

Compliance to ARTA Requirements
Health Facilities and Services Regulatory Bureau-DOH

| Transaction/Process | Classification | Maximum Number of Working Days to Complete | Fees (Initial application) | Fees (Renewal application) | Validity Period |
|---|------------------|--|--|----------------------------|-----------------|
| Standards Development Division (SDD) | | | | | |
| Invitation | Simple | 3 | | | |
| Letter to Inform only | Simple | 3 | | | |
| Information only | Simple | 3 | | | |
| Request for Attendance to an Event | Simple | 3 | | | |
| Regulatory Compliance and Enforcement Division (RCED) | | | | | |
| Authentication of Overseas work applicant's Pre Employment Medical Examination (PEME) | Simple | 3 | 50.00 for medical certificate 50.00 for HIV Screening certificate | | |
| Request for Certification as Registered health facilities | Simple | 3 | 50.00 per request | | |
| Request for endorsement to SEC | Simple | 3 | No payment/ fee | | |
| Quality Assurance and Monitoring Division (QAMD) | | | | | |
| Issuance of reminder letter for letter of explanation and proof of corrective actions | Complex | 7 | | | |
| Issuance of Cease and Desist Order and Incomplete Proof of Corrective Action Letter | Complex | 7 | | | |
| Surveillance of unlicensed Health Facilities (with violation) | Complex | 7 | | | |
| Request for disconnection from IDTOMIS | Complex | 7 | | | |
| Regulatory Compliance and Enforcement Division (RCED) | | | | | |
| Application for Remote Collection Permit for Clinical Laboratory | Complex | 7 | 500.00 per remote collection | | |
| Application for Remote Collection Drug Test Specimen | Complex | 7 | 500.00 per remote collection | | |
| *Handling of Complaints (without investigation/hearing) (acted upon) change 7 days to 3 days based on approved procedure | Complex | 7- 3 | | | |
| Standards Development Division (SDD) | | | | | |
| Complex Letters (involves research, documents review and coordination and/or consultation with other units/entities) | | | | | |
| With Data Request | Highly Technical | 20 | | | |
| Clarificatory Letter | Highly | 20 | | | |

| | | | | | |
|---|------------------|---------------------------------------|----------|----------------------|--|
| | Technical | | | | |
| Letter of Inquiry | Highly Technical | 20 | | | |
| Memorandum with/for: | | | | | |
| Request for Data | Highly Technical | 20 | | | |
| Clarification/s | Highly Technical | 20 | | | |
| Inquiry | Highly Technical | 20 | | | |
| Request for Review of Documents and Comments. Administrative Order, Department Order, Department Circular, Department Memorandum, Draft Bills, Laws, Research, and other technical documents | Highly Technical | 20 | | | |
| Complaints (re: Licensing Standards and Requirements) | Highly Technical | 20 | | | |
| Quality Assurance and Monitoring Division (QAMD): | | | | | |
| Evaluation of proof of corrective action | Highly Technical | 20 | | | |
| Downgrading/ Downsizing and Stern Warning Decision for Health Facilities | Highly Technical | 20 | | | |
| Lifting of Cease and Desist Order (CDO) - complicated cases | Highly Technical | 20 | | | |
| Evaluation of CHD's DTL assessment with CDO recommendation | Highly Technical | 20 | | | |
| Regulatory Compliance and Enforcement Division (RCED): | | | | | |
| Application for Permit to Construct a health facility: | Highly Technical | 15 based on approved procedure | | | |
| 1. Ambulatory Surgical Clinic | | | 1,400.00 | - apply to del ASC | |
| 2. Birthing Home | | | 1,400.00 | | |
| 3. Dialysis Clinic | | | 1,400.00 | | |
| 4. Drug Testing Laboratory (Free Standing) | | | 1,000.00 | - add fee | |
| 5. Drug Abuse Treatment and Rehabilitation Center: | | | | | |
| 5.1. Drug Abuse Treatment and Rehabilitation Center (Residential)- | | | 1,000.00 | | |
| 5.2. Drug Abuse Treatment and Rehabilitation Center (Non-Residential) | | | 1,000.00 | | |
| 5.3. Drug Abuse Treatment and Rehabilitation Center (Residential with Out-patient) | | | 1,000.00 | add fee and facility | |
| 6. Hospital (Note: If there's an application for additional service like DC in level 1 hospital the cost will be applied to the level of hospital) e.g. DC= 1,400.00 but DC is an additional service to the hospital then the cost is equal to 2,000.00 | | | | | |
| 6.1 Hospital Level 1 | | | 2,000.00 | | |
| 6.2 Hospital Level 2 | | | 2,500.00 | | |
| 6.3 Hospital Level 3 | | | 3,000.00 | | |
| 7. Medical Facility for Overseas Workers and Seafarers | | | 1,500.00 | | |
| 8. Infirmary | | | 1,500.00 | | |
| 9. Psychiatric Care Facility: | | | | | |
| 9.1 Psychiatric Care Facility (Custodial) | | | 1,500.00 | | |
| 9.2 Psychiatric Care Facility (Acute Chronic) | | | 1,500.00 | | |

ASC LTR

1. Surgeon ~~adding~~ - by Doc Mark

2. Page numbering in AT

3.

Question: 1) Fee in AO?

2) What Facility is for of
HPCRFB or For Region?

cut off period

| Application for License to Operate: | | | | | |
|---|--|--|------------------------------------|----------------|-----------------------|
| 1. Hospital (Note: no payment of license, registration fee, ancillary services if government DOH retained owned, but with payment in ancillary service if non-DOH retained owned) | | | | | |
| 1.1. Level 1 Hospital (Note: renewal of license done by CHD) | | | 6,500.00 | 6,000.00 | 1 year validity |
| 1.1.1 Registration fee (if new hospital) | | | 200.00 | | |
| 1.1.1 Blood Station-required | | | 1,400.00 add fee | No renewal fee | 1 year validity |
| 1.1.2 Blood Collection Unit (if offered as additional service) | | | 1,500.00 add fee & facility | No renewal fee | 1 year validity |
| 1.1.3 Blood Collection Unit and Blood Station | | | 1,500.00 | No renewal fee | 1 year validity |
| 1.1.4 Clinical Laboratory (secondary category)-required | | | 2,500.00 | 2,000.00 | 1 year validity |
| 1.1.5 X-Ray (c/o FDA) | | | | | |
| 1.1.6 Pharmacy (c/o FDA) | | | | | |
| 1.2. Level 2 Hospital | | | 8,500.00 | 7,500.00 | |
| 1.2.1 Registration fee (if new hospital) | | | 200.00 | | |
| 1.2.1 Blood Station-required | | | 1,400.00 add fee | No renewal fee | 1 year validity |
| 1.2.2 Blood Collection Unit Station (if offered as additional service) | | | 1,500.00 | No renewal fee | 1 year validity |
| 1.2.3 Blood Collection Unit and Blood Station | | | 1,500.00 | No renewal fee | 1 year validity |
| 1.2.4 Clinical Laboratory (tertiary category)-required | | | 3,000.00 change to | 2,500.00 | 1 year validity |
| 1.2.5 X-Ray (c/o FDA) | | | | | |
| 1.2.6 Pharmacy (c/o FDA) | | | | | |
| 1.3. Level 3 Hospital | | | 10,500.00 | 8,500.00 | |
| 1.3.1 Registration fee (if new hospital) | | | 200.00 | | |
| 1.3.1 Blood Bank-required | | | 5,000.00 add fee | No renewal fee | 1 year validity |
| 1.3.2 Blood Bank with additional function (if offered as additional service) | | | 5,000.00 add | No renewal fee | 1 year validity |
| 1.3.3 Clinical Laboratory (tertiary category)-required | | | 3,000.00 | 2,500.00 | 1 year validity |
| 1.3.4 Dialysis Clinic (Note: no renewal fee if owned by the hospital)-required | | | 3,000.00 add fee | 3,000.00 | |
| 1.3.5 X-Ray (c/o FDA) | | | | | |
| 1.3.6 Pharmacy (c/o FDA) | | | | | |
| 2. Ambulatory Surgical Clinic (ASC) [Note: no renewal fee if owned by the hospital] | | | | | |
| One-Stop Shop Non-hospital based ASC | | | 14,000.00 | 14,000.00 | 3 yrs validity period |
| Hospital-based ASC | | | 4,000.00 add fee and function | 4,000.00 | 1 yr validity period |
| Free-Standing ASC | | | 14,000.00 ? | 14,000.00 | 3 yrs validity period |
| 3. Dialysis Clinic (DC) | | | | | |
| One-Stop Shop Non-hospital based DC | | | 9,500.00 (change) current 1,400 | 9,500.00 | 3 yrs validity period |
| Hospital-based DC | | | 3,000.00 (change) current 1,400 | 3,000.00 | 1 yr validity |

1 yr acceptance until Nov 15
if no renewal until Dec 15
Jan 3 pending

| | | | | | |
|--|-------------------|--|---------------------------------|-----------|---------------------------------------|
| Free-Standing ASC | | | 9,500.00 | 9,500.00 | period 3 yrs validity period |
| 4. Ambulance Service Provider | | | | | |
| Ambulance Service Provider –Hospital based | | | 5,000.00 | 5,000.00 | 1 yr validity period |
| Ambulance Unit-hospital based per vehicle | | | 1,000.00 | 1,000.00 | 1 yr validity period |
| Ambulance Service Provider –free standing | add Function | | 15,000.00 | 15,000.00 | 3 yrs validity period |
| Ambulance Unit-free standing | | | 3,000.00 | 3,000.00 | 3 yrs validity period |
| 5. Blood Center | | | 5,000.00 add fee | 5,000.00 | 3 yrs validity period |
| 6.a. General Clinical Laboratory-non-hospital based (Note: regulated by CHD) | | | | | |
| General Clinical Laboratory-primary | } region ? fix | | 2,500.00 add fee & fruits | 2,000.00 | 1 yr validity period |
| General Clinical Laboratory-secondary | | | 3,000.00 | 2,500.00 | 1 yr validity period |
| General Clinical Laboratory-tertiary | | | 3,500.00 | 3,000.00 | 1 yr validity period |
| General Clinical Laboratory- limited w/ histopathology (HPSA) | | | 2,500.00 | 2,000.00 | 1 yr validity period |
| 6.b. General Clinical Laboratory one-stop shop non-hospital based | | | | | |
| General Clinical Laboratory-primary | | | 7,500.00 | 7,500.00 | 3 yrs validity period |
| General Clinical Laboratory-secondary | | | 9,000.00 | 9,000.00 | 3 yrs validity period |
| General Clinical Laboratory-tertiary | | | 10,500.00 | 10,500.00 | 3 yrs validity period |
| General Clinical Laboratory- limited | | | 7,500.00 | 7,500.00 | 3 yrs validity period |
| 7. HIV Testing Laboratory (included in the clinical laboratory) | | | | | |
| 7.1. Add-on service G6PD confirmatory Lab. | } ? | | | | |
| 7.2 Add-on service RHIVDA | | | | | |
| Registration (if new) | | | 200.00 | | |
| Note: BCU, BS, BB-no renewal payment if with Clinical laboratory | | | | | |

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|---|----------------------------|--|-----------|-------------|------------------------|
| 8. Dental Laboratory (Note: Regulated by CHD) | | | | | |
| Registration fee (if new) | | | 200.00 | add reg fee | |
| Removable Prosthesis Services: | | | 1,000.00 | 1,000.00 | |
| 1) -Removable partial dentures with metal framework (without casting) | } add function + add price | | 1,500.00 | 1,500.00 | |
| 2) -Special removable appliances (without casting) | | | 1,500.00 | 1,500.00 | |
| 3) -Removable partial dentures with metal framework | | | 2,000.00 | 2,000.00 | |
| 4) -Special removable appliances | | | 2,000.00 | 2,000.00 | |
| Fixed Prosthesis Services: | | | | | |
| 1) -Crown and Bridge without metal alloy substructure -metal-free crowns and bridges with ceramics, composites or resins | } | | 1,000.00 | 1,000.00 | |
| 2) -Crown and Bridge with metal alloy substructure fabrication - ceramics or resins fused to metal, or purely metal alloy (without casting) | | | 1,500.00 | 1,500.00 | |
| 3) -Special Fixed Prosthesis (without casting) | | | 1,500.00 | 1,500.00 | |
| 4) -Crown and Bridge with metal alloy substructure fabrication - ceramics or resins fused to metal, or purely metal alloy | | | 2,000.00 | 2,000.00 | |
| 5) -Special Fixed Prosthesis | | | 2,000.00 | 2,000.00 | |
| Removable and Fixed Prosthesis Services: | | | 2,500.00 | 2,500.00 | |
| Limited Services | | | 1,000.00 | 1,000.00 | |
| 9. Birthing Home (Note: regulated by CHD) | | | 4,500.00 | 3,000.00 | 1 year validity |
| Registration | | | 200.00 | | |
| 10. Infirmary (Note: regulated by CHD) | | | 6,000.00 | 5,500.00 | 1 year validity |
| Registration | | | 200.00 | | |
| 11. Psychiatric Care Facility: (Note: renewal of license done by CHD) | | | | | |
| Registration | | | 200.00 | add reg fee | |
| Psychiatric Care Facility (Custodial) | | | 6,000.00 | 4,000.00 | 1 yr validity period |
| Psychiatric Care Facility (Acute Chronic) | | | 7,500.00 | 5,500.00 | 1 year validity period |
| Application for Certificate of Accreditation: | | | | | |
| * 12. Drug Testing Laboratory-Screening | } Add facility and fees | | 5,000.00 | 5,000.00 | 1 yr validity period |
| * Drug Testing Laboratory-Confirmatory | | | 10,000.00 | 10,000.00 | 1 year validity period |
| Cash Bond | | | 20,000.00 | | |
| 13. Drug Abuse Treatment and Rehabilitation Center (Note: No payment if government DOH retained) | | | | | |
| Drug Abuse Treatment and Rehabilitation Center (Residential) | | | 14,000.00 | 14,000.00 | 3 yrs validity period |
| Drug Abuse Treatment and Rehabilitation Center (Non-Residential) | | | 6,000.00 | 6,000.00 | 3 yrs validity period |
| Drug Abuse Treatment and Rehabilitation Center (Residential with Out-patient) | | | 15,000.00 | 15,000.00 | 3 yrs validity period |

Region

| | | | | | |
|--|--|--|--|-----------|-----------------------|
| Cash Bond | | | 30,000.00 | | |
| 14. Human Stem Cell and Cell-Based or Cellular Therapy Facility | | | 38,000.00 <i>add fees</i> | 38,000.00 | 3 yrs validity period |
| 15. Kidney Transplant Facility (hospital-based only) | | | 38,000.00 | 38,000.00 | 3 yrs validity period |
| 16. Laboratory for Drinking Water Analysis (no renewal payment if with Clinical Laboratory) | | | 5,000.00 | 5,000.00 | 3 yrs validity period |
| 17. Medical Facility for Overseas Workers and Seafarers <i>with new - to submit assessment after 6 mos. of submission extend the validity to 3 yrs.</i> | | | 13,500.00 <i>add fees</i> | 13,500.00 | 3 yrs validity period |
| Cash bond | | | 100,000.00 | | |
| 18. Newborn Screening Center | | | 8,500.00 <i>add fees and facility</i> | 8,500.00 | 3 yrs validity period |
| 19. Dental Clinic: | | | | | |
| school dental clinic <i>→ Remove Private</i> | | | | | |
| Occupational dental clinic | | | | | |
| Application for Certificate of Registration: | | | | | |
| Special Clinical Laboratory | | | 200.00 <i>add fee</i> | N/A | |
| Application for Certificate of Recognition as Laboratory for Dialysis Water | | | 5,000.00 | 5,000.00 | 3 yrs validity period |
| Renewal of LTO/COA –can avail of discount if submitted the application from October to November | | | 10% disc. In renewal fee except DTL | | |
| Add-on Service | | | The same amount to pay for the HF | | |

ARTA Manual of HFSRB and step by step posted in tarpaulin must be the same

Process of Complaints x surveillance

Complaint \rightarrow Surveillance \rightarrow Complaints

{ from Aths Lutero }
{ Direct }
{ from CAO }