

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph



PHILHEALTH CIRCULAR

No. 017 s, 2014

TO : ALL PRIMARY CARE BENEFIT 1 (PCB1) PACKAGE PROVIDERS IN INNOVATION SITES, PARTNER PCB2 SERVICE PROVIDERS, ALL PHILHEALTH REGIONAL OFFICES (PROs), AND ALL CONCERNED

SUBJECT : IMPLEMENTING GUIDELINES FOR THE PRIMARY CARE BENEFIT 2 (PCB2) PACKAGE (OUT-PATIENT MEDICINES FOR HYPERTENSION, DIABETES, AND DYSLIPIDEMIA) AT SELECTED INNOVATION SITES

RATIONALE:

The out-of-pocket spending for health continues to burden Filipino families. "Family Income and Expenditure Surveys" reported that 42% - 46% of households' spending on health care is spent on medicines. Among the poorest families, this even reaches more than 50%.

Moreover, Filipinos increasingly suffer from non-communicable diseases (NCDs). Cardio-vascular diseases and diabetes contribute 37% of total deaths in 2009¹ while their prevalence continues to increase over time. For instance, the prevalence of hypertension increased from 22% to 25%, and diabetes from 3.4% to 4.8% between 2003 and 2008.² The prevalence of hypertension is similar across socio-economic classes.³

As the main payer for health care, PhilHealth reimburses a substantial amount for NCDs. PhilHealth paid around 2.4 B pesos⁴ for non-communicable diseases included in the top 20 conditions reimbursed in 2011. Of these, 1.6 B pesos were paid for essential hypertension, hypertensive heart disease and chronic renal failure, which is often caused by uncontrolled hypertension and uncontrolled diabetes.

Considering the increasing burden of non-communicable diseases vis-a-vis the cost of maintenance drugs for these diseases, PhilHealth Primary Care Benefit 2 (PCB2) Package will pay for out-patient medicines for PhilHealth qualified members or dependents with hypertension, diabetes and dyslipidemia, long before their conditions become catastrophic.

The Philippines, being an archipelago, have different geographical conditions that affect health system set-up. The Corporation shall identify Innovation Sites to test the different modalities of delivery and access to drugs.

¹ National Statistics Office. Philippines in Figures 2012

² Acuin CS and Duante CA (2011). Prevalence Of Non-Communicable Diseases and Their Risk Factors In The Philippines: Trends from the FNRI National Nutrition Surveys 1998-2008

³ Valerie Gilbert T. Ulep et al. (2012) Inequities in Non-communicable Diseases. PIDS Discussion Paper Series No. 2012-04. Makati, Philippines

⁴ PhilHealth Stats and Charts, as of November 2011.

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To achieve these goals, the Corporation has approved the PhilHealth Board Resolution No. 1662 s. 2012, Implementation of Primary Care Benefit 2 Package (PCB2 - outpatient medicines benefits for hypertension, diabetes and dyslipidemia) in innovations sites with the following objectives:

1. Improve access to outpatient medicines for hypertension, diabetes and dyslipidemia for all eligible indigent and sponsored members and their dependents;
2. Reduce number of hospitalization related to NCDs;
3. Improve health outcomes of patients with NCDs;
4. Promote rational drug use among members with NCDs.

A. COVERAGE

Indigent and sponsored members or their dependents may be eligible for the PCB2 package. Only one recipient per family with a 10-year cardiovascular risk of > 30% as defined by the World Health Organization (WHO) in the Package of Essential Non-communicable Diseases (PEN) Interventions for Primary Health Care in Low-Resource Settings⁵ can avail of the PCB2.

B. DEFINITION OF TERMS - See Annex A

C. MEDICATIONS

The following are the medicines that are included in the PCB2 Package.

1. hydrochlorothiazide (25 mg, 50 mg) tablet
2. metoprolol tartrate (50 mg, 100 mg) tablet
3. enalapril maleate (5 mg, 10 mg, 20 mg) tablet
4. amlodipine (besilate/camsylate) (5 mg, 10 mg) tablet
5. metformin hydrochloride (500 mg, 850 mg, 1 g) tablet
6. glibenclamide (2.5 mg, 5 mg) tablet
7. aspirin (80 mg, 325 mg) tablet
8. simvastatin (10 mg, 20 mg, 40 mg) tablet

The Corporation may include other preparations of each molecule as deemed necessary.

D. INNOVATION SITES

The following are the innovation sites to carry out the package until December 31, 2014:

1. Municipality of Pateros, Metro Manila
2. Province of Capiz
3. Palawan - Puerto Princesa City, Busuanga, Coron, Culion and Linapacan

E. REIMBURSEMENT PRICE CAP

PhilHealth shall set a reimbursement price cap for each unit of medicine that may be availed through the PCB2. Participating PCB2 providers must dispense medicines and shall be reimbursed by PhilHealth at the agreed price cap. Price cap will be reviewed quarterly by the Corporation and adjusted accordingly.

⁵ World Health Organization. (2010) Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings

F. ENGAGEMENT OF THE PRIMARY CARE BENEFIT 1 (PCB1) PROVIDER

1. Identified Innovation Sites (through its Local Government Units/LGU) shall be PCB1 providers with an existing Memorandum of Agreement (MOA) with the Corporation to implement the PCB2 Package.
2. PCB1 providers in innovation sites shall register as a PCB2 patient identifier by submitting the following to the Local Health Insurance Office (LHIO):
 - a. A copy of the certificate of training for the WHO PEN of the facility physician and at least another facility staff.
 - b. Latest clientele profile (Circ. 10 s. 2012 Annex A2)
3. Engaged PCB1 provider shall submit a PhilHealth Online Access Form (POAF-Annex B) and Non-Disclosure Agreement (NDA - Annex C) to the PhilHealth Regional Office (PRO)/Branch Information and Technology Management Section (ITMS).
4. Upon approval, PRO ITMS shall issue a digital certificate for the use of Health Care Institution (HCI) portal and install it in the PCB1 provider.
5. The PCB1 provider shall use the HCI portal to determine member/dependents eligibility for both PCB1 and 2 packages as well as for patient profiling.

G. ACCREDITATION OF THE PRIMARY CARE BENEFIT 2 (PCB2) PROVIDER

1. The Corporation, in coordination with the PCB1 provider shall identify drug outlets/pharmacies as a PCB2 provider.
2. Only qualified PCB2 providers that are affiliated with PCB1 providers in identified innovation sites shall deliver the PCB2 Package.
3. Identified PCB2 providers in innovation sites shall register as a PCB2 provider by submitting the following to the Local Health Insurance Office (LHIO):
 - a. Provider Data Record (PDR) which may be downloaded from http://www.philhealth.gov.ph/downloads/accreditation/PDR_03072014.pdf
 - b. Performance Commitment (Annex D) signed by the head of the facility.
 - c. Valid License to Operate issued by Food and Drug Administration (FDA-Annex E)
4. A Certificate of Accreditation shall be issued by the respective PhilHealth Regional Office (PRO) once it is approved.
5. Once accredited, the PCB2 provider shall start dispensing drugs under the PCB2 as prescribed by the PCB1 provider.
6. The PCB2 provider may have different modes of service delivery as applicable to the set-up in the respective Innovation Sites.

H. PROCEDURAL GUIDELINES:

1. Activation of Members Eligibility to PCB2
 - a. Selection of eligible member/dependent
 1. All PCB1 eligible members and dependents, 25 years old and above and under the following conditions shall be screened and assessed using the WHO Package for Essential Non-communicable Diseases (PEN guidelines) cardiovascular risk profile (Annex F):
 - a. without established cardiovascular or cerebrovascular diseases
 - b. have not undergone coronary revascularization or carotid endarterectomy
 2. Members or dependents screened using the PEN guidelines, with more than thirty percent (>30%) cardiovascular risk within ten (10) years are eligible to avail of PCB2.

3. If more than one member of the family is eligible, the family, guided by the physician, shall decide who will avail of the PCB2.
4. Once the PCB1 provider has identified the patient to be enrolled to PCB2, the PCB1 provider shall enroll him/her through the HCI portal to the PCB2 and shall issue the prescription for PCB2 medicines.
5. The PCB1 provider shall be allowed to activate a certain number of PCB2 eligible patients based on the number of members and dependents they have assessed and stratified. PCB2 patients beyond this limit, shall be submitted by the PCB1 provider to the LHIO for review and forward to HCDMD for approval.
6. The PCB1 provider shall regularly submit an electronic copy of names of PCB2 clients for the month to the PCB2 provider in each innovation site. The date of submission of names and the cut-off date shall be determined by both PCB1 and PCB2 provider for each innovation site. Members/dependents identified as eligible after the cut-off date shall be included in the next month's list.
7. Members/dependents who do not fall in the >30% risk, are still entitled to PCB1 services as stated in the PC 10 s. of 2012. Further, they may also avail of the Complete Treatment Pack (ComPack) provided by DOH or other necessary services/drugs and medicines available in the PCB1 provider as prescribed by the physician.

b. Patient's Commitment

1. The patient enrolled to PCB2 shall sign a Patient's Commitment (Annex G) available in the PCB1 provider.
2. The patient shall sign the contract only once for his/her entire eligibility for PCB2.
3. The commitment form shall be submitted to the LHIO within thirty (30) days from the date the contract was signed.

c. Prescription of Drugs and Assessment

1. The PCB1 provider physician shall prescribe a maximum of one month's supply of medicines. He/she shall instruct the patient regarding prescribed follow-up and monthly BP monitoring and refilling of prescription.
2. The prescription shall have a letterhead indicating the name of physician or name of facility with complete address and contact details. It shall also indicate patient's name, age, sex, address, date of prescription, medications (generic name, brand name, dosage strength, dosage form and quantity), instructions on how to take the medications and follow-up, physician's name and signature, license number and Professional Tax Receipt (PTR) number.
3. The PCB1 provider shall provide the PCB2 provider a list of the PCB2 clients and the PCB2 medications prescribed for each patient at least on a monthly basis. Medicines not included in PCB2 but are recommended by the physician shall be prescribed. However, these shall not be reimbursed by PhilHealth.
4. Any prescription given after the cut-off date will be medications for the following month. In this case, the patient may be given the ComPack medicines for his/her consumption for the remaining days of the month.
5. For hard to reach areas, the schedule for dispensing and follow-up may be adjusted to suit the local conditions, balancing access and quality care.
6. In cases when access to the electronic system is not available, prescription for the previous month shall apply.



7. All prescription and transaction data made by the PCB1 physician shall be submitted electronically to PhilHealth ITMD-CO for data base build-up and claims processing validation.

d. Claiming the Benefit from a PCB2 Provider

1. Patient shall present their PhilHealth ID or Member Data Record (MDR) to claim for medicines.
2. PCB2 provider staff shall verify the patient's eligibility using the patient's PhilHealth Identification Number (PIN) through the PCB2 System installed in the PCB2 provider.
3. If the electronic system is not available at the time of claim, the PCB2 provider staff can verify the eligibility and medications of the member based on the hard copy provided by their main office.
4. PCB2 provider shall dispense medicines equivalent to one month's prescription and provide patient education on the applicable condition.
5. Patient shall sign in the receiving log sheet (reflecting patient's name, address, name and number medicines dispensed and cost).
6. If the member cannot claim the medications, he/she may authorize someone to claim the medications for him/her. The authorized person shall present all of the following:
 - a. Authorization letter signed/thumb-marked by the patient.
 - b. PhilHealth ID of the member or MDR
 - c. Any government-issued ID of the authorized person
7. Members eligible to avail of the PCB2 shall not incur any out of pocket expense for drugs included in the PCB2.

e. Filing of PCB2 Claims for Reimbursement:

The PCB2 provider shall submit the following to the PRO/Branch BAS electronically for reimbursement of the PCB2 Package:

1. Electronic copy of the SOA (Annex H)
2. Detailed billing report per PCB1 provider (Annex I)
3. Scanned copy of receiving log sheet reflecting patient's name, address, medicines dispensed, cost per patient and patient's signature (Annex J).

f. Payment Mechanism

Payment to the PCB2 Provider

1. All medicines dispensed during the pilot test of PCB2 information system shall be paid. This shall include medicines dispensed in October 2013 during the initial test of the information system for the PCB2.
2. PRO HCDMD/Branch BAS Head shall certify on the amount to be reimbursed based on the reports submitted by the PCB2 provider.
3. The PRO through FMS/BAS Accounting shall process the claim within 30 days upon receipt of the SOA.
4. All payables are subject to applicable tax rates.
5. PhilHealth shall only pay for PCB2 medicines that are prescribed by the PCB1 provider.
6. Payment shall be through auto credit.

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Incentive to the PCB1 Provider

1. PCB1 providers shall be entitled to a P100 incentive for performing risk factor assessment to all members and dependents (MD) who are twenty-five years old and above (≥ 25) without established cardio- or cerebrovascular diseases and has not undergone coronary revascularization or carotid endarterectomy. The formula shall be:
 - A. $\frac{\text{Total number of risk assessed members and dependents who are } \geq 25 \text{ y.o.}}{\text{Total number of enlisted members and dependents who are } \geq 25 \text{ y.o.}} \times 100 = \% \text{ of Risk Assessment}$
(without cardio-cerebrovascular dse. nor coronary revascularization or carotid endarterectomy)
 - B. **PCB1 Incentive = Amount allotted for % of Risk Assessed multiplied by the Total number of MD ≥ 25 y.o. enlisted**

Table. 1 Amount allotted for the percentage (%) of Risk Assessed

Percentage of MD ≥ 25 y.o. risk assessed	Amount Allotted
100% - 80%	Php 100.00
79% - 70%	Php 75.00
69% - 50%	Php 50.00
Less than 50% risk assessed	Php 0

To illustrate:

Number of MD ≥ 25 y.o. risk assessed = 80

Number of MD ≥ 25 y.o. enlisted = 100

A. $\frac{80}{100} \times 100 = 80\% \text{ Risk assessment}$

Amount allotted for 80% Risk Assessed = PhP 100.00

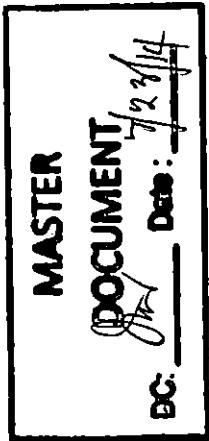
B. $\text{Php } 100 \times 100 = 10,000.00$

2. The P100 incentive shall be released along with the release of the 4th quarter PFP.
3. The disposition and allocation for the P100 incentive will be as follows:
 - A. A minimum of fifty percent (50%) shall be exclusively used for professional fee of the staff directly involved in the PCB2 activities.
 - B. A maximum of fifty percent (50%) shall be used for operational costs.
4. The PCB1 Provider shall regularly update, at least quarterly, the member record in the PCB2 portal to ensure continuity of the patient's eligibility.

g. Suspension of Benefit

The following situations shall result to suspension of PCB2 benefits:

1. The member failed to claim the medicine from the PCB2 provider for two (2) consecutive months.
2. The member failed to fulfill any one provision stated in the patient's contract.



h. Reinstatement of Benefit

A member whose eligibility for the PCB2 was suspended may have his/her eligibility reinstated by presenting a recommendation letter from his PCB1 provider to the respective LHIO.

i. Termination of Benefit

The following situations shall result to termination of PCB2 benefits:

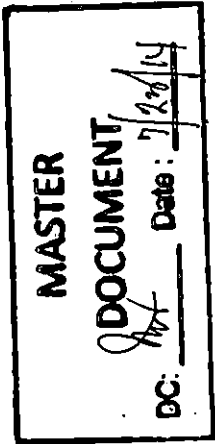
1. Death of the beneficiary.
2. Two (2) consecutive PCB2 benefit suspensions.

j. Transfer of Benefit

PCB2 benefit may be transferred to other PCB2 eligible members of the family according to the following provisions:

1. Benefit is terminated due to death of the beneficiary
2. Benefit is terminated due to two (2) consecutive suspensions of PCB2 benefit.
3. If the current beneficiary chooses to transfer the PCB2 benefit to another qualified member/dependent of his/her family, as guided by the recommendation of the PCB1 physician.

Transfer of benefit to another member of the family terminates the benefit of the previous beneficiary.



I. MONITORING AND EVALUATION

1. PCB 2 shall be included in the enhanced overall monitoring system of PhilHealth stated in Section VII of PhilHealth Circular No. 54, s-2012. It is reiterated that violations to PhilHealth policies include incomplete provisions of services.
2. The facilities shall keep the patients medical records and other pertinent documents (e.g. PCB2 receiving log sheet). These documents should be available during PhilHealth monitoring surveys/visits.

J. REPEALING CLAUSE

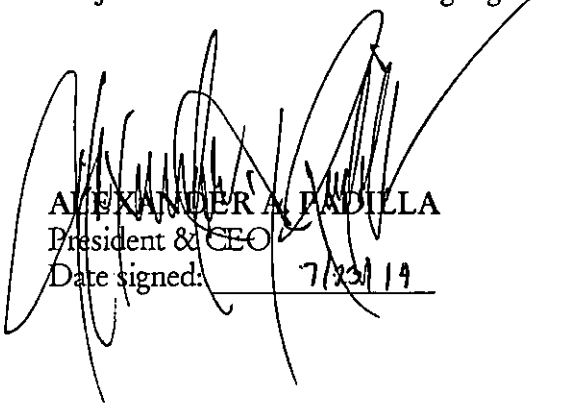
All other provisions of previous issuances inconsistent with this Circular are hereby repealed and amended.

K. EFFECTIVITY

This Circular will take effect immediately upon publication in Innovation Sites and shall end as determined by the Corporation. Furthermore, this circular will be published in any newspaper of general circulation and will be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.

L. ANNEXES

- A. Definition of Terms
- B. POAF (PhilHealth Online Access Form)
- C. NDA (Non-Disclosure Agreement)
- D. Performance Commitment for PCB2 Providers
- E. Sample Valid License to Operate issued by FDA
- F. PEN Risking
- G. Patient's Commitment
- H. PCB2 Form 1: Statement of Account (SOA)
- I. PCB2 Form 2: Detailed billing report per PCB1 provider
- J. PCB2 Form 3: Receiving log sheet


ALEXANDER A. PADILLA
President & CEO
Date signed: 7/23/14

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DC: 6984 Date: 7/23/14

ANNEX A

DEFINITION OF TERMS

Corporation – refers to the Philippine Health Insurance Corporation, government owned and controlled corporation duly organized and existing by virtue of Republic Act No.7875 (as amended by Republic Act No. 9241), otherwise known as the National Health Insurance Act of 1995, may be referred to as “PhilHealth” or the “Corporation”

Carotid endarterectomy - surgical removal of an atherosclerotic plaque in the carotid arteries.

Coronary revascularization - restoration of blood flow to cardiac tissue that suffered from ischemia, usually by coronary artery bypass grafting or percutaneous angioplasty.

Diabetes - diagnosed in a patient meeting any of the following criteria: HBA1c \geq 6.5%; fasting plasma glucose of \geq 126 mg/dl (7.0 mmol/L); 2-h plasma glucose \geq 200mg/dl (11.1mmol/L) during an oral glucose tolerance test; or in a patient with classic symptoms of hyperglycemia or hyperglycaemic crisis, a random plasma glucose of \geq 200mg/dl (11.1mmol/L).

Dyslipidemia – a disorder of lipoprotein metabolism, including lipoprotein overproduction or deficiency. Dyslipidemias may be manifested by elevation of the total cholesterol, the "bad" low-density lipoprotein (LDL) cholesterol and the triglyceride concentrations, and a decrease in the "good" high-density lipoprotein (HDL) cholesterol concentration in the blood. In adults with low-risk lipid values (LDL cholesterol $<$ 100 mg/dL, HDL cholesterol $>$ 50 mg/dL, and triglycerides $<$ 150 mg/dL), lipid assessments may be repeated every 2 years.

DOH Complete Treatment Pack program - a medicines access program designed to reach the poorest of the poor with complete treatment regimens for the top most common diseases in the country which contribute to increasing morbidity and mortality and high out-of-pocket spending for medicines and health services to majority of Filipinos.

Hypertension – is considered in a patient with BP \geq 140/90 mmHg, recorded on at least 2 occasions. It may be classified as stage 1 (SBP= 140-159 or DBP=90-99) or stage 2 (SBP \geq 160 or DBP \geq 100).

Innovation Site - any site identified by the Corporation where the PCB2 Package will be initially implemented.

PCB1 provider – refers to any health facility accredited by the Corporation to deliver the Primary Care Benefit 1 (PCB1) package.

PCB2 client – member/dependent selected by the PCB1 provider to avail the PCB2 Package among the eligible members and dependents as agreed upon by the patient and PCB1 physician.

PCB2 identifier – a facility that is accredited by the Corporation as a PCB1 provider to screen and identify PCB2-eligible patients.

PCB2 provider - any company that has the capacity to provide the medicines needed to deliver the PCB2 package

Risk Assessment – The initial critical step in preventing NCDs is the identification of common major risk factors, which become the starting point for determining the appropriate preventive and control interventions. Criteria for risk assessment are clients who are 25 years old and above

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without established cardiovascular and cerebrovascular diseases or peripheral vascular diseases, or have not undergone coronary revascularization or carotid endarterectomy.

Service delivery points - access points where PCB2-eligible patients can claim their drugs. These are places identified both by the PCB2 identifier and the Corporation where the medicines can be easily accessed by the patients.

Philippine Health Insurance Corporation - a government owned and controlled corporation duly organized and existing by virtue of Republic Act No.7875 (as amended by Republic Act No. 9241), otherwise known as the National Health Insurance Act of 1995, may be referred to as "PhilHealth" or the "Corporation"


World Health Organization (WHO) PEN - prioritized set of cost-effective interventions that can be delivered to an acceptable quality of care, even in resource-poor settings.

References:

1. Executive Summary: Standards of Medical Care in Diabetes - 2011. Diabetes Care, Volume 34, Supplement 1, January 2011.
2. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. NIH Publication No. 04-5230. August 2004.
3. World Health Organization. (2010) Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings

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ANNEX B

 PHILHEALTH ONLINE ACCESS FORM (POAF) Form No. 002		NO.	Registration Date
Name of Accredited Institutional Health Care Provider		PhilHealth Accreditation Number	
Business Address			
User Profile			
Complete Name		Signature	
Position	Email address	Mobile No.	
Approved by:		Date Signed	
To be filled-out by PhilHealth			
Installation Date	Regional / Branch Office	Email address	
Username	Password		
Processed by	Signature	Date Processed	
Approved by	Signature	Date Signed	
Institutional Confirmation			
Confirmed by: Medical Director/Administrator/Authorized Representative			Date Confirmed

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ANNEX C

NON-DISCLOSURE AGREEMENT

_____ Health Care Provider Name _____ is given the facility to connect to the PhilHealth network and access applicable services offered by it, subject to the provisions of a digital certificate to be issued by PhilHealth. In addition to the duties and responsibilities provided under the digital certificate, <HCP Name>, acknowledges the importance of its legal obligation to protect the information that it receives from PhilHealth. In this regard, <HCP Name> hereby agrees to the following non-disclosure policies:

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1. It shall not give or provide access to any information received or generated in the course of utilizing the PhilHealth Online Access System to any unauthorized individuals.
2. It shall store the digital certificate only in specific designated computers within its premises access to which shall be restricted to persons duly authorized by the hospital and PhilHealth. Any changes in the designated computers as well as the authorized persons shall take effect/be implemented only upon approval by PhilHealth.
3. It shall use the digital certificate only for business purposes and will utilize all resources and capabilities available to prevent any unauthorized access.
4. It shall keep in utmost confidentiality the digital certificate and any other form of security token/device issued or provided by PhilHealth
5. It shall similarly bind its employees under a binding formal contract wherein the latter shall undertake to observe the confidentiality and non-disclosure undertakings of the HCP.
6. It shall formulate/implement guidelines and systems to ensure confidentiality and non-disclosure.
7. It shall acknowledge liability of any breach of the non-disclosure agreement by any of its employees.

<HCP Name>, through the herein duly authorized representative, hereby enters into this agreement voluntarily and with full knowledge of its meaning and legal implications.

Health Care Provider Director or Administrator

REPUBLIC OF THE PHILIPPINES}
_____ } s.s.

PERFORMANCE COMMITMENT

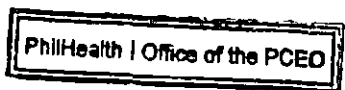
I/ We, _____, Head of the Facility/ Medical Director/ Manager of _____ with official business address at _____ in accordance with law hereby depose and state that:

A. As to Our Role as a PCB2 Provider:

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1. I/We are a duly licensed drug outlet capable of delivering the services expected from a Primary Care Benefit 2 (PCB2) Provider.
2. I/We shall deliver the PCB2 Package services for the duration of the validity of this commitment.
3. I/We shall provide the necessary drugs as stated in the PCB2 circular as prescribed by our PCB1 providers with no out-of-pocket expenses on the part of the members/dependents.
4. I/We shall charge to the PhilHealth benefits the drugs dispensed to the client in the agreed cap price as stated in all concerned circulars and issuances of PhilHealth.
5. I/We will comply with pertinent and applicable laws and regulations affecting the operations of a drug outlet.
6. I/We will maintain stock supply of medicines included in the PCB2 sold as treatment packs as prescribed by PhilHealth.
7. I/We will safeguard against counterfeit medicines.
8. I/We will have a strategy for ensuring accurate and appropriate services given to members in accordance with the PhilHealth policies on PCB2.
9. I/We will provide for the confidentiality and privacy of clients.
10. I/We will follow the Food and Drug Association (FDA) standard for dispensing primary care benefit medicines.
11. I/We will ensure that information on pharmaceutical products is available inside the drug outlet and given to clients when needed.



12. I/We shall treat PhilHealth member or dependent-patient with utmost courtesy and respect, assist them in availing PhilHealth benefits and provide them with accurate information related to the PCB2 package.

13. I/We will provide information to our clients about the dispensed/purchased medicines and will ensure that such information is available inside the drug outlet and given to clients when necessary.

14. I/We will monitor and report adverse events due to intake of medicines.

B. As to Quality Assurance:

1. Our management team provides leadership, acts and assumes overall responsibility for the drug outlet's operation and the quality of its services.
2. I/We are supervised by trained and qualified pharmacist/s to provide the services needed by the clients.
3. I/We shall be guided by Philhealth-approved clinical practice guidelines or, if not available, established and locally-accepted standards of practice.
4. Clients with needs beyond our service capability are referred to an appropriate health facility.
5. Relevant, accurate, quantitative and qualitative data are collected in a timely and efficient manner for improvement and delivery of products and client services.
6. The collection of data and reporting of information comply with professional standards and regulatory requirements and support management decision making.
7. I/We practice safe and efficient storage and handling of pharmaceutical products based on technical specifications and safety standards.
8. I/We have a system to monitor and crosscheck the integrity of the medicines it handles, stores and dispenses.
9. I/We will maintain a ledger of our accounts according to the prescribed format of the Corporation.
10. I/We will maintain an electronic system as prescribed by the standards of PhilHealth to be able to participate as a PCB2 provider.
11. I/We shall maintain a high level of service satisfaction among PhilHealth clients including all their qualified dependents/beneficiaries.

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C. As to Responsibility in Maintaining and Submitting Reports:

1. I/We shall promptly submit reports as may be required by PhilHealth, DOH, FDA and all other government agencies and instrumentalities.
2. I/We shall regularly submit to PhilHealth monitoring reports as required in PhilHealth circulars.
3. I/We shall maintain a registry of all our clients/patients as provided by the appropriate issuance, which shall be made available to PhilHealth or any of its authorized personnel.
4. I/We shall ensure that true and accurate patient's data are recorded / encoded in PCB2 system.
5. That we shall take full responsibility for any inaccuracies and/or falsities entered into and/or reflected in the statements of account, detailed billing statement, and receiving log sheet for PCB2 clients submitted to PhilHealth.

D. As to Deduction to Future Payments

I/We agree that PhilHealth may deduct from our future payments, all reimbursements paid to our institution during the period of its non-participating status as a result of a gap in validity of our FDA license, suspension of participation, etc, including any and all other fees due to be paid to PhilHealth.

E. As to Distribution of Information and Forms:

1. I/We shall provide a PhilHealth Bulletin Board for the posting of updated information of the NHIP (circulars, memoranda, IEC materials, price reference index, etc.) in conspicuous places accessible to patients, members and dependents of the NHIP.
2. I/We shall always make available the necessary forms for patient's use.

F. As to Ownership:

1. We are owned by _____
and _____ managed _____ by
_____ and doing
business under the name of _____ with
License/Certificate No. _____.

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G. As to Responsibility of Owner/s and Manager/s:

1. As responsible owner(s) and/or manager(s) of the institution, I/We shall be jointly and severally liable for all violations committed against the provisions of Rep. Act No. (RA) 7875, as amended by RA 10606, its Implementing Rules and Regulations (IRR) and PhilHealth policies issued pursuant thereto.
2. Any change in ownership and/or management of our institution shall not operate to exempt the previous and/or present owner and/or manager from liabilities for violations of the immediately preceding paragraph/commitment.
3. I/We shall inform PhilHealth thirty (30) days prior to any change in the ownership and/or management of our institution.
4. I/We commit to ensuring sustainability of our participation in the NHIP by securing applicable licenses/certification/accreditation from concerned agencies.
5. I/We shall enroll all of our personnel and employees in the NHIP and shall consistently pay the monthly premium contributions not only during our participation in the NHIP but also during the corporate existence of our Institution.

H. As to Personnel Qualification and PhilHealth Membership:

1. All professional health care providers in our facility have proper credentials and given appropriate privileges in accordance with our policies and procedures.
2. Our officers, employees, and other personnel are members in good standing of the NHIP.

I. As to the National Health Insurance Program (NHIP)

1. I/We shall protect the NHIP against abuse, violation and/or over-utilization of its funds and we shall not allow our institution to be a party to any act, scheme, plan or contract that may directly or indirectly be prejudicial to the NHIP.
2. I/We shall not directly or indirectly engage in any form of unethical or improper practices as NHIP Benefit provider such as, but not limited to, solicitation of patients for purposes of compensability under the NHIP, the purpose and/or the end consideration of which tends unnecessary financial gain rather than promotion of the NHIP.
3. I/We shall immediately report to PhilHealth, its officers and/or to any of its personnel, any act(s) of illegal, improper and/or unethical practices of HCI of the NHIP that may have come to our knowledge directly or indirectly.

MASTER DOCUMENT
DC: Wjpb Date: 7/29/16

4. I/We commit to extend our full support in sharing PhilHealth's vision in achieving this noble objective of providing accessible quality health insurance coverage for all Filipinos.

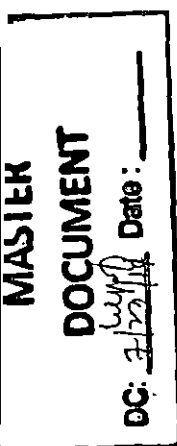
J. As to Compliance with Laws, Rules and Regulations:

1. I/We shall abide with all the PhilHealth Circulars, Memorandum Circulars, Office Orders, Special Orders, and other administrative issuances by PhilHealth which affect our conduct in doing our business.
2. I/We shall abide with all Administrative Orders, Circulars and such other policies, rules and regulations issued by the Department of Health and all other related government agencies and instrumentalities governing the operations of IHCPs in participating in the NHIP.
3. I/We shall adhere to pertinent statutory laws affecting the operations of IHCPs including but not limited to the Expanded Senior Citizens Act of 2003 (R.A. 9257), the Cheaper Medicines Act (R.A. 9502), the Pharmacy Law (R.A. 5921), the Magna-Carta for Disabled Persons (R.A. 9442), and all other laws, rules and regulations that may hereafter be passed by the Congress of the Philippines or any other authorized instrumentalities of the government.

K. As to Accreditation

We hereby acknowledge the power and authority of PhilHealth to do the following:

1. To suspend, shorten, pre-terminate and/or revoke our privilege of participating in the NHIP including the appurtenant benefits and opportunities at any time during the validity of the commitment for any violation of any provision of this Performance Commitment.
2. To suspend, shorten, pre-terminate and/or revoke our privilege of participating in the NHIP including the appurtenant benefits and opportunities incident thereto at any time during the term of the commitment due to verified adverse reports/findings of pattern or any other similar incidents which may be indicative of any illegal, irregular or improper and/or unethical conduct of our operations.
3. To deny our participation in the NHIP should there be a case, regardless of the nature thereof, filed by us against PhilHealth, its Officers and/or any of its Personnel. Provided that, if in the discretion of PhilHealth, the specific nature of the case is such that it will not directly or indirectly affect a healthy business relationship with us, PhilHealth, upon the recommendation of the Accreditation Committee, may favorably consider the approval of our participation.



L. As to Authority of PhilHealth Officers and Employees

1. I/We shall extend full cooperation and due courtesy to all PhilHealth officers, employees and staff and any other authorized personnel and instrumentalities during the conduct of assessment/visitation/investigation/monitoring/domiciliary visits of our operations as participating HCI of the NHIP and, thereby, provide access to patient records and make available all pertinent official records and documents including the provision of copies thereof at any time relative to the exercise of our privilege and conduct of our operations as participating HCI of the NHIP.
2. I/We shall and submit to any assessment conducted by PhilHealth relative to any findings, adverse reports, pattern of utilization and/or any other acts indicative of any illegal, irregular and/or unethical practices in our operations as participating HCI of the NHIP that may be prejudicial or tends to undermine the NHIP.

M. As to Administrative and Legal Proceedings

1. I/We shall comply with the corrective actions given after monitoring activities within the prescribed period.
2. I/We shall comply with PhilHealth's summons, subpoena, subpoena 'duces tecum' and other legal or quality assurance processes and requirements.

N. As to Issuance of a New Performance Commitment

1. At any time during the period of our participation in the NHIP, upon request of PhilHealth, I/we shall voluntarily and unconditionally sign and execute a new 'Performance Commitment' to cover the remaining portion of our engagement or to renew our participation with the NHIP as the case may be, as a sign of our good faith and continuous commitment to support the NHIP.

I am executing this affidavit to attest to the truth of the foregoing commitments and for whatever legal purposes it may serve.

In witness whereof, I hereby affix my signature this ____ day of _____, in _____, Philippines.

Head of the Facility/ Medical Director/ Manager
Affiant

Name of Health Care Institution

MASTER DOCUMENT

DC: WSP Date: 7/22/11

SUBSCRIBED AND SWORN TO BEFORE ME this ____ day of _____, affiant exhibiting to me her _____. I hereby certify that I have personally examined the affiant herein and I am convinced that she has read and understood the contents hereof and that she has voluntarily executed the same.

Notary Public

Doc. No. ____
Page No. ____
Book No. ____
Series of 2014.

MASTER
DOCUMENT
DC: 6245 Date: 7/27/14

ANNEX E

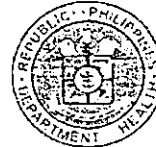
Sample License to Operate

MASTER
DOCUMENT
DC: 7121-111 Date: _____

Sample License to Operate



Republic of the Philippines
Department of Health
FOOD AND DRUG ADMINISTRATION



Opening

LTO NO.: RDI-MM-DS-12936

LICENSE TO OPERATE
as DRUGSTORE

Pursuant to Administrative Order No. 56 s. 1989 in the implementation of the provisions of Republic Act No. 3720, as amended, otherwise known as "Foods, Drugs and Devices and Cosmetics Act." License is hereby issued to operate a drug outlet specifically as a DRUGSTORE in favor of:

Name of Establishment :
Address :
Owner :

same establishment having complied with the Rules and Regulations governing the operation of a drug outlet specifically as a DRUGSTORE.

The License shall be valid until 19 September 2012 and subject to renewal/revalidation after inspection.

This license is subject to suspension or revocation anytime, should a violation of any of the provisions of R.A. 3720 as amended and/or R.A. 5921 as amended (Pharmacy Law) and R.A. 8203 - Special Law on Counterfeit Drugs and their implementing rules and regulations be committed.

All pharmaceutical products to be distributed and sold by the drugstore shall be registered with FDA prior to their introduction into domestic commerce.

This license must be displayed in a very conspicuous place within the drug outlet to facilitate inspection.

WITNESS MY HAND and the Seal of this Office, this 19th day of September, 2011.

BY AUTHORITY OF THE SECRETARY OF HEALTH

SUZETTE H. LAZO, MD, FPSECP
Acting Director IV

Date Issued: 01 Sept 11 Official Receipt : 0328892 Amount: P 1,010.00
SSG/grz/b

REVALIDATION

Year : _____
O.R. : _____
Date : _____
Valid until : _____
Signature : _____



Location: Pateros

RHU: Mayor Juan Sanchez Health Center

Patient No 20131012 Patient Name: Karen S Nina

Medicine Name	Quantity	Unit Price	Item Price
Glibenclamide 5 Mg	30	1.44	43.20
Amlodipine 10 Mg	60	4.75	285.00
Sub-Total:			328.20

Patient No 20131013 Patient Name: Leo M. Sancho

Medicine Name	Quantity	Unit Price	Item Price
Glibenclamide 5 Mg	30	1.44	43.20
Amlodipine 10 Mg	60	4.75	285.00
Amlodipine 10 Mg	30	4.75	142.50
Sub-Total:			470.70

Total Amount: Php 798.90

Summary of Billing Report for RHU

Location: Pateros

RHU: Mayor Juan Sanchez Health Center

Billing Period: November 2013

RX Id	Patient Name	Patient No.	Prescribed Date	Issued Date	# Medicines	Amount
4762891503	Karen S Nina	20131012	10-31-2013	01-08-2014	2	328.20
6025783419	Leo M. Sancho	20131013	10-31-2013	01-08-2014	3	470.70

Total Amount: Php 798.90

MEMORANDUM OF AGREEMENT

(By and between
PHILIPPINE HEALTH INSURANCE CORPORATION
and
THE CITY/ MUNICIPALITY OF CORON, PALAWAN)

KNOW ALL MEN BY THESE PRESENTS:

This Agreement made and entered into by and among:

The **PHILIPPINE HEALTH INSURANCE CORPORATION**, a government owned and controlled corporation duly organized and existing by virtue of Republic Act No. 7875, as amended by Republic Act No. 9241, otherwise known as the National Health Insurance Act of 1995, with office address at CityState Centre, No. 709 Shaw Blvd, Pasig City, duly represented herein by its Regional Vice President, **MR. PAOLO JOHANN C. PEREZ**, and hereinafter referred to as "**PHILHEALTH**" or the "**Corporation**";

- And -

The **CITY/MUNICIPALITY OF CORON**, a political entity organized and existing under the law of the Republic of the Philippines, represented herein by its **Honorable Mayor CLARA E. REYES** and hereinafter referred to as the City/ Municipality;

WITNESSETH THAT:

WHEREAS, Article XIII of the 1987 Philippine Constitution mandates the State to: adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost; recognize the priority of the needs of the underprivileged, sick, elderly, disabled, women, and children; and provide free medical care to paupers;

WHEREAS, to implement the aforementioned constitutional provision, the Philippine Congress enacted Rep. Act No. 7875, as amended by Rep. Act No. 9241, "*An Act Instituting a National Health Insurance Program for all Filipinos and Establishing the Philippine Health Insurance Corporation*" or the "*National Health Insurance Act of 1995*";

WHEREAS, as stated in Section 3 of Article 1 thereof, Rep. Act No. 7875 seeks to: "a) provide all citizens of the Philippines with the mechanism to gain financial access to health services; b) create the National Health Insurance Program x x x to serve as the means to help the people pay for health care services; c) prioritize and accelerate the provision of health services to all Filipinos, especially that segment of the population who cannot afford such services; and d) establish the Philippine Health Insurance Corporation x x x that will administer the Program at central and local levels";

WHEREAS, further, Section 16, Article IV of Rep. Act No. 7875 provides that the Corporation shall have the following powers and functions among others: "*to formulate and promulgate policies for the sound administration of the Program; and "to negotiate and enter into contracts with health care institutions, professionals, and other persons, juridical or natural, regarding the pricing, payment mechanisms, design and implementation of administrative and operating systems and procedures, financing, and delivery of health services*";

WHEREAS, in line with the thrust to achieve Universal Health Care for all Filipinos (*Kalusugan Pangkalahatan* or KP), and true to the aspiration of "**Bawat Pilipino, Miyembro; Bawat Miyembro, Protektado; Kalusugan Natin, Segurado**", PhilHealth primary care benefits must be improved and expanded to give relevant services that will give better health outcomes and financial risk protection to PhilHealth members;

WHEREAS, PhilHealth Board Resolution No. 1662, s. 2012 or the Limited Implementation of Primary Care Benefit 2 (Outpatient Medicines Benefit for Hypertension, Diabetes, and Dyslipidemia) in Innovation Sites hereinafter referred to as the "PCB2" resolves that sponsored program members, as deemed by the Corporation, shall be entitled to medicines for the said conditions with no out-of-pocket spending on the beneficiary;

WHEREAS, consistent with the vision and objectives of the State, as manifested in NHIP's mandate and the local autonomy statutes, the parties herein acknowledge their joint responsibility to test the provision of an out patient package for medications for the control of non-communicable diseases, such as hypertension, diabetes and dyslipidemia for the social and economic well-being of the people of Municipality of Coron.

WHEREAS, the parties hereto agree and declare their commitment to take the necessary steps to implement the principles and objectives provided for in this Agreement.

NOW, THEREFORE, for and in consideration of the foregoing premises, the parties hereto have agreed as they hereby agree and bind themselves, as follows:

ARTICLE I DEFINITION OF TERMS

SECTION 1. For the purpose of this Agreement, the terms set below shall have their meaning as indicated, to wit:

1.1 National Health Insurance Program (NHIP) – refers to the compulsory health insurance program of the government instituted under Republic Act No. 7875, as amended by Republic Act No. 9241, which aims to implement a universal health insurance system and provide universal access to affordable, acceptable, efficient, and effective health care services for all citizens of the Philippines, hereinafter referred to as **NHIP**;

1.2 Primary Care Benefit (PCB) 1 Provider – refers to any health facility providing services under Primary Care Benefit 1 package in accordance with PhilHealth Circular Nos. 10 s. 2012 and 7 s. 2013. It shall screen PhilHealth members who will be qualified to avail of the PCB2.

1.3 Primary Care Benefit 2 Provider – refers to any service provider that enters into a contract with PhilHealth for it to be able to participate in the PCB2.

1.4 Primary Care Benefit 2/PCB2 - refers to PhilHealth's Benefit Package for Outpatient Medicines for Hypertension, Diabetes, and Dyslipidemia.

ARTICLE II UNDERTAKINGS OF PHILHEALTH

SECTION 1. PHILHEALTH shall perform, with due diligence and efficiency, the following undertakings:

1.1 It shall ensure that the proper guidelines and the mechanics of the Program are established and effectively disseminated and implemented;

1.2 It shall closely coordinate with PCB 1 provider in the Municipality of Coron and provide the latter the required information related to the Program in order that the parties herein can continuously improve the implementation of the Program and explore future partnerships between them.

1.3 It shall pay, for and in behalf of the qualified members, the PCB2 providers for the medicines that the PCB1 provider prescribed that are included in the PCB2 package to qualified

members. It is understood that payment to PCB2 providers shall be made within the period that shall be agreed upon by the parties herein.

1.4 It shall assist in the conduct of public information campaign as provided for in Article 3, Section 1, Sub-section 1.3 of this Agreement.

1.5 It shall facilitate the accreditation/engagement of public health institutions and facilities under the jurisdiction of the LGU herein represented, in accordance with the accreditation standards set forth in RA 7875 as amended by RA 9241 and its Revised Implementing Rules and Regulations;

1.6 It shall ensure prompt disbursement of funds for the payment of approved claims under the Primary Care Benefit 2 filed by the PCB2 providers. *Provided*, however, that it shall be liable to pay only up to the prescribed limit of benefits;

1.7 It shall monitor the implementation of the PCB2 package, consistent with the objectives of the NHIP, in coordination with the LGU/s herein represented; and provide the LGU herein represented, the appropriate monitoring reports, as may be needed and requested;

1.8 Provide technical and other support services for the implementation and administration of the PCB 2 Package.

Article III UNDERTAKINGS OF THE CITY/ MUNICIPALITY

SECTION 1. The City/ Municipality shall perform, with due diligence and efficiency, the following undertaking:

1.1 It shall oversee and supervise the implementation of the package through its RHUs/ Health Centers/health facility;

1.2 It shall acknowledge that concerned medical practitioners of the PCB1 Providers are solely responsible for the medical advise which said practitioners may give to PhilHealth members or their beneficiaries.

1.3 It shall assist in the conduct of public information campaign aimed at appraising its constituents on the policies, rules and regulation relative to program benefits, availment procedures, and their corresponding rights and obligations under the same;

1.4 It shall ensure continued delivery of the services to the PCB2 beneficiaries;

1.5 It shall submit to the PhilHealth or its instrumentalities such reports as may be required for the purpose of monitoring/evaluation, research and program development;

1.6 It shall continuously strive for the expansion of program coverage within its jurisdiction.

1.7 It shall monitor and evaluate the implementation of the Program

ARTICLE IV MISCELLANEOUS PROVISIONS

SECTION 1. The Parties shall conform to the general rules and regulations set forth in this Agreement and in all related existing policies and regulations.

SECTION 2. All information shared between the parties hereto shall be highly confidential and should not be shared to any individual or entity, juridical or natural, without the express and written consent of the other party.

SECTION 3. Disbursement of the funds for PCB2 shall be in accordance with the procedures set forth by the Corporation, pursuant to government accounting and auditing rules and regulations.

ARTICLE V WARRANTIES AND REPRESENTATIONS

SECTION 1. Each party warrants and represents to the other that:

1.1 Its representative is authorized to sign this Agreement and to bind the entity he represents.

1.2 All approvals necessary to negotiate, conclude, and perform this Agreement have been obtained and that this Agreement is a binding covenant upon him/it.

1.3 He/it is legally capacitated to contract this agreement and to perform his/its obligations under this Agreement, and that he/it is under no legal disability to contract or perform this Agreement.

ARTICLE VI REVISION OR AMENDMENT

SECTION 1. Any amendments, modifications or revision of this Agreement shall be subject to the mutual agreement of the Parties in writing.

ARTICLE VII EFFECTIVITY

SECTION 1. This Agreement takes effect upon signing hereof and shall remain valid for until December 31, 2013 and shall not be renewed automatically. However, should the Parties be interested in extending this Agreement beyond December 31, 2013, either party shall inform the other within two (2) months prior to the expiration of this Agreement to allow for potential negotiation of a new agreement.

ARTICLE VIII

TERMINATION OF THIS AGREEMENT

SECTION 1. This Agreement takes effect upon signing hereof and shall remain valid for until December 31, 2014 and shall not be renewed automatically. However, should the Parties be interested in extending this Agreement beyond the stated date, either party shall inform the other within two (2) months prior to the expiration of this Agreement to allow for potential negotiation of a new agreement.

IN WITNESS WHEREOF, the parties have hereto set their hands this _____ day of _____, 2014, at _____, Philippines.


PHILIPPINE HEALTH INSURANCE CORPORATION

MUNICIPAL GOVERNMENT CORON

By:

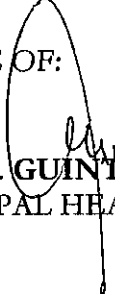
By:


MR. PAOLO JOHANN C. PEREZ
Regional Vice President, PhRO IVB


HON. CLARA C. ESPIRITU-REYES
MUNICIPAL MAYOR

SIGNED IN THE PRESENCE OF:

MARIA JOSEFINE A. GOOL,MD
MEDICAL OFFICER VII,HCDMD
CHIEF


ALAN R. GUINTAPAN,MD
MUNICIPAL HEALTH OFFICER

ACKNOWLEDGEMENT

Republic of the Philippines)
_____) S.S.

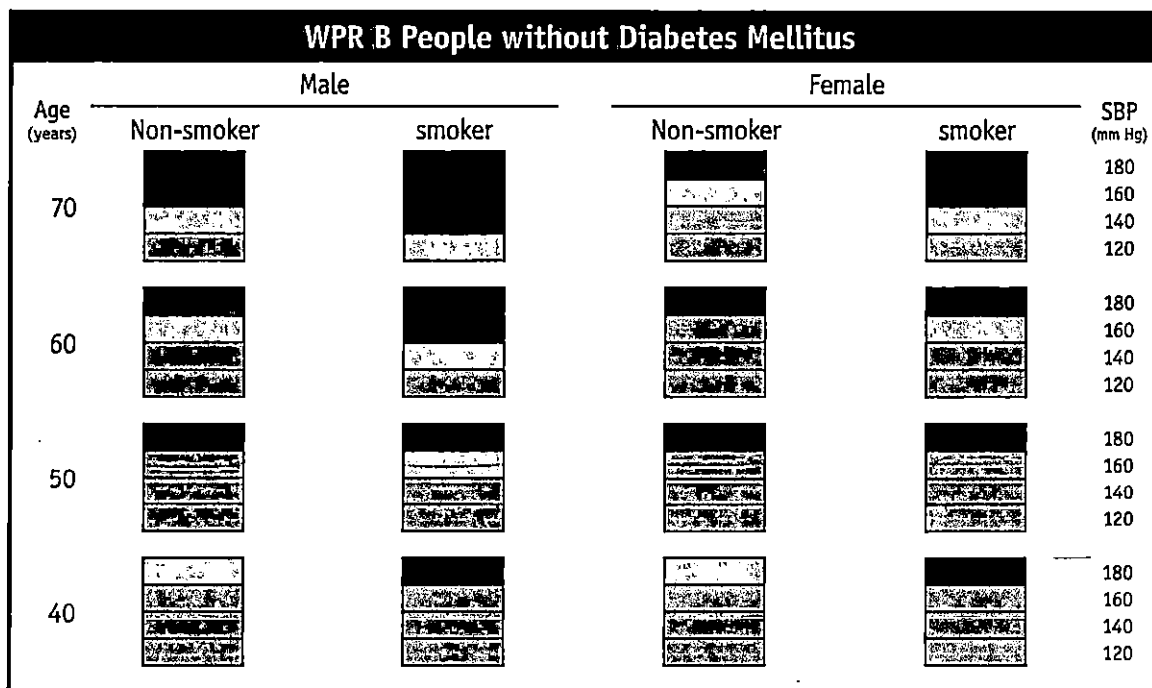
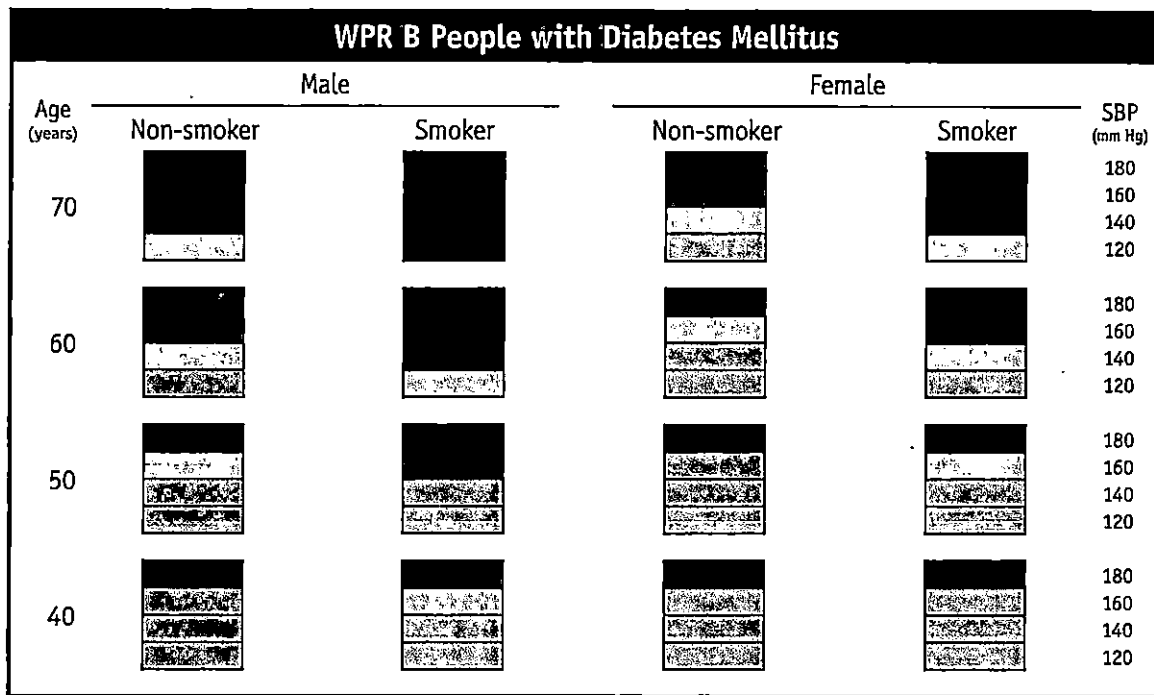
BEFORE ME, a Notary Public, for and in the above jurisdiction on this _____ day of _____, 2014, at _____, Philippines personally appeared:

Name	CTC Number	Date/Place Issued
_____	_____	_____
_____	_____	_____

WHO/ISH risk prediction chart for WPR B. 10-year risk of fatal or non-fatal cardiovascular event by gender, age, systolic blood pressure, smoking status and presence or absence of diabetes mellitus.

Risk Level <10% 10% to <20% 20% to <30% 30% to <40% ≥40%

ANNEX F



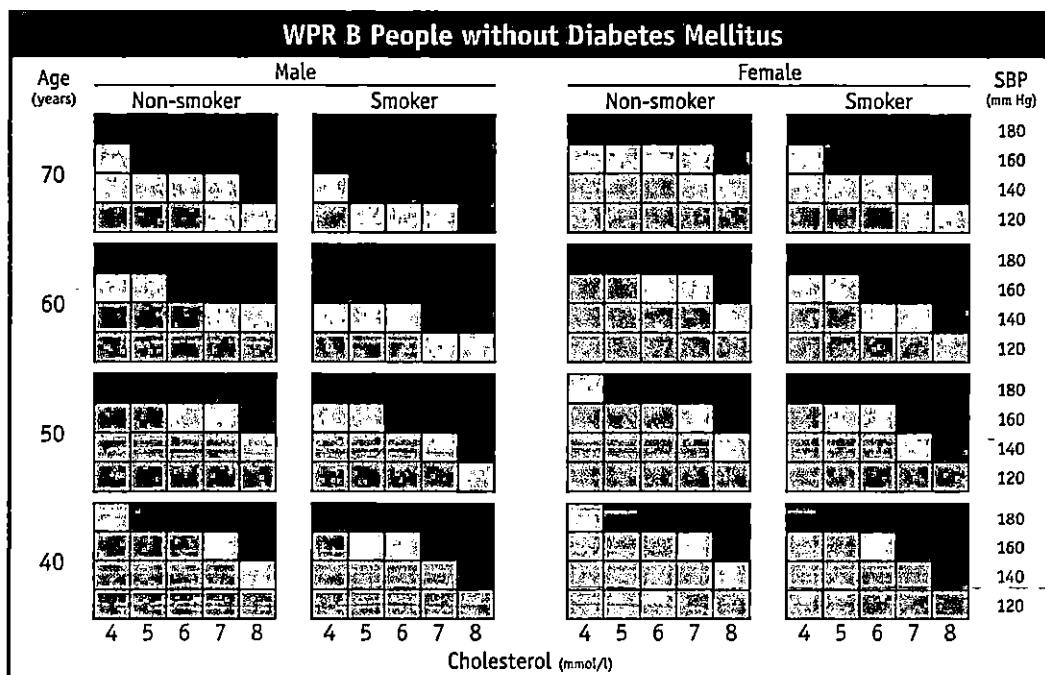
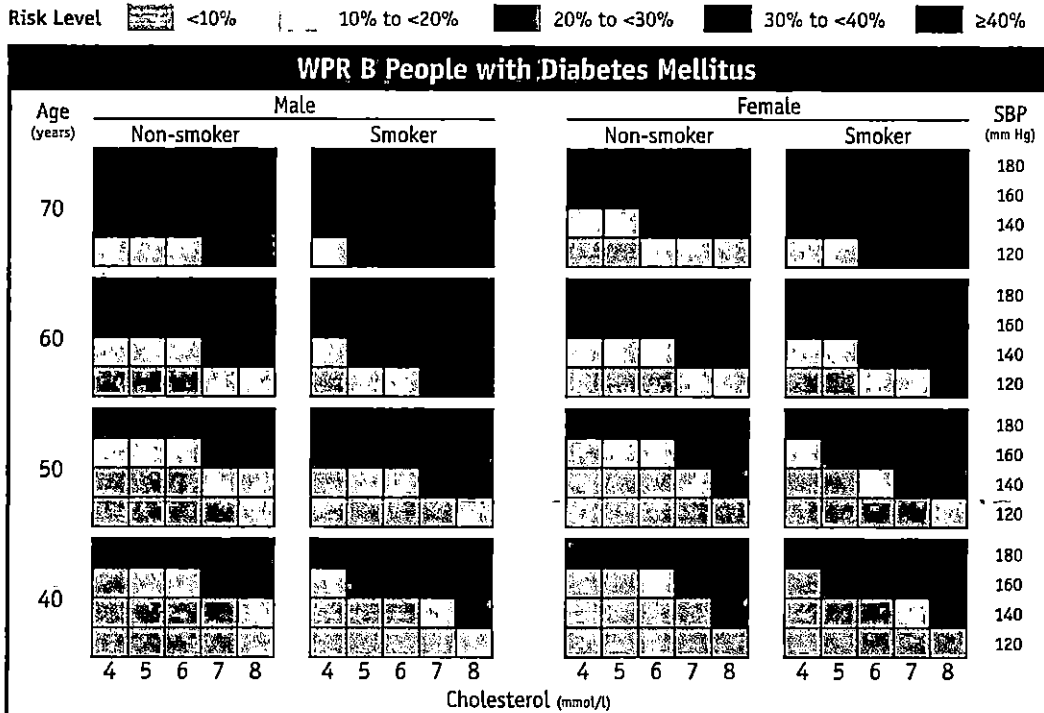
Risk levels

The colour of the cell indicates the 10-year risk of combined myocardial infarction and stroke risk (fatal and non-fatal) as shown below

10-year combined myocardial infarction and stroke risk (fatal and non-fatal)

- Green < 10%
- Yellow 10% to < 20%
- Orange 20% to < 30%
- Red 30% to < 40%
- Deep Red > 40%

WHO/ISH risk prediction chart for WPR B. 10-year risk of fatal or non-fatal cardiovascular event by gender, age, systolic blood pressure, total blood cholesterol, smoking status and presence or absence of diabetes mellitus.



Instructions on how to use WHO/ISH (World Health Organization/ International Society of Hypertension) risk prediction charts

- Step 1** Select the appropriate chart depending on the presence or absence of diabetes.
- Step 2** Select male or female tables.
- Step 3** Select smoker or non smoker boxes.
- Step 4** Select age group box (if age is 50-59 years select 50, if 60-69 years select 60 etc.)
- Step 5** Within this box find the nearest cell where the individuals systolic blood pressure (mm Hg) and total blood cholesterol level (mmol/l) cross. The colour of this cell determines the 10-year cardiovascular risk.

The charts provide approximate estimates of cardiovascular disease (CVD) risk in people who do not have established coronary heart disease, stroke or other atherosclerotic disease. They are useful as tools to help identify those at high cardiovascular risk, and to motivate patients, particularly to change behaviour and, when appropriate, to take antihypertensive, lipid-lowering drugs and aspirin.

ANNEX G - PAHAYAG NG PAGSANG-AYON NG PASYENTE

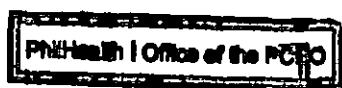
PAHAYAG NG PAGSANG-AYON NG PASYENTE

Mga Binibini at mga Ginoo:

Sa pamamagitan ng liham na ito ay ipinapahayag ko ang aking pakikiisa sa National Health Insurance Program. Dahil dito ay titiyakin ko ang mga sumusunod:

1. Na kusang loob akong sumasang-ayon na masuri sa pamamagitan ng *World Health Organization 2010 Package of Essential Non-communicable Disease Interventions for Primary Health Care in Low-Resource Settings* o PEN;
2. Na kung sakaling ako ay maging karapat-dapat batay sa mga pamantayan ng PhilHealth ay makakamtan ko ang PCB2 Package alinsunod sa mga alituntuning nakasaad sa PhilHealth Circular No. ____,s.2014 at sa iba pang mga patakaran at alituntuning ipinapatupad ng PhilHealth;
3. Na ako ay mahigpit na susunod sa lahat ng ipag-uutos ng duktor lalo na sa pag-inom ng gamot at iba pa niyang tagubilin;
4. Na hindi ko ibibigay sa iba ang mga gamot na nasa compliance pack/s na ipinagkaloob sa akin;
5. Na sa anumang paraan ay hindi ko hahatiin ang pag-inom ng mga gamot, sang-ayon na rin sa itinagubilin ng duktor;
6. Na hindi ko ipagbibili sa ibang tao o institusyon ang mga gamot na ipinagkaloob sa akin;
7. Na regular kong susubaybayan at itatala ang presyon ng aking dugo o blood pressure;
8. Na ang pagtigil o pagtatapos ng aking pribilehiyo sa PCB2 Package ay alinsunod sa mga tuntuning isinasaad sa Circular No. ____, s.2014 at sa iba pang patakaran at alituntuning ipinapatupad ng PhilHealth;
9. Na anumang paglabag ko sa mga alituntuning nakasaad dito ay sapat na batayan para bawiin at matigil ang aking pribilehiyo sa PCB2 Package, bukod pa sa iba pang kaparusahang maaaring ipataw sa akin ng PhilHealth sang-ayon sa National Health Insurance Act of 2013 at Implementing Rules and Regulations nito, at iba pang kaugnay na batas.
10. Na ang Pahayag na ito ay magkakabisa sa sandaling ito ay aking malagdaan.

Pangalan at Lagda ng
PhilHealth Member/ PCB2 eligible



Location: Pateros

RHU: Mayor Juan Sanchez Health Center

Patient No20131012 Patient Name: Karen S Nina

Medicine Name	Quantity	Unit Price	Item Price
Glibenclamide 5 Mg	30	1.44	43.20
Amlodipine 10 Mg	60	4.75	285.00
Sub-Total:			328.20

Patient No20131013 Patient Name: Leo M. Sancho

Medicine Name	Quantity	Unit Price	Item Price
Glibenclamide 5 Mg	30	1.44	43.20
Amlodipine 10 Mg	60	4.75	285.00
Amlodipine 10 Mg	30	4.75	142.50
Sub-Total:			470.70

Total Amount: Php 798.90

Location: Pateros

RHU: Mayor Juan Sanchez Health Center

Billing Period: November 2013

RX Id	Patient Name	Patient No.	Prescribed Date	Issued Date	# Medicines	Amount
4762891503	Karen S Nina	20131012	10-31-2013	01-08-2014	2	328.20
6025783419	Leo M. Sancho	20131013	10-31-2013	01-08-2014	3	470.70

Total Amount: Php 798.90

Issuance Report for Pharmacist/Store

Store Name: Pateros Poblacion
Issued By: Danilo Babon, RPh
License Number: 21561

Order Reference Number: 000000000004
Generation Date: April 2, 2014

Signature: _____

Patient	Medicine	Quantity	Signature
Abarado Sr, Armando Sabenicio	Metformin Hydrochloride 500 Mg	60	
	Amlodipine 5 Mg	30	
Montemayor , Roberto CRUZ	Amlodipine 5 Mg	30	
	Simvastatin 20mg Tablet	30	
	Aspirin 80 Mg	30	