



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Citystate Centre Building, 709 Shaw Boulevard, Pasig City
 Healthline 441-7442 www.philhealth.gov.ph



October 24, 2012

PHILHEALTH CIRCULAR

No. 055-2012

To July : **ALL ACCREDITED HEALTH CARE PROVIDERS AND
OTHER CONCERNED**

SUBJECT : **Mandatory Requirements For Engagement of Health Care
Professionals Who Are Deemed Automatically Accredited By The
General Appropriations Act of 2012 And By PhilHealth Circular
No. 13 s. 2012**

I. GENERAL GUIDELINES

1. As mandated by the General Appropriations Act of 2012 and by PhilHealth Circular No. 13 s. 2012, all government employed health care professionals, including full time and co-terminus, shall be deemed automatically accredited as a professional health care provider for purposes of the National Health Insurance Program. These automatically accredited professional health care providers however shall be mandatorily required to submit the following to the PRO/LHIO before their automatic accreditation becomes fully effective:
 - a) Application form (Annex A);
 - b) Photocopy of updated PRC license;
 - c) Proofs of employment (i.e., Appointment Papers and Service Record);
 - d) Specialty Board Certificate (as applicable);
 - e) Proof of Payment of the Participation Fee.

The Participation Fee mentioned in No. 5 shall be as follows:

1. For Physicians:

a. Medical Specialists	P 1,500
b. General Practitioners and General Practitioners with Training	P 1,000
 2. For Dentists P 1,000
 3. For Midwives P 500
2. All other health care professionals who are not deemed automatically accredited as aforementioned shall be required to undergo and follow the regular process of engagement.
 3. This policy shall apply to all applications received on the effectivity date of this circular and onwards.

	PHILHEALTH
	MA. TERESA A. QUIAOIT A.O. No. Chief RELMS
	Date: <u> </u>
CERTIFIED TRUE COPY	



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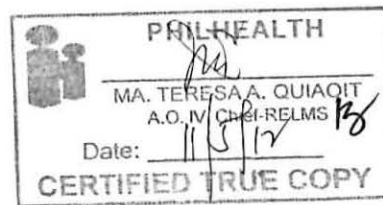
II. REPEALING CLAUSE

All provisions of previous issuances that are inconsistent with any provisions of this Circular are hereby amended/modified/or repealed accordingly while those that are consistent shall remain in full force and effect.

III. EFFECTIVITY

This Circular shall take effect fifteen (15) calendar days from publication in a newspaper of general circulation and shall be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.

^{EP}
DR. EDUARDO P. BANZON
President and CEO



2008 REVISED WARRANTIES OF ACCREDITATION

A. ELIGIBILITY

1. That I am a Doctor of Medicine/Doctor of Dental Medicine/Midwife duly registered and licensed to practice my profession by the Professional Regulation Commission.
2. That I shall assure that I maintain active membership in the NHIP by regularly paying my PhilHealth premium contributions during the entire validity of my accreditation as a professional health care provider depending on the type of membership that I belong to.

B. COMPLIANCE TO THE NATIONAL HEALTH INSURANCE ACT 1995 (R.A. 7875), ITS IMPLEMENTING RULES AND REGULATIONS AND PHILIPPINE HEALTH INSURANCE CORPORATION ADMINISTRATIVE ORDERS

3. That I shall, in the course of my participation by virtue of my accreditation with the NHI Program, conduct myself strictly and faithfully in accordance with the National Health Insurance Law, its Implementing Rules and Regulations, Administrative Orders and such other policies, rules and regulations issued by the PHIC from time to time.

C. CONDUCT OF PARTICIPATION

4. That I shall strictly adhere and abide by the Code of Ethics as prescribed in Section 24, Paragraph 12 of the Medical Act of 1959, as amended, as well as other laws regarding the practice of my profession.
5. That I shall promote and protect the NHI Program against abuse, violation and/or over utilization of its funds, and that I will not allow myself to be a party to any act, scheme, plan or contract that is prejudicial to the Program.
6. That I shall not engage in unethical or illegal solicitation of patients for purposes of compensability under the NHIP Program.
7. That I agree to abide by practice guidelines or protocols, peer review and payment mechanisms of the Program.
8. That I agree not to charge over and above the professional fees provided for by the National Health Insurance Program for beneficiaries admitted to a PhilHealth bed.
9. That I shall see to it that qualified NHI Program beneficiary(ies) are given benefits/services due them, without delay.
10. That I shall have for PhilHealth purposes, a listing of my schedule of professional fees readily available for presentation to PhilHealth members, dependents and/or representatives upon request. That I shall issue an itemized official receipt (OR) for all services provided to PhilHealth members and dependents.

D. INSPECTION AND INVESTIGATION

11. That I hereby recognize the authority of the Philippine Health Insurance Corporation and its duly authorized representative to any inspection or investigation.
12. That I shall cooperate and submit myself to any investigation as ordered by the Corporation by making ready and available when required/summoned, all documents and records pertinent to cases under investigation.
13. That I shall comply without delay any Health Insurance Arbiter's summons, subpoena, subpoena duces tecum and other legal processes.

In accordance with these warranties, I hereby recognize that the participation in the NHI Program is a privilege and not a right, and in the event of a breach thereof, I am fully aware that the Corporation by virtue of its powers under RA 7875 and its Implementing Rules and Regulations, may definitely suspend or perpetually revoke my accreditation.

I further certify under oath that the above statements are true and correct to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 20____ at _____, Philippines.

Republic of the Philippines)
City of _____) S.S.



Signature _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____, Affiant exhibiting to me his/her Community Tax Certificate No. _____ issued at _____ on _____.