Republic of the Philippines
DEPARTMENT OF HEALTH

ORDER OF PAYMENT

ONE STOP-SHOP GOVERNMENT HOSPITAL (NON DOH-RETAINED)

Date: _____ **Form OP 02** Revision 8

NAME OF HOSPITAL: _____

ADDRESS: _____

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

DC2019-0497 dtd 5292019 LTO Cert rHIVda; DC2018-0538 dtd 10182018 -LTO G6PD
Board Regulation No.2, 2019 (DDB)DATRC
DC 2018-0023 dtd 5/29/18 RCP-CL
AO 2016-0029 AnnexE dtd 6/29/2016 Ambulance; AO 2014-0034 dtd. 11/13/2014 (Pharmacy)
AO 2012-0012 dtd. 7/18/2012 hosp
AO 2008-0008 dtd 5/2/2008-BSF; AO 2007-0023 dtd 6/6/07
AO 2007-0023 dtd 6/6/2007-Schedule of Fees OSS Hosp; AO 2007-0001- Schedule of Fees; AO 2019-0004 dtd 4302019 cut-off dates received application

(Please check the appropriate box)

	Initial (New/With Changes) Form 1 & Form 2	Renewal** Form 1	Remarks
Registration Fee (New)	☐		
Level 1 Hospital	☐	☐	
Level 2 Hospital	☐	☐	renewal-yearly
Level 3 Hospital	☐	☐	
CLINICAL LABORATORY(GENERAL)			renewal-yearly
Secondary	☐ 2,500.00	☐ 2,000.00	
	w/ 10% disc.	☐ 1,800.00	
Tertiary	☐ 3,000.00	☐ 2,500.00	
	w/ 10% disc.	☐ 2,250.00	
G6PD Confirmatory Lab. (Add-on Service)	☐	☐	renewal yearly inlcuded in ClinLab
Remote Collection Permit- ClinLab (P500.00 each remote collection)		☐	
CLINICAL LABORATORY (SPECIAL)	☐ 200.00		
Specify type of lab service/s _____			
BLOOD SERVICE FACILITY:			renewal-yearly
BLOOD BANK	☐ 5,000.00	☐	
BLOOD BANK with additional function	☐ 5,000.00	☐	
BLOOD STATION	☐ 1,400.00	☐	
Ambulance Service Provider	☐ 5,000.00	☐ 5,000.00	renewal-yearly
Ambulance (P1,000.00 per unit)	☐	☐	
AMBULATORY SURGICAL CLINIC	☐ 4,000.00	☐ 4,000.00	no renewal fee if fully owned by the hospital
	w/ 10% disc.	☐ 3,600.00	
DIALYSIS CLINIC	☐ 3,000.00	☐ 3,000.00	no renewal fee if fully owned by the hospital
	w/ 10% disc.	☐ 2,700.00	
DRUG TESTING LABORATORY (screening)	☐ 5,000.00	☐ 5,000.00	
DRUG TESTING LABORATORY (confirmatory)	☐ 10,000.00	☐ 10,000.00	
CASH BOND (DTL)	☐ 20,000.00		

	Initial (New/With Changes) Form 1 & Form 2	Renewal ** Form 1	Remarks
DRUG ABUSE TREATMENT AND REHABILITATION CENTER -RESIDENTIAL	☐ 14,000.00	☐ 14,000.00	renewal every 3 yrs.
	w/ 10% disc.	☐ 12,600.00	
DRUG ABUSE TREATMENT AND REHABILITATION CENTER - NON RESIDENTIAL	☐ 6,000.00	☐ 6,000.00	renewal every 3 yrs.
	w/ 10% disc.	☐ 5,400.00	
DRUG ABUSE TREATMENT AND REHABILITATION CENTER - RESIDENTIAL W/ OUT-PATIENT	☐ 15,000.00	☐ 15,000.00	renewal every 3 yrs.
	w/ 10% disc.	☐ 13,500.00	
CASH BOND (DATRC)	☐ 30,000.00		
HUMAN STEMCELL & CELL-BASED OR CELLULAR THERAPY	☐ 38,000.00	☐ 38,000.00	renewal every 3 yrs.
	w/ 10% disc.	☐ 34,200.00	
HIV TESTING LABORATORY	☐	☐	renewal yearly inlcuded in ClinLab
Certified rHIVDA Conf. Lab. (Add-on Service)	☐	☐	renewal yearly
KIDNEY TRANSPLANT FACILITY	☐ 38,000.00	☐ 38,000.00	renewal-every 3 yrs.
	w/ 10% disc.	☐ 34,200.00	
LABORATORY FOR DRINKING WATER ANALYSIS	☐ 5,000.00	☐	renewal-every 3 yrs.
MEDICAL FACILITY FOR OVERSEAS WORKERS AND SEAFARERS	☐ 13,500.00	☐ 13,500.00	renewal-every 3 yrs.
	w/ 10% disc.	☐ 12,150.00	
CASH BOND (MFOWS)	☐ 100,000.00		
NEWBORN SCREENING CENTER	☐ 8,500.00	☐ 8,500.00	renewal-every 3 yrs.
	w/ 10% disc.	☐ 7,650.00	
CERTIFICATION as Registered Hospital	☐ 50.00		
Re-inspection Fee = 100% of the initial LTO fee	☐		
Other Fees, specify _____	☐		
Penalty for Expired Authorization = 100% surcharge and gap in the validity of the authorization (if less than or equal to 3 months expired)		☐	
For processing as initial. Application for DOH-PTC, DOH-LTO/DOH-COA shall be required (if more than 3 months expired)	☐		
TOTAL (Php)			

** Renewal Fee- with 10% discount from October to November if submitted complete reqmnts

LDWA must be accredited***

Form OP 02(OSS HB-GOVT)
Revision:08
10/2/2021

Prepared by:

_____
Licensing Officer/Designate Staff

Received the above payment/s:

Name/Signature: _____
Amount: _____
Cash/PMO/Check. No. Issued _____ Date :_____
OR No. Issued: _____
Date Issued: _____