



MANGGAHAN SUPERHEALTH DIALYSIS CENTER
 V. Ignatio St. Eastbank Road cor., Amang Rodriguez, Brgy. Manggahan, Pasig City



CITIZEN'S CHARTER

Description of Service	<p>The Manggahan Super Health Dialysis Center was created to cater patients in need of affordable quality dialysis and definitely help in addressing problems with Chronic Kidney Disease. It consists of eight (8) dialysis machines equipped with latest safety and user-friendly features including colored screen display of all treatment parameters to make sure the goal is achieved. It has water purification room, re-use area, storage and reception areas.</p> <p>The Hemodialysis unit operates from Monday to Friday with 2 shifts (1st and 2nd shift) in between 8:00 AM to 5:00 PM.</p>
Office / Division	City Health Office under Local Government Unit
Classification of Service	Complex Health Treatment
Type of Transaction	Government to Service
Who may avail the service	Pasig residents with Chronic Kidney Disease Stage V who undergo Hemodialysis Treatment

List of Requirements	
New patient, Old patient and Transient patient	<ul style="list-style-type: none"> - Hemodialysis Prescription from Nephrologist - Medical Abstract / Certificate (from previous Hemodialysis Center) - Hemodialysis Treatment sheet (3 Treatment sheet from previous Hemodialysis Center) - Chest X-ray (at least within 7 days result) - Latest Laboratory Result <ul style="list-style-type: none"> ➤ CBC with Platelet Count ➤ BUN ➤ Albumin ➤ Sodium ➤ Potassium ➤ Calcium

	<ul style="list-style-type: none"> ➤ Phosphorus - Hepatitis B and C Screening (within the last 6 months) ➤ HbsAg ➤ Anti-HBs ➤ Anti-HBc Total and IgM ➤ Anti-HCV - Negative COVID SWAB Test (RT-PCR) (at least within 7 days result)
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Procedure to Obtain Service:

1. Senior patient inquiring for hemodialysis treatment under Phil Health Basis

Patient	Person Assisting / Checking	Time allotted	Document to be presented	Fees required
Senior patient	-ANTONINO, CHARMAIGNE C. -DIANITO, JACQUELINE -GAJO, GENELYN J. -GUILLO, KARREN A. -PANCIPANCI, MARJORIES MAE L.	10-15 mins	- List of complete requirements (listed above) - List of Phil Health Requirements: > Phil Health ID > Phil Health updated MDR > PDD Confirmation Letter > Phil Health Consumption from previous dialysis center	No Fees needed
	- LADIA, CRISANTA N.	5-10 mins	- Double check all the submitted requirements presented	No Fees needed
	-ANTONINO, CHARMAIGNE C.	5-10 mins	- Patient scheduling for	No Fees needed

	-DIANITO, -JACQUELINE -GAJO, GENELYN J. -GUILLO, KARREN A. -PANCIPANCI, MARJORIES MAE L.		Hemodialysis Treatment	
	LADIA, CRISANTA N. MD ANTONINO, CHARMAIGNE C. -DIANITO, -JACQUELINE -GAJO, GENELYN J. -GUILLO, KARREN A. -PANCIPANCI, MARJORIES MAE L	10-15 mins	- Conduct pre- dialysis assessment	No Fees needed
	- ANTONINO, CHARMAIGNE C. -DIANITO, -JACQUELINE -GAJO, GENELYN J. -GUILLO, KARREN A. -PANCIPANCI, MARJORIES MAE L	4 hours	- Hemodialysis treatment	No Fees needed
	- ANTONINO, CHARMAIGNE C. -DIANITO, -JACQUELINE -GAJO, GENELYN J. -GUILLO, KARREN A. -PANCIPANCI, MARJORIES MAE L	10-15 mins	- Post dialysis care	No Fees needed

2. Senior and PWD patient inquiring for hemodialysis treatment under Cash Basis

Patient	Person Assisting / Checking	Time allotted	Document to be presented	Fees required
Patient inquiry	ANTONINO, CHARMAIGNE C. -DIANITO, -JACQUELINE -GAJO, GENELYN J. -GUILLO, KARREN A. -PANCIPANCI, MARJORIES MAE L	10-15 mins	- List of complete requirements (listed above)	No Fees needed
	- LADIA, CRISANTA N. MD	5-10 mins	- Double check all the submitted requirements presented	No Fees needed
	- ANTONINO, CHARMAIGNE C. -DIANITO, -JACQUELINE -GAJO, GENELYN J. -GUILLO, KARREN A. -PANCIPANCI, MARJORIES MAE L	5-10 mins	- Patient scheduling for Hemodialysis Treatment	No Fees needed
	- LADIA, CRISANTA N. MD	10-15 mins	- Conduct pre-dialysis assessment	No Fees needed
	- ANTONINO, CHARMAIGNE C. -DIANITO, -JACQUELINE -GAJO, GENELYN J. -GUILLO, KARREN A. -PANCIPANCI,	4 hours	- Hemodialysis treatment	1,200.00
	- ANTONINO, CHARMAIGNE C. -DIANITO, -JACQUELINE -GAJO, GENELYN J. -GUILLO, KARREN A. -PANCIPANCI,	10-15 mins	- Post dialysis care	No Fees needed

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3. Patient inquiring for hemodialysis treatment under Formal Economy (Formal / Government) Phil Health Basis

Patient	Person Assisting / Checking	Time allotted	Document to be presented	Fees required
Patient inquiry	- ANTONINO, CHARMAIGNE C. -DIANITO, JACQUELINE -GAJO, GENELYN J. -GUILLO, KARREN A. -PANCIPANCI	10-15 mins	- List of complete requirements (listed above) - List of Phil Health Requirements: > Phil Health ID > Phil Health updated MDR > Valid ID: Voter's ID / PWD ID > PDD Confirmation Letter > Certificate of PHIC Contribution from Employer > Phil Health Consumption from previous dialysis center	No Fees needed
	- LADIA, CRISANTA N. MD	5-10 mins	- Double check all the submitted requirements presented	No Fees needed
	- ANTONINO, CHARMAIGNE C. -DIANITO, JACQUELINE -GAJO, GENELYN J. -GUILLO, KARREN A. -PANCIPANCI	5-10 mins	- Patient scheduling for Hemodialysis Treatment	No Fees needed
	- ANTONINO, CHARMAIGNE C. -DIANITO, JACQUELINE -GAJO, GENELYN J. -GUILLO,	10-15 mins	- Conduct pre-dialysis assessment	No Fees needed

	KARREN A. -PANCIPANCI, MARJORIES MAE			
	- ANTONINO, CHARMAIGNE C. -DIANITO, -JACQUELINE -GAJO, GENELYN J. -GUILLO,	4 hours	- Hemodialysis treatment	No Fees needed
	- ANTONINO, CHARMAIGNE C. -DIANITO, -JACQUELINE -GAJO, GENELYN J. -GUILLO,	10-15 mins	- Post dialysis care	No Fees needed

**4. Patient inquiring for hemodialysis treatment under Informal Economy (Informal / Self-earning)
Phil Health Basis**

Patient	Person Assisting / Checking	Time allotted	Document to be presented	Fees required
Patient inquiry	- ANTONINO, CHARMAIGNE C. -DIANITO, -JACQUELINE -GAJO, GENELYN J. -GUILLO,	10-15 mins	- List of complete requirements (listed above) - List of Phil Health Requirements: > Phil Health ID > Phil Health updated MDR > Valid ID: Voter's ID / PWD ID > PDD Confirmation Letter > Proof of Contribution > Phil Health Consumption from previous dialysis center	No Fees needed
	- LADIA, CRISANTA N. MD	5-10 mins	- Double check all the submitted requirements presented	No Fees needed

	- ANTONINO, CHARMAIGNE C. -DIANITO, -JACQUELINE -GAJO, GENELYN J. -GUILLO,	5-10 mins	- Patient scheduling for Hemodialysis Treatment	No Fees needed
	- ANTONINO, CHARMAIGNE C. -DIANITO, -JACQUELINE -GAJO, GENELYN J. -GUILLO,	10-15 mins	- Conduct pre- dialysis assessment	No Fees needed
	- ANTONINO, CHARMAIGNE C. -DIANITO, -JACQUELINE -GAJO, GENELYN J. -GUILLO,	4 hours	- Hemodialysis treatment	No Fees needed
	- ANTONINO, CHARMAIGNE C. -DIANITO, -JACQUELINE -GAJO, GENELYN J. -GUILLO,	10-15 mins	- Post dialysis care	No Fees needed

Feedbacks and Complaints:

Patient	Person Assisted	Time allotted	Document	Fees required
Every patient is encouraged to answer satisfaction feedback form	ANTONINO, CHARMAIGNE C. -DIANITO, -JACQUELINE -GAJO, GENELYN J. -GUILLO,	5-10 mins per patient	Patient's Satisfaction Survey	No Fees needed