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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