Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P- 007

JOB ORDER

[illegible]

[illegible] DEPARTMENT PRO 1

Supplier: **THE BLACK NAZARENE HOSPITAL, INC.**
Address: **Brgy. San Baltazar (Pob.), San Nicolas, Ilocos Norte**
Tel. Fax No.: **(077) 773-1757**
Supplier Registered with: **007-647-890-000 NV**

Work Order No.: **22_39**
Date: **8/25/2022**
Term of Payment: **Charge**
Mode of Procurement: **Negotiated Procurement-Small Value Procurement**

Please deliver to this office within Sept 1-30, 2022 from receipt hereof the following:

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
			Conduct of Periodic Health Examination (PHEX) of LHIO Ilocos Norte		
	21	pax	Periodic Health Examination and Consultation	480.00	10,080.00
	21	pax	Complete Blood Count (CBC)	280.00	5,880.00
	21	pax	Urinalysis	120.00	2,520.00
	21	pax	Chest X-ray	480.00	10,080.00
	5	pax	Pap Smear	400.00	2,000.00
	5	pax	OB Consultation	350.00	1,750.00
	1	pax	Fecalysis	160.00	160.00
	21	pax	Lipid Profile	750.00	15,750.00
	21	pax	Fasting Blood Sugar (FBS)	200.00	4,200.00
	16	pax	12-Lead ECG (with official reading of cardiologist)	500.00	8,000.00
	3	pax	Breast Ultrasound	1,200.00	3,600.00
	2	pax	Prostate-Specific Antigen (PSA for men)	900.00	1,800.00
	17	pax	Serum Creatinine	224.00	3,808.00
	19	pax	Serum Uric Acid	224.00	4,256.00
	15	pax	Glycosylated Hemoglobin (HbA1c)	850.00	12,750.00
	2	pax	Fecal Occult Blood Test (FOBT)	320.00	640.00
	18	pax	BUN	224.00	4,032.00
	17	pax	Potassium	240.00	4,080.00
	18	pax	SGPT	240.00	4,320.00
	18	pax	SGOT	240.00	4,320.00
	10	pax	FT3	900.00	9,000.00
	10	pax	FT4	900.00	9,000.00
	10	pax	TSH	900.00	9,000.00
	14	pax	Abdominal Ultrasound	1,200.00	16,800.00
	1	pax	Transvaginal Ultrasound	1,500.00	1,500.00
	8	pax	Albumin	240.00	1,920.00
	1	pax	Thyroid Ultrasound	1200.00	1,200.00
	0	pax	Mammography	0.00	0.00
			xxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxx	TOTAL	152,446.00
			Less: TAX		
			VAT (1%)	1,524.46	1,524.46
			EWT (2%)	3,048.92	3,048.92
			PR No. 22-0624-0165 (5029999006)	Total - Net of Tax	147,872.62
			Requesting Unit: LHIO Ilocos Norte		

Terms & Conditions

1. The agency shall impose penalty in an amount equivalent [illegible] 1/10 [illegible] percent of the total value of undelivered order for each day of the delay as liquidated damages.
2. If the date of receipt of the Job Order (JO) 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.
3. Delivery of the above item/s shall be made [illegible] inform Procurement Section at least two (2) days before the delivery. Use of elevator shall be from 9:00 [illegible]

All item/s shall be delivered and accepted [illegible] Bldg. Pasig City

4. Delivery Receipt and Sales Invoice shall be [illegible]
5. Defective, incompatible, or non-compliant of goods [illegible] returned at the time of delivery.
6. In case the series of layout/design presented by the supplier [illegible] the Corporation has the right to cancel the Job Order (JO).
7. Payment shall be made in full subject to [illegible] receipt of Certificate of Acceptance and Inspection Report.

Very truly yours,

By the authority of the MSD Chief

SALLY S. GOMEZ

CYNTHIA S. SANTOS
Division Chief IV / MSD Chief

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)
SEP 05 2022
RECEIVED BY: ____________

Certified Budget Available:	Fund Is Available in the Amount of: -152,446-	APPROVED:
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU AO IV / OIC-OFMS Chief	DENNIS B. ADRE Regional Vice President
Within the COB: CY2022 Expense Code: 029999000 CTOB & Budget: 152 446 Remarks: MOOE / CACOMO		
Received copy of J.O. on: 9/2/2022 Date		CONFORME: VYNNA F. MEDRANO Signature over Printed Name of Supplier / Representative

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)

SEP 05 2022

RECEIVED BY: