



National Center for Mental Health
CITIZEN'S CHARTER
4th Edition 2022

ISO CERTIFIED 9001:2015 STANDARD



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

NATIONAL CENTER FOR MENTAL HEALTH

CITIZEN'S CHARTER 2022 (4th Edition)



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

I. MANDATE

The National Center for Mental Health is classified as Special Research Training Center and Hospital under the Department of Health since January 30, 1987. As the leading mental health care facility, the center provides a comprehensive range of preventive, promotive, curative and rehabilitative mental health services. It has an authorized bed capacity of four thousand two hundred.

As stated in Republic Act 11036 or also known as Mental Health Act of 2018, the National Center for Mental Health, being the premiere training and research center under the Department of Health, shall expand its capacity for research and development of interventions on mental and neurological services in the country.

II. VISION

NCMH envisions to be a globally - accepted mental health center.

III. MISSION

NCMH commits to provide responsive and comprehensive mental health services.

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 mechanism;
- Be polite and courteous;
- Demonstrate sensitivity, appropriate behavior and professionalism;
- Wear proper uniform and identification; and,
- Be available during office hours.



DEPARTMENT OF HEALTH
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**HANDLING OF LETTERS/ CORRESPONDENCE RECEIVED THROUGH
EMAIL COURIER/ PERSONAL DELIVERY**

The office of the Medical Center Chief process handling letters/correspondence received thru email, courier, or personal delivery. It covers activities from receipt of letter up to sending a reply/response letter. Operating hours: Monday to Friday; 8:00 am to 5:00 pm (No Noon Break)

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	
Receiving copy, checklist / record / proof of receipt (whichever is available)			
Contact details of the sender or authorized representative			

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. A. Email: Send letter / invitation / request to official email address of NCMH, mcc@ncmh.gov.ph or B. Courier/Personal Delivery: Submit the letter / invitation / request to the Office of the Medical Center Chief.	1. A. Open/Check email. Acknowledge/forward/refer to and coordinate with offices/persons concerned appropriate 1. B. Check/screen/ receive the letter/correspondence and forward/refer to or coordinate with offices/persons concerned for appropriate action	None	Urgent – Same day upon receipt Non-urgent – Same day upon receipt or up to 1 day	MCC Secretary
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 – Same day upon receipt Non-urgent – Same day upon receipt or up to 1 day	MCC Secretary
END OF TRANSACTION		None	Urgent – Same day upon receipt Non-urgent – Same day upon receipt or up to 1 day	



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PSYCHIATRIC EMERGENCY CARE AND MANAGEMENT

The Emergency room caters all clients seeking urgent care. The services offered are available from Monday to Sunday, 24 hours.

OFFICE	Pavilion 2 Psychiatric Emergency Room		
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	
Sociological Data Sheet		Pavilion 2 Psychiatric ER	
Official Receipt (original)		Collection and Deposit Unit	
PWD / Senior Citizen ID (if applicable)		Respective issuing government agencies	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 2 Psychiatric Emergency Room.	1. Conduct initial assessment, vital signs taking, and triaging; provide rapid treatment and intervention if necessary.	None	10 minutes	Doctor Nurse-on-duty NA-on-duty (Pavilion 2 ER)
2. Accomplish Sociological Data Sheet.	2. Encode data and issue Patient Chart.	None	10 minutes	Nurse-on-duty NA-on-duty (Pavilion 2 ER)
3. Undergoes medical intervention and management and subject to required diagnostic procedures.	3.1. Conduct history taking, applicable examination and provide appropriate management 3.2 If with medical or surgical condition, refer client to attending surgery, medical, OB-Gyne, pedia, and EENT doctor for co-management. 3.3 If the client needs stat laboratory as baseline for their medical evaluation, refer accordingly 3.4 Evaluate results and prepare disposition if for admission: <i>please see Procedure for Admission</i> If for discharge: issue charge slip	None	3 hours 30 minutes	Doctor Nurse-on-duty (Pavilion 2 ER) Doctor Nurse-on-duty (Pavilion 2 ER) Doctor Nurse-on-duty (Pavilion 2 ER) Doctor Nurse-on-duty (Pavilion 2 ER)
4. Proceed to the Collection and Deposit Unit and provide amount to be paid. <i>If applicable, present PWD / Senior Citizen ID for discount.</i>	4.1 Receive and process the payment 4.2 Issue Official Receipt	ER Fee Php 300.00 User's Fee Php 100.00	3 minutes	Collecting Officer (Collection and Deposit Unit)



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PSYCHIATRIC EMERGENCY CARE AND MANAGEMENT

CLIENT STEP	AGENCY ACTION	FEE TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
5. Return to the Emergency Room and present Official Receipt.	5. Conduct health education and provide e-konsultasyon slip for online consultation guide for follow-up check-up, prescription and referral slip if applicable	None	7 minutes	Nurse-on-duty (Pavilion 2 ER)
END OF TRANSACTION		Php 400.00	4 hours	



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ADMISSION TO PSYCHIATRIC WARD

Admission of client is done at the Emergency Room where they are given urgent care. The Service is available Monday to Sunday, 24 hours.

OFFICE	Pavilion 2 Psychiatric Emergency Room		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All Psychiatric clients requiring admission		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Admitting Order / Admission Slip		Admitting physician (ER/OPS)	
Valid government issued ID (1 original)		Respective issuing government agencies	
Official Receipt (For pay patients)		Collection and Deposit Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure Physician Admitting Order Sheet from Pavilion 2 E.R	1. Issue Admitting Order.	None	2 minutes	Physician-in-charge (Pavilion 2 ER)
2. Proceed to Philhealth unit for verification of record.	2. Verify client's record if they are eligible for Philhealth enrollment and provide PMRF and CIF.	None	2 minutes	Philhealth Personnel (Philhealth Unit)
Service Users: 3. Proceed to the Medical Social Service Office for classification and proceed to step no. 6	3.1 Conduct interview and classify client accordingly. 3.2 For non-Philhealth member, facilitate enrollment to Philhealth. 3.3 Forward documents to HIMS	None	22 minutes	Medical Social Worker (Medical Social Service Section)
Paying Service Users: Proceed to the Billing Unit	3.1. Provide information and explain hospital guidelines for admission. 3.2. Issue Charge Slip.	None	5 minutes	Billing Personnel (Billing and Claims Unit)
4. Proceed to Collection and Deposit Unit and pay required amount.	4. Receive payment and issue Official Receipt.	Refer to Hospital Rates for Admission	3 minutes	Collecting Officer (Collection and Deposit Unit)
5. Proceed to HIMS for the signing of contract and other necessary documents.	5. Conduct orientation and facilitate signing of necessary documents.	None	5 minutes	HIMS Personnel (HIMS)
6. Return to Pavilion 2 E.R.	6. Assist client to ACIS or Pavilion 7	None	5 minutes	Nurse-on-duty NA-on-duty (Pavilion 2 ER)
END OF TRANSACTION	Service Users: NONE Paying Service Users: Refer to Hospital Rates for Admission below		Service Users: 31 minutes Paying Service Users: 22 minutes	



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HOSPITAL RATES FOR ADMISSION DEPOSIT

TYPE OF ROOM	AMOUNT
Private	Php 24,000
Semi Private	Php 19,000
Ward	Php 16,000



DEPARTMENT OF HEALTH
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ADULT PSYCHIATRIC CONSULTATION (FACE-TO-FACE)

The Out-Patient Section caters all clients seeking non-emergent cases. Operating hours: Monday to Friday except holidays; 8:00 am – 5:00 pm (No Noon Break)

OFFICE	OPS Adult Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All clients requiring non-emergency psychiatric care and management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Sociological Data Sheet		Health Information Management Section (HIMS)	
Valid ID (1 original)		Respective issuing agencies	
PWD / Senior Citizen ID (if applicable)		Respective issuing agencies	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Health Information Management Section (HIMS) window 3 New Client: Accomplish Sociological Data Sheet Old Client: Present valid ID	New Client: 1.1 Verify client's name 1.2 Encode Sociological Data Sheet. 1.3 Take client picture Old Client: 1.1 Verify client's name and schedule. 1.2 Retrieve patient chart / ER form	None	25 minutes	HIMS Personnel (HIMS)
2. Proceed to OPS Adult Section. Wait for your name to be called for initial assessment.	2.1 Conduct initial assessment 2.2 Conduct Consultation and provide intervention and management 2.3 Issue prescription, schedule of follow-up and referral if applicable. 2.4 Prepare Medical Certificate / Abstract (if applicable) <i>Refer to HIMS Procedure for Requisition and Issuance of Medical Records</i> <i>For clients who will purchase medicine/ avail the Malasakit Medical Assistance, refer to Pharmacy Section Procedure for Requisition and Issuance of Drugs and Medicine.</i>	None	30 minutes	Nurse-on-duty Physician-on-duty (OPS Adult Section)



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ADULT PSYCHIATRIC CONSULTATION (FACE-TO-FACE)

CLIENT STEP	AGENCY ACTION	FEE TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3. For clients with monthly injection, proceed to injection area.	3.1 Take vital signs 3.2 Administer injection 3.3 Observe for any untoward reaction	None	5 minutes	Nurse-on-duty (OPS Adult Section)
END OF TRANSACTION		NONE	1 hour	



DEPARTMENT OF HEALTH
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ADULT PSYCHIATRIC CONSULTATION (ONLINE)

The Out-Patient Section caters all clients seeking non-emergent cases. Operating hours: Monday to Friday except holidays; 8:00 am – 5:00 pm (No Noon Break)

OFFICE	OPS Adult Section		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All clients requiring non-emergency psychiatric care and management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Valid ID (scanned copy)		Respective issuing agencies	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Search in the browser bit.ly/ncmhkonsulta and fill out the booking form, informed consent, basic information, medical and psychosocial history, and upload your valid I.D.	1.1 Receive data 1.2 Verify and forward the information to the Health Information Management Section (HIMS)	None	20 minutes	OPS Admin Personnel (OPS Adult Section)
2. Wait for the confirmation via e-mail and/or text message	2. Send confirmation and other details for the free online session via doxy.me	None	5 minutes	OPS Admin Personnel (OPS Adult Section)
3. On the day of e-consultation, follow the instruction given to log in to doxy.me and submit to initial interview	3.1 Conduct initial interview, history taking and mental status examination. 3.2 Provide e-prescription (if necessary) and reference slip	None	30 minutes	Attending Physician / Resident (OPS Adult Section)
END OF TRANSACTION		NONE	55 minutes	



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CHILD AND ADOLESCENT PSYCHIATRIC CONSULTATION (FACE-TO-FACE)

The Child and Adolescent Out-Patient Unit cater all clients 18 years old and below seeking non-emergent cases. Operating hours: Monday to Friday except holidays; 8:00 am – 5:00 pm (No Noon Break).

OFFICE	Child and Adolescent Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All clients 18 years old and below requiring non-emergent care and management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
OPD Card (for old client)		Health Information Management Section (HIMS)	
Sociological Data Sheet (for new client)		Health Information Management Section (HIMS)	
Referral Slip (if applicable)		Respective issuing institution / agency	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call the OPS Child and Adolescent Unit at +63 (02) 8531 9001 Loc. 293 for the schedule of consultation.	1.1 Verify the information given. 1.2 Conduct initial assessment. 1.3 Provide schedule of consultation.	None	5 minutes	Nurse-on-duty Physician-on-duty (OPS Child and Adolescent)
2. On the day of schedule, proceed to the Health Information Management Section (HIMS) window 3 New Client: Present referral slip (if applicable) and accomplish Sociological Data Sheet. Old Client: present OPD card	New Client: 2.1 Verify client's name 2.2 Encode Sociological Data Sheet. 2.3 Photo Capturing Old Client: 2.1 Verify client's name and schedule. 2.2 Retrieve patient chart	None	25 minutes	HIMS Personnel (HIMS)
3. Proceed to OPS Child and Adolescent Unit and wait for your name to be called for the initial assessment.	3.1 Conduct initial assessment 3.2 Conduct Consultation and provide intervention and management 3.3 Issue prescription, schedule of follow-up and referral (if applicable) 3.4 Prepare Medical Certificate/ Abstract (if applicable) <i>Refer to HIMS Procedure for Requisition and Issuance of Medical Records</i>	None	30 minutes	Nurse-on-duty Physician-on-duty (OPS Child and Adolescent)



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CHILD AND ADOLESCENT PSYCHIATRIC CONSULTATION (FACE-TO-FACE)

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	<p>Note: Medical Certificate / Abstract is only applicable to clients with at least three (3) check-ups and one (1) Psychological test.</p> <p>For clients who will purchase medicine/ avail the Malasakit Medical Assistance, refer to Pharmacy Section Procedure for Requisition and Issuance of Drugs and Medicine.</p>			
END OF TRANSACTION		NONE	1 hour	



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WOMEN & CHILDREN PROTECTION UNIT CONSULTATION (FACE-TO-FACE)

The Women and Children Protection Unit aims to:

1. Identify all women and children 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 women and children who are victims of abuse
3. Provide proper documentation of all identified cases of women and children abuse
4. Report all cases seen of women and children abuse to appropriate agencies

Operating hours; Monday to Friday except holidays; 8:00 am – 5:00 pm (No Noon Break)

OFFICE	Women & Children Protection Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Women and Children 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	
Referral Letter (original copy)		Referring agency (PNP, CSWD, LGU/Barangay), Attending Physician	
Social Case Study Report		DSWD	
Court Order / Subpoena (if applicable)		Trial Court	
Police Report or Barangay Blotter		Philippine National Police / Barangay Office	
Schedule Slip		WCPU	
Reference Slip		WCPU	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to WCPU at Pavilion 15 for WCPU triaging and signing of informed consent	1.1. Verify presented documents 1.2. Provide Informed Consent Form 1.3. Conduct initial assessment and classification	None	25 minutes	Midwife / Admin. Aide (WCPU)
2. Submit self for appropriate evaluation and treatment	2.1. Conduct psychiatric interview, examination and treatment. 2.2. Provide prescription (if necessary), 2.3. Provide schedule slip and reference slip; Psychological Assessment Referral Form (if necessary)	None	1 hour 30 minutes	Physician-in-Charge (WCPU) Midwife / Admin. Aide (WCPU)
END OF TRANSACTION		NONE	1 hour and 55 minutes	



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**WOMEN & CHILDREN PROTECTION UNIT CONSULTATION
(FACE-TO-FACE FOLLOW-UP CONSULTATION)**

The Women and Children Protection Unit aims to:

1. Identify all women and children 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 women and children who are victims of abuse
3. Provide proper documentation of all identified cases of women and children abuse
4. Report all cases seen of women and children abuse to appropriate agencies

Operating hours; Monday to Friday except holidays; 8:00 am – 5:00 pm (No Noon Break)

OFFICE	Women & Children Protection Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Women and Children 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	
Referral Letter (original copy)		Referring agency (PNP, CSWD, LGU/Barangay), Attending Physician	
Social Case Study Report		DSWD	
Court Order / Subpoena (if applicable)		Trial Court	
Police Report or Barangay Blotter		Philippine National Police / Barangay Office	
Schedule Slip		WCPU	
Reference Slip		WCPU	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to WCPU and present schedule slip	1. Verify schedule and provide queuing number	None	1 minute	Midwife / Admin. Aide (WCPU)
2. Wait for your name / number to be called for psychiatric evaluation and management or psychological assessment	2.1 Conduct psychiatric interview, examination and treatment or psychological assessment. 2.2 Provide necessary prescription, 2.3 Provide follow-up schedule slip and reference slip	None	1 hour 30 minutes or 4 hours for psychological assessment	Physician-in-charge/ Psychologist (WCPU) Midwife / Admin. Aide (WCPU)
END OF TRANSACTION		NONE	1 hour and 36 minutes 4 hours for Psychological Assessment	



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WOMEN & CHILDREN PROTECTION UNIT CONSULTATION (ON-LINE)

The Women and Children Protection Unit aims to:

1. Identify all women and children 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 women and children who are victims of abuse
3. Provide proper documentation of all identified cases of women and children abuse
4. Report all cases seen of women and children abuse to appropriate agencies

Operating hours; Monday to Friday except holidays; 8:00 am – 5:00 pm (No Noon Break)

OFFICE	Women & Children Protection Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Women and Children 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	
Referral Letter (scanned copy)		Referring agency (PNP, CSWD, LGU/Barangay), Attending Physician	
Social Case Study Report (scanned copy)		DSWD	
Court Order / Subpoena (if applicable)		Trial Court	
Police Report or Barangay Blotter (scanned copy)		Philippine National Police / Barangay Office	
Reference Slip		WCPU	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure schedule for E-Consultation thru: a. Phone (+63 8531-9001 loc. 309) b. Email (wcpu@ncmh.gov.ph)	1. Provide schedule	None	1 minute	Midwife / Admin. Aide (WCPU)
2. Search in the browser (bit.ly/wcpudata) and answer NCMH WCPU Patient Sociological Data	2. Verify information	None	5 minutes	Resident-in-Charge (WCPU)
3. Wait for the confirmation via e-mail	3. Send confirmation and other details for the free online session via doxy.me/zoom/googlemeet	None	2 minutes	Resident-in-Charge (WCPU)
4. On the day of e-consultation, follow the instruction given to log in the doxy.me/zoom/googlemeet and submit to initial interview	4.1 Conduct initial interview, history taking, mental status examination, physical and neurological examination and disposition. 4.2 Provide e-prescription (if necessary) and reference slip	None	45 minutes	Resident-in-Charge Chief WCPU (WCPU)
END OF TRANSACTION		NONE	53 minutes	



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FORENSIC PSYCHIATRY CONSULTATION

Forensic out-patient consultation is available from Monday to Friday, 8:00 AM to 5:00 PM (No Noon Break).

OFFICE	Forensic Psychiatry Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	Clients 19 years old and above with court case/s		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Court Order (2 copies)		Trial Court	
Case Information (2 copies)		Philippine National Police	
Referral letter (if applicable)		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 (63 02 85319001 loc. 320) or b. E-mail at ncmhforensic@gmail.com	1.1 Check Court Order 1.2 Check if client has symptoms of Covid-19 1.3 Provide schedule date for consultation	None	5 minutes	Resident-in-Charge; Consultant/s (Pavilion 4)
2. On the day of consultation, proceed to Triage area for Covid-19 screening.	2.1 Check temperature 2.2 Accomplish history and symptoms checklist	None	5 minutes	Physician-in-Charge Nurse-on-Duty (Triage Area)
3. Proceed to the Health Information Management Section (HIMS)	3.1 Secure patient record/chart. 3.2 Call Forensic Psychiatry Section to get the patient record.	None	30 minutes	HIMS Personnel (HIMS)
4. Proceed to Pavilion 4, wait to be called, and submit self for evaluation and/or management	4.1 Conduct interview, history taking, mental status exam, physical and neurological exam 4.2 Provide prescription (if necessary) 4.3 Schedule for psychological exam (if necessary) 4.4 Provide follow-up instruction and slip.	None	1 hour	Resident-in-Charge Consultant (Pavilion 4)
END OF TRANSACTION		NONE	1 hour and 40 minutes	



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PUBLIC HEALTH UNIT

The Public Health Unit provides technical assistance related to promotion of mental health, as well as DOH programs. Operating hours: Monday to Friday except holidays; 8:00 am – 5:00 pm (No Noon Break).

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 agencies, organizations needing technical assistance related to promotion of mental health, as well as DOH programs		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Invitation / Request Letter		Respective agencies / organizations	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send invitation / request letter addressed to the Medical Center Chief	1.1 Receive invitation / request	None	2 days	MCC Secretary Medical Center Chief (MCC Office)
	1.2 Approve request			
	1.3 Coordinate and verify with the client for the details of the request			
	1.4 Prepare requested assistance		1 day	
2. Receive assistance requested	2. Implementation of requested assistance	None	1 day	Head, Public Health Unit (PHU)
END OF TRANSACTION		NONE	4 days	



DEPARTMENT OF HEALTH
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SCREENING AND CONSULTATION AT TRIAGE AREA

The Triage Area is tasked to screen NCMH employees to determine case history in relation with Covid-19. The Triage is open 24/7 (No Noon Break).

OFFICE	Covid-19 Triage Area		
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	
Health Declaration Form		COVID Triage Area	
Laboratory Result: CBC with PC		Clinical Laboratory Section	
Chest X-Ray Result		Radiology Section	
RT-PCR Test Result		COVID Triage Area	
CIF		RITM website	
CF2		Philhealth Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the COVID-19 Triage Area.	1.1 Temperature Check 1.2 Accomplish COVID-19 screening form.	None	2 minutes	Nurse-on-duty; Midwife (Triage Area)
2. Submit self for history taking.	2.1 Conduct history taking. 2.2 Issue laboratory and chest x-ray request form (if necessary)	None	20 minutes	Nurse-on-duty Medical Officer/ Triage Officer (Triage Area)
3. Proceed to Laboratory Section and submit the laboratory request form and accomplished CIF and CF2.	3. <i>Refer to Clinical Laboratory Procedure of Examination for Out-Patients and NCMH Employees</i>	None	10 minutes <i>Result will be released after an hour</i>	Medical Technician (Clinical Laboratory Section)
4. Proceed to Radiology Section and submit the radiology request form.	4. <i>Refer to X-Ray and Ultrasound Procedure</i>	None	30 minutes <i>Result will be released after 2 working days</i>	Radiologic Technologist (Radiology Section)
5. Return to the Triage Area and submit the laboratory and x-ray result.	5. Interpret the laboratory result for proper management and treatment if needed.	None	5 minutes	Doctor (Triage Area)
END OF TRANSACTION		None	2 days, 2 hours and 7 minutes	



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

RAPID MANAGEMENT OF EMERGENCY CASES

The Pavilion 7 Emergency Room caters all clients seeking urgent care. The E.R is open 24/7 (No Noon Break).

OFFICE	Pavilion 7 Emergency Room		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All clients requiring urgent care and management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Sociological Data Sheet		Pavilion 7 Emergency Room	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 7 Emergency Room	1. Conduct initial assessment, vital signs taking, and triaging; provide rapid treatment and intervention if necessary.	None	5 minutes	Physician Nurse-on-duty NA-on-duty (Pavilion 2 ER)
2. Undergo medical / surgical intervention and management and subject to required diagnostic procedures.	2.1 Conduct history taking, applicable examination and provide appropriate management and referral to other services 2.2 Evaluate COVID-19 diagnostic tests. 2.3 Provide diagnosis for proper disposition	None	15 minutes	Doctor Nurse-on-duty (Pavilion 7 ER)
3. If for Admission: Admit to the designated ward <i>See Procedure for Admission</i>	3. Transfer client to the designated ward and facilitate proper endorsement	None	5 minutes	Nurse-on-duty NA-on-duty (Pavilion 7 ER)
END OF TRANSACTION		None	25 minutes	



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

ADMISSION AT PAVILION 7 MEDICAL SURGICAL CASES

Emergency Room is open from Monday to Sunday for 24 hours for psychiatric clients with medical conditions.

OFFICE	Pavilion 7		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All clients with medical and surgical problems requiring admission		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Admitting Order Sheet		Admitting physician (Pavilion 7 ER)	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Pavilion 7 Emergency Room	1.1 Evaluate Covid-19 laboratory results 1.2 Conduct interview and client history 1.3 Classify client accordingly 1.4 Facilitate enrollment to Philhealth	None	20 minutes	Physician Social Worker Philhealth Personnel (Pavilion 7 MS Ward)
2. Sign patient's ID and other necessary documents	2. Accomplish Patient's ID and conduct orientation policies on hospital set-up	None	15 minutes	Nurse-on-duty NA-on-duty (Pavilion 7 MS Ward)
3. Admit to the designated ward	3. Transfer client to the designated ward and facilitate proper endorsement	None	5 minutes	Nurse-on-duty NA-on-duty (Pavilion 7 MS Ward)
END OF TRANSACTION		None	40 minutes	



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

CONSULTATION OF PRESUMPTIVE TB CASES FOR IN-PATIENT

The TB DOTS Clinic ensures availability of quality-assured sputum microscopy and provides uninterrupted supply of anti-TB drugs and supervised treatment. The service is available from Monday to Friday, 8:00 am - 5:00 pm (No Noon Break).

OFFICE	Pavilion 7 TB DOTS Clinic		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All In-Patients requiring TB treatment Plan and Medication		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Patient Chart		Pavilion of origin	
Chest X-ray Result		Radiology Section	
Intra-Hospital Referral Form		Pavilion of origin	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to TB DOTS Clinic and submit patient's chart, chest x-ray result and intra-hospital referral form.	1.1 Receive patient's chart, chest x-ray and intra-hospital referral form 1.2 Evaluate chest x-ray 1.3 Issue Gene Xpert request form	None	25 minutes	Nurse-on-duty Physician (TB DOTS Clinic)
2. Collect sputum specimen	2. Assist client in the collection of sputum specimen	None	10 minutes	NA-on-duty
3. Submit sputum specimen to TB DOTS Clinic	3. Receive sputum specimen for Gene Xpert to be submitted to the Laboratory Section If positive: Refer back to TB DOTS Clinic for trans out to TB Pavilion If negative: Refer back to TB DOTS Clinic for re-evaluation If TB positive with COVID: start TB medication at the pavilion of origin then for trans-out to TB pavilion once negative Covid-19 result as per TB clinic clearance	None	5 minutes Official Result will be released after one (1) working day	Nurse-on-duty (TB DOTS Clinic)
4. Receive treatment plan and TB Medication	4.1 Order and issue TB Medication 4.2 Endorse treatment plan	None	5 minutes	Physician Nurse-on-duty (TB DOTS Clinic)
END OF TRANSACTION		None	1 day and 45 minutes	



DEPARTMENT OF HEALTH NATIONAL CENTER FOR MENTAL HEALTH

DISCHARGE PROCESS

When a client no longer needs to receive inpatient care and can go home or send to another type of facility, he/she must undergo the Discharge Process.

OFFICE	Pavilion 7		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All clients admitted in Pavilion 7 for discharge		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Discharge Clearance		Nurse's Station	
Philhealth Forms		Philhealth Unit / Nurse's Station	
Official Receipt (For pay patient only)		Collection and Deposit Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive Notice of Discharge.	1.1 Document order of discharge. 1.2 Accomplish Philhealth Forms. 1.3 Inform notice of discharge & provide list of requirements	None	20 minutes	Attending Physician Nurse-on-duty (Pavilion 7)
2. Submit all accomplished documents	2.1 Validate completeness of documents. 2.2 Provide discharge clearance.	None	20 minutes	Nurse-on-duty (Pavilion 7)
3. Proceed to respective offices for signing of clearance	3.1 Verify client's account. 3.2 Once cleared, sign the discharge clearance.	None	2 hours	Pharmacy Personnel (Pharmacy Section) Radiology Personnel (Radiology Section) Laboratory Personnel (Laboratory Section) CSR Personnel
4. Present discharge clearance.	4. Issue Final Statement of Account	None	5 minutes	Billing Personnel (Billing and Claims Unit)
5. Proceed to the Collection and Deposit Unit and provide amount to be paid.	5. Process the payment and issue Official Receipt.	Hospital bill fees	3 minutes	Collecting Officer (Collection and Deposit Unit)
6. Present Official Receipt and Discharge Clearance	6.1 Verify OR and Discharge Clearance. 6.2 Provide health education, prescription, schedule of follow-up and referral slip if applicable 6.3 Assist client towards discharge.	None	20 minutes	Nurse-on-duty NA-on-duty (Pavilion 7)
END OF TRANSACTION		Applicable Hospital Bill	3 hours and 8 minutes	



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

CLINICAL LABORATORY EXAMINATIONS FOR IN-PATIENTS

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.			
OFFICE	Clinical Laboratory Section		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All in-patients requiring laboratory examination		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Laboratory Request Form (1 copy)		Requesting physician	
Charge Slip		Clinical Laboratory Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Clinical Laboratory receiving window and submit client's Clinical Laboratory Request form. For non-blood specimen, submit specimen.	1. Receive Clinical Laboratory Request Form for verification. For clients availing endowment thru Malasakit Center, issue charge slip and return the verified Clinical Laboratory Request form to ward personnel. For non-blood specimen, evaluate specimen for adequacy and fitness. For routine requests requiring blood specimen, schedule blood extraction (morning pick-up)	None	4 minutes	Clinical Laboratory Personnel (Clinical Lab Section)
1.1. For clients availing endowment thru Malasakit Center: Ward personnel proceeds to Malasakit Center and present client's Clinical Laboratory Request Form and Charge Slip.	1.1. Assess for eligibility of endowment (Refer to Malasakit Center Medical Assistance Procedure)	None	40 minutes	Malasakit Center Front Desk Officers Malasakit Center Social Worker (Malasakit Center)
2. Proceed to the Clinical Laboratory receiving window and resubmit Clinical Laboratory Request form and charge slip verified by Malasakit Center.	2. Verify the charge slip	None	2 minutes	Clinical Laboratory Personnel (Clinical Lab Section)
3. Wait for the arrival of Clinical Laboratory Personnel to the ward.	3. Proceed to the ward to perform blood extraction	None	20 minutes	Clinical Laboratory Personnel (Clinical Lab Section)



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

CLINICAL LABORATORY EXAMINATIONS FOR IN-PATIENTS

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
4. Client submits to ward personnel for blood extraction.	4.1. Verify client's identity thru the ward personnel for blood extraction 4.2. Perform blood extraction while being assisted by the ward personnel	None	13 minutes	Clinical Laboratory Personnel Ward Personnel
5. Wait for the result	5. Process specimen, generate and validate result	Refer to schedule of fees below	3 hours 45 minutes for General Clinical Laboratory Examination 5 days 45 minutes for Microbial Culture and Sensitivity Testing	Clinical Laboratory Personnel (Clinical Lab Section)
6. Receive Official Result	6. Release Official Result to the personnel at the ward	None	2 minutes	Clinical Laboratory Personnel (Clinical Lab Section)
END OF TRANSACTION		Refer to schedule of fees below	5 hours and 4 minutes for General Examination 5 days, 2 hours and 4 minutes for Microbial Culture and Sensitivity Testing	



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

**CLINICAL LABORATORY EXAMINATIONS FOR OUT-PATIENTS
AND NCMH EMPLOYEES**

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.

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 copy)		Out Patient Section	
Charge Slip		Clinical Laboratory Section	
Official Receipt		Collection and Deposit Unit	
Valid Government-Issued ID (1 original copy)		Respective issuing government agencies	
PWD or Senior Citizen ID (original copy)		Respective issuing agencies	
Authorization Letter (if applicable)		Client	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Clinical Laboratory receiving window and submit Clinical Laboratory Request Form	1.1 Receive Clinical Laboratory Request Form for verification. 1.2 Explain the procedures and fees. 1.3 Issue charge slip. 1.4 Return verified Clinical Laboratory Request Form for clients availing endowment thru Malasakit Center.	None	4 minutes	Clinical Laboratory Personnel (Clinical Lab Section)
2. Proceed to the Collection and Deposit Unit and provide amount to be paid. For Malasakit Center client: Proceed to Malasakit Center and present Clinical Laboratory Request Form and Charge Slip.	2. Process the payment and issue Official Receipt. Assess for eligibility of endowment (<i>Refer to Malasakit Center Medical Assistance Procedure</i>)	Refer to schedule of fees below	3 minutes 40 minutes	Collecting Officer (Collection and Deposit Unit) Malasakit Center Front Desk Officers Malasakit Center Social Worker (Malasakit Center)
3. Return to the Clinical Laboratory receiving window and present Official Receipt/ Clinical Laboratory Request Form and Charge Slip verified by Malasakit Center	3. Verify the Official Receipt and Charge Slip	None	2 minutes	Clinical Laboratory Personnel (Clinical Lab Section)



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

**CLINICAL LABORATORY EXAMINATIONS FOR OUT-PATIENTS
 AND NCMH EMPLOYEES**

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
4. For blood examination, proceed to the blood extraction room. For non-blood specimen, submit specimen.	4. Perform blood extraction or receive specimen	None	10 minutes	Clinical Laboratory Personnel (Clinical Lab Section)
5. Wait for the result	5. Process specimen, generate and validate result	None	Three (3) hours and 45 minutes for General Clinical Laboratory Examinations Five (5) days for Microbial Culture and Sensitivity Testing	Clinical Laboratory Personnel (Clinical Lab Section)
6. Present the Charge Slip, Official Receipt, ID, and authorization letter (if applicable) to claim the Official Result	6.1 Verify charge slip (if applicable), official receipt and ID. 6.2 Release Official Result	None	2 minutes	Clinical Laboratory Personnel (Clinical Lab Section)
END OF TRANSACTION		Refer to schedule of fees below	4 hours and 43 minutes for General Examination 5 days and 58 minutes for Microbial Culture and Sensitivity Testing	



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

LIST OF FEES FOR CLINICAL LABORATORY EXAMINATIONS

SECTION	PROCEDURE	CURRENT PRICE
HEMATOLOGY	Complete Blood Count (CBC)	₱200.00
	Body Fluid Cell Count (CSF, Pleural Fluid)	₱200.00
	Erythrocyte Sedimentation rate (ESR)	₱100.00
	Clotting Time	₱100.00
	Bleeding Time	₱100.00
	Malarial Smear	₱150.00
	Peripheral Smear	₱200.00
	Reticulocyte Count	₱200.00
BLOOD BANKING	Blood Typing	₱300.00
	Crossmatching	₱800.00
	Coomb's Test	₱800.00
CLINICAL CHEMISTRY	Glucose (FBS / RBS)	₱150.00
	Oral Glucose Tolerance Test (OGTT)	₱450.00
	Oral Glucose Challenge Test (OGCT)	₱300.00
	2-Hour Post-Prandial Test	₱300.00
	Glycated Hemoglobin /Hemoglobin A1c (HbA1c)	₱650.00
	Blood Urea Nitrogen (BUN)	₱160.00
	Creatinine	₱150.00
	Blood Uric Acid (BUA)	₱190.00
	Total Cholesterol	₱170.00
	Triglycerides	₱220.00
	High-Density Lipoprotein (HDL)	₱270.00
	Low-Density Lipoprotein (LDL)	₱360.00
	Alkaline Phosphatase	₱200.00
	Alanine Aminotransferase (ALT/SGPT)	₱200.00
	Aspartate Aminotransferase (AST/SGOT)	₱200.00
	Lactate Dehydrogenase (LDH)	₱240.00
	Total Bilirubin	₱250.00
	Indirect & Direct Bilirubin	₱270.00
	Total Protein	₱180.00
	Albumin & Globulin	₱180.00
	CSF Protein	₱240.00
	Sodium (Serum or Urine)	₱200.00
	Potassium	₱200.00
	Magnesium	₱240.00
	Chloride	₱200.00
	Total Calcium	₱200.00
	Ionized Calcium	₱470.00
	Phosphorus	₱200.00
	Valproic Acid	₱1,127.00
	Carbamazepine	₱950.00
	Lithium	₱300.00
	Troponin I	₱1,200.00
	CK-MB	₱320.00
	CK TOTAL	₱260.00
CLINICAL MICROSCOPY	Urinalysis	₱100.00
	Fecalysis / Stool Exam	₱100.00
	Pregnancy Test	₱100.00
	Fecal Occult Blood Test (FOBT)	₱150.00



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

LIST OF FEES FOR CLINICAL LABORATORY EXAMINATIONS

SECTION	PROCEDURE	CURRENT PRICE
MICROBIOLOGY	Gram Stain	₱100.00
	AFB Stain	₱100.00
	KOH Smear	₱100.00
	Culture and Sensitivity	
	Blood CS with ARD	₱1,500.00
	Urine CS	₱650.00
	Stool CS	₱650.00
	Exudate CS	₱650.00
	CSF CS	₱650.00
	Throat Swab	₱650.00
	Rectal Swab	₱650.00
	Sputum CS	₱650.00
SEROLOGY	HBsAg – Hepatitis B Surface Antigen	₱300.00
	HIV Screening	₱320.00
	Syphilis Test (RPR/Anti-TP)	₱150.00
	Anti-HAV	₱300.00
	Anti-HBS	₱300.00
	Anti-HCV	₱300.00
	Salmonella IgM, IgG	₱450.00
	Dengue NS1	₱860.00
	Dengue IgM, IgG	₱860.00
	NT-Pro BNP	₱2,200.00
	C-Reactive Protein (CRP)	₱550.00
	D-Dimer	₱2,200.00
	Procalcitonin	₱2,200.00



DEPARTMENT OF HEALTH NATIONAL CENTER FOR MENTAL HEALTH

PROCEDURE FOR COVID-19 RT-PCR TESTING

The Clinical Laboratory Section is where client's nasopharyngeal and oropharyngeal swab samples are collected, submitted to the Subnational Laboratory and other referral laboratories, and tested for SARS-CoV-2. The service is available 7 days a week, 24 hours a day (No Noon Break)

OFFICE	Clinical Laboratory Section		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All in-patients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
<ul style="list-style-type: none"> Case Investigation Form PhilHealth Claim Form 2 Proof of Admission for Foreign Patients 		<ul style="list-style-type: none"> Patient's Ward PhilHealth Unit, Patient's Ward Patient's Ward 	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit applicable requirements to the Clinical Laboratory receiving window	1. Verify requirements for completeness of data	None	10 minutes	Clinical Laboratory Personnel (Clinical Lab Section)
2. Wait for the arrival of Clinical Laboratory Personnel to the ward	2. Proceed to the ward to perform swab sample collection from patient	None	20 minutes	Clinical Laboratory Personnel (Clinical Lab Section)
3. Submit self for swab collection	3.1 Verify client's identity for swabbing 3.2 Perform blood swab collection <i>The Ward Personnel assists the Clinical Laboratory Personnel in the procedure at all times</i>	None	10 minutes	Clinical Laboratory Personnel (Clinical Lab Section) Ward Personnel
4. Wait for the result	4.1 Prepare collected swab samples and perform proper packaging technique prior to sending and testing to the subnational and other referral laboratories 4.2 Submit swabs samples to Subnational and other referral laboratories for testing	None	10 minutes 4 hours	Clinical Laboratory Personnel (Clinical Lab Section) Clinical Laboratory Personnel (Clinical Lab Section)
5. Receive official result	5. Release official result to the ward personnel	None	6 days upon submission and receipt of sample by the Subnational Laboratory and referral laboratories for PCR Testing	Clinical Laboratory Personnel (Clinical Lab Section)
END OF TRANSACTION		None	PCR Testing 6 days, 4 hours and 50 minutes	



DEPARTMENT OF HEALTH NATIONAL CENTER FOR MENTAL HEALTH

X-RAY AND ULTRASOUND SERVICES

The Radiology Section provides a comprehensive diagnostic imaging service to all clients. The service is available from Monday to Friday, 8:00 am – 5:00 pm (No Noon Break).

OFFICE	Radiology Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All In-Patients, Out-Patients and NCMH Employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Radiology Request Form (1 copy)		Out Patient Section	
Charge Slip		Radiology Section	
Patient Chart – for in-patient only		Pavilion of Origin	
Official Receipt		Collection and Deposit Unit	
Valid Government-Issued ID (1 original copy)		Respective issuing government agencies	
PWD or Senior Citizen ID (if applicable)		Respective issuing agencies	
Authorization Letter (if applicable)		Client	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3. For In-Patient: The Nursing Attendant presents the Radiology request form with the patient chart. For Out-Patient and NCMH Employees: Presents Radiology request form	1.1. Receive Radiology Request Form for verification. 1.2. Explain the procedures and fees. 1.3. Issue charge slip. 1.4. Return verified Radiology Request Form for clients availing endowment thru Malasakit Center.	None	2 minutes	Radiologic Technologist / Administrative Aide (Radiology Section)
4. For Out-Patient and NCMH Employees: Proceed to the Collection and Deposit Unit and provide amount to be paid For Malasakit Center Client: Proceed to Malasakit Center. Presents charge slip and Radiology request form.	2. Process the payment and issue Official Receipt. Assess for eligibility of endowment (<i>Refer to Malasakit Center Medical Assistance Procedure</i>)	Refer to schedule of fees below	3 minutes 40 minutes	Collecting Officer (Collection and Deposit Unit) Malasakit Center Front Desk Officers Malasakit Center Social Worker
3. Return to the Radiology Section and present Official Receipt/ Radiology Request Form and Charge Slip verified by Malasakit Center	3. Verify the Official Receipt and Charge Slip	None	2 minutes	Radiologic Technologist / Administrative Aide (Radiology Section)
4. Proceed to the radiographic / ultrasound room.	4.1 Verify client's identity. 4.2 Execute the desired procedure.	None	30 minutes	Radiologic Technologist (Radiology Section)



DEPARTMENT OF HEALTH
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X-RAY AND ULTRASOUND SERVICES

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
5. Receive result after 2 working days. For In-Patient: The receiving medical personnel writes his / her name and signs in the releasing folder. For Out-Patient and Employee: Present valid I.D	5. Issue result after 2 working days. For In-Patient: The official result will be delivered to the respective pavilion.	None	2 minutes <i>Official result will be issued after two (2) working days</i>	Radiologic Technologist (Radiology Section) Administrative Aide
END OF TRANSACTION		Refer to schedule of fees below	2 days, 1 hour and 19 minutes	



DEPARTMENT OF HEALTH NATIONAL CENTER FOR MENTAL HEALTH

LIST OF FEES FOR X-RAY AND ULTRASOUND SERVICES

PROCEDURE	FEE (Php)	READER'S FEE (Php)	PROCEDURE	FEE (Php)	READER'S FEE (Php)	PROCEDURE	FEE (Php)	READER'S FEE (Php)
ABDOMEN (Adult)	350.00	50.00	INTRAOPERATIVE CHOLANGIOGRAM (IOC)	1200.00	200.00	T-TUBE CHOLANGIOGRAM	1000.00	200.00
ABDOMEN (Pedia)	350.00	50.00	INTRAVENOUS PYELOGRAPHY (IVP)	1500.00	200.00	UPPER GI SERIES	1500.00	200.00
ABDOMEN (Supine Cross Table Lateral)	350.00	50.00	KUB (Adult) with Bowel Preparation	250.00	50.00	URETHROGRAM	1150.00	200.00
ABDOMEN (Right and Left Decubitus)	350.00	50.00	KUB (Pedia) with Bowel Preparation	250.00	50.00	ONE (1) ORGAN	350.00	200.00
ANKLE AP/ LATERAL	300.00	50.00	LEG AP / Lateral	350.00	50.00	THYROID GLAND	500.00	200.00
ANKLE MORTISE	300.00	50.00	LUMBOSACRAL (2 Views)	400.00	50.00	HEMITHORAX	350.00	200.00
ARM AP / LATERAL	300.00	50.00	MAXILLA / MANDIBLE (Adult)	350.00	50.00	HEMITHORAX WITH MARKING	400.00	200.00
BABYGRAM (Neonates)	450.00	50.00	MAXILLA / MANDIBLE (Pedia)	400.00	50.00	SOFT TISSUE	350.00	200.00
BARIUM ENEMA – Adult & Pedia (ECM)	1600.00	50.00	MASTOID (Adult/ Pedia 3 Views)	500.00	50.00	KIDNEYS	450.00	200.00
BONE AGING (Adolescents)	800.00	50.00	MASTOID SERIES	600.00	50.00	KIDNEYS-URETER-BLADDER (KUB)	750.00	200.00
CALCANEUS AXIAL / LATERAL	350.00	50.00	MODEFIED BARIUM SWALLOW	850.00	50.00	KIDNEYS-URETER-BLADDER (KUB)-PROSTATE	1000.00	200.00
CERVICAL AP / LATERAL	300.00	50.00	NASAL BONE	250.00	50.00	HEPATOBIILIATY TREE	500.00	200.00
CERVICAL OBLIQUE	300.00	50.00	NECK (STL)	300.00	50.00	UPPER ABDOMEN	1000.00	200.00
CERVICAL C1-C2 VIEW	300.00	50.00	ORBIT (Adult)	350.00	50.00	LOWER ABDOMEN	1000.00	200.00
CHEST PA (Adult)	350.00	50.00	ORBIT (Pedia 2 Views)	350.00	50.00	WHOLE ABDOMEN	1500.00	400.00
CHEST PA (Pedia 2 views)	350.00	50.00	PARANASAL SINUSES (Adult)	500.00	50.00	SCROTAL TESTIS	600.00	200.00
CHEST SUPINE	250.00	50.00	PARANASAL SINUSES (Pedia)	500.00	50.00	PELVIS (Trans-Abdominal Sonography)	500.00	200.00
CHEST APICOLORDOTIC View	220.00	50.00	PAROTID SIALOGRAM	1000.00	200.00	BIOPHYSICAL SCORING	700.00	200.00
CHEST SPOT View	220.00	50.00	PATELLA	220.00	50.00	TRANSVAGINAL KUB	600.00	200.00
CHEST (Right/ Lateral Decubitus)	350.00	50.00	PELVIS	350.00	50.00	PRE-VOID, POST-VOID ASSESSMENT	700.00	200.00
CHEST LATERAL View (Adult)	250.00	50.00	PROXIMAL COLONOGRAM	1500.00	200.00	KUB-PROSTATE PRE-VOIS POST-VOID ASSESSMENT	800.00	200.00
CLAVICLE	300.00	50.00	SCOLIOSIS SERIES	500.00	120.00	PROSTATE (Transabdominal Approach)	1100.00	200.00
CYSTOGRAM	1150.00	50.00	SHOULDER JOINT (2 Views)	350.00	50.00	PROSTATE (Transrectal Approach)	350.00	200.00
CYSTOURETHROGRAM	1200.00	200.00	SKELETAL SURVEY	1500.00		INGUINO-SCROTAL	550.00	200.00
DISTAL COLONOGRAM	1500.00	200.00	SKULL AP/ LATERAL	350.00	50.00	BREAST	700.00	200.00
ELBOW JOINT AP/ LATERAL (1 side)	300.00	50.00	SKULL SERIES (PA, Lateral and Townie's)	450.00	50.00	CRANIAL	500.00	200.00
ESOPHAGOGRAM	800.00	200.00	SMALL BOWEL SERIES	1500.00	200.00	Focused Assessment with Sonography in Trauma	800.00	200.00
FISTULOGRAM	800.00	200.00	TEMPOROMANDIBULAR JOINT	350.00	50.00	ABDOMINAL AORTA	600.00	200.00
FOOT AP/ OBLIQUE	250.00	50.00	THIGH (FEMUR)	350.00	50.00	ZYGOMA	300.00	50.00
FOREARM AP/ LATERAL	250.00	50.00	THORACIC CAGE (Adult)	300.00	50.00	INVERTOGRAM	500.00	200.00
HAND AP / OBLIQUE	250.00	50.00	THORACIC CAGE (Pedia)	250.00	50.00	WRIST AP / LATERAL	250.00	50.00
HIPS	350.00	50.00	THORACIS SPINE	600.00	50.00			
HISTEOSALPINGOGRAM	1200.00	200.00	THORACO-LUMBAR	600.00	120.00			



DEPARTMENT OF HEALTH NATIONAL CENTER FOR MENTAL HEALTH

COMPUTED TOMOGRAPHY SCAN (CT SCAN)

The service is available from Monday to Friday, 8:00 am – 5:00 pm. 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 G2G – Government to Government
WHO MAY AVAIL	All In-Patients, Out-Patients and NCMH Employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
CT Scan Request Form		Requesting physician	
Patient Chart (For In-Patient only)		Pavilion of origin	
BUN / Creatinine (for with contrast procedures only)		Laboratory Section	
Valid Government ID (For Out-Patient)		Respective issuing government agencies	
PWD / Senior Citizen ID (if applicable)		Respective issuing agencies	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For In-Patient: The Nursing Attendant presents the CT scan request with the patient chart. For Out-Patient and Employees: Present radiology request	1.1. Receive CT scan request and the patient chart. 1.2. Explain the procedures (provides schedule, preparation and instruction). 1.3. Prepare Charge Slip	None	4 minutes	Radiologic Technologist Administrative Aide (Radiology Section)
2. For Out-Patient and NCMH Employee: Proceed to the Collection and Deposit Unit window and provide amount to be paid. For Malasakit Center Client: Proceed to Malasakit Center. Presents Charge slip and CT Scan Request Form	2. Process the payment and issue Official Receipt. Assess for eligibility of endowment (<i>Refer to Malasakit Center Medical Assistance Procedure</i>)	Refer to schedule of fees below	3 minutes 40 minutes	Collecting Officer (Collection and Deposit Unit) Malasakit Center Front Desk Officers Malasakit Center Social Worker (Malasakit Center)
3. On the scheduled date: For In-Patient: the Nursing Attendant presents the CT scan request and the patient's chart. For Out-Patient and Employee: Present the CT scan request.	3.1 Receive CT scan request and patient's chart. 3.2 Encode information at the Hospital Management Information System. 3.3 Verify the Official receipt and Charge Slip	None	5 minutes	Radiologic Technologist Administrative Aide (Radiology Section)



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

COMPUTED TOMOGRAPHY SCAN (CT SCAN)

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For Malasakit Center Client: Present Official Receipt / Charge Slip verified by Malasakit Center.				
4. Proceed to the CT scan room	4. Execute the desired procedure	None	1 hour	Radiologic Technologist (Radiology Section)
5. Receive result after two (2) working days. For In-Patient: The receiving medical personnel writes his / her name and signs in the releasing folder. For Out-Patient and Employee: Present valid I.D	5. Issue result For In-Patient: The official result will be delivered to the respective pavilion.	None	2 minutes <i>Official result will be issued after two (2) working days.</i>	Radiologic Technologist Administrative Aide (Radiology Section)
END OF TRANSACTION		Refer to schedule of fees below	2 days, 1 hour and 53 minutes	



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

LIST OF FEES FOR CT SCAN PROCEDURE

CT SCAN PROCEDURE		RATE (Php)	READER'S FEE (FOR PAY PATIENTS ONLY)
1	Adrenals (Contrast Enhanced)	3,600.00	600.00
2	Cranial (Plain)	2,350.00	600.00
3	Cranial (Contrast Enhanced)	2,350.00	600.00
4	Chest (Plain)	3,700.00	600.00
5	Chest (Contrast Enhanced)	5,000.00	700.00
6	Neck	3,750.00	800.00
7	Neck (Contrast Enhanced)	5,000.00	800.00
8	Orbits	2,350.00	800.00
9	Orbits (Contrast Enhanced)	5,500.00	900.00
10	PNS	2,350.00	600.00
11	PNS (Contrast Enhanced)	3,900.00	600.00
12	Temporal Bone	2,350.00	800.00
13	Nasopharynx / Oral Cavity	4,200.00	800.00
14	Nasopharynx / Oral Cavity (Contrast Enhanced)	5,000.00	800.00
15	Facial Bone	4,000.00	850.00
16	Thoracic Spine	2,647.00	700.00
17	Thoracic Spine (Contrast Enhanced)	4,800.00	800.00
18	Lumbosacral Spine	2,673.00	700.00
19	Lumbosacral Spine (Contrast Enhanced)	4,800.00	800.00
20	Whole Abdomen	7,100.00	1,400.00
21	Whole Abdomen (Single Phase Contrast)	7,900.00	1,400.00
22	Whole Abdomen (Triple Phase Contrast)	8,400.00	1,400.00
23	Upper Abdomen	4,700.00	900.00
24	Upper Abdomen (Single Phase Contrast)	5,500.00	1,000.00
25	Upper Abdomen (Triple Phase Contrast)	8,000.00	1,000.00
26	Lower Abdomen	4,700.00	900.00
27	Lower Abdomen (Contrast Enhanced)	5,500.00	1,000.00
28	Extremities	2,350.00	700.00
29	Extremities (Contrast Enhanced)	4,800.00	800.00
30	Pelvis	2,350.00	700.00
31	CT Guided Biopsy	9,000.00	2,000.00
32	Stonogram	2,673.00	800.00
33	CT Angiography (Brain)	8,400.00	1,600.00
34	Cervical (Plain)	2,647.00	900.00
35	Cervical (Contrast Enhanced)	5,500.00	900.00
36	CT Urogram	9,000.00	1,300.00
37	Pituitary Fossa / Sella	2,350.00	450.00
38	Power Injector Syringe	550.00	-
39	3D Reconstruction	500.00	-
40	Printing of Images (per 14 x 7 film)	200.00	-
41	2D Echo with Doppler Studies	3,500.00	350.00 (10% of rate)

Note: For 2D Echo with Doppler Studies
 NCMH Service Patient - Free of Charge
 NCMH Employee - Php 1,700.00 (50% discount), Reader's Fee – Php 170.00
 Senior Citizen / PWD – Php 2,800.00 (20% discount), Reader's Fee – Php 280.00



DEPARTMENT OF HEALTH NATIONAL CENTER FOR MENTAL HEALTH

DRUG TESTING

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. The service offered is available from Monday to Friday, 8:00 am to 5:00 pm (No Noon Break).

OFFICE	Anatomical Laboratory Section – Drug Testing Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All Out Patients and NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Drug Testing Request Form (if available)		Requesting agency or physician	
Charge Slip		Drug Testing Unit	
Official Receipt		Collection and Deposit Unit	
Client Information Sheet		Drug Testing Unit	
Custody and Control Form		Drug Testing Unit	
Drug Testing Consent Form		Drug Testing Unit	
PWD / Senior Citizen ID (if applicable)		Respective issuing government agencies	
Valid Government Issued ID / Company ID / School ID (1 original copy)		Respective issuing agencies	
Authorization Letter (if applicable)		To be provided by the client	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Drug Testing Unit and present Drug Testing Request Form	1. Receive Drug Testing Request for verification and issue Charge Slip	None	3 minutes	Drug Testing Laboratory Staff (Drug Testing Unit)
2. Proceed to the Collection and Deposit Unit and provide amount to be paid. <i>Present PWD / Senior Citizen ID for discount</i>	2. Process the payment and issue Official Receipt	Drug Testing Fee Php 250.00	3 minutes	Collecting Officer (Collection and Deposit Unit)
3. Return to Drug Testing Unit and present Official Receipt	3. Verify Official Receipt	None	1 minute	Drug Testing Laboratory Staff (Drug Testing Unit)
4. Fill out the following forms: <ul style="list-style-type: none"> Client Information Sheet Verification Form Drug Testing Consent Form Custody and Control Form 	4. Issue the following forms: <ul style="list-style-type: none"> Client Information Sheet Verification Form Drug Testing Consent Form Custody and Control Form 	None	10 minutes	Drug Testing Laboratory Staff (Drug Testing Unit)



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

DRUG TESTING

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
5. Submit the accomplished forms	5.1 Receive and check the accomplished forms for completeness 5.2 Instruct the client regarding proper urine collection 5.3 Give the urine specimen container	None	3 minutes	Drug Testing Laboratory Staff (Drug Testing Unit)
6. Proceed to the designated toilet for urine collection	6. None	None	3 minutes	Drug Testing Laboratory Staff (Drug Testing Unit)
7. Submit the urine specimen	7.1. Receive the urine specimen and label the container accordingly 7.2. Testing of urine specimen	None	6 minutes	Drug Testing Laboratory Staff (Drug Testing Unit)
8. Submit self for photo and biometrics capturing	8. Conduct photo and biometrics capturing	None	4 minutes	Analyst on duty (Drug Testing Unit)
9. Present the Official Receipt, valid ID and authorization letter (if applicable) to claim the Official Result	9.1 Verify Official Receipt and ID 9.2 Issue Official Result	None	2 minutes	Drug Testing Laboratory Staff (Drug Testing Unit)
END OF TRANSACTION		Php 250.00	35 minutes	



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

NEUROPSYCHIATRIC ASSESSMENT AND PSYCHOLOGICAL TESTING

The Psychological Section is tasked in administering different Neuropsychiatric and Psychological examinations that will determine the cognitive and behavioural functioning of an individual. The services offered by the office are available from Monday to Friday (except Thursday) 7:00 AM – 4:00 PM (No Noon Break).

OFFICE	Psychological Section		
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Business
WHO MAY AVAIL	All clients requiring Neuropsychiatric Assessment and Psychological Examination.		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Original Schedule Slip		Psychological Section's Neuropsychiatric Assessment Unit	
Original Referral Letter		From clients' respective offices/agencies	
1 pc. 2x2 ID Picture with white background		To be provided by the client	
Original Charge Slip		Psychological Section's Neuropsychiatric Assessment Unit	
Official Receipt		Collection and Deposit Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Walk-in or call the Psychological Section to inquire on the available schedule for Neuropsychiatric Assessment.	1.1 Issue the Schedule Slip (for Walk-ins) 1.2 Verbal Schedule Confirmation through phone inquiries.	None	5 minutes	Administrative Personnel (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	10 minutes	Administrative Personnel (Psychological Section)
3. Proceed to the Testing Room and undertake the examination and interview	3.1 Administer the battery of Psychological Tests. 3.2 Conduct Interview 3.3 Check completeness of the examination.	None	6 Hours	Psychologist (Psychological Section)
4. Receive Charge Slip for payment of Psychological exam fee.	4. Issue the Charge Slip	None	2 minutes	Administrative Personnel (Psychological Section)
5. Proceed to the Collection and Deposit Unit and pay required amount	5. Process the payment and issue Official Receipt	See price list below	3 minutes	Collecting Officer (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	14 working days	Administrative Personnel



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

NEUROPSYCHIATRIC ASSESSMENT AND PSYCHOLOGICAL TESTING

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	6.2. Score and interpret the administered psychological tests 6.3. Prepare comprehensive psychological reports			Psychologist (Psychological Section)
7. Return on the scheduled date/time of release of Psychological Report and present one (1) valid Government issued ID. <i>If with 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. 7.2 Issue the Psychological Report.	None	10 minutes	Administrative Staff (Psychological Section)
END OF TRANSACTION		See price list below	14 days, 6 hours and 30 minutes	

PSYCHOLOGICAL EXAM FEES	AMOUNT
NCMH Applicants	Php 700.00
NCMH Employees that are for promotion	FREE
Clients from other agencies	Php 1,300.00



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

PSYCHOLOGICAL ASSESSMENT FOR OUT-PATIENT

The Psychological Section is tasked to administer different psychological examinations that will determine cognitive and behavioural functioning of a certain individual. The services offered by the office are available from Monday to Friday (except Thursday) 8:00 am - 5:00 pm (No Noon Break).

OFFICE	Psychological Section		
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2C – Government to Citizen G2G – Government to Business
WHO MAY AVAIL	Out Patients with the following purposes: Diagnostic/ Treatment; School and Work Requirement; Court Order to assess competency to stand trial; SSS/ GSIS Dependency Claim; Philhealth/ PCSO / Medical Financial Assistance ; DSWD requirement		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Psychological Assessment Request Form (original copy)		Attending physician NCMH - OPS	
Charge Slip		Psychological Section	
Official Receipt		Collection and Deposit Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the Psychological Assessment Request Form.	1. Schedule the referred client for assessment.	None	5 minutes	Administrative Personnel (Psychological Section)
2. On the scheduled day of assessment, presents the accomplished return slip of the Psychological Assessment Request Form.	2. Verify the name/s on the list of scheduled examinees, and orient the client to the testing process.	None	5 minutes	Administrative Personnel (Psychological Section)
3. Undertake battery of Psychological tests and interview.	3. Administer battery of psychological tests and conduct interview.	None	6 hours	Psychologist (Psychological Section)
4. Receive Charge Slip for payment of psychological examination fee.	4. Issue Charge Slip.	None	5 minutes	Administrative Personnel (Psychological Section)
5. Proceed to the Collection and Deposit Unit for payment.	5. Process the payment and issue Official Receipt.	See pricelist below	3 minutes	Collecting Officer (Collection and Deposit Unit)
6. Return to the Psychological Section and present Official Receipt for recording purposes.	6.1 Records OR Number 6.2 Instruct client when and where to claim the result. 6.3 Score and interpret the administered psychological tests 6.4 Prepare comprehensive psychological reports 6.5 Forward psychological reports to HIMS	None	14 working days	Administrative Personnel Psychologist (Psychological Section)



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
7. Receive results from the Health Information Management Section (HIMS)	7. Release Psychological Report.	None	5 minutes	Administrative Personnel (HIMS)
END OF TRANSACTION		See price list below	14 days, 6 hours and 25 minutes	

PSYCHOLOGICAL EXAM FEES	AMOUNT
Service (OPS Child and Adult)	Php 300.00
Pay (Adult) IQ Determination	Php 1,500.00
IQ and Personality	Php 3,500.00



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

PHYSICAL THERAPY FOR IN-PATIENT

The Physical Rehabilitation Unit offers Physical Therapy services for neurologic, orthopedic, and musculoskeletal disorders. The services are available Monday to Friday (except declared holidays) from 8:00 am to 5:00 pm (No Noon Break)

OFFICE	Physical Rehabilitation Unit (PRU)		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All in-patients requiring physical therapy		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Physician's Referral		Physician	
Consent Form (for pay patient only)		Respective ward/pavilion	
Charge Slip (for pay patient only)		Physical Rehabilitation Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. NOD /NAOD forward the Physician's Referral to the PT unit.	1.1. Receive Physician's Referral. 1.2. Record client's information	None	5 minutes	PT in charge (PT Unit)
2. For Paying Service User: Guardian / relative issues consent form	2.1 Receive and verifies consent form. 2.2 Inform PT Unit 2.3 Schedule client for PT	None	5 minutes	Nurse-on-duty (Pavilion of Origin) PT in Charge (PT Unit)
3. Submit self for PT procedure	3.1. Initiate Physical Therapy procedure 3.2. Accomplish and forward charge slip to the Billing Unit (for pay patients only)	See pricelist below	1 hour 30 minutes	PT in Charge (PT Unit)
END OF TRANSACTION		See price list below	1 hour and 40 minutes	

AREA	AMOUNT
Service User	FREE
Paying Service User (ICU/Suite Room)	Php 400.00
Private Room	Php 300.00
Ward	Php 200.00
Pavilion 6 / CRW	Php 150.00
NCMH Employee	FREE
Dependent of NCMH Employee	Php 50.00
Out-Patient	Php 80.00



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

PHYSICAL THERAPY FOR OUT-PATIENT

The Physical Rehabilitation Unit offers Physical Therapy services for neurologic, orthopedic, and musculoskeletal disorders. The services are available Monday to Friday (except declared holidays) from 8:00 am to 5:00 pm (No Noon Break).

OFFICE	Physical Rehabilitation Unit (PRU)		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All out-patients requiring physical therapy		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Physician's Referral		Physician	
Client Information Sheet		Physical Rehabilitation Unit	
PWD ID / Senior Citizen ID / Employee ID		Respective issuing agencies	
Charge Slip		Physical Rehabilitation Unit	
Official Receipt		Collection and Deposit Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Physical Rehabilitation Unit and present Physician's Referral	1.1. Receive Physician's Referral. 1.2. Issue Client Information Sheet	None	1 minute	PT in charge (PT Unit)
2. Fill out the Information Sheet and submit to PT in charge	2.1 Receive and check Information Sheet 2.2 Issue Charge Slip	None	3 minutes	PT in charge (PT Unit)
3. Proceed to the Collection and Deposit Unit and provide amount to be paid. If applicable, present PWD / Senior Citizen ID for discount	3.1 Receive and process the payment 3.2 Issue Official Receipt	See pricelist below	3 minutes	Collecting officer (Collection and Deposit Unit)
4. Return to Physical rehabilitation Unit and present Official Receipt	4. Verify Official Receipt	None	1 minute	PT in Charge (PT Unit)
5. Submit self for the procedure	5. Initiate physical therapy	None	1 hour 30 minutes	PT in Charge (PT Unit)
END OF TRANSACTION		See price list below	1 hour and 38 minutes	



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

AREA	AMOUNT
Service User	FREE
Paying Service User (ICU/Suite Room)	400.00
Private Room	Php 300.00
Ward	Php 200.00
Pavilion 6 / CRW	Php 150.00
NCMH Employee	FREE
Dependent of NCMH Employee	Php 50.00
Out-Patient	Php 80.00



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

OCCUPATIONAL THERAPY SERVICES

The Occupational Therapy is one of the services under the Activity Therapy Section, which focuses in providing effective therapeutic activities to all referred clients. The office is available from Monday to Friday, 8:00 am – 5:00 pm (No Noon Break).

OFFICE	Activity Therapy Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All referred in-patients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Request / Referral Form		Activity Therapy Section (OT Unit)	
OT Priority Checklist Form		Activity Therapy Section (OT Unit)	
Initial Evaluation Form		Activity Therapy Section (OT Unit)	
Comprehensive OT Evaluation Scale		Activity Therapy Section (OT Unit)	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The Nursing Attendant submits Referral Form	1.1 Receive and verify the referral. 1.2 Sign the referral note on the patient's chart indicating the date and time. 1.3 Schedule patient for initial screening.	None	2 minutes	OT/OTT assigned in the area
2. Submit self for initial screening	2. Conduct initial screening using the Priority Checklist Form	None	30 minutes	OT/OTT assigned in the area
3. Submit self for initial interview and evaluation.	3. Conduct initial interview and evaluation	None	1 hour 30 minutes	OT/OTT assigned in the area
4. Receive treatment through individual or group activities	4. Implement the treatment program and monitor patient performance. Frequency of Re-Evaluation Acute clients: after every activity or daily until patients' condition stabilizes Chronic clients: monthly to quarterly if condition remains stable for extended time periods.	None	2 hours	OT/OTT assigned in the area
END OF TRANSACTION		None	4 hours and 2 minutes	



DEPARTMENT OF HEALTH NATIONAL CENTER FOR MENTAL HEALTH

DENTAL CONSULTATION AND MANAGEMENT

The Dental Section provides dental consultation and oral examinations. The service is available Monday to Friday (except holidays) from 8:00 am to 5:00 pm (No Noon Break).

OFFICE	Dental Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All clients seeking for dental consultation and management		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
PHIC Benefits Eligibility Requisition Form		PhilHealth Unit	
Charge Slip		Dental Section	
Official Receipt		Collection and Deposit Unit	
PWD / Senior Citizen ID (if applicable)		Respective issuing agencies	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Dental Section and submits self for oral examination for recommendation of possible treatment/ management	1. Conduct oral examination PHIC Member: Instruct client to proceed to PhilHealth Unit for PHIC Benefits Eligibility. Non-PHIC: Issue Charge Slip	None	10 minutes	Dentist (Dental Section)
2. PHIC Member: Proceed to PhilHealth Unit to request for possible PhilHealth Benefits Eligibility Non-PHIC: Proceed to the Collection and Deposit Unit and pay the required amount	2. PHIC Member: Process the request. If eligible, issue PBEF for validation Non-PHIC: Process the payment and issue Official Receipt	None See pricelist below	15 minutes 3 minutes	PhilHealth Personnel (PhilHealth Unit) Collecting Officer (Collection and Deposit Unit)
3. Return to the Dental Section and present the PBEF (if eligible) / Official receipt and undergoes treatment/ management	3.1 Receive and validate PBEF/ Official receipt 3.2 Conduct dental treatment/ management 3.3 Issue prescription and provide home and oral care instructions and schedule of follow-up if needed	None	1 hour	Dental Aide Dentist (Dental Section)
END OF TRANSACTION		See pricelist below	1 hour and 25 minutes (PHIC Member) 1 hour and 13 minutes (Non PHIC Member)	



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

DENTAL TREATMENT	AMOUNT
Oral Examination	Php 100.00
Oral Prophylaxis	Php 300.00
Temporary Filling	Php 150.000
Permanent Filling (Composite Light Cured)	Php 300.00
Cementation of Bridges Crowns	Php 200.00
Tooth Extractions	Php 200.00
Gum Treatment	Php 200.00
Dental X-Ray	Php 250.00
Surgery / Removal of Impacted Teeth	Php 3000.00



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

REQUISITION AND ISSUANCE OF DRUGS AND MEDICINES

The Pharmacy Section caters to all patients availing medicines. The services offered are available from Monday to Sunday, 8:00 am to 5:00 pm (No Noon Break).

OFFICE	Pharmacy Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C – Government to Citizen
WHO MAY AVAIL	All clients availing medicine		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Prescription (3 copies for Dangerous drugs)		Attending physician	
White Card		Collection and Deposit Unit	
PWD/ Senior Citizen's ID		Respective issuing government agencies	
One (1) valid government issued ID (For Dangerous drugs)		Respective issuing government agencies	
Official Receipt		Collection and Deposit Unit	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. PURCHASE OF MEDICINE: Proceed to the Pharmacy window and present Prescription and White card. For dangerous drugs, submit three (3) copies of the prescription and present one (1) valid government-issued ID.	1.1 Verify prescription and other supporting documents if applicable. 1.2 Check availability of medicines requested. 1.3 Issue Charge Slip/ Prescription with price.	None	5 minutes	Admin Personnel (weekdays) Pharmacist (weekends)
2. Proceed to the Collection and Deposit Unit and provide amount to be paid. If applicable, present PWD / Senior Citizen ID for discount	2. Process the payment and issue Official Receipt.	Price of medicine x quantity = amount to be paid	3 minutes	Collecting Officer (Collection and Deposit Unit)
For Medicine Assistance: Proceed to Malasakit Center and present prescription for pricing and approval.	Review and verify the authenticity of the requirements presented	None	40 minutes	Malasakit Center Front Desk Officers and Malasakit Center Social Worker (Malasakit Center)



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

REQUISITION AND ISSUANCE OF DRUGS AND MEDICINES

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3. Return to the Pharmacy window and present Official receipt/ approved prescription from Malasakit Center.	3.1 Verify Official receipt/ approved prescription. 3.2 Issue requested medicines	None	5 minutes	Pharmacist (Pharmacy Section)
END OF TRANSACTION		Price of medicine x qty. = amt. to be paid	13 minutes for Non-Malasakit Client 50 minutes for Malasakit Client	



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

PRICELIST OF DRUGS AND MEDICINES

NO.	DRUGS AND MEDICINES	UNIT COST (PHP)
1	Co-Amoxiclav (amoxicillin + potassium clavulanate) 625 mg	7.98
2	Ampicillin 500 mg+Sulbactam 500 mg (as Sodium)	63.22
3	Piperacillin + Tazobactam 4.5 g (as sodium salt)	98.48
4	Cefuroxime 500 mg (as axetil)	9.88
5	Cefuroxime 1.5 g (as sodium salt)	120.00
6	Ceftriaxone 1 g + 10 ml diluent ,vial	19.94
7	Ceftazidime 1 gm (as pentahydrate)	37.43
8	Cefepime (as hydrochloride) 1 g/ vial	91.72
9	Ertapenem (as sodium) 1 g /vial	2562.71
10	Meropenem 1 g (as trihydrate)(Restricted Antimicrobial)	169.33
11	Vancomycin 1 g (as hydrochloride)(Restricted Antimicrobial)	344.30
12	Clindamycin 300 mg (as hydrochloride)	6.13
13	Clindamycin 150 mg/ml, 4 ml (as phosphate)	78.67
14	Azithromycin (dihydrate) 500 mg	9.24
15	Clarithromycin 500 mg OD	11.00
16	Colistin 2 million IU lyophilized powder for injection (Restricted Antimicrobial) (IV infusion)	1730.00
17	Levofloxacin 5 mg/ml ,100 ml vial	122.12
18	Levofloxacin 500 mg	8.40
19	Ampicillin 500 mg + Sulbactam 250mg ,vial	23.45
20	Amoxicilin 500 mg	1.28
21	Cefuroxime 750 mg (as sodium salt)	16.87
22	Cloxacillin (as sodium) 500 mg	3.01
23	Ciprofloxacin 500 mg	1.52
24	Cefalexin 500 mg	2.58
25	Metronidazole 500 mg	1.56
26	Metronidazole 5mg /ml 100 ml,vial	14.94
27	Mupirocin Ointment 2 %, 15 g	119.11
28	Ofloxacin Eye Drops 0.3% , 5 ml	192.00
29	Ofloxacin Ear Drop Solution 0.3%,5 ml bottle	195.00
30	Tobramycin + Dexamethasone eye drops 0.3%+0.1%, 5 mL	201.00
31	Tobramycin Eye drops solution 0.3%,5 ml	197.50
32	Omeprazole 40 mg powder vial + 10 ml solvent amp	29.12
33	Omeprazole 40 mg	8.70
34	Adenosine 3 mg/ml, 2 ml vial	221.32
35	Amlodipine 10 mg (as besilate)	0.67
36	Amlodipine 5 mg (as besilate)	0.47
37	Clonidine 75 mcg (as hydrochloride)	5.99
38	Dobutamine 50 mg/ml, 5 ml ampule	155.85
39	Dopamine 40 mg/ml ,5 ml ampule	41.89
40	Epinephrine 1 mg/m,1 ml ampule	24.42



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NATIONAL CENTER FOR MENTAL HEALTH

PRICELIST OF DRUGS AND MEDICINES

NO.	DRUGS AND MEDICINES	UNIT COST (PHP)
41	Isosorbid-5- Mononitrate 30 mg MR	11.10
42	Isosorbide Dinitrate 5 mg sublingual tablet	8.25
43	Losartan 50 mg (as potassium salt)	0.80
44	Losartan (as potassium salt) 100 mg	2.76
45	Metoprolol (as tartrate)100 mg	1.89
46	Nicardipine (as hydrochloride) 1mg/ml, 10 ml	249.20
47	Norepinephrine 2 mg/ml, 4 ml ampule	1,650.00
48	Propranolol (as hydrochloride) 10 mg	6.00
49	Rosuvastatin (as calcium salt)10 mg	4.61
50	Trimetazidine 35 mg	4.07
51	Enoxaparin 100 mg/ml, 0.4 ml Pre-filled syringe	218.11
52	Enoxaparin 100 mg/ml, 0.6 ml Pre-filled syringe	320.00
53	Aspirin 80 mg	0.78
54	Clopidogrel 75 mg	1.29
55	Lactulose 3.3 g/5 ml , 120 ml Syrup	108.33
56	Ursodeoxycholic Acid 250 mg	36.04
57	Aciclovir 400 mg	40.00
58	Aciclovir 800 mg	13.28
59	Budesonide 250 mcg/ml, 2 ml Respiratory Solution (Nebule)	36.60
60	Fluticasone 0.05% dose x 120 doses Nasal Aqueous Solution	412.00
61	Ipratropium + Salbutamol 500 mcg +2.5mg x2.5 ml (unit Dose) Respiratory Solution	79.10
62	Salbutamol 1 mg/ml, 2.5 ml (Unit Dose) Nebule	5.39
63	Magnesium Sulfate(as heptahydrate)250 mg/ml,10 ml	56.76
64	Diclofenac 25 mg/ml,3 ml	16.45
65	Mefenamic Acid 500 mg	1.39
66	Paracetamol 500 mg	0.50
67	Paracetamol 150 mg/ml,2 ml	4.43
68	Tramadol (as hydrochloride) 50 mg	2.50
69	Tramadol (as hydrochloride) 50 mg/ml, 2 ml	6.73
70	Butorphanol (as Tartrate) 2 mg/ml, 1 ml vial	509.00
71	Morphine(as sulfate) 10 mg/ml,1 ml ampule	51.25
72	Morphine (as sulfate) 30 mg MR	71.79
73	Nalbuphine (as hydrochloride)10 mg/ml,1 ml	52.33
74	Fluconazole 150 mg	70.00
75	Ketoconazole 2% (20 mg/g),15g aluminum tube	91.50
76	Permethrin lotion 5% ,60 ml	218.00
77	Clobetasol (as propionate) cream 0.05%, 5 g	85.00
78	Dexamethasone 4 mg/ml, 2 ml	12.00
79	Hydrocortisone 1% 10 g ointment	102.00



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80	Hydrocortisone 100 mg powder vial (as sodium succinate)	23.05
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PRICELIST OF DRUGS AND MEDICINES

NO.	DRUGS AND MEDICINES	UNIT COST (PHP)
81	Hydrocortisone 250 mg vial (as sodium succinate)	61.06
82	Methylprednisolone 125 mg/ml 2 ml + diluent vial	620.00
83	Methylprednisolone 4 mg	5.25
84	Prednisone 10 mg	2.47
85	Acetazolamide 250 mg	20.00
86	Furosemide 10 mg/ml,2 ml amp	6.43
87	Furosemide 20 mg	1.30
88	Furosemide 40 mg	1.80
89	Mannitol 20 % 250 ml	112.22
90	Mannitol 20 % 500 ml	93.22
91	Metoclopramide 5 mg/ml,2 ml	3.98
92	Tranexamic Acid 100 mg/ml,5 ml	15.75
93	Tranexamic Acid 500 mg	5.76
94	Midazolam 5 mg/ml,3 ml	106.45
95	Propofol 10 mg/ml,20 ml	63.12
96	Bupivacaine(as hydrochloride)0.5% ,10 ml ampule	103.33
97	Bupivacaine(as hydrochloride)0.5%(isobaric)5 ml	142.00
98	Fentanyl (as citrate)50 mcg/ml,2ml	59.35
99	Sevoflurane 250 ml	4,974.33
100	Carboprost 250 mcg/ml solution for injection1 ml	305.00
101	Methylephedrine 200 mcg/ml 1 ml	16.60
102	Oxytocin (synthetic)10 IU/ml,1 ml	7.34
103	Ephedrine 50 mg/ml,1 ml	91.50
104	Albumin ,Human 20%,50 ml	1,920.11
105	Lidocaine (as hydrochloride) 10% ,50 ml spray	2,000.00
106	Phenobarbital 120 mg/ml,1 ml	489.79
107	Sodium Bicarbonate 1meq /ml,50 ml ampule	101.94
108	Verapamil 2.5 mg/ml,2 ml	126.48
109	Baclofen 10 mg	15.25
110	Eperisone Hydrochloride 50 mg	14.00
111	Allopurinol 100 mg	2.80
112	Alopurinol 300 mg	2.09
113	Colchicine 500 mcg	2.28
114	Atorvastatin 20 mg	6.13
115	Atorvastatin 40 mg	11.51
116	Finasteride 5 mg	9.32
117	Tamsulosin 400 mcg MR Film Coated Tablet	22.50
118	Terazosin 2 mg	25.00



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119	Potassium (as citrate) 10 mEq	7.00
120	Hypromellose eye drop solution 5 mg/ml , 10 ml	175.00

PRICELIST OF DRUGS AND MEDICINES

NO.	DRUGS AND MEDICINES	UNIT COST (PHP)
121	Tropicamide Eye Drops Solution 0.5% ,5 ml	380.97
122	Insulin,Biphasic Isophane Human 70/30	118.00
123	Insulin, Regular (Recombinant DNA,human) 100IU/ml , 10 ml	135.00
124	Insulin ,Isophane Human 100IU/ml, 10 ml	119.00
125	Gliclazide 30 mg MR	2.93
126	Metformin HCl 500 mg	0.88
127	Tetanus Toxoid 0.5 ml , /ampule	36.42
128	Tetanus Antitoxin 1500 IU/0.7 ml ,solution	75.00
129	0.9% Sodium Chloride x 1 L	40.94
130	5% Dextrose in Lactated Ringer's x 1 L	42.33
131	5% Dextrose in 0.9 % Sodium Chloride x 1L	44.71
132	5% Dextrose in 0.3% Sodium Chloride x 500 ml	81.13
133	5% Dextrose in Water x 500 ml	44.63
134	5% Dextrose in Water x 1 Liter	44.63
135	Lactated Ringer's Solution x 1L	44.34
136	Balance Multiple Maintenance in 5% Dextrose Sol. X 1L	44.80
137	Carbamazepine 200 mg	2.05
138	Divalproex Sodium 250 mg	23.87
139	Divalproex Sodium 250 mg ER	13.60
140	Valproic Disodium + Sodium Valproic Acid 500 mg MR	14.45
141	Pheytoin Sodium 100 mg	12.75
142	Pheytoin Sodium 50 mg / ml ,2 ml	100.70
143	Biperiden Hcl 2 mg	5.22
144	Cetirizine 10 mg (as dihydrochloride)	0.43
145	Diphenhydramine HCl 50 mg	1.21
146	Aripiprazole 10 mg	60.00
147	Aripiprazole 10 mg ODT	230.65
148	Clozapine 100 mg	9.75
149	Chlorpromazine 100 mg	3.60
150	Chlorpromazine 200 mg	3.98
151	Haloperidol 5 mg	3.98
152	Fluphenazine Decanoate 25 mg / ml ,1 ml ampule	84.98
153	Flupentixol Decanoate 20 mg / ml , 1 ml ampule	350.00
154	Lithium Carbonate 450 mg MR	4.33
155	Olanzapine 10 mg	6.11
156	Olanzapine 10 mg ODT	32.00
157	Quetiapine 25 mg	20.00



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158	Quetiapine 100 mg	32.25
159	Quetiapine 200 mg	34.00
160	Quetiapine 300 mg	54.75

PRICELIST OF DRUGS AND MEDICINES

NO.	DRUGS AND MEDICINES	UNIT COST (PHP)
161	Risperidone 2 mg	3.44
162	Risperidone 2 mg ODT	41.13
163	Escitalopram 10 mg	3.80
164	Sertraline 50 mg	7.95
165	Ascorbic Acid 500 mg	0.86
166	Multivitamins	1.35
167	Vitamin B1 B6 B12	1.50
168	Ferrous Sulfate 325 mg	2.50
169	Acetylcysteine 200mg Sachet	10.00
170	Acetylcysteine 600mg effervescent Tablet	22.00
171	Potassium Chloride 600 mg	11.00
172	Potassium Chloride 2 mEq/ml, 20 ml	30.00
173	Oral Rehydration Salts (ORS 7.75 g/250 ml)	4.64
174	Alprazolam 500 mcg	18.00
175	Clonazepam 2 mg	8.15
176	Diazepam 5 mg /ml ,2 ml ampule	79.36
177	Zolpidem 10 mg	60.00

All prices are subject to change without prior notice



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HEMODIALYSIS TREATMENT

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.

OFFICE	Hemodialysis Clinic		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C - Government to Citizen G2G- Government to Government
WHO MAY AVAIL	NCMH Employees; Mandaluyong Residents; DOH and other Government Agencies Referrals; Class C/D (Psychiatric or Non Psychiatric Patients)		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Endorsement Letter from Nephrologist (1 original copy)		Previous Dialysis Center/ Hospital Hemodialysis Unit	
Clinical Abstract with 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	
Laboratory/ Radiological Tests Results Within the Month (1 original or photocopy) inclusive of: <ul style="list-style-type: none"> • CBC with Platelet Count • Blood Typing • BUN/ Creatinine • Calcium, Sodium, Potassium • Albumin, Phosphorus, BUA, SGPT • Chest X-ray (within 6 months) • HBSAg, Anti-HBS, Anti-HCV • HIV, RPR/TPPA (Syphilis) 		<div> <div></div> Any Diagnostic laboratory or NCMH Laboratory/ NCMH Radiology </div> <div> <div></div> NCMH Laboratory Section </div>	
Dialysis Center Utilization Certification (1 original copy)		Previous Dialysis Center/ Hospital Hemodialysis Unit	
Philhealth Utilization Certificate (1 photocopy)		Main Philhealth Office	
Updated Members Data Record (1 photocopy)		Main Philhealth Office	
Philhealth Identification Card (1 photocopy)		Main Philhealth Office	
Barangay Certificate of Indigency (1 photocopy)		Respective Barangay Hall	
Senior Citizen (SC) or Persons with Disability (PWD) ID (1 photocopy)		Respective Municipal/City Hall (Person with Disability Affair Office / Office of the Senior Citizen Affair)	
Voter's ID or Voter's Certification		COMELEC Office on Respective Municipal/City Hall	



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HEMODIALYSIS TREATMENT

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Dialysis Clinic with complete requirements for evaluation.	1.1 Receive and check for completeness, and answer any queries 1.2 Refer to NCMH Laboratory for necessary laboratory	None	15 minutes	Triage Nurse-on-duty (Hemodialysis Clinic)
2. Proceed to the Health Information Management Section.	2. Retrieve hemodialysis chart of patient	None	5 minutes	HIMS Personnel (HIMS)
3. Return to the Dialysis Clinic for Pre-Hemodialysis Assessment and scheduling of treatment.	3.1 Check vital signs 3.2 Conduct interview with the client/ relative, 3.3 Conduct physical examination, review of medications and laboratory results	None	30 minutes	Triage Nurse-on-duty Physician-on-duty (Hemodialysis Clinic)
4. Proceed to PhilHealth Office for qualification (for PhilHealth patient).	4.1 Collate Philhealth-related requirements and issue a certification that patient is eligible to avail Philhealth-covered treatment in our clinic 4.2 If exhausted Philhealth-covered treatments, no certification will be issued	None	15 minutes	Philhealth Officer (Philhealth Unit)
5. Proceed to Medical Social Service Section for qualification.	5.1 Interview client/ relative and accomplish MSWD Assessment Tool for new patients 5.2 Make referral letter for medical assistance as needed 5.3 Review guarantee letters for treatments not covered by Philhealth	None	15 minutes	Social Worker (MSS Section)
6. Return to the Dialysis Clinic for scheduling of treatment.	6.1 Arrange and set available slot, and coordinates with the client if amenable; 6.2 Orient client/ relative about the clinic policies	None	10 minutes	Triage Nurse-on-duty (Hemodialysis Clinic)
7. Return on the scheduled treatment and submits PhilHealth Certification.	7.1 Collect the certification issued by the Philhealth officer For exhausted PhilHealth	None	5 hours	Nurse on Duty (Hemodialysis Clinic)



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	coverage, collects guarantee letter notated by the Social Worker			
	7.2 Initiate hemodialysis as ordered by Physician			Physician-on-duty Renal Technician (Hemodialysis Clinic)

HEMODIALYSIS TREATMENT

CLIENT STEP	AGENCY ACTION	FEE TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
8. Preparation for Discharge	8.2. Terminate hemodialysis session 8.3. Issuance of certification that client is eligible to avail Philhealth-covered treatment in our clinic	None	10 minutes	Nurse-on-duty (Hemodialysis Clinic) Philhealth Officer
End of Transaction		None	6 hours	



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MALASAKIT CENTER MEDICAL ASSISTANCE

It is a one-stop shop for all government medical and financial assistance for all Filipinos, particularly the indigent and financially incapacitated clients. The service is available from Monday to Friday, 8:00 am – 5:00 pm (No Noon Break).

OFFICE	Malasakit Center		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C - Government to Citizen G2G – Government to Government
WHO MAY AVAIL	All In-Patients, Out-Patients, NCMH Employees and their Dependents		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Laboratory and/or Radiology Request Form and/or CT Scan Request Form and/or Hospital Bill and/or triplicate copies of prescription		Requesting physician/ Billing Unit	
Certificate of Indigency (if available)		Barangay or MSWDO/CSWDO	
Valid ID of Patient or PWD ID		Government agencies/ Issuing agencies	
Valid ID of Relative		Respective issuing agencies	
Charge Slip		Laboratory/Radiology Section/Malasakit Center/Billing Unit	
Information Sheet		Malasakit Center	
Unified Intake Sheet		Malasakit Center	
Acknowledgement Slip for Medical Assistance		Malasakit Center	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. FOR HOSPITAL BILL ASSISTANCE: Proceed to Billing Section to obtain hospital bill FOR MEDICINE ASSISTANCE: Proceed to Pharmacy Section for pricing of prescription FOR DIAGNOSTIC PROCEDURES: Proceed to Radiology/Laboratory Section and present Request Form for issuance of charge slip	1. Issue Hospital Bill and/or Prescription with price and/or Charge Slip	None	5 minutes	Billing Personnel (Billing and Claims Unit) Pharmacy Personnel (Pharmacy Section) Laboratory / Radiology Personnel (Radiology / Laboratory Section)



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2. Proceed to Malasakit Center and present the requirements to the Malasakit Center Front Desk Officers for Screening	2.1 Review and verifies the authenticity of the requirements presented	None	10 minutes	Malasakit Center Front Desk Officers (Malasakit Center)
	2.2 If found complete, issue Information Sheet and Unified Intake Sheet			
	2.3 If incomplete, direct client to step 1.			

MALASAKIT CENTER MEDICAL ASSISTANCE

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3. Fill out the Information Sheet and Unified Intake Sheet and submit to the Front Desk Officer	3.1 Receive and checks Information sheet and Unified Intake Sheet 3.2 Issue documents and queuing number	None	5 minutes	Malasakit Center Front Desk Officers (Malasakit Center)
4. Receive the documents and queuing number then wait for the number to be called.	4. Interview and assess the eligibility of client/claimant.	None	15 minutes	Malasakit Center Front Desk Officers and Malasakit Center Social Worker (Malasakit Center)
5. If eligible, receive the approved prescription and/or charge slip and/or hospital bill and proceed to the corresponding section specifically assigned for their necessary assistance.	5.1 Issue approved prescription and/or charge slip and/or hospital bill. 5.2 Instruct client to proceed to the corresponding section specifically assigned for their necessary assistance.	None	5 minutes	Pharmacy Personnel (Pharmacy Section) Laboratory / Radiology Personnel (Laboratory/ Radiology Section) Billing Personnel (Billing and Claims Unit)
END OF TRANSACTION		None	40 minutes	



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PATIENT SOCIAL CLASSIFICATION

The Medical Social Service Section is mandated to classify all clients seeking admission and treatment. The services offered are available from Monday to Friday, 8:00 AM to 5:00 PM and Saturday and Sunday, 8:00 AM to 4:00 PM.			
OFFICE	Medical Social Service Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C - Government to Citizen
WHO MAY AVAIL	All clients for admission and treatment		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
None			

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Medical Social Service Office for interview	1. Conduct interview	None	15 minutes	Medical Social Worker (Medical Social Service Section)
2. Sign the Medical Social Work Department (MSWD) Assessment Tool	2. Orient client regarding his classification and possible qualification to PhilHealth and other related hospital policies	None	5 minutes	Medical Social Worker (Medical Social Service Section)
3. Return to the referring section (ER / OPS)	3. Endorse related documents to Nurse on Duty	None	2 minutes	Medical Social Worker (Medical Social Service Section)



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END OF TRANSACTION	None	22 minutes
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REQUISITION OF PHILHEALTH BENEFITS AND ELIGIBILITY

This service is responsible for the processing and issuance of PhilHealth Benefit and Eligibility. The service is available from Monday to Friday at 8:00 AM to 5:00 PM (No Noon Break).

OFFICE	Billing and Claims Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C - Government to Citizen
WHO MAY AVAIL	All PhilHealth members (head of the family) and qualified dependents (legal spouse, children and parents who are 60 years old).		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
PhilHealth Benefits Eligibility Requisition Form		PhilHealth Office	
Valid Identification Card		Respective issuing agencies	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure PhilHealth Benefits Eligibility Requisition Form from the ward or PhilHealth Office.	1. Provide PBEF requisition form.	None	2 minutes	PhilHealth Staff (PhilHealth Unit)
2. Submit accomplished PBEF requisition form.	2.1 Review and evaluates PBEF requisition form. 2.2 Process the PBEF requisition form using the iHOMIS system. 2.3 Print out generated PhilHealth Benefit Eligibility Form from the iHOMIS system.	None	10 minutes	PhilHealth Staff (PhilHealth Unit)



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3. Affix signature on the generated PhilHealth Benefit Eligibility Form.	3. Instruct the client to return to the ward where the patient is confined and submit the generated PhilHealth Benefit Eligibility Form to the nurse-on-duty to be affixed to the patient's chart.	None	3 minutes	PhilHealth Staff (PhilHealth Unit)
END OF TRANSACTION		None	15 minutes	

PAYMENT FOR ALL HOSPITAL TRANSACTIONS

The Collection and Deposit Unit accepts payment from all customers paying for hospital services / transactions. Operating hours: Monday to Friday; 7:00 am – 6:00 pm / Saturday, Sunday and Holiday; 8:00 am – 5:00 pm (No Noon Break)

OFFICE	Cash Operations Section – Collection and Deposit Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C - Government to Citizen
WHO MAY AVAIL	All individuals paying for hospital services / transactions		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Charge Slip / Statement of Account		Issuing sections of NCMH	
Official Receipt		Collection and Deposit Unit	
PWD / Senior Citizen ID		Respective issuing government agencies	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Cash Operations Section – Collection and Deposit Unit and present Charge Slip / Statement of Account / Order of Payment	1. Verify charge slip / statement of account / order of payment per item	None	1 minute	Collecting Officer (Collection and Deposit Unit)



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2. Provide amount to be paid	2. Receive and process the payment	Depending on the amount indicated on the Charge Slip/Statement of Account/ Order of Payment	1 minute	Collecting Officer (Collection and Deposit Unit)
3. Receive Official receipt	3. Issue Official Receipt	None	1 minute	Collecting Officer (Collection and Deposit Unit)
END OF TRANSACTION		None	3 minutes	

BILLING PROCESS

The Billing and Claims Unit performs duties such as compiling, analyzing and recording bills, preparation and issuance of invoices and provision of other customer-related services. The Billing Unit is open from Monday to Sunday, 8:00 am – 5:00 pm (No Noon Break).

OFFICE	Billing and Claims Section – Billing Unit		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C - Government to Citizen
WHO MAY AVAIL	All clients for admission; out-on-pass; and discharge		

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Admitting Order / Admission Slip (for admission)		Admitting physician
Valid ID (for admission)		Respective issuing agencies
Out-on-Pass Clearance (for out-on-pass)		Physician-in-charge
Discharge Clearance (for discharge)		Physician-in-charge
Patient's Chart (for discharge)		Concerned Pavilion
Billing Statement (Statement of Account)		Billing and Claims Section – Billing Unit
Official Receipt		Collection and Deposit Unit

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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BILLING PROCESS

Note: Billing Process for admission and out-on-pass is temporarily unavailable due to COVID-19 pandemic.



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REQUISITION AND ISSUANCE OF MEDICAL RECORDS

This service involves processing and issuance of Medical Records/ Certificate. The service is available from Monday to Friday except holidays; 8:00 am to 5:00 pm (No Noon Break).

OFFICE	Health Information Management Section (HIMS)		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C - Government to Citizen
WHO MAY AVAIL	All clients requesting for Medical Records		

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
For change of name and birthdate: Original Birth Certificate	Philippine Statistical Authority
For change of civil status: Original Marriage Certificate	Philippine Statistical Authority
For change of address: Original Barangay Certificate of the patient or any valid Government Issued ID with address, picture and signature	Respective issuing government agencies
If with Representative: Authorization Letter / Photocopy of Government issued I.D of both client and representative	Client

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the Health Information Management Section, window 9 and fill-up Request Slip.	1.1 Verify requestor's eligibility to receive requested documents via interview and cross-checking of requestor's supporting documents with	None	15 minutes	HIMS Personnel (HIMS)



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	HIMS database. 1.2 Issue Charge Slip and Claim Slip indicating the schedule of release of the needed documents. (For pay patients)			
2. Proceed to the Collection and Deposit Unit and pay required amount. (For pay patients)	2. Process the payment and issue Official Receipt.	See pricelist below	3 minutes	Collecting Officer (Collection and Deposit Unit)
3. Return to window 4. Present Official Receipt and Claim Slip <i>If with representative, submit Authorization Letter and photocopy of one (1) valid Government issued ID of both the client and representative.</i>	3.1 Verify Official Receipt and Claim Slip. 3.2 Check availability of requested document. 3.3 Issue requested document.	None	5 minutes	HIMS Personnel (HIMS)
END OF TRANSACTION		See pricelist below	23 minutes	

CERTIFICATES AND ABSTRACT	AMENDED RATES
1. Certificates of Confinement / Consultation	
a. Pay	PHP 200.00
b. Service (Classified as C1, C2, C3 and D)	Free of Charge
c. For Foreign use	PHP 1,000
2. Medical Abstract	
a. Pay	PHP 400.00
b. Service (Classified as C1, C2, C3 and D)	Free of Charge
c. For Foreign use	PHP 2,500
3. Certified True Copies (per page)	
a. Pay	PHP 50.00
b. Service	Free of Charge
4. Medical Certificate	
a. Pay	PHP 200.00
b. Service (Classified as C1, C2, C3 and D)	Free of Charge
5. Retrieval of Records and Photocopying services (per page)	
a. Pay	Free of Charge
b. Service	Free of Charge
6. Patient's ID with plastic	Free of Charge



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PERSONAL GROOMING SERVICES

The Personal Grooming Service is one of the services under the Activity Therapy Section, which ensures the proper grooming of the client. The service is offered from Monday to Friday, 8:00 am to 5:00 pm (No Noon Break).

OFFICE	Activity Therapy Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C - Government to Citizen
WHO MAY AVAIL	All in-patients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Request form		Activity Therapy Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the request form.	1. Receive and verify the request.	None	1 minute	ATS Secretary (ATS Section)
2. Receive schedule.	2. Notify the requesting pavilion for the schedule	None	1 minute	ATS Secretary (ATS Section)



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3. The Nursing Attendant prepares and assists the client for grooming.	3.1 Perform the requested service 3.2 Accomplish Charge Slip and submit to the Billing Unit.	See pricelist below	Haircut – 10 minutes Shave – 2 minutes	Barber assigned to the pavilion
END OF TRANSACTION		See pricelist below	12 minutes – Haircut 4 minutes - Shave	

FEES	AMOUNT
Paying Service User	
a. Haircut	Php 50.00
b. Shave	Php 30.00
Service User	FREE

PROCEDURE FOR FILING AND HANDLING OF COMPLAINTS

The National Center for Mental Health (NCMH) acknowledged the importance of maintaining customer assistance to ensure that citizens' complaints and grievances against NCMH services, officials and employees are immediately, efficiently, and responsibly acted upon. Operating hours: Monday to Friday except holidays; 7:00 am – 5:00 pm (No Noon Break).

OFFICE	Quality Management Office		
CLASSIFICATION	Simple	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	
NCMH Customer Experience Survey Form		Public Assistance and Complaints Desk (PACD)	
Complaint Letter		Client	
Transmittal Letter		Quality Management Office	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit/file a complaint through the following: Presidential Complaints Center SMS/Call: 8888 CSC Contact Center ng	1.1A Receive and assess nature and severity of complaint;	None	30 minutes	Tristian John O. Palmani, RN Technical Officer, Complaint Unit - QMO
	1.1B Or, for walk-in clients at PACD, immediately respond			Maria Victoria Casidsid



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Bayan SMS: 0908-8816565 Call: 1-6565 Email: email@contactcenterngbayan.gov.ph Anti-Red Tape Authority Call: 8 478-5093 Email: complaints@arta.gov.ph NCMH-PACD Accomplish the Customer Experience Survey (CES) Form	to the concern or escalate to the QMO for proper handling.			PACD Personnel
	1.2 Prepare and forward the Transmittal Letter to the concerned office or individual.	None	1 hour and 30 minutes	Tristian John O. Palmani, RN - Technical Officer, Complaint Unit - QMO
2. Receive initial feedback and/or immediate response (for clients with contact information)	2.1 Conduct an investigation and provide initial feedback and/or immediate response to the complainant if with provided contact information.	None	68 hours	Concerned office or individual
	2.2 Submit the results of investigation and actions taken to the Quality Management Office.	None		
	2.3 Prepare and submit final report to the Medical Center Chief for approval.	None	1 hour	Dr. Teresa Rosalie Del Valle - Chief, QMO
	2.4 Approve and signed the final report.	None	30 minutes	Dr. Noel V. Reyes Medical Center Chief

PROCEDURE FOR FILING AND HANDLING OF COMPLAINTS

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
3. Receive final report	3.1 Submit the final report to the client and/or concerned agency where the complaint was channeled to.	None	30 minutes	Tristian John O. Palmani, RN - Technical Officer, Complaint Unit - QMO
	3.2 Concerned agency will provide a copy of the final report to the complainant.			Concerned agency (PCC, CSC-CCB, ARTA, DOH)
END OF TRANSACTION		NONE	72 hours as mandated in RA 11032	



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REQUEST FOR FOI REQUEST

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 – 4:00 pm (No Noon Break)

OFFICE	Quality Management Office		
CLASSIFICATION	Simple	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	
Request Form (Online)		FOI Website (www.foi.gov.ph)	
Transmittal Letter		Quality Management Office	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
4. 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



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	1.2 Receive and assess nature of request, and transmit to the concerned office or individual along with a Transmittal Letter.	None	1 hour	Tristian John O. Palmani, RN Receiving Officer, FOI Unit - QMO
	1.3 Prepare the requested documents for submission to the QMO for proper transmittal.	None	14 days and 17 hours	Concerned individual or office
	1.4 Verify completeness of the requested documents, conformity to the existing laws and recommends for the approval of the MCC.	None	2 hour	Dr. Teresa Rosalie Del Valle Decision Maker, FOI Unit – QMO
	1.5 Approve the final report.	None	1 hour	Dr. Noel V. Reyes Medical Center Chief
5. Receive the requested document/s.	2.1 Transmit the requested documents to DOH-KMITS.	None	1 hour	Tristian John O. Palmani, RN Receiving Officer, FOI Unit – QMO
	2.2 Issues the documents to the requesting party.	None	1 hour	DOH-KMITS
END OF TRANSACTION		NONE	15 days	

REQUISITION AND ISSUANCE OF SUPPLIES

The Material Management Section is responsible in the issuance of available supplies for general use requested by requisitioning officer. The service is available Monday to Friday (except holidays) from 8:00 am to 5:00 pm (No Noon Break).

OFFICE	Material Management Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	All NCMH end-users		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Requisition and Issue Slip (RIS)		Material Management Section	
Inventory Report (for Pavilion only)		Pavilion	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Requisition and Issue Slip (RIS) to MMS Supply Unit For Pavilions, attached the inventory report	1.1 Receive and check the availability of the item/s listed on RIS	None	1 hour	MMS Supply Unit Staff (MMS)
	1.2 Conduct inventory of supplies in pavilions			
	1.3 Forward the RIS to Chief of MMS for approval			



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	1.4 Once RIS is approved, prepare the following <ul style="list-style-type: none"> ○ item/s listed on RIS ○ Inventory Custodian Slip (ICS) for the semi-expandable item/s and puts stickers on it. 			
2. Receive and check the completeness of supplies	2. Issue the supplies together with the ICS and RIS.	None	15 minutes	MMS Supply Unit Staff (MMS)
3. Sign the ICS and RIS and submit to MMS Supply Unit	3.1 Receive and check the completeness of RIS and ICS. 3.2 File and record the RIS and ICS 3.3 Conduct posting to Stock Card.	None	5 minutes	MMS Supply Unit Staff (MMS)
END OF TRANSACTION		None	1 hour and 20 minutes	

DISPENSING OF MEDICAL SUPPLIES

The Central Supply Room services provide for the requested hospital medical supplies utilizing standardized recording, reporting, and monitoring of hospital stocks.

OFFICE	Central Supply Room		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2C - Government to Citizen
WHO MAY AVAIL	All in-patients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
CSR Request and Issuance Slip		CSR Office	
Requisition and Issuance Slip (RIS)		CSR Office	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit CSR Request and Issuance Slip	1.1 Receive and check the availability of requested supplies.	None	5 minutes	Central Supply Room Staff (CSR)



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2. Wait for the supply.	2.1 Prepare the available requested supplies.	None	15 minutes	Central Supply Room Staff (CSR)
3. Receive requested supplies and signs on the RIS	3.1. Dispense the requested supplies. 3.2. Encode charges to patient's hospital bill to HOMIS system.	Service Patient – FREE Pay Patient – See attached pricelist	3 minutes 2 minutes	Central Supply Room Staff (CSR)
END OF TRANSACTION		Service Patient – Free Pay Patient – See pricelist below	25 minutes	

LIST OF MEDICAL SUPPLIES

NO.	ITEMS / DESCRIPTION	UNIT	SRP (PHP)
1	Adhesive Plaster	Roll	7,540.00
2	Alcohol Prep Pad	Piece	3.00
3	Anesthesia Face Mask size 2 (Child)	Piece	192.00
4	Anesthesia Face Mask, size 3 (small adult)	Piece	376.00
5	Anesthesia Face Mask, size 4 (adult)	Piece	376.00
6	Anesthesia Face Mask, size 4 (large adult)	Piece	376.00
7	Bedpan, Plastic	Piece	82.00
8	Blood Transfusion Set	Piece	40.00
9	Bouffant Cap, disposable	Piece	1.00
10	Catgut Chromic cutting 0	Piece	243.00
11	Catgut Chromic Cutting 1-0	Piece	33.00
12	Catgut Chromic Cutting 2-0	Piece	33.00
13	Catgut Chromic Cutting 3-0	Piece	33.00
14	Catgut Chromic cutting 4-0	Piece	252.00



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15	Catgut Chromic Round 0	Piece	33.00
16	Catgut Chromic Round 1-0	Piece	33.00
17	Catgut Chromic Round 2-0	Piece	33.00
18	Catgut Chromic Round 3-0	Piece	33.00
19	Catgut Chromic Round 4-0	Piece	33.00
20	Cautery Pencil	Piece	421.00
21	Condom (3pcs/box)	Box	35.00
22	Cotton Absorbent, 400gms (50packs/roll)	Roll	5.00/pack
23	Defibrillator Pads	Piece	11,050.00
24	Diaper, adult	Piece	22.00
25	Disposable Razorblade	Piece	28.00
26	ECG Electrodes 36x45mm, PEDIA	Piece	21.00
27	ECG Electrodes 43x45mm, ADULT	Piece	21.00
28	Effervescent chlorine Tablets	Canister	11,050.00
29	Elastic Bandage 4"x5yards	Roll	22.00
30	Elastic Bandage 6"x5yards	Piece	30.00
31	Endotracheal Tube size 6.0	Piece	59.00
32	Endotracheal Tube size 6.5	Piece	59.00
33	Endotracheal Tube size 7.0	Piece	59.00
34	Endotracheal Tube size 7.5	Piece	59.00
35	Endotracheal Tube size 8.0	Piece	59.00
36	Epidural Set, Epidural G.18	Piece	674.00
37	Foley Catheter, fr.12	Piece	28.00

LIST OF MEDICAL SUPPLIES

NO.	ITEMS / DESCRIPTION	UNIT	SRP (PHP)
38	Foley Catheter, fr.14	Piece	28.00
39	Foley Catheter, fr.16	Piece	28.00
40	Foley Catheter, fr.22	Piece	44.00
41	Foley Catheter, fr.8	Piece	44.00
42	Gauze surgical bolt (60packs/bolt)	Bolt	26.00/pack
43	Gloves, examination, non sterile, LARGE	Piece	2.00
44	Gloves, examination, non sterile, MEDIUM	Piece	2.00
45	Gloves, examination, non sterile, SMALL	Piece	2.00
46	Gloves, Nitrile Examination, LARGE	Piece	2.00
47	Gloves, Nitrile Examination, MEDIUM	Piece	2.00
48	Gloves, Nitrile Examination, SMALL	Piece	2.00
49	Gloves, sterile, size 6.0	Pair	11.00
50	Gloves, sterile, size 6.5	Pair	11.00
51	Gloves, sterile, size 7.0	Pair	11.00



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52	Gloves, sterile, size 7.5	Pair	11.00
53	Gloves, sterile, size 8.0	Pair	14.00
54	Glucose Test Strip	Piece	7.00
55	Guedel oral airway, size 1	Piece	23.00
56	Guedel oral airway, size 2	Piece	23.00
57	Guedel oral airway, size 3	Piece	23.00
58	Guedel oral airway, size 4	Piece	29.00
59	Guedel oral airway, size 5	Piece	29.00
60	Heparin Cap Luer Lock-in	Piece	13.00
61	Heplock	Piece	108.00
62	Hosehold Purifications tablets - 67mg	Piece	12.00
63	IJ Catheter Hemodialysis Catheter	Piece	2,314.00
64	Infusion set, ADULT	Piece	16.00
65	Infusion set, PEDIA	Piece	16.00
66	IV Cannula g.18	Piece	75.00
67	IV Cannula g.20	Piece	75.00
68	IV Cannula g.22	Piece	75.00
69	IV Cannula g.24	Piece	75.00
70	IV Cannula g.26	Piece	99.00
71	Jackson Pratt Silicon Flat Drain	Piece	1,167.00
72	Lubricating Jelly, 80grams	Tube	77.00
73	Mask surgical, Ear-Loop	Piece	1.00
74	Mechanical Ventilator Tubing	Piece	650.00

LIST OF MEDICAL SUPPLIES

NO.	ITEMS / DESCRIPTION	UNIT	SRP (PHP)
75	Medical Intubation Stylet Guide Wire	Piece	234.00
76	Medical Oxygen Standard Size	Tank	454.00
77	Mucus Specime Traps	Piece	66.00
78	N95 Respirator Mask	Piece	247.00
79	Nasal Oxygen Cannula, ADULT	Piece	15.00
80	Nasal Oxygen Cannula, PEDIA	Piece	15.00
81	Nasogastric Tube fr.12	Piece	19.00
82	Nasogastric Tube fr.14	Piece	19.00
83	Nasogastric Tube fr.16	Piece	19.00
84	Nasogastric Tube fr.5	Piece	19.00
85	Nasogastric Tube fr.8	Piece	19.00
86	Nebulizing Kit with Mask, ADULT	Piece	88.00
87	Nebulizing Kit with Mask, PEDIA	Piece	104.00
88	Needle g.18, disposable	Piece	1.00



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89	Needle g.20, disposable	Piece	1.00
90	Needle g.22, disposable	Piece	1.00
91	Needle g.23, disposable	Piece	1.00
92	Needle g.26, disposable	Piece	1.00
93	Needle g.27, disposable	Piece	1.00
94	Needle g.30	Piece	1.00
95	Nylon cutting 4-0	Piece	429.00
96	Nylon cutting 5-0	Piece	429.00
97	Nylon cutting 5-0 P.3	Piece	429.00
97	Nylon cutting 6-0	Piece	429.00
99	Nylon cutting 6-0 P.3	Piece	429.00
100	Nylon cutting 6-0 PS2 Needle	Piece	429.00
101	Nylon cutting 8-0	Piece	520.00
102	Ortho Gloves, sterile, size 7.0	Pair	65.00
103	Ortho Gloves, sterile, size 7.5	Pair	65.00
104	Ortho Gloves, sterile, size 8.0	Pair	65.00
105	Orthopedic Padding (Undercast Padding)	Piece	325.00
106	Oxygen Mask, ADULT	Piece	59.00
107	PGA (Polyglycolic acid) 1-0 round	Piece	388.00
108	PGA (Polyglycolic acid) 4-0 round	Piece	388.00
109	PGA (Polyglycolic Acid) cutting 0	Piece	246.00
110	PGA (Polyglycolic acid) Cutting 2-0	Piece	455.00
111	PGA (Polyglycolic acid) Cutting 3-0	Piece	455.00

LIST OF MEDICAL SUPPLIES

NO.	ITEMS / DESCRIPTION	UNIT	SRP (PHP)
112	PGA (Polyglycolic acid) Cutting 4-0	Piece	455.00
113	PGA (Polyglycolic acid) cutting 5-0 P3 Needle	Piece	351.00
114	PGA (Polyglycolic acid) Round 0	Piece	455.00
115	PGA (Polyglycolic acid) Round 1-0	Piece	455.00
116	PGA (Polyglycolic acid) Round 2-0	Piece	455.00
117	PGA (Polyglycolic acid) Round 3-0	Piece	455.00
118	PGA (Polyglycolic acid) Round 4-0	Piece	455.00
119	Polypropylene cutting 0	Piece	233.00
120	Polypropylene cutting 2-0	Piece	233.00
121	Polypropylene Monofilament 1-0 round	Piece	285.00
122	Polypropylene round 4-0	Piece	233.00
123	Polypropylene knitted non-absorbable	Piece	2,145.00
124	Polypropylene Monofilament Cutting 0	Piece	325.00
125	Polypropylene Monofilament Cutting 3-0	Piece	325.00



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126	Polypropylene Monofilament Cutting 4-0	Piece	325.00
127	Polypropylene Monofilament Round 1-0	Piece	325.00
128	Polypropylene Monofilament Round 2-0	Piece	325.00
129	Polypropylene Monofilament Round 3-0	Piece	325.00
130	Povidone Iodine 10%	Piece	36.00/100mL
131	Sharp disposable container, 30liters	Piece	1,092.00
132	Silk braided 0 cutting	Piece	182.00
133	Silk Braided Cutting 2-0	Piece	130.00
134	Silk Braided Cutting 3-0	Piece	130.00
135	Silk Braided Cutting 4-0	Piece	130.00
136	Silk braided no needle 4-0	Piece	142.00
137	Silk Braided Round 0	Piece	143.00
138	Silk Braided Round 1-0	Piece	143.00
139	Silk braided round 1-0	Piece	203.00
140	Silk Braided Round 2-0	Piece	130.00
141	Silk Braided Round 3-0	Piece	130.00
142	Silk Braided Round 4-0	Piece	130.00
143	Skin Stapler	Piece	335.00
144	Spinal Needle g.23	Piece	83.00
145	Spinal Needle g.25	Piece	83.00
146	Spray Foam	Roll	1,352.00
147	Sterile Pouch Guzzetted 400mmx100	Roll	10,699.00
148	Sterile Pouch Guzzetted, 100mm	Roll	1,782.00

LIST OF MEDICAL SUPPLIES

NO.	ITEMS / DESCRIPTION	UNIT	SRP (PHP)
149	Sterile Pouch Guzzetted, 150mm	Piece	2,600.00
150	Sterilization Pouch 3 inches	Roll	1,560.00
151	Straight Catheter, fr.12	Piece	16.00
152	Straight Catheter, fr.14	Piece	16.00
153	Straight Catheter, fr.16	Piece	16.00
154	Straight Catheter, fr.8	Piece	16.00
155	Suction Catheter, fr.12	Piece	12.00
156	Suction Catheter, fr.14	Piece	12.00
157	Suction Catheter, fr.16	Piece	12.00
158	Suction Catheter, fr.18	Piece	16.00
159	Suction Catheter, fr.5	Piece	12.00
160	Suction Catheter, fr.8	Piece	12.00
161	Suction Pool Drain	Piece	231.00
162	Surgical Blade #10	Piece	33.00



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163	Surgical Blade #11	Piece	30.00
164	Surgical Blade #15	Piece	33.00
165	Surgical Blade #20	Piece	30.00
166	Surgical gown, disposable	Piece	163.00
167	Surgical Marking Pen	Piece	390.00
168	Surgical Mask Fluid Resistant w/ Eye Shield	Piece	55.00
169	Surgical scrub Brush and Chlorhexidine & brushes	Piece	67.00
170	Surgical Shoe Cover	Piece	3.00
171	Surgical Tape 1"	Roll	18.00
172	Surgical Tape 2"	Roll	37.00
173	Surgical Tape 3"	Roll	57.00
174	Surgical, Micropore Tape 1"	Roll	18.00
175	Syringe 10cc	Piece	2.00
176	Syringe 1cc	Piece	2.00
177	Syringe 30cc, disposable	Piece	36.00
178	Syringe 3cc	Piece	2.00
179	Syringe 50cc, disposable	Piece	30.00
180	Syringe 5cc with needle g.21	Piece	4.00
181	Syringe 5cc with needle g.23	Piece	2.00
182	Syringe Insulin (1cc)	Piece	3.00
183	Syringe, Asepto Irrigation Bulb 60	Piece	31.00
184	Thermometer, digital	Piece	114.00
185	Tourniquet	Piece	46.00

LIST OF MEDICAL SUPPLIES

NO.	ITEMS / DESCRIPTION	UNIT	SRP (PHP)
186	Underpads	Piece	18.00
187	Urinal, Plastic	Piece	52.00
188	Urine Bag	Piece	32.50
189	Volumetric Solution Set (Soluset)	Piece	104.00
190	Zinc Oxide Adhesive Plaster 3inches	Roll	519.00
191	Zinc Oxide Plaster 1 inch	Roll	520.00
192	Zinc Oxide Plaster 2 inches	Roll	708.00



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REQUEST AND ISSUANCE OF MEDICAL CLEARANCE AT THE TRIAGE

A medical clearance is issued to an employee after their completion of quarantine period and a negative RT-PCR result.			
OFFICE	Triage Area		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G – Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Health Declaration Form		COVID-19 Triage Area	
Laboratory Result: CBC with PC		Clinical Laboratory Section	
Chest X-Ray Result		Radiology Section	
Negative RT-PCR Result		Philippine Red Cross / Accredited Laboratory	
Patient's Chart		Quarantine Facility / NCMH HIMS	
CSC Form Medical Certificate			
Leave Form		Human Resource Management Office	



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Monitoring Tool Form (if applicable)	Quarantine Facility / LGU
Medical Certificate with Documentary stamp	Quarantine Facility / LGU / HRMO

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to the COVID-19 Triage Area and accomplish COVID-19 screening form.	1.1. Temperature Check 1.2. Check the COVID-19 screening form	None	5 minutes	Nurse/Midwife (Triage Area)
2. Submit the required documents and undergo history taking.	2.1. Verify the documents and check for completeness 2.2. Conduct history taking	None	20 minutes	Nurse Medical Officer/Triage Officer (Triage Area)
3. Proceed to Pavilion 7 Employee's Clinic	3.1. Issuance of Medical Certificate	None	10 minutes	Nurse/Midwife Consultant (Pavilion 7 Employee's Clinic)
END OF TRANSACTION		None	35 minutes	

CORRECTIVE MAINTENANCE WORKS

The Facilities and Non-Medical Equipment Maintenance Section facilitates and accomplishes maintenance works requested by the end-user. The service is available Monday to Friday (except holidays) from 8:00 am to 5:00 pm (No Noon Break).			
OFFICE	Facilities and Non-Medical Equipment Maintenance Section		
CLASSIFICATION	Complex	TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Maintenance Work request Form		Administrative Unit Office	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish Maintenance Works Request Form and submit to the GSS (Engineering Section)	1. Receive Maintenance Works Request Form and distribute to the concerned unit for evaluation.	None	15 minutes	Engineering Staff/ Clerk (Gen. Service Section)



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2. Assist Engineering personnel during on-site evaluation/ inspection.	2. Evaluate the job description. On-site evaluation/ inspection must be done if needed	None	1 hour	Engineer/ Architect/ Foreman/ Unit Head (Gen. Service Section)
3. Prepare request slip if the needed material is available. If not, the requesting officer must prepare the purchase request	3. If the materials are available, the section will commence the maintenance works	None	5 working days	Foreman/ Unit Head (Gen. Service Section)
4. After the maintenance work is accomplished, the requesting officer signs the Maintenance Work Request Form.	4. Accept the signed Maintenance Work Request Form for record and filing purposes.	None	5 minutes	Foreman/ Head Unit (Gen. Service Section)
END OF TRANSACTION		None	5 days, 1 hour and 20 minutes	

APPLICATION OF LEAVE OF ABSENCE

The Human Resource Management Office is responsible for the processing of Leave of Absence filed by the employees of NCMH. The service is available Monday to Friday, except holidays, from 8:00 am to 5:00 pm (No Noon Break).

OFFICE	Human Resource Management Office		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
CSC Form No. 6 (revised 1984)		HRMO	
Medical Certificate (for absences 5 days or more)		HRMO	
Letter for leave (Maternity, Study Leave, etc.)		To be provided by the client	
Clearance		HRMO	
Solo Parent ID – 1 photocopy		To be provided by the client	
Medical Records – (MC 25 Leave) – 1 photocopy each		Respective doctor/ hospital	



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Birth Certificate (Paternity Leave) – 1 photocopy	Philippine Statistics Authority
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CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure and accomplish CSC form no. 6	1. Issue the Leave Form with leave credits.	None	5 minutes	HRMO front desk personnel (HRMO)
2. Secure the required attachments and signature approval; submit the leave form to the designated office (per service). The designated office will forward the applications to the HRMO.	2.1 Receive and check application for completeness. 2.2 Process the application.	None	25 minutes	HRMO front desk personnel Leave personnel (HRMO)
END OF TRANSACTION		None	30 minutes	

SPIRITUAL CARE SERVICES

The Spiritual care unit is one of the units under the Activity Therapy Section. Its main task is to perform spiritual services as scheduled or requested by clients. The office is available from Monday to Friday, 8:00 am to 5:00 pm (No Noon Break) Contact Number: 85319001 loc. 384			
OFFICE	Activity Therapy Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G - Government to Government G2C – Government to Citizen
WHO MAY AVAIL	All NCMH employees and in-patients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Request form		Activity Therapy Section	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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1. Make request through phone call or by accomplishing a request form	1. Receive requests and notify the hospital chaplain to determine his availability. Services Available: ▪ Holy Mass ▪ Confession ▪ Anointing of the sick ▪ Blessing	None	2 minutes	Office Secretary (ATS)
2. Wait for the approval of the schedule by the hospital chaplain	2. Notify the client of the approval status of the request	None	2 Minutes	Office Secretary (ATS)
3. Prepare the patient / Office who / that will receive the service.	3. The hospital chaplain performs the requested services	None	1 hour and 30 minutes	Hospital Chaplain (ATS)
END OF TRANSACTION		None	1 hour and 34 minutes	

RFID APPLICATION

The Security Section processes and issues the RFID application of all qualified NCMH Employees. The service is available Monday to Friday (except holidays) from 8:00 am to 5:00 pm (No Noon Break).			
OFFICE	Security Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2G - Government to Government
WHO MAY AVAIL	All NCMH employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
RFID Application Form (3 copies)		Security Office	
Employee's ID (1 Photocopy)		To be provided by the applicant	



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CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure RFID application form at the Security Office.	1. Issue 3 copies of application form.	None	1 minute	Security Personnel (Security Section)
2. Fill out the form and submits application and other requirements to the Security Office.	2.1 Receive requirements and checks application form for completeness of data. 2.2 Process the application. 2.3 Approve application.	None	2 minutes 3 Working days	Security Personnel (Security Section) Committee Chairman
3. Receive RFID Sticker.	3. Issue RFID sticker. The Security Personnel will be the one to place the RFID sticker to the subjected vehicle.	None	3 minutes	Security Personnel (Security Section)
END OF TRANSACTION		None	3 days and 6 minutes	

RECEIVING OF DELIVERIES

The Material Management Section is responsible in receiving delivery of supplies, materials and equipment indicated in the Notice to Deliver. The service is available Monday to Friday (except holidays) from 8:00 am to 5:00 pm (No Noon Break).			
OFFICE	Material Management Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2B - Government to Business
WHO MAY AVAIL	All NCMH Suppliers		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Invoice		Supplier	
Complete Item/s		Supplier	



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CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Deliver the item/s and present the Invoice to Supply Unit Staff /Equipment Unit Staff	1.1 Receives the invoice and compare the item/s listed in the NTD 1.2 Call the attention of inspectors 1.3 Inspectors inspect the compliance of the item/s in the PO specifications <i>*Unacceptable item/s returns to suppliers</i> 1.4 Prepare Inspection and Acceptance Report (IAR) for signature of inspectors 1.5 Forward the IAR to the Chief of Inspection Committee for approval /signature 1.6 Forward the IAR to the End User for approval /signature 1.7 Forward the IAR to the Chief of MMS for acceptance /signature	None	1 hour <i>*time varies depending on the bulk of deliveries</i>	MMS Equipment Unit Staff (MMS)
END OF TRANSACTION		None	1 hour	

ISSUANCE OF GATE PASS

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. The service is available Monday to Friday (except holidays) from 8:00 am to 5:00 pm (No Noon Break).			
OFFICE	Material Management Section		
CLASSIFICATION	Simple	TYPE OF TRANSACTION	G2B - Government to Business G2G – Government to Government
WHO MAY AVAIL	All NCMH employees, Suppliers and Contractors		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Gate Pass Form (4 copies)		Material Management Section	
Identification Card of the Requisitioning Officer (1 photocopy)		Company, BIR, Post Office, DFA, SSS, GSIS, LTO, PRC, Pag-ibig, Barangay, COMELEC	



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Item/s to be brought out	Office /Pavilion where the item/s is located
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CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request Gate Pass Form (FOR PERSONAL BELONGINGS) to the MMS Equipment Unit Staff	1. Issue Gate Pass Form.	None	1 minute	MMS Equipment Unit Staff (MMS)
2. Fill out properly the Gate Pass Form and submits to the MMS equipment unit staff *With signature of the bearer, Head of the Pavilion /Chief Engineer and Security Section	2.1 Receive and checks the gate pass completeness together with the Identification Card 2.2 Inspect and validates the item/s listed on the gate pass form 2.3 Forward the form to the Chief of MMS for approval /signature 2.4 Once approved issue the Gate Pass	None	19 minutes	MMS Equipment Unit Staff (MMS)
END OF TRANSACTION		None	20 minutes	

PROCUREMENT OF GOODS, INFRASTRUCTURE AND CONSULTING SERVICES

The Procurement Section through the NCMH-Bids and Awards Committee ensures an on-time, in full and without error procurement process in accordance with the Republic Act 9184 and its Revised Implementing Rules and Regulations.			
OFFICE	Procurement Section		
CLASSIFICATION	Highly Technical	TYPE OF TRANSACTION	G2B - Government to Business
WHO MAY AVAIL	All qualified and eligible bidders		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Order of Payment		Procurement Section	
Official Receipt		Collection and Deposit Unit	



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Bidding Documents	Procurement Section
Requirements to be submitted by the bidder: (see Annexes)	

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Check PhilGEPS posting for list of requirements and schedule of bidding activities.	1. Post requirements and bidding schedule in PhilGEPS website and bulletin board.	None	5 minutes	BAC Secretariat/Staff (Procurement Section)
2. Purchases bidding documents	2. Issue Order of Payment	None	5 minutes	BAC Secretariat/Staff (Procurement Section)
3. Pay required amount	3. Receive and process the payment	Standard rate based on R.A 9184	2 minutes	Collecting Officer (Collection and Deposit Unit)
4. Submit Official Receipt at the Procurement Section	4.1. Receive and check Official receipt. 4.2. Prepare and check bidding documents	None	10 minutes	BAC Secretariat/Staff (Procurement Section)
5. Receive bidding documents	5. Issue bidding documents	None	2 minutes	BAC Secretariat/Staff (Procurement Section)
6. Participate in the Public Bidding Activities	6. Conduct Public Bidding Activities	None	6 hours	BAC Secretariat/Staff (Procurement Section)
7. Receive Notices from the BAC Secretariat a. Notice of Eligibility / Ineligibility b. Notice of Post Qualification / Post Disqualification c. Notice of Award (NOA)	7. Issue Notices and Awarding of Contracts	None	Minimum of 28 calendar days	BAC Secretariat (Procurement Section)

CLIENT STEP	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
d. Purchase Order / Contract Agreement e. Notice to Proceed (NTP)				
END OF TRANSACTION		Standard rate based on R.A 9184	Minimum of 28 Calendar Days, not to exceed 156 Calendar Days	



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**CHECKLIST FOR BIDDERS
(GOODS)**

Project: _____

Approved Budget for the Contract (ABC): _____

Date/Time and Venue of Opening of Bids: _____

Instructions:

1. A bidder must submit one (1) original (i.e., "ORIGINAL") **during Submission and Opening of Bids**. All documents shall be current and updated.
2. The "ORIGINAL" copy of the bid form shall be typed or written in ink and shall be **signed by the bidder or its duly authorized representative each and every page**.



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3. To facilitate the evaluation of the bids, bidders are advised to compile the documents in two (2) separate folders (i.e., one for Eligibility/Technical Documents and another for Financial Documents), properly labeled and tabbed, and following the sequence provided herein.

Note: Technical and Eligibility Documents are based on GPPB Resolution No. 16-2020

CHECKLIST OF TECHNICAL AND FINANCIAL DOCUMENT'S ENVELOPE

TECHNICAL COMPONENT ENVELOPE

CLASS "A" DOCUMENTS

A. LEGAL DOCUMENTS

1. Valid PhilGEPS Registration Certificate (Platinum Membership) (all pages); or
2. Registration certificate from Securities and Exchange Commission (SEC), Department of Trade and Industry (DTI) for sole proprietorship, or Cooperative Development Authority (CDA) for cooperatives or its equivalent document, and
3. Mayor's or Business permit issued by the city or municipality where the principal place of business of the prospective bidder is located, or the equivalent document for Exclusive Economic Zones or Areas; and
4. Tax clearance per E.O. No. 398, s. 2005, as finally reviewed and approved by the Bureau of Internal Revenue (BIR).

B. TECHNICAL DOCUMENTS

5. Statement of the prospective bidder of all its ongoing government and private contracts, including contracts awarded but not yet started, if any, whether similar or not similar in nature and complexity to the contracts to be bid; and
 6. Statement of the bidder's Single Largest Completed Contract (SLCC) similar to the contract to be bid, except under conditions provided for in Sections 23.4.1.3 and 23.4.2.4 of the 2016 revised IRR of RA No. 9184, within the relevant period as provided in the Bidding Documents; and
- NOTE: Similar project refers to "the same project to be bid", costing at least twenty five per cent (25%) of the ABC.*

**All spaces should be filled up with correct information.*

7. Original Copy of Bid Security. If in the form of a Surety Bond, submit also a certification issued by the Insurance Commission; Or Original copy of Notarized Bid Securing Declaration; and
 - 7.1 Notarized **Bid Securing Declaration**, using the form prescribed in Annex: Bidding Forms; or
 - 7.2 **Cash, Cashier's/Manager's Check**, issued by a Universal or Commercial Bank (not less than 2% of the ABC); or

**CHECKLIST FOR BIDDERS
(GOODS)**

- 7.3 **Bank Draft/Guarantee or an irrevocable Letter of Credit** issued by a Universal or Commercial Bank, or by a foreign bank but shall be accompanied by a confirmation from a Universal or Commercial Bank(**not less than 2% of the ABC**) ; or
 - 7.4 **Surety Bond, callable upon demand** [issued by a surety or insurance company, with a certification from the Insurance Commission as authorized to issue such instrument] (**not less than 5% of the ABC**).
8. Conformity with the Technical Specifications, which may include production/delivery schedule, manpower requirements, and/or after-sales/parts, if applicable; and
9. Original duly signed Omnibus Sworn Statement (OSS); **And** if applicable, Original Notarized Secretary's Certificate in case of a corporation, partnership, or cooperative; or Original Special



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Power of Attorney of all members of the joint venture giving full power and authority to its officer to sign the OSS and do acts to represent the Bidder.

C. FINANCIAL DOCUMENTS

10. The Supplier's audited financial statements, showing, among others, the Supplier's total and current assets and liabilities, stamped "received" by the BIR or its duly accredited and authorized institutions, for the preceding calendar year which should not be earlier than two (2) years from date of bid submission; **and**
11. The prospective bidder's computation of Net Financial Contracting Capacity (NFCC); **Or** A committed Line of Credit from a Universal or Commercial Bank in lieu of its NFCC computation.

CLASS "B" DOCUMENTS IF APPLICABLE

12. If applicable, a duly signed joint venture agreement (JVA) in case the joint venture is already in existence; **Or** Duly notarized statements from all the potential joint venture partners stating that they will enter into and abide by the provisions of the JVA in the instance that the bid is successful.

******IF NOT APPLICABLE INDICATE IN A SEPARATE SHEET WITH TABBING THAT JOINT VENTURE AGREEMENT IS NOT APPLICABLE******

OTHER DOCUMENTARY REQUIREMENTS UNDER RA NO. 9184 (as applicable)

FINANCIAL COMPONENT ENVELOPE

- (a) Original of duly signed and accomplished Financial Bid Form; **and**
- (b) Original of duly signed and accomplished Price Schedule(s)

Note well:

1. Any missing, incomplete, or patently insufficient document in the above-mentioned checklist shall be considered "FAILED" (as per Rule IX, Sec. 30.1 of R.A. No. 9184).
2. In case of discrepancies between this checklist and the bidding documents the latter shall prevail.

The above checklist was discussed and agreed upon by the members of the NCMH Bids and Awards Committee in consultation with its Technical Working Group, including the proponent /end-user/ implementing unit.

**CHECKLIST FOR BIDDERS
(INFRASTRUCTURE AND EQUIPMENT)**

Project: _____

Approved Budget for the Contract (ABC): _____

Date/Time and Venue of Opening of Bids: _____

Instructions:

1. A bidder must submit one (1) original (i.e., "ORIGINAL") **DURING SUBMISSION AND OPENING OF BIDS** and two (2) additional copies of the original (i.e., "COPY NO. 1" and "COPY NO. 2" **DURING POST QUALIFICATION (AS ADDITIONAL REQUIREMENTS)**). All documents shall be current and updated.



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2. The "ORIGINAL" copy of the bid form shall be typed or written in ink and shall be **signed by the bidder or its duly authorized representative each and every page**.
3. To facilitate the evaluation of the bids, bidders are advised to compile the documents in two (2) separate folders (i.e., one for Eligibility/Technical Documents and another for Financial Documents), properly labelled and tabbed, and following the sequence provided herein.

Note: Technical and Eligibility Documents are based on GPPB Resolution No. 16-2020

CHECKLIST OF TECHNICAL AND FINANCIAL DOCUMENT'S ENVELOPE

TECHNICAL COMPONENT ENVELOPE

CLASS "A" DOCUMENTS

A. LEGAL DOCUMENTS

1. **REGISTRATION CERTIFICATE FROM PHILIPPINE GOVERNMENT ELECTRONIC PROCUREMENT SYSTEM (PHILGEPS)** – Platinum Membership; **or**
2. **BUSINESS REGISTRATION CERTIFICATE** from the Securities and Exchange Commission (SEC, Department of Trade and Industry (DTI) for sole proprietorship, or Cooperative Development Authority (CDA) for cooperatives, or any proof of such registration as stated in the BDS; **and e**
3. **MAYOR'S PERMIT** (valid and current) issued by the city of municipality where the principal place of business of the prospective bidder is located; **and**
4. **TAX CLEARANCE CERTIFICATE** (valid and current) for Bidding Purposes, per Executive Order No. 398, s. 2005, as finally reviewed and approved by BIR.

B. TECHNICAL DOCUMENTS

1. Statement of **ALL ITS ON-GOING GOVERNMENT AND PRIVATE CONTRACTS***, including contracts awarded but not yet started, if any, whether similar or not similar in nature and complexity to the contract to be bid, using the form prescribed in Annex: Bidding Forms; **and** This statement shall be supported with: **Notice of Award or Notice to Proceed or Contract** issued by the owners.

**All spaces should be filled up with correct information.*

2. Statement of the Bidder's **SINGLE LARGEST COMPLETED CONTRACT (SLCC)*** similar to the contract to be bid, in accordance with ITB Clause 5.4 and using the form prescribed in Annex: Bidding Forms.

Note: Similar project refers to "the same project to be bid", costing at least fifty percent (50%) of the ABC.

This statement shall be supported with:

- a. **Notice of Award or Contract** issued by the owners.
- b. **Project Owner's Certificate of Final Acceptance**, or the **Certificate of Completion**, which must be at least satisfactory. In case of contracts with the private sector, an equivalent document shall be submitted.

**All spaces should be filled up with correct information.*

**CHECKLIST FOR BIDDERS
(INFRASTRUCTURE AND EQUIPMENT)**

3. Valid Philippine Contractor's Accreditation Board (PCAB) License and Registration (**At least Category C & D**) **or**;
4. Valid Special PCAB License in case of Joint Ventures; and
5. Registration for the type and cost of the contract to be bid
6. **BID SECURITY** in any of the following form:
 - 6.1 **Notarized Bid Securing Declaration**, using the form prescribed in Annex: Bidding Forms;
or



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- 6.2 **Cash, Cashier's / Manager's Check**, issued by a Universal or Commercial Bank (**not less than 2% of the ABC**); or
- 6.3 **Bank Draft / Guarantee or an irrevocable Letter of Credit** issued by a Universal or Commercial Bank, or by a foreign bank but shall be accompanied by a confirmation from a Universal or Commercial Bank (**not less than 2% of the ABC**); or
- 6.4 **Surety Bond, callable upon demand** [issued by a surety or insurance company, with a certification from the Insurance Commission as authorized to issue such instrument] (**not less than 5% of the ABC**).
7. **PROJECT REQUIREMENTS**, which shall include the following:
 - 7.1 Organizational Chart for the contract to be bid;
 - 7.2 List of Contractor's key Personnel (viz, Project Manager, Project Engineers, Materials Engineer, and Foremen), to be assigned to the contract to be bid, with their complete qualification and experience data;
 - 7.3 List of Contractor's major equipment units, which are owned, leased, and / or under purchase agreements, supported by proof of ownership or certification of availability of equipment from the equipment lessor / vendor for the duration of the project, as the case may be.
8. **Notarized OMNIBUS SWORN STATEMENT** in accordance with Section 25.3 of the IRR of RA 9184, using the form prescribed in Annex: Bidding Forms.
9. **AUTHORITY OF THE SIGNATORY**, whichever is applicable:
 - a. Special Power of Attorney, in case of Single Proprietorship.
 - b. Resolution from the General Manager or President, if Partnership.
 - c. Board resolution with Secretary's Certificate, in case of Corporation.
 - d. Resolution signed by all the joint-venture partners, if case of Joint-Venture.

FINANCIAL DOCUMENTS

10. **AUDITED FINANCIAL STATEMENTS (for CY2018 and 2019)** showing among others the total and current assets and liabilities stamped "received" by the BIR or its duly accredited and authorized institutions for the preceding calendar year which should not be earlier than two (2) years from date of submission. Attached a copy of the latest Annual Income or Business Tax Returns filed and paid thru BIR's Electronic Filing and Payment Systems (eFPS).
11. Duly signed **NET FINANCIAL CONTRACTING CAPACITY (NFCC) COMPUTATION**, in accordance with ITB Clause 5.5, or a commitment from a Universal or Commercial Bank to extend a Credit Line in favor of the prospective bidder if awarded the contract to be bid.

CLASS "B" DOCUMENTS: IF APPLICABLE

12. **JOINT VENTURE AGREEMENT (JVA)**, in case the joint venture is already in existence; or In the absence of a JVA **Duly Notarized Statements** (i.e., Protocol / Undertaking of Agreement) from all the potential joint venture partners should be included in the bid, stating: *That*, they will enter into and abide by the provisions of the JVA in the event that the bid is successful; and *That*, failure to enter into a joint venture in the event of a contract award shall be ground for the forfeiture of the bid security (Section 23.1 (b) of the 2016 Revised IRR).

**CHECKLIST FOR BIDDERS
(INFRASTRUCTURE AND EQUIPMENT)**

Notes:

- a. The JVA or the Protocol must specify the company / partner and the name of the office designated as the authorized representative of the joint venture.
- b. Each partner of the joint venture shall submit their respective Legal (I.A) – Eligibility Documents.



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- c. The submission of technical and financial eligibility documents by any of the joint venture partners constitutes compliance: *Provided* that, the partner responsible to submit the NFCC shall likewise submit the Statement of all its ongoing contracts and latest Audited Financial Statements.

Project: _____

****/

F

NOT APPLICABLE INDICATE IN A SEPARATE SHEET WITH TABBING THAT JOINT VENTURE AGREEMENT IS NOT APPLICABLE****

FINANCIAL COMPONENT ENVELOPE

1. Original of Duly signed and accomplished **FINANCIAL BID FORM. And**
2. Original of duly signed Bid Price in the Bill of Quantities; **and**
3. Duly accomplished Detailed Estimates Form, including a summary sheet indicating the unit prices of construction materials, labor rates, and equipment rental used in coming up with the Bid; **and**
4. Cash Flow by Quarter

Note well:

1. Any missing, incomplete, or patently insufficient document in the above-mentioned checklist shall be considered "FAILED" (as per Rule IX, Sec. 30.1 of R.A. No. 9184).
2. In case of discrepancies between this checklist and the bidding documents the latter shall prevail.

The above checklist was discussed and agreed upon by the members of the NCMH Bids and Awards Committee in consultation with its Technical Working Group, including the proponent /end-user/ implementing unit.

**CHECKLIST FOR BIDDERS
(CONTRACT SERVICES AND CONSULTING SERVICES)**



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Approved Budget for the Contract (ABC): _____

Date/Time and Venue of Opening of Bids: _____

Instructions:

1. A bidder must submit one (1) original during submission and opening of bids and two (2) additional copies of the original are requested to be submitted on the submission of the additional requirements for post qualification. All documents shall be current and updated.
2. The "ORIGINAL" copy of the bid form shall be typed or written in ink and shall be signed by the bidder or its duly authorized representative.
3. To facilitate the evaluation of the bids, bidders are advised to compile the documents in two (2) separate folders (i.e., one for Eligibility/Technical Documents and another for Financial Documents), properly labelled and tabbed, and following the sequence provided herein.

CHECKLIST OF TECHNICAL AND FINANCIAL DOCUMENT'S ENVELOPE

TECHNICAL COMPONENT ENVELOPE

CLASS "A" DOCUMENTS

A. LEGAL DOCUMENTS

1. **REGISTRATION CERTIFICATE FROM PHILIPPINE GOVERNMENT ELECTRONIC PROCUREMENT SYSTEM (PHILGEPS)** – Platinum Membership; **or**
2. **BUSINESS REGISTRATION CERTIFICATE** from the Securities and Exchange Commission (SEC, Department of Trade and Industry (DTI) for sole proprietorship, or Cooperative Development Authority (CDA) for cooperatives, or any proof of such registration as stated in the BDS; **and e**
3. **MAYOR'S PERMIT** (valid and current) issued by the city of municipality where the principal place of business of the prospective bidder is located; **and**
4. **TAX CLEARANCE CERTIFICATE** (valid and current) for Bidding Purposes, per Executive Order No. 398, s. 2005, as finally reviewed and approved by BIR.

B. TECHNICAL DOCUMENTS

1. Statement of **ALL ITS ON-GOING GOVERNMENT AND PRIVATE CONTRACTS***, including contracts awarded but not yet started, if any, whether similar or not similar in nature and complexity to the contract to be bid, using the form prescribed in Annex: Bidding Forms; **and** This statement shall be supported with: **Notice of Award or Notice to Proceed or Contract** issued by the owners.

**All spaces should be filled up with correct information.*

2. Statement of the Bidder's **SINGLE LARGEST COMPLETED CONTRACT (SLCC)*** similar to the contract to be bid, in accordance with ITB Clause 5.4 and using the form prescribed in Annex: Bidding Forms.

Note: Similar project refers to "the same project to be bid", costing at least fifty percent (50%) of the ABC.

This statement shall be supported with:

- c. **Notice of Award or Contract** issued by the owners.
- d. **Project Owner's Certificate of Final Acceptance**, or the **Certificate of Completion**, which must be at least satisfactory. In case of contracts with the private sector, an equivalent document shall be submitted.

**All spaces should be filled up with correct information.*

**CHECKLIST FOR BIDDERS
(CONTRACT SERVICES AND CONSULTING SERVICES)**

3. **BID SECURITY** in any of the following form:



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- 3.1 **Notarized Bid Securing Declaration**, using the form prescribed in Annex: Bidding Forms; or
- 3.2 **Cash, Cashier's/Manager's Check**, issued by a Universal or Commercial **Bank (not less than 2% of the ABC)**; or
- 3.3 **Bank Draft/Guarantee or an irrevocable Letter of Credit** issued by a Universal or Commercial Bank, or by a foreign bank but shall be accompanied by a confirmation from a Universal or Commercial Bank **(not less than 2% of the ABC)**; or
- 3.4 **Surety Bond, callable upon demand** [issued by a surety or insurance company, with a certification from the Insurance Commission as authorized to issue such instrument] **(not less than 5% of the ABC)**.
4. Conformity to **TECHNICAL SPECIFICATIONS**, using the prescribed form in Section VII of the Bidding Documents and showing compliance to each item description provided for by NCMH;
5. **Notarized OMNIBUS SWORN STATEMENT** in accordance with Section 25.3 of the IRR of RA 9184, using the form prescribed in Annex: Bidding Forms.
6. **UTHORITY OF THE SIGNATORY**, whichever is applicable:
 - a. Special Power of Attorney, in case of single proprietorship.
 - b. Resolution from the General Manager or President, if partnership.
 - c. Board resolution with Secretary's Certificate, in case of Corporation.
 - d. Resolution signed by all the joint-venture partners, in case of Joint-Venture.

C. FINANCIAL DOCUMENTS

7. **The Supplier's AUDITED FINANCIAL STATEMENTS**, showing among others the total and current assets and liabilities stamped "received" by the BIR or its duly accredited and authorized institutions for the preceding calendar year which should not be earlier than two (2) years from date of bid submission. (CY 2019 with comparative statement CY 2019 and CY 2018)
8. Duly signed **NET FINANCIAL CONTRACTING CAPACITY (NFCC) COMPUTATION**, in accordance with ITB Clause 5.5, or a commitment from a Universal **or** Commercial Bank to extend a Credit Line in favor of the prospective bidder if awarded the contract to be bid

CLASS B DOCUMENTS IF APPLICABLE

9. **JOINT VENTURE AGREEMENT (JVA)**, in case the joint venture is already in existence; or In the absence of a JVA, **Duly Notarized Statements** (i.e., Protocol/Undertaking of Agreement) from all the potential joint venture partners should be included in the bid, stating: *That*, they will enter into and abide by the provisions of the JVA in the event that the bid is successful; and *That*, failure to enter into a joint venture in the event of a contract award shall be ground for the forfeiture of the bid security (Section 23.1(b) of the 2016 Revised IRR).

NOTES:

- a. The JVA or the Protocol must specify the company/partner and the name of the office designated as the authorized representative of the joint venture.
- b. Each partner of the joint venture shall submit their respective Legal (I.A) —Eligibility Documents.
- c. The submission of technical and financial eligibility documents by any of the joint venture partners constitutes compliance: *Provided that*, the partner responsible to submit the NFCC shall likewise submit the Statement of all of its ongoing contracts and latest Audited Financial Statements.

******IF NOT APPLICABLE INDICATE IN A SEPARATE SHEET WITH TABBING THAT JOINT VENTURE AGREEMENT IS NOT APPLICABLE******

**CHECKLIST FOR BIDDERS
(CONTRACT SERVICES AND CONSULTING SERVICES)**



DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

OTHER DOCUMENTARY REQUIREMENTS UNDER RA NO. 9184 (as applicable)

1. For foreign bidders claiming by reason of their country's extension of reciprocal rights to Filipinos] Certification from the relevant government office of their country stating that Filipinos are allowed to participate in government procurement activities for the same item or product.
2. Certification from the DTI if the bidder claims preference as a Domestic Bidder or domestic Entity

FINANCIAL COMPONENT ENVELOPE

1. Original of duly signed and completed **FINANCIAL BID FORM. And**
2. Original of duly signed and completed **PRICE SCHEDULE FORM.**

Note well:

1. Any missing, incomplete, or patently insufficient document in the above-mentioned checklist shall be considered "FAILED" (as per Rule IX, Sec. 30.1 of R.A. No. 9184).
2. In case of discrepancies between this checklist and the bidding documents the latter shall prevail.

The above checklist was discussed and agreed upon by the members of the NCMH Bids and Awards Committee in consultation with its Technical Working Group, including the proponent /end-user/ implementing unit.

NCMH DIRECTORY

OFFICE	CONTACT INFORMATION
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DEPARTMENT OF HEALTH
NATIONAL CENTER FOR MENTAL HEALTH

Office of the Medical center Chief II	8 531-9001 loc. 201
Office of the Chief Medical Professional Staff II – Hospital Service	8 531-9001 loc. 216
Office of the Chief Medical Professional Staff II – Community Service	8 531-9001 loc. 218
Office of the Chief of Finance Service	8 531-9001 loc. 230
Office of the Chief Hospital Operations & Patient Support Service	8 531-9001 loc. 204
Office of the Chief of Nursing Service	8 531-9001 loc. 214
Professional Education, Training and Research Office (PETRO)	8 531-9001 loc. 258
Quality Management Office (QMO)	8 531-9001 loc. 477
Human Resource Management Office	8 531-9001 loc. 224
Legal Section	8 531-9001 loc. 231
Planning and Development Section	8 531-9001 loc. 205
NCMH Crisis Hotline	0917-899-8727 / 7-989-8727
Medical / Surgical Section	8 531-9001 loc. 352
Activity Therapy Section	8 531-9001 loc. 384
Dental Section	8 531-9001 loc. 281
Nutrition and Dietetics Section	8 531-9001 loc. 220
Anatomic Laboratory Section	8 531-9001 loc. 347
Clinical Laboratory Section	8 531-9001 loc. 360
Radiology Section	8 531-9001 loc. 359
Psychological Section	8 531-9001 loc. 279
Pharmacy Section	8 531-9001 loc. 298
Medical Social Service	8 531-9001 loc. 278
Malasakit Center	8 531-9001 loc. 439
Health Information Management Section	8 531-9001 loc. 247
Hemodialysis Clinic	8 531-9001 loc. 433
TB DOTS Clinic	8 531-9001 loc. 365
Pavilion 1	8 531-9001 loc. 266
Pavilion 3	8 531-9001 loc. 314
Pavilion 4	8 531-9001 loc. 318
Pavilion 5	8 531-9001 loc. 377
Pavilion 6	8 531-9001 loc. 345
Pavilion 8 and 28	8 531-9001 loc. 367 / 398
Pavilion 9	8 531-9001 loc. 369
Pavilion 10	8 531-9001 loc. 372
Pavilion 12	8 531-9001 loc. 379
Pavilion 14	8 531-9001 loc. 380
Pavilion 18	8 531-9001 loc. 389
OFFICE	CONTACT INFORMATION
Pavilion 19	8 531-9001 loc. 388



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Pavilion 21	8 531-9001 loc. 391
Pavilion 23	8 531-9001 loc. 393
Pavilion 24	8 531-9001 loc. 480
Pavilion 25	8 531-9001 loc. 395
Pavilion 30	8 531-9001 loc. 400
Pavilion 32 and 33 (Camarin Extension)	8 788-7989
Pavilion 34	8 531-9001 loc. 404 / 403
Pavilion 35	8 531-9001 loc. 407 / 409
Crisis Management Section	8 531-9001 loc.
Psychiatric Emergency	8 531-9001 loc. 283 / 286
Acute Crisis Intervention	8 531-9001 loc. 306
Out-Patient Section - Adult	8 531-9001 loc. 290 / 200
Out-Patient Section – Child	8 531-9001 loc. 383
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