

## APPLICATION FOR ACCREDITATION DOTS CLINIC

(Date)

**THE PRESIDENT**  
 Philippine Health Insurance Corporation  
 Pasig City, Philippines

**SIR:**

I, \_\_\_\_\_, Filipino, of legal age, \_\_\_\_\_ with address at \_\_\_\_\_  
(Position/Designation)  
 \_\_\_\_\_ and the duly authorized representative to act for and in behalf of \_\_\_\_\_,  
(Health Care Institution)  
 hereby applies for accreditation under Sec. 16 L of R.A. 7875 and its Implementing Rules and Regulations thereto. For this purpose, I hereby submit the following pertinent information and documentary

**requirements.**

Name of DOTS Clinic: _____		Type of Health Facility: _____	
Complete Address: _____			
Telephone No.: _____		Fax No: _____	
E-mail Address: _____			
Director/Chief: _____			
Nature of Ownership:			
<input type="checkbox"/> Government		<input type="checkbox"/> Private	
Type of Application:			
<input type="checkbox"/> Initial		<input type="checkbox"/> Renewal	
<input type="checkbox"/> Re-accreditation			

**I. SERVICE CAPABILITY:**

<input type="checkbox"/> Medical Consultation	<input type="checkbox"/> Diagnostic Services	In house	Referred to:	Address:
	Sputum Microscopy	<input type="checkbox"/>	<input type="checkbox"/>	
	Chest X-ray	<input type="checkbox"/>	<input type="checkbox"/>	

**II. CLINIC STAFF** (Please attach separate sheet if space is not adequate)

<b>1. Administrative Service</b>		
Administrative Officer: _____		
<b>2. Clinical Service</b>		
Physician:	PHIC Accreditation No.	Validity Date:
PhilCAT Cert. No.	PRC Lic. No.	Expiry Date:
Medical Technologist:	PRC Lic. No.	Expiry Date:
Nurse:	PRC Lic. No.	Expiry Date:
Midwife:	PRC Lic. No.	Expiry Date:
<b>3. Diagnostic Committee</b>		
	Name of Consultant	
Radiologist	PRC Lic. No.	Expiry Date:
Pulmonologist	PRC Lic. No.	Expiry Date:
Infectious Disease	PRC Lic. No.	Expiry Date:

**III. INTERNET ACCESS**

Computer Unit       Other means of access to internet (pls.specify) \_\_\_\_\_  
 Telephone Line

**I hereby declare under penalties of perjury that the answers given are true and correct to the best of my knowledge and belief.**

_____ <b>Date Accomplished</b>	_____ <b>Owner</b>
	Res. Cert. No. _____ Issued at: _____ Issued on: _____

**Checklist of Requirements for DOTS Clinics**

<input type="checkbox"/> PhilHealth application form properly accomplished and notarized <input type="checkbox"/> Certification from PhilCAT <input type="checkbox"/> Current mayor's permit <input type="checkbox"/> List of equipments and supplies <input type="checkbox"/> Accreditation Fee (P1000.00) by postal money order payable only to Philippine Health Insurance Corporation or cash paid direct to the cashier. The Accreditation fee is non-refundable.	<input type="checkbox"/> List of available drugs in the DOTS Center <input type="checkbox"/> Current photographs of DOTS Clinic façade and other facilities (optional) <input type="checkbox"/> Current photographs of complete Clinic Staff <input type="checkbox"/> MOA with an x-ray facility, if without an x-ray facility <input type="checkbox"/> MOA with a microscopy center, if without a laboratory facility <input type="checkbox"/> PhilHealth Remittance Form I (RF-I)
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<b>Status of Application:</b> <input type="checkbox"/> Approved Date: _____	<input type="checkbox"/> Deferred Date: _____	<input type="checkbox"/> Denied Date: _____
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Date Received at CO: \_\_\_\_\_

Date Received at PRO: \_\_\_\_\_

**WARRANTIES OF ACCREDITATION FOR D.O.T.S. CLINICS**

**1. ELIGIBILITY:**

- 1.1 That it is qualified to apply for accreditation under the Out-patient Benefit Package.
- 1.2 That it is affiliated with a PHIC accredited secondary or tertiary hospital, or a licensed X-ray facility for chest x-ray examination of the member of this program.
- 1.3 That it has the human resources, equipment, physical structure and other requirements in conformity with standards established by the Corporation.
- 1.4 That it has a licensed physician, nurse, midwife and medical technologist.
- 1.5 That it is certified by Philippine Coalition for Tuberculosis (PhilCAT) as a health care facility qualified to carry out the TB DOTS Program.

**2. COMPLIANCE TO PERTINENT LAWS**

- 2.1 That the aforementioned DOTS Clinic shall in the course of its participation with the NHI Program by virtue of its accreditation comply with the provisions of the National Health Insurance Law (RA 7875), its Implementing Rules and Regulations, and all administrative orders of the Corporation.
- 2.2 That it shall accept the formal program of quality assurance, payment mechanism and utilization review of the NHI Program.
- 2.3 That its personnel shall strictly adhere and comply at all times with the Codes of Ethics of their respective profession and other related medical professions of the Philippines.

**3. CLINICAL SERVICES**

- 3.1 That the aforementioned health care facility shall guarantee safe, adequate and standard medical care, and shall exercise observance of public health measures in case of communicable disease.
- 3.2 That it shall adopt referral protocols, strictly follow guidelines and health resource sharing arrangements of the Program.
- 3.3 That it shall extend without delay chargeable benefits due qualified members and beneficiaries.
- 3.4 That it shall not engage in unethical and illegal solicitation of patients for purposes of compensability under the NHI Program.
- 3.5 That it shall maintain serviceable equipment and facilities and required personnel.

**4. CLINICAL RECORDS AND PREPARATION OF CLAIMS**

- 4.1 That the aforementioned health care facility shall maintain and accomplish at all times accurate chronological records of all patients, services rendered, health outcomes resulting from such services and health expenditures on patient care.
- 4.2 That it shall keep neat and systematic records file in a safe but accessible place for easy retrieval.
- 4.3 That it shall undertake measures to enter only true and correct data in all patients' records and in the preparation of claims and ensure the filing of legitimate claims within the sixty (60) calendar days after the patient's discharge;
- 4.4 That I, acting on behalf of this health care facility, together with the concerned personnel, shall take full responsibility for any omission or commission in the preparation of claims for remittance.

**5. MANAGEMENT INFORMATION SYSTEM**

- 5.1 That the aforementioned health care facility shall give proper information of its accreditation status by posting the PhilHealth certificate of accreditation in a very conspicuous place in the said facility.
- 5.2 That it shall post updated information of the Program's benefits and procedural requirements and make available the necessary forms for patient's use.
- 5.3 That it shall inform the Department of Health all reportable cases referred in the aforementioned facility.
- 5.4 That it shall immediately inform the PhilHealth in writing of any of the following changes in the facility's 1) location, 2) ownership or management, or 3) closure or temporary cessation of the health facility for the DOTS Program operation.

**6. DOTS CLINIC INSPECTION/VISITATION/INVESTIGATION**

- 6.1 That the aforementioned DOTS Clinic recognizes the authority of PhilHealth and its duly authorized representative or agents deputized by PhilHealth to conduct inspection/visitation/investigation of the facility anytime.
- 6.2 That it shall cooperate in the inspection/visitation/investigation by making ready and available all records (medical and financial) and other pertinent documents.
- 6.3 That it shall obey without delay, summon, subpoena or subpoena duces tecum from the Corporation or Local Health Insurance Office.

Finally, the undersigned hereby affirms that the PhilHealth, by virtue of its power under RA 7875, may suspend or revoke the accreditation of this facility if found to have violated any of the provisions of the National Health Insurance Act, or its implementing Rules and Regulations, or any of these Warranties of Accreditation.

\_\_\_\_\_  
Owner  
(signature over printed name)

WITNESS MY HAND AND SEAL, this \_\_\_\_\_ day of \_\_\_\_\_ Notary Public

Until \_\_\_\_\_  
PTR No. \_\_\_\_\_  
Issued at \_\_\_\_\_  
Issued on \_\_\_\_\_

Doc. No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Series of \_\_\_\_\_