

# Call for Nomination of Authorized Physicians for the GAMOT Web Application (GAMOT App)

Pursuant to Section V.B.4 of PhilHealth Circular No. 2025-0017 (Selection and Empanelment for PhilHealth's Primary Care Benefit Package), all YAKAP Clinics are hereby guided on the nomination of Authorized Physicians for the GAMOT Web Application (GAMOT App).

**A. ACCOUNT LIMITS AND EXCEPTIONS** - In accordance with Section V.B.4.b and V.B.4.c of the cited Circular:

- Standard Limit: PhilHealth shall limit access to the GAMOT Application to a maximum of four (4) Authorized Physicians per YAKAP Clinic.
- Exceptions: YAKAP Clinics that exceed their declared beneficiary limit may request additional GAMOT App Physician accounts. Such requests must be supported by beneficiary volume data and are subject to the final approval of the Regional Vice President.

**B. MANDATORY QUALIFICATIONS** - Nominees must be PhilHealth Accredited physicians who are affiliated with the YAKAP Clinic submitting the nomination.

**C. SYSTEM ACCESS RULE** - Providers are reminded of the strict system validation logic wherein, only physicians who are (1) affiliated with a YAKAP Clinic that has met all the mandatory components of the YAKAP Clinic Assessment Readiness Tool as validated by the PhilHealth Regional Offices (PRO) and (2) nominated as an Authorized Physician by the YAKAP Clinic will be granted access to prescribe in the GAMOT App.

**D. ACTION REQUIRED** - YAKAP Clinics are hereby advised to submit their signed Nomination Form for Authorized Physicians GAMOT App Access (Annex A) either in hard copy or via email to the respective LHIO. The LHIO shall then coordinate with the PRO-AQAS for the proper system tagging of the nominated physicians. Download the template from this link: <https://bit.ly/GAMOTAuthorizedPhysicianNominationTEMPLATE>. For the complete list of email addresses, please visit <https://www.philhealth.gov.ph/about-us/directory/>.

Prompt submission is highly encouraged. Pending the submission of the nominated physicians list will result in the inability to generate prescriptions through the GAMOT App.

For the immediate compliance and guidance of all concerned.

**(Sgd.) EDWIN M. MERCADO, MD, MHA, MMSc**  
 President and Chief Executive Officer

Date signed: January 20, 2026

## Annex A: NOMINATION FORM FOR AUTHORIZED PHYSICIANS GAMOT APP ACCESS

### INSTRUCTIONS:

- Fill out this form completely and legibly.
- Ensure all nominated physicians are PhilHealth Accredited and officially affiliated with this YAKAP Clinic.
- Submit this form to your respective Local Health Insurance Office (LHIO).

### I. FACILITY INFORMATION

Name of YAKAP Clinic:	
PhilHealth Accreditation No. (PAN):	
Email Address:	
Contact Number:	
Regional Office:	

### II. NOMINATION OF AUTHORIZED PHYSICIANS (Standard Allocation)

Facilities are entitled to a maximum of four (4) accounts by default.

No.	Name of Physician (Last Name, First Name, Middle Name)	PhilHealth Accreditation No. (PAN)	PRC License No.
1			
2			
3			
4			

### III. REQUEST FOR ADDITIONAL ACCOUNTS (Optional)

Fill out this section ONLY if requesting more than four (4) accounts due to high patient volume.

[ ] YES, we are requesting additional accounts. Justification:

- Declared Beneficiary Limit: \_\_\_\_\_
- Current/Projected Patient Load: \_\_\_\_\_
- You may attach supporting data as needed.

Additional Nominees (Subject to Regional Vice President Approval):

No.	Name of Physician (Last Name, First Name, Middle Name)	PhilHealth Accreditation No. (PAN)	PRC License No.
5			
6			
7			
8			

\*Add more rows as necessary

### IV. UPDATING OF AUTHORIZED PHYSICIANS

Fill out this section ONLY to replace an existing physician. This authorizes the deactivation of the current account to grant access to the new nominee.

No.	Name of Current Physician (Last Name, First Name, Middle Name)	PAN	PRC License No.	Name of New Physician (Last Name, First Name, Middle Name)	PAN	PRC License No.
1						
2						
3						
4						

### V. CERTIFICATION

I hereby certify that the above-listed physicians are PhilHealth Accredited and officially affiliated with this YAKAP Clinic. I understand that:

- System Access: (1) YAKAP Clinic that has met all the mandatory components of the YAKAP Clinic Assessment Readiness Tool as validated by the PhilHealth Regional Offices (PRO), and (2) only physicians nominated as an Authorized Physician by the YAKAP Clinic will be able to prescribe in the GAMOT App.
- Responsibility: The YAKAP Clinic assumes responsibility for the security of these accounts and will immediately inform PhilHealth of any personnel changes.

Accomplished by:

\_\_\_\_\_  
 (Name and Signature of the Head of Facility/ Medical Director/ Chief of Hospital)

Date: \_\_\_\_\_

Approved by:

\_\_\_\_\_  
 (Name and Signature of the Regional Vice President)

Date: \_\_\_\_\_