



**Internal/External**

**3. SERVICENAME: CASHIER DEPARTMENT**

**Description of the Service:** The Cashier Department is responsible for collecting all payments for hospital services, issuing official receipts, applying applicable discounts mandated by law, and stamping request forms as paid. The department ensures fast, accurate, and transparent financial transactions for all hospital clients.

|                             |                                     |
|-----------------------------|-------------------------------------|
| <b>Office or Division:</b>  | SAN ANTONIO CITY OF ILAGAN HOSPITAL |
| <b>Classification :</b>     | SIMPLE                              |
| <b>Type of Transaction:</b> | G2C-GOVERNMENT TO CLIENT            |
| <b>Who may avail:</b>       | CLIENTS OR OUT-PATIENTS             |

| <b>CHECKLIST OF REQUIREMENTS</b>   |  | <b>WHERE TO SECURE</b>   |                        |  |
|--|--|--|------------------------|--|
| STATEMENT OF ACCOUNT<br>CERTIFICATE OF INDIGENCY/<br>DISCOUNT FORMS<br>SENIOR CITIZEN/PWD ID<br>REQUEST FOR DIAGNOSTICS<br>PRESCRIPTION OF MEDICATIONS |  | BILLING SECTION<br>CSWD<br>RADIOLOGY/CLINICAL LABORATORY AND<br>MOLECULAR LAB<br>CASHIER |                        |  |
| <b>CLIENT STEPS</b>  | <b>AGENCY ACTION</b>   | <b>FEEES TO BE PAID</b>  | <b>PROCESSING TIME</b> | <b>PERSON RESPONSIBLE</b>                                |
| 1. Proceed to the Cashier Department and present the required documents  | 1. Receives doctor's prescription from the pharmacy for medicines, | NONE   | 2-5 minutes            | AIDA I. TURQUEZA<br><br>Cashier or Cashier Staff on duty |



|                                       |   |   |            |  |
|---------------------------------------|---|---|------------|--|
|                                       | laboratory, and dental services, with the amount to be paid.  |   |            |  |
|                                       | Compute/ confirm total amount payable and applicable discounts  |   |            |  |
| 2. Wait for computation/ confirmation | Proceed to CSWDO to avail discounts. Then proceed to the cashier for payment  | As indicated in SOA/ depends on the meds and diagnostic requested   | 5 minutes  | AIDA I. TURQUEZA<br>Cashier or Cashier Staff on duty |
| 3. If indigent, PWD or senior citizen |   | Grant a 20-30% discount for qualified patients except Aeta clients, who shall receive a 100% discount upon verification of their status | 10 minutes | MARK SANTOS<br>Social Welfare Officer                |
|                                       | Receive payment, process transaction, and encode payment.<br>Affix the "PAID" stamp on the request form/ prescription | As computed   | 5 minutes  | AIDA I. TURQUEZA<br>Cashier or Cashier Staff on duty |



|  |  |                            |               |  |
|--|--|----------------------------|---------------|--|
| 4. Pay the required amount   | Issue official receipt; endorse copy to Billing/ Nurse Station for Clearance/ stamp request form as paid | None                       | 2 minutes     | AIDA I. TURQUEZA<br>Cashier or Cashier Staff on duty |
| 5. Receive official receipt and, if applicable, discharge or service clearance |  |                            |               |  |
| TOTAL  |  | Depends on the computation | 24-27 minutes |  |