



Republic of the Philippines
PROVINCE OF SURIGAO DEL SUR
TANDAG CITY

Provincial Governor's Office

Committee on Law, Justice & Human Rights / Health & Sanitation and Nutrition



BAGONG PILIPINAS

August 22, 2025

THE HONORABLE MEMBERS
Office of the Provincial Council
This Province

RELEASED
PGO-SURIGAO DEL SUR

SIGNATURE OVER PRINTED NAME
CONTROL NO: DATE: 8-26-25 TIME: 5:00 PM

Thru: **HON. MANUEL O. ALAMEDA, SR.**
Vice Governor & Presiding Officer

Sir:

Greetings!

May we request for an **URGENT** passage of a Sangguniang Panlalawigan Resolution authorizing the Provincial Governor to enter into and sign a Memorandum of Agreement (MOA) with Auza Flora O. Alba, M.D., Pediatrician, regarding the engagement of services of a Pediatrician for Hospital Licensing with the Department of Health and PhilHealth for Bislig District Hospital.

Attached is a copy the proposed MOA for your perusal.

We are hoping for your urgent and favourable action on the matter.



Tanggapan ng Sangguniang Panlalawigan

SURIGAO DEL SUR

Barcode

OSSP-SDS-2025-04931

Telephone No.: (086) - 211 - 5832

E-Mail: tspsurigaosur@yahoo.com

Date: _____

Time: _____

Received by: _____

Truly yours,

JOHNNY T. PIMENTEL
Provincial Governor

MEMORANDUM OF AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This Memorandum of Agreement made and entered into in Bislig City, Surigao del Sur by and between;

BISLIG DISTRICT HOSPITAL (BDH), a government hospital under the Provincial Governments of Surigao del Sur, represented herein by Provincial Governor **JOHNNY T. PIMENTEL**, Filipino, of legal age, married and a resident of San Agustin, Surigao del Sur, hereinafter referred to as the **"FIRST PARTY"**.

-AND-

AUZA FLORA O. ALBA, MD, Pediatrician, Filipino, single and a resident of Maharlika, San Roque, Bislig City, Surigao del Sur, hereafter referred to as **"SECOND PARTY"**.

WITNESSETH

WHEREAS, FIRST PARTY needs to engage the services of a Pediatrician as a requirement for Hospital Licensing with the Department of Health and PhilHealth and to provide needed pediatric medical services to its patients; considering however budget limitations, it can only invite professional Pediatricians on voluntary basis;

WHEREAS, SECOND PARTY who is a duly accredited Pediatrician has offered her services as Pediatrician for FIRST PARTY subject to certain conditions and latter is has later accepted the offer.

NOW, THEREFORE, for and consideration of the foregoing premises and of the mutual stipulations and conditions herein set forth, the parties hereto have agreed, and by these presents agree as follows:

1. Basic Agreement

FIRST PARTY hereby engages the services of SECOND PARTY on voluntary basis and the latter undertakes to provide the needed services as volunteer Pediatrician

2. Compensation Structure

Parties agree that as such Pediatrician, SECOND PARTY will be compensated for her services as follows:

- (1) PhilHealth INDIGENT AND FINANCIALLY INCAPACITATED patient: professional fee from the case rate will be given to the pediatrician as soon as payment from PhilHealth is received by the hospital, subject to tax.
- (2) In-House Indigent and financially incapacitated patients that needs emergent pediatric medical attendance and cannot be enrolled in PhilHealth: 50% of the case rate professional fee can be charged to DOH-MAIFIP. The remaining 50% is charged as pro bono.
- (3) In-house case referrals will be transferred to the service of the pediatrician. The case rate professional fee will be paid to the attending pediatrician subject to tax.

3. Others

3.1 To facilitate PhilHealth claims by the SECOND PARTY, FIRST PARTY hereby advises the PhilHealth of its conformity and agreement for surgical and related medical services of SECOND PARTY to be paid to her directly by the PhilHealth;

3.2 The SECOND PARTY shall abide by all the rules, regulations, policies of the FIRST PARTY and of the Department of Health;

3.3 That the SECOND PARTY shall subscribe to the team concept and team approach and commit herself to team building and team work;

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3.3 That the SECOND PARTY shall subscribe to the team concept and team approach and commit herself to team building and team work;

3.4 That this Memorandum of Agreement can be terminated with or without cause in accordance with the rules and regulations governing medical staff of the FIRST PARTY;

3.5 Nothing herein contained shall be constructed as creating an employer-employee relationship between the parties and that services of SECOND PARTY to FIRST PARTY pursuant to this Agreement shall not be considered as government service.

4. Effectivity

This Memorandum of Agreement shall commence to run upon signing hereof, and unless sooner revoked for just and valid cause or causes, shall remain valid and enforceable for a term of six (06) months from July 01, 2025 to December 31, 2025, subject to extension upon the mutual agreement of the parties.

IN WITNESS HEREOF, the parties hereto affixed their signatures this ____ day of _____ at _____, Surigao del Sur, Philippines.

HON. JOHNNY T. PIMENTEL
Provincial Governor
(FIRST PARTY)

AUZA FLORA O. ALBA, MD
Pediatrician
(SECOND PARTY)

SIGNED IN THE PRESENCE
OF:

TERESITA B. VICENTE, MD, RN, FPSMSG
Chief of Hospital I
Witness

MARIA MARGARITA L. TAMORITE, MM, PSM, CHA
Administrative Officer IV
Witness

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
CITY OF BISLIG) S.S.
PROVINCE OF SURIGAO DEL SUR)
X-----X

BEFORE ME, a Notary Public, for and in the City of _____, this ____ day of _____, personally appeared:

Name	Competent Evidence of Identity No.
HON. JOHNNY T. PIMENTEL	
DR. AUZA FLORA O. ALBA	

Known to me and to me known to be the same person(s) who executed the foregoing instrument and who acknowledged to me that the same is their free and voluntary act and deed, and that of the institutions respectively represented.

The foregoing instrument refers to a Memorandum of Agreement (MOA) consisting of two (2) pages, including the page in which this Acknowledgement is written, signed by the parties, including their instrumental witnesses on each and every page thereof and sealed with my notarial seal.

WITNESS OUR HAND AND SEAL this ____ day of _____ at _____, Surigao del Sur, Philippines.

NOTARY PUBLIC

Doc. No. : _____
Page No. : _____
Book No. : _____
Series of : _____

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Pediatrician
(SECOND PARTY)

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NOTARY PUBLIC

Doc. No. : _____
Page No. : _____
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Republic of the Philippines
PROVINCE OF SURIGAO DEL SUR

Office of the Provincial Vice Governor



1st Endorsement

August 27, 2025



Respectfully forwarding to Mr. Edgar G. Perez, II, J.D. Secretary to the Sangguniang Panlalawigan, the herein attached basic communication dated August 22, 2025 from **HON. JOHNNY T. PIMENTEL**, Provincial Governor, requesting **URGENT** passage of a resolution authorizing the Provincial Governor to enter into and sign a Memorandum of Agreement (MOA), for and in behalf of the Province of Surigao del Sur, with Auza Flora O. Alba, M.D., Pediatrician, regarding the engagement of services of a Pediatrician for Hospital Licensing with the Department of Health and Philhealth for Bislig District Hospital.

For this August Body's information and appropriate action.


HON. MANUEL O. ALAMEDA, SR.

Vice Governor
Presiding Officer

21st Sangguniang Panlalawigan



Republic of the Philippines
PROVINCE OF SURIGAO DEL SUR
TANDAG CITY



Provincial Governor's Office

August 22, 2025

THE HONORABLE MEMBERS
Office of the Provincial Council
This Province

RELEASED
PGO-SURIGAO DEL SU
JENEN TONGA
SIGNATURE OVER PRINTED NAME
CONTROL NO: DATE: 8-26-25 5:00 PM

Thru: **HON. MANUEL O. ALAMEDA, SR.**
Vice Governor & Presiding Officer

Sir:

VICE GOVERNOR'S OFFICE
(RECEIVED)
DATE: 8/27/25 TIME: 9:26 AM

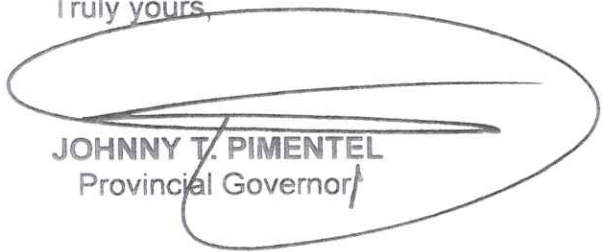
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IN WITNESS HEREOF, the parties hereto affixed their signatures this ____ day of _____ at _____, Surigao del Sur, Philippines.

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Pediatrician
(SECOND PARTY)

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Administrative Officer IV
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CITY OF BISLIG) S.S.
PROVINCE OF SURIGAO DEL SUR)
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BEFORE ME, a Notary Public, for and in the City of _____,
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Name	Competent Evidence of Identity No.
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DR. AUZA FLORA O. ALBA	

Known to me and to me known to be the same person(s) who executed the foregoing instrument and who acknowledged to me that the same is their free and voluntary act and deed, and that of the institutions respectively represented.

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Surigao del Sur, Philippines

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SIGNED IN THE PRESENCE
OF:

TERESITA B. VICENTE, MD, RN, FPSMSG
Chief of Hospital I
Witness

MARIA MARGARITA L. TAMORITE, MM, PSM, CHA
Administrative Officer IV
Witness

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
CITY OF BISLIG) S.S.
PROVINCE OF SURIGAO DEL SUR)
X-----X

BEFORE ME, a Notary Public, for and in the City of _____, this ____ day of _____, personally appeared:

Name	Competent Evidence of Identity No.
HON. JOHNNY T. PIMENTEL	
DR. AUZA FLORA O. ALBA	

Known to me and to me known to be the same person(s) who executed the foregoing instrument and who acknowledged to me that the same is their free and voluntary act and deed, and that of the institutions respectively represented.

The foregoing instrument refers to a Memorandum of Agreement (MOA) consisting of two (2) pages, including the page in which this Acknowledgement is written, signed by the parties, including their instrumental witnesses on each and every page thereof and sealed with my notarial seal.

WITNESS OUR HAND AND SEAL this ____ day of _____ at _____