

August 8, 2005

PHILHEALTH CIRCULAR

__, s-2005

TO

ACCREDITED INSTITUTIONAL HEALTH CARE

PROVIDERS AND ALL CONCERNED

SUBJECT

Renewal of Accreditation of Institutional Health Care

Providers (IHCPs) with Complete Application

All accredited IHCPs are advised to submit a complete application to facilitate processing of the renewal of their accreditation. Incomplete applications shall be returned for completion.

A complete application satisfies the following requirements:

Application form properly accomplished and duly notarized;

2. All documentary requirements in the checklist for accreditation are attached (see Annex A);

- 3. In lieu of hospital and ancillary service licenses, a DOH certification may be submitted pending the processing of the actual license(s). The certification should state that the hospital was inspected and found to have complied with the standards.
- 4. In lieu of the Fire Safety Inspection Certificate, a commitment letter may be submitted detailing the hospital's safety measures in case of fire and compliance to the inspection findings of the Bureau of Fire Protection.

All other issuances, which are not inconsistent herewith, shall remain in full force and effect.

This Circular takes effect 15 days after publication.

Larna C. Lajardo, CESO III

Office-in-Charge

Office of the President and CEO

Date Signed: AUG 10 2005



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

ACCREDITATION DEPARTMENT

12th Floor City State Centre Bldg., 709 Shaw Blvd. Oranbo, Pasig City Tel No. 637-62-65 Trunk line 637-99-99 loc 1215, 1216, Telefax. 637-25-27

CHECKLIST OF REQUIREMENTS FOR HOSPITAL ACCREDITATION FOR REGIONS I – VI AND NCR

PHIC - SEC	ONDARY	D. M.Sc.	OH - PRIMARY CARE
NAME OF H	OSPITAL:		Central stecords
ADDRESS:	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		
1.	PhilHealth application form	properly accomplished.	
	Duly notarized Warranties of		
		мојрти в пайл цестейта	
7	PHA Certificate of Members	hin issued 2005	
		ble equipment signed by Med	lical Director /
- 4-19- 60	Administrator (Annex A).	ore equipment signed by Med	near Directory
6.	List of current hospital's room	n rates (Annex B).	
	List of current hospital service		
	Ancillary Licenses issued / re		
	a.) Laborator		
	C) Pharmacy		
		with respective designation and	
		, nursing staff and medical techr	
		ng certificate in General Surge	
	Residency Training certificat		ate heaptods, or by the
		yable to PHIC or cash paid dire	
pechon (or photocopy of OR from PR	O. Accreditation fee is non-refu	indable.
	Renewal	- P4,000.00	
	findwee of communitial man	P5,000.00	
	Re-accred	litation - P5,000.00	
	(see attached PhilHealth C	ircular No. 29, s.2004 and Payn	nent Scheme)
13.	Quality Assurance Program		
	Therapeutics Committee me	embers and activities	
14-	Photocopy of Remittance For	rm I (RF1) for the last quarter. (for Private hospitals only
	Sanitary Permit of Dietary Se		THE OWER VILLOWS
10.	Undated Health Certificate of	f Dietary personnel	E OF RECKONING
10	Fire Safety Inspection Certifi	cota for 2005	
		f Diseases (ICD-10) Training Co	anti Filanta
		evious year	
		ccreditation:	
		al facade and other available fac	ilities
	Organizational Chart		
3.	Current standard operating pr	rocedures	
500 4 ₀	SEC License DTI certificate	CDA certificate	
	DOH licenses of three (3) pre		
	S SUBMITTED:	Assessed / Evaluated By	r:
PRO SO Ce	entral Office:	Receiving Clerk	
Date Received	E MAD	AQAO MO	Date
Received By:	(Jean) Han	Returned By	Date
Date Re-filed:	Canadate Ca	Her 199 Abree Dustroand, Ones, 1964	
PRO SO Ce	entrai Office staff are advised to s	strictly indicate the above data.	
MPORTAN	Applications not compl	etely filled-in and/or lacking	in requirements shall

Revised Checklist MMC 04 (03)

returned.



Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

ACCREDITATION DEPARTMENT

12th Floor City State Centre Bldg., 709 Shaw Blvd. Orenbo, Pasig City Tet No. 637-62-65 Trunk line 637-99-99 loc 1215, 1216, Telefar. 637-25-27 E-mail: Acord a phillocalth gov ph

	PhilHesith ACCREDITA	TION FORM		<u>1 S</u>
	APPLICATION FOR A	CCREDITATION (SECON	DARY)	
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	RCO L'ENGUE III			
	THE PRESIDENT Philippine Health Insuran			
	Pasig Cirv, Philippines	des Corporation		
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	of the lingshirt and	the auditory services		district Department
	behalf of	water relicous w	hereby ap	plies for accreditation unde
	(H	eaith Care Institution)		
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	submit the following perr	ment information and docum	entary requirem	ents
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	Name of Hospital:	A STATE OF THE STA	and the second	manufacture and the second
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	Principality Code No. :	Tel No.:		PRX NO.:
	Dure established	Date of	f Tast Accreditat	ion :
	Date chandined .	Date of	Last Accident	
	Chief / Medical Director:	nator amoust across	Administrate	or:
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	DOH License No.	valid from	to	issued on 20_
	Ownership / Managemen	COURD		
	1,14171	Single Proprietorship	000	Cooperative
	()	Corporation	()	Foundation
	F +	National Government	()	Local Government
	Others, specify			
	A. PHYSICAL PL	ant & environment		The second second
	TT TOWNS			
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	EALTH CIRCULAR		4.7	Old structure
		Semi-concrete	()	Renovated
		Wood	X: 3	Yew structure
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		den and Safery Standard		
	±, 5,	Water supply Electric Power		
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	Pathological waste by			
	Required on			
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1	f. Toilet facilities () Yes			A THE D
	i. Toner lacinus () 163	() 110		
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		e e		The The Park
	 Has the Health Care Institution transferre 		cation ?	
	() Yes () No If yes, whe		omplete address	A STATE OF THE
	5. Has there been any change in category or a			4
	() Yes () No If yes, when?			iast actientiatio
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B.	HOSPITAL BEDS Submit complete list of hospi	tal's bed per r	oom and curren	it rates.
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			4	4
C.	MANPOWER COMPLEMENT	(Ind	icate the Numb	er) -
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	a. Consuitants:	Full Time	Part Time	Visiting
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	Sub-surgical Specialty	LUCION,	40 PMORT	ALL THE A
	OB-Gyn	I CHARLES	AND THE OWNERS	re arresta an
	Pediatrics			-
	Internal Medicine			-
	Pathology		The state of the s	
	Radiology	10 <u>-12-38</u> 10	beaust was	1015
	Others Accase insurvinous, I	tractions. h	SH T THE	The Inc
	b. Residents	FEBRUARE INC	DONO AN	Still the press
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	b. Registered Midwives	VI TO S	and the second	TO THE R. LEWIS CO.
	c. Nursing Aides	II IGCORDOVII	IN THE POST OF	1000
	3. Pharmacist		ke-free poli	
	in furnity of connect the descript of the I	Sport and	of Limited N	CI - I CI C
	4. Laboratory & X-ray			
	a. Medical Technologist			
	b. X-ray Technologist	_	-	
	SUBLICE SMOKE PREF PO			
	5. Dentist			
	o. Dientian			
	8. Others	MET VIDE	VI I DURBE	H CONCEN
	the state of the s	OF SHODALI	DERVIEW C	EESZIOJAY)
	NOTE: Submit complete list of hospital p	ersonnel. S	ee Anner D	
Э.	CLINICAL FACILITIES			
	Emergency room			
	Doctor's/ Consultation office Clinical laboratory			
	Laboratory Lie No. valid from	n	.0	
	X-ray facility			1
	Y-sy Uc No. said from	TI .	:0	
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/12/10/Secondary/05/07/01

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	()	Pharmacy Lic Dental room Drug room Labor room Delivery room			valid from		to			
	()	Nursery room Operating roo Recovery room Medical Reco	: No. m: Min n ords room							
	77	Dietary room Others, please					4			
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F.	CLINICA	L SERVICE								
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ANNEX 4

NEW DRUGS AND DRUG PREPARATIONS INCLUDED IN THE PNDF VOL. ONE (1) SIXTH (6TH) EDITION

Section 12.0 ANTIDOTES

A. NEWLY LISTED DRUGS (compensable by March 1, 2005)

CATEGORY	ROUTE	PREPARATION
Bromocriptine (neuroleptic malignant syndrome)	Oral:	2.5 mg tablet (as mesilate)
Dimercaptopropane- sulphonate (DMPS) (for arsenic and methyl mercury poisoning)	Inj.:	100 mg/mL, 1 mL ampul, 10 mL vial (IM)
Lorazepam (for drug-induced seizures)	lnj.:	4 mg/mL, 1 mL ampul (IM,IV) (Also listed under Section 1.0 Drugs Acting on the Nervous System)
* Methylene blue		
(for severe methemoglobinemia)	Oral:	1% solution 55 mg and 65 mg tablet
	Inj.:	10 mg/mL, 1 mL and 10 mL ampul/vial (IV)
Naitrexone (for narcotic addiction and alcoholism)	Oral:	50 mg tablet (as hydrochloride)

-Nothing follows-

B. NEWLY LISTED DRUG PREPARATIONS (compensable by March 1, 2005)

Note: The following drugs, in their generic/international non-proprietary names (INN), are already included in the 5th edition of the PNDF. Below are the newly listed preparations of these drugs as contained in the 6th (latest) edition of the PNDF.

GENERIC NAME	ROUTE	PREPARATION	
Calcium folinate (leucoverin calcium	Oral:	15 mg capsule and 25 mg tablet (as anhydrous) (equiv. to 25 mg folinic acid)	
for drug-induced	Inj.:	3 mg/mL, 1 mL ampul (IM, IV)	
megaloblastic anemia,		10 mg/mL, 10 mL vial (IM, IV)	
formaldehyde and methyl		15 mg/mL, 1 mL ampul (IM, IV)	
alcohol poisoning and methotrexate toxicity)		340 mg vial (IM, IV, IV Infusion)	
Deferoxamine (1)	Inj.:	powder, 2 g vial (IM, IV, SC)	
(for iron poisoning)	иц	(as mesilate)	
Flumazenil	Inj.:	100 mcg/mL, 10 mL ampul	
(for benzodiazepine poisoning)		(slow IV, IV Infusion)	
Pyridoxine (Vitamin B6)	lnj.:	100 mg/mL, 10 mL ampul (IM, IV)	
(for isoniazid poisoning, hydrogen sulfide poisoning,		(as hydrochloride)	
gynomethrin mushroom			
poisoning and theophylline			
poisoning)			
★ Sodium nitrite	Inj.:	30 mg/mL, 10 mL ampul (IV)	
(for cyanide poisoning)			

- 4.3 That it shall undertake measures to enter only true and correct data in all patients records and in the preparation of claims and ensure the filling of legitimate claims within the sixty (60) calendar days after the patients discharge,
- 4.4 That I, acting on behalf of this institution, together with the concerned personnel, shall take full responsibility for any omission or commission in the preparation of claims and in the entry of clinical records.

5. MANAGEMENT INFORMATION SYSTEM

Series of 20

- 5.1 That the aforenamed health care institution shall give proper information of its accreditation status by posting the PhilHealth certificate of accreditation in a very conspicuous place in the said institution,
- 5.2 That it shall post at its billing section updated information of the Program's benefits and procedural requirements and make available the necessary forms for patient's use,
- 5.3 That it shall inform the Department of Health all reportable cases confined in the aforenamed institution,
- 5.4 That it shall immediately inform the PhilHealth in writing of any of the following changes in the institution's (1) location (2) ownership or management, or (3) closure or temporary cessation of hospital operation.

6. HOSPITAL INSPECTION / VISITATION / INVESTIGATION

- 6.1 That the aforenamed health care institution recognizes the authority of the PhilHealth and its duly authorized representative or agents deputized by PhilHealth to conduct inspection, visitation or investigation of the institution at anytime,
 - 6.2 That the PhilHealth's duly authorized representative shall be accorded with courtesy and respect by the hospital management and staff during inspection / visitation / investigation of the institution,
 - 6.3 That it shall cooperate in the inspection / visitation / investigation by making ready and available all hospital records (medical & financial) and other pertinent documents,
 - 6.4 That it shall obey without delay summons, subpoena or subpoena duces tecum from the Corporation or Local Health Insurance Office.

Finally, I hereby certify that I have read fully the provisions of these warranties and affirms that the PhilHealth, by virtue of its power under RA 7875 may suspend or revoke the accreditation of this institution if found to have violated any of the provisions of the National Health Insurance Act, or its Implementing Rules and Regulations and any of these Warranties of Accreditation.

	(Signature over Printed Name)
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setor, Vice-Chairman, Accordington Comm	
	of Health Binesen, Daller, F. Vandage,
	Nonery Public
	Until PTR No.
	red treated issued on
Doc. No.	
Soak No.	

ADDRESS:

NAME OF HOSPITAL:

FACILITY .

REMARKS

LIST OF FUNCTIONAL / SERVICEABLE EQUIPMENT / APPARATUSES / INSTRUMENTS

EQUIPMENT

	TYPE AND THE	NUMBER	(Functional, For repair, e
	cereditation Committee gorization of Institutional Re- tof compliance in connection we a consistent aurestant from	all the deficiencies of	he hospitals.
Memorandum November 9, 2001 Eduardo Manzon,	M.D., MSc., Vice Pres, Healt	in Plannee Policy &	Services Sector,
"PRO are bereby submitting regularly end of 2001, 1965	advised to send inters of a or not salucifug at all or late year Philifealth will be stri i who are deficient in the silvin	in the sobmission of set on its implemen	MMMIII small the align and apply
Vice-Chairman, Ac Subject: Lette	M.D., MSc., Vice Pres., Healt creditation Committee of Warning to All Hospitals alsolon of MMHR.		
	Proc and CEO ribetor as a Requirement for it is required for a Terriary cat off handing it have been pr ive it may do so; and a Cert ie use of a defibrillator should b	Activisitation agos hospital only w opely trained on its ificulion regarding the	
	ctices in rendering services to th	r Deposite calculation	m.Bicinocts

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LIST OF CURRENT HOSPITAL SERVICE CHARGES

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	the answers given are	the answers given are true and corrected and belief.

LIST OF HOSPITAL PERSONNEL

NAME	POSITION /		EMPLOYMENT STATUS			ENT STATUS PRC NO. PUBLICAL LILLIO		YMENT STATUS PRC NO. PHILHEALTH NO.		SIGNATURE
NAME.	SPECIALTY	FULLTIME	PARTTIME	VISITING	ON CALL	for professionals	PHILITEAL TO NO.	SIGNATURE		
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NOTE; In case of resignation of any of the above listed employees, submit appointment of replacement properly attested and subscribed to

I hereby declare under penalties of perjury that the answers given are true and correct to the best of my knowledge and bellef.

Date Accomplished

Medical Director's / Administrator's Signature over printed name

Res. Cert. No.
Issued at
Issued on

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PHILIPPINE HEALTH INSURANCE CORPORATION

ACCHEDITATION DEPARTMENT

12th Floor City State Centre Bldg., 709 Shaw Blvd. Oranbo, Pasig City Tel No. 637-62-65 Trunk line 637-99-99 loc 1215, 1216, Telefax. 637-25-27

CHECKLIST OF REQUIREMENTS FOR HOSPITAL ACCREDITATION FOR REGIONS 1 – VI AND NCR

PHIC - TERTIARY

DOH - SECONDARY CARE

ADDRESS:_	PhilHealth application form pr	operly accomplished	
	Duly notarized Warranties of A		
	DOH License issued 2005.		
	PHA Certificate of Membershi	n issued 2005	
		le equipment signed by Medica	al Director/
	Administrator (Annex A).	ie equipment signed by intedict	ii Director
6	List of current hospital's room	rates (Annay P)	
	List of current hospital service		
	Ancillary Licenses issued / rev		
0.			
	a.) Laborat	ory	
	b.) X-ray		
	c.) Pharma		
9.		al staff with respective designation	n. (Annex D) Schedule
	of duties of medical, nursing sta		
10	그 보고 그렇게 가지 않는데 그 그 그리고 있는데 그리고 있는데 그리고 있다.	able to PHIC or cash paid directly	
		. Accreditation fee is non-refund	able.
	Renewal	- P8,000,00	
	Initial	- P8,000.00	
	Re-accredit		
	(see attached PhilHealth Cir-	cular No. 29, s.2004 and Paymer	it Scheme)
11.	Therapeutics Committee men	ibers and activities.	
12.	Infection Control Committee n	nembers and activities.	
13.	Quality Assurance Program.		
14.	Photocopy of Remittance Form	I (RF1) for the last quarter (for	Private hospitals only).
15.	Sanitary Permit of Dietary Sec	tion for the year 2005.	
16.	Updated Health Certificate of I	Dietary personnel.	
17.	Fire Safety Insurance Certifica	te for 2005.	
18.	International Classification of	Diseases (ICD-10) Training Certi	ficate.
	Financial Statement of the prev		
	Requirements for Initial Ac		
		facade and other available facilit	ies
	Organizational chart.		
	Current standard operating pro-	cedures	
	SEC License / DTI certificate /		
		ious successive years or see attac	had PhilHealth Cignlar
	No. 30 s.2004 in lieu of said lie		ned i iiii i Circiiai
OCUMENT	S SUBMITTED:	Assessed / Evaluated By:	
	entral Office:	Receiving Clerk	Date
Date Received	:	AQAO / MO	
Received By	*		
Date Re-filed:			
DO SO ICA	entral Office staff are advised to str	ictly indicate the above data	



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

ACCREDITATION DEPARTMENT

	, 20				
THE PRESIDENT Philippine Health Insura Pasig City, Philippines	ance Corporation				
SIR :					
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**	, Filipino o	n tegat age	_	(Position / Designation)	with address
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behalf of	(Health Care Institution)			, hereby applies for a	ccreditation under
()	(neath Care institution)				
Sec. 16 L of R.A. 7875 :	and its Implementing Rules and	Regulatio	ns th	ereto. For this purpose,	hereby submit th
following partinent infor	mation and documents or mani-	nam anti			
tonowing per unent intor	mation and documentary requi	rements.			
	PART I - GENE	ERAL INFO	DRM	ATION	
Name of Hospital		1.			,mt .
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Complete Address :				Postal Code	11
PhilHealth Code No. :	T	el No.:		FAX 140	
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Date established :	Da Da	te of Last A	ccre	ditation :	
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C.		MA	MPO	W	ER COMPLEMENT							(Indicate the	Number)	
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					Opthalmology					-	_			
					Otolaryngology					_			-	
					Plastic Surgery					_				
					Surgical Oncole					_				
					Thoracic surger	7					_			
					Urology							-		
				b.	OB-Gyn				-		-			
				c.	Anesthesia									
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	2				Dermatology									
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					Haematology						-			
					Nephrology								-	
					Neurology				-		_			
					Oncology						-			
					Psychiatry				-	-	_	-		
					Pulmonary				-	-	-			
					Rheumatology				-					
				e.	Pediatrics				-	-	_			
					General Pedian	ics			1/200	-	-			
					Neonatology				-	_	_			
					Other Pediatric	Subs	neci	inity			-			
			3	r.	Pathology		paci	and y		-	_			
				7.	Radiology				-		_	-		
				a.	Dental Medicine				-	-	_			
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		2.	Nur	ing	Service									
-		-			istered Nurse									
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MMC/Tertiary/05/10/02

Full Time Part Time 3. Pharmacist a. Registered Pharmacist b. Pharmacy Aides 4. Laboratory & X-ray a. Medical Technologist h. X-ray Technologist 5. Dietary Service . a. Diennan b. Fund Servers 6. Engineering & Maintenance Service 7. Others, specify NOTE: Submit complete list of hospital personnel. (See Annex D) MEDICAL FACILITIES Emergency room Out-patient department Clinical laboratory Laboratory Lic No. valid from ______ to _____ X-ray facility Pharmacy Lic. No. valid from Labor room & Deliver Nursery room: No. of Bassinet / s No. of Incubator / s
Operating room complex: No. of Minor OR No. of Major OR ICU cocol Recovery room Dental service Central stock supply Dietary service Blood bank Nuclear Medicine Cancer clinic Rehabilitation department Medical Records Ambulance service Training service Accredited Internship Training Program () Yes Residency Training Program) Yes College of Nursing) Yes) No School of Midwifery) Yes () No Others, please specify_ Submit complete list of existing functional or serviceable equipment under each facility. (Please see Annex A) CLINICAL SERVICE General Medicine Subspecialty of Internal Medicine. Enumerate available subspecialty services: General Surgery

Subspecialty of Surgery. Enumerate available subspecialty services:

Subspecialty of Pediatrics. Enumerate available subspecialty services:

4

OB-Gvn

General Pediatrics

D.

E.

F.

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PART II - WARRANTIES OF ACCREDITATION

The undersigned, as representative to act for and on behalf of

		(Hospital)
loca	ated a	t warrants
		(address)
the	follo	wing:
1.	EL	GBILITY
	1.1.	That the aforenamed health care institution has been in operation for at least three years,
		That it is duly licensed/accredited by the Department of Health,
		That it shows a good track record in the provision of health care,
	1.3.	That it is a member of good standing of duly recognized by PhilHealth with its
		(association)
		established standards and criteria,
	1.4	That it has the human resources, equipment, physical structure and other requirements in conformity wit
	-315	standards established by the Corporation,
	1.5	That it has an ongoing quality assurance program.
2.	CO	MPLIANCE TO PERTINENT LAWS
	2.1	That the aforenamed health care institution shall in the course of its participation with the NHI program be virtue of its accreditation comply with the provisions of the National Health Insurance Law (RA 7875), it Implementing Rules and Regulations, all administrative orders of the corporation,
	2.2	That it shall comply at all times with the provisions of the Hospital Licensure Act (RA 4226), its prevailing Implementing Rules and Regulations, Administrative Order # 24, s-1994 for ambulatory surgical clinics a well as other Administrative Orders,
	2.3	That it shall accept the formal program of Quality Assurance, payment mechanism and utilization review of the NHI program,
	2.4	That its personnel shall strictly adhere and comply at all times with the Codes of Ethics of the Medical and Nursing professions and other medical related professions of the Philippines,
	2.5	That it shall strictly enforce a smoke-free policy within the premises of the health care institutions
		Premises shall be understood to include all areas of a health care institution's compound regardles
		whether the same is inside or outside an enclosed structure.

- 3.1 That the aforenamed health care institution shall guarantee, safe adequate and standard medical care for all patients seeking medical care; and shall exercise observance of public health measures in case of communicable disease,
- 3.2 That it shall adopt referral protocols, strictly follow guidelines and health resource sharing arrangements of the Program,
- 3.3 That it shall extend without delay chargeable benefits due qualified members and beneficiaries,
- 3.4 That it shall not engage in unethical and illegal solicitation of patients for purposes of compensability under the NHI program,
- 3.5 That it shall maintain at all times the required personnel, serviceable equipment and facilities for use of patients.

4. CLINICAL RECORDS AND PREPARATION OF CLAIMS

- 4.1 That the aforenamed health care institution shall maintain and accomplish at all times accurate chronological records of all patients, services rendered and health outcomes resulting from such services and health expenditures on patient care,
- 4.2 That it shall keep a neat and systematic records file in a safe but accessible place for easy retrieval,

5. MANAGEMENT INFORMATION SYSTEM

- 5.1 That the aforenamed health care institution shall give proper information of its accreditation status by posting the PhilHealth certificate of accreditation in a very conspicuous place in the said institution.
- 5.2 That it shall post at its billing section updated information of the Program's benefits and procedural requirements and make available the necessary forms for patient's use,
- 5.3 That it shall inform the Department of Health all reportable cases confined in the aforenamed institution.
- 5.4 That it shall immediately inform the PhilHealth in writing of any of the following changes in the institution's (1) location (2) ownership or management, or (3) closure or temporary cessation of ASC operation.

6. ASC INSPECTION / VISITATION / INVESTIGATION

- 6.1 That the aforenamed health care institution recognizes the authority of the PhilHealth and its duly authorized representative or agents deputized by PhilHealth to conduct inspection, visitation or investigation of the institution at anytime,
- 6.2 That the PhilHealth's duly authorized representative shall be accorded with courtesy and respect by the ASC management and staff during inspection / visitation / investigation of the institution.
- 6.3 That it shall cooperate in the inspection / visitation / investigation by making ready and available all ASC records (medical & financial) and other pertinent documents,
- 6.4 That it shall obey without delay summons, subpoena or subpoena duces tecum from the Corporation or PhilHealth Regional Office.

Finally, the undersigned hereby affirms that the PhilHealth, by virtue of its power under RA 7875 may suspend or revoke the accreditation of this institution if found to have violated any of the provisions of the National Health Insurance Act, or it Implementing Rules and Regulations and any of these Warranties of Accreditation.

					MEDICAL D (Signat	IRECTOR / ure over Pr		
SUBSCRIBED A	ND SWORN TO,	this _		day	of			20
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					Until			
					PTR No.			
					Issued at Issued on			
Doc. No								
Page No. Series of 20								

LIST OF FUNCTIONAL / SERVICEABLE EQUIPMENT / APPARATUSES / INSTRUMENTS

EACH ITY		EQUIPMENT	REMARKS	
FACILITY ·	TYP	E	NUMBER	(Functional, For repair, etc.
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NAME OF HOSPITAL:	•	HOSPITAL'S BI	ED RATES	
ADDRESS: CATEGORY: DOH BED CAPACITY: PHIC ACCREDITED BED:			ACCREDITATION NO EFFECTIVITY OF AC	
TYPE OF ROOMS	ROOM NO/S.	NO. OF BEDS	ROOM RATES	AMENITIES
WARD MALE FEMALE			~ 10.10.00	
SEMI - PRIVATE				
PRIVATE				
SUITE				
NURSERY				
OPERATING ROOM				
DELIVERY ROOM				
icu				
OTHERS				
	I hereby declare under pe	enalties of perjury that the of my knowledge		true and correct to the best
Date Accomplished				Medical Director's / Administrator's Signature over printed name
		5		Res. Cert. No Issued at Issued on

LIST OF CURRENT HOSPITAL SERVICE CHARGES

Laboratory procedure	
	4
X-ray & other Radiologic procedures	
n en	
Other ancillary procedures	

I hereby declare under penalties of perjury that the answers given are true and correct to the best of my knowledge and belief.

Date Accomplished	Medical Director's / Administrator's Signature over printed name
	Res. Cert. No.
4	Issued at

LIST OF HOSPITAL PERSONNEL

NAME	POSITION /		EMPLOYMEN	IT STATUS		PRC NO.	PHILHEALTH NO.	SIGNATURE
NAME	SPECIALTY	FULLTIME	PARTTIME	VISITING	ON CALL	for professionals		
				H. H. T.				

NOTE: In case of resignation of any of the above listed employees, submit appointment of replacement properly attested and subscribed to

I hereby declare under penalties of perjury that the answers given are true and correct to the best of my knowledge and belief.

Date Accomplished	Medical Director's / Administrator's Signature over printed name
	Res. Cert. No. Issued at Issued on



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

ACCREDITATION DEPARTMENT

12th Floor City State Centre Bldg., 709 Shaw Blvd. Oranbo, Pasig City Tel No. 637-62-65 Trunk line 637-99-99 loc 1215, 1216, Telefax. 637-25-27

CHECKLIST OF REQUIREMENTS FOR HOSPITAL ACCREDITATION FOR NCR & REGIONS I - XIII (TERTIARY)

NAME OF HOSPITAL:	The Late of the La
ADDRESS:	Daily notarized Warranton of Americanism
1. PhilHealth application form	properly accomplished.
2. Duly notarized Warranties of	
3. DOH License issued 2003.	Ul - and 1 constitution in the
4. PHA / PHAP Certificate of N	lembership issued 2003.
	able equipment signed by Medical
6. List of current hospital's be	
7. List of current hospital serv	
8. Ancillary Licenses issued /	
a.) Laboratory License	Tevalidated 2002 - 2005.
h) Y-ray License	Departmentalized list of hospital staff with le-
	cense has they governor headsom to account to
	l list of hospital staff with respective
	ion as full time or part time and training if
there are any (Annex D).	Renewal
	00 for Tertiary Hospitals by postal
	ippine Health Insurance Corporation
	nier and / or photocopy of OR from PRO.
11. Therapeutics Committee m	
	rveillance program, names of personnel
involved or Infection Contro activities.	of Committee, with names of members and
13. Ongoing Quality Assurance	
14. Photocopy of Remittance F	orm I (RF1) for the last quarter.
15. Sanitary permit of Dietary S	ection for the year 2003.
16. Updated Health Certificate of	of Dietary personnel.
17. Fire Safety Permit for 2003.	tinemanonal Classification of Discusse (ICD
Additional Requirements for Initial Accre	editation:
X-ray, Nursery, DR, OR, R	spital façade, ER, Laboratory, Pharmacy, ecovery Room, ICU, Isolation Room, CR, lurses Station, CSS and other available
2. Current photograph of com	nlate hospital staff
2. Current standard encesting	procedures
3. Current standard operating 4. SEC License / DTI certificate	CDA cortificate
5. DOR licenses of three (3) pr	revious successive years or Mayor's Permit.
DOCUMENTS SUBMITTED TO PRO:	TO PHILHEALTH CENTRAL OFFICE:
	Date Received:
Region:	Received By:
Received By:	Received By: Received and Assessed By:
Date Refiled:	III-Obigi: Yeodigings/100F 2510-00-001
PRO staff are advised to strictly indicate the	ahove data



Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

ACCREDITATION DEPARTMENT

12th Floor Ciry State Centre Bldg., 709 Snaw Blvd. Oranho, Pasig Ciry Tel No. 637-62-65 Trunk line 637-99-99 loc 1215, 1216, Telefax, 637-25-27 E-mail

PhilHealth ACCREDITATION FOR ACC	ON FORM REDITATION (TERTIAR	Y)		1	Ī

THE PRESIDENT					
Philippine Health Insurance	Corporation				
Pusig City, Philippines					
SLR :					
1	Filipino of	legal age			with address
*	, rinpino di	regar age	_	(Position / Designation)	
•		and the d	als: e	uthorized managementics	to not for and
at		anu the u	uly 2	authorized representative	to act for and i
behalf of	(Health Care Institution)			, bereby applies for a	creditation unde
	(Health Care Institution)				
Sec. 16 L of R.A. 7875 and	its Implementing Rules and	Regulatio	as th	ereto. For this purpose,	hereby submit th
following pertinent informat	tion and documentary requir	ements.			
	PART I - GENE	RAL INFO	RM	ATION	
Nume of Hospital:			_		
Complete Address :				Postal Code	1
PhilHeuith Code No. :	Te	i No.:		Fax No.:	
Date established :	Date	e of Last A	ccre	litation :	
Cities / Medical Director :		4.4.			
DOH License No.	valid from				
Ownership Management	valid from			i ssued on	
Ownership Management	valid from				
Ownership Management	valid from			i ssued on	
Ownership Management	valid from Single Proprietorship Corporation			i ssued on	
Ownership Management () () () () () () () () () (valid from Single Proprietorship Corporation			i ssued on	
Ownership Management () () () () Others, specify A. PHYSICAL PLAN	valid from Single Proprietorship Corporation Nutional Government			i ssued on	
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Ownership Management () () () () () () () () () ()	valid from Single Proprietorship Corporation National Government T & ENVIRONMENT Concrete			Cooperative Foundation Local Government Old structure	
Ownership Management () () () () () () () () () ()	valid from Single Proprietorship Corporation National Government T & ENVIRONMENT			Cooperative Foundation Local Government	
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Ownership Management () () () () () () () () () (Valid from Single Proprietorship Corporation National Government T & ENVIRONMENT Concrete Semi-concrete Wood and Safety Standard			Cooperative Foundation Local Government Old structure Renovated	
Ownership Management () () () () () () () () () ()	Valid from Single Proprietorship Corporation National Government T & ENVIRONMENT Concrete Semi-concrete Wood n and Safety Standard Water supply			Cooperative Foundation Local Government Old structure Renovated	
Ownership Management () () () () () () () () () (Valid from Single Proprietorship Corporation National Government T & ENVIRONMENT Concrete Semi-concrete Wood n and Safety Standard Water supply Electric Power)	Cooperative Foundation Local Government Old structure Renovated New structure	
Ownership Management () () () () () () () () () (Valid from Single Proprietorship Corporation National Government T & ENVIRONMENT Concrete Semi-concrete Wood n and Safety Standard Water supply)	Cooperative Foundation Local Government Old structure Renovated New structure	

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			Pathological waste no				
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		14.	Fire escupe 1 / Yes	. / No			
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		maneen					
2.	MANT	OW	ER COMPLEMENT		(Indicate the	Number)	
	1. M	edic:	al Service				
	1.	1. C	onsultunts:	Full Time	Part Time	Visiting	Resident
		u.	Surgen				
			General Surgery				
			Cardio Vascular Surgery				
			Neuro Surgery				
			Orthopedic Surgery				
			Opthalmology				
			Otolaryngology				
			Plastic Surgery				
			Surgical Oncology				-
			Thoracic surgery				-
			Urology		-		
		b.	OB-Gyn		-		
		C.	Anesthesia	-	-		-
		d.	Internal Medicine				-
		u.	General Medicine &		-		
			Infectious Disease				
			Alleraojoso.				
			Cardiology				
			Endocrinology				
			Dermatology				
			Gastroentorology				
			Haematology				
			Nephrolugy			1	
			Yeurology				
			Oncology		-		
			Psychiatry				-
			Pulmonary	-			
			Rheumatology		-		
			Pediatrics				
		-	General Pediatrics	-			
			Уеопатоюду.				-
			Other Pediatric Subspecialty	-			
		4	Pathology.	-	-		
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		17	Radiology	-		-	
		1.	Dentai Medicine		(
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	-		stereu Miúwives				
	-	Tur	sing Aines				

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			Full Time	Part Time		
	3. Pt	armacist .				
	2	Registered Pharmadist				
		Pharmur: Alue				
161	4 L	inorator, & X-ray				
		Viedical Technologist				
		X-ray Technologist				
		etar Service				
		Diennan		-		
		Find Serien				
		ngineering & Maintenance Service				
	7 0	thers, specify	-	-		
		NOTE Submit complete list of hospital pe	ersonnel (S	See Annes D		
D	MEDIC	AL FACILITIES				
		Emergency room				
		The state of the s				
	1	Out-panent department				
	()	Clinical laboratory				
		Laboratory Lie No valid fro	m		10 -	
V	1 1	X-ray facility				
		X-ray Lic. No valid fro	m		10	0.
	1)	Pharmacy Lic. No valid fro	m		to	
	()	Lubor room & Delivery room				
	()			No. of Incub	pator/s	
	1 1	Operating room complex: No. of Min	or OR	No of	Major OR	
	ered)	ICU	. O	. 10. 01	major on	
		Recovery room				60
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	()	Dental service				
	()	Central stock supply				
	()	Dietary service				
	()	Blood bank				
	1)	Nuclear Medicine				
	()	Cancer clinic				
	()	Rehabilitation department				
	()	Medical Records				
	1)	Ambulance service				
	1 1	Training service				
		Accredited Internship Training Pr		1 V-	() No	
			og: am) Yes		
		Residency Training Program) Yes	() No	
		College of Nursing	- 1) Yes	() No	
		School of Midwifery	- 1) Yes	() No	
	+ +	Others, please specify				
E.	EQUIP	MENT Submit complete list of existing fur Please see Annex A)	ectional or se	miceable equ	ipment under each	facility.
F	CLINIC	CAL SERVICE		111		
	V V	General Medicine				
	OLO S	The state of the s		to have the		
	1	Subspecialty of Internal Medicine. Enumer	ate available	subspecialty :	ernices	
		General Surgery	1 10 10 10 10			
		Subspecialty of Surgery. Enumerate available	ie subspeciai	ity services:		
					N. S. W. C.	-
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****		General Pediatrics				
			abla . upan	inites a medianes		
		Subspecialty of Pediatrics. Enumerate avail	anie subspect	ratio services:		
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4 7

Date

Opthalmology
Otolaryngology

G. RECORDS

Admission & discharge records

| | | | Proscribed logbook | Follow PhilHeulth Cir. | | | Computenzed No. 56 s.1999), No. 38 s.2000 & No. 7 s.2002 |

Care No.	Admission Date & Time	Patient Diagnosis Diagnosis Physician
	1 1	records Logbook Index card Computerized Computerized
		Case Name of Age Sex Type of Date of Su. Patient Examination Examination .
	() X-ra	y lugbook
		Case Name of Age Sex Type of Date of No. Patient Fixamination Examination
***		or OR logbook
	No. Pats	
		ogbook or surgical logbook
	The second second	ent's chart datory monthly hospital reports
	QUALITY AS	SURANCE PROGRAM OF THE INSTITUTION
I.		

- 3. Personnel Responsible for the Program
- 4. Activities
- 5. Minutes of Meeting

PART II - WARRANTIES OF ACCREDITATION

The undersigned, as representative to act for and on behalf of (Hospital) located at warrants (address) the following 1. ELIGIBILITY 1.1. That the aforenamed health care insurunon has been in operation for at least three years, 1.2. That it is duly licensed/accredited by the Department of Health, 1.3 That it shows a good track record in the provision of health care, duly recognized by PhilHealth with its_ 1.3. That it is a member of good standing of (association) established standards and criteria, 1.4 That it has the human resources, equipment, physical structure and other requirements in conformity with standards established by the Corporation, 1.5 That it has an ongoing quality assurance program. COMPLIANCE TO PERTINENT LAWS

- 2.1 That the aforenamed health care institution shall in the course of its participation with the NHI program by virtue of its accreditation comply with the provisions of the National Health Insurance Law (RA 7875), its Implementing Rules and Regulations, all administrative orders of the corporation,
- 2.2 That it shall comply at all times with the provisions of the Hospital Licensure Act (RA 4226), its prevailing Implementing Rules and Regulations, Administrative Order # 24, s-1994 for ambulatory surgical clinics as well as other Administrative Orders,
- 2.3 That it shall accept the formal program of Quality Assurance, payment mechanism and utilization review of the NHI program,
- 2.4 That its personnel shall strictly adhere and comply at all times with the Codes of Ethics of the Medical and Nursing professions and other medical related professions of the Philippines,
- 2.5 That it shall strictly enforce a smoke-free policy within the premises of the health care institutions.
 Premises shall be understood to include all areas of a health care institution's compound regardless whether the same is inside or outside an enclosed structure.

3. CLINICAL SERVICES

- 3.1 That the aforenamed health care institution shall guarantee, safe adequate and standard medical care for all patients seeking medical care; and shall exercise observance of public health measures in case of communicable disease.
- 3.2 That it shall adopt referral protocols, strictly follow guidelines and health resource sharing arrangements of the Program.
- 3.3 That it shall extend without delay chargeable benefits due qualified members and beneficiaries,
- 3.4 That it shall not engage in unethical and illegal solicitation of patients for purposes of compensability under the NHI program.
- 3.5 That it shall maintain at all times the required personnel, serviceable equipment and facilities for use of patients.

4. CLINICAL RECORDS AND PREPARATION OF CLAIMS

- That the aforenamed health care institution shall maintain and accomplish at all times accurate chronological records of all patients, services rendered and health outcomes resulting from such services and health expenditures on patient care.
 - . That it shall keep a near and systematic records file in a safe but accessible place for easy retrieval.

5. MANAGEMENT INFORMATION SYSTEM

- 5.1 That the aforenamed health care institution shall give proper information of its accreditation status by posting the PhilHealth certificate of accreditation in a very conspicuous place in the said institution.
- 5.2 That it shall post at its billing section updated information of the Program's benefits and procedural requirements and make available the necessary forms for patient's use.
- 5.3 That it shall inform the Department of Health all reportable cases confined in the aforenamed institution.
- 5.4 That it shall immediately inform the PhilHealth in writing of any of the following changes in the institution's 11, location (3) ownership or management, or (3) closure or temporary cessation of ASC operation.

6. ASC INSPECTION VISITATION INVESTIGATION

- 6.1 That the aforenamed health care institution recognizes the authority of the PhilHealth and its duly authorized representative or agents deputized by PhilHealth to conduct inspection, visitation or investigation of the institution at anytime.
- 6.2 That the PhilHealth's duly authorized representative shall be accorded with courtesy and respect by the ASC management and staff during inspection. Visitation investigation of the institution.
- 6.3 That it shall cooperate in the inspection / visitation / investigation by making ready and available all ASC records (medical & financial) and other pertinent documents,
- 6.4 That it shall obey without delay summons, subpoena or subpoena duces tecum from the Corporation or PhilHealth Regional Office.

Finally, the undersigned hereby affirms that the PhilHealth, by virtue of its power under RA 7875 may suspend or revoke the accreditation of this institution if found to have violated any of the provisions of the National Health Insurance Act, or it Implementing Rules and Regulations and any of these Warranties of Accreditation.

					RECTOR / ADMINITED NOT PRINTED	
SUBSCRIBE	D AND SWO	ORN TO, this	day	of		20
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					Notary Public	
				Until		2
				PTR No.		-
				Issued at		
				issued oil		
Doc. No						
Book No				41	1-11-11	
Page No. Series of 20						

LIST OF FUNCTIONAL / SERVICEABLE EQUIPMENT / APPARATUSES / INSTRUMENTS

	EQUIPMENT		REMARKS
FACILITY .	TYPE	NUMBER	(Functional, For repair, etc
0			
		The Control of	

HOSPITAL'S BED RATES

NAME OF HOSPITAL:		HUSPITALS B	EDRATES				
ADDRESS: CATEGORY: DON BED CAPACITY: PHIC ACCREDITED BED:	ACCREDITATION NO.: EFFECTIVITY OF ACCREDITATION:						
TYPE OF ROOMS	ROOM NO/S.	NO. OF BEDS	ROOM RATES	AMENITIES			
WARD MALE LEMALE							
SEMI PRIVATE							
PRIVATE							
SUITE							
NURSERY							
OPERATING ROOM							
DELIVERY ROOM							
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Date Accomplished				over printed name			

Res Cert No._ Issued at ____ Issued on ____

LIST OF CURRENT HOSPITAL SERVICE CHARGES

SERVICES	RATE
Laboratory procedure	
K-ray & other Radiologic procedures	
Other ancillary procedures	

I hereby declare under benalties of benjury that the answers given are true and correct to the best of my knowledge and belief.

Date Accomplished	Medical Directors - Administrators Signature
	over onnted name
	Res. Cert. No.
	ssued on

LIST OF HOSPITAL PERSONNEL

11000	POSITION /	EMPLOYMENT STATUS			PRC NO.	PHILHEALTH NO.	DIONATURE	
NAME	SPECIALTY	FULLTIME	PARTTIME	VISITING	ON CALL	for professionals	PHILHEALTH NO.	SIGNATURE
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NOTE: In case of resignation of any of the above listed employees, submit appointment of replacement properly attested and subscribed to

I hereby declare under penalties of perjury that the answers given are true and correct to the best of my knowledge and belief.

Date Accomplished	Medical Director's / Administrator's Signature over printed name
	Res Cert No. Issued at Issued on



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

ACCREDITATION DEPARTMENT

12th Floor City State Centre Bldg., 709 Shaw Blvd. Oranbo, Pasig City Tel No. 637-62-65 Trunk line 637-99-99 loc 1215, 1216, Telefax. 637-25-27

CHECKLIST OF REQUIREMENTS FOR AMBULATORY SURGICAL CLINIC ACCREDITATION FOR REGIONS I – VI AND NCR

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Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

ACCREDITATION DEPARTMENT

12th Floor City State Centre Bldg., 709 Shaw Blvd. Oranbo, Pasig City Tel No. 637-62-65 Trunk line 637-99-99 loc 1215, 1216, Telefax. 637-25-27 E-mail: Accress philipedity gov ph

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оспан			(Health Care Institution)		by	applies for acci	cultation unde				
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submi	t the foll	owing perti	nent information and documen	tary requi	rem	ients.					
			PART I - GENERAL	INFORM	TAT	ION					
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Name	of ASC:				_						
Comp	lete Add	ress :				Postal Code :					
PhilHe	ealth Coo	de No. :	Tel No.:		-	Fax No.:	Fax No.:				
Date e	stablishe	ed :	Date of Last	Accredita	tion	1:					
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A.	PHYS	SICAL PL	ANT & ENVIRONMENT								
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		()	Concrete	()	Old structure					
		()	Semi-concrete	()	Renovated					
		()	Wood	()	New structure					
	2.	Sanitat	ion and Safety Standard								
	~	a.	Water supply	i/		- X					
		b.	Electric Power		-						
		36	Stand by generator	()	Yes ()	No				
		c.	Sewage Disposal Solid waste by				4.				

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	3. •	e.		Pa	thalas												
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	3.	Pharma	acist						- 4	_			_	_			
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AAIC: 4SC '050202

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Mission and Vision

Minutes of Meeting

Activities

Personnel Responsible for the Program

PART II - WARRANTIES OF ACCREDITATION

The undersigned, as representative to act for and on behalf of (Hospital) located at (address) the following: 1. ELIGIBILITY 1.1. That the aforenamed health care institution has been in operation for at least three years, 1.2. That it is duly licensed/accredited by the Department of Health, 1.3 That it shows a good track record in the provision of health care, 1.3. That it is a member of good standing of duly recognized by PhilHealth with its _. (association) established standards and criteria, 1.4 That it has the human resources, equipment, physical structure and other requirements in conformity with standards established by the Corporation, 1.5 That it has an ongoing quality assurance program. 2. COMPLIANCE TO PERTINENT LAWS 2.1 That the aforenamed health care institution shall in the course of its participation with the NHI program by virtue of its accreditation comply with the provisions of the National Health Insurance Law (RA 7875), its Implementing Rules and Regulations, all administrative orders of the corporation, 2.2 That it shall comply at all times with the provisions of the Hospital Licensure Act (RA 4226), its prevailing Implementing Rules and Regulations, Administrative Order # 24, s-1994 for ambulatory surgical clinics as well as other Administrative Orders, 2.3 That it shall accept the formal program of Quality Assurance, payment mechanism and utilization review of the NHI program, 2.4 That its personnel shall strictly adhere and comply at all times with the Codes of Ethics of the Medical and Nursing professions and other medical related professions of the Philippines, That it shall strictly enforce a smoke-free policy within the premises of the health care institutions. Premises shall be understood to include all areas of a health care institution's compound regardless whether the same is inside or outside an enclosed structure. CLINICAL SERVICES 3.1 That the aforenamed health care institution shall guarantee, safe adequate and standard medical care for all patients seeking medical care; and shall exercise observance of public health measures in case of communicable disease, 3.2 That it shall adopt referral protocols, strictly follow guidelines and health resource sharing arrangements of 3.3 That it shall extend without delay chargeable benefits due qualified members and beneficiaries, 3.4 That it shall not engage in unethical and illegal solicitation of patients for purposes of compensability under the NHI program. 3.5 That it shall maintain at all times the required personnel, serviceable equipment and facilities for use of patients.

4.1 That the aforenamed health care institution shall maintain and accomplish at all times accurate chronological records of all patients, services rendered and health outcomes resulting from such services and health

4.2 That it shall keep a neat and systematic records file in a safe but accessible place for easy retrieval,

CLINICAL RECORDS AND PREPARATION OF CLAIMS

expenditures on patient care,

1

37

5. MANAGEMENT INFORMATION SYSTEM

- 5.1 That the aforenamed health care institution shall give proper information of its accreditation status by posting the PhilHealth certificate of accreditation in a very conspicuous place in the said institution,
- 5.2 That it shall post at its billing section updated information of the Program's benefits and procedural requirements and make available the necessary forms for patient's use,
- 5.3 That it shall inform the Department of Health all reportable cases confined in the aforenamed institution.
- 5.4 That it shall immediately inform the PhilHealth in writing of any of the following changes in the institution's (1) location (2) ownership or management. or (3) closure or temporary cessation of ASC operation.

6. ASC INSPECTION / VISITATION / INVESTIGATION

- 6.1 That the aforenamed health care institution recognizes the authority of the PhilHealth and its duly authorized representative or agents deputized by PhilHealth to conduct inspection, visitation or investigation of the institution at anytime.
- 6.2 That the PhilHealth's duly authorized representative shall be accorded with courtesy and respect by the ASC management and staff during inspection / visitation / investigation of the institution.
- 6.3 That it shall cooperate in the inspection / visitation / investigation by making ready and available all ASC records (medical & financial) and other pertinent documents,
- 6.4 That it shall obey without delay summons, subpoena or subpoena duces tecum from the Corporation or PhilHealth Regional Office.

Finally, the undersigned hereby affirms that the PhilHealth, by virtue of its power under RA 7875 may suspend or revoke the accreditation of this institution if found to have violated any of the provisions of the National Health Insurance Act, or it Implementing Rules and Regulations and any of these Warranties of Accreditation.

	MED	ICAL DIRECTO (Signature over	R / ADMINI: Printed Nar	STRATOR me)
SUBSCRIBED AND SWORN TO, this	day of			20
at				
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	-	Notar	y Public	
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	133			
Doc. No.				
Book No.				-
Page No. Series of 20				

LIST OF FUNCTIONAL / SERVICEABLE EQUIPMENT / APPARATUSES / INSTRUMENTS

NAME OF ASC :	
ADDRESS:	

FACILITY	EQUIPMENT	REMARKS					
FACILITY	TYPE	NUMBER	(Functional, For repair, etc.)				

I hereby declare under penalties of perjury that the answers given are true and correct to the best of my knowledge and belief.

Date	Accom	plished

Medical Director's / Administrator's Signature over printed name

Res. Cert.	No.:	
Issued at	:	
Issued on	-:-	

LIST OF ASC PERSONNEL

NAME	POSITION /	ON / EMPLOYMENT STATUS			PRC NO.	DUIL UEAL TU NO	CICNATURE	
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			. 3	ha You			***************************************	

NOTE: In case of resignation of any of the above listed employees, submit appointment of replacement properly attested and subscribed to.

I hereby declare under penalties of perjury that the answers given are true and correct to the best of my knowledge and belief.

Date Accomplished	Medical Director's / Administrator's Signature over printed name
	Res. Cert. No. Issued at Issued on

LIST OF CURRENT ASC SERVICE CHARGES

SERVICES	RATE
Laboratory procedure (Optional)	
X-ray & other Radiologic procedures (Optional)	
Other ancillary procedures (Optional)	

hereby declare under penalties of perjury that the answers given are true and correct to the best of my knowledge and belief.

Date Accomplished	Medical Director's / Administrator's Signature over printed name				
	Res. Cert. No.				
	Issued at				



Recubilis of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION ACCENTATION DEPARTMENT

12th Floor City State Centre Bldg., 709 Shaw Blvd. Oranbo, Pasig City Tel No. 637-62-65 Trunk line 637-99-99 loc 1215, 1216, Telefax. 637-25-27

CHECKLIST OF REQUIREMENTS FOR HOSPITAL ACCREDITATION FOR REGIONS I – VI AND NCR

PHIC - PRI	MARY		DOH - INFIRMARY
NAME OF B	IOSPITAL:		
ADDRESS:_			
1.	PhilHealth application for	m properly accomplished.	
2.	Duly notarized Warranties	of Accreditation.	
3.	DOH License issued 2005		
4.	PHA Certificate of Member	ership issued 2005.	
		ceable equipment signed by	Medical Director/
-			
	List of current hospital's re		
	List of current hospital ser		
ð,	Ancillary Licenses issued		
	a.) Laboratory	7 .*.	
	b.) X-ray (op		
	c.) Pharmacy (
		present, it should comply with	th the requirements.
	List of available emergence		
10		taff with respective designation	on. (Annex D). Schedule
	of duties of medical and m	ursing staff.	
11	. Accreditation fee by PMO	payable to PHIC or cash paid	directly to cashier and /
		PRO. Accreditation fee is no	
	Renew		
	Initial	- P3,000.0	
	Re-acci	reditation - P3,000.0	
		Circular No. 29, s.2004 and	
12	Quality Assurance Program		
			rter (for Private hospitals only)
	Updated Health Certificate		ter (101 1 Trate nospitals only)
	Sanitary Permit for 2005.	of Kitchen personner.	
- Artist	Fire Safety Insurance Certi	ificate for 2005	
		of Diseases (ICD-10) Traini	no Contificato
			ng Ceruncate.
	Financial Statement of the		
	Requirements for Initial A		4.5
1.		spital facade and other availab	ole facilities.
2.	Organizational Chart.		
	Current standard operating		
	SEC License / DTI certific		
5.	DOH licenses of three (3)	previous successive years	
6.	Mayor's Permit of three (3	s) previous successive years in	lieu of the DOH license.
	TS SUBMITTED:	Assessed / Evaluat	
PRO / SO / Co	entral Office:		Date
Date Received		AQAO / MO	Date
Received By:		Returned By	Date
Date Re-filed:		A STATE OF THE STA	
		to strictly indicate the above data	
	: Applications not compl	letely filled-in and/or lacking	in requirements shall be
returned.			



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

ACCREDITATION DEPARTMENT

12th Floor City State Centre Bidg., 709 Shaw Bivd. Oranbo, Parig City Tel No. 637-62-65 Trunk line 637-99-99 loc 1215, 1216, Telefax. 637-25-27 E-mail: Accre a philhealth 200 ph

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Sec. 10 L	OI R.A.	/0	73 3	nd its Implementing Rules an	n regulation	1113	Line	reto. For this purpose, 11	reteny
submit the	followi	ng	pert	inent information and docume	ntary requ	ire	mer	its.	
4)								•	
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Complete .	Address	11.						Postal Code :	
PhilHealth	Code !	Vo.	:	Tel No.:		_		Fax No.:	
Date estab	lished :			Date of Las	st Accredita	tie	m:	4	
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DOH Licer	nse No.			valid from	to			issued on	, 20
Ownership	/ Mans	ge	men		,			Coonsentius	
		1	1	Single Proprietorship Corporation	})		Cooperative Foundation	
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Others, sp	ecify	_	_		,				
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		f.	Toilet facilites			Yes	2.5	1	No		
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	4.		ne Health Care Institu Yes () No								
										complete add	
	5.		ere been any change Yes () No If y								
B.	HO	SPITAL BE	DS Submit comple (See Annex B		list	of hospit	al's be	ed p	er ro	om and curren	t rates.
C.	M	ANPOWER	COMPLEMENT						(Ind	icate the Numi	per) -
	1.	Medical Se	rvice	1	-						
		a. Consul	Activities and the second				Fui	Ti	me	Part Time	Visiting
			General Surgery								
			Sub-surgical Spec	cial	ity						
			OB-Gyn				_		_		
	11(1		Pediatrics				_		_		
			Internal Medicine				_	-	_		
			Pathology				_	_	-		
			Radiology Dental				-		-		
			Others				-	-	_		-
		b. Resider		-	-		_				
	2	Nursing Se									
		a. Registe					-	_			
			red Midwives				_		_		
		c. Nursing	Aides				_		_		
		m.									
	3.	Pharmacist	(optional)				-		-		
		Laborator	& X-ray (optional)								
	٦.		Technologist								
			echnologist .					_	-		-
		o. Alay 1	cemiongist				-		_		-
	5.	Dentist									
	6.	Cook / Foo	d Handlers								
	7.		ative Service								-
	8,	Others					_				
		NOTE	: Submit complete l	ist	of h	ospital p	ersonn	iel.	(Se	ee Annex D)	1
D.	CLI	NICAL FAC	CILITIES								4
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	1		ency room s / Consultation offic								1
	()		laboratory (optional								
	()		sory Lic. No.	1)	v	alid from	11			to	/
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H.	QUA	LITY	ASSUR	ANCE	PROGI	RAM OF	THE I	NSTITUT	TON					
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		Plan										4		
	2. 1	Mission	and Vi	sion										
	3. F	erson	nel Resp	onsible	for the	Program						7		
		Activiti												
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PART II - WARRANTIES OF ACCREDITATION

The undersigned, as representative to act for and on behalf of (Hospital) located at warrants (address) the following: 1. ELIGIBILITY 1.1. That the aforenamed health care institution has been in operation for at least three years, 1.2. That it is duly licensed/accredited by the Department of Health, 1.3 That it shows a good track record in the provision of health care, 1.3. That it is a member of good standing of duly recognized by PhilHealth with its (association) established standards and criteria, 1.4 That it has the human resources, equipment, physical structure and other requirements in conformity with standards established by the Corporation, 1.5 That it has an ongoing quality assurance program. COMPLIANCE TO PERTINENT LAWS 2.1 That the aforenamed health care institution shall in the course of its participation with the NHI program by virtue of its accreditation comply with the provisions of the National Health Insurance Law (RA 7875), its Implementing Rules and Regulations, all administrative orders of the corporation, 2.2 That it shall comply at all times with the provisions of the Hospital Licensure Act (RA 4226), its prevailing Implementing Rules and Regulations, Administrative Order # 24, s-1994 for ambulatory surgical clinics as well as other Administrative Orders, 2.3 That it shall accept the formal program of Quality Assurance, payment mechanism and utilization review of the NHI program, 2.4 That its personnel shall strictly adhere and comply at all times with the Codes of Ethics of the Medical and Nursing professions and other medical related professions of the Philippines, 2.5 That it shall strictly enforce a smoke-free policy within the premises of the health care institutions. Premises shall be understood to include all areas of a health care institution's compound regardless whether the same is inside or outside an enclosed structure. 3. CLINICAL SERVICES 3.1 That the aforenamed health care institution shall guarantee, safe adequate and standard medical care for all patients seeking medical care; and shall exercise observance of public health measures in case of communicable disease, 3.2 That it shall adopt referral protocols, strictly follow guidelines and health resource sharing arrangements of the Program, 3.3 That it shall extend without delay chargeable benefits due qualified members and beneficiaries,

3.4 That it shall not engage in unethical and illegal solicitation of patients for purposes of compensability under the NHI program,

3.5 That it shall maintain at all times the required personnel, serviceable equipment and facilities for use of patients.

CLINICAL RECORDS AND PREPARATION OF CLAIMS

4.1 That the aforenamed health care institution shall maintain and accomplish at all times accurate chronological records of all patients, services rendered and health outcomes resulting from such services and health expenditures on patient care.

4.2 That it shall keep a neat and systematic records file in a safe but accessible place for easy retrieval,

4.3 That it shall undertake measures to enter only true and correct data in all patients records and in the preparation of claims and ensure the filing of legitimate claims within the sixty (60) calendar days after the patients discharge,

4.4 That I, acting on behalf of this institution, together with the concerned personnel, shall take full responsibility for any omission or commission in the preparation of claims and in the entry of clinical records.

5. MANAGEMENT INFORMATION SYSTEM

- 5.1 That the aforenamed health care institution shall give proper information of its accreditation status by posting the PhilHealth certificate of accreditation in a very conspicuous place in the said institution,
- 5.2 That it shall post at its billing section updated information of the Program's benefits and procedural requirements and make available the necessary forms for patient's use,
- 5.3 That it shall inform the Department of Health all reportable cases confined in the aforenamed institution,
- 5.4 That it shall immediately inform the PhilHealth in writing of any of the following changes in the institution's (1) location (2) ownership or management, or (3) closure or temporary cessation of hospital operation.

6. HOSPITAL INSPECTION / VISITATION / INVESTIGATION

- 6.1 That the aforenamed health care institution recognizes the authority of the PhilHealth and its duly authorized representative or agents deputized by PhilHealth to conduct inspection, visitation or investigation of the institution at anytime,
- 6.2 That the PhilHealth's duly authorized representative shall be accorded with courtesy and respect by the hospital management and staff during inspection / visitation / investigation of the institution,
- 6.3 That it shall cooperate in the inspection / visitation / investigation by making ready and available all hospital records (medical & financial) and other pertinent documents,
- 6.4 That it shall obey without delay summons, subpoena or subpoena duces tecum from the Corporation or Local Health Insurance Office.

Finally, <u>I hereby certify that I have read fully the provisions of these warranties</u> and affirms that the PhilHealth, by virtue of its power under RA 7875 may suspend or revoke the accreditation of this institution if found to have violated any of the provisions of the National Health Insurance Act, or its Implementing Rules and Regulations and any of these Warranties of Accreditation.

				L DIRECTOR / / Signature over P	ADMINISTRATOR Trinted Name)
SUBSCRIBED AND SWO	this	_ day	. of		20
			Until PTR No. Issued at Issued on	Notary Public	
Doc. No. Book No. Page No. Series of 20			issued on		

LIST OF FUNCTIONAL / SERVICEABLE EQUIPMENT / APPARATUSES / INSTRUMENTS

The street streets	EQUIPMEN	REMARKS			
FACILITY	TYPE	NUMBER	(Functional, For repair, etc.		
		HOMBER	,		
			*		
- 41					
			*		
			187		

PRIMARY	**	HOSPITAL'S	BED RATES		Annex E
NAME OF HOSPITAL: ADDRESS: CATEGORY: DOH BED CAPACITY: PHIC ACCREDITED BED:			ACCREDITATION NO EFFECTIVITY OF AC		
TYPE OF ROOMS	ROOM NO/S.	NO. OF BEDS	ROOM RATES	AMENITIES	1
WARD MALE FEMALE					
SEMI - PRIVATE					
PRIVATE					
SUITE .					Hall Street
DELIVERY ROOM					
OTHERS		District Cal			
	I hereby declare unde	er penalties of perjury the of my knowled		re true and correct to the best	
Date Accomplished				Medical Director's / Adminis over printed no	
			***	Res. Cert. No Issued at Issued on	

LIST OF CURRENT HOSPITAL SERVICE CHARGES

SERVICES		RATE
Laboratory procedure (Optional)		
-ray & other Radiologic procedures (C	Optional)	
4		
ther ancillary procedures (Optional)		
dier alichary procedures (Opuonai)		
	naities of perjury that the answers given a	re true and correct
to the	best of my knowledge and belief.	
Date Accomplished	Medical Director's / Ar	iministrator's Signature
		ted name
		The second secon
	Res. Cert. No.	•
	Issued at	
	Issued on	

LIST OF HOSPITAL PERSONNEL

NAME	POSITION /	17	EMPLOYMEN	TSTATUS		PRC NO.	DIM UP AL YUANG	
NAME	SPECIALTY	FULLTIME	PARTTIME	VISITING	ON CALL	for professionals	PHILHEALTH NO.	SIGNATURE

NOTE; In case of resignation of any of the above listed employees, submit appointment of replacement properly attested and subscribed to

I hereby declare under penalties of perjury that the answers given are true and correct to the best of my knowledge and belief.

Date Accomplished		Medical Director's / Administrator's Signover printed name		
		Res. Cert. No. Issued at Issued on		

MAR 'Trimary Annex D