

CALOOCAN CITY MEDICAL CENTER



VISION

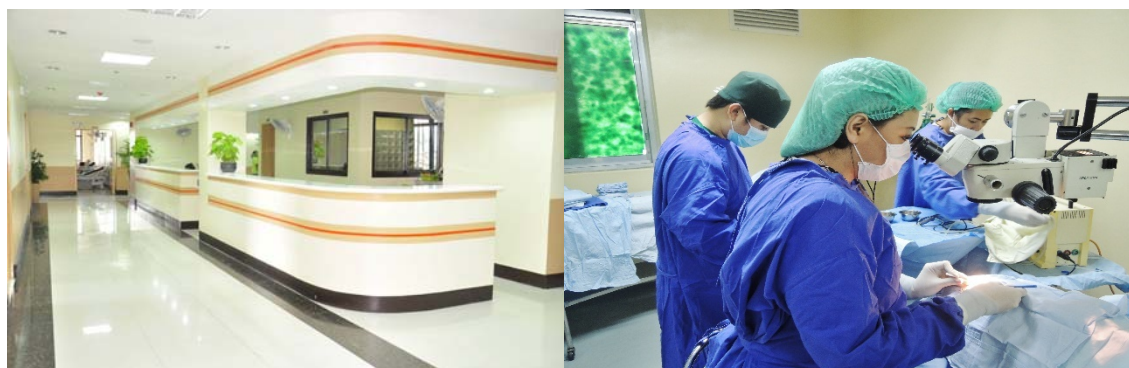
We envision to be the Center of Excellence for Tertiary level hospitals.

MISSION

Provide an affordable quality health care to the people through holistic approach and technology-based health care delivery system imbued with compassion, commitment, competency and caring approach.

FRONTLINE SERVICE	ADMITTING SECTION
STEP 1	Accomplish and submit hospital admission form
SERVICE PROVIDER/S	LEONIDA SALVIDAR
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	Admitting Chart
REQUIRED FEES	None
STEP 2	<ul style="list-style-type: none"> • New Patient – Acquire permanent patient number for purpose of hospital record and future admissions • Old Patient – Notify the personnel of your patient number for record retrieval and/or medical history
SERVICE PROVIDER/S	LEONIDA SALVIDAR
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Blue card (for patient with existing records)
REQUIRED FEES	None
STEP 3	Clarify hospital rules, policies and agreements.
SERVICE PROVIDER/S	LEONIDA SALVIDAR
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	Consent Form
REQUIRED FEES	None
STEP 4	Sign consent for admission
SERVICE PROVIDER/S	LEONIDA SALVIDAR
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Patient's Chart
REQUIRED FEES	None

FRONTLINE SERVICE	OUT-PATIENT DEPARTMENT (cont.) Provision of free check-up to all city residents
STEP 3	Attend to patient and evaluate medical condition
SERVICE PROVIDER/S	DR. CARLOS BAUTISTA
TIME FRAME	Case dependent
REQUIRED DOCUMENT/S	Patient's Medical Record
REQUIRED FEES	None for Caloocan Residents
STEP 4	Inform and advise patient of his/ her condition and the necessary interventions
SERVICE PROVIDER/S	DRA. JOY GALIZA
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Patient's Medical Record
REQUIRED FEES	None for Caloocan Residents



FRONTLINE SERVICE	FREE PROVISION EXAMINATION (i.e. FBS, Cholesterol, Triglycerides, ECG)
STEP 1	Acquire appointment from hospital staff
SERVICE PROVIDER/S	JOHN MICHAEL PARUNGAO, R.N.
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	Patient's Data Sheet
REQUIRED FEES	None for Caloocan Residents
STEP 2	Subject patient to examination
SERVICE PROVIDER/S	RENATO MIBALO JR. R.N.
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	Patient's Data Sheet
REQUIRED FEES	None for Caloocan Residents
STEP 3	Assess and evaluate patient's medical condition
SERVICE PROVIDER/S	DR. CARLOS BAUTISTA
TIME FRAME	Case dependent
REQUIRED DOCUMENT/S	Patient's Data Sheet
REQUIRED FEES	None for Caloocan Residents
STEP 4	Inform and advise patient of his/ her condition and the necessary interventions
SERVICE PROVIDER/S	DRA. JOY GALIZA
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Patient's Medical Record
REQUIRED FEES	None for Caloocan Residents

FRONTLINE SERVICE	RADIOLOGY (X-RAY)
STEP 1	Acquire request and Order of Payment
SERVICE PROVIDER/S	THELMA PERAL
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	X-ray request slip
REQUIRED FEES	None
STEP 2	Pay required amount at the hospital cashier
SERVICE PROVIDER/S	DALISAY LICUDINE
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Order of Payment
REQUIRED FEES	Case dependent
STEP 3	Return to radiology department for x-ray procedure
SERVICE PROVIDER/S	THELMA PERAL
TIME FRAME	Case dependent
REQUIRED DOCUMENT/S	Official Receipt
REQUIRED FEES	None
STEP 4	Inform patient of the schedule of release of his/ her results
SERVICE PROVIDER/S	THELMA PERAL
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Official receipt
REQUIRED FEES	None

FRONTLINE SERVICE	LABORATORY
STEP 1	Acquire request and Order of Payment from Laboratory Department
SERVICE PROVIDER/S	VENANCIO NICANDRO
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Physician's laboratory request
REQUIRED FEES	None
STEP 2	Pay required amount at the hospital cashier
SERVICE PROVIDER/S	MARITES ERASMO
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Order of Payment
REQUIRED FEES	Case dependent
STEP 3	Return to the laboratory for the necessary procedure
SERVICE PROVIDER/S	BENJAMIN RIVERA
TIME FRAME	Case dependent
REQUIRED DOCUMENT/S	Official receipt
REQUIRED FEES	None
STEP 4	Inform patient of the schedule of release of his/ her results
SERVICE PROVIDER/S	BENJAMIN RIVERA
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Official Receipt
REQUIRED FEES	None

FRONTLINE SERVICE	PHILHEALTH UTILIZATION Worker Classification: - SSS – private - IND – sponsored - GSIS – government - NPM – retired - IPP - voluntary - OFW - abroad
STEP 1	Process admission papers at the Philippine Health Insurance Corporation (PhilHealth) department
SERVICE PROVIDER/S	MA. LOURDES TIMBOL
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	<ol style="list-style-type: none"> 1. Philhealth Card 2. Latest contribution records (ME5 and RF1) - months for non-surgical, 12 months for surgical 3. Certificate of On Board for Overseas Filipino Workers (OFW) 4. Clear copy of Birth Certificate with member/patient registry number 5. Clear copy of Marriage Contract 6. Member's Data Record (MDR) and payment information – for OFW 7. MDR (Member's data record) 8. Photocopy of non-paying member card (for retired members) 9. Indigent ID or PHIC from CEI 10. Photocopy of Senior Citizen's ID
REQUIRED FEES	Dependent upon Philhealth approval
STEP 2	Present all receipt for reimbursement upon patient's discharge
SERVICE PROVIDER/S	MA. LOURDES TIMBOL
TIME FRAME	10 minutes
REQUIRED DOCUMENT/S	Accumulated receipts (medicine, supplies and other ancillary procedures not available at the hospital)
REQUIRED FEES	None

FRONTLINE SERVICE	PHARMACY
STEP 1	Present prescription issued by the Physician
SERVICE PROVIDER/S	MARCELINA PELAYO
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	Prescription
REQUIRED FEES	None
STEP 2	Pay bills
SERVICE PROVIDER/S	MARITES ERASMO
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	Order of payment
REQUIRED FEES	Varying amount dependent on prescribed medicine
STEP 3	Present Official Receipt and obtain medicine from the pharmacy
SERVICE PROVIDER/S	MARCELINA PELAYO
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Official Receipt
REQUIRED FEES	None

