



Republic of the Philippines  
**Department of Education**  
Region III  
SCHOOLS DIVISION OF AURORA

**REQUEST FOR QUOTATION**

**PROCUREMENT OF HMO SERVICES FOR THE PERSONNEL OF DEPED AURORA**

**RFQ NO. 2025-10-369**

**Sir/Madam:**

Please quote your best quotation for the item/s described below using the Price Quotation Form (see Annex "B" of the Request for Quotation), subject to terms and conditions stated in the RFQ.

Unit	Quantity	Item/Description	APPROVED BUDGET FOR THE CONTRACT
pax	35	The selected HMO product must include, but is not limited to:	245,000.00
		1.Inpatient/Hospitalization Benefits room and board coverage; hospital services (discount on use of operating room, ICU, medications during confinement); Surgeon and anesthesiologist 's fees and Diagnostic and therapeutic procedures during confinement. (No maximum number of in-patient illness, and with minimum coverage of 40-60k per illness.)	
		2. Out-patient/consultation benefits-unlimited consultation with general practitioners.	
		3. Annual Physical Exam (APE) which includes the following: a. FBS b. Lipid Profile c. Blood Uric Acid (BUA) d. BUN e. Creatinine f. SGPT g. SGOT h. Complete Blood Count i. Urinalysis j. 12 L ECG (with official reading) k. Chest Xray (with official reading) l. Fecalysis m. Complete Physical Exam(including ultrasound if necessary to diagnose illness, PSA for male personnel. Pap Smear & Mammogram for female personnel) *Mobile APE with in Aurora as schedule by SDO Aurora	
		4. Emergency Care a. 24/7 access to emergency rooms b. Emergency treatment for injuries or sudden illnesses c. Ambulance service (subject to coverage and location)	

		5. Preventive Health Care to include health and wellness program (Nutrition counseling, smoking cessation and others)	
		***nothing follows***	
		TOTAL	245,000.00


\* The ABC is understood to be the ceiling price; offers must not exceed the ABC provided.

Deadline for submission and receipt of quotation, together with the following documents, duly signed by you or your duly authorized representative, shall not be later than **October 28, 2025.**

- Mayor’s Permit for 2025
- PhilGEPS Registration Number (Organization ID or screenshot from PhilGEPS Website);
- Brochure or Technical Data Sheet, if applicable;
- Annual Income Tax Return CY 2024 or Latest Business Tax Return (from April to September; filed through the Electronic Filing and Payment System (EFPS));
- Omnibus Sworn Statement;
- Compliance with the Schedule of Requirements (Annex “A”);
- The Price Quotation Form (Annex “B”);

**Only one (1) set of documents certified to be true copies of the original shall be required.**

Proposals and other documents required may be sent electronically through [procurement.depedaurora@deped.gov.ph](mailto:procurement.depedaurora@deped.gov.ph) **Electronically prepared and/or hard copies of the proposals and documents must be submitted through the SDO Records Section on or before the deadline of submission as stated in this RFQ.**  
**Late submission of quotations shall not be accepted and considered.**



**ERLEO T. VILLAROS PhD**  
Chairperson, Bids and Awards

*Note: Please indicate statement of compliance of the Technical Specifications Form by clearly indicating “**COMPLY**”*



Address: So. Hiwalayan, Brgy. Bacong, San Luis, Aurora  
Contact No.: (042) 724-9190  
Email Address: [aurora@deped.gov.ph](mailto:aurora@deped.gov.ph)  
Official Website: [www.deped-aurora.com](http://www.deped-aurora.com)

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**SCHEDULE OF REQUIREMENTS**

Unit	Quantity	Item/Description	Delivery Period
pax	35	The selected HMO product must include, but is not limited to:	November 2025
		1.Inpatient/Hospitalization Benefits room and board coverage; hospital services (discount on use of operating room, ICU, medications during confinement); Surgeon and anesthesiologist 's fees and Diagnostic and therapeutic procedures during confinement. (No maximum number of in-patient illness, and with minimum coverage of 40-60k per illness.)	
		2. Out-patient/consultation benefits-unlimited consultation with general practitioners.	
		3. Annual Physical Exam (APE) which includes the following: a. FBS b. Lipid Profile c. Blood Uric Acid (BUA) d. BUN e. Creatinine f. SGPT g. SGOT h. Complete Blood Count i. Urinalysis j. 12 L ECG (with official reading) k. Chest Xray (with official reading) l. Fecalysis m. Complete Physical Exam(including ultrasound if necessary to diagnose illness, PSA for male personnel. Pap Smear & Mammogram for female personnel) *Mobile APE with in Aurora as schedule by SDO Aurora	
		4. Emergency Care a. 24/7 access to emergency rooms b. Emergency treatment for injuries or sudden illnesses c. Ambulance service (subject to coverage and location)	
		5. Preventive Health Care to include health and wellness program (Nutrition counseling, smoking cessation and others)	
		***nothing follows***	

**Project Site:**

Training Venue/Schools Division Office  
Brgy. Bacong, San Luis, Aurora

**Contact person:**

**ALPHA JOY T. RAZON**  
Head, BAC Secretariat  
procurement.depedaurora@deped.gov.ph  
0939-9233-396

I hereby commit to comply and deliver all the above requirements in accordance with the above stated schedule.

Name of Company



Signature over Printed Name of Authorized Representative

Date

Address: So. Hiwalayan, Brgy. Bacong, San Luis, Aurora  
Contact No.: (042) 724-9190  
Email Address: aurora@deped.gov.ph  
Official Website: www.deped-aurora.com



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**Price Quotation Form**

Date:  
RFQ. NO. 2025-10-369

The Chairperson, Bids and Awards Committee  
Schools Division Office  
Brgy. Bacong  
San Luis, Aurora

Sir/Madam:  
Having examined the Request for **Quotation No. 2025-10-369 which includes the Technical Specifications and Delivery Schedule**, the receipt of which is hereby duly acknowledged, the undersigned offers to\_\_\_\_\_ in conformity with the said Request for Quotation for the sums stated hereunder:

Unit	Quantity	Item/Description	Unit Price	Total Price
pax	35	The selected HMO product must include, but is not limited to:		
		1.Inpatient/Hospitalization Benefits room and board coverage; hospital services (discount on use of operating room, ICU, medications during confinement); Surgeon and anesthesiologist 's fees and Diagnostic and therapeutic procedures during confinement. (No maximum number of in-patient illness, and with minimum coverage of 40-60k per illness.)		
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		<b>4. Emergency Care</b> <b>a. 24/7 access to emergency rooms</b> <b>b. Emergency treatment for injuries or sudden illnesses</b> <b>c. Ambulance service (subject to coverage and location)</b>		
		<b>5. Preventive Health Care to include health and wellness program (Nutrition counseling, smoking cessation and others)</b>		
		<b>***nothing follows***</b>		

**TOTAL PRICE IN WORDS:** \_\_\_\_\_

We undertake, if our Proposal is accepted, to deliver the goods as identified in the Technical Specification and in accordance with the Schedule of Requirements.

Until a formal Contract is prepared and executed, this price quotation, together with your written acceptance thereof and your Notice of Award, shall be binding upon us.

However, we understand that you are not bound to accept the lowest or any Quotation you may receive.

Dated this \_\_\_\_\_.

\_\_\_\_\_  
*Name /Signature/ Designation / Capacity*

Duly authorized to sign Quotation for and on behalf of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company / Address / Contact No



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**TERMS AND CONDITIONS:**

1. Bidders shall provide correct and accurate information required in this form.
2. Bidders may quote for any or all the items.
3. Price quotation/s must be valid for a period of thirty (30) calendar days from the date of submission.
4. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
5. Quotations exceeding the Approved Budget for the Contract (ABC) shall be rejected.
6. Award of contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
7. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
8. The item/s shall be delivered according to the requirements specified in the Technical Specifications. Delivery shall be made only during regular office days from 8:00AM to 4:00 PM except for training conducted during during saturdays and sundays.
9. Payment shall be made after delivery and upon the submission of the required supporting documents, i.e, order slip and/or billing statement, by the contractor thru Modified Disbursement System (MDS) Checks from Landbank of the Philippines.
10. Liquidated damages equivalent to one tenth of one percent (0.1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. The DepEd Schools Division of Aurora shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.
11. For procurement with ABC of less than Php50,000.00, only the **winning** bidder/supplier will receive a notification for the said procurement thru the email address or mobile phone number provided in this canvass form. For ABC of Php50,000.00 or more, **all** bidders/suppliers will receive notification as to the status of their quotation. Notifications will be done by the procuring entity **within five (5) working days** after the opening of bids/sealed quotations.



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