ROSARIO MACLANG BAUTISTA GENERAL HOSPITAL

CITIZEN'S CHARTER

2022 (3rd EDITION)

AGENCY PROFILE

I. Mandate:

Rosario Maclang Bautista General Hospital is a level II hospital with a 107-bed capacity it is also the 3rd local government hospital in Quezon City that will serve the under-privileged populace in the second district. It is strategically located at IBP Road Batasan Hills, District II, Quezon City.

The hospital was initiated through a tripartite effort of Congress, the Department of Health, and the Quezon City Government which was signed on December 19, 2016. Ordinance No. Sp. 2426 s.2015 was approved establishing a Level I General Hospital to be located at IBP Road Barangay Batasan Hills, Quezon City, which shall be known as Rosario Maclang Bautista General Hospital.

Last October 2021 the Hospital was accredited as a Level II Hospital by the Department of Health adding services like Intensive Care Unit (ICU), Neonatal Intensive Care Unit (NICU), High-Risk Pregnancy Unit (HRPU), Respiratory Unit, and Departmentalized Services.

II. Vision:

The RMBGH will be the center of healthcare excellence through a modern hospital facility among the Local Government Hospital of Quezon City by the year 2030.

III. Mission:

Provide excellent healthcare services to the constituents of Quezon City through competent, compassionate, and committed healthcare providers and staff with access to a modern healthcare facility.

IV. Service Pledge:

The Rosario Maclang Bautista General Hospital pledge and commit to deliver high quality care services. To serve with integrity and treat everyone with compassion. Serve our clients promptly, efficiently and with utmost courtesy and help in building a responsive health care system. All these we pledge, because our clients deserve no less.

LIST OF SERVICES

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(ADMITTING UNIT)

EMERGENCY ROOM CONSULTATIONS

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

Office or Division:	Emergency Room Department
Classification:	Simple
Type of Transaction:	G2C - for government services whose client is transacting public
Who may avail:	All ER Patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Hospital Card	Medical Records / Admitting Section
Valid ID	

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
FILL OUT FORMS	Filling-out forms. 1.ER Registration. 2.Health Declaration Form (HDF) Issues lace (orange) lace for the relative or companion of patient. Issues number to the patient. Assists patient to be seated at the waiting area.	None	5 Minutes	Security Personnel Patient or relative/ companion
Note: All immediate and urgent cases are attended with priority.				
Wait for the number to be called.	Vital signs taking while waiting to be called. Interview by Emergency Room Officer about the Chief Complaint of the patient. Triage patient to the department concerned.	None	5 minutes	Emergency Room Officer (ERO) Nurse Associate
Patient/relative-companion proceed to Admitting Section for Registration	Register in IHOMIS. Issues Hospital card and ID tag for the patient.	None	3 minutes	Admitting Section

	Issue and give ER Chart to Triage nurse.			
Patient proceeds to the bed assignment	Patient is brought and accompanied to his/her bed assignment.	None	1-2 minutes	Head/ Triage Nurse Nurse Associate
Patient is attended by the Medical Officer for CONSULTATION	History taking Physical Examination Diagnosis Treatment Plan and Medical Intervention	None	1-2 hours	Medical Officer Nurse in charge Nurse Associate Pharmacy
Laboratory and diagnostic procedures	Request and facilitate for laboratory and diagnostic procedures.	None	1-2 hours	NURSE in charge Nurse Associate Pathology Radiology
Disposition	May go home (MGH) Admission Discharge Against Medical Advice (DAMA) Transfer to other Hospital (THOC)	None	10 minutes	Medical Officer Nurse in charge Nurse Associate
Payment of fees and charges / Clearance	Patient or relative - companion proceeds to Cashier Section for payment. Issues clearance slips Issues Official receipt for payments made.	Consultation fee P100.00 Procedural fees Drugs and Medicines Medical Supplies Medical Legal Certificate Other fees	10 minutes	Nurse in charge Nurse Associate Cashier
Note: 1. *In case patient avails financial assistance, proceed to Medical Social Service* 2. *Reference for charges: Ordinance # 2349, 2014. Unified rates and charges.*				

Discharge of patient	Patient / relative-companion brings the clearance slips and Official receipt to the Nurse in Charge. Discharge instructions to the patient is given such as home medication, request for procedures (if any) and return visit to OPD. Issues prescription to the patient.	None	10 minutes	Nurse in Charge Nurse Associate
Note: One copy of the clearance slip is attached to the chart; one copy is given by the patient to the Security Guard upon exit.				

(OPERATING ROOM COMPLEX)

OPERATING ROOM: ELECTIVE AND EMERGENCY PROCEDURES

Office or Division:	Operating Room Complex
Classification:	Simple
Type of Transaction:	
Who may avail:	All patients for Elective and Emergency Procedures

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
- Patient Chart - Wrist Tag - OR Elective/Emergency Proposal Form	- Admitting/OPD

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
Submits OR Elective/Emergency Proposal from the Department of Surgery (GS, Orthopedics, ENT, Urology, Ophthalmology), OB-Gynecology, IM (Gastroenterology)	1. Receives and validates patient data (Name, age, sex, Hospital Number) and Diagnosis. 2. Checks the type of Procedure to be done, the Anesthesia Technique, the Surgeon, and the Anesthesiologist. a. Elective case – Pre-op Visit Identifies patient and review of patient chart and record (Patient data, procedure, operative site, consent, and pre-operative checklist) b. Emergency Case Identifies patient and review of patient chart and record (Patient data, procedure, operative site, and consent) 3. Checks OR materials needed for operation.	None	5 – 15 minutes 30 minutes 10 - 15 minutes 15 – 30 minutes	Department of Surgery (GS, Orthopedics, ENT, Urology, Ophthalmology), OB-Gynecology, IM (Gastroenterology) OR Nurse
In the Operating Room Complex	Prepares Operating Room, needed instruments, equipment, supplies, and OR pack.	None	15 minutes	OR Nurse
The patient brought to the Operating Room Complex	Elective Case – Fetches and brings the patient to the OR (1ST case), patient brought to the OR by the ward Nurse and NA.	None	15 – 20 minutes 10 – 15 minutes	OR Nurse and Nursing Attendant

	Emergency – Ward/ER Nurse brings and endorses the patient to the OR with the Nursing Attendant.			Ward/ER Nurse and Nursing Attendant
In the Operating Room	Intraoperative Care Setting up of sterile field by the Scrub nurse. Pre-counting of sponges, needles, and instruments by the scrub nurse and circulating nurse. Accomplish the Safety Surgical Checklist (Time-out) by the circulating nurse. Start of procedure by the OR team. First and final counting of sponges, needles, and instruments complete and correct. Procedure ended.	None	Case dependent	Anesthesiologist, Surgeon, OR Nurse, Scrub Nurse, Circulating Nurse
	Post-operative care Transfer to PACU	None	10 minutes	Anesthesiologist and PACU Nurse
In the PACU	Post–Operative Care Unit Monitoring of Patients until transfer out	None	Variable	Anesthesiologist and PACU Nurse

(HEALTH INFORMATION MANAGEMENT UNIT)

BIRTH CERTIFICATE

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

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

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

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Fill out the Preliminary Birth Certificate Form.	1. Check for the correctness of information. 2. Validate the documents required.	None	5 Minutes	*Medical Records Personnel*
Note: Documents required are the following: *a. Marriage certificate for legitimate birth.* *b. Two (2) valid government issued ID's for both parents of illegitimate birth.* *c. Birth Certificate of both minor parents, if without any valid government issued ID's.* d. *Residence Certificate for a separated mother reflecting maiden name.* ****Other documents deemed necessary.*				
2. Submit required documents for processing of Birth Certificate to the Medical Records Office.	2. Receive required documents submitted for processing of Birth Certificate 2.1 Transfer Information to the official Birth Certificate Form.	None	10 Minutes	*Medical Records Personnel*
3. Check and approve the correctness of the entries in the Birth Certificate Form.	Print 4 copies of the official Birth Certificate Form.	None	10 Minutes	*Medical Records Personnel*
4. Sign and submit the printed official Birth Certificate Forms to the Medical Records	Receive and register to the Civil Registry	None	5 Minutes	*Medical Records Personnel*

Notes: *1. Registration process may take one (1) month for the City Civil Registry to issue the registered Birth Certificate.* *2. Notarization of birth certificate is required to all illegitimate births.* *3. Proceed to Step 4 to receive the registered birth certificate.*				
4. Get Order of Payment from the Medical Records Office and proceed to Cashier for payment.	Issue Order of Payment and direct parent or authorized representative to the Cashier	P50.00	5 Minutes	*Collecting Officer*
Note: City Ordinance No. SP-2349, S-2014 for charges and other fees.				
5. Present the Official Receipt of payment to the Medical Records Office.	Release official Birth Certificate and log the official receipt number in the Birth Certificate Releasing Logbook.	None	5 Minutes	*Medical Records Personnel*

DEATH CERTIFICATE

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

Office or Division:	Health Information Management Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Authorized Representative of Deceased Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Any Valid Government Issued ID of Authorized Representative (1 original copy)	Any Government Agency

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to Medical Records Office to check the correctness of the filled-out death certificate form. • Municipal Form 103 Certificate of death • Municipal Form 103A Certificate of Fetal death	1. Receives validated Preliminary Death Certificate. 2. Transfer the data from the Preliminary Death Certificate to the official Death Certificate Form.	None	5 Minutes	*Medical Records Personnel*
2. Signs and submits the 4-copies of the official death certificates.	1. Check all the 4-copies of the death certificates for the signatures of the informant. 2. Prepare order of payment for the death certificate fee.	None	2 minutes	*Medical Records Personnel*
Note: City Ordinance No. SP-2349, S-2014 for charges and other fees.				
3. Proceed to the Cashier Office for payment of death certificate.	Release of official Death Certificate	None	1 Minute	*Medical Records Personnel* Medical Records Office
4. Present the Official Receipt of payment to the Medical Records Office.	Release 3 copies of official Death Certificates to the informant.	None	1 minute	*Medical Records Personnel*
5. Sign the death certificate logbook upon receipt of the death certificates.	File a copy of the official Death Certificate for records keeping.	None	1 Minute	*Medical Records Personnel*

REQUEST FOR MEDICAL RECORDS

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

Office or Division:	Health Information Management Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All RMBGH Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Any Valid Government issued ID for issuance (1 original copy)	Any Government Agency
Hospital Card (1 original copy)	

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to Medical Records receiving area and fill up the Medical Record request form	1. Provide request form to the patient/relative 1.1 Gives instruction and prepares medical information 1.2 Check and verify the correctness of data and request	None	3 Minutes	*Medical Records Staff* Medical Records Office
2. Wait for the issuance of Charge Slip	2. Issue Charge Slip to the patient.	None	3 Minutes	*Nursing Aide* Nursing Service Division
3. Pay or settle bill at the Cashier	3. Receives payment and issue official receipt to the patient	Certificate of Confinement P50.00 Medical Certificate P30.00 Clinical Abstract P50.00 Discharge Summary P50.00 CTC Laboratory/Radiology Reports P50.00	5 Minutes	*Collecting Officer* Cashier Unit

4. Goes back to the Medical Records receiving area and submit Official Receipt to the Medical Record Staff	4. Encode the official receipt 4.1 Informs the patient as to the date of release of Official Result	None	1 Minute	*Medical Records Staff* Medical Records Office

(DENTAL UNIT)

DENTAL SERVICE

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

Office or Division:	Dental Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All OPD Patients who needs Oral Care.

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For New Patients: Any Valid Government issued ID for issuance of Hospital Card (1 original copy)	Any Government Agency
For Old Patients: Any Valid Government issued ID (1 original copy) Hospital Card (1 original copy)	Any Government Agency Dental Clinic

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to OPD Triage and accomplish Health Declaration Form	1. Registration of Patients' Data 1.1 Interview the patient for the needed Oral Care and perform vital signs	None	10 minutes	Nurse of duty Nursing aide Nursing service division
2. Proceed to patients waiting area	2. Outpatient Record received by Dental Aide, will call the patient for his/her consultation or treatment turn	None	5 minutes *Depends on the number of patients on queue	Dental Aide Dental Unit
3. Proceed to the Dental Clinic	3. Assess/ Evaluate patient medical history and vital signs and complete oral dental record of patient and formulate treatment 3.1 patient for dental service procedure, explain the procedure and ask to sign a consent form	None	10 minutes	Dentist Dental unit
4. Submit self for the Dental Procedure	4. advice patient about the operation process and procedure while relaxing patient before operation	None	5 minutes	Dentist Dental unit
5. submit self for Dental procedure	5. Perform Dental operation procedure	None	30 minutes *Depends on the patient's case.	Dentist Dental unit
6. Submit self for dental procedure	6. patient home care education after operation while on the dental chair for resting and stabilizing patient	None	5 minutes	Dentist Dental unit

7. Wait for issuance of dental charge slip	7. issue the charge slips to the patient	None	3 minutes	Dental aide Dental unit
8. Pay or settle bill at Cashier	8. receives payment and issue Official receipt to the patient	Please see services listed below: Tooth Extraction: Simple Extraction – P50.00 Complicated Extraction – P130.00 Dental Anesthesia Carpule – P50.00 Tooth Restoration: Temporary Filling – P50.00 Composite Filling with curing – P150.00 Oral Prophylaxis and Gum treatment per session Mild Oral Prophylaxis – P50.00 Moderate – P75.00 Heavy – P100.00 with FLOURIDE APPLICATION – P100.00 DENTAL CONSULT WITH ORAL EXAMINATION – P60.00	5 minutes	Collecting officer Cashier unit
9. Goes back to the dental clinic and submit official receipt to the dental aide.	9. present Official receipt to dental aide and return hospital card and issued medical prescription if any.	None	3 minutes	Dental aide Dentist Dental unit

(MEDICAL SOCIAL SERVICE UNIT)

ER-PATIENTS

For Indigent Patients needing medical and financial assistance

Office or Division:	Medical Social Service Unit
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	ER-Patient needing financial and medical assistance

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Any Valid Government issued ID and Photo copy of the I.D or Barangay Clearance (1 original copy)	Any Government Agency
Request forms for Ancillary Procedures (1 copy)	Cost Centers
Order of Payment (1 copy)	Cost Centers

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Relative proceeds to Medical Social Service Department for interview and assessment	1. Receives copy of Request Slip for Ancillary procedures and/or Order of Payment 1.1 Assess and classify the patient based on their financial status	None	10 Minutes	*Social Welfare Officer* Medical Social Service Unit
2. Wait for the issuance of Certificate of Medical Assistance with the discounted order of payment	2. Issue Certificate of Medical Assistance duly signed by the Social Worker 2.1 Instruct the patient or relative to proceed to the cashier for settlement of bill	None	3 Minutes	*Social Welfare Officer* Medical Social Service Unit

REQUEST FOR MEDICAL SOCIAL SERVICE ASSISTANCE FOR IN-PATIENTS

For Indigent In-Patients needing medical and financial assistance.

Office or Division:	Medical Social Service Unit
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	For indigent In- patient needing financial and medical assistance

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Any Valid Government issued ID or Barangay Clearance (1 original copy)	Any Government Agency
Statement of Account (3 copies)	Billing and PhilHealth Department
Barangay Indigency (1 original copy)	Barangay Hall
Medical Certificate (3 copies)	Medical Records
Medical Social Service Card (1 original copy)	Medical Social Service

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Relative proceeds to Medical Social Service Department for interview and assessment	1.Receives copy of Statement of Account 1.1 Assess and classify the patient based on their financial status	None	10 Minutes	*Social Welfare Officer* Medical Social Service Unit
2. Submit the required documents needed for the medical/financial assistance.	2. Verify authenticity of submitted documents.	None	5 Minutes	*Social Welfare Officer* Medical Social Service Unit
3.Wait for the issuance of Certificate of Medical Assistance with the discounted charge slip	3. Issue Certificate of Medical Assistance duly signed by the Social Worker 3.1 Instruct the patient or relative to proceed to the cashier for settlement of Bill	None	3 Minutes	*Social Welfare Officer* Medical Social Service Unit
4. Proceed to Medical Social Service for provision of Medical Social Service Card (for new patient)	4. Issue Medical Social Service Card (for new patient)	None	2 Minutes	*Social Welfare Officer* Medical Social Service Unit

REQUEST FOR MEDICAL SOCIAL SERVICE ASSISTANCE FOR OUT-PATIENTS

For Indigent Patients needing medical and financial assistance

Office or Division:	Medical Social Service Unit
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	Out-Patient needing financial and medical assistance

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Any Valid Government issued ID and Photo copy of the I.D or Barangay Clearance (1 original copy)	Any Government Agency
Request Slip for Ancillary procedures (1 original copy)	Ancillary Departments
Order of Payment (1 original copy)	Out-Patient Department
Barangay Indigency Original (1 original copy)	Barangay Hall
Medical Certificate (1 original copy)	OPD Doctor
Medical Social Service Card (1 original copy) *for old patient	Medical Social Service

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient proceeds to Medical Social Service Department for interview and assessment	1. Receives copy of Request Slip for Ancillary procedures and/or order of payment 1.1 Assess and classify the patient based on their financial status	None	10 Minutes	*Social Welfare Officer* Medical Social Service Unit
2. Submit the required documents needed for the medical/financial assistance	2. Verify authenticity of submitted documents	None	5 Minutes	*Social Welfare Officer* Medical Social Service Unit
3. Wait for the issuance of Certificate of Medical Assistance with the discounted charge slip	3.Issue Certificate of Medical Assistance duly signed by the Social Worker	None	3 Minutes	*Social Welfare Officer* Medical Social Service Unit
4. Proceed to the Cashier to settle bill	4. Issue Official Receipt	None	2 Minutes	*Collecting Officer* Cashier Unit
5.. Proceed to Medical Social Service for provision of Medical Social Service Card	5.Issue Medical Social Service Card.	None	2 Minutes	*Social Welfare Officer* Medical Social Service Unit

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

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

Office or Division:	Medical Social Service Unit
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	For indigent In- patient needing to be enrolled to Point of Service

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Any Valid Government issued ID (1 copy)	Any Government Agency
PSA issued Birth Certificate (1 photocopy)	Philippine Statistics Authority
Marriage Contract (1 photocopy)	Philippine Statistics Authority
Barangay Indigency Original Copy	Barangay Hall

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Upon admission of the patient; relative or companion proceeds to the Medical Social Service Department for interview and assessment of socio-economic status of the patient.	1. Conduct interview and accomplish assessment tool form 2. Classify the patient based on their Socio-economic status 3. Orientation of requirements that need to comply for enrolment to Point of Service	None	10 Minutes	*Social Welfare Officer*

Note: The following documents are required:

1. *One (1) valid government issued ID of the patient. (Photocopy)*
2. *PSA issued Birth Certificate of the patient. (Photocopy)*
3. *If married, Marriage Certificate is required. (Photocopy)*

2. Submit required documents for registration to Point of Service within 72 hours upon admission.	1. Assess and verify the authenticity of requirements. 2. Receives and encodes information of the patient correctly to Point of Service Sponsored PhilHealth 2.1. Transmit released PhilHealth number with POS certification to PhilHealth Department. 2.2. The released POS certification will be forwarded to PhilHealth Section.	None	5 Minutes	*Social Welfare Officer*
Note: 1. *Release of Point of Service (POS) certification may vary within three (3) to five (5) days.* 2. *Failure to comply the required documents within 72 hours upon admission may not be able to register to Point of Service.*				

(OBSTETRICS AND GYNECOLOGY UNIT)

PROCEDURES IN AVAILING OBSTETRICS AND GYNECOLOGY ULTRASOUND SERVICES

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

Office or Division:	Obstetrics and Gynecology Ultrasound Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	In-patients, OPD and ER

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Request Form (1 copy)	Physician
Charge Slip (1 copy)	Diagnostic Assistance Center

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Fill-up the Health Declaration Form	1. Issuance of Health Declaration Form	None	5 Minutes	*Information Desk Officer*
2. Proceed to Diagnostic Assistance Center and present Request Form.	2. Receives the request form and filled up Health Declaration Form for queuing.	None	5 Minutes	*Radiologic Technologist Aide/ Radiologic Technologist*
3. Stay at the waiting area while waiting for your name or number to be called.	3. Calls the patient from the waiting area for the procedure.	None	30 Minutes *Depending on the case and number of patients	*Radiologic Technologist Aide/ Radiologic Technologist*
4. Proceed to the OB Gyn ultrasound room for the procedure.	4. Perform the requested procedure and encode data for official result.	None	30 Minutes *Depending on the case and number of patients	*Ob Gyn Ultrasound Subspecialist or Perinatologist* Section of OB – GYN Ultrasound
5. Proceed to Diagnostic Assistance Center and wait for the issuance of Charge Slip.	5. Issue charge slip to the patient.	None	3 Minutes	*Radiologic Technologist Aide/ Radiologic Technologist*
6. Proceed to the Cashier to pay the fees.	6. Receives payment and issue official receipt to the patient.	Transvaginal P1,200.00 Transrectal P1,200.00 Pelvic P1,200.00 BPS P1,200.00	5 Minutes	*Collecting Officer* Cashier Unit
7. Present the Official Receipt for documentation and claim the official	7. Release the official result.	None	5 Minutes	*Radiologic Technologist Aide/ Radiologic Technologist*

result at the Diagnostic Assistance Center.				
8. Sign in the procedure Logbook to acknowledge receipt of the result.	8. Document in the Logbook the release of official result.	None	2 Minutes	*Radiologic Technologist Aide/ Radiologic Technologist*

(OUT-PATIENT DEPARTMENT)

OPD CONSULTATIONS

Outpatient Department cater all ambulatory patients needing primary care and consultation from the different medical and dental departments.

Office or Division:	Out Patient Department
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Non-Emergent Care Patients

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
For New Patients: Any Valid Government issued ID for issuance of Hospital Card (1 original copy)	Any Government Agency /OPD Triage
For Old Patients: Any Valid Government issued ID (1 original copy) Hospital Card (1 original copy)	

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to OPD for Triaging and fill-out OPD Forms.	Verifies the data. Triage the patient based on the chief complaint. Take vital signs.	None	10 Minutes	*Nurse/Nurse Associate*
2. Proceed to the designated waiting area.	1. Submit the OPD Forms to the Admitting Section for iHomis registration. 2. Receives the patients' chart from the Medical Records. 3. Advise the patient to proceed to the designated Medical Clinic for consultation.	None	10 Minutes	*Nurse/Nurse Associate*
3. Proceed to the designated Medical/Dental Clinic for consultation. a. Family Medicine b. Internal Medicine c. Pediatrics d. Surgery e. Ob-Gyn f. Dental g. Specialty Clinics	1. The Doctor attends to the patient for consultation and examination. 2. Prescribes medicines. 3. Issues diagnostic and laboratory request.	None	15 Minutes	*Medical Officer/Medical Specialist*

Note:

1. *The Doctor issues Inter-Department Referral Form, if the patient needs to be transferred to the Emergency Room.*
2. *Medical Certificate is issued upon request by the patient.*

4. Wait for the Order of Payment to be issued by the designated OPD Clinic.	Prepares and issues Order of Payment to the patient.	None	2 Minutes	*Nurse/Nurse Associate*
5. Proceed to the cashier for payment of fees.	Checks the issued Official Receipt from the patient.	None	1 Minute	*Nurse/Nurse Associate*
Note: City Ordinance No. SP-2349, S-2014 / SP-2891, S-2019 for charges and other fees.				
6. Receives discharge instruction.	1. Instructs the patient or relative for home instructions and follow-up checkup if needed. 2. Issues Hospital Card to the patient.	None	3 Minutes	*Nurse/Nurse Associate*

(PATHOLOGY UNIT)

LABORATORY SERVICE (OUT-PATIENT SERVICES)

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

Office or Division:	Pathology Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	For all OPD Patients who wants to avail laboratory services

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Hospital Card (1 original copy)	OPD Triage
Laboratory Request (1 original copy)	OPD Clinics and Emergency Room

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1.Proceed to Laboratory Receiving Area and present request form	1.Receives request from patient	None	2 Minutes	*Lab Clerk/Aide/ Medical Technologist* Pathology Unit
2. Submit self for the procedure	2. Explanation of procedure 2.1Blood Extraction 2.2 Specimen Collection	None	7 Minutes	*Medical technologist* Pathology Unit
3. Wait for the issuance of Charge Slip	3. Issue Charge Slip to the patient	None	2 Minutes	*Lab Clerk/Aide/ Medical technologist* Pathology Unit
4. Proceed to the Cashier to settle bill	4. Receive payment and issue Official Receipt	**HEMATOLOGY** CBC- ₱180.00 Retics - ₱70.00 ESR ₱70.00 PBS - ₱75.00 CT - ₱65.00 BT- ₱65.00 PT - ₱200.00 PTT - ₱200.00 **CLINICAL MICROSCOPY** Urinalysis – ₱45.00 Fecalysis -₱40.00 Ketone - ₱30.00 FOBT – ₱50.00 Prenancy Test- ₱104.00 Sperm Analysis – 160.00 **BLOOD STATION** Blood Typing- ₱40.00 Crossmatching- ₱1,315.00	5 Minutes	*Collecting Officer* Cashier Unit

		DAT – ₱1,315.00 IAT- ₱1,315.00 Antibody screening - ₱607.00 **CHEMISTRY** FBS/RBS - ₱123.00 Cholesterol - ₱183.00 Triglycerides- 229.39 HDL-₱364.00 BUA- ₱135.00 BUN- ₱122.00 Creatinine- ₱134.00 SGOT- ₱263.00 SGPT-₱263.00 ALP- 144.00 Total Protein – 142.00 Albumin- ₱167.00 Bilirubin - ₱401.00 Lipase – 160.00 Amylase – 160.00 OGTT 75g- ₱302.00 LDH – 150.00 Na -₱90.00 K – ₱90.00 Chloride - ₱90.00 iCa - ₱90.00 Mg – ₱220.00 Phos - ₱220.00 CBG- ₱92.00 HbA1c – ₱909.00 CKMB – 1,100.00 **SEROLOGY** Dengue Duo- ₱600.00 Dengue NS1 Ag – ₱900.00 HBsAg- ₱160.00 RPR- ₱200.00 Syphilis – ₱350.00 HIV -₱310.00 H.Pylori Ab - ₱450.00 CRP – ₱350.00 ASO – ₱256.00 RF – ₱350.00 C3 –₱ 500.00 Trop I Quali- ₱650.00		

		aHCV - ₱750.00 **IMMUNOLOGY** FT3 -₱500.00 FT4 –₱ 500.00 TSH – ₱500.00 CEA –₱700.00 CA125 – ₱1,000.00 CA 19-9 – ₱1,400.00 CA 15-3 – ₱667.00 B-HCG – ₱1,100.00 PSA – ₱500.00 Procalcitonin- ₱2,000.00 Ferritin – ₱1,300.00 D-Dimer – ₱1,500.00 Trop I – ₱1,300.00 HBsAg - ₱800.00 aHBs- ₱1,000.00 HBeAg - ₱654.00 aHbe -₱654.00 aHBcIgM - ₱744.00 aHBcIgG- ₱621.00 aHAVIgG ₱1,100.00 aHAVIgM ₱1,100.00		

		aHCV- ₱1,300.00 HIV ₱1,100.00 **MICROBIOLOGY** Blood & Sterile Body fluids C/S - ₱3,083 Non-Sterile Body Fluids C/S- ₱575.00 AFB - ₱100.00 G/S – ₱100.00 KOH – ₱100.00		
5. Goes back to the Pathology and present Official Receipt to the Pathology Clerk	5. Encode the Official Receipt	None	2 Minutes	*Lab Clerk/Aide/ Medical technologist* Pathology Unit
6. Wait for the release of Official Result.	6. Processing of Specimen	None	2 Hours Variable (depending on the laboratory test/s requested	*Medical Technologist* Pathology Unit
	6.1 Logging and encoding of result/s	None	5 Minutes	*Medical Technologist* Pathology Unit
	6.2 Verification and signing of Official Result/s	None	3 Minutes	*Medical Technologist/ Pathologist* Pathology Unit
7. Receives Official Result/s	7. Release Official Result/s	None	5 Minutes	*Lab clerk/Lab Aide* Pathology Unit
8. Sign in the Releasing Logbook to acknowledge receipt of the result	8. Document in the Logbook the release of Official Result	None	2 Minutes	*Lab clerk/Lab Aide* Pathology Unit

RELEASE OF CADAVER

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

Office or Division:	Pathology Unit, Cashier Unit
Classification:	Simple
Type of Transaction:	G2C- Government to Citizen
Who may avail:	Immediate Relative of Deceased Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Any Valid Government Issued ID of the authorized representative of the deceased (1 original copy)	Any Government Agency
Discharge Clearance Slip	Cashier
ID & calling card of Funeral Representative	Funeral

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the accomplished Clearance Slip, Statement of Account (SOA) for In-Patient and Order of Payment for ER-Patient	1. Receive and check the Clearance Slip, Statement of Account (SOA) or Order of Payment	None	3 Minutes	*Collecting Officer* Cashier Unit
2. Settle Bill at the Cashier	2. Receives payment and issue Official Receipt to the patient and Clearance Slip	None	2 minutes	*Collecting Officer* Cashier Unit
3. Proceed to Cadaver holding area and present the Clearance Slip	3. Check and validate Clearance Slip	None	2 Minutes	*Pathology Staff* Pathology Unit
4. Authorized Representative to confirm the identity of the deceased	4. Assist by showing the Identification Tag (for infectious cases) and the Identification Tag and face of the Cadaver (for non-infectious cases)	None	1 Minute	*Pathology Staff* Pathology Unit
5. Relatives contact their funeral parlor	5.Verify the accreditation of the Funeral Parlor	None	2 Minutes	*Pathology Staff* Pathology Unit
6. Present Clearance Slip to the Guard on duty for signature	6. Check and validate the signed Clearance Slip 6.1 Validate the identity of the Funeral Parlor Representative 6.2 Release Cadaver	None	2 Minutes	*Pathology Staff* Pathology Unit / Security

(PEDIATRICS UNIT)

EXPANDED NEWBORN SCREENING

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

Office or Division:	Pediatrics Unit
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen
Who may avail:	All Newborn babies delivered at RMBGH to include non-institutional deliveries admitted at RMBGH.

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Newborn Screening Filter Card (1original copy)	Newborn Screening Room

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Mother will be informed of the importance and the details of the procedure of the Newborn Screening test	1. Newborn Screening Nurse will discuss the importance of the test and will explain the step-by-step procedure to the mother together with the Newborn Screening brochure	Covered by Philhealth	5 Minutes	*Newborn Screening Nurse* Nursing Service Division
2. Mother will give a verbal consent	2. Newborn Screening Nurse will obtain a verbal consent and answer concerns regarding the procedure		5 Minutes	*Newborn Screening Nurse* Nursing Service Division
3. Mother will answer and give details of the birth history and personal information as required	3. Newborn Screening nurse to validate and enter details on the newborn screening filter card		5 Minutes	*Newborn Screening Nurse* Nursing Service Division *Register entry to the Expanded Newborn Screening Logbook
4. Mother may be asked to assist Newborn Screening Nurse to calm the baby	4. Newborn Screening Nurse will perform the Newborn Screening test in the Newborn Screening Room by obtaining a blood sample thru a heel prick test		10 Minutes	*Newborn Screening Nurse* Nursing Service Division *Filter Card will be sent to Newborn Screening Center/National Institute of Health for analysis
5. Mother given instructions regarding the release of results	5. Newborn Screening Nurse will inform the mother that the result will be available within 2 to 3 weeks		3 Minutes	*Newborn Screening Nurse* Nursing Service Division *Will send text message as soon as results are

				available and instruct mother to claim the official result at RMBGH
6. Mother receives results	6. Negative Result: Newborn Screening Nurse will give the official result to the mother/authorized representative 6.1 Positive Result: Will give the official result and instruct Mother to bring baby to a confirmatory facility and follow up at OPD with confirmatory result 6.2 Invalid/ Insufficient Result: Newborn Screening Nurse to enter details on a new filter card 6.3 Baby will undergo a repeat Newborn Screening test (heel prick) Mother will be given instructions to as release of results		3 Minutes	*Newborn Screening Nurse* Nursing Service Division Log as Received in the Newborn Screening Logbook
			10 Minutes	*Newborn Screening Nurse* Nursing Service Division Log as Done-Repeat Test in the Newborn Screening Logbook

NEWBORN HEARING SCREENING

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

Office or Division:	Pediatrics Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	All newborns delivered at RMBGH to include non-institutional deliveries admitted at RMBGH.

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Newborn Hearing Registry Card	Newborn Hearing Screening Room

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Mother will be informed of the importance and the details of the procedure of the Newborn Hearing Screening test	1. Newborn Hearing Screening Nurse will discuss the importance of the test and will explain the step-by-step procedure to the mother together with the brochure	Covered by Philhealth	5 Minutes	*Newborn Hearing Screening Nurse* Nursing Service Division
2. Mother will give a verbal consent	2. Newborn Hearing Screening Nurse will obtain a verbal consent and answer concerns regarding the procedure		5 Minutes	*Newborn Hearing Screening Nurse* Nursing Service Division
3. Mother will answer and give details of the birth history and personal information as required	3. Newborn Hearing Screening Nurse to enter details on the newborn hearing registry card		5 Minutes	*Newborn Hearing Screening Nurse* Nursing Service Division Register entry in the Newborn Hearing Logbook
4. Mother and baby will be accompanied to the Newborn Hearing Room	4. Newborn Hearing Screening trained nurse will prepare the baby and the machine needed for the test		5 Minutes	*Newborn Hearing Screening Nurse* Nursing Service Division
5. Mother may be instructed to assist the Newborn Hearing Nurse to calm the baby	5. Newborn Hearing Screening Nurse will perform the otoacoustic emission test otoacoustic emission on the baby		10 minutes	*Newborn Hearing Screening Nurse* Nursing Service Division
6. Mother is informed of the otoacoustic emission test result	6. If the result is **PASS:** Mother will receive a WHITE copy of the registry card and the official result of otoacoustic emission test		5 minutes	*Newborn Hearing Screening Nurse* Nursing Service Division Doctor to sign official result Log in as received at the

	6.1 If the result is **REFER**: Mother will receive a WHITE copy of the registry card and the official result of otoacoustic emission test 6.3 NBH Nurse to give a schedule and instruct the mother to bring back the baby after 1 month for a repeat test		5 minutes	Newborn Hearing logbook *Newborn Hearing Screening Nurse* Nursing Service Division Log in as for Repeat test in the Newborn Hearing Logbook

(PHARMACY UNIT)

PHARMACY SERVICES

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

Office or Division:	Pharmacy Unit
Classification:	Simple
Types of Transaction:	G2C- Government to Citizen
Who may avail?	Out-patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Prescription (1 original copy)	RMBGH Medical Doctors
Hospital Card (1 original copy)	Out-patient Department/ Admitting Unit
For Senior Citizen and PWD: Any valid government-issued ID (1 original copy) Senior Citizen and PWD Booklet (1 original copy) Authorization letter from the patient for claiming relatives (1 original copy)	Any government agency Office of the Senior Citizens Affair/Persons with Disability Affairs Office Patient

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceeds to Pharmacy Reception Area and presents Prescription Requests • OPD: Out-patient	1. Receives prescription and checks the availability of medicine * If unavailable, inform patient/relative. Record unavailable medicine for reporting.	None	3 minutes	*Pharmacist*
2. Wait for the issuance of Order of Payment	2. Issues Order of Payment and prepare the prescribed medicines.	None	5 minutes	*Pharmacist*
3. Pay or settle bill at the Cashier	3. Receives payment and issues Official Receipt to the patient.	Depends on the amount written in the Order of Payment	2 minutes	*Collecting Officer*
4. Goes back to the Pharmacy Reception Area and presents Official Receipt to the Pharmacist-on-duty to receive the prescribed medicine/s.	4. Writes the receipt number to the Pharmacy Order of payment duplicate and dispense medicine/s by counter checking with the patient or relative.	None	5 minutes	*Pharmacist*

(RADIOLOGY UNIT)

CT SCAN PROCEDURES

Office or Division:	Radiology Unit: Diagnostic Section: **CT SCAN**
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	ER-Patient, Out-Patient and Admitted Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
For Out-patient: Hospital Card (1 original copy) Radiology Request Form (1 original copy)	Out-Patient Department
For In-patient/ ER-patient: Patient's Chart (1 original copy) Radiology Request Form (1 original copy)	Emergency Room

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to Diagnostic Assistance Center and present request form and secure schedule for the procedure • Out-patient: Patient • ER-Patient: NOD/NA • In-patient: NOD/NA	1. Receives request form 1.1 Gives verbal and written instructions for preparation prior to the procedure 1.2 Inform the Patient/NOD of the schedule	None	10 Minutes	*Radiologic Technologist Aide/ Radiologic Technologist* Radiology Unit
2. Proceed to CT-Scan Room	2. Performs the procedure	None	60 Minutes	*Radiologic Technologist* Radiology Unit
3. Issuance of Charge Slip	3. Issue Charge Slip	None	3 Minutes	*Radiologic Technologist Aide/ Radiologic Technologist* Radiology Unit
4. Pay or settle bill at the Cashier	4. Receives Payment and issue Official Receipt	**CT SCAN (PLAIN)** HEAD/BRAIN ₱ 3,500.00 HEAD WITH 3D RECONSTRUCTION ₱ 3,150.00 CHEST ₱ 3,500.00 CHEST HR ₱ 4,000.00 CT ADRENALS ₱ 3,240.00 MANDIBLE/NECK ₱ 4,000.00 MANDIBLE/NECK WITH 3D ₱ 3,600.00	5 Minutes	*Collecting officer* Cashier Unit

RECONSTRUCTION	
ORBITS	₱ 4,000.00
PNS	₱ 3,000.00
TEMPORAL BONE	₱ 4,000.00
NASOPHARYNX	₱ 3,500.00
FACIAL BONE	₱ 4,500.00
FACIAL BONE WITH 3D RECONSTRUCTION	₱ 4,050.00
THORACIC SPINE	₱ 4,000.00
LUMBOSACRAL SPINE	₱ 4,000.00
WHOLE ABDOMEN	₱ 7,500.00
UPPER ABDOMEN	₱ 4,000.00
LOWER ABDOMEN	₱ 4,000.00
EXTREMITIES	₱ 3,500.00
PELVIS	₱ 4,000.00
STONOGRAM	₱ 7,000.00

CT-SCAN (WITH CONTRAST)

HEAD/BRAIN	₱4,000.00
CHEST	₱4,500.00
CHEST HR	₱5,000.00
MANDIBLE/NECK	₱5,000.00
ORBITS	₱5,000.00
PNS	₱4,000.00
TEMPORAL BONE	₱5,000.00
NASOPHARYNX	₱4,500.00
FACIAL BONE	₱5,500.00
THORACIC SPINE	₱5,000.00
LUMBOSACRAL SPINE	₱5,000.00
WHOLE ABDOMEN	

		A. UNIPHASIC	₱8,000.00		
		B. Bi./TRIPHASIC	₱10,000.00		
		UPPER ABDOMEN			
		A. UNIPHASIC	₱5,000.00		
		B. Bi./TRIPHASIC	₱8,000.00		
		LOWER ABDOMEN			
		A. UNIPHASIC	₱ 5,000.00		
		B. Bi./TRIPHASIC	₱8,000.00		
		EXTREMITIES	₱5,500.00		
		PELVIS	₱5,500.00		
		UROGRAM	₱9,000.00		
		CTA HEAD	₱8,500.00		
		CTA PULMONARY	₱8,500.00		
		(CTA) THORACIC /ABDOMINAL AORTA	₱10,000.00		
5. Goes back to Diagnostic Assistance Center and present Official Receipt	5. Encode the Official Receipt 5.1 Informs the patient as to the date of release of Official Result	None		2 Minutes	*Radiologic Technologist Aide/ Radiologic Technologist* Radiology Unit
6. Proceeds to Diagnostic Assistance Center	6. Release of Official Result; Provide a digital copy (if requested)	None		In-Patient & ER: within 24 Hours, OPD: 3 working days	*Radiologic Technologist Aide/ Radiologic Technologist* Radiology Unit

ULTRASOUND PROCEDURES

Office or Division:	Radiology Unit: Diagnostic Section: **ULTRASOUND**
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	ER-Patient, Out-Patient and Admitted Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
For Out-patient: Hospital Card (1 original copy) Radiology Request Form (1 original copy)	Out-Patient Department
For In-patient/ ER-patient: Patient's Chart (1 original copy) Radiology Request Form (1 original copy)	Emergency Room

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to Diagnostic Assistance Center and present Request Form • Out-patient: Patient • ER-Patient: NOD/NA • In-patient: NOD/NA	1. Receives request form 1.1 Gives verbal and written instructions for preparation prior to the procedure 1.2 Inform the Patient/NOD of the schedule.	None	10 Minutes	*Radiologic Technologist Aide/ Radiologic Technologist* Radiology Unit
2. Proceed to Ultrasound Room	2. Performs the procedure	None	60 Minutes	*Radiologic Technologist* Radiology Unit
3. Issuance of Charge Slip	3. Issue charge slip	None	3 Minutes	*Radiologic Technologist Aide/ Radiologic Technologist* Radiology Unit
4. Pay or settle bill at the Cashier	4. Receives payment and issue Official Receipt	1 ORGAN (INCLUDING RLQ) ₱800.00 2D ECHO ₱2,500.00 HBT ₱1,000.00 UPPER ABDOMEN ₱1,200.00 LOWER ABDOMEN (KUBP or KUB + PELVIC) ₱1,200.00 WHOLE ABDOMEN ₱2,400.00 TRANSRECTAL (PROSTA ₱1,500.00	5 Minutes	*Collecting officer* Cashier Unit

		TE or PELVIC)			
		KUB	₱1,000.00		
		BREAST (BILATERAL)	₱1,500.00		
		THYROID	₱1,200.00		
		NECK	₱1,500.00		
		CRANIAL	₱950.00		
		SCROTAL WITH DOPPLER	₱1,350.00		
		INGUINO SCROTAL WITH DOPPLER	₱1,500.00		
		FAST	₱1,500.00		
		CHEST	₱800.00		
		CHEST MAPPING UNILATERAL	₱1,200.00		
		CHEST MAPPING (BILATERAL)	₱1,700.00		
5.Goes back to Diagnostic Assistance Center Radiology Receiving Area and present Official Receipt	5. Encode the Official Receipt 5.1 Informs the patient as to the date of release of Official Result	None		2 Minutes	*Radiologic Technologist Aide/ Radiologic Technologist* Radiology Unit
6. Proceed to Diagnostic Assistance Center	6. Release of Official Result; Provide a digital copy (if requested)	None		In-Patient & ER: within 24 Hours OPD: 3 working days	*Radiologic Technologist Aide/ Radiologic Technologist* Radiology Unit

X-RAY PROCEDURES

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

Office or Division:	Radiology Unit: Diagnostic Section: **X-RAY**
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	ER-Patient, Out-Patient and admitted Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
For Out-patient: Hospital Card (1 original copy) Radiology Request Form (1 original copy)	Out-Patient Department
For In-patient/ER-patient: Patient's Chart (1 original copy) Radiology Request Form (1 original copy)	Emergency Room

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to Diagnostic Assistance Center and present Request Form • Out-patient: Patient • ER-Patient: NOD/NA • In-patient: NOD/NA	1. Receive request form	None	2 Minutes	*Radiologic Technologist Aide/ Radiologic Technologist* Radiology Unit
2. Proceed to X-Ray Room	2. Performs the procedure	None	15 Minutes *Depends on the number of requested procedures.	*Radiologic Technologist* Radiology Unit
3. Issuance of charge slip.	3. Issue Charge Slip	None	3 Minutes	*Radiologic Technologist Aide/ Radiologic Technologist* Radiology Unit
4. Pay or settle bill at the Cashier	4. Receives payment and issue Official Receipt	CHEST PA ₱300.00 CHEST PA/L ₱400.00 CHEST ALV/ CONED DOWN ₱250.00 CHEST LATERAL ₱250.00 CHEST AP/ LATERAL (PEDIA) ₱250.00 CHEST LATERAL DECUBITUS ₱250.00 CHEST (PORTABLE) ₱315.00	5 Minutes	*Collecting Officer* Cashier Unit

		RIBS/THORACIC CAGE	₱400.00		
		SKULL (PA/L)	₱400.00		
		MANDIBLE	₱700.00		
		MASTOID	₱500.00		
		TMJ	₱600.00		
		WATER'S VIEW	₱300.00		
		PARANASAL SINUSES	₱450.00		
		SUBMENT OVERTEX/TOWNES VIEW	₱250.00		
		ORBITS	₱450.00		
		NASAL BONES /SOFT TISSUE LATERAL	₱500.00		
		CERVICAL SPINE (AP/L)	₱450.00		
		CERVICAL SPINE (AP/L) + O	₱550.00		
		COCCYX	₱234.00		
		THORACIC SPINE	₱450.00		
		THORACIC SPINE OBLIQUE	₱468.00		
		LUMBOSACRAL SPINE	₱450.00		
		LUMBOSACRAL SPINE + OBLIQUE VIEW	₱550.00		
		SCOLIOTIC STUDY	₱900.00		
		ABDOMEN SUPINE AND UPRIGHT	₱500.00		
		ABDOMEN (PORTABLE)	₱375.00		
		PELVIS (AP)	₱300.00		
		PELVIS + FROG LEG	₱600.00		
		SHOULDER UNILATERAL	₱300.00		
		SHOULDER AP/O	₱450.00		
		ELBOW (UNILATERAL)	₱350.00		
		ANKLE (UNILATERAL)	₱350.00		
		FOOT (UNILATERAL)	₱350.00		
		HUMEROUS (UNILATERAL)	₱350.00		

		FEMUR (UNILATERAL) ₱350.00 LOWER LEG (UNILATERAL) ₱350.00 HAND (UNILATERAL) ₱350.00 WRIST (UNILATERAL) ₱350.00 EXTREMITY (UNILATERAL) ₱750.00 SKULL SERIES (ADULT) ₱468.00 SCAPULAR Y ₱234.00 FOREARM (UNILATERAL) ₱115.00 HIP JOINT (UNILATERAL) ADULT ₱234.00 KNEE (UNILATERAL) ₱117.00 **(PEDIA)** BABYGRAM ₱150.00 ABDOMEN (PEDIA) ₱350.00 SKULL SERIES (PEDIA) ₱500.00 ZYGOMA/CHEEK BONE ₱150.00 HIP JOINT (UNILATERAL) PEDIA ₱234.00		
5. Goes back to Diagnostic Assistance Center and present Official Receipt	5. Encode the official receipt 5.1 Informs the patient as to the date of release of Official Result	None	2 Minutes	*Radiologic Technologist Aide/ Radiologic Technologist* Radiology Unit
6. Proceed to Diagnostic Assistance Center	6. Release of Official Result; Provide a digital copy (if requested)	None	In-Patient & ER: within 24 Hours OPD: 3 working days	*Radiologic Technologist Aide/ Radiologic Technologist* Radiology Unit

(CASHIER UNIT)

COLLECTION OF PAYMENTS (OPD)

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

Office or Division:	Cashier Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Outpatient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Order of Payment (2 copies)	- OPD Clinics - Pharmacy - Laboratory - Medical Records - Radiology

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Present the Order of Payment to the Cashier.	1. Receives and validates the Order of Payment. 2. Informs the patient or relative the amount to be paid.	None	3 Minutes	*Collecting Officer*
2. Settle and pays the corresponding amount.	1. Collects payment. 2. Issues Official Receipt.	Depends on the service rendered to the patient.	2 Minutes	*Collecting Officer*

Note:

1. *City Ordinance No. SP-2349, S-2014 / SP-2891, S-2019 for charges and other fees for reference.*
2. *The patient or relative may avail the Medical Social Services, if necessary.*

COLLECTION OF PAYMENTS (ER)

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

Office or Division:	Cashier Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	ER Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
ER Statement of Account (SOA) (2 copies)	Cashier
ER Clearance Slip (2 copies)	ER Nurse Station

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to Cashier for payment of fees and other charges.	1. Calls the patient/relative upon receipt of the **validated** clearance slip. 2. Prints the ER - Statement of Account to be given to the patient/relative as basis of charges.	None	5 Minutes	*Collecting Officer*
2. Settle and pay the bill accordingly.	1. Collects payment. 2. Issues Official Receipt. 3. Signs and release Clearance Slips (2 copies) to the patient.	Depends on the service rendered to the patient	20 to 25 Minutes	*Collecting Officer*

Note:

1. *City Ordinance No. SP-2349, S-2014 / SP-2891, S-2019 for charges and other fees for reference.*
2. *The patient or relative may avail the Medical Social Services, if necessary.*
3. *Clearance Slips must be surrendered to the nurse-in-charge of the patient.*

COLLECTION OF PAYMENTS (In-Patient)

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

Office or Division:	Cashier Section
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	In-Patient

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
In-patient Statement of Account (SOA) (2 sets of carbonized copies)	Billing
In-patient Clearance Slip (2 copies)	Ward Nurse Station

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Proceed to the Cashier with the validated Statement of Account and Clearance Slip (2 copies)	1. Receives validated Statement of Account and Clearance Slips 2. Informs the patient or relative the amount to be paid.	None	5 Minutes	*Collecting Officer*
2. Settle and pay the bill accordingly.	1. Collects payment. 2. Issues Official Receipt. 3. Signs and release Clearance Slips (2 copies) to the patient.	Depends on the service rendered to the patient	20 to 25 Minutes	*Collecting Officer*

Note:

1. *City Ordinance No. SP-2349, S-2014 / SP-2891, S-2019 for charges and other fees for reference.*
2. *The patient or relative may avail the Medical Social Services, if necessary.*
3. *Clearance Slips must be surrendered to the nurse-in-charge of the patient.*

(BILLING AND CLAIMS UNIT)

PHILHEALTH BENEFIT

Verification and recording all hospital procedures, services, medical supplies, drugs and medicines incurred by patients. This includes claims, fees and use of facilities to process discharging of patient.

Office or Division:	Billing and Claims Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	In-patients (Philhealth Member)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Any Government issued Valid ID Official Receipt of Monthly/ Quarterly Contribution * (1 photocopy)	Government Agency
Members Data Record / Philhealth Benefit Eligibility Form* (1 photocopy)	Philhealth Office
Philhealth Certification (CE1/Sponsored) (1 photocopy)	Philhealth Office
4P's ID (for 4P's Member) (1 photocopy)	Barangay Hall
Birth Certificate *(1 photocopy)	Philippine Statistics Authority
Marriage Certificate *(1 photocopy)	Philippine Statistics Authority
Senior Citizen ID (1 photocopy)	Any Office of the Senior Citizens Affairs
*As needed	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Patient or Relative shall proceed to Philhealth and Billing Section, submit the requirements and give the filled-up Philhealth Benefit Eligibility Form	1. Verifies eligibility from Philhealth portal to produce the Philhealth Benefit Eligibility Form 1.2 Print the Philhealth Eligibility Form	None	10 Minutes	*Philhealth Clerk* Billing and Claims Unit

PROCESSING AND RELEASE OF FINAL BILL FOR IN-PATIENT

The processing of final bills are series of action that validates the final financial obligation of the admitted patient.

Office or Division:	Billing and Claims Unit
Classification:	Simple
Type of Transaction:	G2C – Government to Citizen
Who may avail:	Patient or Authorized Representative of Patient for discharge

CHECKLIST OF REQUIREMENTS	**WHERE TO SECURE**
Discharge Clearance Slip (1 original copy) Claim Signature Form (1 original copy) Claim Form 2 (1 original copy) Claim Form 3 (1 original copy) Claim Form 4(1 original copy)	Clinical Wards
*If representative(non-relative): Authorization letter from Patient Any Government Issued I.D of the Patient and Representative in compliance to R.A 10173 (Data Privacy Act)	Any Government Agency

CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. The relative and or the ward clerk gives the requirements for discharge to the Billing and Philhealth Section	1. The Philhealth Clerk receives the requirement submitted 1.2 The Clerk checks the completeness of CSF, CF2, CF3 and CF4 if applicable 1. 3 Deducts Philhealth benefits 1.4 Forwards to Billing the Philhealth Forms and requirements for final bill preparation 1.5 Compute and print the Statement of Account (SOA)	Covered by Philhealth	25 Minutes	*Philhealth Clerk* Billing and Claims Unit Billing Clerk Billing and Claims Unit
2. Receive and sign the Statement of Account (SOA)	2. Release the Statement of Account (SOA) and advice to proceed to Cashier Section for settlement.	None	3 Minutes	*Billing Clerk* Billing and Claims Unit

NURSING SERVICE

DISCHARGE OF IN-PATIENT

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

Office or Division:	Nursing Services Division			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	All In-Patient			
CHECKLIST OF REQUIREMENTS		**WHERE TO SECURE**		
Philhealth Form		Philhealth Section		
Certificate of Employment for Government Employees (1 original copy)		Government Agency where patient/parent is employed		
Any Valid Government Issued ID (1 original copy)		Any Government Agency		
CLIENT STEPS	**AGENCY ACTIONS**	**FEES TO BE PAID**	**PROCESSING TIME**	**PERSON RESPONSIBLE**
1. Request for Hospital Bill	1. Carry out Doctor's Discharge Order and 1.1 Issue Discharge Clearance Slip	None	3 Minutes	*Nurse/* Nursing Service Division
2. Seek Clearance from different department concerned	2. Validate and sign Discharge Clearance Slip	None	20 Minutes	*All concerned Departments*
3. Presents Discharge Clearance Slip to Philhealth and Billing Section	3. Validate and issue Statement of Account (SOA)	None	15 Minutes	*Billing and Philhealth Clerk* Billing and Philhealth Section
4. Settle hospital Bill at the Cashier	4. Receives payment and issue Official Receipt (OR) and Clearance Slip	None	2 Minutes	*Collecting Officer* Cashier Unit

5. Presents to the Nurse Station the accomplished Discharge Clearance Slip and Official Receipt	5. Explain and provide a copy of the Discharge instruction to patient/parents 5.1 Provide Prescription and Ancillary Request as needed 5. 2 Provide Customer Feedback Form 5.3 Issue two (2) copies of the signed Discharge Clearance Slip	None	10 Minutes	*Nurse/* Nursing Service Division
6. Present Discharge Clearance Slip to Lobby Guard	6.1 Receive and validate the Discharge Clearance Slip and get one (1) copy 6. 2 Cut Patient Identification Band 6.3 Cleared for Discharge	None	3 Minutes	*Guard on Duty* Security *Nursing Service Personnel* Nursing Service Division

FEEDBACK AND COMPLAINTS MECHANISM	
How to send feedback	Answer the Client Satisfaction Survey Form given by the Hospital Staff after service is rendered. Drop this at the designated box provided by the Hospital. The Client can also send a message thru official RMBGH email address: rmbgh@quezoncity.gov.ph
How feedbacks are processed	The Client Satisfaction Survey Feedbacks are collated and verified by the Unit Heads and submitted to the Patient Experience and Complaints Committee Head. The Patient Experience and Complaints Committee Head prepares Monthly Summary of Feedback Report to be submitted to the Director's Office.
How to file a complaint	Fill-out the Client Satisfaction Measurement Form. Submit the Complaint thru: a. official RMBGH email address rmbgh@quezoncity.gov.ph b. letter to the Department Head or concerned office.
How complaints are processed	Feedbacks are collated by the Information Desk Officer and submit to the Patient Experience and Complaints Committee for action. For simple complaints: replies within one to three days. For complex complaint: will forward to the concerned department for appropriate action within three to seven days. Concerned Department will send a copy of result of Investigation and Action Plan to the Continuous Quality Improvement Committee and Director's Office.
Contact Information of CCB, PCC, ARTA	ARTA: complaints@arta.gov.ph 8478 5093 PCC: 8888 CCB: 0908-8816565 (SMS)

LIST OF OFFICES

OFFICE	ADDRESS	CONTACT INFORMATION
CHIEF OF HOSPITAL	IBP ROAD, BARANGAY BATASAN HILLS, QUEZON CITY	451-1567 / 459-0378 /4000-648
MEDICAL SERVICE DIVISION ANCILLARY SECTION • DENTAL UNIT • PATHOLOGY UNIT • RADIOLOGY UNIT • RESPIRATORY UNIT CLINICS • ANESTHESIOLOGY UNIT • EMERGENCY ROOM • FAMILY MEDICINE UNIT • INTERNAL MEDICINE UNIT • OBSTETRICS AND GYNECOLOGY UNIT • OUT-PATIENT DEPARTMENT • PEDIATRICS UNIT • SURGERY UNIT ALLIED HEALTH SECTION • ADMITTING UNIT • HEALTH INFORMATION MANAGEMENT UNIT • MEDICAL SOCIAL SERVICE UNIT • NUTRITION AND DIETETICS UNIT • PHARMACY UNIT	IBP ROAD, BARANGAY BATASAN HILLS, QUEZON CITY	451-1567 / 459-0378
HOSPITAL OPERATION AND PATIENT SERVICE DIVISION ENGINEERING SECTION • INFORMATION TECHNOLOGY UNIT • JANITORIAL AND SECURITY (OUT-SOURCE) • PROCUREMENT, PROPERTY AND SUPPLY UNIT FINANCE SECTION	IBP ROAD, BARANGAY BATASAN HILLS, QUEZON CITY	451-1567 / 459-0378

• BILLING AND CLAIMS UNIT • CASHIER UNIT HUMAN RESOURCE SECTION		
NURSING SERVICE DIVISION • CLINICAL WARD UNIT • COMPLEX UNIT • CSSR UNIT • EMERGENCY ROOM • OUT-PATIENT DEPARTMENT • SPECIAL CARE AREAS	IBP ROAD, BARANGAY BATASAN HILLS, QUEZON CITY	451-1567 / 459-0378