



# **Legazpi City Hospital ACCOUNTING SECTION**

**Internal Services**



## 1. Cash Advance for Travel/Training

Service Information: May be availed of at least one week before the schedule of the approved official business to travel/ attend a seminar or workshop.

<b>Office or Division:</b>	Accounting Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Internal			
<b>Who may avail:</b>	LCH employees with plantilla positions			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Letter of invitation (Seminar/ Workshop)			Organizers of the seminar or workshop	
Approved Travel Order			CHRMO thru HR Section of LCH	
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits documents related to the Official Travel	1.1 Receives documents and records in the logbook		2 minutes	Accountant
	1.2 Reviews the Letter of Invitation to have a basis of the amount of registration fee and the allowed Daily Travel Expenses (DTE) to be granted to the employee		5 minutes	Accountant
	1.3 Prepares the Itinerary for travel and forwards it to the Chief of Hospital		20 minutes	Accountant
	1.4 Reviews and signs the Itinerary for travel		20 minutes (depending on the availability of the signatory)	Chief of Hospital
	1.5 Prepares the DV and ORS based on the Itinerary		10 minutes	Accountant



	1.6 Reviews and signs the ORS		20 minutes (depending on the availability of the signatory)	Chief of Hospital
	1.7 Submits the ORS, DV and supporting documents to the City Accounting Office for pre audit		30 minutes	Liaison Officer
	1.8 Submits the pre-audited documents to the City Budget Office for processing		10 minutes upon receipt of pre-audited documents	Liaison Officer
	1.9 Follows up the transaction until the check for the cash advance is available for encashment		Depends on the processes in the City Budget, Accounting and Treasurers Office	Liaison Officer
2. Claims the check	2.1 Releases the check to the requesting personnel		3 minutes upon receipt of check/notice of claim	Accountant
		Total	2 hours in addition to processing time of City Budget, Accounting and Treasurer's Office	

## 2. Reimbursement of Expenses for Travel/Training

Service Information: May be availed of after the official business to attend a seminar or workshop.

<b>Office or Division:</b>	Accounting Section
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Internal



<b>Who may avail:</b>	LCH employees with plantilla positions			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter of invitation (Seminar/ Workshop)		Organizers of the seminar or workshop		
Approved Travel Order		CHRMO thru HR Section of LCH		
Official Receipt (Registration fee)		Organizers of the seminar or workshop		
Certificate of Appearance		Organizers of the seminar or workshop		
Tickets (Bus, plane, other mode of transportation)		Mode of transportation		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits documents related to the Official Travel	1.1 Receives documents and records in the logbook		2 minutes	Accountant
	1.2 Reviews the Letter of Invitation to have a basis of the amount of registration fee and the allowed Daily Travel Expenses (DTE) to be granted to the employee		5 minutes	Accountant
	1.3 Prepares the 1.3.1 Itinerary for travel 1.3.2 Certificate of Travel Completed  And forwards them to the Requesting Personnel and to the Chief of Hospital		10 minutes	Accountant
2. Signs the Itinerary and the Certificate of Travel Completed	2.1 Reviews and signs the Itinerary for travel		20 minutes (depending on the availability of the signatory)	Chief of Hospital



	2.2 Prepares the DV and ORS based on the Itinerary		3 minutes	Accountant
	2.3 Reviews and signs the ORS		20 minutes (depending on the availability of the signatory)	Chief of Hospital
	2.4 Photocopies and gathers the documents for submission		10 minutes	Accountant
	2.5 Submits the ORS, DV and supporting documents to the City Accounting Office for pre audit		30 minutes	Liaison Officer
	2.6 Submits the pre-audited documents to the City Budget Office for processing		10 minutes upon receipt of pre-audited documents	Liaison Officer
	2.7 Follows up the transaction until the check for the reimbursement becomes available		Depends on the processes in the City Budget, Accounting and Treasurers Office	Liaison Officer
3. Claims the check	3.1 Releases the check		3 minutes upon receipt of check/notice of claim	Accountant
		Total	1 hour 53 minutes in addition to processing time of City Budget, Accounting and Treasurer's Office	



### 3. Cash Advance for Meals to be Served to Patients

Service Information: May be availed in anticipation of possible expenses to be incurred for the preparation of meals to be served to the patients.

<b>Office or Division:</b>	Accounting Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Internal			
<b>Who may avail:</b>	Cashier			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Fidelity Bond		Bureau of Treasury thru the City Treasurer's Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Requests for cash advance	1.1 Prepares the DV and ORS for the cash advance		10 minutes	Accountant
	1.2 Reviews and signs the ORS		20 minutes (depending on the availability of the signatory)	Chief of Hospital
	1.3 Submits the documents to the City Budget Office for processing		10 minutes upon receipt of pre-audited documents	Liaison Officer
	1.4 Follows up the transaction until the check for the cash advance is available for encashment		Depends on the processes in the City Budget, Accounting and Treasurers Office	Liaison Officer
2. Claims the check	2.1 Releases the check		3 minutes upon receipt of check/notice of claim	Accountant
		Total	43 minutes in addition to processing time of City Budget, Accounting and	



			Treasurer's Office	
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#### 4. Establishment of Petty Cash Fund

Service Information: The petty cash fund is established in order to facilitate small expenses of the agency.

<b>Office or Division:</b>	Accounting Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Internal			
<b>Who may avail:</b>	Petty Cash Fund Custodian (PCFC)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Fidelity Bond		Bureau of Treasury thru the City Treasurer's Office		
Authority of an Accountable Officer (AO) issued by the Head of Agency indicating the maximum accountability and the purpose of cash advance		City Mayor's Office		
Certification that previous cash advance have been liquidated and accounted for in the books		City Accountant's Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Requests for establishment of petty cash fund	1.1 Prepares the DV and ORS for the cash advance		10 minutes	Accountant
	1.2 Reviews and signs the ORS		20 minutes (depending on the availability of the signatory)	Chief of Hospital
	1.3 Submits the documents to the City Budget Office for processing		10 minutes upon receipt of pre-audited documents	Liaison Officer
	1.4 Follows up the transaction until the check for the cash advance		Depends on the processes in the City Budget, Accounting and Treasurers Office	Liaison Officer



	is available for encashment			
	1.5 Releases the check to the PCFC		3 minutes upon receipt	Accountant
	1.6 Receives the approved check from the City Treasurer's Office for the establishment of PCF		3 minutes	Petty Cash Fund Custodian (PCFC)
	1.7 Records in the Petty Cash Fund Record (PCFR) the date, particulars, reference and the amount of check in the 'Cash Advance' column		3 minutes	PCFC
	1.8 Encashes the check and keeps cash in a safety vault		Depends on the bank processes	PCFC
		Total	49 minutes in addition to processing time of City Budget, Accounting, Treasurer's Office, and the bank	

## 5. Utilization of the Petty Cash Fund

Service Information: Availed by employees with petty expenses which are needed in the daily operations of the agency.

<b>Office or Division:</b>	Accounting Section
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Internal
<b>Who may avail:</b>	All LCH Employees





CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Petty Cash Fund Voucher Form		Petty Cash Fund Custodian		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplishes Box I columns 'Particulars' and 'Amount' and Box A "Requested by" portion of the PCV	1.1 Receives the PCF Voucher		3 minutes	Requesting Personnel
	1.2 Signs Box A "Approved by" portion of the PCV and returns to Requesting Personnel.		20 minutes (depends upon the availability of the supervisor)	Immediate Supervisor of Requesting Personnel
2. Submits the required documents to the PCFC for the release of fund	2.1 Receives from the Requesting Personnel the PCV duly approved by the Immediate Head of the Requestor		10 minutes	Petty Cash Fund Custodian (PCFC)
	2.3 Releases requested fund  2.4 Upon release of the petty cash, signs in Box B "Paid by" portion of the PCV			
3. Receives petty cash and signs in Box B "Cash Received by" portion of the PCV	3.1 Issues Copy 2 of the PCV to the Requesting Personnel  3.2 Files the original of PCV awaiting liquidation		2 minutes	PCFC



4. Submits the official receipts and other supporting documents after the transaction	4.1 Receives the ORs and supporting documents awaiting replenishment of the PCF  4.2 Records the expenses		3 minutes upon receipt	PCFC
		Total	38 minutes	

## 6. Replenishment of Petty Cash Fund

Service Information: Availed by the Petty Cash Custodian whenever the Petty Cash Fund is 75% utilized.

<b>Office or Division:</b>	Accounting Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Internal			
<b>Who may avail:</b>	Petty Cash Fund Custodian			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Approved Petty Cash Fund Voucher Form		From file		
Official Receipts		From merchants		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits from the file the original of the PCV together with the SDs	1.1 Checks the completeness of all PCVs for the replenishment		3 minutes	Accountant
2. Based on the paid PCVs and SDs, prepares the RPPCVs in two copies and signs the "Certification"	2.1 Based on the RPPCVs, prepares Disbursement Voucher (DV) in four (4) copies and Obligation Request and		10 minutes	Accountant



portion of the RPPCV	Status (ORS) in three (3) copies.			
	2.2 Forwards copies 1-4 of the DV, original of the RPPCVs and PCV, and SDs to Authorized Official for review and signature		3 minutes	Accountant
	2.3 Signs in Box A portion of the ORS		20 minutes (depending on the availability of the signatory)	Chief of Hospital
	2.4 Forwards copies 1-4 of the DV, copies 1-3 of ORS, originals of RPPCVs to the City Budget Office		30 minutes	Liaison Officer
	2.5 Follows up the transaction until the check for the replenishment of the PCF is available for encashment by the PCFC		Depends on the processes in the City Budget, Accounting and Treasurers Office	Liaison Officer
	2.6 Releases the check to the PCFC		3 minutes upon receipt of check/notice of claim	Accountant
		Total	1 hour and 6 minutes in addition to processing time of City Budget, Accounting and Treasurer's Office	

## 7. Liquidation of Cash Advance for Travel



Service Information: This is the settlement of the cash advance previously availed by the employees, which must be done within 30 days upon return to their official station.

<b>Office or Division:</b>	Accounting Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Internal			
<b>Who may avail:</b>	LCH employees with plantilla positions			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter of invitation (Seminar/ Workshop)		Organizers of the seminar or workshop		
Approved Travel Order		CHRMO thru HR Section of LCH		
Official Receipt (Registration fee)		Organizers of the seminar or workshop		
Certificate of Appearance		Organizers of the seminar or workshop		
Tickets (Bus, plane, other mode of transportation)		Mode of transportation		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits the ORs and Other supporting documents	1.1 Receives the documents and records them in the logbook		3 minutes	Accountant
	1.2 Checks the completeness of the documents received  1.3 Returns to the Requesting personnel, if incomplete		10 minutes	Accountant
2. Returns the excess of cash advance, if there's any, to the Cashier	2.1 Issues an Official receipt for the cash return		10 minutes	Cashier
	2.2 Drafts the Certificate of Travel Completed (CTC) to be signed by the Requesting		10 minutes	Accountant



	Personnel and the Chief of Hospital			
3. Signs the CTC	3.1 Signs the CTC		20 minutes (depending on the availability of the signatories)	Chief of Hospital
	3.2 Collects the documents and compiles them together for submission		30 minutes	Accountant
	3.3 Submits the documents to the City Accounting Office		30 minutes	Liaison Officer
		Total	1 hour 53 minutes	

## 8. Liquidation of Cash Advance for Meals Served to Patients

Service Information: This is the settlement of the cash advance previously availed by an Accountable Officer. The Accountable Officer must settle the cash advance when the amount is completely utilized or when its purpose is served.

<b>Office or Division:</b>	Accounting Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Internal			
<b>Who may avail:</b>	Head of the Dietary Section/Cashier			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter of invitation (Seminar/ Workshop)		Organizers of the seminar or workshop		
Approved Travel Order		CHRMO thru HR Section of LCH		
Official Receipt (Registration fee)		Organizers of the seminar or workshop		
Certificate of Appearance		Organizers of the seminar or workshop		
Tickets (Bus, plane, other mode of transportation)		Mode of transportation		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits the ORs and	1.1 Receives the documents and		3 minutes	Accountant



Other supporting documents	records them in the logbook			
	1.2 Checks the completeness of the documents received  1.3 Returns to the Dietary Section Head, if incomplete		2 hours	Accountant
	1.4 Records the expenses		1 hour	Accountant
	1.5 Drafts the following: 1.5.1 Report of Disbursement 1.5.2 Certification for the expenses incurred And forwards them to their respective signatories		1 hour	Accountant
	1.6 Signs the Certification for the expenses Incurred		20 minutes (depending on the availability of the signatory)	Dietary Section Head  Cashier Chief of Hospital
	1.7 Signs the Report of Disbursements		10 minutes (depending on the availability of the signatory)	Cashier
	1.8 Collects the documents and compiles them together for submission		30 minutes	Accountant
	1.9 Submits the documents to the City Accounting Office		30 minutes	Liaison Officer



		Total	5 hours and 33 minutes	
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## 9. Liquidation of Petty Cash Fund

Service Information: Done by the employees who utilized the Petty Cash Fund

<b>Office or Division:</b>	Accounting Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Internal			
<b>Who may avail:</b>	All LCH employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Copy 2 of PCV		Requesting personnel		
Supporting documents				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits Copy 2 of the PCV and supporting documents	1.1 Receives Copy 2 of the PCV together with Supporting Documents (SDs) and records them.		3 minutes	Petty Cash Fund Custodian
	1.2 Checks and reviews completeness of documents such as the date, amount and nature of expenses paid as shown in the SDs  1.3 If incomplete, returns to the Requesting Personnel for completion of needed SDs		5 minutes	PCFC
	1.4 If complete, retrieves the		5 minutes	PCFC



	original of PCV from file and fills up Box II " Total Amount Granted", "Total Amount Paid per OR/Invoice No.", and "Amount Refunded/Reimbursed" portion of the original and Copy 2 of PCVs			
	1.5 Checks the appropriate boxes for "Received Refund" or "Reimbursement Paid" portion and signs Box C of the PCV		3 minutes	PCFC
2. Checks and fills up the appropriate boxes for "Liquidation Submitted by" and "Reimbursement Received by" upon submission of necessary SDs and receipt or reimbursement of cash, if any, and signs Box D of the PCV	2.1 Returns Copy 2 of the PCV to the Requesting Personnel.		5 minutes	PCFC
	2.2 Retrieves PCFR and records paid PCVs		5 minutes	Accountant
	2.3 Files the original PCV together with the SDs		5 minutes	Accountant





		Total	31 minutes	
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## 10. Payment of Salaries and Other Benefits for Employees with Plantilla Positions

Service Information:

Schedules of the benefits:

1. Salaries – Twice a month, usually on the 8<sup>th</sup> and 21<sup>st</sup> day of the month but is subject to change without prior notice
2. PERA – Once a month, usually during the 1<sup>st</sup> week
3. Mid-year Bonus – Not earlier than May 15 of the current year
4. Year-end Bonus and Cash Gift – Not earlier than Nov. 15 of the current year
5. PEI – Not earlier than Dec. 15 of the current year

<b>Office or Division:</b>	Accounting Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Internal			
<b>Who may avail:</b>	All LCH employees with Plantilla position			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
DTR for the month		HR Section		
General Payroll		City Accountants Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. (For the salaries) Submits signed DTR for the current month	1.1 Checks the DTRs for completeness		3 minutes upon receipt	Accountant
	1.2 Summarizes the attendance of the employees		2 hours	Accountant
(For the other benefits)	1.3 Prepares the 1.3.1 ORS for the payroll 1.3.2 Remittance statements		30 minutes	Accountant



	1.4 Reviews and sign the payroll, the ORS, and Remittance Statements		20 minutes (depends on the availability of the Chief)	Chief of Hospital II
	1.5 Photocopies the ORS and Payroll		2 minutes	Accountant
	1.6 Submits DTRs to the City HRMO;  1.7 Submits the payroll and ORS, and other supporting documents to the City Budget Office		30 Minutes	Liaison Officer
	1.8 Follows up the transaction until salary is uploaded to the ATM accounts of permanent employees		Depends on the processes in the City Budget, Accounting and Treasurers Office	Liaison Officer
		Total	3 hours 25 minutes in addition to processing time of City Budget, Accounting and Treasurer's Office	

### 11. Payment of Salaries for Contract of Service Staff

Service Information: Salaries for contractual staff are given once a month, after the preparation of DTRs

<b>Office or Division:</b>	Accounting Section
<b>Classification:</b>	Simple



<b>Type of Transaction:</b>	Internal			
<b>Who may avail:</b>	All LCH staff under Contract of Service			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Pag-IBIG MID number	HDMF (PagIBIG)			
TIN	Bureau of Internal Revenue			
Contract of Service	HR Section			
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits Daily Time Record (DTR) for the current month, TIN and PagIBIG MID number	1.1 Checks the DTRs for completeness		3 minutes upon receipt	Accountant
	1.2 Encode the names, monthly salary and deductions of every contractual staff in the payroll template		2 hours	Accountant
	1.3 Sends to City HRMO the copy of contracts to request for authentication		30 minutes upon receipt of the Appointments	Liaison Officer
	1.4 Retrieves from CHRMO the authenticated photocopy of contracts		Depends on the processes in the City HRMO	Liaison Officer
	1.5 Prints Remittance Statements of monthly deductions/contributions to BIR, and PagIBIG		3 minutes	Accountant
	1.6 Encodes and prints work accomplishments		20 minutes	Accountant



	1.7 Prints the payroll and ORS		10 minutes	Accountant
2. Signs the work accomplishment	2.1 Reviews and sign the payroll, the ORS, remittance statements, and at the APPROVED portion of the work accomplishments		20 minutes (depends on the availability of the Chief)	Chief of Hospital II
	2.2 Photocopies the signed ORS and payroll		2 minutes	Accountant II
	2.3 Submits the payroll and ORS, and other supporting documents to the City Budget Office		30 Minutes	Liaison Officer
	2.4 Follows up the transaction until salary is ready for distribution to the contractual staff		Depends on the processes in the City Budget, Accounting and Treasurers Office	Liaison Officer
		Total	3 hours 50 minutes in addition to processing time of CHRMO, City Budget, Accounting and Treasurer's Office	

## 12. Payment of Wages to Job Order Staff

Service Information: Wages of the job order staff are given once a month, after the preparation of DTRs

<b>Office or Division:</b>	Accounting Section
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<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Internal			
<b>Who may avail:</b>	All LCH staff under Job order			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Pag-IBIG MID number		HDMF (PagIBIG)		
Appointment		HR Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits Daily Time Record (DTR) for the current month, PagIBIG MID number	1.1 Checks the DTRs for completeness		3 minutes upon receipt	Accountant
	1.2 Encode the names, monthly salary and deductions of every job order staff in the payroll template		2 hours	Accountant
	1.3 Sends to City HRMO the copy of appointments to request for authentication		30 minutes upon receipt of the Appointments	Liaison Officer
	1.4 Retrieves from CHRMO the authenticated photocopy of appointments		Depends on the processes in the City HRMO	Liaison Officer
	1.5 Prints Remittance Statements of monthly deductions/contributions to PagIBIG		3 minutes	Accountant
	1.6 Prints the payroll and ORS		10 minutes	Accountant
	1.7 Submits the payroll and ORS, and other		30 Minutes	Liaison Officer



	supporting documents to the City Mayor's Office for signature			
	1.8 Follows up the transaction until salary is ready for distribution to the job order staff		Depends on the processes in the City Budget, Accounting and Treasurers Office	Liaison Officer
		Total	3 hours and 16 minutes in addition to processing time of CHRMO, City Budget, Accounting and Treasurer's Office	

### 13. Payment of Hazard Pay, Subsistence and Laundry Allowance to Employees with Plantilla Position

Service Information: The hazard pay, subsistence and laundry allowance are given once a month, after the preparation of employee's DTRs.

<b>Office or Division:</b>	Accounting Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Internal			
<b>Who may avail:</b>	All LCH employees with Plantilla position			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
DTR for the month		HR Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits signed DTR for the current month	1.1 Checks the DTRs for completeness		3 minutes upon receipt	Accountant



	1.2 Summarizes the attendance of the employees and prepares the payrolls		3 hours	Accountant
	1.3 Prepares the ORS for the payroll		30 minutes	Accountant
	1.4 Reviews and sign the payroll, the ORS		20 minutes (depends on the availability of the Chief)	Chief of Hospital II
	1.5 Photocopies the ORS and Payroll		2 minutes	Accountant
	1.6 Submits the payroll and ORS, and other supporting documents to the City Budget Office		30 Minutes	Liaison Officer
	1.7 Follows up the transaction until the benefits are uploaded to the ATM accounts of employees		Depends on the processes in the City Budget, Accounting and Treasurers Office	Liaison Officer
		Total	4 hours 25 minutes in addition to processing time of City Budget, Accounting and Treasurer's Office	

#### 14. Payment of Philhealth Professional Fees to Consultants

Service Information: The payment of professional fees to consultants is done once a month.

<b>Office or Division:</b>	Accounting Section
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<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Internal			
<b>Who may avail:</b>	All LCH Consultants			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Auto Credit Payment Notice (ACPN)		Philhealth RO V		
Official Receipts for the ACPNs		Cashier		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request for PF release for the month	1.1 Checks ACPNs for the month for professional fees for distribution to consultants		4-8 hours depending on the number of ACPNs received for the month	Accountant
	1.2 Drafts DV		30 minutes	Accountant
	1.3 Photocopies ORs and ACPNs for attachment to DVs		1 hour	Accountant
	1.4 Sends the DVs to the City Accountant's Office for processing		30 Minutes	Liaison Officer
	1.5 Follows up the transaction until salary is ready for distribution to the contractual staff		Depends on the processes in the City Budget, Accounting and Treasurers Office	Liaison Officer
		Total	10 hours in addition to processing time of City Budget, Accounting and Treasurer's Office	





# **Legazpi City Hospital**

## **ACCOUNTING SECTION**

**External Services**



## 1. Payment of Obligations

Service Information: The payment of obligation is done as the need arises.

<b>Office or Division:</b>	Accounting Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	External			
<b>Who may avail:</b>	All agencies with transactions with LCH			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Obligations, which can be any of the following, but not limited to: <ol style="list-style-type: none"> <li>1. Bill (Utilities)</li> <li>2. Order of payment (Application for license to Operate)</li> <li>3. Statement of Account (Blood Service Fee)</li> </ol>		Sources of Obligations, which could be any of the following, but not limited to: <ol style="list-style-type: none"> <li>1. Service provider of utilities (LCWD, APEC, DCTV)</li> <li>2. FDA, DOH, Philhealth, etc.</li> <li>3. DOH-CHD Bicol</li> </ol>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Delivers a bill or any evidence of obligation by the government	1.1 Receives the documents and records them in the logbook		3 minutes	Accountant
	1.2 Reviews the document and drafts the ORS and DV		10 minutes	Accountant
	1.3 Reviews and signs the ORS		20 minutes (depending on the availability of the signatory)	Chief of Hospital
	1.4 Photocopies the ORS and files a copy of the ORS		3 minutes	Accountant
	1.5 Records the expenses		5 minutes	Accountant



	1.6 Submits the documents to the City Budget Office		30 minutes	Liaison Officer
	1.7 Follows up the transaction until a check is available for payment of obligations		Depends on the processes in the City Budget, Accounting and Treasurers Office	Liaison Officer
2. Claims the check	2.1 Releases the check		3 minutes upon receipt/notice of claim	Accountant
		Total	74 minutes/filled up documents in addition to processing time of City Budget, Accounting and Treasurer's Office	

## 2. Refund to Patients from Philhealth Package Used

Service Information: The refund to patients is allowed only if the Philhealth package exceeds the actual expenses incurred during his/her confinement.

<b>Office or Division:</b>	Accounting Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	External			
<b>Who may avail:</b>	All agencies with transactions with LCH			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Official Receipt of medicine or laboratory services (unavailable during his confinement) bought from a third party		Pharmacy or Laboratory outside LCH		
Statement of Account		Billing Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submits ORs, SOA	1.1 Receives the documents and		3 minutes	Accountant



	records them in the logbook			
	1.2 Reviews the documents, and checks if the claims for the particular patient is already reimbursed by Philhealth,  1.3 Return to the patient if not yet reimbursed by Philhealth		10 minutes	Accountant
	1.4 Drafts the DV for the reimbursement		20 minutes	Accountant
	1.5 Submits the documents to the City Accountants Office		30 minutes	Liaison Officer
	1.6 Follows up the transaction until a check is available for payment of obligations		Depends on the processes in the City Accounting and Treasurer's Office	Liaison Officer
	1.7 Informs the patient of the availability of the check		5 minutes upon receipt of check	Accountant
2. Claims the check	2.1 Releases the check		3 minutes upon notice of claim	Accountant
		Total	71minutes/filled up documents in addition to processing time of City Accounting and Treasurer's Office	



<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	Answer the client feedback form and drop it at the designated drop box in the Accounting Section
How feedbacks are processed	<p>At the end of the month, the Accountant opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are given answers within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups clients may contact the following telephone number: 09481401478</p>
How to file a complaint	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box in the Accounting Section</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"><li>- Name of person being complained</li><li>- Incident</li><li>- Evidence</li></ul> <p>For inquiries and follow-ups clients may contact the following telephone number: 09481401478</p>



## FEEDBACK AND COMPLAINTS MECHANISM

How complaints are processed	<p>The Complaints Officer opens the complaints drop box on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 09958436010/ 09611787866</p>
Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB; 0908-881-6565 (SMS)

## LIST OF OFFICES

Office	Address	Contact Information
Accounting Section	LCH Zone 9 Brgy Bitano Legazpi City	09481401478
Administrative Office	LCH Zone 9 Brgy Bitano Legazpi City	09611787866
Chief of Hospital	LCH Zone 9 Brgy Bitano Legazpi City	09175177178



# **Legazpi City Hospital Administrative Office**

**External Service**



Service Information: Approval of documents

The process covers the receiving, review, release and approval of documents.

<b>Office or Division:</b>	Administrative Office
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Government to Client
<b>Who may avail:</b>	All
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
1. Documents	Requesting Organizational Group

<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>1</b> <i>Submit Documents for approval</i>	Receive Documents	<i>n/a</i>	<i>1 minutes</i>	<i>AO AA II</i>
	Record documents at logbook	<i>n/a</i>	<i>5 minutes</i>	<i>AO AA II</i>
	Forward documents to COH	<i>n/a</i>	<i>2 minutes</i>	<i>AO AA II</i>
	Review documents for approval	<i>n/a</i>	<i>48 hrs.</i>	<i>COH</i>
	Return to requesting organizational group	<i>n/a</i>	<i>4 hrs.</i>	<i>AO AA II</i>





<i>Total</i>	<i>2 days 4 hours 8 minutes</i>	
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<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	<p>Answer the client feedback form and drop it at the designated drop box in front of the clinical laboratory receiving area</p>
How feedbacks are processed	<p>Every Friday, the Chief Pharmacist opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the pharmacy sections concerned and they are required to answer within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups clients may contact the following telephone number: 09489961375</p>
How to file a complaint	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box in front of the clinical laboratory receiving area</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"> <li>- Name of person being complained</li> <li>- Incident</li> <li>- Evidence</li> </ul> <p>For inquiries and follow-ups clients may contact the following telephone number: 09489961375</p>



## FEEDBACK AND COMPLAINTS MECHANISM

How complaints are processed	<p>The Complaints Officer (Chief Pharmacist) opens the complaints drop box on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 09489961375</p>
Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB; 0908-881-6565 (SMS)



## LIST OF OFFICES

Office	Address	Contact Information
Administrative Office	LCH Zone 9 Brgy Bitano Legazpi City	09611787866
Chief of Hospital	LCH Zone 9 Brgy Bitano Legazpi City	09175177178



# **Legazpi City Hospital Admission Section**

**External Service**



## Service Information: Admission Section

<b>Office or Division:</b>	Admission Section	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	Government to Client	
<b>Who may avail:</b>	All	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Hospital ID		OPD Section/ Admitting Section
Admission Order		LCH Physicians
PHIC ID/ MDR		Philhealth Office
Discharge Slip		Billing Section

### A. ADMISSION OF PATIENT

	<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1	<i>Proceed to admitting area (Give correct patient's information when asked by the Admitting Staff)</i>	<i>Verifies patients record: -If OLD, Retrieves previous/ existing record (IHOMIS/ excel file)</i>	N/A	10 minutes	<i>Admitting Staff</i>



	<i>Pay the amount of PHP:20 at the cashier</i>	<i>If NEW, creates/ assigns new hospital record and/or issues patients hospital number/card (may require to present patient's valid ID for validation puposes whenever available); advises client to proceed at the cashier for payment</i>	<i>PHP: 20</i>	<i>15 minutes</i>	<i>Admitting Staff</i>
<i>2</i>	<i>Proceed to admitting area</i>	<i>Receives notice of admission</i>	<i>N/A</i>	<i>2 minutes</i>	<i>Admitting Staff</i>
<i>3</i>	<i>Provide additional Information</i>	<i>Collects the Patients Complete Demographic Profile and Admitting Diagnosis</i>	<i>N/A</i>	<i>5 minutes</i>	<i>Admitting Staff</i>
<i>4</i>	<i>Submit updated MDR/ present PHIC ID of member</i>	<i>Verify PHIC Classification. Advises to see Billing Staff ASAP</i>	<i>N/A</i>	<i>5 minutes</i>	<i>Admitting Staff</i>
<i>5</i>		<i>Records the patient's admission to iHomis and Excel File</i>	<i>N/A</i>	<i>5 minutes</i>	<i>Admitting Staff</i>
<i>6</i>		<i>Records Patients Demographic in the Clinical Cover Sheet and Admission logbook</i>	<i>N/A</i>	<i>5 minutes</i>	<i>Admitting Staff</i>
<i>7</i>	<i>Review/ confirm</i>	<i>Validates Information and</i>	<i>N/A</i>	<i>2 minutes</i>	<i>Admitting Staff</i>



	<i>completeness and correctness of data in the Clinical Cover Sheet before signing</i>	<i>secures signatures of patients/ information in Clinical Cover Sheet</i>			
8	<i>Surrender any valid ID either of patient/ watcher</i>	<i>Releases watcher's ID and informs the client that ID surrendered shall be returned/ claimed (thru the Guard-on-duty @ the hospital entrance) upon discharge of patient</i>	N/A	4 minutes	Admitting Staff
9	<i>Proceed back to ER</i>	<i>Instructs the patient's representative to return to ER</i>	N/A	1 minute	Admitting Staff

10		<i>Endorses the accomplished and signed Clinical Cover Sheet to ER Nurse-on-duty</i>	N/A	3 minutes	Admitting Staff
11		<i>Coordinates with Medical Social Services for Patients classification and the Billing and Claims for</i>	N/A	3 minutes	Admitting Staff



		<i>Billing Requirements</i>			
		<b>Total:</b>	<b>P 20.00</b>	<b>1 hour</b>	

## B. DISCHARGE OF PATIENT

	<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1	<i>Billing Staff to forward Discharge Clearance Slip to Admitting Staff on duty</i>	<i>Receives Discharge Clearance Slip from the Billing Section</i>	<i>N/A</i>	<i>5 minutes</i>	<i>Admitting Staff</i>
2		<i>Records Patients Discharge</i>	<i>N/A</i>	<i>5 minutes</i>	<i>Admitting Staff</i>
		<b>Total:</b>	<b>none</b>	<b>10 minutes</b>	

<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	Answer the client feedback form and drop it at the designated drop box in front of the admitting area
How feedbacks are processed	<p>Every Friday, the assigned admitting staff opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the admitting staff concerned and they are required to</p>





	<p>answer within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups clients may contact the following telephone number:</p>
<p>How to file a complaint</p>	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box in the admitting area</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"><li>- Name of person being complained</li><li>- Incident</li><li>- Evidence</li></ul> <p>For inquiries and follow-ups clients may contact the following telephone number:</p>



<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How complaints are processed	<p>The Complaints Officer opens the complaints drop box on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p>
Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB; 0908-881-6565 (SMS)

### **LIST OF OFFICES**

<b>Office</b>	<b>Address</b>	<b>Contact Information</b>
Admission Section	LCH Zone 9 Brgy Bitano Legazpi City	
Chief of Hospital	LCH Zone 9 Brgy Bitano Legazpi City	09611787866



# **Legazpi City Hospital Billing and Claims**

**External Service**



Service Information: Billing and Claims Section

<b>Office or Division:</b>	Billing and Claims	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	Government to Client	
<b>Who may avail:</b>	All	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	Philhealth Identification Card (Optional) Membership Data Record (MDR) (Optional) Senior Citizen/PWD ID (mandatory for those availing of discounts) Duly Accomplished Claim Signature Form (CSF) Employer's Certification of Premium Contribution	Philhealth Office Philhealth Office Office of Senior Citizens/CSWD/MSWD  Philhealth Member's Employer Philhealth Member's Employer

**Schedule of Availability of Services:** Monday to Sunday, 8:00AM-5:00PM (NO HOLIDAYS)

**Contact number :** 09061054887

**Fees :** Applicable Fees

**Total Maximum Duration of Process:** 1hr and 30 minutes (Inquiries and interruptions not included; stable internet connection is required.)



**PHILHEALTH VERIFICATION ELIGIBILITY AND SUBMISSION OF DOCUMENTS PROCESS**  
**(The maximum time set applies to UNINTERRUPTED transactions and supported by stable internet connection.)**

CLIENT STEPS		AGENCY ACTIONS	FEES	PROCESSING TIME	PERSON RESPONSIBLE
1	Proceeds to the Billing Section for verification of Philhealth eligibility *initial verification for ER/OPD patients *final verification for admitted patients	1. Secures patient's signed CONSENT for PHIC verification ( <i>PAHINTULOT</i> )  2. Checks the patient's Philhealth record on the PHIC portal (PBEF)  2. Forwards the consent and PHIC verification slip to the PCARES group chat or to the PCARES-on-duty	N/A	With MDR: 5 mins With PHIC ID: 7 mins Without ID and/or MDR: 10 mins (accurate information provided); (inaccurate/not available information) 20 mins  <i>(Note: Requires stable internet signal. For slow internet, a 15-minute extension might be necessary.)</i>	Billing Clerk
2	Secures requirements for PHIC availment or for updating of PHIC validity/ membership	Orients the patient/representative on and provide list of the documents to be complied with to be eligible for availment of PHIC benefits	N/A	NBB: 5 mins *undeclared dependent: 8 mins PRIVATE: 10 mins (for update of employer and/or contribution) NBB/PRIVATE: 15 mins (with discrepancies in PHIC record)	Billing Clerk
3	Submits duly accomplished documents to the Billing Section upon admission or immediately the next day following the date of admission	Checks and verifies the accuracy and completeness of information on duly accomplished Philhealth forms	N/A	10 mins	Billing Clerk
Total				20 – 45 minutes	



**BILLING PROCESS FOR NON-PHILHEALTH PATIENTS**  
**(The maximum time set applies to UNINTERRUPTED transactions and supported by stable internet connection.)**

CLIENT STEPS		AGENCY ACTIONS	FEEES	PROCESSING TIME	PERSON RESPONSIBLE
1	A Ward/OR-DR/ER nurse endorses the face sheets and/or Discharge Clearance Slips of patients for discharge	Receives the face sheets and/or discharge clearance of patients for discharge from the Ward/OR-DR/ER nurse	N/A	5 mins	Billing Clerk
2		Counterchecks the accuracy/completeness of charges posted in IHOMIS and/or charge slips forwarded to Billing	N/A	10 mins	Billing Clerk
3		Counterchecks for discrepancy, if there is any, between the tentative and final bills  Informs the IT personnel re: the names of patients for discharge for deletion of double/multiple charges (due to systems error in IHOMIS)  Generates the final bill when the tentative and final bills have tallied	N/A	*1-2 days confinement:10mins *3-4 days confinement:15mins *5-7 days confinement:20mins *8-10 days confinement: 25 mins *10 or more days confinement: 30 mins *with procedure/s done: 30mins  <i>(The time set here applies provided all charges have been posted in IHOMIS; otherwise, a 15-minute extension might be necessary for posting of charges.)</i>	Billing Clerk



		Encodes and prints the Statement of Account (SOA) complete with the patient's information, final diagnoses, date of confinement, summary of charges, and discounts, if applicable	N/A	For common diagnoses: *no verification of laboratory test and/or X-ray results needed: 10 mins  For "rarely" encountered diagnoses: 20 mins	Billing Clerk
		Prepares the patients' Discharge Passes in triplicate (Nurse, Billing, and Guard) copies and records the same in the logbook		10 mins	Billing Clerk
		Forwards the face sheets and Discharge Passes of patients to the Ward/OR-DR/ER nurse		5 mins	Billing Clerk
			Total	50 – 80 minutes	

**Note:** The Ward/OR-DR/ER nurse shall then give the discharge pass to and advise the patient or his/her representative to proceed to the Billing Section to complete the discharge process. At this point the discharge process for non-Philhealth patients shall be observed.



**DISCHARGE PROCESS FOR NON-PHILHEALTH PATIENTS**  
**(The maximum time set applies to UNINTERRUPTED transactions and supported by stable internet connection.)**

CLIENT STEPS		AGENCY ACTIONS	FESS	PROCESSING TIME	PERSON RESPONSIBLE
1	Proceeds to the Billing Section and present the Discharge Pass given by the Ward/OR-DR/ER nurse for information and verification of hospital bills	Informs the client about hospital charges and double checks/confirms PHIC eligibility and check all documents needed for discharge	N/A	15 mins	Billing Clerk
2	Requests for a copy of hospital bills	Checks and verifies then prints the Statement of Account (SOA) and issues the same to the patient or his/her representative		10 mins	Billing Clerk
3	Executes promissory note (if need be)  Proceeds to the Cashier's Office for payment of hospital bills	Endorses the patient to the Cashier in case there are particular instructions re: payment [e.g., for Official Receipt (OR) or Acknowledgment Receipt (AR) for possible PHIC patients]	Fees reflected in the SOA	15 mins	Billing Clerk
4	Presents OR/AR to Billing for recording of OR number/AR	Records the OR number/AR, amount paid, and date on the SOA		5 mins	Billing Clerk
5	Proceeds to the Ward/OR-DR/ER and presents the duly accomplished Discharge Pass to the nurse-on-duty	Issues three (3) copies (Nurse, Billing & Guard) of duly accomplished Discharge Pass to the patient or his/her representative		5 mins	Billing Clerk





6	Proceeds to the Security Guard and presents the Discharge Pass to the guard-on-duty	The guard-on-duty checks the Discharge Pass and records the time of patient's departure from the hospital		5 mins	Security Guard
			Total	55 minutes	

**BILLING PROCESS FOR PHILHEALTH PATIENTS**  
**(The maximum time set applies to UNINTERRUPTED transactions and supported by stable internet connection.)**

CLIENT STEPS		AGENCY ACTIONS	FEES	PROCESSING TIME	PERSON RESPONSIBLE
1	A Ward/OR-DR/ER nurse endorses to the Billing Section the face sheets of patients for discharge	Receives the face sheets of patients for discharge	N/A	5 mins	Billing Clerk
2		Counterchecks for accuracy/completeness/ discrepancies of charges, if there are any, between the tentative and final bills posted in IHOMIS and/or charge slips forwarded to Billing	N/A	10 mins	Billing Clerk
3		<p>Informs the IT personnel re: the names of patients for discharge for deletion of double/multiple charges (due to systems error)</p> <p>Generates the final bill when the tentative and final bills have tallied</p>	N/A	<p>*1-2 days confinement: 10 mins</p> <p>*3-4 days confinement: 15 mins</p> <p>*5-7 days confinement: 20 mins</p> <p>*8-10 days confinement: 25 mins</p> <p>*10 or more days confinement: 30 mins</p> <p>*with procedure/s done: 30 minutes</p>	Billing Clerk



				<p><i>(The time set here applies provided all the charges have been entered in IHOMIS; otherwise, a 30-minute extension might be necessary for encoding of charges.)</i></p>	
4		<p>Encodes and prints the Statement of Account (SOA) complete with the patient's information, final diagnoses, ICD code, date of confinement, summary of charges, net of Philhealth case rate and discounts, if applicable</p>		<p>For common diagnoses:            *no verification of laboratory test and/or X-ray results needed: 10            *with verification of laboratory test and/or X-ray results needed: 20            For common procedures:            *NBB: 20 mins            *private patients;            no consultant/s: 30 mins              *with consultants:40mins              For common procedures (with second case rate)              *NBB: 30 mins            *private patients;            no consultant/s: 40mins            *with consultants:50mins              For "rarely" encountered diagnoses:            *NBB: 40 mins            *private patients;            no consultant/s: 50mins            *with consultants:60mins    <i>(The time set here applies to patients whose PHIC eligibility has already been verified and required documents have already been submitted, checked and verified. Otherwise the time set for verification of PHIC eligibility and submission of documents required will apply</i></p>	Billing Clerk



				<i>on top of the time set for the above transaction.)</i>	
5		Prepares the patients' Discharge Passes in triplicate (Nurse, Billing, and Guard) copies and records the same in the logbook		10 mins	Billing Clerk
6		Forwards the face sheets and Discharge Passes of patients to the Ward/OR-DR/ER nurse		5 mins	Billing Clerk
			Total	50 – 120 minutes	
<p>Note: The Ward/OR-DR/ER nurse shall then receive the discharge passes and give the same to and advise the patient or his/her representative to proceed to the Billing Section for the discharge process. At this point, the discharge process for Philhealth eligible patients shall be observed.</p>					

<b>DISCHARGE PROCESS FOR PHILHEALTH PATIENTS</b> <b>(The maximum time set applies to UNINTERRUPTED transactions and supported by stable internet connection.)</b>					
CLIENT STEPS	AGENCY ACTIONS	FEES	PROCESSING TIME	PERSON RESPONSIBLE	
1	Proceeds to the Billing Section and presents the Discharge Pass given by the Ward/OR-DR/ER nurse for issuance of Statement of Account (SOA)	Prints SOA with the final bill net of Philhealth and discounts, if applicable	N/A	With complete requirements checked and verified: 5 mins No verification done yet: 30 mins PHIC eligibility verified; without or incomplete requirements submitted: 20 mins For AR (with intent to refund) PHIC eligible: 15 mins PHIC ineligible: 20 mins  With excess; no available fund for payment; to execute promissory note (PN): 30 mins	Billing Clerk



				For availment of medical assistance/discount *with MSW intake: 45 minutes *for intake yet: 1 hr & 30 mins	
2	Proceeds to the Cashier for payment of excess bill	Issues a copy of SOA to be presented to the Cashier upon payment of bills	N/A	5 mins	Billing Clerk
3	Presents OR/AR to Billing for recording of OR/AR number	Records Official Receipt (OR) number or Acknowledgment Receipt (AR) and amount paid on the soft copy of SOA	N/A	5 mins	Billing Clerk
4	Proceeds to the Ward/OR-DR/ER and presents Discharge Pass to the nurse-on-duty	Issues three (3) copies (Nurse, Billing & Guard) of duly accomplished Discharge Pass to the patient or his/her representative	N/A	5 mins	Billing Clerk
5	Proceeds to the Security Guard and present the Discharge Pass to the guard-on-duty	The guard-on-duty checks the Discharge Pass and records the time of patient's departure from the hospital	N/A	5 mins	Security Guard
Total				25 – 65 minutes	

**BILLING and DISCHARGE PROCESS FOR NON-PHILHEALTH OPD PATIENTS WITH SURGICAL PROCEDURES**

**(The maximum time set applies to UNINTERRUPTED transactions and supported by stable internet connection.)**

CLIENT STEPS	AGENCY ACTIONS	FEES	PROCESSING TIME	PERSON RESPONSIBLE
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1	An OR/ER nurse endorses the patient's OPD treatment record with OR technique for billing	Receives the OPD treatment record with OR technique for billing	N/A	5 mins	Billing Clerk
2		Counterchecks for accuracy/completeness/ discrepancies of charges, if there are any, between the tentative and final bills posted in IHOMIS and/or charge slips forwarded to Billing	N/A	20 mins	Billing Clerk
3		<p>Informs the IT personnel re: the names of patients for discharge for deletion of double/multiple charges (due to systems error in IHOMIS)</p> <p>Generates the final bill when the tentative and final bills have tallied</p>	N/A	<p>10 mins</p> <p><i>(The time set here applies provided all the charges have been entered in IHOMIS; otherwise a 30-minute extension might be necessary for encoding of charges.)</i></p>	Billing Clerk
4		Encodes and prints the Statement of Account (SOA) complete with the patient's information, final diagnoses, procedure, summary of charges net of Philhealth case rate, and discounts, if applicable	N/A	<p><i>For common procedures with codes provided for by the surgeon:</i></p> <p><i>*NBB: 20 mins</i> <i>*Private: 30 mins</i></p> <p><i>For "rarely" encountered procedures; no codes provided for by the surgeon: 40mins</i></p> <p><i>*NBB: 40mins</i> <i>*Private: 60mins</i></p> <p><i>(The time set here applies provided the patient has been entered in IHOMIS and all</i></p>	Billing Clerk



				<p><i>charges have been posted therein; otherwise a 30-minute extension might be necessary for such processes. It also applies to patients whose PHIC eligibility has already been verified and required documents have already been submitted, checked and verified. Otherwise the time set for verification of PHIC eligibility and documents required will apply on top of the time set for the above transaction.)</i></p>	
5	The patient secures SOA from Billing and proceeds to the Cashier for payment of bills	Issues SOA to the patient for payment at the Cashier	N/A	5 mins	Billing Clerk
6	The patient presents the Official Receipt (OR) or Acknowledgment Receipt (AR) to Billing	Records the OR/AR number and amount paid on SOA; issues Discharge Clearance to the patient	N/A	10 mins	Billing Clerk
	The patient proceeds to the Security Guard and presents the Discharge Pass to the guard-on-duty	The guard-on-duty checks the Discharge Clearance and records the patient's departure from the hospital	N/A	5 mins	Billing Clerk
			Total	75 – 135 minutes	



**BILLING and DISCHARGE PROCESS FOR PHILHEALTH OPD PATIENTS  
WITH SURGICAL PROCEDURES**

**(The maximum time set applies to UNINTERRUPTED transactions and supported by stable internet connection.)**

CLIENT STEPS	AGENCY ACTIONS	FEES	PROCESSING TIME	PERSON RESPONSIBLE	
1	An OR/ER nurse endorses the patient's OPD treatment record with OR technique for billing	Receives the patient's OPD treatment record with OR technique for billing	N/A	5 mins	Billing Clerk
2		Counterchecks for accuracy/completeness/ discrepancies of charges, if there are any, between the tentative and final bills posted in IHOMIS and/or charge slips forwarded to Billing	N/A	10 mins	Billing Clerk
3		<p>Informs the IT personnel re: the names of patients for discharge for deletion of double/multiple charges (due to systems error in IHOMIS)</p> <p>Generates the final bill when the tentative and final bills have tallied</p>	N/A	<p>20 mins</p> <p><i>(The time set here applies provided all the charges have been entered in IHOMIS; otherwise a 30-minute extension might be necessary for encoding of charges.)</i></p>	Billing Clerk
4		Encodes and prints the Statement of Account (SOA) complete with the patient's information, summary of charges, diagnoses, procedure, RVS code net of Philhealth case rate, and discounts, if applicable	N/A	<p>For common procedures with codes provided for by the surgeon:</p> <p>*NBB: 20 mins *Private: 30 mins</p> <p>For "rarely" encountered procedures; no codes provided for by the surgeon: 40 mins</p> <p>*NBB: 40 mins *Private: 60 mins</p>	Billing Clerk



				<p><i>(The time set here applies provided the patient has been entered in IHOMIS and all charges have been posted therein; otherwise a 30-minute extension might be necessary for such processes.</i></p> <p><i>It also applies to patients whose PHIC eligibility has already been verified and required documents have already been submitted, checked and verified.</i></p> <p><i>Otherwise the time set for verification of PHIC eligibility and submission of documents required will apply on top of the time set for the above transaction.)</i></p>	
5	The patient secures SOA from Billing and proceeds to the Cashier for payment of bills	Issues SOA to the patient for payment at the Cashier	N/A	5 mins	Billing Clerk
6	The patient presents the Official Receipt (OR) or Acknowledgment Receipt (AR) to Billing	Records the OR/AR number and amount paid on the soft copy of SOA; issues Discharge Clearance to the patient	N/A	10 mins	Billing Clerk
7	The patient proceeds to the Security Guard and presents the Discharge Pass to the guard-on-duty	The guard-on-duty checks the Discharge Clearance and records the patient's departure from the hospital	N/A	5 mins	Billing Clerk
Total				75 – 125 minutes	





**PRE- AND POST- DISCHARGE TRANSACTIONS**

**(The maximum time set applies to UNINTERRUPTED transactions and supported by stable internet connection.)**

CLIENT STEPS	AGENCY ACTIONS	FEES	PROCESSING TIME	PERSON RESPONSIBLE	
<b>PRE-BILLING OR PROGRESS BILLING</b>					
1	The patient or his/her authorized representative requests for tentative or progress bill	Prepares the SOA based on the charges posted in IHOMIS at the time of request for pre-bill  <i>*This requires verification of Philhealth eligibility</i>	N/A	30 mins	Billing Clerk
Total			30 minutes		
<b>REFUND (FOR NEWBORN AND FOR COMPLIANCE WITH PHIC REQUIREMENTS)</b>					
1	The member or his/her authorized representative submits the requirements for refund	Receives the documentary requirements for refund and verifies them for completeness and accuracy	N/A	10 mins	Billing Clerk
2		Double checks the consistency of the charges posted in IHOMIS and on the SOA generated upon discharge	N/A	10 mins	Billing Clerk
3		Prints the Statement of Account (SOA) complete with the patient's information, diagnoses, procedure, RVS/ICD code, summary of charges net of Philhealth case rate and discounts, if applicable	N/A	5 mins	Billing Clerk



4	The member/his or her authorized representative signs the SOA and other documents	Verifies if the SOA and other documents are properly signed  Marks the AR "OK FOR REFUND" indicates date of refund, then signs it	N/A	5 mins	Billing Clerk
5	The member or his/her representative proceeds to the Cashier for refund	Issues a copy of final SOA for the Cashier if the patient had incurred excess in his/her hospital dues (for issuance of OR)	N/A	5 mins	Billing Clerk
6	The member or his/her representative presents the Official Receipt (OR) to Billing	Records the OR number and amount paid on the soft copy of SOA	N/A	5 mins	Billing Clerk
Total				40 minutes	
<b>SUBMISSION OF MAIPP DOCUMENTARY REQUIREMENTS BEYOND DISCHARGE (WITH PROMISSORY NOTE)</b>					
1	The patient or his/her representative submits the documentary requirements to Billing	Receives the documents and verifies them for accuracy and completeness  Retrieves discharge record and promissory note	N/A	no discrepancies: 20 mins  with discrepancies: 30 mins (shall be advised to correct/complete discrepancies and resubmit)	Billing Clerk
2		Prepares final SOA for endorsement to MSW either for intake, for referral to <i>Ang Probinsyano (AP)</i> , or for both	N/A	For referral to AP: 15 mins For MAIPP availment: 15 mins	Billing Clerk



3		Prepares the documents for submission to AP by the patient or his/her representative  Prepares two sets of regular MAIPP documents for submission to MSW and for Billing files/PHIC claims	N/A	20 mins	Billing Clerk
4	The patient or his/her representative submits the Guarantee Letter (GL) and other documentary requirements from AP to Billing	Receives the Guarantee Letter (GL) and other documentary requirements from AP and verifies them for completeness and authenticity (original are copies required)	N/A	5 mins	Billing Clerk
Total				60 – 70 minutes	
<b>ISSUANCE OF SOA, CERTIFICATION OF OUTSTANDING BALANCE (COB) AND CERTIFIED TRUE COPY OF PROMISSORY NOTE</b>					
1	The patient or his/her representative requests for a copy of SOA, COB and CTC of PN	Retrieves the patient's discharge/in-patient/OPD record and promissory note  Encodes the certification, double checks the SOA for possible discrepancies) then prints them  Scans the PN and certifies it as a true copy	N/A	30 mins	Billing Clerk
Total				30 minutes	



<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	Answer the client feedback form and drop it at the designated drop box at the Billing Section
How feedback is processed	<p>Every weekend, the Section Head opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring explanation is forwarded to the Hospital Administrator and the staff concerned is required to answer within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups, clients may contact the following telephone number:</p>
How to file a complaint	<p>Answer the Customer Satisfaction Survey and cite your complaints under remarks and drop the survey form at the designated drop box at the Billing Section.</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"><li>- Name of person being complained</li><li>- Incident</li><li>- Evidence</li></ul> <p>For inquiries and follow-ups, clients may contact the following telephone number:</p>



## FEEDBACK AND COMPLAINTS MECHANISM

How complaints are processed	<p>The Complaints Officer (Hospital Administrator) opens the complaints drop box on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the staff concerned for his/her explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 09175177178</p>
Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB: <b>0908-881-6565</b> (SMS)

## LIST OF OFFICES

Office	Address	Contact Information
Billing Section	LCH Zone 9 Brgy Bitano Legazpi City	09061054887
Chief of Hospital	LCH Zone 9 Brgy Bitano Legazpi City	09175177178



**LEGAZPI CITY HOSPITAL**  
CASHIER SECTION



## Service Information: Cashier Services

<b>Office or Division:</b>	Cashier
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Government to Client
<b>Who may avail:</b>	All (In-patient and Out-patient)
<b>CHECKLIST OF REQUIREMENTS</b>	
<b>WHERE TO SECURE</b>	
Charge slip and Statement of Account	Medical Imaging Dep't., Pharmacy, Laboratory, Records Section, Billing Section

<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1 <i>Proceed to cashier's window. Present billing statement.</i>	<i>Receives billing statement or charge slip.</i>	<i>N/A</i>	<i>1 minutes</i>	<i>Cashier Staff Cashier Office</i>
2 <i>Agrees with the total billed amount and willingness to pay.</i>	<i>Receives payment from payer, issues official receipt</i>	<i>Applicable fees</i>	<i>2-3 minutes</i>	<i>Cashier Staff Cashier Office</i>
3 <i>Agrees with the total billed amount but has insufficient money to settle his/her patient's bill.</i>	<i>Instructs client to proceed to the Social Worker for discount</i>	<i>N/A</i>	<i>Refer to citizen's charter Social Worker Department</i>	<i>Social Worker Admin. Office</i>
4 <i>Proceed to Social Worker for re-assessment of his/her paying capacity</i>	<i>Compute for the discounted bill of patient</i>	<i>N/A</i>	<i>Refer to citizen's charter Social Worker Department</i>	<i>Social Worker Admin. Office</i>



5	<i>Present final discounted bill to the cashier for payment</i>	<i>Receive payment and issue official receipt</i>	<i>N/A</i>	<i>5 minutes</i>	<i>Cashier Staff Cashier Office</i>
<i>Total</i>				<i>8 – 9 minutes in addition to Social Work's time</i>	

**Frontline Service:** Cashier Section Procedures

**Clients** : Out-Patient / In-Patient / Walk-in Patient / Admitted Patients

**Requirements** : Statement of Account and Charge Slips  
Senior Citizen's ID / PWD ID

**Schedule of Availability of the Service:** Monday to Friday, 8AM - 11PM, Saturday & Sunday, 8AM – 5PM

**Fees** : Applicable Fees

**Total Maximum Duration of Process:** 5 minutes





<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	Answer the client feedback form and drop it at the designated drop box in front of the cashier window.
How feedbacks are processed	<p>Every Friday, the Admin Officer I (Cashier) opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the sections concerned and they are required to answer within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups clients may contact the following telephone number: 09958436010</p>
How to file a complaint	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box in front of the cashier window</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"><li>- Name of person being complained</li><li>- Incident</li><li>- Evidence</li></ul> <p>For inquiries and follow-ups clients may contact the following telephone number: 09958436010</p>



## FEEDBACK AND COMPLAINTS MECHANISM

How complaints are processed	<p>The Complaints Officer (Chief Medical Technologist ) opens the complaints drop box on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 09958436010/09611787866</p>
Contact Information of CCB, PCC, ARTA	<p>ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a>  PCC: 8888  CCB; 0908-881-6565 (SMS)</p>

## LIST OF OFFICES

Office	Address	Contact Information
Cashier Office	LCH Zone 9 Brgy Bitano Legazpi City	09175441601
Administrative Office	LCH Zone 9 Brgy Bitano Legazpi City	09611787866
Chief of Hospital	LCH Zone 9 Brgy Bitano Legazpi City	09175177178



# **Legazpi City Hospital Dietary**

**External Service**



Service Information: Nutrition and Dietetic

<b>Office or Division:</b>	Nutrition and Dietary	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	Government to Client	
<b>Who may avail:</b>	All	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Diet Prescription/Doctor's Order		Medical Ward Physician

**Schedule of Availability of the Service:**

**Breakfast** : 7:00 AM  
**Lunch** : 11:30 AM  
**Dinner** : 4:00 PM

**A. GENERAL MEAL DISTRIBUTION**

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	1. A meal will be offered to each patient three (3) times daily	(included in room rates)	B-fast-6:30 AM/ Lunch-11:00AM/ Dinner-5:00PM	Cook, Food Server and Dietitian
	2. Patient meal will be prepared and serve according to physicians order and dietitian's formulated menu	N/A	N/A	Cook and Dietitian
	3. Patients on NPO diet will be given meals for watcher	N/A	N/A	Cook and ND



## B. MENU PLANNING

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	<i>1. Weekly menu is used as a guide</i>	<i>N/A</i>	<i>N/A</i>	<i>ND</i>
	<i>2. The budget allowed is taken into consideration in menu planning</i>	<i>N/A</i>	<i>N/A</i>	<i>ND</i>
	<i>3. One dish meal are use when a resource from wet market is limited and expensive</i>	<i>N/A</i>	<i>N/A</i>	<i>Cook and ND</i>

## C. FOOD PROCUREMENT

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	<i>1. Procurement of food stuffs are based on a daily budget allotment</i>	<i>N/A</i>	<i>N/A</i>	<i>ND</i>
	<i>2. Items are purchased in an open market system</i>	<i>N/A</i>	<i>N/A</i>	<i>ND</i>
	<i>3. Other items are delivered by market dealers</i>	<i>N/A</i>	<i>N/A</i>	<i>Cook, Dealer and Nutrition Dietitian</i>
	<i>4. Groceries are purchased on a day to day basis to prevent over stocking and proper control of items</i>	<i>N/A</i>	<i>N/A</i>	<i>Nutrition Dietitian</i>



#### D. DIET COUNSELING

<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
	<i>1. Accept referrals of patients requiring diet therapy from the different</i>	<i>N/A</i>	<i>N/A</i>	<i>ND</i>
	<i>2. The dietitian coordinates with the doctors concerning patient's dietary management</i>	<i>N/A</i>	<i>N/A</i>	<i>ND</i>
	<i>3. NGT computations are done by therapeutic dietitian</i>	<i>N/A</i>	<i>N/A</i>	<i>ND</i>
	<i>4. Teach mothers how to prepare proper food and how to feed them to her child</i>	<i>N/A</i>	<i>N/A</i>	<i>ND</i>



### FEEDBACK AND COMPLAINTS MECHANISM

How to send feedback	Answer the client feedback form and drop it at the designated drop box in the Nutrition and Dietetics Office
How feedbacks are processed	<p>Every Friday, the ND opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the sections concerned and they are required to answer within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups clients may contact the following telephone number: 09611787866</p>
How to file a complaint	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box in front of the clinical laboratory receiving area</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p>



	<ul style="list-style-type: none"><li>- Name of person being complained</li><li>- Incident</li><li>- Evidence</li></ul> <p>For inquiries and follow-ups clients may contact the following telephone number: 09611787866</p>
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<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How complaints are processed	<p>The Complaints Officer opens the complaints drop box on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 09611787866</p>
Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB; 0908-881-6565 (SMS)





## LIST OF OFFICES

Office	Address	Contact Information
Nutrition and Dietary	LCH Zone 9 Brgy Bitano Legazpi City	09096220944
Administrative Office	LCH Zone 9 Brgy Bitano Legazpi City	09611787866
Chief of Hospital	LCH Zone 9 Brgy Bitano Legazpi City	09175177178



# **LEGAZPI CITY HOSPITAL**

## **Clinical Laboratory**

**External Service**



## Service Information: Clinical Laboratory Examinations

<b>Office or Division:</b>	Clinical Laboratory		
<b>Classification:</b>	Simple		
<b>Type of Transaction:</b>	Government to Client		
<b>Who may avail:</b>	All		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>	
Doctor's Request		LCH Physicians	
Updated OPD card for service patients ( if applicable )		Referring Physicians ( for walk in patients )	
Official Receipts			

**Release of Official Results : For non-stat examinations (routine examination), results shall be released in the following schedules:**

<b>Time of request rendered</b>	<b>Releasing Time (Except for Batch Testing)</b>
<b>5.00am-8.00am</b>	<b>11:00am</b>
<b>8:01 am-12:00nn</b>	<b>3:00 pm</b>
<b>12:01 pm – 4:00 pm</b>	<b>7:00 pm</b>
<b>4:01 pm- 8pm</b>	<b>11:00 pm</b>
<b>8:01 pm-11pm</b>	<b>2:00 am</b>
<b>11:01 pm-4:59 am</b>	<b>5:00 am</b>

*(Note: Schedule of routing will vary or change during the event of a “stat request” which means all other work must be stopped immediately with “stat” test being run. Results shall be released in the reception booth by the laboratory receptionist or designated personnel to patients or their authorized representatives or it shall be routed or delivered based on the routing schedule.)*

**STAT** (within 1 hour if automated examination)

**ASAP:** (within 2 hours if automated examination)

**Batch Testing:** 3 P.M. (Lipid Profile, SGOT,SGPT,BUN,CREA,FBS,RBS,HBA1c,BUA)

**Maximum Allowable Waiting Time:** 3 Hours



<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1 <i>Get a number from Clinical Laboratory Staff on Duty</i>	<i>Provides the queue number and briefly explain waiting time procedure</i>	N/A	3 minutes	<i>Medical Technologist I Clinical Laboratory  Medical Laboratory Technician I Clinical Laboratory  Clinical Laboratory Aide I</i>
2 <i>Present Doctors request form</i>	<i>Receive requirements and issue applicable forms</i>	N/A	3 minutes	<i>Medical Technologist I Clinical Laboratory  Medical Laboratory Technician I Clinical Laboratory  Clinical Laboratory Aide I</i>
3 <i>Fill out applicable forms</i>	<i>Process registration  Give charge slip to the patient  Instruct patient to pay applicable fees</i>	<i>Please refer to List of Services pages 9-14</i>	5 minutes	<i>Medical Technologist I Clinical Laboratory  Medical Laboratory Technician I Clinical Laboratory  Clinical Laboratory Aide I</i>
4 <i>Get a number from queuing machine</i>		N/A	<i>Refer to citizen's charter Cashier Department</i>	<i>Staff on Duty Cashier Office</i>
5 <i>Pay applicable fees</i>	<i>Receive payment and issue official receipt</i>	N/A	<i>Refer to citizen's charter Cashier Department</i>	<i>Staff on Duty Cashier Office</i>



6	Present copy of official receipt	Record official receipt number	N/A	Official Receipt	2 minutes	Medical Technologist I Clinical Laboratory  Medical Laboratory Technician I Clinical Laboratory  Clinical Laboratory Aide I
7	Submit blood /laboratory sample ( if applicable) Submit for blood extraction	Check if the sample is acceptable for testing (with specimen from patient) Perform blood extraction	N/A	Reception area, Blood Bank Division Extraction room, Blood bank	30 minutes	Medical Technologist I Clinical Laboratory  Medical Laboratory Technician I Clinical Laboratory  Clinical Laboratory Aide I
8	Come back for the scheduled time or date to claim the result	Release the result	N/A	Receipt Claim slip	7 minutes	Medical Technologist I Clinical Laboratory  Medical Laboratory Technician I/ Laboratory Aide I Clinical Laboratory



<i>LIST OF SERVICES</i>	
<i>TEST</i>	<i>FEEES TO BE PAID</i>
<i>Blood Chemistry</i>	
<i>1. Cholesterol Exam</i>	<i>PHP: 150</i>
<i>2. HDL/LDL exam</i>	<i>PHP: 100</i>
<i>3. Triglyceride</i>	<i>PHP: 100</i>
<i>4.FBS/RBS/PPBS</i>	<i>PHP: 100</i>
<i>5. Blood Urea Nitrogen ( BUN )</i>	<i>PHP: 100</i>
<i>6. Creatinine</i>	<i>PHP: 100</i>
<i>7.Blood Uric Acid ( BUA )</i>	<i>PHP: 100</i>



8. SGOT/AST	PHP: 150
9. SGPT/ALT	PHP: 150
10. Oral Glucose Tolerance Test	660
11. Na, K, Cl ( package )	PHP:400
<i>HEMATOLOGY</i>	
1. CBC w/ platelet	PHP: 120
2. CT/BT	PHP:25
3. PROTINE	PHP 350
4. PARTIAL THROMBOPLASTIN TIME (PTT)	PHP 350
<i>CLINICAL MICROSCOPY</i>	
1. Urinalysis ( 4 parameters )	PHP:50



2. <i>Urinalysis</i> ( 11parameters )	<i>PHP:100</i>
3. <i>Fecalysis</i>	<i>PHP:50</i>
4. <i>Pregnancy Test</i>	<i>PHP:50</i>
5. <i>Occult Blood</i>	<i>PHP:300</i>
1. <i>Gram Stain</i>	<i>PHP:100</i>
2. <i>KOH mount</i>	<i>PHP:50</i>
3. <i>Trichomonas Vaginalis</i> <i>Identification</i> ( wet mount )	<i>PHP:30</i>
4. <i>DSSM</i>	<i>PHP 250</i>
<i>SEROLOGY AND BLOOD STATION</i>	
1. <i>Test for Syphilis</i> ( <i>Screening</i> ) ( <i>RPR</i> )  <i>SD SYPHILIS</i>	<i>PHP:200</i>
2.. <i>HBsAg</i> ( <i>immunochromatography</i> )	<i>PHP:100</i>





3..Dengue NS1	PHP:795
4.Dengue IgG/IgM	PHP:910
5. Wondfo Antigent Test Kit	PHP 450
5. HIV Screening	PHP 850
10. Duplicate Copy of Result (per print/copy)	PHP 50
1. Blood Handling and Storage Fee	PHP 200
2. Whole Blood	PHP 1800
3. Packed/ Washed RBC	PHP 1500
4. Platelet Concentrate	PHP 1000
5. Fresh Frozen Plasma	PHP 1000
6. Cryoprecipitate / Cryosupernate	PHP 1000



7. Complete Crossmatching ( Gel method )	PHP:600
8. Forward ABO/RH Grouping (Gel Method)	PHP:430
9. Duplicate Copy of Result (per print/copy)	PHP 50

<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	Answer the client feedback form and drop it at the designated drop box in front of the clinical laboratory receiving area
How feedbacks are processed	<p>Every Friday, the Chief Medical Technologist opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the clinical laboratory sections concerned and they are required to answer within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups clients may contact the following telephone number: 09958436004</p>
How to file a complaint	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box in front of the clinical laboratory receiving area</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"> <li>- Name of person being complained</li> <li>- Incident</li> <li>- Evidence</li> </ul> <p>For inquiries and follow-ups clients may contact the following telephone number: 09299674613</p>



## FEEDBACK AND COMPLAINTS MECHANISM

<p>How complaints are processed</p>	<p>The Complaints Officer ( Chief Medical Technologist ) opens the complaints drop box on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 09958436004</p>
<p>Contact Information of CCB, PCC, ARTA</p>	<p>ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB; 0908-881-6565 (SMS)</p>



## LIST OF OFFICES

Office	Address	Contact Information
Clinical Laboratory	LCH Zone 9 Brgy Bitano Legazpi City	09299674613
Chief of Hospital	LCH Zone 9 Brgy Bitano Legazpi City	09611787866



**LEGAZPI CITY HOSPITAL**  
**Clinical Nursing Unit**  
**External Service**



## Service Information

<b>Office or Division:</b>	Clinical Nursing Unit
<b>Classification:</b>	Level 1 Hospital
<b>Type of Transaction:</b>	Government to Client
<b>Who may avail:</b>	All admitted patients in Legazpi City Hospital classified and admitted within the capacity of LCH as a primary hospital or their lawful representative with the capacity to represent them in the course of the entire duration of hospital stay.
<b>CHECKLIST OF REQUIREMENTS</b>	
<b>WHERE TO SECURE</b>	
1 sheet of Consent for Admission and Management duly signed by the Patient and/or his lawful representative	Admitting Section
1 sheet of Admitting Doctor's Orders	Physician-on-Duty/Affiliated Physician
1 set of Patient's Chart duly accomplished and signed	Emergency Room/ Operating Room/ Delivery Room Staff

The services of the Clinical Nursing Unit is available 24/7 upon giving consent for admission and management.

### A. Admission to Clinical Nursing Unit

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1 With signed informed consent for admission and management	Prepares the bed and other supplies/equipment needed	None	5 minutes	CNU Staff
	Admits/Accompanies received patient from	None	5 minutes	CNU Staff



		Emergency Room or Recovery Room to Regular Room.			
2	-	Obtains thorough assessment.	None	5 minutes	CNU Staff
4	-	Carries out Doctor's Order	None	10 minutes	CNU Staff Nurse
5	-	Prepares and administers medications, as ordered	None	5 minutes	CNU Staff Nurse
6	-	Documents Nursing Care	None	5 minutes	CNU Staff Nurse
7	-	Endorses the patient to the next shift	None	3 minutes/patient	CNU Staff
8	Requires care and treatment/ Requests any health care needs.	Performs care and treatment/ Attends to bedside calls.	None	<i>*Depends on the procedures/ health care needs.</i>	CNU Staff

#### B. Doctor's Rounds and Carrying out of Doctor's Orders

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1 Receives progress report, health education	Responds to immediate referrals and performs regular rounds.	None	10 minutes	Physician-on-Duty/ Attending Physician



and information.					
2	Receives new interventions	Carries out new Doctor's orders.	None	10 minutes	CNU Staff

C – 1. Discharge Clearance, Billing, Discharge within Office Hours

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1	Receives discharge instructions.	Advise/Confirms May Go Home status.	None	2 minutes	Physician-on-Duty/ Attending Physician/ CNU Staff
2	-	Updates charges through I-HOMIS utilized by the patient.	None	5 minutes	CNU Staff
3	-	Facilitates Discharge Clearance.	None	2 minutes	CNU Staff
4	Signs consent for discharge and acknowledges in-patient discharge instructions.	Prepares and explains the Patient's Discharge Instructions.	None	5 minutes	CNU Staff
		Conducts health education to the patient & significant others.	None	3 minutes	CNU Staff
5	Accomplishes and submits survey form.	Obtains Customer Satisfaction Survey.	None	3 minutes	CNU Staff
6	Receives instructions to proceed to Billing Section.	Receives endorsed discharge pass from Billing Staff.	None	2 minutes	CNU Staff
		Gives the endorsed discharge pass to significant other with instructions to proceed to Billing Section.	Hospital Charges	2 minutes	CNU Staff
7	Present the Discharge Pass cleared	Signs the Discharge Pass and logbook discharge.	None	2 minutes	CNU Staff





by Cashier and Billing Sections.				
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C – 2. Discharge Against Medical Advice (DAMA) and Request for Transfer to other Facility Clearance, Billing, Discharge within Office Hours

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1	Informs the Nurse of the decision to go home against medical advice/request transfer to hospital of choice.	None	3 minutes	CNU Staff
	Signs Discharge Against Medical Advise Form/ Execute of Request to Transfer to Hospital of Choice.	None	3 minutes	CNU Staff
2	Follow steps 2 – 7 of C – 1 Discharge Clearance, Billing, Discharge within Office Hours	-	-	-



## D – 1. Transfer to Other Health Facility

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1 Acknowledges the Transfer.	Inform the patient/significant others of the need for transfer to other health facility.	None	5 minutes	Physician-on-Duty/ Attending Physician/ CNU Staff
2 -	Coordinates transfer to other health facility.	None	5 minutes	Physician-on-Duty/ Attending Physician
	Coordinates with Ambulance Service.	None	2 minutes	CNU Staff
3 Settle the hospital bill.	Follow Discharge process steps 2, 3,5, 6 and 7.	None	10 minutes	CNU Staff
4 Present the Discharge Pass cleared by Cashier and Billing Sections.	Facilitates transfer to other health facility via ambulance conduction.	None	5 minutes <i>*patient's transfer depends on availability of services from other health facility.</i>	Physician-on-Duty/ CNU Staff/ Staff Nurse

\*Any transaction in the Clinical Nursing Unit (CNU) regarding the provision of healthcare and other related concerns does not have any corresponding payment. Any payment shall be made at the Cashier or Admitting Section.

\*Time allotment for every step was set in the maximum time in consideration of the number of patients and their different medical needs.

\*Time in response to calls and other patient's requests was intentionally not specified as it is highly relative and dependent to what may arise during the tour of duty and the kind of calls and needs which may not be predicted.



<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	Answer the client feedback form and drop it at the designated drop box in front of the Clinical Nursing Unit Nurses' Station
How feedbacks are processed	Every Friday, the CNU Head Nurse opens the drop box and compiles and records all feedbacks submitted. Feedbacks requiring answers are forwarded to the Clinical Nursing Unit staff concerned and are required to answer within (3) days of the receipt of the feedback
How to file a complaint	Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box in front of the Clinical Nursing Unit Nurses' Station Complaints can also be filed via telephone. Make sure to provide the following information: <ul style="list-style-type: none"><li>- Name of person being complained</li><li>- Incident</li><li>- Evidence</li></ul> For inquiries and follow-ups clients may contact the following telephone number: CNU 1&2: +63955-263-9471 CNU 3: +63965-094-8036
How complaints are processed	The Complaints Officer (CNU Head Nurse) opens the complaints drop box on a daily basis and evaluates each complaint. Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation. The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action. The Complaints Officer will give the feedback to the client. For inquiries and follow-ups, clients may contact the following telephone number: CNU 1&2: +63955-263-9471 CNU 3: +63965-094-8036



Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB: 0908-881-6565 (SMS)
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## LIST OF OFFICES

Office	Address	Contact Information
Clinical Nursing Unit 1&2	2 <sup>nd</sup> Floor, Legazpi City Hospital, Zone 9, Brgy. 37, Bitano, Legazpi City	+63955-263-9471
Clinical Nursing Unit 3	3 <sup>rd</sup> Floor, Legazpi City Hospital, Zone 9, Brgy. 37, Bitano, Legazpi City	+63965-094-8036
Chief Nurse	2 <sup>nd</sup> Floor, Legazpi City Hospital, Zone 9 Brgy. Bitano, Legazpi City	+63917-508-3175
Chief of Hospital	GF, Legazpi City Hospital, Zone 9 Brgy. Bitano, Legazpi City	+63917-772-3920



# **LEGAZPI CITY HOSPITAL**

## **Dental**

**External Service**



Service Information: Dental Health Care

<b>Office or Division:</b>	Dental Health Section	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	Government to Client	
<b>Who may avail:</b>	All	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Medical Social Service/Philhealth Card or MDR		Medical Social Work/Philhealth

**Schedule of Availability of the Service:**

**Monday-Friday**

8:00AM – 12:00PM In-Patient & OPD

1:00PM – 5:00PM Private Patien

3. Present your number & filling up Dental Patient Record, and	3. Receive the queue Number & issuance of form, Explanation	None	5 minutes	Dental Aide
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CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number from Admission Clerk, Provide the Data necessary in Filling up of Admission Forms (e.g. Consent/Authorization, Patient's data sheet, etc.)	1. Provides the queue number and briefly explain waiting time procedure & Admission Forms Data Sheet	None	10 minutes	Admitting Clerk/ Admin Office
2. Submit requirements, know patient's right and responsibilities, don't leave your things unattended, avoid unnecessary noise & Wait until your number called	2. Receive requirements and issuance of applicable forms, explanation of patient's right & responsibilities & maintenance of cleanliness and orderliness in admission & waiting area	None	30 minutes	Admitting Clerk/ Admin Office



<i>Consent for dental procedure</i>	<i>of Dental Patient Record &amp; Waiver</i>			
<i>4. Oral Consultation</i>	<i>4. Oral Examination, X-ray &amp; performance of other diagnostic procedure</i>	<i>Please refer to List of Services on page 8</i>	<i>30 minutes</i>	<i>Dentist</i>
<i>5. Dental Treatment</i>	<i>5. Provision of Dental Health Care</i>	<i>Please refer to List of Services on page 8</i>	<i>1 hour</i>	<i>Dentist</i>
<i>6. Instruction on Post-Operative Management</i>	<i>6. Side chair Instruction, Post-operative management &amp; Instruction on prescribed medication</i>	<i>None</i>	<i>3 minutes</i>	<i>Dentist</i>
<i>7. Pay Applicable fees</i>	<i>7. Instruct the patient to pay to cashier</i>	<i>None</i>	<i>3 minutes</i>	<i>Dental Staff</i>
<i>8. Present Copy of Official Receipt &amp; Discharge</i>	<i>8. Recording of official receipt number</i>	<i>None</i>	<i>4 minutes</i>	<i>Dental Staff, Dental Aide or Dentist</i>
<i>Total</i>			<i>2 hours 25 minutes</i>	



<b>DENTAL SERVICES</b>	<b>PUBLIC FEES</b>	<b>PRIVATE FEES</b>
1. Dental Consultation	Free	Free
2. Oral Prophylaxis	200Php	500Php (Mild) 600Php (Moderate) 700Php (Severe)
3. Tooth Restoration	300Php/tooth	600Php/tooth (Mild) 800Php/tooth (Moderate) 900Php/tooth (Severe)
4. Dental Sealant	200Php/tooth	400Php/tooth
5. Tooth Extraction	100Php/tooth	400Php/tooth
6. Dental Panoramic Xray	Free in Philhealth	1,000Php
7. Odontectomy (Impacted Wisdom Tooth Removal)	Free Philhealth	10,000Php/tooth
8. Alveoloplasty	Free in Philhealth	18,000Php or Philhealth + excess 3,000Php
9. Frenectomy (Excisional of Lingual Frenum)	Free in Philhealth	10,000Php or Philhealth + excess 1,500Php
10. Frenoplasty (Surgical Revision of Frenum)	Free in Philhealth	10,000Php or Philhealth + excess 1,500Php
11. Intraoral Incision and Drainage of Abscess	Free in Philhealth	6,000Php or Philhealth + excess 1,500Php





<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	Answer the client feedback form and drop it at the designated drop box in the Dental Clinic receiving area
How feedbacks are processed	<p>Every Friday, the Dentist opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the sections concerned and they are required to answer within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups clients may contact the following telephone number: 09558436010</p>
How to file a complaint	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box in front of the clinical laboratory receiving area</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"><li>- Name of person being complained</li><li>- Incident</li><li>- Evidence</li></ul> <p>For inquiries and follow-ups clients may contact the following telephone number: 09558436010</p>



## FEEDBACK AND COMPLAINTS MECHANISM

How complaints are processed	<p>The Complaints Officer opens the complaints drop box on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 09558436010/ 09611787866</p>
Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB; 0908-881-6565 (SMS)



## LIST OF OFFICES

Office	Address	Contact Information
Dental Clinic	LCH Zone 9 Brgy Bitano Legazpi City	09611787866
Administrative Office	LCH Zone 9 Brgy Bitano Legazpi City	09611787866
Chief of Hospital	LCH Zone 9 Brgy Bitano Legazpi City	09175177178



# **LEGAZPI CITY HOSPITAL**

## **Engineering and Facilities Management**

**Internal Service**



<b>Office or Division:</b>	<b>Engineering and Facilities Management</b>			
<b>Classification:</b>	<b>Administrative</b>			
<b>Type of Transaction:</b>	<b>Admin-EFM</b>			
<b>Who may avail:</b>	<b>Officers and Employees of Legazpi City Hospital (Internal)</b>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Maintenance Repair Request Form		Engineering and Facilities Management Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Request repair through Maintenance Request Form	Accept Client's request	None	5 minutes	Maintenance Personnel/Admin Aide I
	Prepare pre - inspection of the facility/parts/equipment	None	30 minutes	Maintenance Personnel/Admin Aide I
	Approve Pre-Inspection Report	None	5 minutes	Engineer II
	Notify the end user if facility/part/equipment is under warranty/need to be repaired outside or need to be replaced  Prepare PR or Cost Estimate of the facility/parts/equipment	None	5 min	Admin Aide I  Admin Aide I
	Review the specifications of the facility/parts/equipment listed in the PR and endorsed the	None	5 minutes	Engineer II



	document to the Procurement Section			
	Record and release the PR to the Procurement Section	None	10 minutes	Admin Aide I
	Repair the facility/parts/equipment  Prepare post Inspection Report	None	16 hours	Maintenance Personnel/Admin Aide I
	Certify that the facility/parts/equipment is in good working condition	None	10 minutes	Engineer II
	Approve post Inspection Report	None	5 minutes	Engineer II
	Record Client's Maintenance Requests	None	5 minutes	Admin Aide I
		Total	17 hours 20 minutes	



<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	Answer the client feedback form and drop it at the designated drop box in front of the admitting area
How feedbacks are processed	<p>Every Friday, the assigned admitting staff opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the admitting staff concerned and they are required to answer within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups clients may contact the following telephone number:</p>
How to file a complaint	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box in the admitting area</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"><li>- Name of person being complained</li><li>- Incident</li><li>- Evidence</li></ul> <p>For inquiries and follow-ups clients may contact the following telephone number:</p>



<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How complaints are processed	<p>The Complaints Officer opens the complaints drop box on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p>
Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB; 0908-881-6565 (SMS)

## LIST OF OFFICES

<b>Office</b>	<b>Address</b>	<b>Contact Information</b>
Engineering And Facilities Management6	LCH Zone 9 Brgy Bitano Legazpi City	09950279413
Chief of Hospital	LCH Zone 9 Brgy Bitano Legazpi City	09175177178





# **Legazpi City Hospital Emergency Room**

**External Service**



## Service Information: Emergency Room

<b>Office or Division:</b>	Nursing Service Division- Emergency Room		
<b>Classification:</b>	Level 1 Hospital		
<b>Type of Transaction:</b>	Government to Client		
<b>Who may avail:</b>	Persons in need of urgent care.		
REQUIREMENTS		WHERE TO SECURE	
Health Declaration Checklist*		Triage Area	
Hospital ID for Old Clients		Issued from previous Transaction	
Patient information slip for New Clients		Triage Area	
Referral from other Health Facilities		Referring Agency	

LCH ER is a 6-bed capacity unit (3 Regular Patients bed, 1 Minor Surgery bed, 1 Examination bed, and 1 Isolation bed) that provides initial treatment to patients with life threatening/emergency healthcare needs under the scope of license as a Level I Hospital.

**Schedule:** 24/7

### Total Response Time

#### Triaging System

#### Category of Patients:

- Urgent (Red) - To attend promptly
- Semi-urgent (yellow) - Maximum waiting time: \*2 hours
- Non- urgent (green) - Maximum waiting time: \*\* 4 hours

\*Extension time depends on the patient's condition, completion of diagnostic procedures, treatment plan by Attending Physician, intra-facility referrals and patient's influx.

\*\*Advised for OPD consultation.



<b>ER CONSULTATION</b>				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<p><b>1</b> Proceed to triage area:</p> <ul style="list-style-type: none"> <li>• To accomplish Health Declaration Checklist*</li> <li>• New patients to fill out information sheet</li> <li>• Old patients to present their Patient IDs</li> </ul> <p style="text-align: right;"><i>*if warranted.</i></p>	<p>Categorizes patient as:</p> <ul style="list-style-type: none"> <li>➤ Urgent (Red)</li> <li>➤ Semi-urgent (yellow)</li> <li>➤ Non-urgent (green)</li> </ul> <p>Take initial assessment (vital signs to include height and weight), reason for consultation.</p>	None	<p>To attend promptly</p> <p>Maximum waiting time: *2 hours</p> <p>Maximum waiting time: ** 4 hours</p> <p>*Extended time depending on the present number of urgent cases.</p> <p>**advised for OPD consultation.</p>	Triage / Staff Nurse
<p><b>2</b> Patient Consultation and Management</p>	<p>2.1 Assesses Patient</p> <p>2.2 Institutes immediate management.</p> <p>2.3 Performs diagnostic and other procedures.</p> <p>2.4 Decides of patient's disposition.</p> <p style="margin-left: 20px;">2.4.1 Admits patient (If necessary) or treat as OPD.</p> <p style="margin-left: 20px;">2.4.2 Refers patient for specialty</p>	<p>N/A</p> <p>* Fees shall apply only if patient is for billing</p>	<p>15 minutes</p> <p>1 hour to 2hours</p> <p>30 minutes</p>	<p>Physician-on-Duty / ER Staff</p> <p>Physician-on-Duty</p> <p>Physician-on-Duty</p> <p>Physician-on-Duty</p>



	<p>care, if warranted.</p> <p>2.4.3 <i>Transfers patient to higher level facility for further evaluation and management, if warranted.</i></p> <p>2.5 <i>Performs post-mortem care.</i></p> <p>2.6 <i>Discharges patient (if treated as OPD / DAMA)</i></p>		<p>25 minutes</p>    <p>10 minutes</p>  <p>15 minutes</p>	<p><i>Physician-on-Duty /ER Staff/ Ambulance Service Staff</i></p>  <p><i>ER Staff/ Utility Personnel</i></p> <p><i>ER Staff</i></p>
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<b>ER ADMISSION</b>				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>1a</b> <i>Signs informed consent for</i>	1. <i>Orients patient and significant other of patient's responsibilities.</i>	N/A	<i>5 minutes</i>	<i>ER Staff</i>



<p><i>admission and management.</i></p> <p><b>1b</b> Presents admitting order (from affiliated consultants)</p>	<p>2. Carries out the admitting orders. 1.1 Stat orders 1.2 Routine orders</p> <p>3. Informs concerned unit of admission.</p> <p>4. Issues admission slip and advises patient's significant other to proceed to the admitting unit.</p> <p>5. Enters patient data in the admission logbook.</p> <p>Follows steps 1-5 (1a).</p>		<p>5 minutes 30 minutes</p> <p>2 minutes</p> <p>3 minutes</p> <p>2 minutes</p>	<p>ER Staff</p> <p>ER Staff</p> <p>ER Staff</p> <p>ER Staff</p>
<p><b>2</b> Prepares for interunit transfer.</p>	<p>Transfers patient to designated unit.</p>		<p>15 minutes</p>	<p>ER Staff/ Utility Personnel</p>
<p><b>3</b> Receives instruction from designated unit.</p>	<p>Endorses patient to receiving staff.</p>		<p>15 minutes</p>	<p>ER Staff</p>

**ER DISCHARGE**

<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<p><b>1</b> Proceeds to Billing Section.</p>	<p>Issues discharge clearance to patient/watcher with instructions.</p>		<p>2 minutes</p>	<p>ER Staff</p>
<p><b>2</b> Presents Exit Pass to ER Staff.</p>	<p>Signs exit pass and gives specific instructions.</p>		<p>10 minutes</p>	<p>ER Staff</p>



### **FEEDBACK AND COMPLAINTS MECHANISM**

How to send feedback	Answer the client feedback form and drop it at the designated drop box in front of the Emergency room receiving area
How feedbacks are processed	<p>Every Friday, the Emergency Room Section Head opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the clinical laboratory sections concerned and they are required to answer within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups clients may contact the following telephone number: +63905-892-1185</p>
How to file a complaint	Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the



	<p>designated drop box in front of the Emergency room receiving area</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"><li>- Name of person being complained</li><li>- Incident</li><li>- Evidence</li></ul> <p>For inquiries and follow-ups clients may contact the following telephone number: +63905-892-1185</p>
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## FEEDBACK AND COMPLAINTS MECHANISM

How complaints are processed	<p>The Complaints Officer/ Section Head opens the complaints drop box on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: +63905-892-1185</p>
Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB; 0908-881-6565 (SMS)

## LIST OF OFFICES

Office	Address	Contact Information
Emergency Room	LCH Zone 9 Brgy 37, Bitano Legazpi City	+63905-892-1185
Chief of Hospital	LCH Zone 9 Brgy 37, Bitano Legazpi City	+63917-517-7178





# **LEGAZPI CITY HOSPITAL**

## **HUMAN RESOURCE**

**External & Internal Services**



## 1. Service Information: Application for Employment

Application at the Legazpi City Hospital is open to anyone particularly bonafide residents provided they meet the qualifications required for the job opening. Job openings are posted at the City Hall Bulletin Boards and at the website of the Hospital and also published at the Civil Service Commission (CSC) ROV. Applications should be submitted to the Human Resource Office of LCH. The screening committee conducts screening to determine if the applicant is eligible for the position. Then submits the application to the HRMO-City Hall for verification and scheduling of PS Board screening. The Personnel Selection Board (PSB) screens applicants.

The PSB Composition:

- City Mayor or his duly assigned representative
- City Vice-Mayor or his duly assigned representative
- Sangguniang Bayan Member - Chairman of the Committee on Labor and Employment and Civil Service Matter.
- Department Heads of the department which has the vacancy
- City Human Resource Management Officer and its staff as its Secretariat
- Two (2) representatives of the rank-and-file career employees. One (1) from the first level and one (1) from the second level.
- President of the City Employees Association

<b>Office or Division:</b>	Human Resource			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Client			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Resume/Personal Data Sheet			Applicant	
Application Letter			Applicant	
Transcript of Records			School	
Certificate of previous employment (if any)				
Certificate of eligibility/competency (if any)			PRC/CSC	
Other Documents (if any)				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Applicant submit credentials	1. Receive resume/application	None	3 minutes	Human Resource Staff
	1.1 Check and evaluate applicant's qualifications with reference to the requirements of the position applied for	None	15 minutes	Human Resource Staff



	1.2 Conducts Preliminary screening	None	Depending on the availability of the Chief of Hospital	Admin Officer V Chief of Hospital
	1.3 Office of the Hospital Administrator will make an endorsement for an Applicant	None	Depending on the availability of the signatory	Admin Officer V Chief of Hospital
	1.4 Forward all documents and requirements submitted by the applicant to HRMO	None	30 minutes	Human Resource Staff/ Liaison Officer

## 2. Service Information: Application for Leave

Employee accrue leave credits each month and such credits may be used by the employee when the need to temporarily leave work arises, either due to illnesses or personal circumstances.

Actual leaves are deducted from earned leave credits. If an employee's leave goes beyond the accrued leave credits, he/she shall be without pay.

Applications for vacation leave must be filed at least **five (5) days** before the leave. For sick leaves, the application must be filed immediately upon the employee's return from such leave.

<b>Office or Division:</b>	Human Resource			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Client			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Application Leave Form		Human Resource Staff		
Medical Certificate for Sick Leave ( <b>exceeding 4 days</b> )		Medical Records of the Hospital/ Clinic		
Clearance for Travel abroad (in case vacation leave will spent overseas)		CHRMO		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Employee's application for leave	1. The employee files a leave of Absence, accomplishes	None	10 minutes	Employee



	<p><b>three (3) copies of Leave Form Application</b> for signature of the Chief of Hospital and his/her immediate supervisor</p> <p>1.2 Employee submits the Application for Leave Form to HR Office of LCH together with the requirements (if any)</p> <p>1.3 Records the Application for Leave in the Logbook. Checks supporting documents are correct and in order</p> <p>1.4 Forwards application for leave to CHRMO. The Acting Human Resource Management Officer approves the computation on the Application for Leave</p>	None	5 minutes	Employee
		None	20 minutes	Human Resource Staff
		None	30 minutes	Human Resource Staff



Note:

1. Special Privilege Leave shall be filed in advance (1 week)
2. Vacation Leave shall be filed in advance (discretion of the Head of Office)
3. Maternity Leave shall be filed in every instance of pregnancy.
4. Sick Leave shall be filed upon employee's return to office; medical check-up can be filed in advance.
5. Mandatory five-day vacation leave (Forced Leave) shall be arranged with the Chief of Hospital.

### 3. Service Information: Application For Securing Service Record/Certificate Of Employment And Other Personal Records

The LCH employee may request from HRMO copies of service records, certificate of employment and other certifications and personal records.

These usually are required for loans, credit E-Card applications, NOSA Step Increments/promotions, retirement and terminal leave purposes and employment to other companies/agencies upon resignation from the government service.

<b>Office or Division:</b>	Human Resource			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Client			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Invitation				
Request Letter				
Program Itinerary				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. <i>Securing Service Records/ Certificate of Employment and other Personal Records</i>	1. <i>Employee requests/ indicates the type of document being requested and its purpose</i>	None	5 minutes	Employee
	1.2 <i>Person in-charge conducts interview regarding the requested document</i>	None	10 minutes	Human Resource Staff



	1.3 Forward to CHRMO the record/ certification requested	None	20 minutes	Liaison Officer
	1.4 Employee receives the document from LCH Human Resource Office	None	1 day (upon receipt from (CHRMO))	Human Resource Staff

#### 4. Application of Employee To Attend Trainings/Seminars

<b>Office or Division:</b>	Human Resource			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Client			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Invitation		Inviting Agency		
Request Letter		Office of the Chief of Hospital		
Program Itinerary		Inviting Agency		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Employee to attend trainings/ seminars	1. Receive and log invitation for training	None	5 minutes	Human Resource Staff
	1.2 Submit the requested invitation for training for evaluation and approval of the Chief of Hospital	None	15 minutes	Human Resource Staff
	1.3 Forward to CHRMO to prepare/ encode Office Order/Travel Order	None	1 hour	Liaison Officer
	1.4 Forward to CMO for Mayor's Signature	None	1 Day (depends on the availability)	CHRMO Staff



	<p><i>and for control number 1.5 CHRMO forward back the papers to LCH Human Resource Office</i></p>	<p><i>None</i></p>	<p><i>of the Hon. Mayor)</i></p> <p><i>1 hour</i></p>	<p><i>CHRMO Staff</i></p>
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<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	<p>Answer the client feedback form and drop it at HR drop box.</p>
How feedbacks are processed	<p>Every Friday, the Admin Officer V opens the drop box. She compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to sections concerned and they are required to answer within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups clients may contact the following telephone number: 09150916396</p>
How to file a complaint	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box in front of the clinical laboratory receiving area</p> <p>Complaints can also be filed via cellphone. Make sure to provide the following information:</p> <ul style="list-style-type: none"> <li>- Name of person being complained</li> <li>- Incident</li> <li>- Evidence</li> </ul> <p>For inquiries and follow-ups clients may contact the following telephone numbers: 09150916396/ 09175177178</p>



## FEEDBACK AND COMPLAINTS MECHANISM

How complaints are processed	<p>The Complaints Officer opens the complaints drop box on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 09150916396/ 09175177178</p>
Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB; 0908-881-6565 (SMS)

## LIST OF OFFICES

Office	Address	Contact Information
Administrative Office	LCH Zone 9 Brgy Bitano Legazpi City	09150916396
Chief of Hospital	LCH Zone 9 Brgy Bitano Legazpi City	09175177178





# **LEGAZPI CITY HOSPITAL**

## **Information and Technology Section**

*Internal Service*



Service Information: Information Technology Section Procedures

<b>Office or Division:</b>	Information and Technology Section
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Government to Client
<b>Who may avail:</b>	All Medical and Hospital Staff to include Allied Professionals
<b>CHECKLIST OF REQUIREMENTS</b>	
<b>WHERE TO SECURE</b>	
Job Order's Request Form	Sections in LCH
Philhealth Claims Documents	Billing Section

A. Request for PC, Printer Repair or Troubleshooting

<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1 <i>Hospital staff with Job Order Request for PC or Printer Repair or Troubleshooting</i>	<i>Receives Job Order Request Form  Verify/ Checks the area that needs assistance and their concern</i>	<i>N/A</i>	<i>15 minutes</i>	<i>IT Staff</i>
2 <i>Hospital Staff demonstrates the Issue or Technical Problem</i>	<i>Visits the area with concern and physically inspect the problem</i>	<i>N/A</i>	<i>15 minutes</i>	<i>IT Staff</i>
3 <i>Hospital Staff Concurs that the Technical Issue is Received</i>	<i>Troubleshoots the technical issue and ensures that the problem is solved</i>	<i>N/A</i>	<i>60 minutes</i>	<i>IT Staff</i>
<i>Total</i>			<i>90 minutes</i>	



B. Request for Internet and Network Repair or Troubleshooting

<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>1</b> <i>Hospital staff with Job Order Request for Internet and Network Repair or Troubleshooting</i>	<i>Receives Job Order Request Form</i>  <i>Verify/ Checks the area that needs assistance and their concern</i>	<i>N/A</i>	<i>15 minutes</i>	<i>IT Staff</i>
<b>2</b> <i>Hospital Staff demonstrates the Issue or Technical Problem</i>	<i>Visits the area with concern and physically inspect the problem</i>	<i>N/A</i>	<i>15 minutes</i>	<i>IT Staff</i>
<b>3</b> <i>Hospital Staff Concurs that the Technical Issue is Received</i>	<i>Troubleshoots the technical issue and ensures that the problem is solved</i>	<i>N/A</i>	<i>60 minutes</i>	<i>IT Staff</i>
<i>Total</i>			<i>90 minutes</i>	

C. Request for Assistance and Troubleshooting for IHOMIS



<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1 <i>Hospital staff with Job Order Request for Assistance and Troubleshooting for IHOMIS</i>	<i>Receives Job Order Request Form  Verify/ Checks the area that needs assistance and their concern</i>	<i>N/A</i>	<i>15 minutes</i>	<i>IT Staff</i>
2 <i>Hospital Staff demonstrates the Issue or Technical Problem</i>	<i>Visits the area with concern and physically inspect the problem</i>	<i>N/A</i>	<i>15 minutes</i>	<i>IT Staff</i>
3 <i>Hospital Staff Concurs that the Technical Issue is Received</i>	<i>Troubleshoots the technical issue and ensures that the problem is solved</i>	<i>N/A</i>	<i>60 minutes</i>	<i>IT Staff</i>
<i>Total</i>			<i>90 minutes</i>	

D. Transmission of PhilHealth E-Claims Via IHOMI

<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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1	<i>Hospital staff with complete Philhealth Claims Documents</i>	<i>Receives Philhealth Claims Verify/ Checks that the documents are complete and intact</i>	<i>N/A</i>	<i>15 minutes</i>	<i>IT Staff</i>
2		<i>Create/accomplish additional claims attachments (CF2, CF3, CF4)</i>	<i>N/A</i>	<i>100 minutes</i>	<i>IT Staff</i>
		<i>Scans all documents and converts them into appropriate files needed for transmission</i>	<i>N/A</i>	<i>120 minutes</i>	<i>IT Staff</i>
3		<i>Transmits all documents to Philhealth before the deadline</i>	<i>N/A</i>	<i>180 minutes</i>	<i>IT Staff</i>
				<i>Total</i>	<i>6 hours 55 minutes</i>

### FEEDBACK AND COMPLAINTS MECHANISM

How to send feedback	Answer the client feedback form and drop it at the designated drop box inside of the IT Office
How feedbacks are processed	<p>Every Friday, the Head of IT opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the sections concerned and they are required to answer within (3) days of the receipt of the feedback</p>



	For inquiries and follow-ups clients may contact the following telephone number: 09958436010
How to file a complaint	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box in front of the clinical laboratory receiving area</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"><li>- Name of person being complained</li><li>- Incident</li><li>- Evidence</li></ul> <p>For inquiries and follow-ups clients may contact the following telephone number: 09958436010</p>

## LIST OF OFFICES

Office	Address	Contact Information
Information and Technology	LCH Zone 9 Brgy Bitano Legazpi City	09958436010
Chief of Hospital	LCH Zone 9 Brgy Bitano Legazpi City	09611787866



<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How complaints are processed	<p>The Complaints Officer ( Head of IT ) opens the complaints drop box on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 09958436010/09611787866</p>
Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB; 0908-881-6565 (SMS)



# **LEGAZPI CITY HOSPITAL**

## **Labor and Delivery Room**

**External Service**





## Service Information: Labor and Delivery Room Services

<b>Office or Division:</b>	Labor and Delivery Room
<b>Classification:</b>	Level 1 Hospital
<b>Type of Transaction:</b>	Government to Client
<b>Who may avail:</b>	Women of reproductive age who are about to give birth.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1 Arrival in Labor and Delivery Room.  <i>Required to change into clean patient's gown and footwear.</i>	Receives endorsement from ER/ CNU.	N/A	5 mins	LR/DR Staff
	Transfer of patient to: <ul style="list-style-type: none"> <li>Labor Room</li> <li>Delivery Room</li> </ul>	Php 100/ hr	5 mins 7 mins	LR/DR Staff/ Utility Personnel
	Obtains patient's vital signs including fetal heart tone, Leopold's Maneuver, cardiotocography and internal examination.	N/A	15-20 mins	LR/DR Staff/ Physician-On-Duty/ OB-Gyne Consultant
	Relay assessment to Physician-on-Duty/ OB-Gyne Consultant.	N/A		LR/DR Staff
2 Patient Care and Management	Monitors patient's vital, fetal heart tone and progress of labor.	N/A	14-16 hrs	LR/DR Staff/ Physician-On-Duty/ OB-Gyne Consultant
	Accomplishes partograph form.			LR/DR Staff



3 Prepare for Transfer to Designated Area/Unit/Facility	Transfer of Patient to:			7 mins	LR/DR Staff/ Physician-On-Duty/ OB-Gyne Consultant
	<ul style="list-style-type: none"> <li>• Delivery Room (6cm for multipara and fully for primipara)</li> </ul>			7 mins	LR/DR Staff/ Utility Personnel
	<ul style="list-style-type: none"> <li>• Operating Room</li> <li>• Other Facility</li> </ul>			30 mins	LR/DR Staff/ Utility Personnel
4 Intrapartum Care	Performs procedures related to Normal Spontaneous Delivery (Episiotomy and Repair or Repair of Laceration)			1-3 hrs	LR/DR Staff/ Physician-On-Duty/ OB-Gyne Consultant
5 Prepares for transfer to Designated Unit or Other Facility/ Signs DAMA	Transfer of Patient from DR to:				
	<ul style="list-style-type: none"> <li>• Recovery Room</li> <li>• Other Facility</li> </ul>	Php 100/ hr  Hospital Charges		10 mins  30 mins	LR/DR Staff/ Utility Personnel  LR/DR Staff/ Utility Personnel

<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	Answer the client feedback form and drop it at the designated drop box at the OR/ DR Complex receiving area.
How feedbacks are processed	<p>Every Friday, the LR/ DR Section Head opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the Labor and Delivery Room Section and they are required</p>



	<p>to answer within (3) upon receipt of the feedback.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 09552559440.</p>
How to file a complaint	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box at the OR/ DR Complex receiving area.</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"><li>- Name of person being complained</li><li>- Incident</li><li>- Evidence</li></ul> <p>For inquiries and follow-ups, clients may contact the following telephone number: +63916-990-4788</p>

### **FEEDBACK AND COMPLAINTS MECHANISM**

How complaints are processed	<p>The Complaints Officer (Labor and Delivery Room Section Head) opens the complaints drop box on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p>
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	<p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: +63916-990-4788</p>
Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB; 0908-881-6565 (SMS)

### LIST OF OFFICES

Office	Address	Contact Information
Labor and Delivery Room	Legazpi City Hospital, Zone 9, Brgy 37, Bitano Legazpi City	+63916-990-4788
Chief of Hospital	Legazpi City Hospital, Zone 9, Brgy 37, Bitano Legazpi City	+63917-772-3920



# **LEGAZPI CITY HOSPITAL**

## **Records Section**

**External Service**



## Service Information: Records Section

<b>Office or Division:</b>	Records Section
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Government to Client
<b>Who may avail:</b>	All
<b>CHECKLIST OF REQUIREMENTS</b>	
Green ID card of Patient	Issued by LCH
Record of Patient upon check-up	OPD/ER section
Request form	Admitting Section
Official Receipt	
Days/Hours of Releasing	Monday to Friday, 8:00 AM-5:00 PM Releasing: 8:00 AM – 4:00 PM

### HOW TO AVAIL OF THE SERVICE (FOR VARIOUS CERTIFICATES AND FORMS REQUESTED)

	<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.	<i>Proceed to admitting area for filling of Request form</i>	<i>Ensures complete and properly filled-up request form</i>	<i>N/A</i>	<i>5 minutes</i>	<i>Clerk on Duty</i>
2.	<i>Client is instructed to pay at the cashier (If requested has a corresponding payment).</i>	<i>Ensures that client was properly instructed</i>	<i>N/A</i>	<i>2 minutes</i>	<i>Clerk on Duty</i>
3.	<i>Request form forwarded to Records Section for Retrieval of Patient's/Client's Record and Processing of request</i>	<i>Retrieval of patient's record needed for processing Patient's/Client's request</i>	<i>N/A</i>	<i>10 minutes</i>	<i>Clerk/Record Section Staff</i>



4. R E L E A S I N G	<p><i>Proceed directly to admitting section:</i></p> <p><i>a. Present receipt (if requested certificate has payment).</i></p> <p><i>b. If no payment required (present the white i.d. card of patient official receipt).</i></p> <p>NOTE: Patient-Official Receipt</p> <p>Authorized nearest kin of legal age- Authorization Letter duly signed by the patient; valid photo ID of the patient and the authorized nearest kin; Claim Stub with Official Receipt</p>	<p>Verification of payment and certificate/forms requested</p>	N/A	10 minutes	Clerk/Record Section Staff
		Releasing	N/A	5 minutes	Clerk/Record Section Staff
				Total	32 minutes

#### VARIOUS CERTIFICATES AND FORMS REQUESTED

CERTIFICATES AND FORMS REQUESTED	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
a.) <i>Medico-Legal Certificate</i>	<i>PHP 75.00</i>	1-2 days	<i>Clerk/Record Section Staff</i>
b.) <i>Medical Certificate</i>	<i>PHP 75.00</i>	1-2 days	<i>Clerk/Record Section Staff</i>
c.) <i>Medical Abstract</i>	<i>PHP 100.00</i>	3-5 days	<i>Physician</i>
d.) <i>Insurance Claims</i>	<i>N/A</i>	3-5 days	<i>Physician</i>
e.) <i>SSS/GSIS Claims</i>	<i>N/A</i>	3-5 days	<i>Physician</i>
f.) <i>Birth Certificate</i>	<i>PHP 75.00</i>	2 days	<i>Clerk/Record Section Staff</i>



g.) Death Certificate	N/A	1 day	Clerk/Record Section Staff
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<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	Answer the client feedback form and drop it at the designated drop box in front of the admitting area
How feedbacks are processed	<p>Every Friday, Record Staff/Record Officer opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the Record Section concerned and they are required to answer within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups clients may contact the following telephone number: 09171304914</p>
How to file a complaint	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box in the admitting area</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"> <li>- Name of person being complained</li> <li>- Incident</li> <li>- Evidence</li> </ul> <p>For inquiries and follow-ups clients may contact the following telephone number: 09171304914</p>





## FEEDBACK AND COMPLAINTS MECHANISM

How complaints are processed	<p>The Complaints Officer opens the complaints drop box on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, client may contact the following telephone number: 09611787866</p>
Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB; 0908-881-6565 (SMS)

## LIST OF OFFICES

Office	Address	Contact Information
Record Section	LCH Zone 9 Brgy Bitano Legazpi City	09171304914
Administrative Office	LCH Zone 9 Brgy Bitano Legazpi City	09611787866
Chief of Hospital	LCH Zone 9 Brgy Bitano Legazpi City	09175177178



# **LEGAZPI CITY HOSPITAL**

## **Out Patient Section**

**External Service**



Service Information: Consultation Services

<b>Office or Division:</b>	Out Patient Section	
<b>Classification:</b>	Level 1 Hospital	
<b>Type of Transaction:</b>	Government to Client	
<b>Who may avail:</b>	All	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Document 1	Consultation Treatment Form	Admitting Section
Document 2	Hospital ID	Admitting Section

**Service Schedule :** *Mondays to Fridays- 8:00am to 5:00pm*  
*Legal Holiday- no schedule*  
*Declared Holiday- 8:00am-12:00pm*  
*Cut-off Time: 4:00pm*

<b>Services Rendered</b>	<b>Clinic Schedule</b>
<b>OB-GYNE Consultation</b>	Wednesday 8:00am to 4:00pm
<b>Surgery Consultation</b>	Monday- 10:00am- 12:00pm Tuesday- 1:00pm- 3:00pm Thursday- 12:00pm- 1:00pm
<b>BCG/ Newborn and Postpartum Mother Consultation Day</b>	Thursday
	<i>Note: Senior Citizen, Pregnant Women and PWD clients may avail of Out patient services anytime during clinic hours.</i>



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p><b>1</b> Proceed to triage area:</p> <ul style="list-style-type: none"> <li>• To accomplish Health Declaration Checklist *</li> <li>• New patients to fill out information sheet</li> <li>• Old patients to present their Patient ID</li> </ul> <p><i>*if warranted</i></p>	<p>Give queuing number and instruct patient to be seated and wait for their number to be called, briefly explain waiting time.</p> <p>Take initial assessment (vital signs to include height and weight), reason for consultation.</p>	None	<p>3 minutes (first come first serve basis)</p> <p>Maximum waiting time: 15 minutes</p> <p><i>*waiting time varies in case of patient influx</i></p>	Triage/ Staff Nurse
<p><b>2</b> Patients are called for consultation.</p>	Assists in the consultation process.	None	5 minutes	OPD Staff
<p><b>3</b> Patient Consultation and Treatment</p>	<ul style="list-style-type: none"> <li>• Obtains comprehensive medical history</li> <li>• Performs complete physical examination</li> <li>• Orders medical treatment</li> <li>• Prescribes medicine</li> </ul>	None	10 minutes	Physician-on-Duty



	<ul style="list-style-type: none"> <li>• Provides request for diagnostic procedures</li> <li>• Performs medical treatment</li> </ul>		<p>*extended time needed; depending on patient's medical status</p>	OPD Staff
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4	Interunit and intra facility referral	<ul style="list-style-type: none"> <li>• Endorse to concern unit</li> <li>• Accomplish Referral Form/ Diagnostic Requests</li> </ul>	None	<p>5 minutes</p> <p>*please refer to citizen's charter of the concerned section</p>	OPD Staff
5	Follow-up check-up with diagnostic results for the continuation of management	<ul style="list-style-type: none"> <li>• Explains results and gives appropriate prescription</li> <li>• Instruct patient regarding next visit schedule</li> <li>• Gives appropriate health teachings/advise</li> </ul>	None	<p>5 minutes</p> <p>*extended time needed for answering queries</p> <p>* extended time needed; depending on patient's condition</p>	Physician –on-duty



<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	Answer the client feedback form and drop it at the designated drop box in front of the OPD Consultation room
How feedbacks are processed	<p>Every Friday, the Chief OPD Nurse opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the sections concerned and they are required to answer within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups clients may contact the following telephone number: 09558436010</p>
How to file a complaint	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box in front of the OPD receiving area receiving area</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"><li>- Name of person being complained</li><li>- Incident</li><li>- Evidence</li></ul> <p>For inquiries and follow-ups clients may contact the following telephone number: 09958436010</p>

<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How complaints are processed	The Complaints Officer opens the complaints drop box on a daily basis and evaluates each complaint.



	<p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 09958436010/ 09611787866</p>
<p>Contact Information of CCB, PCC, ARTA</p>	<p>ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a>  PCC: 8888  CCB; 0908-881-6565 (SMS)</p>

## LIST OF OFFICES

Office	Address	Contact Information
Out Patient Section	LCH Zone 9 Brgy.37 Bitano Legazpi City	09568776944
Chief of Hospital	LCH Zone 9 Brgy.37 Bitano Legazpi City	09175177178



# **LEGAZPI CITY HOSPITAL**

## **Operating and Recovery Room**

**External Service**





## Service Information: Operating and Recovery Room Services

<b>Office or Division:</b>	Operating and Recovery Room
<b>Classification:</b>	Level 1 Hospital
<b>Type of Transaction:</b>	Government to Client
<b>Who may avail:</b>	All patients who are receiving and/or received anesthesia, surgical interventions and postpartum patients.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1 With signed informed consent for surgery, treatment and other procedures	Receives surgery request slip immediately after doctor's order from other units.	None	5 minutes	Staff-on-Duty/ OR/RR Staff
2 Client verbalizes understanding of the contemplated procedure, risk and possible outcome.	Attending Physician re-educate the client and significant others of the contemplated procedure, its risk and possible outcome.	None	5 minutes	Attending Physician
	Anesthesiologist orients client and significant others of anesthesia care plan, its risk and possible outcome.	None	5 minutes	Anesthesiologist
3 Prepares transfer from other unit to Operating Room.	Admits/ accommodate client from other units.	None	5 minutes	OR/RR Staff
	Performs perioperative assessment.* <i>*preoperative checklist</i> <i>*WHO surgical safety checklist</i>	None	5minutes	OR/RR Staff



4	Prepares transfer from Semi-Restricted to Restricted Area. <i>*client assisted to wear OR gown, bouffant, surgical facemask and clean footwears.</i>	Ensures patient safety during transfer to Operating Table.	No Fee	5 minutes	OR/RR Staff/ Utility Personnel
5	Receives anesthesia and surgical care and treatment.	Performs WHO Surgical Safety Checklist.	None	Depends on the duration of surgical procedure.	All Surgical Team
6	Newbon receives essential intrapartum newborn care/ Significant Other receives information of newborn status.	Performs essential intrapartum newborn care.  Carries out Doctor's orders.	None  None	Depends on newborn status.  5 minutes	Attending Physician/ OR/RR Staff  OR/RR Staff
7	Receives specimen and signs the Perioperative Form/Logbook, if warranted.	Endorses the properly labelled and treated specimen to client/ significant other with given instructions.	None	5 minutes	OR/RR Staff
8	Prepares transfer to Recovery Room/ Regular Room.	Ensures patient safety during transfer to Recovery Room and/ or Regular Room.  Performs post-operative monitoring, care and treatment.  Assess client's readiness for trans-out to regular room.	None  None  None	10 minutes  1 Hour for NSD under Epidural Anesthesia  2-4 Hours for Surgical Patients under GA/Spinal/Epidural Anesthesia.  <i>*readiness for transfer to regular room depends on Aldrete's Scoring</i>	OR/RR Staff  OR/RR Staff  OR/RR Staff



			<i>and case classification</i>	
		Obtains Customer Satisfaction Survey.	None	2 minutes OR/RR Staff
9	Receives discharge instructions/transfer to other facility.	Prepares the client/significant others for discharge.	None	5 minutes Attending Physician/ OR/RR Staff
		Inform the patient/significant others of discharge the need for transfer to other health facility.	None	5 minutes Attending Physician/ OR/RR Staff
		Updates charges through I-HOMIS utilized by the patient.	None	5 minutes OR/RR Staff
		Facilitates Discharge Clearance.	None	5 minutes OR/RR Staff
		Prepares and explains the Patient's Discharge Instructions.	None	5 minutes OR/RR Staff
		Conducts health education to the patient & significant others.	None	5 minutes OR/RR Staff
		Obtains Customer Satisfaction Survey.	None	2 minutes OR/RR Staff
		Coordinates transfer to other health facility.	None	5 minutes OR/RR Staff
10	Receives instructions to proceed to Billing Section.	Receives endorsed discharge pass from Billing Staff.	None	5 minutes CNU Staff
		Gives the endorsed discharge pass to significant other with instructions to proceed to Billing Section.	Hospital Charges	5 minutes CNU Staff



11	Present the Discharge Pass cleared by Cashier and Billing Sections.	Signs the Discharge Pass.	None	10 minutes	OR/RR Staff
		Coordinates with Ambulance Service.  Facilitates transfer to other health facility via ambulance conduction.		10 minutes <i>*patient's transfer depends on availability of services from other health facility.</i>	OR/RR Staff

<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	Answer the client feedback form and drop it at the designated drop box at the OR/DR Complex receiving area
How feedbacks are processed	<p>Every Friday, the Section Head Nurse opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the Operating and Recovery Room sections concerned and they are required to answer within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups clients may contact the following telephone number: +63965-095-9864</p>
How to file a complaint	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box at the OR/DR Complex receiving area</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"> <li>- Name of person being complained</li> <li>- Incident</li> <li>- Evidence</li> </ul>



	For inquiries and follow-ups clients may contact the following telephone number: +63965-095-9864
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<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How complaints are processed	<p>The Complaints Officer (Section Head Nurse) opens the complaints drop box on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Chief Nurse for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number:</p>
Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB: 0908-881-6565 (SMS)

### LIST OF OFFICES

Office	Address	Contact Information
Operating and Recovery Room	3 <sup>rd</sup> Floor, Legazpi City Hospital, Zone , Brgy. 37, Bitano Legazpi City	+63965-095-9864
Chief of Hospital	Legazpi City Hospital, Zone , Brgy. 37, Bitano Legazpi City	+639177723920



# **LEGAZPI CITY HOSPITAL**

## **Pharmacy**

**External Service**



## Service Information: Filling-Up of Prescription for In-Patients

<b>Office or Division:</b>	Pharmacy	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	Government to Client	
<b>Who may avail:</b>	In-patients	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Prescription (1 copy)		LCH Physicians/ Consultants

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>1</b> <i>Patient/ Nursing attendant with doctor's prescription proceed to pharmacy</i>	1.1 Receives prescription from CNU 1.2 Verify/Checks prescription details 1.3 Check availability of items 1.4 If drugs and medicines are not available, instructs the Nursing Attendant/ Patient accordingly 1.5 If drugs and medicines are available 1.5.1 Fills up prescription 1.5.2 Give medicine according to coverage of PHIC	<i>None</i>	<i>30 minutes</i>	<i>Pharmacist/ Pharmacy Assistant on duty</i>
	1.6 Enters doctor's order to IHOMIS	<i>None</i>	<i>15 minutes</i>	<i>Nursing Attendant/ Nurse on Duty</i>
	1.7 Generates charge slip number and Issue doctor's order in IHOMIS that will be reflected on the final bill of the patient	<i>None</i>	<i>5 minutes</i>	<i>Pharmacist/ Pharmacy Assistant on duty</i>
<b>2</b> <i>Receives prescribed medicines from the pharmacist</i>	2.1 Dispense and records medicine issued; and files the prescription.	<i>None</i>	<i>15 minutes</i>	<i>Pharmacist/ Pharmacy Assistant on duty</i>

Note: For Dangerous drugs, follow procedures per the Dangerous Drugs and Generics Act



## Service Information: Filling-Up of Prescription for ER/ Walk-In/ Out-Patients

<b>Office or Division:</b>	Pharmacy	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	Government to Client	
<b>Who may avail:</b>	ER, Walk-In and Out-patients	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Prescription (1 copy)		LCH Physicians/ Referring Physicians ( for walk in patients )
Yellow Prescription (2 copies)		LCH Physicians/ Referring Physicians with s2 license
4Ps ID/ Philhealth ID		DSWD/ Philhealth
Latest MDR (1 copy)		Philhealth
Authorization Letter (1 copy)		4Ps/ Philhealth beneficiaries
Medicine Purchase Booklet		OSCA/ PWD office
Senior Citizen ID/ PWD ID		OSCA/ PWD office
Official Receipt		LCH Cashier

Note: For Dangerous drugs, follow procedures per the Dangerous Drugs and Generics Act.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>1</b> <i>Present doctor's prescription to the pharmacist</i>	1.1 Receives prescription from ER/ OPD Units and/ Walk-in patients 1.2 Verify/Checks prescription details 1.3 Check availability of items 1.4 Informs the patient of price and availability 1.5 If drugs and medicines are available: 1.5.1 Give medicine's starter dose/ full coverage if antibiotics. 1.6 Enters prescribed medicines to IHOMIS and prints charge slip. 1.7 Instructs the patient/client to pay to the cashier	$Unit\ Price \times Quantity = Total\ Amount$  $Total\ amount - 20\% \text{ discount (if SC/PWD)} = Grand\ Total$	30 minutes	Pharmacist/ Pharmacy Assistant on duty





<b>2</b> <i>Present official receipt to the pharmacist</i>	2.1 Records medicine issued and files the prescription 2.2 Indicates the official receipt number on the dispensing logbook and fills up the prescription	<i>None</i>	<i>20 minutes</i>	<i>Pharmacist/ Pharmacy Assistant on duty</i>
<b>3</b> <i>Receives prescribed medicines from the pharmacist</i>	3.1 Counsels the patient and dispense the medication	<i>None</i>	<i>15 minutes</i>	<i>Pharmacist/ Pharmacy Assistant on duty</i>

Service Information: Filling-Up of Discharge Slip for ER Patients

<b>Office or Division:</b>	Pharmacy
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Government to Client
<b>Who may avail:</b>	ER patients
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
Prescription (1 copy)	LCH Physicians
Discharge Slip (1 copy)	LCH Emergency Room
Authorization Letter (1 copy)	4Ps/ Philhealth beneficiaries
Medicine Purchase Booklet	OSCA/ PWD office
Senior Citizen ID/ PWD ID	OSCA/ PWD office
Official Receipt	LCH Cashier

Note: For Dangerous drugs, follow procedures per the Dangerous Drugs and Generics Act.

<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>1</b> <i>Present doctor's prescription to the pharmacist</i>	1.1 Enters doctor's order to IHOMIS 1.2 Process discharge slip and instructs the patient to proceed to the pharmacy	<i>None</i>	<i>30 minutes</i>	<i>Nursing Attendant/ Nurse on Duty</i>



<p><b>2</b> Present doctor's discharge slip to the pharmacist</p>	<p>2.2 Receives discharge slip from the patient          2.3 Verify/ Checks doctor's order posted in iHOMIS          2.4 Generates charge slip number and print charge slip          2.5 Instructs the patient/relative to go to the billing section, pay to the cashier and return to the pharmacy</p>	<p>None</p>	<p>30 minutes</p>	<p>Pharmacist/          Pharmacy Assistant on duty</p>
<p><b>3</b> Present official receipt to the pharmacist</p>	<p>3.1 Records medicine issued and files the prescription          3.2 Indicates official receipt number in the dispensing logbook and fills up the prescription          3.3 Signs the discharge clearance and instruct the patient to return to ER</p>	<p>None</p>	<p>30 minutes</p>	<p>Pharmacist/          Pharmacy Assistant on duty          /</p>

<p align="center"><b>FEEDBACK AND COMPLAINTS MECHANISM</b></p>	
<p>How to send feedback</p>	<p>Answer the client feedback form and drop it at the designated drop box in front of the clinical laboratory receiving area</p>
<p>How feedbacks are processed</p>	<p>Every Friday, the Chief Pharmacist opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the pharmacy sections concerned and they are required to answer within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups clients may contact the following telephone number: 09489961375</p>
<p>How to file a complaint</p>	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the</p>



	<p>designated drop box in front of the clinical laboratory receiving area</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"><li>- Name of person being complained</li><li>- Incident</li><li>- Evidence</li></ul> <p>For inquiries and follow-ups clients may contact the following telephone number: 09489961375</p>
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<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How complaints are processed	<p>The Complaints Officer (Chief Pharmacist) opens the complaints drop box on a daily basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 09489961375</p>
Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB; 0908-881-6565 (SMS)



## LIST OF OFFICES

Office	Address	Contact Information
Pharmacy	LCH Zone 9 Brgy Bitano Legazpi City	09489961375
Chief of Hospital	LCH Zone 9 Brgy Bitano Legazpi City	



# **Legazpi City Hospital Procurement Office**

**Internal Service**



## Procurement Division

Purchasing services in accordance with RA 9184 or the Government Procurement Reform Act.

Step	Actions to Take	Corresponding Task of Hospital Personnel	Duration of Activity (Maximum Time)	Person in charge	Documents Required	Amount Fee
1	Filing of Request by the concern division/section officer to the procurement section.	Filing and Consolidation of all request per quarter. Such items in the request must correspond or stated to the APP.	5 minutes (Filing)  Per Quarter (Consolidation)	Admin Officer III  Admin Aide VI	Request Slip  Annual Procurement Plan	
2	<ul style="list-style-type: none"> <li>Preparation of PR (Purchase Request) to be signed by the Chief of Hospital and submitted to CMO (City Mayor's Office) for Mayor's Approval.</li> <li>The PR will proceed GSO</li> </ul>	Purchase Request prepared and signed by the Chief of Hospital to be submitted to CMO (City Mayor's Office) for Mayor's Approval.	Preparation of Purchase Request per quarter 5 hours	Admin Officer III  Admin Aide VI	Purchase Request and Obligation Request	



	<p>(General Services Office) for numbering and Checking of items if it is in accordance with the APP, and next to the CBO (City Budget Office) for Budget Allotment.</p> <ul style="list-style-type: none"> <li>• Thereafter it will be back to GSO for BAC required papers and signatures.</li> </ul>					
3	<ul style="list-style-type: none"> <li>• Receive from the GSO 3 canvass forms.</li> </ul>	Conduct of canvass at least 3 supplier per Item included in the Purchase Request	1 day per supplier	Admin Officer III	Canvass for the Supplier	



	<ul style="list-style-type: none"> <li>• Conduct of Canvass at least 3 supplier per item</li> <li>• Submit the Canvass to GSO for award</li> </ul>					
4	<ul style="list-style-type: none"> <li>• Issuance of PO (Purchase Order) by GSO</li> <li>• Delivery of items in the PO and Issuance of Sales Invoice/Charge Invoice by the Supplier upon complete delivery</li> </ul>	Receive and Inspect the Items Delivered together with the GSO inspector	3 hours per delivery (receive and inspection)	Admin Officer III Admin Aide VI	Purchase Order  Sales Invoice, Charge Invoice	
5	Distribution of delivered items to the concern Division. (Donation/Purchased)	Distribute items	2 hours from inspection	Admin Officer III  Admin Aide VI	Acknowledgment Receipt  Requisition Issuance Receipt	





		Total	1 day 10 hours and 5 minutes			

## LIST OF OFFICES

Office	Address	Contact Information
Procurement Section	LCH Zone 9 Brgy Bitano Legazpi City	09175518200
Administrative Office	LCH Zone 9 Brgy Bitano Legazpi City	09611787866
Chief of Hospital	LCH Zone 9 Brgy Bitano Legazpi City	09175177178



**LEGAZPI CITY HOSPITAL**  
**Radiology Department**  
**(Ultrasound Section)**

**External Service**



Service Information: Radiologic Examinations

<b>Office or Division:</b>	Radiology Department(Ultrasound Section)	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	Government to Client	
<b>Who may avail:</b>	All	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Doctor's Request		LCH Physicians
Updated OPD card for service patients ( if applicable )		Referring Physicians ( for walk in patients )
Official Receipts		

**Release of Official Results: For non-stat examinations (routine examination), results shall be released in the following schedules:**

<i>Time of request rendered</i>	<i>Releasing Time</i>
Monday – 9AM-10AM Tuesday -Starts at 4PM Wednesday – Starts at 4PM Thursday – Starts at 4PM Friday – Starts at 4PM	All results will be readily available at 10AM the next day

If in an event that the result is delayed because of unforeseen events such as no connectivity in the internet, natural calamities and no radiologist available to handle the for reading x-ray images the client is advised by the radiologic technologist on duty via text or call if the result is already available.

**STAT** (within 10 minutes from the time of examination for viewing/wet reading of the Resident on Duty)

**ASAP:** (Resident-on-duty/Nurse-on-duty will inform the Radiologic technologist/Radiologist for the temporary ultrasound reports )



<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1 Present Doctors request form	Receive requirements, schedule patient and get contact information	N/A	3 minutes	Admin Aide IV  Radiologic Technologist I & II
2 Fill out applicable forms	Process registration  Give charge slip to the patient  Instruct patient to pay applicable fees	N/A	3 minutes	Admin Aide IV  Radiologic Technologist I & II
3 Pay applicable fees	Receive payment and issue official receipt	Please refer to List of Services pages 9-14	Refer to citizen's charter Cashier Department	Staff on Duty Cashier Office
4 Present copy of official receipt	Record official receipt number	N/A	2 minutes	Admin Aide IV  Radiologic Technologist I & II
5 Patient enters the	Patient will undergone	N/A	2 minutes	



<i>examination room</i>	<i>preparation and quick orientation about the examination</i>	<i>Total</i>	10 minutes	<i>Radiologic Technologist I &amp; II, Sonologist</i>		
			20 minutes			
6	<i>Claim result</i>	<i>Release the result</i>	<i>N/A</i>	<i>Official Receipt</i>	<i>Results available 10am the next day</i>	<i>Admin Aide IV Radiologic Technologist I &amp; II</i>
<i>Total</i>					<i>&lt; 24 hours</i>	

#### LIST OF SERVICES

<b>No.</b>	<b>PROCEDURE</b>	<b>AMOUNT</b>
1	ABDOMINAL	1,700
2	HBT	850
3	LIVER	700
4	KUB	850
5	PELVIC	800
6	PROSTATE	700
7	UPPER ABDOMEN	950
8	LOWER ABDOMEN	950
9	WHOLE ABDOMEN	1,650
10	SINGLE ORGAN	700
11	TRANSRECTAL	950
12	TRANSVAGINAL (TVS)	950
13	BPS	1,150
14	KUB+PROSTATE	950



<b>FEEDBACK AND COMPLAINTS MECHANISM</b>	
How to send feedback	Answer the client feedback form and drop it at the designated drop box in front of the radiology department reception area
How feedbacks are processed	<p>Every 1<sup>st</sup> week of the month, the Chief Radiologic Technologist opens the drop box and compiles and records all feedback submitted.</p> <p>Feedback requiring answers are forwarded to the radiology departments concerned and they are required to answer within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups clients may contact the following telephone number: 09497339717</p>
How to file a complaint	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box in front of the radiology department reception area</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"><li>- Name of person being complained</li><li>- Incident</li><li>- Evidence</li></ul> <p>For inquiries and follow-ups clients may contact the following telephone number: 09497339717</p>



## FEEDBACK AND COMPLAINTS MECHANISM

How complaints are processed	<p>The Complaints Officer (Chief Radiologic Technologist) opens the complaints drop box on a monthly basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p> <p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 09497339717</p>
Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB; 0949-733-9717 (SMS)

## LIST OF OFFICES

Office	Address	Contact Information
Radiology Department	LCH Zone 9 Brgy Bitano Legazpi City	09497339717
Chief of Hospital	LCH Zone 9 Brgy Bitano Legazpi City	091751777178



**Legazpi City Hospital  
Radiology Department  
(X-ray Section)**

**External Service**





Service Information: Radiologic Examinations

<b>Office or Division:</b>	Radiology Department (X-ray Section)	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	Government to Client	
<b>Who may avail:</b>	All	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Doctor's Request		LCH Physicians
Updated OPD card for service patients ( if applicable )		Referring Physicians ( for walk in patients )
Official Receipts		

**Release of Official Results: For non-stat examinations (routine examination), results shall be released in the following schedules:**

<i>Time of request rendered</i>	<i>Releasing Time</i>
5.00 AM-8:00 AM 8:01 AM-12:00 PM 12:01 PM – 4:00 PM 4:01 PM - 8:00 PM Beyond 1:00 AM	<i>All results will be readily available within 24-48 hours from the time or date of examination and the availability of the radiologist</i>

If in an event that the result is delayed because of unforeseen events such as no connectivity in the internet, natural calamities and no radiologist available to handle the for reading x-ray images the client is advised by the radiologic technologist on duty via text or call if the result is already available.

**STAT** (within 10 minutes from the time of examination for viewing/wet reading of the Resident on Duty)

**ASAP:** (Resident-on-duty/Nurse-on-duty will inform the Radiologic technologist on duty if the radiologist is available for ASAP reading )

<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1 Present	Receive requirements and	N/A	3 minutes	Admin Aide IV



	Doctors request form	issue applicable forms				Radiologic Technologist I & II
2	Fill out applicable forms	Process registration	N/A	3 minutes		Admin Aide IV
5	Claim result	Give charge slip to the patient. Release the result. Instruct patient to pay applicable fees.	N/A	Official Receipt	Within 24-48 hours from the date of examination	Radiologic Technologist IV Radiologic Technologist I & II
3	Pay applicable fees	Receive payment and issue official receipt	Please refer to List of Services pages 9-14	Refer to citizen's charter Cashier - 48 Department Hours		Staff on Duty Cashier Office
4	Present copy of official receipt	Record official receipt number	N/A	2 minutes		Admin Aide IV  Radiologic Technologist I & II
5	Patient enters the examination room	Patient will undergone preparation and quick orientation about the examination	N/A	2 minutes		Radiologic Technologist I & II
				10 minutes		
			Total	20 minutes		



## LIST OF SERVICES

<b>No.</b>	<b>PROCEDURE</b>	<b>PRICE</b>
1	SKULL AP/LATERAL	440.00
2	TOWNE'S VIEW	220.00
3	WATER'S VIEW	220.00
4	PARANASAL SERIES	660.00
5	SKULL SERIES	660.00
6	NASAL BONE (SOFT TISSUE TECHNIQUE) LEFT AND RIGHT	440.00
7	MANDIBLE PA	220.00
8	CERVICAL AP/LATERAL	440.00
9	CERVICAL SERIES	880.00
10	THORACIC SPINE AP/LATERAL	440.00
11	THORACOLUMBAR SPINE AP/LATERAL	440.00
12	THORACIC SPINE OBLIQUE VIEW	220.00
13	LUMBAR SPINE AP/LATERAL	440.00
14	LUMBOSACRAL AP/LATERAL	440.00
15	LUMBAR SPINE OBLIQUE VIEW	220.00
16	SACRUM AP/LATERAL	440.00
17	COCCYX AP/LATERAL	440.00
18	CHEST PA (ADULT)	220.00
19	CHEST APICOLORDOTIC VIEW	220.00
20	CHEST AP/LATERAL (PEDIA)	440.00
21	CHEST PA/LATERAL (ADULT)	440.00
22	CHEST LATERAL DECUBITUS	220.00
23	RIB CAGE/THORACIC CAGE AP	220.00
24	RIB CAGE/THORACIC CAGE OBLIQUE	220.00
25	ABDOMEN AP (PLAIN)	220.00
26	ABDOMEN UPIGHT/SUPINE	440.00
27	ABDOMEN LATERAL DECUBITUS	220.00
28	KUB (PLAIN)	220.00
29	CLAVICLE AP	220.00
30	SHOULDER AP	220.00



31	PELVIS AP	220.00
32	FINGERS AP	220.00
33	FINGERS LATERAL/OBLIQUE	440.00
34	HAND PA/OBLIQUE	440.00
35	HAND (BALLCATCHERS)	220.00
36	WRIST PA/LATERAL	440.00
37	FOREARM AP/LATERAL	440.00
38	ELBOW AP/LATERAL	440.00
39	HUMERUS(ARM) AP/LATERAL	440.00
40	TOE AP/LATERAL	440.00
41	FOOT AP/OBLIQUE	440.00
42	FOOT LATERAL	220.00
43	ANKLE AP/LATERAL	440.00
44	ANKLE MORTISE VIEW	220.00
45	LEG AP/LATERAL	440.00
46	KNEE AP/LATERAL	440.00
47	FEMUR AP/LATERAL	440.00
48	HIP JOINT AP (BILATERAL)	440.00
49	HIP JOINT FROG LEG	220.00

### FEEDBACK AND COMPLAINTS MECHANISM

How to send feedback	Answer the client feedback form and drop it at the designated drop box in front of the radiology department reception area
How feedbacks are processed	Every 1 <sup>st</sup> week of the month, the Chief Radiologic Technologist opens the drop box and compiles and records all feedback submitted.



	<p>Feedback requiring answers are forwarded to the radiology departments concerned and they are required to answer within (3) days of the receipt of the feedback</p> <p>For inquiries and follow-ups clients may contact the following telephone number: 09497339717</p>
<p>How to file a complaint</p>	<p>Answer the Customer Satisfaction Survey and sign your complaints under remarks and drop it at the designated drop box in front of the radiology department reception area</p> <p>Complaints can also be filed via telephone. Make sure to provide the following information:</p> <ul style="list-style-type: none"> <li>- Name of person being complained</li> <li>- Incident</li> <li>- Evidence</li> </ul> <p>For inquiries and follow-ups clients may contact the following telephone number: 09497339717</p>

### FEEDBACK AND COMPLAINTS MECHANISM

<p>How complaints are processed</p>	<p>The Complaints Officer (Chief Radiologic Technologist) opens the complaints drop box on a monthly basis and evaluates each complaint.</p> <p>Upon evaluation, the Complaints Officer shall start the investigation and forward the complaint to the relevant office for their explanation.</p> <p>The Complaints Officer will create a report after the investigation and shall submit it to the Head of Agency for appropriate action.</p>
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	<p>The Complaints Officer will give the feedback to the client.</p> <p>For inquiries and follow-ups, clients may contact the following telephone number: 09497339717</p>
Contact Information of CCB, PCC, ARTA	ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a> PCC: 8888 CCB; 0949-733-9717 (SMS)

## LIST OF OFFICES

Office	Address	Contact Information
Radiology Department	LCH Zone 9 Brgy Bitano Legazpi City	09497339717
Chief of Hospital	LCH Zone 9 Brgy Bitano Legazpi City	09175177178