Costing Team Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellphone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Department** | **Name** | **\*Position** |
| Office of the Chief of Hospital |  |  |
| Finance/Accounting |  |  |
| Billing/PHIC |  |  |
| Engineering |  |  |
| Medical Records |  |  |
| Central Supply |  |  |
| Nursing |  |  |
| Chief of Clinics |  |  |
| Pharmacy |  |  |
| Diagnostic Imaging |  |  |
| Laboratory |  |  |
| Operating Room |  |  |
| Specialty Care Areas |  |  |

\*Please indicate if:

1. Costing Supervisor
2. Costing Team Member