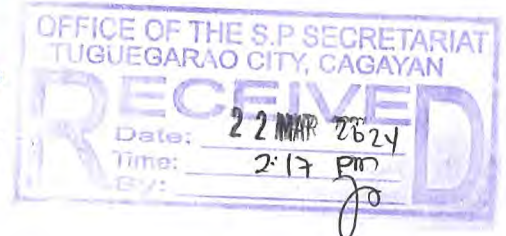




Republic of the Philippines  
Province of Cagayan  
Tuguegarao City



**OFFICE OF THE CITY MAYOR**

22 March 2024

**THE PRESIDING OFFICER AND MEMBERS**

Sangguniang Panlungsod  
This City

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

We would like to request for a resolution authorizing the undersigned to represent, enter and sign on behalf of City Local Government Unit of Tuguegarao in the attached draft renewal of the Memorandum of Agreement with the Cagayan Valley Medical Center represented by Dr. Glenn Mathew G. Baggao.

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: [tuguegaraoityPGH@yahoo.com](mailto:tuguegaraoityPGH@yahoo.com)

21 March 2024

**HON. MAILA ROSARIO S. TING-QUE**  
City Mayor  
Tuguegarao City

**OFFICE OF THE CITY MAYOR  
RECEIVED**

Date: MAR 21 2024  
Time: 2:10 PM  
By: [Signature]

Ma'am;

Warm greetings!

**RESPECTFULLY** forwarding to you, for your signature, the **RENEWAL** of the Memorandum of Agreement (MOA) between The Cagayan Valley Medical Center (CVMC) and the Tuguegarao City People's General Hospital for the establishment of a Clinical Laboratory/Drug Testing and Radiology Consortium. This MOA has been duly coordinated with CVMC and has already been signed by the Medical Chief.

Your attention to this matter is highly appreciated.

Thank you.

Very truly yours,

**MARCOS M. MALLILLIN, MD, MPH**  
Chief of Hospital

2788

## MEMORANDUM OF AGREEMENT

### KNOW ALL MEN BY THESE PRESENTS:

This agreement made and entered into by and between:

**CAGAYAN VALLEY MEDICAL CENTER (CVMC)**, a government hospital existing under and by virtue of the law of the Republic of the Philippines, located at Carig, Tuguegarao City, Cagayan, hereinafter referred to as CVMC, represented by its Medical Center Chief II, **GLENN MATHEW G. BAGGAO, MD, MHA, MSN, FPSMS, FPCHA**

And

**TUGUEGARAO CITY PEOPLE'S GENERAL HOSPITAL (TCPGH)**, a duly licensed Level I Referral Hospital, owned and operated by the Local Government unit of Tuguegarao City, located at Luna Street, Tuguegarao City, Cagayan, hereinafter referred to as TCPGH, represented by the Chief of Hospital, **MARCOS M. MALLILLIN, MD, MHA.**

### WITNESSETH THAT:

**WHEREAS**, TCPGH and CVMC are both licensed Hospital by the Department of Health-Center for Health Development, Region II and by the Philippine Health Insurance Corporation.

**WHEREAS**, CVMC has an existing Tertiary Clinical laboratory, Drug Testing and Diagnostic Radiology Service.

**WHEREAS**, TCPGH in various instances may not be able to provide usual laboratory and Radiology services to its patients.

**WHEREAS**, CVMC may have Laboratory testing and Radiology services not available in TCPGH.

**NOW THEREFORE**, for and in consideration of the foregoing premises, the PARTIES hereto agree establish a Clinical Laboratory/ Drug Testing and Radiology Consortium.

### **I. COMMITMENT OF THE PARTIES**

#### **Tuguegarao City People's General Hospital**

1. TCPGH shall send referral for laboratory/x-ray/ultrasound/ct-scan and drug testing services to CVMC.
2. The referral shall be in the form of a letter of authority with duly accomplished laboratory/imaging report forms
3. The Chief of Hospital shall authorize a person who will sign the letter of authority in case of his absence.
4. TCPGH shall coordinate all requests to CVMC for proper disposition.
5. TCPGH shall indicate patient's classification in the request form.
6. TCPGH shall pay all charges to CVMC within 30 days from receipt of the statement of account (SOA) issued by the concerned unit of the CVMC.
7. If specimens are collected at TCPGH, the CVMC laboratory has the authority to reject any specimens that do not follow the protocol for specimen collection, packaging and transport

8. If sample collection is conducted at CVMC, the TCPGH is obliged to submit the name of the resident physician who examined the patient with their PRC license number and their specimen signature for validation purposes

### **Cagayan Valley Medical Center**

1. CVMC shall work on referral of TCPGH for laboratory/x-ray/ultrasound/ct-scan and drug testing with the prescribed fee in accordance with approved hospital fees and charges herein provided as Annex A.
2. CVMC shall issue SOA on a monthly basis.
3. If hard copy of laboratory requests is required, TCPGH Chief Medical Technologist Ms. Dithas D. Bartolome, RMT is responsible for the preservation and safe keeping of the records pertaining to the laboratory result.
4. Similarly, the electronic copy of the results shall be forwarded to the TCPGH official email address – [tuguegaraocityPGH@yahoo.com](mailto:tuguegaraocityPGH@yahoo.com)
5. For out-patient basis, all laboratory requests or specimens collected at TCPGH are received at the Out-patient laboratory from 7:30 am to 3:00 pm, Monday to Friday, excluding holidays, Saturdays, and Sundays.
6. For biopsy/cytology, all specimens are received at the Anatomic Pathology office from 7:30 am to 5:00 pm.
7. The receiving of specimens for patients who are confined at TCPGH must follow the same policy as for out-patients; however, when the OPD laboratory is closed, all specimens are received at the main laboratory.
8. For Drug testing, requests are received at the Drug Test Laboratory from 8:00 am to 4:00 pm, Monday to Friday, excluding holidays, Saturdays, and Sundays
9. Histopathology/ Cytology services will be charged to the patient for both processing and professional fees.

## **II. OUTSOURCED SERVICE AGREEMENT**

1. The CVMC Ancillary (Laboratory, Ultrasound, CT Scan and X-ray) Services is the TCPGH's service extension and it will provide the client the quality of service and safety measures at all times;
2. It is clearly understood that since it is the TCPGH that is granted accreditation, it is the one responsible for any untoward incident that may occur in the provision of service;
3. Only the TCPGH can claim for reimbursed services to the PhilHealth provided by the outsourced unit;
4. The outsourced ancillary service provider must have a valid license. Said license shall be posted conspicuously in the respective ancillary service areas; and
5. The PRC licenses of the medical technologist/s, radiologic technologist/s and pharmacist/s shall be posted conspicuously in the area and shall be attached to the MOA.

## **III. DURATION OF THIS AGREEMENT**

This agreement shall be in effect for one (1) year from the date of its execution. It may however be pre-terminated upon mutual agreement of the parties, or if its

provisions/premises are no longer applicable, or upon failure of either party to perform its commitment in this agreement. Termination of the contract shall be effective 30 days after the written notice of intent to terminate is received by the other party.

IN WITNESS, we affix our signature this \_\_\_\_\_ day of \_\_\_\_\_ at Tuguegarao City, Cagayan.

**CAGAYAN VALLEY MEDICAL CENTER**

**TUGUEGARAO CITY PEOPLE'S  
GENERAL HOSPITAL**


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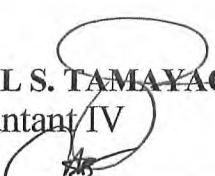
~~GLENN MATHEW G. BAGGAO, MD, MBA, MSN, FPSMS, FPCHA~~  
Medical Center Chief II

HON. MAILA ROSARIO S. TING-QUE  
City Mayor

WITNESSES:

  
**SARAJANE U. BALISI, MD, FPSP**  
Chairman, Department of Pathology and Laboratory

  
**MARCOS M. MALLILLIN, MD, MPH**  
Chief of Hospital

  
**JASSEL S. TAMAYAO, CPA**  
Accountant/IV

  
**DITHAS D. BARTOLOME, RM7**  
Chief Medical Technologist

**IMELDA T. TURINGAN, MD, FDCR**  
Head, Radiology Department

### ACKNOWLEDGEMENT

REPUBLIC OF THE PHILLIPINES)  
PROVINE CAGAYAN )S.S.  
TUGUEGRAO CITY )

**BEFORE ME**, this \_\_\_\_\_ day of \_\_\_\_\_, 2024, Tuguegarao City, Cagayan, personally appeared the above- named persons and presented themselves to me as the same persons who executed the forgoing instrument and acknowledged to me that the same is their own free will and voluntary act and deed.

**WITNESS MY HAND AND SEAL.**

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of \_\_\_\_\_