

CONTRACT FOR CONSULTANCY SERVICES
ON MENTAL AND PALLIATIVE CARE

KNOW ALL MEN BY THESE PRESENTS

This **Consultancy Contract** is made and entered into by and between:

The **PHILIPPINE HEALTH INSURANCE CORPORATION**, a government owned and controlled corporation duly organized and existing by virtue of Republic Act No. 7875 (as amended by Republic Act No. 9241 and 10606), with principal office at No. 709 Citystate Center Bldg., Shaw Blvd., Brgy. Oranbo, Pasig City, and duly represented herein by the President and Chief Executive Officer, **ALEXANDER A. PADILLA**, hereinafter referred to as **PhilHealth**;

-and-

ALMA M. LUCINDO-JIMENEZ, M.D., FPPA, of legal age, and office address at Rm. 507 Medical Arts Bldg., St. Lukes Medical Center, E. Rodriguez Sr. Ave., Q. C. and referred to as the **CONSULTANT**;

WITNESSETH

WHEREAS, the Philippine Health Insurance Corporation (PhilHealth) aims to improve access to health care services in support to the overall thrust of the national government to attain Universal Health Care (UHC) or Kalusugang Pangkalahatan (KP) through adoption of a new engagement process for health care institutions (HCIs);

WHEREAS, several requests from stakeholders involves the inclusion of a benefit package for Palliative Care, embodied in the initiative from the Congress entitled **PALLIATIVE AND END OF LIFE CARE ACT OF 2012**.

WHEREAS, the Corporation needs to determine the possible conflict with the public's perception of the need for realistic acceptance of the fate of the terminally ill, and the need for a comprehensive strategy to address this cultural challenge, before the Corporation could develop a benefit package for the same.

WHEREAS, PhilHealth needs the services of a highly technical consultant to know the acceptability of a publicly funded palliative care program and the groundwork that has to be established for this to gain traction and positive acceptance.

NOW, THEREFORE, for and in consideration of the premises, the parties have mutually agreed to the following terms and conditions:

I. OBJECTIVES:

A. Main Objective:

To identify the possible degree of acceptance or rejection of Palliative Care:

1. To give a socio-psychological profile of the sectors in the Philippine society who may against it.
2. To properly strategize future health financing plans for palliative care that is socially and culturally acceptable.
3. To propose possible solutions to these negative perceptions.
4. To coordinate and collaborate with other research groups conducting current projects for Departments under the Health Policy Sector.

B. Specific Objective:

1. The consultant will achieve this goal by identifying the PhilHealth Members or sectors who will have the strongest reservation against or acceptance of the proposed project
 - a. Senior Citizens
 - b. Lifetime Members
 - c. OFW
 - d. Employed Sector
 - e. Informal Sector
 - f. Indigent
 - g. Sponsored
2. The consultant shall identify the PhilHealth Members who may be given priority in accessing a cost-effective palliative care benefit package:
 - a. Cancer Patients
 - b. Mentally ill / Dementia or Alzheimer Patients
 - c. ESRD
 - d. Liver Failure
 - e. Heart Failure
3. The consultant shall conduct the following to gather the necessary information for the study.
 - a. Data Analysis based on the existing database.
 - b. Conducting Interviews with the patient and representative family members
 - c. Information culled from focused group discussions
 - d. Engagement of other patient groups
 - e. Engagement of other relevant agencies

II. SCOPE OF CONSULTANCY SERVICES:

1. Determine the statistically significant number of hospitals, patients and actual PhilHealth claims, if necessary, to be reviewed.
2. Develop a tool for data gathering that will succinctly explain to the layman the elements of palliative care and the cultural barriers that they may find inconsistent with their values.
3. Include the review of the supporting documents, literature on the subject if any, and
4. Properly address, if any, the ethical as well as privacy concerns of both the health care providers and interviewee member/patient.

III. TARGET POPULATION:

1. The consultant will further stratify the results to compare the results according to the following:
 - a. Rural and Urban perception / support or rejection for palliative care
 - b. Poor and non poor patients' support or rejection for palliative care

IV. EXPECTED OUTPUTS/DELIVERABLE:

1. **Inception report:** Analysis of existing situation and plan of work for the project. No later than one (1) month after the start of the implementation.
2. **Progress report:** Description of progress (technical and financial) including problems encountered. Planned activities for the ensuing six (6) months accompanied by an invoice and the expenditure.
3. **Health policy notes:** Issues and findings of the study and recommended verification report. No later than one (1) month after the end of each 6-month implementation period.

4. **Draft Final Report:** Description of achievements including problems encountered and recommendations. No later than one (1) month before the end of the implementation period.
5. **Final report** - Description of achievements including problems encountered and recommendations. A final invoice and the financial report accompanied by the expenditure verification report. The final report is submitted within one (1) month of receiving comments on the draft final report from the consultant identified in the contract.

V. TERM:

The consultant shall be engaged for a period of six (6) months starting on May 1 until October 31,2016 unless sooner terminated in writing by any of the parties for valid grounds and upon prior written notice at least thirty (30) days from the intended termination.

Section 53.7 of the IRR of RA 9184 concerning the duration of the contract, “That the term of the individual consultants shall, at the most, be on a six month basis, renewable at the option of the appointing Head of the Procuring Entity, but in no case shall exceed the term of the latter.”

VI. COMPENSATION

The Consultant shall be compensated in the total amount of Four Hundred Fifty thousand pesos (Php 450,000.00) inclusive of all applicable taxes in accordance with existing laws. It shall be Seventy Five Thousand pesos (Php75,000) per month:

Furthermore, any expenses incurred for travel activities and per diem shall be incorporated in the compensation of the consultant.

VII. PERFORMANCE SECURITY

The Consultant shall post a performance security to guarantee the faithful performance of the provisions stated herein the contract. It shall be in any form and amount equal to a percentage of the total contract price in accordance with the following schedule:

Form of Performance Security	Amount of Performance Security (Equal to Percentage of the Total Contract Price)
a) Cash or cashier's/manager's check issued by a Universal or Commercial Bank.	Goods and Consulting Services – Five percent (5%)
b) Bank draft/guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank.	
c) Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission	Thirty percent (30%)

as authorized to issue such security.	
d) Any combination of the foregoing.	Proportionate to share of form with respect to total amount of security

The Performance Security shall be denominated in Philippine peso and posted in favour of PhilHealth, which shall be forfeited in the event that the Consultant defaults in any of its obligations as stated under this contract.

The Performance security shall remain valid until issuance of the final Certificate of Acceptance by PhilHealth and may be released after the issuance of the said Certificate subject to the conditions stipulated in Section 39 of the revised IRR of RA 9184.

VIII. PROGRAM ADMINISTRATION

The Consultant shall directly report to the Senior Vice President for HFPS who shall approve notices and acceptance of deliverables, activities, and other related tasks.

IX. “NO GIFT” POLICY

The contracting parties undertake to comply with Office Order No. 0018-2015 entitled “Reiteration of PhilHealth No Gift Policy (Revision 1)” which is deemed incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or juridical entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.

X. CONFIDENTIALITY

The Consultant shall not disclose any proprietary or confidential information relating to PhilHealth or to this agreement without prior written consent from the latter. For this purpose, the Consultant shall accordingly execute and faithfully abide by the Non-Disclosure Agreement (NDA) to be issued by PhilHealth which shall form an integral part of this Agreement.

XI. DATA OWNERSHIP

All deliverables of the Consultant shall be the sole and exclusive property of PhilHealth and shall not be used for any other purposes other than what is stipulated under this Agreement. Immediately upon completion or termination of this engagement, the Consultant shall return all copies, files, documents, papers, materials, and any other property in his possession that belong or relate to the interest of PhilHealth.

XII. AMENDMENTS AND ENTIRETY OF THE AGREEMENT

This document along with the identified annexes and attachments as specified herein shall constitute the entire agreement between PhilHealth and the Consultant.

- (a) Terms of Reference (**Annex “A”**);
- (b) BAC-CS Resolution No. 12, s. 2016 (**Annex “B”**);
- (c) Notice of Award (**Annex “C”**); and
- (d) Performance Security (**Annex “D”**).

The specific provisions of this Consultancy Agreement shall supersede any and all prior negotiations, understanding, contracts and/or undertakings relating to the same subject matter.

The pertinent provisions on consultancy services under RA 9184, its revised IRR and applicable rules and regulations shall likewise be applicable.

Any revision or amendment to this Agreement shall require prior written consent of both parties.

XIII. DISPUTES AND VENUES

- a. In the event of disagreements, the consultant shall submit a written statement to PhilHealth (or vice versa) on (i) the nature of the problem(s); (ii) the position of the party regarding the issue; and (iii) a narration of facts in support of its position;
- b. Earnest efforts by both parties must be exerted to settle disputes. Both parties shall, in case of disagreement, endeavour to resolve the dispute by arbitration. When arbitration is requested, a Board of Arbitrators shall be appointed in the following manner: PhilHealth and the consultant shall appoint one member each to the Board, and the two appointed members in turn shall agree to appoint a third party who shall act as the Chair.

XIV. ACCEPTANCE AND EFFECTIVITY

The parties hereby accept the terms of this Agreement and have hereunto set their hands this _____ day of _____, 2016, at _____, Philippines.

MAY 05 2016

**PHILIPPINE HEALTH
INSURANCE CORPORATION**

By:

ALEXANDER A. PADILLA
President & CEO

CONSULTANT

By:

ALMA M. LUCINDO-JIMENEZ MD

Signed in the presence of:

RUBEN JOHN A. BASA
Senior Vice President
Health Finance Policy Sector

**Witness for
Alma M. Lucindo-Jimenez, M.D.**

SVP EDGAR JULIO S. ASUNCION
Chief Legal Executive

**Witness for
Alma M. Lucindo-Jimenez, M.D.**

JUVY D. BALOLONG
Division Chief IV
AIC Division, Comptrollership Dept.

REPUBLIC OF THE PHILIPPINES)

ACKNOWLEDGEMENT

BEFORE ME, this MAY 05 2016 day of _____, appeared the following persons, showing to me their respective competent proofs of identity to wit:

GOV'T ID NO.

DATE/PLACE ISSUED

ALEXANDER A. PADILLA
Philippine Health Insurance Corp.

PhilHealth Company
I.D. # 10307110

ALMA M. LUCINDO – JIMENEZ, MD
Consultant

PRC No. 0054246

Feb. 16, 2016 / Manila

Known to me to be the same persons who executed the foregoing Contract consisting of seventeen (17) pages including the annexes and this page. The parties acknowledged to me that the same is their free and voluntary act and deed and that of the entities they respectively represent.

WITNESS MY HAND AND SEAL on the date and at the place above written

Doc. No. 316
Page No. 65
Book No. 7
Series of 2016

Deen



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph



TERMS OF REFERENCE (TOR)

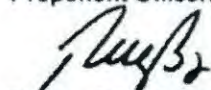
I. Proponent Office	BENEFITS DEVELOPMENT AND RESEARCH DEPARTMENT
II. Title of the Study	PHILIPPINE PUBLIC'S (PSYCHOSOCIAL) PARADIGM ON MENTAL HEALTH AND PALLIATIVE CARE: POTENTIAL CHALLENGES TO THE IMPLEMENTATION OF THE PROPOSED BENEFITS AND POSSIBLE SOLUTIONS
III. Background & Rationale	<p>Mental health conditions account for a significant portion of the country's burden of diseases and yet, this is one area where PhilHealth benefits have yet to cover. Major depressive and anxiety disorders are in the top tier.</p> <p>And in terms of palliative care, the current socially acceptable attitude of the common folk is to view death as an enemy and any illness as death's ally that must be defeated at all cost. Sometimes literally.</p> <p>Hence it is common for families to go further into debt and bankruptcy when a member is diagnosed to be terminally ill. Because even though medical science has reached its limit when it comes to preventing the inevitable death of a particular patient, some families might still insist on gambling on expensive yet futile interventions. For example: It is common for cancer patients with metastasis to be given chemotherapy. This actually is the erroneous definition of "Palliative Medicine" in the public's mind. As a result of the rising cost of this form of palliative care, the Philippines was considered in 2015 Quality of Death study index as one of the "worst places to die."</p> <p>The proposed palliative care differs so much from the public's paradigm. Instead of giving ultimately unnecessary treatment to the terminally ill, it focuses on the patient's and the family's comfort as well as acceptance of the inevitable. Instead of the Corporation shouldering expenses with high degree of certainty that the end point will be the demise of the patient, its finite resources will be preserved to give patients/members who are NOT terminally ill more chance at complete recovery. Among other things this will challenge the public perception of the doctor who is supposed to bring the patient to good health against all odds without compromise.</p> <p>It is common for the layman, even in advanced societies, to have a negative perception regarding any attempt by any social health insurance to reform palliative care. When the Affordable Care Act (Obamacare) was being debated on, a prominent member of a major political party imputed that it will give rise to "Death Councils" that will determine who lives and who dies.</p> <p>Hence the need to determine the possible conflict with the public's perception of the need for realistic acceptance of the fate of the terminally ill, and the need for a comprehensive strategy to address this cultural challenge, before the Corporation could even consider developing a benefit package for the same.</p>

	In essence we would like to know if this is the right time for a publicly funded palliative care program, if not, what groundwork has to be established before this gains traction and positive acceptance.
VI. Objectives	<p><i>A. Main Objective</i></p> <p>To identify the possible degree of acceptance or rejection of Palliative Care:</p> <ul style="list-style-type: none"> • To give a socio-psychological profile of the sectors in the Philippine society who may be against it. • To properly strategize future health financing plans for palliative care that is socially and culturally acceptable; • To propose possible solutions to these negative perceptions. <p><i>B. Specific Objective</i></p> <p>The project will achieve this goal by identifying the PhilHealth Members or sectors who will have the strongest reservation against, or acceptance of the proposed project:</p> <ul style="list-style-type: none"> • Senior Citizens. • Lifetime members. • OFW • Employed Sector • Informal Sector. • Indigent • Sponsored. <p>It shall also identify the PhilHealth Members who may be given priority in accessing a cost-effective palliative care benefit package:</p> <ul style="list-style-type: none"> • Cancer patients • Mentally ill/Dementia or Alzheimer patients • ESRD • Liver failure • Heart Failure <p>The Project team shall conduct the following to gather the necessary information for the study.</p> <ul style="list-style-type: none"> • Data Analysis based on the existing database. • Conducting Interviews with the patient and representative family members • Information culled from focused group discussions, • Engagement of other patient groups • Engagement of other relevant agencies.
V. Scope of Work	<p>The contracting agency must:</p> <ol style="list-style-type: none"> 1. Determine the statistically significant number of hospitals, patients and actual PhilHealth claims, if necessary, to be reviewed.

	<ol style="list-style-type: none"> 2. Develop a tool for data gathering that will succinctly explain to the layman the elements of mental and palliative care and the cultural barriers that they may find inconsistent with their values. 3. Include the review of the supporting documents, literature on the subject if any, and 4. Properly address, if any, the ethical as well as privacy concerns of both the health care providers and interviewee member/patient. 5. Submit the reports identified in Section VII.
VI. Target Population/ Geographical area to be covered	<p>The project will further stratify the results to compare the results according to the following:</p> <ul style="list-style-type: none"> • Rural and urban perception/support or rejection for mental and palliative care; • Poor and non poor patients' support or rejection for mental and palliative care,
VII. Expected Outputs/ Deliverables	<p>Reports include the following:</p> <ol style="list-style-type: none"> a. Inception report - Analysis of existing situation and plan of work for the project; no later than 1 month after the start of the implementation. b. Progress report - Description of progress (technical and financial) including problems encountered; planned activities for the ensuing 6 months accompanied by an invoice and the expenditure verification report; no later than 1 month after the end of each 6-month implementation period. c. Draft Final Report -Description of achievements including problems encountered and recommendations; no later than 1 month before the end of the implementation period. d. Final report - Description of achievements including problems encountered and recommendations; a final invoice and the financial report accompanied by the expenditure verification report. The final report is submitted within 1 month of receiving comments on the draft final report from the Project Manager identified in the contract. e. Health policy notes - Issues and findings of the study and recommended actions.
VIII. Desired Qualification of Proponent	<p>Key Experts</p> <p>A medical practitioner with extensive experience in the fields of mental and / or palliative care for at least ten (10) years.</p> <p>Other Experts</p> <p>Information Technology Professionals with experience in leveraging information systems to make the completion of the task achievable within the required time frame.</p> <p>Interviewers- with language/dialect proficiency appropriate for the area to be surveyed.</p>

IX. Duration of the Contract	<p>The study must be completed six months after the start of the undertaking. This may be determined by the team in the submission of the contracted agency's Final Report.</p> <p>The results shall be treated as highly sensitive information that shall be governed by a separate non-disclosure agreement between the research team and the Corporation, in consonance with the rules of PhilHealth's Quality Management System.</p>
X. Project Management	<p>BENEFITS DEVELOPMENT AND RESEARCH DEPARTMENT'S INPATIENT TEAM shall be responsible for guiding the contracted party in this endeavour. It shall:</p> <ul style="list-style-type: none"> A. Coordinate with internal and external stakeholders to provide the contracted agency the necessary data within their custody and jurisdiction. B. Oversee the project as the overall project manager. C. Use the data in its task of providing the most appropriate costing for the 23 Case Rates.
XI. Budget for the Contract	<p>The Consultant shall be hired for a period of six (6) months and shall be paid at the rate of Seventy Five Pesos (P75,000) a month, inclusive of taxes.</p>

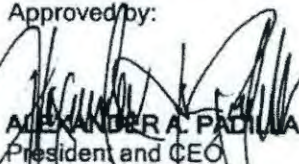
Proponent Officer:



Ruben John A. Basa

SVP for Health Finance Policy Sector

Approved by:



ALEXANDER A. PADUA
President and CEO

WHO

- Technical Consultant, Committee on Solvent Abuse, 1992

Others

- Consultant, Philippine Action Concerning Torture, Medical Action Group, 1987–1988

Certificate and Licensure

- Fellow, Philippine Board of Psychiatry, 1991 – present
- Diplomate, Philippine Psychiatric Association, 1989 - present

Professional Memberships and Activities

International

- President, Asia-Pacific Association of Psychotherapists, 2011-present
- Over-all Organizing Chairperson, 6th Congress of the Asia-Pacific Association of Psychotherapists, 2008-present
- International Advisory Committee, 5th Congress of the Asia-Pacific Association of Psychotherapists, Jakarta, Indonesia, 2006-2008
- International Member, American Psychiatric Association, 2004-present

National

- President, Philippine Psychiatric Association, 1998-1999
- Vice-President, Philippine Psychiatric Association, 1997-1998
- Secretary, Philippine Psychiatric Association, 1996-1997
- Vice-President, Foundation for the Advancement of Psychiatry in the Philippines, Inc., 2000 - present
- Vice-President, UP-PGH Psychiatrists Foundation, Inc., 1998 – present
- Vice-Chairman, Philippine Board of Psychiatry, 1997 – 1998
- Member, University of the Philippines-Medical Alumni Society, 1987 – present

Honors and Awards

International

- Fellowship in Mental Health Policy, JICA, Tokyo, Japan, 1994
- Group Study Exchange Scholar, Rotary International, 1988

National

- Best Teacher in Psychiatry, PPA, 2008
- First Prize, Inter-hospital Case Presentation Competition, NCMH, 1985

UP

- UP Manila Centennial Professorial Chair Award, 2009
- UPCM Award of Recognition, Outstanding Teacher in Psychiatry, 2008
- Service Award, UPCM, 2008
- UP-PGH Committee on Research Implementation and Development Awardee, 1985



BIDS AND AWARDS COMMITTEE FOR CONSULTING SERVICES (BAC-CS)
RESOLUTION NO. 12, s.2016

RESOLUTION RECOMMENDING THE AWARD OF CONTRACT TO ALMA M. LUCINDO-JIMENEZ, M.D., FPPF AS A CONSULTANT ON MENTAL AND PALLIATIVE CARE VIA SECTION 53.7 NEGOTIATED PROCUREMENT VIA HIGHLY TECHNICAL CONSULTANT OF REVISED IMPLEMENTING RULES AND REGULATIONS (IRR) OF REPUBLIC ACT NO. 9184

WHEREAS, on 6 April 2016, the Office of the Senior Vice President, Health Finance Policy Sector (OSVP-HFPS) submitted the following approved documents for the Hiring of a Consultant on Mental and Palliative Care:

1. Approved Budget for the Contract (ABC) No. 2016-04-074 in the amount of Four Hundred Fifty Thousand Pesos (PhP450,000.00);
2. Purchase Request (PR) No. 16-0180;
3. Terms of Reference (TOR);
4. Curriculum Vitae of the consultant preferred by the end-user;
5. Memorandum dated 8 March 2016 recommending Dr. Alma M. Lucindo-Jimenez as the end-user's preferred consultant; and
6. Project Procurement Management Plan (PPMP).

WHEREAS, the BAC-CS considered and ascertained Section 53.7 of the Revised IRR of RA 9184 as an appropriate mode of procurement for the subject Hiring of a Consultant for Mental and Palliative Care, to wit:

"Highly Technical Consultants. In the case of individual consultants hired to do work that is (i) highly technical or proprietary; or (ii) primarily confidential or policy determining, where trust and confidence are the primary consideration for the hiring of the consultant; Provided, however, That the term of the individual consultants shall, at the most, be on a six month basis, renewable at the option of the appointing Head of the Procuring Entity, but in no case shall exceed the term of the latter;"

WHEREAS, on 14 April 2016, the end-user submitted the proposed changes/clarifications in the TOR as follows including the Revised PPMP:

1. Correct the amount in words from Seventy Five Pesos to Seventy Five Thousand Pesos per month (XI. Budget for the Contract);
2. Delete the section on "Other Experts" and its description under the "Desired Qualification of Proponent" and replace with Highly Technical Consultants able to do primarily confidential or policy determining work;
3. To include coordination and collaboration with other research groups conducting current projects for Departments under the Health Policy Sector under "Objectives".

NOW, THEREFORE, premises considered, the BAC-CS resolves as it hereby resolved, to recommend the award of the subject procurement contract to Alma M. Lucindo-Jimenez, M.D., FPPF through Negotiated Procurement via Highly Technical Consultants under Section 53.7 of the Revised IRR of Republic Act No. 9184 and in accordance with the Secretary's Certificate dated 21 March 2016, for six (6) months at PhP75,000.00 per month.

IT IS SO RESOLVED.

Signed through referendum this 14th day of April 2016 at Pasig City.


OIC-SVP GERMAIN G. LIM

Chairperson of


OIC-VP ISRAEL FRANCIS A. BARGAS, M.D.

Vice Chairperson


CLC GILBERT G. KINTANAR

Member

On Official Business

ATTY. MICHAEL TROY A. POLINTAN

Member

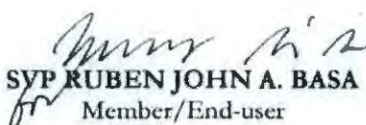
In Another Meeting :

SM CHONA S. YAP

Member


OIC-SM JONATHAN P. MANGAOANG

Member


SYP RUBEN JOHN A. BASA

Member/End-user

APPROVED / DISAPPROVED:


ALEXANDER A. PADILLA

President and CEO

Resolution recommending the Award of Contract to Alma M. Lucindo-Jimenez, M.D., FPPF as a Consultant on Mental and Palliative Care via Section 53.7 Negotiated Procurement via Highly Technical Consultant of Revised Implementing Rules and Regulations (IRR) of Republic Act No. 9184



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph



NOTICE OF AWARD

Hiring of Alma M. Lucindo-Jimenez, M.D., FPPF as a Consultant on Mental and Palliative Care

Date of Issuance: APR 22 2016

DR. ALMA M. LUCINDO-JIMENEZ

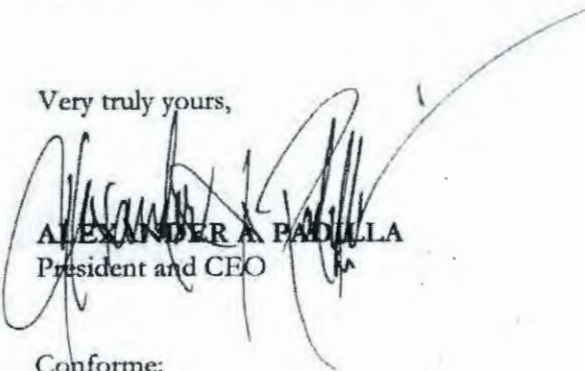
Consultant
Room 507 Medical Arts Building
St. Lukes Medical Center
E. Rodriguez Sr. Avenue,
Quezon City

Dear Dr. Lucindo-Jimenez :

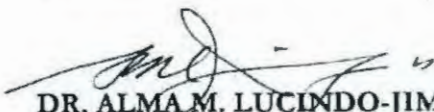
Please be notified that the consulting project on the *Hiring of Services of a Consultant on Mental and Palliative Care* has been awarded to you.

You are hereby required to provide within ten (10) calendar days upon receipt of this Notice the **Performance Security** in any form and amount stipulated in Section 39.2 of the Revised IRR of R.A. 9184 (See attached Annex "A").

Very truly yours,


ALEXANDER A. PADILLA
President and CEO

Conforme:


DR. ALMA M. LUCINDO-JIMENEZ
Consultant

Date: April 22, 2016

" ANNEX A "

The performance security shall be in the following form and amount:

Form of Performance Security	Amount of Performance Security (Equal to Percentage of the Total Contract Price)
a. Cash or cashier's/ manager's check issued by a Universal or Commercial Bank.	<p>PhP22,500.00 Five percent (5%) of PhP450,000.00</p>
b. Bank draft/ guarantee or irrevocable letter of credit issued by a Universal or Commercial Bank: Provided, however, that it shall be confirmed or authenticated by a Universal or Commercial Bank, if issued by a foreign bank.	
c. Surety bond callable upon demand issued by a surety or insurance company duly certified by the Insurance Commission as authorized to issue such security.	<p>PhP135,000.00 Thirty percent (30%) of PhP450,000.00</p>
d. Any combination of the foregoing.	Proportionate to share of form with respect to total amount of security



PHILHEALTH
OFFICIAL RECEIPT
Republic of the Philippines
Philippine Health Insurance Corporation



DATE
04/26/2016

NO. 65399014

Received from: LUCINDO-JIMENEZ, ALMA M

Reference:

Zip Code: Tel. No.:

NATURE OF COLLECTION	AMOUNT
BOND/PERFORMANCE SECURITY	22,500.00
Hiring of Consultant on Mental and Palliative Care	
TOTAL	22,500.00

AMOUNT IN WORDS Twenty two thousand five hundred and 0/100
PESOS

<input type="checkbox"/> Cash	Drawee Bank	Number	Date
<input checked="" type="checkbox"/> Check	UCPB	9774	04/22/2016
<input type="checkbox"/> Money Order			
Premium Donor for:	Received the Amount Stated Above.		
Billing Statement No:	LUCILYN R. MEDINA		
Billing Date:	CASHIER		
	COLLECTING OFFICER		

OR#65399014 TRANS00017 LRM 26-Apr-2016 04:03pm P 22,500.00 LC
1906160426000175254614-D540-41340C695-5097-230E
PRO-NCR C.O. - CASHIER

PAYOR'S COPY

PAYEE'S ACCOUNT ONLY



CHECK NO. MOB 0000009774 R/T NO. 01029 0017

DATE April 22, 2016

P *22,500.00*

PAY TO THE ORDER OF **PHILIPPINE HEALTH INSURANCE CORP.**

PESOS **TWENTY TWO THOUSAND FIVE HUNDRED PESOS ONLY**



MANAGER'S CHECK

ONE SIGNATORY VALID
UP TO P. 100,000.00

JADE MAURICE F. LEGASTO
C904881

MAIN OFFICE BRANCH
UCPB GROUND FLR. EXEC. BLDG.
MAKATI AVE. MAKATI CITY

⑈0000009774⑈01029⑈0017⑈018001000000⑈