

**REGION 1 MEDICAL CENTER**  
**ARELLANO STREET, DAGUPAN CITY**  
**CITIZEN'S CHARTER**

Department / Section / Unit: **BILLING SECTION**

Schedule of Availability of Service: **Mondays - Sundays 24 hours / 7 days a week**

ACTIVITIES	STEPS	WORK FLOW	DURATION	PERSON-IN-CHARGE	Allowable period of extension and acceptable reason
Issuance of Statement of Account <input type="checkbox"/> Charity/ Pay patient Note: RIP/DAMA will be given priority	1	Present the Discharge Notice	1 min.	BILLING CLERK	
	2	Wait for your patient's name to be called upon completion of your Statement of Account <ul style="list-style-type: none"> <li>• Charity patients</li> <li>• Pay patients</li> </ul>	10-15 mins/ patient 30-45 mins/patient		
	3	Pay the bill at the Collecting Section			
Issuance of pre-billing statement	1	Present the Discharge Notice for pre-billing	1 min.	BILLING CLERK	
	2	Wait for your patient's name to be called upon completion of your Statement of Account	30 mins. - 45 mins		
Issuance of estimates for operations/ Procedures to be done in the hospital	1	Present procedure/operation to be done	1 min.	BILLING CLERK	
	2	Wait for your estimated hospital bill to be done	5-8 mins.		
Costing of charges from OPD	1	Present charge slip	3-5mins.	BILLING CLERK	
	2	Wait for the costing to be done			
Request for the certifications	1	Fill-up request form	1 min.	BILLING CLERK	
	2	Forward request to billing clerk	1 min.		
	3	Wait for your request to be done	5-10mins.		
Availment of Financial Assistance (Funds)	1	Present referral letter and Statement of Account (photocopy)	1min.	BILLING CLERK	
	2	Wait for the financial assistance to be deducted from your bill	3-5mins.		
	3	Proceed to Collecting Section for payment of remaining balance, if financial assistance is not sufficient to pay the bill			
OTHERS (Patient queries and other needs to be addressed)		Present request/query regarding hospital charges and other needs		BILLING CLERK	
	1	to be addressed	5-10 mins.		

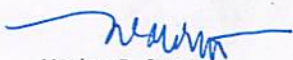
**We, the health Workers of Region 1 Medical Center commit to:**

- Serve the best Medical Care within our capacity and capability, as you enter our hospital premises,
- Respond to your complaints and commendations about our services promptly and take corrective and appropriate measure. We continue to do the best because you deserve No Less.

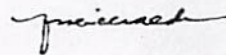
Prepared by:

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 Medical Center Chief 1