



**APPLICATION FORM FOR ACCREDITATION
 INSTITUTIONAL HEALTH CARE PROVIDER**

THE PRESIDENT & CEO

Philippine Health Insurance Corporation
 Pasig City, Philippines

Sir/Madam:

I, _____, of legal age, _____ with
(Position/Designation)
 address at _____ and the duly authorized representative to act for and
 in behalf of _____, hereby applies for accreditation under Sec. 52 L of R.A. 7875
(name of Health Care Institution)
 as amended by RA 9241 and its Implementing Rules and Regulations thereto. For this purpose, I hereby submit
 the following pertinent information and documentary requirements.

Type of Institution: (Please check)

Hospital:

Award Applied For:

- Center of Safety
- Center of Quality
- Center of Excellence

Hospital Level:

- Level 1
- Level 2
- Level 3
- Level 4

Out Patient Clinic:

- Ambulatory Surgical Clinic (ASC)
- Free Standing Dialysis Clinic (FSDC)
- Out Patient Benefit (OPB) Provider
 - Malaria Package Provider
- Maternity Care Package Provider
- Anti TB/DOTS Package Provider
- 3-in-1 Accreditation
- 2-in-1 Accreditation
- OPB and MCP
- OPB and DOTS
- MCP and DOTS

Type of Application: (Please check)

- Initial
- Renewal
- Late Filer
- Re-accreditation
- with gap in accreditation
- Upgrading/add'l services
- Change in location/ownership

Accreditation No. _____

Name of Institution: (Please print legibly and provide appropriate spaces)

Mailing/Billing Address:

No. / St. / Brgy.

Municipality / City

Province

Zip Code

Other Contact Information

Contact No.

Fax No.

Email Address:

Medical Director/Chief of Hospital/Hospital Administrator/Head of Facility

Accreditation No.

Owner of the Institution

For PhilHealth Use Only

Date Evaluated:

SO
PhRO

By:

SO
PhRO

Date Received:

SO
PhRO

By:

SO
PhRO

Date Encoded:

SO/PhRO (Receiving Module)
PhRO (Data Entry)

By:

SO
PhRO

Control No.

OR No. _____
 Date Paid: _____
 Amt Paid: _____

WARRANTIES OF ACCREDITATION FOR INSTITUTIONAL HEALTH CARE PROVIDERS

A. REPRESENTATION OF ELIGIBILITIES

1. We are a (indicate type of institution) _____ duly registered and licensed by the Department of Health (DOH);(applicable to licensed institutions only, namely: hospitals, ASCs and FSDCs)
2. All our officers, employees, other personnel and staff are members in good standing of the NHIP and we undertake to maintain active membership in the NHIP by regularly remitting the corresponding PHIC premium contributions of all our employees not only during the entire validity of our accreditation as an Institutional Health Care Provider (IHCP) but also during the corporate existence of our health care institution;
3. We have read, understood and are fully aware of the provisions of R.A. 7875 including its Implementing Rules & Regulations particularly that pertaining to and governing the extent and limits of the grant of our privilege to be an accredited IHCP of the NHIP administered by the PHIC.

B. COMPLIANCE TO PERTINENT LAWS/RULES & REGULATIONS/POLICIES/ADMINISTRATIVE ORDERS AND ISSUANCES

4. We shall conduct our health care service operations 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);
5. We shall strictly abide with all the implementing rules and regulations, memorandum circulars, office orders, special orders and other administrative issuances issued by the PHIC governing our accreditation;
6. We 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 operations of IHCPs and affecting our accreditation with the PHIC;
7. We shall strictly adhere and abide with all the pertinent statutory laws affecting the operations of IHCPs and affecting our accreditation including, **but not limited to**, the Expanded Senior Citizens Act of 2003 (R.A. 9257), the Breastfeeding Act (R.A. 7600), the Newborn Screening Act (R.A. 9288), the Cheaper Medicines Act (R.A. 9502), the Pharmacy Law (R.A. 5921), 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.

C. CONDUCT OF CLINICAL SERVICES, RECORDS, PREPARATION OF CLAIMS AND UNDERTAKINGS OF PARTICIPATION IN THE NHIP

8. We are fully aware and we hereby acknowledge that accreditation with the NHIP administered by the PHIC is not a right but a mere privilege as provided under Section 31, Article VII of R.A. 7875 on the 'Authority to Grant Accreditation' by the PHIC;
9. We are fully aware and we hereby acknowledge that our accreditation being a mere privilege extended by the NHIP, the grant of which may be provisional, temporary and limited within a particular period as may be determined by the PHIC. We further acknowledge and accept that our accreditation including the appurtenant benefits and opportunities incident thereto, being a mere privilege may be suspended, shortened, pre-terminated and/or revoked at any time during the term of our accreditation as may be determined by the PHIC to protect the interests of the NHIP;
10. We are fully aware and we unconditionally acknowledge and agree that any violation of any provision of our warranties of accreditation whether directly or indirectly, shall constitute 'breach of warranties' and shall be a ground at the sole discretion of the PHIC, to suspend,

shorten, pre-terminate and/or revoke our accreditation including the appurtenant benefits and opportunities incident thereto at any time during the term of our accreditation as may be determined by the PHIC to protect the interests of the NHIP;

11. We are fully aware and we unconditionally acknowledge and agree that any indication(s), 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 may 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 our accreditation as may be determined by the PHIC to protect the interests of the NHIP;

12. We undertake that all qualified NHIP beneficiaries shall be given high quality of health care service due them without delay and that we shall deduct without delay the correct amount of chargeable benefits due to qualified members and beneficiaries upon discharge;

13. We shall promote and protect the NHI Program against abuse, violation and/or over-utilization of its Funds and we 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;

14. We 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;

15. We hereby undertake that we 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 IHCP of the NHIP that may have come to our knowledge directly or indirectly;

16. We shall undertake measures to ensure that we only enter true and correct data in all patients' records, shall take full responsibility for any inaccuracies and/or falsities entered into and/or reflected in our patients' records as well as in any omission, addition, inaccuracies and/or falsities entered into and/or reflected in claims submitted to PHIC by our institution, and we further undertake to file before the PHIC only legitimate claims recognizing the period of filing within the sixty (60) calendar days after the patient's discharge;

17. We shall make available immediately and promptly upon request for PHIC purposes, make available a complete listing of our schedule of standard provider fees readily available to PHIC Officers and authorized personnel, members, dependents and/or representatives;

D. MANAGEMENT INFORMATION SYSTEM

18. We shall have a PhilHealth Bulletin Board for the posting of updated information of the NHIP (*circulars, memoranda, IEC materials, price reference index, etc.*) located at the Billing Section or in a conspicuous place accessible to patients, members and dependents of the NHIP within our health care facility;

19. We shall, at all times make available the necessary forms for patient's use;

20. We shall, at all times make available a copy of the PPDF for use of health care professionals;

21. In the event of suspension or revocation of our accreditation, we shall voluntarily cover/remove our "PhilHealth-Accredited" Signage posted within our health care facility to accordingly inform the members and dependents of the NHIP. We further undertake and agree that in the event of our failure and/or refusal to accordingly cover/remove the "PhilHealth-Accredited" Signage posted within our health care facility, the PHIC shall have the right to cover/remove the same the costs of which shall be directly chargeable to our institution. We finally undertake and agree that any misrepresentation and/or resulting damage and/or liabilities arising out or a consequence of our failure to cover/remove the "PhilHealth-Accredited" Signage shall be the exclusive responsibility of our institution;

22. We shall accordingly seek prior consent of the PHIC when the official PhilHealth Logo will be included in any information campaign material(s) or the like outside the regular information drive activities conducted by the PHIC.

E. ADMINISTRATIVE INVESTIGATIONS/REGULAR SURVEYS/DOMICILIARY VISITATIONS ON THE CONDUCT OF OPERATIONS IN THE EXERCISE OF THE PRIVILEGE OF ACCREDITATION

23. We unconditionally recognize the authority of the PHIC, its Officers and personnel and/or its duly authorized representatives to conduct regular surveys, domiciliary visits and/or conduct administrative assessment(s) at any time relative to the exercise of our privilege and conduct of our operations as an accredited IHCP of the NHIP;

24. We undertake that we shall fully cooperate with duly recognized authorities of the PHIC and any other authorized personnel and instrumentalities to provide access to patient records and submit to any assessment to be conducted by the PHIC 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 an accredited IHCP of the NHIP that may be prejudicial or tends to undermine the noble purpose of the NHIP and make available all pertinent official records and other pertinent documents including the provision of copies thereof;

25. We undertake that we shall accordingly instruct our officers, employees and personnel to extend full cooperation as well extend due courtesy and respect to all PHIC officers, employees and staff during the conduct of assessment/visitation/investigation of our operations as an accredited IHCP of the NHIP;

26. We undertake that we shall comply without delay any and all PHIC's summons, subpoena, subpoena 'duces tecum' and other legal or quality assurance processes;

27. We undertake that at any time during the period of our accreditation, upon request of the PHIC, we shall voluntarily and unconditionally sign and execute a new 'warranties of accreditation' to cover the remaining portion of our accreditation or to renew our accreditation as the case may be, as a sign of our good faith and continuous dedication and commitment to comply with the warranties of our accreditation, to support and promote the NHIP being administered by the PHIC;

28. Finally, we hereby declare under penalties of perjury that the above-stated statements are true and correct without any conditions and free from misrepresentations.

IN WITNESS HEREOF, I have hereunto set my hand this _____ day of _____, 2____ at _____, Philippines.

Administrator/Medical Director/Head of Facility

REPUBLIC OF THE PHILIPPINES
CITY OF _____) s.s.

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2____,
Affiant exhibiting to me his/her Community Tax Certificate No. _____ issued
at _____ on _____.

NOTARY PUBLIC
Doc. No. _____
Page No. _____
Book No. _____
Series No. _____

CHECKLIST OF REQUIREMENTS FOR APPLICATION FOR ACCREDITATION INSTITUTIONAL HEALTH CARE PROVIDERS (IHCPs)

I. General Requirements:

- _____ 1. PhilHealth application form - properly accomplished
- _____ 2. Warranties of Accreditation – duly notarized
- _____ 3. Accreditation fee - proof of payment (see back for appropriate fee schedule).

II. Specific Requirements: (in addition to the above, the following are specific requirements per type of institution)

A. Hospitals (Levels 1, 2, 3 and 4)

- _____ 1. DOH License – with validity applicable to the accreditation period applied for
- _____ 2. Certificate of Membership in PHA or PHAP – with validity applicable to the accreditation period applied for
- _____ 3. Benchbook Score Sheet
- _____ 4. Self-Assessment Summary
- _____ 5. Statement of Intent (SOI) – **if applicable**
 - a. For Hospitals applying for initial/re-accreditation from January to April regarding to validity of accreditation, and/or
 - b. For hospitals applying as Centers of Quality/Excellence

Additional Requirement for Initial Accreditation:

- _____ DOH licenses for 3 previous years or its required * alternative document

B. Ambulatory Surgical Clinics & Free Standing Dialysis Clinics

- _____ 1. Current DOH license
- _____ 2. Statement of Intent (SOI) – **if applicable**
 - * For FSDCs and ASCs applying for initial/re-accreditation from January to April regarding to validity of accreditation

Additional Requirements for Initial Accreditation:

- _____ DOH license for 3 previous years or its required * alternative document

C. Out Patient Benefit Package, Maternity Care Package, and Anti-TB/DOTS Package Providers:

- _____ 1. Location map
- _____ 2. PhilCAT Certificate – optional for initial accreditation of DOTS Providers
- _____ 3. Proof of Affiliation with at least a Level 2 PhilHealth Accredited Hospital – **if applicable for an MCP Clinic**
- _____ 4. Statement of Intent (SOI) – **if applicable**
 - * For providers applying for initial/re-accreditation from September to December regarding to validity of accreditation

*** NOTE:**

Applications for initial accreditation that are **non-compliant with the three (3) year rule requirement** may refer to PhilHealth Circ. 21 s. 2009 for alternative requirements.

III. Schedule of Accreditation Fees:

INSTITUTIONS	INITIAL & REACCREDITATION (PRIVATE/ GOVERNMENT)	RENEWAL		RENEWAL (LATE FILERS)	
		BEFORE THE PRESCRIBED FILING PERIOD (WITH 10% INCENTIVES)	PRESCRIBED FILING PERIOD	APPLICATIONS FILED AFTER THE PRESCRIBED FILING PERIOD (additional fee)	
				31 – 90 days prior to expiration	1 – 30 days prior to expiration
Level I Hospitals	P 3,000.00	P 1,800.00	P 2,000.00	P 4,000.00	P 8,000.00
Level II Hospitals	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Level III Hospitals	P 8,000.00	P 7,200.00	P 8,000.00	P 16,000.00	P 32,000.00
Level IV Hospitals (<i>with training programs</i>)	P 10,000.00	P 9,000.00	P 10,000.00	P 20,000.00	P40,000.00
Ambulatory Surgical Centers (ASCs)	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Free Standing Dialysis Centers (FSDCs)	P 5,000.00	P 4,500.00	P 5,000.00	P 10,000.00	P 20,000.00
OPB Providers	P 1,000.00 *	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
TB-DOTS Provider	P 1,000.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
Non-Hospital Maternity Care Providers	P 1,500.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
3-in-1 Providers	P 1,000.00 *	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and DOTS Providers	P 1,000.00 *	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and MCP Providers	P 1,500.00 *	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00
MCP and DOTS Providers	P 1,500.00	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00

* Applicable to government facilities only