

**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.

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: \_\_\_\_\_

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

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