

## Issuance of Official Receipt

The Cashier Section is in charged with the collection of hospital fees, sales of pharmacy items, professional fees of authorized practicing physicians charged and billed through charge slips, statement of account and the like. The Cashier Section is located at the lobby of the Administrative Building and open from 7 a.m. to 9 p.m.

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| <b>Office or Division:</b>                                                         | Cashier Section                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                       |
| <b>Classification:</b>                                                             | Simple                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                       |
| <b>Type of Transaction:</b>                                                        | Government-to-Citizen (G2G), Government-to-Business (G2B), Government-to-Government (G2G)                    |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                       |
| <b>Who may avail:</b>                                                              | All                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                   |                                                                                                              | <b>WHERE TO SECURE</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                       |
| Any of the following:<br>1. Charge slip or its equivalent                          |                                                                                                              | Cost centers where medical services were rendered: <ul style="list-style-type: none"> <li>▪ Diagnostics Sections (Radiology, Laboratory, Bloodbank)</li> <li>▪ OPD</li> <li>▪ Pharmacy</li> <li>▪ Emergency Department</li> <li>▪ Nurse Stations for professional fees of private physicians</li> <li>▪ Accounting Section, Billing Section, Bids and Awards Committee, Human Resource Management Office, Supply Office</li> </ul> |                        |                                       |
| 2. If for discharge, Clearance Form                                                |                                                                                                              | Nurses station of ward or area of admission                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                       |
| 3. If for discharge, Statement of Account (SOA)                                    |                                                                                                              | Billings Section or Outpatient Department                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                       |
| 4. If availing discount (PWD/Senior Citizen), valid Identification Card            |                                                                                                              | DSWD or Senior Citizen Office                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                       |
| <b>CLIENT STEPS</b>                                                                | <b>AGENCY ACTIONS</b>                                                                                        | <b>FEE TO BE PAID</b>                                                                                                                                                                                                                                                                                                                                                                                                              | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Approach the window and present the pertinent document(s) with price or amount. | 1.1 Receive document(s), such as charge slip, statement of account, clearance form, valid PWD/Senior Citizen | None                                                                                                                                                                                                                                                                                                                                                                                                                               | 5 minutes              | Collecting Officer<br>Cashier Section |

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| <p>If availing discount (PWD/Senior Citizen) present valid identification and sign logbook</p> | <p>ID.</p> <p>1.2 Compute the amount and inform client of the total amount to be paid.</p> <p>1.3 If availing discount, stamp the charge slip that patient has availed the discount. Fill up the logbook and ask client to sign the logbook.</p> |                    |                          |                                               |
| <p>2. Give cash or manager's/cashier's check</p>                                               | <p>2.1 Receive cash or check from client.</p> <p>2.2 Issue Official Receipt for payment from clients.</p> <p>2.3 Sign Clearance Form.</p>                                                                                                        | <p>None</p>        | <p>6 minutes</p>         | <p>Collecting Officer<br/>Cashier Section</p> |
| <p>3. Receive Official Receipt, patient's copy of SOA, Clearance Form</p>                      | <p>3.1 Clear hospital bill.</p> <p>3.2 Give instructions to the client as needed.</p>                                                                                                                                                            | <p>None</p>        | <p>4 minutes</p>         | <p>Collecting Officer<br/>Cashier Section</p> |
|                                                                                                | <p><b>TOTAL:</b></p>                                                                                                                                                                                                                             | <p><b>None</b></p> | <p><b>15 minutes</b></p> |                                               |

## Releasing of Checks

The Cashier Section is tasked with the releasing of payments to authorized payees through issuance of processed and approved checks or through Authority to Debit Advice System, while ensuring that payments are duly acknowledged by the mentioned creditor through the issuance of valid official or collection receipt or sales invoice whichever is appropriate, with the corresponding acknowledgment on the approved disbursement voucher. Releasing of checks or validated copies of ADA are done at the Cashier Section window located at the lobby of the Administrative Building and open from 8:00 a.m. to 5:00 p.m.

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| <b>Office or Division:</b>                                                                                                 | Cashier Section                                                                           |                                                                                                       |                        |                                       |
| <b>Classification:</b>                                                                                                     | Simple                                                                                    |                                                                                                       |                        |                                       |
| <b>Type of Transaction:</b>                                                                                                | Government-to-Citizen (G2G), Government-to-Business (G2B), Government-to-Government (G2G) |                                                                                                       |                        |                                       |
| <b>Who may avail:</b>                                                                                                      | All creditors (external or internal)                                                      |                                                                                                       |                        |                                       |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                           |                                                                                           | <b>WHERE TO SECURE</b>                                                                                |                        |                                       |
| 1. Valid identification card with signature of the claimant (1 valid ID)                                                   |                                                                                           | Company Affiliation, government agencies (LTO, PRC, GSIS, SSS, OSCA or OWWA, COMELEC, Police Station) |                        |                                       |
| 2. For company representative:<br>Photocopy (1) of Special Power of Attorney with notary public                            |                                                                                           | Legitimate payee company<br>Notary public                                                             |                        |                                       |
| 3. If representing a person:<br>a. Original (1) Authorization Letter<br>b. Valid identification card of the representative |                                                                                           | Authorized payee                                                                                      |                        |                                       |
| 4. If claimant is a single proprietor:<br>Photocopy (1) of Authenticated Proof of Ownership                                |                                                                                           | Department of Trade and Industry or Bureau of Internal Revenue                                        |                        |                                       |
| 5. Additional requirement for suppliers:<br>Original (1) Official Receipt or Collection Receipt or Sales Invoice           |                                                                                           | Bureau of Internal Revenue authorized print                                                           |                        |                                       |
| <b>CLIENT STEPS</b>                                                                                                        | <b>AGENCY ACTIONS</b>                                                                     | <b>FEES TO BE PAID</b>                                                                                | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>             |
| 1. Present identifying documents                                                                                           | 1.1 Verify documents.                                                                     | None                                                                                                  | 2 minutes              | Disbursing Officer<br>Cashier Section |

|                                                                                                                     |                                                                                         |             |                   |                                       |
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|                                                                                                                     | 1.2 If identification is appropriate, log out documents to be issued out.               |             |                   |                                       |
| 2. Acknowledge the disbursement documents by affixing signature in the Disbursement Voucher and Logbook of Registry | 2. Retrieve Disbursement Voucher, check or validated LDDAP-ADA and Logbook of Registry. | None        | 3 minutes         | Disbursing Officer<br>Cashier Section |
| 3. Issue Official Receipt or Collection Receipt or Sales Invoice                                                    | 3. Issue the check or validated LDDAP-ADA.                                              | None        | 3 minutes         | Disbursing Officer<br>Cashier Section |
| 4. Return signed Disbursement Voucher and Logbook of Registry                                                       | 4. Inspect documents for completeness and propriety of acknowledgment.                  | None        | 2 minutes         | Disbursing Officer<br>Cashier Section |
|                                                                                                                     | <b>TOTAL:</b>                                                                           | <b>None</b> | <b>10 minutes</b> |                                       |

## Claiming of Philhealth Refund for Admitted Patients

### Service Information

|                                                                                                                                                                          |                                                                                   |                                                                            |                        |                           |
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| <b>Office or Division:</b>                                                                                                                                               | Cashier                                                                           |                                                                            |                        |                           |
| <b>Classification:</b>                                                                                                                                                   | Simple                                                                            |                                                                            |                        |                           |
| <b>Type of Transaction:</b>                                                                                                                                              | G2G, G2B                                                                          |                                                                            |                        |                           |
| <b>Who may avail:</b>                                                                                                                                                    | All Philhealth members and dependents                                             |                                                                            |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                                                                         |                                                                                   | <b>WHERE TO SECURE</b>                                                     |                        |                           |
| <b>Member:</b><br>1 Valid Identification Card<br>Official Receipt                                                                                                        |                                                                                   | Government Agency<br>Cashier                                               |                        |                           |
| <b>Authorized Representative:</b><br>Authorization Letter<br>1 Valid Identification of Member<br>1 Valid Identification of Authorized Representative<br>Official Receipt |                                                                                   | Philhealth Member<br>Government Agency<br>Government Agency<br><br>Cashier |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                                                                      | <b>AGENCY ACTIONS</b>                                                             | <b>FEES TO BE PAID</b>                                                     | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Receive SMS that the refund is ready for pick up.                                                                                                                     | 1. Inform client thru SMS that the refund was approved and is ready for claiming. | None                                                                       | 2 minutes              | Cashier                   |
| 2. Proceed to the cashier and present Official Receipt.                                                                                                                  | 2. . Receive and verify Official Receipt.                                         | None                                                                       | 3 minutes              | Cashier                   |
|                                                                                                                                                                          | 4.1 Release Philhealth refund.                                                    | None                                                                       | 10 minutes             | Cashier                   |
|                                                                                                                                                                          | 4.2 Let client sign the Releasing logbook.                                        | None                                                                       | 2 minutes              | Cashier                   |
|                                                                                                                                                                          | <b>TOTAL:</b>                                                                     | None                                                                       | 17 minutes             |                           |

## Requisition of Payslip

The Cashier Section is in-charge with the generation of payslip which reflects all the earnings received and the corresponding deductions of the employees in a particular month. Releasing of payslip is done at the Cashier Section window located at the lobby of the Administrative Building. The service is available from Monday – Friday, 8:00 a.m. to 5:00 p.m.

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| <b>Office or Division:</b>                                                                                            | Cashier Section                                                                                  |                                         |                        |                           |
| <b>Classification:</b>                                                                                                | Simple                                                                                           |                                         |                        |                           |
| <b>Type of Transaction:</b>                                                                                           | Government-to-Government (G2G)                                                                   |                                         |                        |                           |
| <b>Who may avail:</b>                                                                                                 | All MHARS MC employees and authorized persons                                                    |                                         |                        |                           |
| <b>CHECKLIST OF REQUIREMENTS</b>                                                                                      |                                                                                                  | <b>WHERE TO SECURE</b>                  |                        |                           |
| Principal:<br>Proof of Identification                                                                                 |                                                                                                  | MHARS MC HRMO                           |                        |                           |
| Authorized person:<br>Original (1) Authorization Letter<br>Valid Identification Card                                  |                                                                                                  | Requesting party<br>Government Agencies |                        |                           |
| <b>CLIENT STEPS</b>                                                                                                   | <b>AGENCY ACTIONS</b>                                                                            | <b>FEES TO BE PAID</b>                  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b> |
| 1. Present valid identification. If by authorized person, submit authorization letter and valid ID of representative. | 1. Receive and validate ID/authorization letter.                                                 | None                                    | 2 minutes              | Payroll In-Charge         |
| 2. Receive and fill up logbook.                                                                                       | 2. Give the logbook to requesting party<br>2.1 Prepare, print and provide the requested payslip. | None                                    | 5 minutes              | Payroll In-Charge         |
| 3. Receive payslip.                                                                                                   | 3. Release payslip.                                                                              | None                                    | 1 minute               | Payroll In-Charge         |
|                                                                                                                       | <b>TOTAL:</b>                                                                                    | <b>None</b>                             | <b>8 minutes</b>       |                           |

## FEEDBACK AND COMPLAINTS MECHANISM

How to send feedback?

1. The Client Satisfaction Survey (In-Patient) must be given to all clients or watcher who are about to discharge. It must be administered by Nurse-on-Duty. The Client or watcher must fill in the Client Satisfaction Survey Form (CQI-FM-001). The client or watcher must drop the filled form in the Suggestion Box.
2. As for the Patient Satisfaction Survey OPD it must be given by the Nurse on Duty to all clients in the OPD. The OPD client or accompanying must fill in the Patient Satisfaction Survey (OPD) (CQI-FM-003-A). Likewise the filled form must be dropped in the Suggestion box located in the OPD.
3. The External (Offices) Client Satisfaction Survey Form (CQI-FM-003-B) must be administered by each Section whoever has transaction to their office. The filled form must be dropped in the Suggestion box located in the designated area.
4. The Customer Satisfaction Survey Tool must be given by the CSR Staff to all who transact in their section. (CQI-FM-002) It must be filled in by the client and dropped in the Suggestion box located in the area.

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| <p>How feedbacks are processed?</p> | <ol style="list-style-type: none"><li>1. The collection and consolidation of all External Client Satisfaction Survey Tool must be done by designated Administrative Staff or Nursing Service (except for Dental Service) before every end of the month.</li><li>2. Upon receipt of consolidated external Client Satisfaction Survey, the Continuing Quality Improvement (CQI) Committee must review and make sure that the mechanism identified for corrective action is effective, and realistic in implementing such plans thus promoting high quality service to the client.</li><li>3. The CQI Committee must be objective in the monitoring, evaluating and analyzing the data collected.</li><li>4. All identified problems; corrective and preventive plans must be documented and be submitted to the Medical Center Chief and copy furnished to the concern units or sections in preparation for Request for Action and Root Cause Analysis.</li><li>5. The CQI Committee must monitor especially the non-conformity or has negative feedback from the clients.</li></ol> <p>CQI Contact Person:</p> <p style="text-align: center;">Ms. Grace D. Javier<br/>MHARS Medical Center</p> |
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|                                 | <p style="text-align: center;">Mindog, Maningcol, Ozamiz City</p> <p style="text-align: center;">Cel. No. 09956101246<br/>Tel. No. 088-521-0440</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>How to file a complaint?</p> | <p style="text-align: center;"><b>STEPS IN FILING A COMPLAINT OR TO GIVE SUGGESTIONS</b></p> <ol style="list-style-type: none"> <li>1. Please request for a Complaint Form at the Public Assistance Complaints Desk (PACD).</li> <li>2. Please write in detail the complaint, or the incident complained of, name of the personnel of the hospital being complained of and the time and date of the Incident.</li> <li>3. Please write your suggestions in order to improve the service of the Hospital.</li> <li>4. Write your full name and address. If you do not want to put your name, please write your phone number or e-mail address or any other contact details so that you could easily be contacted.</li> <li>5. Please put you Complaints Form in the Complaints/Suggestion box located outside the Office of the Records Section or submit it to the Public Assistance Complaints Desk (PACD).</li> <li>6. MHARSMC Management is very much willing to listen to your suggestions or complaints in order to improve our services to our clients.</li> </ol> <p>Contact Person:</p> |

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|                                       | <p>Ms. Grace D. Javier<br/> MHARS Medical Center<br/> Mindog, Maningcol, Ozamiz City<br/> Cel. No. 09956101246<br/> Tel. No. 088-521-0440</p>                                                                                                                                                                                                                                                                                                                                                   |
| How complaints are processed?         | <ol style="list-style-type: none"> <li>1. Continuing Quality Improvement (CQI) Committee must verify the complaints if the allegations are true.</li> <li>2. CQI Committee takes action on the complaint received and instructs concerned personnel to take appropriate response.</li> <li>4. CQI Committee and the respondent must agree that there will be no recurrence of the same problem in the future.</li> <li>5. CQI Chairman undertakes corrective actions when necessary.</li> </ol> |
| Contact Information of CCB, PCC, ARTA | <p>ARTA: <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a><br/> 1-ARTA (2782)<br/> PCC: 8888<br/> CCB: 0908-881-6565 (SMS)</p>                                                                                                                                                                                                                                                                                                                                                 |

| Office                                         | Address                                                          | Contact Information                                 |
|------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------|
| Mayor Hilarion A. Ramiro<br>Sr. Medical Center | Mindog, Maningcol,<br>Ozamiz City, Mis. Occ.<br>7200 Philippines | Telefax: (088)521-0022<br>Trunk line: (088)521-0440 |