

CALOOCAN CITY NORTH MEDICAL CENTER



FRONTLINE SERVICE	EMERGENCY ROOM SECTION Patient is classified at triage area as emergent, urgent and non-urgent
STEP 1	Take patient information
SERVICE PROVIDER/S	Nurse on Duty
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	None
REQUIRED FEES	None
STEP 2	Inform the department concerned of patient's condition
SERVICE PROVIDER/S	Nurse on Duty
TIME FRAME	As soon as possible
REQUIRED DOCUMENT/S	Patient's data sheet
REQUIRED FEES	None
STEP 3	Medical doctor/ personnel attends to patient's prerequisite
SERVICE PROVIDER/S	ER Physician on duty
TIME FRAME	Case dependent
REQUIRED DOCUMENT/S	Patient's data sheet
REQUIRED FEES	None
STEP 4	Evaluate patient's state of health for further observation and admission; transfer or discharge
SERVICE PROVIDER/S	Nurse on Duty
TIME FRAME	10 minutes
REQUIRED DOCUMENT/S	Orange Card
REQUIRED FEES	P 50.00 for the Orange Card

FRONTLINE SERVICE	OUT-PATIENT DEPARTMENT Provision of free check-up to all city residents
STEP 1	Acquire number and wait for turn
SERVICE PROVIDER/S	Nurse on Duty
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	Number card
REQUIRED FEES	None

FRONTLINE SERVICE	OUT-PATIENT DEPARTMENT (cont.)
	Provision of free check-up to all city residents
STEP 2	Interview patient and subject to preliminary check-up
SERVICE PROVIDER/S	Nurse on Duty
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	Patient Medical Record
REQUIRED FEES	None
STEP 3	Attend to patient and evaluate medical condition
SERVICE PROVIDER/S	Doctor on Duty
TIME FRAME	Case dependent
REQUIRED DOCUMENT/S	Patient's Medical Record
REQUIRED FEES	None
STEP 4	Inform and advise patient of his/ her condition and the necessary interventions
SERVICE PROVIDER/S	Doctor on Duty
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Patient's Medical Record
REQUIRED FEES	None

FRONTLINE SERVICE	ADMITTING SECTION
STEP 1	Accomplish and submit hospital admission form
SERVICE PROVIDER/S	Personnel on Duty
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	Admitting Chart/Admitting Slip
REQUIRED FEES	None
STEP 2	Request order of payment for permanent patient number (New Patient) <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	Personnel on Duty
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Accomplished admission form
STEP 3	Pay required amount to the hospital cashier (New Patient)
SERVICE PROVIDER/S	Personnel on Duty
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Order of Payment
REQUIRED FEES	P 50.00
STEP 4	Clarify hospital rules, policies and agreements
SERVICE PROVIDER/S	Personnel on Duty
TIME FRAME	2 minutes
REQUIRED DOCUMENT/S	Consent form
STEP 5	Sign consent of admission
SERVICE PROVIDER/S	Personnel on Duty
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Patient's Chart
REQUIRED FEES	None

FRONTLINE SERVICE	BILLING SECTION (OPD TRANSACTION)
STEP 1	<ul style="list-style-type: none"> Present your charge to Philhealth stub. (OPD patient with Philhealth) Submit your order of payment to determine the amount of payment. (OPD patient without Philhealth)
SERVICE PROVIDER/S	Personnel on Duty
TIME FRAME	2 minutes
REQUIRED DOCUMENT/S	Order of payment
REQUIRED FEES	None
STEP 2	<ul style="list-style-type: none"> Wait and sign your Statement of Account (SOA) for OPD patient with Philhealth. Get your order of payment and settle the amount charged to cashier section for OPD patient without Philhealth
SERVICE PROVIDER/S	Personnel on Duty
TIME FRAME	2 minutes
REQUIRED DOCUMENT/S	None
REQUIRED FEES	None
STEP 3	<ul style="list-style-type: none"> Submit your Statement of Account (SOA) to cashier and settle any amount in excess of Philhealth coverage if any. (OPD patient with Philhealth) Settle the total amount of hospital bill.
SERVICE PROVIDER/S	Personnel on Duty
TIME FRAME	2 minutes
REQUIRED DOCUMENT/S	Statement of Account
REQUIRED FEES	Case dependent

FRONTLINE SERVICE	BILLING SECTION (IN-PATIENT TRANSACTION)
STEP 1	<ul style="list-style-type: none"> Present Philhealth stub and clearance for discharge with signature from different sections that is necessary to sign in the clearance. (In-patient with Philhealth) Present clearance for discharge with signature of different sections that need to sign on the clearance. (In-patient without Philhealth)
SERVICE PROVIDER/S	Billing Staff/Clerk on duty
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	Clearance for discharge with or without Philhealth.
REQUIRED FEES	None
STEP 2	Get the pharmacy stub from Pharmacy section.
SERVICE PROVIDER/S	Billing Staff/Clerk on duty
TIME FRAME	2 minutes
REQUIRED DOCUMENT/S	Pharmacy stub
REQUIRED FEES	None
STEP 3	Wait and sign the Statement of Account (SOA) charged to patient.
SERVICE PROVIDER/S	Billing Staff/Clerk on duty
TIME FRAME	3 minutes
REQUIRED DOCUMENT/S	Statement of Account (SOA)
REQUIRED FEES	None

FRONTLINE SERVICE	BILLING SECTION (IN-PATIENT TRANSACTION) (cont.)
STEP 4	<ul style="list-style-type: none"> • Submit your Statement of Account (SOA) to cashier and settle any amount in excess of Philhealth coverage if any. (In-patient with Philhealth) • Settle the total amount of hospital bill.
SERVICE PROVIDER/S	Personnel on Duty
TIME FRAME	2 minutes
REQUIRED DOCUMENT/S	Statement of Account
REQUIRED FEES	Case dependent

FRONTLINE SERVICE	PHILHEALTH UTILIZATION Worker Classification: <ul style="list-style-type: none"> • Employed – Private/Government • IND – Sponsored • IPP – Voluntary/Self-employed • NPM – Retired/Lifetime • OFW
STEP 1	Process admission papers at the Philippine Health Insurance Corporation (PhilHealth) department
SERVICE PROVIDER/S	Personnel on Duty
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	<ol style="list-style-type: none"> 1. IPP/Self-employed: <ul style="list-style-type: none"> • Updated Member's Data Record (MDR) • Prior to 9 months' payment contribution 2. Employed (Private/Government) <ul style="list-style-type: none"> • Updated Member's Data Record (MDR) • Certificate of Contribution (Company) • CSF Employer signature 3. Lifetime/Senior RA <ul style="list-style-type: none"> • Updated Member's Data Record (MDR)/Lifetime ID 4. Sponsored/Indigent <ul style="list-style-type: none"> • Hospital Sponsored • Member's Data Record with valid date coverage 5. OFW <ul style="list-style-type: none"> • MDR with validity date coverage period
REQUIRED FEES	Dependent upon Philhealth approval
STEP 2	Present all receipt for reimbursement upon patient's discharge
SERVICE PROVIDER/S	Personnel on Duty
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	Accumulated receipts (medicine, supplies and other ancillary procedures not available at the hospital)
REQUIRED FEES	None

FRONTLINE SERVICE	CASHIER SECTION
STEP 1	Present your Statement of Account (with discharge clearance) or Order of Payment.
SERVICE PROVIDER/S	Personnel on Duty
TIME FRAME	2 minutes
REQUIRED DOCUMENT/S	Statement of Account (SOA) or Order of Payment
REQUIRED FEES	None

FRONTLINE SERVICE	CASHIER SECTION
STEP 2	Settle the total amount of your bill.
SERVICE PROVIDER/S	Personnel on Duty
TIME FRAME	2 minutes
REQUIRED DOCUMENT/S	Name of Patient
REQUIRED FEES	Total amount from Statement of Account or Order of Payment.
STEP 3	Present your Official Receipt to billing section to record the transaction.
SERVICE PROVIDER/S	Personnel on Duty
TIME FRAME	2 minutes
REQUIRED DOCUMENT/S	Official Receipt
REQUIRED FEES	None

FRONTLINE SERVICE	MEDICAL SOCIAL WORK
	Philhealth Point of Service Enrollment
STEP 1	Interview client
SERVICE PROVIDER/S	Medical Social Worker
TIME FRAME	5 - 7 minutes
REQUIRED DOCUMENT/S	Means test form
REQUIRED FEES	None
STEP 2	Assessment – Social Classification (B, C1, C2, C3, D)
SERVICE PROVIDER/S	Medical Social Worker
TIME FRAME	2 minutes
REQUIRED DOCUMENT/S	Means test form
REQUIRED FEES	None
STEP 3	Enroll according to Classification (Financially Capable/Financially Incapable)
SERVICE PROVIDER/S	Medical Social Worker
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	Means test form, PMRF, Patient Case Record, Medical Abstract, Birth Certificate, Valid ID, Barangay Indigency, and philhealth Official Receipt for Financially Capable
REQUIRED FEES	None
STEP 4	Issuance of POS registration Slip
SERVICE PROVIDER/S	Medical Social Worker
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Philhealth Point of Service Registration Slip
REQUIRED FEES	None

FRONTLINE SERVICE	MEDICAL SOCIAL WORK
STEP 1	Medical Assistance - Interview
SERVICE PROVIDER/S	Medical Social Worker/ Medical Social Worker Staff
TIME FRAME	5 - 7 minutes
REQUIRED DOCUMENT/S	For Out-Patient <ul style="list-style-type: none"> • Request form from Physician • Order of Payment • Orange Card • MSDW form

FRONTLINE SERVICE	MEDICAL SOCIAL WORK
REQUIRED DOCUMENT/S	For Admitted Patient <ul style="list-style-type: none"> • Hospital Bill • Means test form • Patient case record • Medical Abstract • Clearance • Social Case Study Report (from CCSWD)
REQUIRED FEES	None
STEP 2	Assessment – Social Classification (B, C1, C2, C3, D)
SERVICE PROVIDER/S	Medical Social Worker/ Medical Social Worker Staff
TIME FRAME	2 minutes
REQUIRED DOCUMENT/S	For Out-Patient <ul style="list-style-type: none"> • MSWD form For Admitted Patient <ul style="list-style-type: none"> • Means test form
REQUIRED FEES	None
STEP 3	Recommendation – Discount (according to Social Status)
SERVICE PROVIDER/S	Medical Social Worker/ Medical Social Worker Staff
TIME FRAME	2 minutes
REQUIRED DOCUMENT/S	Order of payment
REQUIRED FEES	None

FRONTLINE SERVICE	MEDICAL RECORDS SECTION
STEP 1	<ol style="list-style-type: none"> 1. Acquire Medical Abstract, Discharge Summary of Admitted Patients 2. Acquire Birth/ Death Certificate 3. Acquire Insurance Claims of In-Patients and Treated Patient at ER
SERVICE PROVIDER/S	Personnel on Duty
TIME FRAME	2 minutes
REQUIRED DOCUMENT/S	Identification Card/Orange Card
REQUIRED FEES	None
STEP 2	Acquire Order of Payment from the Records Section
SERVICE PROVIDER/S	Personnel on Duty
TIME FRAME	1 minute
REQUIRED FEES	Case dependent
STEP 3	Pay required amount to the hospital cashier
SERVICE PROVIDER/S	Personnel on Duty
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Order of Payment
REQUIRED FEES	Case dependent
STEP 4	Return to the Medical Records Section
SERVICE PROVIDER/S	Personnel on Duty
REQUIRED DOCUMENT/S	<ul style="list-style-type: none"> - for Medico: Medical Certificate - for Medical Abstract: Discharge Summary and Insurance Claims of Surgery Patients - for Medical Abstract: Discharge Summary and Insurance Claims of OB Gyne and Medical Patients - for Birth/ Death: Certificate
TIME FRAME	2 minute
REQUIRED DOCUMENT/S	<ul style="list-style-type: none"> • Official Receipt • Identification Card or Authorization of the patients

REQUIRED FEES	None
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FRONTLINE SERVICE	PHARMACY
STEP 1	Present prescription issued by the Physician and get the order payment
SERVICE PROVIDER/S	Pharmacist on Duty
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	Prescription
REQUIRED FEES	None
STEP 2	Pay required amount to the hospital's cashier
SERVICE RPOVIDER/S	Pharmacist on Duty
TIME FRAME	5 minutes
REQUIRED DOCUMENT/S	Order of payment
REQUIRED FEES	Case dependent on prescribed medicine
STEP 3	Present Official Receipt and obtain medicine from the pharmacy
SERVICE PROVIDER/S	Pharmacist on Duty
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Official Receipt
REQUIRED FEES	None

FRONTLINE SERVICE	LABORATORY
STEP 1	Present request and get the order of Payment from Laboratory Department
SERVICE PROVIDER/S	Medical Technician on Duty
TIME FRAME	2 minutes
REQUIRED DOCUMENT/S	Physician's laboratory request
STEP 2	Pay required amount at the hospital cashier
SERVICE PROVIDER/S	Personnel on Duty
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	Medical Technician on Duty
TIME FRAME	Case dependent
REQUIRED DOCUMENT/S	Official receipt
STEP 4	Inform patient of the schedule of release of his/ her results
SERVICE PROVIDER/S	Medical Technician on Duty
TIME FRAME	2 minutes
REQUIRED DOCUMENT/S	Official Receipt
REQUIRED FEES	None

FRONTLINE SERVICE	RADIOLOGY (X-RAY)
STEP 1	Present request and get the Order of Payment
SERVICE PROVIDER/S	Rad. Tech. on Duty
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	X-ray request slip
REQUIRED FEES	None

FRONTLINE SERVICE	RADIOLOGY (X-RAY) (cont.)
STEP 2	Pay required amount to the hospital cashier
SERVICE PROVIDER/S	Personnel on Duty
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	Rad. Tech. on Duty
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	Rad. Tech. on Duty
TIME FRAME	1 minute
REQUIRED DOCUMENT/S	Official receipt
REQUIRED FEES	None

FEEDBACK AND COMPLAINTS MECHANISM:

Accomplish the Feedback Form available in the office and drop in the designated Comment and Suggestion Box located at the Front Desk or send queries through any of the following form of correspondence:

Email Address: *ccnmc16gmail.com*

Telephone Numbers: (02) 282 – 3397