



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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

PhilHealth



Ka-Pamilya Mo!

February 3, 2005

PhilHealth Circular

No. 25 s. 2005

TO : ALL ACCREDITED INSTITUTIONAL AND PROFESSIONAL HEALTH CARE PROVIDERS, ASSISTANT VICE PRESIDENTS, PHILHEALTH REGIONAL OFFICES AND ALL OTHERS CONCERNED

SUBJECT : Medical Manpower Complement for Accreditation of Hospital and Other Accreditation Concerns of Physicians

For uniform implementation of accreditation process/ requirements of professionals and hospitals, the following definitions and guidelines are hereby provided.

A. Hospital/ Institutional Accreditation:

The classification of medical manpower complement of hospitals shall be as follows:

- I. Based on the Number of Hours of Hospital Service
(A duty sheet may be required as a supporting document.)
 - A. Full Time Physicians
A full time physician (**FT**) is defined as a licensed physician who renders service to a hospital for forty (40) hours a week or 160 hours a month or more.
 - B. Part Time Physicians
A part time physician (**PT**) is a licensed physician who renders hospital service of ten (10) hours to thirty nine (39) hours a week or forty (40) hours to one hundred fifty nine (159) hours a month, regardless of his/her employment status in the hospital.
 - C. Affiliate Physician
An affiliate physician is (**AP**) a licensed physician who renders hospital service of less than ten (10) hours a week, regardless of his/her employment status in the hospital.
- II. Based on the Physicians' category of clinical service rendered to the hospital
 1. Employed (**E**)
Salaried physicians who are occupying a plantilla position in a private or government hospital such as resident physician trainees and medical consultants. Permanent employees of government non-training district hospitals, such as Medical Officers/ medical specialists, etc. may also be categorized under the employed group.
 2. Under Contract of Service (**COS**)
A physician who serves the hospital under a contract of service i.e. moonlighting physician.

NIDT/ccv48:comp2:phyrel2hosp_hrservis/11.19.04



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3. Hospital Owner (HO)
A physician and hospital owner who renders service but does not receive salary from the said hospital.
4. Incorporator/ Hospital Stockholder (IHS)
A physician and hospital incorporator or stockholder who renders hospital service but does not receive salary from the said hospital.
5. Consultant (C)
Physicians who are rendering hospital service for a minimum of two (2) hours a day for two days or a total of four (4) hours a week, but does not receive salary from the said hospital.

For accreditation purpose, the hospital as an institutional health care provider shall submit to PhilHealth in the prescribed format a list of physicians.

"SAMPLE LISTING"

(Hospital Name)

List of Physicians

Name	Position/ Specialty	Category of service rendered to the hospital E- Employed COS- Under Contract of Service HO- Hospital Owner IHS- Incorporator/ Hospital Stockholder C- Consultants	Category based on the number of hours of hospital service FT- Full-time physician PT- Part-time physician AP- Affiliate Physician	Number of hours of hospital service (written down PER WEEK or PER MONTH)	PRC Number	PhilHealth Identification Number	Signature
Eric Rejuso	Resident	E	FT	48 hrs/week	xxxxx	12345678	SIGNED
Edward Campos	Cardiologist	C	AP	4 hrs/week	xxxxx	12345679	SIGNED
Bobby Cruz	GP	IHS	PT	80 hrs/month	xxxxx	12345670	SIGNED
Ami Sorie	Radiologist	C	PT	20 hrs/month	xxxxx	12345677	SIGNED
Mel Tadoco	Pediatrician	HO	FT	40 hrs/week	xxxxx	12345676	SIGNED
Richie Park	Resident	COS	PT	40 hrs/month	xxxxx	12345675	SIGNED
HanMic Viyo	Pathologist	C	AP	4 hrs/ month	xxxxx	12345674	SIGNED

For part time non-salaried physicians, they should submit **proof of the number of hours of services** provided to the hospital, which could be as follows:

- schedule of their clinic hours in the hospital and/or
- notarized certification of the concerned hospital reflecting the number of hours of clinical services they provide as part of its (hospital's) manpower complement.

B. Accreditation of Physicians/ Professionals:

For accreditation of professionals, the **documentary proof of active PhilHealth membership**, to be submitted shall be as follows:



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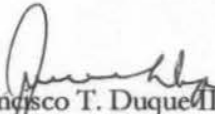
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1. Latest copy of the validated Remittance Form 1 (RF-1) - if the physician is **employed and receiving a salary** from an institution (hospital, medical institution or other companies).
2. Latest copy of Validated M1-5 - if the physician is **self-employed or not an employee and not receiving a salary** from an institution (hospital, medical institution or other companies).

All PhilHealth Circulars, Office Orders and Memoranda inconsistent with this issuance are hereby considered repealed or amended.

For strict compliance.


Francisco T. Duque III, MD, MSc.
Secretary
President and CEO

NDT/ecv48:comp2:phyrel2hosp_hrservis/11.19.04

"Isang Malusog na Mamamayan. . . . Isang Matatag na Republika!"