



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

JOB ORDER
(Non - Inventoriable Items)
OFFICE/DEPARTMENT: PRO 1

MISSION ON AUDIT !
TEAM R1-04 (PHIC Group)

NOV 08 2019
POMMP-007

Supplier: LAOAG CITY GENERAL HOSPITAL
Address: Brgy. 46 Nalbo, Laoag City, Ilocos Norte
Tel. Fax No.: (077) 770-8826
Supplier Registered with: 160-162-495 V

Work Order No.: 19-60

Date: 10/30/2019

Term of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Agency-to-Agency

Please deliver to this office within November 1-30, 2019 upon approval of final sample.

Note: Additional working days to submit for approval of text / sample.

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	18	person	Annual Physical Examination for Employees of LHIO Ilocos Norte		
	2	person	Physical Examination & Consultation	150.00	2,700.00
	18	person	Dental Examination	300.00	600.00
	18	person	Chest X-ray	230.00	4,140.00
	18	person	Urinalysis	63.00	1,134.00
	18	person	Complete Blood Count (CBC)	166.50	2,997.00
	11	person	Lipid Profile	675.00	7,425.00
	10	person	Fasting Blood Sugar (FBS)	135.00	1,350.00
	1	person	Glycosylated Hemoglobin (HgbA1c)	810.00	810.00
	2	person	Creatinine	148.50	297.00
	7	person	Blood Uric Acid	139.50	976.50
	2	person	Fecal Occult Blood (FOBT)	112.50	225.00
	7	person	12 Lead ECG (with official reading by the cardiologist)	460.00	3,220.00
	4	person	Mammography	1,290.00	5,160.00
	4	person	Breast UTS	450.00	1,800.00
	9	person	Pap Smear	72.00	648.00
	1	person	Peripheral Smear	139.50	139.50
	1	person	BUN	130.50	130.50
			xxxxxx nothing follows xxxxxx	TOTAL	33,752.50
			PR Nos. 19-1008-0439 & 19-1008-0440	TOTAL	33,752.50
			Requesting Unit: LHIO Ilocos Norte		

Terms & Conditions:

- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Job Order (J.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledged to have been received by a representative either through fax or e-mail.
- Delivery of the above item/s shall be made within the prescribed schedule dates. Suppliers are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall be from 9:00AM to 11:30 AM and 1:30pm to 3:00PM during Mon/Wed/Fri (MWF).
- All item/s shall be delivered and accepted by the Procurement Section at 15th Floor, Room 1503 Citystate Ctr. Bldg. Pasig City.
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery.
- In case the series of layout/design presented by the supplier does not satisfy the end-user, the Corporation has the right to cancel the Job Order (JO).
- Payment shall be made in full subject to corresponding government taxes within fifteen (15) working days upon receipt of Certificate of Acceptance and Inspection Report.

By the authority of the MSD Chief

Very truly yours,

EDWARD Q. ESPIRITU

FC IV / ASS CHIEF / OIC-OMSD Chief

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: _____ By the Authority of the _____ <u>JOSE A. MONES</u> Fiscal Controller III		By the Authority of the FMS Chief <u>JANE C. RAGOS</u> FC IV / FMS Chief		By the Authority of the _____ <u>JOSE A. MONES</u> Fiscal Controller III	
With in the COB Expense Code Budget Remarks		APPROVED: <u>ALBERTO C. MANDURIAO</u> Regional Vice President BY THE AUTHORITY OF THE _____ <u>MARICAR M. ARZADON, MD</u> MEDICAL OFFICER VII		CONFORME: <u>MARIE TRINIDAD P. DOMINGO</u> Signature over Printed Name of Supplier / Representative	
Received copy of J.O. on _____ Date		11/7/2019 1:30 PM.			