



Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION

POMM-P-007

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

Supplier: REGION 1 MEDICAL CENTER  
Address: Arellano St., Dagupan City, Pangasinan  
Tel. Fax No.: (075) 523-4103  
Supplier Registered with: \_\_\_\_\_

Work Order No.: 23\_78  
Date: 12/29/2023  
Term of Payment: Charge  
Mode of Procurement: Negotiated Procurement-Agency to Agency

Please deliver to this office within 100 days from receipt hereof the following:

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
	193	pax	Annual Periodic Health Examination for PRO 1 Employees	Free	Free
	193	pax	Periodic Health Examination and Consultation	260.00	50,180.00
	193	pax	Complete Blood Count (CBC)	160.00	30,880.00
	193	pax	Urinalysis	360.00	69,480.00
	62	pax	Chest X-ray	350.00	21,700.00
	56	pax	Pap Smear	450.00	25,200.00
	5	pax	OB Consultation	60.00	300.00
	193	pax	Fecalysis	800.00	154,400.00
	193	pax	Lipid Profile	160.00	30,880.00
	188	pax	Fasting Blood Sugar (FBS)	550.00	103,400.00
	36	pax	12-Lead ECG (with official reading of cardiologist)	1,582.00	56,952.00
	45	pax	Breast Ultrasound	4,500.00	202,500.00
	38	pax	Mammography	1,000.00	38,000.00
	180	pax	Prostate-Specific Antigen (PSA for men)	190.00	34,200.00
	179	pax	Serum Creatinine	160.00	28,640.00
	81	pax	Uric Acid	800.00	64,800.00
	22	pax	Glycosylated Hemoglobin (HbA1c)	140.00	3,080.00
	146	pax	Fecal Occult Blood Test (FOBT)	160.00	23,360.00
	96	pax	BUN	750.00	72,000.00
	145	pax	Potassium	210.00	30,450.00
	145	pax	SGPT	210.00	30,450.00
	55	pax	SGOT	700.00	38,500.00
	55	pax	FT3	700.00	38,500.00
	55	pax	FT4	700.00	38,500.00
	6	pax	TSH	50.00	300.00
	133	pax	Digital Rectal Exam	1,750.00	232,750.00
	14	pax	Abdominal Ultrasound	210.00	2,940.00
	10	pax	Serum Albumin	1,810.00	18,100.00
			Pelvic Ultrasound/ Transvaginal UTZ		
			XXXXXXXXXXXXXXXXXXXX nothing follows XXXXXXXXXXXXXXXXXXXX	TOTAL	1,440,442.00
			Less: Discount	GRAND TOTAL	1,440,442.00
			PR No. 23-1205-0349 (5029999006)		288,088.40
			Requesting Unit: PRO 1 Health Committee	Total - Net of Tax	1,152,353.60

**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 (MWTF). 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 (J.O.).
- 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.

Very truly yours,

CYNTHIA S. SANTOS  
Division Chief IV / MSD Chief



JAN 09 2024

Certified Budget Available: Funds Available in the amount of: 1440442.00

JOSE A. MONES  
Fiscal Controller III

EDWARD Q. ESPRITU  
FC IV / FMS Chief

With in the COB: 9029  
Expense Code: 5029999006180010  
Budget: \$ 1,152,353.60  
Remarks: HCMD

Received copy of J.O. on

12/29/23  
Date

APPROVED:

DENNIS B. ADRE  
Regional Vice President

MARICAR M. ARZADON, M.D.  
MOVI/CHIEF, HCMD

CONFORME:

Signature over Printed Name  
of Supplier / Representative