



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. 22-01

“Annual Physical Examination for 172 Group B Employees of MCWD for FY 2022-2023 (PR#22-01-0084)”

This Addendum No. 22-01 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 27-28)</p> <p>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 28)</p> <p>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>Section VII. Technical Specifications</p> <p>III. Preventive Care (page 27-28)</p> <p>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 28)</p> <p>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) up to Thirty Thousand Pesos (Php30,000.00).</p>





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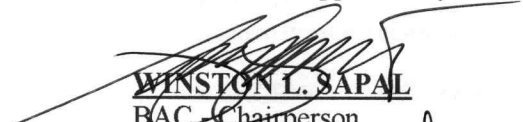
ORIGINAL	AMENDMENT
<p>Areas without Accredited Hospitals : One hundred percent (100%) reimbursable hospital bills and professional fees based on Relative Value Scale (RVS)</p> <p>Room Upgrade in Case of Room Unavailability : Up to 24 Hours</p> <p>Ambulance Services</p>	<p>Areas without Accredited Hospitals : 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>

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 18th of February 2022 at Metro Cotabato Water District, Cotabato City, Maguindanao.

Reviewed and approved by:


WINSTON L. SAPAL
 BAC Chairperson

2/18

IV. ENCLAVE Y CARTE GAGC 7/8

Accredited Hospital:

1. Professional fees of all services by...
2. Use of Diagnostic X-ray...
3. ...
4. ...
5. ...
6. ...
7. ...
8. ...
9. ...
10. ...

