



NATIONAL CENTER FOR MENTAL HEALTH

CITIZEN'S CHARTER HANDBOOK

(2025 7th EDITION)



AGENCY PROFILE

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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LIST OF INTERNAL SERVICES

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EXTERNAL SERVICES



1. 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	TYPE OF TRANSACTION	G2C – Government to Citizen
	Complex - Structured Emergency		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: NCMH DRRM-H Unit at drmh@ncmh.gov.ph B. Courier/Personal Delivery: to the DRRM-H Manager. C. Call: From DOH Operation Center to Mental base; NCMH local phone	1. Receive and acknowledge request.	None	1 hour - Incidental Crisis 3 days - Structured Emergency	Nurse I/ II / III/ V Medical Specialist I/ II/ III (DRRM-H Office)



<p>unit 8531 9001 loc. 228; DRRM-H Manager mobile unit.</p>				
<p>2. Coordination of response provisions & situational report.</p>	<p>2.1 Selection of personnel based on acquired training/s applicable for the response; 2.2 Request for Medical Officer/Specialist to CMPS-Hospital Service; 2.3 Request for Hospital Order; 2.4 Acquire list of provision/s needed for response. a. If with provision of accommodation, food, medicines and transportation, project request for Incidental Expenses needed for response from funding agency. b. If without provision, request for cash advance and other needed supplies such as medicine, and request for transportation. 2.5 Prepare documents, supplies and equipment</p>	<p>None</p>	<p>7 hours - Incidental Crisis 4 days - Structured Emergency</p>	<p>Administrative Aide I/ IV Nursing Attendant I/ II Nurse I/ II/ V Medical Officer III/ IV Medical Specialist I/ II/ III (DRRM-H Office)</p>



	needed for response/ deployment; 2.6 Conduct pre-deployment meeting.			
3. Receive Response Deployment of Health Emergency Response Team (HERT).	3.1 Organize and deploy medical teams to respond to emergency medical needs; 3.2 Ensure the availability of medical teams with ambulance/s; and 3.3 Coordinate with requesting agency.	None	Varies from requested response duration	Administrative Aide I/ VI Nursing Attendant II Nurse I/ II/ V Midwife I/ II Medical Officer III/ IV Medical Specialist I/ II/ III (DRRM-H Office)
TOTAL		None	Incidental Crisis: 1 day Structured Emergency: 7 days	



2. 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 accomplished participants' Training Request Monitoring Form to the DRRM-H Unit.	1.1 Receive and check completeness of requirements; 1.2 Check availability of remaining slots in the schedule for participants' queuing;	None	5 days	Administrative Aide I/ II Administrative Assistant I /II Nurse I / II Nursing Attendant I/ II (DRRM-H)



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	1.3 Send notice of confirmed training schedule to participant.			
2. Receive training.	2. Conduct training;	None	BLS – 2 days SFA – 3 days	Administrative Aide I/ II Administrative Assistant I /II Nurse I / II Nursing Attendant I/ II (DRRM-H)
TOTAL		None	BLS Training: 7 days Standard First Aid Training: 8 days	



1. FILING OF ADMINISTRATIVE CASE

<p>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).</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>				
OFFICE	Legal Section			
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen	
WHO MAY AVAIL	<ul style="list-style-type: none"> ▪ All citizens that have a cause of action supported by substantial evidence against employees of the NCMH. ▪ 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)



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	<p>1.2 If sufficient in form and substance, receive the Complaint.</p> <p><i>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.</i></p>			
	<p>1.3 Issue a Show Cause Order to the person complained of which he/she must file an answer within five (5) calendar days;</p> <p>1.4 Conduct a Preliminary Investigation on the person/s complained of, based on the Complaint with its attached 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</p>	None	20 days	Administrative Assistant Legal Assistant I / II Attorney III (Legal Section)



	<p>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; and</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</p>	<p>2. Notify and furnish the complainant and the person complained of, a</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Assistant Legal Assistant I / II Attorney III</p>



the Complaint as the case may be.	copy of the Resolution and the Formal Charge, or the Order of Dismissal of the Complaint as the case may be.			(Legal Section)
TOTAL		None	20 days and 15 minutes	

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.



2. 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 Certificate of Good Moral request form provided by the Legal Section.	1.1 Verify the correctness of the information written; 1.2 Instruct the client to return after three (3) working days; 1.3 Verify if the client has a pending administrative case in NCMH based on record; 1.4 Draft the Certificate of Good Moral; and	None	2 days	Legal Assistant I / II Administrative Assistant (Legal Section)



	1.5 Sign the Certificate of Good Moral.	None	1 day	Attorney III (Legal Section)
2. Return after three (3) working days to claim Certificate of Good Moral.	2. Issue the Certificate of Good Moral.	None	1 minute	Legal Assistant I / II Administrative Assistant (Legal Section)
TOTAL		None	3 days and 1 minute	



3. 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 Certificate of No Pending Case request form provided by the Legal Section.	1.1 Verify the correctness of the information written; 1.2 Instruct the client to return after three (3) working days; 1.3 Verify if the client has a pending administrative case in NCMH based on record; 1.4 Draft the Certificate of No Pending Case; and	None	2 days	Legal Assistant I / II Administrative Assistant (Legal Section)



	1.5 Sign the Certificate of No Pending Case.	None	1 day	Attorney III (Legal Section)
2. Return after three (3) working days to claim Certificate of No Pending Case.	2. Issue the Certificate of No Pending Case.	None	1 minute	Legal Assistant I / II Administrative Assistant (Legal Section)
TOTAL		None	3 days and 1 minute	



4. 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; 1.2 Review documents; and 1.3 Draft the appropriate manifestation.	None	3 days	Legal Assistant I / II Administrative Assistant Administrative Aide (Legal Section)
2. Receive and sign the Manifestation.	2. Issue the manifestation.	None	1 minute	Legal Assistant I / II Administrative Assistant Administrative Aide (Legal Section)
TOTAL		None	3 days and 1 minute	



1. 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		Requesting individuals / office / agency	

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	1. A. Open/Check email. Acknowledge/forward/refer to and coordinate with offices/persons concerned for appropriate action.	None	10 minutes	Administrative Officer II Administrative Assistant II/III (MCC Office)



Office of the Medical Center Chief.	B. Check/screen/ receive the letter/correspondence and forward/refer to or coordinate with offices/persons concerned for appropriate action.			
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	Urgent – 1 hour Non-urgent - 2 days	Administrative Officer II Administrative Assistant II/III (MCC Office)
TOTAL		None	Urgent – 1 hour and 10 minutes Non-urgent – 2 days and 10 minutes	



1. REQUEST FOR TECHNICAL ASSISTANCE ON MENTAL HEALTH PROGRAMS

<p>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.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>			
OFFICE		Office for Special Concerns: <ul style="list-style-type: none"> • 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	None	1 day	Administrative Officer II (MCC Office)
	1.3 Acknowledge and assess the request for technical assistance and endorse it to the concerned unit/s.			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;	None	1 day	Administrative Assistant II Nurse II /Program Coordinator (Office of Special Concerns)
	2.3 Prepare/formulate an action plan, if feasible; and 2.4 Approval of the recommendation and action plan.			Specific Unit Head (Office of Special Concerns)
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)



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 Memorandum of Understanding (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 Memorandum of Understanding (MOU); and	None	3 days	Medical Center Chief (MCC Office)
	4.5 Notarization of Memorandum of Understanding (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)
TOTAL		None	20 days	



1. APPLICATION FOR CLINICAL ROTATION FOR RESIDENT AFFILIATES

Description of Service: The Professional Education, Training and Research Office (PETRO) handles and organizes clinical rotations for residents in training from other hospitals.			
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 G2B – Government to Business
WHO MAY AVAIL	Hospitals and Institutions		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Letter of Intent (1 original copy)		Respective Institution	
Contract/ Memorandum of Agreement		PETRO	
Roster of participating students (including schedule) with cover letter		Respective Institution	

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 PETRO via email: petro@ncmh.gov.ph and cc chiefresident@ncmh.gov.ph	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 III (PETRO)
2. Review Contract of Affiliation and submit	2.1 Receive and review contract;	None	20 days	Chief of Section (Concerned Office)



signed original copy to concerned office.	2.2 Sign Contract of Affiliation (as witness); and 2.3 Issue charge slip.		1 hour 15 minutes	
3. Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	3. Process the payment and provide the Official Receipt.	New ₱2,000 Renewal ₱1,000	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)
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. Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	8. Process payment and provide the Official Receipt.	See rates of Hospital Services, Procedures,	10 minutes	Administrative Officer III (Collection and Deposit Unit)



		Facilities, Laboratory and other Health Ancillary Fees Revision Effective October 16, 2024. (Affiliation Fees)		
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)
TOTAL		Contract of Affiliation: New: ₱2,000 Renewal: ₱1,000 + Total number of students and number of hours + User's Fee = Amount to be paid	23 days, 3 hours and 55 minutes <i>Note: The total processing time for the "Application Form for Clinical Rotation for Resident Affiliates" is still under review and pending approval from the ARTA-Compliance Monitoring and Evaluation Office (CMEO). Once approved, the final processing time will be updated accordingly.</i>	



2. 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 forward to PETRO	None	1 day	Administrative Assistant II (Office of the MCC)
	1.2 Endorse to concerned office for appropriate action; and			Administrative Aide IV (PETRO)
	1.3 For allied courses, send the Contract of Affiliation to the concerned school/university.			



2. Submit the signed original copy of Contract of Affiliation to concerned office.	2.1 Receive and review signed contract;	None	4 hours	Administrative Aide VI (PETRO)
	2.2 Sign Contract of Affiliation (as witness); and			Chief of Section (Concerned Office) Medical Specialist IV (PETRO) Medical Center Chief II (Office of the MCC)
	2.3 Issue billing statement			Internship/Program Coordinator (Concerned Office)
3. Submit the Billing Statement to the Billing Unit.	3. Issue the billing number/ code.	None	10 minutes	Administrative Assistant II (Billing Unit)
4. Settle the required payment at the Collection and Deposit Unit.	4. Process the payment and provide Official Receipt.	New: ₱2,000 Renewal: ₱1,000	10 minutes	Administrative Officer III (Collection and Deposit Unit)
5. Return to the concerned office and submit the following: ▪ Original copy of notarized Contract of Affiliation ▪ Copy of Official Receipt	5.1 Receive notarized copy of Memorandum of Agreement/ Contract of Affiliation; and 5.2 Inform school/university to submit list of intern rotators.	None	1 hour	Internship/ Program Coordinator (Concerned Office)
6. Submit list of rotating students and schedule with cover letter.	6.1 Prepare and facilitate signing of billing statement.	None	5 hours	Internship/ Program Coordinator (Concerned office)



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				Chief of Section (concerned office)
	6.2 Issue billing statement and instruct client to return to step 5 and 6 except state/ government universities)			Medical Specialist IV (PETRO)
				Internship/ Program Coordinator (Concerned office)
7. Submit copy of Official Receipt to respective area.	7.1 Record/Photocopy Official Receipt; and 7.2 Start on Scheduled rotation.	None	15 minutes	Internship/ Program Coordinator (Concerned office)
TOTAL		Contract of Affiliation: New: ₱2,000 Renewal: ₱1,000 + Total number of students and number of hours + User's Fee = Amount to be paid		2 days, 2 hours and 35 minutes



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



3. APPLICATION FOR PSYCHIATRY RESIDENCY TRAINING

<p>Description of Service: The Professional Education, Training and Research Office (PETRO) facilitates and process the application for the Psychiatric Residency Training Program.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>			
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 indicating Duties and Responsibilities with passport size ID (1 original copy)		Applicant	
Handwritten Autobiography (1 original copy)		Applicant	
Handwritten Philosophy in Life (1 original copy)		Applicant	
Medical School Diploma (2 Photocopies)		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	



Certified True Copy 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
Seminar & Training Certificates (taken for the last 5 years)	Applicant
Certified True Copy of Performance Rating/IPCR of the last two (2) rating periods (for government employees)	Applicant/Previous affiliation
Covid-19 Vaccination & Booster Card	Applicant/Local Government Unit

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,	None	14 days	Medical Officer III (PETRO)



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	didactic discussion, and direct supervision; and 3.2 Prepare and forward pre-residency evaluation report to the HRMO - Recruitment and Selection Unit.		3 days	
TOTAL		None	17 days and 50 minutes	



4. REQUEST FOR EDUCATIONAL TOUR

<p>Description of Service: The Professional Education, Training and Research Office (PETRO) facilitates and processes requests of secondary and tertiary level public and private educational institutions, government and non-government agencies for an educational tour.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>			
OFFICE	Professional Education, Training, and Research Office (PETRO)		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government G2B – Government to Business
WHO MAY AVAIL	Students/ Universities/ Companies		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Letter of request/intent addressed to the Medical Center Chief II (1 original copy)		Student/School/University	
Official Receipt (1 original copy)		Collection and Deposit Unit	
Data Gathering Permit form (1 original copy)		PETRO	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Data Gathering Permit Form with attached letter of request to the office of the MCC or send	1.1 Check the details of request/s and accomplished Data Gathering Permit Form;	None	2 hours	Administrative Aide VI (PETRO)



it via email at mcc@ncmh.gov.ph .	1.2 Record and place code the filled-out Data Gathering Permit; and 1.3 Route the filled-out Data Gathering Permit to DPO for clearance.			Administrative Aide III (PETRO)
2. Wait for the clearance from the DPO.	2.1 Screen and evaluate the request based on Data Privacy Law, MHA, and NCMH policies and guidelines; and 2.2 If cleared/Not cleared, forward to PETRO.	None	3 days	Administrative Officer V (Quality Management Office)
3. Wait for the approval of the request.	3.1 Forward to the concerned office for appropriate action; 3.2 Coordinate with school/university regarding details and other regarding details and other requirements; 3.3 If approved, issue a billing statement and proceed to step 5.	None	2 hours	Administrative Assistant (Concerned Office)
4. Submit billing statement to the Billing and Claims Section.	4. Issue the billing number code.	None	10 minutes	Administrative Assistant II (Billing Unit)
5. Submit the billing statement and settle the required payment at the Collection and Deposit Unit.	5. Process the payment and provide the Official Receipt.	₱100.00/ student;	10 minutes	Administrative Officer III (Collection and Deposit Unit)



		for state/ government universities, free of charge.		
6. Submit a copy of the Official Receipt to the concerned office.	6. Receive the Official Receipt and make the necessary schedule for the educational tour.	None	15 minutes	Administrative Assistant (Concerned Office)
TOTAL		None	3 days, 4 hours and 35 minutes	



5. TECHNICAL REVIEW OF CONCEPT NOTE

Description of Service: The Professional Education, Training and Research Office (PETRO), along with the Technical Review Committee (TRC), evaluates the concept note submitted by NCMH trainees (fellows and residents) to assess the significance of the research topic, including whether it is aligned with the prevailing national or institutional research agenda/priorities on mental health, and has relevant research objectives.

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	G2G – Government to Government
WHO MAY AVAIL	NCMH Trainees (Fellows and Residents)		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
At least three (3) Concept Note		PETRO - Research Unit	

PHASE I: INITIAL EVALUATION				
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit one concept note per research agenda via NCMH Research Registry: bit.ly/NCMHRsearchRegistry	1.1 Receive and check information; and 1.2 Acknowledge receipt of complete submission and assign research code via email.	None	30 minutes	Science Research Assistant (PETRO)



<p>2. Wait for feedback from initial evaluation.</p> <p>For resubmission: Submit the revised concept note based on the recommendations via NCMH Monitoring Update Form: bit.ly/NCMHRResearchMonitoringUpdate within 2 working days</p>	<p>2. Conduct Initial evaluation based on established criteria.</p> <p>If with revision: Return to PI for revisions.</p> <p>If approved: Endorse to TRC Secretariat and schedule en banc meeting.</p>	None	2 days	Science Research Specialist I (PETRO)
<p>3. Wait for the schedule of en banc meeting.</p>	<p>3.1 Assign technical review panel and route back to TRC secretariat;</p>	None	15 minutes	Medical Specialist IV (PETRO)
	<p>3.2 Confirm assigned technical reviewers; and 3.3 Inform PI on the technical review details via email.</p>	None	2 days	Administrative Officer II (PETRO)
SUB TOTAL (PHASE I: INITIAL EVALUATION)		None	4 days and 45 minutes	

PHASE II: TECHNICAL REVIEW				
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>4. Present concept notes and wait for recommendations/ comments from the technical reviewers.</p>	<p>4.1 Conduct technical review through paper review / en banc meeting;</p>	None	5 days	Technical Reviewers
	<p>4.2 Check accomplished technical review assessment forms and</p>	None	2 days	Science Research Specialist I (PETRO)



	<p>recommendations from the panel; and</p> <p>4.3 Provide consolidated accomplished technical review assessment forms to the principal investigator and inform recommended action.</p> <p>If disapproved: Go back to Step 1.</p> <p>For further revisions: Go back to Step 2.</p> <p>If approved: Proceed to Step 5.</p>			
5. Wait for issuance of the approval form.	5.1 Prepare and route approval form for signature of Technical Review panel; and	None	5 days	Science Research Assistant (PETRO)
	5.2 Issue approval form and inform PI to proceed with the submission of research proposal.	None	10 minutes	Science Research Specialist I (PETRO)
SUB TOTAL (PHASE II: TECHNICAL REVIEW)		None	12 days and 10 minutes	
TOTAL		None	16 days and 55 minutes	



6. TECHNICAL REVIEW OF FINAL RESEARCH PAPER

Description of Service: The Professional Education, Training and Research Office (PETRO) evaluates final research paper 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	
Research Protocol based on prescribed format		PETRO – Research Unit	
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 (<i>for researches involving clinical trials only</i>) or Basic Research Ethics Training		Accredited Institutions	



No pending misconduct record/ administrative/ legal case (<i>if applicable</i>)	Principal Investigator
For external clients and/or NCMH final research only: <ul style="list-style-type: none"> Approval of Technical Review Committee Approval of Research Ethics Committee (for external clients and/or NCMH final research only) 	<ul style="list-style-type: none"> Technical Review Committee (NCMH or institution) PHREB Accredited Institution

PHASE I: INITIAL EVALUATION				
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements for final research paper via NCMH research monitoring update: bit.ly/NCMHResearchMonitoringUpdate .	1.1 Receive and check submitted documents; and 1.2 Acknowledge receipt of submission.	None	30 minutes	Science Research Assistant (PETRO)
2. Wait for feedback from initial evaluation. For resubmission: Submit the revised final research paper based on the recommendations via bit.ly/NCMHResearchMonitoringUpdate within 2 working days.	2.1 Conduct Initial evaluation based on established criteria. If with revision: Return to PI for revisions. If approved, Endorse to TRC Secretariat and inform client on the status.	Note	2 days	Science Research Specialist I (PETRO)
	2.2 Assign technical review panel and approve schedule;	None	15 minutes	Medical Specialist IV (PETRO)
	2.3 Confirm assigned technical reviewers;	None	2 days	Administrative Officer II (PETRO)



	2.4 Inform PI on the technical review details via email.			
SUB TOTAL (PHASE I: INITIAL EVALUATION)		None	4 days and 45 minutes	

PHASE II: TECHNICAL REVIEW				
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3. Present and wait for recommendations/ comments from the technical reviewers	3.1 Conduct technical review through paper review (external) /en banc meeting (in-house);	None	12 days	Technical Reviewers
	3.2 Provide consolidated accomplished technical review assessment forms to the principal investigator and inform recommended action. If passed with minor/ major revision: Proceed to Step 4. If approved: Proceed to Step 5.	None	2 days	Science Research Specialist I (PETRO)
4. Submit the revised research protocol and summary of changes based on the	4.1 Receive and check submitted documents;	None	10 minutes	Science Research Assistant (PETRO)



<p>recommendations via bit.ly/NCMHResearchMonitoringUpdate within the prescribed deadline:</p> <p>Pass with minor revision: 5 working days</p> <p>Pass with major revision: 14 working days</p>	4.2 Review research protocol vis-a-vis summary of changes;	None	3 days	Science Research Specialist I (PETRO)
	<p>4.3 Forward revised protocol and summary of changes to assigned technical reviewers for signature.</p> <p>For further revision: Inform to resubmit research protocol based on further comments by technical reviewers (go back to step 4).</p> <p>If approved: Inform principal investigator then proceed to step 5.</p>	None	5 days	Science Research Assistant (PETRO)
5. Wait for issuance of the approval form.	5.1 Prepare and route to technical reviewer's approval form for final review and signature; and	None	5 days	Science Research Assistant (PETRO)
	5.2 Issue approval form and inform PI to proceed with the submission of final research paper to REC.	None	10 minutes	Science Research Specialist I (PETRO)
SUB TOTAL (PHASE II: TECHNICAL REVIEW)		None	27 days and 20 minutes	
TOTAL		None	31 days, 1 hour and 5 minutes	



7. 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	
Request letter (1 original copy)		Principal Investigator	
Data Gathering Permit Form		PETRO - Research Unit	
Research Protocol based on prescribed format		PETRO – Research Unit	
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 (<i>for researches involving clinical trials only</i>) or Basic Research Ethics Training	Accredited Institutions
No pending misconduct record/ administrative/ legal case (<i>if applicable</i>)	Principal Investigator
For external clients and/or NCMH final research only: <ul style="list-style-type: none"> • Approval of Technical Review Committee • Approval of Research Ethics Committee (for external clients and/or NCMH final research only) 	<ul style="list-style-type: none"> • Technical Review Committee (NCMH or institution) • PHREB Accredited Institution

PHASE I: INITIAL EVALUATION				
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Data Gathering Permit Form and attach Request Letter addressed to the Medical Center Chief thru Chief PETRO via email (petro@ncmh.gov.ph).	1.1 Receive and review completeness and accuracy of submitted documents;	None	15 minutes	Administrative Aide VI (PETRO)
	1.2 Endorse data Gathering Permit Form to DPO for evaluation based on the MHA, DPA and internal guidelines;			
	1.3 Coordinate with concerned office on the availability and accessibility of data; and	None	15 minutes	Administrative Officer V (Quality Management Office)
	1.4 If disapproved: Inform client on the reasons.	None	15 minutes	Science Research Assistant (PETRO)



		If approved: Inform PI on the submission of requirements for technical review.			
2	Submit additional requirements for technical review via: bit.ly/NCMHRsearchRegistry .	<p>2.1 Receive and check documents submitted; and</p> <p>2.2 Acknowledge receipt of submission and assign research code (for in-house research).</p> <p>For external: Instruct on the payment process. Issue Charge Slip and proceed to step 3.</p> <p>For in-house research: Proceed to step 5.</p>	None	30 minutes	Science Research Assistant (PETRO)
3	Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	3. Process payment and provide the Official Receipt.	Refer to the table below	10 minutes	Administrative Officer III (Collection and Deposit Unit)
4	Submit a copy of the Official receipt to PETRO.	4.1 Endorse to SRA for release of research code and inform client on the status;	None	15 minutes	Administrative Aide VI (PETRO)
		4.2 Endorse to SRS for initial evaluation; and 4.3 Release research code (for external research only) and inform on the next step.	None	20 minutes	Science Research Assistant (PETRO)



5	Wait for feedback from initial evaluation. For resubmission: Submit the revised research protocol based on the recommendations via bit.ly/NCMHRsearch <u>Monitoring Update</u> within two working days.	5.1 Conduct initial evaluation based on established criteria. If with revisions: Return to PI for revisions. If approved: Endorse to TRC Secretariat and schedule en blanc meeting.	None	2 days	Science Research Specialist I (PETRO)
		5.2 Assign technical review panel and approve schedule;	None	15 minutes	Medical Specialist IV (PETRO)
		5.3 Confirm assigned technical reviewers; and 5.4 Inform PI on the technical review details via email.	None	2 days	TRC Secretariat (PETRO)
SUB TOTAL (PHASE I: INITIAL EVALUATION)			Refer to the table below	External: 2 days, 2 hours and 15 minutes Internal: 4 days, 1 hour and 30 minutes	

PHASE II: TECHNICAL REVIEW				
CLIENT STEP	AGENCY ACTION	FEE TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
6. Present and wait for recommendations/ comments from the technical reviewers.	6.1 Conduct technical review (external) / en blanc meeting (internal);	None	8 days	Technical Reviewers
	6.2 Check accomplished technical review	None	2 days	Science Research Specialist (PETRO)



	assessment forms and recommendations from the panel; and			
	<p>6.3 Provide consolidated accomplished technical review assessment forms to the principal investigator and inform recommended action.</p> <p>If passed with minor/ major revision: Proceed to Step 7.</p> <p>If approved: Proceed to Step 8.</p>	None	10 minutes	
7	7.1 Receive and check submitted documents;	None	10 minutes	Science Research Assistant (PETRO)
	7.2 Review research protocol vis-à-vis summary of changes; and	None	3 days	Science Research Assistant (PETRO)
	7.3 Forward revised protocol and summary of changes to the assigned technical reviewers for signature.	None	5 days	Science Research Assistant (PETRO)
<p>Submit the revised research protocol and summary of changes based on the recommendations via email, the prescribed deadline:</p> <p>a. Pass with minor revision: 5 working days</p> <p>b. Pass with major revision: 14 working days</p> <p>c. Fail: 20 working days</p>	<p>For further revision: Inform to resubmit research protocol based on further comments by technical reviewers (go back to step 7).</p>			



	If approved: Inform principal investigator then proceed to step 8.			
8. Wait for the issuance of approval form	8.1 Prepare and route to technical reviewer's approval form for final review and signature; and	None	5 days	Science Research Assistant (PETRO)
	8.2 Issue approval form and inform to proceed to the Research Ethics Committee prior to data collection/ research implementation.	None	10 minutes	Science Research Assistant I (PETRO)
SUB TOTAL (PHASE II: TECHNICAL REVIEW)		None	18 days and 20 minutes	
TOTAL			External: 25 days, 2 hours and 45 minutes Internal: 27 days and 2 hours	



RESEARCH FEE	
Research	
1. Clinical Research Trials (Company-Sponsored)	Per Contract
2. Post-Graduate (Masters/ Doctorate)	
a. Non-Employee and Non-Affiliate	
i. Research Office	₱2,000.00
ii. Institutional Fee	₱2,400.00
iii. If involved the use of patient(s)	₱100.00 per patient
b. Non-Employee but Affiliate	
i. Research Office	₱2,000.00
ii. Institutional Fee	₱2,400.00
iii. If involved use of patient(s)	₱100.00 per patient
c. College Students, any Discipline	
i. Research Office	₱200.00
ii. Institutional Fee	₱200.00
iii. If involved use of patient(s)	₱100.00 per patient
d. State Universities	Free



1. 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 II (MCC Office)
2. Wait for verification/ clarification of details of the request.	2.1 Receive invitation/ request letter;	None	3 days	Administrative Aide III and IV (PHU)



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	2.2 Evaluate the feasibility of the request and assign to program manager;	None		Nurse II / HEPO III (PHU)
	2.3 Coordinate and verify with the client for the details of the request and prepare an action plan; and	None		Nurse I / II (PHU)
	2.4 Approval of the recommendation and action plan.	None		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)
TOTAL		None	7 days	



1. HANDLING OF CLIENT CONCERNS AT THE PACD

<p>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.</p> <p>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.</p> <p>Complex concerns refer to concerns which necessitate evaluation in the resolution of complicated issues by an officer or employee of said government.</p> <p>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.</p> <p>Contact Information: Pavilion 2 Lobby / 8531-9001 loc. 304 / pacd@ncmh.gov.ph</p> <p>Operating Hours: Monday to Friday, 7:00 AM to 5:00 PM, excluding holidays and work suspension.</p>			
OFFICE	Quality Management Office – Client Concerns Unit		
CLASSIFICATION	Simple	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	
<p>1. One (1) original or scanned copy of Written Concern, sent via email or through PACD, that contains the following additional information:</p> <p>a) Client's contact information (full name, contact number, and/or email address)</p> <p>b) Name of the office and/or employee or official for concerns directed against a specific office or individual</p>		Client/requesting party	



<p>2. Supporting documents, if applicable or necessary, depending on the concerns lodged:</p> <ul 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) 	<p>Client/requesting party</p>
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CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Send or submit concern to the PACD.</p>	<p>1.1 Receive, evaluate, and acknowledge the concern; and</p>	<p>None</p>	<p>1 hour</p>	<p>For walk-in: Administrative Aide VI (PACD)</p> <p>For Concern Centers: Nurse II & IV (QMO)</p>
	<p>1.2 Transmit to QMO and conduct the following:</p> <ul style="list-style-type: none"> 1.2.1 Log the concern to the Client Concerns Tracking System (CCTS) 1.2.2 Accomplish the Client Concerns Endorsement Form (CCEF) 1.2.3 Transmit the CCEF together with the written concern to the tagged office or individual. 	<p>None</p>	<p>2 hours</p>	<p>Nurse II & IV, Administrative Assistant II (QMO)</p>



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<p>2. Receive initial feedback or concrete and specific action (if with contact information).</p>	<p>2.1 Conduct an investigation, if necessary, and provide concrete and specific actions.</p> <p>For concerns with contact information: inform the client of the actions taken or the resolution of the case and submit a report to the QMO.</p> <p>For anonymous concerns: submit a report to the QMO</p>	<p>None</p>	<p>2 days</p>	<p>Tagged office (service, section or unit) or individual</p>
	<p>2.2 Perform the following:</p> <p>2.2.1 Review the report of the designated office or individual.</p> <p>2.2.2 Prepare the final report to be signed by the Medical Center Chief.</p>	<p>None</p>	<p>4 hours</p>	<p>Nurse II & IV, Administrative Assistant II (QMO) Medical Center Chief II (MCC Office)</p>
<p>3. Accept the final report and/or resolution of the concern.</p>	<p>3. Provide the final report to the client or send it to the concern center (for anonymous concerns).</p>	<p>None</p>	<p>1 hour</p>	<p>Nurse II & IV (QMO)</p>
TOTAL		<p>None</p>	<p>3 days</p>	



2. 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 – Client Concerns Unit		
CLASSIFICATION	Simple, Complex, Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government G2B – Government to Business
WHO MAY AVAIL	All citizen		



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: <ul style="list-style-type: none"> a) Client's contact information (full name, contact number, and/or email address) a) 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: <ul 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) 	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, CSC-CCB, ARTA or DOH CART).	1.1 Receive, evaluate, and acknowledge the concern; and	None	1 hour	Nurse II or IV (QMO)
	1.2 Prepare transmittal document: <ul style="list-style-type: none"> 1.2.1 Log the concern to the Client Concerns Tracking System (CCTS). 	None	2 hours	Nurse II or IV (QMO)



	<p>1.2.2 Accomplish the Client Concerns Endorsement Form (CCEF).</p> <p>1.2.3 Transmit the CCEF together with the written concern to the tagged office or individual.</p>			
<p>2. Receive initial feedback or concrete and specific action (if with contact information).</p>	<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>	<p>None</p>	<p>Simple: 2 days</p> <p>Complex: 6 days</p> <p>Highly Technical: 19 days</p>	<p>Tagged office or individual</p>
<p>3. Receive the resolution and final report.</p>	<p>3.1 Prepare the final report: 3.1.1 Evaluate the submitted report and prepare a final report to be signed by the Medical Center Chief.</p>	<p>None</p>	<p>4 hours</p>	<p>Nurse II or IV (QMO)</p> <p>Medical Center Chief II (MCC Office)</p>



	3.1.2 Provide the final report to the client (if with contact information) and furnish the concern center, if applicable.			
4. Receive a communication from the concern center.	4. Communicate with the client to verify the actions taken by the tagged office or individual.	None	1 hour	Concern Center
TOTAL		None	Simple: 3 days Complex: 7 days Highly Technical: 20 days	



3. REQUEST FOR APPROVAL OF A SYSTEM FOR HANDLING PERSONAL INFORMATION

<p>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.</p> <p>Operating Hours: Monday to Friday, 7:00 am to 4:00 pm, excluding holidays and work suspension.</p>				
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; 1.2 Review and evaluate the submitted protocol and procedure documents, as well as the transmittal letter; and	None	5 minutes 6 days	Data Protection Officer (QMO – FOI Unit)



	<p>1.3 Approve or disapprove the request.</p> <p>If disapproved, the requesting party will be informed of the reason for the denial.</p>		1 hour	
2. Receive the requested document/s.	2. Release the approved document.	None	5 minutes	Data Protection Officer (QMO – FOI Unit)
TOTAL		None	6 days, 1 hour, and 20 minutes	



4. 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 – FOI Unit		
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	None	13 days	Concerned individual or office



	transmittal;			
	1.4 Verify completeness of the requested documents, conformity to the existing laws and recommends for the approval of the MCC; and	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; and	None	1 hour	Administrative Officer V (FOI Unit – QMO)
	2.2 Issues the documents to the requesting party.	None	1 hour	DOH-KMITS
TOTAL		None	14 days	



1. DISCHARGE PROCESS FOR PSYCHIATRIC SERVICE USERS

<p>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.</p> <p>Operating Hours: Monday to Sunday, 8:00 am to 5:00 pm.</p>			
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 <i>Paunawa</i> 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	45 minutes	Medical Social Worker (Medical Social Service Section)
	1.3 Accomplish Social Worker's notes and submit to nurse-on-duty; and			
	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; and	None	20 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	52 minutes	Administrative Officer (Billing and Claims Unit) Medical Social Welfare Officer (Medical Social Service Section)



<ul style="list-style-type: none"> Medical Social Service Section 				
4. Proceed to Billing Unit.	4. Issue final Statement of Account (SOA).	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	15 minutes	Nursing Attendant (Pavilion of Origin)
TOTAL		None	4 hours	



1. FORENSIC PSYCHIATRY CONSULTATION

<p>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.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>				
OFFICE	Forensic Psychiatry Section			
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government	
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 Receive call or email; 1.2 Verify Court Order; and 1.3 Provide schedule for consultation.	None	5 minutes	Medical Officer III/ IV Medical Specialist III (Pavilion 4)



2. On the scheduled day, go to the Health Information Management Section (HIMS) for the patient's record.	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)
TOTAL		None	1 hour and 35 minutes	



1. ADMISSION PROCESS FOR NCMH EMPLOYEE / QUALIFIED DEPENDENT / PRIVATE DIRECT ADMISSION OF NCMH PHYSICIANS

Description of Service: The service is offered to all NCMH employees, qualified dependent and private direct admission of NCMH physician with medical/surgical condition requiring admission at Pavilion 7 Ward 4.

Operating Hours: The service offered is available 24/7

OFFICE	Pavilion 7 Emergency Room		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NMCH employees, qualified dependent and private direct admission of NCMH physicians		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Admitting Order		Consultant/ Physician-on-duty	
Valid I.D (1 original copy)		Any issuing agency	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. From Pavilion 7 Emergency Room, secure Admitting Order.	1.1 Issue Admitting Order; and 1.2 Issue Sociological Data Sheet.	None	1 hour	Consultant Medical Officer Medical Specialist Nurse Midwife Nursing Attendant (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 (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 (Claims Unit)
4. Return to Pavilion 7 E.R and sign the Informed Consent and contract 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 Midwife Nursing Attendant (Pavilion 7 E.R)
5. Proceed to ward.	5.1 Transfer and endorse patient to ward;	None	20 minutes	Nurse Midwife Nursing Attendant (Pavilion 7 E.R)
	5.2 Receive patient and conduct head-to-toe assessment; and	None	15 minutes	Nurse Midwife Nursing Attendant (Pavilion 7 Ward 4
	5.3 Assist patient into ward.			
TOTAL		None	2 hours and 45 minutes	



2. ADMISSION PROCESS FOR PSYCHIATRIC PATIENT FROM HOMECARE WITH VALID MOA

Description of Service: The service is offered to all psychiatric clients from homecare with valid Memorandum of Agreement that need medical / surgical management. If the homecare and patients relative opted to be in admitted to Pavilion 7 Ward 4, two watchers are required all the time and suite room 1 and 2 are assigned to it. If the homecare and patients relative choose to be confined in Male, Female Medical and Surgical Ward (FMI, MMI, FMSW) watchers is not required.

Operating Hours: The service offered is available 24/7

OFFICE	Pavilion 7 Emergency Room		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All Psychiatric clients from homecare with valid Memorandum of Agreement that need medical / surgical management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Admitting Order and Admission Slip		Consultant/ Physician-on-duty	
Valid Memorandum of Agreement		Homecare	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. From Pavilion 7 Emergency Room, secure Admitting Order accomplished by Psychiatrist and Medical/Surgical Physician on duty.	1.1 Issue Admission Slip; and 1.2 Issue Sociological Data Sheet.	None	1 hour	Consultant Medical Officer Medical Specialist Nurse Midwife Nursing Attendant



				(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 (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 (Claims Unit)
4. Return to Pavilion 7 E.R and sign the Informed Consent and contract for admission.	4.3 Orient client of ward rules, policies, and set-up; and 4.4 Notify the receiving ward NOD.	None	15 minutes	Nurse Midwife Nursing Attendant (Pavilion 7 E.R)
5. Proceed to ward.	5.2 Transfer and endorse patient to ward;	None	20 minutes	Nurse Midwife Nursing Attendant (Pavilion 7 E.R)
	5.4 Receive patient and conduct head-to-toe assessment; and	None	15 minutes	Nurse Midwife Nursing Attendant (Pavilion 7 Ward 4
	5.5 Assist patient into ward.			
TOTAL		None	2 hours and 45 minutes	



3. CONSULTATION PROCESS FOR OUTPATIENT OF GENERAL HOSPITAL SERVICE SECTION (EMPLOYEE'S CLINIC)

Description of Service: The Outpatient Clinic caters to all NCMH employees qualified dependents and direct private client 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 and qualified dependents (parents, legal spouse and children 21 years old and below); Direct Private Client of NCMH Physician
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
For 1st Consultation: <ul style="list-style-type: none"> Medical Assistance letter Approved by the Medical Center Chief (1 original copy) NCMH employee's ID (1 photocopy) Valid ID of qualified dependent (1 photocopy) 	Office of the Medical Center chief Human resource management office Any issuing agency
For follow up consultation: <ul style="list-style-type: none"> Employee's ID Valid ID of qualified dependent 	Human resource management office Any issuing agency

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 7 HIMS for the issuance of patient records. Old client: Present valid ID	1.1 Process the request; Old Client: Verify client's identity	None	30 minutes	Administrative Aide (HIMS Pavilion 7)



<p>New client: Accomplish Sociological Data Sheet.</p>	<p>New client: Encode sociological data 1.2 Forward the patient's record to the employees' clinic nurse on duty.</p>			<p>Nursing Attendant (Employees Clinic)</p>
<p>2. Proceed to Pavilion 7 Employee's Clinic and wait for your name to be called.</p>	<p>2. Conduct initial assessment.</p>	<p>None</p>	<p>20 minutes Waiting Time: 30 minutes</p>	<p>Nurse/ Midwife (Employees Clinic)</p>
<p>3. Undergo consultation.</p>	<p>3.1 Conduct consultation and provide intervention and management; and</p>	<p>None</p>	<p>1 hour</p>	<p>Medical Officer Medical Specialist (Employees clinic)</p>
	<p>3.2 Issue charge slip.</p>	<p>None</p>	<p>10 minutes</p>	<p>Midwife / Nurse (Employee's Clinic)</p>
<p>4. Submit the Charge Slip and settle the required payment at the Collection and Deposit Unit.</p>	<p>4. Process the payment and provide the Official Receipt.</p>	<p>NCMH Employees and qualified dependents: None Direct Private Client: Consultation Fee: ₱. 300 + Professional Fee: ₱ 1,000 Neuro Consultation Fee: ₱ 2,000</p>	<p>10 minutes</p>	<p>Administrative Officer (Collection and Deposit Unit)</p>



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		<p>Procedure Fee (if any) Rates based on PCS: Emp: 130 x RVU COS: 140 x RVU Private: 150 x RVU = amount to be paid</p>		
5. Return to Pavilion 7 Employees Clinic and present Official Receipt.	<p>5.1 Verify Official Receipt; 5.2 Issue prescription and/or diagnostic request, if applicable; 5.3 Provide schedule of follow up and referrals, if applicable; and 5.4 Conduct health teaching.</p>	None	15 minutes	Midwife / Nurse I (Employees Clinic)
TOTAL		<p>NCMH Employees and qualified dependents: None</p> <p>Direct Private Client:</p>	<p>2 hours and 25 minutes Waiting Time: 1 hour</p>	



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	<p>Consultation Fe: ₱ 300.00 + Professional Fee: ₱1,000.00</p> <p>Neuro Consultation Fee: ₱ 2,000.00</p> <p>Procedure Fee (if any) Rates based on PCS: Emp: 130 x RVU COS: 140 x RVU Private: 150 x RVU = amount to be paid</p>	
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4. CONSULTATION PROCESS FOR OUTPATIENT SERVICE USER OF GENERAL HOSPITAL SERVICE SECTION

Description of Service: The Outpatient Department is available to serve the direct patient of National Center for Mental Health (NCMH) physician for 1 st consultation and follow up.			
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	Direct private patient of NCMH physician		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Valid ID (1 original copy)		Any issuing agency	
Patient's Chart		Health Information Management Section (HIMS)	
Laboratory Result <i>if applicable</i>		Laboratory Section / Radiology Section	

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	1. Old client: Verify client's name and forward patient's chart to OPD Nurse-on-duty.	None	30 minutes	Administrative Aide/ Administrative Assistant (HIMS Pavilion 7)



accomplish Sociological Data Sheet.	New client: Encode sociological data information.			
2. Return to Pavilion 7 OPD and undergo consultation/ check-up.	2.1 Conduct initial assessment; 2.2 Conduct consultation and provide intervention and management; and 2.3 Issue charge slip.	None	30 minutes Waiting Time: 30 minutes	Nurse Medical Officer Medical Specialist (Pavilion 7 OPD)
3. Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	3. Process the payment and provide the Official Receipt.	₱300.00 (OPD fee) + hospital supplies used + ₱1000.00 Consultation fee + Procedure fee (if any) Rates based on PCS: ₱150x RVU = amount to be paid	10 minutes	Administrative Officer I (Collection and Deposit Unit)
4. Return to Pavilion 7 OPD and present the Official Receipt.	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	None	10 minutes	Nurse I/II Medical Officer III/IV Medical Specialist I/ II/III (Pavilion 7 employees Clinic/ OPD)



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	applicable, and conduct health teaching.			
TOTAL		₱300.00 (OPD fee) + hospital supplies used + ₱1000.00 Consultation fee + Procedure fee (if any) Rates based on PCS: ₱150x RVU = amount to be paid	1 hour and 20 minutes Waiting Time: 30 minutes	



5. DISCHARGE PROCESS FOR NCMH EMPLOYEE/ QUALIFIED DEPENDENT/ PRIVATE DIRECT ADMISSION OF NCMH PHYSICIANS

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 – Ward		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH employees/ qualified dependent/ private direct admission of NCMH physicians, admitted at Pavilion 7 – Ward 4 who is medically / surgically stable and fit for discharge.		
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	
Official Receipts		Collection and Deposit Unit	
Birth certificate (1 photocopy)		Philippine Statistics Authority	
For Medical Assistance:			
<ul style="list-style-type: none"> ▪ Acknowledgement Slip ▪ Unified Intake Sheet ▪ Valid ID (1 photocopy) 		Pavilion 7 Nurse Station Any issuing agencies	



CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive Notice of Discharge.	1.1 Order Discharge Planning;	None	15 minutes	Medical Specialist Medical Officer (Pavilion 7 Ward 4)
	1.2 Inform patient or relatives regarding the discharge and requirements needed prior to discharge;	None	15 minutes	Nurse (Pavilion 7 Ward 4)
	1.3 Document order of discharge;	None	30 minutes	Medical Officer
	1.4 Patients enrolled to PhilHealth/ Client availing Malasakit Medical Assistance: Accomplish PhilHealth forms/ Malasakit Forms;			Nurse Nursing Attendant Midwife (Pavilion 7 ward 4)
	1.5 Issue Charge Slip.			
2. Proceed to Pavilion 7 Nurse Station and present required documents.	2.1 Verify documents; and	None	5 minutes	Nurse Nursing Attendant Midwife (Pavilion 7 Ward 4)
	2.2 Provide discharge clearance.	None	5 minutes	Nurse Nursing Attendant Midwife (Pavilion 7 Ward 4)



<p>3. Proceed to respective offices for signing of clearance.</p>	<p>3. Verify client's account. Once cleared, sign the discharge clearance.</p>	<p>None</p>	<p>1 hour and 15 minutes</p>	<p>Pharmacist (Pharmacy Section)</p> <p>Radiologist (Radiology Section)</p> <p>Medical Technologist (Laboratory Section)</p> <p>Nursing Attendant (CSR)</p> <p>Administrative Officer (Philhealth)</p> <p>Medical Social Officer (Malasakit Center)</p>
<p>4. Proceed to Billing and Claims Section.</p>	<p>4. Issue final Statement of Account (SOA).</p>	<p>None</p>	<p>10 minutes</p>	<p>Administrative Officer (Billing Unit)</p>
<p>5. PhilHealth Eligible and Pay Service User: Submit the Charge Slip and settle the required payment at the Collection and Deposit Unit.</p>	<p>5. Process the payment and provide the Official Receipt.</p>	<p>Professional Fee= (Room Rate x no. of visit) + Medical/Surgical Procedures Fee)</p>	<p>10 minutes</p>	<p>Administrative Officer (Collection and Deposit Unit)</p>
<p>Clients availing Malasakit Medical Assistance: Submit the Charge Slip for medical</p>	<p>Assess eligibility for endowment.</p>	<p>None</p>	<p>16 minutes Waiting Time: 2 hours</p>	<p>Social Welfare Officer IV (Malasakit Center)</p>



assistance at the Malasakit Center.				
6. Return to Pavilion 7 and present signed discharge clearance and discharge slip/ or HAMA and Official Receipt.	6.1 Verify and check the official receipt and discharge clearance; 6.2 Provide discharge instructions, health education, prescription (if applicable) and follow-up or referral slips; and 6.3 Assist the patient and relatives for discharge.	None	10 minutes	Nurse I/II (Pavilion 7 Ward)
TOTAL		Professional Fee= (Room Rate x no. of visit) + Medical/Surgical Procedures Fee) <i>*Professional fee's discount is subject to the discretion of the attending physician.</i>	Pay Service User and PhilHealth Eligible: 2 hours and 55 minutes Clients Availing Malasakit Medical Assistance: 3 hours and 1 minute Waiting Time: 2 hours	



6. 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/ ICU)		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All psychiatric 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	
Discharge Slip (1 original copy)		Pavilion of Origin-Nurse Station	
For Medical Assistance:			
<ul style="list-style-type: none"> ▪ Acknowledgement Slip ▪ Unified Intake Sheet ▪ Valid ID (1 photocopy) 		Pavilion 7 Nurse Station Any issuing agencies	



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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 (Pavilion 7)
	1.2 Inform 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 Section)
	1.4 Document order of discharge; 1.5 Patients enrolled to PhilHealth/ Client availing Malasakit Medical Assistance: Accomplish PhilHealth forms/ Malasakit Forms. Pay Service User: Accomplished professional fee charge slip.	None	30 minutes	Medical Officer (Pavilion 7) Nurse Nursing Attendant Midwife (Pavilion 7)



2. Proceed to Pavilion 7 Social Service and present required documents. (Valid I.D of relative or Social Worker/ photocopy of birth certificate).	2.1 Verify documents for relative's identification; and	None	30 minutes	Medical Social Worker (MSSS)
	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 and Claims Section.	4. Issue final Statement of Account (SOA).	None	10 minutes	Administrative Officer (Billing Unit)
5. Pay Service User: Submit the Professional Fee Charge Slip and SOA, settle the required	5. Process the payment and provide the Official Receipt.	Professional Fee= (Room Rate x no. of visit) +	10 minutes	Administrative Officer (Collection and Deposit Unit)



payment at the Collection and Deposit Unit.		Medical/Surgical Procedures Fee)		
Clients availing Malasakit Medical Assistance: Submit the Charge Slip for medical assistance at the Malasakit Center.	Assess eligibility for endowment.	None	16 minutes Waiting Time: 2 hours	Social Welfare Officer IV (Malasakit Center)
7. Proceed to Pharmacy Section (<i>Refer to Pharmacy Section CC-Availment of Drugs and Medicines</i>)	7. Issue medicines.	None	15 minutes	Pharmacist (Pharmacy Section)
8. Return to Pavilion 7 and present signed discharge clearance and discharge slip/ or HAMA and Official Receipt.	8.1 Verify and check the official receipt and discharge clearance; 8.2 Provide discharge instructions, health education, prescription (if applicable) and follow-up or referral slips; and 8.3 Assist the patient and relatives for discharge.	None	10 minutes	Nurse I/II (Pavilion 7 Ward)
TOTAL		For Pay Service Users: Professional Fee	Pay Service User and PhilHealth Eligible: 4 hours and 50 minutes Clients Availing Malasakit Medical Assistance: 4 hours and 56 minutes Waiting Time: 2 hours	



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	<p>Final Statement of Account (Room Rate x No. of visit + Medical/Surgical Procedures)</p> <p>For Service Users: None</p>	
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7. EMERGENCY CARE AND MANAGEMENT FOR NCMH EMPLOYEE/ QUALIFIED DEPENDENT/ PRIVATE DIRECT PATIENT OF NCMH PHYSICIANS

Description of Service: The Pavilion 7 Emergency Room caters to all NCMH employees, qualified dependent and private direct patient of NCMH physician seeking urgent care and management.			
Operating Hours: The service offered is available 24/7			
OFFICE	Pavilion 7 Emergency Room		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH employees, qualified dependent and private direct patient of NCMH physicians		
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 Private Direct Patient: Assist Client in accomplishing the Sociological Data Sheet.	None	2 hours	Nurse Medical Specialist Medical Officer Nurse Midwife Nursing Attendant (Pavilion 7 E.R)



	<p>For NCMH employee & Qualified Dependent: Retrieve patient's chart at Pavilion 7 HIMS. 1.3 Issue Charge Slip.</p>			
<p>2. Proceed to HIMS at Pavilion 7 and submit accomplished Sociological Data Sheet. <i>After 5:00pm proceed to Pavilion 2 HIMS.</i></p>	<p>2. Encode sociological data information.</p>	None	30 minutes	Administrative Aide (HIMS)
<p>3. Submit Charge Slip and settle the required payment at the Collection and Deposit Unit.</p>	<p>3. Process the payment and provide the Official Receipt.</p> <p>For NCMH Employee: No charge for the following:</p> <ul style="list-style-type: none"> • ER Fee • Consultation Fee • Medications and supplies used 	<p>₱500.00 (E.R fee) + Diagnostic fee + Consultation fee ₱1500.00 + Medications used + hospital supplies used + Procedure fee (if any) Rates based on PCS: Emp: ₱130 x RVU COS: ₱140 x RVU Private: ₱150 x RVU = amount to be paid</p>	10 minutes	Administrative Officer III (Collection and Deposit Unit)



4. Return to Pavilion 7 E.R and present official receipt.	4.1 Verify official receipt; 4.2 provide health education, give prescriptions, and schedule for follow-up; and 4.3 Assist for discharge.	None	15 minutes	Nurse Midwife Nursing Attendant (Pavilion 7 E.R)
TOTAL		₱500.00 (E.R fee) + Diagnostic fee + Consultation Fee fee ₱1500.00 + Medications used + hospital supplies used + Procedure fee (if any) Rates based on PCS: Emp: ₱130 x RVU COS: ₱140 x RVU Private: ₱150 x RVU = amount to be paid	2 hours and 55 minutes	



8. OPERATING ROOM CASE FOR NON-PSYCHIATRIC PATIENT

Description of Service: The service is available to NCMH employees qualified dependents and direct private client of National Center for Mental Health (NCMH) physician who require a surgical procedure in the operating room, specifically for minor elective cases. It aims to provide high-quality, safe and efficient care and efficient care tailored to the needs of each patient undergoing elective surgery.

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

OFFICE	Pavilion 7 Operating Room		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	NCMH employees, qualified dependents and direct private client of National Center for Mental Health (NCMH) physician		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Laboratory Result <i>if applicable</i>		Laboratory Section / Radiology Section	
Valid ID (1 original copy)		Any issuing agency	
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	1. Old Client: Verify client's name and forward patient's chart to OPD NOD.	None	30 minutes	Administrative Aide / Administrative Assistant (HIMS Pavilion 7)



HIMS at Pavilion 7 and accomplish Sociological Data Sheet.	New Client: Encode Sociological Data Information.			
2. Proceed to Billing and Claims Section for verification of PhilHealth record.	2. Verify client's record if they are eligible for PhilHealth enrollment and provide PMRF and CF2.	None	30 minutes	Administrative Aide (Billing and Claims Section)
3. Return to Pavilion 7 OPD and sign the Informed Consent for the procedure.	3.1 Evaluate patient's requirements if complete; and 3.2 Secure Informed Consent.	None	15 minutes	Nurse I / II (Pavilion 7 OPD)
4. Proceed to Pavilion 7 OR.	4.1 Receive patient from OPD; and 4.2 Evaluate patient's requirements if complete.	None	10 minutes	Nurse I / II Midwife / Nursing Attendant (Pavilion 7 OR)
5. Undergo operation.	5. Perform operation procedure.	None	2 hours	Medical Officer IV Medical Specialist Nurse I / II Midwife / Nursing Attendant (Pavilion 7 OR)
6. Transfer to Recovery Room, if under sedation.	6. Monitor patient until stable.	None	2 hours	Nurse I / II Midwife / Nursing Attendant (Pavilion 7 OR)
7. Submit the Charge Slip and settle the required payment at the Collection and Deposit Unit.	7. Process the payment and provide official receipt.	OR fees + Supplies used + Medicines used + Professional	10 minutes	Administrative Officer III



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		Fee = amount to be paid		
8. Return to OR and present Official Receipt.	8.1 Verify OR receipt; 8.2 Health Teaching. Take home medication Instructions; and 8.3 Assist patient for discharge.	None	10 minutes	Nurse I / II Midwife / Nursing Attendant (Pavilion 7 OR)
TOTAL		OR fees + Supplies used + Medicines used + Professional Fee = amount to be paid	5 hours and 45 minutes	



9. 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	Pavilion 7		
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)



<p>3. Pay Service User: Submit the charge slip and settle the required payment at the Collection and Deposit Unit.</p>	<p>3. Process the payment and provide the Official Receipt.</p>	<p>₱300.00 – out-patient ₱100.00 - Employee's dependent Free – NCMH employee</p>	<p>10 minutes</p>	<p>Administrative Officer III (Collection and Deposit Unit)</p>
<p>Service User: Submit the Charge Slip for medical assistance to the Malasakit Center.</p>	<p>Assess eligibility for endowment.</p>	<p>None</p>	<p>16 minutes Waiting Time: 2 hours</p>	<p>Social Welfare Officer IV (Malasakit Center)</p>
<p>4. Return to Physical Rehabilitation Unit and present Official Receipt or the approved Malasakit Center application.</p>	<p>4. Verify Official Receipt / approved Charge Slip from Malasakit Center.</p>	<p>None</p>	<p>1 minute</p>	<p>Physical Therapist (PT Unit)</p>
<p>5. Undergo PT procedure.</p>	<p>5. Perform PT procedure.</p>	<p>None</p>	<p>1 hour and 30 minutes</p>	<p>Physical Therapist (PT Unit)</p>
<p>TOTAL</p>		<p>₱300.00 - Outpatient ₱100.00 - Employee's dependent Free – NCMH Employee</p>	<p>Pay service user: 1 hour and 45 minutes Service user: 1 hour and 51 minutes Waiting Time: 2 hours</p>	



1. HEMODIALYSIS TREATMENT FOR OUTPATIENTS

<p>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.</p> <p>Operating Hours: Monday to Saturday, 7:00 am to 8:00 pm (No Noon Break).</p>			
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)	



<p>Laboratory/ Radiological Tests Results Within the Month (1 original or photocopy) inclusive of:</p> <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) 	<p>Any Diagnostic laboratory or NCMH Laboratory/ NCMH Radiology</p> <p>NCMH Laboratory Section</p>
<p>Covid-19 Vaccination Record</p>	<p>Local Government Unit or Recognized Private Health Care Provider</p>
<p>Dialysis Center Utilization Certification (1 original copy)</p>	<p>Previous Dialysis Center/ Hospital Hemodialysis Unit</p>
<p>Philhealth Utilization Certificate (1 photocopy)</p>	<p>Main Philhealth Office</p>
<p>Updated Members Data Record (1 photocopy)</p>	<p>Main Philhealth Office</p>
<p>Philhealth Identification Card (1 photocopy)</p>	<p>Main Philhealth Office</p>
<p>Barangay Certificate of Indigency / Social Case Study (1 photocopy)</p>	<p>Local Government Unit</p>
<p>Senior Citizen (SC) or Persons with Disability (PWD) ID (1 photocopy)</p>	<p>Respective Municipal/City Hall (Person with Disability Affair Office / Office of the Senior Citizen Affair)</p>
<p>Voter's ID or Voter's Certification</p>	<p>COMELEC Office on Respective Municipal/City Hall</p>



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. <i>If exhausted Philhealth-covered treatments, no certification will be issued.</i>	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)
TOTAL		None	6 hours and 10 minutes	



1. CONSULTATION OF PRESUMPTIVE TB CASE

<p>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.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>			
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. Submit chest x-ray result or GeneXpert result (if applicable) and fill-out the Sociological data sheet, at the TB DOTS Clinic.	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)



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2. Submit Sociological data sheet to HIMS.	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; and	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)
TOTAL		None	2 days and 50 minutes	



2. TB-HIV ENROLLMENT PROCESS FOR HIV CASES

<p>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.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>			
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. Submit laboratory results to TB DOTS Clinic.	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; and 1.4 Refer to Social Hygiene Clinic of choice for ARV enrollment and management.	None	30 minutes	Nurse I/II (TB DOTS Clinic)
2. Receive feedback.	2.1 Contact client if successfully registered and started on ARV treatment; 2.2 Contact SCH; and 2.3 Encode HIV treatment on Integrated Tuberculosis Information System).	None	2 days	Nurse I / II (TB DOTS Clinic)
TOTAL		None	2 days and 1 hour	



1. DRUG TESTING

<p>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.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>			
OFFICE	Anatomic Laboratory Section – Drug Testing Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All Citizen		
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. Submit Drug Testing Request Form to the Drug Testing Unit.	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)



<p>2. For Pay Service User: Submit the charge slip and settle the required payment at the Collection and Deposit Unit.</p>	<p>2. Process the payment and provide the Official Receipt.</p>	<p>₱250.00 2 Panel ₱1,500.00 6 Panel</p>	<p>10 minutes</p>	<p>Administrative Officer III (Collection and Deposit Unit)</p>
<p>For Service User: Submit the Charge Slip for medical assistance to the Malasakit Center.</p>	<p>Assess eligibility for endowment.</p>	<p>None</p>	<p>16 minutes Waiting Time: 2 hours</p>	<p>Social Welfare Officer IV (Malasakit Center)</p>
<p>3. Return to Drug Testing Unit and present Official Receipt.</p>	<p>3. Verify Official Receipt.</p>	<p>None</p>	<p>1 minute</p>	<p>Laboratory Aide Laboratory Technician Medical Technologist I, II (Drug Testing Unit)</p>
<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>



6. Proceed to the designated toilet for urine collection.	6. Instruct the client regarding proper urine collection.	None	5 minutes	Laboratory Aide Laboratory Technician Medical Technologist I, II (Drug Testing Unit)
7. Submit the urine specimen.	7.1 Receive the urine specimen and label the container accordingly; and 7.2 Testing of urine specimen.	None	20 minutes	Medical Technologist I, II, III (Drug Testing Unit)
8. To claim the result, present a valid ID. If the claimant is not the patient, an authorization letter must be provided.	8. Release result.	None	2 minutes	Laboratory Aide Laboratory Technician Medical Technologist I, II (Drug Testing Unit)
TOTAL		Pay service user: ₱250.00 2 Panel	Pay service user: 55 minutes Service user: 1 hour and 1 minute Waiting Time: 2 hours	
		₱1,500.00 6 Panel		
		Service user: None		



2. 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. Submit the Histopathology request with the properly labelled specimen to the	1.1 Verify and check for the adequacy of the specimen fixative; and 1.2 Explain the procedures and fees and issue charge slip.	None	5 minutes	Laboratory Aide Laboratory Technician Medical Technologist (Histopathology Unit)



Anatomic Laboratory - Drug Testing Unit.				
2. Pay Service User: Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	2. Process the payment and provide the Official Receipt.	Refer to the table below	10 minutes	Administrative Officer III (Collection and Deposit Unit)
Service User: Submit the Charge Slip for medical assistance to the Malasakit Center.	Assess eligibility for endowment.	None	16 minutes Waiting Time: 2 hours	Social Welfare Officer IV (Malasakit Center)
3. Return to the Anatomic Laboratory and present Official Receipt/ Histopathology Request Form and Charge Slip approved by Malasakit.	3. Verify the Official Receipt and Charge Slip.	None	2 minutes	Laboratory Aide Laboratory Technician Medical Technologist (Histopathology Unit)
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	Medical Technologist Medical Officer IV Medical Specialist IV (Histopathology Unit)



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			<p>10 days – Large Biopsy</p> <p>15 days Extra-Large Biopsy</p> <p>18 days Double Extra-Large Biopsy</p>	
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	To claim the result, present a valid ID. If the claimant is not the patient, an authorization letter must be provided.	Laboratory Aide Laboratory Technician Medical Technologist (Histopathology Unit)
TOTAL		<p>Pay service user: Refer to the table below</p> <p>Service user: None</p>	Refer to the 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
Extra Large Biopsy	₱2,000.00	₱2,000.00
Double Extra-Large Biopsy	₱2,500.00	₱2,500.00

TOTAL PROCESSING TIME

TYPE OF SPECIMEN	PAY SERVICE USER	SERVICE USER
<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)



3. 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 and 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)
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



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				(Anatomic Laboratory Section)
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)
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)
TOTAL		None	25 minutes	



1. REQUEST FOR CLINICAL LABORATORY GENERAL EXAMINATIONS

<p>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.</p> <p>Operating Hours: The service offered is available 24/7.</p>			
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)		Outpatient Section/Pavilion 7 E.R./ Employee's 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>		Department of Social Welfare and Development (DSWD) Office of Senior Citizens Affairs (OSCA)	
Authorization Letter (1 original copy) <i>if applicable</i>		Client	
Malasakit Approved Clinical Laboratory Request and Charge Slip		Medical Social Service Section/ 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. For service users <u>WITH CLASSIFICATION</u> (Philhealth eligible or Socialized with endowment) receive requests and proceed to specimen collection; and 1.4. For service users <u>WITHOUT CLASSIFICATION</u> , issue charge slip and return verified Clinical Laboratory Request Form and refer to Collection and Deposit Unit.	None	10 minutes	Administrative Aide I, III 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 the 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)



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<p>For Service User availing the Medical Assistance: Proceed to Medical Social Service Section/Malasakit Center and present Clinical Laboratory Request Form and Charge Slip.</p>	<p>Assess for eligibility of endowment.</p>	<p>None</p>	<p>16 minutes Waiting time: 2 hours</p>	<p>Social Welfare Officer IV (Malasakit Center)</p>
<p>3. Return to the Clinical Laboratory receiving window and present the Official Receipt/Socialized Charge Slip and Clinical Laboratory Request Form.</p>	<p>3. Verify the Official Receipt or the Socialized Charge slip and Clinical Laboratory Request Form.</p>	<p>None</p>	<p>2 minutes</p>	<p>Administrative Aide I, III Laboratory Aide II Laboratory Technician III Medical Technologist I, II (Clinical Laboratory Section)</p>
<p>4. Facilitate the laboratory examination. a. For blood examination, proceed to the blood extraction room. b. For non-blood specimens, submit specimens.</p>	<p>4. Perform blood extraction or receive specimens.</p>	<p>None</p>	<p>10 minutes Waiting time: 10 minutes</p>	<p>Laboratory Aide II Laboratory Technician III Medical Technologist I, II, III (Clinical Laboratory Section)</p>
<p>5. Wait for the result.</p>	<p>5. Process specimen, generate and validate results.</p>	<p>None</p>	<p>3 hours and 45 minutes <i>(General Laboratory Examination)</i> 5 days <i>(Microbial and Culture Sensitivity Examination)</i></p>	<p>Medical Technologist I, II, III (Clinical Laboratory Section)</p>



6. Claim Official results by presenting the socialized Charge Slip, if applicable, Official Receipt, Valid ID, and Authorization Letter, if applicable.	6. For OPD Philhealth eligible service users: claim Official Results to Pavilion 2 HIMS.	None	3 minutes	Administrative Assistant II (HIMS)
	For Pay/Socialized service users: verify socialized Charge Slip (if applicable), Official Receipt, Valid ID and Authorization Letter (if applicable); and release Official Result.	None	3 minutes	Administrative Aide I, III Laboratory Aide II Laboratory Technician III Medical Technologist I, II (Clinical Laboratory Section)
TOTAL		Refer to the table below	Refer to Total Processing Time Table below	

TOTAL PROCESSING TIME			
TYPE OF EXAM	PHILHEALTH ELIGIBLE SERVICE USER	PAY SERVICE USER	SERVICE USER WITH MEDICAL ASSISTANCE
General Laboratory Examination without Microbial Culture and Sensitivity Examination	4 hours and 20 minutes	4 hours and 30 minutes	4 hours and 36 minutes Waiting time in Malasakit: 2 hours
General Laboratory Examination with Microbial Culture and Sensitivity Examination or Microbial Culture and Sensitivity Examination only	5 days 35 minutes	5 days 45 minutes	5 days 51 minutes Waiting time in Malasakit: 2 hours



LIST OF FEES FOR CLINICAL LABORATORY EXAMINATIONS

Hematology and Coagulation		High Density Lipoprotein (HDL)	₱520	Total Iron Binding Capacity	₱1,200
Complete Blood Count (CBC)	₱285	Low density Lipoprotein (LDL)	₱360	Chemistry	
Erythrocyte Sedimentation Rate	₱225	Alkaline Phosphatase	₱320	Sodium	₱400
Reticulocyte Count	₱275	Alanine Aminotransferase (ALT/SGPT)	₱260	Potassium	₱400
Peripheral Blood Smear	₱370	Aspartate Aminotransferase (AST/SGOT)	₱260	Creatinine	₱400
Malarial Smear	₱180	Lactate Dehydrogenase (FDH)	₱280	Protein	₱400
Body Fluid Cell Count & Differential Count	₱285	Total Bilirubin	₱300	Other Body Fluid	
Clotting Time	₱160	Indirect & Direct/ Unconjugated & Conjugated Bilirubin	₱300	Glucose	₱300
Bleeding Time	₱160	Total Protein	₱290	Protein	₱290
Prothrombin Time (PT)	₱424	Albumin	₱290	Lactate Dehydrogenase (LDH)	₱280
Partial Thromboplastin Time	₱420	Total Protein, Albumin, Globulin A/G Ratio (TPAG)	₱595	Therapeutic Blood Monitoring Assay & Toxicology	
Blood Banking		Sodium	₱400	Valproic Acid	₱2,500
Blood Typing	₱665	Potassium	400	Carbamazepine	₱2,500
Crossmatching	₱930	Magnesium	₱440	Lithium	₱1,010
Coomb's Test	₱855	Chloride	₱400	Phenytoin	₱970
Clinical Chemistry (Blood Chemistry)		Total calcium	₱380	Serum Alcohol/Ethanol	₱900
Glucose (FBS/RBS)	₱275	Ionized Calcium	₱820	Acetaminophen/paracetamol	₱2,750
Oral Glucose Tolerance Test	₱744	Phosphorus	₱400	Clinical Microscopy	
Oral Glucose Challenge Test	₱520	Creatinine Kinase Total	₱671.42	Urinalysis	₱300
2-Hour Post-Prandial Test	₱300	Creatinine Kinase-MB	₱1,040	Fecalalysis	₱130
Glycated Hemoglobin / Hemoglobin A1c (HbA1c)	₱890	Isoenzyme		Pregnancy test	₱225
Blood Urea Nitrogen (BUN)	₱305	Amylase	₱450	Fecal Occult Blood Test	₱310
Creatinine	₱295	Lipase	₱450	Helicobacter pylori Stool Antigen	₱1,600
Blood Uric Acid (BUA)	₱295	Serum Iron	₱500	Immunology and Serology	
Total Cholesterol	₱315			HBsAg	₱900
Triglycerides	₱240			HBeAg	₱1,400
				Anti-HBs	₱1,000
				Anti-HBe	₱1,500



Anti-HBc IgM	₱1,400	Follicle Stimulating Hormone	₱770	AFB Stain	₱215
Anti-HBc Total	₱1,300	Luteinizing Hormone	₱770	KOH Smear	₱225
Anti-HAV Total (IgG IgM)	₱1,550	Cortisol	₱770	India Ink	₱175
Anti-HAV IgM	₱1,650	Microalbumin	₱770	Culture and Sensitivity	
Anti-HCV	₱1,800	Total IgE	₱680	Blood with ARD/Site	₱1,945
Tri-Iodothyronine (T3)	₱770	Rheumatoid Factor	₱800	Urine	₱1,605
Thyroxine (T4)	₱770	Total Vitamin D	₱1,150	Stool	₱1,605
Thyrotropine/Thyroid Stimulating Hormone (TSH)	₱857.14	Vitamin B12	₱1,150	Exudate	₱1,605
Immunology and Serology		Anti-Nuclear Antibody (ANA) CLIA method	₱950	CSF	₱1,605
				Throat Swab	₱1,605
Free Triiodothyronine (FT3)	₱910	Influenza and B	₱1,030	Rectal Swab	₱1,450
Free Thyroxine (FT4)	₱910	Anti-Streptolysin O (ASO)	₱320	Wound Drainage	₱1,605
Anti-Thyroid Peroxidase	₱2,628	Troponin I (Qualitative)	₱450	Sputum/ETA	₱1,605
Troponin I, Quantitative -High Sensitive Troponin I)	₱1,560	HBsAg (Rapid Test)	₱360	Xpert MTB/RIF (Gene Xpert)	FREE
NT Pro-BNP	₱2,860	Anti-HBS (rapid test)	₱390	HBV DNA Viral Load	₱3,500
D-Dimer	₱2,570	Anti-HCV (Rapid Test)	₱390	HCV RNA Viral Load	₱3,500
Procalcitonin	₱3,480	Anti-HAV (Rapid Test)	₱390	Meningitis/Encephalitis Panel	₱15,800
Ferritin	₱1,665	HIV Screening (Rapid Test)	FREE	Other Supplies	
C-reactive Protein (CRP)	₱730	Rapid Plasma Reagin (RPR)	₱230	Blood Bag (Slide, 450ml)	₱350
High Sensitive C-Reactive Protein (HS-CRP)	₱730	Anti-Treponema pallidum (Rapid Test)	₱370	OGTT, 75 grams solution	₱150
Prostate-Specific Antigen (PSA)	₱1,100	Salmonella IgG/IgM (Rapid Test)	₱750		
Carcinoembryonic Antigen	₱770	Dengue NS1+IgG/IgM (Rapid)	₱1,720		
Alpha Fetoprotein (AFP)	₱770	Leptospira IgG/IgM (Rapid Test)	₱705		
CA 125	₱770	Clostridium difficile Toxin/GDH	₱1,080		
CA 15-3	₱770	Cryptococcal Antigen Test	₱2,500		
CA 19-9	₱770	Meningitis Bacterial Antigen Rapid Test	₱3,290		
Beta-Human Chorionic Gonadotropin (Beta -HCG)	₱770	Microbiology			
		Gram Stain	₱240		



1. DENTAL CONSULTATION AND MANAGEMENT

<p>Description of Service: The Dental Section is dedicated to the care of teeth and oral health. It offers a range of dental procedures, including cleanings, tooth extractions, restorations of damaged teeth, and other related services.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>			
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 and 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. Submit the Charge Slip for medical assistance to the Malasakit Center.	3. Assess eligibility for endowment.	None	16 minutes Waiting Time: 2 hours	Social Welfare Assistant (Malasakit Center)
4. Return to Dental Section and submit the approved Malasakit requirements.	4. Receive and check Malasakit approved requirements.	None	5 minutes	Administrative Aide (Dental Section)
5. Undergo oral treatment and management.	5.1 Conduct oral treatment and management; and 5.2 Issue Prescription.	None	2 hours and 25 minutes	Dentist (Dental Section)
TOTAL		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)



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.	4. Receive and check PhilHealth requirements;	None	5 minutes	Administrative Aide (Dental Section)
5. Undergo oral treatment and management.	5.1 Conduct oral treatment and management; and 5.2 Issue prescription and charge slip.	None	2 hours and 25 minutes	Dentist (Dental Section)
TOTAL		None	3 hours and 55 minutes	

FOR PAY 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. Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	3. Process the payment and provide the Official Receipt.	Refer to the table below	10 minutes	Administrative Officer III (Collection and Deposit Unit)
4. Return to Dental Section and present official receipt.	4. Receive and check OR.	None	5 minutes	Administrative Aide (Dental Section)
5. Undergo oral treatment and management.	5.1 Conduct oral treatment and management; and 5.2 Issue prescription.	None	2 hours and 25 minutes	Dentist (Dental Section)
TOTAL		Refer to the table below	3 hours and 40 minutes	

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



2. REQUEST FOR DENTAL IMAGING SERVICES

Description of Service: The Dental Section provides advanced imaging services, including 3D CT and 2D panoramic scans, to support accurate diagnosis for treatments.

Operating Hours: Monday to Friday, from 8:00 AM to 5:00 PM, excluding holidays and work suspensions.

OPISINA	Dental Section		
KLASIPIKASYON	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
SINO ANG MAAARING MAKINABANG	All citizens		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Doctor's referral		Pavilion of Origin	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the Doctor's referral at the Dental Section.	1. Receive and verify referral and issue Charge Slip.	None	5 minutes	Administrative Aide I (Dental Section)
2. Submit the Charge Slip and settle the required payment at the Collection and Deposit Unit.	2. Process the payment and provide the Official Receipt.	Pano/Ceph ₱800.00 CBCT ₱3,740.00	10 minutes	Administrative Officer III (Collection and Deposit Unit)



		Periapical Like (4x4) ₱3,740.00		
3. Return to Dental Section and present the Official Receipt.	3. Receive and check the Official Receipt.	None	5 minutes	Administrative Aide I (Dental Section)
4. Undergo radiograph taking.	4. Conduct x-ray procedure.	None	30 minutes	Dentist (Dental Section)
5. Wait for the result.	5. Prepare and issue x-ray film and print out.	None	30 minutes	Dentist (Dental Section)
TOTAL		Pano/Ceph ₱800.00 CBCT ₱3,740.00 Periapical Like (4x4) ₱3,740.00	1 hour and 20 minutes	

Note: The Dental Imaging procedure is currently awaiting the License to Operate. It will be available to the public once the license is obtained.



1. INQUIRIES FOR A MISSING PERSON

<p>Description of Service: This service facilitates inquiries regarding missing person, providing guidance and resources to those seeking information. To protect patient confidentiality, inquiries are processed in person only.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>			
OFFICE	Health Information Management Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All citizen		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Valid government issued ID (1 original copy)		Any government issuing agency	
Proof of kinship: <ul style="list-style-type: none"> ▪ Marriage Certificate ▪ Certificate of Live Birth ▪ Other legal documents such as adoption papers or court orders establishing guardianship 		Philippine Statistics Authority Philippine Statistics Authority	
<ul style="list-style-type: none"> ▪ Picture of the missing person 		Requesting party	



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CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the request form at Pavilion 2 Window N (HIMS Information Unit).	1.1 Interview client for verification; and 1.2 Issue Request slip.	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. Notify the client of the verification result.	None	10 minutes	Administrative Assistant II (HIMS)
3. Receive the Information Slip.	3. Log to Inquiry Monitoring Sheet.	None	5 minutes	Administrative Assistant II (HIMS)
TOTAL		None	25 minutes	



2. INQUIRIES FOR THE SERVICE USER PAVILION/WARD

<p>Description of Service: This service assists authorized individuals in determining the location of admitted service users within the facility. To protect patient confidentiality, inquiries re processes in person only.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>				
OFFICE	Health Information Management Section			
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government	
WHO MAY AVAIL	Service User’s legal representative and authorized representative			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Valid Government issued I.D (1 original and photocopy)		Any Government Issuing Agencies		
<p>If requesting person is not the service user’s legal representative:</p> <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’s legal representative		
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the request form at Pavilion 2 Window N (HIMS Information Unit).	1.1 Verify the client’s eligibility to receive the information. 1.2 Issue Request slip.	None	5 minutes	Administrative Assistant II (HIMS)



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<p>2. Submit the accomplished request form and requirements.</p>	<p>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.</p>	<p>None</p>	<p>10 minutes</p>	<p>Administrative Assistant II (HIMS)</p>
<p>3. Receive the Information Slip.</p>	<p>3.1 Issue the Information Slip; and 3.2 Log to Inquiry Monitoring Sheet.</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Assistant II (HIMS)</p>
TOTAL		<p>None</p>	<p>20 minutes</p>	



3. ISSUANCE OF CERTIFICATE OF APPEARANCE

Description of Service: This service involves processing and issuance of Certificate of Appearance to individuals who assist and escort service users to Emergency Response Crisis Intervention and Out Patient Clinics under OPS, including Adult Section, Child and Adolescent Section, Neurological Section, Geriatric section, Women Protection Unit, and Child Protection Unit. Requests are processed in person.

Operating Hours:

- **Emergency Response Unit:** Monday to Sunday, including Holidays; 24/7.
- **Out Patient Section:** Monday to Friday, except for holidays and work suspension; 8:00 am – 5:00 pm

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)		Referring Agency	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the request form at Pavilion 2 Window M (HIMS Admitting Unit).	1. Issue Request from.	None	10 minutes	Administrative Aide III (HIMS)



2. Submit accomplished request from and requirements.	2.1 Receive and verify the submitted documents; 2.2 Process the request; and 2.3 Provide the certificate to the client for signature.	None	15 minutes	Administrative Aide III (HIMS)
3. Affix signature on the certificate and return to the designated personnel.	3.1 Assist client in affixing signature; and 3.2 Affix signature on the certificate.	None	5 minutes	Administrative Aide III (HIMS)
4. Receive Certificate.	4.1 Issue the certificate; and 4.2 Log the document to the Records of all released health records/ certificates; and issue the certificate.	None	5 minutes	Administrative Aide III (HIMS)
TOTAL		None	35 minutes	



4. ISSUANCE OF CERTIFICATE OF CONFINEMENT AND CERTIFIED TRUE COPIES OF HEALTH RECORDS (INPATIENT)

Description of Service: This service provides former inpatients with access to official certificates of confinement and certified photocopies of relevant medical records, such as discharge summaries, clinical abstracts, laboratory and diagnostics results. To protect patient confidentiality, requests are processed in person only.			
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	Service user or service user’s legal representative and authorized 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 service user or legal representative: <ul style="list-style-type: none"> ▪ Notarized special power of attorney/ authorization letter (1 original copy) ▪ Government issued I.D (1 photocopy with 3 signatures) 		To be provided by the client	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the request Form at the Health Information Management Section main office.	1. Verify the client’s eligibility to receive the requested document 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;	None	10 minutes	Administrative Assistant II (HIMS)
	2.2 Prepare the requested document; and			
	2.3 Review and approve request.	None	5 minutes	Chief HIMS (HIMS)
For Foreign Use: Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	Process the payment and provide the Official Receipt.	₱300.00 – for foreign use only	10 minutes	Administrative Officer III (Collection and Deposit Unit)
3. Affix signature to HIMS receiving copy.	3. Assist client in affixing signature.	None	5 minutes	Administrative Assistant II (HIMS)
4. Receive the certificate. For Foreign Use: Present the Official Receipt to HIMS.	4. Log the document to the Records of all released health records/certificates; and issue the certificate.	None	5 minutes	Administrative Assistant II (HIMS)
TOTAL		₱300.00 – for foreign use only Free for Pay or Service (Classified as C1, C2, C3 and D)	35 minutes For Foreign Use: 45 Minutes	



5. ISSUANCE OF CERTIFICATE OF CONSULTATION AND CERTIFIED PHOTOCOPIES OF HEALTH RECORDS (OUTPATIENT)

<p>Description of Service: This service provides outpatients with official certificate of consultation and certified photocopies of relevant medical records, such as clinical abstract, medical certificate, and laboratory and diagnostic results. To protect the patient confidentiality, requests are processed in person only. Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>			
OFFICE	Health Information Management Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Service user or service user’s legal representative and authorized representative		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Valid government issued I.D (1 original and 1 photocopy)		Any government issuing agency	
Patient’s identification Card (1 original copy)		HIMS	
<p>If the requesting person is not the service user or legal representative:</p> <ul style="list-style-type: none"> ▪ Notarized special power of attorney/ authorization letter (1 original copy) ▪ Government issued I.D (1 photocopy with 3 signatures) 		To be provided by the client	
<p>For CTC of Medical certificate and Clinical Abstract:</p> <ul style="list-style-type: none"> ▪ Doctor’s Order to release the record 		Attending Physician/ Consultant	



CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the request Form at the Health Information Management Section main office.	1. Verify the client's eligibility to receive the requested document and issue Request Form. If for foreign use: Issue Chare Slip.	None	10 minutes	Administrative Assistant II (HIMS)
2. Submit accomplished request form and requirements.	2.1 Receive and verify the submitted requirements;	None	10 minutes	Administrative Assistant II (HIMS)
	2.2 Prepare the requested document			
	2.3 Review and approve request.	None	5 minutes	Chief HIMS (HIMS)
For Foreign Use: Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	Process the payment and provide the Official Receipt.	₱300.00 – for foreign use only	10 minutes	Administrative Officer III (Collection and Deposit Unit)
3. Affix signature to HIMS receiving copy.	3. Assist client in affixing signature.	None	5 minutes	Administrative Assistant II (HIMS)
4. Receive the certificate. For Foreign Use: Present the Official Receipt to HIMS.	4. Log the document to the Records of all released health records/certificates; and issue the certificate.	None	5 minutes	Administrative Assistant II (HIMS)



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TOTAL	₱300.00 – for foreign use only Free for Pay or Service (Classified as C1, C2, C3 and D)	35 minutes / For Foreign Use: 45 Minutes
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6. ISSUANCE OF CERTIFICATE OF LIVE BIRTH

<p>Description of Service: This process ensures the safe and accurate issuance of the Certificate of Live Birth while maintaining the confidentiality and integrity of the records.</p> <p>Operating Hours: The service offered is available 24/7</p>				
OFFICE	Health Information Management Section			
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen	
WHO MAY AVAIL	Mother (if capable), father and next of kin			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Valid Government issued I.D (1 original and photocopy)		Any Government Issuing Agencies		
<p>If requesting person is the father:</p> <ul style="list-style-type: none"> ▪ Marriage Certificate ▪ Paternity Acknowledgement (if unmarried) 		Philippine Statistics Authority Father		
<p>If the requesting person is the next of kin:</p> <ul style="list-style-type: none"> ▪ Certificate of Live Birth 		Philippine Statistics Authority		
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the request form at Pavilion 2 Window M (HIMS Admitting Unit).	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; 2.2 Prepare the Certificate of Live Birth; and 2.3 Present the Certificate of Live Birth to client for verification and signature.	None	30 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	15 minutes	Administrative Aide III (HIMS)
4. Receive the Certificate of Live Birth (4 copies).	4.1 Issue the certificate; and 4.2 Log the certificate to the Release of Live Birth record sheet.	None	5 minutes	Administrative Aide III (HIMS)
TOTAL		None	1 hour	



7. ISSUANCE OF DEATH CERTIFICATE AND DISPOSITION OF CADAVER FORM

<p>Description of Service: This process provides Certificate of Death and Disposition of Cadaver Form to authorized individuals following the death of a service user.</p> <p>Operating Hours: The service offered is available 24/7</p>			
OFFICE	Health Information Management Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Next of kin and legal representative		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
<p>Proof of kinship:</p> <ul style="list-style-type: none"> ▪ Valid government issued ID ▪ Marriage Certificate or Certificate of Live Birth or other legal documents such as adoption papers or court orders establishing guardianship 		<p>Any government issuing agency Philippine Statistics Authority</p>	
<p>If the requesting person is not the next of kin:</p> <ul style="list-style-type: none"> ▪ Authorization letter (1 original copy) ▪ Valid government issued ID (1 photocopy with 3 signatures) 		<p>Next of kin</p>	
<p>If the next of kin is unavailable or unwilling to participate in claiming the documents:</p> <ul style="list-style-type: none"> ▪ Affidavit of abandonment 		<p>Client</p>	
Company issued valid ID of the funeral home representative		Funeral Home/ Service of Choice	



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CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the request form at the Pavilion 2 Window M (HIMS Admitting Unit).	1. Verify the client's eligibility to receive the requested document issue request form.	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;	None	25 minutes	Administrative Aide III (HIMS)
	2.2 Prepare the Certificate of Death;			
	2.3 Process the Disposition of Cadaver Form and forward to Chief of HIMS or Senior House Officer for review and approval;			
	2.4 Review and sign the Disposition of Cadaver Form; and	None	10 minutes	Chief HIMS / Senior House Officer (HIMS)
	2.5 Present the Certificate of Death and Disposition of Cadaver Form to the authorized next of kin for verification and signature.	None	5 minutes	Administrative Aide III (HIMS)



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3. Verify the accuracy and completeness of the information and affix signatures.	3. Assist client in verifying the information and affixing of signatures.	None	5 minutes	Administrative Aide III (HIMS)
4. Receive the Certificate of Death and Disposition of Cadaver form.	4.1 Issue the Certificate of Death and Disposition of Cadaver form; and 4.2 Log to Release of Death Record Sheet.	None	5 minutes	Administrative Aide III (HIMS)
TOTAL		None	1 hour	



8. ISSUANCE OF MEDICAL CERTIFICATE AND CLINICAL ABSTRACT FOR IN-PATIENT SERVICE USERS

Description of Service: This service releases fully accomplished medical certificates to currently admitted psychiatric inpatients.			
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	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 requested health record		Physician-in-charge	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to HIMS main office and submit the requirements.	1. Verify the client’s eligibility to receive the requested certificate 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 coordinate the request to the physician and issue Medical Certificate Form	None	2 days	Administrative Assistant II (HIMS)



	<p>or Clinical Abstract Form;</p> <p>2.2 Accomplish the Medical Certificate/ Clinical Abstract Form;</p> <p>2.3 Forward to HIMS the accomplished certificates for releasing; and</p> <p>2.4 Provide the certificate to the client for signature and verification.</p>			
<p>For Foreign Use: Submit the Charge Slip and settle the required payment at the Collection and Deposit Unit.</p>	<p>Process the payment and provide the Official Receipt.</p>	<p>₱300.00 – for foreign use only</p>	<p>10 minutes</p>	<p>Administrative Officer IV (Collection and Deposit Unit)</p>
<p>3. Affix signature to HIMS receiving copy of the certificate.</p>	<p>3. Assist client in affixing signature on HIMS receiving copy of the certificate.</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Assistant II (HIMS)</p>
<p>4. Receive the certificate.</p>	<p>4. Logs the certificate to the records of all released health records/certificates and issue certificate.</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Assistant II (HIMS)</p>
TOTAL		<p>₱300.00 – for foreign use only</p>	<p>2 days and 20 minutes Foreign use: 2 days and 30 minutes</p>	



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

Description of Service: This service facilitates the release of fully accomplished medical certificates to psychiatric outpatients.				
Operating Hours: Monday to Friday, except for holidays; 8:00 am – 5:00 pm				
OFFICE	Health Information Management Section			
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 I.D (1 original and 1 photocopy)		Government Agencies		
NCMH Patient's Identification Card		Health Information Management Section		
If the requesting person is not the service user or service user's legal representative:		Service user or service user's legal representative		
<ul style="list-style-type: none"> ▪ Notarized special power of attorney/authorization letter (1 original copy) ▪ Valid government issued ID of the service user (1 photocopy with 3 signatures) 				
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Go to Pavilion 2, Window O and submit the requirements.	1. Verify the client's qualifications and check if the requested certificate is available.	None	10 minutes	Administrative Assistant II (HIMS)



	If for foreign use: Provide a charge slip.			
2. Submit accomplished request form and requirements.	2.1 Receive and evaluate the completeness and authenticity of the requirements; and 2.2 Retrieve the certificate and provide the certificate to the client for signature and verification.	None	10 minutes	Administrative Assistant II (HIMS)
If for Foreign Use: Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	Process the payment and provide the Official Receipt.	₱300.00 – for foreign use only	10 minutes	Administrative Officer IV (Collection and Deposit Unit)
3. Sign the receiving copy of the HIMS.	3. Assist client in affixing signature on HIMS receiving copy of the certificate.	None	5 minutes	Administrative Assistant II (HIMS)
4. Receive the certificate.	4. Logs the certificate to the records of all released health records/certificates and issue certificate.	None	5 minutes	Administrative Assistant II (HIMS)
TOTAL		₱300.00 – for foreign use only	30 minutes Foreign use: 40 minutes	



10. ISSUANCE OF PSYCHOLOGICAL REPORT FOR OUTPATIENT SERVICE USERS

<p>Description of Service: This service facilitates the releasing of Psychological Reports to outpatient service users. To protect confidentiality, requests are processed in person only.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>			
OFFICE	Health Information Management Section		
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)		Government Agencies	
Doctor’s Order to release the Psychological Report		Attending Physician/ Consultant	
NCMH Patient Identification Card		HIMS	
<p>If the requesting person is not the patient:</p> <ul style="list-style-type: none"> ▪ Notarized special power of attorney/ authorization letter (1 original copy) ▪ Government issued I.D (1 photocopy with 3 specimen signatures) 		Service user or service user’s legal representative	



CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Fill out the request form at Pavilion 2 Window O.	1. Verify the client's eligibility and issue request form.	None	10 minutes	Administrative Assistant II (HIMS)
2. Submit accomplished request form and requirements.	2.1 Receive accomplished request form and verifies the authenticity of the requirements; and 2.2 Retrieve the requested document.	None	10 minutes	Administrative Assistant II (HIMS)
3. Affix signature to HIMS receiving copy.	3. Assist client in affixing signature.	None	5 minutes	Administrative Assistant II (HIMS)
4. Receive the document.	4.1 Issue the document; and 4.2 Log the document to the Records of all released health records/ certificates.	None	5 minutes	Administrative Assistant II (HIMS)
TOTAL		None	30 minutes	



11. REPLACEMENT OF PATIENT'S IDENTIFICATION CARD

<p>Description of Service: This service facilitates the replacement of NCMH Patient Identification Card for lost, damaged, or category-change card.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension</p>			
OFFICE	Health Information Management Section		
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 I.D (1 original and 1 photocopy)		Government Agencies	
<p>For lost patient I.D:</p> <ul style="list-style-type: none"> Notarized Affidavit of Loss (1 original copy) 		Attorney / Public Notary Office	
<p>For damaged/ category-changes:</p> <ul style="list-style-type: none"> NCMH Patient's Identification Card (1 original copy) 		Service user or service user's legal representative	
<p>If the requesting person is not the service user's legal representative:</p> <ul style="list-style-type: none"> Notarized special power of attorney/ authorization letter (1 original copy) Valid government issued ID (1 photocopy with 3 specimen signatures) 		To be provided by the client	



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CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the request form at Pavilion 2 Window N.	1. Evaluate client's eligibility to receive replacement ID and issue request form.	None	10 minutes	Administrative Aide III (HIMS)
2. Submit the accomplished request form and requirements.	2.1 Receive and verify the accomplish request form and requirements; and 2.2 Prepare and process the request.	None	5 minutes	Administrative Aide III (HIMS)
3. Receive Patient's Identification Card.	3. Issue Patient's Identification Card.	None	5 minutes	Administrative Aide III (HIMS)
TOTAL		None	20 minutes	



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

<p>Description of Service: This service ensures the accuracy and completeness of personal information in service users' health records through correction and amendment process. To protect the patient confidentiality, requests are processed in person only.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>			
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 ID of the client (1 original and 1 photocopy)		Government Agencies	
NCMH Patient Identification Card (1 original copy)		Health Information Management Section (HIMS)	
<p>If client is not the service user / legal representative:</p> <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 specimen signatures) 		<p>Service User or Authorized Representative</p> <p>Any Government issuing agencies</p>	
<p>For correction of service user's name, birthdate, birth place, and parent's name:</p> <ul style="list-style-type: none"> ▪ Certificate of Live Birth (1 original copy) or ▪ Notarized Affidavit of Birth (1 original copy) 		<p>Philippine Statistics Authority</p> <p>Public Notary Office</p>	



<p>For change of civil status:</p> <ul style="list-style-type: none"> Marriage Certificate / Decree of Annulment / Declaration of nullity of marriage (1 original and 1 photocopy) 	<p>Philippine Statistics Authority</p>
<p>For change of Home Address any of the following:</p> <ul style="list-style-type: none"> Barangay Certificate (1 original and 1 photocopy) or Valid government issued I.D stating the new address (1 original and 1 photocopy) 	<p>Barangay Hall Office Any Government issuing agencies</p>
<p>For additional contact person: Written consent, duly executed by the service user or their legal representative, containing:</p> <ul style="list-style-type: none"> Full name, home address, and contact details of the contact person A clear statement of the purpose for which the contact person is being designated 	<p>To be provided by the service user or legal representative</p>

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Fill out the request form at Pavilion 2 Window N (HIMS Information Unit).</p>	<p>1. Verify the client's eligibility to correct or amend the personal information of the service user.</p>	<p>None</p>	<p>10 minutes</p>	<p>Administrative Assistant II (HIMS)</p>
<p>2. Submit the accomplished request form and requirements.</p>	<p>2.1 Receive the accomplished request form and requirements; 2.2 Verify the personal information of the</p>	<p>None</p>	<p>20 minutes</p>	<p>Administrative Assistant II (HIMS)</p>



	<p>service user on iHOMIS system and health records;</p> <p>2.3 Forward to the Chief of HIMS for approval;</p> <p>2.4 Process the correction/ amendment of information to iHOMIS system and health records of the service user; and</p> <p>2.5 Issue the amended Patient identification card and/or Correction and Amendment of Personal Information Slip.</p>			
3. Receive the Patient Identification Card and/or Correction and Amended of Personal Information slip.	3. Attach the submitted requirements to the health record for filing.	None	5 minutes	Administrative Assistant II (HIMS)
TOTAL		None	35 minutes	



1. REQUEST FOR MEDICAL ASSISTANCE FOR REFERRED PSYCHIATRIC AND NON-PSYCHIATRIC SERVICE USERS

<p>Description of Service: It is a one-stop shop for all government medical assistance particularly the indigent and financially incapacitated clients.</p> <p>Operating Hours: Monday to Friday - 7:00 am to 5:00 pm Saturday to Sunday - 8:00 am to 4:00 pm (For ER patients and In-patients only) For Employees and their dependents, Thursday to Friday - 7:00 am to 5:00 pm. Excluding holidays and work suspension</p>					
OFFICE		Malasakit Center			
CLASSIFICATION		Simple	<table border="1"> <tr> <td>TYPE OF TRANSACTION</td> <td>G2C – Government to Citizen</td> </tr> </table>	TYPE OF TRANSACTION	G2C – Government to Citizen
TYPE OF TRANSACTION	G2C – Government to Citizen				
WHO MAY AVAIL		All referred outpatients (WPU, CPU, Pavilion 4), NCMH employees and qualified dependents, In-patients, ER patients			
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			



<p>For Direct Discharge</p> <ul style="list-style-type: none"> Valid ID of Relative (1 original copy) <p>For Home Conduction</p> <ul style="list-style-type: none"> Valid ID of NCMH Nurse or Nursing Attendant (1 photocopy) 	Government agencies/ Issuing agencies
<p>For Diagnostic Procedure Assistance (inpatient, referred outpatient, and ER patient)</p>	
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
<p>For referred outpatient - Valid ID of Patient and/or Relative (1 original copy, 1 photocopy)</p> <p>For inpatient – Valid ID of NCMH Nurse or Nursing Attendant (1 photocopy)</p>	<p>Government agencies/ Issuing agencies</p> <p>Employee</p>
<p>For Medicine Assistance (referred psychiatric outpatient and ER patient)</p>	
Updated NCMH prescription (3 original copies)	Pavilion 2 - OPS or Pavilion 4 - OPS or WCPU or ERU
Referral Slip (if applicable)	Pavilion 2 – Chief of Pavilion or PhilHealth 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



For non-psychiatric prescriptions from OPS: Referral Slip	Pavilion 2 – Neurology Clinic or PhilHealth Section
Updated NCMH prescription (3 original copies)	Pavilion 2 - Out-Patient Section Clinics
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: <ul style="list-style-type: none"> ▪ Social Case Study Report/Summary (1 original copy & 1 photocopy) 	City Social Welfare Department/ Municipal Social Welfare Department
If referral from Local Government Units (LGUs) and other referring government agencies: <ul style="list-style-type: none"> ▪ Signed referral letter (1 original copy) 	Local Government Units (LGUs) or other referring government agencies
If patient is a Person Deprived of Liberty (PDL): <ul style="list-style-type: none"> ▪ Travel Order/ Court Order (1 photocopy) ▪ Valid ID of Escort 1 original copy & 1 photocopy) 	Court of jurisdiction Government agencies/ Issuing agencies
For employees and their qualified dependents (<i>legal spouse, children and parents of NCMH employee</i>): <ul style="list-style-type: none"> ▪ NCMH prescription (1 original copy) ▪ Request letter (for first time patients) ▪ Employee's ID and Dependent's Valid ID (if applicable) (1 original & photocopy) 	Pavilion 7 – General Hospital Employee
For vaccination (Psychiatric In-patients and Employees): <ul style="list-style-type: none"> ▪ Vaccine Clearance (1 original copy) 	Pavilion 7 – General Hospital NCMH Pavilion of Origin



<ul style="list-style-type: none"> ▪ 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>) 	Employee
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Note: *Malasakit Center will only allow immediate family as claimants on behalf of the patient. Qualified dependents of NCMH employees are limited to LEGAL SPOUSE, CHILDREN, PARENTS in compliance to Hospital Order no. 2025-0024.*

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 U – Referred OPS patients Window V - Non-Psych patients and patients with Guarantee Letters Window W – Pavilion 4 OPS, WPU and CPU patients	1.1 Receive and check the completeness of documents. Verify the details in the fill-out forms; 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 Assess and approve the assistance requested.	None	5 minutes	Social Welfare Officer I / II (Malasakit Center)



<p>Window X- Employees and their qualified dependents/ ER patients/ Inpatients</p>				
<p>2. Proceed to the waiting area and wait for your name to be called. Once called, proceed to Window T- Releasing and present valid ID.</p>	<p>2. Verify ID and release the approved assistance requested.</p>	<p>None</p>	<p>2 minutes Waiting time: 2 hours</p>	<p>Social Welfare Assistant (Malasakit Center)</p>
<p>3. Received approved prescription/ laboratory request/ psychological intervention request/ diagnostic request.</p>	<p>3. Issue approved request.</p>	<p>None</p>	<p>3 minutes</p>	<p>Social Welfare Assistant (Malasakit Center)</p>
TOTAL		<p>None</p>	<p>16 minutes Waiting Time: 2 hours</p>	



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

<p>Description of Service: It is a one-stop shop medical assistance particularly for the indigent and financially incapacitated clients.</p> <p>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.</p>			
OFFICE	Malasakit Center		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All patients with Guarantee Letters (Dialysis Patients, Non-Psychiatric Outpatients, NCMH Employees and their qualified 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		<p>For new client: https://form.jotform.com/232962851602053</p> <p>For returning client: https://form.jotform.com/232972067260457</p>	



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 Hospital Bill Assistance with Guarantee Letters: <ul style="list-style-type: none"> ▪ NCMH Hospital Bill/ Statement of Account (3 original copies) 	Pavilion 2 - Billing Unit
For Employees and their qualified dependents: <ul style="list-style-type: none"> ▪ NCMH Employee's ID (1 original copy and 1 photocopy) ▪ NCMH qualified dependent's valid ID (if applicable) 	Employee Government agencies/ Issuing agencies
For returning client: <ul style="list-style-type: none"> ▪ Walk-In Malasakit Patient (WIMP) Slip with valid appointment stub (1 original copy) ▪ Valid ID of patient or PWD ID (1 original and 1 photocopy) ▪ Valid ID of immediate relative (1 original and 1 photocopy) 	Malasakit Center (given after attending the scheduled orientation) Government agencies/ Issuing agencies Government agencies/ Issuing agencies
For walk-in, non-psychiatric, non-dialysis patient with and without guarantee letter: <ul style="list-style-type: none"> ▪ Updated and duly signed Clinical Abstract (1 original copy) ▪ Updated and duly signed Prescription (indicating the generic name) (1 original copy) ▪ Updated and duly signed laboratory/radiology request form (1 original copy) 	Physicians of Government or Private Hospitals
CONDITIONAL REQUIREMENTS:	
If returning client:	Malasakit Center (<i>issued upon orientation</i>)



<ul style="list-style-type: none"> ▪ Walk-in Malasakit Patient (WIMP) Slip (<i>must have a 30-days interval since the last day of assistance received</i>) (1 original copy) 	
<p>If returning client with lost WIMP Slip:</p> <ul style="list-style-type: none"> ▪ Must secure appointment schedule as returning patient bearing the 30-days interval since the last day of assistance received 	<p>For returning client: https://form.jotform.com/232972067260457</p>
<p>If claimant is in a common-law relationship with the patient:</p> <ul style="list-style-type: none"> ▪ Certificate of Cohabitation (1 original and 1 photocopy) 	Barangay or MSWDO/CSWDO
<p>If claimant is other than the patient or his/her immediate family:</p> <ul style="list-style-type: none"> ▪ Certificate of Guardianship 1 original and 1 photocopy) 	Barangay or MSWDO/CSWDO
<p>If claimant is the legal representative of the patient:</p> <ul style="list-style-type: none"> ▪ Notarized Special Power of Attorney (1 original and 1 photocopy) 	Notary Public
<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>Note: : <i>Malasakit Center will only allow immediate family as claimants on behalf of the patient. Qualified dependents of NCMH employees are limited to LEGAL SPOUSE, CHILDREN, PARENTS in compliance to Hospital Order no. 2025-0024.</i></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> <p>For patients with and without Guarantee letters: Proceed to step 4.</p>	<p>1. Email confirmed appointment.</p>	<p>None</p>	<p>10 minutes</p>	<p>Social Welfare Officer I (Malasakit Center)</p>
<p>2. Proceed to Malasakit Center on the day of appointment and present the printed or electronic copy of valid appointment.</p>	<p>2. Verify appointment slip.</p>	<p>None</p>	<p>10 minutes</p>	<p>Administrative Aide VI (Malasakit Center)</p>
<p>3. Attend orientation and present requirements for screening.</p>	<p>3.1 Conduct orientation for new dialysis patients; and 3.2 Verify the authenticity and check the completeness of the requirements.</p>	<p>None</p>	<p>1 hour</p>	<p>Administrative Aide VI (Malasakit Center)</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 requirements for compliance.</p>			
<p>4. Fill out the Acknowledgement Slip, Unified Intake Sheet and Walk-in Malasakit Patient Slip (WIMP) and submit to Malasakit Center Front Desk Officer.</p> <p>Window U – Referred OPS patients</p> <p>Window V - Non-Psych patients and patients with Guarantee Letters</p> <p>Window W– Pavilion 4 OPS, WPU and CPU patients</p> <p>Window X- Employees and their qualified dependents/ ER patients/ Inpatients</p>	<p>4.1 Receive, verify and endorse the documents to Malasakit Center Physician-in-charge;</p>	None	2 minutes	Administrative Aide VI (Malasakit Center)
	<p>4.2 Transfer prescription/diagnostic request to NCMH official prescription slip/ diagnostic request; and</p>	None	15 minutes	Medical Officer IV (Malasakit Center)
	<p>4.3 Assess and approve medicine assistance request.</p>	None	5 minutes	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 T - Releasing and present valid ID.	5. Verify ID and release the approved Medicine Assistance request.	None	5 minutes Waiting Time: 2 hours	Administrative Aide VI (Malasakit Center)
6. Received approved prescription/ laboratory request/ psychological intervention request/ diagnostic request.	6. Issue the approved request.	None	2 minutes	Social Welfare Assistant (Malasakit Center)
TOTAL		None	1 hour and 45 minutes Waiting Time: 2 hours	



1. NUTRITION CONSULTATION

<p>Description of Service: This process is established to provide individualized nutrition assessment, diagnosis, interventions, monitoring and evaluation for referred outpatient clients (psychiatric/ medical) who are nutritionally at risk or screened for malnutrition.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension</p>				
OFFICE		Nutrition and Dietetic Section		
CLASSIFICATION		Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL		Referred clients who are nutritionally at risk or screened for malnutrition		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Nutrition request form			Client's Pavilion	
Client's Chart			Client's Pavilion	
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. On the scheduled date, present the Nutrition request form.	1. Receive and check the completeness of Nutrition request form.	None	5 minutes	Nutritionist Dietitian II (NDS)
2. Receive Nutrition Assessment.	2.1 Check the client's chart / electronic medical record	None	25 minutes	Nutritionist Dietitian II (NDS)



	<p>(EMR) to gather pertinent information and data which include physician's order, medical history, physical examination, laboratory test results;</p> <p>2.2 Check the actual height and weight of the client using a calibrated measuring tool; and</p> <p>2.3 Nutrition assessment data shall be recorded to Nutritionist-Dietitian Assessment form.</p>			
3. Receive the Nutrition Plan and Nutrition Counseling/Education.	<p>3.1 Provide nutrition counseling/ education, diet plan or handouts; and</p> <p>3.2 Schedule follow- up visit if applicable.</p>	None	50 minutes	Nutritionist Dietitian II (NDS)
TOTAL		None	1 hour and 20 minutes	



1. 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: <ul style="list-style-type: none"> ▪ 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) <ul style="list-style-type: none"> ▪ 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
<p>1. For Pay Service Users: Proceed to the Pharmacy Section and present prescription.</p> <p>For dangerous drugs: Submit three (3) copies of the prescription and present one (1) valid government issued ID.</p>	<p>1.1 Verify prescription and other supporting documents if applicable;</p> <p>1.2 Check availability of medicines requested; and</p> <p>1.3 Issue order of payment/ prescription with price.</p>	None	5 minutes	<p>Administrative Aide I (Pharmacy Section) <i>Weekdays</i></p> <p>Pharmacist II (Pharmacy Section) <i>Weekends</i></p>
2. Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	2. Process the payment and provide the 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 B and present official receipt and receive medicines.	<p>3.1 Verify official receipt; and</p> <p>3.2 Release medicine.</p>	None	5 minutes	Pharmacist II (Pharmacy Section)
TOTAL		Price of medicine x quantity = amount to be paid	20 minutes	



CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For DOH-MAP donations: 1. Proceed to the Pharmacy Section Window D and present stamped prescription.	1.1 Verify prescription and other supporting documents if applicable; and	None	5 minutes	Administrative Aide I (Pharmacy Section) <i>Weekdays</i>
	1.2 Check availability of medicines requested.			Pharmacist II (Pharmacy Section) <i>Weekends</i>
2. Receive medicine.	2. Release medicine.	None	5 minutes	Pharmacist II (Pharmacy Section)
TOTAL		None	10 minutes	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Malasakit Request for Medical Assistance: 1. Submit the prescription to the Malasakit Center.	1. Assess eligibility for endowment.	None	16 minutes Waiting Time: 2 hours	Social Welfare Assistant (Malasakit Center)
	2. Return to Pharmacy Section and present approved prescriptions from Malasakit Center.			2. Verify approved prescription.



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3. Receive medicine.	3. Release medicine.	None	5 minutes	Pharmacist II (Pharmacy Section)
TOTAL		None	26 minutes Waiting Time: 2 hours	



1. NEUROPSYCHIATRIC ASSESSMENT AND PSYCHOLOGICAL TESTING

<p>Description of Service: The Psychological Section is tasked in administering different Neuropsychiatric and Psychological Examinations that will determine the cognitive and behavioral functioning of an individual for hiring and promotion purposes, catering employees and applicants of the institution, as well as other government agencies and selected private sectors. This does not cover evaluations needed for the purpose of naturalization and clearance of firearms.</p> <p>Operating Hours: Monday to Friday, 7:00 am to 4:00 pm, excluding holidays and work suspension.</p>			
OFFICE	Psychological Section		
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government
WHO MAY AVAIL	All clients requiring Neuropsychiatric Assessment and Psychological Examination for employment hiring and promotion purposes		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Schedule Slip (1 original copy)		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	



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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 (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	5 minutes	Administrative Assistant I (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; and 3.2 Check the completeness of the examination.	None	6 hours	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. Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	5. Process the payment and provide the Official Receipt.	Refer to the table below	10 minutes	Administrative Officer III (Collection and Deposit Unit)



6. Return to the Psychological Section and present official receipt.	6.1 Record official receipt number and provide schedule of release of psychological report;	None	2 minutes	Administrative Assistant I (Psychological Section)
	6.2 Score and interpret the administered psychological tests; and 6.3 Prepare comprehensive psychological reports.	None	14 days	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 of release of Official Report and documents submitted; and 7.2 Issue the Psychological Report.	None	10 minutes	Administrative Assistant I (Psychological Section)
TOTAL		Refer to the table below	14 days, 6 hours, and 34 minutes	



LIST OF FEES FOR NEUROPSYCHIATRIC ASSESSMENT	
	Amount
Certificate of Mental Fitness (Internal/ External)	PHP1,900.00 FREE for internal
NEURO-PSYCHIATRIC ASSESSMENT UNIT (NPAU)	
A. NCMH Employees	
1. Rank and File (SG 1 -9)	FREE
2. Rank and File (SG 10 – 15)	PHP2,200.00
3. Supervisory (SG 16 – 21)	PHP3,300.00
4. Managerial (SG 22 and above)	PHP4,850.00
B. Other Government Agencies	PHP4,500.00
C. Private Agencies	PHP4,850.00
D. Others (Mental Fitness – Exclusive for NCMH Employees)	PHP1,300.00



2. PSYCHOLOGICAL ASSESSMENT FOR OUTPATIENT

Description of Service: The Psychological Section is tasked to administer different psychological examinations that will determine cognitive and behavioral functioning of a certain individual for various purposes identified below (see 'Who May Avail'). This does not cover evaluations needed for adoption, annulment, and other civil cases.

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

OFFICE	Psychological Section		
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government
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, and 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. Present the Psychological Assessment Request at the Psychological Section.	1. Schedule the referred client for assessment.	None	5 minutes	Psychologist II (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	Psychologist II (Psychological section)
3. Undertake battery of psychological tests and interview.	3. Administer the battery of psychological tests and interview.	None	6 hours	Psychologist II (Psychological Section)
4. Receive Charge Slip.	4. Issue Charge Slip.	None	5 minutes	Administrative Aide III/IV Administrative Assistant I (Psychological Section)
5. Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	5. Process the payment and provide the Official Receipt.	Refer to the table below	10 minutes	Administrative Officer III (Collection and Deposit Unit)
6. Return to the Psychological Section and present Official Receipt for recording purposes.	6.1 Record OR number; 6.2 Instruct the client when and where to claim the result;	None	2 minutes	Administrative Aide III/ IV Administrative Assistant I (Psychological Section)



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	<p>6.3 Score and interpret the administered psychological reports;</p> <p>6.4 Prepare comprehensive psychological reports; and</p> <p>6.5 Forward psychological reports to HIMS.</p>	None	18 days	Psychologist II (Psychological Section)
7. Receive results from the Health Information Management Section (HIMS).	7. Release Psychological Report.	None	5 minutes	Administrative Aide II (HIMS)
TOTAL		Refer to the table below	18 days, 6 hours, at 32 minutes	



LIST OF FEES FOR PSYCHOLOGICAL ASSESSMENT

Adult Inpatient		Child Outpatient	
Pavilion 6 patient assessment	₱3,800.00	Assessment	₱950.00
Participation in group dynamics (for Pavilion 6 and Custodial)	₱500.00 per session	Suspected with intellectual disability / other developmental concerns	₱1,350.00
Adult Outpatient		Fit to school	₱950.00
Assessment	₱1,200.00	For shelter purposes	₱900.00
SSS Requirement	₱950.00	For presentation (new case/ grand rounds/ staff conference)	₱2,300 FREE for Internal
Suspected with intellectual disability/ other developmental concerns	₱1,800.00	Psychotherapy session	₱500.00 Per session
Fit to work	₱2,450.00	Others	
Fit to school (High School Level)	₱950.00	Case Study	₱50.00 per patient
Fit to School (College Level and above)	₱850.00	Interview with Psychologist	₱500.00 per psychologist
For presentation (new case/ grand rounds/ staff conference)	₱2,500.00		
Psychotherapy session	₱500.00 per session		



3. PSYCHOLOGICAL COUNSELING AND INTERVENTION

Description of Service: The Psychological Section is tasked to provide psychotherapeutic intervention through individual counseling and psychotherapy to service users in the Adult Outpatient Section.			
Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension			
OFFICE	Psychological Section		
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All Adult Outpatient Service Users diagnosed with mood disorders, anxiety disorder, obsessive-compulsive and somatic disorder without psychotic comorbidities		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Psychological Intervention Referral Slip (1 original copy)		Physician-in-charge	
For Follow-up: Psychological Intervention Schedule Slip (1 original copy)		Psychological Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. After psychiatric consultation, present the referral slip for psychological intervention to Psychological Extension A Office.	1.1 Review the referral slip and determine the inclusion criteria for the psychological intervention; 1.2 Present the Informed Consent and discuss its provisions;	None	30 minutes	Psychologist II (Psychological Section)



	<p>1.3 If the client agrees with the terms of the Informed Consent, the Intake Sheet will be filled out by the service user and must be submitted to the attending staff; and</p> <p>1.4 Provide a schedule of Intake Session Schedule.</p>			
<p>2. On the schedule date, proceed to the Psychological Section Extension A Office and present the Schedule Slip.</p>	<p>2. Receive the Referral Slip/Letter and verify the schedule.</p> <p>Note: <i>Arrival beyond 15 minutes of their schedule session will be rescheduled and remind them of the provision in the Informed Consent.</i></p>	None	3 minutes	Psychologist II (Psychological Section)
<p>3. Proceed to the Counseling Room.</p>	<p>3.1 Conduct of session; 3.2 Determine the next possible session and provide schedule slip; and</p>	None	1 hour	Psychologist II (Psychological Section)
	<p>3.3 Issue Charge Slip.</p>	None	2 minutes	Administrative Assistant I (Psychological Section)
<p>4. Submit the Charge Slip and settle the required payment</p>	<p>4. Process the payment and issue Official Receipt.</p>	₱500.00	10 minutes	Administrative Officer III (Collection and Deposit Unit)



at the Collection and Deposit Unit.				
5. During the completion of the final session, accomplish the evaluation form.	5. Issue evaluation form.	None	15 minutes	Psychologist II (Psychological Section)
TOTAL		₱500.00	2 hours	



1. REQUEST FOR COMPUTED TOMOGRAPHY (CT) SCAN

<p>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.</p>			
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 <ul style="list-style-type: none"> ▪ 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. Submit the Radiology request Form at the Radiology Section.	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)



<p>2. Proceed to Pavilion 7 HIMS for the issuance of patient record.</p> <p>For old client: Present valid ID.</p> <p>For new client: Accomplish Sociological Data Sheet.</p> <p>For OPS client: Proceed to step 3.</p>	<p>2. Process the request and issue patient record.</p>	<p>None</p>	<p>15 minutes</p>	<p>Administrative Aide I (HIMS)</p>
<p>3. Pay Service User: Submit the charge slip and settle the required payment at the Collection and Deposit Unit.</p>	<p>3. Process the payment and provide the Official Receipt.</p>	<p>Refer to the table below</p>	<p>10 minutes</p>	<p>Administrative Officer III (Collection and Deposit Unit)</p>
<p>Service User availing the Medical Assistance: Proceed to Malasakit Center and present CT scan request form and Charge Slip</p>	<p>Assess eligibility for endowment.</p>	<p>None</p>	<p>16 minutes Waiting Time: 2 hours</p>	<p>Social Welfare Assistant (Malasakit Center)</p>
<p>4. On the day of schedule, return to Radiology Section and submit the following:</p> <ul style="list-style-type: none"> ▪ radiology request form 	<p>4. Receive and verify official receipt/change slip.</p>	<p>None</p>	<p>10 minutes</p>	<p>Radiologic Technologist IV (Radiology Section)</p>



<ul style="list-style-type: none"> ▪ 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	None	1 hour and 30 minutes	Radiologic Technologist IV (Radiology Section)
	5.2 Process the result.	None	3 day working days	Radiologic Technologist IV (Radiology Section)
6. Claim official CT Scan result by presenting the socialized Charge Slip (if applicable), Official Receipt, valid I.D and authorization letter (if applicable). For OPS Philhealth eligible service users: claim Official Result to Pavilion 2 HIMS.	6. Check identification card and issue official CT-Scan result. Check identification and issue official CT-Scan result.	None	3 minutes	Radiologic Technologist IV (Radiology Section)
			3 minutes	Administrative Assistant II (HIMS)
TOTAL	Pay Service User: Refer to	Pay Service User: 3 working days, 2 hours and 12 minutes Service User: 3 working days, 2 hours and 18 minutes (Waiting Time: 2 hours)		



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	<p>the table below</p> <p>Service User: None</p> <p>OPS PhilHealth eligible service user: None</p>	<p>OPS PhilHealth Eligible Service User: 3 working days, 2 hours and 3 minutes</p>
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LIST OF FEES FOR CT SCAN					
PROCEDURE	AMOUNT	PROFESSIONAL FEE	PROCEDURE	AMOUNT	PROFESSIONAL FEE
Adrenals (contrast enhanced)	₱7,000.00	₱1,000.00	Whole abdomen (single phase/ triple contrast)	₱10,000.00	₱1,500.00
Cranial (plain)	₱4,000.00	₱1,000.00	Whole abdomen (triple phase/ triphasic protocol contrast)	₱11,000.00	₱2,000.00
Cranial (contrast enhanced)	₱4,000.00	₱1,000.00	Upper abdomen	₱5,500.00	₱1,000.00
Chest (plain)	₱4,000.00	₱1,000.00	Upper abdomen (single phase contrast)	₱6,000.00	₱1,000.00
Chest (contrast enhanced)	₱6,000.00	₱1,000.00	Upper abdomen (triple phase contrast)	₱8,000.00	₱1,000.00
Neck	₱5,000.00	₱1,000.00	Lower abdomen	₱5,500.00	₱1,000.00
Neck (contrast enhanced)	₱6,000.00	₱1,000.00	Lower abdomen (contrast enhanced)	₱6,000.00	₱1,000.00
Orbits	₱5,000.00	₱1,000.00	Extremities	₱5,000.00	₱1,000.00
Orbits (contrast enhanced)	₱6,000.00	₱1,000.00	Extremities (contrast enhanced)	₱5,000.00	₱1,000.00
PNS	₱4,000.00	₱1,000.00	Pelvis	₱4,500.00	₱1,000.00
PNS (contrast enhanced)	₱5,000.00	₱1,000.00	CT Guided Biopsy	₱12,500.00	₱3,000.00
Temporal bone	₱5,000.00	₱1,000.00	Stonogram	₱6,200.00	₱1,000.00
Nasopharynx/ Oral cavity	₱5,000.00	₱1,000.00	CT Angiography (brain)	₱11,000.00	₱3,000.00



Nasopharynx/ Oral cavity (contrast enhanced)	₱6,500.00	₱1,000.00	Cervical (plain)	₱5,000.00	₱1,000.00
Facial Bone	₱5,500.00	₱1,000.00	Cervical (contrast enhanced)	₱5,500.00	₱1,000.00
Thoracic Spine	₱4,500.00	₱1,000.00	CT Urogram	₱9,000.00	₱1,500.00
Thoracic Spine (contrast enhanced)	₱5,500.00	₱1,000.00	Pituitary Fossa/Sella	₱3,500.00	₱1,000.00
Lumbosacral Spine	₱5,000.00	₱1,000.00	Power Injector Syringe (to all contrast procedure)	₱1,000.00	-
Lumbosacral Spine (contrast enhanced)	₱5,500.00	₱1,000.00	3D Reconstruction	₱1,000.00	-
Whole abdomen	₱9,000.00	₱1,400.00	Printing Images (per 14x17 film)	₱200.00	-



2. 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. Submit the Radiology request Form at the Radiology Section.	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)
5. Proceed to Pavilion 7 HIMS for the issuance of patient record.	2. Process the request and issue patient record.	None	15 minutes	Administrative Aide I (HIMS)



<p>For old client: Present valid ID.</p> <p>For new client: Accomplish Sociological Data Sheet.</p> <p>For OPS client: Proceed to step 3</p>				
<p>3. Pay Service User: Submit the charge slip and settle the required payment at the Collection and Deposit Unit.</p>	<p>3. Process the payment and provide the Official Receipt.</p>	<p>Refer to the table below</p>	<p>10 minutes</p>	<p>Administrative Officer III (Collection and Deposit Unit)</p>
<p>For Service User availing the Medical Assistance: Proceed to Malasakit Center and present Ultrasound Request Form and Charge Slip.</p> <p>OPS PhilHealth Eligible Service User: Proceed to Step 4</p>	<p>Assess eligibility for endowment.</p>	<p>None</p>	<p>16 minutes Waiting Time: 2 hours</p>	<p>Social Welfare Assistant (Malasakit Center)</p>
<p>4. Return to Radiology Section and submit radiology request form and official receipt/ charge slip</p>	<p>4. Receive and verify official receipt/change slip.</p>	<p>None</p>	<p>10 minutes</p>	<p>Radiologic Technologist IV (Radiology Section)</p>



verified by Malasakit Center.				
5. Undergo ultrasound procedure and wait for the official result.	5.1 Perform ultrasound procedure; and	None	45 minutes	Radiologic Technologist IV (Radiology Section)
	5.2 Process the result.	None	3 working days	Radiologic Technologist IV (Radiology Section)
6. Claim official ultrasound result by presenting the socialized Charge Slip (if applicable), Official Receipt, valid I.D and authorization letter (if applicable) For OPS Philhealth eligible service users: claim Official Result to Pavilion 2 HIMS.	6. Check identification card and issue official ultrasound result. Check identification and issue official ultrasound result.	None	2 minutes	Radiologic Technologist IV (Radiology Section)
			3 minutes	Administrative Assistant II (HIMS)
TOTAL		Pay Service User: Refer to the table below	Pay Service User: 3 working days, 1 hour and 27 minutes Service User: 3 working days, 1 hour and 33 minutes (Waiting Time: 2 hours) OPS PhilHealth Eligible Service User: 3 working days, 1 hour and 28 minutes	



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	<p>Service User: None</p> <p>OPS PhilHealth eligible service user: None</p>	
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LIST OF FEES FOR ULTRASOUND SERVICES

PROCEDURE	AMOUNT	PROFESSIONAL FEE	PROCEDURE	AMOUNT	PROFESSIONAL FEE
One (1) organ (single organ)	₱600.00	₱200.00	Transvaginal	₱850.00	₱300.00
Thyroid gland	₱800.00	₱300.00	Transrectal	₱900.00	₱300.00
Neck	₱1,500.00	₱500.00	Prostate (Trans-Abdominal Approach)	₱800.00	₱200.00
Hemithorax/ chest	₱600.00	₱200.00	Prostate (Transrectal Approach)	₱1,000.00	₱300.00
Hemithorax/ chest with marking	₱600.00	₱200.00	Inguino Scrotal	₱900.00	₱300.00
Soft Tissue	₱700.00	₱200.00	Ultrasound -Guided Thoracentesis	₱1,800.00	₱1,000.00
Kidneys	₱800.00	₱200.00	Ultrasound-Guided-Paracentesis	₱1,800.00	₱1,000.00
Kidneys – Ureter – Bladder (KUB)	₱950.00	₱200.00	Ultrasound-Guided Aspiration Biopsy	₱2,000.00	₱1,000.00
Kidneys – Ureter – Bladder (KUB) + Prostate	₱950.00	₱200.00	Ultrasound-Guided Suprapubic Tap	₱2,000.00	₱1,000.00
Hepatobiliary Tree	₱900.00	₱200.00	Ultrasound-Guided IJ Catheter Insertion	₱1,000.00	₱1,000.00
Upper Abdomen	₱1,000.00	₱250.00	Breast Ultrasound	₱1,000.00	₱300.00
Lower Abdomen	₱1,000.00	₱200.00	Cranial	₱950.00	₱500.00
Whole Abdomen	₱1,700.00	₱350.00	Focused Assessment with Sonography in Trauma	₱1,000.00	₱300.00
Pelvis (Transabdominal Sonography)	₱850.00	₱200.00	Abdominal Aorta	₱620.00	₱200.00
Biophysical Score	₱850.00	₱250.00	C-Arm	₱3,000.00	-



3. 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. Submit the Radiology request Form at the Radiology Section.	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.	2. Process the request and issue patient record.	None	15 minutes	Administrative Aide I (HIMS)



<p>For new client: Accomplish Sociological Data Sheet.</p> <p>For OPS client: Proceed to step 3.</p>				
<p>3. Pay Service User: Submit the charge slip and settle the required payment at the Collection and Deposit Unit.</p>	<p>3. Process the payment and provide the Official Receipt.</p>	<p>Refer to the table below</p>	<p>10 minutes</p>	<p>Administrative Officer III (Collection and Deposit Unit)</p>
<p>For Service User availing the Medical Assistance: Proceed to Malasakit Center and present Ultrasound Request Form and Charge Slip.</p> <p>OPS PhilHealth Eligible Service User: Proceed to Step 4.</p>	<p>Assess eligibility for endowment.</p>	<p>None</p>	<p>16 minutes Waiting Time: 2 hours</p>	<p>Social Welfare Assistant (Malasakit Center)</p>
<p>4. Return to Radiology Section and submit radiology request form and official receipt/ charge slip verified by Malasakit Center.</p>	<p>4. Receive and verify official receipt/change slip.</p>	<p>None</p>	<p>10 minutes</p>	<p>Radiologic Technologist IV (Radiology Section)</p>
<p>5. Undergo x-ray procedure and wait for the official result.</p>	<p>5.1 Perform x-ray procedure; and</p>	<p>None</p>	<p>15 minutes</p>	<p>Radiologic Technologist IV (Radiology Section)</p>
	<p>5.2 Process the result.</p>	<p>None</p>	<p>3 working days</p>	<p>Radiologic Technologist IV (Radiology Section)</p>



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<p>6. Claim official X-ray result by presenting the socialized Charge Slip (if applicable), Official Receipt, valid I.D and authorization letter, if applicable.</p> <p>For OPS Philhealth eligible service users: claim Official Result to Pavilion 2 HIMS.</p>	<p>6. Check identification card and issue official X-ray result.</p> <p>Check identification and issue official X-ray result.</p>	<p>None</p>	<p>2 minutes</p> <p>3 minutes</p>	<p>Radiologic Technologist IV (Radiology Section)</p> <p>Administrative Assistant II (HIMS)</p>
<p>TOTAL</p>		<p>Pay Service User: Refer to the table below</p> <p>Service User: None</p> <p>OPS PhilHealth eligible service user: None</p>	<p>Pay Service User: 3 working days and 57 minutes</p> <p>Service User: 3 working days, 1 hour and 3 minutes (Waiting Time: 2 hours)</p> <p>OPS PhilHealth Eligible Service User: 3 working days and 58 minutes</p>	



LIST OF FEES FOR X-RAY SERVICES					
PROCEDURE	AMOUNT	PROFESSIONAL FEE	PROCEDURE	AMOUNT	PROFESSIONAL FEE
Abdomen			Orbits (Waters, Rhese)	₱550.00	₱100.00
Abdomen Plain/KUB	₱550.00	₱110.00	Paranasal Sinuses	₱600.00	₱100.00
Abdomen (cross-table lateral)	₱550.00	₱110.00	Skull Series (AP, Lateral, Towne's)	₱500.00	₱100.00
Abdomen (upright/ supine)	₱550.00	₱110.00	Skull AP, Lateral	₱400.00	₱100.00
Abdomen Portable	₱550.00	₱110.00	Zygoma	₱350.00	₱100.00
Chest			Neck		
Chest PA	₱350.00	₱100.00	Neck, Soft Tissue (AP, Lateral)	₱350.00	₱100.00
Chest PA Lateral	₱600.00	₱100.00	Cervical Spine (AP, Lateral)	₱350.00	₱100.00
Chest lateral Decubitus	₱350.00	₱100.00	Cervical Spine (AP, Lateral, Oblique)	₱600.00	₱100.00
Chest Apico Lodotic View	₱250.00	₱100.00	Thoracic Spine (AP, Lateral)	₱850.00	₱100.00
Chest (spot view)	₱250.00	₱100.00	Thoracic Cage/ Rib Cage (AP/ PA)	₱350.00	₱100.00
Chest portable	₱700.00	₱100.00	Thoracic Cage/ Rib Cage (Oblique)	₱600.00	₱100.00
Upper Extremities			Thoraco-Lumbar Spine (AP, Lateral)	₱850.00	₱150.00
Clavicle	₱300.00	₱100.00	Lumbo-Sacral Spine (AP, Lateral)	₱480.00	₱100.00



Scapula	₱400.00	₱100.00	Lumbo-Sacral Spine (AP, Lateral, both Oblique)	₱800.00	₱100.00
Shoulder Joint	₱350.00	₱100.00	Pelvis	₱400.00	₱100.00
Humerus/ Arm	₱400.00	₱100.00	Sacrum/ Coccyx	₱250.00	₱100.00
Elbow Joint	₱300.00	₱100.00	Scoliosis Series	₱1,200.00	₱240.00
Radius Ulna/ Forearm	₱350.00	₱100.00	Skeletal Survey	₱3,100.00	₱500.00
Wrist Joint	₱350.00	₱100.00	Bone Aging (Adolescents)	₱800.00	₱100.00
Hand PA, Lateral, Oblique	₱350.00	₱100.00	Babygram (neonates)	₱900.00	₱200.00
Lower Extremities			X-ray Special Procedures		
Hip AP	₱400.00	₱100.00	Barium Enema	₱1,800.00	₱350.00
Femur/ Thigh AP, Lateral	₱400.00	₱100.00	Cystogram	₱1,150.00	₱220.00
Knee Joint AP, Lateral	₱400.00	₱100.00	Cystourethrogram/ Urethrogram	₱1,200.00	₱240.00
Tibia Fibula/ Leg AP, Lateral	₱400.00	₱100.00	Distal Colonogram	₱1,500.00	₱250.00
Ankle Joint AP, lateral	₱330.00	₱100.00	Esophagram	₱800.00	₱150.00
Ankle AP, Lateral	₱600.00	₱100.00	Fistulogram	₱1,550.00	₱300.00
Calcaneus	₱400.00	₱100.00	Hysterosalpingogram	₱1,500.00	₱300.00
Foot AP, lateral, Oblique	₱400.00	₱100.00	Intra-Operative Cholangiogram	₱1,450.00	₱300.00
Head			Intravenous Pyelography (IVP)	₱1,450.00	₱300.00
Mandible	₱550.00	₱100.00	Small Bowel Series	₱1,550.00	₱300.00
Temporo Mandibular Joint	₱600.00	₱120.00	T-Tube Cholangiogram	₱1,000.00	₱300.00
Mastoid Series	₱600.00	₱100.00	Upper Gastrointestinal Series	₱1,800.00	₱360.00
Nasal Bone (soft tissue lateral)	₱400.00	₱100.00			



1. 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. Get the Mental Health Triage form from the PACD near the main gate. Fill out the form and submit it to the Triage Area.	1. Give the Mental Health Triage Form and assist the service user in filling it out if necessary.	None	2 minutes	Administrative Assistant I (PACD-Main Gate)
2 Go to the Mental Health Triage Area for the initial	2.1 Conduct the initial assessment and	None	3 minutes	Nurse / Midwife (Mental Health Triage Area)



assessment and vital signs check.	complete the Mental Health Triage Form; and 2.2 Refer the client to the Emergency Room (if it's an emergency) or to Outpatient (if they wish to consult).			
TOTAL		None	5 minutes	



2. 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 at Crisis Intervention (ERCI)		
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.	1.1 Conduct triaging, vital signs taking, and initial assessment; and	None	5 minutes	Nurse I/II (PES)
	1.2 Provide treatment and intervention if necessary.	None	10 minutes	Medical Officer III (PES)
2. Accomplish Sociological Data Sheet.	2. Encode data and issue Patient's Chart.	None	5 minutes	Nurse I/II (PES)



<p>3. Undergo medical intervention and management and subject to required diagnostic procedures.</p>	<p>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.</p>	<p>None</p>	<p>3 hours and 15 minutes</p>	<p>Medical Officer III/IV Nurse I/II Nursing Attendant I/II (PES)</p>
<p>4 IF FOR ADMISSION: <i>Admission Process for Psychiatric Service Users</i></p>	<p>4. Process Admission.</p>	<p>None</p>	<p>1 hour - Service Users 56 minutes – Pay Service Users</p>	<p>Nurse I/II (Psychiatric Emergency Section)</p>
<p>IF FOR DISCHARGE: For Service User availing Malasakit Medical Assistance: Proceed to <i>Malasakit Center</i></p>	<p>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 of take-home medications.</p>	<p>None</p>	<p>16 minutes</p>	<p>Social Welfare Assistant (Malasakit Center)</p>
<p>IF FOR DISCHARGE:</p>	<p>Process the payment and issue Official Receipt.</p>	<p>₱500.00 – user’s fee</p>	<p>10 minutes</p>	<p>Administrative Officer III (Collection and Deposit Unit)</p>



For Pay Service User: Proceed to Collection and Deposit Unit and provide amount to be paid.				
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)
TOTAL		Pay Service User: ₱ 500.00 – user’s fee Service User: None	Refer to the table below	

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 (Pay Service User)
4 hours and 35 minutes	E.R Process with Admission (Service User)
4 hours and 31 minutes	E.R Process with Admission (Pay Service User)



3. 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 at Crisis Intervention (ERCI)			
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		
Pay 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)



<p>2. Proceed to Claims Unit for PhilHealth verification of record.</p>	<p>2. Verify client's record if they are eligible for PhilHealth enrollment and provide PMRF and CF2.</p> <p>For non-PhilHealth member: Facilitate enrollment to PhilHealth.</p>	<p>None</p>	<p>30 minutes</p>	<p>Medical Officer III/IV Administrative Aide I - VI (Claims Unit)</p>
<p>3. Service Users: Proceed to the Medical Social Service Office for classification and proceed to step no. 6</p>	<p>3.1 Conduct Interview and classify client accordingly; and 3.2 forward documents to HIMS.</p>	<p>None</p>	<p>24 minutes</p>	<p>Medical Officer III/IV Social Welfare Officer I/II (Medical Social Service Section)</p>
<p>Pay Service Users: Proceed to the Billing Unit</p>	<p>3.1 Provide information and explain hospital guidelines for admission; and 3.2 Issue Charge Slip.</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Aide I/III Administrative Assistant I/II/III Administrative Officer I (Billing Unit)</p>
<p>4. Submit the charge slip and settle the required payment at the Collection and Deposit Unit.</p>	<p>4. Process the payment and provide the Official Receipt.</p>	<p>Refer to the Table below</p>	<p>10 minutes</p>	<p>Administrative Officer III (Collection and Deposit Unit)</p>



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)
TOTAL		Refer to the table below	Service User: 1 hour Pay Service User: 56 minutes	

Rate of Admission for Pay Service User Only					
Private Room	₱1,000.00/day	Semi-Private Room	₱800.00/day	Ward	₱600.00/day
Initial payment (2 months)	₱60,000.00	Initial payment (2 months)	₱48,000.00	Initial payment (2 months)	₱36,000.00
Medicine initial payment	₱5,000.00	Medicine initial payment	₱5,000.00	Medicine initial payment	₱5,000.00
Doctor's fee (Psychiatrist only)	₱10,000.00 (maximum rate)	Doctor's fee (Psychiatrist only)	₱9,000.00 (maximum rate)	Doctor's fee (Psychiatrist only)	₱8,000.00 (maximum rate)



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). Special lane includes patient with physical disability, members of minority, marginalized and part of indigenous group

Note: Medical Certificate/Clinical Abstract will be given only once with established diagnosis and should be given only via face-to-face consultation on their scheduled consultation as well as medical certificate/Clinical Abstract for CTC. Only Medical Certificate/Clinical Abstract released, Certified, and sealed by our medical records will be considered official. Medical certificate for court cases will not be available unless with court order.

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

OFFICE	Pavilion 2 – Outpatient 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: <ul style="list-style-type: none"> ▪ 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): <ul style="list-style-type: none"> ▪ Court Order (1 photocopy) ▪ Social Case Study Report (1 photocopy) ▪ Referral Letter (1 photocopy) 	To be provided by the client
For follow-up consultation <ul style="list-style-type: none"> ▪ 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 Step 1 for categorization and queuing system.	1.1. Issue color coded card for queuing: <ul style="list-style-type: none"> ▪ Adult – White ▪ Child – Yellow ▪ Geriatrics – Green ▪ Neurology – Pink ▪ Specialty Clinic – Purple ▪ WPU – Blue ▪ Special Lane – Orange ▪ Others - Brown 1.2 Give three copies of queuing number.	None	5 minutes	Nurse I Nursing Attendant I Administrative Aide IV (OPS Step 1)
2. Proceed to Billing and Claims Section Window S for verification of Philhealth membership. Submit one copy of queuing number.	2. Verify if service user is eligible to avail PhilHealth package.	None	30 minutes	Administrative Aide I (Billing and Claims Section)



<p>3. Proceed to Pavilion 2 HIMS: For 1st consultation: Submit one copy of queuing number to Window R and fill out Sociological Data Sheet.</p>	<p>3. Processing of information: Encode Sociological Data information and conduct photo capturing and issue patient's I.D.</p>	<p>None</p>	<p>30 minutes</p>	<p>Administrative Aide I (Pavilion 2 HIMS)</p>
<p>For Follow-up consultation: Submit one copy of queuing number to:</p> <ul style="list-style-type: none"> ▪ Window Q – adult ▪ Window P – child, geriatric, and neurology 	<p>Verify data thru EMR for chart retrieval.</p>	<p>None</p>	<p>30 minutes</p>	<p>Administrative Aide I (Pavilion 2 HIMS Window Q/P)</p>
<p>4. For adult service users: Proceed to vital signs area.</p>	<p>4. Check and record vital signs.</p>	<p>None</p>	<p>5 minutes</p>	<p>Nurse I (OPS)</p>
<p>5. Proceed to consultation area and wait for your number to be called.</p>	<p>Secure Informed Consent; Enroll service user to ROM, if applicable; Conduct Consultation and provide intervention and management; and Prepare medical certificate/abstract and</p>	<p>None</p>	<p>15 minutes Adult Consultation: 45 minutes Waiting Time: 3 hours</p>	<p>Medical Officer III/ IV (OPS)</p>



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	process the request, if applicable.		Geriatric and Child and Adolescent consultation: 1 hour and 30 minutes	
TOTAL		None	2 hours and 40 minutes (Waiting time: 3 hours) Adult consultation 2 hours and 45 minutes Geriatric, and Child and adolescent consultation	



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.

Note: The link will open at exactly 8AM Monday-Friday and will automatically close once all slots are filled. The Adult, Geriatric and Neurology Section does not cater court cases, Annulment, Adoption and custody, Naturalization, and Drug dependency examination (DDE). Medical Certificate/Clinical Abstract will be given only once with established diagnosis and should be given only via face-to-face consultation on their scheduled consultation as well as medical certificate/Clinical Abstract for CTC. Only Medical Certificate/Clinical Abstract released, Certified, and sealed by our medical records will be considered official. Medical certificate for court cases will not be available unless with court order.

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

OFFICE	Pavilion 2 – Outpatient 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 scanned 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/ncmhopssekonsulta	1.1 Receive data; and 1.2 Verify and forward the information to the Health	None	5 hours	Administrative Aide IV Administrative Assistant II (Pavilion 2 – OPS Adult)



and follow the instructions on how to register.	Information Management Section (HIMS).			
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.	3.1 Conduct initial interview, history taking and mental status examination; and 3.2 Provide e-prescription (if necessary) and reference slip.	None	30 minutes	Medical Officer III / IV (Pavilion 2 – OPS Adult)
TOTAL		None	6 hours and 30 minutes	



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. 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. Patient/Relatives should abide to the contract/consent signed upon enrollment to ROM.

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

OFFICE	Pavilion 2 – Outpatient 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	



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CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 2 OPS Step 1 and present patient's ID or schedule slip.	1. Verify ID and issue queuing number. For patients with prescription that is good for 1 year: Issue 1 queuing number and instruct client to proceed to Claims Unit (PhilHealth) / Social Service.	None	5 minutes	Nursing Attendant I Nurse I (Pav 2 - OPS Triage)
2. Proceed to Billing and Claims Section Window S for verification of Philhealth membership. Submit one copy of queueing number.	2. Verify if service user is eligible to avail PhilHealth package.	None	30 minutes	Administrative Aide I (Billing and Claims Section)
3. Proceed to HIMS and submit queuing number and patient's I.D.	3. Retrieve and forward patient's record to OPS thru EMR.	None	30 minutes	Administrative Aide I (Pav 2 HIMS)
4. Proceed to the waiting area and wait for your number to be called for the issuance of the prescription.	4. Review patient's record and issue prescription.	None	20 minutes	Medical Officer III / IV Nurse I (Pav 2 – OPS Adult)
TOTAL		None	1 hour and 25 minutes Waiting Time: 2 hours	



4. 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:		Any government issuing agencies or private institution	
<ul style="list-style-type: none"> ▪ Valid I.D (1 original copy) 			
For follow-up consultation:		Pavilion 2 Health Information Management Section (HIMS) Pavilion 11 Neurology OPS	
<ul style="list-style-type: none"> ▪ Patient Identification Card (1 original copy) ▪ Neurology Stub (1 original copy) 			

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 2 OPS Step 1 for queuing and categorization.	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:	2. Processing of information a. For First	None	30 minutes	Administrative Aide I (Pavilion 2)



<p>Submit one copy of queuing number to Window R and fill out Sociological Data Sheet.</p> <p>b. For Follow-up consultation: Submit one copy of queuing number to Window P.</p>	<p>Consultation: Encode Sociological Data information and conduct photo capturing.</p> <p>b. For Follow-up Consultation: Verify data thru EMR for chart retrieval.</p>			HIMS Window 2 and 3A)
<p>3. Proceed to designated Neurology waiting area.</p>	<p>3. Coordinate with motor pool for transport to Pavilion 11.</p>	None	30 minutes	Nurse/Nursing Attendant/Administrative Aide (OPS Triage Unit)
<p>4. Proceed to the designated consultation area at Pavilion 11 and wait for your number to be called.</p>	<p>4.1 Check and record vital signs; and</p>	None	5 minutes	Nurse/Nursing Attendant (Pavilion 11 Neurology OPS)
	<p>4.2 Conduct consultation and provide intervention and management.</p>	None	1 hour and 30 minutes	Medical Officer III/IV Medical Specialist (Pavilion 11 Neurology OPS)
TOTAL		None	2 hours and 40 minutes	



5. REQUEST FOR ELECTROENCEPHALOGRAM (EEG)

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.

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		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Scheduling of Services:		For NCMH service user – NCMH OPS / Pav 11 Neurology OPS For other agencies – Referring physician clinic/hospital	
<ul style="list-style-type: none"> ▪ EEG Request Form (1 original copy) 			
Use of Services:		NCMH OPS / Pavilion 11 Neurology OPS / Referring physician clinic/hospital	
<ul style="list-style-type: none"> ▪ EEG Request Form (1 original copy) ▪ Schedule and Preparation Slip (1 original copy) ▪ For Service User: Approved Charge Slip (1 original copy) ▪ For Pay Service User: Official Receipt ((1 original copy) 		Pavilion 11 Neurology OPS Philhealth	
		Collection and Deposit Unit	
Releasing of Official Result:		Hospital ID - Pavilion 2-HIMS/	
<ul style="list-style-type: none"> ▪ Hospital Identification Card or any Government issued 			



Valid ID <ul style="list-style-type: none"> ▪ Authorization Letter (1 original copy) ▪ Valid ID of the service user (1 photocopy) ▪ Valid ID of the representative (1 original and 1 photocopy) 	Government Issued ID – Any government issuing agency Client Any government issuing agency Any government issuing agency
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PHASE I-A: 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 request form to the Neurology Unit staff.	1.1 Verify request; 1.2 Provide schedule of procedure and preparation slip and Issue charge slip.	None	6 minutes	EEG Technician (Pavilion 11 Neurology OPS)
2. Proceed to Billing and Claims Section Window S for verification of Philhealth membership. Submit one copy of queueing number.	2. Verify if service user is eligible to avail PhilHealth package.	None	30 minutes	Administrative Aide I (Billing and Claims Section)
Pay Service User: Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	Process the payment and provide the Official Receipt.	₱1,900.00 – EEG <i>*Inclusive of reader's fee</i>	10 minutes	Administrative Officer III (Collection and Deposit Unit)



SUB TOTAL (PHASE I-A: SCHEDULING)	₱1,900.00 EEG <i>*Inclusive of reader's fee</i>	PhilHealth Member: 36 minutes Pay service user: 16 minutes
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PHASE I-B: 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
1. Present EEG request form at the OPS.	1. Verify request.	None	2 minutes	Nurse Nursing Attendant (OPS Triage Unit)
2. Proceed to designated Neurology waiting area and wait for the motor pool.	2. Coordinate with motor pool for transport to Pavilion 11.	None	30 minutes	Nurse Nursing Attendant Administrative Aide (OPS Triage Unit)
3. Present the EEG 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 Technician (Pavilion 11 Neurology OPS)
4. Proceed to Billing and Claims Section Window S for verification of Philhealth membership. Submit one copy of queueing number.	4. Verify if service user is eligible to avail PhilHealth package.	None	30 minutes	Administrative Aide I (Billing and Claims Section)



Pay Service User: Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	Process the payment and provide the Official Receipt.	₱1,900.00 - EEG <i>*Inclusive of reader's fee</i>	10 minutes	Administrative Officer III (Collection and Deposit Unit)
SUB TOTAL (PHASE I-B: SCHEDULING)		₱1,900.00 - EEG <i>*Inclusive of reader's fee</i>	PhilHealth Member: 1 hour and 8 minutes Pay service user: 48 minutes	

PHASE II: PROCEDURE ON THE DAY OF SCHEDULE				
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present EEG 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 and wait for the motor pool.	2. Coordinate with motor pool for transport to Pavilion 11.	None	30 minutes	Nurse Nursing Attendant Administrative Aide (OPS Triage Unit)
3. Submit 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 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)	None	1 hour and 30 minutes	EEG Technician (Pavilion 11 Neurology Unit)



	<u>working days.</u>			
5. Return after 5 working days and present valid identification card and/or letter of authorization.	5. Verify documents presented.	None	2 minutes	Nurse Administrative Assistant (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	Nurse Administrative Assistant (Pavilion 11 Neurology OPS)
SUB TOTAL (PHASE II: PROCEDURE)		None	2 hours and 12 minutes	
TOTAL		₱1,900.00 EEG *Inclusive of reader's fee	Phase I-A PhilHealth Member: 2 hours and 48 minutes Phase I-B Pay Service User: 2 hours and 28 minutes Phase II-A PhilHealth Member: 3 hours and 20 minutes Phase II-B Pay Service User: 3 hours	



6. TREATMENT PROCEDURE FOR UTILIZATION OF 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	

PHASE I: ASSESSMENT AND SCHEDULING				
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to TMS unit and present TMS referral form and valid ID.	1.1 Verify request referral; and 1.2 Issue Charge Slip.	None	5 minutes	Nurse I/ III Medical Officer III Medical Officer IV



				Medical Specialist III / IV (TMS Unit)
2. Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	2. Process the payment and provide the Official Receipt.	PHP 1,000.00	10 minutes	Administrative Officer III (Collection and Deposit Unit)
3. Return to TMS Unit. Present Official Receipt. and undergo assessment for TMS indication.	3.1 Receive and verify the official Receipt; 3.2 Review referral, history of condition, treatment history and response to previous treatments; 3.3 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.; 3.4 Pertinent Laboratory work-up as needed; 3.5 Safety Screening assessment for TMS; 3.6 Secure Patient Consent for TMS once qualified	None	3 hours	Medical Officer III Medical Officer IV Medical Specialist III/ IV (TMS Unit)



	and/ or successfully indicated; and 3.7 Provide schedule for TMS treatment.			
PHASE I		₱1,000.00	3 hours and 15 minutes	

PHASE II: TMS TREATMENT				
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
4. Proceed to TMS Unit and present schedule slip, and 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; and 4.3 Issue Charge Slip.	None	5 minutes	Nurse I/ III Medical Office III Medical Officer IV Medical Specialist III/ IV (TMS Unit)
5. Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	5. Process the payment and provide the Official Receipt.	₱ 2,400.00 per session + ₱ 1,000.00 Professional Fee	10 minutes	Administrative Officer III (Collection and Deposit Unit)
6. Return to TMS Unit and undergo the procedure. Vital signs assessment.	6.1 Check and record vital signs; and	None	5 minutes	Nurse I/ III (TMS Unit)
	6.2 Perform the TMS treatment.	None	1 hour and 30 minutes	Medical Officer III Medical Officer IV Medical Specialist III/ IV (TMS Unit)



PHASE II	₱2,400.00 per session + ₱1,000.00 Professional Fee	1 hour and 50 minutes
TOTAL	₱ 4,400.00	5 hours and 5 minutes



7. 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 (physical, verbal, psychological, emotional, neglect and sexual).
3. Provide proper documentation of all identified cases under the laws stated above.
4. Report all cases seen of clients abuse to appropriate agencies.
5. Will cater walk-in provided:
 - a. With Court Orders addressed to NCMH
 - b. From far-flung areas (outside NCR)
 - c. For VAWC cases; marital or Relationship History
6. Service Users arrived from 3:00 – 5:00 pm will be scheduled.

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 15 – Women Protection Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
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	
First Consultation			
<ul style="list-style-type: none"> ▪ Referral letter (1 original copy) if applicable ▪ Social Case Study Report (1 original copy) if applicable 		Referring agency (PNP, CSWD, LGU/Barangay, PAO) DSWD	



<ul style="list-style-type: none"> ▪ Court Order/Subpoena or any pertinent documents to the case (1 photocopy) if applicable ▪ Police Report or Barangay Blotter if applicable 	<p>Trial Court</p> <p>Philippine National Police / Barangay Office</p>
<p>For VAWC cases:</p> <ul style="list-style-type: none"> ▪ Marital o Relationship History 	<p>To be provided by the service user</p>
<p>Follow-up Consultation:</p> <ul style="list-style-type: none"> ▪ Schedule Slip or Reference Slip (1 original copy) ▪ Patient Identification Card (1 original copy) ▪ Pertinent documents to the case for updates if applicable 	<p>WPU</p> <p>NCMH-HIMS</p> <p>Trial Court</p>

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. Receive call and schedule client.	None	5 minutes	Nurse I Midwife II Nursing Attendant 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	3. Encode Sociological Data Sheet and issue patient identification card for WPU.	None	30 minutes	Administrative Aide I (Pav 2 HIMS Window 2)



out the Sociological Data Sheet.				
For follow up consultation: Proceed to window 3 and present the patient's identification card and schedule or reference slip.	Issue WPU stub with present date signed by the admin staff.	None	5 minutes	Administrative Aide I (Pav 2 HIMS Window 3)
4. Proceed to Pavilion 15 WPU and present queuing number.	4. Receive queuing number.	None	5 minutes	Nurse I Midwife II Nursing Attendant II (WPU)
5. For initial consultation: Fill out WPU Triage Consent and submit requirements.	5. Receive and verify requirements presented.	None	5 minutes	Nurse I Midwife II Nursing Attendant II (WPU)
6. Wait for your name and number to be called for consultation.	6.1 Conduct consultation; and	None	1 hour	Medical Officer III Medical Specialist IV (WPU)
	6.2 Issue schedule slip / reference slip for follow up consultation.	None	5 minutes	Nurse I Midwife II Nursing Attendant II (WPU)
TOTAL		None	2 hours	



8. 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, and RA 9208.
2. Evaluate, diagnose and initiate treatment for all identified children who are direct victims of abuse (physical, verbal, psychological, emotional, neglect, and sexual)
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 walk-in provided:
 - a. With Court Orders addressed to NCMH
 - b. From far-flung areas (outside NCR)
 - c. All PWD with physical disability and pregnant adolescent are given priority
6. 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 G2G – Government to Government
WHO MAY AVAIL	Clients under RA 7610, RA 8353, and RA 9208		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
First Consultation: <ul style="list-style-type: none"> ▪ Referral letter (1 original copy) if applicable ▪ Social Case Study Report (1 original copy) if applicable ▪ Court Order/Subpoena or any pertinent documents to the case (1 photocopy) if applicable 		Referring Agency (PNP, CSWD, LGU/Barangay, PAO) DSWD Trial Court	



<ul style="list-style-type: none"> Police report or Barangay blotter if applicable 	Philippine National Police / Barangay Office
Follow-Up Consultation: <ul style="list-style-type: none"> Schedule Slip o Reference Slip Patient Identification Card (1 original copy) Pertinent documents to the case for updates if applicable 	WPU NCMH-HIMS Trial Court

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 main triage for screening.	2. Process information.	None	5 minutes	Nurse / Midwife (Mental Health Triage Area)
3. Proceed to Pavilion 2 HIMS for the processing of records. For initial consultation: Proceed to window 2 and fill out the Sociological Data Sheet.	3. Encode Sociological Data Sheet and issue patient identification card for CPU.	None	30 minutes	Administrative Aide I (pavilion 2 HIMS Window 2)



For follow up consultation: Proceed to window 3 and present the patient's identification card and schedule or reference slip.	Issue CPU stub with present date signed by the admin staff.	None	5 minutes	Administrative Aide I (Pav 2 HIMS Window 3)
4. Proceed to Pavilion 15 CPU and present patient identification card for queuing.	4. Verify patient identification and issue queuing number.	None	5 minutes	Nurse II Midwife II Nursing Attendant II (CPU)
5. Fill out CPU Triage Consent and submit requirements.	5. Receive and verify requirements.	None	5 minutes	Nurse I Midwife II Nursing Attendant II (CPU)
6. Wait for your name and number to be called for consultation.	6.1 Conduct consultation; and	None	1 hour	Medical Officer III Medical Specialist IV (CPU)
	6.2 Issue schedule slip / reference slip for follow up consultation.	None	5 minutes	Midwife II Nursing attendant II Nurse II (CPU)
TOTAL		None	2 hours	



1. REQUEST FOR BIR FORM 2307

<p>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.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>			
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	
<p>Contract of Service (COS):</p> <ul style="list-style-type: none"> Personal Details (Name, TIN, and Address) 		Requesting Party	
<p>For Supplier of Goods paid by Direct Payment (Disbursement Voucher)</p> <ul style="list-style-type: none"> Disbursement Voucher (1 photocopy) 		Accounting Section	
<p>Purchase by Petty Cash Fund or Cash Advance</p> <ul style="list-style-type: none"> BIR Form 2303 (1 photocopy) Sales Invoice or Official Receipt (1 photocopy) Purchase Request (1 photocopy) Accomplished BIR Form 2307 (1 original copy) 		Requesting Party	



CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Proceed to Accounting Section and submit the applicable requirements:</p> <p>For supplier of goods: Disbursement Voucher (DV).</p> <p>For purchase by Petty Cash Fund or Cash Advance: BIR form 2307 and Purchase Request.</p> <p>For purchase by Petty Cash Fund or Cash Advance (BIR Form 2307 for signature) Accomplished BIR form 2307 and Purchase Request.</p>	<p>1. Receive and verify documents.</p> <p>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.</p> <p>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.</p> <p>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</p>	None	25 minutes	Administrative Officer I Accountant III / IV (Accounting Section)



	<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>			
2. Receive the BIR form 2307 and sign in the record log for released BIR Form 2307.	2. Issue the signed BIR form 2307.	None	5 minutes	Administrative Officer I (Accounting Section)
TOTAL		None	30 minutes	



2. 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:		Requesting Party	
<ul style="list-style-type: none"> ▪ Summary of Details (1 original copy) 			

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)



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2. Wait for the paid DV voucher.	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)
TOTAL		None	1 day and 10 minutes	



1. 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 K 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)
TOTAL		None	12 minutes	



2. 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)		Philippine Statistics Office Any Government Agencies	



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 (refer to Checklist of Requirements)	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 proceed to Medical Social Service Section	None	8 minutes	Administrative Aide I - VI (Claims Unit)



	<p>(MSSS) for assessment and POS enrollment.</p> <p>B. If psychiatric patient (minor, below 21 years old) 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 (if undeclared dependent) or▪ photocopy of patient's birth certificate and one valid ID of mother/father (if parents are not a PhilHealth member) <p>C. If psychiatric (Senior citizen)</p>			
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	<p>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 (photocopy) <p>E. If non-psychiatric patients with No PhilHealth Record, unpaid contribution/s, or</p>			
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	<p>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,▪ 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 (refer to Checklist of Requirements)			
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	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.			
TOTAL		None	30 minutes	



3. REQUEST FOR PHILHEALTH ELECTRONIC MEMBER REGISTRATION AND RECORDS AMENDMENT

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; 1.2 Provide PMRF.	None	10 minutes	Administrative Aide I - VI (Claims Unit)



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<p>2. Submit Accomplished PMRF and present documentary requirements</p>	<p>2.1 Review and evaluate accomplished PMRF and ensure that submitted documents are complete.</p> <p><i>(Notify the client that the PHIC may require additional documents as needed)</i></p> <p>2.2 Process the documents through EMRRA.</p>	<p>None</p>	<p>15 minutes</p>	<p>Administrative Aide I - VI (Claims Unit)</p>
TOTAL		<p>None</p>	<p>25 minutes</p>	



1. 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 - Pamahalaan sa Mamamayan
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
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



PHASE I: RECRUITMENT PROCESS				
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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 (RSPA- HRMO)
2. Submit complete set of requirements to the HRMO If the applicant is for Psychiatry Residency Training: submit complete set of requirements to the Professional Education, Training and Research Office (PETRO). <i>Refer to PETRO CC - Application for Psychiatry Residency Training</i>	2. Receive and assess the completeness of document/s. If applicant is for Psychiatry Residency Training: Qualified Applicants shall be endorsed to HRMO for the continuation of their application.	None	10 minutes	Administrative Assistant I/II (RSPA- HRMO)
			17 days and 50 minutes (Based on Application for psychiatry residency training citizen's charter, page 9.)	Medical Officer III (PETRO)
3. Sign the Applicant Monitoring Form.	3.1 Issue Applicant Monitoring Form; 3.2 Encode the applicant's details to the application transmittal/tracker; 3.3 NP Screening Schedule: Secure NP	None	4 minutes	Administrative Assistant I/II (RSPA- HRMO)



	Slip and Instruct the applicant/s to proceed to the Psychological Section.			
4. Proceed to the Psychological Section and request for NP Screening schedule. <i>Refer to Psychological Section CC – Neuropsychiatric Assessment and Psychological Testing</i>	4.1 Schedule Applicant for NP Screening; 4.2 Update HRMO with the list of scheduled applicants for NP Screening; 4.3 Submit the list of NP results to HRMO. Note: <i>Only applicants who obtained “Recommended” remarks shall undergo Background Investigation.</i>	Refer to Psychological Section CC – Neuropsychiatric Assessment and Psychological Testing	2 minutes 5 days NP Screening result will be released after 14 working days	Administrative Assistant II (Psychological Section)
	4.4 Notify applicants on the schedule and venue of the technical exam. Applicants for Technical Examination: Prepare a list of scheduled attendees.		1 hour	Administrative Assistant (RSPA-U-HRMO)



	<p>Applicants for Interview of the Chief, service/section: Prepare Interview form with attached PDS and submit to chief of service/section.</p>			
<p>Proceed to the venue and undergo technical exam/interview with the Chief of Service/Section</p>	<p>Facilitate the technical exam; 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</p>	<p>None</p>	<p>3 hours and 15 minutes</p>	<p>Administrative Assistant I/II (RSPAU-HRMO)</p>



	Investigation Non-Qualified will be notified via text message/call or will receive an email.			
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	7.1 Receive the BI Form and verify the completeness of the information;	None	5 days based on the approved MSPP	Administrative Assistant I/II (RSPAU-HRMO)
	7.2 Conduct in-depth background check through phone call and/or electronic mail;		10 minutes	
	7.3 Collate all the scores and Schedule the Panel Interview;		1 day	
	7.4 Prepare the Comparative Report;	None	5 days	Administrative Aide IV (Leave Unit-HRMO)
	7.5 Prepare the Tardiness, Under time and	None	2 days	Administrative Aide IV (Leave Unit-HRMO)



	Absences report for promotion applicants			
	7.6 Review the completeness of the Comparative report;	None	10 minutes	Head, RSPAU (RSPAU-HRMO)
	7.7 Approved by the chief of HRMO;	None	5 minutes	Chief, HRMO (HRMO)
	7.8 Prepare and distribute a copy to each member of HRMPSB; and	None	30 minutes	Administrative Assistant I/II (RSPAU-HRMO)
	7.9 Inform applicants with the schedule of Panel Interview	None	2 minutes	Administrative Assistant I/II (RSPAU-HRMO)
8. Attend the panel interview Note: <i>Failure to appear on the scheduled date of the interview shall be construed as waiver to be considered for the position.</i>	8.1 Facilitate panel interview. HRMPSB shall conduct an interview to the applicants listed in the selection line-up; 8.2 Collate and finalize the scores; 8.3 Prepare the endorsement of the Selection Line-Up	None	15 minutes 30 minutes 30 minutes	Administrative Assistant I/II (RSPAU-HRMO)



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	8.4 Facilitate deliberation. HRMPSB shall discuss the qualifications of the applicants listed in the selection line-up;	None	20 minutes	President of NACEMHEA, Chief of HRMO, Chief of Finance, CMPS II, Community Service, Chief Medical Professional Staff II, Chief of PETRO, PAI Representative, Chief of HOPSS, Chief of Service/Section
	8.5 Submit the Endorsement report to the appointing authority;	None	10 minutes	Administrative Assistant I/II (RSPAU-HRMO)
	8.6 Endorsement report result: the appointing authority shall assess the merits of the HRMPSB's report for appointment.	None	15 days	Medical Center Chief II (MCC Office)
9. Receive notification depending. Appointed applicant/s: shall receive a phone call and/or text message by the appointment personnel. Not Appointed applicant/s: shall	9.1 Notify applicants with the result of their application.	None	10 minutes	Administrative Assistant I/II (RSPAU-HRMO)



receive a phone call and/or text message by the recruitment personnel.				
SUB TOTAL (PHASE I: RECRUITMENT PROGRESS)		None	75 days and 18 minutes	

PHASE II: APPOINTMENT PROCESS				
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to HRMO and secure Charge slip for Medical and Dental evaluation.	1. Issue charge slip and instruct appointees on the procedures.	None	5 minutes	Administrative Assistant I/II /III (Appointment Unit, HRMO)
2. Proceed to Collection and Deposit Unit and provide amount to be paid.	2. Receive the payment and issue Official Receipt.	₱1,500.00	10 minutes	Administrative Officer IV (Collection and Deposit Unit)
3. Proceed to Pavilion 7 and Dental clinic for the medical and dental evaluation.	3.1 Assess client; and 3.2 Issue fit to work clearance	None	1 day	Medical Specialist II/III (Pavilion 7) Dentist (Dental Section)
4. Proceed to HRMO and submit the required documents.	4.1 Review the submitted documents; and	None	7 days	Administrative Assistant I/II /III (Appointment Unit, HRMO)



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	4.2 Prepare appointment papers and endorse the appointment documents for required signatures.	None	1 day	Administrative Assistant Appointment Unit, HRMO
5. Review and sign appointment papers.	5.1 Assist in the signing of appointment papers; and 5.2 Provide schedule for the Oath of Office.	None	2 minutes	Administrative Assistant II (Appointment Unit, HRMO)
6. Recite the Oath of Office.	6. Conduct Oath of Office.	None	5 minutes	Medical Center Chief II (MCC Office)
SUB TOTAL (PHASE I: RECRUITMENT PROGRESS)		NP Screening fee + Medical and Dental Evaluation fee = amount to be paid	9 days and 22 minutes	
TOTAL			84 days and 40 minutes	



1. ISSUANCE OF CERTIFICATE OF GOOD PERFORMANCE

Description of Service: The Material Management Section is responsible in the issuance of Certificate of Good Performance to the supplier for bidding purposes.			
Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.			
OFFICE	Material Management Section		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2B – Government to Business
WHO MAY AVAIL	All NCMH suppliers and contractors		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Request letter address to the Medical Center Chief		Government Agencies / Private Companies	
Valid I.D of the Requisitioning Officer (1 original copy)		To be provided by the client	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request to the Office of the Medical Center Chief.	1.1 Receive and check the request, then forward to the MMS.	None	5 minutes	Administrative Office II (MCC Office)
	1.2 Gather the suppliers' performance evaluation from the period stated in the request for the	None	3 days	Administrative Assistant II (MMS)



	computation of average rating; 1.3 Prepare the endorsement letter and forward to the office of the MCC.			
	1.4 Prepare the Certificate of Good Performance duly signed by the Medical Center Chief.	None	2 days	Administrative Office II Medical Center Chief II (MCC Office)
2. Present Valid ID and receive the Certificate of Good Performance.	2. Issue the Certificate of Good Performance.	None	5 minutes	Administrative Officer II (MCC Office)
TOTAL		None	5 days and 10 minutes	



2. ISSUANCE OF GATE PASS

<p>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.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>				
OFFICE	Material Management Section			
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government 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	
Items to be brought out			Office/Pavilion where the item is located	
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request Gate Pass Form to the MMS Equipment Unit Staff.	1. Issue Gate Pass Form.	None	1 minute	Administrative Aide VI (MMS)



2. Complete the Gate Pass Form and have it signed by the Chief of Pavilion/Office or Chief Engineer and Chief of Security. Submit the signed form to the MMS Equipment Unit.	2.1 Verify the items listed on the gate pass to ensure they are not part of the inventory and are classified as personal belongings; and	None	15 minutes	Administrative Aide I (MMS)
	2.2 Forward the form to the Chief of MMS for approval.			
	2.3 Approve gate pass.	None	5 minutes	Supervising Administrative Officer (MMS)
3. Receive Gate pass.	3. Issue gate pass.	None	1 minute	Administrative Aide I (MMS)
TOTAL		None	22 minutes	



3. ISSUANCE OF NOTICE TO DELIVER

Description of Service: The Material Management Section is responsible for the issuance of the Notice to Deliver.	
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 Chief of Section/Pavilion
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
Request Slip (1 original copy)	Material Management Section
Stock Position (1 original copy)	Material Management Section

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request to the Material Management Section.	1.1 Receive and check the request and forward to MMS Supervisor or CMPS II-Hospital Service (for drugs and medicines), for approval	None	1 minute	Administrative Assistant II (MMS)



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	1.2 Approve request. For drugs and medicine	None	5 minutes 3 days	Administrative Officer IV (MMS) CMPS II-Hospital Service (CMPS Office)
	1.3 Prepare and encode Notice to Deliver via MMS Inventory Management System	None	15 minutes	Administrative Assistant II (MMS)
	1.4 Sign the Notice to Deliver;	None	30 minutes	Supervising Administrative Officer (MMS)
	1.5 Notify the supplier through email.	None	30 minutes	Administrative Assistant II (MMS)
2. Receive the Notice to Deliver.	2. Issue the Notice to Deliver.	None	1 minute	Administrative Aide I (MMS)
TOTAL		None	1 hour and 22 minutes For drugs and medicines: 3 days, 1 hour and 22 minutes	



1. ACQUIRING OF BIDDING DOCUMENTS

<p>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.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>				
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)



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	1.2. Issue Order of Payment.	None	5 minutes	BAC Secretariat (Procurement Section)
2. Submit Order of Payment and settle the required payment at the Collection and Deposit Unit.	2. Process the payment and provide the Official Receipt.	Refer to the table below	10 minutes	Administrative Officer (Collection and Deposit Unit)
3. Present the Official receipt to the Procurement Section.	3.1 Receive, check and validate the Official Receipt;	None	3 minutes	BAC Secretariat (Procurement Section)
	3.2 Release Bidding documents.	None	10 minutes	BAC Secretariat (Procurement Section)
TOTAL		Refer to the table below	33 minutes	



STANDARD RATES 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



2. 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	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



(if applicable).				(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)
TOTAL		None	15 minutes	



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

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



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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, 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, II Administrative Officer I (Procurement Section)
TOTAL		None	1 hour and 30 minutes	



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>	
<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>	Two percent (2%)
<p>c) Surety bond callable upon demand issued by a surety or insurance company duly certified by the 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>	<p>Goods and Consulting Services – Five percent (5%)</p>
<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>	<p>Thirty percent (30%)</p>



4. 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
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. Process the payment and provide the Official Receipt.	₱500.00 per document	5 minutes	Administrative Assistant (Collection and Deposit Unit)



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4. Present the Official Receipt to BAC Secretariat.	4.1 Check and validate the Official Receipt; and 4.2 Issue the requested documents.	None	3 minutes	BAC Secretariat (Procurement Section)
TOTAL		₱500.00 per document	7 days and 34 minutes	



5. 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
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)
TOTAL		None	7 days and 35 minutes	



INTERNAL SERVICES



1. 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		
LISTAHAN NG MGA KINAKAILANGAN		SAAN MAAARING MAKUHA	
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	None	30 minutes	Administrative Aide I / VI Administrative Assistant II CMT III (I.T Unit)



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	referral outside or for condemning			
	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)
	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)
TOTAL		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



1. INFRASTRUCTURE WORK REQUEST

<p>Description of Service: The Planning and Development Section facilitates and accomplishes infrastructure work requests pertaining construction (new) and/or rehabilitation/repair(existing) of facilities.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>				
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		
<p>If materials/supplies are available:</p> <ul style="list-style-type: none"> ▪ Request Slip (1 original copy) ▪ Request and Issue Slip (1 original copy) 		Administrative Unit Office		
<p>If materials/supplies are unavailable:</p> <ul style="list-style-type: none"> ▪ 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	1.1 Receive and evaluate the completeness and records the Infrastructure Work Request form; and	None	30 minutes	Administrative Aide III (PDS)



Planning and Development Section (PDS).	1.2 Forward the form to the concerned Unit Head.			
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: ▪ 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. If materials are unavailable:	3.1 Receive, evaluate, record, and forward the Request Slip 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	Administrative Aide III (PDS)
	3.4 Approve Purchase Request; and	None	3 days	Medical Center Chief 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)



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<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. 				
<p>4. Assist the PDS personnel during conduct of infrastructure work.</p>	<p>4. Proceed to the project site for the commencement of the infrastructure work.</p>	<p>None</p>	<p>5 days</p>	<p>Supervising Administrative Officer (PDS)</p>
<p>5. Certify the accomplishment of the requested infrastructure work by signing the submitted Infrastructures Work Request Form.</p>	<p>5.1 Receive the signed Infrastructure Work Request form and submit to the PDS; and</p>	<p>None</p>	<p>5 minutes</p>	<p>Supervising Administrative Officer (PDS)</p>
	<p>5.2 Receive the document. Record and file accordingly.</p>	<p>None</p>	<p>10 minutes</p>	<p>Administrative Aide III (PDS)</p>
TOTAL		<p>None</p>	<p>5days, 2 hours, and 30 minutes – if materials are available</p> <p>15 days, 2 hours, and 15 minutes – if materials are unavailable</p>	



2. 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.	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)
TOTAL		None	10 days and 45 minutes	



1. APPLICATION FOR ADVANCED PROFESSIONAL COURSE

<p>Description of Service The Personnel Development Committee (PDC) provided under the CSC Memorandum Circular No. 10, s. 1989 works under the auspices of the Professional Education, Training and Research Office (PETRO). Its role is to evaluate and process requests for attendance to advanced professional courses and conduct of learning activities via enrollment and in-house. Note: Submission of pre-training requirements should be based on the prescribed timeline:</p> <ol style="list-style-type: none"> For enrolment and in-house: at least three (3) weeks prior to the activity For in-house with Professional Regulatory Commission (PRC) Continuing Professional Development (CPD) program application: at least two (2) months prior to the activity For advanced professional courses, at least two (2) months prior to the submission of the documentary requirements to the organizing / sponsoring organization. <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>			
OFFICE	Professional Education, Training, and Research Office (PETRO) – Personnel Development Committee (PDC)		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH Employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Letter of Intent (LOI) (1 Original copy)		Requesting Individual	
Certification		PETRO	
Memorandum of Agreement (For highly technical courses)		PETRO	



Memorandum of Agreement (for lateral entry)	PETRO
Memorandum of Agreement (for local and international scholarships to postgraduate courses)	PETRO
Re-Entry Action Plan and Monitoring (REAPM)	PETRO

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of intent addressed to Medical Center Chief thru PDC Chairperson noted by head of office/ supervisor and Certification Form.	1. Receive, check, and review completeness of documents and endorse to PDC Chairperson.	None	1 hour	Committee Secretary (PDC)
2. Wait for the response of the Personnel Development Committee. <i>Schedule of committee evaluation is subject to the availability of the members.</i>	2.1 Carefully evaluate the request based on established criteria. If the request meets the criteria: Issue a Committee Resolution for MCC approval. If the request does not meet the criteria: Return it to the requesting individual for further review or clarification.	None	4 hours	Personnel Development Committee (PDC)



	2.2 Approve/ disapprove request.	None	2 days	Medical Center Chief II (Office of the MCC)
3. Proceed to PETRO to process documents.	3.1 Receive, forward and endorse the documents to PETRO for processing.	None	1 hour	Committee Secretary (PDC)
	3.2 Receive the approved request with the attached documents	None	15 minutes	Training Assistant (PETRO)
4. Submit notarized Memorandum of Agreement to PETRO.	4. Receive Notarized MOA	None	15 minutes	Training Assistant (PETRO)
5. Proceed to HRMO to request for a Hospital Order.	5. Receive documents for processing of hospital order	None	5 days	Administrative Aide I Administrative Assistant II (HRMO)
TOTAL		None	7 days, 6 hours, and 30 minutes	



2. APPLICATION FOR RESEARCH GRANTS

<p>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.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>					
OFFICE		Professional Education, Training, and Research Office (PETRO)			
CLASSIFICATION		Simple	<table border="1"> <tr> <td>TYPE OF TRANSACTION</td> <td>G2G – Government to Government</td> </tr> </table>	TYPE OF TRANSACTION	G2G – Government to Government
TYPE OF TRANSACTION	G2G – Government to Government				
WHO MAY AVAIL		All NCMH employees with plantilla position			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
For Research Proposal Development Funding					
PETRO Research Funding Application		PETRO - Research Unit			
PETRO Project Line-Item Budget (Form B.1)		PETRO - Research Unit			
Commitment of Undertaking (2 original copies)		PETRO - Research Unit			
Project Idea or Concept Note		PETRO - Research Unit			
Request Letter signed by supervisor		Principal Investigator			
Curriculum Vitae of the Principal Investigator		Principal Investigator			



For Institutional Research Grants	
PETRO Research Funding Application	PETRO - Research Unit
PETRO Project Line-Item Budget (Form B.1)	PETRO - Research Unit
PETRO Distribution Plan (Form B.2)	PETRO - Research Unit
Request Letter signed by supervisor	Principal Investigator
Technical Review Approval Certification	NCMH Technical Review Committee
Curriculum Vitae of the Principal Investigator	Principal Investigator
Memorandum of Agreement (3 original copies)	PETRO - Research Unit
For Research Publication Grants	
PETRO Research Funding Application	PETRO - Research Unit
Commitment of Undertaking (2 original copies)	PETRO - Research Unit
Request Letter signed by supervisor	Principal Investigator
Research Ethics Clearance	NCMH-Research Ethics Committee



Electronic copy of the journal article reflecting NCMH as the author's affiliation	Principal Investigator
Letter of Acceptance/Invitation	Refereed Publication
(For a co-author's submission) Statement of the co-author's contribution duly affirmed by the lead author	Principal Investigator

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the complete documentary requirements to PETRO through: https://bit.ly/ResearchFundingRegistration	1.1 Receive complete requirements	None	10 minutes	Science Research Assistant (PETRO)
	1.2 Screen, and initial review based on the criteria	None	30 minutes	Science Research Specialist I (PETRO)
	1.3 Conduct final review and endorse to Chief PETRO	None	30 minutes	Administrative Officer II (PETRO)
2. Wait for feedback on the request	2.1 Evaluate and recommend action to the Medical Center Chief	None	4 hours	Medical Specialist IV (PETRO)



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	2.2 Final recommendation of the request	None	1 day	Medical Center Chief II (Office of the MCC)
	2.3 Inform the applicant on the status of application; 2.4 Provide a copy of the application form with notation.	None	15 minutes	Science Research Assistant (PETRO)
	2.5 If approved, issue the draft Commitment of Undertaking or Memorandum of Agreement (depends on type of grant).	None	10 minutes	Science Research Specialist I (PETRO)
3. Submit to PETRO the accomplished Commitment of Undertaking / Memorandum of Agreement.	3.1 Receive and review submitted Commitment of Undertaking / Memorandum of Agreement.	None	30 minutes	Science Research Specialist I (PETRO)
	3.2 Once finalized, route to the concerned signatories: <ul style="list-style-type: none"> ▪ Research proposal development and Research Publication ▪ Chief PETRO 3.3 Institutional Research Grant:	None	6 hours	Science Research Assistant (PETRO)



	<ul style="list-style-type: none"> ▪ Chief PETRO ▪ Chief Accountant ▪ MCC II 			
	3.4 Notarize signed document and provide copy to the grantee.	None	4 hours	Science Research Assistant (PETRO)
	3.5 Provide brief orientation on the utilization and disbursement of research funding and grants.	None	1 hour	Science Research Specialist I (PETRO)
TOTAL		None	For Research Proposal Development Funding and Research Publication Grant: 2 days, 5 hours and 5 minutes For Institutional Research Grant: 2 days, 7 hours and 5 minutes	



3. 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	1. Receive and check documentary requirement/s (certification must be	None	10 minutes	Training Assistant (PETRO)



office/ supervisor and Certification Form.	already signed by HRMO and Legal Section)			
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)



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)
TOTAL		None	4 days, 3 hours and 45 minutes	



4. 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:	1.1 Receive and check details of request with complete attachments; and	None	10 minutes	Training Assistant (PETRO)



<p>a. Post-Training Completion Report b. List of participants in soft copy (email to: petro@ncmh.gov.ph)</p>	<p>1.2 Check email for the list of participants in soft copy.</p>			
<p>2. Wait for release of certificates</p>	<p>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.</p>	<p>None</p>	<p>2 days</p>	<p>Training Assistant (PETRO) Administrative Aide III (PETRO)</p>
TOTAL		<p>None</p>	<p>2 days and 10 minutes</p>	



5. 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 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 (PETRO)
TOTAL		None	2 days and 10 minutes	



6. REQUEST FOR PROFESSIONAL SERVICES (FOR APPROVED RESEARCH FUNDING AND GRANTS)

<p>Description of Service In line with the approved research funding and grants for the completion of research studies, the Professional Education, Training and Research Office (PETRO) provides financial support to ensure the quality of outputs produced through the help of professionals and experts.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension</p>					
OFFICE		Professional Education, Training, and Research Office (PETRO)			
CLASSIFICATION		Simple	<table border="1"> <tr> <td>TYPE OF TRANSACTION</td> <td>G2G – Government to Government</td> </tr> </table>	TYPE OF TRANSACTION	G2G – Government to Government
TYPE OF TRANSACTION	G2G – Government to Government				
WHO MAY AVAIL		All NCMH employees with approved research funding and grants			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
Canvass Form (3 professionals) and Abstract of Canvass		PETRO - Research Unit			
Subject Matter Expert (SME) Information Sheet		PETRO - Research Unit			
Contract of Service (3 original copies)		PETRO - Research Unit			
Curriculum Vitae of the chosen professional		Professional			
For hiring NCMH employees: Approved Written Consent from the MCC		Individual			



CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish the request form and submit the complete documentary requirements to PETRO through: https://bit.ly/RGDistributionReq	1.1 Receive, screen, and check the accuracy and completeness of submitted documents;	None	10 minutes	Science Research Assistant (PETRO)
	1.2 Evaluate the submitted documents based on the terms of the approved MOA and Project Line-Item Budget	None	2 hours	Science Research Specialist I (PETRO)
	1.3 Return final Contract of Service			
2. Submit to PETRO the signed Contract of Service.	2.1 Receive the signed copy of the Contract of Service;	None	30 minutes	Science Research Assistant (PETRO)
	2.2 Route Contract of Service to the signatories: <ul style="list-style-type: none"> ▪ Chief PETRO ▪ Chief Accountant ▪ Medical Center Chief II 	None	2 days	Science Research Assistant (PETRO)



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	2.3 Notarize signed document and provide copy to the grantee; 2.4 Provide instructions regarding post-requirements for the disbursement process.	None	5 hours	Science Research Assistant (PETRO)
TOTAL		None	2 days, 7 hours and 40 minutes	



7. REQUEST FOR REIMBURSEMENT FOR THE TRANSPORTATION/ COMMUNICATION (FOR APPROVED RESEARCH FUNDING AND GRANTS)

Description of Service: In line with the approved research funding and grants for the completion of research studies, the Professional Education, Training and Research Office (PETRO) provides financial support to ensure the quality of outputs produced through the provision of transportation and communication allowances necessary for the conduct of the research. The request is subject to the availability of funds.

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 with approved research funding and grants		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Service Invoice / E-Receipt		Service Provider	
Certification of Expenses Not Requiring Receipts (CENRR) (P300.00 below)		PETRO - Research Unit	
Transportation Form		PETRO - Research Unit	
Acknowledgment Receipt		PETRO - Research Unit	



CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish the request form and submit the requirements through: https://bit.ly/RGDistributionReq	1.1 Receive and check the accuracy and completeness of the documents and the details in the request form;	None	30 minutes	Science Research Assistant (PETRO)
	1.2 Prepare the necessary financial documents for the reimbursement;		1 day	
	1.3 Check the availability of funds;		30 minutes	
	1.4 Inform the grantee of the status of their request.		30 minutes	
2. Return to PETRO to collect the reimbursement.	2.1 Release of reimbursement;	None	1 hour	Science Research Assistant (PETRO)
	2.2 Request signature on the Acknowledgement Receipt.			
TOTAL		None	1 day, 2 hours and 30 minutes	



8. TRAINING ENROLLMENT/ IN-HOUSE

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

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	
For Enrollment: <ul style="list-style-type: none"> ▪ Training Agreement ▪ Course Description/Outline 		PETRO Learning Service Provider	
For In-House: <ul style="list-style-type: none"> ▪ Learning Design ▪ Curriculum Vitae 		Learning Service Provider Resource Person	



<p>For In-House with Application for CPD Program:</p> <ul style="list-style-type: none"> ▪ CPDD-17 Form ▪ Breakdown of Expenses ▪ Valid Professional Identification Card (PRC)/Receipt of Renewal of each Resource Person, if registered professional; otherwise, valid government-issued ID - soft copy ▪ CPDD-16 Form ▪ CPDD-02 ▪ Evaluation method or tool ▪ Program of Activities 	<p>Professional Regulatory Commission (PRC)</p> <p>Requesting Office</p>
<p>For In-House with Application for CPD Program via Online</p> <ul style="list-style-type: none"> ▪ Declaration of Minimum Technical Requirements ▪ Data Privacy Notice 	<p>Professional Regulatory Commission (PRC)</p>

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements to PETRO.	0. Receive and check documentary requirements.	None	15 minutes	Administrative Aide III (PETRO)
2. Receive status of request.	2.1 Review training details and endorse to Training Specialist IV.	None	30 minutes	Training Assistant (PETRO)



	<p>2.2 Evaluate request based on the established criteria;</p> <p>If recommended: Route to Chief PETRO for endorsement</p> <p>If not recommended: Return to the Requesting Office for appropriate action.</p>	None	2 hours	Training Specialist IV (PETRO)
	<p>2.3 Recommended for approval and route to Medical Center Chief;</p>	None	4 hours	Medical Specialist IV (Chief PETRO)
	<p>2.4 Approve/ disapprove of request.</p>	None	2 days	Medical Center Chief II (MCC Office)
	<p>2.5 If approved: Forward to HRMO for issuance of Hospital Order.</p> <p>If disapproved: Inform requesting office.</p>	None	1 hour	Training Assistant (PETRO)
TOTAL		None	2 days, 7 hours and 45 minutes	



1. 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;	None	1 hour	Administrative Assistant I (Quality Management Office)



	<p>If incomplete: Return to the process owner with detailed instructions.</p> <p>1.2 Encode and enroll new/amended documents in the Quality Management System (QMS) or delete documents from the master list.</p>			
	<p>1.3 Evaluate and review encoded draft, and approve/disapprove the DRF</p> <p>If disapproved: Return to process owner and state reason/s for disapproval.</p>	None	<p>1 day For ordinary document</p> <p>3 days For Section/Pavilion Manuals</p>	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 I (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 I (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 I (Quality Management Office)
TOTAL		None	4 days, 1 hour, and 25 minutes Ordinary Document Request 6 days, 1 hour, and 25 minutes Section/Pavilion Manual	



1. PHYSICIAN'S ACCESS TO SERVICE USER'S HEALTH RECORD

<p>Description of Service: This service enables physicians to securely and efficiently access their service users' health records for authorized purposes only, ensuring strict adherence to privacy regulations. The service prioritizes data confidentiality, integrity, and availability.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>	
OFFICE	Health Information Management Section
CLASSIFICATION	Simple
TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	Physicians of the National Center for Mental Health
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Valid government issued I.D (1 original copy)	Any government issuing agencies

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. For Inpatient's health records: Proceed to HIMS main office-Inpatient Unit and fill out the barrower's slip.</p> <p>For outpatient's health records: Proceed to Pavilion 2 HIMS</p>	<p>1. Verify the client's eligibility to receive the requested health record and issue barrower's slip</p>	None	10 minutes	Administrative Officer I (HIMS)



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Outpatient Unit-Filing Area and fill out the barrower's slip.				
2. Submit the accomplished barrower's slip and requirements.	2.1 Receives accomplished barrower's slip and requirement and verify the service user's information for record retrieval; 2.2 Retrieve the health record in filing area.	None	15 minutes	Administrative Officer I (HIMS)
3. Receive the requested health record.	3. Log the request to monitoring sheet and issue health record.	None	5 minutes	Administrative Officer I (HIMS)
TOTAL		None	30 minutes	



2. RISOGRAPH PRINTING OF HOSPITAL FORM

Description of Service: This service involves the processing of the request to replicate a document.				
Operating Hours: Monday to Friday, except for holidays/work suspension; 8:00 am to 5:00 pm (No Noon Break)				
OFFICE	Health Information Management Section			
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G - Government to Government	
WHO MAY AVAIL	NCMH Employees			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Photocopy/Risograph request slip (1 original copy)			Health Information Management Section (HIMS)	
Document for production (1 original or photocopy)			End-user	
A4 size paper			Pavilion/Office of origin	
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the request form at HIMS main office.	1. Issue request form.	None	10 minutes	Administrative Aide I (HIMS)



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2. Submit accomplished request form and the document for production	2.1. Receive the request for and list for queuing 2.2. Process the request;	None	2 days and 45 minutes	Administrative Aide I (HIMS)
3. Pick up the request.	3. Issue the request.	None	5 minutes	Administrative Aide I (HIMS)
TOTAL		None	2 days and 1 hour	



1. 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, except for holidays/work suspension, 8:00 a.m. – 5:00 p.m.			
OFFICE	Nutrition and Dietetic Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Meal request form (1 original copy)		Nutrition and Dietetics Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a completely filled-out Meal Request Form to Nutrition and Dietetics Section, preferably at least five (5) working days prior to the date of activity.	1. Receive, check, and sign Meal Request Form.	None	5 minutes	Nutritionist Dietitian IV / V (Nutrition and Dietetics Section)
2. Received signed Meal Request Form then proceed and submit to the authorized signatories:	2. Receive, check, and sign Meal Request Form.	None	1 day	Chief of Finance Service (Chief of Finance Office) Medical Center Chief II (Office of the MCC)



<p>a. Chief of Finance – Recommending Approval b. Medical Center Chief II - Approval</p>				
<p>3. Send a copy of approved meal request form to Nutrition and Dietetics Section and wait for the processing of the food request.</p>	<p>3.1 Receive the approved Meal Request form; 3.2 Contact direct food supplier – place an order of the confirmed food item/s; 3.3 Receive the confirmed food item/s from the food supplier and sign the Official Receipt/Statement of Account.</p>	<p>None</p>	<p>1 day</p>	<p>Nutritionist Dietitian IV / V (Nutrition and Dietetics Section)</p>
<p>4. Collect/receive the food item/s and sign the NDS Food Endorsement Record on the date of activity.</p>	<p>4. Endorse the food item/s to the representative of requesting section/unit using the Food Endorsement Record on the date of activity.</p>	<p>None</p>	<p>10 minutes</p>	<p>Nutritionist Dietitian II / IV (Nutrition and Dietetics Section)</p>
TOTAL		<p>None</p>	<p>2 days and 15 minutes</p>	



1. 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. Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	2. Process the payment and provide the Official Receipt.	₱1,000.00	10 minutes	Administrative Officer III (Collection and Deposit Unit)



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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)
TOTAL		₱1000.00	40 minutes	



2. 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.	None	5 minutes	Administrative Aide III/VI Administrative Assistant III Accountant III (Accounting Section)



	<p>If employee already have a filled-out BIR Form 1902: Receive the BIR Form 1902.</p> <p>If employee have yet to fill-out a BIR Form 1902: Provide a blank BIR Form 1902.</p>			
2. Fill-out provided BIR Form 1902 and data Sheet; submit once completed.	<p>2.1 Receive and check if all required data fields are supplemented and are legible;</p> <p>2.2 Explain the process of the issuance of TIN via ORUS application; and</p> <p>2.3 Register the employee to the NCMH ORUS for TIN Issuance.</p>	None	25 minutes	Administrative Aide III/VI Administrative Assistant III Accountant III (Accounting Section)
TOTAL		None	30 minutes	



3. 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		Requesting Party	
<ul style="list-style-type: none"> ▪ Approved estimates of petty expenses for one (1) month 			



CASH ADVANCE SPECIFIC <ul style="list-style-type: none"> ▪ Summary estimate of expected expenses 	Requesting Party
Special Seminars / Trainings to be conducted by private entity/ies <ul style="list-style-type: none"> ▪ Invitation from the training provider ▪ Approved Training Request Form 	Private Training Provider PETRO
DOH Training / Seminar <ul style="list-style-type: none"> ▪ 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;	None	5 minutes	Administrative Aide III / VI Administrative Officer I / III (Accounting Section)
	1.4 Approve (for signature of DV) or disapprove the request. If denied , explain the deficiencies noted.	None	1 day	Accountant III / IV (Accounting Section)



	If approved and the current budget allows, forward the documents to the Cashier Section.			
2. Receive the check from the Cashier Section.	2.1 Process the DV for payment. If thru bank deposit/transfer: prepare and forward to the Accounting Section the LDDAP. If thru a check: prepare the check and issue the same to the requesting party.	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)
TOTAL		None	1 day, 2 hours and 40 minutes	



4. PER DIEM CLAIMS

<p>Description of Service: The Accounting Section is responsible for the processing of per diem claims of the qualified NCMH employee.</p> <p>Operating Hours: Monday to Friday, except holidays, 8:00 am to 5:00 pm (No Noon Break).</p>			
OFFICE	Accounting Section		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All NCMH employee		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
<p>PER DIEM CLAIMS</p> <ul style="list-style-type: none"> ▪ Hospital Order (1 photocopy) ▪ Duly Accomplished Itinerary of Travel (1 original copy) ▪ Duly Accomplished Certificate of Travel Completed (1 original copy) ▪ Duly Accomplished Disbursement Voucher (2 original copies) ▪ Duly signed Trip Ticket (1 certified true copy) 		<p>Human Resource Management Office COA Website</p> <p>COA Website</p> <p>COA Website</p> <p>Transport Section</p>	
<p>Home Conduction:</p> <ul style="list-style-type: none"> ▪ Duly Accomplished List of Patient (1 original copy) ▪ Duly Accomplished Discharge Slip (1 original copy) 		<p>Medical Social Service Section – Malasakit Medical Social Service Section - Malasakit</p>	
<p>Court Hearings:</p> <ul style="list-style-type: none"> ▪ Certificate of Appearance (1 photocopy) 		<p>Court of Law</p>	



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.	2.4 Receive and process the per diem claims and forward to the Budget Section;	None	1 day	Administrative Aide III (HRMO-Payroll Unit)
	2.5 Receive the payroll from HRMO and process the request then submit to Accounting Section;	None	1 day	Administrative Assistant III (Budget Section)
	2.6 Check the details of the payroll;	None	10 minutes	Administrative Aide III / VI (Accounting Section)



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	2.7 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)
	2.8 Process the DV for payment and forward to the Accounting Section the LDDAP;	None	1 hour	Administrative Officer I (Cashier Section)
	2.9 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)
	2.10 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)
TOTAL		None	4 days, 2 hours and 35 minutes	



1. 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/	1.1 Receive and verify documents;	None	5 minutes	Administrative Assistant III (Budget Section)
	1.2 If funds are sufficient, process Certificate of	None	5 minutes	Administrative Officer I (Budget Section)



Abstract of Canvass/ Quotation	Availability of Funds (CAF);			
	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)
TOTAL		None	2 days and 47 minutes	



1. MAINTENANCE WORK REQUEST

Description of Service: The Facilities and Equipment Maintenance Section facilitates and accomplishes maintenance work requests from end-users.				
Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.				
OFFICE	Facilities and Equipment Maintenance Section			
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2G – Government to Government	
WHO MAY AVAIL	All NCMH employee			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Maintenance Work Request Form (1 original copy)			Administrative Unit Office	
If materials are available:			Administrative Unit Office	
<ul style="list-style-type: none"> ▪ Request Slip (1 original copy) ▪ Request and Issue Slip (1 original copy) 				
If materials are unavailable:			Administrative Unit Office	
<ul style="list-style-type: none"> ▪ Purchase Request (2 original) 				
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Properly accomplish Maintenance Work Request Form and submit to the Facilities and Equipment Maintenance Section office.	1.1 Receive and evaluate the completeness and records the Maintenance Work Request Form; and 1.2 Forward the form to the concerned unit head.	None	30 minutes	Administrative Aide I (FEMS)



<p>2. Assist the Facilities and Equipment Maintenance Section personnel during on-site evaluation/ inspection.</p>	<p>2.1 Conduct on-site evaluation/inspection relative to the requested "Description of Work"</p> <p>2.2 Accomplish and submit to the end-user the Estimate Form reflecting the needed materials/supplies for the requested maintenance work.</p>	<p>None</p>	<p>1 hour and 15 minutes</p>	<p>Construction and Maintenance General Foreman (FEMS)</p>
<p>3. Accomplish and submit to the FEMS office the following:</p> <p>If materials are available:</p> <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 	<p>3.1 Receive, evaluate, record, and forward the Request Slip and Request and Issue Slip to the Warehouseman;</p>	<p>None</p>	<p>15 minutes</p>	<p>Administrative Aide I (FEMS)</p>
	<p>3.2 Issue requested materials.</p>	<p>None</p>	<p>15 minutes</p>	<p>Warehouseman (FEMS)</p>
<p>If materials are unavailable:</p> <ul style="list-style-type: none"> ▪ Purchase Request based on the materials/supplies 	<p>3.1 Receive, evaluate, record, and forward the Purchase Request to the MCC for approval;</p>	<p>None</p>	<p>15 minutes</p>	<p>Administrative Aide I (FEMS)</p>



listed on the Estimate Form. The Estimate Form shall be attached together with the request.	3.2 Approve Purchase Request;	None	2 days	Medical Center Chief II (MCC Office)
	3.3 Purchase the materials.	None	7 days based on COA Circular 2013-001 and RA 9184	Construction and Maintenance General Foreman (FEMS)
4. Assist the FEMS 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.	None	5 minutes	Construction and Maintenance General Foreman (FEMS)
	5.2 Receive the document from the Foreman and records and files accordingly.	None	10 minutes	Administrative Aide I (FEMS)
TOTAL		None	5 days, 2 hours, and 30 minutes – if materials are available 14 days, 2 hours, and 15 minutes – if materials are unavailable	



1. LEAVE APPLICATION

<p>Description of Service: The Human Resource Management Office is responsible for the processing of Leave of Absence filed by the employees of NCMH.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>					
OFFICE		Human Resource Management Office			
CLASSIFICATION		Simple	<table border="1"> <tr> <td>TYPE OF TRANSACTION</td> <td>G2C – Government to Citizen</td> </tr> </table>	TYPE OF TRANSACTION	G2C – Government to Citizen
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 o sa 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>		1. Human Resource Management Office			



<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"> 2. Office of the Medical Center Chief
<p><u>Maternity 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. Medical Certificate (1 original copy) 4. Allocation of Maternity Leave to Husband/Relative (3 original copies) If applicable 5. Any proof of relation to employee (birth certificate, marriage certificate, barangay certificate, etc.) (1 photocopy) if applicable 	<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
<p><u>Paternity Leave</u></p> <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
<p><u>Quarantine Leave</u></p> <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
<p><u>Special Leave Benefits for Women</u></p> <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



<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) for optional Retirees only 	<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
<ol style="list-style-type: none"> 1. Submit the accomplished Leave form CSC Form No. 6 (revised 2020) to HRMO. 	<ol style="list-style-type: none"> 1. Receive application for leave and notates the Leave balances. 	None	5 minutes	Administrative Aide IV Administrative Assistant III (Leave Unit, HRMO)
<ol style="list-style-type: none"> 2. Submit the approved and signed leave form by the immediate superior with complete attachments. 	<ol style="list-style-type: none"> 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 	None	15 minutes	Administrative Aide IV Administrative Assistant III (Leave Unit, HRMO)



	until the document is accepted.			
	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
TOTAL		None	1 day and 25 minutes	



2. 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 Muti-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 Muti-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 Muti-Purpose Loan Application Form with	1.1 Receive 1 copy and check the filled-out forms with attachments;	None	5 minutes	Administrative Aide III / IV (HRMO-Window 4)



complete attachments to HRMO.	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
TOTAL			None	6 days and 25 minutes	



3. REQUEST FOR CERTIFICATE OF EMPLOYMENT

<p>Description of Service: The Human Resource management Office is responsible for the processing and releasing of Certificate of Employment upon request of NCMH employees.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>				
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	
<p>Principal:</p> <ol style="list-style-type: none"> Request Form (1 original copy) Official Receipt (1 original copy) 			<p>HRMO Window 2 Collection and Deposit Unit (Pavilion 2)</p>	
<p>Authorized Representative:</p> <ol style="list-style-type: none"> Valid ID of the principal and authorized representative (1 original copy) Authorization Letter (1 original copy) Request Form (1 original copy) Official Receipt (1 original copy) 			<p>Government agencies / issuing agencies Requesting employee (principal) HRMO Window 2 Collection and Deposit Unit</p>	
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)



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<p>2. Submit the charge slip and settle the required payment at the Collection and Deposit Unit.</p>	<p>2. Process the payment and provide the Official Receipt.</p>	<p>₱30.00 – Active Employee ₱100.00 – Inactive Employee FREE – for COVID claims purposes only</p>	<p>10 minutes</p>	<p>Administrative Officer III (Collection and Deposit Unit)</p>
<p>3. Return to HRMO and present the Official Receipt and Request slip.</p>	<p>3.1 Receive and check request slip for completeness of information; 3.2 Forward the request slip and Official Receipt to Employee Relations and Transaction Unit;</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Assistant II (HRMO-Employee Relations Unit)</p>
	<p>3.3 Process the request.</p>	<p>None</p>	<p>1 day</p>	<p>Administrative Assistant II (HRMO-Employee Relations Unit)</p>



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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)
TOTAL		₱30.00 – Active Employee ₱100.00 – Inactive Employee FREE – para sa COVID claims purposes lamang	1 day and 25 minutes	



4. 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; 1.2 Record the CTO application form;	None	10 minutes	Administrative Aide IV (HRMO-Leave Unit)



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	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)
TOTAL		None	2 days and 11 minutes	



5. 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	Complex	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 request; and	None	5 minutes	Administrative Officer II (Office of the MCC)
	1.2 Approve the request.	None	3 days	Medical Center Chief II (Office of the MCC)



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2. Receive approved request and submit to HRMO.	1.1 Review the Hospital Order/Memo request; and	None	1 day	Supervising Administrative Officer (HRMO)
	2.1 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	5 minutes	Administrative Aide I Administrative Assistant II (HRMO)
TOTAL		None	5 days and 10 minutes	



6. REQUEST FOR ISSUANCE OF NCMH EMPLOYEE IDENTIFICATION CARD

<p>Description of Service: This process covers the issuances of Identification Card for newly hired, promoted and requesting employee for loss/faded NCMH ID.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>			
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	
<p>Newly hired/ promoted</p> <ul style="list-style-type: none"> ▪ ID Request Form (1 original copy) ▪ 2x2 I.D picture with white background (1 copy) 		Human Resource Management Office - Window 2 Requesting employee	
<p>Loss ID</p> <ul style="list-style-type: none"> ▪ 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)	
<p>ID Replacement</p> <ul style="list-style-type: none"> ▪ 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)	



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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. Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	2. Process the payment and provide the 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)
TOTAL		₱50.00 – loss/Replacement FREE – Newly hired/promoted employee	2 days and 20 minutes	



7. 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.	1.1 Receive and verify the ID/proof of identification; and	None	10 minutes	Administrative Aide III / IV (HRMO-Window 4)



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<p>Note: Employees (<i>principal</i>) shall provide authorization letter if unable to personally request for the loan balances.</p>	<p>1.2 Notate all the Loan Balances of the requesting employee/s.</p>			
<p>2. Receive the accomplished slip with Loan Balances.</p>	<p>2. Issue the Loan Balances Slip.</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Aide III / IV (HRMO-Window 4)</p>
TOTAL		<p>None</p>	<p>15 minutes</p>	



8. REQUEST FOR MONTHLY PAYS Lip

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)



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2. Receive pay slip and sign on the Request Logbook.	2. Issue pay slip.	None	3 minutes	Administrative Aide III / IV (Payroll Unit, HRMO)
TOTAL		None	5 minutes	



9. 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)



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	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)
TOTAL		None	1 day and 30 minutes	



10. 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)



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	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)
TOTAL		None	1 hour and 5 minutes	



11. REQUEST FOR SERVICE RECORD

<p>Description of Service: The Human Resource management Office is responsible for the processing and releasing of Service Record upon request of NCMH employees.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>				
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	
<p>Principal:</p> <ul style="list-style-type: none"> ▪ Request Form (1 original copy) ▪ Official Receipt (1 original copy) 			<p>HRMO Window 2 Collection and Deposit Unit (Pavilion 2)</p>	
<p>Authorized Representative:</p> <ul style="list-style-type: none"> ▪ Valid ID of the principal and authorized representative (1 original copy) ▪ Authorization Letter (1 original copy) ▪ Request Form (1 original copy) ▪ Official Receipt (1 original copy) 			<p>Government agencies / issuing agencies</p> <p>Requesting employee (principal) HRMO Window 2 Collection and Deposit Unit</p>	
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)



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<p>2. Submit the charge slip and settle the required payment at the Collection and Deposit Unit.</p>	<p>2. Process the payment and provide the Official Receipt.</p>	<p>₱30.00 – Active Employee ₱100.00 – Inactive Employee FREE – for COVID claims purposes only</p>	<p>10 minutes</p>	<p>Administrative Officer III (Collection and Deposit Unit)</p>
<p>3. Return to HRMO and present the Official Receipt and Request slip</p>	<p>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</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Assistant II (HRMO-Employee Relations Unit)</p>
	<p>3.3 Process the request.</p>	<p>None</p>	<p>1 day</p>	<p>Administrative Assistant II (HRMO-Employee Relations Unit)</p>



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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)
TOTAL		₱30.00 – Active Employee ₱100.00 – Inactive Employee FREE – for COVID claims purposes only	1 day and 25 minutes	



12. REQUEST FOR TRAVEL AUTHORITY

<p>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.</p> <p>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.</p>				
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)



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<p>2. Submit the accomplished Travel Authority Form along with other required documents to the authorized signatories:</p> <ul style="list-style-type: none"> a. Immediate Supervisor b. Chief of Service/Section a. Medical Center Chief II 	<p>2. Sign the Travel Authority Form.</p>	<p>None</p>	<p>2 days</p>	<p>Immediate Supervisor Chief of Service/Section Medical Center Chief (Office of the MCC)</p>
<p>3. Proceed to Legal Section and request for certification of No Pending Case.</p>	<p>3.1 Provide and assist employee in filling out of form; and 3.2 Process the request.</p>	<p>None</p>	<p>3 days</p>	<p>Legal Assistant I/II, Administrative Assistant II (Legal Section)</p>
<p>4. Submit the duly signed Travel Authority Form to HRMO for dry sealing.</p>	<p>4. Receive and check the completed forms and attachments then provide official dry seal.</p>	<p>None</p>	<p>3 minutes</p>	<p>Administrative Assistant II (HRMO-Employee Relations Unit)</p>
<p>5. Receive sealed Travel Authority Form.</p>	<p>5. Issue sealed Travel Authority Form and secure (1) copy for record keeping.</p>	<p>None</p>	<p>2 minutes</p>	<p>Administrative Assistant II (HRMO-Employee Relations Unit)</p>
TOTAL		<p>None</p>	<p>5 days and 8 minutes</p>	



13. SEPARATION FROM THE SERVICE

<p>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.</p>			
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 II2. 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 II2. 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 PMRF5. GSIS Application Benefits Form6. Notarized Special Power of Attorney (SPA) (1 original copy) <i>if applicable</i>7. Exit Interview8. Accomplished Clearance Form (6 original copies)9. Notarized Affidavit (2 original copies)10. GSIS NO Pending Case (do not notarized until further notice from GSIS)	



<ol style="list-style-type: none">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 Form9. Pag-IBIG Application for provident (APB) Claim Form (if the employee claims for benefit)10. PhilHealth PMRF11. 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)	



Deceased

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)



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	None	15 minutes	Administrative Assistant II (Leave Unit)
	2.2 Assists the requesting party on filling out forms and for signature of Clearance forms.			
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;	None	5 days	Administrative Assistant II (Leave Unit) Administrative Aide VI (Records (201) Unit)
	3.2 Retrieve all the documents of the			



	<p>requesting party from Records (201) Unit;</p> <p>3.3 Forwards requirements to Payroll & Remittances Unit for Computation of Over Payment;</p> <p>3.4 Checks and computes the remaining monetary benefits and other balances; and</p> <p>3.5 Request to Leave Unit for the distribution of the breakdown of overpayment (OP)</p>			<p>Administrative Aide III (Leave Unit)</p> <p>Administrative Aide IV (Payroll & Remittances Unit)</p> <p>Administrative Aide IV (Payroll & Remittances Unit)</p>
4. Receives the breakdown of OP	4. Issue the breakdown of OP.	None	3 minutes	Administrative Assistant II (Leave Unit)
5. Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	5. Process the payment and provide the Official Receipt.	₱150.00	10 minutes	Administrative Assistant II (Collection and Deposit Unit)



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. <i>Note: 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)
TOTAL			₱150.00	7 days, 1 hour and 58 minutes	



1. REQUEST FOR LAUNDRY SERVICES

<p>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.</p> <p>Operating Hours: Monday to Friday, 7:00 am to 5:00 pm and Saturday to Sunday, 7:00 am to 4:00 pm.</p>			
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	None	4 hours	Outsourced Laundry Service Staff Laundry Worker I / II / III (Laundry Unit)
	1.2 Count and weigh linens and uniforms.			
	1.3 Wash, clean, iron, and fold the linens and uniforms.	None	2 days	Outsourced Laundry Service Staff



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<p>2. Receive washed, cleaned, ironed and folded linens and uniforms</p> <p>For Special Laundry Request: Pick-up washed, cleaned, ironed and folded linens and sign in the Collection and Delivery Sheet.</p>	<p>2. Deliver washed, cleaned, ironed and folded linens and uniforms</p> <p>For Special Laundry Request: Issue washed, cleaned, ironed and folded linens.</p>	<p>None</p>	<p>10 minutes</p>	<p>Outsourced Laundry Service Staff / Administrative Aide / Laundry Worker I / II / III (Laundry Unit)</p>
TOTAL		<p>None</p>	<p>2 days, 4 hours and 10 minutes</p>	



2. REQUEST FOR LINEN SERVICES

<p>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.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>				
OFFICE	Linen Unit			
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government	
WHO MAY AVAIL	All NCMH employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p>For fabrication of new linens and request for straps, rugs, and shrouds</p> <ul style="list-style-type: none"> Request and Issuance Slip (1) original copy 		Linen Unit		
<p>For mending</p> <ul style="list-style-type: none"> 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	<p>For fabrication of new linens:</p> <p>1.1 Receive request 1.2 Measure the design 1.3 Cut and sew the cloth as per design</p>	None	3 day – for simple designs 7 days – for complex design	Seamstress Tailor (Linen Unit)



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	For mending: 1.1 Receive request 1.2 sew/mend the linen/uniform	None	3 days	Seamstress Tailor (Linen Unit)
	For straps, rugs, and shrouds: 1.1 receive request 1.2 issue the requested item and record request	None	20 minutes	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)
TOTAL		None	3 days – Fabrication of new linens (simple design) 3 days – mending of linen/uniform 20 minutes – straps/rugs/shrouds	



1. ISSUANCE OF SUPPLIES AND EQUIPMENT

<p>Description of Service: The Material Management Section is responsible in the issuance of supplies and equipment for general use requested by requisitioning officer.</p> <p>Operating Hours: Monday to Friday, 8:00 am to 5:00 pm, excluding holidays and work suspension.</p>				
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		
<p>For common supplies:</p> <ul style="list-style-type: none"> ▪ Inventory Consumption Report (1 original copy) ▪ Requisition and Issuance Slip (1 original copy) 		Requisitioning Office / Pavilion Material Management Section		
<p>For semi-expendable supplies and equipment:</p> <ul style="list-style-type: none"> ▪ Requisition and Issuance Slip (1 original copy) ▪ For equipment: Property Acknowledgement Report (1 original copy) ▪ For semi expendable supplies: Inventory Custodian Slip (1 original copy) 		Material Management Section		
CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit requirements to MMS.	1.1 Receive and check the availability of the items listed in the RIS;	None	15 minutes	Administrative Aide I/IV (MMS)



	1.2 Encode the request slip to MMS Inventory Management System for approval of MMS supervisor;			
	1.3 Approve request.	None	5 minutes	Administrative Officer IV (MMS)
	1.4 Once approved, prepare the following: a. Items listed on the RIS b. Inventory Custodian Slip for the semi-expendable items with stickers on it.	None	30 minutes	Administrative Assistant I Administrative Aide VI (MMS)
	1.5 Return approved RIS/PAR/ ICS for signature of Chief/Head of office.			
2. Receive RIS/ PAR/ ICS for signature of Chief of Section/Pavilion and submit to MMS.	2. Receive the signed RIS/PAR/ ICS for approval of the Chief of MMS.	None	5 minutes	Supervising Administrative Officer (MMS)
3. Receive Supplies.	3. Issue available supplies/ equipment.	None	10 minutes	Administrative Assistant I Administrative Aide VI (MMS)
TOTAL		None	1 hour and 5 minutes	



1. 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:		End-Users / Offices and Pavilions of NCMH	
▪ Terms of Reference (1 original and 1 photocopy)			



For goods and equipment: <ul style="list-style-type: none"> ▪ Technical Specifications (1 original and 1 photocopy) 	End-Users / Offices and Pavilions of NCMH
For infrastructure projects: <ul style="list-style-type: none"> ▪ Scope of Works (1 original and 1 photocopy) ▪ Approved Plan (1 original and 1 photocopy) ▪ 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 <i>Table 1</i> .	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)



	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); and	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)
TOTAL		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	



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					✓



1. 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)



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	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)
TOTAL		None	1 day and 25 minutes	



2. 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)
TOTAL		None	1 day and 35 minutes	



3. 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)
TOTAL		None	1 day and 35 minutes	



1. 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, 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, III (Security Section)
TOTAL		None	5 minutes	



2. 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:		Human Resource Management Section	



Contract of Service/Consultancy shall be required as additional documents (2 photocopies) and original copy for verification only

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)
	2.4 Endorse to Cash Operation Section (COS) for RFID Installation.	None	15 minutes	Administrative Aide IV (Security Section)



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3. Wait for the notification.	3. Notify the applicant thru text or call.	None	30 minutes Waiting Time: 1 day	Administrative Assistant (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	Administrative Assistant (Cash Operation Section)
TOTAL		None	1 hour and 32 minutes Waiting Time: 1 day	



1. 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)



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2. Wait for the approval of the request.	2. Approve trip ticket.	None	3 hours	Chief Administrative Officer (HOPSS)
3. Receive request.	3. Dispatch corresponding vehicle with driver.	None	5 minutes	Administrative Aide III Administrative Assistant II (Transport Section)
TOTAL		None	3 hours and 10 minutes	



1. OUTPATIENT CONSULTATION FOR PSYCHIATRIC SERVICE USER – CAMARIN EXTENSION

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	
<ul style="list-style-type: none"> ▪ 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)



<p>2. Proceed to waiting area. present patient's hospital I.D and queuing number to the nurse/nursing attendant-on-duty.</p>	<p>2. Check the vital signs.</p>	<p>None</p>	<p>5 minutes</p>	<p>Nurse II/Nursing Attendant (Triage Area)</p>
<p>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.</p>	<p>3. For 1st Consultation: Encode the Sociological Data Information. For Follow-up Consultation: Verify data for Service User's chart Retrieval.</p>	<p>None</p>	<p>20 minutes</p>	<p>Administrative Aide (HIMS)</p>
<p>4. Proceed to the Consultation area.</p>	<p>4.1 Conduct consultation and provide intervention and management; 4.2 Issue prescription, schedule of follow-up and referral for injection (if applicable) 4.3 Prepare medical certificate/abstract (if applicable)</p>	<p>None</p>	<p>20 minutes</p>	<p>Medical Officer III/IV (Consultation Area)</p>



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<p>5. A. For DOH-MAP donations: Proceed to the Pharmacy Section. Present the stamped prescription, and receive medicines. --End of transaction--</p>	<p>5.1 Receive and verify the prescription.; 5.2 Check availability of medicines requested; and 5.3 Issue medicines.</p>	<p>None</p>	<p>5 minutes</p>	<p>Pharmacist (Pharmacy Section)</p>
<p>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>	<p>None</p>	<p>5 minutes</p>	<p>Pharmacist (Pharmacy Section)</p>
<p>6. Pay Service User: Submit the charge slip and settle the required payment at the Collection and Deposit Unit. Note: Cash basis only</p>	<p>6. Process the payment and provide the Official Receipt.</p>	<p>Price of medicine x quantity = amount to be paid</p>	<p>10 minutes</p>	<p>Administrative Assistant (Collection and Deposit Unit)</p>
<p>7. Return to Pharmacy Section and present Official receipt.</p>	<p>7. Verify Official Receipt and issue medicines.</p>	<p>None</p>	<p>5 minutes</p>	<p>Pharmacist (Pharmacy Section)</p>
<p>TOTAL</p>		<p>For DOH-MAP Donations: None</p> <p>For Pay Service</p>	<p>For DOH-MAP Donations: 52 minutes</p> <p>For Paying Service Users: 1 hour and 7 minutes</p>	



	Users: Price of medicine x quantity = amount to be paid	
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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.



2. REFILL OF MEDICINE (ROM) – CAMARIN EXTENSION

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.

OFFICE	Camarin Extension - Out-Patient 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
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A. FOR DOH-MAP DONATION				
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. Proceed to the Pharmacy Section. Present the stamped	5.1 Receive and verify the prescription.; 5.2 Check availability of	None	5 minutes	Pharmacist (Pharmacy Section)



prescription, and receive medicines.	medicines requested; and 5.3 Issue medicines.			
TOTAL		None	27 minutes	

B. FOR PAY SERVICE USER				
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.	Receive and check ROM form for the completeness of data; 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. 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. Submit the charge slip and settle the required payment at the Collection and Deposit Unit.	6. Process the payment and provide the 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)
TOTAL		Price of medicine x quantity = amount to be paid	42 minutes	



Annex A

FEEDBACK AND COMPLAINTS MECHANISM	
How to send feedback	Answer the HCES form that can be found in the PACD Pavilion 2 main lobby and frontline offices.
How feedbacks are processed	The administrative staff verifies the nature of queries and feedback within one working day. The same will be referred to the Office concerned via email. Upon receiving the reply from the concerned office, the client will be informed via email or phone call.
How to file a complaint	<p>To file a complaint against NCMH official/employee, provide the following details via email:</p> <ul style="list-style-type: none"> - Full name and contact information of the complainant - Narrative of the complaint - Evidences - Name of the person being complained <p>Send all complaints against NCMH official/employee to either of the following emails:</p> <p>NCMH PACD email@pacd@ncmh.gov.ph</p> <p>PCC: pcc@malacanang.gov.ph</p> <p>CCB: email@contactcenterngbayan.gov.ph</p> <p>ARTA: complaints@arta.gov.ph</p>



	<p>DOH-CART cartcomplaints@doh.gov.ph</p>
<p>How complaints are processed</p>	<p>All complaints received against the NCHH official/employee shall be processed by the Quality Management Office – Client Concerns Unit (QMO-CCU).</p> <ul style="list-style-type: none"> ▪ All concerns through email and other concern centers must be acknowledged within 24 hours (office hours) of receipt. ▪ The client, if with contact information, will be informed of the next steps, including timelines for resolution. ▪ All concerns shall be evaluated based on their category and classification. For complaints, this will be further evaluated to verify its validity. ▪ All concerns shall be transmitted using the Client Concerns Endorsement Form (CCEF) to the concerned office or individual for appropriate action to be taken. ▪ For valid complaints, a root cause analysis must be conducted using the Improvement Corrective Action Report (ICARe) form. ▪ The analysis will identify the root cause and recommend corrective actions. ▪ In accordance with RA 11032, the following processing times will be observed: <ol style="list-style-type: none"> a. 3 days for simple inquiries or requests for assistance. b. 7 days for more complex issues or complaints requiring investigation. c. 20 days for issues requiring external consultation or a more thorough investigation. ▪ After completing the root cause analysis and implementing corrective actions, the complainant will be notified of the resolution. ▪ For concerns resolved immediately (e.g., over the phone), the PACD Client Concerns Form shall be completed and submitted to the Client Concern Unit of the Quality Management Office for monitoring and tracking.



	<ul style="list-style-type: none">▪ The client will be kept informed about the progress of their concern until resolution. For anonymous concerns, a response will be submitted to the referring concern center.
Contact Information of NCMH PACD, PCC, CCB, ARTA, DOH-CART	<p>NCMH PACD email@pacd@ncmh.gov.ph 8-531-9001 local 301 and 304</p> <p>PCC: pcc@malacanang.gov.ph 8888</p> <p>CCB: email@contactcenterngbayan.gov.ph 0908-881-6565</p> <p>ARTA: 8-478-5093 complaints@arta.gov.ph</p> <p>DOH-CART cartcomplaints@doh.gov.ph</p>



LIST OF 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

Annex C

PRICELIST OF DRUGS AND MEDICINES

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, Myrecid	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

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
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, Enocee	1.88
Ascorbic Acid 500 mg Tablet x 100's, Enocee	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
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
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
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
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
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
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
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, Rifoxane	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
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, Trichex	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
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, Fluaxol 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, Psycosin	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
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
Iron Sucrose 20 mg/mL (100 mg/5 mL) Solution For Injection (I.V) x 5's, Ferose	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, Ketral	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
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
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, Clarihist	1.79
Loratadine 10 mg Tablet x 100's, Lorerex	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
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, Dopamine	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
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, Bactri Derm	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
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
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, Sriphen-100	12.00
Phenytoin Sodium 100 mg Capsule x 30's, Sriphen-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
Potassium Chloride 600 mg Tablet x 100's, Kaliusaphride	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, Tasiunate	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
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
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
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, Bicarbonate	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
Spironolactone 25 mg Tablet x 100's, Hairos	10.50
Spironolactone 25 mg Tablet x 30's, Zydactin 25	14.00
Spironolactone 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
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
Trimetazidine Hydrochloride 35 mg Modified Release Film-Coated Tablet x 30's, Vaserel	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

NAME OF OFFICE	CONTACT INFORMATION
OFFICES UNDER THE MEDICAL CENTER CHIEF	
Office of the Medical Center Chief	8531 9001 local 1002
Information Technology Unit	8531 9001 local 478
Disaster Risk Reduction and Management for Health (DRRM-H)	8531 9001 local 228
Legal Section	8531 9001 local 1013
Office for Special Concerns	8531 9001 local 1810
Planning and Development Section (PDS)	8531 9001 local 205
Professional Education, Training, and Research Office (PETRO)	8531 9001 local 428
Public Health Unit (PHU)	8531 9001 local 289
Quality Management Office (QMO)	8531 9001 local 477
Public Assistance and Complaints Desk (PACD)	8531 9001 local 301 (main gate) / 304 (Pavilion 2 lobby)
HOSPITAL / MEDICAL ANCILLARY SERVICE	
Adult Section	8531 9001 local 266
Forensic Section	8531 9001 local 321

Medical-Surgical Section	8531 9001 local 352
Dialysis Clinic	8531 9001 local 433
TB-DOTS Clinic	8531 9001 local 365
Anatomic Laboratory Section	8531 9001 local 347
Clinical Laboratory Section	8531 9001 local 360
Dental Section	8531 9001 local 281
Health Information Management Section (HIMS)	8531 9001 local 247 (Main) / 285 (Pavilion 2)
Medical Social Service Section / Malasakit Center	8531 9001 local 439
Nutrition and Dietetic Section	8531 9001 local 220
Pharmacy Section	8531 9001 local 298
Psychological Section	8531 9001 local 279
Radiology Section	8531 9001 local 1705
COMMUNITY SERVICE	
ERCI – Crisis Intervention	8531 9001 local 296
Outpatient Section (Adult)	8531 9001 local 302
Outpatient Section (Child and Adolescent)	8531 9001 local 293
Outpatient Section (Geriatrics)	8531 9001 local 1217

Women Protection Unit (WPU) / Child Protection Unit (CPU)	8531 9001 local 295 / 309
FINANCE SERVICE	
Accounting Section	8531 9001 local 443
Billing and Claims Section	8531 9001 local 1203 / 1204
Budget Section	8531 9001 local 229
HOSPITAL OPERATION AND PATIENT SUPPORT SERVICE (HOPSS)	
Facility and Equipment Maintenance Section (FEMS)	8531 9001 local 232
Human Resource Management Office (HRMO)	8531 9001 local 251
Laundry and Linen Section	8531 9001 local 255 / 228
Material Management Section (MMS)	8531 9001 local 241
Procurement Section	8531 9001 local 239
Sanitation Section	8531 9001 local 481
Security Section	8531 9001 local 246
Transport Section	8531 9001 local 243