



Republic of the Philippines
Province of Cagayan
Tuguegarao City

Phone number : 0953-588-3721 email address : cmotuguegaraocity@gmail.com



OFFICE OF THE CITY MAYOR

15 November 2024

THE PRESIDING OFFICER AND MEMBERS

Sangguniang Panlungsod
This City

Dear **Presiding Officer and Members of the Sanggunian:**

We are forwarding to your level copy of the Memorandum of Agreement (MOA) with DR. MARIA CONSUELO M. MANUEL-Pediatrician visiting consultant/specialist of Tuguegarao City Peoples General Hospital pursuant to City Resolution No. 483-09-2022.

For your information and appropriate action. Thank you and best regards.

In the name of public service,


MAILA ROSARIO S. TING-QUE
City Mayor





BAGONG PILIPINAS
 Republic of the Philippines
PROVINCE OF CAGAYAN
 Tuguegarao City

TUGUEGARAO CITY PEOPLE'S GENERAL HOSPITAL

Luna Street, Centro 6, Tuguegarao City
 Tel # (078) 844-1337 / 377-3825
 E-mail Address: tuguegarao-city-PGH@yahoo.com

4 November 2024

HON. MAILA ROSARIO S. TING-QUE
 City Mayor
 Tuguegarao City, Cagayan

OFFICE OF THE CITY MAYOR

RECEIVED
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Date: _____
 Time: 2:45 PM
 Rv: [Signature]

Dear Ma'am,

Greetings!

This pertains to the Memorandum of Agreement (MOA) with the Visiting Consultants/ Specialist and the Tuguegarao City Government for the People's General Hospital. Hence, the undersigned respectfully requests for the **RENEWAL** of the application of the herein visiting consultant recognizing the potential value they bring to our institution and the positive impact they can have on our patient care and professional development.

Adopting the approved City Resolution No. 483-09-2022, a resolution approving the Memorandum of Agreement and granting authority to the City Mayor, to sign for and on behalf of the Tuguegarao City Government the Memorandum of Agreement (MOA) with the Visiting Consultants/ Specialist of the Tuguegarao City People's General Hospital, to wit:

1. DR. MARIA CONSUELO M. MANUEL – Pediatrics

In anticipation for your preferential attention and immediate action on the matter, may I convey to you my profound gratitude.

Very truly yours,

MARCOS M. MALLILLIN, MD, MPH
 Chief of Hospital



Republic of the Philippines
Province of Cagayan
TUGUEGARAO CITY PEOPLE'S GENERAL HOSPITAL
MEMORANDUM OF AGREEMENT



This Memorandum of Agreement (MOA) is made and executed this ____ day of _____ by and between:

TUGUEGARAO CITY GOVERNMENT for the **PEOPLE'S GENERAL HOSPITAL** as represented by its Local Chief Executive, **Honorable Mayor Maila Rosario S. Ting-Que** pursuant to law, hereto referred as the **FIRST PARTY** with address at the Tuguegarao City Hall, Tuguegarao City, Cagayan

AND

VISITING CONSULTANT/SPECIALIST DR. MARIA CONSUELO M. MANUEL with specialty in **Pediatrics** hereto referred as the **SECOND PARTY** with address at Tuguegarao City, Cagayan.

WITNESSETH:

WHEREAS, it is the basic right of all patients to receive universal healthcare and the primary responsibility of the Tuguegarao City People's General Hospital to render quality primary hospital services that is equitable, affordable, safe and accessible to all, particularly the poorest of the poor in our society;

WHEREAS, all admitted patients in the service wards of the hospital are under the care of medical officers who are under the direct supervision of the Chief of Hospital;

WHEREAS, management recognizes the inviolable recourse of any patient seeking confinement in the pay/private ward to seek the personal services of, and enter into personal contract with any hospital-accredited medical specialist of their choice,

WHEREAS, equally recognized is the First and Second Parties' moral, ethical and legal responsibility to zealously safeguard this "Personal Contract" against any and all excuses and abuses detrimental to the patient, the hospital and the staff;

Comes now this Memorandum of Agreement between the FIRST PARTY and SECOND PARTY binding themselves morally, ethically and legally to the terms and conditions stipulated below:

1. Only hospital accredited Visiting Consultant practicing their specific specialties having duly passed their credentialing and privileging requirements of the hospital shall be allowed to enter into a contract for professional services with patients seeking confinement to pay ward provided rooms are available.
2. In addition, hospital accredited visiting consultants and dentists must prescribe in generics drugs and medicines that are available in the hospital Pharmacy, in strict compliance with Republic Act No.6675 or the Generics Act Law.
3. The hospital resident physicians allowed to enjoy the privilege of private practice must render the service without prejudice to the eight (8) working hours/day for five days/





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week for a total of 40 (4) working hours/week, exclusive of the time for lunch and required by the Civil Service Law.

4. Visiting Consultants/Specialists designated as Unit Heads must render weekly consultation services in their designated offices. Visiting Consultants/specialists must answer referrals from service wards.
 5. If a patient has no personal physician of choice and has been admitted in private room or pay ward, they will be referred to Resident on Duty or Visiting Consultant/Specialist on deck.
 6. Deposit/Down Payment for professional services is strictly prohibited.
 7. Professional Fee shall be collected by the hospital Cashier and shall be acknowledged with the issuance of an Official Receipt. Payment of hospital bill takes precedence over professional fee.
 8. Visiting Consultants/Specialists shall not charge professional fee over and above what is provided by PhilHealth for referrals and services for patients in service ward.
 9. Private patients shall be admitted in private/semi-private rooms only.
 10. The Professional Fee should take into consideration the paying capacity of the patient, the prevailing rate in the area, and the outcome of the treatment.
 11. Two percent (2%) shall be deducted from the Professional Fee of Visiting Consultant/Specialist to defray hospital administrative cost.
 12. A patient who signifies his intention to transfer from Payward/Private Room to the Service Ward shall be allowed to do so, provided:
 - 12.1 It is not on the day of discharge.
 - 12.2 He/She settles his/her bill upon transfer.
 - 12.3 He/She undergoes proper patient re-classification following Administrative Order No. 51-AS2001.
 13. A patient who signifies his intention to be transferred from the Service Ward to the Pay Ward/Private room may be allowed to do so, provided:
 - 13.1 Her/she agrees to be billed as a private patient reckoned on the day of admission not on transfer.
 - 13.2 He agrees to be under the care of the same Medical Specialist/Specialist of Choice.
- Any transfer of patient as stated in nos. 8 and 9 shall be duly approved by the Chief of Hospital or his duly appointed representative.
14. No patient for discharge shall be unnecessarily delayed because of billing collection problems.

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15. The visiting Consultant/Specialist shall participate in the departmental and hospital activities (meetings, Medical missions, etc.)
16. In the patient chart, the Visiting Consultant/Specialist should:
 - 16.1 Check of completeness of admitting history and PE upon referral.
 - 16.2 Complete Narrative summary and final Diagnosis within 24 hours upon discharge.
 - 16.3 Write progress Notes regularly in the course of medical management.
 - 16.4 The visiting Consultant/Specialist shall inform patient and relatives about one's fees and hospital policies.
17. This MOA is valid for one (1) year from effectivity but may be terminated by either party anytime upon furnishing the other party a Notice of Termination.

This Memorandum of Agreement shall take effect on _____ until _____, in Tuguegarao City, Cagayan, Philippines.

FIRST PARTY:

HON. MAILA ROSARIO S. TING-QUE
City Mayor

SECOND PARTY:

DR. MARIA CONSUELO M. MANUEL
Visiting Consultant

Signed in the presence of:

MARCOS M. MALLILIN, MD, MPH
CHIEF OF HOSPITAL
PRC License No. 0074239

ACKNOWLEDGEMENT

Republic of the Philippines)
Province of Cagayan) S.S.
Tuguegarao City)

BEFORE ME , a Notary Public, for and in the above jurisdiction, on this ___ day of _____ personally appeared both parties and their instrumental witnesses, known to me and to me known to be the same persons who executed the foregoing instrument and they acknowledge to me that the same is their free and voluntary act and deed.

This Agreement consists of three (3) pages including the page whereon this acknowledgment is written, signed by the parties and their instrumental witnesses.

IN WITNESS WHEREOF, I have hereunto signed and affixed my notarial seal on the date and the place first above written.

Doc No.
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