



Republic of the Philippines
 Lapu-Lapu City Hospital
 A. Tumalak St., Gun-ob, Lapu-Lapu City 6015
 Cebu, Philippines
 Tel No. (032) 340-0248; (032) 340-0249

LAPU-LAPU CITY HOSPITAL

Service Name:	Billing - responsible for the timely and accurate preparation and issuance of Statement of Account (SOA) for all services, procedures, and materials utilized by patients and clients
Office/Division:	Lapu-Lapu City Hospital - Billing Section
Who May Avail?	All inpatients admitted in the Lapu-Lapu City Hospital
Classification:	Simple
Type of Transaction:	G2C – Government to Citizens

Checklist of Requirements:	Where to Secure:
1. Charge slip/s 2. Clearance form 3. Patient Data Sheet (PDS) 4. PHIC Claim Forms (CF3, CF4) 5. Operative Record 6. Laboratory/Imaging Results	1. Laboratory/Radiology Department Items 2-4 : Nurse Station 2. Operating Room/Medical Records Department 3. Laboratory/Radiology Department

Schedule of Service Availability:
 Monday to Saturday 8:00 AM to 8:00 PM
 Sunday 8:00 AM to 5:00 PM

CLIENT STEPS	AGENCY ACTION	NECESSARY FORMS	PROCESSING TIME	FEES TO BE PAID	PERSON RESPONSIBLE
1. Requests for Statement of Account and Billing Clearance	1.1. Checks for completeness of the submitted forms.	Clearance form, Charge slip/s, Patient Data Sheet (PDS), PHIC Claim Forms (CF3, CF4), Operative Record, Laboratory/Imaging Results	15 minutes	None	Patient/Authorized Representative Billing Staff
	1.2. Generates Statement of Account.	Statement of Account	15 minutes	None	Billing Staff
	1.3. Signs Statement of Account.	Statement of Account	5 minutes	None	Billing Staff
	1.4. Releases one (1) copy of Statement of Account with signed clearance (if no excess bill).	Statement of Account, Clearance Form	5 minutes	None	Billing Staff
	2.1. NBB/Non-NBB patients with excess: Proceed to Malasakit Center.	Statement of Account	1 hour	None	Billing Staff Social Worker of the Day /Malasakit

2. Pays the Bill	2.2. Patients who will not avail of Malasakit/Social Worker's services: Proceed to Cashier	Statement of Account	1 hour	none	Social worker of the Day / Malasakit Staff
	2.3. Payment of bill or excess bill.	Statement of Account	15 minutes	Total billed amount	Cashier
	2.4. Signs clearance.	Clearance Form	10 minutes	None	
	Total			2 hours and 5 minutes	