Republic of the Philippines
DEPARTMENT OF HEALTH

ORDER OF PAYMENT

NON-HOSPITAL BASED NON-OSS HEALTH FACILITIES AND SERVICES

Date: ______________________

Form OP 04- Revision 11

NAME OF HEALTH FACILITY: ____

ADDRESS:____

BOARD REGULTN NO.2 s. 2019; AO 2016-0029 AnnxE dtd 6/29/2016 Ambulance

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

AO 2012-0012 dtd 7/18/2012;AO 2008-0007 dtd. 3/14/08 (CL)

AO 2008-0008 dtd 5/2/2008-BSF; AO 2008-0028 dtd 6/25/2008 OSS NHB; AO 2007-0001 dtd 5/5/07-Schedule of Fees; AO 2019-0004 dtd 4302019 cut-off dates for received application

(Please check the appropriate box)

LICENSE TO OPERATE	Initial (New/With Changes) Form 1 & Form 2	Renewal** Form 1	Remarks
AMBULATORY SURGICAL CLINIC (FS)	14,000.00	14,000.00	renewal-every 3 yrs.
	w/ 10% disc.	12,600.00	
BLOOD CENTER (FS)	5,000.00	5,000.00	renewal-every 3 yrs.
	w/ 10% disc.	4,500.00	
DIALYSIS CLINIC (FS)	9,500.00	9,500.00	renewal-every 3 yrs.
	w/ 10% disc.	8,550.00	
PRIMARY CARE FACILITY			renewal-every 3 yrs.
CLINICAL LABORATORY (GENERAL)			renewal-every year
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	
Limited Service Capability	2,500.00	2,000.00	
	w/ 10% disc.	1,800.00	
Remote Collection Permit- ClinLab (P500.00 each remote collection)			
HIV TESTING LABORATORY			
PSYCHIATRIC CARE FACILITY (PCF) REGISTRATION FEE	200.00		renewal-every year
ACUTE-CHRONIC PCF	7,500.00	5,500.00	
	w/ 10% disc.	4,950.00	
CUSTODIAL PCF	6,000.00	4,000.00	
	w/ 10% disc.	3,600.00	
Ambulance Service Provider (FS)	15,000.00	15,000.00	renewal-every 3 years
Ambulance 3,000.00 per unit			renewal-every 3 years
CERTIFICATE OF ACCREDITATION			
LABORATORY CAPABLE OF CONDUCTING CHEMICAL & MICROBIOLOGICAL ANALYSIS OF WATER FOR HEMODIALYSIS (LDWA must be accredited ***)	5,000.00	5,000.00	renewal-every 3 years
	w/ 10% disc.	4,500.00	

CERTIFICATE OF ACCREDITATION	Initial (New/With Changes) Form 1 & Form 2	Renewal** Form 1	Remarks
LABORATORY FOR DRINKING WATER ANALYSIS (FS)***	5,000.00	5,000.00	renewal-every 3 yrs.
	w/ 10% disc.	4,500.00	
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/ OUTPATIENT	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	
NEWBORN SCREENING CENTER	8,500.00	8,500.00	renewal-every 3 yrs.
	w/ 10% disc.	7,650.00	
AUTHORITY TO OPERATE			renewal-every 3 years
BLOOD COLLECTION UNIT (BCU)	1,500.00	1,500.00	
	w/ 10% disc.	1,350.00	
BLOOD STATION (BS)	1,400.00	1,400.00	
	w/ 10% disc.	1,260.00	
BCU/BS	*1,500.00*	*1,500.00*	
	w/ 10% disc.	1,350.00	
CERTIFICATE OF REGISTRATION			
CLINICAL LABORATORY (SPECIAL)	200.00		
DRUG REHABILITATION PRACTITIONER:			renewal-every 5 years
Physician	2,000.00		
Non-Physician	1,000.00		
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)			
Re-Survey Fee = 100% of the LTO/COA/ATO fee for each re-survey conducted			
Other Fees, specify __________			
CERTIFICATION as Registered Health Facility (HF)	50.00		
TOTAL (Php)			

Prepared by:

____
Licensing Officer/Designate Staff

Received the above payment/s:
Name/Signature: ________________
Amount: ________________
Cash/PMO/Check. No. Issued ____________
OR No. Issued: ____________
Date Issued: ____________

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

Date :__________

Form OP 04 (NHB-OTHER HF)
Revision:11
10/2/2021