



DOH Center for Health Development

Metro Manila

CITIZEN'S CHARTER HANDBOOK



SECOND EDITION



FOREWORD



The Department of Health-Metro Manila Center for Health Development (DOH-MMCHD) continuously strive to deliver excellent health services to its clients. Every year, the agency reviews its processes to ensure that our clients are provided with clean, just, highly efficient, technology-enabled and people-centered services.

To show our commitment in the government's effort to eliminate bureaucratic red tape and to promote transparency in every transaction, we have simplified and streamlined our regulatory, licensing, financial, and other administrative processes. The COVID-19 pandemic has taught us that government services, especially health services, should be strengthened to ensure continuity. We have, thus, digitalized most of our services to allow our clients to transact with us remotely.

The Sub-Committee on Anti-Red Tape Authority of the MMCHD, in coordination with the service providers from the different clusters, units, and sections, worked together to ensure that these re-engineered and digitalized processes will be clearly and orderly presented in this Citizen's Charter Handbook for 2024.

With the issuance of this Citizen's Charter, rest assured that MMCHD shall continue to uphold the values of integrity, accountability, and excellence in the service of the Filipino people.


RIO L. MAGPANTAY, MD, PHSAE, CESO III

Director IV

ABOUT THE AGENCY

By the virtue of Executive Order 119, the Department of Health-Metro Manila Center for Health Development (DOH-MMCHD) was established on October 16, 1987 to provide the region with efficient and effective health services.

The DOH-MMCHD is the regional arm of the DOH-Central Office and is therefore the primary health agency in Metro Manila. It is mandated to provide technical assistance to partners and stakeholders in health through the efficient use of its resources. It is tasked to lead the local government units in attaining the goals and targets of the Department of Health.

In this regard, the DOH-MMCHD shall ensure the improvement of the health status of the region by providing effective and quality health care delivery system.

In ensuring quality health care, the agency implements its licensing and monitoring functions, utilizes its resources to conduct substantial health-related research, and documents practices it holds for procurement of services.

Aside from providing optimal health care to the Metro Manila populace and prioritizing the poor and the marginalized, the agency is also in charge of delivering health care services during times of emergency and disaster.

MANDATE

The DOH-MMCHD is mandated to:

- A. Oversee the implementation of policies and programs at the regional level and in the retained health facilities within the region; and
- B. Enforce health regulatory policies and directly relate to LGUs, NGOs, POs and the private sector in the development of local health systems, extension of technical and other kind of assistance in the field of health.

VISION

The DOH-MMCHD envisions itself as the global leader in sustainable and equitable urban health.

MISSION

It is DOH-MMCHD's mission to guarantee optimal health of urban populace, especially the poor and marginalized, through the efficient use of resources and inter-sectoral action with partners and other stakeholders.



CORE VALUES

In pursuit of its vision, the DOH-MMCHD adheres to the following work core values:

Health	of our constituents and employees, especially the poor and marginalized.
Excellence	by continuously striving for the best and fostering efficiency and effectiveness
Accessibility and availability	of quality health services for all are ensured
Leadership	lead the quest for excellence on sustainable and equitable urban health as technical authority on health in NCR
Teamwork	working together with a result-oriented approach
Honesty and Integrity	acts with honor and accountability; upholds the truth
OF	
Nationalism	love of country
Commitment	to the attainment of the vision, mission, goals, and objectives
Respect for human dignity	work with compassion, sympathy, and kindness

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EXTERNAL SERVICES



REGULATION, LICENSING AND ENFORCEMENT DIVISION (RLED)

1. ISSUANCE OF PERMIT TO CONSTRUCT (PTC)

The Department of Health Permit to Construct (DOH-PTC) is a permit issued by DOH through Health Facilities and Services Regulatory Bureau (HFSRB) and the Centers for Health Development (CHDs) to an applicant who wishes to establish and operate a hospital or other health facility, upon compliance with required documents set forth in Administrative Order No. 2016-0042-A. It should be applied for and issue prior to the actual construction of the said facility.

A DOH-PTC is also required for hospitals and other health facilities with substantial alteration, expansion, renovation, increase in the number of beds, transfer of site, or additional services beyond their service capability. It is a prerequisite for License to Operate.

Applications must be filed from the first working day of the year to November 15 of the same year as prescribed in the DOH Administrative Order No. 2019-0004.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Regulation, Licensing and Enforcement Division (RLED)	
Classification:	Highly-Technical	
Type of Transaction:	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government	
Who may avail:	All Health Facilities	
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
	Accomplished Application Form for Permit to Construct a Health Facility (1 original copy)	Website: www.hfsrb.doh.gov.ph
	Letter of intent for new and existing health facility (background and scope of the project) L one (1) original copy	Requesting party
	For new health facility: Approved Certificate of Need from the DOH-Regional Office <ul style="list-style-type: none"> • New government general hospitals • Private hospitals below 100 Authorized Bed Capacity 	Requesting party
	Proof of Registration of Name of Health Facility, one (1) photocopy <ul style="list-style-type: none"> • DTI/SEC Registration including Articles of Incorporation and By-Laws (for private health facility) • Enabling Act/ Board Resolution (for government health facility) • Cooperative Development Authority Registration including Articles of Cooperation and By-Laws 	Securities and Exchange Commission/Department of Trade and Industry Local Government Unit Cooperative Development Authority
	Three (3) Sets of Site Development Plans and Architectural Floor Plans (in blue print, size 20 x 30) <ul style="list-style-type: none"> • Signed and sealed by an Architect/Engineer • Showing all areas with appropriate scale, dimension and labels 	Private/Government Practitioners



<ul style="list-style-type: none"> Demonstrating proper spatial and functional relationships of areas (refer to Checklist for Review of Floor Plan) (3 sets original copy) 	
<p>For expansion/renovation of existing health facility</p> <ul style="list-style-type: none"> Latest DOH Approved Permit to Construct and Approved Floor Plan with latest copy of LTO/COA one (1) photocopy Floor Plan indicating proposed change/s (refer to B.3 of the Application Form) (1 photocopy) 	<p>Requesting party</p> <p>Private/Government Practitioners</p>
Feasibility Study (for non-hospital-based dialysis clinic only), one (1) original copy	Requesting party
<p>Recommendation Letter for the Alignment with the Philippine Health Facility Development Plan (PHFDP)</p> <p><i>For new government general hospitals and upgrading of government-owned infirmaries and health facilities to a general hospital</i></p> <p><i>Legal basis: DOH Department Circular No. 2023-0400</i></p>	DOH Regional Office
System-generated Order of Payment (for cash payment) (if applicable), two (2) photocopies	Website: https://olrs.doh.gov.ph
Proof of Payment (for cash payment)	Requesting party
<p>Note: All health facilities are required to apply online through the Online Licensing and Regulatory System (OLRS) (website: https://olrs.doh.gov.ph). During the transition period of the OLRs implementation is temporary deferred, applicants are required to submit complete documentary requirements to RLED.</p>	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Visit the online website: (https://olrs.doh.gov.ph/) and register the facility account for new accounts, and sign in for current users</p> <p>Choose the type of application, fill up all the required fields, and upload attachments. Proceed to the Selection of Payment Method and visit</p>	None	None	15 minutes	Applicant

RLED to submit complete documentary requirements.				
2. Accomplish the Visitor's Log, and secure a queuing number at the Public Assistance and Complaints Unit (PACU) Waiting time: 10 minutes	Give a queuing number to applicant	None	5 minutes	Administrative Assistant (AA)/ Business Center
3. Submit duly accomplished application form and documentary requirements	3.1 Evaluate application form and documents for completeness If incomplete: 3.1.1 Notify the applicant of the lacking documents in writing and return the documents for completion. If complete, 3.1.2 Issue order of payment then proceed to the next step	None	30 minutes	Licensing Officer RLED
4. Pay the amount due reflected in the Order of Payment For online payment, Wait for the email notification bearing the Order of Payment (OP) number. a. Pay through the link provided in the email or at https://myeg.ph/services/doh-mmchd	4.1 Receive payment and issue official receipt 4.2 If online payment, check payment status and proceed to Step 6	Refer to Health Facility Schedule of Fees	15 minutes	Administrative Officer MSD - Cashier Section AA/Licensing Officer RLED



b. Proceed to Step 6.				
5. Present proof of payment (Official receipt)	<p>5.1 Receive the application documents, scan the Official Receipt and Order of Payment, and return to the applicant</p> <p>5.2 Forward the application documents to the assigned staff</p>	None	15 minutes	AA/Licensing Officer RLED
6. Await the approval of application submitted	6.1 Log the application and evaluate the submitted floor plan	None	8 days	Health Facility Evaluation and Review Committee (HFERC) RLED
	6.1.1. If disapproved, inform the applicant in writing through mail	None		
	6.1.2. If approved, prepare the PTC	None	4 days	Regional Director/ OIC/ARD AA RLED
	6.2 Approve and sign the PTC 6.3 Notify the applicant on the availability of the PTC	None		
7. Receive the PTC	7. Record and release the approved PTC	None	30 minutes	AA/Licensing Officer - RLED
TOTAL		Refer to Health Facility Schedule of Fees	<p>Without Waiting Time: 12 days, 1 hours and 50 minutes</p> <p>With Waiting time: 12 days and 2 hours</p>	

Schedule of Fees:

Type of Health Facility	Fees (PhP)
Hospital	
Level 1	2,000.00
Level 2	2,500.00
Level 3 (For HFEP Facility Only)	3,000.00
Psychiatric Care Facility	1,500.00
Acute-chronic	1,500.00
Custodial	
Dialysis Clinic – <i>add-on service to Level 1 and 2 Hospital</i>	1,400.00
Ambulatory Surgical Clinic – <i>add-on service to Level 1 and 2 Hospital</i>	1,400.00
Drug Abuse treatment and Rehabilitation Center (For HFEP Facility Only)	1,000.00
Infirmary	1,500.00
Birthing Home	1,400.00
Primary Care Facility	1,000.00
Clinical Laboratory	1,000.00



2. ISSUANCE OF INITIAL LICENSE TO OPERATE/CERTIFICATE OF ACCREDITATION/AUTHORITY TO OPERATE/CERTIFICATE OF REGISTRATION OF A REGULATED HEALTH FACILITY

This involves the issuance of the following licenses/certificate by the DOH-MMCHD:

A. **License to Operate (LTO)** is a formal authority issued by the DOH to an individual, agency, partnership or corporation to operate a hospital or other health facility. It is a prerequisite for accreditation of a health facility (regulated by Bureau of Health Facilities and Services [BHFS]) or by any accrediting body recognized by DOH. An approved Certificate of Need (CON) and Permit to Construct (PTC) is a pre-requisite for the application of LTO for regulated health facilities.

Validity of LTO:

- Birthing Home (BH) – 1 year
- Blood Center (BC) – 3 years
- Clinical Laboratory (CL) – 1 year
- Dental Laboratories (DL) – 3 years
- Hospital- 1 year
- Infirmary - 1 year
- Primary Care Facility - 3 years
- Psychiatric Care Facility (PCF) – 1 year
- Add-on services - 1 year

B. **Certificate of Accreditation (COA)** – a formal authorization issued by the HFSRB to an individual, partnership, corporation or association to operate a medical facility for overseas workers and seafarers.

Validity of COA:

- Drug Testing Laboratory (DTL) – 1 year
- Drug Treatment Rehabilitation Center (DATRC) – 3 years
- Laboratory for Drinking Water and Analysis (LDWA) – 3 years
- Medical Facility for Overseas Workers and Seafarers (MFOWS) – 3 years

C. **Authority to Operate (ATO)** – It is a formal permit issued by the DOH-CHD to an individual, partnership, corporation or association to a BCU/BS.

Validity of ATO:

- Blood Collection Unit (BCU) – 3 years
- Blood Station (BS) – 3 years

D. **Certificate of Registration for a Special Clinical Laboratory**- is a certificate issued to a clinical laboratory that offers highly specialized laboratory services that are usually not provided by a general clinical laboratory. A one-time registration applies to clinical laboratories.

For Level 1, Infirmary, BH, BCU, BS, CL, DL (filed at CHD Regional Office)

For Level 2, Level 3 Hospitals, ASP, BC, ASC, Dialysis, DATRC, DTL, LDWA, MFOWS, COR of Special Clinical Laboratory, PCF (filed at DOH, HFSRB, Bldg. 15, *except those stated in DOH Department Memorandum Nos. 2021-0478 and 2021-0545*)

Pursuant to Administrative Order No. 2019-0004 on the Guidelines on Annual Cut-off Dates for the Receipt of Complete Application for Regulatory Authorizations Issued by the Department of Health, all applicants shall adhere to the following timelines:

Type of Application	Application period	Annual cut- off date
<ul style="list-style-type: none"> • DOH - LTO • DOH - COA • DOH - ATO • DOH - COR 	1st working day of the year to November 15 of the same year	November 15 of the same year

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Regulation, Licensing, and Enforcement Division	
Classification:	Highly Technical	
Type of Transaction:	G2B - Government to Business G2G - Government to Government	
Who may avail:	All Health Facilities	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Application Form 1 (for Initial & Renewal) Application form 2 (for facility with changes, renovation, expansion and alteration), if applicable, one (1) original copy		HFSRB website: www.hfsrb.doh.gov.ph or MMCHD website: https://ncroffice.doh.gov.ph/
Acknowledgement (notarized), one (1) original copy		HFSRB website: www.hfsrb.doh.gov.ph or MMCHD website: https://ncroffice.doh.gov.ph/
For initial/new application, Proof of ownership and Name of Facility: <ul style="list-style-type: none"> ➤ DTI/SEC/CDA Registration including Articles of Incorporation/Corporation and By-Laws ➤ Enabling Act/LGU Resolution (for government health facility) one (1) photocopy 		From Department of Trade and Industry (DTI)/ SEC/ CDA Local Government Unit where the facility is located
Application Form for Medical X-ray Facility, if applicable <i>Note: For One-Stop Shop Licensing, application is through the OLRS (https://olrs.doh.gov.ph)</i>		From the FDA website: https://www.fda.gov.ph/
Application Form for Pharmacy, if applicable <i>Note: For One-Stop Shop Licensing, application is through the OLRS (https://olrs.doh.gov.ph)</i>		From the FDA website: https://www.fda.gov.ph/



Accomplished Health Facility Self-Assessment Tool one (1) original copy	HFSRB website: www.hfsrb.doh.gov.ph or MMCHD website: https://ncroffice.doh.gov.ph/
Health Facility Geographic Form (Geographic Coordinates) (for Initial/New application), one (1) original copy	HFSRB website: www.hfsrb.doh.gov.ph or MMCHD website: https://ncroffice.doh.gov.ph/
System-generated Order of Payment (for cash payment), two (2) photocopies	Website: https://olrs.doh.gov.ph
Proof of payment (for cash payment)	Requesting party

Note: All health facilities are required to apply online through the Online Licensing and Regulatory System (OLRS) (website: <https://olrs.doh.gov.ph>). During the transition period or while the OLRs implementation is temporary deferred, applicants are required to submit complete documentary requirements physically or online using an alternative mode of application provided by RLED.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Visit the online website: (https://olrs.doh.gov.ph/) and register the facility account for new accounts, and sign in for current users</p> <p>Choose the type of application, fill up all the required fields, and upload attachments. Proceed to the Selection of Payment Method.</p> <p>For online payment, proceed to Step 4.</p> <p>For cash payment, proceed to Step 2.</p>	None	None	15 minutes	Applicant
<p>2. Accomplish the Visitor's Log, and secure a queuing number at the Public Assistance and Complaints Unit (PACU)</p> <p>Waiting time: 10 minutes</p>	2. Give a queuing number to applicant	None	5 minutes	Administrative Assistant (AA)/ Business Center

<p>3. Submit duly accomplished application form and documentary requirements</p>	<p>3.1 Evaluate application form and documents for completeness</p> <p>If incomplete: 3.1.1 Notify the applicant of the lacking documents in writing and return the documents for completion.</p> <p>If complete, 3.1.2 Issue order of payment then proceed to the next step</p>	<p>None</p>	<p>30 minutes</p>	<p>Administrative Assistant (AA)/ Licensing Officer RLED</p>
<p>4. Pay the amount due reflected in the Order of Payment</p> <p>For online payment,</p> <ol style="list-style-type: none"> Accomplish online form through https://bit.ly/MMCHDRLEDDocs ForEpay and upload required documents. Wait for the email notification bearing the Order of Payment (OP) number. Pay through the link provided in the email or at https://myeg.ph/services/doh-mmchd Proceed to Step 6. 	<p>4.1 Receive payment and issue official receipt</p> <p>Refer to Agency Action No. 3.1</p> <p>4.2 If online payment, check payment status and proceed to Step 6</p>	<p>Refer to Health Facility schedule of fees</p>	<p>10 minutes</p>	<p>Administrative Officer/ MSD - Cashier</p> <p>Licensing Officer RLED</p> <p>Administrative Assistant (AA)/ Licensing Officer RLED</p>



<p>5. Present the Official Receipt, order of payment and complete application form/documents</p>	<p>5.1 Receive the application documents, scan the Official Receipt and Order of Payment, and return to the applicant</p> <p>5.2 Forward the application documents to the assigned staff</p>	<p>None</p>	<p>5 minutes</p>	<p>AA/ Licensing Officer RLED</p>
<p>6. Wait for the schedule for inspection of health facility</p> <p>6.1 Concur with the schedule for inspection</p>	<p>6.1 Log the application, schedule the inspection/evaluation and prepare travel documents (RPO, Vehicle Request, TEV) and inform the health facility through letter/e-mail</p>	<p>None</p>	<p>7 days</p>	<p>Assigned Licensing Officer/s RLED</p>
	<p>6.2 Travel to the official destination</p>	<p>None</p>	<p>2 days (Hospitals - 2 days, Other health facilities - 1 day)</p>	<p>Assigned Licensing Officer/s RLED</p>
	<p>6.3 Conduct inspection visit</p> <p>6.3.1 Provide one (1) photocopy of the assessment tool to the facility</p>	<p>None</p>	<p>Assigned Licensing Officer/s RLED</p>	
<p>7. If compliant, wait for the issuance of LTO/ATO/COA/COR</p> <p><i>for facility with non-compliance findings:</i></p>	<p>7.1. Recommend issuance of LTO/ATO/COA/COR for fully complied health facility</p> <p><i>for facility with non-</i></p>	<p>None</p>	<p>4 days</p>	<p>Assigned Licensing Officer/s RLED</p>

Submit proof of compliance within 30 calendar days	<p><i>compliance findings:</i></p> <p>7.1.1 Notify the facility of the non-compliance and evaluate the submitted compliance documents (if failed to comply within 30 calendar days, denial of application and forfeiture of payment)</p>			
	<p>if non-compliant,</p> <p>7.2.1 Inform the facility the reason of denial of application through letter/e-mail</p> <p>if compliant:</p> <p>7.2.2 Prepare the LTO/ATO/COA/COR</p>	None	1 day	Assigned Licensing Officer/s RLED
	<p>7.3. Approve and sign the LTO/ATO/COA/COR</p> <p>7.4 Notify the applicant on the availability of the LTO/ATO/COA/COR</p>	None	4 days	Regional Director/ OIC/ARD Administrative Assistant (AA) RLED
8. Receive the approved LTO/ATO/COA/COR	8.1 Record and release the approved LTO/ATO/COA/COR	None	30 minutes	AA/ Licensing Officer RLED
Total		Refer to Health Facility schedule of fees	Without Waiting Time: 18 days, 1 hour and 35 minutes	



		With Waiting time: 18 days, 1 hour and 45 minutes	
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Schedule of Fees:

Services	Fee (PhP)
1. Birthing Home	4,500.00
2. Blood Center	5,000.00
3. Blood Collection Unit	1,500.00
4. Blood Station	1,400.00
5. BCU/BS	1,500.00
6. Clinical Laboratory OSS Non-Hospital Based Health Facilities with ancillary Services	
a. Ancillary Services (fees for 3 years)	
Clinical Laboratory (CL) Fee	
Primary –	7,500.00
Secondary –	9,000.00
Tertiary –	10,500.00
9. Limited Service Capability	7,500.00
10. One Stop-Shop Government Hospital	
a. (Non-DOH Retained)	
Clinical Laboratory (CL)	
CL Fee for Level 1 Hospital	
CL Fee for Level 2 Hospital	
Secondary –	2,500.00
CL Fee for Level 3 Hospital	
Tertiary –	3,000.00
b. Non-Hospital-Based Non-OSS Health Facilities and Services (e.g. Ambulatory Surgical Clinic and Dialysis with Clinical Laboratory)	
Clinical Laboratory (CL) Fee	2,500.00
Primary –	3,000.00
Secondary –	3,500.00
Tertiary –	
Infirmary	6,000.00
11. Dental Laboratory	
a. Removable and Fixed Protheses –	2,500.00
b. Limited Services –	1,000.00
12. a. One Stop-Shop (OSS) Non-Hospital Based Dialysis	9,500.00
b. One Stop-Shop Government Hospital (Non- DOH Retained) Dialysis	3,000.00
13. Free standing –	9,500.00
14. Drug Testing Laboratory Cash Bond –PHP20,000.00 (FOR HFSRB)	5,000.00
15. DATRC	
a. Residential:	6,000.00

3. RENEWAL OF LICENSE TO OPERATE/CERTIFICATE OF ACCREDITATION/ AUTHORITY TO OPERATE/CERTIFICATE OF REGISTRATION OF A REGULATED HEALTH FACILITY

This procedure starts with the receipt of application for the issuance of LTO/COA/ATO/COR by the Health Facilities and Services Regulatory Bureau (HFSRB)/ and the Centers for Health Development (CHDs).

A. License to Operate (LTO) – a formal authority issued by the DOH to an individual, agency, partnership or corporation to operate a hospital or other health facility. It is a prerequisite for accreditation of a health facility (regulated by BHFS) by any accrediting body recognized by DOH.

Validity of LTO:

- Ambulance Service Provider (ASP) – 3 years (Free-Standing) ; 1 year (Institution-Based)
- Ambulatory Surgical Clinic (ASC) – 3 years
- Birthing Home (BH) – 1 year
- Blood Center (BC) – 3 years
- Clinical Laboratory (CL) – 1 year
- Dental Laboratories (DL) – 3 years
- Dialysis Clinic (DC) – 3 years (Free-Standing) ; 1 year (Institution-Based)
- Hospital- 1 year
- Infirmary – 1 year
- Psychiatric Care Facility (PCF) – 1 year
- Primary Care Facility - 3 years
- **Add-on Services – 1 year

B. Certificate of Accreditation (COA) – a formal authorization issued by the HFSRB to an individual, partnership, corporation or association to operate a medical facility for overseas workers and seafarers.

Validity of COA:

- Drug Testing Laboratory (DTL) – 1 year
- Drug Treatment Rehabilitation Center (DATRC) – 3 years
- Laboratory for Drinking Water and Analysis (LDWA) – 3 years
- Medical Facility for Overseas Workers and Seafarers (MFOWS) – 3 years

C. Authority to Operate (ATO) – It is a formal permit issued by the DOH-CHD to an individual, partnership, corporation or association to a BCU/BS.

Validity of ATO:

- Blood Collection Unit (BCU) – 3 years
- Blood Station (BS) – 3 years (Free-Standing) ; 1 year (Institution-Based)

D. Certificate of Registration for a Special Clinical Laboratory- is a certificate issued to a clinical laboratory that offers highly specialized laboratory services that are usually not provided by a general clinical laboratory.

One-time registration of a clinical laboratory.

For Level 1, Infirmary, BH, BCU, BS, CL, DL (filed at CHD Regional Office)



For Level 2, Level 3 Hospitals, ASP, BC, ASC, Dialysis, DATRC, DTL, LDWA, MFOWS, COR of Special Clinical Laboratory, PCF (filed at DOH, HFSRB, Bldg. 15, *except those stated in DOH Department Memorandum Nos. 2021-0478 and 2021-0545*)

The Renewal period for DOH-LTO/ATO/COA shall be from October 1 to December 15 of the current year. A 10% discount shall be given to those who filed complete renewal applications from October 1 to November 30 of the current year.

Eligible for Renewal:

- Facilities with no sanctions, violations or deficiencies;
- Facilities which have corrected/complied to the noted violations at the time of application; and
- Facilities which submitted/participated in the Online Health Facility Statistical Reporting System (OHFSRS)

The DOH-LTO/ATO/COA of those facilities with sanctions, violations or deficiencies shall be renewed only after serving out their deficiencies. If compliance was met after the expiration of the DOH-LTO/ATO/COA, the date of validity of the new DOH-LTO/ATO/COA shall start from the date of full compliance.

1. All applicants shall adhere to the following timelines: Renewal for DOH LTO, DOH COA, DOH ATO from October 1 December 15; Cut off-date is December 15;
2. In the event that the cut-off date falls on a weekend or is declared as a regular/special/non-working holiday, or there is a force majeure, the cut-off date shall automatically be moved to the next working day following the holiday or weekend.
3. The CHD-RLEDs shall not accept applications whether manual or through the Online Licensing and Regulatory System beyond the set cut-off dates of the current year.
4. Applicants who intend to submit via mail or courier shall ensure that their applications shall be received by the CHD-RLEDs on or before the cut-off dates
5. Applications for renewal of expired DOH-LTO/COA/ATO shall still be processed subject to penalties and sanctions.

SANCTIONS:

Length of Expiry - Less than or equal to three months expired (Penalty: 100% surcharge and Gap in the Validity of DOH-LTO/COA/ATO)

Remarks: For processing of renewal; More than three months - For processing as initial. Application for DOH-PTC, DOH-LTO/COA/ATO shall be required.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Regulation, Licensing and Enforcement Division	
Classification:	Complex	
Type of Transaction:	G2B – Government to Business; and G2G – Government to Government	
Who may avail:	All Regulated Licensed Health Facilities	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE

Application Form 1 (renewal), one (1) original copy	HFSRB website: www.hfsrb.doh.gov.ph or MMCHD website: https://ncroffice.doh.gov.ph/			
Acknowledgement (notarized), one (1) original copy	HFSRB website: www.hfsrb.doh.gov.ph or MMCHD website: https://ncroffice.doh.gov.ph/			
Application Form for Medical X-ray Facility (if applicable) <i>Note: For One-Stop Shop Licensing, application is through the OLRs (https://olrs.doh.gov.ph)</i>	From the FDA website: https://www.fda.gov.ph/			
Application Form for Pharmacy (if applicable) <i>Note: For One-Stop Shop Licensing, application is through the OLRs (https://olrs.doh.gov.ph)</i>	From the FDA website: https://www.fda.gov.ph/			
Accomplished Health Facility Self-Assessment Tool one (1) original copy	HFSRB website: www.hfsrb.doh.gov.ph or MMCHD website: https://ncroffice.doh.gov.ph/			
System-generated Order of Payment (for cash payment) (2 photocopy)	Website: https://olrs.doh.gov.ph			
Proof of payment (for cash payment)	Requesting party			
Note: All health facilities are required to apply online through the Online Licensing and Regulatory System (OLRS) (website: https://olrs.doh.gov.ph). During the transition period or while the OLRs implementation is temporary deferred, applicants are required to submit complete documentary requirements physically or online using an alternative mode of application provided by RLED.				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Visit the online website: (https://olrs.doh.gov.ph/) and register the facility account for new accounts, and sign in for current users</p> <p>Choose the type of application, fill up all the required fields, and upload attachments. Proceed to the Selection of Payment Method.</p> <p>For online payment, proceed to Step 4.</p>	None	None	15 minutes	Applicant



For cash payment, proceed to Step 2.				
2. Accomplish the Visitor's Log, and secure a queuing number at the Public Assistance and Complaints Unit (PACU) Waiting time: 10 minutes	2. Give a queuing number to applicant	None	5 minutes	Administrative Assistant (AA) Business Center
3. Submit duly accomplished application form and documentary requirements	3.1 Evaluate application form and documents for completeness If incomplete: 3.1.1 Notify the applicant of the lacking documents in writing and return the documents for completion. If complete, 3.1.2 Issue order of payment then proceed to the next step	None	30 minutes	Licensing Officer RLED

<p>4. Pay the amount due reflected in the Order of Payment</p> <p>For online payment,</p> <ol style="list-style-type: none"> Accomplish online form through https://bit.ly/MMC_HDRLEDDocsForEpay and upload required documents. Wait for the email notification bearing the Order of Payment (OP) number. Pay through the link provided in the email or at https://myeg.ph/services/doh-mmchd <p>Proceed to Step 6.</p>	<p>4.1 Receive payment and issue official receipt</p> <p>Refer to Agency Action No. 3.1</p> <p>4.2 If online payment, check payment status and proceed to Step 6</p>	<p>Refer to Health Facility schedule of fees</p>	<p>15 minutes</p>	<p>Administrative Officer MSD - Cashier Section</p> <p>Licensing Officer RLED</p> <p>Administrative Assistant (AA)/ Licensing Officer RLED</p>
<p>5. Present the Official Receipt, order of payment and complete application form/documents</p>	<p>5.1 Receive the application documents, scan the Official Receipt and Order of Payment, and return to the applicant</p> <p>5.2 Forward the application documents to the assigned staff</p>	<p>None</p>	<p>15 minutes</p>	<p>AA / Licensing Officer RLED</p>
<p>6. Wait for the issuance of LTO/ATO/COA/COR</p>	<p>6.1 Log the application and process LTO/ATO/COA/COR</p>	<p>None</p>	<p>1 day</p>	<p>Licensing Officer RLED</p>
	<p>6.2 Approve and sign the LTO/ATO/COA/COR</p> <p>6.3 Notify the applicant on the</p>	<p>None</p>	<p>3 days</p>	<p>Regional Director/ OIC/ARD</p> <p>AA RLED</p>



	availability of the LTO/ATO/COA/COR			
7. Receive the approved LTO/ATO/COA/COR	7. Record and release the approved LTO/ATO/COA/COR	None	30 minutes	AA/ Licensing Officer RLED
TOTAL		Refer to Health Facility schedule of fees	Without Waiting Time: 4 days, 1 hour and 50 minutes With Waiting time: 4 days and 2 hours	

Schedule of Fees:

There shall be a 10% discount for renewal of application received from October 1 to November 30 of the current year pursuant to DOH Administrative Order No. 2018-0016.

Services	Fee (PhP)
1. Ambulance Service Provider	
a. Institution based (Ambulance per unit)	1,000.00 3,000.00
b. Non-Institution Based (Ambulance per unit)	5,000.00 (Institution-based) 15,000.00 (Non-Institution based)
c. Ambulance Service Provider	
2. Ambulatory Surgical Clinic	4,000.00
3. Birthing Home	3,000.00
4. Blood Center	5,000.00
5. Blood Collection Unit	1,500.00
6. Blood Station (Fully-owned by the facility)	No fee
7. BCU/BS (Fully-owned by the facility)	No fee
8. Clinical Laboratory OSS Non-Hospital Based Health Facilities with ancillary Services	
a. Ancillary Services	
Clinical Laboratory (CL) Fee	
Primary –	2,500.00
Secondary –	3,000.00
Tertiary –	3,500.00
9. Limited Service Capability	7,500.00
10. One Stop-Shop Government Hospital	
a. (Non-DOH Retained)	
Clinical Laboratory (CL)	
CL Fee for Level 1 Hospital	2,500.00
Secondary –	
CL Fee for Level 2 Hospital	3,000.00
Tertiary –	
CL Fee for Level 3 Hospital	3,000.00
Tertiary –	
b. Non-Hospital-Based Non-OSS Health Facilities and Services (e.g. Ambulatory Surgical Clinic and Dialysis with Clinical Laboratory)	14,000.00 every 3 years
Clinical Laboratory (CL) Fee:	
Primary –	2,500.00
Secondary –	3,000.00
Tertiary –	3,000.00
11. Dental Laboratory	
a. Removable -	1,000.00



b. Fixed Prostheses –	1,000.00
c. Removable and Fixed Prostheses	2,500.00
d. Limited Services –	1,000.00
12. a. One Stop-Shop (OSS) Non-Hospital Based Dialysis	9,500.00 (HFSRB only)
b. One Stop-Shop Government Hospital (Non-DOH Retained) Dialysis	3,000.00
c. One Stop-Shop Private/Government Hospital (Non-DOH Retained)	No fee
d. Dialysis (Hospital owned)	
13. Free standing Dialysis –	9,500.00 (HFSRB only)
14. Drug Testing Laboratory Cash Bond –PHP 20,000.00 (FOR HFSRB)	5,000.00
15. DATRC	
a. Residential:	6,000.00
b. Non-residential:	14,000.00
Cash Bond – PHP 20,000.00 (FOR HFSRB)	
16. Infirmary	5,500.00
17. LDWA –	5,000.00
Psychiatric Care Facility	
a. Acute/Chronic –	5,500.00
b. Custodial Care –	4,000.00
18. a. Private Hospital Basic Fee (initial)	
Level 1 Hospital -	6,000.00
Level 2 Hospital	8,500.00
Level 3 Hospital	10,500.00
b. One Stop-Shop Private Hospital Medical Facility for Overseas Workers and Seafarers (MFOWS) Fee (initial)	13,500.00
Cash Bond – PHP 100,000.00 (for central) PHP 5,000.00	
19. Primary Care Facility (based on AO 2020-0047)	No Fee (to date)

4. RENEWAL OF REGISTRATION OF LICENSED EMBALMERS AND LICENSED MASSAGE THERAPISTS

This is usually undertaken every three (3) years by licensed embalmers and massage therapists.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Regulation and Licensing Enforcement Division (RLED)			
Classification:	Complex Transaction			
Type of Transaction:	G2C - Government-to-Citizen			
Who may avail:	Licensed Embalmers and Massage Therapists			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Renewal Application Form (1 original copy)		MMCHD website: https://ncroffice.doh.gov.ph/		
Presentation of the following: Professional Tax Receipt (1 original) Resident Certificate (1 original) Medical Certificate (Chest X-ray) (1 photocopy) Professional Identification Card (1 original)		Local Government Unit Local Government Unit From any government physician SSS, DFA, LGUs issued ID, DSWD, Barangay, NBI, PAG-IBIG, PHILHEALTH, COMELEC, LTO		
CEE/CEUE Certification of Credit Units Earned (30 units), one (1) original		Accredited Training Institution		
Certificate of Registration (1 photocopy)		Committee on Embalmers/Undertaker		
Recent ID Picture: 1 pc 1x1, 2 pcs. 2x2		Any photo studio		
for Category I Practicing Professional: Employer's Certificate/ Business Permit, one (1) photocopy		Applicant's Employer		
for Category II Non-Practicing Professional: Authorized letter re: professional not practicing but still want to be included in the Master List/ Registry		Requesting party		
Proof of Payment (for cash payment)		Requesting party		
Authorization letter (if applicable)		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish the Visitor's Log, and secure a queuing	1. Give a queuing number to the applicant	None	5 minutes	Administrative Assistant (AA)/ Business Center



<p>number at the Public Assistance and Complaints Unit (PACU)</p> <p>Waiting time: 10 minutes</p>				
<p>2. Submit duly accomplished application form and documentary requirements</p>	<p>2.1 Evaluate application form and documents for completeness/ authenticity</p> <p>If incomplete:</p> <p>2.1.1 Notify the applicant of the lacking documents in writing and return the documents for completion.</p> <p>If complete,</p> <p>2.1.2 Issue order of payment then proceed to the next step</p>	<p>None</p>	<p>15 minutes per application</p>	<p>Licensing Officer/ Administrative Assistant (AA) RLED</p>
<p>3. Pay the amount due reflected in the Order of Payment</p> <p>For online payment,</p> <p>a. Wait for the email notification bearing the Order of Payment (OP) number.</p> <p>b. Pay through the link provided in the email or at https://myeg.ph/services/doh-mmchd</p>	<p>3.1 Receive payment and issue official receipt</p> <p>3.2 If online payment, check payment status and proceed to Step 5</p>	<p>PHP 250.00</p> <p>Penalty (if applicable): PHP 83.33/year</p>	<p>15 minutes</p>	<p>Administrative Officer MSD – Cashier Section</p> <p>Administrative Assistant (AA)/ Licensing Officer RLED</p>

c. Proceed to Step 5.				
4. Present the Official Receipt, order of payment and complete application form/documents	5.1 Receive the application documents, scan the Official Receipt and Order of Payment, and return to the applicant 5.2 Forward the application documents to the assigned staff	None	15 minutes	AA/ Licensing Officer RLED
5. Wait for the signed ID and Certificate of Registration	5.1 Log the application and process the ID and Certificate of Registration	None	1 hour	AA/ Licensing Officer RLED
	5.2 Approve the ID and Certificate of Registration	None	4 days	Regional Director/ OIC/ARD
6. Receive the approved ID and Certificate of Registration	6. Record and release of the approved ID and Certificate of Registration	None	30 minutes	Administrative Assistant Records Section
TOTAL		PHP 250.00	Without Waiting Time: 4 days, 2 hours and 20 minutes	
		Penalty (if applicable): PHP 83.33/year	With Waiting time: 4 days, 2 hours and 30 minutes	



5. REMOTE COLLECTION PERMIT FOR CLINICAL LABORATORIES (RCP - CL)

A permit issued by the Health Facilities and Services Regulatory Bureau (HFSRB)/ Centers for Health Development (CHDs) to DOH-licensed clinical laboratories conducting mobile collection. The permit allows clinical laboratories to operate only within one hundred (100) km radius from the main laboratory. Applicants may apply at least seven (7) working days prior to the scheduled remote collection activity. The RCP-CL shall be valid only up to the date of collection.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Regulation, Licensing, and Enforcement Division (RLED)		
Classification:	Complex		
Type of Transaction:	G2B - Government to Business G2G - Government to Government		
Who may avail:	All DOH-Licensed Clinical Laboratories		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Accomplished Application Form with notarized Acknowledgement, one (1) original copy		HFSRB website: www.hfsrb.doh.gov.ph or MMCHD website: https://ncroffice.doh.gov.ph/	
Letter of Request signed by the Head of the Clinical Laboratory with the following information: <ul style="list-style-type: none"> • Date of Collection • Time of Collection • Venue • Estimated number of clients • Specimen to be collected one (1) original copy		Requesting Party	
List of Personnel who will conduct the activity, one (1) original copy			
List of Laboratory Supplies/Materials to be used during the remote collection including transportation materials, one (1) original copy			
Notarized Memorandum of Agreement or Contract between the contracting parties one (1) photocopy			
Technical or operational procedures for remote collection including specimen handling and transportation, one (1) photocopy			
Proof of payment			
Note: All applicants are required to submit complete documentary requirements physically or online using an alternative mode of application provided by RLED.			

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
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<p>1. Submit an application</p> <p>For online submission, visit https://bit.ly/MMC_HDRLEDRCPPApplication , fill up all the required fields and upload requirements.</p>	None	None	5 minutes	Applicant
<p>For walk-in, proceed to DOH MMCHD. Accomplish the Visitor's Log, and secure a queuing number at the Public Assistance and Complaints Unit (PACU)</p> <p>Waiting time: 10 minutes</p>	Give a queuing number to applicant	None	5 minutes	Administrative Assistant (AA)/ Business Center
<p>2. Submit duly accomplished application form and documentary requirements</p>	<p>2.1 Evaluate application form and documents for completeness</p> <p>If incomplete: 2.1.1 Notify the applicant of the lacking documents in writing and return the documents for completion.</p> <p>If complete,</p>	None	1 hour	Licensing Officer RLED



	2.1.2 Issue order of payment			
<p>3. Pay the amount due reflected in the Order of Payment</p> <p>For online payment, 3.1 Wait for the email notification bearing the Order of Payment (OP) number. 3.2 Pay through the link provided in the email or at https://myeg.ph/services/doh-mmchd 3.3 Proceed to Step 5.</p>	<p>3.1 Receive payment and issue official receipt</p> <p>3.2 If online payment, check payment status and proceed to Step 5</p>	<p>PHP 500.00 per site</p>	<p>15 minutes</p>	<p>Administrative Officer MSD – Cashier Section</p> <p>Licensing Officer RLED</p>
<p>4. Present the Official Receipt, order of payment and complete application form/documents</p>	<p>4.1 Receive the application documents, scan the Official Receipt and Order of Payment, and return to the applicant</p> <p>4.2 Forward the application documents to the assigned staff</p>	<p>None</p>	<p>15 minutes</p>	<p>AA/ Licensing Officer - RLED</p>
<p>5. Wait for the signed RCP-CL</p>	<p>5.1 Log the application and process RCP- CL</p>	<p>None</p>	<p>1 hour</p>	<p>Licensing Officer - RLED</p>
	<p>5.2 Approve and sign the RCP- CL</p>	<p>None</p>	<p>4 days</p>	<p>Regional Director/ OIC/ARD</p>

6. Receive the approved RCP-CL	6.2 Record and release the approved RCP-CL	None	30 minutes	AA/ Licensing Officer RLED
TOTAL		PHP 500.00 per site	Without Waiting Time: 4 days, 3 hours and 10 minutes With Waiting time: 4 days, 3 hours and 20 minutes	



6. VALIDATION OF DRUG TEST KITS

Drug Testing Kits (DTKs) validation curbs proliferation or use of fake Drug Test Kits or those which are not approved by the Food and Drugs Administration. Centers for Health Development (CHDs) inspect or validate the DTKs of Drug Testing Laboratories (DTLs). DTLs shall register online newly procured DTKs and request for a schedule of DTK validation from their respective CHD. The DTLs will log on to the Integrated Drug Test Operations Management Information System (IDTOMIS) website using user ID and password. Authorized DTL personnel shall be requested to provide a login ID and password via email through IDTOMIS.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Regulation, Licensing, and Enforcement Division (RLED)			
Classification:	Simple			
Type of Transaction:	G2B - Government to Business G2G - Government to Government			
Who may avail:	All DOH-Licensed Drug Testing Laboratories			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. One (1) Drug Testing Kit Validation Form		IDTOMIS Website: http://idtomis.doh.gov.ph/idtomis/login.jsp		
2. Used Drug Testing Kits with drug test results Note: Facility to return at least 50% of used kits from the previous DTK Balance		Requesting party		
3. Newly procured Drug Testing Kits		FDA-Approved Drug Testing Kit Supplier		
Note: During the system maintenance of the IDTOMIS, all applicants shall be required to register for DTK validation through https://bit.ly/IDTOMISDKRegistration				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish the Visitor's Log, and secure a queuing number at the Public Assistance and Complaints Unit (PACU) <i>Waiting time: 10 minutes</i>	1. Give a queuing number to applicant	None	5 minutes	Administrative Assistant (AA) Business Center
2. Submit the Drug Test Kits validation form with the used	2. Receive validation form, count and check	None	1 hour per 500 drug test kits	Licensing Officers/IDTOMIS Personnel RLED

drug test kits with drug test result and new drug test kits	newly procured and used DTKs			
3. Wait for the DTKs to be validated	3.1 Validate the newly procured DTKs thru IDTOMIS Website 3.2 Marking of the newly procured DTKs for notation and affix signature on the boxes 3.3 Encoding of new and used DTKs	None		
4. Receive the validated DTKs	4. Return/release the validated DTKS	None	20 minutes	
TOTAL		None	Without Waiting Time: 1 hour and 25 minutes With Waiting time: 1 hour and 35 minutes	



7. ISSUANCE OF CERTIFICATION AS REGISTERED HEALTH FACILITY

The certification is issued to health facilities duly licensed or accredited by the Department of Health.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Regulation, Licensing, and Enforcement Division (RLED)			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Letter request (1 original copy)			Requesting party/authorized representative	
Authorization letter from requesting client (if applicable), one (1) original copy				
Proof of payment (for cash payment)				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a letter request. For online submission, send the request through email, rled@ncro.doh.gov.ph	1.1 Acknowledge the receipt of the letter request	None	5 minutes	Administrative Assistant (AA)/ Licensing Officer RLED
For walk-in, proceed to DOH MMCHD. Accomplish the Visitor's Log, and secure a queuing number at the Public Assistance and Complaints Unit (PACU) Waiting time: 10 minutes	1.2 Give a queuing number to applicant	None	5 minutes	AA/ Business Center
2. Submit the letter request	2.1 Receive the letter 2.2 Issue Order of Payment	None	10 minutes	AA/ Licensing Officer RLED
3. Pay the amount due reflected in the Order of Payment	3.1 Receive payment and	PHP 50.00/ request	15 minutes	Administrative Officer

CITIZEN'S CHARTER

<p>For online payment, 3.1 Wait for the email notification bearing the Order of Payment (OP) number.</p> <p>3.2 Pay through the link provided in the email or at https://myeg.ph/services/doh-mmchd</p> <p>3.3 Proceed to Step 5.</p>	<p>issue official receipt</p> <p>3.2 If online payment, check payment status and proceed to Step 4.3</p>			<p>MSD – Cashier Section AA/ Licensing Officer RLED</p>
<p>4. Present the Official Receipt and order of payment</p>	<p>4.1 Scan the Official Receipt and Order of Payment, and return to the applicant</p> <p>4.2 Forward the letter request to the assigned staff</p> <p>4.3 Log the request and prepare the certification</p> <p>4.4 Approve and sign the Certification</p>	<p>None</p>	<p>30 minutes</p>	<p>Administrative Assistant -RLED</p> <p>Administrative Assistant - RLED</p> <p>Licensing Officer - RLED</p> <p>Division Chief/ Medical Officer RLED</p>
<p>5. Receive the Certification</p>	<p>5. Record and release the Certification</p>	<p>None</p>	<p>30 minutes</p>	<p>AA/ Licensing Officer - RLED</p>
<p>TOTAL</p>		<p>PHP 50.00/ request</p>	<p>Without Waiting Time: 1 hour and 35 minutes With Waiting time: 1 hour and 45 minutes</p>	



8. ISSUANCE OF CERTIFICATION FOR HEALTH FACILITIES NOT REGULATED BY THE DOH

The certification is issued upon the request of individuals/representatives operating a health facility which are not yet regulated by the DOH, as a pre-requisite in securing necessary permits from the Local Government Units and other agencies.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Regulation, Licensing, and Enforcement Division (RLED)	
Classification:	Simple	
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government	
Who may avail:	All	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Letter request, one (1) original copy		Requesting party
DTI/SEC Registration, one (1) photocopy		Securities and Exchange Commission Office/Department of Trade and Industry
Notarized Affidavit to include: Complete list of services to be offered Facility will not offer services that are regulated by the DOH one (1) original		Requesting party

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a letter request. For online submission, send the request through email rled@ncro.doh.gov.ph	1.1 Acknowledge the receipt of the letter request	None	5 minutes	Administrative Assistant (AA)/ Licensing Officer RLED
For walk-in, proceed to DOH MMCHD. Accomplish the Visitor's Log, and secure a queuing number at the Public Assistance and Complaints Unit (PACU)	1.2 Give a queuing number to applicant	None	5 minutes	AA/ Business Center

CITIZEN'S CHARTER

Waiting time: 10 minutes				
2. Submit the letter request and documentary requirements	2.1 Receive the letter and attachments 2.2 Log the request and prepare the certification 2.3 Approve and sign the Certification	None	30 minutes	AA/ Licensing Officer RLED Division Chief / Medical Officer RLED
3. Receive the Certification	5. Record and release the Certification	None	30 minutes	AA/ Licensing Officer RLED
TOTAL		None	Without Waiting Time: 1 hour and 10 minutes With Waiting time: 1 hour and 20 minutes	



LOCAL HEALTH SUPPORT DIVISION

9. CERTIFICATE OF ANIMAL BITE TREATMENT CENTER AND ANIMAL BITE CLINIC

This ensures that a facility can provide quality services to presumptive Animal Bite patients for Animal Bite Treatment Center (ABTC) and Animal Bite Clinic (ABC), met the minimum criteria in the promotion, protection and support. It aims to standardize the provision of the following by institutionalizing a set of standards and criteria for a quality-assured facility. Compliance with the standards and criteria provide platform for PhilHealth accreditation.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Infectious Diseases Prevention and Control Cluster (IDPCC) (under Local Health Support Division [LHSD])			
Classification:	Complex			
Type of Transaction:	G2G – Government to Government G2B – Government to Business			
Who may avail:	Rural Health Units, Government and Private Hospital and Private Clinics			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A. One (1) Original copy of Letter of Intent from the facility		Requesting Party		
B. One (1) Original/Photocopy of Endorsement Letter from the LGU for the established facility		City Coordinators of National Rabies Prevention and Control Program (NRPCP)		
C. One (1) Original/Photocopy of Accomplished and Complete Self-Assessment Form		2019 NRPCP MOP 2019 Appendix 6: ABTC/ABC Assessment Tool		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit required documents above (Nos. 1 to 5) For walk-in clients: 1.1 Log in to visitor's	For walk-in clients: 1.1. 1. Give queuing number to applicant 1.1.2. Call Program Manager of IDPCC	None	15 minutes	Administrative Aide IV Business Center



logbook at the business center	1.1.3 Evaluate the documentary requirements for authenticity and completeness	None	20 minutes	ABTC/ABC Officer IDPCC
	For incomplete documents: 1.1.4 Deny the application and return the documents to the applicant for completion		5 minutes	ABTC/ABC Officer IDPCC
	For complete documents: 1.1.5 Acknowledge receipt of complete application		5 minutes	Administrative Aide IV Business Center
	1.1.6 Route the application to the Regional Director's Office		10 minutes	Administrative Aide IV Business Center
	1.1.7 Received the application and forward to IDPCC		1 day	Administrative Assistant from the Regional Director's Office
	1.1.8 Draft and send a letter/email to Requesting Party for schedule of visit, signed by IDPCC Cluster Head		30 minutes	ABTC/ABC Officer IDPCC
2. Check mail/email for advice of IDPCC on the schedule of inspection	2.1. Inspect the site of Requesting Party 2.2. Report the findings, rating and overall decision to the facility	None	1 day	ABTC/ABC Assessors IDPCC
If the facility is non-compliant or has findings:	If non-compliant: 2.3.1. Provide assessment form with comments for compliance			

<p>Submit the documents indicated in the assessment form within ten (10) working days</p> <p>If application is disapproved: Receive Notice of Disapproval</p> <p>If application is approved: Monitor release of Certificate</p>	<p>If able to submit: 2.3.2. Validate compliance from the findings</p>		30 minutes	ABTC/ABC Assessors IDPCC
	<p>If disapproved: 2.4.1. Send a Notice of Disapproval signed by IDPCC Head to the Requesting Party and Technical Assistance (TA) team of the Local Government Unit where the facility is situated</p>		30 minutes	ABTC/ABC Assessors IDPCC
	<p>If compliant: 2.5.1 Inform the facility of the approval of Certificate</p>			
	<p>2.5.2. Prepare the Certificate and endorsement letter</p> <p>2.5.3. Sign the ABTC/ABC Certificate</p>		1 hour	ABTC/ABC Officer IDPCC
<p>3. Log in the visitor's logbook at the business center and receive the Certificate</p>	<p>3.1.1. Give queuing number to applicant</p>	None	15 minutes	Administrative Aide V of Business Center
	<p>3.1.2. Call Program Manager of IDPCC</p>		5 minutes	
	<p>3.1.3. Record and release the Certificate</p>		5 minutes	ABTC/ABC Officer IDPCC
Total		None	5 working days, 3 hours and 20 minutes	



10. CERTIFICATE OF MOTHER BABY FRIENDLY WORKPLACE

This service is based on the Department Memorandum No. 2022-0111 which describes the process of application, assessment, re-assessment and recognition of Mother-Baby Friendly Workplace (MBFW). The MBFW ensures the creation of breastfeeding friendly workplaces in all health facilities, may it be public or private, through the establishment of supportive breastfeeding policies, spaces, and work environments.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Family Health Cluster (FHC) (under Local Health Support Division [LHSD])			
Classification:	Highly Technical			
Type of Transaction:	G2B – Government to Business G2G – Government to Government			
Who may avail:	Public and Private Health Facilities & Establishments			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. One (1) Duly Accomplished Self-Assessment Tool (SAT) for Mother Baby Friendly Workplace (MBFW)		Download from the website: bit.ly/41E6Q2g		
2. One (1) original/ photocopy of letter of Intent (LOI) addressed to the Regional Director		Requesting Party		
3. One (1) copy company profile, Vision and Mission		Requesting Party		
4. One (1) copy list of Name of Human Resource Manager/Lead Person, list number of women workers in the workplace, list of Person in Charge of Workplace		Requesting Party		
5. One (1) copy workplace Lactation Policy		Requesting Party		
6. List and specification of Lactation Space/s and equipment within the space/s, guided by DOH DC 2011-03656		Requesting Party		
7. Documentation of Lactation Space/s and IEC Materials promoting lactation and women's health and nutrition in the workplace		Requesting Party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit required documents	For walk-in clients: 1.1. 1. Give queuing	None	15 minutes	Administrative Aide V Business Center

<p>above (Nos. 1 to 7)</p> <p>For walk-in clients: 1.1 Log in to visitor's logbook at the business center</p>	<p>number to applicant</p> <p>1.1.2. Call Program Manager of FHC</p> <p>For email applications: 1.2. Acknowledge receipt of email from applicant</p>	<p>None</p>		<p>MBHFI Officer FHC</p>
<p>For email applications: 1.2. Email the required documents above (Nos. 1 to 5) to mbfhi.dohmmchd@gmail.com</p>	<p>1.3. Evaluate the documentary requirements for authenticity and completeness</p> <p>For incomplete documents: 1.3.1. Deny the application and return the documents to the applicant for completion</p> <p>For complete documents: 1.3.2. Acknowledge receipt of complete application</p> <p>1.3.3. Route the application to the Regional Director's Office</p> <p>1.3.4. Receive the application and forward to FHC</p>	<p>None</p>	<p>20 minutes</p>	<p>MBHFI Officer FHC</p> <p>MBHFI Officer FHC</p> <p>Administrative Aide V Business Center</p> <p>Administrative Aide V Business Center</p> <p>Administrative Assistant from the Regional Director's Office</p> <p>MBHFI Officer</p>



	1.3.5. Draft and send a letter/email to Requesting Party for schedule of visit, signed by FHC Cluster Head		5 minutes 5 minutes 10 minutes 1 day 1 day	FHC
2. Check mail/email for advice of FHC on the schedule of inspection	2.1. Assess the health facility of Requesting Party 2.2. Provide assessment form for the findings, rating and overall decision to the facility and its lactation station	None	1 day	MBFHFI Assessors FHC

<p>If the facility is non-compliant or has findings: Submit the documents indicated in the assessment form within ten (10) working days</p> <p>If application is disapproved: Receive Notice of Disapproval</p> <p>If application is approved: Monitor release of MBFW Certificate</p>	<p>point person</p> <p>If non-compliant: 2.3.1. Provide the list of deficiencies</p> <p>If able to submit: 2.3.2 Validate completeness of submitted documents</p> <p>If disapproved: 2.4.1. Send a Notice of Disapproval signed by FHC Head to the Requesting Party and Technical Assistance (TA) team of the Local Government Unit where the facility is situated</p> <p>If compliant: 2.5.1 Inform the facility of the approval of application</p> <p>2.5.2. Prepare the MBFW Certificate</p> <p>2.5.3. Sign the MBFW Certificate</p>		<p>30 minutes</p> <p>30 minutes</p> <p>1 hour</p> <p>2 days</p>	<p>MBFHFI Assessors FHC</p> <p>MBFHFI Assessors FHC</p> <p>MBFHFI Assessors FHC</p> <p>Program Officer of FHC</p> <p>Director IV</p>
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3. Log in the visitor's logbook at the business center and receive the MBFW Certificate	3.1.1. Give queuing number to applicant	None	15 minutes	Administrative Aide V Business Center
	3.1.2. Call Program Manager of FHC		10 minutes	MBFHFI Officer FHC
	3.1.3. Record and release the MBFW Certificate			
TOTAL		None	5 working days, 3 hours and 20 minutes	

11. ISSUANCE OF ENVIRONMENTAL SANITATION CLEARANCE (ESC)

Environmental Sanitation Clearance (ESC) is issued by the DOH Regional Office allowing the collection, handling, transport, treatment and disposal of domestic sludge or septage for mobile and/or stationary.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Local Health Support Division – Environmental and Occupational Health Cluster (EOHC)			
Classification:	Highly Technical			
Type of Transaction:	G2B – Government to Business G2G – Government to Government			
Who may avail:	All entities / Owners/Operators/Developers who wanted to establish collection, handling, transport, treatment and disposal of domestic sludge or septage (mobile and/or stationary).			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
A. For both Mobile Service and Stationary Service				
1. One (1) original, Three (3) photocopy of Notarized application	Requesting Party			
2. One (1) original, Three (3) photocopy of Report of Inspections, recommendations and findings from the LGU concerned (through local health office)	Requesting Party			
3. One (1) copy of documents / engineering report / project description	Requesting Party			
4. One (1) original, Three (3) photocopy of Report of validation and site evaluation conducted by the CHD Regional Office in coordination with the concerned Provincial Health Office	DOH Regional Office and Provincial Health Office			
5. One (1) photocopy of Official Receipt	Requesting Party			
6. One (1) original/valid government ID	Requesting Party			
Representative				
One (1) of original copy of Authorization Letter	Owners / Operators/ Developers			
One (1) original, One (1) photocopy of Any government valid ID both from the owner and the representative	Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

	2.6 Prepares the inspection/evaluation report	None	1 day	
	2.7 Sign the inspection report	None	1 day	Medical Officer IV LHSD-EOHC
	2.7 Issues Order of Payment	None	10 minutes	Engineer III / Engineer II LHSD - EOHC
<p>3. Pay the amount due reflected in the Order of Payment (OP) to the Cashier's Office</p> <p>For online payment system, <ul style="list-style-type: none"> Wait for the email notification bearing the OP number. Register and pay through the link provided in the email or at https://myeg.ph/services/doh-mmchd </p>	<p>3.1 Accepts and issue official receipt based on the amount reflected in the Order of Payment</p> <p>3.2 If online payment, check if payment status is successful.</p>	<p>Clearance Fee— For:</p> <p>1. Private Sludge Collection PHP: 2,600.00</p> <p>2. Private Sludge Treatment and Disposal PHP: 2,800.00</p> <p>3. Private Sludge Collection, Treatment and Disposal PHP: 3,000.00</p> <p>(Note: Fee is for both Initial and Operational Permit)</p>	20 minutes	Administrative Assistant III MSD - Cashier Section
4. Submit the photocopy of Official Receipt of payment at the EOH office	4.1 Receives and logs	None	5 minutes	Engineer III / Engineer II LHSD - EOHC
	4.2 Prepares Environmental Sanitation Clearance (ESC)	None	1 day	Engineer III / Engineer II / Medical Officer IV LHSD-EOHC



	4.3 Recommends the Approval of ESC	None	1 day	Medical Officer V / LHSD Chief
	4.4 Signs the ESC	None	1 day	DOH MMCHD Regional Director
5.Receives Approved ESC	5.1 Releases the Approved ESC	None	15 minutes	Administrative Aide VI MSD- KMITS- Records Section
TOTAL		Clearance Fee–	13 days, 1 hour, 40 minutes	
		For: 1. Private Sludge Collection PHP: 2,600.00		
		2. Private Sludge Treatment and Disposal PHP: 2,800.00		
		3. Private Sludge Collection Treatment and Disposal PHP: 3,000.00		
		(Note: Fee is for both Initial and Operationa I Permit)		

12. INITIAL AND OPERATIONAL CLEARANCE FOR BURIAL GROUNDS

Initial or Operational Clearance is issued only by the DOH Regional Office for the establishment of burial grounds (cemetery, memorial park, private burial ground or any place duly designated for permanent disposal of the dead).

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Local Health Support Division – Environmental and Occupational Health Cluster (EOHC)	
Classification:	Highly Technical	
Type of Transaction:	G2B – Government to Business G2G – Government to Government	
Who may avail:	For all entities/Owners/Operators/ Developers who wanted to establish burial grounds	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
A. Initial Clearance for Public Cemetery or Memorial Park (for public use)		
1. One (1) original, Three (3) photocopy of duly accomplished application form	Requesting Party	
A.2. One (1) original, three (3) photocopy of Resolution of the city/municipal council for the site embodying therein the strict compliance to Chapter XXI – “Disposal of Dead Persons” (PD 856) *with barangay resolution as pre-requisite	Requesting Party	
A.3. One (1) original, Three (3) photocopy of Map of the proposed cemetery in triplicate copies indicating the dimensions of the cemetery in length and width and the 25-50 meter zones, the dwelling places and sources of water supply within said zones	Requesting Party	
A.4. One (1) original, three (3) photocopy of Title of ownership of the land proposed to be utilized as a cemetery, duly registered with the office of the register of deeds of the province/city		
A.4.1 In case the land involved is a public land , the site shall be set aside by the President of the Philippines for cemetery purposes. The application shall be coursed		



<p>through the Lands Management Bureau, Department of Environment and Natural Resources in the form of a resolution by the city or municipal council or provincial board whichever body is concerned</p> <p>A.4.2 When the site if owned by the municipality or component city, the provincial board may set aside the said land for cemetery purposes upon recommendation of the city, the city council concerned shall set aside such land</p> <p>A.4.3 In case the land involved is a private property, the title of ownership shall be duly registered with the register of deeds. If a donation, the deed of donation shall be likewise registered (1 original, 3-photocopy)</p>	
<p>A.5. One (1) original, Three (3) photocopy of Plan for the construction of a reinforced concrete wall or steel grille or combination thereof with a minimum height of two (2) meters around the cemetery with a steel grille main door provided with a lock</p>	
<p>A.6 One (1) original, three (3) photocopy of Plan for the construction of a chapel or a structure/building for public assembly within the cemetery. It shall have a minimum area of 50 square meter, (5mx 10m) where funeral ceremonies may be held and serves as a haven for protection against the sun or rain</p>	
<p>A.7 One (1) original, Three (3) photocopy of Plan for the construction of a 4-meter wide main road from the gate to the rear and the 1-meter minimum cross roads which divide the cemetery in lots and sections</p>	
<p>A.8 One (1) original, Three (3) photocopy of Topographic map of the cemetery zone</p>	
<p>A.9. One (1) original, Three (3) photocopy of Technical description</p>	

of the proposed cemetery showing complete details (refer to Section 3.1.10 – Chapter XXI “Disposal of Dead Persons” <i>P.D.856</i>)	
*All plans for submission must signed and sealed by corresponding licensed engineer	
A.10. One (1) original, Three (3) photocopy of Certification from the sanitary engineer of the Department of Health with regards to the suitability of the land proposed to be utilized as a cemetery, as to depth of water table during the dry and rainy seasons, highest flood level, direction of run-off, drainage disposal, the distance of any dwelling house within 25meter zone and drilling of a well or any source of potable water supply within 50 meter zone	Requesting Party
B. Initial Clearance for Private Burial Ground or Place of Enshrinement (including Sectarian Burial Areas, Catacomb, Mausoleum):	
B.1 One (1) original, Three (3) photocopy of Compliance to previous items: A.1, A.3-A.4, A.5, and A.8-A.9 and Section 3.5.8 – Chapter XXI “Disposal of Dead Persons”, <i>P.D.856</i>	Requesting Party
B.2 One (1) original, three (3) photocopy of Resolution by the city/municipal council permitting the establishments of the private burial ground; *with barangay resolution as pre-requisite	Requesting Party
B.3 One (1) original, Three (3) photocopy of Certification by the city/municipal planning and development office with regards to the proposed site location	Requesting Party
B.4 Certification by the city/municipal engineer that the design of the proposed structures conforms to the National Building Code of the Philippines;	Requesting Party
B.5 Size of the burial private ground shall be at least 1.2 hectares which	Requesting Party



includes a buffer zone of 50meters around the niche or space for interment				
B.6 Burial shall be limited to 10 niches occupying an area not more than 30 square meters to be located at the center of the proposed site;				
B.7 Additional burials shall not exceed or go beyond the 30 square meters designated site and shall be constructed only over and above the existing niches, but in no case more than 4 niches or 3.0 meter high whichever is lower;				
*All plans for submission must signed and sealed by a corresponding licensed engineer				
B.8 One (1) original, Three (3) photocopy of Certification from the sanitary engineer of the Department of Health *see item A.10 for details		Engineer III		
Operational Clearance				
1. One (1) original, Three (3) photocopy of Application Letter *include: Photo documentation of work completed		Requesting Party		
2. One (1) original, Three (3) photocopy of Validation report of the DOH sanitary engineer as to conformity and compliance of the development		Engineer III		
3. One (1) photocopy of Official Receipt		Requesting Party		
4. One (1) original/valid government ID		Requesting Party		
Representative				
One (1) of Authorization Letter		Owners / Operators/ Developers		
One (1) original, One (1) photocopy of Any government valid ID both from the owner and the representative		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
ISSUANCE OF INITIAL PERMIT				
1. Log in the Visitor's Logbook	1.1 Call designated EOHC Administrative Assistant III to receive the Application	None	5 minutes	Administrative Assistant Business Center

	Form including documentary requirements			
2. Submits documentary requirements at the EOH Office	2.1 Receives and logs	None	5 minutes	Administrative Assistant III LHSD - EOHC
	2.2 Evaluates the application for its correctness and completeness of the necessary documents forwarded by the local health office If incomplete 2.2.1 Return the documents for completion	None	40 minutes 20 minutes	Engineer III / Engineer II / Medical Officer IV LHSD-EOHC
	2.3.1 Tabletop evaluation of the application If incomplete 2.3.2. Disapproved the engineering report and inform the client	None	4 days 1 day	Engineer III / Engineer II / Medical Officer IV LHSD-EOHC
	2.4 Inform the facility of the schedule date of inspection	None	3 days	Engineer III / Engineer II / Medical Officer IV LHSD-EOHC
	2.5 Conducts inspection/ evaluation visit	None	1 day	
	2.6 Prepares the inspection/ evaluation report	None	1 day	
	2.7 Sign the inspection report	None	1 day	Medical Officer IV LHSD-EOHC



	2.8 Issues Order of Payment (OP)	None	10 minutes	Engineer III / Engineer II / Medical Officer IV LHSD-EOHC
3. Pays the amount due reflected in the Order of Payment to the Cashier's Office For online payment system, a. Wait for the email notification bearing the OP number. b. Register and pay through the link provided in the email or at https://myeg.ph/services/doh-mmchd	3.1 Accepts and issue official receipt based on the amount reflected in the Order of Payment 3.2 If online payment, check if payment status is successful.	Clearance Fee– Php 2,800.00 (Note: Fee is for both Initial and Operational Clearance)	20 minutes	Administrative Assistant III MSD - Cashier Section
4. Submits copy of Official Receipt of payment at the EOH office	4.1 Receives and logs	None	5 minutes	Administrative Assistant III LHSD - EOHC
	4.2 Prepares Initial Permit	None	1 day	Engineer III / Engineer II / Medical Officer IV LHSD-EOHC
	4.3 Recommends the Approval of Initial Permit	None	1 day	Medical Officer V/ LHSD Chief
	4.4 Signs the Initial Permit	None	1 day	DOH MMCHD Regional Director
5. Receives the Approved Initial Permit	5.1 Releases the Approved Initial Permit	None	15 minutes	Administrative Aide VI MSD- KMITS- Records Section
TOTAL		Clearance Fee - Php 2,800.00 (Note: Fee is for both Initial and Operational Clearance)	13 days, 1 hour, 40 minutes	
ISSUANCE OF OPERATIONAL PERMIT				

6. Log in the Visitor's Logbook	6.1 Call designated EOHC Administrative Assistant III to receive the Application Form including documentary requirements	None	5 minutes	Administrative Assistant Business Center	
7. Submits documentary requirements at the EOH Office	7.1 Receives and logs	None	5 minutes	Administrative Assistant III LHSD - EOHC	
	7.2 Evaluates the application for its correctness and completeness of the necessary documents forwarded by the local health office If incomplete 7.2.1 Return the documents for completion	None	40 minutes 20 minutes	Engineer III / Engineer II / Medical Officer IV LHSD-EOHC	
	7.3.1 Tabletop evaluation of the application If incomplete 7.3.2. Disapproved the engineering report and inform the client	None	2 days 1 day		
	7.4 Inform the facility of the schedule date of inspection	None	3 days		
	7.5 Conducts inspection/ evaluation visit	None	1 day		
	7.6 Prepares the inspection/ evaluation report	None	1 day		
	7.7 Sign the inspection report	None	1 day		Medical Officer IV LHSD-EOHC



	7.8 Prepares Operational Permit	None	1 day	Engineer III / Engineer II / Medical Officer IV LHSD-EOHC
	7.9 Recommend the Approval of Operational Permit	None	1 day	Medical Officer V / LHSD Chief
	7.8 Signs the Operational Permit	None	1 day	DOH MMCHD Regional Director
8. Receives the Approved Operational Permit	8.1 Releases the Approved Operational Permit	None	15 minutes	Administrative Aide VI MSD- KMITS- Records Section
TOTAL		Clearance Fee– Php 2,800.00 (Note: Fee is for both Initial and Operationa l Clearance)	11 days, 1 hour, 5 mins	

13. CERTIFICATE OF ACCREDITATION OF MOTHER-BABY FRIENDLY HEALTH FACILITY INITIATIVE

This service is based on the Department Memorandum No. 2022-0111 which describes the process of application, assessment, re-assessment and recognition of Mother-Baby Friendly Health Facility Initiative (MBFHFI). The MBFHFI ensures the creation of breastfeeding friendly workplaces in all health facilities, may it be public or private, through the establishment of supportive breastfeeding policies, spaces, and work environments.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Local Health Support Division – Family Health Cluster (FHC)			
Classification:	Highly Technical			
Type of Transaction:	G2B – Government to Business G2G – Government to Government			
Who may avail:	Public and Private Health Facilities & Establishments			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. One (1) original/photocopy of duly accomplished Self-Assessment Tool (SAT) for MBFHFI COA		Download from the website: www.ncbi.nlm.nih.gov/books/NBK153499/		
2. One (1) original/photocopy of letter of Intent (LOI) addressed to the Regional Director		Requesting Party		
3. One (1) copy of Health Facility Policies on Breastfeeding, Essential Intrapartum Newborn Care (EINC), Care for Small Babies (CSB) and Rooming-in, Infection Prevention and Control Measures, signed by the Health Facility Chief/Head		Requesting Party		
4. One (1) copy of list of in-house or outsourced Staff Competency Trainings on EINC, Lactation Management Training (LMT) and CSB		Requesting Party		
5. One (1) copy of list of names of committees present in the health facility		Requesting Party		
6. One (1) original (for presentation) and photocopy of any valid government ID		Requesting Party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



<p>1. Submit required documents above (Nos. 1 to 5)</p> <p>For walk-in clients: 1.1 Log in to visitor's logbook at the business center</p> <p>For email applications: 1.2. Email the required documents above (Nos. 1 to 5) to mbfhi.dohmmchd@gmail.com</p>	<p>For walk-in clients: 1.1. 1. Give queuing number to applicant</p> <p>1.1.2. Call Program Manager of FHC</p>	None	15 minutes	Administrative Aide V Business Center
	<p>For email applications: 1.2. Acknowledge receipt of email from applicant</p>	None		MBFHFI Officer FHC
	<p>1.3. Evaluate the documentary requirements for authenticity and completeness</p>	None	20 minutes	MBFHFI Officer FHC
	<p>For incomplete documents: 1.3.1. Deny the application and return the documents to the applicant for completion</p>		5 minutes	MBFHFI Officer FHC
	<p>For complete documents: 1.3.2. Acknowledge receipt of complete application</p> <p>1.3.3. Route the application to the Regional Director's Office</p>		5 minutes 10 minutes	Administrative Aide V Business Center Administrative Aide V Business Center

	<p>1.3.4. Received the application and forward to FHC</p> <p>1.3.5. Draft and send a letter/email to Requesting Party for schedule of visit, signed by FHC Cluster Head</p>		<p>1 day</p> <p>1 day</p>	<p>Administrative Assistant from Office of the Regional Director</p> <p>MBFHFI Officer FHC</p>
<p>2. Check mail/email for advice of FHC on the schedule of inspection</p> <p>If the facility is non-compliant or has findings: Submit the documents indicated in the assessment form within ten (10) working days</p> <p>If application is disapproved: Receive Notice of Disapproval</p> <p>If application is approved: Monitor release of COA</p>	<p>2.1. Assess the health facility of Requesting Party</p> <p>2.2. Provide assessment form for the findings, rating and overall decision to the facility and its Breastfeeding Committee</p> <p>If non-compliant: 2.3.1. Provide assessment form with comments for compliance</p> <p>If able to submit: 2.3.2. Provide the list of deficiencies</p> <p>If disapproved: 2.4.1. Send a Notice of Disapproval signed by FHC Head to the Requesting Party and Technical Assistance (TA) team of the Local</p>	<p>None</p>	<p>3 days</p> <p>30 minutes</p> <p>30 minutes</p> <p>30 minutes</p>	<p>MBFHFI Assessors FHC</p> <p>MBFHFI Assessors FHC</p> <p>MBFHFI Assessors FHC</p>



	<p>Government Unit where the facility is situated</p> <p>If compliant: 2.5.1 Inform the facility of the approval of Certificate</p> <p>2.5.2. Prepare the COA</p> <p>2.5.3. Sign the COA</p>		<p>1 hour</p> <p>2 days</p>	<p>MBFHFI Officer FHC</p> <p>Director IV</p>
3. Log in the visitor's logbook at the business center and receive the COA	<p>3.1.1. Give queuing number to applicant</p> <p>3.1.2. Call Program Manager of FHC</p> <p>3.1.3. Record and release the COA</p>	None	<p>15 minutes</p> <p>10 minutes</p>	<p>Administrative Aide V Business Center</p> <p>MBFHFI Officer FHC</p>
TOTAL		None	7 working days, 3 hours, 20 minutes	

14. EDPMS COMPANY REGISTRATION

For issuances of the EDPMS User Account to drug establishments and health facilities in the region.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Local Health Support Division – Regional Pharmaceutical Division			
Classification:	Complex			
Type of Transaction:	Please indicate type of transaction: G2G – Government to Government G2B – Government to Business			
Who may avail:	All Drug Outlets, Establishments and Health Facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) scanned copy of FDA-issued License to Operate (LTO)		Requesting Party		
One (1) scanned copy of Accomplished EDPMS Service Request Form (SRF)		EDPMS Website https://edpms.doh.gov.ph		
One (1) scanned copy of Accomplished EDPMS Company Registration Form (CRF)		EDPMS Website https://edpms.doh.gov.ph		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Visit EDPMS Website at (https://edpms.doh.gov.ph) and submit filled up Online Request with attachments	1. Generate Online Service Request Number	None	15 minutes	Regional Drug Price Monitoring Office (RDPMO)



2. Waiting for the Approval and Creation of EDPMS Username and Password	2.1. Validate Company Name if there is an existing account at the EDPMS Website	None	10 minutes	RDPMO
	2.2. If None: Assess the documents for authenticity and completeness * EDPMS CRF * EDPMS SRF * FDA-issued LTO	None	1 hour	
	For incomplete documents: 2.2.1 Disapproved and inform/ Notify the clients or requesting party to resubmit complete required documents through email or phone call	None	1 hour	
	For complete documents: 2.2.2 Proceed to Step 2.3			
	2.3. Review and counter-check completeness of attached documents	None	5 days	DOH – Pharmaceutical Division
	2.4. Approve client request			
3. Issuance of EDPMS User Account	3. Issuance of EDPMS Account to the requesting party * through email or personal pick up	None	30 minutes	RDPMO
TOTAL		None	5 days, 2 hours and 55 minutes	

15. ISSUANCE OF EDPMS CERTIFICATE OF COMPLIANCE

For issuances of the EDPMS Certificate of Compliance (COC) to the compliant drug establishments and health facilities in the region.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Local Health Support Division- Regional Pharmaceutical Division			
Classification:	Complex			
Type of Transaction:	Please indicate type of transaction: G2G – Government to Government G2B – Government to Business			
Who may avail:	Compliant Drug Establishments and Health Facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) scanned copy of FDA-issued License to Operate (LTO)		Requesting Party		
One (1) scanned copy of accomplished EDPMS Service Request Form (SRF)		EDPMS Website https://edpms.doh.gov.ph		
One (1) scanned copy of List of Medicines under Bidding (*For drug establishments with government bidding purpose)		Requesting Party		
One (1) Letter of Intent		Requesting Party		
One (1) Original or Photocopy of Valid Identification Card (ID)		Requesting Party		
One (1) Authorization Letter		Requesting Party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Visit EDPMS Website at (https://edpms.doh.gov.ph) and submit filled up Online Request with attachments	1. Generate Online Service Request Number (SRN)	None	15 minutes	Regional Drug Price Monitoring Officer (RDPMO)
2. Wait for the confirmation email on the status of request	2.1. Validate uploaded data of the requesting party.	None	1 hour	RDPMO
	2.2. Check the completeness of the documents submitted * LOI address to RD	None	1 hour	



	<ul style="list-style-type: none"> * EDPMS SRF * FDA-issued LTO * List of Medicines under Bidding <p>For incomplete documents: Disapproved and inform/ Notify the clients or requesting party to resubmit complete required documents *through email or phone call</p> <p>For complete and submitted documents: Inform/ Notify the facility of the approval to Certification *through email or phone call</p>		5 minutes	
3.Wait for the processing of COC (Client may download advance copy at the EDPMS Portal)	<p>3.1. Prepare the response letter to the requesting party.</p> <p>3.2. Generate the Certificate of Compliance (COC)</p> <p>3.3. Forward the generated COC and response letter to Unit Head for review and initial</p> <p>3.4. Inform/ Notify the requesting party that the COC is on process</p> <p>3.5. Recommend to the Regional Director for approval to compliant drug establishments or health facilities</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>1 day</p> <p>2 Days</p>	<p>RDPMO</p> <p>Director IV</p>
4.Receive certificate	4.1. Inform/ Notify the requesting party that the COC is now signed and ready for pick-up	None	10 minutes	RDPMO

	* through email or phone call 4.2. Release of Certificate upon presentation of valid ID			
	Total	None	3 days, 2 hours and 30 minutes	



16. CERTIFICATE OF TB-DOTS FACILITY

This ensures that a facility can provide quality services to presumptive TB patients for TB DOTS, met the minimum criteria in the promotion, protection and support. It aims to standardize the provision of the following by institutionalizing a set of standards and criteria for a quality-assured facility. Compliance with the standards and criteria provide platform for PhilHealth accreditation.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Local Health Support Division – Infectious Diseases Prevention and Control Cluster (IDPCC)			
Classification:	Complex			
Type of Transaction:	G2G – Government to Government G2B – Government to Business			
Who may avail:	Rural Health Units, Government and Private Hospital and Private Clinics			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A. One (1) Original copy of Letter of Intent from the facility		Requesting Party		
B. One (1) Original/Photocopy of Endorsement Letter from the LGU for the established facility		Requesting Party		
C. One (1) Original/Photocopy of Accomplished and Complete Self-Assessment Form		Download from the website: bit.ly/3SGpltg (IDPCC)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit required documents above (Nos. 1 to 5) For walk-in clients: 1.1 Log in to visitor's logbook at the business center	For walk-in clients: 1.1. 1. Give queuing number to applicant 1.1.2. Call Program Manager of IDPCC	None	10 minutes	Administrative Aide Business Center

	<p>1.1.3 Evaluate the documentary requirements for authenticity and completeness</p> <p>For incomplete documents:</p> <p>1.1.4 Deny the application and return the documents to the applicant for completion</p> <p>For complete documents:</p> <p>1.1.5 Acknowledge receipt of complete application</p> <p>1.1.6 Route the application to the Regional Director's Office</p> <p>1.1.7 Forward the application to IDPCC</p> <p>1.1.8 Set the date for the inspection</p> <p>1.1.9 Draft and send a letter/email to Requesting Party for schedule of visit, signed by</p>	None	<p>20 minutes</p> <p>5 minutes</p> <p>5 minutes</p> <p>1 day</p> <p>1 day</p> <p>30 minutes</p>	<p>Health Program Officer LHSD - IDPCC</p> <p>Health Program Officer LHSD - IDPCC</p> <p>Health Program Officer LHSD - IDPCC</p> <p>Director IV</p> <p>Administrative Assistant from the Regional Director's Office</p> <p>Health Program Officer LHSD - IDPCC</p>



	IDPCC Cluster Head			Health Program Officer and Cluster Head of IDPCC
<p>2. Check mail/email for advice of IDPCC on the schedule of inspection</p> <p>If the facility is non-compliant or has findings: Submit the documents indicated in the assessment form within ten (10) working days</p> <p>If application is disapproved: Receive Notice of Disapproval</p> <p>If application is approved: Monitor release of Certificate</p>	<p>2.1. Inspect the site of Requesting Party</p> <p>2.2. Report the findings, rating and overall decision to the facility</p> <p>If non-compliant:</p> <p>2.3.1. Provide assessment form with comments for compliance</p> <p>2.3.2. Validate compliance from the findings</p> <p>If disapproved:</p> <p>2.4.1. Send a Notice of Disapproval signed by IDPCC Head to the Requesting Party and Technical Assistance (TA) team of the Local Government Unit where the facility is situated</p> <p>If compliant:</p> <p>2.5.1 Inform the facility of the approval of Certificate</p> <p>2.5.2. Prepare the Certificate and endorsement letter</p> <p>2.5.3. Sign the TB-DOTS Certificate</p>	<p>None</p>	<p>1 day</p> <p>30 minutes</p> <p>30 minutes</p> <p>1 hour</p> <p>2 days</p>	<p>Health Program Officer LHSD - IDPCC</p> <p>Health Program Officer LHSD - IDPCC</p> <p>Health Program Officer LHSD - IDPCC</p>

				Director IV
3. Log in the visitor's logbook at the business center and receive the Certificate	1.1. Give queuing number to applicant	None	10 minutes	Administrative Aide V Business Center
	1.2. Call Program Manager of IDPCC		5 minutes	Administrative Assistant or Health Program Officer LHSD - IDPCC
1.3. Record and release the Certificate				
Total		None	5 working days, 3 hours and 25 minutes	



MANAGEMENT SUPPORT DIVISION (MSD)

17. AVAILMENT OF MEDICAL ASSISTANCE OF ELIGIBLE IN-PATIENTS FROM PRIVATE MEDICAL FACILITIES

This process covers the submission of requirements, assessment and evaluation of patients, and preparation of guarantee letters for eligible beneficiaries.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Management Support Division (MSD) - Medical Assistance to Indigent Patients Program (MAIPP)			
Classification:	Highly Technical			
Type of Transaction:	Government to Citizen (G2C); Government to Business (G2B)			
Who may avail:	Indigent and Financially Incapacitated Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Original or One (1) Certified True Copy (CTC) of Social Case Study		Department of Social Welfare and Development (DSWD) or City Social Welfare Department (CSWD)		
One (1) Original or One (1) CTC of Statement of Account		Private Medical Facility		
One (1) Original or One (1) CTC of Medical Abstract		Private Medical Facility		
One (1) Original or One (1) CTC of Laboratory Results		Private Medical Facility		
One (1) Original or One (1) CTC of Certificate of unavailability of procedure or accommodation		Government Hospital or Department of Health - Central Office National Patient Navigation And Referral Center (NPNRC)		
One (1) photocopy of patient's government issued identification card (ID)		Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all the documentary requirements above For walk-in clients: Log in to the visitor's logbook then Proceed to the front desk of the Public Assistance and Complaint Unit (PACU) and pass the complete requirements	1.1 Receive the complete documents from the client For walk-in clients: Forward the received documents to the assigned Administrative Assistant II (ADAS II) of MAIPP	None	5 minutes	Administrative Assistant Business Center



<p>For clients applying through e-mail: Submit all scanned copies of all the required documents in ncro.dohmap@yahoo.com</p>	<p>For clients received through e-mail: Acknowledge receipt of the e-mail and forward the received e-mail to the MAIPP Coordinator</p> <p>1.2.1 If incomplete: Notify the applicant of the lacking documents and attach the complete list of requirements to client</p> <p>1.2.2. If complete: Proceed to Step 2.1</p>			<p>Health Program Officer II MSD - MAIP</p>
<p>2. Awaits status of request</p>	<p>2.1 Assess the medical assistance request of the client</p> <p>If the client is not eligible to the program, 2.1.1. Endorse the client to DSWD through email</p> <p>If the client is eligible to the program, 2.1.2. Proceed to the next step 2.2</p>	<p>None</p>	<p>15 minutes</p>	<p>Health Program Officer II MSD - MAIP</p>
	<p>2.2. Prepare the guarantee letter</p>	<p>None</p>	<p>13 days</p>	<p>Health Program Officer II MSD - MAIP</p>

	<p>2.2.1 Prepare the Obligation Request Status (ORS) and the Disbursement Voucher (DV) and for payment</p> <p>2.2.2 Forward the ORS/DV to the Chief Administrative Officer (CAO) for signing</p> <p>2.2.3 Sign the ORS/DV</p> <p>2.2.4 Forward the ORS/DV to the Budget Section for the processing of ORS</p> <p>2.2.5 Process the ORS of the ORS/DV</p> <p>2.2.6 Forward the ORS/DV to the Accounting Section for the processing of DV</p> <p>2.2.7 Process the DV of the ORS/DV</p> <p>2.2.8 Forward the ORS/DV to the Regional Director (RD) Office for the approval of payment</p> <p>2.2.9 Sign the ORS/DV</p> <p>2.2.10 Forward</p>			<p>Health Program Officer II MSD - MAIP</p> <p>Health Program Officer II MSD - MAIP</p> <p>Chief Administrative Officer MSD</p> <p>Health Program Officer II MSD - MAIP</p> <p>Administrative Assistant II MSD – Budget Section</p> <p>Administrative Assistant II MSD – Budget Section</p> <p>Accountant II MSD – Accounting Section</p> <p>Accountant II MSD – Accounting Section</p> <p>Director IV</p> <p>Administrative Assistant of Office of</p>
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	the ORS/DV to the Cashier Section for the issuance of the cheque 2.2.11 Issue a check to a private medical facility.			the Regional Director Administrative Officer I MSD - Cashier Section
3. Receive the cheque from the cashier section	3.1 Release the cheque to the authorized personnel of the hospital	None	1 hour and 15 minutes	Administrative Officer I MSD - Cashier Section
TOTAL		None	13 days and 1 hour and 35 minutes	

18. AVAILMENT OF MEDICAL ASSISTANCE OF ELIGIBLE OUT-PATIENTS FROM PRIVATE MEDICAL FACILITIES

This process covers the submission of requirements, assessment and evaluation of patients, and preparation of guarantee letters for eligible beneficiaries.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Management Support Division (MSD) - Medical Assistance to Indigent Patients Program (MAIPP)			
Classification:	Highly Technical			
Type of Transaction:	Government to Citizen (G2C); Government to Business (G2B)			
Who may avail:	Indigent and Financially Incapacitated Patients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Original or One (1) Certified True Copy (CTC) of Social Case Study		Department of Social Welfare and Development (DSWD) or City Social Welfare Department (CSWD)		
One (1) Original or One (1) CTC of Statement of Account		Private Medical Facility		
One (1) Original or One (1) CTC of Physician's Request/Prescription		Private Medical Facility		
One (1) Original or One (1) CTC of Medical Certificate		Private Medical Facility		
One (1) Original or One (1) CTC of Certificate of unavailability of procedure or accommodation		Government Hospital or Department of Health - Central Office National Patient Navigation and Referral Center (NPNRC)		
One (1) photocopy of patient's government issued identification card (ID)		Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all the documentary requirements above For walk-in clients: Log in to the visitor's log book then proceed to the front desk of the Public Assistance and Complaint Unit (PACU) and pass the complete requirements	1.1 Receive the complete documents from the client For walk-in clients: Forward the received documents to the assigned Administrative Assistant II (ADAS II) of MAIPP	None	5 minutes	Administrative Assistant Business Center



<p>For clients applying through e-mail: Submit all scanned copies of all the required documents in ncro.dohmap@yahoo.com</p>	<p>For clients received through e-mail: Acknowledge receipt of the e-mail and forward the received e-mail to the MAIPP Coordinator</p> <p>1.2.1 If incomplete: Notify the applicant of the lacking documents and attach the complete list of requirements to client</p> <p>1.2.2. If complete: Proceed to Step 2.1</p>			<p>Health Program Officer II MSD - MAIP</p>
<p>2. Awaits status of request.</p>	<p>2.1 Assess the medical assistance request of the client. If the client is not eligible to the program, 2.1.1 Endorse the client to DSWD through email</p> <p>If the client is eligible to the program, 2.1.2 Proceed to the next step 2.2</p>	<p>None</p>	<p>15 minutes</p>	<p>Health Program Officer II MSD - MAIP</p>
	<p>2.2. Prepare the guarantee letter</p> <p>2.2.1 Prepare</p>	<p>None</p>	<p>13 days</p>	<p>Health Program Officer II MSD - MAIP</p>

	<p>the Obligation Request Status (ORS) and the Disbursement Voucher (DV) and for payment</p> <p>2.2.2 Forward the ORS/DV to the Chief Administrative Officer (CAO) for signing</p> <p>2.2.3 Sign the ORS/DV</p> <p>2.2.4 Forward the ORS/DV to the Budget Section for the processing of ORS</p> <p>2.2.5 Process the ORS of the ORS/DV</p> <p>2.2.6 Forward the ORS/DV to the Accounting Section for the processing of DV</p> <p>2.2.7 Process the DV of the ORS/DV</p> <p>2.2.8 Forward the ORS/DV to the Regional Director (RD) Office for the approval of payment</p> <p>2.2.9 Sign the ORS/DV</p> <p>2.2.10 Forward</p>			<p>Health Program Officer II MSD - MAIP</p> <p>Health Program Officer II MSD - MAIP</p> <p>Chief Administrative Officer MSD</p> <p>Health Program Officer II MSD - MAIP</p> <p>Administrative Assistant II MSD – Budget Section</p> <p>Administrative Assistant II MSD – Budget Section</p> <p>Accountant II MSD – Accounting Section</p> <p>Accountant II MSD – Accounting Section</p> <p>Regional Director IV</p> <p>Administrative</p>
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	the ORS/DV to the Cashier Section for the issuance of the cheque 2.2.11 Issue a check to a private medical facility.			Assistant of Office of the Regional Director Administrative Officer I MSD - Cashier Section
3. Receive the cheque from the cashier section	3.1 Release the cheque to the authorized personnel of the hospital	None	1 hour and 15 minutes	Administrative Officer I MSD - Cashier Section
TOTAL		None	13 days and 1 hour and 35 minutes	

19. ISSUANCE OF NOTICE OF AWARD, PURCHASE ORDER/CONTRACT, AND NOTICE TO PROCEED

This shall guide the Lowest Calculated and Responsive Bidders in the issuance of the Notice of Award (NOA), Purchase Order/Contract (PO/C), and Notice to Proceed (NTP) by the Bids and Awards Committee Secretariat (BAC).

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Management Support Division (MSD) – Bids and Awards Committee Secretariat			
Classification:	Highly Technical			
Type of Transaction:	G2B – Government to Business			
Who may avail:	Lowest Calculated and Responsive Bidder (LCRB)			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
One (1) original copy of Performance Bond			Requesting party	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Log in the Visitor's Logbook Waiting time: 10 minutes	1.1 Call the designated BAC Office Administrative Assistant to verify the bidder's transaction	None	5 mins	Administrative Assistant Business Center
2. Proceed to BAC office at Building 3	2.1 Release one (1) original copy of the NOA	None	20 minutes	Administrative Assistant MSD - BAC
3. Receive one (1) copy of the NOA and sign all copies with BAC	3.1 Prepare the PO/C and review the supporting documents attached If there are changes in the template of the PO/C: Forward the PO/C to Legal Affairs Unit (LAU) for review If there are no changes in the template of the PO/C: Proceed to next step	None	4 hours	Administrative Assistant III MSD - BAC



	<p>3.2 Forward the PO/Contract and NTP to the end user for the Cluster/Unit Head's review and the Division Chief's signature on BOX A of the ORS</p>	<p>None</p>	<p>16 hours</p>	<p>Administrative Assistant III MSD - BAC</p>
	<p>3.3 Forward the PO/C and NTP with the supporting documents to the Budget Section for review based on checklist attached therein</p> <p>If requirements are complete: Assign serial numbers, approve the Obligation Receipt Slip (ORS) and provide Certificate of Availability of Funds (CAF) for the project.</p> <p>If requirements are incomplete: Return the PO/C and NTP with supporting documents to BAC for completion of requirements</p>	<p>None</p>	<p>16 hours</p>	<p>Administrative Assistant III MSD - BAC</p> <p>Administrative Officer IV or V MSD - BAC</p> <p>Administrative Assistant III MSD - BAC</p>
	<p>3.4 Forward the PO/C and NTP with supporting documents to the Accounting Section for processing and checking of requirements based on checklist attached therein</p> <p>If requirements are complete: Sign PO/C and CAF</p> <p>If requirements are incomplete: Return the PO/C and NTP with supporting documents to BAC for completion</p>	<p>None</p>	<p>80 hours</p>	<p>Administrative Assistant III MSD - BAC</p> <p>Accountant III MSD - Accounting Section</p> <p>Administrative Assistant MSD - Accounting Section</p>

	3.5 Forward the PO/C and NTP with supporting documents to the MSSD Chief Administrative Officer for review	None	1 hour	Administrative Assistant and Chief Administrative Officer MSD
	3.6. Forward the PO/C and NTP with supporting documents to the Regional Director's Office for approval	None	8 hours	Administrative Assistant MSD and Director IV
	3.7. Return signed PO/C and NTP with supporting documents to BAC	None	30 minutes	Administrative Assistant Office of the Director IV
	3.8 Notify LRCB thru email that PO has been approved and ready for pick-up	None	10 minutes	Administrative Assistant III MSD - BAC



<p>4. Log in the Visitor's Logbook</p> <p>Waiting time: 10 minutes</p>	<p>4.1 Call the designated BAC Office Administrative Assistant to verify the bidder's transaction</p> <p>4.2 Release the approved PO to LRCB</p>	None	5 mins	Administrative Assistant III Business Center
<p>5. Sign and receive the approved PO/C and NTP</p>	<p>5.1 Record the receipt of PO/C and NTP by the LRCB thru the Procurement Monitoring Status (PMS)</p>	None	10 minutes	Administrative Assistant III MSD - BAC
TOTAL		None	<p>Without Waiting Time: 15 days, 6 hours and 20 mins</p> <p>With Waiting Time: 15 days, 6 hours and 40 minutes</p>	

20. RELEASE OF PAYMENTS – LDDAP (EXTERNAL)

This refers to the preparation and release of payment for external client upon receipt of LDDAP.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Management Support Division – Cashier Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	Suppliers, LGU's			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Any of the following: One (1) Photocopy of Bank Certificate One (1) Original Letter of Introduction (DBM form)		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Letter of Introduction (LOI)/ Bank Certificate to Cashier	1. Accept Letter of Introduction (LOI)/Bank Certificate	None	10 minutes	Administrative Assistant III MSD - Cashier Section
2. Wait for the payment to be credited to bank account	2.1 Prepare LDDAP-ADA	None	2 hour	Administrative Assistant III MSD - Cashier Section
	2.2 Review and Signs LDDAP-ADA	None	1 hour	Administrative Officer V MSD - Cashier Section
	2.3 Forward to Accounting	None	10 minutes	Administrative Assistant III MSD - Cashier Section
	2.4 Receive and records in the log book LDDAP-ADA from Cashier Section	None	10 minutes	Administrative Assistant II MSD - Accounting Section
	2.5 Forward LDDAP – ADA to Accountant III	None	10 minutes	Administrative Assistant II MSD - Accounting Section



	2.6 Verify and Sign LDDAP – ADA	None	1 hour	Accountant III MSD - Accounting Section
	2.7 Forward LDDAP-ADA to Administrative Assistant	None	10 minutes	Administrative Assistant II MSD - Accounting Section
	2.8 Forward LDDAP-ADA to Authorized Signatory	None	10 minutes	Administrative Assistant II MSD - Accounting Section
	2.9 Receive and records in the logbook receipt of LDDAP ADA	None	10 minutes	Administrative Assistant II -Authorized Signatory (ARDO/RLED/ LHSD)
	2.10 Sign LDDAP – ADA	None	2 hours	Authorized Signatory (ARDO/RLED/ LHSD)
	2.11 Forward LDDAP-ADA to Cashier Section	None	10 minutes	Administrative Assistant II -Authorized Signatory (ARDO/RLED/ LHSD)
	2.12 Receive LDDAP-ADA and record receipt in the log book	None	10 minutes	Administrative Assistant III MSD - Cashier Section
	2.13 Submit LDDAP ADA to Bank	None	4 hours	Administrative Officer I MSD - Cashier Section
TOTAL		None	1 day, 3 hours and 30 minutes	

21. ISSUANCE OF OFFICIAL RECEIPT

Receives Order of Payment and issue Official receipt in exchange of Cash/Cheques from customer/client.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Management Support Division – Cashier Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	Employees and Staff, Suppliers, LGU's			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) original copy of Order of Payment		Transacting Office (RLED/BAC/LHSD/GSSS)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to Cashier and submit Order of Payment	1. Receive order of payment, review and verify the entries on the document presented	None	5 minutes	Administrative Officer I MSD - Cashier Section
2. Pay the amount due as reflected on the Order of Payment	2. Accept payment	None	10 minutes	Administrative Officer I MSD - Cashier Section
3. Receive Official Receipt	3. Issue Official Receipt	None	5 minutes	Administrative Officer I MSD - Cashier Section
TOTAL		None	20 minutes	



22. RELEASE OF CHECKS

This involves the release of checks to payees covering the payment of DOH-MMCHD units to individuals, agencies or organization based on the Disbursement Vouchers prepared by the different DOH-MMCHD units from which the funds were sourced.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Management Support Division – Cashier Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	Employees and Staff, Suppliers, LGU's			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Two (2) original Identification Card of principal (for presentation)		Claimant		
Additional Documents if with Authorized Representative		Claimant		
2. Two (2) original Identification Card of Authorize Representative (for presentation)				
3. One (1) original Authorization Letter for Suppliers, Government and Private Agencies/Facilities				
4. One (1) Original duly notarized Special Power of Attorney (SPA) for employee salaries, benefits and allowances				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present all the required documents above	1.1. Validate the identity of the claimant and assess the documents presented	None	5 minutes	Administrative Assistant III MSD - Cashier Section
	If documents are not sufficient: 1.1.1 Deny the request for issuance of check If documents are sufficient: 1.1.2. Present the Disbursement		5 minutes	

CITIZEN'S CHARTER

	Voucher (DV) to Requesting Party		Waiting time: 1 hour	
2. Check the amount and particulars of the DV	2. Request Claimant to sign DV	None	5 minutes	Administrative Assistant III MSD - Cashier Section
3. Issue Official Receipt based on the DV	3. Present the Check Registry Book to Claimant for signature	None	5 minutes	Administrative Assistant III MSD - Cashier Section
4. Sign Check Registry Book	4. Check the Registry Book if properly signed	None	5 minutes	Administrative Assistant III MSD -Cashier Section
5. Receive the check	5. Release the check	None	5 minutes	Administrative Assistant III MSD - Cashier Section
TOTAL		None	1 hour and 30 minutes	



23. ISSUANCE OF PERSONNEL-RELATED DOCUMENTS OF HUMAN RESOURCES FOR HEALTH UNDER THE NATIONAL HEALTH WORKFORCE SUPPORT SYSTEM (CERTIFICATE OF EMPLOYMENT, SERVICE RECORD, AND CERTIFICATE OF LEAVE CREDITS)

This includes the preparation and issuance of personnel-related documents (PRD) which are as follows: (1) Certificate of Employment, (2) Service Record, and (3) Certificate of Leave Credits. The PRDs are requested by Human Resources for Health (HRH) under National Health Workforce Support System (NHWSS), whether currently or previously employed.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Management Support Services Division – Human Resource Development Unit	
Classification:	Simple	
Type of Transaction:	G2C – Government to Citizen	
Who may avail:	Currently or previously employed HRH under NHWSS	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. One (1) original duly accomplished request form		HRDU/Online
2. One (1) original (for presentation) and one (1) photocopy of any government-issued identification card of principal		Requesting Party
Additional requirements if thru Authorized Representative:		
3. One(1) original Authorization Letter duly signed by the concerned personnel		Requesting Party
4. One (1) original (for presentation) and one (1) photocopy of any government-issued identification card of Authorized Representative		Requesting Party

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For walk-in clients: 1. Log-in the Visitor's Logbook	Call HRDU's Administrative Assistant or Health Program Officer I	None	5 minutes	Administrative Assistant Business Center
For walk-in clients: 1. Submit the duly accomplished request form Waiting time: 20 minutes For online request: 2. Accomplish the online request form	2.1 Receive (for walk-in clients) and assess the duly accomplished request form	None	10 minutes	Health Program Officer I MSD - HRDU
	2.2 Prepare the requested document	None	2 days	Health Program Officer I MSD - HRDU
	2.3 Review and sign the requested document	None	6 hours	Training Specialist III or Training Specialist II MSD - HRDU
	2.4 Affix agency's official dry seal on requested document	None	5 minutes	Health Program Officer I MSD - HRDU



3. Log-in Visitor's Logbook	Call HRDU's Administrative Assistant or Health Program Officer I	None	5 minutes	Administrative Assistant Business Center
4. Proceed to HRDU office and submit all documentary requirements stated above	4. Assess the documentary requirements submitted If complete: 4.1. Proceed to next step If incomplete: Deny application and require submission of complete documents	None	30 minutes Waiting time: 30 minutes	Health Program Officer I MSD - HRDU
5. Receive the requested document and sign the logbook as proof of receipt	Release the document requested and provide the logbook for recording of receipt	None	5 minutes	Health Program Officer I MSD - HRDU
TOTAL		None	Without Waiting Time: 2 Days and 7 Hours With waiting time: 2 days, 7 hours and 50 minutes	

24. RELEASE OF RECORD TO MMCHD – RETAINED HOSPITALS

This service includes the release of records to Metro Manila Center for Health Development (MMCHD) - Retained Hospitals. This record refers to approved Appointment Paper and Travel Authority of some Official and Personnel from the Retained Hospitals

The issuance of record shall be based on the existing files of the KMITS - Records Section only.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Management Support Division – Knowledge Management and Information Technology Service (KMITS) Records Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Officials and Employees of MMCHD Retained Hospital			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. One (1) Request form stating the record being requested with the following information: 1.1 Full name of claimant 1.2 Name of Agency		KMITS - RECORDS		
2. Valid Identification Card		Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all the requirements	1.1 Receive all the requirements	None	3 minutes	Administrative Assistant III MSD - KMITS - Records
	1.2 Review the completeness of information in the request form	None	1 minute	
	1.3 Prepare the record being requested	None	10 minutes	
2. Receive the record	2.1 Record the issuance of the record	None	5 minutes	
	2.2 Release the record to the client			
TOTAL		None	19 minutes	



25. ISSUANCE OF PERSONNEL RELATED DOCUMENTS (EXTERNAL)

To facilitate the timely preparation and issuance of personnel-related documents such as Service Record, Certificate of Employment, and Certificate of Employment with Compensation to Department of Health Metro Manila Center for Health Development officials and employees who retired/resigned/transferred to another agency for whatever purposes that they may intend.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Management Support Services Division – Personnel Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen and G2G – Government to Government			
Who may avail:	CHD Retirees/Employees who resigned or transferred to other agencies/ CHD Permanent/ Contractual/ Contract of Service			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Principal:				
1. Duly accomplished request form		Personnel Section		
2. One(1) photocopy of One Valid Identification Card		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen’s Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
Authorized representative:				
1. Duly accomplished request form		Personnel Section		
2. One(1) photocopy of One (1) Valid Identification Card of the principal and authorized representative		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen’s Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
3. One(1) original of Authorization Letter		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
2. Submit duly accomplished request form	1. Provide request form for Service Record, Certificate of Employment, Certificate of Employment with Compensation	None	5 minutes	Administrative Aide II MSD - Personnel Section
	2.1. Receive duly accomplished request form	None	5 minutes	Administrative Aide II MSD - Personnel Section
	2.2 Prepare the requested document	None	1 day and 4 hours	
	2.3 Review and sign the	None	1 day and 4 hours	Chief Administrative Officer/

	requested document			Administrative Officer V
	2.4 Affix agency's official dry seal on requested document	None	1 hour	Administrative Aide II MSD - Personnel Section
3. Receive the requested document with date of receipt indicated on the request form	3. Release the requested document to requesting party	None	1 hour	Administrative Aide II MSD - Personnel Section
TOTAL		None	3 days, 2 hours, 10 minutes	



26. PROVISION OF DORM ACCOMMODATION

This service involves the availment of dormitory services for Department of Health (DOH) employees and other government employees.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Management Support Division – General Support Services (GSS)			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who may avail:	Government employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) original of Request Form		General Support Services/Online		
One (1) original/photocopy of Order of Payment		General Support Services		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the duly accomplished Request Form (in person or online)	1.1. Receive the Request Form	None	5 minutes	Dormitory Manager I
	1.2. Check availability of rooms and inform Requesting Party of details of reservation including check-in period	None	30 minutes	Dormitory Manager I
	If no rooms are available: 1.2.1. Deny the request If rooms are available: 1.2.2. Prepare Order of Payment 1.2.3. Prepare the room for occupation		4 hours	Dormitory Manager I

<p>If DOH employee for other regions: 2. Log-in thru the Visitor's Logbook</p> <p>Waiting time: 15 minutes</p> <p>If DOH-MMCHD Employee: Proceed to step 3</p>	<p>2.1. Call the Dormitory Manager to receive the Requesting Party</p> <p>2.2. Give the Order of Payment to Requesting Party</p>	None	5 minutes	Administrative Officer in Business Center
3. Pay the Room Accommodation Fee	3. Receive the fee and issue a receipt	Php200.00 (per night per person)	20 minutes	Administrative Officer I Cashier Section
4. Proceed to assigned room during check-in period	4. Endorse the key to Requesting Party and inform him/her of the house rules	None	30 minutes	Dormitory Manager I
<p>5. Check-out and surrender the key</p> <p>If damages were incurred: Pay dormitory fees for damages and/or lost key and present receipt to Dormitory Manager</p> <p>If no damages were incurred/Order of Payment has been paid: Proceed to check out</p>	<p>5. Check the room for any damages</p> <p>If damages were incurred: 5.1. Issue an Order of Payment for the damages and/or lost key</p> <p>5.2. Confirm payment by checking receipt</p>	<p>None</p> <p>Php500.00 for lost key and amount assessed for other damages</p>	<p>30 minutes</p> <p>30 minutes</p>	<p>Dormitory Manager I</p> <p>Dormitory Manager I</p>
TOTAL		<p>Php200.00 (per night per person)</p> <p>Php500.00 for lost key and amount assessed for other damages</p>	<p>6 hours and 30 minutes</p> <p>With waiting time: 6 hours and 45 minutes</p>	



REGIONAL DIRECTOR AND ASSISTANT REGIONAL DIRECTOR'S OFFICE

27. HANDLING OF CONSUMER CASES

This service includes the resolution of consumer cases filed by private individuals (complainants) with the Legal Affairs Unit (LAU) filed under Republic Act No. 7394 or "The Consumer Act of the Philippines and Department of Health Administrative Order No. 2017-0017."

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Regional Director's Office – Legal Affairs Unit			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. One (1) original copy of verified complaint or duly accomplished Affidavit Complaint Form attested by the Consumer Arbitration Officer or any person authorized to administer oath		Complainant		
2. One (1) original copy of supporting documents such as, but not limited to, official receipt as proof of purchase, Food and Drug Administration (FDA) test results, and photos relevant to the complaint.		Complainant		
3. Optional: Product subject of the complaint		Complainant		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all the requirements indicated above	1. Receive and record in the database the consumer complaint	None	3 minutes	Legal Assistant II RDO – LAU
	1.2. Assign a docket number to the consumer complaint	None	5 minutes	Legal Assistant II RDO – LAU
	1.3. Issue a written Notice of Mediation, setting the date for the Mediation Hearing	None	5 days	Legal Assistant II RDO – LAU



<p>2. Attend the Mediation Hearing</p>	<p>2.1 Conduct the Mediation Hearing</p> <p>If parties failed to settle: 2.1.1 Issue an Order requiring the complained party to submit an Answer then proceed to step 2.2.</p> <p>If parties agreed to settle: 2.1.2. The Consumer Arbitration Officer shall dismiss the case and shall require the parties to sign a settlement agreement</p> <p>2.2 Issue an Order requiring the complained party to submit a Position Paper</p>	<p>None</p>	<p>3 hours</p>	<p>Attorney III RDO – LAU</p>
<p>3. Submit a Position Paper</p>	<p>3.1 Review and draft the resolution based on the available records</p>	<p>None</p>	<p>13 days</p>	<p>Attorney III RDO – LAU</p>
<p>4. Receive the case resolution</p>	<p>4 Release the resolution through registered mail/authorized courier</p>	<p>None</p>	<p>1 day</p>	<p>Legal Assistant II RDO – LAU</p>
<p>TOTAL</p>		<p>None</p>	<p>19 days, 3 hours and 8 minutes</p>	

INTERNAL SERVICES



MANAGEMENT SUPPORT DIVISION

28. RELEASE OF PAYMENTS – LDDAP (INTERNAL)

Prepares and release of payment for internal client upon receipt of LDDAP.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Management Support Division – Cashier Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	Suppliers, LGU's			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Any of the following: Proof of Account (Passbook, deposit slip, bank certificate) One (1) Original Letter of Introduction (DBM form)		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Bank Account Number	1. Accept Bank Account Number	None	10 minutes	Administrative Assistant III MSD - Cashier Section
2. Wait for the payment to be credited to bank account	2.1 Encode details of claim in the Financial Data Entry System	None	1 hour	Administrative Assistant III MSD - Cashier Section
	2.2 Prepare LDDAP-ADA/Payroll Register/ACIC		1 hour	
	2.3 Review and Signs LDDAP-ADA/Payroll Register/ACIC	None	4 hour	Administrative Officer V MSD - Cashier Section
	2.4 Forward LDDAP – ADA to Accountant III	None	10 minutes	Administrative Assistant II MSD - Accounting Section
	2.5 Verify and Sign LDDAP – ADA	None	1 hour	Accountant III MSD - Accounting Section
	2.6 Forward LDDAP-ADA to	None	10 minutes	Administrative Assistant II



	Administrative Assistant			MSD - Accounting Section
	2.7 Forward LDDAP-ADA to Authorized Signatory	None	10 minutes	Administrative Assistant II MSD - Accounting Section
	2.8 Forward LDDAP-ADA/Payroll Register/ACIC to Authorized Signatory	None	10 minutes	Administrative Assistant III MSD - Cashier Section
	2.9 Receive and record in the logbook receipt of LDDAP-ADA/Payroll Register/ACIC	None	10 minutes	Administrative Assistant III -Authorized Signatory (ARDO/RLED/LHSD)
	2.10 Sign LDDAP-ADA/Payroll Register/ACIC	None	2 hours	Authorized Signatory (ARDO/RLED/LHSD)
	2.11 Forward LDDAP-ADA/Payroll Register/ACIC to Cashier Section	None	10 minutes	Administrative Assistant -Authorized Signatory (ARDO/RLED/LHSD)
	2.12 Receive LDDAP-ADA and record receipt in the log book	None	10 minutes	Administrative Assistant III MSD - Cashier Section
	2.13 Submit LDDAP ADA /SLIIE together with the FINDES to Authorized Depository Bank (ADB)	None	4 hours	Administrative Officer I MSD - Cashier Section
TOTAL		None	1 day, 5 hours & 20 minutes	

29. REQUEST FOR CERTIFIED TRUE COPY OF RECORD

This service includes the request of certified true copy (CTC) of record. This record refers to record of the Metro Manila Center for Health Development (MMCHD) or an employee such as but not limited to 201 files, issuances, communication letter and others

The issuance of CTC records shall be based on the existing files of the KMITS - Records Section only.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Management Support Division – Knowledge Management and Information Technology Service (KMITS) Records Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Existing MMCHD Officials and Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) approved Certified True Copy Request Form (CTCRF) stating the type of record being requested with the following information: 1. Date 2. Full name of requesting party 3. Name of Office 4. Purpose		KMITS - RECORDS		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the CTCRF signed by the KMITS head and Chief Administrative Officer	1.1 Receive the approved CTCRF	None	20 minutes	Administrative Assistant III MSD- KMITS-Records
	1.2 Review the completeness of information in the CTCRF	None	5 minutes	
	1.3 Prepare the CTC of record being requested	None	10 minutes	



2. Receive the record	2.1 Record the issuance of the record	None	5 minutes	
	2.2 Release the record to the client	None		
TOTAL		None	40 minutes	

30. REQUEST FOR PERSONNEL RECORD

This service includes requests for personnel records of Metro Manila Center for Health Development (MMCHD) officials and personnel. Personnel Record refers to the records of an employee such as but not limited to application for leave, service record, statement of assets, liabilities and net worth, notice of salary adjustment / increment, appointment and personal data sheet.

The issuance of personnel records shall be based on the existing files of the KMITS - Records Section only.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Management Support Division – Knowledge Management and Information Technology Service (KMITS) Records Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Existing MMCHD Official and Employee			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Request form stating the personnel record being requested with the following information: 1. Full name of requesting party 2. Position currently occupied 3. Purpose of the request		KMITS - Records Section		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the request form for personnel record	1.1 Receive the request for personnel record	None	3 minutes	Administrative Assistant III MSD- KMITS-Records
	1.2. Review the completeness of information in the request	None	1 minute	
	1.3 Prepare the personnel record being requested	None	10 minutes	



2. Receive the personnel record	2.1. Record the issuance of the personnel record	None	5 minutes	
	2.2. Release the personnel record to requesting party			
TOTAL		None	19 minutes	

**REGIONAL DIRECTOR AND
ASSISTANT REGIONAL DIRECTOR'S
OFFICE**



31. AVAILMENT OF THE ANNUAL PHYSICAL EXAMINATION BENEFIT

The Annual Physical Examination (APE) is a routine check up to determine the employee's health status. Early detection of non-communicable diseases will prevent the onset of any illness, boost longevity, and sustain a healthy lifestyle towards the attainment of work and life balance.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:		Assistant Regional Director's Office – Health Emergency Management Unit (HEMU)		
Classification:		Complex		
Type of Transaction:		G2G - Government to Government		
Who may avail:		MMCHD Employees		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Employees fill out the Annual Physical Exam logbook	1. Verify the information provided	None	2 minutes	Nurse I ARD - HEMU
2. Employees subject themselves to history taking and physical examination	2.1 Conduct a brief history taking and physical examination	None	15 minutes	Medical Officer III ARD - HEMU
	2.2 Prepare a laboratory and special procedures request	None	3 minutes	Medical Officer III ARD - HEMU
	2.3 Prepare a referral form and tentative schedule to the concerned facility	None	2 minutes	Nurse I ARD - HEMU
	2.4 Forward the referral form to the Management Support Services Division for signature	None	7 hours	Chief Administrative Officer MSD

CITIZEN'S CHARTER

4. Employees receive the signed Referral Form	4. Issue the signed Referral Form	None	5 minutes	Nurse I ARD - HEMU
TOTAL		None	7 hours and 27 minutes	



32. PROVISION OF BASIC HEALTHCARE SERVICES AMONG DOH-MMCHD EMPLOYEES FOR NON-EMERGENCY CASES

The MMCHD Employee’s Clinic provides basic healthcare services such as consultation, monitoring of blood pressure, and issuance of four (4) molecules medication (Amlodipine, Losartan, Metformin, Simvastatin) for employees with comorbidities.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:		Assistant Regional Director’s Office – Health Emergency Management Unit		
Classification:		Simple		
Type of Transaction:		G2G - Government to Government		
Who may avail:		MMCHD Employees and Visitors		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the details in the Patient Form	1. Verify the inputs in the Patient Form	None	2 minutes	Nurse I ARD - HEMU
2. Narrate/ provide current condition and give brief history of present illness	2.1 Get the vital signs (blood pressure, heart rate, respiratory rate and temperature) and assess the patient if stable	None	4 minutes	Nurse I ARD - HEMU
	2.2 Refer to physician on duty	None	2 minutes	Nurse I ARD - HEMU
3. Subject themselves to physical examination and secondary assessment	3.1 Conduct consultation and physical examination	None	15 minutes	Medical Officer III ARD - HEMU
	3.2 Provide prescription	None	2 minutes	Medical Officer III ARD - HEMU
	3.3 Record all the pertinent findings in the	None	3 minutes	Medical Officer III ARD - HEMU

	consultation sheet			
4. Receive prescription and/or medication	4. Dispense medication if available	None	3 minutes	Nurse I ARD - HEMU
5. Affix signature in the consultation logbook and Medicine Dispenser logbook	5. Instruct and reiterate the physician's instruction and follow up	None	4 minutes	Nurse I ARD - HEMU
TOTAL		None	35 minutes	



33. ISSUANCE OF CERTIFICATE OF NO PENDING ADMINISTRATIVE CASE

This service includes the issuance of a Certificate of No Pending Administrative Case in favor of individuals employed or previously employed with the DOH-MMCHD. The issuance of the certificate shall be based on the existing records of the Legal Affairs Unit (LAU) only.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Regional Director's Office – Legal Affairs Unit			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	Existing and previous DOH-MMCHD employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) letter/email request addressed to Attorney III of the Legal Affairs Unit with the following information: 1. Full name; 2. Position currently/previously occupied; and 3. Purpose of the request		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit/email the request for Certificate of No Pending Administrative Case	1.1. Receive and record the request for a Certificate of No Pending Administrative Case	None	3 minutes	Legal Assistant II RDO - LAU
	1.2. Review the completeness of information in the request	None	5 minutes	Legal Assistant II RDO - LAU
	1.3. Prepare the certificate by checking LAU's records If without pending case: 1.3.1 Proceed to the step 1.4 If with pending case: 1.3.2 Inform the requesting party of the denial of request.	None	1 day	Legal Assistant II RDO - LAU

CITIZEN'S CHARTER

	1.4 Forward the certificate to Attorney III for signature	None	5 minutes	Legal Assistant II RDO - LAU
	1.5 Sign the certificate	None	2 minutes	Attorney III RDO - LAU
2. Receive the Certificate of No Pending Administrative Case	2.1. Record the issuance of the certificate 2.2. Release the Certificate of No Pending Administrative Case to requesting party	None	5 minutes	Legal Assistant II RDO - LAU
TOTAL		None	1 day and 20 minutes	



HANDLING OF CONCERNS

34. HANDLING OF CONCERNS (Simple)

To act on and/or resolve concerns received. A concern is defined as all communications from internal and external clients received by the DOH-MMCHD such as complaint, concerns, queries, suggestions or recommendations, request for assistance, and request from internal and external clients. This does not cover concerns received through CART Secretariat from the Contact Center ng Bayan (CCB), 8888 Hotline and other 8888 communication channels, Presidential Concerns Center (PCC), other concerns / concerns center, concerns Action Center Anti-Red Tape Authority, filed directly to the DOH Central Office, and were received by the CART Secretariat, Consumer Complaints and Administrative Cases.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Public Assistance and Complaint Unit (PACU)			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government G2B – Government to Business G2C – Government to Private			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Written concern (1 original or e-copy)		Complainant / Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Walk-in or Off-Site clients: Submit written concern to RD/PACU/RLED/Records or send email at official e-mail of RD/PACU/RLED/Records	1.1 Receive, acknowledge, log, and endorse concern to appropriate unit	None	1 hour	PACU personnel (Administrative Assistant II / Administrative Officer V)
	1.2 Review and endorse to concern unit If the concern is not within the jurisdiction of the DOH-MMCHD, proceed to step 2	None	3 hours	PACU personnel (Administrative Assistant II / Administrative Officer V)
	1.3 Prepare, review and issue letter of	None	2 days	Referred Division / Cluster /



	response / initial action taken / resolution			Section / Unit Head
	1.4 Review and sign the letter of response / initial action taken / resolution	None	3 hours, 30 minutes	Regional Director/ Assistant Regional Director
2. Receive and acknowledge approved letter of response / initial action taken / resolution	2.1 Send a copy of the letter of response / initial action taken / resolution via email and/or mail	None	30 minutes	PACU personnel (Administrative Assistant II / Administrative Officer V)
TOTAL		None	3 days	

35. HANDLING OF CONCERNS (Complex)

To act on and/or resolve concerns received. A concern is defined as all communications from internal and external clients received by the DOH-MMCHD such as complaint, concerns, queries, suggestions or recommendations, request for assistance, and request from internal and external clients. This does not cover concerns received through CART Secretariat from the Contact Center ng Bayan (CCB), 8888 Hotline and other 8888 communication channels, Presidential Concerns Center (PCC), other concerns / concerns center, concerns Action Center Anti-Red Tape Authority, filed directly to the DOH Central Office, and were received by the CART Secretariat, Consumer Complaints and Administrative Cases.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Public Assistance and Complaint Unit (PACU)			
Classification:	Complex			
Type of Transaction:	G2G – Government to Government G2B – Government to Business G2C – Government to Private			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Written concern (1 original or e-copy)		Complainant / Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Walk-in or Off-Site clients: Submit written concern to RD/PACU/RLED/Records or send email at official e-mail of RD/PACU/RLED/Records	1.1 Receive, acknowledge, log, and endorse concern to appropriate unit	None	1 hour	PACU personnel (Administrative Assistant II / Administrative Officer V)
	1.2 Review and endorse to concern unit If the concern is not within the jurisdiction of the DOH-MMCHD, proceed to step 2	None	3 hours	PACU personnel (Administrative Assistant II / Administrative Officer V)
	1.3 Prepare, review and issue letter of	None	6 days	Referred Division / Cluster /



	response / initial action taken / resolution			Section / Unit Head
	1.4 Review and sign the letter of response / initial action taken / resolution	None	3 hours, 30 minutes	Regional Director/ Assistant Regional Director
2. Receive and acknowledge approved letter of response / initial action taken / resolution	2.1 Send a copy of the letter of response / initial action taken / resolution via email and/or mail	None	30 minutes	PACU personnel (Administrative Assistant II / Administrative Officer V)
TOTAL		None	7 days	

36. HANDLING OF CONCERNS (Highly Technical)

To act on and/or resolve concerns received. A concern is defined as all communications from internal and external clients received by the DOH-MMCHD such as complaint, concerns, queries, suggestions or recommendations, request for assistance, and request from internal and external clients. This does not cover concerns received through CART Secretariat from the Contact Center ng Bayan (CCB), 8888 Hotline and other 8888 communication channels, Presidential Concerns Center (PCC), other concerns / concerns center, concerns Action Center Anti-Red Tape Authority, filed directly to the DOH Central Office, and were received by the CART Secretariat, Consumer Complaints and Administrative Cases.

This service is available from 8:00am-5:00pm, Monday to Friday, excluding holidays and work suspensions.

Office or Division:	Public Assistance and Complaint Unit (PACU)			
Classification:	Highly Technical			
Type of Transaction:	G2G – Government to Government G2B – Government to Business G2C – Government to Private			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Written concern (1 original or e-copy)		Complainant / Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Walk-in or Off-Site clients: Submit written concern to RD/PACU/RLED/Records or send email at official e-mail of RD/PACU/RLED/Records	1.1 Receive, acknowledge, log, and endorse concern to appropriate unit	None	1 hour	PACU personnel (Administrative Assistant II / Administrative Officer V)
	1.2 Review and endorse to concern unit If the concern is not within the jurisdiction of the DOH-MMCHD, proceed to step 2	None	3 hours	PACU personnel (Administrative Assistant II / Administrative Officer V)
	1.3 Prepare, review and issue letter of	None	19 days	Referred Division / Cluster /



	response / initial action taken / resolution			Section / Unit Head
	1.4 Review and sign the letter of response / initial action taken / resolution	None	3 hours, 30 minutes	Regional Director/ Assistant Regional Director
2. Receive and acknowledge approved letter of response / initial action taken / resolution	2.1 Send a copy of the letter of response / initial action taken / resolution via email and/or mail	None	30 minutes	PACU personnel (Administrative Assistant II / Administrative Officer V)
TOTAL		None	20 days	