Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
Healthline 637-9999 *www.philhealth.gov.ph*

FORM 1

PHILHEALTH COLLECTING AGENTS ACCREDITATION COMMITTEE

APPLICATION FORM

Application No._____

BACKGROUND

COMPANY NAME: _____**a.k.a:**_____

Business Address: _____

Telephone No: _____ **Fax No.:**_____

Email Address: _____

Head of Agency: _____

Nature of Business: _____

No. of years in the business: _____

Affiliation if any: _____

Number of branches: **Local:** _____
Overseas: _____

PROPOSAL

☐ Local Collection	☐ Overseas Collection
☐ Manual Over-the-Counter Collection/ Manual Reporting	☐ Manual Over-the-Counter Collection/ Manual Reporting
☐ Manual Over-the-Counter Collection/ On-Line Reporting	☐ Manual Over-the-Counter Collection/ On-line Reporting
☐ On-Line Collection / On-Line Reporting	☐ On-Line Collection / On-line Reporting

Received by: Date: