Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

ADVISORY

Effective July 9, 2021, the Health Facilities and Services Regulatory Bureau (HFSRB) and the Centers for Health Development- Regulation, Licensing and Enforcement Division shall utilize Order of Payment Form OP 6 (CON_PTC) Revision 7 to include Primary Care Facility based on A.O. No. 2020-0047 dated September 30, 2020 and Clinical Laboratory based on A.O. No. 2021-0037 dated June 11, 2021, respectively. Permit to Construct Fee shall be in the amount of P1,000.00 each.

Please be guided accordingly.

Thank you.

ATTY. NICOLAS B. LUTERO III, CESO III
Director IV

Pag Lisensyado... ProtektaDOH

Republic of the Philippines
DEPARTMENT OF HEALTH

ORDER OF PAYMENT
CERTIFICATE OF NEED/PERMIT TO CONSTRUCT

Date: _____

NAME OF HEALTH FACILITY: _____ OP Form 6- Rev7

ADDRESS: _____

To CASHIER: Please charge the amount of _____ (Php _____) for:

DC 2020-0360 dtd 10/28/2020 -PCF
AO 2021-0037 dtd 10/28/2020 ClinLab
Board Regulation No.2, 2019 (DDB)DATRC
CON A.O. 2006-0004 dtd 1/15/2007
AO 2012-0012 dtd 7/18/2012
Section 6 Board Regulation No.5 s.2013 (DATRC_NR)

(Please check the appropriate box)

		REMARKS
Certificate of Need	( ) 2,000.00	
PERMIT TO CONSTRUCT:		
HOSPITAL		
( ) Level 1	( ) 2,000.00	
( ) Level 2	( ) 2,500.00	
( ) Level 3	( ) 3,000.00	
PSYCHIATRIC CARE FACILITY		
( ) Custodial Psychiatric Care Facility	( ) 1,500.00	
( ) Acute Chronic Psychiatric Care Facility	( ) 1,500.00	
DIALYSIS CLINIC	( ) 1,400.00	
AMBULATORY SURGICAL CLINIC	( ) 1,400.00	
MEDICAL FACILITY FOR OVERSEAS WORKERS AND SEAFARERS	( ) 1,500.00	
DRUG ABUSE TREATMENT AND REHABILITATION CENTER		
( ) Residential	( ) 1,000.00	
( ) Non-Residential	( ) 1,000.00	
( ) Residential with Outpatient	( ) 1,000.00	
DRUG TESTING LABORATORY (FS)	( ) 1,000.00	
INFIRMARY	( ) 1,500.00	
BIRTHING HOME	( ) 1,400.00	
PRIMARY CARE FACILITY	( ) *1,000.00*	
CLINICAL LABORATORY	( ) *1,000.00*	

Prepared by:

_____
Licensing Officer/Designate Staff

Received the above payment/s:
Name/Signature: _____
Amount: _____
Cash/PMO/Check. No. Issued _____ Date: _____
O.R. No. Issued _____
Date Issued: _____

Form OP 06(CON_PTC)
Revision:07
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