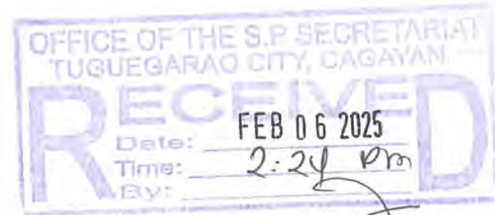




Republic of the Philippines
Province of Cagayan
Tuguegarao City

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



OFFICE OF THE CITY MAYOR

06 February 2025

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-Tuguegarao in the attached draft Memorandum of Agreement with DOH-Cagayan Valley Center for Health Development *re.* Medical Assistance to Indigent and Financially Incapacitated Patients.

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

In the name of public service,


MAILA ROSARIO S. TING-QUE
City Mayor





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: tuguegaraocityPGH@yahoo.com

5 February 2025

HON. MAILA ROSARIO S. TING-QUE

City Mayor
Tuguegarao City

Dear Ma'am

Greetings!

Respectfully forwarding for your signature the Memorandum of Agreement (MOA) on Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) for Calendar Year 2025. This agreement has been developed in collaboration with the Department of Health - Cagayan Valley Center for Health Development, the Tuguegarao City People's General Hospital, and the Local Government Unit of Tuguegarao City.

Your favorable action on this matter is highly appreciated.

Thank you.

Very truly yours

MARCOS M. MALLILLIN, M.D.MPH
Chief of Hospital

OFFICE OF THE CITY MAYOR
RECEIVED

Date: FEB 05 2025
Time: 3:10 PM
By: [Signature]

MARCOS M. MALLILLIN, MD, MPH
Chief of Hospital

AMELITA M. PANGILINAN, MD, MPH, CESO III
DOH, Regional Director

MAILA ROSARIO S. TING-QUE
City Mayor

NEIL BRYAN U. AGLUGUB
DOH - CVCHD - Accountant

ANGELINA T. SOMERA
City Accountant

MEMORANDUM OF AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This agreement is entered into this _____ in _____, Philippines.

by and between:

The **DOH-CAGAYAN VALLEY CENTER FOR HEALTH DEVELOPMENT**, with office address at Carig Norte, Tuguegarao City herein represented by **DR. AMELITA M. PANGILINAN**, in her capacity as the Regional Director, herein referred to as the **"FIRST PARTY"**;
-and-

The **TUGUEGARAO CITY PEOPLES GENERAL HOSPITAL**, a hospital operating by the virtue of local government unit of Tuguegarao City with office address at Luna Street, Centro 6, Tuguegarao City, Cagayan represented herein **DR. MARCOS M. MALLILLIN** in his capacity as the Chief of Hospital and herein referred to as the **"SECOND PARTY"**
-and-

The **LOCAL GOVERNMENT UNIT OF TUGUEGARAO CITY, CAGAYAN**, a local government unit duly created and existing under the laws of the Philippines, with office address at Tuguegarao City, Cagayan represented herein by **Honorable MAILA ROSARIO S. TING-QUE**, in her capacity as Mayor, and hereinafter referred to as the **"THIRD PARTY"**;

WITNESSETH:

WHEREAS, pursuant to the General Appropriations Act, funds have been allocated to the DOH-Cagayan Valley Center for Health Development intended as assistance to indigent and financially incapacitated patients;

WHEREAS, the DOH-CVCHD as an office of DOH, has been providing assistance to indigent and financially incapacitated patients seeking consultation or being admitted to the government hospitals and other health care facilities;

WHEREAS, the DOH-CVCHD is authorized to enter into a Memorandum of Agreement (MOA) with government / private partner health facility for health and medical services for indigent and financially incapacitated patient;

WHEREAS, to ensure a more effective and efficient system of implementation of the medical assistance to indigent and financially incapacitated patients, Both PARTIES agreed to comply to the existing implementing guidelines of MAIFIP as stated in the Administrative Order No. 2024-0006 entitled "Revised Guidelines for the Implementation of the Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) Program" dated April 16, 2024, aims to improve the implementing guidelines and establish new mechanism in terms of rendering medical assistance;

NOW THEREFORE, for and in consideration of the foregoing premises, the parties hereby agree as follows:

- 1. **Responsibilities of the FIRST PARTY.** – The FIRST PARTY shall:
 - 1.1. Transfer funds for medical assistance to the indigent and financially incapacitated patients to the SECOND PARTY, amount to be determined and approved by the Regional Director of the FIRST PARTY;

MARCOS M. MALLILIN, MD, MPH
Chief of Hospital

AMELITA M. PANGILINAN, MD, MPH, CESO IV
DOH, Regional Director

MAILA ROSARIO S. TING-QUE
City Mayor

NEIL BRYAN U. AGLUGUB
DOH -CVCHD-Accountant

ANGELINA T. SOMERA
City Accountant

- 1.2. Consolidate reports on approved medical assistance submitted by the SECOND PARTY;
- 1.3. Conduct periodic monitoring to ensure compliance by SECOND PARTY with guidelines of the program; and,
- 1.4. Ensure compliance of the SECOND PARTY SECOND PARTY of all its reportorial responsibilities under this agreement.

2. **Responsibilities of the SECOND PARTY** - The SECOND PARTY shall:

- 2.1. Ensure availability of medicines, and other health care services needed by the indigent and financially incapacitated patients in accordance to the new implementing guidelines of MAIFIP.
- 2.2. Submit monthly fund utilization report and liquidation report of the SECOND PARTY to the FIRST PARTY every 5th day of the month based on the total assistance approved by Chief of Hospital of the SECOND PARTY;
- 2.3. Ensure administrative support such as designation of MAIFIP Program point person/ coordinator for the effective implementation of the program as indicated in Section VII. B No. 5 of the Administrative Order No. 2024-0006 otherwise known as the "Revised Guidelines for the Implementation of the Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) Program".
- 2.4. Ensure the process of patient's personal sensitive information is in accordance with the Data Privacy Act of 2012 (DPA) and related issuances of the National Privacy Commission.

3. **Responsibilities of the THIRD PARTY** – The THIRD PARTY shall:

- 3.1. Ensure and monitor the compliance of the SECOND PARTY to the program pursuant to the new implementing guidelines of MAIFIP including Reporting and submission of pertinent reports every 5th day of the Month

4. **Effectivity and Duration.**

This agreement shall take effect upon the signing by authorized representatives of the respective parties, and shall continue to be valid and binding until December 31, 2025.

5. **Amendment, Modification, Adoption or Deletion.**

Any amendment, modification, addition or deletion of any provision of this agreement shall be agreed upon by both parties in writing.

6. **Settlement of Disputes**

The parties shall exert effort to settle amicably any dispute arising out/or in connection with the agreement or its interpretation.

7. **Repealing Clause**

All existing Memoranda of Agreement (MOA) on the medical assistance to indigent and financially incapacitated patients between the parties mentioned in this MOA are hereby repealed.

IN WITNESS WHEREOF, all parties have signed their Memorandum of Agreement on _____ at _____.

By:


AMELITA M. PANGILINAN, MD, MPH, CESO III
DOH-Regional Director

By:


MARCOS M. MALLILLIN, MD, MPH
Chief of Hospital

By:

HON. MAILA ROSARIO M. TING-QUE
Mayor

SIGNED IN THE PRESENCE OF:


NEIL BRYAN U. AGLUGUB
DOH-CVCHD-Accountant

ANGELINA T. SOMERA
City Accountant

ACKNOWLEDGMENT

Republic of the Philippines)
_____) S.S

BEFORE ME, a Notary Public, this ____ day of _____, 2025 in _____ personally appeared the following persons:

NAME	Government Issued I.D.	Place/Date of Issue
DR. AMELITA M. PANGILINAN		
HON. MAILA ROSARIO S. TING-QUE		
DR. MARCOS M. MALLILLIN		

Known to me and to me known to be the same persons who executed the foregoing Memorandum of Agreement, consisting of three (3) pages including this page, and acknowledged to me that the same is their free and voluntary act and deed, and of the institutions they respectively represent.

WITNESS MY HAND AND SEAL this _____ in _____.

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of 2025