



**ADMITTING SECTION SERVICE
(ADMISSION)**

CITIZEN'S CHARTER SERVICE GUIDE

NAME OF SERVICE: Admission

The Pasig City Children's Hospital – Child's Hope is a specialty hospital for children from birth to 18 years of age.

Office or Division	Hospital Admitting & Information Section (Ancillary Department)			
Classification	Simple			
Type of Transaction	G2C – Government to Citizens			
Who may avail:	General Public			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. 1 Valid government ID of parents if minor or 2 supplementary government ID with complete address ID accepted:				
PRIMARY ID				
a. UMID Card	SSS/GSIS			
b. Voter's Certificate or ID	COMELEC			
c. TIN ID	BIR			
d. Senior Citizen ID	OCA Office			
e. National ID	Philippine Statistics Office			
SUPPLEMENTARY ID				
a. Philhealth ID	Philhealth Office			
b. PAG-IBIG ID	Pag-ibig Office			
c. Company or School ID	Personal			
Schedule of availability of service	MONDAY – SUNDAY 24HRS SERVICE			
Fees	Room and Ward	Pasig Resident	Non-Pasig Resident	
	Ward	300/day	400/day	
	PICU/NICU	400/day	750/day	
	MICU	500/day	900/day	
Total/Maximum Duration of Process	15-20 minutes			
#	CLIENT STEPS	OFFICE ACTIONS	PROCESSING TIME	PERSON RESPONSIBLE
1	Presents Admission Slip from Emergency room/OPD or Referral slip from Consultants outside Pay Clinics (Direct Admission) to Admitting Section.	Check the name of the patient in the system.	1 minute	Admitting Clerk



2	Fill-up the Admission Form	Check the information if correct and accurate by interviewing the relative	3 minutes	Admitting Clerk
3	Accomplish and sign all necessary consent forms prior to admission.	Explain to relative about the consent form as well as the visiting policies, procedures, and room rates	2 minute	Admitting Clerk
4	Received the top sheet, patient identification band, and other documents	Instruct the relative to proceed to medical social service and billing section for interview, and to verify their philhealth membership at the Philhealth section	1 minutes	Admitting Clerk

REMINDER: WAITING TIME DEPENDS ON THE VOLUME OF PATIENT. THANK YOU FOR YOUR UNDERSTANDING AND COOPERATION.

Feedback and Complaints

FEEDBACK AND COMPLAINTS MECHANISM	
How to send feedback	Fill up the Customer Survey Form
How feedback is processed	Collect & evaluate by the Office of the Incident Commander
How to file a complaint	Fill up a Customer Complaint Form (PCCH-ADM-F-002 Rev.01)
How complaints are processed	Send to office concern
Contact Information	Info/Admitting: 8643-2222 loc. 111 Email address: pcchhais@gmail.com