

### **MUNICIPALITY OF TUBIGON**

# CITIZEN'S CHARTER





# TUBIGON COMMUNITY HOSPITAL

**ADMINISTRATIVE SERVICES** 





### 8. AVAILING OF AMBULANCE SERVICES

### Schedule of Availability of Service:

Daily

#### Who May Avail of the Service:

A patient who needs to be transported to other higher level hospitals for treatment, for further management of illness and of emergency cases.

#### What are the Requirements:

- 1. Referral note from the ROD
- 2. Official Receipt
- 3. Clearance

**Duration:** Case to case basis

Step	Applicant/Client	Action Officer	Duration of Activity (Under Normal Circumstances)	Person in Charge	Fees	Form
1	Process necessary requirements like payment of bills.	Order referral for further management of the patient after given treatment.  Fill out Referral Form	3-5 minutes	Resident on Duty		Referral Form
2	Wait for the processing.	Prepare Referral Form  Attach all laboratory result if there is any.  Call the patient's hospital of choice for endorsement.  Give the bill from ward or charge slip from ER to the patient/SO.	5-15 minutes	ER or Station nurse		Referral Form  Photocopy of laboratory/X-ray results
3	Pay desired hospital bill plus  Ambulance Services Fee:  ❖ To Tagbilaran City from TCH  • Tubigon resident  • Non Tubigon resident  ❖ Pick up from any point in Tubigon to TCH:  • Within 3 km from TCH  • Additional for every 1 km excess  ❖ Ambulance Nurse	Receive bill/charge slip from the patient.	1-2 minutes	Cashier	None 750.00 100.00 33.00 200.00	
4	Prepare for transport.	Bring necessary papers for referral.	1-5 minutes	Ambulance Nurse/midwife or Nursing Attendant		Referral Slip, laboratory results

Fill-out the Client Satisfaction Rating Form

END OF TRANSACTION