

WARRANTIES OF ACCREDITATION

A. ELIGIBILITY

1. That I am a Doctor of Medicine/ Doctor of Dental Medicine duly registered and licensed to practice my profession by the Professional Regulation Commission.

B. COMPLIANCE TO THE NATIONAL HEALTH INSURANCE ACT 1995 (R.A. 7875), ITS IMPLEMENTING RULES AND REGULATIONS AND PHILIPPINE HEALTH INSURANCE CORPORATION ADMINISTRATIVE ORDERS

2. That I shall, in the course of my participation by virtue of my accreditation with the NHI Program, conduct myself strictly and faithfully in the accordance with the National Health Insurance Law, its Implementing Rules and Regulations, Administrative Orders and such other policies, rules and regulations issued by the PHIC from time to time.

C. CONDUCT OF PARTICIPATION

3. That I shall strictly adhere and abide by the Code of Ethics as prescribed in Section 24, Paragraph 12 of the Medical Act of 1995, as amended, as well as other laws regarding the practice of my profession.
4. That I shall promote and protect the NHI Program against abuse, violation and/or over utilization of its funds, and that I will not allow myself to be a party to any act, scheme, plan or contract that is prejudicial to the Program.
5. That I agree to abide by practice guidelines or protocols, peer review and payment mechanisms of the Program.
6. That I agree not to charge over and above the professional fees provided by the Program for beneficiaries admitted to Ward Type of accommodation.
7. That I shall see to it that qualified NHI Program beneficiary(ies) are given benefits/services due them, without delay.
8. That I shall strictly adhere and abide by the Expanded Senior Citizens Act of 2003 (RA9275) as implemented in PhilHealth Circular No. 2, s.2005
 - Section II, D, which states that professional fees of attending health care professionals in all private hospitals and medical facilities for medical, surgical and dental services to senior citizens shall be given twenty percent (20%) discount.
 - Section IV, B No. 1, that I shall post in a conspicuous place in my office the schedule of my professional fees.
 - Section IV, B No. 2, that I shall issue an official receipt (OR) indicating the 20% Senior Citizen's (SC) discount and the PhilHealth expected reimbursement or counterpart. That both the patients' and the accredited professional's (physician/dentist) copies of the OR shall be made available to PhilHealth upon request.

D. INSPECTION AND INVESTIGATION

9. That I hereby recognize the authority of the Philippine Health Insurance Corporation and its duly authorized representative to any inspection or investigation.
10. That I shall cooperate and submit myself to any investigation as ordered by the Corporation by making ready and available when required/ summoned, all documents and records pertinent to cases under investigation.
11. That I shall comply without delay any Health Insurance Arbiter's summons, subpoena, subpoena duces tecum and other legal processes.

In accordance with these warranties, I hereby recognize that the participation in the NHI Program is a privilege and not a right, and in the event of a breach thereof, I am fully aware that the Corporation by virtue of its powers under RA 7875 and its Implementing Rules and Regulations, may definitely suspend or perpetually revoke my accreditation.

I further certify under oath that the above statements are true and correct to the best of my knowledge and belief.

IN WITNESS HEREOF, I have hereunto set my hand this _____

Day of _____, 2_____ at _____, Philippines.

Signature

Republic of the Philippines)
City of _____) S.S.

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2_____,
Affiant exhibiting to me his/her Community Tax Certificate No. _____ issued at _____
on _____.

NOTARY PUBLIC

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