	<i>Nurse I</i> Clinical Laboratory Department		
2. Submits patients' information by the mother.	2. Verifies patients' information and charges into the iHOMIS database. Fill up the filter card.	PHP 1800	5 minutes	<i>Medical Technologist</i> Clinical Laboratory Department		
3. Proceeds to laboratory on the scheduled date and time for collectio of blood sample	3. Collects blood in the heel of the newborn and drop it in the filter card and advises mother to apply pressure on the puncture site.	None	20 minutes	<i>Medical Technologist</i> Clinical Laboratory Department		
	TOTAL:	PHP 1800	35 minutes			

35. Newborn Hearing Screening Test				
Test designated to de	tect hearing loss for newborn	as early as possible.		
Office or Division:	Jose C. Payumo Jr. Memoria	al Hospital/ OB Ward		
Classification:	Simple	Simple		
Type of Transaction:	G2C - Government to Citizer	1		
Who may avail:	Patients			
CHECKLIST	OF REQUIREMENTS	WHERE TO SECURE		
NBHST Request Forn	n	Hearing Screening Nurse/Ward Nurse		



CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSI NG TIME	PERSON RESPONSIBLE
1. Waits for the schedule of Newborn Hearing Screening Test.	1. Prepares NBHST Request and logs in to the NBHST Request Logbook.	None	5 minutes	Nurse I OB Ward
2.Submits patients' information by the mother.	2. Verifies patients' information and charges into the iHOMIS database.	None	5 minutes	Nurse I OB Ward
3. Hold the baby well for the newborn hearing screening test.	3. Performs hearing screening on both ears.	PHP 200 (may be covered by philhealth)	20 minutes	Nurse I OB Ward
4. Listens and understands health teachings.	4. Relays information correctly regarding the screening and implication of results, next steps (what to do in case of deviations, where to refer when diagnostic test is needed), use of flyer/brochure for	None	10 minutes	Nurse I OB Ward
5. Waits for the result of the Newborn Hearing Screening Test.	5. Fills in the Registry Form for parents, hospital and PhilHealth claim copy.	None	5 minutes	Nurse I OB Ward
6. Gets the official result.	 6.1 Issues and prints official result to parent and submits PhilHealth claim copy to Philhealth Office 6.2 Signs the NBHST Result Logbook to claim the Official Result. 	None	5 minutes	Nurse I OB Ward
	TOTAL:	PHP 200	50 minutes	



36. HEARTH Counseling and Testing					
Counseling and testing fo	r high-risk individuals and	l key	/ population	S.	
Office or Division:	Jose C. Payumo Jr. Memorial Hospital/ HIV & Hepa B Treatment Hub				
Classification:	Simple				
Type of Transaction:	G2C - Government to Citi	zen			
Who may avail: Patients					
CHECKLIST OF F	REQUIREMENTS		W	HERE TO SEC	CURE
Health Declaration Check Patient Medical Record Form 1 HEARTH Request Form	list	Tria HE <i>l</i>	ge \RTH Unit		
CLIENTS STEPS	AGENCY ACTION		FEES TO BE PAID	PRO- CESSING TIME	PERSON RE- SPONSIBLE
1. Proceeds to Triage.	1. Categorizes patient a non-COVID case and c ates patient medical rec ord.	re-	None	7 minutes	Nurse I Triage Area
 Submits information for the retrieval of patient medical record. 	2. Retrieves patient me cal record	di-	None	8 minutes	Nursing Attendant HIV & Hepa B Treatment Hub
3. Listens and under- stands to what is being discussed in counselling before testing for HIV.	4. Provides a quick ove view and definition of w STI, HIV, AIDS and Vira Hepatits	hat	None	20 minutes	Nurse I HIV & Hepa B Treatment Hub
 Signs the informed con sent as proof of under- standing. 	- 3. Asks patient to sign t informed consent.	he	None	10 minutes	Nurse I HIV & Hepa B Treatment Hub
5. Cooperate with collect- ing blood sample for test- ing.	5. Collects sample and performs screening/ tes	ting	None	5 minutes	Nurse I / Medical Technologist HIV & Hepa B Treatment Hub
6. Receives the result and understands the counsel- ling after testing.	 6.1 Releases official restand conduct risk assessment and behavioral change management 6.2 If reactive; proceed with Risk Reduction material agement and counselling on possible Antiretroviration 	s- in- ig	None	45 minutes	Nurse I HIV & Hepa B Treatment Hub
	тот	AL:	None	1 hour, 35	



37. Animal Bite Treatment Center				
Provide treatment to patients who have been bitten by potentially rabid animals				
Office or Division:	Jose C. Payumo Jr. Memorial Hospital/ Animal Bite Treatment Center			
	Simple			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Health Declaration Checklist Patient Medical Record Antirabies Vaccine (ARV) Treatment Card		Triage Animal Bite Treatment Center		
CLIENTS STEPS	AGENCY ACTION	FEES TO BE PAID	PRO- CESSING TIME	PERSON RESPON- SIBLE
1. Proceeds to Triage.	1. Categorizes patient as non-COVID case and creates patient medical record.	None	7 minutes	<i>Nurse I</i> Animal Bite Treatment Center
2. Proceeds to Animal Bite Treatment Area.	2.1 Conducts secondary assessment, vital signs, and history taking.2.2 Performs wound care.	None	10 minutes	<i>Nurse I</i> Animal Bite Treatment Center
3. Waits for the doctor for consultation and treat- ment.	3. Conducts medical as-	None	30 minutes	<i>Medical Officer III</i> Animal Bite Treatment Center
4. Proceed to Pharmacy to buy anti-tetanus vac- cines	4.1 Checks the prescrip- tion and issues charge slip. 4.2 If the patient is with Category III animal bite, he/she is instructed to proceed to Philhealth to check eligibility with phil- health claim	None	30 minutes	<i>Pharmacist I</i> Pharmacy
5. Waits for the admin- istration of antirabies and antitetanus vacines.	5.1 Administers anti- tetanus and/or antirabies vaccine (ARV) and issues vaccination schedule. 5.2 Advises on follow-up.	None	45 minutes	<i>Nurse I</i> Animal Bite Treatment Center
	TOTAL:	None	1 hour, 32 minutes	