
	<b>Department of Health SAN LAZARO HOSPITAL</b>		DOCUMENT CODE: CC - COD - 001
			REVISION NO. 0
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**DEPARTMENT: CASH OPERATIONS DEPARTMENT**

**PROCESS 1: COLLECTION OF PAYMENT**

**Schedule of Services:**

Monday to Sunday – 24/7

**Services Provided to:**

Patients, suppliers and nearest kin

**Requirements Needed:**

- Assessment Form
- Charged Slip
- Billing Statement
- Order of Payment
- Official Receipt
- Valid ID of nearest kin of patient
- Authorization Letter

**Duration:**

5 - 50 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Receive cash/cheque	Assessment Form Charged Slip Billing Statement Order of Payment	None	3 - 30 minutes	Cash Clerk on-duty
2	Issue Official Receipt	Official Receipt	None	2 - 20 minutes	Cash Clerk on-duty
END OF TRANSACTION					