

San Carlos City Hospital





Admission of Patients

Hospital admission involves staying at a hospital for at least 24 HOURS or more.

Office or Division:	SCCH Medical Section				
Classification:	Simple				
Type of Transaction:	G2C – Transacting Public				
Who may Avail:	All				
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
OB Patient – Referral	Form/Mother-Child (MC)	Barangay Health Center			
Booklet					
Hospital ID		SCCH OPD			

Hospital ID	<u></u>	SCCH OPD	SCCH OPD		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Proceeds to	Receives patient,		5 minutes	ER	
Emergency room	records			Nurse/Attend	
Present requirements	information, take			ant	
Provides information	vital signs				
	Fills out patient's				
	chart, issue new				
	hospital ID (new				
	patient), give		10 minutes		
	watcher's ID, ask			ER Physician	
	for referral form				
		none			
	Take medical				
	history, perform				
	physical exams,				
	writes medical				
	order, issues				
	laboratory/x-ray				
	request, prescribe				
	medications and				
	other medical				
	supplies				
2.Submits to physical	Performs needed		20 minutes	ER Physician	
assessment,	treatment			ER	
laboratory/x-ray	Administer			Nurse/Attend	
exams, presents	medication and	none		ant	
prescription to	other medical				
pharmacy	supplies				
	Carry out medical				
	orders				



	Transport patient			
	to room assign			
3.Occupies the room	Receive patient endorsement		5 minutes	Ward Nurse
	TOTAL:		40 minutes	
End of Transaction				



Consultation Service

A service that involves communication between two or more doctors or other professionals to evaluate the nature and progress of an illness or disease in a particular patient in order to establish a diagnosis, prognosis or recommendation for treatment.

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Office or Division:	SCCH MEDICAL Section					
Classification:	Simple	Simple				
Type of Transaction:	G2C – Transacting Public					
Who may Avail:	All					
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	JRE		
Hospital ID (old and new	clients)	SCCH OPD				
OB Patient – Referral For	m/Mother-Child Booklet	Barangay He	ealth Center			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1.Request for consultation	Retrieves chart (old patient). Make new Chart/hospital ID (new patient) Takes vital signs and complaints and records. Instructs to proceed to respective clinics: Dental: Dental Clinic Prenatal: Family Planning Clinic Dispensary: minor operation Admission: Emergency Room Consultation: OPD Clinic TB DOTS: TB Dots Clinic	none	10 minutes	OPD Personnel		
2.Receives chart, submits to needed care	Performs necessary assessments. Prescribe medicines. Issues laboratory/x-ray request. Instructs to return to respective clinics when lab/x-ray result in. Instructs to pay	none	20 minutes	Respective Clinic Physicians (Dental/Dispens ary)		
	fee needed procedure					



3.Pays fee and	Receives OR, performs	SCC	2 minutes	Respective Clinic		
present to requesting	needed procedure	Resident/		Physician/Nurse		
clinics	Set next schedule for	Non-SCC				
	follow up (if needed)	Resident				
		Consultati				
		on				
		free/100				
	TOTAL:		36-56 minutes			
End of Transaction						



City Indigency Program

City Indigence program is a service to avail of financial assistance from charitable institutions, government and non-government organizations and institutions.

	me and non governmen	t organizations and motica			
Office or Division:	SCCH Social Service Section	SCCH Social Service Section			
Classification:	Simple				
Type of Transaction:	G2C – Transacting Public				
Who may Avail:	All				
CHECKLIST OF	IST OF REQUIREMENTS WHERE TO SECURE		CURE		
Resident Certificate (CED	PULA)	Barangay Hall			
Birth Certificate (minor)		Local Civil Registry			
Voter's ID		COMELEC			
Marriage Contract		Local Civil Registry			
Medical Certificate of Disability (age over 21)		City Health Office			
Certificate of Indigence	ndigence Barangay Capitan				
		<u> </u>			

CLIENT STEPS	AGENCY ACTIONS	FEES TO	PROCESSING	PERSON
CLILINI SILPS	AGENCI ACTIONS	BE PAID	TIME	RESPONSIBLE
1.Requests Social	Receives and checks	none	5 minutes	Social Worker
Worker personnel for	completeness of			
evaluation to qualify	requirements, interviews for			
Indigence Assistance	screening and evaluates			
With the requirements,	patient who seek medical and			
discharge order,	surgical care		5 minutes	
statement of account				
	Let patient sign and other			
	hospital staff Records the bill of the Patient			
	and instructs client to go to			
	the Mayor's Office for			
	Approval. If Bill exceeds			
	P5,000.00 refers to: Women			
	and Children's Affair, Senior			
	Citizen's Affairs,			
	Congressional Indigence			
	Fund, AICS (DSWD), MAP			
	(DOH).			
2.Proceeds to the	Approves the Indigence	_		
Mayor's office for	Application			City Mayor's
approval of the		none	5 minutes	Office
Application for	Instruct to go back to Hospital			- Cilico
hospitalization form or				



to any agency concerned				
3.Presents the Approved Hospitalization Assistance form to the Social Worker personnel	Receives the Approved Hospitalization Assistance Form and instructs to go to the Billing section	none	3 minutes	Social worker personnel
4. Proceeds to billing section and secures statement of account and gate pass	Checks statement of account and signs ok Releases gate pass	none	2 minutes	Billing Personnel
	TOTAL:		20 minutes	
	End of Transac	tion		



BILLING PROCESS for IN-PATIENTS (PHILHEALTH)

The Billing process charges for all the care provided, to obtain payment for those services. The hospital billing is calculated by adding the amounts of all the bills issued in a determined period for the services provided to the patients.

	•	•		
Office or Division:	SCCH Finance Section			
Classification:	Simple			
Type of Transaction:	G2C – Transacting Public			
Who may Avail:	Those with Qualified Phil health Insurance Benefits			
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE		
Phil health ID and other documents certifying that		Phil health Office (market 2 nd Floor)		
the Patient/Client is a Phi	l health Member			
Physician's Discharge Ord	ler	Station Ward		

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submits Phil health requirements and Physician's order for a procedure Submits for a procedure	Receives Phil health requirements and Physician's order for a procedure Instructs to go to SCCH Phil health office	none	2 minutes Procedure is variable	Phil health Personnel Surgeon Dispensary Nurse
2.Completion of Phil health Claim Form	For ICD-10 distribution and signing Instructs to process bill and pay	none	5 minutes	Respective Hospital Sections Phil health personnel
3.Pays account	Give Billing Account Receive payment and issues OR	Excess to Phil health Coverage	5 minutes	Billing Personnel Cashier
4.Presents the OR to Billing Section	Give the Gate Pass TOTAL:	none	1 minute 13 minutes	Billing Personnel
		of Transaction	13 minutes	



BILLING PROCESS for IN-PATIENTS (POINT OF SERVICE)

The Billing process charges for all the care provided, to obtain payment for those services. The hospital billing is calculated by adding the amounts of all the bills issued in a determined period for the services provided to the patients.

Office or Division:	Office or Division: SCCH Finance Section					
Classification:	Simple	Simple				
Type of Transaction:	G2C – Transacting Public					
Who may Avail:	Those with Qualified Phil health Insurance Benefits					
CHECKLIST OF	REQUIREMENTS			WHERE TO SEC	URE	
Phil health ID and other	documents certifying that	Phil heal	th Of	fice (Market 2 nd	Floor)	
the Patient/Client is a Ph	il health Member					
Physician's Order for Mir	nor Operation	Request	ing D	octor		
Hospital ID		SCCH Ou	ıt Pat	ient Section		
CLIENT STEPS	AGENCY ACTIONS	FEES BE PA		PROCESSING TIME	PERSON RESPONSIBLE	
1.Submits Phil health	Receives Phil health			2 minutes	Phil health	
requirements and	requirements/Physician's				Personnel	
Physician's procedure	procedure order and write	s				
order	surgical memo	nor	ne			
				Procedure is	Surgeon	
Submits to procedure	Instructs to go to SCCH Phi health Office	I		variable	Dispensary nurse	
2.Completion of Phil	For ICD-10 distribution and	1				
health Claim Form	signing	'		5 minutes	Phil health	
Health Claim Form	Signing	nor	ne		personnel	
	Instruct to go to Billing				personner	
3.Proceeds to Billing	Process bill and instructs to) .		2 minutes	Billing Personnel	
5	pay	Charg				
Pay account	1 - 1	Poin		2 minutes	Cashier	
Receives payment			ice			
	TOTAL	•		11 minutes exc	luding the	
duration of procedure (variable)						
	End of Tra	nsaction				



Billing Process for Out-Patients (PHILHEALTH)

The Billing process charges for all the care provided, to obtain payment for those services. The hospital billing is calculated by adding the amounts of all the bills issued in a determined period for the services provided to the patients.

Office or Division:		SCCH Finance Section		•		
Classification:		Simple				
Type of Transaction:		G2C – Transacting Publ	ic			
Who may Avail:		Those with Qualified Ph	nil	health Insurance	Benefits	
CHECKLIST	OF	REQUIREMENTS		WHERE TO SECURE		
Phil health ID and ot	other documents certifying that Phil health Office (Market 2 nd Floor)			oor)		
the Patient/Client is a	the Patient/Client is a Phil health Member					
Physician's Order for	Min	or Operation		Requesting Doc	tor	
Hospital ID				SCCH Out Patie	nt Section	
CLIENT STEPS		AGENCY ACTIONS	F	EES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submits requirements and physician's order for minor operation Submits for operation 2.Completion of Phil health Claim Form 3.Pays account	Inst hea For and Inst Billi	forms Minor operation writes surgical morandum ruct to go to Phil lth ICD-10 distribution signature ruct to proceed to ng and pay eives payment and les OR	d	none Excess bill after eduction of Phile health coverage	2minutes Duration of procedure or operation is variable 5 minutes 2 minutes 5 minutes	Surgeon Dispensary Nurse Phil health Personnel Billing Personnel Cashier
4.Present OR to Dispensary Room	pre me Set	rives OR and releases cription of ication none next schedule of k-up			5 minutes 2 minutes	Phil health Personnel Billing Personnel
		TOTAL			21 minutes exc	
					the duration of	operation
					(variable)	



Billing Process for Out-Patients (POINT OF SERVICE)

3.Presents official

receipt and wait for

the release of gate

pass

The Billing process charges for all the care provided, to obtain payment for those services. The hospital billing is calculated by adding the amounts of all the bills issued in a determined period for the services provided to the patients.

•	services. The hospital billing is calculated by adding the amounts of all the bills issued in					
a determined period f	or the services prov	⁄ided	to the patient	ts.		
Office or Division:	SCCH Finance Sectio	SCCH Finance Section				
Classification:	Simple					
Type of Transaction:	G2C – Transacting Po	ublic				
Who may Avail:	Those without Quali	fied P	hil health Insura	nce Benefits		
CHECKLIST OF	REQUIREMENTS		\	WHERE TO SECUE	RE	
Phil health Form 1 and F	orm2		Billing Office			
Physician's Order			Doctor who red	quested		
Phil health Claim Form 1	and 2 Billing Office					
CUENT CTEDS	A CENICY A CTIONIC		FC TO DE DAID	PROCESSING	PERSON	
CLIENT STEPS	AGENCY ACTIONS	FEI	ES TO BE PAID	TIME	RESPONSIBLE	
1.Submits Physician's	Provides Physician			15 minutes		
discharge order with	Discharge order and					
complete clearance	clearance					
					Surgeon	
Submit for minor	Performs procedure		none	Duration of	Dispensary	
procedure/operation	and writes surgical		Horic	procedure or	Nurse	
	memorandum			operation is		
				variable		
	Instructs to go to					
	Phil health					
2.Pay the account and	Receives payment		Fees varies			
submits order to pay		de	epends on the			
		sur	gical procedure	3 minutes	Cashier	

TOTAL: 7 minutes excluding the duration of operation (variable)

Charge to Point of Service

none

End of Transaction

Releases Gate Pass

2 minutes

Billing Staff



PHILHEALTH Refund Procedure

An unclaimed refund is a benefit payment that must be reimbursed by the accredited hospital to the member for a specific confinement period. The refund results from either an under-deduction or non-availment of benefits at point-of-service due to various circumstances at the time of hospitalization, and these have remained unclaimed by the members for some time now. The unclaimed refunds have been retrieved by Phil Health from the accredited hospitals for immediate return to the concerned members.

Office or Division:	SCCH Phil Health Section				
Classification:	Simple				
Type of Transaction:	G2C – Transacting Public				
Who may Avail:	Phil health Members				
CHECKLIST OF R	REQUIREMENTS		١	WHERE TO SECU	RE
Proof of Refund Notice/Tra	ansmittal for refund	Phil	health		
CLIENT STEPS	AGENCY ACTIONS		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Present the refund	Receives the transmittal				-
notice and date of confinement	and request a photocopy	′	none	5 minutes	
2.Photocopy the	Receives the photocopy		none	5 minutes	Phil health
transmittal and returns it	transmittal and make a				Personnel
back	Disbursement Vouched f	or			
	refund duly signed by the	€ 1.			
	signatories				
	Give the disbursement				
Accepts the	voucher and request the	9			
disbursement voucher	member to sign the			5 minutes	
	logbook				City Hall
					Accounting
Proceeds to City Hall to	Instruct to go to City Ha	II			Office
claim refund	to claim refund			personnel	
	TOTAL:			10 minutes	
	End of Tra	nsac	tion		



Request for Medical Certificate

A written statement from a <u>physician</u> or another medically qualified <u>health care</u> <u>provider</u> which attests to the result of a <u>medical examination</u> of a patient. It can serve as a documentation that an employee is unfit for work or evidence of a health condition.

a documentation	that a	an employee is un	fit for	work or evide	ence of a healtl	n condition.
Office or Division:		SCCH Medical Reco	SCCH Medical Records Section			
Classification:		Simple	Simple			
Type of Transaction	1:	G2C – Transacting F	G2C – Transacting Public			
Who may Avail:		All	All			
CHECKLIST OF REQUIREMENTS WHERE TO SECURE				RE		
Present any Govern	ment	ID for identification) for identification -			
Medico-legal: Notic	ce fror	n police and subpoer	olice and subpoena Police Department			
Medical Record: Rec	quest	from the Physician		Doctor's reque	st	
CLIENT STEPS	4	AGENCY ACTIONS	FEE	S TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submits requirements	sub req	eives and checks omitted uirements			2 minutes	Records Personnel

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submits requirements	Receives and checks submitted requirements Instructs to pay at the Cashier		2 minutes	Records Personnel
2.Pays fee	Receives payment and issues Official Receipt	SCC Resident/Non- SCC Resident Medical Certificate –75/100 Medico Legal – 100/125	2 minutes	Cashier
3.Presents OR to	Receives OR:	none	1 Hour	Records
Record Section	Medical Certificate:		(Newly admitted)	Personnel
Returns as	a.) In-patient –		3 days	
scheduled (after a	retrieves Patient's Chart		(Admitted more than 4	Record
week)	b.) Out-patient-		more than 4 months)	Personnel
If to wait an hour,	Retrieves OPD record.		1110111113)	i cisoinici
accepts a copy and	Refers to Physician for			
signs log book	notes. Instruct to			
	return an hour or			
Leaves one (1) copy	after a week			
and signs the	(depending on the			
logbook	date of record)			



	Medico-legal:		20 minutes		
	Retrieves record from				
	ER				
	Instructs to wait while				
	encoding details				
	Release 3 medico-				
	legal copies				
	Records to logbook				
	and files one copy				
	returned				
4.For	Receives photocopied		2 minutes	Record	
Authentication:	document			Personnel	
Photocopy the					
document					
	Issues Official receipt				
Pays for		Authentication fee	2 minutes		
authentication		(Certified True Copy)		Cashier	
		P75.00/page			
	Certifies				
Presents official	authentication of		5 minutes		
receipt	photocopy and signs.			Records	
	Releases copy and			Personnel	
	gets one for file.			_	
	TOTAL		Medical certific		
			1 hour and 4 mi		
up to 3 days Medico					
Legal 24 minutes Authentication 9 minutes					
	End	of Transaction	Authentication S	iiiiiutes	
	Liiu	or mansaction			



Personnel

Local Civil

Registrar's Office

Request for Birth Certificate

Final Birth Certificate

Receives the Final Birth

Certificate and submit

BC to LCR

Releases copy and

leave a file copy

Registers BC

Office or Division:	SCCH Medical Records Se	SCCH Medical Records Section				
Classification:	Simple	Simple				
Type of Transaction:	G2C – Transacting Public	;				
Who may Avail:	All					
CHECKLIST OF	REQUIREMENTS	V	WHERE TO SECU	RE		
If Married: Marriage Con	tract	Local Civil Regis	try (LCR)			
If Not Married: Birth Cer	tificate of Parent	LCR				
If Late Request: (More	than a month) Residence	LCR				
certificate and Birth Cert	ificate of Parent					
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE	PROCESSING	PERSON		
CLILINI SILPS	AGLINET ACTIONS	PAID	TIME	RESPONSIBLE		
1.Secures Draft Form and Blank Form of Birth Certificate (BC) at the Delivery Room (DR)	Fills out a Draft form while requester is interviewed Instruct to pay fee Blank and Draft Form of Birth Certificate	none	10 minutes	Delivery Room Personnel		
2.Pays the Fee	Receives payment and Issue Official Receipt (OR) Instructs to go back to DR	P75.00 (SCC Residents) P75.00 (outside SCC)	2 minutes	Cashier		
3. Presents the OR	Receives the OR and makes the Final Birth certificate		5 minutes	Delivery Room Personnel;		
Verify Correctness of information and Signs	Instruct to verify correctness		2 minutes	Records		

TOTAL 19 minutes

End of Transaction

none

(Refer to LCR)



Request for Death Certificate

A document issued by a medical practitioner certifying the deceased state of a person or that declares the date, location and cause of a person's death

that declares the date,	that declares the date, location and cause of a person's death						
Office or Division:	SCCH Medical Records Sec	tion					
Classification:	Simple	Simple					
Type of Transaction:	G2C – Transacting Public						
Who may Avail:	Who may Avail: All						
CHECKLIST OF	REQUIREMENTS	V	WHERE TO SECUE	RE			
Any government ID for Id	lentification	S-					
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE			
1.Inform Records	Verify that diagnosis is						
Section the need for	complete and verify other						
issuance of Death	information						
Certificate (DC)				Records			
	Instruct Patient to go to Ph	il none	10 minutes	Personnel			
	health for billing process						
2.Complete billing	Computes the bill and			Billing			
process and issuance	releases gate pass			personnel			
of gate pass							
	Make the DC and have it			Records			
	signed by the Physician	none	40 minutes	Personnel			
				Physician			
3.Pay the fee	Receive payment and issue	!					
	OR	5		6 1:			
Presents OR and gate	Receives OR and gate pass	Death		Cashier			
pass	Attach gate pass to DC	Certificate		Dooranda			
	Releases DC to the	fee: P75.00	2 minutes	Records			
	informant	(SCC and Non-SCC		Personnel			
	Get one (1) copy file and	residents)					
4.Proceed to Funeral	log	residents)	Funeral				
Homes, City Health,			Homes				
Local Civil Registrar			City Health				
Local Civil Negistrai		none	Office	none			
			Local Civil				
			Registrar				
	TOTAL		36 – 56 minutes				
	End of Tra	nsaction					



Request for Patient's Record (Out-Patient)

Medical practices frequently receive medical record release requests from multiple sources, including subpoenas, attorney letters, and patients themselves.

Office or Division:	SCCH Medical Reco			thermselves.		
Classification:	Simple					
Type of Transaction:	G2C – Transacting F	ublic				
Who may Avail:	All					
CHECKLIST OI	REQUIREMENTS			WHERE TO SECUR	RE	
Patient written request			Personal			
CLIENT STEPS	AGENCY ACTIONS	FEE	S TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Request for Out Patient's record for Disability Claim to GSIS/SSS/Insurance Claim	Receives request Instructs to pay fee		none	1 minute	Records Personnel	
2.Pays to the Cashier	Receive payments and issues Official receipt (OR) Instruct to go back to record Section	F	othentication: P75.00/page Cand Non-SCC residents)	2 minutes	Cashier	
3.Shows OR to Record Personnel	Receives OR and retrieves Chart Instructs to return as scheduled		none	1 hour – newly admitted 3 days – admitted more than 4 months	Record Personnel	
4.Returns to claim the document	Photocopy the document and seal Certified true copy		none	5 minutes	Record Officer	
	TOTAL:			Newly admitted	d:	
				1 hour and 8 min	nutes	
				4 months and al	oove	
				admission:3 day	s	
	End	of Tra	nsaction			



Referral of Patients

A process in which a health worker at a one level of the health system, having insufficient resources (drugs, equipment, skills) to manage a clinical condition, seeks the assistance of a better or differently resourced facility at the same or higher level to assist in, or take over the management of, the client's case. Key reasons for deciding to refer either an emergency or routine case include: *to seek expert opinion regarding the client *to seek additional or different services for the client *to seek admission and management of the client *to seek use of diagnostic and therapeutic tools

Office or Division:	SCCH Medical Section	SCCH Medical Section			
Classification:	Complex	Complex			
Type of Transaction:	G2C – Transacting Publ	G2C – Transacting Public			
Who may Avail:	All	All			
CHECKLIST OF		WHERE TO SECURE			
Phil health Form 1 and Fo	orm2	Billing Off	Billing Office		
Physician's Order		Doctor wh	Doctor who requested		
Phil health Claim Form ar	Billing Off	Billing Office			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.From the ER:	Advise patient and	None	2 minutes	Attending Physician
Receives information	patient's watcher			
on medical advice for referral to another	about the referral order.			Admitting clerk
institution	order.		5 minutes	Admitting cierk
	Admits the patient			
	and records in the			Attending Physician
	patient's chart.		5 minutes	
	Discharge admitted patient to be referred. Instructs to wait for the Ambulance Nurse.		2 minutes	ER/Ambulance Nurse /
	Fills out the referral			
	form and records in			
	the out-going referral			
	registry logbook.			



2.From the Station	Advises patient and	None	2 minutes	Attending Physician
Ward:	patient's watcher			
Receives information	about the referral			
on medical advice for	order.			
referral to another				
institution	Discharge patient to			
	be referred and			Attending Physician
Waits and accepts	records in the		10 minutes	
Clearance form	patient's chart.			Station Ward Nurse
	Prepares clearance			
Proceeds to respective	slip and instructs for		20 minutes	
hospital areas for	signing to respective			
clearance and lastly	hospital areas.			
claims the Gate Pass				
	Instructs the patient's			
	watcher to claim gate			Billing Section Staff
	pass from the Billing			Ü
	Section after all is			
	cleared and return to			
	Station ward.			
	Station ward.			
	Gives the gate Pass.			
	Instructs to wait for			
	the Ambulance nurse.			
	Fills out the referral			
	form and records in			
	the out-going referral			
	registry logbook.			
*For emergency need	Presents promissory	Signed		
to transfer:	note signature.	Promissory		
Billing process can be	0 111	note	3 minutes	Billing Staff
delayed by signing a				6
promissory note				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* NOTE:			
	Brings the referral			
	form to the Referred			
	Institution and			
	submits to the			Ambulance Nurse
	Medical Personnel.			, illibalariec Harse
	Wedicari ersonilei.			
	Claims Return Slip for			
	hospital copy			
	Hospital copy			



TOTAL From ER: 14 minutes From the Station

ward:32 minutes For Emergency

Transfer: 15 minutes

End of Transaction



Pharmacy Service

A health care service, which provide medications for the hospitalized patients. The service comprises the art, practice, and profession of choosing, preparing, storing, compounding, and dispensing medicines, and advising healthcare professionals and patients on their safe, effective and efficient use.

Office or Division:	SCCH Ancillary Section						
	SCCH Ancillary Section						
Classification:	Simple						
Type of Transaction:		G2C – Transacting Public					
Who may Avail:	All Admitted Patients						
CHECKLIST (OF REQUIREMENTS		WHERE TO SEC	URE			
Physician's Order		Doctor who	o requested				
CLIENT STEPS	AGENCY ACTIONS	FEES TO	PROCESSING	PERSON			
CLIENT STEPS	AGENCY ACTIONS	BE PAID	TIME	RESPONSIBLE			
1.For In-Patient	Receives the prescription and			Pharmacy			
Transaction:	encodes the medicine/s			Staff			
Present Prescription to	requested						
the Pharmacy		none	5 minutes				
Accepts the medicine/s	Dispenses the medicine/s and			Pharmacist			
and proceed to Station	instruct to give to the Station						
Ward	Ward Nurse						
2.For Cash transaction:	Receives the prescription and			Pharmacy			
Present Prescription to	encodes the medicine/s	Price of		Staff			
the Pharmacy	requested. Releases the order	medicine					
Pays to the Cashier and	of payment and instruct to	/s varies	5 minutes				
returns to Pharmacy	proceed to Cashier.			Cashier			
Accepts the medicine/s	Receives order of payment						
,	and issues official receipt and			Pharmacist			
	instructs to return to						
	pharmacy						
	Dispenses the medicine/s						
TOTAL 5 minutes each transaction							
	End of Transac	tion					



Dispensary Services

A place for dispensation of free or low-cost medical treatment.

Rate

A place for t	A place for dispensation of free or low-cost medical treatment.							
Office or Divi	sion:	SCCH A	ncillary Section /Fi	nance Se	ction			
Classification	:	Simple						
Type of Trans	saction:	G2C - 1	Transacting Public	insacting Public				
Who may Ava	ail:	All and	those without Qua	alified Phi	l health Insurance Bei	nefits		
СН	ECKLIST OF	REQUIRE	MENTS		WHERE TO SEC	CURE		
Hospital ID				SCCH O	ut Patient Section			
CLIENT STEPS		AGENCY ACTIONS FEES TO BE PA		AID	PROCESSING TIME	PERSON RESPONSIBLE		
1.Go to OPD	Retrieve O	PD			5 minutes			
	chart, take	and				ODD Norses		
	record vita	l sign				OPD Nurse		
	and compl	aints						
2.Proceed	Evaluate Pa	atient			2 minutes			
to	for Surgica	I needs						
Dispensary					Variable time:			
Room and	Performs				Surgical			
submits for	necessary	surgical			Consultation-			
surgical	procedure				5mins Casting –			
procedure					30 mins			
					Removal of cyst-	Surgeon		
					5 mins I&D	Dispensary Nurse		
					– 30 mins	Dispensary ivarse		
					Removal of cast-			
					10 mins			
					Plain Dressing			
					only- 5 minutes			
					Insertion of			
					Urinary Catheter			
					15 mins			
3.Pay	Receives		SCC Rate / Non-S		2 minutes			
necessary	payment a		Consultation – fre	•				
surgical fees	issue Offici		Removal of cyst -	- PHIC		6 1:		
	Receipt (O	К	rate			Cashier		
			Removal of cast -	-				
			100/150	100/125				
			Dressing, large – I&D – PHIC Rate/					
			IND - PHIC Rate/	FILL				



		Casting – PHIC Rate/			
		PHIC Rate			
		Insertion Urine Cath			
		150/200			
4.Present	Receives OR and				
OR to	releases				
Dispensary	prescription of			Diamanaami	
Room	medication		5 minutes	Dispensary	
	Set next			Personnel	
	schedule of				
	check-up				
	TOTAL		14 Minutes plus		
			Surgical procedure time (variable)		
		End of Transaction	n		



Laboratory Services

A hospital laboratory performs clinical pathology tests that are carried out on clinical specimens to obtain information about the health of a patient to aid in diagnosis, treatment, and prevention of disease.

Office or Division:	SCCH Ancillary Section				
Classification:	Highly Technical				
Type of Transaction:	G2C – Transacting Public				
Who may Avail:	All				
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE			
Physician's Request Form	/ Prescription	Doctor who requested			
Official Receipt		SCCH Cashier			
Blood Donor Card and Blood Certification Form		SCCH City Health Office			

Blood Donor Ca				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Presents Physician's laboratory request	Receives the Physician's laboratory request Instruct to proceed to Cashier	none	2 minutes	Laboratory Staff
2.Presents the order of payment Pay the bill of the laboratory test fee	Receives the order of payment and issues official receipt. Instruct to return to laboratory	SCC RATE / NON-SCC RESIDENT RATE CBC-120/130 Lipid Profile 600/650 Urinalysis 80/85 SGPT 150/160 Stool Exam 50/60 Triglyceride 150/160 Pregnancy Test 100/110 TROPI – 600/650	2 minutes	
		FBS 130/140 Drug Testing Kit 300/350 Newborn Hearing Screening - PHIC RATE+150 / PHIC RATE +2200		Cashier
3.Submits to laboratory test	Conducts Laboratory examination		5 minutes 30 minutes	Med Tech
Returns for the result	Releases result			



4.Request for	Receives Blood	2 minutes	Laboratory Staff			
Blood:	Donor's card and					
Present blood	Blood Certification					
certification	Form issued by City					
form and	Health Office					
blood donor		5 minutes				
card	Releases blood for					
	in-patient to Station					
	Ward Nurse					
	TOTAL	46 minutes				
	End of Transaction					



Dental Services

The Dental Section provides dental consultation, oral examinations, preventive, promotive, curative dentistry.

promotive, curative	re ue	iiusuy.					
Office or Division:		SCCH Dental Section					
Classification:		Highly Technical					
Type of Transaction	ı:	G2C – Transacting Public					
Who may Avail:		All					
CHECKLIS	T OF	REQUIREMENTS	\	WHERE TO SECU	RE		
Hospital ID (old and	new	clients)	SCCH OPD				
CLIENT STEPS		AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1.OPD Section:	Retr	ieves OPD Chart and		5 minutes			
Requests for	ask f	for hospital ID (old					
dental	patie	ents).					
consultation and	Instr	ructs to have vital signs					
present hospital ID	take	n and release					
(if with hospital	cons	sultation form.		7 minutes	OPD Personnel		
ID)	Instr	ructs to proceed to					
Submits for vital	dent	tal Clinic					
signs taking							
	Instr	ructs to have vital signs					
If no ID (new	takir	ng and release					
patient), request	cons	sultation form.					
hospital ID	Instr	ructs to proceed to					
	dent	tal clinic.					
2.Gives the		orms dental		10 minutes			
consultation form		ssment and advices					
to dental		tal procedure			Dentist		
personnel		ructs to pay dental			Dental staff		
Submits to dental		edure and anesthesia					
consultation		lication					
3.Pays the dental		eives payment and	SCC/Non-SCC	2 minutes	Cashier		
extraction		es Official receipt (OR)	Residents				
Pays the prescribe		eives payment and	Cleaning				
medicines		es OR	350/400				
		ructs to claim the	Extraction				
		licine at the Pharmacy	200/250	2 minutes	Pharmacy		
		eives the Official receipt	Filling 300/350		Personnel		
		checks	X-ray 300/350				
Presents the		irns the OR					
Official receipt	Disp	enses the medicines					



4.Presents the	Checks the official receipt.		10-20		
Official receipt	Accepts the medicine.		minutes		
Submits the	Administer the medicines.		(depends on		
medicine	Performs the dental		the dental	Dental	
	procedure		procedure	Physician	
			and the	Filysiciali	
			effect of the		
			anesthetic		
			medication)		
	TOTAL	36	56 minutes		
End of Transaction					



Cashier Services

A service in the hospital that is responsible for receiving and disbursing money.

7 (Set vice in the nospi	A service in the hospital that is responsible for receiving and disputsing money.					
Office or Division:	SCCH Finance Section	SCCH Finance Section				
Classification:	Simple	Simple				
Type of Transaction:	G2C – Transacting Publ	G2C – Transacting Public				
Who may Avail:	All					
CHECKLIST OF REQUIREMENTS WHERE TO SECURE					RE	
Prescription or Order of Payment			Requesting Office			
CLIENT STEPS	AGENCY ACTIONS	FE	EES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Present order of payment and pays the fee	Receives order of payment. Receives payment and issues OR.		none	2 minutes	Cashier (Finance)	
	TOTAL			2 Minutes		
End of Transaction						



Radiology Services

It is the facility in the hospital where radiological examinations of patients are carried out, using the X-ray to diagnose and treat diseases seen within the body

ray to diagnose and t	reat c	ilseases seen wit	nin the bo	ay			
Office or Division: SCCH Ancillary S			Section				
Classification:		Highly Technica	ıl				
Type of Transaction):	G2C – Transacti	ing Public				
Who may Avail:		All					
CHECKLIS	T OF	REQUIREMENTS			WHERE TO SECU	RE	
Physician's Request	Form	/ Prescription		Doctor who	requested		
Order of Payment				SCCH Radio	logy Clinic		
CLIENT STEPS AGENCY ACTIONS		FEES TO BE PAID		PROCESSING TIME	PERSON RESPONSIBLE		
1.Presents Physician's X-ray request	Receives the Physician's X-ray request Instruct to		none		2 minutes	Radiology Staff	
2.Presents the order of payment Pay the bill of the X-ray examination fee	proceed to Cashier Receives the order of payment and issues official receipt. Instruct to return to Radiology clinic		SCC RATE / NON-SCC RESIDENT RATE Chest A- P 220/270 Abdomen AP- 375/425 Skull AP- 310/360 Shoulder AP- 220/270 Cervical Spine AP- 690/740 Pelvis AP- 495/545		2 minutes	Cashier	
3.Submits to X-ray Exam Returns for the result	exar	ducts X-ray nination ases result	1	none	15 minutes 30 minutes	Radiology Technician	

End of Transaction

TOTAL

49 minutes



Ambulance Service

A medically equipped vehicle which transports patients to treatment facilities, such as hospitals. Typically, out-of-hospital medical care is provided to the patient.

	, ou	t-ot-nospitai medi		ire is provi	ded to the par	uent.
Office or Division:		SCCH Admin Sectio	n			
Classification:		Simple				
Type of Transaction	G2C – Transacting F	Public				
Who may Avail: All						
CHECKLIST	CHECKLIST OF REQUIREMENTS WHERE TO SECURE				SECURE	
Clearance Slip/Form (in-patient)				SCCH Station	on Ward	
Order of payment (fi	Order of payment (from the ER) ER Staff					
CLIENT STEPS	A	AGENCY ACTIONS		ES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Presents Clearance Slip/Order of Payment Pays the fee	/ or Rec fee	epts clearance slip der of payment eives the payment and issues official eipt	SC(Amb	SCC ident/Non- C Resident ulance Fee 00/3,900	2 minutes	Cashier
2.Presents Official Receipt	rec	ecks the official eipt and prepares bulance for travel			2 minutes	Station Ward Nurse (in-patient) ER Nurse (For ER patient)
3.Fills out client satisfactory ambulance survey	clie	quest to fill out nt satisfactory bulance survey			2 minutes	Ambulance Nurse
		TOTAL			6 minutes	
		End	of Tra	nsaction		



Triage Service

The sorting of and allocation of treatment to patients according to the urgency of their need for care. This service is intended for receiving or preparing to receive patients with suspected or confirmed coronavirus disease 2019 (COVID-19).

SCCH is providing inpatient or outpatient service, thus, this will guide in the implementation of procedures at the triage area that can be effective at preventing transmission of SARS-CoV-2 (COVID-19 virus) to patients and healthcare workers (HCWs).

Office or Division	: SCCH Medical Section						
Classification:	Complex	Complex					
Type of Transacti	on: G2C – Government to Citi	G2C – Government to Citizen					
Who may Avail:	All (No Entry without pass	sing this area).					
	Those who seeks consulta	ition and admi	ssion only can en	ter the hospital			
	compound.						
	No Visitors Allowed during	_	ndemic.				
	Strictly 1 watcher per pati	ent only.					
	LIST OF REQUIREMENTS		WHERE TO SECURE				
Face Mask (NO M	IASK NO ENTRY)	Personal	Personal				
Identification Car	d (any with name and address)	Any governm	ent ID				
CLIENT STEPS	AGENCY ACTIONS	FEES TO	PROCESSING	PERSON			
		BE PAID	TIME	RESPONSIBLE			
1.Submit to	Performs triage protocol: footbath	١,					
triage protocol	hand sanitizer/alcohol,		2 minutes	Triage Staff			
_	temperature check, and social						
Submits for	distancing be strictly observed	none					
further medical							
check-up	if with presenting symptoms,		10 minutes	Triage Physician			
Stays at the	separate the person and refer to						
waiting area	Triage Physician						
2.Submit to	Request to show ID and answer						
answering	standardized triage questionnaire		2	Triana Ni			
questions and shows ID	that will determine if the patient	none	2 minutes	Triage Nurse			
	meets the COVID-19 case definition	ori					
3.Logs in the	Request to log-in and indicate						
visitor's log- book	purpose						
Proceeds inside	Approves entrance incide the	nono	2 minutes	Triage Staff			
the hospital	Approves entrance inside the hospital	none	2 minutes	Triage Stall			
the hospital	TOTAL		6 minutes				
	End of Tra	ncaction	ominutes				
	Ellu Ol Tra	IISACLIUII					



Triage Service

Proceeds inside the

hospital

The sorting of and allocation of treatment to patients according to the urgency of their need for care. This service is intended for receiving or preparing to receive patients with suspected or confirmed coronavirus disease 2019 (COVID-19).

SCCH is providing inpatient or outpatient service, thus, this will guide in the implementation of procedures at the triage area that can be effective at preventing transmission of SARS-CoV-2 (COVID-19 virus) to patients and healthcare workers (HCWs).

virus) to patients and	healthcare workers (HCWs).					
Office or Division:	SCCH Medical Section	SCCH Medical Section				
Classification:	Complex					
Type of Transaction:	G2C – Government to Citi	zen				
Who may Avail:	All (No Entry without pass	sing t	his area).			
	Those who seeks consulta	tion	and admiss	sion only can en	ter the hospital	
	compound.					
	No Visitors Allowed durin	g CO'	VID 19 Pand	demic.		
Strictly 1 watcher per patient only.						
CHECKLIST	OF REQUIREMENTS	WHERE TO SECURE				
Face Mask (NO MASK NO ENTRY)			sonal			
Identification Card (a	ny with name and address)	Any	governme	overnment ID		
CLIENT STEPS	AGENCY ACTIONS		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1.Submit to triage	Performs triage protocol:					
protocol	footbath, hand sanitizer/alcoh	ol,		2 minutes	Triage Staff	
	temperature check, and social				_	
	distancing be strictly observed		none			
Submits for further						
medical check-up	if with presenting symptoms,	vith presenting symptoms,		10 minutes	Triage Physician	
Stays at the	separate the person and refer	parate the person and refer to				
1						
waiting area	Triage Physician					
waiting area 2.Submit to	Request to show ID and answe					
2.Submit to answering	Request to show ID and answer	aire				
2.Submit to answering questions and	Request to show ID and answe standardized triage questionne that will determine if the patie	aire	none	2 minutes	Triage Nurse	
2.Submit to answering	Request to show ID and answe standardized triage questionne that will determine if the patie meets the COVID-19 case	aire	none	2 minutes	Triage Nurse	
2.Submit to answering questions and shows ID	Request to show ID and answe standardized triage questionna that will determine if the patie meets the COVID-19 case definition	aire ent	none	2 minutes	Triage Nurse	
2.Submit to answering questions and	Request to show ID and answe standardized triage questionne that will determine if the patie meets the COVID-19 case	aire ent	none	2 minutes	Triage Nurse	

End of Transaction

Approves entrance inside the

TOTAL

hospital

2 minutes

6 minutes (no symptoms)

none

Triage Staff