



NATIONAL CENTER FOR MENTAL HEALTH

CITIZEN'S CHARTER

I. **Mandate**

The National Center for Mental Health is categorized as Special Research Training Center and Hospital under the Department of Health on January 30, 1987, and is dedicated to delivering preventive, curative and rehabilitative mental health care services.

The passage of the Universal Health Care Act designates NCMH as National Specialty Center for Mental Health, to design and develop service delivery standards in partnership with other stakeholders. As indicated in the DOH-developed Resource Stratified Framework, NCMH, as the country's apex or end-referral facility for mental health care, must deliver the highest level expertise in clinical services, teaching and training, and research in mental health care.

Similarly, with the passage of the Mental Health Act, NCMH being the premiere training and research center, was mandated to expand its capacity for research and development of interventions on mental and neurological services in the country. NCMH, a Level 3 specialty hospital with the highest level of expertise, is directed to provide comprehensive health programs with focus on research, training, and rights-based psychiatric, neurologic, and psychosocial services.

II. **Vision**

"The NCMH is an internationally recognized Mental Health Reference Center leading the advancement of mental well-being for all."

III. **Mission**

"To lead the country in providing comprehensive mental healthcare services through integrated clinical practice, training, and research."

IV. **Service Pledge**

We, the officials and employees of the National Center for Mental Health pledge and commit to deliver quality mental health services to the public. Specially, we will:

- Serve with integrity;
- Be prompt and timely;
- Display procedures, fees, and charges;
- Provide adequate and accurate information;
- Be consistent in applying rules;
- Provide feedback and mechanism;
- Be polite and courteous;
- Demonstrate sensitivity and appropriate behavior and professionalism;
- Wear proper uniform and identification; and
- Be available during office hours.



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1. OUTPATIENT CONSULTATION FOR PSYCHIATRIC SERVICE USERS

Description of Service: The Out-Patient Section caters to all scheduled clients seeking non-emergent psychiatric management. Adult, Geriatric and Neurology Section does not cater court cases, annulment, adoption and custody, naturalization, and drug dependency examination (DDE).

Note: Medical Certificate/Clinical Abstract will be given only once with established diagnosis and should be given only via face-to-face consultation.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

After being triage at the main gate, the following processes will follow:

OFFICE	Pavilion 2 – Out-Patient Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All scheduled service users requiring non-emergency psychiatric care and management.		

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For 1st consultation: Valid I.D (1 original copy) Senior Citizen I.D (1 original copy) – for geriatric service users Proof of appointment/ Schedule	Any government issuing agencies or private institution Senior Citizen's Affairs Office (OSCA) in the city or municipality where you reside Pavilion 2 OPS Scheduling Unit
For child in conflict with the law (CICL): Court Order (1 photocopy) Social Case Study Report (1 photocopy) Referral Letter (1 photocopy)	To be provided by the client
For follow-up consultation Patient Identification Card (1 original copy)	Pavilion 2 Health Information Management Section (HIMS)

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to OPS triage for categorization and queuing system.	1.1. Issue color coded card for queuing: Adult - White Child - Yellow Geriatrics - Green Neurology - Pink Specialty Clinic - Purple WPU – Blue Special Lane – Orange 1.2 Give three copies of queuing number.	None	5 minutes	Nurse I Nursing Attendant I Administrative Aide IV (OPS Triage)
2. Proceed to Billing and Claims Section (Window 1) for verification of Philhealth membership. Submit one copy of queueing number.	2. Verify if service user is eligible to avail Philhealth package.	None	25 minutes	Administrative Aide I (Billing and Claims Section)



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2. OUTPATIENT ONLINE CONSULTATION FOR ADULT PSYCHIATRIC SERVICE USERS

Description of Service: The Out-Patient Section provides comprehensive psychiatric management for clients with non-emergent needs. Confirmation of schedule is subject for approval depending on the completeness and verification of documents and data provided by the service user.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

Note: Adult, Geriatric and Adult Neurology Section does not cater court cases, annulment, adoption and custody, and naturalization.

OFFICE	Pavilion 2 – Out-Patient Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All adult service users requiring non-emergency psychiatric care and management		

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Valid I.D (1 original copy)	Any government issuing agencies or private institution

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Please visit the following link: bit.ly/ncmhkonsulta and follow the instructions on how to register.	1.1 Receive data; 1.2 Verify and forward the information to the Health Information Management Section (HIMS).	None	5 hours	Administrative Aide IV Administrative Assistant II (Pavilion 2 – OPS Adult)
2. Wait for the confirmation via e-mail.	2. Send confirmation and other details for the free online session via doxy.me.	None	1 hour	Administrative Aide IV Administrative Assistant II (Pavilion 2 – OPS Adult)
3. On the day of e-consultation, follow the instructions provided to log in to doxy.me. After logging in, submit to the initial interview or follow-up consultation as directed.	3. Conduct initial interview, history taking and mental status examination; and Provide e-prescription (if necessary) and reference slip.	None	30 minutes	Medical Officer III / IV (Pavilion 2 – OPS Adult)
END OF TRANSACTION		None	6 hours and 30 minutes	



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3. REFILL OF MEDICINE (ROM)

Description of service: Refill of Medicine (ROM) is for patient who have been in stable psychiatric condition, with good compliance on intake of medication and is able to go for regular follow up check-up. The service user has consented to be enrolled in ROM. The process is essential for individuals who require ongoing or maintenance medications to manage their health conditions. It ensures a continuous and uninterrupted supply of prescribed medication, promoting adherence to treatment plans and overall healthcare management.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.
After being triage at the main gate, the following processes will follow:

OFFICE	Pavilion 2 – OPS Adult Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All service users who are enrolled in Refill of Medication (ROM)		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Patient Identification Card (1 original copy)		Pavilion 2 – Health Information Management Section (HIMS)	
Schedule slip		Pavilion 2 – OPS	
Valid I.D of patient or PWD I.D (1 original and 1 photocopy)		Any government issuing agencies or private institution	
Valid I.D of immediate relative (1 original and 1 photocopy)		Any government issuing agencies or private institution	
Updated NCMH prescription (3 original copies)		Pavilion 2 – OPS (Physician-in-charge)	
ROM slip-for prescriptions with large quantities (1 original copy)		Pavilion 2 – OPS	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 2 OPS triage and present patient's ID or schedule slip. For service user who was not able to claim fully their medication, may directly proceed to PhilHealth/Malasakit Center and Pharmacy Section.	1. Verify ID and issue queuing number;	None	5 minutes	Nursing Attendant I Nurse I (Pav 2 – OPS Triage)
2. Proceed to HIMS and submit queuing number and patient's I.D.	2. Retrieve and forward patient's record to OPS thru EMR.	None	30 minutes	Administrative Aide I (Pav 2 HIMS)
3. Proceed to the waiting area and wait for your number to be called for the issuance of the prescription.	3. Review patient's record and issue prescription.	None	20 minutes	Medical Officer III / IV Nurse I (Pav 2 – OPS Adult)
4. Proceed to Billing and Claims Section (window 1) / Malasakit Center (Window	4. Verify the submitted documents and assess the patient's eligibility for endowment.	None	16 minutes	Social Welfare Officer (Malasakit Center)



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<p>19) for medicine assistance.</p> <p><i>Please refer to the Request for Medical Assistance process</i></p> <p>Waiting time: 2 hours</p>				
<p>5. Proceed to the Pharmacy Section at Window 16 or 17. Present the approved prescription and receive the prescribed medicine.</p>	<p>5. Verify the prescription and release the medicine.</p>	<p>None</p>	<p>5 minutes</p>	<p>Pharmacist I / II (Pharmacy Section)</p>
<p>END OF TRANSACTION</p>		<p>None</p>	<p>1 hour and 16 minutes</p>	



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**4. SCREENING OF SERVICE USERS FOR PSYCHIATRIC
EMERGENCY CARE AND MANAGEMENT**

Description of Service: The Mental Health Triage Area screens the service users in need of Psychiatric Emergency Care and Management to determine case history and provide initial assessment. **Operating Hours:** The service offered is available 24/7.

OFFICE	Mental Health Triage Area		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All Service Users requiring Emergency Psychiatric Care and Management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Mental Health Triage Form (1 original copy)		Mental Health Triage Area	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Main Gate, a Mental Health Triage form will be given and should be filled-out with the client details.	1.1 Provide Mental Health Triage form and instruct the service users to fill out the form with the client details; and 1.2 Escort the service users to proceed to the Mental Health Triage area.	None	2 minutes	Security Guard (NCMH Main Gate)
2. Proceed to the Mental Health Triage Area and submit Self for Initial Assessment, History and Vital Signs taking.	2.1 Conduct Initial Assessment, History & Vital Signs taking and accomplish Mental Health Triage form; and 2.2 Refer service user to Psychiatric Emergency Section (emergency cases) or Direct service user to Out Patient Section (outpatient cases).	None	3 minutes	Nurse / Midwife (Mental Health Triage Area)
END OF TRANSACTION		None	5 minutes	



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5. PSYCHIATRIC EMERGENCY CARE AND MANAGEMENT

Description of Service: The Psychiatric Emergency Section caters all clients seeking urgent psychiatric care and management.

Operating Hours: The service offered is available 24/7.

OFFICE	Emergency Response and Crisis Intervention (ERCI) Complex		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All clients requiring urgent psychiatric care and management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
None		N/A	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 2 Psychiatric Emergency Section (PES).	1.1 Conduct triaging, vital signs taking and initial assessment; and 1.2 Provide rapid treatment and intervention if necessary.	None	5 minutes 10 minutes	Nurse I/II (Psychiatric Emergency Section) Medical Officer III (Psychiatric Emergency Section)
2. Accomplish Sociological Data Sheet.	2. Encodes data and issue Patient's chart.	None	5 minutes	Nurse I/II (Psychiatric Emergency Section)
3. Undergo medical intervention and management and subject to required diagnostic procedures.	3.1 Obtain Informed Consent to Treatment 3.2 Conduct history taking, applicable examination and provide appropriate management; 3.3 Refer client accordingly for co-management; and 3.4 Evaluate results and prepare disposition.	None	3 hours 15 minutes	Medical Officer III/IV Nurse I/II Nursing Attendant I/II (Psychiatric Emergency Section)
4 IF FOR ADMISSION: <i>(See page 9 - Admission Process for Psychiatric Service Users)</i>	4. Process Admission.	None	1 hour - Service Users 56 minutes – Paying Service Users	Nurse I/II (Psychiatric Emergency Section)
IF FOR DISCHARGE: A. For Service User availing Maslasakit Medical Assistance: <i>Proceed to Malasakit Center (See page 61 - Request for Medical Assistance)</i>	Assess for eligibility of endowment, if not eligible issue charge slip. Issue prescription or laboratory request forms to be presented to <i>Malasakit Center</i> for approval and dispensing	None	16 minutes	Social Welfare Assistant (Malasakit Center)



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	of take-home medications.			
IF FOR DISCHARGE: B. For Pay Service User: Proceed to Collection and Deposit Unit and provide amount to be paid.	Process the payment and issue Official receipt.	₱500.00 – user's fee	10 minutes	Administrative Officer III (Collection and Deposit Unit)
5. Return to the Emergency Room and present charge slip verified by Malasakit or Official Receipt.	5.1 Conduct health education; 5.2 Explain prescription, outpatient referral slips, and laboratory request if applicable; and 5.3 Assist client for admission/discharge.	None	5 minutes	Nurse I, II (Psychiatric Emergency Section)
END OF TRANSACTION		Pay Service Users: ₱ 500.00 – user's fee Service Users: None	Refer to Total Processing Time Table below	

TOTAL PROCESSING TIME	PROCESS
3 hours and 56 minutes (Waiting Time: 2 hours)	E.R Process with Discharge (Malasakit Center)
3 hours and 50 minutes	E.R Process with Discharge (Paying Service User)
4 hours and 35 minutes	E.R Process with Admission (Service User)
4 hours and 31 minutes	E.R Process with Admission (Paying Service User)



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6. ADMISSION PROCESS FOR PSYCHIATRIC SERVICE USERS

Description of Service: This process is for psychiatric patients that need hospital admission. **Operating Hours:** The service offered is available 24/7.

OFFICE	Emergency Response and Crisis Intervention (ERCI) Complex		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All clients requiring admission		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Admitting Order (1 original copy)		Admitting Physician (PES)	
Valid government issued ID (1 original copy)		Respective issuing government agencies	
For Paying Service User: Official Receipt (1 original copy)		Collection and Deposit Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure Physician Admitting Order Sheet from Psychiatric Emergency Section (PES)	1. Issue Admitting Order.	None	1 minute	Medical Officer III/IV (Psychiatric Emergency Section)
2. Proceed to Calims Unit for PhilHealth verification of record. <i>(Refer to Claims Unit CC - Request for Philhealth benefit Eligibility Form Process)</i>	2. Verify client's record if they are eligible for PhilHealth enrollment and provide PMRF and CF2. For non-PhilHealth member: Facilitate enrollment to Philhealth.	None	30 minutes	Medical Officer III/IV Administrative Aide I - VI (Claims Unit)
3. Service Users: Proceed to the Medical Social Service Office for classification and proceed to step no. 6	Service Users: 3.1 Conduct Interview and classify client accordingly; and 3.2 forward documents to HIMS.	None	24 minutes	Medical Officer III/IV Social Welfare Officer I/II (Medical Social Service Section)
Pay Service Users: Proceed to the Billing Unit	Pay Service Users: 3.1 Provide information and explain hospital guidelines for admission; and 3.2 Issue Charge Slip.	None	5 minutes	Administrative Aide I/III Administrative Assistant I/II/III Administrative Officer I (Billing Unit)
4. Proceed to Collection and Deposit Unit and pay required amount.	4. Receive payment and issue official receipt.	Refer to schedule of fees below	10 minutes	Administrative Officer III (Collection and Deposit Unit)



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5. Proceed to HIMS for signing of contract and other necessary documents.	5. Conduct orientation and facilitate signing of documents.	None	5 minutes	Administrative Aide I/III Administrative Assistant I/II (HIMS)
6. Return to Psychiatric Emergency Section for admission.	6. Assist client for admission to Crisis Intervention (Pavilion 2) or Pavilion 7 for clients requiring medical intervention.	None	5 minutes	Nurse I/II Nursing Attendant I/II (Psychiatric Emergency Section)
END OF TRANSACTION		Refer to schedule of fees below	1 hour – Service Users 56 minutes – Paying Service User's	

RATE FOR ADMISSION	AMOUNT
Pay Service User	
A. Private Room	₱1,000.00/day
i. Initial payment (2 months)	₱60,000.00
ii. Medicine initial payment	₱5,000.00
iii. Doctor's fee (Psychiatrist only)	₱10,000.00 (maximum rate)
B. Semi-Private Room	₱800.00/day
i. Initial payment (2 months)	₱48,000.00
ii. Medicine initial payment	₱5,000.00
iii. Doctor's fee (Psychiatrist only)	₱9,000.00 (maximum rate)
C. Ward	₱600.00/day
i. Initial payment (2 months)	₱36,000.00
ii. Medicine initial payment	₱5,000.00
iii. Doctor's fee (Psychiatrist only)	₱8,000.00 (maximum rate)
Service User	None



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7. OUTPATIENT CONSULTATION FOR NEUROLOGY SERVICE USERS

Description of service: The Neurology Outpatient Section provides comprehensive management for clients with non-emergent neurologic needs. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Pavilion 11 – Neurology Outpatient Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All service users requiring non-emergency neurologic care and management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
For 1st consultation: Valid I.D (1 original copy)		Any government issuing agencies or private institution	
For follow-up consultation: Patient Identification Card (1 original copy)		Pavilion 2 Health Information Management Section (HIMS)	
Neurology stub (1 original copy)		Pavilion 11 Neurology OPS	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 2 OPS Triage Unit.	1. Issue two (2) copies of queuing number under Neurology service.	None	5 minutes	Nurse I Nursing Attendant I Administrative Aide IV (Pavilion 2 OPS Triage)
2. Proceed to Pavilion 2 HIMS. a. For First consultation: Submit one copy of queuing number to Window 2 and fill out Sociological Data Sheet b. For Follow-up consultation: Submit one copy of queuing number to Window 3A	2. Processing of information a. For First Consultation: Encode Sociological Data information and conduct photo capturing b. For Follow-up Consultation: Verify data thru EMR for chart retrieval	None	30 minutes 30 minutes	Administrative Aide I (Pavilion 2 HIMS window 2) Administrative Aide I (Pavilion 2 HIMS Window 3A)
3. Proceed to designated Neurology waiting area	3. Coordinate with motor pool for transport to Pavilion 11	None	30 minutes	Nurse/Nursing Attendant/Administrative Aide (OPS Triage Unit)
4. Proceed to the designated consultation area at Pavilion 11 and wait for your number to be called	4.1 Check and record vital signs; and	None	5 minutes	Nurse/Nursing Attendant (Pavilion 11 Neurology OPS)



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	4.2 Conduct consultation and provide intervention and management		1 hour and 30 minutes	Medical Officer III or IV/Medical Specialist (Pavilion 11 Neurology OPS)
END OF TRANSACTION		None	2 hours and 40 minutes	



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**8. REQUEST FOR ELECTROENCEPHALOGRAM (EEG) AND ELECTROMYOGRAM
WITH NERVE CONDUCTION STUDIES (EMG-NCS)**

Description of Service: Electroencephalogram (EEG) is a non-invasive neurophysiologic examination for the evaluation and management of epilepsy or seizure disorders. A set of scalp electrodes is placed on the scalp of the service user to record the brain activity for a minimum of thirty (30) minutes during the awake and sleep states. The procedure is by appointment and our laboratory can accommodate five (5) service users daily.

Electromyogram and Nerve Conduction Study (EMG-NCS) is a neurophysiologic procedure used for diagnosis of radiculopathy, neuropathy, myasthenia gravis, demyelinating polyneuropathy and other neuromuscular junction diseases. The procedure is by appointment and our laboratory can accommodate two (2) service users daily.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Pavilion 11 – Neurophysiology Laboratory		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All service users with referral for EEG/EMG-NCS		

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Scheduling of Services: EEG or EMG-NCS Request Form (1 original copy)	For NCMH service user – NCMH OPS / Pavilion 11 Neurology OPS For other agencies – Referring physician clinic/hospital
Use of Services: EEG or EMG-NCS Request Form (1 original copy)	For NCMH service user – NCMH OPS / Pavilion 11 Neurology OPS For other agencies – Referring physician clinic/hospital
Schedule and preparation slip (1 original copy)	Pavilion 11 Neurology OPS
Approved Charge Slip (1 original copy) <i>Service user under Malasakit</i>	Malasakit Center
Official Receipt (1 original copy) <i>Pay service user</i>	Collection and Deposit Unit
Releasing of Official Result: For Service User: Hospital Identification Card or any Government issued Valid ID	Hospital ID – NCMH HIMS (Pavilion 2) Government Issued ID – Any government issuing agency
For representative: Letter of Authorization (1 original copy)	To be provided by the client
Valid Identification Card of the service user (1 photocopy)	Any issuing agency
Valid Identification Card of the representative (original & 1 photocopy)	Any issuing agency

SCHEDULING: For Service Users seen at NCMH Pavilion 11 Neurology Outpatient Section

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present EEG/EMG-NCS request form to the Neurology Unit staff.	1.1. Verify request; 1.2. Provide schedule of procedure and preparation slip; and 1.3. Issue charge slip.	None	6 minutes	EEG/EMG-NCS Technician (Pavilion 11 Neurology OPS)



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<p>2. Process charge slip a. For service users: Proceed to Malasakit Center for endowment (Refer to Malasakit Center CC: Procedure on Request for Medical Assistance) Waiting time: 2 hours</p>	<p>2. Process the request.</p>	<p>None</p>	<p>16 minutes</p>	<p>Social Welfare Office IV (Malasakit Center)</p>
<p>b. For pay service users: Proceed to Collection and Deposit Unit and pay the procedure.</p>	<p>2. Process the payment and issue official receipt.</p>	<p>₱1,900.00 - EEG ₱3,422.00 EMG-NCS uppers or lowers - ₱5,000.00 - EMG-NCS of all extremities <i>*Inclusive of reader's fee</i></p>	<p>10 minutes</p>	<p>Administrative Officer III (Collection and Deposit Unit)</p>
<p>END OF TRANSACTION</p>		<p>₱1,900.00 EEG ₱3,422.00 EMG-NCS uppers or lowers ₱5,000.00 EMG-NCS of all extremities <i>*Inclusive of reader's fee</i></p>	<p>For service users: 22 minutes (Waiting Time: 2 hours) For pay service users: 16 minutes</p>	

SCHEDULING: For Service Users referred from other NCMH Outpatient Department, Hospital, or Agency

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Present EEG/EMG-NCS request form at OPS Triage Unit.</p>	<p>1. Verify request.</p>	<p>None</p>	<p>2 minutes</p>	<p>Nurse/Nursing Attendant (OPS Triage Unit)</p>
<p>2. Proceed to designated Neurology waiting area.</p>	<p>2. Coordinate with motor pool for transport to Pavilion 11.</p>	<p>None</p>	<p>30 minutes</p>	<p>Nurse/Nursing Attendant/Administrative Aide (OPS Triage Unit)</p>



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3. Proceed to Neurophysiology laboratory and present the EEG/EMG-NCS request form to the Neurology Unit staff.	3.1 Provide schedule of procedure and preparation slip; and 3.2 Issue charge slip.	None	6 minutes	EEG/EMG-NCS Technician (Pavilion 11 Neurology OPS)
4. Process charge slip a. For service users: Proceed to Malasakit Center for endowment (<i>Refer to Malasakit Center Procedure on Request for Medical Assistance</i>) Waiting time: 2 hours	4. Process the request.	None	16 minutes	Social Welfare Assistant (Malasakit Center)
b. For pay service users: Proceed to Collection and Deposit Unit and pay the procedure.	Process the payment and issue official receipt	₱1,900.00 - EEG ₱3,422.00 EMG-NCS uppers or lowers - ₱5,000.00 - EMG-NCS of all extremities <i>*Inclusive of reader's fee</i>	10 minutes	Administrative Officer III (Collection and Deposit Unit)
END OF TRANSACTION		₱1,900.00 - EEG ₱3,422.00 EMG-NCS uppers or lowers - ₱5,000.00 - EMG-NCS of all extremities <i>*Inclusive of reader's fee</i>	For service users: 54 minutes (Waiting Time: 2 hours) For pay service users: 48 minutes	

PROCEDURE ON THE DAY OF SCHEDULE

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present EEG/EMG-NCS request form at OPS Triage Unit.	1. Verify request.	None	2 minutes	Nurse/Nursing Attendant (OPS Triage Unit)
2. Proceed to designated Neurology waiting area	2. Coordinate with motor pool for transport to Pavilion 11	None	30 minutes	Nurse/Nursing Attendant/Administrative Aide (OPS Triage Unit)



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3. Proceed to Neurophysiology laboratory and present the request form, schedule slip, and approved charge slip or official receipt.	3. Verify schedule and approved charge slip or official receipt.	None	5 minutes	EEG/EMG-NCS Technician (Pavilion 11 Neurology Unit)
4. Undergo the procedure.	4.1 Perform the procedure; 4.2 Instruct the client on the after care; and 4.3 Notify that the result will be released after five (5) working days.	None	1 hour and 30 minutes	For EEG: EEG Technician For EMG-NCS: Electromyographer/EMG-NCS Technician (Pavilion 11 Neurology Unit)
5. Return after 5 working days and present valid identification card and/or letter of authorization.	5. Verify documents presented.	None	2 minutes	Administrative Assistant/Nurse (Pavilion 11 Neurology OPS)
6. Sign in the receiving logbook and receive result.	6.1 Instruct client to sign in the receiving logbook; and 6.2 Release official result.	None	3 minutes	Administrative Assistant/Nurse (Pavilion 11 Neurology OPS)
END OF TRANSACTION		None	2 hours and 12 minutes (Result will be released after 5 working days)	



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9. TREATMENT PROCEDURE FOR TRANSCRANIAL MAGNETIC STIMULATION (TMS)

Description of Service: Transcranial Magnetic Stimulation (TMS) is a non-invasive treatment that stimulates nerves in the brain with magnetic pulses. TMS can be effective in treating depression, anxiety, psychosis and other psychiatric conditions (treatment-resistant). The treatment is an outpatient procedure. During TMS a person receives short, quick and repetitive bursts of magnetic stimulation. TMS is by appointment and can accommodate four (4) patients daily (service users referred by adult ops and other hospital/agency). After the OPS consultation, the following process follows:

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Pavilion 2 – TMS Unit (Room 220)		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All service users with referral from their referring physicians		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
TMS Referral Form (1 original copy)		For NCMH service user – Out Patient Section For Other Agencies – Referring Physician Clinic/Hospital	
Valid government issued ID (1 original copy)		Any government issuing agency	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Assessment and Scheduling for TMS				
1. Proceed to TMS unit and present TMS referral form and valid ID.	1. Verify request referral.	None	5 minutes	Nurse I Medical Officer III Medical Officer IV Medical Specialist IV (TMS Unit)
2. Undergo assessment.	2.1 Review referral, history of condition, treatment history and response to previous treatments. 2.2 Assess the client using scales: Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale (HARS), Yale Brown Obsessive Compulsive Rating Scale (Y-BOC) and other relevant or needed scales. 2.3 Pertinent Laboratory work-up as needed. 2.4 Safety Screening assessment for TMS 2.5 Secure Patient Consent for TMS once qualified and/ or successfully indicated.	None	3 hours	Medical Officer III Medical Officer IV Medical Specialist IV (TMS Unit)
3. Receive schedule / ID card.	3. Provide schedule	None	5 minutes	Medical Officer III Medical Officer IV Medical Specialist IV



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				(TMS Unit)
<u>On the day of scheduled treatment:</u> 4. Proceed to TMS Unit and present schedule slip, TMS Referral Form.	4.1 Verify schedule slip and request form 4.2 Ensure forms are fully filled up and signed by the service user.	None	5 minutes	Nurse I Medical Officer III Medical Officer IV Medical Specialist IV (TMS Unit)
5. Vital signs assessment.	5. Check and record vital signs.	None	5 minutes	Nurse I (TMS Unit)
6. Undergo the procedure.	6. Perform the TMS.	None	1 hour and 30 minutes	Medical Officer III Medical Officer IV Medical Specialist IV (TMS Unit)
END OF TRANSACTION		None	4 hours and 50 minutes	



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10. WOMEN PROTECTION UNIT CONSULTATION

Description of Service: The Women Protection Unit aims to:

1. Identify all clients who are victims of abuse under the following: RA 9262, RA 7610, RA 7877, RA 8353, RA 8505, RA 9208, and RA 11313 Safe Spaces Act.
2. Evaluate, diagnose and initiate treatment for all identified clients who are direct victims of abuse.
3. Provide proper documentation of all identified cases under the laws stated above
4. Report all cases seen of clients abuse to appropriate agencies

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

Note: WPU will not cover evaluation/assessment for annulment.

OFFICE	Pavilion 2 Room 221 Local 295		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Clients under RA 9262, RA 7610, RA 7877, RA 8353, RA 8505, RA 9208, AND RA 11313 Safe Spaces Act		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Initial consultation: Referral letter (1 original copy) <i>if applicable</i>		Referring agency (PNP, CSWD, LGU/Barangay, PAO)	
Social Case Study Report (1 original copy) <i>if applicable</i>		DSWD	
Court Order/Subpoena or any pertinent documents to the case (1 photocopy) <i>if applicable</i>		Trial Court	
Police report or Barangay blotter <i>if applicable</i>		Philippine National Police / any Barangay office	
For VAWC cases: Marital or relationship history		To be provided by the service user	
Follow-up consultation: Schedule slip or Reference slip		WPU	
Patient's Identification Card		NCMH-HIMS	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a consultation schedule by calling this number: <u>8531 9001 local 295</u>	1. Schedule client.	None	5 minutes	Nurse I Midwife II (WPU)
2. Once with confirmed schedule, proceed to Pavilion 2 OPS triage for categorization and queuing system.	2. Issue two copies of queuing number.	None	5 minutes	Nurse I Nursing Attendant I Administrative Aide IV (Pavilion 2 - OPS Triage)
3. On the day of appointment, proceed to Pavilion 2 - HIMS: For initial consultation: Proceed to window 2 and fill out the Sociological Data Sheet.	3. Process information. For initial consultation: Encode Sociological Data Sheet and issue patient identification card for WPU.	None	30 minutes	Administrative Aide I (Pav 2 HIMS Window 2)



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For follow up consultation: Proceed to window 3 and present the schedule or reference slip.	For follow up consultation: Issue WPU stub with present date signed by the admin staff.		5 minutes	Administrative Aide I (Pav 2 HIMS Window 3)
4. Fill out WPU Triage Consent and submit requirements.	4. Receive and verify requirements presented.	None	5 minutes	Nurse I Midwife II (WPU)
5. Wait for your name and number to be called for consultation.	5.1 Conduct consultation; and	None	1 hour and 25 minutes	Medical Officer III Medical Specialist IV (WPU)
	5.2 Issue schedule slip / reference slip for follow up consultation.	None	5 minutes	Nurse 1 (WPU)
END OF TRANSACTION		None	Initial Consultation – 2 hours and 15 minutes Follow-up Consultation – 1 hour and 50 minutes	



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11. CHILD PROTECTION UNIT CONSULTATION

Description of Service: The Child Protection Unit aims to:

1. Identify all children who are victims of abuse under the following: RA 7610, RA 8353, RA 8505, RA 9208, and RA 9208.
2. Evaluate, diagnose and initiate treatment for all identified children who are direct victims of abuse.
3. Provide proper documentation of all identified cases under the laws stated above
4. Report all cases seen of children abuse to appropriate agencies.
5. Will cater only 10 scheduled service users per day (first consultation)
6. All children who are directly abused physical, verbal, psychological, emotional, and neglect.
7. Will cater walk-in provided:
 - a. With Court Orders addressed to NCMH
 - b. From far-flung areas (outside NCR)
 - c. All PWD adolescent are given priority
8. Service users who will arrived from 3:00 to 5:00 pm will be scheduled.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

Note: CPU will not cover evaluation/assessment for child custody and adoption

OFFICE	Pavilion 15 Child Protection Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Clients under RA 7610, RA 8353, and RA 9208		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Initial consultation: Referral letter (1 original copy) <i>if applicable</i>		Referring agency (PNP, CSWD, LGU/Barangay, PAO)	
Social Case Study Report (1 original copy) <i>if applicable</i>		DSWD	
Court Order/Subpoena or any pertinent documents to the case (1 photocopy) <i>if applicable</i>		Trial Court	
Police report or Barangay blotter <i>if applicable</i>		Philippine National Police / any Barangay office	
For VAWC cases: Marital or relationship history		To be provided by the service user	
Follow-up consultation: Schedule slip or Reference slip		CPU	
Patient's Identification Card		NCMH-HIMS	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a consultation schedule by calling this number: <u>8531 9001 local 309.</u>	1. Schedule client.	None	5 minutes	Nurse II Midwife II Nursing Attendant II (CPU)
2. On the day of appointment, proceed to Pavilion 2 - HIMS: For initial consultation: Proceed to window 2 and fill out the Sociological Data Sheet.	2. Process information. For initial consultation: Encode Sociological Data Sheet and issue patient identification card for CPU.	None	30 minutes	Administrative Aide I (Pav 2 HIMS Window 2)



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For follow up consultation: Proceed to window 3 and present the schedule or reference slip.	For follow up consultation: Issue CPU stub with present date signed by the admin staff.		5 minutes	Administrative Aide I (Pav 2 HIMS Window 3)
3. Proceed to Pavilion 15 CPU and present patient identification card for queuing.	3. Verify patient identification and issue queuing number.	None	5 minutes	Nurse II Midwife II Nursing Attendant II (CPU)
4. Fill out CPU Triage Consent and submit requirements.	4. Receive and verify requirements.	None	5 minutes	Nurse I Midwife II Nursing Attendant II (CPU)
5. Wait for your name and number to be called for consultation.	5.1 Conduct consultation; and	None	1 hour and 25 minutes	MO III / MS IV CPU
	5.2 Issue schedule slip / reference slip for follow up consultation.		5 minutes	Nurse II
END OF TRANSACTION		None	Initial Consultation – 1 hour and 45 minutes Follow-up Consultation – 2 hours and 15 minutes	



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12. REQUEST FOR TECHNICAL ASSISTANCE ON MENTAL HEALTH AND DEPARTMENT OF HEALTH PROGRAMS

Description of Service: The Public Health Unit provides technical assistance related to the promotion of mental health, as well as DOH programs. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Public Health Unit		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government G2B – Government to Business
WHO MAY AVAIL	All individuals, agencies, and organizations needing technical assistance related to the promotion of mental health, as well as DOH programs		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Invitation/Request Letter		Respective individuals/agencies/organizations	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send an invitation/request letter addressed to the Medical Center Chief at mcc@ncmh.gov.ph ; cc: phu@ncmh.gov.ph	1.1 Receive invitation/request letter; and 1.2 Forward the letter to PHU with a marginal note from the MCC.	None	3 days	Administrative Officer I (MCC Office)
2. Wait for verification/clarification of details of the request.	2.1 Receive invitation/request letter. 2.2 Evaluate the feasibility of the request and assign to program manager. 2.3 Coordinate and verify with the client for the details of the request and prepare/formulate an action plan; and 2.4 Approval of the recommendation and action plan.	None	3 days	Administrative Aide III and IV (PHU) Nurse II / HEPO III (PHU) Nurse I and II (PHU) Nurse II / HEPO III (PHU)
3. Receive response on requested assistance and action plan.	3.1 Inform the client regarding the feedback; and 3.2 Implementation of the action plan.	None	1 day	Nurse I / II (PHU) Nurse I / II (PHU)
END OF TRANSACTION		None	7 days	



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13. DISCHARGE PROCESS FOR PSYCHIATRIC SERVICE USERS

Description of Service: The discharge process involves the organized steps taken when a client is ready to leave the hospital after receiving mental health care. It aims to ensure a smooth transition from the hospital setting back to the community while prioritizing the individual's mental health and well-being. **Operating Hours:** Monday to Sunday, 8:00 am to 5:00 pm.

OFFICE	All Acute and Chronic Pavilion		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All clients admitted to the Acute and Chronic Pavilion who have achieved psychiatric stability and no longer require inpatient care		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Doctor's Order (1 original copy)		Pavilion of Origin	
Clinical Abstract (1 original copy)		Pavilion of Origin	
Discharge Clearance (1 original copy)		Pavilion of Origin – Nurse's Station	
Discharge Slip (1 original copy)		Pavilion of Origin – Nurse's Station	
Valid I.D of relative or Social Worker (1 original copy)		Any government or private agencies	
Patient Paunawa Form (1 original copy)		Pavilion of Origin	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive Notice of Discharge.	1.1 Order Discharge Planning	None	30 minutes	Medical Officer III/IV (Pavilion of Origin)
	1.2 Contact relatives regarding the discharge date and requirements needed prior to discharge;	None	1 hour and 30 minutes	Medical Social Worker (Medical Social Service Section)
	1.3 Accomplish Social Worker's notes and submit to nurse-on-duty;			
	1.4 Document order of discharge.	None	10 minutes	Nurse I/II (Pavilion of Origin)
2. Proceed to the Pavilion Social Service and present required documents.	2.1 Verify documents for relative's identification;	None	25 minutes	Medical Social Worker (Medical Social Service Section)
	2.2 Provide discharge clearance and discharge slip.	None	10 minutes	Nurse I/II (Pavilion of Origin)
3. Proceed to respective offices for signing of clearance: <ul style="list-style-type: none"> • PhilHealth Unit • Billing Unit 	3. Verify client's account, once cleared, sign the discharge clearance.	None	2 hours	Administrative Officer (PhilHealth Unit) Administrative Officer



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<ul style="list-style-type: none"> Medical Social Service Section 				(Billing Unit) Medical Social Welfare Officer (Medical Social Service Section)
4. Proceed to Billing Unit.	4. Issue final statement of account.	None	12 minutes	Administrative Assistant III (Billing Unit)
5. Proceed to Pharmacy Section. <i>(Refer to Pharmacy Section CC – Availment of Drugs and Medicines)</i>	5. Issue medicine.	None	26 minutes	Pharmacist II (Pharmacy Section)
6. Return to the Pavilion and present signed discharge clearance and discharge slip.	6.1 Verify and check the official discharge clearance and discharge slip;	None	20 minutes	Nurse I/II (Pavilion of Origin)
	6.2 Provide discharge instruction, health education, prescription, and follow-up or referral slips, if applicable; and			
	6.3 Assist the patient and relative for discharge	None	17 minutes	Nursing Attendant (Pavilion of Origin)
END OF TRANSACTION		None	6 hours	



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14. PHYSICAL THERAPY

Description of Service: The Physical Therapy Unit offers physical therapy services for neurologic, orthopedic, and musculoskeletal disorders. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension. Contact number: local 249

OFFICE	Activity Therapy Section - Physical Therapy Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All outpatients and NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Physician's Referral (1 original copy)		Physician-in-charge	
PWD / Senior Citizen I.D (1 original copy) <i>if applicable</i>		Senior Citizen's Affairs Office (OSCA) in the city or municipality where you reside	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Physical Therapy Unit and present physician's referral.	1.1. Receive physician's referral; and 1.2. Issue Client Information Sheet.	None	1 minute	Physical Therapist (PT Unit)
2. Fill out the Information Sheet and submit to PT-in-charge.	2.1 Receive and check Information Sheet; and 2.2 Verify PWD/Senior Citizen I.D, if applicable and issue Charge Slip.	None	3 minutes	Physical Therapist (PT Unit)
3. For pay service users: Proceed to the Collection and Deposit Unit and provide amount to be paid.	3. Process the payment and issue official receipt.	₱300.00 – out-patient ₱100.00 - Employee's dependent None – NCMH employee	10 minutes	Administrative Officer III (Collection and Deposit Unit)
For clients availing the Malasakit Medical Assistance: Proceed to Malasakit Center and present Charge Slip. <i>(Refer to Malasakit Center's Citizen's Charter - Request for Medical Assistance)</i> Waiting Time: 2 hours	Assess for eligibility of endowment.	None	16 minutes	Social Welfare Officer IV (Malasakit Center)



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4. Return to Physical Rehabilitation Unit and present official receipt or the approved Malasakit Center application.	4. Verify Official Receipt / approved charge slip from Malasakit Center.	None	1 minute	Physical Therapist (PT Unit)
5. Undergo PT procedure.	5. Perform PT procedure.	None	1 hour and 30 minutes	Physical Therapist (PT Unit)
END OF TRANSACTION		₱300.00 -Out-patient ₱100.00 - Employee's dependent None – NCMH employee	Pay service users: 1 hour and 45 minutes Service users availing Malasakit Medical Assistance: 1 hour and 51 minutes (Waiting Time: 2 hours)	



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15. SPIRITUAL CARE SERVICES

Description of Service: The Spiritual Care Unit is one of the units under the Activity Therapy Section. Its main task is to perform spiritual services as scheduled or requested by clients. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension. Contact Number: 85319001 loc. 384

OFFICE	Activity Therapy Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Request form (1 original copy)		Activity Therapy Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Make a request through phone call or by accomplishing a request form.	1. Receive request and notify the hospital chaplain to determine his availability. Services Available: <ul style="list-style-type: none"> ▪ Holy Mass ▪ Confession ▪ Anointing of the sick ▪ Blessing 	None	2 minutes	Administrative Aide I (ATS)
2. Wait for the approval of the schedule by the hospital chaplain.	2. Notify the client of the approval status of the request.	None	2 minutes	Administrative Aide I (ATS)
3. Receive the service requested.	3. The hospital chaplain performs the requested services.	None	1 hour and 30 minutes	Hospital Chaplain (ATS)
END OF TRANSACTION		None	1 hour and 34 minutes	



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16. DRUG TESTING

Description of Service: This DOH accredited drug testing unit offers screening drug tests which can be used for the following purposes: pre-employment; application of S2 license for licensed physicians; application for firearm's license and permit to carry firearms; and others. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Anatomic Laboratory Section – Drug Testing Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Drug Testing Request Form (1 original copy) <i>if applicable</i>		Requesting agency / physician	
Valid Issued ID (1 original copy)		Any government agencies / private institutions / schools	
Official Receipt (1 original copy)		Collection and Deposit Unit	
Authorization Letter (1 original copy) <i>if applicable</i>		To be provided by the Client	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Drug Testing Unit and present Drug Testing Request Form.	1. Receive Drug Testing Request for verification and issue Charge Slip.	None	2 minutes	Laboratory Aide Laboratory Technician Medical Technologist I, II (Drug Testing Unit)
2. For Pay Service User: Proceed to the Collection and Deposit Unit and provide amount to be paid.	2. Process the payment and issue Official Receipt.	₱250.00 2 Panel ₱1,500.00 6 Panel	10 minutes	Administrative Officer III (Collection and Deposit Unit)
For clients availing the Malasakit Medical Assistance: Proceed to Malasakit Center and present Drug Testing Request Form and Charge Slip. <i>(Refer to Malasakit Center's Citizen's Charter - Request for Medical Assistance)</i> Waiting Time: 2 hours	Assess for eligibility of endowment.	None	16 minutes	Social Welfare Officer IV (Malasakit Center)
3. Return to Drug Testing Unit and present Official Receipt.	3. Verify Official Receipt.	None	1 minute	Laboratory Aide Laboratory Technician Medical Technologist I, II (Drug Testing Unit)



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<p>4. Fill out the following forms and submit once accomplished:</p> <ul style="list-style-type: none"> ▪ Client Information Sheet ▪ Verification Form ▪ Drug Testing Consent Form ▪ Custody and Control Form 	<p>4. Receive and check the accomplished forms.</p>	<p>None</p>	<p>5 minutes</p>	<p>Laboratory Aide Laboratory Technician Medical Technologist I, II (Drug Testing Unit)</p>
<p>5. Submit self for photo and biometrics capturing.</p>	<p>5. Conduct photo and biometrics capturing.</p>	<p>None</p>	<p>10 minutes</p>	<p>Medical Technologist I, II, III (Drug Testing Unit)</p>
<p>6. Proceed to the designated toilet for urine collection.</p>	<p>6. Instruct the client regarding proper urine collection.</p>	<p>None</p>	<p>5 minutes</p>	<p>Laboratory Aide Laboratory Technician Medical Technologist I, II (Drug Testing Unit)</p>
<p>7. Submit the urine specimen.</p>	<p>7.1 Receive the urine specimen and label the container accordingly; and 7.2 Testing of urine specimen.</p>	<p>None</p>	<p>20 minutes</p>	<p>Medical Technologist I, II, III (Drug Testing Unit)</p>
<p>8. To claim the result, present a valid ID. If the claimant is not the patient, an authorization letter must be provided.</p>	<p>8. Release result.</p>	<p>None</p>	<p>2 minutes</p>	<p>Laboratory Aide Laboratory Technician Medical Technologist I, II (Drug Testing Unit)</p>
<p>END OF TRANSACTION</p>		<p>Pay service users: ₱250.00 2 Panel</p> <p>₱1,500.00 6 Panel</p>	<p>Pay service users: 55 minutes Service users: 1 hour and 1 minute (Waiting Time: 2 hours)</p>	



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17. HISTOPATHOLOGY SERVICES

Description of Service: The Histopathology Unit provides diagnostic services for surgical pathology, cytology, and gynecologic cytology to aid in the diagnosis and management of patients Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.				
OFFICE	Anatomic Laboratory Section – Histopathology Unit			
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen	
WHO MAY AVAIL	All outpatients and NCMH employees requiring histopathologic testing			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Histopathology Request Form (1 original copy)			Requesting physician / pavilion / ward	
Properly labelled specimen			Requesting physician / pavilion / ward	
Charge Slip (1 original copy)			Histopathology Unit	
Official Receipt (1 original copy)			Collection and Deposit Unit	
Valid Issued ID (1 original copy)			Any government issuing agencies	
Authorization Letter (1 original copy) <i>if applicable</i>			To be provided by the client	
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Histopathology request with the properly labelled specimen to the Anatomic Laboratory Personnel at the Drug Testing Unit.	1.1 Verify and check for the adequacy of the specimen fixative; 1.2 Explain the procedures and fees and issue charge slip.	None	5 minutes	Laboratory Aide Laboratory Technician Medical Technologist (Histopathology Unit)
2. For Pay Service User: Proceed to the Collection and Deposit Unit and provide amount to be paid.	2. Process the payment and issue Official Receipt.	Refer to schedule of fees below	10 minutes	Administrative Officer III (Collection and Deposit Unit)
For clients availing the Malasakit Medical Assistance: Proceed to Malasakit Center and present Histopathology Request Form and Charge Slip. <i>(Refer to Malasakit Center's Citizen's Charter - Request for Medical Assistance)</i> Waiting Time: 2 hours	Assess for eligibility of endowment.	None	16 minutes	Social Welfare Officer IV (Malasakit Center)
3. Return to the Anatomic Laboratory and present Official Receipt/ histopathology Request Form	3. Verify the Official Receipt and Charge Slip.	None	2 minutes	Laboratory Aide Laboratory Technician Medical Technologist (Histopathology Unit)



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and Charge Slip approved by Malasakit.				
4. Wait for the result.	4. Process specimen and generate the result.	None	5 days - Pap Smear and Fine Needle Aspiration Biopsy 7 days – Small to Medium Biopsy and Fluid Cytology with Cell Block 10 days – Large Biopsy 15 days Extra-Large Biopsy 18 days Double Extra-Large Biopsy	Medical Technologist Medical Officer IV Medical Specialist IV (Histopathology Unit)
5. To claim the result, present a valid ID. If the claimant is not the patient, an authorization letter must be provided.	5. Release result.	None	2 minutes	Laboratory Aide Laboratory Technician Medical Technologist (Histopathology Unit)
END OF TRANSACTION		For Pay service users: Refer to schedule of fees below For service users: None	Refer to Total Processing Time Table below	

LIST OF FEES FOR HISTOPATHOLOGY SERVICES		
PROCEDURE	PROCESSING FEE	PROFESSIONAL FEE (For pay service users only)
Fine Needle Aspiration Biopsy	₱300.00	₱300.00
Cytology Fluid with Cell Block	₱500.00	₱300.00
Pap Smear	₱250.00	₱150.00
Small Biopsy	₱500.00	₱500.00
Medium Biopsy	₱800.00	₱800.00
Large Biopsy	₱1,200.00	₱1,200.00



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Extra Large Biopsy	₱2,000.00	₱2,000.00
Double Extra-Large Biopsy	₱2,500.00	₱2,500.00

TOTAL PROCESSING TIME		
TYPE OF EXAM	PAY SERVICE USERS	SERVICE USERS AVAILING MALASAKIT MEDICAL ASSISTANCE
<ul style="list-style-type: none"> ▪ Pap Smear ▪ Fine Needle Aspiration Biopsy 	5 days and 19 minutes	5 days, 25 minutes (Waiting Time: 2 hours)
<ul style="list-style-type: none"> ▪ Small and Medium Biopsy ▪ Fluid Cytology with Cell Block 	7 days and 19 minutes	7 days, 25 minutes (Waiting Time: 2 hours)
<ul style="list-style-type: none"> ▪ Large Biopsy Specimens 	10 days and 19 minutes	10 days, 25 minutes (Waiting Time: 2 hours)
<ul style="list-style-type: none"> ▪ Extra Large Biopsy Specimens 	15 days and 19 minutes	15 days, 25 minutes (Waiting Time: 2 hours)
<ul style="list-style-type: none"> ▪ Double Extra Large Biopsy Specimens 	18 days and 19 minutes	18 days, 25 minutes (Waiting Time: 2 hours)



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18. REQUEST FOR RELEASE OF CADAVER

Description of Service: This service involves the releasing of cadaver at the morgue to the relatives of the deceased and/or funeral service representative. **Operating Hours:** The service offered is available 24/7.

OFFICE	Anatomic Laboratory Section – Morgue Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Relative of the Deceased and Authorized funeral service representative		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Disposition of Cadaver Form (4 original copies)		Health Information Management Section	
Valid Government I.D (1 original copy) (1 photocopy)		Any government agencies	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit 4 copies of the Disposition of Cadaver Form and present valid government I.D. of claimant	1. Receive and verify the Disposition of Cadaver Form and I.D. of claimant	None	5 minutes	Laboratory Aide II, Medical Laboratory Technician III Medical Technologist (Anatomic Laboratory Section) Staff on Duty
2. Identify the cadaver.	2. Assist the claimant in the identification of cadaver.	None	10 minutes	Laboratory Aide II, Medical Laboratory Technician III Medical Technologist (Anatomic Laboratory Section) Staff on Duty
3. Receive two (2) copies of Disposition of Cadaver Form signed by Anatomic Laboratory staff on duty.	3. Sign the 4 copies of Disposition of Cadaver Form and issue to the following: a.) Claimant two (2) copies: (1) for NCMH main gate guard (1) for claimant) b.) HIMS, (1) copy c.) File, (1) Copy	None	5 minutes	Laboratory Aide II, Medical Laboratory Technician III Medical Technologist (Anatomic Laboratory Section) Staff on Duty
4. Sign the Releasing of Cadaver Form and receive the cadaver.	4. Release cadaver.	None	5 minutes	Laboratory Aide II, Medical Laboratory Technician III Medical Technologist (Anatomic Laboratory Section) Staff on Duty
END OF TRANSACTION		None	25 minutes	



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19. REQUEST FOR CLINICAL LABORATORY GENERAL EXAMINATIONS

Description of Service: The Clinical Laboratory is where clinical pathology tests are carried out on clinical specimens to obtain information about the health of a client to aid in diagnosis, treatment and prevention of disease.

Operating Hours: The service offered is available 24/7.

OFFICE	Clinical Laboratory Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All out-patients and NCMH employees requiring laboratory examination		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Clinical Laboratory Request Form (1 original copy)		Out Patient Section/Pavilion 7 E.R./ Employees Clinic	
Official Receipt (1 original copy)		Collection and Deposit Unit	
Valid Government-Issued ID (1 original copy)		Government agencies/ Issuing agencies	
PWD or Senior Citizen ID (1 original copy) <i>if applicable</i>		Office of Senior Citizen's Affairs (ASCA)	
Authorization Letter (1 original copy) <i>if applicable</i>		Client	
Malasakit Approved Clinical Laboratory Request and Charge Slip (1 original copy)		Malasakit Center	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Clinical Laboratory receiving window and submit Clinical Laboratory Request Form	1.1 Receive Clinical Laboratory Request Form for verification; 1.2 Explain the procedures and fees; 1.3 Issue charge slip; and 1.4 Return verified Clinical Laboratory Request Form for clients availing endowment thru Malasakit Center.	None	10 minutes	Laboratory Aide II Laboratory Technician III Medical Technologist I, II (Clinical Laboratory Section)
2. For Pay Service User: Proceed to the Collection and Deposit Unit and provide amount to be paid.	2. Process the payment and issue Official Receipt.	Refer to schedule of fees on page 39	10 minutes	Administrative Officer III (Collection and Deposit Unit)
For clients availing the Malasakit Medical Assistance: Proceed to Malasakit Center and present Clinical Laboratory Request Form and Charge Slip. (See page 61 - Request for Medical Assistance) Waiting Time: 2 hours	Assess for eligibility of endowment.	None	16 minutes	Social Welfare Officer IV (Malasakit Center)



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<p>3. Return to the Clinical Laboratory receiving window and present Official Receipt/ Clinical Laboratory Request Form and Charge Slip approved by Malasakit.</p>	<p>3. Verify the Official Receipt and Charge Slip.</p>	<p>None</p>	<p>2 minutes</p>	<p>Laboratory Aide II Laboratory Technician III Medical Technologist I, II (Clinical Laboratory Section)</p>
<p>4. For blood examination, proceed to the blood extraction room. For non-blood specimen, submit specimen.</p>	<p>4. Perform blood extraction or receive specimen.</p>	<p>None</p>	<p>10 minutes</p>	<p>Medical Technologist I, II, III (Clinical Laboratory Section)</p>
<p>5. Wait for the result. Waiting time: 3 hours and 45 minutes</p>	<p>5. Process specimen, generate and validate result.</p>	<p>None</p>	<p>3 hours and 45 minutes</p>	<p>Medical Technologist I, II, III (Clinical Laboratory Section)</p>
<p>6. Present the Charge Slip, Official Receipt, ID, and authorization letter (if applicable) to claim the Official Result.</p>	<p>6.1 Verify charge slip (if applicable), official receipt and ID; and 6.2 Release Official Result.</p>	<p>None</p>	<p>3 minutes</p>	<p>Administrative Aide III, VI Laboratory Aide II (Clinical Laboratory Section)</p>
<p>END OF TRANSACTION</p>		<p>For Pay Service Users: Refer to schedule of fees on page 39</p> <p>For Service Users availing Malasakit Medical Assistance: None</p>	<p>Pay Service Users: 4 hours and 20 minutes</p> <p>Service Users availing Malasakit Medical Assistance: 4 hours and 26 minutes (Waiting Time: 2 hours)</p>	



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**20. REQUEST FOR CLINICAL LABORATORY MICROBIAL AND
CULTURE SENSITIVITY EXAMINATIONS**

Description of Service: The Clinical Laboratory is where clinical pathology tests are carried out on clinical specimens to obtain information about the health of a client to aid in diagnosis, treatment and prevention of disease.				
Operating Hours: The service offered is available 24/7.				
OFFICE	Clinical Laboratory Section			
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2C – Government to Citizen	
WHO MAY AVAIL	All out-patients and NCMH employees requiring laboratory examination			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Clinical Laboratory Request Form (1 original copy)			Out Patient Section/Pavilion 7 E.R./ Employees Clinic	
Official Receipt (1 original copy)			Collection and Deposit Unit	
Valid Government-Issued ID (1 original copy)			Government agencies/ Issuing agencies	
PWD or Senior Citizen ID (1 original copy) <i>if applicable</i>			Office of Senior Citizen's Affairs (ASCA)	
Authorization Letter (1 original copy) <i>if applicable</i>			Client	
Malasakit Approved Clinical Laboratory Request and Charge Slip (1 original copy)			Malasakit Center	
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Clinical Laboratory receiving window and submit Clinical Laboratory Request Form	1.1 Receive Clinical Laboratory Request Form for verification; 1.2 Explain the procedures and fees; 1.3 Issue charge slip; and 1.4 Return verified Clinical Laboratory Request Form for clients availing endowment thru Malasakit Center.	None	10 minutes	Laboratory Aide II Laboratory Technician III Medical Technologist I, II (Clinical Laboratory Section)
2. For Pay Service User: Proceed to the Collection and Deposit Unit and provide amount to be paid.	2. Process the payment and issue Official Receipt.	Refer to schedule of fees on page 39	10 minutes	Administrative Officer III (Collection and Deposit Unit)
For clients availing the Malasakit Medical Assistance: Proceed to Malasakit Center and present Clinical Laboratory Request Form and Charge Slip. (See page 61 - Request for Medical Assistance) Waiting Time: 2 hours	Assess for eligibility of endowment.	None	16 minutes	Social Welfare Officer IV (Malasakit Center)



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3. Return to the Clinical Laboratory receiving window and present Official Receipt/ Clinical Laboratory Request Form and Charge Slip approved by Malasakit.	3. Verify the Official Receipt and Charge Slip.	None	2 minutes	Laboratory Aide II Laboratory Technician III Medical Technologist I, II (Clinical Laboratory Section)
4. For blood examination, proceed to the blood extraction room. For non-blood specimen, submit specimen.	4. Perform blood extraction or receive specimen.	None	10 minutes	Medical Technologist I, II, III (Clinical Laboratory Section)
5. Wait for the result. Waiting time: 5 days	5. Process specimen, generate and validate result.	None	5 days	Medical Technologist I, II, III (Clinical Laboratory Section)
6. Present the Charge Slip, Official Receipt, ID, and authorization letter (if applicable) to claim the Official Result.	6.1 Verify charge slip (if applicable), official receipt and ID; and 6.2 Release Official Result.	None	3 minutes	Administrative Aide III, VI Laboratory Aide II (Clinical Laboratory Section)
END OF TRANSACTION		For Pay Service Users: Refer to schedule of fees on page 39 For Service Users availing Malasakit Medical Assistance: None	Pay Service Users: 5 days and 35 minutes Service Users availing Malasakit Medical Assistance: 5 days and 41 minutes (Waiting Time: 2 hours)	



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LIST OF FEES FOR CLINICAL LABORATORY EXAMINATIONS

SECTION		PROCEDURE	CURRENT PRICE
HEMATOLOGY & COAGULATION		Complete Blood Count (CBC)	₱285.00
		Erythrocyte Sedimentation rate (ESR)	₱140.00
		Reticulocyte Count	₱275.00
		Peripheral Blood Smear	₱370.00
		Malarial Smear	₱180.00
		Body Fluid Cell Count and Differential Count	₱240.00
		Clotting Time	₱160.00
		Bleeding Time	₱160.00
		Prothrombin Time (PT)	₱390.00
		Partial Thromboplastin Time (PTT)	₱385.00
BLOOD BANKING		Blood Typing	₱500.00
		Crossmatching	₱930.00
		Coomb's Test	₱855.00
CLINICAL CHEMISTRY	BLOOD CHEMISTRY	Glucose (FBS/RBS)	₱210.00
		Oral Glucose Tolerance Test (OGTT)	₱630.00
		Oral Glucose Challenge Test (OGCT)	₱420.00
		2-Hour Post-Prandial Test	₱420.00
		Glycated Hemoglobin/ Hemoglobin A1c (HbA1c)	₱890.00
		Blood Urea Nitrogen (BUN)	₱190.00
		Creatinine	₱200.00
		Blood Uric Acid (BUA)	₱200.00
		Total Cholesterol	₱200.00
		Triglycerides	₱240.00
		High-Density Lipoprotein (HDL)	₱360.00
		Low-Density Lipoprotein (LDL)	₱360.00
		Alkaline Phosphatase	₱260.00
		Alanine Aminotransferase (ALT/SGPT)	₱260.00
		Aspartate Aminotransferase (AST/SGOT)	₱260.00
		Lactate Dehydrogenase (LDH)	₱280.00
		Total Bilirubin	₱300.00
		Indirect & Direct/Unconjugated & Conjugated Bilirubin	₱300.00
		Total Protein	₱290.00
		Albumin	₱290.00
		Total Protein, Albumin, Globulin, A/G ratio (TPAG)	₱380.00
		Sodium	₱220.00
		Potassium	₱220.00
		Magnesium	₱440.00
		Chloride	₱220.00
		Total Calcium	₱380.00
		Ionized Calcium	₱820.00
		Phosphorus	₱400.00
		CK Total	₱500.00
CK-MB	₱650.00		
CK-MM	₱1,150.00		
Amylase	₱450.00		
Lipase	₱450.00		



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	URINE CHEMISTRY	Serum Iron with Total Iron Binding Capacity (TIBC)	₱1,000.00
		Sodium	₱220.00
		Potassium	₱220.00
		Creatinine	₱200.00
	OTHER BODY FLUID CHEMISTRY	Protein	₱290.00
		Glucose	₱210.00
		Protein	₱290.00
	THERAPEUTIC DRUG MONITORING (TDM) ASSAY & TOXICOLOGY	Lactate Dehydrogenase (LDH)	₱280.00
		Valproic Acid	₱2,500.00
		Carbamazepine	₱2,500.00
		Lithium	₱1,010.00
		Serum Alcohol/Ethanol	₱900.00
	CLINICAL MICROSCOPY	Acetaminophen/ Paracetamol	₱2,750.00
Phenytoin		₱775.00	
Urinalysis		₱300.00	
Fecalalysis		₱130.00	
Pregnancy Test		₱140.00	
Fecal Occult Blood Test (FOBT)		₱195.00	
IMMUNOLOGY & SEROLOGY	H. pylori Stool Antigen	₱600.00	
	Troponin I (Quantitative)	₱1,560.00	
	HBsAg	₱900.00	
	HBeAg	₱1,400.00	
	Anti-HBs	₱1,000.00	
	Anti-HBe	₱1,500.00	
	Anti-HBc IgM	₱1,400.00	
	Anti-HBc Total	₱1,300.00	
	Anti-HAV Total (IgG IgM)	₱1,550.00	
	Anti-HAV IgM	₱1,650.00	
	Anti-HCV	₱1,800.00	
	Thyrotropine/Thyroid Stimulating Hormone (TSH)	₱700.00	
	Free Tri-Iodothyronine (FT3)	₱770.00	
	Free Thyroxine (FT4)	₱770.00	
	CEA	₱770.00	
	Beta-HCG	₱770.00	
	FSH	₱770.00	
	LH	₱770.00	
	Cortisol	₱770.00	
	Microalbumin	₱770.00	
	D-Dimer	₱2,570.00	
	Procalcitonin	₱3,480.00	
	Pro-BNP	₱2,860.00	
	Ferritin	₱1,665.00	
	ASO	₱320.00	
	RF	₱320.00	
	Troponin I (Qualitative)	₱450.00	
	HBsAg (Rapid Test)	₱360.00	
	Anti-HBS (Rapid Test)	₱390.00	
	Anti-HCV (Rapid Test)	₱390.00	
	Anti-HAV (Rapid Test)	₱390.00	
	HIV Screening (Rapid Test)	FREE	
Rapid Plasma Reagin (RPR)	₱230.00		
Anti-Treponema pallidum (Rapid Test)	₱195.00		



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	Salmonella IgM, IgG(Rapid Test)	₱510.00
	Dengue NS1 (Rapid Test)	₱860.00
	Dengue IgM, IgG (Rapid Test)	₱860.00
	C-Reactive Protein (CRP)	₱730.00
	Cryptococcal Antigen Test	₱2,000.00
	Bacterial Antigen Rapid Test	₱3,290.00
MICROBIOLOGY	Gram Stain	₱130.00
	AFB Stain	₱130.00
	KOH Smear	₱130.00
	India Ink	₱130.00
	Culture and Sensitivity	
	Blood,with ARD/Site	₱1,800.00
	Urine	₱1,450.00
	Stool	₱1,450.00
	Exudate	₱1,450.00
	CSF	₱1,450.00
	Throat Swab	₱1,450.00
	Rectal Swab	₱1,450.00
	Sputum	₱1,450.00
	Xpert MTB/RIF (GeneXpert)	FREE (under TB-DOTS)
	HBV DNA Viral Load	₱3,500.00
	HCV RNA Viral Load	₱3,500.00
	Meningitis/Encephalitis Panel	₱15,800.00



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21. DENTAL CONSULTATION AND MANAGEMENT

Description of Service: The Dental Section provides dental consultation and oral treatment and management.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Dental Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All citizens		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
For Out-patient: Patient's record		Health Information Management Section	
For Walk in client: PBEF (if applicable)		Claims Unit	

FOR OUT-PATIENT AVAILING MALASAKIT MEDICAL ASSISTANCE

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure referral from Physician-in-charge. Proceed to Pavilion 7 HIMS and request for the patient's record.	1. Process the request and issue patient record.	None	30 minutes	Administrative Aide I (HIMS)
2. Proceed to Dental Section for oral examination.	2.1 Conduct oral examination; and 2.2 Issue charge slip and Malasakit Assessment Request Form.	None	30 minutes	Dentist (Dental Section)
3. Proceed to Malasakit Center. <i>(See page 61 - Request for Medical Assistance)</i> Waiting Time: 2 hours	3. Process medical assistance request	None	16 minutes	Social Welfare Assistant (Malasakit Center)
4. Return to Dental Section and submit Malasakit requirements and undergo oral treatment and management.	4.1 Receive and check Malasakit requirements; 4.2 Conduct oral treatment and management; and 4.3 Issue Prescription.	None	2 hours and 30 minutes	Administrative Aide Dentist (Dental Section)
END OF TRANSACTION		None	3 hours and 46 minutes (Waiting time: 2 hours)	

FOR WALK-IN CLIENT WITH PHILHEALTH

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Dental Clinic for oral examination.	1. Conduct oral examination.	None	30 minutes	Dentist (Dental Section)



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2. Proceed to Claims Unit to process PhilHealth.	2. Process PhilHealth request.	None	25 minutes	Administrative Aide I - VI (Claims Unit)
3. Proceed to HIMS and request for the patient record.	3. Issue patient record.	None	30 minutes	Administrative Aide I (HIMS)
4. Return to Dental Section and submit PhilHealth requirements and undergo oral treatment and management.	4.1 Receive and check PhilHealth requirements; 4.2 Conduct oral treatment and management; and 4.3 Issue prescription and charge slip.	None	2 hours and 30 minutes	Administrative Aide Dentist (Dental Section)
END OF TRANSACTION		None	3 hours and 55 minutes	

FOR PAYING WALK-IN CLIENT				
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Dental Clinic for oral examination.	1.1 Conduct oral examination; and 1.2 Issue charge slip.	None	30 minutes	Dentist (Dental Section)
2. Proceed to HIMS and request for the patient record.	2. Process the request and issue patient record.	None	30 minutes	Administrative Aide I (HIMS)
3. Proceed to Collection and Deposit Unit and provide amount to be paid.	3. Process the payment and issue Official Receipt.	Refer to schedule of fees below	10 minutes	Administrative Officer III (Collection and Deposit Unit)
4. Return to Dental Section and present official receipt and undergo oral treatment and management.	4.1 Receive and check OR; 4.2 Conduct oral treatment and management; and 4.3 Issue prescription.	None	2 hours and 30 minutes	Administrative Aide Dentist (Dental Section)
END OF TRANSACTION		Refer to schedule of fees below	3 hours and 40 minutes	

LIST OF FEES FOR DENTAL SERVICES	
PROCEDURE	PRICE
Oral Examination	₱235.00
Oral Prophylaxis	₱660.00
Tooth Restoration	₱537.00
Tooth Restoration (Deep Seated Caries)	₱1087.00
Tooth Extractions	₱518.00
Temporary Filling	₱357.00
Gum Treatment	₱329.00
Surgery: (Odontectomy/Alveoloplasty/Gingivoplasty/Alveolectomy/Gingivoplasty)	₱4529.00
Operculectomy	₱1629.00



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22. FORENSIC PSYCHIATRY CONSULTATION

Description of Service: Forensic psychiatry consultation involves the evaluation and assessment of individuals with pending court cases. Forensic psychiatrists apply their expertise in mental health to assist legal professionals in understanding complex issues such as competency to stand trial, criminal responsibility, risk assessment, and the impact of mental illness on legal proceedings.
Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Forensic Psychiatry Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Clients 19 years old and above with pending court cases		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Court Order (2 original or photocopy)		Trial Court	
Case Information (2 original or photocopy)		Philippine National Police	
Referral Letter <i>if applicable</i>		Referring agency (CSWD, Barangay, PNP, etc.) and/or attending physician	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure schedule thru: a. Phone 85319001 loc. 320 b. E-mail at ncmhforensic@gmail.com	1.1 Check Court Order; and 1.2 Provide schedule date for consultation.	None	5 minutes	Medical Officer III/ IV Medical Specialist III (Pavilion 4)
2. Proceed to the Health Information Management Section (HIMS).	2.1 Secure patient record/chart; and 2.2 Call Forensic Psychiatry Section to get the patient's record.	None	30 minutes	Administrative Aide I/IV (HIMS)
3. Proceed to Pavilion 4, wait to be called, and submit self for evaluation and/or management.	3.1 Conduct interview, history taking, mental status examination, physical and neurologic exam; 3.2 Provide prescription (if necessary); 3.3 Schedule of psychological exam (if necessary); and 3.4 Provide follow-up instruction and slip.	None	1 hour	Medical Officer III/ IV Medical Specialist III (Pavilion 4)
END OF TRANSACTION		None	1 hour and 35 minutes	



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23. INQUIRIES FOR THE SERVICE USER'S PAVILION/WARD

Description of Service: This service provides assistance and information to clients inquiring about the current pavilion/ward of the admitted service user. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Health Information Management Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	Informant or Legal Representative of the Service User		

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For Admitted Service Users: <ul style="list-style-type: none"> ▪ Valid Government issued I.D of the client (1 original and photocopy) 	Any Government Issuing Agencies
If requesting person is not the informant or authorized representative of the service user: <ul style="list-style-type: none"> ▪ Notarized Special Power of Attorney or Notarized authorization letter (1 original copy) ▪ Valid government issued I.D of the informant or legal representative (1 photocopy with 3 signatures) 	Service user's legal representative
Missing Persons: <ul style="list-style-type: none"> ▪ Valid Government issued I.D of the client (1 original and photocopy) ▪ Picture of the missing person 	Any Government Issuing Agencies Relative or legal representative of the missing person

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 2 Window 5 (HIMS Information Unit) and fill out the request form.	1. Verify the client's eligibility to receive the information.	None	10 minutes	Administrative Assistant II (HIMS)
2. Submit the accomplished request form and requirements.	2.1. Receive and evaluate the completeness and authenticity of requirements; 2.2. Login to the iHOMIS system and verify the pavilion/ward of the service user; and 2.3. Coordinate the inquiry to the concerned pavilion/ward.	None	10 minutes	Administrative Assistant II (HIMS)
3. Receive the Information Slip and proceed to the ward.	3. Log the inquiry to Inquiry Monitoring Sheet and issue Information Slip For missing patient: Forward the request form to Medical Social Service for further verification in pavilion/wards.	None	5 minutes	Administrative Assistant II (HIMS)
END OF TRANSACTION		None	25 minutes	



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24. REQUEST FOR CERTIFICATE OF APPEARANCE

Description of Service: This service involves processing and issuance of Certificate of Appearance to clients escorting service users to Emergency Room and Outpatient Section.

Operating Hours:

- **For OPS, Forensic, and Child Protection Unit:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.
- **For Emergency Room:** Monday to Sunday, including Holidays; 24/7.

OFFICE	Health Information Management Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2B – Government to Business G2G – Government to Government
WHO MAY AVAIL	All escorts of service user		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Valid Government issued I.D (1 original and photocopy)		Any Government Issuing Agencies	
Travel Order/ Travel Authority/ Trip Ticket (1 original copy)		Agency/Company of client	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 2 Window 6 (HIMS Admitting Unit) and fill-out request form.	1. Issue Request from.	None	5 minutes	Administrative Aide III (HIMS)
2. Submit accomplished request form and requirements.	2.1 Receive the accomplished request form and requirements 2.2 Process the request and affix signature.	None	10 minutes	Administrative Aide III (HIMS)
3. Affix signature on the certificate.	3. Assist client in affixing signature.	None	2 minutes	Administrative Aide III (HIMS)
4. Receive Certificate.	4. Log the certificate to the Records of all released health records/certificates and issue the certificate.	None	3 minutes	Administrative Aide III (HIMS)
END OF TRANSACTION		None	20 minutes	



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25. REQUEST FOR CORRECTION OR AMENDMENT OF PERSONAL INFORMATION IN SERVICE USER'S HEALTH RECORD

Description of Service: This service involves the correction or amendment of personal information in the service user's health records. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Health Information Management Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	NCMH Service User or Authorized Representative		

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Valid Government issued I.D (1 original and photocopy)	Any Government Issuing Agencies
If client is not the service user / legal representative: <ul style="list-style-type: none"> ▪ Notarized special power of attorney/authorization letter (1 original copy) ▪ Valid government issued I.D (1 photocopy with 3 signatures) 	Service User or Authorized Representative Any Government issuing agencies
For correction of service user's name: <ul style="list-style-type: none"> ▪ Certificate of Live Birth (1 original and 1 photocopy) ▪ Notarized Affidavit of one and the same person (1 original copy) 	Philippine Statistics Authority Public Notary Office
For correction of birth date, birth place and parent's name: <ul style="list-style-type: none"> ▪ Certificate of Live Birth (1 original and 1 photocopy) ▪ Notarized Affidavit of Birth (1 original copy) 	Philippine Statistics Authority Public Notary Office
For change of civil status: <ul style="list-style-type: none"> ▪ Marriage Certificate / Decree of Annulment / Declaration of nullity of marriage (1 original and 1 photocopy) 	Philippine Statistics Authority
For change of Home Address any of the following: <ul style="list-style-type: none"> ▪ Barangay Certificate (1 original and 1 photocopy) ▪ Valid government issued I.D stating the new address (1 original and 1 photocopy) 	Barangay Hall Office Any Government issuing agencies

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 2 Window 5 (HIMS Information Unit) and fill out the request form.	1. Verify the client's eligibility to correct or amend the personal information of the service user.	None	10 minutes	Administrative Assistant II (HIMS)
2. Submit the accomplished request form and requirements.	2.1. Receive the accomplished request form and requirements;	None	5 minutes	Administrative Assistant II (HIMS)
	2.2. Verify the personal information of the service user on iHOMIS system and health records;	None	15 minutes	Administrative Assistant II (HIMS)



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	2.3. Present the request form, requirements, and health records of the service user to Chief of HIMS for approval;	None	10 minutes	Administrative Assistant II (HIMS)
	2.4. Check and verify the requirements and health records of the service user; and	None	10 minutes	Administrative Officer V (HIMS)
	2.5. Process the correction/ amendment of information to iHOMIS system and health records of the service user.	None	10 minutes	Administrative Assistant II (HIMS)
END OF TRANSACTION		None	1 hour	



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26. ISSUANCE OF CERTIFICATE OF CONFINEMENT, CERTIFICATE OF CONSULTATION, AND CERTIFIED TRUE COPIES OF HEALTH RECORDS

Description of Service: This service involves the issuance of the following service user's health records: Certificate of Confinement, Certificate of Consultation, and Certified True Copies of Clinical Abstract/Discharge Summary, laboratory and diagnostic results and record of operation

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Health Information Management Section (HIMS)		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Service user or service user's legal representative		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Valid government issued I.D (1 original and 1 photocopy)		Any government issuing agency	
If the requesting person is not the patient: <ul style="list-style-type: none"> ▪ Notarized special power of attorney/ authorization letter (1 original copy) ▪ Government issued I.D of both client and representative (1 photocopy with 3 signatures) 		To be provided by the client	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For Certificate of Confinement/Certified true copies: Proceed to HIMS Main Office and fill-out request form. For Certificate of Consultation: Proceed to Pavilion 2 Window 4 and fill-out request form.	1. Verify the client's eligibility and issue request form. If for foreign use: Issue charge slip	None	10 minutes	Administrative Assistant II (HIMS)
2. Submit accomplished request form and requirements.	2.1 Receive and verify the submitted requirements; 2.2 Verify the information in health record of the service user. 2.3 Process the certificate and forward to chief of HIMS for approval	None	20 minutes	Administrative Assistant II (HIMS)
If for foreign use: Proceed to Pavilion 2 Window 13 for payment and received the official receipt.	Process the payment and issue Official Receipt.	₱300.00 – for foreign use only	10 minutes	Administrative Officer IV (Collection and Deposit Unit)



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3. Affix signature to HIMS receiving copy.	3. Assist client in affixing signature.	None	3 minutes	Administrative Assistant II (HIMS)
4. Receive the certificate.	4. Log the document to the Records of all released health records/certificates; and issue the certificate.	None	2 minutes	Administrative Assistant II (HIMS)
END OF TRANSACTION		Refer to schedule of fees below	35 minutes	

HEALTH RECORDS	Halaga
Medical Abstract / Medical Certificate / Certificate of Confinement / Certificate of Consultation / Certified True Copies	
Pay or Service (Classified as C1, C2, C3 and D)	Free of Charge
For Foreign use	₱300.00



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27. REQUEST FOR HOSPITAL STATISTICAL DATA FOR RESEARCH PURPOSES

Description of Service: This service involves the processing and issuance of hospital statistical data for research purposes.
Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Health Information Management Section (HIMS)		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All clients requesting hospital data for research		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Approved Request (1 original copy)		Professional Education, Training, and Research Office	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to HIMS-Health Data Analytics Unit and submit requirement.	1.1 Receive the submitted requirement; and 1.2 Process the request.	None	6 days	Statistician II (HIMS)
2. Receive the requested hospital statistical data.	2. Send the requested data via client's preferred medium (email, hard copy, etc.)	None	5 minutes	Statistician II (HIMS)
END OF TRANSACTION		None	6 days and 5 minutes	



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28. ISSUANCE OF MEDICAL CERTIFICATE AND CLINICAL ABSTRACT FOR OUTPATIENT SERVICE USER

Description of Service: This service involves the process of releasing the accomplished medical certificate and clinical abstract of the service users transacting at Outpatient Section. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Health Information Management Section (HIMS)		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Service user or service user's legal representative		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Valid government issued I.D (1 original and 1 photocopy)		Any government issuing agency	
If the requesting person is not the patient: <ul style="list-style-type: none"> ▪ Notarized special power of attorney/ authorization letter (1 original copy) ▪ Government issued I.D of the service user (1 photocopy with 3 signatures) 		To be provided by the client	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 2 Window 4 and submit the requirements.	1. Verify the client's eligibility; and Check the availability of the requested certificate. If for foreign use: Issue charge slip.	None	10 minutes	Administrative Assistant II (HIMS)
2. Affix signature to HIMS receiving copy. If for foreign use: Proceed to Pavilion 2 Window 13 for payment and received the official receipt.	2. Assist client in affixing signature on HIMS receiving copy.	None	5 minutes	Administrative Assistant II (HIMS)
	Process the payment and issue Official Receipt	₱300.00 – for foreign use only	10 minutes	Administrative Officer IV (Collection and Deposit Unit)
3. Receive the certificate.	3.1 Log the document to the Records of all released health records/certificates; and 3.2 Issue the certificate.	None	5 minutes	Administrative Assistant II (HIMS)
END OF TRANSACTION		Refer to schedule of fees below	20 minutes	

HEALTH RECORDS	Halaga
Medical Abstract / Medical Certificate / Certificate of Confinement / Certificate of Consultation / Certified True Copies	
Pay or Service (Classified as C1, C2, C3 and D)	Free of Charge
For Foreign use	₱300.00



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29. ISSUANCE OF PSYCHOLOGICAL REPORT FOR OUTPATIENT SERVICE USERS

Description of Service: This service involves the process of releasing the psychological report of the service users transacting at Out Patient Section. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Health Information Management Section (HIMS)		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Service user or service user's legal representative		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Valid government issued I.D (1 original and 1 photocopy)		Any government issuing agency	
Doctor's Order to release the Psychological Report		Attending Physician/ Consultant	
If the requesting person is not the patient: <ul style="list-style-type: none"> ▪ Notarized special power of attorney/ authorization letter (1 original copy) ▪ Government issued I.D of both client and representative (1 photocopy with 3 signatures) 		Service user or service user's legal representative	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 2 Window 4 and fill out request form.	1.1 Verify the client's eligibility and issue request form. 1.2 Verify the doctor's order for the release of the document and issue request form.	None	10 minutes	Administrative Assistant II (HIMS)
2. Submit accomplished request form and requirements.	2. Receive accomplished request form and verifies the authenticity of the requirements.	None	5 minutes	Administrative Assistant II (HIMS)
3. Affix signature to HIMS receiving copy.	3. Assist client in affixing signature.	None	2 minutes	Administrative Assistant II (HIMS)
4. Receive the document.	4. Log the document to the Records of all released health records/certificates; and issue the document.	None	3 minutes	Administrative Assistant II (HIMS)
END OF TRANSACTION		None	20 minutes	



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30. ISSUANCE OF DEATH CERTIFICATE AND CADAVER DISPOSITION FORM

Description of Service: This service involves the releasing of Certificate of Death and Disposition of Cadaver Form.	
Operating Hours: The service offered is available 24/7.	
OFFICE	Health Information Management Section
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Service user's legal representative
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
Valid Government issued I.D of the claimant (1 original and photocopy)	Any Government Issuing Agencies
If the claimant is not the informant or authorized nearest kin of the deceased service user: <ul style="list-style-type: none"> ▪ Notarized Special Power of Attorney or Notarized authorization letter (1 original copy) ▪ Valid government issued I.D of informant (1 photocopy with 3 signatures) 	Service user's legal representative
Funeral Home / Service of Choice	Client
Company issued valid I.D of the funeral home representative (1 original and photocopy)	Funeral Home

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 2 Window 6 (HIMS Admitting Unit) and fill out the request form.	1. Verify the client's eligibility to receive the cadaver and the Certificate of Death.	None	10 minutes	Administrative Aide III (HIMS)
2. Submit the accomplished request form and requirements.	2.1. Receive and evaluate the completeness and authenticity of requirements; 2.2. Process the Disposition of Cadaver forms and forward to Chief of HIMS or Senior House Officer for approval; and 2.3. Present the certificate to client for verification.	None	30 minutes	Administrative Aide III (HIMS)
3. Verify the accuracy and completeness of the information and affix signatures.	3. Assist client in verifying the information and affixing of signatures.	None	15 minutes	Administrative Aide III (HIMS)



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4. Receive the Certificate of Death (3 copies) and Disposition of Cadaver forms (3 copies) and proceed to morgue to claim the cadaver.	4. Log the certificate to Release of death record sheet and issue the certificate and disposition of cadaver forms	None	5 minutes	Administrative Aide III (HIMS)
END OF TRANSACTION		None	1 hour	



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31. ISSUANCE OF CERTIFICATE OF LIVE BIRTH

Description of Service: This process ensures a secure and accurate release of the Certificate of Live Birth, maintaining confidentiality and record integrity. **Operating Hours:** The service offered is available 24/7.

OFFICE	Health Information Management Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	NCMH Service User (mother) or authorized representative		

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Valid Government issued I.D (1 original and photocopy)	Any Government Issuing Agencies
If parents are not married and with admission of paternity: <ul style="list-style-type: none"> ▪ Affidavit to use the surname of the father 	Father of the Child
If claimant is not the service user or authorized representative: <ul style="list-style-type: none"> ▪ Notarized Authorization Letter duly signed by the mother of the child or authorized representative (1 original copy) ▪ Valid Government issued I.D of the mother or authorized representative (1 photocopy) 	Service User or Authorized Representative Any Government Issuing Agencies

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 2 Window 6 (HIMS Admitting Unit) and fill out request form.	1. Verify client's eligibility to receive the requested document and issue request form.	None	10 minutes	Administrative Aide III (HIMS)
2. Submit accomplished request form and requirements.	2.1. Receive and evaluate the completeness and authenticity of requirements; and 2.2. Present the Certificate of Live Birth to client for verification of the written information.	None	10 minutes	Administrative Aide III (HIMS)
3. Verify the accuracy of the written information on the Certificate of Live Birth and affix signature.	3. Assist client in verifying the information and affixing the signature.	None	35 minutes	Administrative Aide III (HIMS)
4. Receive the Certificate of Live Birth (3 copies)	4. Log the certificate to Release of live birth record sheet and issue the certificate (3 copies)	None	5 minutes	Administrative Aide III (HIMS)
END OF TRANSACTION		None	1 hour	



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32. HEMODIALYSIS TREATMENT FOR OUTPATIENTS

Description of Service: Hemodialysis Treatments provided on an out-patient basis requires the clients/relatives to comply with the procedure of gaining a slot for treatment in the unit. The treatment usually lasts for four (4) hours but may extend or shorten depending on the physician's and/or nurse's assessment, and the patient is discharged subsequently. Philhealth-related requirements may be required for coverage of treatments. **Operating Hours:** Monday to Saturday, 7:00 am to 8:00 pm (No Noon Break).

OFFICE	Hemodialysis Clinic		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All citizens		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Endorsement Letter from Nephrologist (1 original copy)		Previous Dialysis Center/ Hospital Hemodialysis Unit	
Clinical Abstract w/ Hemodialysis Prescription (1 original copy)		Previous Dialysis Center/ Hospital Hemodialysis Unit	
Treatment Sheet of Last 3 Sessions (1 photocopy for each treatment)		Previous Dialysis Center/ Hospital Hemodialysis Unit	
Guarantee Letter covering HD Treatments/ Medication/ Laboratory Tests (1 original copy)		Government agencies issuing guarantee letters	
Endorsement Letter for Mandaluyong residents only (1 original copy)		Office of the Congressman	
Approved Letter from Medical Center Chief		Office of the Medical Center Chief (NCMH)	
Laboratory/ Radiological Tests Results Within the Month (1 original or photocopy) inclusive of: <ul style="list-style-type: none"> • CBC with Platelet Count • Blood Typing • BUN/ Creatinine • Calcium, Sodium, Potassium • Albumin, Phosphorus, BUA, SGPT • Chest X-ray (within 1 month) • RAT if indicated • HBSAg, Anti-HBS, Anti-HCV • HIV, RPR/TPPA (Syphilis) 		<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div style="text-align: center;">Any Diagnostic laboratory or NCMH Laboratory/ NCMH Radiology</div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 10px;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div style="text-align: center;">NCMH Laboratory Section</div> </div>	
Covid-19 Vaccination Record		Local Government Unit or Recognized Private Health Care Provider	
Dialysis Center Utilization Certification (1 original copy)		Previous Dialysis Center/ Hospital Hemodialysis Unit	
Philhealth Utilization Certificate (1 photocopy)		Main Philhealth Office	
Updated Members Data Record (1 photocopy)		Main Philhealth Office	
Philhealth Identification Card (1 photocopy)		Main Philhealth Office	
Barangay Certificate of Indigency / Social Case Study (1 photocopy)		Local Government Unit	
Senior Citizen (SC) or Persons with Disability (PWD) ID (1 photocopy)		Respective Municipal/City Hall (Person with Disability Affair Office / Office of the Senior Citizen Affair)	
Voter's ID or Voter's Certification		COMELEC Office on Respective Municipal/City Hall	



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CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Dialysis Clinic and submit complete requirements for evaluation.	1.1 Receive and check for completeness; and 1.2 Refer to NCMH Laboratory for necessary laboratory tests.	None	15 minutes	Nurse I / II (Dialysis Clinic)
2. Proceed to Health Information Management Section in Pavilion 7.	2. Retrieve hemodialysis chart of patient.	None	5 minutes	Administrative Aide I/III (HIMS)
3. Proceed to Medical Social Service Section for qualification.	3.1 Interview client/ relative and accomplish MSWD Assessment Tool for new patients; 3.2 Make referral letter for medical assistance as needed; and 3.3 Review guarantee letters for treatments not covered by PhilHealth.	None	15 minutes	Social Worker (MSS Section) Social Welfare Officer I (MSS Section)
4. For PhilHealth Client: Proceed to PhilHealth Office for qualification.	4. Collate PhilHealth-related requirements and issue a certification. Note: If exhausted Philhealth-covered treatments, no certification will be issued.	None	15 minutes	Administrative Aide I – IV Administrative Officer III (Claims Unit)
5. Return to the Dialysis Clinic for Pre-Hemodialysis Assessment and scheduling of treatment.	5. Check vital signs, conduct interview and physical examination.	None	30 minutes	Nurse I/II Medical Officer III/IV Medical Specialist I/II (Dialysis Clinic)
6. Return on scheduled treatment and submit PhilHealth Certification.	6.1 Receive the certification issued by the PhilHealth officer; 6.2 For exhausted PhilHealth coverage, secure guarantee letter notated by the Social Worker; and 6.3 Initiate hemodialysis treatment.	None	4 hours 30 minutes	Nurse I / II (Dialysis Clinic) Nurse I/II Medical Officer III/IV Medical Specialist I/II (Dialysis Clinic)
7. Preparation for discharge.	7. Terminate hemodialysis session and conduct post dialysis assessment.	None	20 minutes	Nurse I/II (Dialysis Clinic)
END OF TRANSACTION		None	6 hours and 10 minutes	



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**33. REQUEST FOR MEDICAL ASSISTANCE FOR PSYCHIATRIC AND
NON-PSYCHIATRIC SERVICE USERS**

Description of Service: It is a one-stop shop for all government medical assistance for all Filipinos, particularly for the indigent and financially incapacitated clients. **Operating Hours:** The service is available Monday to Friday, except holidays, 7:00 am to 5:00 pm and Saturday to Sunday, 8:00 am to 4:00 pm, excluding holidays and work suspension (No Noon Break). For Employees and their dependents, Thursday to Friday, 7:00 am to 5:00 pm.

OFFICE	Malasakit Center		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All outpatients and NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
For Hospital Bill Assistance (inpatients)			
NCMH Hospital Bill/ Statement of Account (3 original copies)		Pavilion 2 - Billing Unit	
Form 2 – Admission and Discharge Record (1 photocopy)		Pavilion of Origin	
Clinical Abstract /Discharge Summary/Report of Death (1 photocopy) <i>if applicable</i>		NCMH Physician-in-Charge	
For direct discharge - Valid ID of Relative (1 original copy) For Home conduction – Valid ID of NCMH Nurse or Nursing Attendant (1 photocopy)		Government agencies/ Issuing agencies	
For Diagnostic Procedure Assistance (inpatients and outpatients)			
Request Form (1 photocopy)		NCMH Physician-in-Charge	
Form 2 – Admission and Discharge Record (1 photocopy, <i>if applicable</i>)		Pavilion of Origin	
Charge Slip (3 original copies)		NCMH Laboratory Section/ Radiology Section/ Psychological Section/ Neurological Unit/ Dental Section	
For outpatient - Valid ID of Patient and/or Relative (1 original copy, 1 photocopy) For inpatient – Valid ID of NCMH Nurse or Nursing Attendant (1 photocopy)		Government agencies/ Issuing agencies Employee	
For Medicine Assistance (Psychiatric outpatient)			
Updated NCMH prescription (3 original copies)		Pavilion 2 - Out-Patient Section	
For prescriptions with large quantities: Refill of Medicine (ROM) Slip (1 original copy)		Pavilion 2 - Out-Patient Section	
Valid ID of patient or PWD ID (1 original copy & 1 photocopy)		Government agencies/ Issuing agencies	
Valid ID of immediate relative (1 original copy & photocopy)		Government agencies/ Issuing agencies	
Situational Requirements			
If patient is escorted by other government welfare agencies: Social Case Study Report/Summary (1 original copy & 1 photocopy)		City Social Welfare Department/ Municipal Social Welfare Department	



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If referral from Local Government Units (LGUs) and other referring government agencies: Signed referral letter (1 original copy)	Local Government Units (LGUs) or other referring government agencies
If patient is a Person Deprived of Liberty (PDL): Travel Order/ Court Order (1 photocopy)	Court of jurisdiction
For employees and their dependents: NCMH prescription (1 original copy) Request letter Employee's ID and Dependent's Valid ID (if applicable) (1 original and photocopy)	Pavilion 7 – General Hospital Employee
For vaccination (Psychiatric In-patients and Employees): Vaccine Clearance (1 original copy) Form 2 – Admission and Discharge Record (1 photocopy) <i>if applicable</i> Employee's ID and Dependent's Valid ID (1 original copy & 1 photocopy) <i>if applicable</i>	Pavilion 7 – General Hospital NCMH Pavilion of Origin Employee
Note: Malasakit Center will only allow immediate family as claimant on behalf of the patient. Immediate family members are limited to LEGAL SPOUSE, CHILDREN, PARENTS AND SIBLINGS OF THE PATIENT.	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the Acknowledgement Slip, Unified Intake Sheet and submit to Malasakit Center Front Desk Officer together with the requirements. Window 19 – OPS Priority Lane <i>(Senior and Pregnant)</i> Window 20 – Regular <i>Outpatients/ Dialysis patients</i> Window A- Employees and their Dependents/ ER Patients/ Inpatients Window B- Referral from LGUs and other government agencies/ ROM patients	1.1 Receive and check the completeness of documents; 1.2 Check the name of the patient to the MAIP database; 1.3 Endorse the documents to Social Welfare Officer on duty; and	None	6 minutes	Social Welfare Assistant (Malasakit Center)
	1.4 Approve the assistance requested.	None	5 minutes	Social Welfare Officer I / II (Malasakit Center)
2. Proceed to the waiting area and wait for your name to be called. Once called, proceed to Window 21 and present valid ID. Waiting time: 2 hours	2. Verify ID and release the approved assistance requested.	None	3 minutes	Social Welfare Assistant (Malasakit Center)
3. Received approved prescription/ laboratory request/ psychological intervention request/ diagnostic request.	3. Issue approved request.	None	2 minutes	Social Welfare Assistant (Malasakit Center)
END OF TRANSACTION		None	16 minutes (Waiting Time: 2 hours)	



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34. REQUEST FOR MEDICAL ASSISTANCE FOR DIALYSIS AND NON-PSYCHIATRIC PATIENTS WITH GUARANTEE LETTERS

Description of Service: It is a one-stop shop medical assistance for all Filipinos, particularly for the indigent and financially incapacitated clients. Operating Hours: The service is available every Tuesday, Wednesday and Thursday, 7:00 am to 2:00 pm <u>via appointment basis</u> and Monday – Friday, 8:00 am to 4:00 pm for Guarantee Letters (No Noon Break). Excluding holidays and work suspension.			
OFFICE	Malasakit Center		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Dialysis Patients, In-patients, Out-patients, NCMH Employees and their Dependents		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Updated and duly signed Prescription (indicating the generic name: <u>Epoetin Alfa 4000 iu in compliance to R.A. 6675</u>) (1 original copy) <i>***Prescribing physician must also be the same with the one who issued the Clinical abstract***</i>		Physicians of Government or Private Hospitals including Dialysis Centers Physicians	
Updated and duly signed Clinical Abstract (1 original copy)		Physicians of Government or Private Hospitals including Dialysis Centers Physicians	
Printed or electronic copy of valid appointment		For new client: https://form.jotform.com/232962851602053 For returning client: https://form.jotform.com/232972067260457	
Copy of Guarantee Letter and/or Endorsement Letter with GL code (1 original copy) <i>if applicable</i>		Physicians of Government or Private Hospitals including Dialysis Centers Physicians	
For Employees and their Dependents: NCMH Employee's ID (1 original copy and 1 photocopy)		Employee	
For returning client: Walk-In Malasakit Patient (WIMP) Slip with valid appointment stub (1 original copy)		Malasakit Center (given after attending the scheduled orientation)	
Valid ID of patient or PWD ID (1 original and 1 photocopy)		Government agencies/ Issuing agencies	
Valid ID of immediate relative (1 original and 1 photocopy)		Government agencies/ Issuing agencies	

CONDITIONAL REQUIREMENTS:

<i>If returning client:</i> ▪ Walk-in Malasakit Patient (WIMP) Slip (must have a 30-days interval since the last day of assistance received) (1 original copy)	Malasakit Center (<i>issued upon orientation</i>)
<i>If returning client with lost WIMP Slip:</i> ▪ Must secure appointment schedule as returning patient bearing the 30-days interval since the last day of assistance received	For returning client: https://form.jotform.com/232972067260457
<i>If claimant is in a common-law relationship with the patient:</i> ▪ Certificate of Cohabitation (1 original and 1 photocopy)	Barangay or MSWDO/CSWDO
<i>If claimant is other than the patient or his/her immediate family:</i> ▪ Certificate of Guardianship 1 original and 1 photocopy)	Barangay or MSWDO/CSWDO
<i>If claimant is the legal representative of the patient:</i> ▪ Notarized Special Power of Attorney (1 original and 1 photocopy)	Notary Public



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<p>If the claimant is an immediate family but has no matching middle name or surname with the patient due to e.g., marriage, adoption:</p> <ul style="list-style-type: none"> PSA Birth Certificate or Marriage Certificate (1 photocopy) 	Philippine Statistics Authority
<p>If first time referral from Local Government Units (LGUs) and other referring government agencies</p> <ul style="list-style-type: none"> Signed referral letter (1 original copy) 	Local Government Units (LGUs) or other referring government agencies
<p>If walk-in, non-psychiatric, non-dialysis patient without guarantee letter: Updated and duly signed Clinical Abstract (1 original copy)</p> <p>Updated and duly signed Prescription (indicating the generic name) (1 original copy)</p> <p>Updated and duly signed laboratory/radiology request form (1 original copy)</p>	Physicians of Government or Private Hospitals
<p>Note: Malasakit Center will only allow immediate family as claimant on behalf of the patient. Immediate family members are limited to LEGAL SPOUSE, CHILDREN, PARENTS AND SIBLINGS OF THE PATIENT.</p>	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. For new clients: Secure schedule for orientation thru: https://form.jotform.com/232962851602053 and fill out the required information.</p> <p>For returning clients with validated appointment stub/confirmed appointment: Proceed to step 4.</p>	1. Email confirmed appointment.	None	10 minutes	Social Welfare Officer I (Malasakit Center)
2. Proceed to Malasakit Center on the day of appointment and present the printed or electronic copy of valid appointment.	2. Verify appointment slip.	None	10 minutes	Administrative Aide VI (Malasakit Center)
3. Attend orientation and present requirements for screening.	<p>3.1 Conduct orientation for new dialysis patients.</p> <p>3.2 Verify the authenticity and check the completeness of the requirements.</p> <p>If complete: issue Acknowledgement Slip, Unified Intake Sheet and Walk-in Malasakit Patient Slip (WIMP)</p> <p>if incomplete: direct client to the list of</p>	None	1 hour	Administrative Aide VI (Malasakit Center)



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	requirements for compliance			
4. Fill out the Acknowledgement Slip, Unified Intake Sheet and Walk-in Malasakit Patient Slip (WIMP) and submit to Malasakit Center Front Desk Officer. Window 19 – OPS Priority Lane (Senior and Pregnant) Window 20 – Regular Outpatients/ Dialysis patients Window A - Employees and their Dependents/ ER Patients/ Inpatients Window B - Referral from LGUs and other government agencies/ ROM patients/ Guarantee Letters	4.1 Receive and endorse the documents to Malasakit Center Physician-in-charge. 4.2 Transfer prescription to NCMH official prescription slip. 4.3 Approve medicine assistance request.	None	2 minutes 15 minutes 5 minutes	Administrative Aide VI (Malasakit Center) Medical Officer IV (Malasakit Center) Social Welfare Officer I / II Social Welfare Assistant (Malasakit Center)
5. Proceed to the waiting area and wait for your name to be called. Once called, proceed to Window 21 and present valid ID. Waiting Time: 2 hours	5. Verify ID and release the approved Medicine Assistance request.	None	5 minutes	Administrative Aide VI (Malasakit Center)
6. Proceed to Pharmacy Section (Window 17) and present the approved medicine assistance request.	6. Receive and verify request	None	2 minutes	Pharmacist II (Pharmacy Section)
7. Receive medicine and acknowledge receipt by writing your name and the date.	7. Dispense medicine	None	2 minutes	Pharmacist II (Pharmacy Section)
END OF TRANSACTION		None	1 hour and 51 minutes (Waiting Time: 2 hours)	



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35. ADMISSION PROCESS FOR NON-PSYCHIATRIC SERVICE USERS

Description of Service: The service is offered to all non-psychiatric clients with medical/surgical condition requiring admission at Pavilion 7 Ward 4. **Operating Hours:** The service offered is available 24/7.

OFFICE	Pavilion 7 E.R		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All non-psychiatric clients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Admitting Order		Consultant	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. From Pavilion 7 Emergency Room, secure Admitting Order.	1. Issue Admitting Order and Sociological Data Sheet.	None	1 hour	Consultant Medical Officer III / IV Medical Specialist III (Pavilion 7 E.R)
2. Accomplish Sociological Data Sheet and submit to HIMS with the admitting slip.	2. Facilitate creation of admission documents and signing of treatment consent form.	None	25 minutes	Administrative Assistant II/III (HIMS)
3. Proceed to PhilHealth unit for verification of record.	3. Verify client's record if they are eligible for PhilHealth enrollment and provide PMRF and CF2.	None	30 minutes	Administrative Aide I – IV (Claims Unit)
4. Return to Pavilion 7 and sign the Informed Consent and Waiver for Admission.	4.1 Orient client of ward rules, policies, and set-up; and 4.2 Notify the receiving ward NOD.	None	15 minutes	Nurse I / II (Pavilion 7 E.R)
5. Proceed to ward.	5.1 Transfer and endorse patient to ward;	None	20 minutes	Nurse I / II (Pavilion 7 E.R)
	5.1 Receive patient and conduct head-to-toe assessment; and 5.2 Assist patient into ward.	None	15 minutes	Nurse I / II (Pavilion 7 Ward)
END OF TRANSACTION		None	2 hours and 45 minutes	



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36. CONSULTATION PROCESS FOR NCMH EMPLOYEES

Description of Service: The OPD caters to all NCMH employees seeking OPD consultation. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Pavilion 7 - Employee's Clinic		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Employee's I.D (1 original copy)		Human Resource Management Office	
Patient's Chart		Health Information Management Section (HIMS)	
Laboratory/ Diagnostic Result <i>if applicable</i>		Laboratory Section / Radiology Section	
Medical Assistance Letter Approved by Medical Center Chief		Office of the medical Center Chief	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 7 HIMS for the issuance of patient record. For old client: Present valid ID. For new client: Accomplish Sociological Data Sheet.	1.1 Process the request; and 1.2 Forward the patient's record to the Employees Clinic Nurse-on-duty.	None	15 minutes	Administrative Aide I (HIMS)
2. Proceed to Pavilion 7 – Employee's Clinic and wait for your name to be called. Waiting time: 1 hour	2. Conduct initial assessment.	None	10 minutes	Nurse I / II (Pavilion 7 Employees Clinic/ OPD)
3. Undergo consultation.	3.1 Conduct consultation and provide intervention and management;	None	30 minutes	Medical Officer III / IV Medical Specialist I / II / III (Pavilion 7 Employees Clinic/ OPD)
	3.2 Issue prescription, diagnostics request, and referral slip, if applicable; and 3.3 Provide schedule of follow-up and referral, if applicable and conduct health teaching.	None	10 minutes	Nurse I/ II (Pavilion 7 Employees Clinic/ OPD)
END OF TRANSACTION		None	1 hour and 5 minutes (Waiting Time: 1 hour)	



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37. CONSULTATION PROCESS FOR NON-PSYCHIATRIC SERVICE USERS

Description of Service: The Outpatient Department (OPD) is available to serve all individuals seeking consultations as outpatients.			
Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.			
OFFICE	Pavilion 7 – Outpatient Department		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All non-psychiatric clients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Laboratory Result <i>if applicable</i>		Laboratory Section / Radiology Section	
Patient's Chart		Health Information Management Section (HIMS)	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Old client: Proceed to HIMS at Pavilion 7 and request for patient's chart. New client: Proceed to HIMS at pavilion 7 and accomplish Sociological Data Sheet.	1. Old client: Verify client's name and forward patient's chart to OPD Nurse-on-duty. New client: encode sociological data information.	None	15 minutes	Administrative Aide/ Administrative Assistant (HIMS Pavilion 7)
2. Return to Pavilion 7 OPD and undergo consultation/ check-up. Waiting Time: 1 hour	2.1 Conduct initial assessment; 2.2 Conduct consultation and provide intervention and management; and 2.3 Issue charge slip.	None	30 minutes	Nurse I/II Medical Officer III/IV Medical Specialist I/ II/III (Pavilion 7 OPD)
3. Proceed to Collection and Deposit Unit for payment.	3. Process the payment and issue official receipt.	₱300.00 (OPD fee) + hospital supplies used + Consultation fee of attending Medical Specialist	10 minutes	Administrative Officer I (Collection and Deposit Unit)
4. Return to Pavilion 7 OPD and present OR.	4.1 Verify Official Receipt; 4.2 Issue prescription, and diagnostic request (if applicable), and 4.3 Provide schedule of follow up and referral (if applicable) and conduct health teaching.	None	10 minutes	Nurse I/II Medical Officer III/IV Medical Specialist I/ II/III (Pavilion 7 employees Clinic/ OPD)
END OF TRANSACTION		₱300.00 (OPD fee) + hospital supplies used + Consultation fee of attending Medical Specialist	1 hour and 5 minutes (Waiting Time: 1 hour)	



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38. DISCHARGE PROCESS FOR PSYCHIATRIC SERVICE USERS

Description of Service: When a patient is medically and surgically stable and able to go home or transfer to another type of facility for continuity of care and management.

OFFICE	Pavilion 7 (FMI / MMI / Surgery)		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All patients admitted at Pavilion 7 who are medically and surgically stable and no longer requiring in-patient care		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Doctor's Order		Doctor	
Discharge Clearance		Pavilion 7 Nurse Station	
Philhealth Form <i>if applicable</i>		Philhealth Office/Nurse Station	
Valid I.D of relative or Social Worker (1 original copy)		Any government or private agencies	
Authorization Letter		To be provided by the client	
Birth certificate (1 photocopy)		Philippine Statistics Authority	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive Notice of Discharge.	1.1. Order Discharge Planning;	None	30 minutes	Consultant
	1.2. Contact relatives regarding the discharge date and requirements needed prior to discharge; 1.3. Accomplish Social Workers notes and submit to nurse on duty within the day;	None	1 hour and 30 minutes	Medical Social Worker (Medical Social Service)
	1.4. Document order of discharge; 1.5. Accomplish PhilHealth forms; 1.6. For pay Service User: Accomplished professional fee charge slip.	None	30 minutes	Medical Officer III (Pavilion 7 ward)
2. Proceed to Pavilion 7 Social Service and present required documents.	2.1 Verify documents for relative's identification;	None	30 minutes	Medical Social Worker (MSSS)



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	2.2 Provide discharge clearance.	None	5 minutes	Nurse I/II (Pavilion 7 Ward)
3. Proceed to respective offices for signing of clearance.	3. Verify client's account, once cleared, sign the discharge clearance.	None	1 hour	Pharmacist (Pharmacy Section) Radiologist (Radiology Section) Medical Technologist (Laboratory Section) Nursing Attendant (CSR) Administrative Officer (Philhealth) Medical Social Officer (Malasakit Center)
4. Proceed to Billing Section.	4. Issue final statement of account	None	10 minutes	Administrative Officer (Billing Unit)
5. For Pay Service User: Proceed to Collection and Deposit Unit for payment.	5. Receive payment and issue Official Receipt for hospital and professional fee.	Professional Fee	10 minutes	Administrative Officer (Collection and Deposit Unit)
6. Return to Pavilion 7 and present signed discharge clearance and discharge slip/ or HAMA.	6.1 Verify and check the official receipt and discharge clearance; and 6.2 Provide discharge instructions, health education, prescription (if applicable) and follow-up or referral slips Assist the patient and relatives for discharge.	None	10 minutes	Nurse I/II (Pavilion 7 Ward)
END OF TRANSACTION		Professional Fee	4 hours and 35 minutes	



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39. EMERGENCY CARE AND MANAGEMENT FOR NON-PSYCHIATRIC SERVICE USERS

Description of Service: The pavilion 7 Emergency Room caters to non-psychiatric patients seeking urgent care and management.

Operating Hours: The service offered is available 24/7.

OFFICE	Pavilion 7 E.R		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All non-psychiatric patients (NCMH Employees and their immediate family, and outsiders) seeking urgent care and management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
None			

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 7 ER for medical intervention.	1.1 Conduct initial assessment and provide immediate medical intervention and necessary diagnostic procedures 1.2 For non-NCMH employee: Assist client in accomplishing the Sociological Data Sheet. For NCMH employee: Retrieve patient's chart at Pavilion 7 HIMS. 1.3 Issue charge slip.	None	2 hours	Nursing Attendant I/II Nurse I/II Medical Officer III/IV Medical Specialist I/II /III (Pavilion 7 E.R)
2. Proceed to Collection and Deposit Unit in Pavilion 2 for payment.	2. Process payment and issue Official Receipt.	₱500.00 (ER fee) + Diagnostic fee + hospital supplies used = Total amount to be paid	10 minutes	Administrative Officer III (Collection and Deposit Unit)
3. Return to Pavilion 7 E.R and present official receipt.	3.1 Verify official receipt; 3.2 provide health education, give prescriptions, and schedule for follow-up; and 3.3 Assist for discharge.	None	15 minutes	Nursing Attendant I/II Nurse I/II (Pavilion 7 E.R)
END OF TRANSACTION		₱500.00 (ER fee) + Diagnostic fee + hospital supplies used = Total amount to be paid	2 hours and 25 minutes	



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40. NUTRITION CONSULTATION

Description of Service: This process is established to provide individualized nutrition assessment, diagnosis, interventions, monitoring and evaluation for referred outpatient service users (psychiatric/ medical) who are nutritionally at risk or screened for malnutrition **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Nutrition and Dietetic Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Referred Service Users who are nutritionally at risk or screened for malnutrition		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Nutrition request form or Doctor's order form		Service User's Pavilion	
Service User's Chart		Service User's Pavilion	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. On the scheduled date, present the Nutrition request form or Doctor's Order Form.	1. Receive and check the completeness of Nutrition request form.	None	5 minutes	Nutritionist Dietitian II (Pavilion 2 Nutrition Clinic/ Pavilion 7 Employees' Clinic/ Dialysis Clinic)
2. Receive Nutrition Assessment.	2.1 Check the service user's chart to gather pertinent information and data which include physician's order, medical history, physical examination, laboratory test results. 2.2 Check the actual height and weight of the service user using a calibrated measuring tool. 2.3 Nutrition assessment data shall be recorded to Nutritionist-Dietitian Assessment form	None	15 minutes	Nutritionist Dietitian II (Pavilion 2 Nutrition Clinic/ Pavilion 7 Employees' Clinic/ Dialysis Clinic)
3. Receive the Nutrition Plan and Nutrition Counseling/Education.	3.1 Provide nutrition counseling/ education, diet plan or handouts; and 3.2 Schedule follow- up visit if applicable.	None	30 minutes	Nutritionist Dietitian II (Pavilion 2 Nutrition Clinic/ Pavilion 7 Employees' Clinic/ Dialysis Clinic)
END OF TRANSACTION		None	50 minutes	



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41. AVAILMENT OF DRUGS AND MEDICINES

Description of Service: The Pharmacy Section caters to all clients availing medicines. Operating Hours: Monday to Sunday, 7:00 am to 7:00 pm, except for holidays and work suspension.				
OFFICE	Pharmacy Section			
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen	
WHO MAY AVAIL	All citizens			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
For OPS / Pay / POS client: Prescription (1 original copy) (Valid Date of Prescription, quantity of medicines relatively to its SIGNA)			Attending Physician	
For dangerous drugs: S2 prescription (3 original copies) Valid government issued I.D (1 original copy)			Attending Physician Any government agency	
PWD/ Senior Citizen's ID (for discount)			Office of Senior Citizens Association (OSCA)	
Official Receipt			Collection and Deposit Unit	
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For Pay Service Users: Proceed to the Pharmacy Section and present prescription. For dangerous drugs: Submit three (3) copies of the prescription and present one (1) valid government issued ID.	1.1 Verify prescription and other supporting documents if applicable; 1.2 Check availability of medicines requested; and 1.3 Issue order of payment/ prescription with price.	None	5 minutes	Administrative Aide I (Pharmacy Section) <i>Weekdays</i> Pharmacist II (Pharmacy Section) <i>Weekends</i>
2. Proceed to the Collection and Deposit Unit and provide amount to be paid.	2. Process the payment and issue official receipt.	Price of medicine x quantity = amount to be paid	10 minutes	Administrative Officer III (Collection and Deposit Unit)
3. Return to Pharmacy window 17 and present official receipt and receive medicines.	3.1 Verify official receipt; and 3.2 Release medicine.	None	5 minutes	Pharmacist II (Pharmacy Section)
END OF TRANSACTION		Price of medicine x quantity = amount to be paid	20 minutes	
For DOH-MAP donations: 1. Proceed to the Pharmacy Section window 16 and present stamped prescription.	1.1 Verify prescription and other supporting documents if applicable; and 1.2 Check availability of medicines requested.	None	5 minutes	Administrative Aide I (Pharmacy Section) <i>Weekdays</i> Pharmacist II (Pharmacy Section)



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				<i>Weekends</i>
2. Receive medicine.	2. Release medicine.	None	5 minutes	Pharmacist II (Pharmacy Section)
END OF TRANSACTION		None	10 minutes	
For Malasakit Request for Medical Assistance: 1. Proceed to Malasakit Center and present prescription (<i>Refer to Malasakit Center procedure on Request for Medical Assistance</i>) Waiting time: 2 hours	1. Process the documents.	None	16 minutes	Social Welfare Assistant (Malasakit Center)
2. Return to Pharmacy Section and present approved prescriptions from Malasakit Center.	2. Verify approved prescription.	None	5 minutes	Pharmacist II (Pharmacy Section)
3. Receive medicine.	3. Release medicine.	None	5 minutes	Pharmacist II (Pharmacy Section)
END OF TRANSACTION		None	26 minutes (Waiting Time: 2 hours)	



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42. NEUROPSYCHIATRIC ASSESSMENT AND PSYCHOLOGICAL TESTING

Description of Service: Neuropsychiatric assessment and psychological testing involve thorough evaluations of cognitive, emotional, and behavioral functions of an individual, conducted by expert psychologist. **Operating Hours:** Monday to Friday, 7:00 am to 4:00 pm, excluding holidays and work suspension.

OFFICE	Psychological Section		
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All clients requiring Neuropsychiatric Assessment and Psychological Examination		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Schedule Slip		Psychological Section - Neuropsychiatric Assessment Unit	
Referral Letter (1 original copy)		From clients' respective offices/agencies	
2x2 ID Picture with white background (1 copy)		To be provided by the client	
Charge Slip (1 original copy)		Psychological Section - Neuropsychiatric Assessment Unit	
Official Receipt (1 original copy)		Collection and Deposit Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Walk-in or call the Psychological Section to inquire on the available schedule for Neuropsychiatric Assessment.	1. Issue the Schedule Slip (for walk-ins) or verbal schedule confirmation through phone inquiries.	None	5 minutes	Administrative Assistant I Administrative Aide III (Psychological Section)
2. On the scheduled date, proceed to the Psychological Section, present the Referral Slip/Letter and sign the Attendance Sheet.	2. Receive Referral Slip/Letter and verify schedule.	None	1 minute	Administrative Assistant I Administrative Aide III (Psychological Section)
3. Proceed to the Testing Room and undertake the examination and interview.	3.1 Administer the battery of psychological tests and conduct interview.	None	6 Hours	Psychologist II (Psychological Section)
	3.2 Process the test result.	None	14 days	Psychologist II (Psychological Section)
4. Receive Charge Slip for payment of psychological exam fee.	4. Issue the Charge Slip.	None	2 minutes	Administrative Assistant I (Psychological Section)
5. Proceed to the Collection and Deposit Unit and pay the required amount.	5. Process the payment and issue official receipt	See schedule of fees below	10 minutes	Administrative Officer III (Collection and Deposit Unit)



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6. Return to the Psychological Section and present official receipt.	6. Record official receipt number and provide schedule of release of psychological report.	None	2 minutes	Administrative Assistant I Psychologist II (Psychological Section)
7. Return on the scheduled date/time of release of the psychological report and present one (1) valid government issued ID <i>If with a representative, submit the Letter of Authorization and photocopy of one (1) valid government issued ID of both the client and representative</i>	7.1 Verify schedule and I.D; and 7.2 Issue the psychological report.	None	10 minutes	Administrative Assistant I (Psychological Section)
END OF TRANSACTION		See schedule of fees on page 78	14 days 6 hours 30 minutes	



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43. PSYCHOLOGICAL ASSESSMENT FOR OUT-PATIENT

Description of Service: Psychological assessment service involves the systematic evaluation of an individual's mental and emotional well-being, cognitive abilities, personality traits, and psychological functioning. Conducted by trained psychologists, this assessment process typically includes interviews, standardized tests, and observation to gather comprehensive information about the individual's psychological functioning. **Operating Hours:** Monday to Friday, 7:00 am to 4:00 pm, excluding holidays and work suspension.

OFFICE	Psychological Section		
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Out Patients with the following purposes: Diagnostic/Treatment; School and Work Requirement; Court Order to assess competency to stand trial; SSS/GSIS Dependency Claim; PhilHealth/PCSO/ Medical Financial Assistance/ DSWD Requirement		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Psychological Assessment Request form (1 original copy)		Attending physician (NCMH – OPS)	
Charge Slip (1 original copy)		Psychological Section	
Official Receipt (1 original copy)		Collection and Deposit Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to psychological Section and present the Psychological Assessment Request.	1.1 Receive and verify psychological assessment Request; and 1.2 Schedule the client for assessment.	None	5 minutes	Administrative Assistant I (Psychological Section)
2. On the day of assessment, present the accomplished return slip of the psychological request form.	2. Verify the name/s on the list of scheduled examinees, and orient the client to the testing process.	None	5 minutes	Administrative Assistant I (Psychological Section)
3. Undertake battery of psychological tests and interview.	3.1 Administer the battery of psychological tests; 3.2 Conduct Interview; and 3.3 Issue charge slip	None	6 hours	Psychologist II (Psychological Section)
4. A. For pay service user: Proceed to the Collection and Deposit Unit and provide amount to be paid.	4. Process the payment and issue official receipt.	Refer to schedule of fees below	10 minutes	Administrative Officer III (Collection and Deposit Unit)
B. For clients availing Malasakit Medical Assistance: Proceed to Malasakit Center and present copy of psychological request form. (See page 61 – Request for Medical Assistance) Waiting time: 2 hours	Process the request.	None	16 minutes	Social Welfare Assistant (Malasakit Center)



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5. Return to the Psychological Section and present official receipt/approved psychological request and charge slip from Malasakit Center.	5.1 Receive and verify Official Receipt/approved psychological request and charge slip.	None	2 minutes	Administrative Aide III/ IV Administrative Assistant I (Psychological Section)
	5.2 Score and interpret the administered psychological report; 5.3 Prepare comprehensive psychological reports; and 5.4 Forward psychological report to HIMS.	None	18 days	Psychologist II (Psychological Section)
	6. Psychological report results will be discussed by the PIC	None	5 minutes	Physician In-Charge (OPS)
6. Proceed to OPS on the day of scheduled check-up for the psychological report results.				
END OF TRANSACTION		See schedule of fees below	18 days, 6 hours, and 43 minutes	

Section	Procedure	Amount
Certificate of Mental Fitness		₱1,900.00 Free for internal
Neuropsychiatric Assessment Unit (NPAU)		
A. NCMH Employees	1. Rank and File (Salary Grade 1-9)	Free
	2. Rank and File (Salary Grade 10-15)	₱2,200.00
	3. Supervisory (Salary Grade 16-21)	₱3,300.00
	4. Managerial (Salary Grade 22 and up)	₱4,850.00
B. Other Government Agencies		₱4,500.00
C. Private Agencies		₱4,850.00
D. Others	Mental Fitness (Exclusive for NCMH Employees)	₱1,300.00
Hospital Services		
A. Adult Inpatient	1. Pavilion 6 patients Assessment	₱3,800.00
	2. Participation in group dynamics (for Pavilion 6 and Custodial Pavilions)	₱500.00 per session
B. Adult Outpatient	1. Assessment	₱1,200.00
	2. SSS Requirement	₱950.00
	3. Suspected with intellectual disability/ other developmental concerns	₱1,800.00
	4. Fit to work	₱2,450.00
	5. Fit to school (high school level)	₱950.00
	6. Fit to school (college level and above)	₱850.00
	7. For presentation (new case/ grand rounds/ staff conference)	₱2,500.00
	8. Psychotherapy Session	₱500.00 per session
C. Child Outpatient	1. Assessment	₱950.00
	2. Suspected with intellectual disability/ other developmental concerns	₱1,350.00
	3. Fit to school	₱950.00
	4. For shelter purposes	₱900.00
	5. For presentation (new case/ grand rounds/ staff conference)	₱2,300.00 Free for internal
	6. Psychotherapy session	₱500.00 per session
D. Others	1. Case Study	₱50.00 per patient
	2. Interview with Psychologist	₱500.00 per Psychologist



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44. REQUEST FOR COMPUTED TOMOGRAPHY (CT) SCAN

Description of Service: The Radiology Section provides comprehensive diagnostic imaging services to all clients.
Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension. Emergency procedures may be done beyond office hours including weekends and holidays but must be coordinated with the radiology staff.

OFFICE	Radiology Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All citizens		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Radiology Request Form (1 original copy)		Requesting Physician	
Normal Creatinine Result or Nephrologist Clearance		Laboratory	
For CT Scan with contrast media - Consent Form (1 original copy)		Radiology Section	
Valid Government Issued I.D (1 original copy)		Any Government issuing agencies	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Radiology Section and present radiology request form.	1.1. Receive request and issue charge slip; 1.2. Schedule the client; and 1.3. Explain the necessary preparations.	None	5 minutes	Radiologic Technologist IV (Radiology Section)
2. Proceed to Pavilion 7 HIMS for the issuance of patient record. For old client: Present valid ID. For new client: Accomplish Sociological Data Sheet.	2. Process the request and issue patient record.	None	15 minutes	Administrative Aide I (HIMS)
3. A. For Pay Service User: Proceed to Collection and Deposit Unit and provide amount to be paid.	3. Process the payment and issue Official Receipt.	Refer to schedule of fees below	10 minutes	Administrative Officer III (Collection and Deposit Unit)
B. For Clients availing Malasakit Medical Assistance: Proceed to Malasakit Center (See page 61 - Request for Medical Assistance) Waiting time: 2 hours	Process medical assistance request.	None	16 minutes	Social Welfare Assistant (Malasakit Center)
4. On the day of schedule, return to Radiology	4. Receive and verify official receipt/change slip.	None	10 minutes	Radiologic Technologist IV (Radiology Section)



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<p>Section and submit the following:</p> <ul style="list-style-type: none"> ▪ radiology request form ▪ official receipt or charge slip verified by Malasakit Center ▪ normal creatinine result or Nephrologist clearance ▪ consent form 				
5. Undergo CT-scan procedure and wait for the official result.	5.1. Perform CT scan procedure; and 5.2. Process the result.	None	1 hour and 30 minutes 3 working days	Radiologic Technologist IV (Radiology Section)
6. Present valid identification card and receive official result.	6. Check identification card and issue official ultrasound result.	None	2 minutes	Radiologic Technologist IV (Radiology Section)
END OF TRANSACTION		<p>For Pay Service Users: Refer to Schedule of Fees below</p> <p>For Service Users availing Malasakit Medical Assistance: None</p>	<p>Pay Service Users: 3 days, 2 hours and 12 minutes</p> <p>Service Users availing Malasakit Medical Assistance: 3 days, 2 hours and 18 minutes (Waiting Time: 2 hours)</p>	

Procedure	Amount	Professional Fee
Adrenals (contrast enhanced)	₱7,000.00	₱1,000.00
Cranial (plain)	₱4,000.00	₱1,000.00
Cranial (contrast enhanced)	₱4,000.00	₱1,000.00
Chest (plain)	₱4,000.00	₱1,000.00
Chest (contrast enhanced)	₱6,000.00	₱1,000.00
Neck	₱5,000.00	₱1,000.00
Neck (contrast enhanced)	₱6,000.00	₱1,000.00
Orbits	₱5,000.00	₱1,000.00
Orbits (contrast enhanced)	₱6,000.00	₱1,000.00
PNS	₱4,000.00	₱1,000.00
PNS (contrast enhanced)	₱5,000.00	₱1,000.00
Temporal bone	₱5,000.00	₱1,000.00
Nasopharynx/ Oral cavity	₱5,000.00	₱1,000.00
Nasopharynx/ Oral cavity (contrast enhanced)	₱6,500.00	₱1,000.00
Facial Bone	₱5,500.00	₱1,000.00
Thoracic Spine	₱4,500.00	₱1,000.00
Thoracic Spine (contrast enhanced)	₱5,500.00	₱1,000.00



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Lumbosacral Spine	₱5,000.00	₱1,000.00
Lumbosacral Spine (contrast enhanced)	₱5,500.00	₱1,000.00
Whole abdomen	₱9,000.00	₱1,400.00
Whole abdomen (single phase/ triple contrast)	₱10,000.00	₱1,500.00
Whole abdomen (triple phase/ triphasic protocol contrast)	₱11,000.00	₱2,000.00
Upper abdomen	₱5,500.00	₱1,000.00
Upper abdomen (single phase contrast)	₱6,000.00	₱1,000.00
Upper abdomen (triple phase contrast)	₱8,000.00	₱1,000.00
Lower abdomen	₱5,500.00	₱1,000.00
Lower abdomen (contrast enhanced)	₱6,000.00	₱1,000.00
Extremities	₱5,000.00	₱1,000.00
Extremities (contrast enhanced)	₱5,000.00	₱1,000.00
Pelvis	₱4,500.00	₱1,000.00
CT Guided Biopsy	₱12,500.00	₱3,000.00
Stonogram	₱6,200.00	₱1,000.00
CT Angiography (brain)	₱11,000.00	₱3,000.00
Cervical (plain)	₱5,000.00	₱1,000.00
Cervical (contrast enhanced)	₱5,500.00	₱1,000.00
CT Urogram	₱9,000.00	₱1,500.00
Pituitary Fossa/Sella	₱3,500.00	₱1,000.00
Power Injector Syringe (to all contrast procedure)	₱1,000.00	-
3D Reconstruction	₱1,000.00	-
Printing Images (per 14x17 film)	₱200.00	-

Note: Sedation, contrast media, and other supplies are not included in the procedures

Contrast media 50ml – ₱1,900.00

Contrast media 100ml – ₱2,000.00



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45. REQUEST FOR ULTRASOUND SERVICES

Description of Service: The Radiology Section provides comprehensive diagnostic imaging services to all clients.				
Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension. Emergency procedures may be done beyond office hours including weekends and holidays but must be coordinated with the radiology staff.				
OFFICE	Radiology Section			
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen	
WHO MAY AVAIL	All citizens			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Radiology Request Form (1 original copy)			Requesting Physician	
Valid Government Issued I.D (1 original copy)			Any Government issuing agencies	
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Radiology Section and present radiology request form.	1.1. Receive request and issue charge slip; 1.2. Schedule the client; and 1.3. Explain the necessary preparations.	None	5 minutes	Radiologic Technologist IV (Radiology Section)
2. Proceed to Pavilion 7 HIMS for the issuance of patient record. For old client: Present valid ID. For new client: Accomplish Sociological Data Sheet. For OPS client: Proceed to step 3	2. Process the request and issue patient record.	None	15 minutes	Administrative Aide I (HIMS)
3. A. For Pay Service User: Proceed to Collection and Deposit Unit and provide amount to be paid.	3. Process the payment and issue Official Receipt.	Refer to schedule of fees below	10 minutes	Administrative Officer III (Collection and Deposit Unit)
B. For Service User availing Malasakit Medical Assistance: Proceed to Malasakit Center (See page 61 - Request for Medical Assistance) Waiting time: 2 hours	Process medical assistance request.	None	16 minutes	Social Welfare Assistant (Malasakit Center)
4. On the day of schedule, return to Radiology Section and submit	4. Receive and verify official receipt/change slip.	None	10 minutes	Radiologic Technologist IV (Radiology Section)



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radiology request form and official receipt/ charge slip verified by Malasakit Center.				
5. Undergo ultrasound procedure and wait for the official result.	5.1 Perform ultrasound procedure; and 5.2 Process the result.	None	45 minutes 2 days	Radiologic Technologist IV (Radiology Section)
6. Present valid identification card and receive official result.	6. Check identification card and issue official ultrasound result.	None	2 minutes	Radiologic Technologist IV (Radiology Section)
END OF TRANSACTION		For Pay Service Users: Refer to Schedule of Fees below For Service Users availing Malasakit Medical Assistance: None	Pay Service Users: 2 days, 1 hour and 27 minutes Service Users availing Malasakit Medical Assistance: 2 days, 1 hour and 33 minutes (Waiting Time: 2 hours)	

Procedure	Amount	Professional Fee
One (1) organ (single organ)	₱600.00	₱200.00
Thyroid gland	₱800.00	₱300.00
Neck	₱1,500.00	₱500.00
Hemithorax/ chest	₱600.00	₱200.00
Hemithorax/ chest with marking	₱600.00	₱200.00
Soft Tissue	₱700.00	₱200.00
Kidneys	₱800.00	₱200.00
Kidneys – Ureter – Bladder (KUB)	₱950.00	₱200.00
Kidneys – Ureter – Bladder (KUB) + Prostate	₱950.00	₱200.00
Hepatobiliary Tree	₱900.00	₱200.00
Upper Abdomen	₱1,000.00	₱250.00
Lower Abdomen	₱1,000.00	₱200.00
Whole Abdomen	₱1,700.00	₱350.00
Pelvis (Transabdominal Sonography)	₱850.00	₱200.00
Biophysical Score	₱850.00	₱250.00
Transvaginal	₱850.00	₱300.00
Transrectal	₱900.00	₱300.00
Prostate (Trans-Abdominal Approach)	₱800.00	₱200.00
Prostate (Transrectal Approach)	₱1,000.00	₱300.00
Inguino Scrotal	₱900.00	₱300.00
Ultrasound -Guided Thoracentesis	₱1,800.00	₱1,000.00
Ultrasound-Guided-Paracentesis	₱1,800.00	₱1,000.00
Ultrasound-Guided Aspiration Biopsy	₱2,000.00	₱1,000.00
Ultrasound-Guided Suprapubic Tap	₱2,000.00	₱1,000.00
Ultrasound-Guided IJ Catheter Insertion	₱1,000.00	₱1,000.00



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Breast Ultrasound	₱1,000.00	₱300.00
Cranial	₱950.00	₱500.00
Focused Assessment with Sonography in Trauma	₱1,000.00	₱300.00
Abdominal Aorta	₱620.00	₱200.00
C-Arm	₱3,000.00	-



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46. REQUEST FOR X-RAY SERVICES

Description of Service: The Radiology Section provides diagnostic imaging services using X-ray technology. Highly trained radiologic technologists use specialized equipment to capture images of the inside of the body, helping healthcare professionals diagnose and monitor various medical conditions. **Operating Hours:** The service offered is available 24/7.

OFFICE	Radiology Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All citizens		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Radiology Request Form (1 original copy)		Requesting Physician	
Valid Government Issued I.D (1 original copy)		Any Government issuing agencies	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Radiology Section and present radiology request form.	1. Receive request and issue charge slip.	None	5 minutes	Radiologic Technologist IV (Radiology Section)
2. Proceed to Pavilion 7 HIMS for the issuance of patient record. For old client: Present valid ID. For new client: Accomplish Sociological Data Sheet. For OPS Psychiatric Patient: Proceed to Step 3	2. Process the request and issue patient record.	None	15 minutes	Administrative Aide I (HIMS)
3. A. For Pay Service Users: Proceed to Collection and Deposit Unit and provide amount to be paid.	3. Process the payment and issue Official Receipt.	Refer to schedule of fees below	10 minutes	Administrative Officer III (Collection and Deposit Unit)
B. For Clients availing Malasakit Medical Assistance: Proceed to Malasakit Center (See page 61 - Request for Medical Assistance) Waiting time: 2 hours	Process medical assistance request.	None	16 minutes	Social Welfare Assistant (Malasakit Center)
4. Return to Radiology Section and submit radiology request form and official receipt/	4. Receive and verify official receipt/change slip.	None	10 minutes	Radiologic Technologist IV (Radiology Section)



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charge slip verified by Malasakit Center.				
5. Undergo x-ray procedure and wait for the official result.	5.1 Perform x-ray procedure; and 5.2 process the result.	None	15 minutes 2 days	Radiologic Technologist IV (Radiology Section)
6. Present valid identification card and receive official result.	6. Check identification card and issue official x-ray result.	None	2 minutes	Radiologic Technologist IV (Radiology Section)
END OF TRANSACTION		For Pay Service Users: Refer to Schedule of Fees below For Service Users availing Malasakit Medical Assistance: None	Pay Service Users: 2 days and 57 minutes Service Users availing Malasakit Medical Assistance: 2 days, 1 hour and 3 minutes (Waiting Time: 2 hours)	

	Procedure	Amount	Professional Fee
Abdomen	Abdomen Plain/KUB	P550.00	P110.00
	Abdomen (cross-table lateral)	P550.00	P110.00
	Abdomen (upright/ supine)	P550.00	P110.00
	Abdomen Portable	P550.00	P110.00
Chest	Chest PA	P350.00	P100.00
	Chest PA Lateral	P600.00	P100.00
	Chest lateral Decubitus	P350.00	P100.00
	Chest Apico Lodotic View	P250.00	P100.00
	Chest (spot view)	P250.00	P100.00
	Chest portable	P700.00	P100.00
Upper Extremities	Clavicle	P300.00	P100.00
	Scapula	P400.00	P100.00
	Shoulder Joint	P350.00	P100.00
	Humerus/ Arm	P400.00	P100.00
	Elbow Joint	P300.00	P100.00
	Radius Ulna/ Forearm	P350.00	P100.00
	Wrist Joint	P350.00	P100.00
	Hand PA, Lateral, Oblique	P350.00	P100.00
Lower Extremities	Hip AP	P400.00	P100.00
	Femur/ Thigh AP, Lateral	P400.00	P100.00
	Knee Joint AP, Lateral	P400.00	P100.00
	Tibia Fibula/ Leg AP, Lateral	P400.00	P100.00
	Ankle Joint AP, lateral	P330.00	P100.00



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	Ankle AP, Lateral	₱600.00	₱100.00
	Calcaneus	₱400.00	₱100.00
	Foot AP, lateral, Oblique	₱400.00	₱100.00
Head	Mandible	₱550.00	₱100.00
	Temporo Mandibular Joint	₱600.00	₱120.00
	Mastoid Series	₱600.00	₱100.00
	Nasal Bone (soft tissue lateral)	₱400.00	₱100.00
	Orbits (Waters, Rhese)	₱550.00	₱100.00
	Paranasal Sinuses	₱600.00	₱100.00
	Skull Series (AP. Lateral, Towne's)	₱500.00	₱100.00
	Skull AP, Lateral	₱400.00	₱100.00
	Zygoma	₱350.00	₱100.00
	Neck	Neck, Soft Tissue (AP, Lateral)	₱350.00
Cervical Spine (AP, Lateral)		₱350.00	₱100.00
Cervical Spine (AP, Lateral, Oblique)		₱600.00	₱100.00
Thoracic Spine (AP, Lateral)		₱850.00	₱100.00
Thoracic Cage/ Rib Cage (AP/ PA)		₱350.00	₱100.00
Thoracic Cage/ Rib Cage (Oblique)		₱600.00	₱100.00
Thoraco-Lumbar Spine (AP, Lateral)		₱850.00	₱150.00
Lumbo-Sacral Spine (AP, Lateral)		₱480.00	₱100.00
Lumbo-Sacral Spine (AP, Lateral, both Oblique)		₱800.00	₱100.00
Pelvis		₱400.00	₱100.00
Sacrum/ Coccyx		₱250.00	₱100.00
Scoliosis Series		₱1,200.00	₱240.00
Skeletal Survey		₱3,100.00	₱500.00
Bone Aging (Adolescents)		₱800.00	₱100.00
Babygram (neonates)		₱900.00	₱200.00
X-Ray Special Procedures		Barium Enema	₱1,800.00
	Cystogram	₱1,150.00	₱220.00
	Cystourethrogram/ Urethrogram	₱1,200.00	₱240.00
	Distal Colonogram	₱1,500.00	₱250.00
	Esophagram	₱800.00	₱150.00
	Fistulogram	₱1,550.00	₱300.00
	Hysterosalpingogram	₱1,500.00	₱300.00
	Intra-Operative Cholangiogram	₱1,450.00	₱300.00
	Intravenous Pyelography (IVP)	₱1,450.00	₱300.00
	Small Bowel Series	₱1,550.00	₱300.00
	T-Tube Cholangiogram	₱1,000.00	₱300.00
	Upper Gastrointestinal Series	₱1,800.00	₱360.00



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47. CONSULTATION OF PRESUMPTIVE TB CASE

Description of Service: The TB DOTS Clinic is a DOTS providing facility that renders consultation, TB counselling, and HIV screening and counselling. The TB DOTS Clinic ensures availability of quality-assured Genexpert, HIV test, and sputum smear microscopy as well as uninterrupted supply of anti-TB medications, supervised treatment, and health teaching.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Pavilion 7 - TB DOTS Clinic		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All OPD and in-patients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Referral Form (1 original copy)		Private Clinic/Doctor	
Patient Chart		Health Information Management Section (HIMS)	
Chest X-ray result		Radiology Section / or any Diagnostic Laboratory of choice	
GeneXpert Result <i>if applicable</i>		Clinical Laboratory Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to TB DOTS Clinic and submit chest x-ray result or GeneXpert result (if applicable) and fill-out the Sociological data sheet.	1.1 Receive and evaluate chest x-ray and GeneXpert result; and 1.2 Issue Sociological data sheet.	None	25 minutes	Nurse I / II Medical Officer IV (TB DOTS Clinic)
2. Proceed to HIMS and submit Sociological data sheet	2. Encode and print Sociological data sheet to the client.	None	20 minutes	Administrative Aide I (HIMS)
3. Return to TB DOTS Clinic and submit sputum specimen.	3.1 Receive sputum specimen for GeneXpert and submit to Clinical Laboratory Section for testing;	None	5 minutes	Nurse I / II Medical Officer IV (TB DOTS Clinic)
	3.2 Process the specimen.	None	1 day	Medical Technologist II/III (Clinical Laboratory Section)
4. Receive treatment plan.	4. If GeneXpert (+) – start TB treatment. If GeneXpert (-) – for re-evaluation, clearance, and/or TB surveillance.	None	1 day	Nurse I / II Medical Officer IV (TB DOTS Clinic)
END OF TRANSACTION		None	2 days and 50 minutes	



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48. TB-HIV ENROLLMENT PROCESS FOR HIV CASES

Description of Service: The TB DOTS Clinic is a DOTS providing facility that renders consultation, TB counselling, and HIV screening and counselling. The TB DOTS Clinic ensures availability of quality-assured Genexpert, HIV test, and sputum smear microscopy as well as uninterrupted supply of anti-TB medications, supervised treatment, and health teaching.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Pavilion 7 - TB DOTS Clinic			
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen	
WHO MAY AVAIL	Person Living with HIV (PLHIV)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Referral Form to Social Hygiene Clinic (1 original copy)		TB DOTS Clinic		
Patient Chart		Health Information Management Section (HIMS)		
Chest X-ray result		Radiology Section or any Diagnostic Laboratory of choice		
GeneXpert Result <i>if applicable</i>		Clinical Laboratory		
HIV Result		Clinical Laboratory		
Confirmatory Result		Clinical Laboratory		
Laboratory Results (HBsAg, Liver Profile, Kidney Profile, Blood Chemistry, Syphilis)		Clinical Laboratory		
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to TB DOTS Clinic and submit laboratory results.	1.1 Provide the confirmatory result and do post counselling;	None	30 minutes	Medical Officer IV (TB DOTS Clinic)
	1.2 Prepare referral form to Social Hygiene Clinic and laboratory results; 1.3 Conduct health teaching and TB-HIV counselling; 1.4 Refer to Social Hygiene Clinic of choice for ARV enrollment and management.	None	30 minutes	Nurse I/II (TB DOTS Clinic)
2. Client feedback.	2.1 Contact client if successfully registered and started on ARV treatment; 2.2 Contact SCH; 2.3 Encode HIV treatment on Integrated Tuberculosis Information System).	None	2 days	Nurse I / II (TB DOTS Clinic)
END OF TRANSACTION		None	2 days and 1 hour	



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49. HANDLING OF LETTERS / CORRESPONDENCE RECEIVED THROUGH EMAIL / COURIER / PERSONAL DELIVERIES

Description of Service: The office of the Medical Center Chief processes letters/correspondence received thru email, courier, or personal delivery. It covers activities from receipt of letter up to sending a reply/response.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Office of the Medical Center Chief		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government G2B – Government to Business
WHO MAY AVAIL	All internal and external clients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Letter / invitations / programs (whichever is available)		Requesting individuals / office / agency	
Contact details of the sender or authorized representative			

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. A. Email: Send letter / invitation / request to official email address of NCMH, mcc@ncmh.gov.ph or B. Courier/Personal Delivery: Submit the letter / invitation / request to the Office of the Medical Center Chief	1. A. Open/Check email. Acknowledge/forward/ refer to and coordinate with offices/persons concerned for appropriate action B. Check/screen/ receive the letter/correspondence and forward/refer to or coordinate with offices/persons concerned for appropriate action	None	1 day	Administrative Officer I Administrative Assistant I/II (MCC Office)
2. Confirm/acknowledge response to letter/ correspondence/ email.	2. Provide the client with the name of office, contact number/person and other details related to the letter/correspondence, as deemed necessary	None	1 – 3 days	Administrative Officer I Administrative Assistant I/II (MCC Office)
END OF TRANSACTION		None	2 days	



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50. APPLICATION FOR CLINICAL ROTATION FOR STUDENT AFFILIATES

Description of Service: The Professional Education, Training and Research Office (PETRO) handles and organizes clinical rotations for medical and allied medical trainees. Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.			
OFFICE	Professional Education, Training, and Research Office (PETRO)		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2B – Government to Business
WHO MAY AVAIL	All higher education institutions		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Letter of Intent (1 original copy)		Respective Schools	
Contract/ Memorandum of Agreement		PETRO	
Roster of participating students (including schedule) with cover letter		Respective Schools	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Letter of Intent addressed to the Medical Center Chief II thru Chief of PETRO.	1.1 Receive letter and endorse to concerned section; and 1.2 Send a draft Contract of Affiliation to the concerned school/ university.	None	1 hour and 30 minutes	Administrative Aide VI (PETRO)
2. Review and submit the signed original copy of Contract of Affiliation to concerned office.	2.1 Receive and review contract; 2.2 Sign Contract of Affiliation (as witness); and 2.3 Issue charge slip.	None	1 hour and 30 minutes	Chief of Section (Concerned Office)
3. Proceed to Collection and Deposit Unit for payment.	3. Process payment and issue Official Receipt.	₱2,000 – initial signing/ New entry ₱1,000 – Renewal (2 years validity)	10 minutes	Administrative Officer III (Collection and Deposit Unit)
4. Proceed to the respective signatories for signing of Contract of Affiliation.	4. Sign Contract of Affiliation.	None	3 days	Medical Specialist IV (PETRO) Medical Center Chief II (MCC Office)
5. Return to the concerned office and submit the following: a. Original copy of notarized Contract of Affiliation b. Photocopy of official receipt	5.1 Record Official Receipt number; and 5.2 Inform to submit details of intern rotators.	None	10 minutes	Administrative Assistant (Concerned Office)



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6. Submit list of rotating students and schedule with cover letter.	6. Prepare and issue statement of account.	None	15 minutes	Administrative Assistant (Concerned Office)
7. Proceed to Billing Unit.	7. Issue code number on the statement of account.	None	10 minutes	Administrative Officer (Billing Unit)
8. Proceed to Collection and Deposit Unit for payment of Affiliation Fee.	8. Process payment and issue official receipt.	Refer to schedule of fees below	10 minutes	Administrative Officer III (Collection and Deposit Unit)
9. Return to the concerned office.	9.1 Record official receipt number; and 9.2 Inform on start of internship rotation.	None	15 minutes	Administrative Assistant (Concerned Office)
END OF TRANSACTION		Contract of Affiliation: New: ₱2,000 Renewal: ₱1,000 + Total number of students and number of hours + User's Fee = Amount to be paid	3 days, 4 hours and 10 minutes	

	Affiliation Fee
1. Medical Students	₱500.00 for 15 days
a. Plus User's Fee (per student)	₱250.00 for 15 days
2. Nursing Students	
a. 50 to 80 hours	₱60.00
b. 30 to 49 hours	₱40.00
c. 10 to 29 hours	₱30.00
d. 1 to 9 hours	₱20.00
e. Plus User's Fee (per student)	₱250.00 for 15 days
3. Psychology Students	
a. Baccalaureate Level	₱4.00/hour
b. Master's Degree Level	₱6.00/hour
c. PhD Level	₱8.00/hour
d. Plus User's Fee	₱250.00 for 15 days
e. State Universities	Free
4. Residents Rotator from other institution	₱1,000.00
5. Other students, any Discipline	₱2.00/hour
a. Plus User's Fee	₱250.00 for 15 days
6. State Universities	Free



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51. APPLICATION FOR PSYCHIATRY RESIDENCY TRAINING

Description of Service: The Professional Education, Training and Research Office (PETRO) facilitates and process the application for the Psychiatric Residency Training Program. Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.				
OFFICE	Professional Education, Training, and Research Office (PETRO)			
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen	
WHO MAY AVAIL	All Medical Doctors			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Application letter addressed to the MCC (2 original copies)			Applicant	
Curriculum Vitae of Applicant (1 original copy)			Applicant	
Handwritten Autobiography (1 original copy)			Applicant	
Handwritten Philosophy in Life (1 original copy)			Applicant	
Transcript of Records (1 original and 1 photocopy)			Medical School	
PSA Birth Certificate (1 original and 1 photocopy)			Philippine Statistics Authority	
NBI Clearance (1 original and 1 photocopy)			National Bureau of Investigation	
CTC of Board Rating (1 original and 1 photocopy)			Professional Regulation Commission	
Certified True Copy of PRC ID (1 original and 1 photocopy)			Professional Regulation Commission	
Accomplished Personal Data Sheet (2 original copies)			Civil Service Commission website	
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquire about training and schedule of pre-residency through email at: petro@ncmh.gov.ph	1.1 Provide information on the training program; and 1.2 Issue checklist of requirements.	None	20 minutes	Medical Officer III (PETRO)
2. Submit documentary requirements to PETRO.	2.1 Receive complete documentary requirements and submit one (1) set of all requirements to Human Resource Management Office (HRMO) 2.2 If qualified: Schedule for pre-residency training.	None	30 minutes	Medical Officer III (PETRO)
3. Undergo Pre-residency Orientation Course.	3.1 Facilitate exposure to clinical experience, didactic discussion, and direct supervision; and 3.2 Prepare and forward pre-residency evaluation report to the HRMO - Recruitment and Selection Unit.	None	14 days 3 days	Medical Officer III (PETRO)
END OF TRANSACTION		None	17 days and 50 minutes	



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52. TECHNICAL REVIEW OF RESEARCH PROTOCOLS

Description of Service The Professional Education, Training and Research Office (PETRO) evaluates research protocols along with the Technical Review Committee (TRC) to assess the scientific aspect of the study, including whether it is evidence-based, aligned with the prevailing national or institutional research agenda/priorities on mental health, and has appropriate and sound study design and methodology. Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.			
OFFICE	Professional Education, Training, and Research Office (PETRO)		
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	Researchers/ Principal Investigators of research studies		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
At least three (3) Project Ideas <i>(For NCMH trainees only - residents and fellows in training)</i>		PETRO	
Request letter <i>(for external clients only)</i>		Principal Investigator	
Research Protocol based on prescribed format		PETRO	
Research Instrument		Principal Investigator	
Informed Consent		Principal Investigator	
Communication Letters		Principal Investigator	
Gantt Chart		Principal Investigator	
Curriculum Vitae		Principal Investigator	
Valid Good Clinical Practice (GCP) certificate		Accredited Institutions	
No pending misconduct record/ administrative/ legal case <i>(if applicable)</i>		Principal Investigator	
Approval of Technical Review Committee <i>(for external clients and/or NCMH final research only)</i>		Technical Review Committee (NCMH or institution)	
Approval of Research Ethics Committee <i>(for external clients and/or NCMH final research only)</i>		PHREB Accredited Institution	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Initial Evaluation Stage				
1. For external clients: Send a request letter addressed to the Medical Center Chief thru Chief PETRO via email (petro@ncmh.gov.ph) or submit a hard copy to PETRO. For NCMH employees: Proceed to step 2.	1.1 Receive and forward to Chief PETRO;	None	15 minutes	Administrative Aide VI (PETRO)
	1.2 Assess and endorse to Technical Review Committee; and	None	30 minutes	Medical Specialist IV (PETRO)
	1.3 Receive and inform to register to the NCMH research registry	None	15 minutes	Administrative Officer II (TRC Secretariat)
2. Encode the research to the NCMH Research Registry: bit.ly/NCMHRResearchMonitoring	2.1 Check information and submitted documents; and 2.2 Acknowledge submission and	None	15 minutes	Administrative Officer II (TRC Secretariat)



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	release research code via email.			
3. Wait for the approval of request	3.1. Endorse to TRC Chairperson;	None	15 minutes	Administrative Officer II (TRC Secretariat)
	3.2. Select three (3) technical reviewers and route back to TRC secretariat	None	30 minutes	Medical Specialist IV (TRC Chairperson)
	3.3. Confirm assigned Technical Reviewers; 3.4. Inform on the approval of processing for technical review. For external clients: Proceed to step 4. For internal clients: Proceed to step 7	None	2 days	Administrative Officer II (TRC Secretariat)
4. Proceed to PETRO for processing of payment.	4. Issue charge slip	Refer to schedule of fees below	15 minutes	Administrative Aide VI (PETRO)
5. Proceed to Collection and Deposit Unit for payment.	5. Process and issue official receipt.	None	10 minutes	Administrative Officer III (Collection and Deposit Unit)
6. Return to PETRO to submit copy of official receipt.	6. Receive copy of Official Receipt and record.	None	15 minutes	Administrative Aide VI (PETRO)
END OF TRANSACTION		None	2 days, 2 hours and 40 minutes	
Technical Review Stage				
7. Wait for recommendations/ comments from the technical reviewers	7.1 Conduct Technical Review;	None	7 days	Technical Reviewers
	7.2 Consolidate and check recommendations from the panel;	None	3 days	Administrative Office II (PETRO)
	7.3 En banc meeting of panel members and principal investigators (if necessary); and	None	5 days	Technical Reviewers
	7.4 Inform on the recommended action by the TRC panel.	None	2 days	Administrative Officer II (PETRO)
8. Submit the revised research protocol and summary of changes based on the recommendations via email the prescribed deadline:	8.1 Receive and check submitted documents;	None	1 hour	Administrative Officer II (PETRO)
	8.2 Review research protocol vis-à-vis	None	1 day	Medical Officer III (PETRO)



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53. HANDLING OF CLIENT CONCERNS AT THE PACD

Description of Service: This service is available for clients who lodge their concerns, which may be in the form of complaints, inquiries, requests for assistance, recommendations, or commendations, on NCMH-related services at the Public Assistance and Complaints Desk (PACD). This is classified into simple, complex, or highly technical transactions.

Simple concerns refer to concerns that only require ministerial actions on the part of the public official or employee or that present only inconsequential issues for resolution by an official or employee of said government office.

Complex concerns refer to concerns which necessitate evaluation in the resolution of complicated issues by an officer or employee of said government.

Highly Technical concerns refer to concerns which require the use of technical knowledge, investigation, specialized skills, and/or training in the processing and/or evaluation thereof.

Contact Information: Pavilion 2 Lobby / 8531-9001 loc. 304 / pacd@ncmh.gov.ph

Operating Hours: Monday to Friday, 7:00 AM to 5:00 PM, excluding holidays and work suspension.

OFFICE	Quality Management Office		
CLASSIFICATION	Simple, Complex, Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government G2B – Government to Business
WHO MAY AVAIL	All clients		

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. One (1) original or scanned copy of Written Concern, sent via email or through PACD, that contains the following additional information: <ol style="list-style-type: none"> a) Client's contact information (full name, contact number, and/or email address) b) Name of the office and/or employee or official for concerns directed against a specific office or individual 	Client/requesting party
2. Supporting documents, if applicable or necessary, depending on the concerns lodged: <ol style="list-style-type: none"> a) Authorization Letter (1 original copy) b) Valid Identification Card (1 photocopy) c) Notarized Affidavit (1 original copy) d) Birth Certificate (1 photocopy) e) Marriage Certificate (1 photocopy) 	Client/requesting party

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send or submit concern to the PACD.	1.1 Receive, evaluate, and acknowledge the concern.	None	1 hour	Administrative Aide VI (PACD)
	1.2 Transmit to QMO and conduct the following: <ul style="list-style-type: none"> ▪ Log the concern to the Client Concerns Tracking System (CCTS) 	None	2 hours	Nurse II & IV (QMO)



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	<ul style="list-style-type: none"> ▪ Accomplish the Client Concerns Endorsement Form (CCEF) ▪ Transmit the CCEF together with the written concern to the tagged office or individual. 			
2. Receive initial feedback or concrete and specific action.	2.1 Investigate, if necessary and communicate with the client to request additional information or provide concrete and specific action and prepare and submit a report with attached proof of communication with the client to QMO.	None	<i>Simple:</i> 2 days <i>Complex:</i> 7 days <i>Highly Technical:</i> 19 days	Tagged office (service, section or unit) or individual
3. Receive the final report and/or resolution of the concern.	3.1 Evaluate the report submitted by the tagged office or individual and prepare the final report approved by the MCC.	None	4 hours	Nurse II & IV (QMO) Medical Center Chief II (MCC Office)
	3.2 Provide the final report to the client.	None	1 hour	Nurse II & IV (QMO)
END OF TRANSACTION		None	Simple: 3 days Complex: 7 days Highly Technical: 19 days	



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54. HANDLING OF CLIENT CONCERNS FROM THE CONCERN CENTERS

Description of Service: This service is available for clients who lodge their concerns, which may be in the form of complaints, inquiries, requests for assistance, recommendations, or commendations, on NCMH-related services through the different concern centers such as the Presidential Action Center (PACE) through the 8888 Citizen's Complaint Hotline, the Civil Service Commission Contact Center ng Bayan (CSC-CCB), the Anti-Red Tape Authority (ARTA), and the Department of Health Committee on Anti-Red Tape (DOH CART).

Simple concerns refer to concerns that only require ministerial actions on the part of the public official or employee or that present only inconsequential issues for resolution by an official or employee of said government office.

Complex concerns refer to concerns which necessitate evaluation in the resolution of complicated issues by an officer or employee of said government.

Highly Technical concerns refer to concerns which require the use of technical knowledge, investigation, specialized skills, and/or training in the processing and/or evaluation thereof.

Contact Information: PACE or Citizen's Complaint Hotline – 8888 (Call, SMS, Email)
 CSC-CCB – 0908-881-6565 (SMS)
 ARTA – complaints@arta.gov.ph (Email, Website)
 DOH CART – cartcomplaints@doh.gov.ph (Email)

Operating Hours: Monday to Friday, 7:00 AM to 5:00 PM, excluding holidays and work suspension.

OFFICE	Quality Management Office		
CLASSIFICATION	Simple, Complex, Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government G2B – Government to Business
WHO MAY AVAIL	All clients		

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. One (1) original or scanned copy of Written Concern, sent via email or through PACD, that contains the following additional information: a) Client's contact information (full name, contact number, and/or email address) b) Name of the office and/or employee or official for concerns directed against a specific office or individual	Requesting party or originating concern center
2. Supporting documents, if applicable or necessary, depending on the concerns lodged: a) Authorization Letter (1 original copy) b) Valid Identification Card (1 photocopy) c) Notarized Affidavit (1 original copy) d) Birth Certificate (1 photocopy) e) Marriage Certificate (1 photocopy)	Requesting party or originating concern center

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send or submit concerns through the concerns centers (PACE, 8888,	1.1 Receive, evaluate, and acknowledge the concern.	None	1 hour	Nurse II or IV (QMO)



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CSC-CCB, ARTA or DOH CART).	<p>1.2 Prepare transmittal document:</p> <ul style="list-style-type: none"> ▪ Log the concern to the Client Concerns Tracking System (CCTS). ▪ Accomplish the Client Concerns Endorsement Form (CCEF). ▪ Transmit the CCEF together with the written concern to the tagged office or individual. 	None	2 hours	Nurse II or IV (QMO)
2. Receive initial feedback or concrete and specific action (if with contact information).	<p>2. Investigate, communicate (if with contact information) with the client for additional information, if necessary, or provide concrete and specific action for simple concerns, and submit a report attached with a proof of communication with the client to the QMO. <i>For anonymous concerns, submit only a report to the QMO.</i></p>	None	Simple: 2 days Complex: 6 days Highly Technical: 19 days	Tagged office or individual
3. Receive the resolution and final report.	<p>3. Prepare the final report:</p> <ul style="list-style-type: none"> ▪ Evaluate the submitted report and prepare a final report to be signed by the Medical Center Chief. ▪ Provide the final report to the client (if with contact information) and furnish the concern center, if applicable. 	None	4 hours	Nurse II or IV (QMO) Medical Center Chief II (MCC Office)
4. Receive a communication from the concern center.	<p>4. Communicate with the client to verify the actions taken by the tagged office or individual.</p>	None	1 hour	Concern Center
END OF TRANSACTION		None	Simple: 3 days Complex: 7 days Highly Technical: 20 days	



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**55. REQUEST FOR APPROVAL OF A SYSTEM FOR HANDLING
PERSONAL INFORMATION**

Description of Service: The Data Privacy Act seeks to guarantee fundamental human rights to privacy and communication while also ensuring the free flow of information in order to foster innovation and growth. The service is one method of safeguarding your privacy. **Operating Hours:** Monday to Friday, 7:00 am to 4:00 pm, excluding holidays and work suspension.

OFFICE	Quality Management Office – FOI Unit		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Manual of Operation (Soft copy)		Requesting Party	
Transmittal letter		Requesting Party	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Email manual of operation of the system to be implemented (either for pilot testing or full implementation) and transmittal letter to dpo@ncmh.gov.ph	1.1 Receive request;	None	5 minutes	Data Protection Officer (QMO – FOI Unit)
	1.2 Review and evaluate the submitted protocol and procedure documents, as well as the transmittal letter; and		6 days	
	1.3 Approve or disapprove the request. If disapproved , the requesting party will be informed of the reason for the denial		1 hour	
2. Receive the requested document/s.	2. Release the approved document.	None	5 minutes	Data Protection Officer (QMO – FOI Unit)
END OF TRANSACTION		None	6 days, 1 hour and 10 minutes	



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56. REQUEST FOR FOI INFORMATION

Description of Service: Freedom of Information (FOI) allows Filipino citizens to request any information about government transactions and operations, provided that it shall not put into jeopardy privacy and matters of national security.

Operating Hours: Monday to Friday, 7:00 am to 4:00 pm, excluding holidays and work suspension.

OFFICE	Quality Management Office		
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government G2B – Government to Business
WHO MAY AVAIL	All clients / individuals / organization		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
None			

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Log-in to www.foi.gov.ph and follow the instructions.	1.1 Receive and transmit the request to the concerned agency.	None	1 hour	DOH-KMITS
	1.2 Receive and assess nature of request, and transmit to the concerned office or individual along with a Transmittal Letter.	None	1 hour	Administrative Officer V (FOI Unit – QMO)
	1.3 Prepare the requested documents for submission to the QMO for proper transmittal.	None	13 days	Concerned individual or office
	1.4 Verify completeness of the requested documents, conformity to the existing laws and recommends for the approval of the MCC.	None	2 hours	Administrative Officer V (FOI Unit – QMO)
	1.5 Approve the final report.	None	1 hour	Medical Center Chief II (MCC Office)
2. Receive the requested document/s.	2.1 Transmit the requested documents to DOH-KMITS.	None	1 hour	Administrative Officer V (FOI Unit – QMO)
	2.2 Issues the documents to the requesting party.	None	1 hour	DOH-KMITS
END OF TRANSACTION		None	14 days	



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**57. REQUEST FOR INCIDENTAL CRISIS AND STRUCTURED
EMERGENCY RESPONSE**

Description of Service: The NCMH Disaster Risk Reduction Management in Health (DRRM-H) Unit supports Administrative Order No. 2019-0046 "National Policy on DRRM-H" as an integrated systems-based, multi-sectoral process that utilizes policies, plans, programs, and strategies that provides timely, effective, and efficient response to unexpected occurrence and activities that needs its preparedness, assistance, and mitigation.

OFFICE	Disaster Risk Reduction and Management in Health Unit		
CLASSIFICATION	Simple – Incidental Crisis Complex – Structured Emergency	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All internal and external clients		

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Letter of Request / Call for response	Requesting office or agency

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for Response thru: A. Email: Received letter/request to official email address of NCMH DRRM-H Unit at drmh@ncmh.gov.ph B. Courier/Personal Delivery Received letter/request to the DRRM-H Manager. C. Call: From DOH Operation Center to Mental base; NCMH local phone unit (loc. 228); DRRM-H Manager mobile unit	1.1 Check email, open and acknowledge or confirm request from the requesting office/agency correspondence/email/letter 1.2 Receive call/notice and acknowledge or confirm request thru verbal call or mobile text message 1.3 Selection of personnel based on acquired training/s applicable for response: - BLS - ACLS - SFA - EMT 1.4 Request for Hospital Order (HO)	None	Incidental Crisis - 1 hour upon acknowledgement of request. Structured Emergency – 3 days upon acknowledgement of request.	Nurse II / V Medical Specialist I (DRRM-H Office)
2. Coordination of response provisions & situational report.	2.1 Acquire list of provision/s needed for response 2.2 If with provision of: a. Accommodation b. Food c. Medicines d. Transportation; project request for Incidental Expenses needed for response from funding agency 2.3 If without provision of Accommodation and	None	Incidental Crisis – 7 hours Structured Emergency – 4 working days	Administrative Aide I/ VI Nursing Attendant II Nurse I/ II/ V Medical Officer IV Medical Specialist I (DRRM-H Office)



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	<p>Food: Request for Cash Advance from sending agency (NCMH)</p> <p>2.3.1 Medicines: Request needed supplies from pharmacy of sending agency (NCMH)</p> <p>2.3.2 Transportation: Request and acquire trip ticket thru NCMH Transport Service</p> <p>2.4 Prepare needed documents, supplies and equipment needed for response/ deployment</p> <p>2.5 Pre deployment meeting</p>			
3. Receive Response Deployment of Health Emergency Response Team (HERT)	<p>3.1 Organize and deploy medical teams to respond to emergency medical needs</p> <p>3.2 Ensure the availability of medical teams with ambulance/s</p> <p>3.3 Coordinate with requesting agency.</p>	None	Varies from requested response duration	<p>Administrative Aide I/ VI</p> <p>Nursing Attendant II</p> <p>Nurse I/ II/ V</p> <p>Medical Officer IV</p> <p>Medical Specialist I (DRRM-H Office)</p>
END OF TRANSACTION		None	<p>Incidental Crisis: Urgent – 1 hour Not Urgent – 8 hours</p> <p>Structured Emergency: 7 working days</p>	



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58. REQUEST FOR TRAINING ASSISTANCE (BASIC LIFE SUPPORT AND STANDARD FIRST AID)

Description of Service: The Department of Health – Health Emergency Management Bureau (DOH-HEMB) being the lead in capacity building for emergencies and disasters provides various capability development activities including the conduct of Basic Life Support and Standard First Aid Training for all health workers. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Disaster Risk Reduction and Management in Health Unit		
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	NCMH Employees, any government offices (local or national)		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Letter of Request addressed to DRRM-H Manager		Requesting client	
Final list of participants with their respective email addresses		Requesting client	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit to DRRM-H the request for training.	1. Receive and check completeness of requirements.	None	10 minutes	Administrative Aide I Nurse I (DRRM-H Office)
2. Initial submission of list of participants together with their respective emails.	2.1 Check for availability of remaining slot in the schedule; and 2.2 Send Notice of Training to the letter's signatory (either via email or courier) with indicated date and time of training.	None	3 days	Nurse II Medical Specialist I (DRRM-H Office)
3. Submit final list of participants.	3. Check for the completeness of requirements. a. Final names of participants b. Email of final list of participants No changes shall be made after this step	None	3 days	Nurse II Medical Specialist I (DRRM-H Office)
4. Receive Notice of Confirmation thru email or courier.	4. Send Notice of Confirmed Training schedule. a. For e-learners: Access codes via the DOH Academy e-learning system shall be submitted via the participant's official email. b. For Lay Rescuers: notice of face-to-face Confirmed Training	None	3 days	Nurse II Medical Specialist I (DRRM-H Office)



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	Schedule will be provided via hard copy.			
5. Receive training.	5. Conduct training. a. For e-learners: Didactics will be via the DOH Academy e-learning system, and skills demonstration will be conducted immediately after. b. For lay Rescuers: Training will be two-day face-to-face didactics and skills demonstration.	None	2 days – BLS 4 days – Standard First Aid	Nursing Attendant II Nurse I/ II/ V Medical Specialist I Medical Officer IV (DRRM-H Office)
END OF TRANSACTION		None	BLS Training: 11 days and 10 minutes Standard First Aid Training: 13 days and 10 minutes	



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59. FILING OF ADMINISTRATIVE CASE

Description of Service: The Legal Section handles and takes cognizance of administrative complaints filed by citizens and other government agencies against the employees of the National Center for Mental Health (NCMH).

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Legal Section		
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	1. All citizens that have a cause of action supported by substantial evidence against employees of the NCMH. 2. Medical Center Chief II in the exercise of his/her capacity as Disciplining Authority.		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Written complaint with 2017 Revised Rules on Administrative Cases in the Civil Service (1 original copy)		To be provided by the client	
Documentary and testimonial evidence if applicable		To be provided by the client	
Formal Letter of Indorsement from the Medical Center Chief II for appropriate legal action.		Office of The Medical Center Chief	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. File a written complaint compliant with the 2017 RACCS to the Legal Section.	1.1 Verify the correctness of the Complaint filed in form and substance based on the requirements set by the 2017 RRACCS	None	10 minutes	Administrative Assistant Legal Assistant I / II Attorney III (Legal Section)
	1.2 If sufficient in form and substance, receive the Complaint. *If the Complaint is patently incorrect in form on its face, return the Complaint to the client and instruct him/her to refile a complaint pursuant to the provision of 2017 RRACCS			
	1.3 Issue a Show Cause Order to the person complained of which he/she must file an answer within five (5) calendar days. 1.4 Conduct a Preliminary Investigation on the person/s complained of, based on the Complaint with its attached	None	20 days	Administrative Assistant Legal Assistant I / II Attorney III (Legal Section)



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	<p>documentary or testimonial evidence if any, and the explanation letter of the person complained of.</p> <p>1.5 If the written Complaint is not sufficient in substance, or the allegations has no basis in fact or law, issue a Resolution recommending to the MCC its outright dismissal of the Complaint; or</p> <p>1.6 Upon finding of probable cause, issue a Preliminary Investigation Report recommending Formal Charge to be issued by the Office of the Medical Center Chief.</p> <p>1.7 Upon approval of the MCC of the Resolution, a Formal Charge/Notice of Charge shall be issued against the Person complained of, or dismiss the Complaint as the case may be.</p> <p>1.8 Transmit the case to the Disciplinary Committee headed by the City Health Officer of Mandaluyong or Caloocan of the Person complained if formally charged.</p>			
<p>2. Receive copy of Resolution and the Formal Charge, or the Order of Dismissal of the Complaint as the case may be.</p>	<p>2. Notify and furnish the complainant and the person complained of, a copy of the Resolution and the Formal Charge, or the Order of Dismissal of the Complaint as the case may be.</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Assistant Legal Assistant I / II Attorney III (Legal Section)</p>
<p>END OF TRANSACTION</p>		<p>None</p>	<p>20 days and 15 minutes</p>	

This transaction is primarily governed by the 2017 Revised Rules on Administrative Cases in the Civil Service and DOH A.O. 2021-0046. The usual period mandated by R.A. 11032 or The Ease of Doing Business Act may not apply.



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60. REQUEST FOR CERTIFICATE OF GOOD MORAL

Description of Service: The Legal Section issues Certificate of Good Moral to employees of the National Center for Mental to be used for whatever lawful purpose it may serve. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Legal Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All current and separated NCMH employees that has permanent / regular / casual status		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Certificate of Good Moral Request Slip (1 original copy)		Legal Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out and submit the CGM request form provided by the Legal Section.	1.1 Verify the correctness of the information written;	None	5 minutes	Legal Assistant I / II Administrative Assistant (Legal Section)
	1.2 Confirm if the client has a pending administrative case in NCMH based on record;			
	1.3 Instruct the client to return after three (3) working days;			
	1.4 Draft the Certificate of Good Moral;			
	1.5 Sign the CGM.	None	1 minute	Attorney III (Legal Section)
2. Return after three (3) working days to claim CGM.	2. Issue the CGM.	None	1 minute	Legal Assistant I / II Administrative Assistant (Legal Section)
END OF TRANSACTION		None	7 minutes	



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61. REQUEST FOR CERTIFICATE OF NO PENDING CASE

Description of Service: The Legal Section issues Certificate of No Pending Case (CNPC) to employees of the National Center for Mental to be used for whatever lawful purpose it may serve. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Legal Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All current and separated NCMH employees that has permanent / regular / casual status		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Certificate of No Pending Case Request Slip (1 original copy)		Legal Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill-out and submit the CNPC request form provided by the Legal Section.	1.1 Verify the correctness of the information written;	None	5 minutes	Legal Assistant I / II Administrative Assistant (Legal Section)
	1.2 Confirm if the client has a pending administrative case in NCMH based on record;			
	1.3 Instruct the client to return after three (3) working days;			
	1.4 Draft the Certificate of No Pending Case;			
	1.5 Sign the CNPC.	None	1 minute	Attorney III (Legal Section)
2. Return after three (3) working days to claim CNPC	2. Issue the CNPC.	None	1 minute	Legal Assistant I / II Administrative Assistant (Legal Section)
END OF TRANSACTION		None	7 minutes	



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62. REQUEST FOR MANIFESTATION

Description of Service: To give notice to the court, regarding the Center's compliance with the court's subpoena concerning the production of evidence. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Legal Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Cover letter addressed to the Chief of Legal Section (1 original copy)		To be provided by the client	
Subpoena (1 photocopy)		Trial court	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Legal Section and submit subpoena and cover letter.	1.1 Receive subpoena and cover letter;	None	1 minute	Legal Assistant I / II (Legal Section)
	1.2 Review documents; 1.3 Draft the appropriate manifestation; and	None	2 days	Legal Assistant I / II (Legal Section)
	1.4 Sign the manifestation.	None	1 day	Attorney III (Legal Section)
2 Receive manifestation.	2. Issue the manifestation.	None	1 minute	Legal Assistant I / II (Legal Section)
END OF TRANSACTION		None	3 days and 2 minutes	



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63. REQUEST FOR TECHNICAL ASSISTANCE ON MENTAL HEALTH PROGRAMS

Description of Service: The Office for Special Concerns provides various services ranging from provision of relevant data/information (interview, discussion, meetings, focus group discussion, etc.) technical assistance through capacity-building and training (webinars, seminars, workshops, immersion, etc.), coordination for logistic support, assistance to activities with technical output, programs related to health promotion and communication, health research, institutional capacity development, sectoral and local engagements, and service delivery through response (MHPSS), and mental health information system-related concerns.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Office for Special Concerns: Community-based Mental Health Capacity Building and Training Unit Mental Health Information System Unit NCMH Crisis Hotline Center for Wellness Mental Health Research Unit		
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government G2B – Government to Business
WHO MAY AVAIL	All stakeholders, individuals, national government agencies (NGAs), local government unit (LGUs), private organizations/sectors, educational institutions (private and public), etc.		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Invitation/Letter of Request		Respective individual stakeholders, agencies, organizations, etc.	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send an invitation/letter of request addressed to the Medical Center Chief (MCC) thru this email address: NOEL V. REYES, MD, FPPA, MMHoA Medical Center Chief II mcc@ncmh.gov.ph	1.1 Receive invitation/letter of request; 1.2 Forward the letter to Office of the Special Concerns (OSC) with a marginal note from the MCC; and 1.3 Acknowledge and assess the request for technical assistance and endorse it to the concerned unit/s.	None	1 day	Administrative Officer I (MCC Office) Medical Specialist IV (Office of Special Concerns)
2. Wait for verification/clarification of details of the request.	2.1 Coordinate and verify with the client for the details of the request; 2.2 Evaluate the feasibility of the request; 2.3 Prepare/formulate an action plan, if feasible; and 2.4 Approval of the recommendation and action plan.	None	1 day	Administrative Assistant II Nurse II /Program Coordinator (Office of Special Concerns) Specific Unit Head
3. Receive response on requested assistance and action plan, as applicable.	3.1 Inform the client regarding the feedback; and 3.2 Implementation of the action plan, as applicable.	None	1 day	Administrative Assistant II Nurse II / Program Coordinator (Office of Special Concerns)



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4. Receive and sign the Memorandum of Understanding (if applicable).	4.1 Preparation of the draft Memorandum of Understanding (MOU), if requiring one;	None	1 day	Technical Writer (Office of Special Concerns)
	4.2. Legal Section to review the MOU;	None	3 days	Attorney III (Legal Section)
	4.3. Finalize Memorandum of Understanding (MOU);	None	7 days	Administrative Assistant II Nurse II /Program Coordinator (Office of Special Concerns)
	4.4. Approval of MOU; and	None	3 days	Medical Center Chief (MCC Office)
	4.5. Notarization of MOU.	None	1 day	Administrative Assistant II Nurse II /Program Coordinator (Office of Special Concerns)
5. Receive the approved request.	5. Finalize Training Design, program flow, activities, and content-related materials.	None	1 day	Specific Unit Head (Office of Special Concerns)
6. Receive technical assistance and answer the post-activity evaluation survey.	6. Provide the technical assistance and facilitate the post-activity evaluation survey.	None	1 day (or as indicated in the design)	Specific Unit Head (Office of Special Concerns)
END OF TRANSACTION		None	20 days	



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64. APPLICATION FOR PLANTILLA POSITION VACANCY

Description of Service: Pursuant to the provisions and requirements of Civil Service (CSC) Resolution No. 1701009 or Omnibus Rules on Appointment and other Human Resources Actions (ORAOHRA) Rule VII Sec.24 and Sec 29, the hiring process shall be completed within nine (9) months from the date the vacant position was published.

Also, based on the approved Merit Selection and Promotion Plan of the National Center for Mental Health dated July 19, 2023.

This service involves the following processes:

Submission of Requirements – All interested applicants who meet the Minimum Qualification Standards and Submitted complete requirements within the application period shall be evaluated by the screening committee.

Applicants may submit their application via walk-in, courier and/or via email address at hrmo@ncmh.gov.ph Only those who submitted COMPLETE requirements within the deadline shall be processed.

Referral of Neuro- Psychiatric (NP) Screening – All Qualified applicants applying for any position shall be referred to the Psychological Section to take the Neuro- Psychiatric (NP) Screening. Only Recommended applicants shall proceed to the next process. (NP) Screening refers to non-verbal tests used to assess a variety of mental and cognitive abilities of applicants.

Administration of Technical Examination – All Applicants who met the CSC Minimum Qualification Standards will proceed to take the Technical Examination. Only applicants who passed the average score of 70% will proceed to the next process. Technical examination refers to the examination given by the section/service where the vacancy exists that evaluates the candidates' skills for the position applied for.

Background Investigation – All applicants who passed the qualifying examination/s shall accomplish three (3) background investigation forms and submit within five (5) working days upon receipt of the applicant.

Facilitation of Panel Interview – Applicants who passed both Neuro- Psychiatric (NP) Screening and Technical Examinations shall proceed to the panel interview which will be conducted by the members of human resource merit promotion and selection board (HRMPSB)

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Human Resource Management Office		
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All individuals who want to apply at NCMH		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
List of Requirements for Application			
Application letter addressed to the Medical Center Chief II thru Chief, HRMO (1 original copy)		Applicant	
Resume/ CV with passport-sized ID picture (1 original copy)		Applicant	
Duly accomplished Personal Data Sheet (PDS) (1 original copy)		Downloadable Form https://ncmh.gov.ph/index.php/issuances-downloadable-forms#hrmo-forms	
Autobiography (1 original copy)		Applicant	
College/High School diploma (1 photocopy)		Respective university, school	
Transcript of Records (1 photocopy)		Respective university, school	
Training Certificates (1 photocopy each)		Respective training organizer	



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Employment Certificates (1 photocopy each)	Respective employer
Valid NBI Clearance (1 photocopy)	National Bureau of Investigation
PSA Birth Certificate (1 photocopy)	Philippine Statistics Office
Authenticated Certificate of Eligibility (1 photocopy) <i>if applicable</i>	Civil Service Commission
Certified true copy of Board Rating (1 original copy)	Professional Regulatory Commission
Certified true copy of PRC License (1 original copy)	Professional Regulatory Commission
Certified true copy of Performance Rating of 2 rating periods (for gov't employees) (1 photocopy)	Respective government agency

List of Requirements for Appointment

Duly Accomplished Personal Data Sheet (PDS) (3) original copies	Downloadable Form https://ncmh.gov.ph/index.php/issuances-downloadable-forms#hrmo-forms
Work Experience Sheet (3) original copies	Downloadable Form https://ro4.csc.gov.ph/downloads/file/31-pds_wes
Statement of Assets and Liabilities (SALN) (3) original copies	HRMO Window 1 & 2
Medical Laboratory Results (2) original copies	NCMH Laboratory & X-ray
Dental Laboratory Results (2) original copies	NCMH Pavilion 1 Dental Section
Assumption to Duty (3) original copies	HRMO Window 1 & 2
Oath of Office (3) original copies	HRMO Window 1 & 2
Authenticated Certificate of Eligibility (if applicable) – 1 original	Civil Service Commission
NBI Clearance (1) original copy	NBI
Pag-Ibig Form (1) original copy	HRMO Window 1 & 2
Landbank Form (1) original copy	HRMO Window 1 & 2
Philhealth Form (1) original copy	HRMO Window 1 & 2
Certified True Copy of Diploma (1 original copy)	Respective University
Certified True Copy of Transcript of Records (1 original copy)	Respective University
Certified True Copy of Certificate of Employment (1 original copy -each)	Respective Employers
Marriage Certificates (if applicable)	Philippine Statistics Office
Seminar/Training Certificates (1) photocopy each	Respective training organizer
PSA Birth Certificate – 1 original copy (1) photocopy	Philippine Statistics Office
Tin Verification	BIR/ Online: TIN verifier mobile app.
Passport size picture (5pcs)	Personal

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
RECRUITMENT PROCESS				
1. Go to https://ncmh.gov.ph/ For the latest posting of vacancies.	1. Publish and Post the Vacant positions	None	10 calendar days based on CSC MC No. 25, s.2020.	Administrative Officer II Administrative Assistant I/II (RSPAU- HRMO)



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<p>2. Submit complete set of requirements to the HRMO</p> <p>If the applicant is for Psychiatry Residency Training: submit complete set of requirements to the Professional Education, Training and Research Office (PETRO).</p> <p><i>Refer to PETRO CC - Application for Psychiatry Residency Training</i></p>	<p>2. Receive and assess the completeness of document/s.</p> <p>If applicant is for Psychiatry Residency Training: Qualified Applicants shall be endorsed to HRMO for the continuation of their application.</p>	<p>None</p>	<p>10 minutes</p> <p>17 days and 50 minutes</p>	<p>Administrative Assistant I/II (RSPAU- HRMO)</p> <p>Medical Officer III (PETRO)</p>
<p>3. Sign the Applicant Monitoring Form.</p>	<p>3.1 Issue Applicant Monitoring Form;</p> <p>3.2 Encode the applicant's details to the application transmittal/tracker;</p> <p>3.3 NP Screening Schedule: Secure NP Slip and Instruct the applicant/s to proceed to the Psychological Section.</p>	<p>None</p>	<p>4 minutes</p>	<p>Administrative Assistant I/II (RSPAU- HRMO)</p>
<p>4. Proceed to the Psychological Section and request for NP Screening schedule.</p> <p><i>Refer to Psychological Section CC – Neuropsychiatric Assessment and Psychological Testing</i></p>	<p>4.1 Schedule Applicant for NP Screening;</p> <p>4.2 Update HRMO with the list of Scheduled applicants for NP Screening;</p> <p>4.3 Submit the list of NP results to HRMO.</p> <p>Note: Only applicants who obtained "Recommended" remarks shall undergo Background Investigation.</p> <p>4.4 Notify applicants on the schedule and venue of the technical exam.</p> <p>Applicants for Technical Examination: Prepare a list of scheduled attendees.</p> <p>Applicants for Interview of the Chief,</p>	<p>Refer to Psychological Section CC – Neuropsychiatric Assessment and Psychological Testing</p>	<p>2 minutes</p> <p>5 days</p> <p>1 hour</p>	<p>Administrative Assistant II (Psychological Section)</p> <p>Administrative Assistant (RSPAU-HRMO)</p>



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	<p>service/section: Prepare Interview form with attached PDS and submit to chief of service/section.</p>			
5. Proceed to the venue and undergo technical exam/interview with the Chief of Service/Section	<p>5.1 Facilitate the technical exam; 5.2 Collate all the answer sheet/s and endorsed to respective service/section for checking and evaluation.</p> <p><i>For positions which requires interview with the Chief of Service/Section shall submit the scores to HRMO after the interview</i></p> <p>Note: Qualified applicants shall proceed to Background Investigation</p> <p>Non-Qualified will be notified via text message/call or will receive an email.</p>	None	3 hours and 15 minutes	Administrative Assistant I/II (RSPAU-HRMO)
6. Receive Background Investigation Form and distribute to 3 recent references.	6. Issue 3 copies of BI Form and instruct how to accomplish the form.	None	5 minutes	Administrative Assistant I/II (RSPAU-HRMO)
7. Submit the complete BI Form	<p>7.1 Receive the BI Form and verify the completeness of the information; 7.2 Conduct in-depth background check through phone call and/or electronic mail; 7.3 Collate all the scores and Schedule the Panel Interview; 7.4 Prepare the Comparative Report; 7.5 Prepare the Tardiness, Under time and Absences report for promotion applicants;</p>	None	<p>5 days based on the approved MSPP</p> <p>10 minutes</p> <p>1 day</p> <p>5 days</p> <p>2 days</p>	<p>Administrative Assistant I/II (RSPAU-HRMO)</p> <p>Administrative Aide IV (Leave Unit-HRMO)</p>



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	<p>7.6 Review the completeness of the Comparative report;</p> <p>7.7 Approved by the chief of HRMO;</p> <p>7.8 Prepare and distribute a copy to each member of HRMPSB; and</p> <p>7.9 Inform applicants with the schedule of Panel Interview</p>		<p>10 minutes</p> <p>5 minutes</p> <p>30 minutes</p> <p>2 minutes</p>	<p>Head, RSPAU (RSPAU-HRMO)</p> <p>Chief, HRMO (HRMO)</p> <p>Administrative Assistant I/II (RSPAU-HRMO)</p> <p>Administrative Assistant I/II (RSPAU-HRMO)</p>
<p>8. Attend the panel interview.</p> <p>Note: <i>Failure to appear on the scheduled date of the interview shall be construed as waiver to be considered for the position.</i></p>	<p>8.1 Facilitate panel interview. HRMPSB shall conduct an interview to the applicants listed in the selection line-up;</p> <p>8.2 Collate and finalize the scores;</p> <p>8.3 Prepare the endorsement of the Selection Line-Up;</p> <p>8.4 Facilitate deliberation. HRMPSB shall discuss the qualifications of the applicants listed in the selection line-up;</p> <p>8.5 Submit the Endorsement report to the appointing authority;</p> <p>8.6 Endorsement report result: the appointing authority shall assess the merits of the HRMPSB's report for appointment.</p>	<p>None</p>	<p>1 hour and 15 minutes</p> <p>20 minutes</p> <p>10 minutes</p> <p>15 days</p>	<p>Administrative Assistant I/II (RSPAU-HRMO)</p> <p>President of NACEMHEA, Chief of HRMO, Chief of Finance, OIC of CMPS II, Community Service, Chief Medical Professional Staff II, Chief of PETRO, PAI Representative, Chief of HOPSS, Chief of Service/Section</p> <p>Administrative Assistant I/II (RSPAU-HRMO)</p> <p>Medical Center Chief II (MCC Office)</p>



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<p>9. Receive notification depending.</p> <p>Appointed applicant/s: shall receive a phone call and/or text message by the appointment personnel.</p> <p>Not Appointed applicant/s: shall receive a phone call and/or text message by the recruitment personnel.</p>	<p>9. Notify applicants with the result of their application.</p>	<p>None</p>	<p>10 minutes</p>	<p>Administrative Assistant I/II (RSPAU-HRMO)</p>
APPOINTMENT PROCESS				
<p>1. Proceed to HRMO and secure Charge slip for Medical and Dental evaluation.</p>	<p>1. Issue charge slip and instruct appointees on the procedures.</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Assistant I/II /III (Appointment Unit, HRMO)</p>
<p>2. Proceed to Collection and Deposit Unit and provide amount to be paid.</p>	<p>2. Receive the payment and issue Official Receipt.</p>	<p>₱1,500.00</p>	<p>10 minutes</p>	<p>Administrative Officer IV (Collection and Deposit Unit)</p>
<p>3. Proceed to Pavilion 7 and Dental clinic for the medical and dental evaluation.</p>	<p>3.1 Assess client; and 3.2 Issue fit to work clearance</p>	<p>None</p>	<p>1 day</p>	<p>Medical Specialist II/III (Pavilion 7) Dentist (Dental Section)</p>
<p>4. Proceed to HRMO and submit the required documents.</p>	<p>4.1 Review the submitted documents; and 4.2 Prepare appointment papers and endorse the appointment documents for required signatures.</p>	<p>None</p>	<p>7 days 1 day</p>	<p>Administrative Assistant I/II /III (Appointment Unit, HRMO) Administrative Assistant Appointment Unit, HRMO</p>
<p>5. Review and sign appointment papers.</p>	<p>5.1 Assist in the signing of appointment papers; and 5.2 Provide schedule for the Oath of Office.</p>	<p>None</p>	<p>2 minutes</p>	<p>Administrative Assistant II (Appointment Unit, HRMO)</p>
<p>6. Recite the Oath of Office.</p>	<p>6. Conduct Oath of Office.</p>	<p>None</p>	<p>5 minutes</p>	<p>Medical Center Chief II (MCC Office)</p>
END OF TRANSACTION		<p>NP Screening fee + Medical and Dental Evaluation fee = amount to be paid</p>	<p>83 days, 7 hours, and 55 minutes</p>	



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65. ISSUANCE OF GATE PASS

Description of Service: The Material Management Section ensures that the equipment and semi-expendable equipment to be brought out of the premises of the Center is a personal property of the requisitioning officer.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Material Management Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen G2B – Government to Business
WHO MAY AVAIL	All NCMH employees, suppliers and contractors		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Gate Pass Form (4 original copies)		Material Management Section	
Valid I.D of the Requisitioning Officer (1 photocopy)		Government Agencies / Private Companies	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request Gate Pass Form (For Personal Belongings) to the MMS Equipment Unit Staff.	1. Issue Gate Pass Form.	None	1 minute	Administrative Aide I (MMS)
2. Fill out the Gate Pass Form properly and submit to the MMS Equipment Unit Staff. *With signature of the bearer, Head of Pavilion / Chief Engineer and Security Section	2.1 Receive and check the I.D and gate pass for completeness of information;	None	13 minutes	Administrative Aide I (MMS)
	2.2 Inspect and validate the item/s listed on the gate pass form and forward the form to the Chief of MMS for approval; and			
	2.3 Approve gate pass.	None	5 minutes	Administrative Officer V (MMS)
3. Receive Gate pass.	3. Issue gate pass.	None	1 minute	Administrative Aide I (MMS)
END OF TRANSACTION		None	20 minutes	



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66. ACQUIRING OF BIDDING DOCUMENTS

Description of Service: As provided in Section 17.4 of the Implementing Rules and Regulations (IRR) of Republic Act 9184, the bidders may be asked to pay a fee to recover the cost for the preparation and development of the Bidding Documents pursuant to the Guidelines on the Sale of Bidding Documents. The BAC shall issue the bidding document to the prospective bidders upon payment of the corresponding cost.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Procurement Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2B – Government to Business
WHO MAY AVAIL	Prospective Bidders		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Letter of Intent (1 original copy)		Respective Company	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Letter of Intent.	1.1. Receive Letter of Intent; and	None	5 minutes	BAC Secretariat (Procurement Section)
	1.2. Issue Order of Payment.	None	5 minutes	BAC Secretariat (Procurement Section)
2. Submit Order of Payment and pay the required fee in Collecting Office.	2. Receive Order of Payment then process payment and issue Official Receipt.	Refer to schedule of fees below	3 minutes	Administrative Officer (Collection and Deposit Unit)
3. Present the Official Receipt to Procurement Section.	3.1 Receive, check & validate the presented Official Receipt.	None	3 minutes	BAC Secretariat (Procurement Section)
	3.2 Release Bidding Documents.	None	10 minutes	BAC Secretariat (Procurement Section)
END OF TRANSACTION		Refer to schedule of fees below	26 minutes	

TABLE 1. STANDARD RATES (FEES TO BE PAID) FOR BIDDING DOCUMENTS

Approved Budget for the Contract	Maximum Cost of Bidding Documents
500,000 and below	₱500.00
More than 500,000 up to 1 Million	₱1,000.00
More than 1 Million up to 5 Million	₱5,000.00
More than 5 Million to 10 Million	₱10,000.00
More than 10 Million up to 50 Million	₱25,000.00
More than 50 Million up to 500 Million	₱50,000.00
More than 500 Million	₱75,000.00

Based on Section 17.4 of the Implementing Rules and Regulations (IRR) of Republic Act 9184



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67. ISSUANCE OF NOTICE OF AWARD

Description of Service: As provided in Section 37.1.2. of the Implementing Rules and Regulations (IRR) of Republic Act 9184, within a period not exceeding fifteen (15) calendar days from the determination and declaration by the BAC of the Lowest Calculated Responsive Bid or Highest Rated Responsive Bid, and the recommendation of the award, the Head of the Procuring Entity or his duly authorized representative shall approve or disapprove the said recommendation. The BAC Secretariat will inform the LCRB / HRRB for the availability of the documents.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Procurement Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2B – Government to Business
WHO MAY AVAIL	Lowest Calculated Responsive Bidder / Highest Rated Responsive Bidder		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Company ID		Respective Company	
Notarized Special Power of Attorney (1 original copy) <i>if not included in the Authority of the Signatory</i>		Respective Company	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Procurement Section and present the company ID and Notarized Special Power of Attorney (if applicable).	1. Check and verify the presented company ID / Notarized Special Power of Attorney.	None	5 minutes	Administrative Aide III, Administrative Assistant I, Administrative Assistant II, Administrative Officer I (Procurement Section)
2. Receive, review and conform the Notice of Award (NOA).	2. Issues Notice of Award (NOA).	None	10 minutes	Administrative Aide III, Administrative Assistant I, Administrative Assistant II, Administrative Officer I (Procurement Section)
END OF TRANSACTION		None	15 minutes	



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68. ISSUANCE OF PURCHASE ORDER / CONTRACT AND NOTICE TO PROCEED

Description of Service: As provided in Section 37.2.1. of the Implementing Rules and Regulations (IRR) of Republic Act 9184, the winning bidder shall provide the required documents within ten (10) calendar days upon the receipt of Notice of Award.

Section 37.4.1. The concerned Procuring Entity shall issue the Notice to Proceed together with a copy or copies of the approved contract to the successful bidder within seven (7) calendar days from the date of approval of the contract by the appropriate government approving authority. All notices called for by the terms of the contract shall be effective only at the time of receipt thereof by the successful bidder.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Procurement Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2B – Government to Business
WHO MAY AVAIL	Lowest Calculated Responsive Bidder / Highest Rated Responsive Bidder		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Notarized Contract Agreement Form, <i>(for Public Bidding and Negotiated Two-Failed Bidding only)</i>		Respective Company	
Notarized Performance Securing Declaration (refer to Table 1 of Section 27.2); or Performance in any forms (refer to Table 2 of Sec. 39.2)		Respective Company	
Notarized Special Power of Attorney <i>(One (1) original copy) if not included in the Authority of the Signatory</i>		Respective Company	
Company ID		Respective Company	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Procurement Section and present the company ID, SPA, and submit the required documents.	1.1. Check and validate the presented company ID and SPA. 1.2. Check the bid validity: a. The bids and bid security shall be valid within 120 days from the date of the opening of bids (Section 28); b. Check on the corresponding amount of performance security based on table No. 2 of Section 39.2.	None	1 hour	Administrative Aide III, Administrative Assistant I, Administrative Assistant II, Administrative Officer I (Procurement Section)
2. Receive Notice to Proceed and approved Contract Agreement / Purchase Order.	2. Issues Notice to Proceed, approved Contract Agreement / Purchase Order.	None	30 minutes	Administrative Aide III, Administrative Assistant I, Administrative Assistant II, Administrative Officer I (Procurement Section)
END OF TRANSACTION		None	1 hour and 30 minutes	



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TABLE 1. Bid Security

Form of Bid Security	Maximum Cost of Bidding Documents (in Philippine Peso)
<p>a) Cash or cashier's/manager's check issued by a Universal or Commercial Bank.</p> <p>For biddings conducted by LGUs, the cashier's/manager's check may be issued by other banks certified by the BSP as authorized to issue such financial instrument.</p>	Two percent (2%)
<p>b) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: <i>Provided, however,</i> That it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank.</p> <p>For biddings conducted by LGUs, bank draft/guarantee, or irrevocable letter of credit may be issued by other banks certified by the BSP as authorized to issue such financial instrument.</p>	
<p>c) Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.</p>	Five Percent (5%)

TABLE 2. Performance Security

Form of Performance Security	Amount of Performance Security (Not less than the required percentage of the Total Contract Price)
<p>a) Cash or Cashier's/manager's check issued by a Universal or Commercial Bank.</p> <p>For biddings conducted by LGUs, the cashier's / manager's check may be issued by other banks certified by the BSP as authorized to issue such financial instrument.</p>	Goods and Consulting Services – Five percent (5%)
<p>b) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: <i>Provided, however,</i> that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank.</p>	
<p>c) Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.</p>	Thirty percent (30%)



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**69. REQUEST FOR COPIES OF PROCUREMENT DOCUMENTS RELATIVE TO
ON-GOING AND COMPLETED PROCUREMENT PROJECTS**

Description of Service: In view of the adherence to the principle of transparency, based on RA 9184, Section 22 and Section 29, the prospective bidder/s can make a written request for a copy of minutes of the meeting for the pre-bid conference, opening and submission of documents and abstract as calculated with corresponding amount to cover the cost for reproduction.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Procurement Section		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2B – Government to Business G2C – Government to Citizen
WHO MAY AVAIL	Suppliers / Contractors / Consultants		

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Request Letter (1 original Copy)	Suppliers / Contractors / Consultants
Order of Payment (1 original Copy)	Procurement Section
Official Receipt (1 original Copy)	Collection and Deposit Unit

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Request Letter addressed to BAC Chairperson.	1.1. Receive request letter.	None	3 minutes	BAC Secretariat (Procurement Section)
	1.2. Route the request to Office of the BAC Chairperson for review and approval.	None	20 minutes	BAC messenger (Procurement Section)
	1.3. Once approved, the letter request must be forwarded to Procurement Section.	None	2 days	Medical Center Chief II (MCC Office)
	1.4. The BAC Secretariat determine and prepare the availability of requested documents based on Section 22.4. of RA 9184.	None	5 days	BAC Secretariat (Procurement Section)
	1.5. BAC Secretariat notify the bidder/s for the availability of the documents.	None	3 minutes	BAC Secretariat (Procurement Section)
2. Proceed to Procurement Section.	2. Issue an Order of Payment.	None	3 minutes	BAC Secretariat (Procurement Section)
3. Proceed to Collection and Deposit Unit, present the Order of Payment and pay the corresponding amount.	3. Issue Official Receipt.	₱500.00 per document	5 minutes	Administrative Assistant (Collection and Deposit Unit)
4. Present the Official Receipt to BAC Secretariat.	4.1 Check and validate the Official Receipt; and	None	3 minutes	BAC Secretariat (Procurement Section)
	4.2 Issue the requested documents.			
END OF TRANSACTION		₱500.00 per document	7 days and 34 minutes	



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70. REQUEST FOR REFUND OF PERFORMANCE BOND

Description of Service: Under Section 7 of Government Accounting Manual and in accordance with Executive Order No. 338, s. 1996 as implemented by COA-DBM-DOF Joint Circular No. 1-97 dated January 02, 1997. Upon faithful performance undertaking or termination of the obligation for which the bond or deposit was required, any amount due shall be returned by the agency concerned to the filing party, withdrawable in accordance with pertinent accounting and auditing rules and regulations.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Procurement Section			
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2B – Government to Business G2C – Government to Citizen	
WHO MAY AVAIL	Suppliers / Contractors / Consultants			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Request Letter (1 original copy)			Suppliers / Contractors / Consultants	
Valid I.D with 3 specimen signatures (1 photocopy)			Suppliers / Contractors / Consultants	
Official Receipt (1 original copy)			Suppliers / Contractors / Consultants	
Notice of Delivery Completion (1 original copy)			MMS	
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Request Letter, Photocopy of ID with three (3) specimen signatures Original Copy of Official Receipt, and Notice of Delivery Completion to Procurement Section.	1.1. Receive and check the submitted documents, and validate the authenticity of the official receipt.	None	5 minutes	Administrative Assistant I, Administrative Assistant II, Administrative Officer II (Procurement Section)
	1.2. Prepare disbursement voucher for refund of performance bond.	None	20 minutes	Administrative Assistant III (Procurement Section)
	1.3. Route the disbursement voucher for approval and check preparation.	None	7 days	Budget Officer, Accountant, and Disbursing Officer (Finance Service)
	1.4. Notify the requesting party for the availability of check.	None	5 minutes	Disbursing Officer (Finance Service)
2. Proceed to Cashier Unit and sign the disbursement voucher.	2. Release the check.	None	5 minutes	Disbursing Officer (Finance Service)
END OF TRANSACTION		None	7 days and 35 minutes	



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71. REQUEST FOR BIR FORM 2307

Description of Service: The Accounting Section is responsible for the timely and accurate issuance of BIR Form 2307, which certifies the amount of tax withheld at source. This service ensures compliance with tax regulations and supports both internal and external stakeholders in fulfilling their tax obligations efficiently.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Accounting Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government
WHO MAY AVAIL	All NCMH employees and Goods Suppliers		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
For Contract of Service (COS) Personal Details (Name, TIN, and Address)		Requesting Party	
For Supplier of Goods paid by Direct Payment (Disbursement Voucher) Disbursement Voucher (1 photocopy)		Accounting Section	
For Purchase by Petty Cash Fund or Cash Advance			
BIR Form 2303 (1 photocopy)		Requesting Party	
Sales Invoice or Official Receipt (1 photocopy)		Requesting Party	
Purchase Request (1 photocopy)		Requesting Party	
Accomplished BIR Form 2307 (1 original copy)		Requesting Party	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Accounting Section and submit the applicable requirements: For supplier of goods: Disbursement Voucher (DV). For purchase by Petty Cash Fund or Cash Advance: BIR form 2307 and Purchase Request. For purchase by Petty Cash Fund or Cash Advance (BIR Form 2307 for signature) Accomplished BIR form 2307 and Purchase Request.	1. Receive and verify documents. For supplier of goods: Check if the withheld tax has already been remitted to the BIR. If the amount has been remitted: Process the BIR form 2307. If amount is yet to be remitted: Inform the supplier to come back and submit a request again on a specific time when said amount has been remitted. For purchase by Petty Cash Fund or Cash Advance Process the BIR form 2307 and explain to the requesting party how to fill up the	None	25 minutes	Administrative Officer I Accountant III / IV (Accounting Section)



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	<p>BIR Form 2307 for future transactions.</p> <p>For purchase by Petty Cash Fund or Cash Advance (BIR Form 2307 for signature) Check the details of the BIR Form 2307. If correct: Sign the BIR Form 2307.</p> <p>If incorrect: Return the form and inform the requesting party of the error noted.</p>			
<p>2. Receive the BIR form 2307 and sign in the record log for released BIR Form 2307.</p>	<p>2. Issue the signed BIR form 2307.</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Officer I (Accounting Section)</p>
<p>END OF TRANSACTION</p>		<p>None</p>	<p>30 minutes</p>	



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72. REQUEST FOR A COPY OF PAID DISBURSEMENT VOUCHER (DV)
FOR REQUEST OF RETENTION

Description of Service: To safeguard the information of the suppliers, identification of the requesting party must be established prior to the release of the requested document. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Accounting Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2B – Government to Business
WHO MAY AVAIL	All NCMH suppliers		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Sales Invoice or Official Receipt (1 original copy)		Requesting Party	
Purchase Order Number		Requesting Party	
For request of multiple DVs: Summary of Details (1 original copy)		Requesting Party	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Accounting Section and submit the requirements.	1. Receive and check the requirements	None	5 minutes	Administrative Aide III / VI Administrative Assistant III (Accounting Section)
2. Wait for the paid DV voucher. Waiting time: 1 day	2.1 Search through the eNGAS using the details provided. 2.2 Pull out the copy from the Accounting Section retained files to Photocopy each	None	1 day	Administrative Aide III / VI Administrative Assistant III (Accounting Section)
3. Receive the copy of the requested Disbursement Voucher/s.	3. Release the copy to the requesting party	None	5 minutes	Administrative Aide III / VI Administrative Assistant III (Accounting Section)
END OF TRANSACTION		None	1 day and 10 minutes	



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73. REQUEST FOR PHILHEALTH ELECTRONIC MEMBER REGISTRATION AND RECORDS AMENDMENT (EMRRA)

Description of service: Updating and/or amendment of existing PhilHealth member's record for PhilHealth benefit availment.
Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Billing and Claims Section – Billing Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All PhilHealth members		

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Valid government issued I.D (1 original and 1 photocopy)	Any government agencies
Birth Certificate (1 photocopy)	Philippine Statistics Authority
Marriage Certificate (for Legal Spouse who is not yet a member) (1 photocopy)	Philippine Statistics Authority
Senior Citizen's ID (for Senior Citizen Psychiatric Patient without PhilHealth Membership)	Office of Senior Citizens Affairs (OSCA)

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Claims Unit for updating and/or amendment of PhilHealth Record.	1.1 Ask stakeholder for key point information and instruct to provide documentary requirements as needed (<i>refer to Checklist of Requirements</i>). 1.2 Provide PMRF.	None	10 minutes	Administrative Aide I - VI (Claims Unit)
2. Submit Accomplished PMRF and present documentary requirements (<i>refer to Checklist of Requirements</i>).	2.1 Review and evaluate accomplished PMRF and ensure that submitted documents are complete. (<i>Notify the client that the PHIC may require additional documents as needed</i>) 2.2 Process the documents through EMRRA.	None	15 minutes	Administrative Aide I - VI (Claims Unit)
END OF TRANSACTION		None	25 minutes	



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74. REQUEST FOR ISSUANCE OF STATEMENT OF ACCOUNT (SOA)

Description of service: This service involves the generation and issuance of patients' Statement of Account from Pay Pavilions.
Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Billing and Claims Section – Billing Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Legal Authorized Representative (LAR) of patients admitted in Pay Pavilions		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Valid government issued I.D (1 original copy)		Any government agencies	
Authorization Letter (1 original copy) <i>If the requesting party is not the Legally Authorized Representative</i>		Legally Authorized Representative	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Billing Unit (Window 8) and present any of the valid ID and request for the Statement of Account (SOA).	1.1 Verify the ID of LAR based on the hospital record; and 1.2 Generate SOA.	None	10 minutes	Administrative Assistant III (Billing Unit)
2. Received SOA.	2. Released SOA to legally authorized representative.	None	2 minutes	Administrative Assistant III (Billing Unit)
END OF TRANSACTION		None	12 minutes	



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75. REQUEST FOR PHILHEALTH BENEFIT ELIGIBILITY FORM (PBEF)

Description of service: Processing, validation and issuance of PhilHealth Benefit Eligibility Form.	
Operating Hours: Monday to Sunday including holidays, 8:00 am to 5:00 pm.	
OFFICE	Billing and Claims Section – Claims Unit
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All PhilHealth members and its qualified dependents (spouse and children below 21 years old).
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
Valid ID indicating Date of Birth (1 original copy)	Any government agency or place of employment
If the member is classified as Indirect Contributor (Indigent, 4Ps, GEP): Latest Member Data Record (1 photocopy)	Philippine Health Insurance Corporation
For Direct Contributors – Individually Paying Member: Official Receipts of Premium Contribution (1 photocopy)	Philippine Health Insurance Corporation, Any payment partners
If the member is Direct Contributor (Employed): Claim Signature Form (CSF) and/or Certificate of Premium Contribution (signed by employer)	Employer
If Patient is a Minor (below 21 years old) and not a PhilHealth member/undeclared dependent: Birth Certificate (1 photocopy)	Philippine Statistics Authority
If Patient is a Minor (below 21 years old) and parent is not a PhilHealth member: Birth Certificate (1 photocopy) Valid ID (mother/father)	Any government agency

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure PhilHealth Benefit Eligibility Requisition Form from the Claims Unit Office.	1. Provide PhilHealth Benefit Eligibility Requisition form.	None	2 minutes	Administrative Aide I - VI (Claims Unit)
2. Submit Accomplished PhilHealth Benefit Eligibility Requisition Form.	2.1 Review and evaluate; 2.2. Generate and print out the PhilHealth Benefit Eligibility Form (PBEF) through eClaims; and 2.3. Verify member Eligibility status through PCares-On-Duty.	None	20 minutes	Administrative Aide I - VI (Claims Unit)
3. a. Affix signature on the generated PhilHealth Benefit Eligibility Form (PBEF) (if applicable) b. Present all documentary requirements, as appropriate.	3.1 Inform client on PhilHealth eligibility status: a. If Psychiatric patients (21-59 years old) with No PhilHealth record or not updated membership: ▪ Staff on duty advises the client to	None	8 minutes	Administrative Aide I - VI (Claims Unit)



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<p>(refer to Checklist of Requirements)</p>	<p>proceed to Medical Social Service Section (MSSS) for assessment and POS enrollment.</p> <p>b. If psychiatric patient (<i>minor, below 21 years old</i>) and not a declared dependent of a PhilHealth member or parents are not a PhilHealth member, staff on duty advises the client to submit:</p> <ul style="list-style-type: none"> ▪ photocopy of patient's birth certificate (<i>if undeclared dependent</i>) or • photocopy of patient's birth certificate and one valid ID of mother/father (<i>if parents are not a PhilHealth member</i>) <p>c. If psychiatric (<i>Senior citizen</i>) patient with No PhilHealth record, staff on duty prepares:</p> <ul style="list-style-type: none"> ▪ PhilHealth Member Registration Form (PMRF), for membership registration thru EMRRA. <p>d. If psychiatric patients with existing PhilHealth number but with discrepancies in information, staff on duty advises the client to:</p> <ul style="list-style-type: none"> ▪ submit patient's birth certificate or valid ID (<i>photocopy</i>) <p>e. If non-psychiatric patients with No PhilHealth Record, unpaid contribution/s, or discrepancies on member's information, staff on duty advises the client/patient to proceed to any PhilHealth office for:</p> <ul style="list-style-type: none"> ▪ membership registration, 			
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	<ul style="list-style-type: none"> ▪ payment of premium contribution or ▪ amendment of information. <p>f. For patients with updated eligibility status:</p> <ul style="list-style-type: none"> ▪ staff on duty instructs the client/patient to submit other appropriate documentary requirements (<i>refer to Checklist of Requirements</i>) <p>3.2 Instruct the client to return to ward where the patient is confined and submit the generated PBEF to the Nurse-On-Duty to be affixed to the patient's chart.</p>			
END OF TRANSACTION		None	30 minutes	



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1. REQUEST FOR RISOGRAPH

Description of Service: This service involves processing of Risograph Requests. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Health Information Management Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Photocopy/Risograph request slip (1 original copy)		Health Information Management Section	
Document for Production (1 original or photocopy)		Requesting personnel	
A4 size paper reams corresponding to number of reams requested		Pavilion/Office of origin	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the HIMS Main Office and submit filled out Photocopy/ Risograph request slip indicating the form number to be reproduced along with A4 size paper reams corresponding to number of reams requested.	1. Receive request slip.	None	2 minutes	Administrative Aide I (HIMS)
2. Wait for the document to be reproduced. Waiting Time: 2 days	2. Reproduce document.	None	55 minutes	Administrative Aide I (HIMS)
3. Pick up reproduced documents and sign the receiving form.	3. Issue requested documents.	None	3 minutes	Administrative Aide I (HIMS)
END OF TRANSACTION		None	1 hour (Waiting Time: 2 days)	



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2. REQUEST FOR FOOD ITEM/S

Description of Service: This process is established to ensure the proper steps on requesting and issuance of food provision.
Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Nutrition and Dietetic Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Food request letter (1 original copy)		Requesting section/ unit	
NDS Food request form (1 original copy)		Nutrition and Dietetics Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a copy food request letter addressed to Medical Center Chief thru Chief of Finance and Chief of Nutrition and Dietetics Section, with attached completely filled-out NDS Food request form, preferably at least five (5) working days prior to the date of activity.	1. Receive and check the copy food request letter and NDS Food request form.	None	5 minutes	Nutritionist Dietitian IV/V (Nutrition and Dietetics Section)
2. Wait for the approval and processing of food request. Waiting Time: 1 day	2.1 Once approved, contact direct food supplier - place an order of the confirmed food item/s and endorse a copy of NDS Food request form to the food supplier. 2.2 Receive the confirmed food item/s from the food supplier and sign the official receipt/ statement of account.	None	2 days	Nutritionist Dietitian IV/V (Nutrition and Dietetics Section)
3. Collect/ receive the food item/s and sign the NDS Food request form on the date of activity.	3. Endorse the food item/s to the representative of requesting section/ unit using the NDS Food request form on the date of activity.	None	10 minutes	Nutritionist Dietitian II (Nutrition and Dietetics Section)
END OF TRANSACTION		None	2 days and 15 minutes (Waiting Time: 1 day)	



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3. INFRASTRUCTURE WORK REQUEST

Description of Service: The Planning and Development Section facilitates and accomplishes infrastructure work requests pertaining construction (new) and/or rehabilitation/repair(existing) of facilities. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Planning and Development Section		
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employee		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Infrastructure Work Request Form (1 original copy)		Administrative Unit Office	
If materials/supplies are available: Request Slip (1 original copy) Request and Issue Slip (1 original copy)		Administrative Unit Office	
If materials/supplies are unavailable: Purchase Request (2 original copies)		Administrative Unit Office	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Properly accomplish Infrastructure Work Request form and submit to the Planning and Development Section (PDS).	1.1 Receive and evaluate the completeness and records the Infrastructure Work Request form; and 1.2 Forward the form to the concerned Unit Head.	None	30 minutes	Administrative Aide III (PDS)
2. Assist the Planning and Development Section personnel during on-site evaluation/inspection.	2.1 Conduct on-site evaluation/inspection relative to the requested "Description of Work"; and 2.2 Accomplish and submit to the end-user the Estimate Form reflecting the needed materials/supplies for the requested maintenance work.	None	1 hour and 15 minutes	Supervising Administrative Officer (PDS)
3. Accomplish and submit to the Planning and Development Section the following: If materials are available: <ul style="list-style-type: none"> ▪ Request slip ▪ Request and Issue Slip based on the materials/supplies listed on the Estimate Form. The Estimate Form shall be attached together with the slips. 	3.1 Receive, evaluate, record, and forward the Request Slip and Request and Issue Slip to the Warehouseman;	None	15 minutes	Administrative Aide III (PDS)
	3.2 Issue requested materials;	None	15 minutes	Warehouseman (PDS)
	3.3 Receive, evaluate, record, and forward the Purchase Request to the MCC for approval;			15 minutes



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If materials are unavailable: <ul style="list-style-type: none"> ▪ Purchase Request based on the materials/supplies listed on the Estimate Form. The Estimate Form shall be attached together with the request. 	3.4 Approve Purchase Request; and	None	3 days	MCC II (MCC Office)
	3.5 Receive the approved PR and purchase the materials.	None	7 days based on COA Circular 2013-001 and RA 9184	Administrative Aide III (PDS)
4. Assist the Planning and Development Section personnel during conduct of infrastructure work.	4 Proceed to the project site for the commencement of the infrastructure work.	None	5 days	Supervising Administrative Officer (PDS)
5. Certify the accomplishment of the requested infrastructure work by signing the submitted Infrastructures Work Request Form.	5.1 Receive the signed Infrastructure Work Request form and submit to the Planning and Development Section; and	None	5 minutes	Supervising Administrative Officer (PDS)
	5.2 Receive the document. Record and file accordingly.	None	10 minutes	Administrative Aide III (PDS)
END OF TRANSACTION		None	5 days, 2 hours, and 30 minutes – if materials are available 15 days, 2 hours, and 15 minutes – if materials are unavailable	



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4. REQUEST FOR EMERGENCY EVACUATION FLOOR PLAN

Description of Service: The Planning and Development Section evaluates, accomplishes and issues evacuation plan/s requests for NCMH Pavilions/ Offices. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Planning and Development Section		
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Work request Form (1 original and 1 photocopy)		Administrative Unit Office	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Properly accomplish Work Request Form and submit to the Planning and Development Section (PDS).	1.1 Receive and evaluate the completeness and records the Infrastructure Work Request Form; and 1.2 Forward the form to the concerned technical staff.	None	30 minutes	Administrative Aide I / III (Planning and Development Section)
2. Wait for the issuance of the Emergency Evacuation Floor Plan. Waiting time: 10 days	2. Prepare the Emergency Evacuation Floor Plan.	None	10 days	Technical Staff Administrative Assistant II / III (Planning and Development Section)
3. Receive the Emergency Evacuation Floor Plan and certify the accomplishment of the requested work by signing the submitted Work Request form.	3. Receive the signed Work Request Form.	None	15 minutes	Administrative Aide I / III (Planning and Development Section)
END OF TRANSACTION		None	10 days and 45 minutes	



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5. APPLICATION FOR RESEARCH GRANTS

Description of Service The Professional Education, Training and Research Office (PETRO) provides support to mental health-related research aligned with the National Mental Health Research Agenda (NMHRA) to be conducted by NCMH employees.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Professional Education, Training, and Research Office (PETRO)		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Request for Research Grant (Form A)		PETRO	
Proposed Line-Item Budget and Distribution Plan (Forms B.1 and B.2)		PETRO	
Contract of Agreement		PETRO	
Technical Review Approval Form		Technical Review Committee	
Copy of the approved research protocol		Principal Investigator	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit documentary requirements to PETRO.	1. Receive and check accuracy and completeness of submitted documents.	None	10 minutes	Administrative Officer II (PETRO)
2. Wait for feedback on request.	2.1 Evaluate and recommend action to Medical Center Chief;	None	4 hours	Medical Specialist IV (PETRO)
	2.2 Final recommendation of the request; and	None	2 days	Medical Center Chief II (MCC Office)
	2.3 Inform requesting employee of the final recommendation.	None	1 hour	Administrative Officer II (PETRO)
3. Return to PETRO to get the copy of the letter with notation.	3.1 Provide copy of the letter with notation; and	None	5 minutes	Administrative Officer II (PETRO)
	3.2 If approve: Issue Contract of Agreement for signature and notary.		30 minutes	
4. Submit to PETRO the notarized Contract of Agreement.	4.1 Receive original copy of the Contract of Agreement; and	None	30 minutes	Administrative Officer II (PETRO)
	4.2 Instruct to proceed with the conduct of research study.			
END OF TRANSACTION		None	2 days, 6 hours and 15 minutes	



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6. APPLICATION FOR STUDY LEAVE

Description of Service The Professional Education, Training and Research Office (PETRO) processes requests for study leave to fulfill obligations in relation to postgraduate requirements, and prepare for board/bar examinations (as per Civil Service Commission Memo Circular No. 21 s. 2004). **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Professional Education, Training, and Research Office (PETRO)		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH Employees who wish to complete their master's, undergo board or bar examination for their professional development.		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Letter of Intent (1 original copy)		Requesting individual	
Certification Form		PETRO	
NCMH Return Service Agreement		PETRO	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of intent addressed to Medical Center Chief thru Chief PETRO noted by head of office/ supervisor and Certification Form.	1. Receive and check documentary requirement/s (certification must be already signed by HRMO and Legal Section)	None	10 minutes	Training Assistant (PETRO)
2. Wait for schedule of interview.	2.1 Evaluate application.	None	1 hour	Training Specialist IV (PETRO)
	2.2 Inform applicant the schedule of interview with the Chief of PETRO.	None	30 minutes	Training Assistant (PETRO)
3. Proceed to PETRO for interview.	3.1 Conduct interview of the applicant and endorse recommendation to MCC;	None	1 hour	Medical Specialist IV (PETRO)
	3.2 Approve/disapprove request; and	None	2 days	Medical Center Chief II (MCC Office)
	3.3 Inform applicant regarding the status of request. If approved: Issue Return Service Agreement.	None	1 hour	Training Assistant (PETRO)



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4. Submit notarized Return Service Agreement.	4. Receive original copy of notarized return service agreement.	None	5 minutes	Training Assistant (PETRO)
5. Proceed to HRMO to file leave application.	5. Process leave application.	None	2 days	Administrative Aide VI (HRMO)
END OF TRANSACTION		None	4 days, 3 hours and 45 minutes	



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7. DATA ALLOWANCE FOR LEARNING AND DEVELOPMENT ACTIVITIES

Description of Service The PETRO provides data allowance to participants of learning and development (LD) activities who have no or limited internet access. Allowable rates shall be in accordance with the budget circular released by the Department of Budget and Management (DBM). **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Professional Education, Training, and Research Office (PETRO)		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employees attending to Learning and Development (LD) activities		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Proof of attendance to LD activity (e.g. copy of Hospital Order, approved Training Request Form)		Requesting employee/ individual	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Online register at least one day prior to attendance of the activity through bit.ly/PETRODataAllowance or Proceed to PETRO for manual registration.	1. Check registration thru Google Sheet.	None	5 minutes	Training Assistant (PETRO)
2. Wait for notification from PETRO.	2.1 Verify submitted document vis-à-vis registration; and 2.2 Send confirmation message to the registered mobile number.	None	1 hour	Training Assistant (PETRO)
3. Receive data allowance and proceed to PETRO to sign proof of acknowledgement of receipt..	3. Send data allowance.	None	15 minutes	Administrative Assistant I (PETRO)
END OF TRANSACTION		None	1 hour and 20 minutes	



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8. ISSUANCE OF CERTIFICATE FOR LEARNING AND DEVELOPMENT ACTIVITIES

Description of Service The PETRO issues certificates to resource speakers, facilitators, and participants of learning and development activities conducted/ organized by NCMH offices. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Professional Education, Training, and Research Office (PETRO)		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All organizing NCMH offices		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Request for Certification Form		PETRO	
List of Participants (Annex A) in soft copy MS Word Format		PETRO	
Post-Training Completion Report		PETRO	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit accomplished Request for Certification form with the following attachments: a. Post-Training Completion Report b. List of participants in soft copy (email to: petro@ncmh.gov.ph)	1.1 Receive and check details of request with complete attachments; and 1.2 Check email for the list of participants in soft copy.	None	10 minutes	Training Assistant (PETRO)
2. Wait for release of certificates	2.1 Prepare certificates based on the given soft copy and post training completion report; 2.2 Print certificates; 2.3 Facilitate signing of certificates to appropriate signatories; and 2.4 Release certificates to participants or requesting office.	None	2 days	Training Assistant (PETRO) Administrative Aide III (PETRO)
END OF TRANSACTION		None	2 days and 10 minutes	



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9. ISSUANCE OF STUDENT AFFILIATION CERTIFICATES

Description of Service The Professional Education, Training and Research Office (PETRO) releases certificate of completion to student affiliates **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Professional Education, Training, and Research Office (PETRO)		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	NCMH Offices with student affiliates		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Request of Certificate of Completion (Student Internship/ Affiliation)		PETRO	
List of Students (Annex A) in soft copy, excel file		PETRO	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit to PETRO the Request of Certificate of Completion (Student Internship/ Affiliation) and send list of students (Annex A) via email: petro@ncmh.gov.ph	1.1 Receive complete documents; and 1.2 Prepare certificates.	None	10 minutes	Administrative Aide VI (PETRO)
2. Receive certificates.	2. Issue certificates.	None	2 days	Administrative Aide VI
END OF TRANSACTION		None	2 days and 10 minutes	



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10. TRAINING ENROLLMENT/ IN-HOUSE/ CONSULTING SERVICES

Description of Service The Professional Education, Training and Research Office (PETRO) processes the request for an attendance and conduct of learning activities via enrollment and in-house.

Note: Submission of pre-training requirements should be based on the prescribed timeline:

- a. For enrolment and in-house: at least three (3) weeks prior to the activity
- b. For in-house with Professional Regulatory Commission (PRC) Continuing Professional Development (CPD) program application: at least two (2) months prior to the activity

For consulting services: at least three (3) months prior to the activity

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Professional Education, Training, and Research Office (PETRO)		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH Employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Training Request Form (TRF)		PETRO	
Training Agreement (<i>for enrolment</i>)		PETRO	
Course Description/Outline (<i>for enrolment</i>)		Learning Service Provider	
Learning Design (<i>for in-house</i>)		Learning Service Provider	
Curriculum Vitae (<i>for in-house</i>)		Resource Person	
CPDD-17 Form (<i>for in-house with application for CPD program</i>)		Professional Regulatory Commission (PRC)	
Breakdown of Expenses (<i>for in-house with application for CPD program</i>)		Professional Regulatory Commission (PRC)	
Declaration of Minimum Technical Requirements (<i>for in-house with application for CPD program via online</i>)		Professional Regulatory Commission (PRC)	
Data Privacy Notice (<i>for in-house with application for CPD program via online</i>)		Professional Regulatory Commission (PRC)	
Valid Professional Identification Card (PIC)/Receipt of Renewal of each Resource Person, if registered professional; otherwise, valid government-issued ID - soft copy (<i>for in-house with application for CPD program</i>)		Resource Speaker	
CPDD-16 Form (<i>for in-house with application for CPD program</i>)		Professional Regulatory Commission (PRC)	
CPDD-02 (<i>for in-house with application for CPD program</i>)		Professional Regulatory Commission (PRC)	
Evaluation method or tool (<i>for in-house with application for CPD program</i>)		Requesting office	
Program of Activities (<i>for in-house with application for CPD program</i>)		Requesting office	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements to PETRO.	1. Receive and check documentary requirements.	None	15 minutes	Administrative Assistant I (PETRO)



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2. Receive status of request.	2.1 Review training details and endorse to Training Specialist IV.	None	30 minutes	Training Assistant (PETRO)
	2.2 Evaluate request based on criteria; If recommended: Route to Chief PETRO for endorsement If not recommended: Return to the Requesting Office for appropriate action.	None	4 hours	Training Specialist IV (PETRO)
	2.3 Recommended for approval and route to Medical Center Chief;	None	4 hours	Medical Specialist IV (Chief PETRO)
	2.4 Approve/ disapprove of request.	None	2 days	Medical Center Chief II (MCC Office)
	2.5 If approved: Forward to HRMO for issuance of Hospital Order. If disapproved: Inform requesting office.	None	1 hour	Training Assistant (PETRO)
END OF TRANSACTION		None	3 days, 1 hour and 45 minutes	



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11. PROCESSING OF DOCUMENT REQUEST FORM

Description of Service: The center's mandate is to ensure that all document preparation, addition, amendment, and deletion are properly processed, prepared using a uniform format, consistent with the style and content, duly reviewed and approved for adequacy, and updated and distributed controlled copies to appropriate locations and made available at points of use.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Quality Management Office		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Document Request Form (1) original copy		Quality Management Office/ NCMH website	
Draft of the requested document		Requesting Client	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a completed Document Request Form (DRF) along with a draft of the requested document.	1.1. Receive and review duly accomplished Document Request Form (DRF) and attachments; If incomplete: Return to the process owner with detailed instructions.	None	1 hour	Administrative Assistant III (Quality Management Office)
	1.2. Encode and enroll new/amended documents in the Quality Management System (QMS) or delete documents from the master list.			
	1.3. Evaluate and review encoded draft, and approve/disapprove the DRF If disapproved: Return to process owner and state reason/s for disapproval.	None	1 day For ordinary document 3 days For Section/Pavilion Manuals	Nurse IV (Quality Management Office)
2. Receive the document for review and approval of the Service Chief.	2. Forward the encoded document to the process owner for approval	None	10 minutes	Administrative Assistant III (Quality Management Office)
3. Submit document to respective Service Chief for signature.	3.1 Receive document; and	None	2 days	Administrative Assistant



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	3.2 Approve document.			Service Chief (Office of the Service Chief)	
4	Return the signed document to the QMO.	4 Receive approved document and forward it to QMR for acknowledgement of approval.	None	1 day	Administrative Assistant III (Quality Management Office)
5	Receive the controlled copy of the requested document.	5.1 Update master lists and release the controlled copies; and 5.2 Retrieve any obsolete or deleted documents from the process owners and stamp the pages with "Obsolete-Retained".	None	15 minutes	Administrative Assistant III (Quality Management Office)
END OF TRANSACTION			None	4 days, 1 hour, and 25 minutes Ordinary Document Request 6 days, 1 hour, and 25 minutes Section/Pavilion Manual	



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12. REQUEST FOR I.T SERVICES

Description of Service: This process includes repair of malfunctioning I.T equipment, Network / Internet connectivity Trouble shooting, and Network installation. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	I.T Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
None		N/A	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call I.T unit for the request at local 478 or 1224.	1.1 Receive request; and 1.2 Encode request at NCMH Ticketing System.	None	5 minutes	CMT II (I.T Unit)
2. Receive I.T service	2.1 For repair of malfunctioning I.T equipment: Assess and diagnose a. If unit is beyond repair: refer to Material Management Section for referral outside or for condemning	None	30 minutes	Administrative Aide I / VI Administrative Assistant II CMT III (I.T Unit)
	b. If unit is under warranty: refer to vendor.	None	30 minutes	Administrative Aide I / VI Administrative Assistant II CMT III (I.T Unit)
	c. If unit is out of warranty: perform service repair.	None	2 days	Administrative Aide I / VI Administrative Assistant II CMT III (I.T Unit)
	d. For Network / Internet connectivity trouble shooting.	None	30 minutes	Administrative Aide I / VI Administrative Assistant II CMT III (I.T Unit)



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	e. For network installation	None	1 day	Administrative Aide I / VI Administrative Assistant II CMT III (I.T Unit)
	2.2 Prepare service report and update NCMH Ticketing System	None	30 minutes	Administrative Aide I / VI Administrative Assistant II CMT III (I.T Unit)
END OF TRANSACTION		None	Refer to Total Processing Time Table below	

TOTAL PROCESSING TIME	PROCESS
1 hour and 10 minutes	If unit is beyond repair / Unit is under warranty
2 days and 40 minutes	If unit is out of warranty
50 minutes	Network / Internet connectivity Trouble shooting
1 day and 40 minutes	Network installation



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	attached together with the slips				
	If materials are unavailable: <ul style="list-style-type: none"> ▪ Purchase Request based on the materials/supplies listed on the Estimate Form. The Estimate Form shall be attached together with the request. 	3.1 Receive, evaluate, record, and forward the Purchase Request to the MCC for approval; 3.2 Approve Purchase Request; 3.3 Purchase the materials.	None	15 minutes 2 days 7 days based on COA Circular 2013-001 and RA 9184	Administrative Aide I (FEMS) MCC II (MCC Office) Construction and Maintenance General Foreman (FEMS)
4.	Assist the Facilities and Equipment Maintenance Section personnel during conduct of maintenance work	4. Proceed to the project site for the commencement of the maintenance work.	None	5 days	Construction and Maintenance General Foreman (FEMS)
5.	Certify the accomplishment of the requested maintenance work by signing the submitted Maintenance Work Request Form	5.1 Receive the signed Maintenance Work Request Form and submits to the Facilities and Equipment Maintenance Section office 5.2 Receive the document from the Foreman and records and files accordingly	None	5 minutes 10 minutes	Construction and Maintenance General Foreman (FEMS) Administrative Aide I (FEMS)
END OF TRANSACTION			None	5 days, 2 hours, and 30 minutes – if materials are available 14 days, 2 hours, and 15 minutes – if materials are unavailable	



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14. LEAVE APPLICATION

Description of Service: The Human Resource Management Office is responsible for the processing of Leave of Absence filed by the employees of NCMH. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Human Resource Management Office		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH regular employee		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Duly Accomplished Leave Form CSC Form No. 6 (3 original copies)		HRMO Window 5 & 6 or at NCMH Official Website: https://ncmh.gov.ph/index.php/issuances-downloadable-forms#hrmo-forms	
Situational Requirements:			
<u>Sick Leave</u>			
<ol style="list-style-type: none"> 1. Clearance Form (leave more than 30 days) (6 original copies) 2. Medical Certificate (leave more than 5 days) (1 original copy) 3. Approved Letter to MCC II (leave more than 30 days or for scheduled operation) (2 original copies) 		<ol style="list-style-type: none"> 1. Human Resource Management Office 2. Attending Physician 3. Office of the Medical Center Chief 	
<u>Vacation Leave</u>			
<ol style="list-style-type: none"> 1. Clearance Form (leave more than 30 days) (6 original copies) 2. Approved Letter to MCC II (leave more than 30 days) (2 original copies) 		<ol style="list-style-type: none"> 1. Human Resource Management Office 2. Office of the Medical Center Chief 	
<u>Maternity Leave</u>			
<ol style="list-style-type: none"> 1. Clearance Form– (6 original copies) 2. Approved Letter to MCC II (2 original copies) 3. Medical Certificate (1 original copy) 4. Allocation of Maternity Leave to Husband/Relative (3 original copies) <i>If applicable</i> 5. Any proof of relation to employee (birth certificate, marriage certificate, barangay certificate, etc.) (1 photocopy) <i>if applicable</i> 		<ol style="list-style-type: none"> 1. Human Resource Management Office 2. Office of the Medical Center Chief 3. Attending Physician 4. Requesting Employee 5. Requesting Employee 	
<u>Paternity Leave</u>			
<ol style="list-style-type: none"> 1. Birth Certificate of Child (1 photocopy) 2. Marriage Certificate (1 photocopy) 		<ol style="list-style-type: none"> 1. Philippine Statistics Office 2. Philippine Statistics Office 	
<u>Quarantine Leave</u>			
<ol style="list-style-type: none"> 1. Swab Result (1 original copy) 2. Screening Form (1 original copy) 3. Medical Certificate with date of confinement (1 original copy) 		<ol style="list-style-type: none"> 1. Clinical Laboratory 2. Triage 3. Attending Physician 	
<u>Special Leave Benefits for Women</u>			
<ol style="list-style-type: none"> 1. Clearance Form (2 original copies) 2. Approved Letter to MCC (2 original copies) 3. Medical Certificate (1 original copy) 4. Clinical Abstract/pathological Report/Record of operation (1 photocopy) 		<ol style="list-style-type: none"> 1. Human Resource Management Office 2. Office of the Medical Center Chief 3. Attending Physician 4. Hospital 	



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<p><u>Study Leave</u></p> <ol style="list-style-type: none"> 1. Clearance Form (6 original copies) 2. Approved Letter to MCC II (2 original copies) 3. Contract (1 original copy) 	<ol style="list-style-type: none"> 1. Human Resource Management Office 2. Office of the Medical Center Chief 3. Requesting Employee
<p><u>Terminal Leave</u></p> <ol style="list-style-type: none"> 1. Clearance Form (6 original copies) 2. Approved Letter to MCC II (2 original copies) <i>for optional Retirees only</i> 	<ol style="list-style-type: none"> 1. Human Resource Management Office 2. Office of the Medical Center Chief

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the accomplished Leave form CSC Form No. 6 (revised 2020) to HRMO.	1. Receive application for leave and notates the Leave balances.	None	5 minutes	Administrative Aide IV Administrative Assistant III (Leave Unit, HRMO)
2. Submit the approved and signed leave form by the immediate superior with complete attachments.	2.1 Receive the application and check the applied details and the completeness of attachments; If complete: Return one copy to the employee. If incomplete: Return the form to the employee. This activity is repeated until the document is accepted.	None	15 minutes	Administrative Aide IV Administrative Assistant III (Leave Unit, HRMO)
	2.2 Process the leave applications;	None	5 minutes	Administrative Assistant II (Leave Unit)
	2.3 Approve/sign leave application.	None	1 day	Chief of Service
END OF TRANSACTION		None	1 day and 25 minutes	



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15. MULTI-PURPOSE LOAN APPLICATION (PAG-IBIG)

Description of Service: The Human Resource Management office is responsible for the submission of employees' application form for the Pag-Ibig Multi-Purpose Loan. The validity of the applied loan is upon the approval of the PAG-IBIG FUND: 8-724-4244/contactus@pagibigfund.gov.ph. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Human Resource Management Office		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH regular employee who has made at least 24 monthly membership savings (MS)		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Duly Accomplished Multi-Purpose Loan Application Form (MPL) (2 original copies)		Human Resource Management Office - Window 4	
NCMH ID (front & back) with 3 signature (1 photocopy)		Requesting Employee	
Government ID (front & back) with 3 signature (1 photocopy)		Government agencies	
Latest Monthly Pay Slip (1 original copy)		Human Resource Management Office - Window 3	
Landbank ATM Card (1 photocopy)		Requesting employee	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the accomplished Multi-Purpose Loan Application Form with complete attachments to HRMO.	1.1 Receive 1 copy and check the filled-out forms with attachments;	None	5 minutes	Administrative Aide III / IV (HRMO-Window 4)
	1.2 Affix signature for approval;	None	1 day	Supervising Administrative Officer (HRMO)
	1.3 Submit to PAG-IBIG FUND (Shaw Blvd. branch); and	None	20 minutes	Administrative Aide III (HRMO)
	1.4 Process the application.	None	5 days	Pag-Ibig Personnel (Pag-Ibig Fund Shaw Branch)
2. Receive Multi-Purpose Loan through Landbank ATM card.	2. N/A	N/A	N/A	N/A
END OF TRANSACTION		None	6 days and 25 minutes	



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16. REQUEST FOR CERTIFICATE OF EMPLOYMENT

Description of Service: The Human Resource management Office is responsible for the processing and releasing of Certificate of Employment upon request of NCMH employees. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Human Resource Management Office		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All current and separated employees of NCMH		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Principal: 1. Request Form (1 original copy) 2. Official Receipt (1 original copy)		HRMO Window 2 Collection and Deposit Unit (Pavilion 2)	
Authorized Representative: 1. Valid ID of the principal and authorized representative (1 original copy) 2. Authorization Letter (1 original copy) 3. Request Form (1 original copy) 4. Official Receipt (1 original copy)		Government agencies / issuing agencies Requesting employee (principal) HRMO Window 2 Collection and Deposit Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to HRMO and accomplish Request slip.	1. Issue Request slip and Charge slip.	None	5 minutes	Administrative Assistant II (HRMO-Employee Relations Unit)
2. Proceed to Collection and Deposit Unit and provide amount to be paid.	2. Process the payment and issue Official Receipt.	₱30.00 – Active Employee ₱100.00 – Inactive Employee FREE – for COVID claims purposes only	10 minutes	Administrative Officer III (Collection and Deposit Unit)
3. Return to HRMO and present the Official Receipt and Request slip.	3.1 Receive and check request slip for completeness of information;	None	5 minutes	Administrative Assistant II (HRMO-Employee Relations Unit)
	3.2 Forward the request slip and Official Receipt to Employee Relations and Transaction Unit;			
	3.3 Process the request.	None	1 day	Administrative Assistant II (HRMO-Employee Relations Unit)



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4. Receive the Certificate of Employment.	4. Release the duly signed Certificate of Employment.	None	5 minutes	Administrative Assistant II (HRMO-Employee Relations Unit)
END OF TRANSACTION		₱30.00 – Active Employee ₱100.00 – Inactive Employee FREE – for COVID claims purposes only	1 day and 25 minutes	



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17. REQUEST FOR COMPENSATORY TIME-OFF

Description of Service: The Human Resource Management Office is responsible for the processing of Certification of Overtime Rendered filed by the employees of NCMH. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Human Resource Management Office		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH regular employee who rendered overtime		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Availment of Compensatory Time-Off Form (3 original copies)		HRMO Window 5 & 6	
DTR (1 photocopy)		Requesting Employee	
Hospital Order (1 photocopy) <i>if applicable</i>		Employee Relation Unit, HRMO	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to HRMO, Leave Unit and submit duly accomplished Certification of Overtime Rendered Form and DTR.	1.1 Receive and check for the completeness of data;	None	10 minutes	Administrative Aide IV (HRMO-Leave Unit)
	1.2 Record the CTO application form;			
	1.3 Forward the approved and duly processed COC application to the 201 File Section for record keeping.			
	1.4 Affix signature for approval.	None	1 day	Chief of Service
2. Receive copy of Availment of Compensatory Time-Off.	2.1 Issue a copy of Availment of Compensatory Time-Off; and	None	1 minute	Administrative Aide IV Administrative Assistant II (HRMO-Leave Unit)
	2.2 Forward the approved and duly processed COC application to the 201 File Section for record keeping.	None	1 day	Administrative Aide IV Administrative Assistant II (HRMO-Leave Unit)
END OF TRANSACTION		None	2 days and 11 minutes	



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18. REQUEST FOR ISSUANCE OF MEMORANDUM ORDERS, HOSPITAL ORDERS, AND OTHER ISSUANCES

Description of Service: This process covers from the request and issuances of Memorandum Orders and Hospital orders and other necessary issuances. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Human Resource Management Office		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employee		

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Approved request for Hospital Order or Memorandum (1 original copy)	Office of the Medical Center Chief
Certificate of attendance (1 photocopy) <i>if applicable</i>	Organizing Committee of Convention/Seminar

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward the Hospital Order/Memo request to the office of the MCC for approval.	1.1 Receive the request; and 1.2 Approve the request.	None	1 day	Administrative Officer I Medical Center Chief (Office of the MCC)
2. Receive approved request and submit to HRMO.	2.1 Review the Hospital Order/Memo request; and	None	1 day	Supervising Administrative Officer (HRMO)
	2.2 Verify and draft the Hospital Order/Memo, then coordinate the signing of the document.	None	1 day	Administrative Assistant II (HRMO)
3. Receive the official Hospital Order/Memo.	3. Release Hospital Order/Memo via email and hardcopy.	None	3 minutes	Administrative Aide I Administrative Assistant II (HRMO)
END OF TRANSACTION		None	3 days and 3 minutes	



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19. REQUEST FOR ISSUANCE OF NCMH EMPLOYEE IDENTIFICATION CARD

Description of Service: This process covers the issuances of Identification Card for newly hired, promoted and requesting employee for loss/faded NCMH ID. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Human Resource Management Office		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All active NCMH employee		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Newly hired/ promoted ID Request Form (1 original copy) 2x2 I.D picture with white background (1 copy)		Human Resource Management Office - Window 2 Requesting employee	
Loss ID Affidavit of Loss (1 original copy) ID Request Form (1 original copy) 2x2 I.D picture with white background (1 copy) Official Receipt (1 original copy)		Requesting employee Human Resource Management Office - Window 2 Requesting employee Collection and Deposit Unit (Pavilion 2)	
ID Replacement Request Letter (<i>Addressed to Chief of HRMO</i>) ID Request Form (1 original copy) 2x2 I.D picture with white background (1 copy) Official Receipt (1 original copy)		Requesting employee Human Resource Management Office - Window 2 Requesting employee Collection and Deposit Unit (Pavilion 2)	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to HRMO and accomplish I.D request form.	1. Issue I.D Request form and Charge slip.	None	5 minutes	Administrative Assistant I (HRMO)
2. Proceed to Collection and Deposit Unit and provide amount to be paid.	2. Process the payment and issue Official Receipt.	₱50.00 – Loss/Replacement Free – Newly hired/Promoted employee	10 minutes	Administrative Officer III (Collection and Deposit Unit)
3. Return to the HRMO and submit Official Receipt and I.D Request form with 2x2 I.D photo.	3. Receive and check for the completeness of data and process the request.	None	2 days	Administrative Assistant I (HRMO)
4. Receive the Identification card and sign on the receiving log book.	4. Issue Identification Card.	None	5 minutes	Administrative Assistant I (HRMO)
END OF TRANSACTION		₱50.00 – loss/Replacement FREE – Newly hired/promoted employee	2 days and 20 minutes	



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20. REQUEST FOR LOAN BALANCES

Description of Service: The Human Resource Management Office is responsible for the notation of active loan balances of all NCMH Regular Employees **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Human Resource Management Office		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH regular employee		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Principal 1. Accomplished Loan Balances Slip (1 original copy) 2. Employee's Name and ID Number		Human Resource Management Office - Window 4 Requesting employee	
Authorized Representative 1. Valid ID of the principal and authorized representative (1 original copy) 2. Authorization Letter (1 original copy) 3. Employee's Name and ID Number		Government agencies / Issuing agencies Requesting employee (principal)	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Window 4, HRMO and submit the accomplished Loan Balances Slip and NCMH employee ID for verification. Note: Employees (<i>principal</i>) shall provide authorization letter if unable to personally request for the loan balances.	1.1 Receive and verify the ID/proof of identification; and 1.2 Notate all the Loan Balances of the requesting employee/s.	None	10 minutes	Administrative Aide III / IV (HRMO-Window 4)
2. Receive the accomplished slip with Loan Balances.	2. Issue the Loan Balances Slip.	None	5 minutes	Administrative Aide III / IV (HRMO-Window 4)
END OF TRANSACTION		None	15 minutes	



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21. REQUEST FOR MONTHLY PAYSリップ

Description of Service: The process of releasing of employee's monthly pay slips every 3rd week of the following month.
Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Human Resource Management Office		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH regular employee		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Employee's I.D		Human Resource Management Office	
Authorized Representative: <ul style="list-style-type: none"> ▪ Valid Government issued I.D of the principal and authorize representative (1 original copy) ▪ Authorization letter (1 original copy) ▪ Employee's name and number 		<ul style="list-style-type: none"> ▪ Any Government issuing agencies ▪ Requesting Employee ▪ Requesting Employee 	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to HRMO-Payroll Unit and submit requirements.	1. Receive and check requirements.	None	2 minutes	Administrative Aide III / IV (Payroll Unit, HRMO)
2. Receive pay slip and sign on the Request Logbook.	2. Issue pay slip.	None	3 minutes	Administrative Aide III / IV (Payroll Unit, HRMO)
END OF TRANSACTION		None	5 minutes	



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22. REQUEST FOR PAG-IBIG CONTRIBUTION ADJUSTMENT

Description of Service: The Human Resource Management office is responsible for processing the request to upgrade membership savings (PAG-IBIG Contribution). The changes on employees Pag-Ibig contribution amount are only valid upon the request of a regular employee. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Human Resource Management Office		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH regular employee		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Duly Accomplished Authority to deduct form (2 original copies)		Human Resource Management Office - Window 4	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to HRMO and submit the accomplished form.	1.1 Receive and verify the filled-out forms; and	None	5 minutes	Admin Aide III / IV (HRMO-Window 4)
	1.2 Affix signature for approval.	None	1 day	Supervising Administrative Officer (HRMO)
2. Receive adjustment.	2.1 Forward to Payroll Unit for adjustment; and	None	5 minutes	Administrative Aide III / IV (HRMO-Window 4)
	2.2 Process adjustment. <i>Note: Adjustment shall be reflected on the next payroll report.</i>	None	20 minutes	Administrative Aide III (HRMO-Payroll Unit)
END OF TRANSACTION		None	1 day and 30 minutes	



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23. REQUEST FOR PHILHEALTH CONTRIBUTION

Description of Service: The Human Resource Management office is responsible for the preparation and releasing of the Employees PhilHealth Contribution. This Certification is only issued upon the request of a regular employee.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Human Resource Management Office		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH regular employee		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Employee's Name and ID Number		Requesting employee	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to HRMO-Window 4 and present employee ID.	1.1 Receive and verify the I.D;	None	2 minutes	Administrative Aide III / IV (HRMO-Window 4)
	1.2 Prepare the certificate; and	None	1 hour	Administrative Officer II (HRMO)
	1.3 Sign the certificate.	None	2 minutes	Supervising Administrative Officer (HRMO)
2. Receive certificate and sign on the log sheet.	2. Issue certificate.	None	1 minute	Administrative Aide III / IV (HRMO-Window 4)
END OF TRANSACTION		None	1 hour and 5 minutes	



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24. REQUEST FOR SERVICE RECORD

Description of Service: The Human Resource management Office is responsible for the processing and releasing of Service Record upon request of NCMH employees. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Human Resource Management Office		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All current and separated employees of NCMH		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Principal: 1. Request Form (1 original copy) 2. Official Receipt (1 original copy)		HRMO Window 2 Collection and Deposit Unit (Pavilion 2)	
Authorized Representative: 1. Valid ID of the principal and authorized representative (1 original copy) 2. Authorization Letter (1 original copy) 3. Request Form (1 original copy) 4. Official Receipt (1 original copy)		Government agencies / issuing agencies Requesting employee (principal) HRMO Window 2 Collection and Deposit Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to HRMO and accomplish Request slip.	1. Issue Request slip and Charge slip.	None	5 minutes	Administrative Assistant II (HRMO-Employee Relations Unit)
2. Proceed to Collection and Deposit Unit and provide amount to be paid.	2. Process the payment and issue Official Receipt.	₱30.00 – Active Employee ₱100.00 – Inactive Employee FREE – for COVID claims purposes only	10 minutes	Administrative Officer III (Collection and Deposit Unit)
3. Return to HRMO and present the Official Receipt and Request slip.	3.1 Receive and check request slip for completeness of information; 3.2 Forward the request slip and OR to Employee Relations and Transaction Unit; and	None	5 minutes	Administrative Assistant II (HRMO-Employee Relations Unit)
	3.3 Process the request.	None	1 day	Administrative Assistant II (HRMO-Employee Relations Unit)



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4. Receive the requested Service Record.	4. Release the duly signed Service Record.	None	5 minutes	Administrative Assistant II (HRMO-Employee Relations Unit)
END OF TRANSACTION		<p>₱30.00 – Active Employee</p> <p>₱100.00 – Inactive Employee</p> <p>FREE – for COVID claims purposes only</p>	1 day and 25 minutes	



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25. REQUEST FOR TRAVEL AUTHORITY

Description of Service: This process encompasses the Travel Authority Certification procedure, including the distribution of forms and the submission to HRMO for the application of the official seal. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension. Please note that filing of Travel Authority should be one (1) month prior to the date of travel.

OFFICE	Human Resource Management Office		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All active NCMH employee travelling abroad		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Travel Authority Form (3 original copies)		Human Resource Management Office - Employee Relations Unit	
Approved Leave Application (1 original copy)		Human Resource Management Office - Leave Unit	
Proof of Travel Destination (1 original copy)		Requesting employee	
Certificate of No Pending Case (1 original copy)		Legal Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to HRMO, Employee Relations Unit and request for Travel Authority Form.	1. Provide and assist employee in filling out of form.	None	3 minutes	Administrative Assistant II (HRMO-Employee Relations Unit)
2. Submit the accomplished Travel Authority Form along with other required documents to the authorized signatories: a. Immediate Supervisor b. Chief of Service/Section c. Medical Center Chief II	2. Sign the Travel Authority Form.	None	2 days	Immediate Supervisor Chief of Service/Section Medical Center Chief (Office of the MCC)
3. Proceed to Legal Section and request for certification of No Pending Case. Refer to the Legal Section CC – Request for certificate of No Pending Case.	3. Provide and assist employee in filling out of form.	None	3 minutes Note: The Released of Certificate of No Pending Case 3 is working days	Legal Assistant I/II, Administrative Assistant II (Legal Section)
4. Submit the duly signed Travel Authority Form to HRMO for dry sealing.	4. Receive and check the completed forms and attachments then provide official dry seal.	None	3 minutes	Administrative Assistant II (HRMO-Employee Relations Unit)



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5. Receive sealed Travel Authority Form.	5. Issue sealed Travel Authority Form and secure (1) copy for record keeping.	None	2 minutes	Administrative Assistant II (HRMO-Employee Relations Unit)
END OF TRANSACTION		None	2 days and 11 minutes	



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26. SEPARATION FROM THE SERVICE

Description of Service: This service covers the process of filing resignation, retirement and transfer of employee.

Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Human Resource Management Office		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH regular employees		

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
<p>Resignation</p> <ol style="list-style-type: none"> 1. Resignation Letter with effectivity date approved by MCC II 2. Valid ID (2 Photocopies) 3. Notarized Special Power of Attorney (SPA) (1 original copy) <i>if applicable</i> 4. Exit Interview Form 5. Accomplished Clearance Form (6 Original copies) 6. Notarized Affidavit (2 original copies) 7. Notarized SALN (2 original copies) 8. GSIS Application Benefits Form 9. Official Receipt and/or Affidavit of Undertaking (Notarized upon the receipt of computation of Overpayment) 10. Ombudsman Clearance (1 Original copy) 	
<p>Transfer</p> <ol style="list-style-type: none"> 1. Request Letter to transfer with effectivity date approved by MCC II 2. Notarized Special Power of Attorney (SPA) (1 original copy) <i>if applicable</i> 3. Certified True Copy of Appointment from the Agency (should be accomplished within 30 calendar days upon transfer) 4. Certified True Copy of Assumption to Duty (should be accomplished within 30 calendar days upon transfer) 5. Accomplished Clearance Form (6 Original copies) 6. Official Receipt and/or affidavit of undertaking 	
<p>Optional Retirement</p> <ol style="list-style-type: none"> 1. Letter of Intent with effectivity date approved by Medical Center Chief II 2. 2 Photocopies of ID with 3 specimen signatures: (NCMH ID, GSIS E-Card, Pag-Ibig Loyalty Card, Senior Citizen Card) 3. PSA Birth Certificate (1 original copy) 4. PhilHealth PMRF 5. GSIS Application Benefits Form 6. Notarized Special Power of Attorney (SPA) (1 original copy) <i>if applicable</i> 7. Exit Interview 8. Accomplished Clearance Form (6 original copies) 9. Notarized Affidavit (2 original copies) 	



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<ol style="list-style-type: none"> 10. GSIS NO Pending Case (do not notarized until further notice from GSIS) 11. Notarized SALN (2 original copies) 12. Pag-IBIG Application for provident (APB) Claim Form (if the employee claims for benefit) 13. Ombudsman Clearance (1 original copy) 14. Official Receipt and/or Affidavit of Undertaking (Notarized upon the receipt of computation of Overpayment) 	
<p>Compulsory Retirement</p> <ol style="list-style-type: none"> 1. 2 Photocopies of ID with 3 specimen signatures: (NCMH ID, GSIS E-Card, Pag-Ibig Loyalty Card, Senior Citizen Card) 2. PSA Birth Certificate (1 original copy) 3. Accomplished Clearance Form (6 original copies) 4. Notarized Affidavit (2 original copies) 5. Notarized SALN (2 original copies) 6. Ombudsman Clearance (1 original copy) 7. Notarized Special Power of Attorney (SPA) (1 original copy) <i>if applicable</i> 8. GSIS Application Benefits Form 9. Pag-IBIG Application for provident (APB) Claim Form (if the employee claims for benefit) 10. PhilHealth PMRF 11. GSIS NO Pending Case (do not notarized until further notice from GSIS) 12. Official Receipt and/or Affidavit of Undertaking (Notarized upon the receipt of computation of Overpayment) 	
<p>Deceased</p> <ol style="list-style-type: none"> 1. PSA Certificate (Death, Birth Certificate of the employee & Marriage Certificate, Birth Certificate of Surviving Heirs) (1 original copy) 2. Receipt from Funeral Service with legal heir's name (1 photocopy) 3. Notarized Affidavit of the Surviving spouse/ surviving legal heir 4. Valid ID of Legal Heir (1 photocopy) 5. Accomplished Clearance Form (6 original copies) 6. Notarized Affidavit (2 original copies) 7. Notarized SALN (2 original copies) 8. Ombudsman Clearance (1 original copy) 9. Official Receipt and/or Affidavit of Undertaking (Notarized upon the receipt of computation of Overpayment) 10. GSIS Application Benefits Form 11. GSIS Application for Funeral Benefits 12. GSIS Affidavit of Surviving heirs 13. GSIS Application for Survivorship 14. Pag-IBIG Application for provident (APB) Claim Form (if the employee claims for benefit) 	



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CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of resignation/retirement/transfer to the Medical Center Chief Office for approval	1.1. Receives the letter and forward to the Human Resource Management Office (HRMO) for proper actions.	None	5 minutes	Administrative Assistant II (Office of the Medical Center Chief)
	1.2. Receive the approved letter and provide a copy to ERTU, RSPAU, Payroll & Remittances Unit and Leave Unit for updating the employees' record.	None	10 minutes	Administrative Assistant II (ERTU)
2. Proceed to HRMO for the list of requirements.	2.1 Issue a copy of the approved letter and a checklist of requirements; and 2.2 Assists the requesting party on filling out forms and for signature of Clearance forms.	None	15 minutes	Administrative Assistant II (Leave Unit)
3. Submit the complete set of requirements to Leave Unit and payment for ombudsman clearance	3.1 Check the completeness and accuracy of the requirements; 3.2 Retrieve all the documents of the requesting party from Records (201) Unit; 3.3 Forwards requirements to Payroll & Remittances Unit for Computation of Over Payment; 3.4 Checks and computes the remaining monetary benefits and other balances; and 3.5 Request to Leave Unit for the distribution of the breakdown of overpayment (OP)	None	5 days	Administrative Assistant II (Leave Unit) Administrative Aide VI (Records (201) Unit) Administrative Aide III (Leave Unit) Administrative Aide IV (Payroll & Remittances Unit)
4. Receives the breakdown of OP	4. Issue the breakdown of OP.	None	3 minutes	Administrative Assistant II (Leave Unit)
5. Proceed to Collecting Unit for payment.	5. Receive payment and issue Official Receipt.	₱150.00	10 minutes	Administrative Assistant II (Collection and Deposit Unit)



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6	Submit the Official Receipt and/or Affidavit of Undertaking (Notarized upon the receipt of computation of Overpayment)	6.1 Verifies and sign the clearance certificate;	None	2 days	Administrative Aide III (Leave Unit)
		6.2 Prepare and encode voucher of last salary/terminal leave;	None	30 minutes	Administrative Assistant II (Leaver Unit)
		6.3 Review the completeness and accuracy of voucher;	None	30 minutes	Administrative Aide IV (Payroll and Remittances Unit)
		6.4 Submit the signed voucher/payroll/terminal last salary to Finance Service.	None	10 minutes	Administrative Officer II (Payroll & Remittances Unit)
7	Proceed to Cash operation section and received the last claims.	7 Issue last claim. Note: <i>If the Separated employee requested for deduction, the employee will be no longer require to submit Official Receipt (OR)</i>	None	5 minutes	Administrative Assistant I/II Administrative Officer (Cash Operation Section)
END OF TRANSACTION			₱150.00	7 days, 1 hour and 58 minutes	



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27. REQUEST FOR LAUNDRY SERVICES

Description of Service: The Laundry Unit ensures the provision of effective and efficient laundry services by collecting soiled linens and patients' uniforms, as well as distributing and delivering clean and serviceable linens and patients' uniforms to various pavilions and offices within the facility. **Operating Hours:** Monday to Friday, 7:00 am to 5:00 pm and Saturday to Sunday, 7:00 am to 4:00 pm.

OFFICE	Laundry Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Request for Laundry Service Sheet (1 original copy)		Laundry Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish Request for Laundry Service For Special Laundry Request: Submit request and soiled linens to Laundry Unit.	1.1 Pick up request and soiled linens and patients' uniforms; and 1.2 Count and weigh linens and uniforms.	None	4 hours	Outsourced Laundry Service Staff Laundry Worker I / II / III (Laundry Unit)
	1.3 Wash, clean, iron, and fold the linens and uniforms.	None	2 days	Outsourced Laundry Service Staff
2. Receive washed, cleaned, ironed and folded linens and uniforms For Special Laundry Request: Pick-up washed, cleaned, ironed and folded linens and sign in the Collection and Delivery Sheet.	2. Deliver washed, cleaned, ironed and folded linens and uniforms For Special Laundry Request: Issue washed, cleaned, ironed and folded linens.	None	10 minutes	Outsourced Laundry Service Staff / Administrative Aide / Laundry Worker I / II / III (Laundry Unit)
END OF TRANSACTION		None	2 days, 4 hours, and 10 minutes	



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28. REQUEST FOR LINEN SERVICES

Description of Service: The Linen Unit provides effective and efficient linen services through determination/projection of the linen requirements of the hospital and ensures its adequate supply to pavilions and offices. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Linen Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
For fabrication of new linens and request for straps, rugs, and shrouds: Request and Issuance Slip (1) original copy		Linen Unit	
For mending: Request for Mending Form (1) original copy		Linen Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Linen Unit and submit Request Slip	For fabrication of new linens: 1.1 Receive request 1.2 Measure the design 1.3 Cut and sew the cloth as per design For mending: 1.1 Receive request 1.2 sew/mend the linen/uniform For straps, rugs, and shrouds: 1.1 receive request 1.2 issue the requested item and record request	None	3 day – for simple designs 7 days – for complex design 3 days 20 minutes	Seamstress Tailor (Linen Unit) Seamstress Tailor (Linen Unit) Seamstress Tailor (Linen Unit)
2. Pick up request and sign the Request and Issuance Record sheet	2. Issue the item/s	None	10 minutes	Seamstress Tailor (Linen Unit)
END OF TRANSACTION		None	3 days – Fabrication of new linens (simple design) 3 days – mending of linen/uniform 20 minutes – straps/rugs/shrouds	



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29. ISSUANCE OF SUPPLIES AND EQUIPMENT

Description of Service: The Material Management Section is responsible in the issuance of supplies, materials and equipment indicated in the Request Slip. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Material Management Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Inventory of Supplies (1 original copy)		Requisitioning Office / Pavilion	
Requisition Slip (1 original copy)		Requisitioning Office / Pavilion	
Request and Issue Slip / Property Acknowledgement Report / Inventory Custodian Slip (1 original copy)		Material Management Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Requisition Slip and Inventory Report.	1.1 Receive Requisition Slip and Inventory Report; 1.2 Check availability of stocks; and 1.3 Prepare the following: <ul style="list-style-type: none"> ▪ Requisition and Issuance Slip (RIS) for Supplies ▪ Property Acknowledgement Receipt (PAR) for equipment ▪ Inventory Custodian Slip (ICS) for semi-expendable properties 	None	35 minutes	Administrative Aid I/IV (MMS)
2. Sign RIS/ PAR/ ICS and submit to MMS.	2. Receive RIS/PAR/ ICS for approval of the Chief of MMS.	None	5 minutes	Administrative Officer (MMS)
3. Receive Supplies.	3. Issue available supplies/ equipment.	None	30 minutes	Administrative Aide I/VI (MMS)
END OF TRANSACTION		None	1 hour and 10 minutes	



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30. PROCUREMENT OF GOODS, INFRASTRUCTURE PROJECTS, AND CONSULTING SERVICES THRU PUBLIC BIDDING

Description of Service: As provided in Section 10 of Republic Act No. 9184, otherwise known as the "Government Procurement Reform Act" mandates that all procurement shall be done through Competitive Bidding, except only in highly exceptional cases provided for in Article XVI. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Procurement Section		
CLASSIFICATION	Highly technical	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	End-Users / Requisitioning Officers of the National Center for Mental Health		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Approved Purchase Request (PR) (1 original and 1 photocopy)		End-Users / Offices and Pavilions of NCMH	
Approved Project Procurement Management Plan (PPMP) (1 original and 1 photocopy)		End-Users / Offices and Pavilions of NCMH	
Abstract of Canvass (1 original and 1 photocopy)		End-Users / Offices and Pavilions of NCMH	
Approved Justification Letter <i>if applicable</i> (1 original and 1 photocopy)		End-Users / Offices and Pavilions of NCMH	
For services and consulting services: Terms of Reference (1 original and 1 photocopy)		End-Users / Offices and Pavilions of NCMH	
For goods and equipment: Technical Specifications (1 original and 1 photocopy)		End-Users / Offices and Pavilions of NCMH	
For infrastructure projects: Scope of Works (1 original and 1 photocopy)		End-Users / Offices and Pavilions of NCMH	
Approved Plan (1 original and 1 photocopy)		End-Users / Offices and Pavilions of NCMH	
Bill of Quantities (BOQ) (1 original and 1 photocopy)		End-Users / Offices and Pavilions of NCMH	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. RO / End-User prepares and submits the documents indicated in the Table No. 1 for the approval of Chief of Service and Head of Procuring Entity (HoPE).	1. Once approved, all the documents shall be forwarded back to the RO/ End-user.	None	3 days	Chief of Service, Head of Procuring Entity (HoPE)
2. The RO / End-user shall submit a Request for CAF to the Budget Section with complete attachment as indicated in Table 1.	2. The Finance Section shall issue and forward the approved CAF with complete documents to the RO / End-user.	None	2 days	Supervising Administrative Officer (Budget Section)
3. The RO / End-user shall submit the complete documents to the Procurement Section.	3.1 The BAC Secretariat will check and consolidate all requests and prepare the APP. (If the requested item is included in the indicative APP, the BAC Secretariat will schedule	None	1 day	Administrative Assistant II (Procurement Section)



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	a meeting to identify a mode of procurement).			
	3.2 The Chief of Procurement Section, Chief of Service, Chief of Finance Service, and the HoPE shall sign/approve the APP.	None	2 days	Chief of Service, Head of Procuring Entity (HoPE)
	3.3 The BAC Secretariat shall prepare the schedule of activities (from Pre-procurement conference to approval of Notice of Award) and bidding documents. (See Table No. 2)	None	Minimum of 26 to 136 calendar days for Goods and Services Minimum of 26 to 141 or 156 calendar days for Infrastructure Projects Minimum of 36 to 180 calendar days for Consulting Services	Head of Procuring Entity (HoPE), Bids and Awards Committee (BAC), Technical Working Group (TWG), BAC Secretariat
	3.4 Issue Notice of Award (NOA) to winning bidder upon approval.	None	10 days	Administrative Aide III, Administrative Assistant I/II Administrative Officer I (Procurement Section)
	3.5 Forward signed Notice of Award (NOA) and Certificate of Availability of Fund (CAF) to Budget Section.	None	1 hour	Administrative Aide III, Administrative Assistant I/II Administrative Officer I (Procurement Section)
	3.6 Prepare Obligation Request (OBR).	None	2 days	Supervising Administrative Officer (Budget Section)
	3.7 Issue Purchase Order (for Goods and Equipment) and Notice to Proceed upon receipt of signed and notarized and Performance Security and Contract from the winning bidder.	None	7 days	Administrative Aide III, Administrative Assistant I/II Administrative Officer I (Procurement Section)
END OF TRANSACTION		None	Minimum of 52 to 162 calendar days and 1 hour for Goods and Services Minimum of 52 to 167 or 193 calendar days and 1 hour for Infrastructure Projects Minimum of 62 to 206 calendar days and 1 hour for Consulting Services	



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TABLE 1.0 Documents for Approval

DOCUMENTS	GOODS			CONSULTING SERVICES	INFRA STRUCTURE
	SUPPLIES	EQUIPMENT	SERVICES		
PR	✓	✓	✓	✓	✓
PPMP	✓	✓	✓	✓	✓
CANVASS	✓	✓	✓	✓	✓
Justification Letter <i>If applicable</i>	✓	✓	✓	✓	✓
TOR			✓	✓	✓
Technical Specifications		✓			✓
Scope of Work					✓
Approved Plan					✓
BOQ					✓

TABLE 2.0 Bidding Documents

DOCUMENTS	GOODS			CONSULTING SERVICES	INFRA STRUCTURE
	SUPPLIES	EQUIPMENT	SERVICES		
Checklist for Bidders	✓	✓	✓	✓	✓
Invitation to Bid	✓	✓	✓	✓	✓
Instruction to Bidders	✓	✓	✓	✓	✓
Bid Data Sheet	✓	✓	✓	✓	✓
General Conditions of the Contract	✓	✓	✓	✓	✓
Special Conditions of the Contract	✓	✓	✓	✓	✓
Schedule of Requirements	✓	✓	✓	✓	✓
Technical Specifications	✓	✓	✓	✓	✓
List of Items	✓	✓			✓
Bid Forms	✓	✓	✓	✓	✓
Contract Agreement	✓	✓	✓	✓	✓
Terms of Reference			✓	✓	
Scope of Work					✓
Detailed Estimate Form					✓
BOQ					✓
General Technical Specifications					✓
Other Project Requirements					✓



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31. DISINFECTION OF OFFICE/PAVILION

Description of Service: The Sanitation Section ensures a clean and hygienic environment. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Sanitation Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Sanitation Work Request (1 original copy)		Sanitation Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish Sanitation Request Form and submit to Sanitation Section.	1.1. Check the completeness of the information in the request form;	None	5 minutes	Administrative Aide I (Sanitation Section)
	1.2. Endorse the request form to the in-charge for the scheduling of disinfections;	None	5 minutes	Administrative Aide I (Sanitation Section)
	1.3. Scheduled disinfection;	None	10 minutes	Hospital Housekeeper (Sanitation Section)
	1.4. Inform the requesting individual to the scheduled disinfection	None	5 minutes	Hospital Housekeeper (Sanitation Section)
2. Receive the requested service.	2. Implementation of disinfections	None	1 day	Administrative Aide I (Sanitation Section)
END OF TRANSACTION		None	1 day and 25 minutes	



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32. REQUEST FOR TREE CUTTING

Description of Service: The Sanitation Section provides tree cutting services, enhancing the overall appearance, contributing to a healthier and more appealing outdoor environment. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Sanitation Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Sanitation Work Request (1 original copy)		Sanitation Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish Sanitation Request Form and submit to Sanitation Section.	1.1. Check the completeness of the information in the request form;	None	5 minutes	Administrative Aide I/III (Sanitation Section)
	1.2. Conduct ocular inspection.	None	30 minutes	Hospital Housekeeper (Sanitation Section)
2. Receive the requested service.	2. Implement cutting provided with DENR permit under PD 705.	None	1 day	Administrative Aide I (Sanitation Section)
END OF TRANSACTION		None	1 day and 35 minutes	



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33. REQUEST FOR TREE PRUNING

Description of Service: The Sanitation Section provides tree pruning services, enhancing the overall appearance, contributing to a healthier and more appealing outdoor environment. **Operating Hours:** Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Sanitation Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Sanitation Work Request (1 original copy)		Sanitation Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish Sanitation Request Form and submit to Sanitation Section.	1.1. Check the completeness of the information in the request form;	None	5 minutes	Administrative Aide I (Sanitation Section)
	1.2. Conduct ocular inspection.	None	30 minutes	Hospital Housekeeper (Sanitation Section)
2. Receive the requested service.	2. Implement pruning provided with DENR permit under PD 705.	None	1 day	Administrative Aide I (Sanitation Section)
END OF TRANSACTION		None	1 day and 35 minutes	



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34. REQUEST FOR SECURITY ASSISTANCE

Description of Service: The Security Section is committed to creating a safe and secure environment within the hospital premises. We provide security assistance to service users and stakeholders. **Operating Hours:** The service offered is available 24/7.

OFFICE	Security Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
None		N/A	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call the Security Office for security assistance.	1. Acknowledge the call and gather the information/ details of the concern.	None	2 minutes	Security Guard I, II, and III (Security Section)
2. Wait for the arrival of the responder.	2. Immediately provide Security Personnel for proper assistance on the area.	None	3 minutes	Security Guard I, II, and III (Security Section)
END OF TRANSACTION		None	5 minutes	



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35. RFID STICKER AND APPLICATION

Description of Service: The Security Section processes and issue the RFID application of all qualified NCMH Employees.
Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Security Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
RFID Application Form (2 original copies)		Security Office	
Employee's ID (2 photocopies) and original copy for verification only		Human Resource Management Section	
Valid Driver's License (2 photocopies) and original copy for verification only		Land Transportation Office	
Updated O.R. & Certificate of Registration (CR) of the vehicle. In case that the vehicle is not yet transferred in the name of the Employee, Notarized Deed of Absolute Sale is required (2 photocopies) and original copy for verification only		Land Transportation Office	
If parent, children or spouse: Birth Certificate / Marriage Contract to established relationship (2 photocopies) and original copy for verification only		Philippine Statistics Office	
For Contractual and Consultant: Contract of Service/Consultancy shall be required as additional documents (2 photocopies) and original copy for verification only		Human Resource Management Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure RFID application form at the Security Office.	1. Issue 2 copies of application form.	None	2 minutes	Security Guard I, II, III (Security Section)
2. Fill out and submit application and other requirements to the Security Office.	2.1. Review and evaluate the submitted application form and requirements;	None	5 minutes	Security Guard II (Security Section)
	2.2. Affix signature on the application form upon approval;	None	15 minutes	Chief of Security Section (Security Section)
	2.3. Encode the approved application form;	None	10 minutes	Administrative Aide IV (Security Section)



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	2.4. Endorse to Cash Operation Section (COS) for RFID Installation.	None	15 minutes	Administrative Aide IV (Security Section)
3. Wait for the notification. Waiting Time: 1 day	3. Notify the applicant thru text or call.	None	30 minutes	Cashier Staff (Cash Operation Section)
4. Bring registered vehicle for RFID installation.	4.1 Install the RFID to the approved vehicle; and 4.2 Return to the Security Office the completed and installed Application Form.	None	15 minutes	Cashier Staff (Cash Operation Section)
END OF TRANSACTION		None	1 hour and 32 minutes Waiting Time: 1 day	



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36. REQUEST FOR TRANSPORT SERVICES

Description of Service: The Transport Section is dedicated to offering transportation assistance to both NCMH employees and service users, facilitating movement within or outside the hospital premises in strict adherence to the established guidelines.
Operating Hours: The service is available 24/7, provided that trip ticket is accomplished properly.

OFFICE	Transport Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Trip Ticket (4 original copies)		Transport Section	
If the purpose of the trip is to attend court hearing: Court Order (1 photocopy)		Service User	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish four (4) copies of trip ticket and submit to Transport Section. <i>Ensure that the trip ticket shall be done one (1) day before the scheduled trip.</i>	1.1 Receive and check the completeness of the trip ticket; and 1.2 Log the trip ticket on the vehicle dispatch record and put a series number in the trip ticket.	None	5 minutes	Administrative Aide III Administrative Assistant II (Transport Section)
2. Wait for the approval of the request. Waiting time: 3 hours	2. Approve trip ticket.	None	5 minutes	Chief Administrative Officer (HOPSS)
3. Receive a notification upon request approval.	3. Dispatch corresponding vehicle with driver.	None	5 minutes	Administrative Aide III Administrative Assistant II (Transport Section)
END OF TRANSACTION		None	15 minutes (Waiting Time: 3 hours)	



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37. LATE FILING OF BIR FORM 2316

Description of Service: The Accounting Section is responsible for the issuance of BIR Form 2316 to all NCMH employees
Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.

OFFICE	Accounting Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH employee		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Official Receipt (1 original copy)		Collection and Deposit Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Accounting Section to request for BIR Form 2316.	1.1 Verify that BIR Form 2316 was indeed unclaimed by the requesting party; and 1.2 Issue charge slip.	None	20 minutes	Administrative Officer I Accountant IV (Accounting Section)
2. Proceed to Collection and Deposit Unit and provide the amount to be paid.	2. Receive the payment and issue official receipt.	₱,000.00	10 minutes	Administrative Officer III (Collection and Deposit Unit)
3. Return to Accounting Section and present official receipt.	3. Check the official receipt.	None	5 minutes	Administrative Officer I Accountant IV (Accounting Section)
4. Receive BIR Form 2316.	4. Release BIR Form 2316.	None	5 minutes	Administrative Officer I Accountant IV (Accounting Section)
END OF TRANSACTION		₱1,000.00	40 minutes	



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38. REQUEST FOR APPLICATION OF TAX IDENTIFICATION NUMBER (TIN) OF NEW EMPLOYEES

Description of Service: The Accounting Section is responsible in registering the new employees of NCMH that is yet to possess their own TIN. **Operating Hours:** Monday to Friday, except holidays, 8:00 am to 5:00 pm (No Noon Break).

OFFICE	Accounting Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All qualified new NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
New employee endorsement letter for TIN registration		Human Resource Management Section (HRMO)	
PSA Birth certificate (1 photocopy, signed at the back by HRMO personnel)		Philippine Statistics Office	
Valid Primary Government Issued I.D (1 photocopy)		Any government issuing agencies	
Duly filled out BIR Form 1902 (1 original copy)		BIR or Accounting Section	
Duly filled out Data Sheet (1 original copy)		Accounting Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide requirements number 1-4.	1. Receive requirements provided by the requesting party. If employee already have a filled-out BIR Form 1902: Receive the BIR Form 1902. If employee have yet to fill-out a BIR Form 1902: Provide a blank BIR Form 1902.	None	5 minutes	Administrative Aide III/VI Administrative Assistant III Accountant III (Accounting Section)
2. Fill-out provided BIR Form 1902 and data Sheet; submit forms once complete.	2.1 Receive filled-out forms and check if all required data fields are supplemented and are legible; 2.2 Explain the process of the issuance of TIN via ORUS application; and 2.3 Register the employee to the NCMH ORUS for TIN Issuance.	None	25 minutes	Administrative Aide III/VI Administrative Assistant III Accountant III (Accounting Section)
END OF TRANSACTION		None	30 minutes	



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39. REQUEST FOR PETTY CASH FUND AND CASH ADVANCE

Description of Service: In order to have a safeguard in place, DV supporting documents / attachments must be scrutinized as to its overall soundness. **Operating Hours:** Monday to Friday, except holidays, 8:00 am to 5:00 pm (No Noon Break).

OFFICE	Accounting Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Hospital Order (1 photocopy)		Human Resource Management Section	
Certification from the Accountant that previous cash advances have been liquidated and accounted for in the books (1 original copy)		Accounting Section	
Duly Accomplished Obligation Request and Status or Budget Utilization Report Status (4 original copies)		COA Website	
Duly Accomplished Disbursement Voucher (2 original copies)		COA Website	
Approved application for bond and/or Fidelity Bond for the year for the cash accountability of P2,000.00 or more.		Accounting Section	
PETTY CASH FUND SPECIFIC			
Approved estimates of petty expenses for one (1) month		Requesting Party	
CASH ADVANCE SPECIFIC			
Summary estimate of expected expenses		Requesting Party	
Special Seminars / Trainings to be conducted by private entity/ies			
Invitation from the training provider		Private Training Provider	
Approved Training Request Form		PETRO	
DOH Training / Seminar			
Department Personnel Order		Department of Health	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the DV with all its supporting documents to the Budget Section.	1.1. Receive and check documents; and 1.2. Process the request and forward to Accounting Section.	None	10 minutes	Administrative Assistant III Administrative Officer I (Budget Section)
	1.3 Review documents submitted;	None	5 minutes	Administrative Aide III / VI Administrative Officer I / III (Accounting Section)
	1.4 Approve (for signature of DV) or disapprove the request.	None	1 day	Accountant III / IV (Accounting Section)



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	<p>If denied, explain the deficiencies noted.</p> <p>If approved and the current budget allows, forward the documents to the Cashier Section.</p>			
2. Receive the check from the Cashier Section.	<p>2.1 Process the DV for payment.</p> <p>If thru bank deposit/transfer: prepare and forward to the Accounting Section the LDDAP.</p> <p>If thru a check: prepare the check and issue the same to the requesting party.</p>	None	2 hours	Administrative Officer I (Cashier Section)
	2.2 Sign the LDDAP.	None	15 minutes	Accountant III / IV (Accounting Section)
3. Receive the petty cash advance.	3. Process the payment of the LDDAP.	None	10 minutes	Administrative Officer I (Cashier Section)
END OF TRANSACTION		None	1 day, 2 hours, and 40 minutes	



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40. PER DIEM CLAIMS

Description of Service: The Accounting Section is responsible for the processing of per diem claims of the qualified NCMH employee. **Operating Hours:** Monday to Friday, except holidays, 8:00 am to 5:00 pm (No Noon Break).

OFFICE	Accounting Section		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH employee		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
PER DIEM CLAIMS			
Hospital Order (1 photocopy)		Human Resource Management Office	
Duly Accomplished Itinerary of Travel (1 original copy)		COA Website	
Duly Accomplished Certificate of Travel Completed (1 original copy)		COA Website	
Duly Accomplished Disbursement Voucher (2 original copies)		COA Website	
Duly signed Trip Ticket (1 certified true copy)		Transportation Section	
Home Conduction:			
Duly Accomplished List of Patient (1 original copy)		Medical Social Service - Malasakit	
Duly Accomplished Discharge Slip (1 original copy)		Medical Social Service - Malasakit	
Court Hearings:			
Certificate of Appearance (1 photocopy)		Court of Law	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Accounting Section and submit all the necessary requirements.	1.1 Receive and check the submitted documents If complete: process the request If incomplete: return the documents for completion 1.2 Forward the processed documents to the HRMO-Payroll Unit.	None	2 days	Administrative Aide III / VI Accountant III / IV (Accounting Section)
2. Wait to receive the claims.	2.1 Receive and process the per diem claims and forward to the Budget Section;	None	1 day	Administrative Aide III (HRMO-Payroll Unit)
	2.2 Receive the payroll from HRMO and process the request then submit to Accounting Section;	None	1 day	Administrative Assistant III (Budget Section)



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	2.3 Check the details of the payroll;	None	10 minutes	Administrative Aide III / VI (Accounting Section)
	2.4 If approved and the current funds allows, sign the LDDAP and forward the payroll to the Cashier Section;	None	10 minutes	Accountant III / IV (Accounting Section)
	2.5 Process the DV for payment and forward to the Accounting Section the LDDAP;	None	1 hour	Administrative Officer I (Cashier Section)
	2.6 Check the details of the LDDAP and record the amount of the transaction to the monitoring file; and	None	10 minutes	Administrative Aide VI Administrative Officer I (Accounting Section)
	2.7 Sign the LDDAP and Return to the Cashier Section.	None	5 minutes	Accountant III / IV (Accounting Section)
3. Receive claims	3. Process the payment of the LDDAP.	None	1 hour	Administrative Officer I (Cashier Section)
END OF TRANSACTION		None	4 days, 2 hours, and 35 minutes	



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41. REQUEST FOR CERTIFICATION OF AVAILABILITY OF FUNDS (CAF)

Description of service: The Budget Section facilitates the processing of Certification of Availability of Funds (CAF).
Operating Hours: Monday to Friday, except for holidays; 8:00 am to 5:00 pm (No Noon Break).

OFFICE	Budget Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Request for CAF (1 original copy)		Procurement Section	
Purchase Request 1 original copy)		To be provided by the end-user	
Hospital Order (1 original copy)		Human Resource Management Office	
Abstract of Canvass (1 original copy)		To be provided by the end-user	
Quotation (1 original copy)		To be provided by the end-user	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Budget Section and submit CAF Request form with Purchase Request/ Hospital Order/ Abstract of Canvass/ Quotation	1.1. Receive and verify documents;	None	5 minutes	Administrative Assistant III (Budget Section)
	1.2. If funds are sufficient, process Certificate of Availability of Funds (CAF);	None	5 minutes	Administrative Officer I (Budget Section)
	1.3. Review and sign CAF;	None	30 minutes	Supervising Administrative Officer (Budget Section)
	1.4. Forward to the Accounting Section.	None	5 minutes	Administrative Aide III/VI
	1.5. Sign CAF and forward to the Chief of Finance Service for final approval; and	None	1 day	Accountant IV (Accounting Office)
	1.6. Approve CAF and forward to Procurement Section for proper disposition.	None	1 day	Chief of Finance Service (Finance Service)
2. Receive Certificate of Availability of Funds.	2. Issue Certificate.	None	2 minutes	Administrative Assistant III (Procurement Section)
END OF TRANSACTION		None	2 days and 47 minutes	



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1. OUTPATIENT CONSULTATION FOR PSYCHIATRIC SERVICE USER

Description of service: The Out-Patient Section provides comprehensive psychiatric management for adult clients with non-emergent needs. Operating Hours: Monday to Friday, excluding holidays, from 8:00 am to 5:00 pm, without a noon break.			
OFFICE	Camarin Extension - Out-Patient Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All service users requiring non-emergency psychiatric care and management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
For 1st Consultation: Valid I.D (1 original copy)		Any government issuing agencies or private institution	
For Follow-up Consultation <ul style="list-style-type: none"> ▪ Outpatient Service Card (1 original copy) ▪ Prescription (1 original copy) <i>Note: Valid date of prescription quantity of medicines relative to its instruction</i> ▪ PWD/Senior Citizen's ID (For Discount) ▪ For paying service user: Official Receipt 		<ul style="list-style-type: none"> ▪ NCMH Health Information Management Section (HIMS) ▪ Attending Physician ▪ Office of Senior Citizen's Affairs (OSCA) ▪ Collection and Deposit Unit 	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Main Gate and present hospital I.D.	1. Check hospital I.D and issue queuing number.	None	2 minutes	Security Officer (NCMH-Camarin Extension Main Gate)
2. Proceed to waiting area. present patient's hospital I.D and queuing number to the nurse/nursing attendant-on-duty.	2. Check the vital signs.	None	5 minutes	Nurse II/Nursing Attendant (Triage Area)
3. For 1st Consultation: Proceed to HIMS and submit 1 copy of the queuing number and fill-out the Sociological Data Sheet. For Follow-up Consultation: Proceed to HIMS and submit 1 copy of queuing number and OPS Card.	3. For 1st Consultation: Encode the Sociological Data Information. For Follow-up Consultation: Verify data for Service User's chart Retrieval.	None	20 minutes	Administrative Aide (HIMS)
4. Proceed to the Consultation area.	4.1 Conduct consultation and provide intervention and management; 4.2 Issue prescription, schedule of follow-up and referral for injection (if applicable)	None	20 minutes	Medical Officer III/IV (Consultation Area)



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	4.3 Prepare medical certificate/abstract (if applicable)			
5. A. For DOH-MAP donations: Proceed to the Pharmacy Section. Present the stamped prescription, and receive medicines. --End of transaction--	5.1 Receive and verify the prescription.; 5.2 Check availability of medicines requested; and Issue medicines.	None	5 minutes	Pharmacist (Pharmacy Section)
5. B. For pay service user: Proceed to the Pharmacy widow and present latest/updated prescription.	5.1 Receive and verify the prescription.; 5.2 Check availability of medicines requested; and 5.3 Issue charge slip.	None	5 minutes	Pharmacist (Pharmacy Section)
6. Proceed to Collecting window and provide amount to be paid. Note: Cash basis only	6. Process the payment and issue Official Receipt.	Price of medicine x quantity = amount to be paid	10 minutes	Administrative Assistant (Collection and Deposit Unit)
7. Return to Pharmacy Section and present Official receipt.	7. Verify Official Receipt and issue medicines.	None	5 minutes	Pharmacist (Pharmacy Section)
END OF TRANSACTION		For DOH-MAP Donations: None For Pay Service Users: Price of medicine x quantity = amount to be paid	For DOH-MAP Donations: 52 minutes For Paying Service Users: 1 hour and 7 minutes	

Note: Medical Certificate / Clinical Abstract will only be issued to clients who had at least three (3) check-ups and psychological test.

Service user may proceed to the Medical Social Service Section if there is a need for referral to NCMH main Malasakit Center, Person's with Disability ID enrollment or assistance to the Local Government Unit.



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2. REFILL OF MEDICINE (ROM)

Description of Service: The OPS Adult Section caters all clients seeking non-emergent cases. **Operating Hours:** Monday to Friday, except holidays, 8:00 am – 5:00 pm (No Noon Break).

OFFICE	Out-Patient Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All Clients requiring non-emergent psychiatric care and management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Patient's Hospital I.D Card (1 original copy)		NCMH HIMS Out-Patient Section	
Prescription (1 original copy) must contain the following: <ul style="list-style-type: none"> ▪ valid date of prescription ▪ quantity of medicines relative to its instruction 		Attending Physician	
PWD/Senior Citizen's ID <i>if applicable</i>		Local Government Agency	
For Paying Service Users: Official Receipt (1 original copy)		Collection and Deposit Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Main Gate and present hospital I.D.	1. Check hospital I.D and issue queuing number.	None	2 minutes	Security Officer (NCMH-Camarin Extension Main Gate)
2. Proceed to OPS waiting area. Present patient's hospital I.D and fill out ROM form and submit to nurse/nursing attendant-on-duty.	2.1 Receive and check ROM form for the completeness of data; 2.2 Instruct client to proceed to HIMS.	None	5 minutes	Nursing Attendant Nurse I (OPS Waiting area)
3. Proceed to HIMS and submit queuing number, ROM form and patient's hospital I.D.	3. Retrieve and forward patient's record to OPS	None	10 minutes	Administrative Aide I (HIMS)
4. Return to OPS and wait for the stamped prescription to be issued.	4. Check patient's Record and issue Refill of Prescription.	None	5 minutes	Medical Officer III/IV (OPS)
5. A. For DOH-MAP donations: Proceed to the Pharmacy Section. Present the stamped prescription, and receive medicines. --End of transaction--	5.1 Receive and verify the prescription.; 5.2 Check availability of medicines requested; and 5.3 Issue medicines.	None	5 minutes	Pharmacist (Pharmacy Section)



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<p>5. B. For pay service user: Proceed to the Pharmacy widow and present latest/updated prescription.</p>	<p>5.1 Receive and verify the prescription.; 5.2 Check availability of medicines requested; and 5.3 Issue charge slip.</p>	None	5 minutes	Pharmacist (Pharmacy Section)
<p>6. Proceed to Collecting window and provide amount to be paid. Note: Cash basis only</p>	<p>6. Process the payment and issue Official Receipt.</p>	Price of medicine x quantity = amount to be paid	10 minutes	Administrative Assistant (Collection and Deposit Unit)
<p>7. Return to Pharmacy Section and present Official receipt.</p>	<p>7. Verify Official Receipt and issue medicines.</p>	None	5 minutes	Pharmacist (Pharmacy Section)
<p>END OF TRANSACTION</p>		<p>For DOH-MAP Donations: None</p> <p>For Pay Service Users: Price of medicine x quantity = amount to be paid</p>	<p>For DOH-MAP Donations: 27 minutes</p> <p>For Paying Service Users: 47 minutes</p>	



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ANNEX A

PRICELIST OF DRUGS AND MEDICINE

NAME OF DRUGS / MEDICINES	SELLING PRICE (in Php)
Acetylcysteine 200 mg/mL Solution for I.V. Injection x 1's, Hidonac	1,500.00
Acetylcysteine 600 mg Effervescent Tablet x 10's, Pneumotyl	15.00
Acetylcysteine 600 mg Effervescent Tablet x 20's, Aceltin	10.39
Acetylcysteine 600 mg Effervescent Tablet x 20's, Acteinsaph-600	24.00
Aciclovir 200 mg Tablet x 100's, Xyclovirax	7.00
Aciclovir 200 mg Tablet x 100's, Xyclovirax	15.00
Aciclovir 200 mg Tablet x 100's, Xyclovirax	14.00
Aciclovir 400 mg Tablet x 30's, Aciclonova	27.44
Aciclovir 400 mg Tablet x 30's, Xyclovirax	25.00
Aciclovir 800 mg Tablet x 20's, Xyclovirax Forte	50.00
Aciclovir 800 mg Tablet x 20's, Xyclovirax Forte	33.00
Adenosine 3 mg/mL (6 mg/2 mL) Solution For IV Injection x 6's, Adesan	850.00
Adenosine 3 mg/mL Solution For Injection (I.V) x 5's, Tachyban	286.89
Adenosine 3 mg/mL Solution for Injection (IV) x 10's, Cardiosine	259.00
Alendronic Acid 70 mg Tablet x 2's, Bondros	130.00
Allopurinol 100 mg Tablet x 100's, Urisol	2.65
Allopurinol 100 mg Tablet x 100's, Urisol	3.00
Allopurinol 300 mg Tablet x 100's, Alluprex	7.00
Allopurinol 300 mg Tablet x 100's, Alluprex	6.00
Alprazolam 500 mcg Tablet x 100's, Zolgen	16.00
Aluminum Hydroxide + Magnesium Hydroxide 200 mg/100 mg Chewable Tablet x 100's, Myreacid	2.00
Amikacin 250 mg/mL (500 mg/ 2 mL) Solution for Injection (I.M./I.V.) x 10's, Cinmik	29.44
Amikacin 250 mg/mL (500 mg/2 mL) Solution For Injection (I.V./I.M.) x 10's, Cocine	93.50
Amiodarone Hydrochloride 50 mg/mL (150 mg/3 mL) Concentrate Solution for Injection/Infusion (IV) x 5's, Eurythmic	495.00



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Amiodarone Hydrochloride 50 mg/mL (150 mg/3 mL) Concentrate Solution for Injection/Infusion (IV) x 5's, Eurythmic	470.00
Amiodarone Hydrochloride 50 mg/mL (150 mg/3 mL) Concentrate Solution for Injection/Infusion (IV) x 5's, Eurythmic	363.00
Amlodipine 10 mg Film-Coated Tablet x 100's, Amlodac	4.00
Amlodipine 10 mg Tablet x 100's, Amdipine	0.269
Amlodipine 10 mg Tablet x 100's, Amlopure-10	2.50
Amlodipine 10 mg Tablet x 100's, Miosil-10	4.37
Amlodipine 10 mg Tablet x 100's, Regivasc	2.42
Amlodipine 5 mg Film-Coated Tablet x 100's, Amlodac	4.00
Amlodipine 5 mg Tablet x 100's, Amdipine	0.219
Amlodipine 5 mg Tablet x 100's, Amlopure-5	2.00
Amlodipine 5 mg Tablet x 100's, Miosil-5	4.50
Amlodipine Besilate 5 mg Tablet x 100's, Philvasc	1.35
Amoxicillin 500 mg Capsule x 100's, Ambimox	3.70
Amoxicillin 500 mg Capsule x 100's, Axmel	3.40
Amoxicillin 500 mg Capsule x 100's, Harbimox	1.98
Ampicillin + Sulbactam 1 g/500 mg Powder for Injection (I.M./I.V.) x 1's, Silgram	225.00
Ampicillin + Sulbactam 1 g/500 mg Powder For Injection (IM/IV) x 10's, Sulbacin	25.34
Ampicillin + Sulbactam 500 mg/250 mg Powder for Injection (I.M./I.V.) x 1's, Silgram	240.00
Ampicillin + Sulbactam 500 mg/250 mg Powder For Injection (I.M./I.V) x 1's, Haitam	155.00
Ampicillin + Sulbactam 500 mg/250 mg Powder For Injection (I.M./I.V.) x 1's, Haitam	155.00
Ampicillin + Sulbactam 500 mg/250 mg Powder For Injection (I.V./I.M.) x 10's, Sulbacin	17.43
Ampicillin Sulbactam 500 mg/250 mg Powder For Injection (I.M./I.V.) x 1's, Ampinex Plus	90.00
Ampicillin Sulbactam 500 mg/250 mg Powder For Injection (IM/IV) x 10's, Amsulvex	230.00
Ceftriaxone 1 g Powder for Injection (IV/IM) x 10's,	49.50
Cefuroxime 500 mg Film-Coated Tablet x 10's,	54.50
Aripiprazole 10 mg Tablet x 100's, Bisoza	49.75
Aripiprazole 10 mg Tablet x 30's, Abdin	48.89



NATIONAL CENTER FOR MENTAL HEALTH CITIZEN'S CHARTER

Aripiprazole 10 mg Tablet x 30's	45.00
Aripiprazole 400 mg (200 mg/ml) Pre-Filled Syringe x 1's, Abilify Maintena	6,938.39
Ascorbic Acid 500 mg Tablet x 100's, Cevit	1.90
Ascorbic Acid 500 mg Tablet x 100's, Enocce	1.88
Ascorbic Acid 500 mg Tablet x 100's, Enocce	2.10
Aspirin 80 mg Delayed-Release Tablet x 100's, Aspitor	0.49
Aspirin 80 mg Film-Coated Tablet x 50's, Saphrin	2.42
Aspirin 80 mg Tablet x 100's, Scheeprin	2.00
Atorvastatin 10 mg Film-Coated Tablet x 100's, Atorbet	4.75
Atorvastatin 10 mg Film-Coated Tablet x 100's, Fredtor	9.98
Atorvastatin 10 mg Film-Coated Tablet x 30's, Avas	8.55
Atorvastatin 20 mg Film-Coated Tablet x 100's, Ranvast	7.00
Atorvastatin 20 mg Film-Coated Tablet x 100's, Torvastatin	6.85
Atorvastatin 20 mg Film-Coated Tablet x 30's, Lifort	8.00
Atorvastatin 40 mg Film-Coated Tablet x 100's, Brelvastin	5.85
Atorvastatin 40 mg Film-Coated Tablet x 100's, Ranvast	8.00
Atorvastatin 40 mg Film-Coated Tablet x 30's, Q-Tor	9.00
Atracurium Besilate 10 mg/mL Solution For Injection (I.V.) x 5's, Acurium	64.23
Atracurium Besilate 10 mg/mL Solution For Injection x 1's, Acurium	310.00
Atropine 1 mg/mL Solution for Injection (IM/IV/SC) x 10's, Tropin	60.00
Azithromycin 500 mg Lyophilized Powder For Injection (I.V. Infusion) x 10's, Hithro	470.00
Azithromycin 500 mg Powder For IV Infusion x 10's, Aztrozin	158.89
Aztreonam 1 g Powder for Injection (IM/IV) x 1's, Aztram	644.00
Aztreonam 1 g Powder for Injection (IM/IV) x 1's, Santron	1,490.00
Benzathine Benzylpenicillin 1,200,000 Units Sterile Powder for Injection (I.M.) x 10's, Zalpen	150.00
Benzathine Benzylpenicillin 1.2 M Units Powder for Injection (IM/MR) x 50's,	59.55
Betahistine Dihydrochloride 16 mg Tablet x 100's, Betzine	20.00
Betahistine Dihydrochloride 16 mg Tablet x 100's, Betzine	27.00



NATIONAL CENTER FOR MENTAL HEALTH CITIZEN'S CHARTER

Betahistine Dihydrochloride 24 mg Tablet x 100's, Betzine	25.00
Betahistine Dihydrochloride 24 mg Tablet x 100's, Vertisaph-24	29.00
Betahistine Hydrochloride 16 mg Tablet x 100's, Overt	45.00
Betahistine Hydrochloride 16 mg Tablet x 100's, Verbeta 16	20.00
Betahistine Hydrochloride 24 mg Dispersible Tablet x 100's, Verbeta 24	35.00
Betahistine Hydrochloride 24 mg Tablet x 30's, Overt	50.00
Betamethasone 1 mg/g (0.1% w/w) Cream x 1's, Betnochem	90.00
Biperiden 2 mg Tablet x 100's, Akidin	5.12
Biperiden Hydrochloride 2 mg Tablet x 100's, Aketon	3.98
Biperiden Hydrochloride 2 mg Tablet x 100's, Bizyx	5.18
Bisacodyl 10 mg Suppository x 10's, Dulxative	34.44
Bisacodyl 5 mg Enteric Coated Tablet x 100's, Dylax	8.00
Bisacodyl 5 mg Tablet x 100's, Motillex	3.98
Butamirate 50 mg Sustained-Release Tablet x 100's, Bu-Ci	14.00
Calcium Carbonate 1.25 g (Equivalent to 500mg Elemental Calcium) Film-Coated Tablet x 100's, Ucal	4.00
Calcium Carbonate 500 mg Tablet x 100's, Osteofree	3.35
Calcium Gluconate 100 mg/mL (10% w/v) Solution For Injection (IV) x 5's, Calcilyte	12.98
Carbamazepine 200 mg Tablet x 50's, Mezacar	4.00
Carboprost 250 mcg/mL Solution For Injection (for I.M Use Only) x 5's, Evacarb	396.00
Carvedilol 25 mg Tablet x 100's, Karvidol	5.30
Carvedilol 25 mg Tablet x 30's, Karvil 25	6.00
Carvedilol 6.25 mg Film-Coated Tablet x 100's, Karvidol	3.75
Carvedilol 6.25 mg Tablet x 100's, Vasolexin	4.50
Carvedilol 6.25 mg Tablet x 15's, Karvil 6.25	5.00
Carvedilol 6.25 mg Tablet x 30's, Carvida 6.25	6.70
Carvedilol 6.25 mg Tablet x 30's, Carvidol	1.19
Cefalexin 250 mg/5 mL Powder For Suspension x 1's, Exel	35.00
Cefepime 1 g Powder For Injection (I.M/I.V.) x 1's, Cepiram	345.00



NATIONAL CENTER FOR MENTAL HEALTH CITIZEN'S CHARTER

Cefepime 1 g Powder For Injection (IM/IV) x 10's, Cefevox	345.00
Cefepime 1 g Powder for Injection (IM/IV) x 10's, Sefpime	258.00
Cefepime 1 g Powder For Injection (IM/IV) x 10's, Zepime	62.35
Cefixime Trihydrate 100 mg/5 mL Powder For Suspension x 1's, Emacif	121.00
Cefixime Trihydrate 200 mg Dispersible Tablet x 30's, Zefix	6.74
Cefixime Trihydrate 200 mg Film-Coated Tablet x 20's, Sanfix 200	19.00
Cefixime Trihydrate 200 mg Film-Coated Tablet x 30's, Triocef	29.80
Cefoxitin 1 g Powder for Injection (I.M./I.V.) x 1's, Cefovex	530.00
Cefoxitin 1 g Powder For Injection x 1's, Acifox	250.00
Cefoxitin 1 g Powder for Solution for Injection (IM/IV) x 1's, Foxin	54.33
Cefoxitin Sodium 1 g Powder For Injection (IM/IV) x 10's, Aefox	345.00
Cefoxitin Sodium 1 g Sterile Powder for Injection x 1's, Monowel	530.00
Ceftriaxone 1 g Powder for Injection (IM/IV) x 1's, Keptrix	360.00
Ceftriaxone 1 g Powder for Injection (IM/IV) x 1's, Sitixon	100.00
Ceftriaxone 1 g Powder for Injection (IV/IM) x 10's, Trixophin	298.00
Ceftriaxone 1 g/ml Powder For Injection (IM/IV) x 1's, Retrokor	195.00
Ceftriaxone 1 g/ml Powder for Injection (IM/IV) x 1's, Triax-1	330.00
Ceftriaxone Sodium 1 g Powder For Injection (I.M./I.V.) x 1's, Cef-3	300.00
Ceftriaxone Sodium 1 g Powder for Injection (IM/IV) x 1's, Triavex 1	350.00
Ceftriaxone Sodium 1 g/ml Powder For Injection (IM/IV) x 10's, Amtrix	365.00
Cefuroxime 500 mg Film-Coated Tablet x 10's, Aeruginox	22.00
Cefuroxime 500 mg Film-Coated Tablet x 100's, Execore	22.75
Cefuroxime 500 mg Film-Coated Tablet x 100's, Execore	20.00
Cefuroxime 750 mg Powder For Injection (I.M./I.V.) x 1's, Belfur	70.00
Cefuroxime 750 mg Powder for Injection (I.M./I.V.) x 10's, Harox	28.39
Cefuroxime Axetil 500 mg Film-Coated Tablet x 30's, Cefurex	20.00
Cefuroxime Sodium 750 mg Powder for Injection (I.M./I.V.) x 10's,	78.00
Cefuroxime Sodium 750 mg Powder for Injection (I.M./I.V.) x 10's, Cefuvex	80.00



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Cefuroxime Sodium 750 mg Powder For Injection (IM/IV) x 1's, Infekor	49.00
Cefuroxime Sodium 750 mg Powder For Injection (IM/IV) x 10's, Eroxime	88.00
Cefuroxime Sodium 750 mg Powder For Injection (IM/IV) x 10's, Jectocef	75.00
Cefuroxime Sodium 750 mg Sterile Powder for Injection (I.M/I.V.) x 1's, Profurex	88.00
Celecoxib 200 mg Capsule x 100's, Celekop	7.00
Celecoxib 200 mg Capsule x 100's, Emicox	9.80
Celecoxib 200 mg Capsule x 100's, Emicox	6.80
Celecoxib 200 mg Capsule x 100's, Emicox	6.80
Celecoxib 200 mg Capsule x 30's, Coxidia	9.00
Celecoxib 200 mg Capsule x 60's, Celetor-200	8.00
Celecoxib 400 mg Capsule x 10's, Coxidia	14.00
Celecoxib 400 mg Capsule x 100's, Xelic	13.00
Cetirizine 10 mg Film-Coated Tablet x 100's, Ceticit	27.00
Cetirizine 10 mg Film-Coated Tablet x 100's, Cetrinova	27.00
Cetirizine 10 mg Film-Coated Tablet x 30's, Ceticit	25.00
Cetirizine Dihydrochloride 10 mg Film-Coated Tablet x 100's, Ceticit	2.35
Cetirizine Hydrochloride 10 mg Film-Coated Tablet x 100's, Alrezin	0.29
Cetirizine Hydrochloride 10 mg Tablet x 100's, Askey	9.12
Chlorpromazine 100 mg Film-Coated Tablet x 100's, Globazine-100	2.19
Chlorpromazine 100 mg Tablet x 100's, Zycloran	3.78
Chlorpromazine 200 mg Tablet x 100's, Globazine-200	19.00
Chlorpromazine 200 mg Tablet x 100's, Globazine-200	2.29
Chlorpromazine 200 mg Tablet x 100's, Zycloran	9.75
Cilostazol 100 mg Tablet x 30's, Cilozol-100	13.71
Cilostazol 100 mg Tablet x 30's, Pletaxol	14.30
Ciprofloxacin 2 mg/mL (200 mg/ 100 mL) Solution For Intravenous Infusion x 1's, Cipulox	100.00
Ciprofloxacin 2 mg/mL (200 mg/100 mL) Solution For I.V. Infusion x 1's, Aecipro	298.00
Ciprofloxacin 200 mg/100 mL (2 mg/mL) Solution For I.V. Infusion x 1's, Zipromin	17.89



NATIONAL CENTER FOR MENTAL HEALTH CITIZEN'S CHARTER

Ciprofloxacin 500 mg Film-Coated Tablet x 10's, Cirok	8.80
Ciprofloxacin 500 mg Film-Coated Tablet x 100's, Provex	1.49
Ciprofloxacin 500 mg Tablet x 100's, Ciprodin-FC	19.76
Ciprofloxacin 500 mg Tablet x 100's, Ciprodin-FC	18.00
Ciprofloxacin 500 mg Tablet x 100's, Cyfrox	5.80
Clarithromycin 250 mg/5 mL Granules for Suspension x 1's, Clarithrocid	600.00
Clarithromycin 250 mg/5 mL Powder For Suspension x 1's, Clariwell	398.00
Clarithromycin 500 mg Film-Coated Tablet x 30's, Clarithrocid	35.00
Clarithromycin 500 mg Film-Coated Tablet x 30's, Klarithix	24.50
Clarithromycin 500 mg Film-Coated Tablet x 30's, Klarithix	34.00
Clidamycin 150 mg/mL Solution for Injection (IM/IV) x 5's, Klinbac	41.22
Clindamycin 150 mg/mL (300 mg/2 mL) Solution for Injection (I.M./I.V.) x 1's, Corsin 300	190.00
Clindamycin 150 mg/mL (600 mg/ 4 mL) Solution for Injection (IM/IV) x 10's, Dalamycin	198.00
Clindamycin 150 mg/ml Solution for Injection (I.M./I.V.) x 10's, Clindal	188.00
Clindamycin 150 mg/mL Solution For Injection x 1's, Dynacin	194.50
Clindamycin 300 mg Ca sule x 100's, Clindagold	32.00
Clindamycin 300 mg Capsule x 100's, Clindal	12.20
Clindamycin 300 mg Capsule x 100's, Clin-Gen	35.00
Clindamycin 300 mg Capsule x 100's, Dalamax	27.65
Clindamycin 300 mg Capsule x 100's, Dynacin	14.50
Clindamycin Phosphate 150 mg/mL, 2 mL Solution For Injection (I.M./I.V.) x 10's, Dynacin	194.00
Clonidine 75 mcg Tablet x 100's, Catamed	6.75
Clonidine Hydrochloride 75 mcg Tablet x 100's, Catapin	3.69
Clonidine Hydrochloride 75 mcg Tablet x 100's, Clonisaph-75	12.39
Clopidogrel 75 mg Film-Coated Tablet x 100's, Clopegen	13.45
Clopidogrel 75 mg Film-Coated Tablet x 100's, Deplatt	13.45
Clopidogrel 75 mg Film-Coated Tablet x 100's, Saphlopid	9.00
Clopidogrel 75 mg Film-Coated Tablet x 30's, Artheogrel	0.54



NATIONAL CENTER FOR MENTAL HEALTH CITIZEN'S CHARTER

Clopidogrel 75 mg Film-Coated Tablet x 30's, Noklot	10.00
Sterile Water For Injection x 1's	13.45
Cloxacillin 500 mg Capsule x 100's, Cloxane	6.90
Cloxacillin 500 mg Capsule x 100's, Cloxane	6.00
Cloxacillin 500 mg Capsule x 100's, Philclox	5.85
Tramadol Hydrochloride 50 mg/mL, 1mL Solution For Injection (I.M./I.V.) x 10's	18.00
Clozapine 100 mg Tablet x 100's, Clopixene	7.00
Clozapine 100 mg Tablet x 100's, Syclop	12.00
Clozapine 100 mg Tablet x 100's, Ziproc-100	12.50
Clozapine 100 mg Tablet x 50's, Clozadin	19.67
Clozapine 100 mg Tablet x 50's, Sizopin 100	10.00
Clozapine 25 mg Tablet x 100's, Ziproc-25	10.00
Clozapine 25 mg Tablet x 30's, Syclop	10.00
Clozapine 25 mg Tablet x 50's, Clozadin	14.18
Co-Amoxiclav 228.5 mg per 5 mL Powder For Suspension x 1's, Natravox	185.00
Co-Amoxiclav 625 mg Film-Coated Tablet x 14's, Rifeclav	11.85
Co-Amoxiclav 625 mg Film-Coated Tablet x 14's, Xyveemox	12.00
Co-Amoxiclav 625 mg Film-Coated Tablet x 30's, Klavic	6.82
Co-Amoxiclav 625mg Film-Coated Tablet x 21's, Acce-Clav	14.00
Colchicine 500 mcg Tablet x 100's	2.95
Colchicine 500 mcg Tablet x 100's, Goutsaph	2.80
Colistimethate Sodium 2 Million I.U. Lyophilized Powder For Injection (I.V.) x 10's, Colium	2,144.00
Colistimethate Sodium 2 Million I.U. Lyophilized Powder For Injection (I.V.) x 10's, Colium	2,244.00
Colistimethate Sodium 2 Million I.U. Lyophilized Powder For Injection (IV Infusion) x 1's, Colisan-2	2,244.00
Colistimethate Sodium 2,000,000 IU Lyophilized Powder For Injection (I.V. Infusion) x 1's, Clostin	1,498.00
Cotrimoxazole 960 mg Tablet x 100's, Kathrex	6.00
Cotrimoxazole 960 mg Tablet x 100's, Kathrex	3.80
Dexamethasone Sodium Phosphate 5 mg/mL Solution for Injection (I.M./I.V.) x 50's, Dexticort	16.78



NATIONAL CENTER FOR MENTAL HEALTH CITIZEN'S CHARTER

Dextrose 50% 500 mg/mL (50%) Solution for Injection (I.V.) x 20's,	73.00
Diazepam 5 mg/ mL Solution for Injection (IM/IV) x 50's, Valzepam	138.33
Digoxin 250 mcg Tablet x 100's, Dixin	5.00
Digoxin 250 mcg/mL Solution for Injection (I.V.) x 10's, Cardioxin	117.00
Digoxin 250 mcg/mL Solution For Injection (IM/IV) x 10's, Dixin	198.50
Digoxin 250 mcg/mL Solution For Injection (IM/IV) x 10's, Dixin	200.00
Diphenhydramine 50 mg Capsule x 100's, Histamox	3.00
Diphenhydramine 50 mg Capsule x 100's, Histazyn	3.50
Diphenhydramine 50 mg Capsule x 100's, Histazyn	1.45
Divalproex Sodium 250 mg Extended-Release Tablet x 10's, Depamax	7.63
Divalproex Sodium 500 mg Extended-Release Tablet x 10's, Depamax	9.78
Divalproex Sodium 500 mg Extended Release Tablet x 10's, Divalgen 500	11.37
Divalproex Sodium 500 mg Extended-Release Tablet x 30's, Dicorate ER 500	11.38
Divalproex Sodiun 500 mg Tablet	20.00
Dobutamine 50 mg/mL (250 mg/5 mL) Solution for Injection (IV Infusion) x 10's, Dobusenz	220.00
Dobutamine 50 mg/mL (250 mg/5 mL) Solution for Injection (IV Infusion) x 10's, Dobusenz	228.00
Dobutamine 50 mg/mL (250 mg/5 mL) Solution For IV Infusion x 5's, Dobunex	72.35
Dobutamine Hydrochloride 50 mg/ mL Solution For Intravenous Infusion x 5's, Doburis	238.00
Rosuvastatin 20 mg Film-Coated Tablet x 30's, Torus-20	30.00
Donepezil 10 mg Film-Coated Tablet x 30's, Donepedin	31.50
Donepezil 5 mg Film-Coated Tablet x 30's, Donepedin	9.60
Donepezil Hydrochloride 10 mg Film-Coated Tablet x 100's, Torpezil 10	25.00
Donepezil Hydrochloride 10 mg Film-Coated Tablet x 100's, Zypezil 10	12.48
Donepezil Hydrochloride 10 mg Film-Coated Tablet x 30's, Vexdim 10	12.65
Donepezil Hydrochloride 10 mg Film-Coated Tablet x 50's, Servonex	34.98
Donepezil Hydrochloride 10 mg Orodispersible Tablet x 100's, Zypezil ODT 10	36.50
Donepezil Hydrochloride 5 mg Film-Coated Tablet x 100's, Torpezil 5	10.00
Donepezil Hydrochloride 5 mg Film-Coated Tablet x 100's, Zypezil 5	9.75



NATIONAL CENTER FOR MENTAL HEALTH CITIZEN'S CHARTER

Donepezil Hydrochloride 5 mg Film-Coated Tablet x 50's, Servonex	10.00
Dopamine Hydrochloride 40 mg/mL (200 mg/5 mL) Solution for Injection (IV Infusion) x 5's, Dopamax	37.44
Dopamine Hydrochloride 40 mg/mL Solution For Intravenous Infusion x 5's, Doptrex	140.00
Dopamine Hydrochloride 40 mg/mL Solution For Intravenous Infusion x 5's, Doptrex	105.00
Doxycycline 100 mg Capsule x 100's, Doxyperl	8.50
Doxycycline 100 mg Capsule x 100's, Mydoxy	12.00
Enalapril Maleate 5 mg Tablet x 100's, Renite-5 XL	7.00
Enalapril Maleate 5 mg Tablet x 100's, Scheepril	4.75
Enoxaparin 40 mg/0.4 mL Solution for Injection (IV/SC) x 2's, Enomax	400.00
Enoxaparin 60 mg/0.6 mL Solution for Injection (IV/SC) x 2's, Enomax	450.00
Enoxaparin Sodium 4,000 IU/0.4 mL (40 mg/0.4 mL) Solution For Injection (SC) x 2's, Olxarin	420.00
Enoxaparin Sodium 40 mg/ 0.4 mL Solution For Injection (S.C.) x 1's, Lomoh-40	330.00
Enoxaparin Sodium 40 mg/0.4 mL Solution For Injection (S.C.) x 2's, Enoclex	182.33
Enoxaparin Sodium 40 mg/0.4 ml Solution for Injection (SC) x 2's, Exaprin	295.00
Enoxaparin Sodium 4000 IU Anti-Factor XA (equivalent to 40 mg)/0.4 mL Solution For Injection (SC) x 1's, Rifoxan	448.00
Enoxaparin Sodium 6,000 IU/0.6 mL (60 mg/0.6 mL) Solution For Injection (SC) x 2's, Olxarin	450.00
Enoxaparin Sodium 60 mg/ 0.6 mL Solution For Injection (S.C.) x 1's, Lomoh-60	430.00
Enoxaparin Sodium 60 mg/0.6 mL Solution For Injection (SC) x 2's, Enoclex	187.00
Enoxaparin Sodium 6000 IU Anti-Factor Xa (equivalent to 60 mg)/0.6 mL Solution for Injection (SC) x 1's, Rifoxane	489.00
Eperisone Hydrochloride 50 mg Tablet x 100's, Myelax	24.00
Epinephrine 1 mg/ mL (0.1% w/v) Solution for Injection x 100's,	9.22
Epinephrine 1 mg/mL Solution for Injection (I.M./S.C./I.V.) x 10's, Epicare	29.00
Epinephrine Solution for Injection (IM/SC) 1 mg/mL x 10's, Epibbas	28.00
Epoetin Alfa 4,000 IU/0.4 mL Solution for Injection (IV) x 6's, Erysaa	389.60
Epoetin Alfa 4,000 IU/0.4 mL Solution for Injection (IV/SC) x 6's, Repoitin 4000	440.00
Epoetin Alfa 4,000 IU/mL Solution For Injection (IV/SC) x 1's, Eposino	380.00
Epoetin Alfa 4000 IU/mL Solution for Injection (IV/SC) x 1's, Dypotin	374.00
Epoetin Alfa 4000 IU/mL Solution For Injection (IV/SC) x 1's, Epogen	239.00



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Epoetin Alfa 4000 IU/mL Solution for Injection (IV/SC) x 1's, Eporife	374.00
Epoetin Alfa 4000 IU/mL Solution For Injection (IV/SC) x 6's, Epokine	419.88
Erythromycin 5 mg/g (0.5%w/w) Ophthalmic Ointment x 1's, Optryl	153.50
Erythromycin 500 mg Film-Coated Tablet x 100's, Erysaph	5.17
Erythromycin 500 mg Film-Coated Tablet x 100's, Erzin	5.00
Escitalopram 10 mg Film-Coated Tablet x 100's, Exuber 10	13.50
Escitalopram 10 mg Film-Coated Tablet x 100's, Feliz S 10	20.00
Escitalopram 10 mg Film-Coated Tablet x 30's, Elipran 10	9.00
Escitalopram 10 mg Film-Coated Tablet x 30's, Escidix-10	21.00
Escitalopram 10 mg Film-Coated Tablet x 30's, Escivex 10	3.20
Escitalopram 10 mg Film-Coated Tablet x 30's, Lexdin	10.04
Escitalopram 10 mg Film-Coated Tablet x 30's, Nexito 10	15.00
Escitalopram 10 mg Film-Coated Tablet x 30's, S-Celepra	10.00
Escitalopram 10 mg Film-Coated Tablet x 50's, Escinal	9.00
Fenofibrate 160 mg Capsule x 100's, Fenoceed	27.83
Fenofibrate 160 mg Tablet x 100's, Triden	13.00
Fenofibrate 200 mg Capsule x 100's, Fenoceed	20.00
Fenofibrate 200 mg Capsule x 30's, Trichek	18.48
Fenofibrate 200 mg Micronized Capsule x 100's, Fenosaph-200	7.80
Fentanyl 50 mcg/mL Solution for Injection (IM/IV) x 10's, Sublimax	28.33
Ferrous Sulfate + Folic Acid 200 mg/400 mcg Film-Coated Tablet x 100's,	0.47
Ferrous Sulfate + Folic Acid 60 mg + 400 mcg Capsule x 100's, Brisofer-OB	2.10
Ferrous Sulfate + Folic Acid 60 mg/400 mcg Film-Coated Tablet x 100's, Anifer	1.85
Ferrous Sulfate 30 mg/5 mL Syrup x 1's, Ferolem	22.50
Ferrous Sulfate 325 mg Tablet x 100's, Ferricore	2.00
Ferrous Sulfate 325 mg Tablet x 100's, Ferricore	1.38
Ferrous Sulfate 325 mg Tablet x 100's, Ferricore	2.00
Ferrous Sulfate 325 mg Tablet x 100's, Ferricore	1.80



NATIONAL CENTER FOR MENTAL HEALTH CITIZEN'S CHARTER

Finasteride 5 mg Film-Coated Tablet x 100's, Finapros	9.50
Finasteride 5 mg Tablet x 50's, Prosta-One	15.50
Fluconazole 150 mg Capsule x 20's, Flux	75.00
Fluconazole 150 mg Capsule x 20's, Mycozole	230.00
Fluconazole 150 mg Capsule x 5's, Fluconabas	65.00
Fluconazole 150 mg Tablet x 1's, Glonaz 150	235.00
Fluconazole 50 mg Capsule x 20's, Mycozole	75.00
Flumazenil 100 mcg/mL (0.01%) Solution for Intravenous Infusion x 5's, Anzenil	2,000.00
Fluoxetine 20 mg Capsule x 30's, Drafzin	18.00
Fluoxetine 20 mg Capsule x 30's, Fluoxedin	13.00
Fluoxetine 20 mg Capsule x 30's, Prodin	22.37
Flupentixol Decanoate 20 mg/mL Solution for Injection (IM) x 10's, Fluanxol Depot	268.00
Fluphenazine Decanoate 25 mg/mL Solution For IM Injection x 5's, Flenazine	74.00
Fluphenazine Decanoate 25 mg/mL Solution For IM Injection x 5's, Fludexin	72.00
Fluphenazine Decanoate 25 mg/mL Solution For Injection (IM) x 5's, Psychosin	59.98
Folic Acid 5 mg Capsule x 100's, Foliz	3.95
Folic Acid 5 mg Capsule x 100's, Prevena	2.85
Folic Acid 5 mg Film-Coated Tablet x 100's, Folinova	3.95
Fosfomycin Trometamol 3 g Granules for Solution x 1's, Monurol	430.00
Furosemide 10 mg/mL (20 mg/2 mL) Solution for Injection (IM/IV) x 10's, Frosem	14.00
Furosemide 10 mg/mL (20 mg/2 mL) Solution for Injection (IM/IV) x 10's, Lazicare	10.00
Furosemide 10 mg/mL Solution For Injection (IM/IV) x 10's, Furosan	14.00
Furosemide 10 mg/mL, 2 mL Solution for Injection (I.M./I.V.) x 10's,	3.87
Furosemide 10mg/mL (20mg/2mL) Solution for Injection (IM/IV) x 10's, Lazicare	15.00
Furosemide 20 mg Tablet x 100's,	4.00
Furosemide 20 mg Tablet x 100's,	2.50
Furosemide 40 mg Tablet x 100's,	1.45
Furosemide 40 mg Tablet x 100's, Fusedex	6.40



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Furosemide 40 mg Tablet x 100's, Fusedex	4.00
Gabapentin 300 mg Capsule x 100's, Gabavex 300	8.50
Gabapentin 300 mg Capsule x 30's, Gabatin	29.50
Gliclazide 30 mg Modified Release Tablet x 100's, Melanov MR 30	2.62
Gliclazide 30 mg Modified Release Tablet x 100's, Saphclazide 30	2.98
Gliclazide 30 mg Modified Release Tablet x 60's, Glicla-Natrapharm	3.50
Gliclazide 30 mg Modified Release Tablet x 60's, Zeltine-MR	3.91
Haloperidol 5 mg Tablet x 100's, Peridol-5	2.29
Haloperidol 5 mg Tablet x 100's, Zuredel	18.50
Haloperidol 5 mg/mL Solution For Injection (IM) x 50's, Seredol	729.00
Heparin Sodium 1000 IU/mL Solution For Injection (IV) x 10's, Hepadur	49.89
Heparin Sodium 1000 IU/mL Solution For Injection (IV/SC) x 1's, Sakarin 5000	150.00
Heparin Sodium 1000 IU/mL Solution For Injection (IV/SC) x 1's, Sakarin 5000	70.00
Heparin Sodium 5,000 I.U./mL (25,000 I.U./5mL) Solution for Injection (IV/SC) x 10's, Unihepa	168.00
Heparin Sodium 5000 IU/mL Solution For Injection (IV/SC) x 1's, Sakarin 25000	200.00
Heparin Sodium 5000 IU/mL Solution For Injection (IV/SC) x 10's, Heprin	154.00
Human Albumin 20% (0.2 g/mL) Solution For Intravenous Infusion x 1's, Plasbutein	2,098.00
Human Insulin 30% Soluble Insulin + 70% Isophane Insulin 100 IU/mL Suspension For Injection (Sc) x 1's, Scilin M30	580.00
Hydralazine Hydrochloride 20 mg/mL Solution For Injection (I.M./I.V.) x 10's, Aprezal	19.78
Hydrocortisone 250 mg Powder For Injection (I.M./I.V.) x 10's, Stericort	43.00
Hydrocortisone 250 mg Powder for Injection (I.M./I.V.) x 10's, Hydrovex	230.00
Hydrocortisone 250 mg Powder For Injection (IM/IV) x 10's, Hycort	180.00
Hydrogen Peroxide 3% w/v Solution x 1's, Aguaper	40.00
Hydroxyzine Hydrochloride 25 mg Tablet x 100's, Ziltem	20.00
Hypromellose 30 mg Ophthalmic Drops x 1's, Equisine Moist	49.59
Insulin Glargine 100 I.U./mL Solution For Injection (SC) x 5's, Podevta	450.00
Irbesartan 300 mg Tablet x 100's, Irbeq 300	8.48
Irbesartan 300 mg Tablet x 100's, Irbis H 300	7.00



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Iron Sucrose 20 mg/mL (100 mg/5 mL) Solution For Injection (I.V.) x 5's, Feroze	160.00
Iron Sucrose 20 mg/mL (100 mg/5 mL) Solution for Injection (IV) x 5's, Iseron	47.44
Iron Sucrose 20 mg/mL (100mg/5 mL) Solution for Injection (I.V.) x 5's, Ranofer	130.00
Iron Sucrose 20 mg/mL Solution For Injection (IV) x 5's, Encifer	200.00
Iron Sucrose 20 mg/mL Solution For Injection (IV) x 5's, Ferrofer	200.00
Isoxsuprine Hydrochloride 10 mg Tablet x 100's, Trisoxs	9.50
Ketoconazole 20 mg/g (2%w/w) Cream x 1's, Funginil-K	110.00
Ketoconazole 20 mg/mL (2%w/v) Shampoo x 1's, Dermazole	300.00
Ketorolac Trometamol 30 mg/mL Solution For Injection (I.M./I.V.) x 10's, Fukolac	40.00
Ketorolac Trometamol 30 mg/mL Solution For Injection (IM/IV) x 10's, Ketril	9.23
Ketorolac Trometamol 30 mg/mL Sterile Solution for Injection (IM/IV) x 5's, Aeketo	32.00
Lamotrigine 100 mg Tablet x 30's, Lamicdin	7.65
Lamotrigine 100 mg Tablet x 30's, Lamitor-100	7.75
Lamotrigine 100 mg Tablet x 30's, Lanistor	7.75
Lamotrigine 50 mg Tablet x 30's, Lamicdin	5.67
Lamotrigine 50 mg Tablet x 30's, Lamitor 50	5.70
Lamotrigine 50 mg Tablet x 30's, Lamosyn 50	5.70
Lamotrigine 50 mg Tablet x 30's, Lanistor	5.70
Latanoprost 50 mcg/mL, 2.5 mL Ophthalmic Solution x 1's, Latadin	630.00
Levetiracetam 1 g Film-Coated Tablet x 100's, Julitam 1000	19.50
Levetiracetam 1 g Film-Coated Tablet x 100's, Lepixa 1000	19.00
Levetiracetam 1 g Film-Coated Tablet x 60's, Ivetra 1000	19.75
Levetiracetam 100 mg/ml (500 mg/5 ml) Concentrated Solution for Injection (IV Infusion) x 10's, Julitam I.V.	1,500.00
Levetiracetam 100 mg/mL (500 mg/5 mL) Solution For Injection (IV) x 1's, Ivetra IV	1,320.00
Levetiracetam 100 mg/mL (500 mg/5 mL) Solution for Injection (IV) x 1's, Lepixa	1,200.00
Levetiracetam 100 mg/mL Concentrate Solution For I.V. Infusion x 1's, Levipil	750.00
Levetiracetam 100 mg/mL Oral Solution x 1's, Kepdin	1,125.00
Levetiracetam 500 mg Film-Coated Tablet x 100's, Julitam 500	16.00



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Levetiracetam 500 mg Film-Coated Tablet x 100's, Lepixa 500	16.00
Levetiracetam 500 mg Film-Coated Tablet x 10's Kepdin	16.38
Levetiracetam 500 mg Film-Coated Tablet x 30's, Levacetam	15.00
Levetiracetam 500 mg Film-Coated Tablet x 30's, Levipil 500	14.00
Levetiracetam 500 mg Film-Coated Tablet x 30's, Vexlev 500	11.90
Levetiracetam 500 mg Film-Coated Tablet x 60's, Ivetra 500	16.35
Levodopa + Carbidopa 100 mg/ 25 mg Tablet x 100's, Tidomet	20.00
Levodopa + Carbidopa 100 mg/25 mg Tablet x 100's, Sinedin	25.20
Levodopa + Carbidopa 100 mg/25 mg Tablet x 50's, Parkimet 125	25.00
Levodopa + Carbidopa 250 mg/ 25 mg Tablet x 100's, Tidomet	25.00
Levodopa + Carbidopa 250 mg/ 25 mg Tablet x 30's, Pardopa	25.00
Levodopa + Carbidopa 250 mg/25 mg Tablet x 100's, Sinedin	21.07
Levodopa + Carbidopa 250 mg/25 mg Tablet x 100's, Twindopa	39.50
Levodopa + Carbidopa 250 mg/25 mg Tablet x 100's, Vexdopa	18.50
Levodopa + Carbidopa 250 mg/25 mg Tablet x 50's, Parkimet 275	29.00
Levofloxacin 500 mg Film-Coated Tablet x 10's, Serlev	30.50
Levofloxacin 500 mg Film-Coated Tablet x 100's, Levonova-500	42.00
Levofloxacin 500 mg Film-Coated Tablet x 30's, Legreat	25.00
Levofloxacin 500 mg Film-Coated Tablet x 30's, Loxeva	40.00
Levofloxacin 500 mg Film-Coated Tablet x 30's, Tevolox	27.50
Levofloxacin 750 mg Film-Coated Tablet x 10's, Olcin 750	40.00
Levofloxacin 750 mg Film-Coated Tablet x 20's, Loxeva	60.00
Levothyroxine 100 mcg Tablet x 50's, Thyvex-100	5.00
Levothyroxine 50 mcg Tablet x 50's, Thyvex-50	2.00
Levothyroxine Sodium 100 mcg Tablet x 100's, Thydin	7.80
Levothyroxine Sodium 150 mcg Tablet x 100's, Thydin	10.80
Levothyroxine Sodium 50 mcg Tablet x 100's, Thydin	4.90
Lidocaine 2 mg/mL (2%) Solution for Injection (I.M./I.V.) x 10's, Senzitene	26.32



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Lidocaine Hydrochloride 20 mg/mL (2% w/v) Solution for Injection (I.M./I.V.) x 1's, Endo-Pro	28.98
Lidocaine Hydrochloride 20 mg/mL (2%w/v) Solution For Injection (IV) x 50's, Lidophil	48.00
Lidocaine Hydrochloride 20 mg/mL (2%w/v), 5 mL Solution For Injection (IV) x 50's, Eurocaine	42.00
Linezolid 2 mg/mL (600 mg/300 mL) Solution for Injection for I.V. Infusion x 1's, Zolinov	2,669.94
Linezolid 600 mg Film-Coated Tablet x 30's, Lizod	1,297.00
Lithium Carbonate 450 mg Sustained Release Tablet x 100's, Litcab	12.00
Loratadine 10 mg Tablet x 100's, Carin	4.80
Loratadine 10 mg Tablet x 100's, Clarihst	1.79
Loratadine 10 mg Tablet x 100's, Lorarex	3.85
Losartan 100 mg Film-Coated Tablet x 100's, Losacar 100	5.00
Losartan Potassium 100 mg Film-Coated Tablet x 100's, Natrasol	6.00
Losartan Potassium 100 mg Film-Coated Tablet x 30's, Losaar 100	5.35
Losartan Potassium 50 mg Film-Coated Tablet x 100's, Losart	0.53
Losartan Potassium 50 mg Film-Coated Tablet x 100's, Loxart	4.90
Losartan Potassium 50 mg Film-Coated Tablet x 100's, Natrasol	4.80
Losartan Potassium 50 mg Film-Coated Tablet x 30's, Losaar 50	3.85
Magnesium Sulfate 250 mg/mL Solution for Injection (I.M./I.V.) x 25's,	79.33
Mannitol 200 mg/mL (20% w/v) Solution For I.V. Infusion x 1's,	82.33
Mebendazole 100 mg/ 5 mL Suspension x 1's,	70.00
Mebendazole 500 mg Tablet x 100's,	3.70
Mefenamic Acid 500 mg Capsule x 100's, Icelax	6.04
Mefenamic Acid 500 mg Capsule x 100's, Mecid	5.70
Mefenamic Acid 500 mg Tablet x 100's, Mefenax	3.20
Memantine 10 mg Film-Coated Tablet x 100's, Zimerz	17.00
Memantine 10 mg Film-Coated Tablet x 30's, Memandin	11.38
Memantine Hydrochloride 10 mg Film-Coated Tablet x 100's, Mentra 10	19.50
Memantine Hydrochloride 10 mg Film-Coated Tablet x 14's, Denigma	19.80
Memantine Hydrochloride 10 mg Film-Coated Tablet x 30's, Amint-10	19.80



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Memantine Hydrochloride 10 mg Film-Coated Tablet x 30's, Memadem-10	19.80
Metformin Hydrochloride 500 mg Film-Coated Tablet x 100's, Formet	12.00
Metformin Hydrochloride 500 mg Film-Coated Tablet x 100's, Glycemet	15.90
Metformin Hydrochloride 500 mg Film-Coated Tablet x 100's, Metclormin	0.49
Metformin Hydrochloride 500 mg Film-Coated Tablet x 100's, Saphormin T500	15.90
Metformin Hydrochloride 500 mg Film-Coated Tablet x 60's, I-Max	4.80
Metformin Hydrochloride 500 mg Tablet x 100's, Diabase	4.98
Methimazole 5 mg Tablet x 100's, Tapdin	4.73
Methyldopa 250 mg Film-Coated Tablet x 100's, Domepa	11.00
Methyldopa 250 mg Film-Coated Tablet x 100's, Dopamaine	14.00
Methyldopa 250 mg Film-Coated Tablet x 100's, Mydopa	13.00
Methylergometrine 200 mcg/mL Solution For Injection (IM/IV) x 10's, Utergin	24.44
Methylergometrine Maleate 200 mcg/mL Solution For Injection (IM/IV) x 50's, Cethergo	72.00
Methylprednisolone 4 mg Tablet x 100's, Mepresone	7.00
Methylprednisolone 4 mg Tablet x 30's, Prednivex 4	5.00
Metoclopramide 10 mg Tablet x 100's, Meto	1.80
Metoclopramide 10 mg Tablet x 100's, Meto	2.00
Metoclopramide 10 mg Tablet x 100's, Myclosil	2.00
Metoclopramide 10 mg/2 mL (5 mg/mL) Solution For Injection (I.M./Slow I.V.) x 10's, Metvex	13.00
Metoclopramide 5 mg/mL (10 mg/2 mL) Solution for Injection (IM/IV) x 10's, Clozil	3.18
Metoclopramide 5 mg/mL Solution For Injection (I.M./I.V.) x 10's, Pramide	12.35
Metoclopramide 5 mg/mL Solution for Injection x 1's, Meto	12.50
Metoprolol Tartrate 100 mg Tablet x 100's, Prolol	2.85
Metoprolol Tartrate 100 mg Tablet x 100's, Prolol	2.00
Metoprolol Tartrate 100 mg Tablet x 100's, Prometin-100	2.97
Metormin Hydrochloride 500 mg Film-Coated Tablet x 100's, Saphormin T500	3.35
Metronidazole 5 mg/mL (500 mg/100 mL) Solution for I.V. Infusion x 1's, Antizoal	45.00
Metronidazole 5 mg/mL (500 mg/100 mL) Solution for I.V. Infusion x 1's, Dynazole	46.00



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Metronidazole 5 mg/mL Solution For IV Infusion x 1's, Zolemet	13.98
Metronidazole 500 mg Tablet x 100's, Flagex	9.50
Metronidazole 500 mg Tablet x 100's, Flagex	15.00
Metronidazole 500 mg Tablet x 100's, Flagex	2.50
Metronidazole 500 mg Tablet x 30's, Protozole	10.08
Metronidazole 500 mg/100 mL Solution for IV Infusion x 1's, Protozole	79.00
Montelukast 10 mg Film-Coated Tablet x 100's, Leukorex	7.10
Montelukast 10 mg Film-Coated Tablet x 20's, Montril	13.40
Montelukast 10 mg Film-Coated Tablet x 30's, Montesur-10	16.00
Montelukast 10 mg Film-Coated Tablet x 30's, Montezyd 10	13.20
Moxifloxacin 5 mg/mL (0.5% w/v) Ophthalmic Solution (Eye Drops) x 1's, Moxidin	296.00
Multivitamins Capsule x 100's, Myrevit	3.80
Multivitamins Capsule x 100's, Myrevit	3.50
Multivitamins Capsule x 100's, Myrevit	2.85
Mupirocin 20 mg per gram (2% w/w) Ointment x 1's, Bactopic	135.00
Mupirocin 20 mg/g (2% w/w) Ointment x 1's, Microscot	133.50
Mupirocin 20 mg/g (2% w/w) Topical Ointment x 1's, Bactriderm	87.44
Naloxone Hydrochloride 400 mcg Lyophilized Powder for Injection (IM/IV/SC) x 5's, Nalocure	413.00
Naltrexone Hydrochloride 50 mg Film-Coated Tablet x 30's, Nodict	86.00
Nicardipine Hydrochloride 1 mg/ mL (10mg/ 10mL) Solution for IV Injection x 1's, Cardowin	375.00
Nicardipine Hydrochloride 1 mg/mL Solution For IV Infusion x 10's,	40.34
Nicardipine Hydrochloride 1mg/mL (10mg/10mL) Solution For Injection (IV Infusion) x 5's, Blicin	348.00
Nitroglycerin 1 mg/mL (10 mg/10 mL) Solution for Injection (IV) x 10's, Nitrosan	436.80
Norepinephrine 1 mg/mL (4 mg/4 mL) Solution for I.V. Injection x 10's, Dynophrine	330.00
Norepinephrine 1 mg/mL, 2mL Solution For Injection (I.V.) x 10's, Norphed	51.33
Norepinephrine 1 mg/mL, 4mL Solution For Injection (I.V.) x 10's, Norphed	59.44
Norepinephrine Bitartrate 1 mg/mL (4 mg/4 mL, 10 mg/10 mL) Solution for Injection (I.V.) x 10's, Nupira	600.00
Norepinephrine Bitartrate 1mg/ mL (4 mg/ 4 mL) Solution for I.V. Injection x 10's, Adrenapin	250.00



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Nystatin 100,000 IU/mL Oral Suspension (Oral Drops) x 1's, Myconil	180.00
Nystatin 100,000 units/mL Suspension (Oral Drops) x 1's, Nystrin	170.00
Ofloxacin 200 mg Film-Coated Tablet x 100's, Floxa-200	3.00
Ofloxacin 3 mg/mL (0.3% w/v) Ophthalmic Solution x 1's, Oflobiz	198.00
Ofloxacin 3 mg/mL (0.3% w/v) Otic Solution x 1's, Oflobiz	225.00
Olanzapine 10 mg Film-Coated Tablet x 100's, Olandus 10	12.50
Olanzapine 10 mg Film-Coated Tablet x 100's, Zanprex-10	1.09
Olanzapine 10 mg Oral Disintegrating Tablet x 30's, Oleanz ODT-10	18.00
Olanzapine 10 mg Orodispersible Tablet x 100's, Olamedix	18.25
Olanzapine 10 mg Orodispersible Tablet x 100's, Olandus ODT 10	18.00
Olanzapine 10 mg Orodispersible Tablet x 30's, Olan ODT	18.25
Olanzapine 10 mg Orodispersible Tablet x 30's, Tolanz 10	18.25
Olanzapine 10 mg Orodispersible Tablet x 30's, Zilano 10 ODT	18.00
Olanzapine 10 mg Tablet x 30's, Olavex 10	3.40
Olanzapine 5 mg Film-Coated Tablet x 100's, Olandus 5	10.00
Olanzapine 5 mg Film-Coated Tablet x 28's, Olazin	19.50
Olanzapine 5 mg Film-Coated Tablet x 30's, Olan	15.50
Olanzapine 5 mg Tablet x 30's, Olavex 5	7.50
Omeprazole 40 mg Capsule x 50's, Mepraz	47.00
Omeprazole 40 mg Delayed-Release Capsule x 28's, Hyperzol	3.22
Omeprazole 40 mg Delayed-Release Capsule x 30's, Obax	13.50
Omeprazole 40 mg Enteric Coated Capsule x 100's, Inhibita	48.00
Omeprazole 40 mg Enteric Coated Capsule x 100's, Inhibita	20.00
Omeprazole 40 mg Enteric Coated Capsule x 100's, Inhibita	9.50
Omeprazole 40 mg Lyophilized Powder For I.V. Infusion x 10's, Omevex	230.00
Omeprazole 40 mg Lyophilized Powder For Injection (I.V.) x 1's, Zefxon	216.00
Omeprazole 40 mg Lyophilized Powder For Injection (IV) x 1's, Omezol	18.92
Omeprazole 40 mg Lyophilized Powder For Injection (IV) x 1's, Zyom	240.00



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Omeprazole 40 mg Lyophilized Powder For IV Injection x 1's, Omecare	70.00
Ondansetron 2 mg/ mL, 4ml Ampoule Solution For Intravenous Infusion x 25's, Emistop	200.00
Ondansetron 2 mg/mL (8 mg/4 mL) Solution for Injection (I.M./I.V.) x 10's, Onzet	355.00
Ondansetron 2 mg/mL (8 mg/4 mL) Solution For Injection (IM/IV) x 5's, Emitron	57.43
Ondansetron 2 mg/mL Solution For Injection (IM/IV) x 5's, Zukastop	360.00
Ondansetron 8 mg Film-Coated Tablet x 100's, Vomiz 8	85.00
Oral Rehydration Salts 20.5 g Powder For Oral Solution x 20's, Glucosol	2.33
Pantoprazole 40 mg Enteric Coated Capsule x 100's, Pantodix	18.00
Pantoprazole 40 mg Enteric-Coated Tablet x 30's, Pantor-40	18.00
Paracetamol 150 mg/ mL Solution for Infusion (IM/IV) x 10's, Aemol	10.00
Paracetamol 150 mg/mL (300 mg/2 mL) Solution for Injection (I.M./I.V.) x 10's, Reximol	4.18
Paracetamol 150 mg/mL Solution For Injection (I.V. Infusion) x 10's, Amadol	11.00
Paracetamol 500 mg Tablet x 100's, Biogic	22.00
Paracetamol 500 mg Tablet x 100's, Febrile Free	0.83
Paracetamol 500 mg Tablet x 100's, Flugard 500	10.00
Paracetamol 500 mg Tablet x 100's, Rapidol	1.90
Phenytoin Sodium 100 mg Capsule x 100's, Sriphe-100	12.00
Phenytoin Sodium 100 mg Capsule x 30's, Sriphe-100	24.00
Phenytoin Sodium 50 mg/mL (100 mg/2 mL) Solution For Injection (IM/IV) x 10's, Santon	670.00
Phenytoin Sodium 50 mg/mL Solution for Injection (I.V.) x 10's, Lantidin	144.44
Phenytoin Sodium 50 mg/mL Solution for Injection (IM/IV) x 10's, Qurphen	376.00
Piperacillin + Tazobactam 4 g/500 mg Lyophilized Sterile Powder for Injection I.V. x 1's, Vigocid	440.00
Piperacillin + Tazobactam 4 g/500 mg Powder For Injection (IV Infusion) x 1's, Onitaz	200.00
Piperacillin + Tazobactam 4 g/500 mg Powder For Injection x 1's, Pipcin	289.00
Piperacillin Na + Tazobactam 4 g/500 mg Powder for Injection (IV) x 1's, Tazopen	83.44
Piperacillin Na + Tazobactam 4 g/500 mg Powder for Injection (IV) x 10's, Tazovex	445.00
Polymyxin B (As Sulfate) 500,000 Units Powder for Solution for Injection (Intrathecal/ IM/IV) x 1's, Polyject-B	3,992.00
Polymyxin B (As Sulfate) 500,000 Units Powder for Solution for Injection (Intrathecal/IM/IV) x 1's, Polyject-B	3,892.00



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Potassium Chloride 600 mg Tablet x 100's, Kalisaphride	15.60
Potassium Chloride 600 mg Tablet x 100's, K-Lyte	11.75
Potassium Citrate 1.080 g (10 mEq) Extended-Release Tablet x 30's, Saphtrate	7.00
Potassium Citrate 1080 mg Extended-Release Tablet x 30's, Positate	7.88
Potassium Citrate 1080 mg Extended-Release Tablet x 30's, Tasiumate	6.60
Prednisolone Acetate 0.01 Sterile Ophthalmic Suspension (Eye Drops) x 1's,	220.00
Prednisone 10 mg Tablet x 100's,	1.75
Prednisone 10 mg Tablet x 100's, Vonwelt	4.25
Prednisone 5 mg Tablet x 100's, Derpson	2.00
Prednisone 5 mg Tablet x 100's, Systocor	1.10
Propranolol 10 mg Film-Coated Tablet x 100's, Indirin	6.70
Propranolol 10 mg Tablet x 100's, Oranol	4.50
Propranolol 40 mg Film-Coated Tablet x 100's, Indirin	9.60
Propranolol 40 mg Tablet x 100's, Oranol	10.00
Propranolol Hydrochloride 10 mg Tablet x 100's, Oranol	3.45
Propranolol Hydrochloride 40 mg Tablet x 100's, Asterol	20.00
Propranolol Hydrochloride 40 mg Tablet x 100's, Oranol	11.00
Quetiapine 100 mg Film-Coated Tablet x 42's, Serotia 100	24.00
Quetiapine 100 mg Film-Coated Tablet x 50's, Q-Win	15.00
Quetiapine 100 mg Film-Coated Tablet x 60's, Quetadin	23.66
Quetiapine 100 mg Film-Coated Tablet x 60's, Quetiapro	23.50
Quetiapine 200 mg Film-Coated Tablet x 30's, Serotia 200	28.00
Quetiapine 200 mg Tablet x 50's, Q-Win	23.75
Quetiapine 25 mg Film-Coated Tablet x 100's, Qtipine 25	15.00
Quetiapine 25 mg Film-Coated Tablet x 50's, Q-Win	17.17
Quetiapine 25 mg Film-Coated Tablet x 50's, Serotia 25	17.50
Quetiapine 25 mg Film-Coated Tablet x 60's, Quetadin	16.74
Quetiapine 25 mg Film-Coated Tablet x 60's, Quetiapro	17.50



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Quetiapine 300 mg Film-Coated Tablet x 100's, Qtipine 300	40.00
Quetiapine 300 mg Film-Coated Tablet x 100's, Serotia 300	48.00
Ranitidine 150 mg Film-Coated Tablet x 100's, Ranitein	1.65
Ranitidine 150 mg Film-Coated Tablet x 100's, Ranitein	1.50
Ranitidine 25 mg/ mL (50 mg/ 2 mL) Solution for Injection (I.M./I.V.) x 10's, Zantol	7.14
Ranitidine 25 mg/mL Solution for Injection (I.M./I.V.) x 10's, Raxidine	25.00
Ranitidine 50 mg/2 mL Sterile Solution for Injection (I.M./I.V.) x 10's, Aetin	23.00
Rifaximin 200 mg Film-Coated Tablet x 30's, Normix	63.20
Vasopressin 20 IU/mL Solution For Injection (IV/IM/SC) x 10's, Presson	45.00
Risperidone 1 mg Film-Coated Tablet x 10's, Rispond	6.68
Risperidone 1 mg Film-Coated Tablet x 30's, Risponz 1	6.50
Risperidone 1 mg Film-Coated Tablet x 50's, Aspidon	6.68
Risperidone 1 mg/ml Oral Solution x 1's, Aspidon OS	1,435.00
Risperidone 1 mg/mL Oral Solution x 1's, Risponz	1,465.00
Risperidone 2 mg Film-coated Tablet x 100's, Rispedin-2	0.89
Risperidone 2 mg Film-Coated Tablet x 100's, Rispen	5.00
Risperidone 2 mg Film-Coated Tablet x 20's, Aspidon	15.00
Risperidone 2 mg Film-Coated Tablet x 30's, Risgen	32.50
Risperidone 2 mg Film-Coated Tablet x 30's, Rispond	12.00
Risperidone 2 mg Film-Coated Tablet x 30's, Risponz 2	15.00
Risperidone 2 mg Film-Coated Tablet x 50's, Sizodon 2	15.00
Risperidone 2 mg Orally Disintegrating Tablet	29.50
Risperidone 2 mg Orally Disintegrating Tablet x 28's, Rizem 2 ODT	25.00
Risperidone 2 mg Tablet x 100's, Risdin	25.71
Risperidone 4 mg Film-Coated Tablet x 10's, Rispond	13.20
Risperidone 4 mg Film-Coated Tablet x 50's, Residon	13.20
Rosuvastatin 10 mg Film-Coated Tablet x 100's, Rosusaph-10	4.98
Rosuvastatin 10 mg Film-Coated Tablet x 100's, Roztat	2.69



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Rosuvastatin 10 mg Film-Coated Tablet x 100's, Zyrova 10	5.00
Rosuvastatin 10 mg Film-Coated Tablet x 30's, Rovex 10	2.25
Rosuvastatin 10 mg Film-Coated Tablet x 30's, Torus-10	5.98
Rosuvastatin 20 mg Film-Coated Tablet x 100's, Rosusaph-20	6.00
Rosuvastatin 20 mg Film-Coated Tablet x 100's, Zyrova 20	6.60
Rosuvastatin 20 mg Film-Coated Tablet x 30's, Rosusaph-20	7.98
Rosuvastatin 20 mg Film-Coated Tablet x 30's, Torus-20	7.98
Salbutamol + Ipratropium 2.5 mg / 500 mcg per 2.5 mL Solution For Inhalation x 35's, Brevoneb	17.00
Salbutamol + Ipratropium 2.5 mg/500 mcg per 2.5 mL Solution For Inhalation x 35's, Pulmodual	22.50
Salbutamol 100 mcg/Actuation (200 Doses/Canister) Metered-Dose Inhaler x 1's, Ventolax	59.89
Salbutamol 100 mcg/dose (200 doses per container) Metered Dose Inhaler x 1's, Salbumin	129.00
Salbutamol 100 mcg/dose (200 doses per container) Metered Dose Inhaler x 1's, Salbumin	148.00
Salmeterol + Fluticasone 25 mcg/125 mcg Per Actuation Metered Dose Inhaler x 1's, Forair 125	222.00
Salmeterol + Fluticasone 25 mcg/125 mcg per actuation Metered-Dose Inhaler x 1's, Adeflo	335.00
Sambong 500 mg Tablet x 100's, Awanay Forte	6.50
Sambong 500 mg Tablet x 100's, Mia Forte	5.45
Sambong 500 mg Tablet x 100's, Renaleaf	6.20
Risperidone 2 mg Film-Coated Tablet x 50's, Sizodon 2	13.00
Sertraline 50 mg Film-Coated Tablet x 30's, Serenata	14.00
Sertraline 50 mg Film-Coated Tablet x 30's, Zosert 50	9.00
Sertraline 50 mg Film-Coated Tablet x 50's, Deperin	6.75
Sertraline 50 mg Tablet x 100's, Zotral	10.00
Sertraline 50 mg Tablet x 30's, Zolodin	14.91
Sevelamer 800 mg Film-Coated Tablet x 30's, Fosbind	35.00
Sevelamer Carbonate 800 mg Film-Coated Tablet x 100's, Severqo	38.09
Sevelamer Carbonate 800 mg Film-Coated Tablet x 180's, Nephvela	32.00
Sevelamer Carbonate 800 mg Film-Coated Tablet x 30's, Fosfamer	35.00
Silver Sulfadiazine 10 mg/g (1% w/w) Topical Cream x 1's, Flamizin	72.33



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Silver Sulfadiazine 10 mg/g (1% w/w) Topical Cream x 1's, Sildiaz	129.78
Simvastatin 20 mg Film-Coated Tablet x 100's, Philstat	1.98
Simvastatin 20 mg Film-Coated Tablet x 100's, Zimvast	2.90
Simvastatin 40 mg Film-Coated Tablet x 100's, Zimvast	6.00
Simvastatin 40 mg Tablet x 100's, Diastatin	6.50
Sodium Bicarbonate 650 mg Tablet x 60's, Bicarnate	3.50
Sodium Bicarbonate 8.4% (1 mEq/mL) Solution for Infusion (IV) x 50's,	97.44
Sodium Chloride 2.5 mEq/mL Parenteral Solution x 1's,	62.00
Sodium Hyaluronate 1 mg/mL (0.1% w/v) Ophthalmic Solution (Eye Drops) x 1's, Hynadin	217.00
Sodium Valproate + Valproic Acid 333 mg/145 mg Controlled-Release Tablet x 50's, Encorate Chrono 500	9.00
Sodium Valproate + Valproic Acid 500 mg Controlled-Release Tablet x 100's, Valparin XR 500	14.75
Spirolactone 25 mg Tablet x 100's, Hairos	10.50
Spirolactone 25 mg Tablet x 30's, Zydactin 25	14.00
Spirolactone 50 mg Tablet x 100's, Spiroden	12.00
Sterile Water For Injection x 1's,	16.89
Sucralfate 1 g Tablet x 50's, Sucralfin	26.23
Tamsulosin 200 mcg Enteric-Coated Tablet x 100's, Sultam	14.50
Tamsulosin 400 mcg Prolonged-Release Capsule x 30's, Bettam	14.00
Tamsulosin Hydrochloride 200 mcg Enteric Coated Tablet x 100's, Tamsaph-200	18.00
Tamsulosin Hydrochloride 400 mcg Enteric Coated Tablet x 100's, Tamsusaph-400	18.00
Tamsulosin Hydrochloride 400 mcg Prolonged-Release Capsule x 28's, Tamzor	18.00
Telmisartan + Hydrochlorothiazide 40 mg/12.5 mg Tablet x 30's, Telmibet-Plus	20.00
Telmisartan + Hydrochlorothiazide 40 mg/12.5 mg Tablet x 30's, Telzyd H 40/12.5	12.40
Telmisartan 40 mg Tablet x 100's, Micor	9.00
Telmisartan 40 mg Tablet x 100's, Telday-40	6.00
Telmisartan 40 mg Tablet x 30's, Emzart 40	8.00
Telmisartan 40 mg Tablet x 30's, Teli 40	14.30
Telmisartan 40 mg Tablet x 30's, Telmibet	13.75



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Telmisartan 40 mg Tablet x 30's, Telsartan	1.72
Telmisartan 40 mg Tablet x 30's, Telzyd 40	11.60
Telmisartan 80 mg Tablet x 100's, Telday-80	12.00
Telmisartan 80 mg Tablet x 30's, Emzart 80	12.00
Telmisartan 80 mg Tablet x 30's, Teli 80	28.00
Telmisartan 80 mg Tablet x 30's, Telmibet	30.00
Telmisartan 80 mg Tablet x 30's, Telzyd 80	15.60
Terbutaline Sulfate 500 mcg/mL Solution For Injection (I.V./I.M./S.C.) x 50's, Bricalin	147.90
Tetanus Antitoxin 1500 IU 0.7mL Solution for Injection x 10's, Antitet 1500 IU	96.00
Tetanus Toxoid 10 Lf/0.5 mL Suspension For Injection x 10's, Bio-Tt	78.00
Tetanus Toxoid 40 IU/ 0.5 mL Solution for Injection (I.M.) x 10's, Abhay-Tox	96.00
Tetanus Toxoid 40 IU/0.5 mL Suspension For Injection (IM) x 10's, Imatet	80.00
Tobramycin + Dexamethasone 3 mg/1 mg per mL Sterile Suspension (Ophthalmic Drops) x 1's,	215.00
Tobramycin 3 mg/mL (0.3% w/v) Ophthalmic Solution (Eye Drops) x 1's,	260.00
Tolvaptan 15 mg Tablet x 10's, Samsca	693.75
Topiramate 50 mg Film-Coated Tablet x 100's, Epimate-50	9.00
Topiramate 50 mg Film-Coated Tablet x 30's, Epitop	9.00
Topiramate 50 mg Film-Coated Tablet x 50's, Topirol 50	9.00
Tramadol Hydrochloride 50 mg Capsule x 100's, Rounox	4.40
Tramadol Hydrochloride 50 mg/mL, 1mL Solution For Injection (I.M./I.V.) x 10's,	7.34
Tranexamic Acid 100 mg/ mL (500 mg/5 mL) Solution For Injection (I.V.) x 5's, Glotrek	45.00
Tranexamic Acid 100 mg/mL (500 mg/5 mL) Solution For Injection (IV) x 5's, Trance	119.00
Tranexamic Acid 100 mg/mL Solution for Injection (IV) x 5's, Hemoxane	13.98
Tranexamic Acid 500 mg Capsule x 100's, Haemorex	10.00
Tranexamic Acid 500 mg/5 mL (100 mg/mL) Solution for Injection x 5's, Actranex	130.00
Trimetazidine 35 mg Modified Release Film-Coated Tablet x 30's, Trimebet	8.00
Trimetazidine 35 mg Modified-Release Tablet x 30's, Angiogen	7.25
Trimetazidine 35 mg Monitored Release Tablet x 30's, Trimegen	8.50



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Trimetazidine Hydrochloride 35 mg Modified Release Film-Coated Tablet x 30's, Vasarel	2.29
Ursodeoxycholic Acid 250 mg Capsule x 100's, Urlyx	34.00
Ursodeoxycholic Acid 250 mg Capsule x 100's, Ursodox	34.07
Ursodeoxycholic Acid 250 mg Capsule x 20's, Urdecha	32.00
Ursodeoxycholic Acid 250 mg Capsule x 20's, Urdecha	34.14
Ursodeoxycholic Acid 250 mg Capsule x 30's, Ursokon	34.14
Ursodeoxycholic Acid 500 mg Film-Coated Tablet x 30's, Axialith	38.00
Valproic Acid 500 mg Extended-Release Tablet x 10's, Akudiva 500 ER	23.00
Valsartan 160 mg Film-Coated Tablet x 100's, Valazyd 160	17.68
Valsartan 160 mg Film-Coated Tablet x 30's, Balsartec-160	13.87
Valsartan 160 mg Film-Coated Tablet x 30's, Torval-160	14.00
Valsartan 160 mg Film-Coated Tablet x 30's, Valvex 160	16.25
Valsartan 80 mg Film-Coated Tablet x 100's, Valazyd 80	11.79
Valsartan 80 mg Film-Coated Tablet x 30's, Balsartec-80	8.99
Valsartan 80 mg Film-Coated Tablet x 30's, Torval-80	11.00
Valsartan 80 mg Film-Coated Tablet x 30's, Valvex 80	10.50
Vancomycin 500 mg Lyophilized Powder for Injection (for IV Infusion) x 1's, Mersa IV 500	950.00
Vancomycin 500 mg Lyophilized Powder For Injection (IV) x 1's, Vancolon	550.00
Vancomycin 500 mg Lyophilized Powder for IV Infusion x 1's, Philvan	280.00
Vancomycin 500 mg Powder For Injection (I.V. Infusion) x 1's, Vancowell	423.00
Vancomycin 500 mg Powder for IV Infusion x 10's, Vamicyn	56.33
Vasopressin 20 IU/mL Solution For Injection (IV/IM/SC) x 10's, Presson	1,790.00
Vitamin B1, B6, B12 100 mg/ 5 mg/ 50 mcg Tablet x 100's, Nervita 100	2.00
Vitamin B1, B6, B12 100 mg/10 mg/50 mcg Tablet x 100's, Myrevit-B	11.00
Vitamin B1, B6, B12 100 mg/100 mg/ 1 mg per 3 mL Solution for Injection (I.M./I.V.) x 10's, Neurobe	180.00
Vitamin B1, B6, B12 100 mg/100 mg/ 1 mg per 3 mL Solution for Injection (I.M./I.V.) x 10's, Neurobe	29.00
Vitamin B1, B6, B12 100 mg/5 mg/50 mcg Tablet x 100's, One-Six-Twelve	5.00
Vitamin B1, B6, B12 100mg/ 5mg/ 50mcg Tablet x 100's, Nervita 100	11.00



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ANNEX B

ACCEPTABLE IDENTIFICATION CARDS

Acceptable Identification Cards:

- A. Valid **digitized** government-issued IDs bearing applicant's signature:
- Philippine Passport - DFA
 - Social Security System (SSS) Card - SSS
 - Government Service Insurance System (GSIS) Card GSIS
 - Unified Multi-Purpose Identification (UMID) Card
 - Land Transportation Office (LTO) Driver's License - LTO
 - Professional Regulation Commission (PRC) ID - PRC
 - Overseas Workers Welfare Administration (OWWA) E-Card - OWWA
 - Philippine National Police (PNP) Permit to Carry Firearms Outside Residence -PNP
 - Airman License (issued August 2016 onwards) - CAAP
 - Philippine Postal ID (issued November 2016 onwards) – PhilPost
 - Seafarer's Record Book – MARINA
- B. Valid **nondigitized** government-issued IDs:
- Senior Citizen - LGU
 - PWD - LGU
 - Solo Parent - LGU
 - COMELEC Voter's ID / Certification - COMELEC