

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 *or by any authorized signatories*; and,

a. Addition

Certification of Affiliation/non-Affiliation signed by the Medical Director *or by any authorized signatories*; 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 *or by any authorized signatories*; and,
- i.2. Letter to the HCProf notifying him/her re: non-affiliation signed by the Medical Director *or by any authorized signatories*.

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.