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

Transaction/Process	Classification	Maxi mum Numb er of Worki ng Days to Comp lete	Fees (Initial application)	Fees (Renewal applicatio n)	Validity Period
Standards Development Division (SDD)	.5.				
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			
arificatory Letter	Highly	20			

			1		
	Technical	- 00			
Letter of Inquiry	Highly Technical	20			
Memorandum with/for:	recriffical	-		12	
Request for Data	Highly	20		-	
Nequest for Data	Technical	20			
Clarification/s	Highly	20		-	+
Ciarification/s	Technical	20			
Inquiry	Highly	20			
mquiry	Technical	20			
Request for Review of Documents and	Highly	20			
Comments.	Technical				
Administrative Order, Department Order,	ł				
Department Circular, Department Memorandum,					
Draft Bills, Laws, Research, and other technical					
documents					
Complaints (re: Licensing Standards and	Highly	20			
Requirements)	Technical			4	
Quality Assurance and Monitoring Division (QAMD):					
Evaluation of proof of corrective action	Highly	20			
Evaluation of proof of corrective action	Technical	20			
Downgrading/ Downsizing and Stern Warning	Highly	20			
Decision for Health Facilities	Technical	20			
Lifting of Cease and Desist Order (CDO) -	Highly	20	11		
complicated cases	Technical				
Evaluation of CHD's DTL assessment with CDO	Highly	20			
recommendation	Technical				
Regulatory Compliance and Enforcement					
Division (RCED):					
		15 based on approved procedure			
Application for Permit to Construct a health	Highly	15 bas	ed on approv	ed procedu	ire
facility:	Highly Technical	15 bas			
facility: 1. Ambulatory Surgical Clinic		15 bas	1,400.00 –	red procedu	
facility: 1. Ambulatory Surgical Clinic 2. Birthing Home		15 bas	1,400.00 –		
facility: 1. Ambulatory Surgical Clinic 2. Birthing Home 3. Dialysis Clinic		15 bas	1,400.00 – 1,400.00 1,400.00	apply to di	
facility: 1. Ambulatory Surgical Clinic 2. Birthing Home 3. Dialysis Clinic 4. Drug Testing Laboratory (Free Standing)		15 bas	1,400.00 –		
facility: 1. Ambulatory Surgical Clinic 2. Birthing Home 3. Dialysis Clinic 4. Drug Testing Laboratory (Free Standing) 5.Drug Abuse Treatment and Rehabilitation		15 bas	1,400.00 – 1,400.00 1,400.00	apply to di	
facility: 1. Ambulatory Surgical Clinic 2. Birthing Home 3. Dialysis Clinic 4. Drug Testing Laboratory (Free Standing) 5. Drug Abuse Treatment and Rehabilitation Center:		15 bas	1,400.00 - 1,400.00 1,400.00 1,000.00 -	apply to di	
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ASC LTS 1. Surgeon manadding - by pac Mark 2. Wipage numbering in AT

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Application for License to Operate:			20T .]
Hospital (Note: no payment of license,	MAN		17 4 11	uften,
registration fee , ancillary services if government	residely Sari-1247		91 al	JANIS
DOH retained owned , but with payment in	mently 1	,	1 1	TO WALL
ancillary service if non-DOH retained owned)	Jan i- Min	'	you on.	Jars pring
1.1. Level 1 Hospital (Note: renewal of license	6,500.00	6,000.00	1 year	Jans many
done by CHD)			validity	
1.1.1 Registration fee (if new hospital)	200.00		21	
1.1.1 Blood Station-required	1,400.00	No renewal	1 year	
	add fu	fee	validity	
1.1.2 Blood Collection Unit (if offered as	1,500.00 fait	No renewal fee	1 year	
additional service)		Interests 1	validity	
1.1.3 Blood Collection Unit and Blood Station	1,500.00	No renewal fee	1 year	
		North and	validity	
1.1.4 Clinical Laboratory (secondary	2,500.00	2,000.00	1 year	
category)-required			validity	
1.1.5 X-Ray (c/o FDA)				
1.1.6 Pharmacy (c/o FDA)	750000	7.500.00		
1.2. Level 2 Hospital	8,500.00	7,500.00		
1.2.1 Registration fee (if new hospital)	200.00	Nie aug aug 1		
1.2.1 Blood Station-required	1,400.00	No renewal fee	1 year	
10051 10 11 11 11 11 11 11 11 11 11 11 11 11		13049360	validity	
1.2.2 Blood Collection Unit Station (if offered	1,500.00	No renewal fee	1 year	
as additional comics)		100	validity	
additional service)	4.500.00	No renewal	1	
1.2.3 Blood Collection Unit and Blood Station	1,500.00	fee	1 year	
1.2.4. Clinical Laboratory (testions actorsons)	2,000,00		validity	
1.2.4 Clinical Laboratory (tertiary category)-	3,000.00 5	2,500.00	1 year validity	-
required	Change		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	8,300.00		
1.3.1 Blood Bank-required	5,000.00	No renewal	1 year	
1.5.1 blood bank-required	add fee	fee	validity	
1.3.2 Blood Bank with additional function (if	5,000.00	No renewal	1 year	
offered as	0,000.00	fee	validity	
additional service)			randity	Ş
1.3.3 Clinical Laboratory (tertiary category)-	3,000.00	2,500.00	1 year	
required	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		validity	
1.3.4 Dialysis Clinic (Note: no renewal fee if	3,000.00	3,000.00		
owned by the hospital)-required	add fee	*		
1.2.5 V Pov (a/a EDA)	W.C. T.C.			
1.3.5 X-Ray (c/o FDA) 1.3.6 Pharmacy (c/o FDA)				_
		/		
Ambulatory Surgical Clinic (ASC) [Note: no renewal fee if				
owned by the hospital)	14,000,00	14 000 00	2 1 100	
One-Stop Shop Non-hospital based ASC	14,000.00	14,000.00	3 yrs	
			validity period	Α.
Hospital-based ASC	4,000.00	4,000.00	1 yr	
1 lospital-based AGO	11 600 000	4,000.00	validity	
	ace brution		period	1
Free-Standing ASC	14,000.00	14,000.00	3 yrs	
	14,000.00	. 1,000.00	validity	
			period	
3. Dialysis Clinic (DC)				
One-Stop Shop Non-hospital based DC	9,500.00	9,500.00	3 yrs	1
			validity	
	(charge)		period	
Hospital-based DC	3,000.00	3,000.00	1 yr	1
	(Change)	3.	validity	
	L illon			

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current 1,400

			period
Free-Standing ASC	9,500.00	9,500.00	3 yrs
			validity
	/		period
4. Ambulance Service Provider	C 000 00	5,000.00	4
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
Ambulance Service Provider –free standing	(15,000.00)	15,000.00	period 3 yrs
Ambulance Service Provider – free standing	13,000.00	13,000.00	validity
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	3		
(Note: regulated by CHD)	2 500 00	2,000.00	1
General Clinical Laboratory-primary	2,500.00 add fle a	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 7 - Special 195843	2,500.00	2,000.00	1 yr validity period
6.b.General Clinical Laboratory one-stop shop non-hospital based			ponou
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 aboratory)			
7.1. Add-on service G6PD confirmatory Lab. 7	তুৱ		
7.2 Add-on service RHIVDA	200.00	2 for	
Registration (if new)	200.00		
Note: BCU, BS, BB-no renewal payment if with Clinical aboratory			

O Dental Laboratory (Note: Descripted by CUD)	T T		Λ.	1
8. Dental Laboratory (Note: Regulated by CHD)		200 00 (00)	ray tee	-
Registration fee (if new)		200.00		
Removable Prostheses Services:		1,000.00	1,000.00	
Removable partial dentures with metal) add function	1,500.00	1,500.00	
framework(without casting)	add within	1,500.00	1,500.00	
Charles and the continues (without	1	1,000.00	1,000.00	
1.) -Special removable appliances (without	asse			
casting)	Y			
3 -Removable partial dentures with metal		2,000.00	2,000.00	
framework	1	2,000.00	2,000.00	
Special removable appliances		2,000.00	2,000.00	
	1			-
Fixed Prostheses Services:				
 Crown and Bridge without metal alloy 		1,000.00	1,000.00	
substructure -metal-free			200000000000000000000000000000000000000	
crowns and bridges with ceramics,		1,500.00	1,500.00	
		1,300.00	1,500.00	
composites or resins				
1) -Crown and Bridge with metal alloy	/ /			
substructure fabrication –	/ .	1,500.00	1,500.00	
ceramics or resins fused to metal, or purely		2,000.00	2,000.00	
		2,000.00	2,000.00	
metal alloy (without	/		12471112502502500450047	
casting)		2,000.00	2,000.00	
-Special Fixed Prostheses (without casting)	/			
-Crown and Bridge with metal alloy				
	/	22.5		
substructure fabrication –				
ceramics or resins fused to metal, or purely	(
metal alloy	1			
Special Fixed Prostheses				
		0.500.00	0.500.00	
Removable and Fixed Prostheses 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
De detection		200.00		validity
Registration		200.00		
10. Infirmary (Note: regulated by CHD)		6,000.00	5,500.00	1 year
		- Change to		validity
Registration		200.00 - مل		
11. Psychiatric Care Facility: (Note: renewal of		rey de		
license done by CHD)				
Registration		200.00 -ada	reg-fee	
Psychiatric Care Facility (Custodial)		6,000.00	4,000.00	1
Psychiatric Gare Facility (Gustodiai)		0,000.00	4,000.00	1 yr
		change to		validity
				period
Psychiatric Care Facility (Acute Chronic)		7,500.00 🐔	5,500.00	1 year
r dydriadio dard r ddinty (riddle driidine)		7,000.00	0,000.00	validity
		Change to		
		Charage		period
Application for Certificate of Accreditation:				
.12. Drug Testing Laboratory-Screening		5,000.00	5,000.00	1 yr
* ag , our ing Laboratory coroning	All beility and coas	3,000.00	2,000.00	validity
	Add beiller			
	C00>			period
Drug Testing Laboratory-Confirmatory	and to	10,000.00	10,000.00	1 year
The state of the s		Committee of the Commit	2.55 · 10.55 · 10.55 · 10.55	validity
				period
Ocale Board		00 000 00		period
Cash Bond		20,000.00		
13.Drug Abuse Treatment and Rehabilitation				
Center (Note: No				
payment if government DOH retained)				
		44,000,00	44.000.00	0.000
Drug Abuse Treatment and Rehabilitation		14,000.00	14,000.00	3 yrs
Center (Residential)	47			validity
				period
Drug Abuse Treatment and Rehabilitation		6,000.00	6,000.00	3 yrs
		0,000.00	0,000.00	
Center (Non-				validity
Residential)				period
Drug Abuse Treatment and Rehabilitation		15,000.00	15,000.00	3 yrs
Center (Residential				validity
Conta (Nesiderilla)		CLASS CO. C.		· vcantuitV
with Out-patient)	1	Add fees of facility		period

region

Cash Bond 🌤	30,000.00		
14. Human Stem Cell and Cell-Based or Cellular Therapy Facility	38,000.00 add fees	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 " New - power a structure of the common of t	13,500.00 & les	13,500.00	3 yrs validity period
Cash bond	100,000.00		
18. Newborn Screening Center	8,500.00 add feec and archity	8,500.00	3 yrs validity period
✓19. Dental Clinic:			
school dental clinic - Rumre Rivate			
Occupational dental clinic			
Application for Certificate of Registration:			
Special Clinical Laboratory	200.00 als	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 - Surveillance - Complaints

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