Republic of the Philippines
DEPARTMENT OF HEALTH

ORDER OF PAYMENT

O S S NON-HOSPITAL BASED HEALTH FACILITIES w/ ANCILLARY SERVICES

Date: _____ Form OP 03-Revision 7

NAME OF HEALTH FACILITY: _____

ADDRESS: _____

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

AO 2016-0029 AnnxE dtd 6/29/2016 Ambulance;AO 2014-0034 dtd. 11/13/2014 (Pharmacy)

*A.O. 2013-0006 dtd. 2/07/2013

A.O. 2008-0028 dtd. 5/2/2008 BSF; AO2007-0023 dtd 6/6/2007

AO 2008-0028 dtd 6/25/2008 OSS NHB; AO 2007-0001-Schedule of Fees; AO 2019-0004 dtd 4302019 cut-off dates for received application

(Please check the appropriate box)

	Initial (New/With Changes) Form 1 & Form 2	Renewal Form 1	Remarks
AMBULATORY SURGICAL CLINIC	14,000.00	14,000.00	renewal-every 3 yrs.
	w/ 10% disc.	12,600.00	
DIALYSIS CLINIC	9,500.00	9,500.00	renewal-every 3 yrs.
	w/ 10% disc.	8,550.00	
MEDICAL FACILITY FOR OVERSEAS WORKERS AND SEAFARERS (MFOWS)	13,500.00	13,500.00	renewal-every 3 yrs.
	w/ 10% disc.	12,150.00	
CASH BOND (MFOWS)	100,000.00		
CLINICAL LABORATORY (GENERAL):			renewal-every 3 yrs.
Primary	7,500.00	6,000.00	
	w/ 10% disc.	5,400.00	
Secondary	9,000.00	7,500.00	
	w/ 10% disc.	6,750.00	
Tertiary	10,500.00	9,000.00	
	w/ 10% disc.	8,100.00	
Remote Collection Permit-ClinLab (P500.00 each remote collection)			
HIV TESTING LABORATORY			

	Initial (New/With Changes) Form 1 & Form 2	Renewal Form 1	Remarks
Registration (BHOME/INF)	200.00		
BIRTHING HOME	4,500.00	3,000.00	renewal yearly govt & prvt
	w/ 10% disc.	2,700.00	
INFIRMARY	6,000.00	5,500.00	renewal yearly govt & prvt
	w/ 10% disc.	4,950.00	
ANCILLARY SERVICE/S (OPTIONAL):			
CLINICAL LABORATORY (GENERAL)			renewal yearly
Primary	2,500.00	2,000.00	
	w/ 10% disc.	1,800.00	
Secondary	3,000.00	2,500.00	
	w/ 10% disc.	*2,250.00*	
Tertiary	3,500.00	3,000.00	
	w/ 10% disc.	2,700.00	
Ambulance Service Provider	5,000.00	5,000.00	renewal- yearly
Ambulance (P1,000.00 per unit)			renewal- yearly
CERTIFICATION as Registered Health Facility		50.00	
Other Fees, specify _____			
Re-Survey Fee = 100% of the LTO/COA/ATO fee for each re-survey conducted			
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

Form OP 03(OSS NHB-ANCILLARY)
Revision: 07
10/2/2021

Prepared by:

_____
Licensing Officer/Designate S

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