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

NAME OF ASC:___________________________________________________________________________

ADDRESS:________________________________________________________________________________

1. PhilHealth application form properly accomplished.
2. Duly notarized Warranties of Accreditation.
4. Complete list of ASC staff with respective designation completely filled up (Annex D).
5. List of functional / serviceable equipment signed by Medical Director/ Administrator (Annex A).
6. List of surgical procedures being performed.
8. Ancillary Licenses issued/revalidated 2005-2006, (if provided in-house it should comply with the requirements)
   a.) Laboratory
   b.) X-ray
   c.) Pharmacy
10. Memorandum of Agreement (MOA) between Tertiary hospital nearest to the clinic.
11. TIN of the proprietor for single proprietorship or that of the managing partner of the corporation as the case maybe.
12. Accreditation fee by PMO payable to PHIC or cash paid directly to cashier and/or photocopy of OR from PRO. Accreditation fee is non-refundable.
   Retail - P4,000.00
   Initial - P5,000.00
   Re-accreditation - P5,000.00
   (see attached PhilHealth Circular No. 29, s.2004 and Payment Scheme)
14. Photocopy of Remittance Form I (RF1) for the last quarter.
18. Financial Statement of the previous year.

Additional Requirements for Initial Accreditation:
1. Current photograph of ASC facade and other available facilities.
2. Organizational Chart of ASC.
3. Current standard operating procedures.
4. SEC License / DTI certificate / CDA certificate.
5. Professional Tax Receipt (PTR) of practitioner staff of the clinic.
6. DOH accreditation certificates of three (3) previous successive years.

IMPORTANT: Applications not completely filled out and/or lacking in requirements shall be returned.
CHECKLIST OF REQUIREMENTS FOR HOSPITAL ACCREDITATION FOR
REGIONS 1 – VI AND NCR

PHIC - PRIMARY  DOH - INFIRMARY

NAME OF HOSPITAL: ____________________________________________

ADDRESS: ____________________________________________________

1. PhilHealth application form properly accomplished.
2. Duly notarized Warranties of Accreditation.
3. DOH License issued 2005.
4. PHA Certificate of Membership issued 2005.
5. List of functional / serviceable equipment signed by Medical Director/
   Administrator (Annex A).
   a.) Laboratory (optional)
   b.) X-ray (optional)
   c.) Pharmacy (optional)

NOTE: *If a certain ancillary service is present, it should comply with the requirements.*
9. List of available emergency drugs.
10. Complete list of hospital staff with respective designation completely filled up
    (Annex D). Schedule of duties of medical and nursing staff.
11. Accreditation fee by PMO payable to PHIC or cash paid directly to cashier and /
    or photocopy of OR from PRO. Accreditation fee is non-refundable.
    - Renewal: P2,000.00
    - Initial: P3,000.00
    - Re-accreditation: P3,000.00

    (see attached PhilHealth Circular No. 29, s.2004 and Payment Scheme)
12. Quality Assurance Program.
13. Photocopy of Remittance Form 1 (RF1) for the last quarter (for Private hospitals only).
18. Financial Statement of the previous year.

Additional Requirements for Initial Accreditation:
1. Current photograph of hospital facade and other available facilities.
2. Organizational Chart.
3. Current standard operating procedures.
4. SEC License / DTI certificate / CDA certificate.
5. DOH licenses of three (3) previous successive years.

DOCUMENTS SUBMITTED:

PRO / SO / Central Office: ___________________________ Receiving Clerk ___________________________ Date ___________
Date Received: ___________________________ AQAQO / MO ___________________________ Date ___________
Received By: ___________________________ Returned By ___________________________ Date ___________
Date Re-filed: ___________________________

PRO / SO / Central Office staff are advised to strictly indicate the above data.

IMPORTANT: Applications not completely filled-in and/or lacking in requirements shall be returned.
# Checklist of Requirements for Hospital Accreditation for Regions 1 – VI and NCR

**PHIC - Secondary**

**DOH - Primary Care**

## Name of Hospital:
__________________________________________________________________________

## Address:
________________________________________________________________________________

### 1. PhilHealth application form properly accomplished.

### 2. Duly notarized Warranties of Accreditation.

### 3. DOH License issued 2005.

### 4. PHA Certificate of Membership issued 2005.

### 5. List of functional / serviceable equipment signed by Medical Director / Administrator (Annex A).


### 7. List of current hospital service charges (Annex C).

   a.) Laboratory
   b.) X-ray
   c.) Pharmacy

### 9. Complete list of hospital staff with respective designation and signature (Annex D).

### 10. Four Year Residency Training certificate in General Surgery of the Surgeon.

### 11. Residency Training certificate of the Anesthesiologist.

### 12. Accreditation fee by PMO payable to PHIC or cash paid directly to cashier and/or photocopy of OR from PRO. Accreditation fee is non-refundable.

   - **Renewal** - P4,000.00
   - **Initial** - P5,000.00
   - **Re-accreditation** - P5,000.00

   (see attached PhilHealth Circular No. 29, s.2004 and Payment Scheme)

### 13. Quality Assurance Program.

### 14. Therapeutics Committee members and activities.

### 15. Photocopy of Remittance Form I (RF1) for the last quarter (for Private hospitals only).


### 17. Updated Health Certificate of Dietary personnel.


### 20. Financial Statement of the previous year.

## Additional Requirements for Initial Accreditation:

### 1. Current photograph of hospital facade and other available facilities.

### 2. Organizational Chart.

### 3. Current standard operating procedures.

### 4. SEC License / DTI certificate / CDA certificate.

### 5. DOH licenses of three (3) previous successive years.

## Documents Submitted:

<table>
<thead>
<tr>
<th>PRO / SO / Central Office</th>
<th>Assessed / Evaluated By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received By:</td>
<td>Returned By</td>
</tr>
<tr>
<td>Date Received:</td>
<td>Date</td>
</tr>
</tbody>
</table>

**IMPORTANT:** Applications not completely filled-in and/or lacking in requirements shall be returned.

---

Revised Checklist
MMC 060205
CHECKLIST OF REQUIREMENTS FOR HOSPITAL ACCREDITATION FOR
REGIONS I – VI AND NCR

PHIC - TERTIARY

DOH – SECONDARY CARE

NAME OF HOSPITAL: ________________________________________________________________

ADDRESS: ________________________________________________________________________

1. PhilHealth application form properly accomplished.
2. Duly notarized Warranties of Accreditation.
3. DOH License issued 2005.
4. PHA Certificate of Membership issued 2005.
5. List of functional / serviceable equipment signed by Medical Director/ Administrator (Annex A).
   a.) Laboratory
   b.) X-ray
   c.) Pharmacy
9. Departmentalized list of hospital staff with respective designation completely filled up (Annex D). Schedule of duties of medical, nursing staff and medical technologist/s.
10. Accreditation fee by PMO payable to PHIC or cash paid directly to cashier and / or photocopy of OR from PRO. Accreditation fee is non-refundable.
    Renewal - P8,000.00
    Initial - P8,000.00
    Re-accreditation - P8,000.00
    (see attached PhilHealth Circular No. 29, s.2004 and Payment Scheme)
11. Quality Assurance Program.
12. Therapeutics Committee members and activities.
13. Infection Control Committee members and activities.
14. Photocopy of Remittance Form I (RF1) for the last quarter (for Private hospitals only).
15. Sanitary Permit of Dietary Section for the year 2005.
19. Financial Statement of the previous year.

Additional Requirements for Initial Accreditation:
1. Current photograph of hospital facade and other available facilities.
2. Organizational chart.
3. Current standard operating procedures.
4. SEC License / DTI certificate / CDA certificate.
5. DOH licenses of three (3) previous successive years.

DOCUMENTS SUBMITTED: ________________________________

Assessed / Evaluated By: ________________________________

PRO / SO / Central Office: ________________________________
Receiving Clerk ________________________________ Date ____________

Date Received: ________________________________

AQAO / MO ________________________________ Date ____________

Received By: ________________________________

Returned By ________________________________ Date ____________

Date Re-filed: ________________________________

PRO / SO / Central Office staff are advised to strictly indicate the above data.

IMPORTANT: Applications not completely filled-in and/or lacking in requirements shall be returned.

Revised Checklist
MMC 060205
PHILIPPINE HEALTH INSURANCE CORPORATION
ACREDITATION 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 - TERTIARY

NAME OF HOSPITAL:_____________________________________________________________________

ADDRESS:________________________________________________________________________________

_______ 1. PhilHealth application form properly accomplished.

_______ 2. Duly notarized Warranties of Accreditation.

_______ 3. DOH License issued 2005.

_______ 4. PHA Certificate of Membership issued 2005.

_______ 5. List of functional/serviceable equipment signed by Medical Director/Administrator (Annex A).


d.) Laboratory
e.) X-ray
f.) Pharmacy

_______ 9. Departmentalized list of hospital staff with respective designation completely filled up. (Annex D). Schedule of duties of medical, nursing staff and medical technologist/s.

_______ 10. Accreditation fee by PMO payable to PHIC or cash paid directly to cashier and/or photocopy of OR from PRO. Accreditation fee is non-refundable.

       Renewal - P10,000.00
       Initial - P10,000.00
       Re-accreditation - P10,000.00

(see attached PhilHealth Circular No. 29, s.2004 and Payment Scheme)

_______ 11. Quality Assurance Program.

_______ 12. Therapeutics Committee members and activities.

_______ 13. Infection Control Committee members and activities.

_______ 14. Photocopy of Remittance Form I (RF1) for the last quarter (for Private hospitals only).

_______ 15. Sanitary Permit of Dietary Section for the year 2005.


_______ 19. Financial Statement of the previous year.

Additional Requirements for Initial Accreditation:

_______ 1. Current photograph of hospital facade and other available facilities.

_______ 2. Organizational chart.

_______ 3. Current standard operating procedures.

_______ 4. SEC License/DTI certificate/CDA certificate.

_______ 5. DOH licenses of three (3) previous successive years.

IMPORTANT: Applications not completely filled-in and/or lacking in requirements shall be returned.

Revised Checklist
MMC 060205
Republic of the Philippines
Philippine Health Insurance Corporation
ACCREDITATION DEPARTMENT
Pasig City

Checklist 9a

REQUIREMENTS FOR INITIAL ACCREDITATION OF FREE STANDING DIALYSIS CLINIC

- PhilHealth application form properly accomplished and notarized
- DOH licenses for three (3) years or mayor's permits and proofs of operation for a minimum period of three (3) years:
  - Patients' records
  - Sworn testimonies from the parish priest, other religious or community Leaders
  - Tax returns of the facility for the past three (3) years
  - Identification of precursor health facility
- SEC license/DTI certificate
- Certificate of Acknowledgement of existence of Dialysis Clinic from the Philippine Society of Nephrology
- Current photographs of clinic facade and other facilities
- Current photographs of complete Clinic Staff
- Memorandum of Agreement with a tertiary hospital (applicable when a medical staff of the clinic is not affiliated with a tertiary hospital in the locality).
- Current standard operating procedure
- PhilHealth RF1
- Quality Assurance activities
- Accreditation Fee (P 2000) by postal money order payable only to Philippine Health Insurance Corporation or cash paid directly to the cashier. The accreditation fee is non-refundable.
- Manpower/ Personnel
  A. Medical Staff
     1. Clinic Head
        - Philippine Society of Nephrology Specialty Board Diplomate Certificate
        - Photocopy of PhilHealth Accreditation ID
     2. Duty Physicians
        - Certificate of Residency Training in Internal Medicine
        - Certificate of Good Standing as Diplomate/ Fellow of the Philippine Society of Nephrology Specialty Board (PSNB) of the attending or referring physician
        - Proof of appointment of at least one (1) physician as a member of the Medical staff of a tertiary hospital in the locality (if applicable)
        - Photocopy of PhilHealth Accreditation ID
B. Other Staff

1. Nursing Staff
   - Certificate of post graduate course in (current year)
     (for head nurse only)
   - Renal Nurses Association of the Philippines Certificate
   - IV therapy Certificate
   - Photocopy of PRC license
   - Certificate of employment for one year from a hospital/ clinic

2. Medical technician
   - Certificate of dialysis training
   - Certificate of one-year experience in dialysis handling

3. Midwives/ Nursing Attendants
   - With one-year course/training in nursing aide or attendant with a two-year college course
REQUIREMENTS FOR **RENEWAL** OF ACCREDITATION OF FREE STANDING DIALYSIS CLINICS

- PHIC Application Form properly accomplished and notarized
- Current DOH license
- Certificate of Acknowledgement of existence of Dialysis Clinic from Philippine Society of Nephrology
- Memorandum of agreement with a tertiary hospital (applicable when a medical staff of the clinic is not affiliated with a tertiary hospital
- Current standard operating procedure
- Quality Assurance Program
- Remittance Form I (RF I)
- Accreditation Fee (PhP 2000) by postal money order payable only to Philippine Health Insurance Corporation or paid directly to the cashier
- List of medical and non-medical staff
- Photocopy of PhilHealth and current PRC IDs of new member/s of the medical and nursing staff
- Renal Nurses Association of the Philippines and IV therapy certificates for new members of the nursing staff
# Requirements for Accreditation of Rural Health Units/Health Centers

**Name of RHU:** ____________________________________________________________

**Complete Address:** _______________________________________________________

## A. Initial Accreditation or Re-Accreditation

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>PhilHealth application form properly accomplished and notarized</td>
</tr>
<tr>
<td>2.</td>
<td>Complete list of staff with respective designations</td>
</tr>
<tr>
<td>3.</td>
<td>Organizational chart of the RHU</td>
</tr>
<tr>
<td>4.</td>
<td>Validated Remittance Form I (RF-1)</td>
</tr>
<tr>
<td></td>
<td>• If the RF1 is not validated please attach ME-5</td>
</tr>
<tr>
<td></td>
<td>• Certification of PhilHealth contributions of RHU Staff from MHO/CHO</td>
</tr>
<tr>
<td></td>
<td>• If the current personnel are not included in the RF1, any of the following can be submitted: (physician, nurse, medical technologist, and midwife of RHU)</td>
</tr>
<tr>
<td></td>
<td>• Job description (for DOH representatives)</td>
</tr>
<tr>
<td></td>
<td>• Memorandum of Understanding between LGU and DOH (for Physicians who are under the Doctors to the Barrios Program)</td>
</tr>
<tr>
<td></td>
<td>• Contract of employment and M1-5 (for casual employees)</td>
</tr>
<tr>
<td></td>
<td>• Deployment/assignment papers (for CHO/LGU personnel deployed to the RHU)</td>
</tr>
<tr>
<td>5.</td>
<td>Current photographs of RHU façade (and other facilities-optional)</td>
</tr>
</tbody>
</table>

## B. Renewal of Accreditation

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Submit numbers 1, 2, 3 and 4 documents mentioned above</td>
</tr>
<tr>
<td>2.</td>
<td>Location map in case RHU transferred to another location</td>
</tr>
<tr>
<td>3.</td>
<td>Accreditation fee (P 1,000.00) by postal money order payable to Philippine Health Insurance Corporation or cash paid directly to the cashier (accreditation fee is non-refundable).</td>
</tr>
<tr>
<td></td>
<td>* Please refer to PHIC circ 29. S.2004 for clarifications regarding discounts on accreditation fees.</td>
</tr>
</tbody>
</table>
Checklist 15a

REQUIREMENTS FOR INITIAL ACCREDITATION OF MATERNITY CLINIC OR NON-HOSPITAL HEALTH FACILITY FOR MATERNITY CARE PACKAGE

- PhilHealth application form properly accomplished and notarized
- Mayor's permit and Proofs of operation for a minimum period of three (3) years
  - Patients' records
  - Sworn testimonies from the parish priests, other religious or community leaders
  - Tax returns of the facility for the past 3 (three) years
  - Identification of precursor health facility
- MOA with hospital of higher category to admit referred cases
- MOA with physician
- Transport vehicle or MOA with a vehicle owner
- Current photographs of clinic façade and other facilities
- Current photographs of complete clinic staff
- Complete list of staff with respective designations
- Current standard operating procedure
- PhilHealth RF1
- Quality Assurance activities
- Accreditation Fee (1,500.00) by postal money order payable only to Philippine Health Insurance Corporation or cash paid directly to the cashier. The accreditation fee is non-refundable.

Checklist 15b

REQUIREMENTS FOR RENEWAL OF ACCREDITATION OF MATERNITY CLINIC OR NON-HOSPITAL HEALTH FACILITY FOR MATERNITY CARE PACKAGE

- PhilHealth application form properly accomplished and notarized
- Mayor's permit for the current year
- Complete list of staff with respective designations
- Current standard operating procedure
- PhilHealth RF1
- Quality Assurance activities
- Accreditation Fee (1,000.00) by postal money order payable only to Philippine Health Insurance Corporation or cash paid directly to the cashier. The accreditation fee is non-refundable.
Republic of the Philippines
Philippine Health Insurance Corporation
ACCREDITATION DEPARTMENT
Pasig City

Checklist 16a

REQUIREMENTS FOR INITIAL ACCREDITATION OF DOTS CENTER

- PHIC DOTS - AF1 properly accomplished and notarized
- Certification from PhilCAT
- Current mayor's permit
- List of equipment and supplies
- List of available drugs in the dots center
- Current photographs of DOTS clinic facade and other facilities (optional)
- Current photographs of complete clinic staff
- MOA with an x-ray facility, if without an x-ray facility
- MOA with a microscopy center, if without a laboratory facility
- PhilHealth remittance form 1 (RF 1)
- Accreditation fee (Php1,000.00) by postal money order payable only to Philippine Health Insurance Corporation or cash paid directly to the cashier. The accreditation fee is non-refundable.

REQUIREMENTS FOR RENEWAL OF ACCREDITATION OF DOTS CENTER

- PhilHealth application form properly accomplished and notarized
- Accreditation fee (Php1,000)
- PhilHealth RF 1
- PhilCAT certificate for private DOTS Centers/ DOH - PhilCAT certificate for LGU - owned and operated centers (applicable for initial and 4th year of accreditation)