



NEWBORN HEARING SCREENING REFERENCE CENTER

National Institutes of Health - University of the Philippines Manila

623 Pedro Gil Street, Ermita 1000

Manila, Philippines

Telephone: (02) 526-4349 Email address: nihnhsrc@gmail.com



May 1, 2016

Dear Newborn Hearing Screener/Manager,

Greetings!

Congratulations on being one of the country's Certified Category A Newborn Hearing Screening Centers. We are pleased to announce that after initial program implementation in select centers, we are finally prepared for nationwide implementation by distributing Newborn Hearing Screening Registry Cards to all certified Category A Newborn Hearing Centers.

The Newborn Hearing Screening Registry Card is necessary to be able to carry out the services as stipulated in DOH Circular No. 2014-0150. The cost of the Registry Card is Php50.00 per set or Php1,000.00 per booklet of 20 sets. The **MAXIMUM initial order is set at 15 booklets (good for 300 infants) or Php15,000** worth of Registry Cards **PER FACILITY**. The **MINIMUM** order would be **5 booklets (good for 100 infants) or Php5,000**. This is **EXCLUSIVE** of courier fees which would depend on the number of booklets you purchase and your center's location. You may also opt to pick-up your order at the Newborn Hearing Screening Reference Center at UP Manila NIH Building Pedro Gil St., Ermita, Manila Mondays to Fridays 9:00 am - 4:00 pm, except holidays free of charge. Order processing is **2 weeks for pick-up** and **1 month for door-to-door delivery**.

Deposit the payment for the Registry Cards to **UPM Trust and Liability Fund** with **Account Number: DBP 0411-036684-032/0-5007-411-0**. The courier fee shall be deposited to the **UP Medical Foundation, Inc.** Banco De Oro (Bocobo Branch) Account No. **3530094018** as follows when applicable:

	15-6 booklets	5 booklets
LUZON***	P190.00	P125.00
VISAYAS	P200.00	P130.00
MINDANAO	P210.00	P140.00

***For area / province requiring sea freight, the shipping cost would be according to the Visayas rate.

Fill-out the Order Form. Attach the scanned copy of the deposit slip and check (if applicable) and fax to **(02) 526-4349** or email to **mrypil@post.upm.edu.ph**.

For re-orders, please take note that the re-order voucher shall automatically be emailed when **50%** of the **1st or baseline order** is encoded in the Registry Database. If your center would like to increase the baseline order, you are required to submit a request addressed to Dr.



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Charlotte M. Chiong, MD, PhD, Director of the NHSRC indicating the number of ***number of live births of the previous year of your birthing facility.***

Newborn Hearing Screening services are reimbursed by Philhealth to the amount of P200.00 per beneficiary such that the Php50.00 cost for the registry cards is included in this amount.

Your initial order shall include the following:

1. Registry Database username and passwords for your manager and screeners
2. Handbook for encoding
3. Registry Cards to be used for non-Philhealth and non-indigent patients

Warm regards,

Charlotte M. Chiong, MD, PhD
Director

Newborn Hearing Screening Reference Center
National Institutes of Health



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ORDER FORM

HEARING CENTER NAME: _____

FACILITY ADDRESS: _____

CONTACT NUMBER: _____

NAME	UPDATED EMAIL	UPDATED CELLPHONE
Manager (MD or MClinaud):		
Screener /s:		
1.		
2.		
3.		
4.		
5.		

MAXIMUM OF 15 REGISTRY CARDS PER FACILITY.

We would like to order _____ Registry Cards
worth Php _____.

DELIVERY METHOD:

- PICK-UP
- COURIER



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The amount of _____
(Php _____) was deposited or transferred to the **UP Manila Account** on _____. Attached is the scan of the deposit slip / bank transfer details for the **Registry Cards**.

SCAN:

The amount of _____
(Php _____) was deposited or transferred to the **UP Medical Foundation Account** on _____. Attached is the scan of the deposit slip / bank transfer details for the **Courier Fee**.

SCAN:

Signature

Printed Name
Hearing Screening Center Manager/Screeener

Date Signed