



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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UNIVERSAL HEALTH CARE  
 KALUSUGAN AT KALINGA PARA SA LAHAT

**PHILHEALTH CIRCULAR**

No. 2022 - 0029

**TO : ALL HEALTH CARE PROVIDERS AND ALL OTHERS CONCERNED**

**SUBJECT : Accreditation of Health Care Professionals (HCPs)**

**I. RATIONALE**

Republic Act (R.A.) No. 11223 or the Universal Health Care Act provides that the State shall adopt a people-oriented approach for the delivery of health services that is centered on people's needs and well-being and cognizant of the differences in culture, values and beliefs.

Pursuant to Article IV, Section 16.1 of R.A. No. 10606 or the National Health Insurance Act of 2013, the Corporation has the power to determine the requirements and issue guidelines for the accreditation of health care providers (HCPs) for the Program. The revised Implementing Rules and Regulations (IRR) of the same law provides that the Corporation shall verify, through the accreditation process, the qualifications and capabilities of HCPs for the purpose of conferring upon them the privilege of participating in the Program and assuring that the health care services they render meet the desired and expected quality.

Consistent with R.A. No. 11032 or the Ease of Doing Business and Efficient Government Service Delivery Act of 2018, R.A. No. 10173 or Data Privacy Act of 2012 and PhilHealth Board Resolution (PBR) No. 2728 s. 2022<sup>1</sup>, the guidelines on the process for accreditation of health care professionals (HCPs) are hereby amended.

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**II. OBJECTIVES**

To provide updated guidelines on the accreditation process for HCPs, simplifying the requirements and streamlining the process of accreditation in the National Health Insurance Program (NHIP).

<sup>1</sup> PBR No. 2728, s. 2022: Resolution Approving the Revision of Sections 59 (F), 62 (C), and 63 of the Revised Implementing Rules and Regulations of the National Health Insurance Act of 2013, Grounds for Denial and Temporary Withdrawal of Accreditation and Grounds for Provisional Accreditation of Health Care Providers (HCPs), and Conduct of Surveys on the Sanitation Status of Accredited HCPs.

### III. SCOPE

This PhilHealth Circular shall cover the process of accreditation for all HCPs who intend to participate in the NHIP.

### IV. DEFINITION OF TERMS

- A. **Accreditation Appeals and Review Committee (AARC)** - formerly known as the Accreditation Committee, is a collegial body composed of PhilHealth management, representatives from the Department of Health (DOH), presidents or heads of different HCP organizations and patient groups that deliberates on appeals and motions for reconsideration. The Committee is recommendatory to the President and CEO of the Corporation
- B. **Affiliation** - a relation by which a health facility (HF) accepts an HCP as part of their health human resource and in so doing provides the HCP practice privileges in their HF.
- C. **Continuous Accreditation** - continuous participation granted by the Corporation to HCPs that/who complied with all the requirements for accreditation prescribed by the Corporation within the prescribed period that qualify them for uninterrupted participation in the Program, until such participation is withdrawn or terminated based on the rules set by the Corporation.
- D. **Direct contributors** - members of PhilHealth who have the capacity to pay premiums, are gainfully employed and are bound by an employee-employer relationship, and/or are self-earning professional practitioners, migrant workers, including their qualified dependents, and lifetime members.<sup>2</sup>
- E. **Fraudulent Act** - any act of misrepresentation or deception resulting in undue benefit or advantage on the part of the doer or any means that deviate from normal procedure and is undertaken for personal gain, resulting thereafter to damage and prejudice which may be capable of pecuniary estimation.<sup>3</sup>
- F. **Gap in Accreditation** - the period where the HCP is not accredited and cannot participate in the NHIP.
- G. **Health Care Professional (HCP)** - a doctor of medicine, nurse, midwife, dentist or other allied professional or practitioner duly licensed to practice in the Philippines.<sup>4</sup>
- H. **Health Facility (HF)** - which may be public or private, devoted primarily to provision of services for health promotion, prevention, diagnosis, treatment, rehabilitation and palliation of individuals suffering from illness, disease, injury, disability or deformity or in need of obstetrical or other medical and nursing care.<sup>5</sup>

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<sup>2</sup> R.A. No. 11223: Universal Health Care Act, Section 4, letter f.

<sup>3</sup> Ibid., Section 4, letter j.

<sup>4</sup> Ibid., Section 4, letter k (2).

<sup>5</sup> Ibid., Section 4, letter k (1).

- I. **Performance Commitment (PC)** – a notarized document signed by the HCProf who intend to participate in the Program, which stipulates their undertakings to provide complete and quality health services to PhilHealth beneficiaries. This document also reflects the commitment of the HCP to comply with PhilHealth policies on benefits payment, information technology, data management and reporting and referral, among others.
- J. **Provisional Accreditation (PA)** – accreditation granted by the Corporation, through the Regional Accreditation Committee and Accreditation Appeals Review Committee, for a specified period of time (full or partial accreditation validity) to an HCP, institution or professional, for conditions as stated in this policy.
- K. **Regional Accreditation Committee (RAC)** - formerly known as the Accreditation Subcommittee (ASc), is a collegial body composed of the heads of the different organizational offices of the PhilHealth Regional Office (PRO), representative from the Center for Health Development of the DOH, representatives of HCP organizations and patient advocate group, that deliberates on the applications and certain motions for reconsideration on accreditation of HCPs in the PRO.
- L. **Temporary Withdrawal of Accreditation (TWA)** – a measure instituted by the Corporation for the temporary cessation of a valid accreditation that was previously granted to a HCProfs for a specific period due to conditions as provided in for in this issuance.

V. **POLICY STATEMENTS**

- A. PhilHealth accredits the following HCProfs subject to full compliance with the requirements and conditions set by the Corporation:
  - 1. Physicians
    - a. General Practitioner (GP)
    - b. GP with training
    - c. Medical Specialist (MS)
  - 2. Midwives
  - 3. Dentists
  - 4. Nurses
  - 5. Other professionals as deemed necessary by the Corporation

B. **Types of Accreditation**

- 1. Initial - the accreditation given to a qualified HCProf who is applying for the first time.
- 2. Renewal - the accreditation given to a qualified HCProf before the expiration of a previous accreditation in accordance with the provisions of this Rules.
- 3. Re-accreditation - accreditation given to a qualified HCProf if previous accreditation has lapsed or was temporarily withdrawn, previous application for accreditation was denied, or classification of the HCProf was upgraded.

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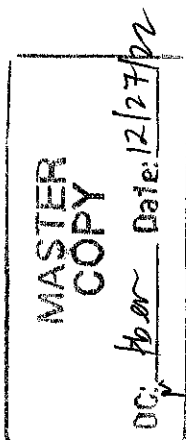
### C. Requirements for Accreditation

1. All accredited HCPs shall have a valid license from the PRC. In lieu of a valid PRC ID, HCPs may submit a copy of the appointment details for renewal of professional license issued by the PRC. In such cases, the HCP shall submit a copy of the PRC ID to ensure continuous accreditation.
2. All accredited HCPs shall have the applicable training/s and/or competency/ies required based on the service/s they are providing.
3. The prescribed accreditation requirements are provided in Annex A: Documentary Requirements for Accreditation of Health Care Professionals.
4. All accredited HCPs shall submit a fully accomplished and signed Provider Data Record for Health Care Professionals (Annex B) for updating of any information in the accreditation database such as change in name, address, affiliation, marital status, contact information including mobile number and email address, etc., with supporting documents as applicable, as outlined in Annex C (Supporting Documents for Updating of Records of Health Care Professionals).
5. All accredited HCPs shall submit a fully accomplished, signed and notarized Performance Commitment for Health Care Professionals (Revised October 2022) (Annex D) as part of the documentary requirements.

### D. Premium Contributions

1. All accredited HCPs shall be registered members of PhilHealth. They shall pay at least one (1) month premium contribution during the month the application was filed.
2. Applicant HCPs with missed premium contribution shall be referred to the Collection Section of LHIOs/PROs for appropriate action.
3. All accredited HCPs shall continue to pay regularly the required monthly premium contributions which includes the PhilHealth Lifetime members who obtains a regular source of income from employment, practice of profession and other means as per PhilHealth Circular Nos. 2019-0009 and 2019-0010.
4. Premium payment is neither an application fee nor an accreditation fee.

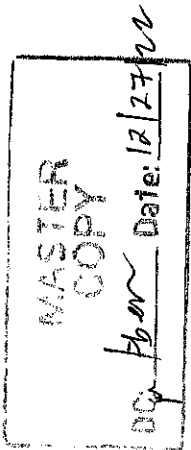
- E. Decisions regarding status of membership of HCPs in their respective accredited professional organizations (APO) of the PRC or specialty societies recognized by the Philippine Medical Association (PMA), in the case of medical specialists, shall be given due consideration in assessing the continued accreditation of such professionals.



## F. Accreditation Process

### 1. Receipt of Application

- a. Application for initial accreditation and re-accreditation may be submitted anytime.
- b. For renewal of accreditation, the HCProfs shall submit the application documents one hundred and twenty (120) days to twenty (20) days prior to the expiration of the current accreditation.
  - b.1. Applications filed before 120 days prior to expiration shall not be accepted.
  - b.2. Applications filed within the prescribed period as stated shall be processed accordingly and shall be granted continuous accreditation as applicable.
  - b.3. Applications filed from the 19<sup>th</sup> day prior to and up to expiration date of the current accreditation shall be considered late filing and shall be granted continuous accreditation but may result to late updating of accreditation records.
  - b.4. Applications filed beyond the expiration of the current accreditation (lapsed) shall be considered re-accreditation and shall incur gap in accreditation.
- c. All HCProfs shall submit the complete documentary requirements for accreditation electronically or manually to their respective LHIOs/PROs. The original documents shall be submitted to the LHIO/PRO within thirty (30) days after submission, if sent via email.
- d. The mailing address of the HCProfs shall determine to which PRO the HCProfs will submit the application. Annex E (PhilHealth Regional Offices' Coverage Areas and Contact Information) shows the PROs' coverage area. In case the application is submitted to another PRO, the concerned PRO shall accept the application and forward it to the appropriate PRO.
- e. Only complete applications shall be accepted. Incomplete applications shall be returned to the applicants with the list of deficiency/ies noted during evaluation.



### 2. Decisions on the Applications

- a. Applications fully compliant with all the requirements for accreditation as established by the Corporation shall be granted accreditation.
- b. The applications for renewal of accreditation of HCProfs with complete requirements, filed within the prescribed period and without pending case/s for infraction/s and/or violation/s of any PhilHealth rules, regulations and

other issuances shall not be subject to deliberation by the RAC, hence granted continuous accreditation.

- c. Initial applications and applications for renewal and re-accreditation with pending case/s for infraction/s and/or violation/s of any PhilHealth rules, regulations and other issuances shall be subject to deliberation by the RAC.
- d. A letter of approval and an electronic ID card shall be emailed to all HCProfs with approved applications upon approval of the Regional Vice-President (RVP). Receipt of such shall be acknowledged by the HCProf immediately. The printed copy of the letter of approval shall be mailed thereafter.
- e. A letter of denial of application shall be emailed to the HCProfs with denied accreditation within three (3) days upon approval of the decision for denial by the concerned RVP on their application for accreditation. Receipt of such shall be acknowledged by the HCProfs immediately. The printed copy of the letter of denial shall be mailed thereafter.
- f. In case the HCProf is not in agreement with the decision on the application, he/she may file an appeal/motion for reconsideration addressed to the Chairperson of the RAC or the AARC accordingly.
- g. The decision on the application is delegated to the head of the PRO by the President and CEO of the Corporation. Decisions are subject to an appeal or motion for reconsideration (MR), as applicable, within thirty (30) calendar days from receipt of the letter of the decision on the application. Otherwise, the decision becomes final and executory.
- h. All HCProfs whose applications for accreditation were denied may re-apply for accreditation any time after the receipt of the letter of denial of accreditation after ensuring that the reason/s for denial has/have been resolved.
- i. All HCProfs whose accreditation are temporarily withdrawn may apply for re-accreditation if they intend to continue to participate in the NHIP.

3. Validity of the Accreditation

- a. The accreditation shall be valid for a maximum of three years, unless earlier terminated, temporarily withdrawn, suspended or revoked by the Corporation.
- b. For initial accreditation, the validity shall start from the date of compliance/ submission of complete application until the end date of his or her valid PRC license.
- c. For renewal of accreditation, the validity of continuous accreditation shall be in consonance with the HCProf's valid PRC license. Hence the accreditation shall expire upon the expiry of the PRC license unless earlier terminated. Currently accredited HCProfs affected by this shall have their accreditation validity extended up to the expiration date of their PRC license. The next

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accreditation validity shall then start one (1) day after the expiration of their PRC license.

- d. For re-accreditation, the start date shall be upon receipt of the application with complete requirements until the end date of his or her valid PRC license.
- e. Continuous accreditation shall be granted to HCProfs applying for renewal of accreditation or re-accreditation with no gap such as due to upgrading who filed their appeals, Motion for Reconsideration (MR) filed within the prescribed period.

To illustrate, Table 1 below shows the scenarios of an HCProf with birthdate of October 1, 1990. The expiration of this HCProf's PRC license is October 1, 2022.

Type of Application	Filing Period	Application Date	Accreditation Validity		
			Current	New	Remarks
Initial, Per Section V.F.1.a of this policy.	Anytime	11/01/19	NA	11/01/19 to 10/01/22	Start date of accreditation is the date of submission of complete requirements.  End date of accreditation is the PRC license expiration date.
Renewal, Per Section V.F.1.b. item b.2 of this policy.	06/03/22 to 09/11/22	06/30/22	11/01/19 to 10/01/22	10/02/22 to 10/01/25	On time submission, entitled to continuous accreditation.  Start date of accreditation is the PRC license expiration date plus one (1) day.  End date of accreditation is the PRC license expiration date.
Renewal, Per Section V.F.1.b. item b.1 of this policy.	06/03/22 to 09/11/22	05/29/22	11/01/19 to 10/01/22	NA	Too early submission, application shall not be accepted.

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Type of Application	Filing Period	Application Date	Accreditation Validity		
			Current	New	Remarks
Renewal, Per Section V.F.1.b. item b.3 of this policy.	06/03/22 to 09/11/22	09/29/22	11/01/19 to 10/01/22	10/02/22 to 10/01/25	Late submission but prior to expiration of accreditation, not entitled to continuous accreditation.  Start date of accreditation is the PRC license expiration date plus one (1) day.  End date of accreditation is the PRC license expiration date.
Re-accreditation, Per Section V.F.1.b. item b.4 of this policy.	06/03/22 to 09/11/22	10/05/22	11/01/19 to 10/01/22	10/05/22 to 10/01/25	Late submission after expiration of accreditation, not entitled to continuous accreditation, will incur gap.  Start date is the submission date.  End date of accreditation is the PRC license expiration date.

Table 1: Accreditation validity based on type of application of HCProf with birthdate of October 1, 1990 and with expiration of PRC license on October 1, 2022.

- f. Revocation of the license issued by the PRC or other government regulatory office shall also take effect on the validity of accreditation upon receipt of the said decision by the concerned professional or the effectivity stated in the decision.

**G. Provisional Accreditation (PA)**

The following are grounds for granting for a provisional accreditation.

1. Submitted an application, appeal or motion for reconsideration (MR) during a period of national or local calamities, whether natural or manmade; armed conflict or epidemic/ pandemic;
2. With non-fraud case/s before the Arbitration Office;

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3. With case/s that are fraudulent in nature before the Prosecution Department, FFIED or PRO Legal Unit, except filing claims for non-treated/ non-admitted patients; and/or
4. Other situation/conditions as determined by the Corporation, during which time there is an urgent need for health care services.

**H. Denial of Accreditation**

The following are grounds for denial of accreditation.

1. Non-compliance with any or all of the requirements for accreditation;
2. Revocation of the license issued by the PRC or other government regulatory office during the validity of accreditation;
3. Conviction either by Arbitration Office, if final and executory, or by the Board due to fraudulent acts as determined by the Corporation until such time that the decision is reversed by the Appellate Court or the penalty has been fully served;
4. Case/s for claiming for non-admitted/non-treated patients at any level of investigation;
5. Case/s involving fraudulent infraction/s, based on the law prevailing during the commission of the infraction, before the Arbitration Office; and/or
6. Such other grounds that the Corporation may determine.

**I. Temporary Withdrawal of Accreditation (TWA)**

The President and CEO of the Corporation shall issue the order for TWA and shall take effect one day after receipt of the letter by the concerned HCProfs or representatives. The following are grounds for temporary withdrawal of accreditation.

1. Non-compliance with any or all of the accreditation requirements within the prescribed filing period;
2. Conviction due to any violation as stipulated on the PhilHealth Rules On Administrative Cases involving Health Care Providers, Members and PhilHealth Employees, as determined by the Corporation until such time that the decision was reversed by the appellate court or the penalty has been fully served;
3. Case/s for claiming for non-admitted or non-treated patients at any level of investigation;
4. Formal communication of the accredited HCProf's intention to withdraw the same for whatever reason; and/or
5. Such other grounds as the Corporation may determine.

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**J. Lifting of Temporary Withdrawal of Accreditation (TWA)**

The President and CEO of the Corporation shall issue the order of lifting of TWA once the condition for the imposition of temporary withdrawal has been resolved or until the end of the regular accreditation, whichever comes earlier. The following are conditions for lifting of TWA.

1. Compliance to the noted deficiency/ies on the accreditation requirements;
2. Lifting of the revocation of the license issued by the PRC or other government regulatory office during the validity of accreditation; and
3. Resolution of all the cited ground/s for the temporary withdrawal of accreditation.

**K. Suspension of Accreditation**

1. The Corporation shall effect the final order of execution or Writ of Execution issued by PhilHealth against the HCPs.
2. If the penalty of suspension imposed upon the HCP exceeds the validity of the current accreditation, the suspension shall continue in effect until the same is fully served. The HCPs application for renewal or re-accreditation shall be accepted and processed accordingly. However, the start date of validity of accreditation shall take effect once the period of suspension is fully served.

**L. Accreditation of the Heads of the Facilities**

1. The Medical Director/ Chief of Hospitals/Heads of hospitals, infirmaries and ambulatory surgical clinics shall serve full time and shall be allowed to handle one (1) health facility only.
2. Head of free-standing dialysis clinics (FDCs) and non-hospital facilities for the maternity care package (MCP)/ normal spontaneous delivery package (NSD) shall be allowed to handle a maximum of three (3) analogous facilities FDCs and MCPs at a time.

**M. Credentialing and Privileging of HCPs**

HCPs shall be subjected to Credentialing and Privileging by their affiliated HFs. HCPs shall submit their legitimate, valid and update credentials to the HF and ensure that they maintain good standing with their PRC recognized organization.

**N. Monitoring and Evaluation of HCPs**

All accredited HCPs shall be subject to the existing PhilHealth rules on the HCP performance monitoring.

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**O. Annexes**

1. Annex A: Documentary Requirements for Accreditation of Health Care Professionals
2. Annex B: Provider Data Record for Health Care Professionals
3. Annex C: Supporting Documents for Updating of Records of Health Care Professionals
4. Annex D: Performance Commitment for Health Care Professionals (Revised October 2022)
5. Annex E: PhilHealth Regional Offices' Coverage Areas and Contact Information

**VI. PENALTY CLAUSE**

Any violation of this PhilHealth Circular, terms and conditions of the Performance Commitment and all existing PhilHealth Circulars, Corporate Orders and directives shall be dealt with in accordance with the pertinent provisions of R.A. No. 11223 and R.A. No. 7875, as amended by R.A. No. 9241 and R.A. No. 10606, and their respective Implementing Rules and Regulations.

**VII. SEPARABILITY CLAUSE**

If any provision of this PhilHealth Circular shall be declared invalid, unconstitutional or unenforceable, the validity of the remaining provisions shall not in any way be affected and shall remain enforceable.

**VIII. REPEALING CLAUSE**

This PhilHealth Circular repeals the following:

- A. PhilHealth Circular No. 10 s. 2014 entitled "The New Accreditation Process for Health Care Professionals and Guidelines for Credentialing and Privileging of Professionals."
- B. PhilHealth Circular No. 2020-0013 entitled "Provisional Accreditation of Health Care Providers."
- C. PhilHealth Circular No. 2020-0006 entitled "Premium Contributions of Accredited Health Care Professionals as Direct Contributors."
- D. Provisions on health care professionals on PhilHealth Circular No. 2017-0013 entitled "Guidelines on Filing of Appeal and Motion for Reconsideration on the Denied Application / Other Accreditation Transactions of Health Care Providers."

All other issuances that are inconsistent with this PhilHealth Circular are hereby modified, amended and repealed accordingly.

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**IX. DATE OF EFFECTIVITY**

This PhilHealth Circular shall take effect fifteen (15) days after its publication in a newspaper of general circulation. A copy of this PhilHealth Circular shall thereafter be deposited at the Office of the National Administrative Register (ONAR) of the University of the Philippines Law Center. This shall cover all applications for accreditation received upon the effectivity of this PhilHealth Circular.



**EMMANUEL R. LEDESMA, JR.**  
Acting President and Chief Executive Officer (APCEO)

Date signed: 12/20/2022

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Accreditation of Health Care Professionals (HCProfs)

## Annex A: Documentary Requirements for Accreditation of Health Care Professionals

### I. GENERAL REQUIREMENTS FOR ALL PROFESSIONALS (as of CY 2022)

1. Provider Data Record
2. Performance Commitment
3. Updated PRC License, in lieu of (on-process) renewal PRC ID, a printed appointment details issued by PRC.
4. 1 x 1 photo (2pcs)

### II. SPECIFIC REQUIREMENTS FOR APPLICATION FOR ACCREDITATION OF PROFESSIONALS (as of CY 2022)

Type of professional	Initial Accreditation	Renewal of Accreditation and Reaccreditation due to gap in accreditation	Reaccreditation for upgrading from GP to GP with training or GP/ GP with training to MS; applicable for physicians only
<b>1. Physicians</b>			
a. General practitioner (GP)	Certificate of Good Standing (CGS) from PMA or its Local Component Society		<b>GP to GPT</b> 1. Certificate of Good Standing from PMA or its Local Component Society 2. Certificate of Completed Residency Training
			<b>GP to MS</b> 1. Certificate of Good Standing from PMA or its Local Component Society 2. Specialty Board Certificate 3. Certificate of Good Standing from Specialty Society/ Subspecialty Society
b. General practitioner (GP) with training	1. Certificate of Good Standing from PMA or its Local Component Society 2. Certificate of Completed Residency Training	1. Certificate of Good Standing from PMA or its Local Component Society	1. Certificate of Good Standing from PMA or its Local Component Society 2. Specialty Board Certificate 3. Certificate of Good Standing from Specialty Society/ Subspecialty Society
c. Medical Specialist (MS)	1. Certificate of Good Standing from PMA or its Local Component Society 2. Specialty Board Certificate 3. Certificate of Good Standing from Specialty Society/ Subspecialty Society	1. Certificate of Good Standing from PMA or its Local Component Society 2. Certificate of Good Standing from Specialty Society/ Subspecialty Society	
Note: 1. For emeritus members of PMA or Specialty Societies, the professional shall submit a copy of proof of emeritus standing from the society in lieu of the CGS. 2. For Primary Care Physicians, the professional shall submit a copy of Certification in Primary Care if available.			
<b>2. Dentists: No additional documents</b>			

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For midwives and nurses, the following documents shall be submitted only during their initial application as providers for the non-hospital facility for the maternity care package (MCP)/ normal spontaneous delivery package (NSD)

3. Midwife	<p>Any of the following evidences of Competency on the Expanded Functions of Midwives (not required for graduates from school year 1995 and onwards):</p> <ol style="list-style-type: none"> <li>1. Certificate of Training from a program accredited by the Continuing Professional Education (CPE) Council of the Board of the Professional Regulation Commission (PRC); or</li> <li>2. Training Certificate from an accredited DOH-PRC training provider/institution; or</li> <li>3. Certificate of Apprenticeship for one or more years with a PHIC accredited Obstetrician-Gynecologists or an accredited midwife done in an accredited facility</li> </ol>
4. Nurse	<ol style="list-style-type: none"> <li>1. Certificate of Training on the Basic Emergency Obstetric and Newborn Care (BEmONC) for nurses from a DOH-recognized training center for BEmONC skills; or</li> <li>2. Certificate of work experience for at least two (2) years in the labor and delivery room of at least a level one (1) hospital</li> </ol>

**Requirements for nurses and midwives providing family planning (FP) services:**

Type of service	Initial Accreditation	Renewal of Accreditation or Reaccreditation due to gap in accreditation	Reaccreditation due to additional service capability
IUD Insertion	<ol style="list-style-type: none"> <li>1. Certificate on Family Planning Competency Based Training (FPCBT) Level 2/Comprehensive Family Planning Course; or</li> <li>2. Post-Partum Training Course</li> </ol>	N/A	<ol style="list-style-type: none"> <li>1. Certificate on Family Planning Competency Based Training (FPCBT) Level 2/Comprehensive Family Planning Course; or</li> <li>2. Post-Partum Training Course</li> </ol>
Post-partum IUD insertion	Post-Partum IUD Training Course		Post-Partum IUD Training Course
Subdermal Contraceptive Implant Package	Certificate of Training on Subdermal Implant Insertion and Removal		Certificate of Training on Subdermal Implant Insertion and Removal

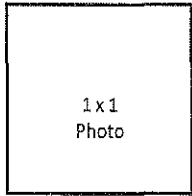
**\*Note: Midwives/Nurses may be providers of FP without being an MCP or NCP provider**

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Annex B: Provider Data Record for Health Care Professionals



**PROVIDER DATA RECORD**  
**HEALTH CARE PROFESSIONALS**



PHIC-ACCREDIT-AF-5 V.2022

**THE PRESIDENT & CEO**  
Philippine Health Insurance Corporation  
Pasig City Philippines

**PHILHEALTH ACCREDITATION NUMBER**

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Not applicable for initial application

Sir/Madam:

I, of legal age, hereby applies for accreditation under Sec. 52 of R. A. 7875 as amended by R. A. 10606 and its Implementing Rules and Regulations thereto. For this purpose, I hereby submit the following pertinent information and documentary requirements.

<b>PHILYSYS NUMBER:</b>																													
<b>TAX IDENTIFICATION NO.</b>		<b>PHILHEALTH IDENTIFICATION NO.</b>																											
<b>1. CLASSIFICATION</b>												<b>2. TYPE OF APPLICATION</b>						<b>3. PROFILE UPDATE</b>											
<input type="checkbox"/> General Practitioner (GP) <input type="checkbox"/> GP w/ Training Training: _____ <input type="checkbox"/> Medical Specialist Specialty: _____ _____ _____												<input type="checkbox"/> Dentist <input type="checkbox"/> Midwife <input type="checkbox"/> Nurse						<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Re-accreditation						<input type="checkbox"/> Update of civil status <input type="checkbox"/> Update of name <input type="checkbox"/> Update of health facility affiliations <input type="checkbox"/> Update of Family Planning Training _____ <input type="checkbox"/> Others: _____					
<b>4. PERSONAL INFORMATION</b>																													
	<b>LAST NAME</b>				<b>FIRST NAME</b>				<small>Name Extension (Dr./Sr./III)</small>	<b>MIDDLE NAME</b>					<small>NO. MIDDLE NAME</small>														
HEALTH CARE PROFESSIONAL																☐													
MOTHER'S MAIDEN NAME																☐													
SPOUSE (if Married)																☐													
<b>5. SEX</b>					<b>6. CIVIL STATUS</b>																								
<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated																								
<b>7. BIRTHDATE (MM/DD/YYYY)</b>				<b>8. E-MAIL ADDRESS</b>						<b>9. LANDLINE NO.</b>				<b>10. MOBILE NO.</b>															
<b>11. MAILING/ BILLING ADDRESS</b>																													
No./St./Brgy.												City/Municipality																	
Province												Zip Code					Contact No.												
<b>12. COLLEGE/ UNIVERSITY</b>																	<b>13. YEAR GRADUATED</b>												
<b>14. PRC NO.</b>					<b>15. DATE ISSUED (MM/DD/YYYY)</b>						<b>16. VALID UP TO (MM/DD/YYYY)</b>																		
<b>17. RESIDENCY TRAINING (For MS/ GP with Training)</b>										Address of Health Facility					Year Started			Year Ended											
Name of Health Facility																													
<b>18. HOSPITAL/CLINIC AFFILIATION(S)</b>															<b>ADDRESS</b>														
1																													
2																													
3																													
4																													
5																													
Continue in a separate sheet if necessary																													
This form may be reproduced and is not for sale															Continue at the back														

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 Date: 1/29/19

**19. PROFILE UPDATE**

Check all applicable:	FROM	TO
<input type="checkbox"/> Change/correction of Name (Last Name, First Name, Name extension, Middle Name)		
<input type="checkbox"/> Upgrading or Downgrading		
<input type="checkbox"/> Correction of Date of Birth		
<input type="checkbox"/> Correction of Sex		
<input type="checkbox"/> Change of Civil Status		
<input type="checkbox"/> Updating of Personal Information/ Address/ Telephone Number/ Mobile Number/ Email address		
<input type="checkbox"/> Others: _____		

Under penalty of law, I hereby attest that the information provided, including the documents I have attached to this form, are true and accurate to the best of my knowledge. I agree and authorize PhilHealth for the subsequent validation, verification and for other data sharing purposes only under the following circumstances:

- As necessary for the proper execution of processes related to the legitimate and declared purpose;
- The use or disclosure is reasonably necessary, required or authorized by or under the law; and,
- Adequate security measures are employed to protect my information.

\_\_\_\_\_  
Health Care Professional's Signature over Printed Name

\_\_\_\_\_  
Date

**INSTRUCTIONS**

1. All information should be written in UPPER CASE/ CAPITAL LETTERS. If the information is not applicable, write "N/A"
2. All fields are mandatory. By affixing your signature, you certify the truthfulness and accuracy of all information provided.
3. A properly accomplished PDR shall be accompanied by a valid proof of supporting documents such as a valid PRC license or its alternative proof and the specific requirement/s as to the type professional classification. The original PRC card shall be presented for verification.
4. For profile updating, fill up item no. 3 and check the appropriate box to be updated. Proceed to item no. 19 and indicate the correct data.
5. Indicate all affiliate health facilities. An official certification from the health facility is required to be submitted.

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12/27/20  
No. \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PHILHEALTH USE ONLY**

Date Evaluated:	LHIO PRO	By:	LHIO PRO	Control No. _____
Date Received:	LHIO PRO	By:	LHIO PRO	
Date Encoded:	LHIO/PRO (Receiving Module) PRO (Data Entry)	By:	LHIO PRO	



## Annex C: Supporting Documents for Updating of Records of Health Care Professionals

### General Documents Required

1. Fully accomplished/signed Provider Data Record (PDR) - Annex B; and,
2. Duly signed & notarized Performance Commitment (PC)- Annex D.

### Specific Documents Required

#### 1. Change in Name due to Marriage

- a. Photocopy of Marriage Certificate issued by PSA; and,
- b. Letter of Request to change name (originally signed).

#### 2. Change in Name due to Reversion (from married to single)

- a. Photocopy Court Decision/Order (*as applicable*); and/or;
- b. Letter of Request to change name (originally signed).

#### 3. Change in Name due to Remarriage

- a. Photocopy Court Decision/Order (*as applicable*) or Death Certificate of late husband issued by PSA (*if widowed*);
- b. Photocopy of Marriage Certificate issued by PSA; and,
- c. Letter of Request to change name (originally signed).

#### 4. Change of Marital Status (single to married or vice versa)

- a. Photocopy of Marriage Certificate issued by PSA;
- b. Letter of Request to change marital status (originally signed); and,
- c. Photocopy Court Decision/Order (*as applicable*).

#### 5. Change of Address

- a. Proof Billing/ Certification from the Barangay; and,
- b. Letter of Request to change address (originally signed).

#### 6. Contact Information (mobile/telephone/e-mail address)

Letter of Request to change contact information (originally signed).

#### 7. Hospital Affiliation (Addition/Deletion)

Letter of Request to add or delete hospital affiliation signed by the Medical Director; and,

##### a. Addition

Certification of Affiliation/non-Affiliation signed by the Medical Director; confirmed by the accredited HCProf

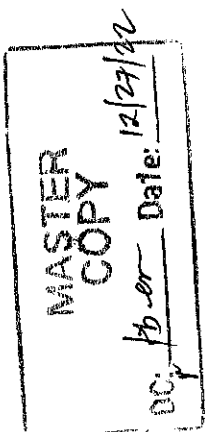
##### b. Deletion

##### i. Requested by HF

- i.1. Letter of Request to delete hospital affiliation signed by the Medical Director; and,
- i.2. Letter to the HCProf notifying him/her re: non-affiliation signed by the Medical Director.

##### ii. Requested by HCProf

- ii.1. Letter of Request to delete hospital affiliation signed by the HCProf; and,
- ii.2. Letter notifying the HF re: non-affiliation signed by the HCProf.



**Annex D: Performance Commitment for  
Health Care Professionals (Revised October 2022)**

**PHILIPPINE HEALTH INSURANCE CORPORATION**

17th Flr., City State Centre Bldg.,  
Shaw Blvd., Pasig City

**SUBJECT : Performance Commitment For Health Care Professionals (Revision 3)**

**Sir/Madam:**

To guarantee our commitment to the National Health Insurance Program (“NHIP”), I respectfully submit this Performance Commitment.

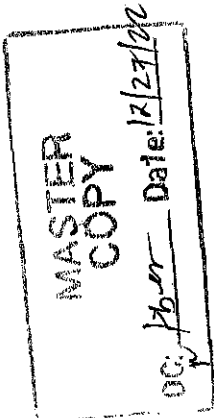
And for the purposes of this Performance Commitment, I hereby commit the following representations:

**A. Representation of Eligibilities**

1. I am \_\_\_\_\_, a Doctor of Medicine/ Dentist/ Midwife/ Pharmacist/ Nurse duly registered and licensed to practice my profession by the Professional Regulation Commission (PRC) with PRC No. \_\_\_\_\_;
2. As a licensed professional, it is my responsibility that my license is updated and valid all the time;
3. I am a member in good standing of the NHIP with an active membership in the NHIP by regularly paying my PHIC premium contributions during the entire validity of my accreditation as a health care professional;
4. Membership in professional organization (choose one)
  - a.  I am member in good standing of \_\_\_\_\_ (name of the national association/ specialty society) regulating my profession;
  - b.  I am not a member in good standing of any national association/ specialty society regulating my profession;
5. I am affiliated with \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Name of accredited HF/s)  
and have undergone credentialing and given appropriate privileges in the said institution/s in accordance with its/their policies and procedures.

**B. Compliance to Pertinent Laws/ Rules and Regulations/ Policies/ Administrative Orders and Issuances**

6. I understand, that as a health care professional of the said institution/s, I will follow the policies of the said facility as long as it does not violate Statutory laws, Orders, Circulars and such other policies, rules and regulations issued by the Department of Health (DOH) and all other government agencies and instrumentalities governing the practice of my profession.
7. I have read, understood and I am fully aware of the provisions of Republic Act (RA)7875, as amended, including its Implementing Rules & Regulations, particularly that pertaining

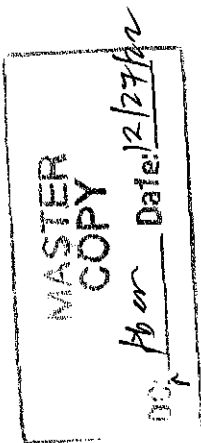


to and governing the extent and limits of the grant of my privilege to be an accredited health care professional of the NHIP administered by the PHIC.

### C. Conduct and Undertakings of Participation in the NHIP

Further, I hereby commit myself to the following:

8. I shall conduct myself strictly and faithfully in accordance with the provisions of the Republic Act 7875 as amended as the National Health Insurance Law of the Philippines including all its Implementing Rules & Regulations (IRR);
9. I shall strictly abide with all the implementing rules and regulations, memorandum circulars, advisories, special orders and other administrative issuances issued by the PHIC governing my accreditation;
10. I shall strictly abide with all Administrative Orders, Circulars and such other policies, rules and regulations issued by the Department of Health (DOH) and all other government agencies and instrumentalities governing the practice of my profession and affecting my accreditation in the NHIP;
11. I shall strictly adhere and abide with all the pertinent statutory laws affecting the practice of my profession and my participation in the NHIP including, but not limited to, the Expanded Senior Citizens Act of 2010 (R.A. 9994), the Breastfeeding Act (R.A. 7600), the Newborn Screening Act (R.A. 9288), the Cheaper Medicines Act (R.A. 9502), the Philippine Pharmacy Act (R.A. 10918), the Magna Carta for Disabled Persons (RA 9442) and all other laws that may thereafter be passed by the Congress of the Philippines or any other authorized instrumentalities of the government.
12. I am fully aware and I hereby acknowledge that accreditation administered by the PHIC is not a right but a mere privilege as provided under Section 31, Article VIII of R.A. 7875 as amended on the 'Authority to Grant Accreditation' by the PHIC;
13. I am fully aware and I hereby acknowledge that my accreditation being a mere privilege extended by the NHIP, the grant of which may be continuous for as long as I comply with the requirements within a particular period as may be determined by the PHIC. I further acknowledge and accept that my accreditation including the appurtenant benefits and opportunities incident thereto, being a mere privilege may be temporarily withdrawn, suspended and/or revoked at any time during the term of my accreditation as may be determined by the PHIC to protect the interests of the NHIP;
14. I am fully aware and I unconditionally acknowledge and agree that non-adherence to guidelines or any violation of any provision of my commitment whether directly or indirectly, shall constitute 'Breach of the Performance Commitment' and shall be a ground at the discretion of the PHIC, to suspend, shorten, pre-terminate and/or revoke my accreditation including the appurtenant benefits and opportunities incident thereto at any time during the term of my accreditation as may be determined by the PHIC to protect the interests of the NHIP;
15. I undertake that all qualified NHIP beneficiaries shall be given high quality of health care service due them without delay and that I shall deduct without delay the correct amount of chargeable benefits due to qualified beneficiaries upon discharge;
16. I am fully aware and I unconditionally acknowledge and agree that any indication(s), adverse reports/findings of pattern(s) or any other similar incident which may be indicative of any illegal, irregular, improper and/or unethical conduct or practice of my profession may be a ground at the discretion of the PHIC, to suspend, shorten, withdraw temporarily and/or revoke my accreditation including the appurtenant benefits and opportunities incident thereto at any time during the term of my accreditation as may be determined by the PHIC to protect the interests of the NHIP;



17. I am fully aware, knowledgeable and hereby agree to strictly conduct myself in accordance with and in compliance to all the basic precepts and tenets of my profession including all the laws, guidelines, policies and regulations regulating my profession including all the ethical standards required and governing the exercise of my profession;
18. I shall promote and protect the NHI Program against abuse, violation and/or over-utilization of its Funds and I will not allow our institution to be a party to any act, scheme, plan or contract that may directly or indirectly be prejudicial to the Program;
19. I shall not directly or indirectly engage in any form of unethical or improper practices as an accredited 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 thereby ultimately undermining the greater interests and noble purpose of the NHIP;
20. I hereby undertake that I shall immediately report to the PHIC, its Officers and/or to any of its personnel, any act(s) of illegal, improper and/or unethical practices of institutional or professional health care providers of the NHIP that may have come to our knowledge directly or indirectly;
21. I shall immediately and promptly make available upon request for PHIC purposes, a listing of my schedule of professional fees readily available to PHIC Officers and authorized personnel, members, dependents and/or representatives;

**D. Administrative Investigations in the Exercise of the Privilege of Accreditation**

22. I unconditionally recognize the authority of the PHIC, its Officers and personnel and/or its duly authorized representatives to conduct administrative investigation relative to the exercise of my privilege and conduct of my profession as an accredited health care professional of the NHIP and knowing the diversity of my profession, I fully welcome and understand if the investigation shall be done beyond the normal business/operating hours;
23. I undertake that I shall fully cooperate and submit myself to any assessment to be conducted by the PHIC relative to any findings, adverse reports, quality issues, pattern of utilization and/or any other acts indicative of any illegal, irregular and/or unethical practice of my profession as an accredited healthcare professional of the NHIP that may be prejudicial or tends to undermine the noble purpose of the NHIP;
24. I undertake that I shall comply without delay any and all PHIC's summons, subpoena, subpoena 'duces tecum' and other legal processes;
25. I undertake that at any time during the period of my accreditation, upon request of the PHIC, I shall voluntarily and unconditionally sign and execute a new 'performance commitment' to continue my accreditation as the case may be, as a sign of my good faith and continuous dedication and sincerity to comply with my Performance Commitment, to support and promote the National Health Insurance Program being administered by the Philippine Health Insurance Corporation.
26. That I shall allow PhilHealth to deduct or charge to my future claims, all reimbursements paid to me during the following, but not limited to: (a) period of the gap in my accreditation status or suspension of accreditation; (b) when NBB eligible PhilHealth members and their dependents were made to pay out-of-pocket for professional fees; (c) validated claims of under deduction of PhilHealth benefits.
27. Finally, I hereby declare under penalties of perjury that my above-stated statements are true and correct without any conditions and free from misrepresentations.

MASTER  
 COPY  
 Date: 12/27/20  
 DC:

Very truly yours,

\_\_\_\_\_  
Signature of Professional Provider  
PRC License Number: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_

**Additional provision for facility owner/ member of the Credentialing and Privileging Committee**

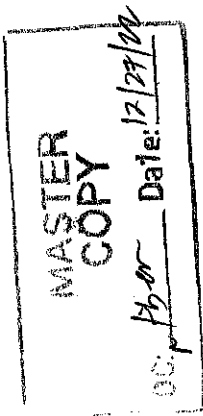
I am the approving authority and/or member of the Credentialing and Privileging Committee of the credentialing and privileging of the professionals of my/our institution and have conferred upon myself privileges to practice the profession based on the credentials as certified by the Professional Regulation Commission (PRC) and the national association of health care professionals recognized by PRC.

\_\_\_\_\_  
Professional Provider  
PRC License Number: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_

\_\_\_\_\_  
**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ affiant exhibiting his/her validly issued government ID.

**NOTARY PUBLIC**

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of 20 \_\_\_\_\_



## Annex E: PhilHealth Regional Offices' Coverage Areas and Contact Information

### PhilHealth Regional Offices' Coverage Areas and Contact Information

PRO/ Branches	CITY/PROVINCE	CONTACT INFORMATION
PRO NCR Central Branch	Marikina City	VCP Building, Block 56, Lot 11, 68 Kalayaan Avenue Teacher's Village West, Quezon City (02) 8441-5673 proncr.accre@philhealth.gov.ph
	Quezon City	
	San Juan	
	Rizal	
PRO NCR North Branch	City Of Manila	
	Caloocan City	
	Malabon	
	Mandaluyong City	
	Navotas	
	Valenzuela City	
PRO NCR South Branch	Las Piñas City	
	Makati City	
	Muntinlupa City	
	Parañaque City	
	Pasay City	
	Pasig City	
	Pateros	
	Taguig	
PRO CAR	Abra	SNOBT Inc. Building, No. 19 Leonard Wood Road Baguio City 2600 (074) 444-5345; 444-8361; 444-9862 accre.procar@philhealth.gov.ph
	Apayao	
	Benguet	
	Ifugao	
	Kalinga	
	Mountain Province	
PRO I	Ilocos Norte	Akia Building, Old De Venecia Highway Dagupan City, Pangasinan (075) 515-1111; (075) 5230647 (fax) accre.pro1@philhealth.gov.ph
	Ilocos Sur	
	La Union	
	Pangasinan	
PRO II	Batanes	The Builder's Place, Del Rosario St. Tuguegarao City, Cagayan 3500 (078) 255-1342; (0917) 8357544 accre.pro2@philhealth.gov.ph
	Cagayan	
	Isabela	
	Nueva Vizcaya	
PRO III Branch A	Bataan	
	Pampanga	

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 Date: 12/27/22  
 For:

PRO/ Branches	CITY/PROVINCE	CONTACT INFORMATION
	Tarlac	G/F PhilHealth Bldg., Lazatin Blvd., San Agustin, San Fernando City, Pampanga C-2000 (045) 961-1977; (045) 961-3949 loc. 4330 accre.pro3@philhealth.gov.ph
	Zambales	
PRO III Branch B	Aurora	The Cabanas Mall of Malolos 2nd and 3rd floors N4 Bldg. Km. 44/45 MacArthur Highway Longos, Malolos City, Bulacan (044) 796-1559; (044) 796-1560 loc. 4400 accre.pro3@philhealth.gov.ph
	Bulacan	
	Nueva Ecija	
PRO IVA	Cavite	Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City (042) 373-7554 accre.pro4a@philhealth.gov.ph
	Laguna	
	Quezon	
PRO IVB	Batangas	Xentro Mall Batangas City, Diversion Road, Brgy. Alangilan, Batangas City, Batangas accre.pro4b@philhealth.gov.ph
	Marinduque	
	Occidental Mindoro	
	Oriental Mindoro	
	Palawan	
	Romblon	
PRO V	Albay	ANST IV Bldg., Benny S. Imperial Drive, Legazpi City, Albay Healthline: (052) 481-5596 accre.pro5@philhealth.gov.ph
	Camarines Norte	
	Camarines Sur	
	Catanduanes	
	Masbate	
	Sorsogon	
PRO VI	Aklan	Gaisano Capital Building, Luna Street, Lapaz, Iloilo City (033) 501-9160 to 62 loc. 100/102 accre.pro6@philhealth.gov.ph
	Antique	
	Capiz	
	Guimaras	
	Iloilo	
	Negros Occidental	
PRO VII	Bohol	7th and 8th Floor, Skytower, N. Escario Street corner Acacia Street, Cebu City 6000 accre.pro7@philhealth.gov.ph
	Cebu	
	Negros Oriental	
	Siquijor	
PRO VIII	Biliran	Brgy. 24, P. Burgos Street, Tacloban City, Leyte (053)325-3563; (053) 523-1195 (Fax) accre.pro8@philhealth.gov.ph
	Eastern Samar	
	Leyte	
	Northern Samar	
	Southern Leyte	
	Western Samar	
PRO IX	Zamboanga Del Norte	

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 Date: 12/27/02

PRO/ Branches	CITY/PROVINCE	CONTACT INFORMATION
	Zamboanga Del Sur	BGIDC Corporate Center, Gov. Lim Ave., Zamboanga City (062) 992-2739 (fax) accre.pro9@philhealth.gov.ph
	Zamboanga Sibugay	
PRO X	Bukidnon	8F Gateway Tower 2, Limketkai Center, C.M. Recto Avenue, Cagayan de Oro City (088) 859-0225 accre.pro10@philhealth.gov.ph
	Camiguin	
	Lanao Del Norte	
	Misamis Occidental	
	Misamis Oriental	
PRO XI	Davao De Oro	Valgosons Building Bolton Extension, Poblacion, Davao City Trunkline: (082) 295-2133 local 6300; (082) 295-3382 (Public Affairs Unit) (0925) 7819987 (Local Healthline) accre.pro11@philhealth.gov.ph
	Davao Del Norte	
	Davao Del Sur	
	Davao Occidental	
	Davao Oriental	
PRO XII	North Cotabato	CSA I Building Cor. Zulueta Street, General Santos Drive, Koronadal City (083) 228-9731 to 34 (fax); (083) 228- 4733 accre.pro12@philhealth.gov.ph
	Sarangani	
	South Cotabato	
	Sultan Kudarat	
PRO CARAGA	Agusan Del Norte	Lynzee's Building, 766 J. Rosales Avenue, Butuan City (085) 342-0900; (085) 816-0019; (085) 225-7026 loc. 101-103 accre.procaraga@philhealth.gov.ph
	Agusan Del Sur	
	Surigao Del Norte	
	Surigao Del Sur	
PRO BARMM	Basilan	Kouzbery Business Complex, Alibin Talib Street, New Capitol HTs, Marawi Poblacion, Marawi City accre.proarmm@philhealth.gov.ph
	Cotobato	
	Lanao Del Sur	
	Maguindanao	
	Sulu	
	Tawi-Tawi	

