

PHILHEALTH/BILLING

(Provision of assistance for availment of Philhealth benefits computation and payment of bills)

Who may avail the service: Philhealth/Non-Philhealth Patients
 Service Schedule: MONDAY to FRIDAY (8:00AM to 5:00PM);
 SATURDAY (8:00AM to 12:00 PM);
 SUNDAY (8:00AM to 12:00 PM)
 Requirements: Member Data Record (MDR); Philhealth ID
 Fee/s: Philhealth Excess, Hospital Bill
 Service Duration: Around Twenty (20) Minutes
 How to avail of the service:

STEPS	CLIENT	ACTION OFFICER	DURATION OF ACTIVITY	PERSON-IN-CHARGE	FEES	FORM
1	Proceeds to PhilHealth office for verification of eligibility	A. Requests client to present PhilHealth ID/MDR/ Any Valid ID	5 Minutes	PhilHealth Clerk	None	PhilHealth Benefit Eligibility Form (PBEF), Philhealth Membership Registration Form (PMRF)
	Receives and fills up forms	B. Issues PhilHealth forms upon admission & instructs patient's relatives to complete requirements	3 Minutes	PhilHealth Clerk	None	PhilHealth Forms 1, 2, PhilHealth Benefit Eligibility Form (PBEF)
2	Submits properly filled up forms and complete set of requirements	Receives and checks the completeness of the requirements	3 Minutes	Philhealth Clerk	None	PhilHealth Form 1, 2, PBEF & requirements

STEPS	CLIENT	ACTION OFFICER	DURATION OF ACTIVITY	PERSON-IN-CHARGE	FEES	FORM
3	Receives Statement of Account (SOA)	Computes Hospital Bill and Issues	7 Minutes	PhilHealth Clerk/Billing Clerk	None	Philhealth Form 1, 2, PhilHealth Benefit Eligibility
		Statement of Account upon discharge of patient				Form (PBEF), SOA and other requirements
4	Proceeds to Cashier and pays Excess Fee/Hospital Bill	Instructs patient to pay at the cashier Receives Payment and Issues Official Receipt		Billing Clerk/ Cashier	PhilHealth Excess/ Hospital Bill	Statement of Account Official Receipt
5	Receives discharge clearance and goes home	Issues discharge clearance	2 Minutes	Nurse	None	Discharge Clearance
End of Transaction						

Note: Allowable period for extension due to unusual circumstances: Thirty (30) Minutes

Additional Requirements:

If the patient is any of the following:

1. Spouse- photocopy of marriage contract
2. Child- photocopy of birth certificate/baptismal certificate

Employed Sector: Private/Government

1. Part II of Form I to be signed by Employer (completely filled up)
2. Member Data Record or MDR
3. Properly accomplished Form 1 and 2

Self-employed:

1. Photocopy of the receipt or Proof of contribution
Note: Photocopy of receipt of Proof of contribution, 9 to 12 months prior to admission
2. Member Data Record or MDR

3. Properly accomplished Form 1 and 2

Indigent/4Ps/Sponsored

1. Photocopy of valid, non-expired ID

Note: In case the ID is expired, get a certificate or CE 1 form from Philhealth San Fernando La Union and submit the original CE 1 form

2. Properly accomplished Form 1 and 2

OFW:

1. Member Data Record (MDR) or Proof of Payment
2. Properly accomplish Form 1 and 2

Lifetime Member:

1. Photocopy of PHILHEALTH NON-PAYING MEMBER ID or Member Data Record (MDR)

Senior Citizens:

1. Photocopy of Senior Citizen's ID with Birthdate/Photocopy of Birth Certificate

9. AMBULANCE SERVICE

(Provision of safe medical, emergency transport of patients to other health facilities.)

Who may avail the service :Patients

Service Schedule: 24 hours

Requirements: Doctor's Request/Referral

Fee/s: Php300.00

Service Duration: Around Twenty (20) Minutes

How to avail of the service:

Steps	Client	Action Officer	Duration of Activity	Person-in-Charge	Fees	Form
1	Gets Emergency Room Charge Slip and proceeds to the Cashier to pay for charges	Fills-out Emergency Room Charge Slip. Computes charges and instructs patient's companion to pay at the Cashier.	3 Minutes	ER Nurse	None	Emergency Room Charge Slip
2	Pays at the cashier	Receives the payment and prepares the official receipt	3 Minutes	Cashier	Refer to the 2017 Revenue Code of the Province of La union	Charge slip
3	Waits for the documents to be accomplished and the ambulance to be prepared	Receives the request from the Resident Doctor-on-duty for transfer/referral of patient to other health care facility	1 Minute	Driver	None	Doctor's Request/Referral
		Prepares the Trip Ticket properly and completely and approved by the Chief of Hospital or the Medical Officer on duty in his/her absence	3 Minutes	Driver	None	Trip Ticket
4	Accompanies patient during transport	Transports patient safely to the designated health care facility	Depends on destination	Driver/Nurse/ Nursing Attendant	None	Doctor's Request/Referral

Steps	Client	Action Officer	Duration of Activity	Person-in-Charge	Fees	Form
						Trip Ticket
5		After transport, immediately returns to the official station after the conduct of transfer and require the Nursing Attendant/Nurse to sign in the Trip Ticket	Depends on destination from the hospital	Driver/Nurse/ Nursing Attendant	None	Accomplished Trip Ticket

** End of Transaction **

Allowable period for extension due to unusual circumstances: Thirty (30) Minutes

10. **SOCIAL SERVICE**

(Provision of medical assistance for indigent patients with regards to their hospital bill; assistance on the availment of blood services; care of unidentified patients; abandoned patients; abused child; enrollment in Philhealth Point of Care Program)

Who may avail the service: Patients

Service Schedule:

- BDH (Monday to Saturday 8:00 AM – 5:00 PM)**
- BLDH (Monday to Friday 8:00 AM – 5:00 PM)**
- CDH (Monday to Saturday 8:00 AM – 5:00 PM)**
- NDH (Monday to Friday 8:00 AM – 5:00 PM) (Saturday 8:00 AM – 12:00 PM)**
- RDH (Monday to Friday 8:00 AM – 5:00 PM) (Saturday to Sunday – On call)**

Requirements: None

Service Duration: Around Thirty Five (35) Minutes

How to avail of the service:

PERSONAL SERVICE RENDERED

Steps	Client	Action Officer	Duration of Activity	Person-in-Charge	Fees	Form
1	Proceeds to the Social Service Office	Orients the patient watcher/ relative regarding the policy on Personal Service Rendered	15 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Registry, Personal Service Rendered Form, Personal Service Rendered Logbook
2	Receives and signs the Personal Service Rendered (PSR) form	Issues Personal Service Rendered form to watcher/relative for signing as an agreement and endorse to the hospital staff in charge	5 Minutes	Medical Social Welfare Officer	None	Personal Service Rendered (PSR) Form
3	Submits the accomplished Personal Service Rendered (PSR) form	Receives the accomplished Personal Service Rendered form and computes the equivalent value of the service rendered	5 Minutes	Medical Social Welfare Officer	None	Personal Service Rendered (PSR) Form
4	Receives the Personal Service Rendered (PSR) form certificate with the	Attaches the Personal Service Rendered form certificate to	5 Minutes	Medical Social Welfare Officer	None	Personal Service Rendered (PSR) Form

	equivalent value of service rendered	the hospital Statement of Account/Bill				
5	Proceeds to the Billing Section	Instructs the watcher/relative to proceed to the Billing Section for adjustment of billing.	5 Minutes	Medical Social Welfare Officer	None	Personal Service Rendered (PSR) Form

** End of Transaction **

Allowable period for extension due to unusual circumstances: Thirty (30) Minutes

PAYMENT IN KIND PROCESS

Steps	Client	Action Officer	Duration of Activity	Person-in-Charge	Fees	Form
1	Proceeds to the Social Service Office	Prepares the Payment in Kind (PIK) form and refers watcher/relative to dietitian/nutritionist	15 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Registry, PIK Form, PIK Logbook
2	Submits the Payment In Kind (PIK) form to the Dietitian/ Nutritionist	Receives Payment in Kind (PIK) form and assesses the goods/items. Returns the Payment in Kind (PIK) Form.	5 Minutes	Nutritionist/ Dietitian	None	Payment In Kind (PIK) Form
3	Receives the filled up PIK form and proceeds to the Social Service Office	Receives the filled up Payment In Kind (PIK) form with certain value	5 Minutes	Medical Social Welfare Officer	None	Payment In Kind (PIK) Form
4	Receives the notice of counterpart and filled up PIK form	Issues notice of counterpart and attaches it with the filled up Payment In Kind (PIK) form to the hospital bill	5 Minutes	Medical Social Welfare Officer	None	Payment In Kind (PIK) Form
5	Proceeds to the Billing Office	Receives the Payment In Kind (PIK) form and recomputes the bill	5 Minutes	Cashier/Billing Clerk	None	Payment In Kind (PIK) Form, Statement of Account
6	Proceeds to Cashier to pay hospital bill	Receives Statement of Account and Payment In Kind (PIK) Form and collect fees	5 Minutes	Cashier	None	Payment In Kind (PIK) Form, Statement of Account

** End of Transaction **

Allowable period for extension due to unusual circumstances: Thirty (30) Minutes

ADMISSION OF UNIDENTIFIED PATIENTS

Steps	Client	Action Officer	Duration of Activity	Person-in-Charge	Fees	Form
1	Submits self for admission	Interviews patient/client then refers to Medical Social Welfare Officer	10 Minutes	Nurse/ Medical Records Clerk	None	OPD Form/Chart
		Receives referral from Nurse on Duty	15 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Registry, Referral Form
		Facilitates and endorses provision of needed procedures and treatment	30 Minutes	Medical Social Welfare Officer	None	Referral Form
2	Answers pertinent questions if conscious	Exhausts all available means of locating patient's relative through: a. Coordination with the concern Social Welfare Office, Barangay Official or Police b. Conducts home visits c. Linkages with media	48 Hours	Medical Social Welfare Officer	None	Medical Social Welfare Assessment Tool, Referral Letter if necessary
3	Answers pertinent questions if conscious	Regularly visits the patient at the ward, establishes rapport and obtain more data needed to locate the relative	30 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Assessment Tool
4	Continuous medication and treatment	Determines the needs of the patient by closely coordinating and collaborating with the attending physician and the ward nurse	30 Minutes	Medical Social Welfare Officer	None	Case Summary Report, Social Case Study Report, Referral Letter if necessary
5	Continuous medication and treatment	Facilitates possible Institutional placement if relatives are not located	48 Hours	Medical Social Welfare Officer	None	Case Summary Report, Referral Letter
6		Informs all concern authorities if unidentified patient dies	48 Hours	Medical Social Welfare Officer	None	Case Summary Report, Referral Letter

Steps	Client	Action Officer	Duration of Activity	Person-in-Charge	Fees	Form
		Recommends Pauper's Burial	48 Hours	Medical Social Welfare Officer	None	Case Summary Report, Referral Letter
		Coordinates with the Local Government Unit (LGU) to facilitate Pauper's Burial if available	48 Hours	Medical Social Welfare Officer	None	Case Summary Report, Referral Letter
		If not available, asks for the Chief of Hospital approval to facilitate the Pauper's Burial	48 Hours	Medical Social Welfare Officer	None	Case Summary Report, Referral Letter
7		Documents and files relevant information	15 Minutes	Medical Social Welfare Officer	None	Case Summary Report

** End of Transaction **

Allowable period for extension due to unusual circumstances: Thirty (30) Minutes

ASSISTING ABUSED PATIENT

Steps	Client	Action Officer	Duration of Activity	Person-in-Charge	Fees	Form
1	Proceeds to the Social Service Office	Investigates all cases that indicate possible abuse	1 Hour	Medical Social Welfare Officer	None	Medical Social Welfare Registry, Referral Form, Women and Child Protection Unit Logbook
2	Submits self for assessment	Establishes rapport with the survivor	24 Hours	Medical Social Welfare Officer	None	Medical Social Welfare Women and Child Protection Unit Intake Sheet
	Answers pertinent questions	Conducts data gathering while providing safety and comfort to the survivor			None	Medical Social Welfare Women and Child Protection Unit Intake Sheet
	Participates in the helping process	Provides information, practical assistance/psychological counselling to the survivor			None	Medical Social Welfare Women and Child Protection Unit Intake Sheet
3	Participates in the helping process	Coordinates and reports to other team members (Medical Social Welfare Office, PNP Office, Barangay Office)	48 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Women and Child Protection Unit Intake Sheet
4	Participates in the helping process	Classifies patients based on DOH-A.O. 51-A for abused patients	15 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Assessment Tool
5	Participates in the helping process	Records all activities and files them accordingly	15 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Women and Child Protection Unit Intake Sheet
		Prepares Social Case Study Report/Case Summary Report for ready reference	30 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Women and Child Protection Unit (WCPU) Intake Sheet, Medical Social Welfare Assessment Tool

Steps	Client	Action Officer	Duration of Activity	Person-in-Charge	Fees	Form
6	Participates in the helping process	Visits the survivor, maintain coordination and provides appropriate services	30 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Progress Report

** End of Transaction **

Allowable period for extension due to unusual circumstances: Thirty (30) Minutes

Steps	Client	Action Officer	Duration of Activity	Person-in-Charge	Fees	Form
1	Proceeds to the Social Service Office	Interviews and assesses the patient if he/she is qualified to avail the program	15 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Assessment Tool, Medical Social Welfare Registry Logbook
		Refers the patient if qualified	10 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Assessment Tool, Medical Social Welfare Registry Logbook
		Advices the patient's relative to purchase blood at the Philippine National Red Cross (PNRC) or look for possible donor	10 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Assessment Tool, Medical Social Welfare Registry Logbook
2	Receives the Blood Samaritan Form and presents to the Philippine National Red Cross (PNRC)	Prepares the Blood Samaritan Form and Certificate of Indigency Form in order to avail the Blood Samaritan Assistance Program	10 Minutes	Medical Social Welfare Officer	None	Blood Samaritan Form, Certificate of Indigency
		Issues the Blood Samaritan Form to the patient's watcher	5 Minutes	Medical Social Welfare Officer	None	Blood Samaritan Form, Certificate of Indigency

** End of Transaction **

Allowable period for extension due to unusual circumstances: Thirty (30) Minutes

POINT OF CARE PROGRAM

Steps	Client	Action Officer	Duration of Activity	Person-in-Charge	Fees	Form
1	Proceeds to the Social Service Office	Interviews and assesses the client	15 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Assessment Tool, Medical Social Welfare Registry
2	Responds to questions and participates to the helping process	Classifies patient based on DOH A.O. 51-A (C3 and D are qualified patients)	15 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Assessment Tool
		Administers Information Education Campaign, advice giving and counselling	15 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Assessment Tool
3	Participates in the helping process	Enrols qualified Indigent patients to Point of Care- On Site Rapid Enrolment (ORE)	30 Minutes	Medical Social Welfare Officer	None	Philhealth Member Registration Form (PMRF), Birth Certificates/ Marriage Contract
	Receives the Hospital Sponsored Member Certificate	Prepares and issues the Hospital Sponsored Member Certificate duly signed by the Medical Social Welfare Officer and the Chief of Hospital	10 Minutes	Medical Social Welfare Officer	None	Hospital Sponsored Member (HSM) Certificate
	Participates in the helping process	Advices the client/ watcher to enrol to a PHIC voluntary payment	5 Minutes	Medical Social Welfare Officer	None	Philhealth Member Registration Form (PMRF), Birth Certificates/ Marriage Contract
		Submits documents/requirements at the hospital PHIC office	10 Minutes	Medical Social Welfare Officer	None	Philhealth Member Registration Form (PMRF), Birth Certificates/ Marriage Contract, HSM Certificate
		Monitors the list of Point of Care members and prints the Group Payment Slip Details for the payment of the premium contribution	30 Minutes	Medical Social Welfare Officer	None	Group Payment Slip Details
		Files the documents for information and future reference	10 Minutes	Medical Social Welfare Officer	None	Group Payment Slip Details

Steps	Client	Action Officer	Duration of Activity	Person-in-Charge	Fees	Form
		Submits a report to the Office of PSWD, MSWDO, DSWD		Medical Social Welfare Officer	None	List of Point of Care members

** End of Transaction **

Allowable period for extension due to unusual circumstances: Thirty (30) Minutes

Steps	Client	Action Officer	Duration of Activity	Person-in-Charge	Fees	Form
1	Submits self for admission	a. Interviews patient/client then refer to Medical Social Welfare Officer	10 Minutes	Nurse/Medical Records Clerk	None	OPD Form/Chart
		b. Conducts dialogue/ conference to other professionals	30 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Assessment Tool, Medical Social Welfare Registry Logbook
2	Continuous medication and participates in the assistive process	Reports and coordinates the case to the Medical Social Welfare Officer through telephone calls and written communication	48 Hours	Medical Social Welfare Officer	None	Case Summary Report
		Reports and secure police blotter and Barangay Certificate	48 Hours	Medical Social Welfare Officer	None	Case Summary Report
3	Continuous medication and participates in the assistive process	Exhaust all possible resources to locate patient's relatives through home visits, use of tri-media, etc.	48 Hours	Medical Social Welfare Officer	None	Medical Social Welfare Assessment Tool
		Counsels and surrenders the patient to the family if located	1 Hour	Medical Social Welfare Officer	None	Case Summary Report
		Coordinates to Medical Social Welfare Officer /DSWD if not located for the patient's temporary placement	24 Hours	Medical Social Welfare Officer	None	Case Summary Report, Referral Letter
4	Participates in the assistive process	Makes documentation for monitoring purposes	10 Minutes	Medical Social Welfare Officer	None	Progress Report

** End of Transaction **

AVAILMENT OF MEDICAL ASSISTANCE PROGRAM

Steps	Client	Action Officer	Duration of Activity	Person-in-Charge	Fees	Form
1	Proceeds to the Social Service Office and answers pertinent questions	Gathers data on the patient's situation and assesses the economic status	15 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Assessment Tool, Medical Social Welfare Registry Logbook
		Conducts advice giving and counselling	15 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Assessment Tool, Medical Social Welfare Registry Logbook
		Classifies patient based on DOH A.O. 51-A	15 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Assessment Tool
2	Complies and submits the needed requirements	Prepares and informs the client on the requirements needed	1 Hour	Medical Social Welfare Officer	None	Certificate of Indigency, Clinical/Medical Certificate if necessary, Statement of Account
3	Endorses the Guarantee Letter received	Receives the Guarantee Letter	5 Minutes	Medical Social Welfare Officer	None	Guarantee Letter
		Files the documents needed and prepares the monthly fund utilization report	10 Minutes	Medical Social Welfare Officer	None	Fund Utilization Report, Statement if Account, Guarantee Letter

** End of Transaction **

Allowable period for extension due to unusual circumstances: Thirty (30) Minutes

AVAILMENT OF PCSO ENDOWMENT FUND

Steps	Client	Action Officer	Duration of Activity	Person-in-Charge	Fees	Form
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1	Proceeds to the Social Service Office	Interviews the patient for assessment if qualified to avail of endowment fund	15 Minutes	Medical Social Welfare Officer	None	Medical Social Welfare Assessment Tool, Medical Social Welfare Registry Logbook
2	Complies to the policies/ rules and the needed requirements	Prepares and orients relatives regarding the coverage, assistance and requirement	15 Minutes	Medical Social Welfare Officer	None	PCSO Requirement Slip
3	Answers pertinent questions	Intakes interview Prepares Social Case study Report/Case Summary Report	1 Hour	Medical Social Welfare Officer	None	Social Case Study Report/ Case Summary Report, Clinical Abstract, Statement of Account
		Validates and submits documents/requirements to PCSO	24 Hours	Medical Social Welfare Officer	None	Social Case Study Report/Case Summary Report, Personal Letter, Clinical Abstract, Statement of Account, Acknowledgement Form
4	Endorses the Guarantee Letter /Letter of Acceptance from PCSO to the Medical Social Welfare Officer	Receives the Guarantee Letter /Letter of Acceptance from PCSO then forwards to the District Hospital Accountant for liquidation	24 Hours	Medical Social Welfare Officer	None	Guarantee Letter/ Letter of Acceptance
		Files and records for reference	15 Minutes	Medical Social Welfare Officer	None	Social Case Study Report/ Case Summary Report, Clinical Abstract, Statement of Account, Guarantee Letter/ Letter of Acceptance

Allowable period for extension due to unusual circumstances: Thirty (30) Minutes

Procedure for filing complaints:

1. Cases of complaints against any of our staff or services provided may be directed or coursed through our Complaints Desk located at the OPD-ER entrance.
2. Suggestions and recommendations may be dropped in any of our Suggestion Boxes located in the different areas of the hospital.
3. Clients with complaints should fill up our Client Feedback Form which is available in/with the Officer in Charge in the Complaints desks.

Complaints may be directed to:

DISTRICT HOSPITAL	CHIEF OF HOSPITAL	ADMINISTRATIVE OFFICER	CONTACT NUMBER
Bacnotan District Hospital	Dr. ZENSERLY D. PAGADUAN	Ms. ANNE GIRLIE C. DULAY	607-4044/607-5453/ 607-1417
Balaoan District Hospital	Dr. MARK ANTHONY S. TOMBOC	Mr. MARIO R. PANELO	603-0280/607-0282
Caba District Hospital	Dr. GRETCHEN F. AROMIN	Ms. BETTY S. QUEZADA	607-0633/521-0216
Naguilian District Hospital	Dr. ELEANOR G. DACANAY	Ms. JULIE E. COSTALES	609-1018/609-1853
Rosario District Hospital	Dr. FIDEL M. MABALOT	Dr. ALEXANDER N. FLORES	687-0456/687-9988/ 712-1045