



METRO COTABATO WATER DISTRICT

Gov. Gutierrez Avenue, Cotabato City, P.O. Box 657

Tel. No. (064) 4211070; Telefax. No. (064) 4213009

Email Add: mcwd_procurement@yahoo.com



SUPPLEMENTAL / BID BULLETIN

ADDENDUM NO. 23-02

“Annual Physical Examination for 186 Group B Employees of MCWD for FY 2023-2024 (PR#23-03-0143)”

This Addendum No. 23-02 is being issued to add, clarify, modify or amend provisions in the Bidding Documents, which shall form an integral part thereof:

ORIGINAL	AMENDMENT
<p>Section VII. Technical Specifications</p> <p>III. PREVENTIVE CARE (page 29) ANNUAL PHYSICAL EXAMINATION</p> <ol style="list-style-type: none"> 1. Complete blood count 2. Physical examination 3. Urinalysis 4. Fecalalysis 5. Chest-X ray 6. Electrocardiogram; (for members age twenty two (22) years and above, or if indicated) 7. Ultra Sound: 8. Evaluative doctor’s consultation. <p>IV. EMERGENCY CARE (page 30) Accredited Hospitals</p> <ol style="list-style-type: none"> 1. Professional fees of attending physicians 2. Use of operating room and ICU/recovery room facilities 3. Medicines administered during treatment for immediate relief 4. Oxygen and IV fluids 5. Laboratory tests, x-rays and other diagnostic procedures 6. Blood transfusions and intravenous fluids <p>Non-Accredited Hospitals : One hundred percent (100%) reimbursable hospital bills and professional fees based on Relative Value Scale (RVS)</p> <p>Areas without Accredited Hospitals : One hundred percent (100%) reimbursable hospital bills and professional fees based on Relative Value Scale (RVS)</p> <p>Room Upgrade in Case of Room Unavailability : Up to 24 Hours</p> <p>Ambulance Services</p>	<p>Section VII. Technical Specifications</p> <p>III. PREVENTIVE CARE (page 29) ANNUAL PHYSICAL EXAMINATION</p> <ol style="list-style-type: none"> 1. Complete blood count 2. Physical examination 3. Urinalysis 4. Fecalalysis 5. Chest-X ray 6. Electrocardiogram; (for members age twenty two (22) years and above, or if indicated) 7. Evaluative doctor’s consultation <p>IV. EMERGENCY CARE (page 30) Accredited Hospitals</p> <ol style="list-style-type: none"> 1. Professional fees of attending physicians 2. Use of operating room and ICU/recovery room facilities 3. Medicines administered during treatment for immediate relief 4. Oxygen and IV fluids 5. Laboratory tests, x-rays and other diagnostic procedures 6. Blood transfusions and intravenous fluids 7. When a principal member is in life-threatening case or finds that he/she is in immediate danger of losing a limb, eye or other part of the body, or is in severe pain that requires immediate relief, Intellicare agrees to reimburse one hundred percent (100%) of the total hospital bills including professional fees based on relative value scale (RVS) for Intellicare accredited hospitals, but not to exceed the amount of Thirty Thousand Pesos (Php30,000.00).



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ORIGINAL	AMENDMENT
<p>V. OUT-PATIENT CARE (page 30)</p> <p>5. Treatment of minor injuries or illness (including Anti Tetanus Serum (ATS) and Toxoid vaccines if indicated, except anti-rabies)</p> <p>6. Laboratory test, x-ray, and other diagnostic examinations prescribed by the physician</p> <p>11. Basic Dental Services -tooth fillings, extraction, cleaning (prophylaxis), x-ray and other diagnostic services</p> <p>VIII. TREATMENT/IN-PATIENT CARE (page 33) 20. Ultrasound (except for maternity cases)</p>	<p>Non-Accredited Hospitals : One hundred percent (100%) reimbursable hospital bills and professional fees based on Relative Value Scale (RVS) Areas without Accredited Hospitals : One hundred percent (100%) reimbursable hospital bills and professional fees based on Relative Value Scale (RVS) Room Upgrade in Case of Room Unavailability : Up to 24 Hours Ambulance Services</p> <p>V. OUT-PATIENT CARE (page 30)</p> <p>5. Treatment of minor injuries or illness (including Anti Tetanus Serum (ATS), Toxoid vaccines and Anti-rabies). Anti-rabies, anti-venom and anti-tetanus vaccines shall be covered up to Twenty Thousand Pesos (Php20,000.00) each per member per year.</p> <p>6. Laboratory test, x-ray, and other diagnostic examinations prescribed by an "Intellicare accredited physician"</p> <p>11. Basic Dental Services a. Dental examination; b. Annual oral prophylaxis; c. Oral health education through chairside instruction; d. Orthodontic consultation (braces and malposition of teeth); e. Pre-natal check of teeth and gums; f. Temporo mandibular joint consultation (clicking of jaws); g. Conduct activities on dental health education (e.g. regarding AIDS); h. Emergency dental treatment for the relief of pain; i. Gum treatment for cases like inflammation or bleeding; j. Temporary fillings; k. Simple extraction of unsavable tooth; l. Recementation of fixed bridges, crowns, jackets, inlays/outlays; m. Desensitization of hypersensitive teeth - up to Two (2) teeth per member per year.</p> <p>VIII. TREATMENT/IN-PATIENT CARE (page 33) 20. Ultrasound (except for maternity cases) covered up to Pre-existing Condition Limit.</p>



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<p>XI. TERMS and CONDITIONS: (page 35)</p> <p>5. The Health Care Provider shall issue new health / ID Card 30 days after the issuance of Notice to Proceed to all Group B Employees.</p>	<p>XI. TERMS and CONDITIONS: (page 35)</p> <p>5. The Health Care Provider shall issue new health / ID Card 30 days after the issuance of Notice to Proceed to new enrollees of Group B Employees. Membership Kit (Swipe Card): Php90.00 per enrollee per year - FOR NEW ENROLLEES ONLY (WAIVED).</p>
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This Supplemental/Bid Bulletin shall form part of the Bidding Documents. Any provisions in the Bidding Documents inconsistent herewith is hereby amended, modified and superseded accordingly.

For the guidance and information of all concerned.

Issued this 23rd of March 2023 at Metro Cotabato Water District, Cotabato City, Maguindanao.

Reviewed and approved by:


JOSELITO D. NUÑEZ, JR.
BAC - Chairperson