

WARRANTIES OF ACCREDITATION FOR PROFESSIONAL HEALTH CARE PROVIDERS

A. REPRESENTATION OF ELIGIBILITIES

I _____, applying for accreditation to be an accredited professional health care provider under the National Health Insurance Program (NHIP) administered by the Philippine Health Insurance Corporation (PHIC) pursuant to Republic Act 7875 as amended hereby represents and declares that:

1. I am a Doctor of Medicine/Dentist/Midwife/_____ duly registered and licensed to practice my profession by the Professional Regulation Commission (PRC);
2. I am a member in good standing of the NHIP and I undertake to maintain active membership in the NHIP by regularly paying my PHIC premium contributions during the entire validity of my accreditation as a health care professional;
3. I am a member in good standing of the duly recognized National Association(s)/Society regulating my profession;
4. I have read, understood and am 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 my privilege to be an accredited professional health care provider of the NHIP administered by the PHIC.

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

5. I shall conduct myself strictly and faithfully in accordance with the provisions of the Republic Act 7875 as amended by the National Health Insurance Law of the Philippines including all its Implementing Rules & Regulations (IRR);
6. I 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 my accreditation;
7. 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 with the PHIC;
8. I shall strictly adhere and abide with all the pertinent statutory laws affecting the practice of my profession and affecting my 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 AND UNDERTAKINGS OF PARTICIPATION IN THE NHIP

9. I am fully aware and I 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;
10. 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 provisional, temporary and limited 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 suspended, shortened, pre-terminated 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;
11. I am fully aware and I unconditionally acknowledge and agree that non-adherence to guidelines or any violation of any provision of my warranties of accreditation whether directly or indirectly, shall constitute 'breach of warranties' 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;
12. I undertake that all qualified NHIP beneficiaries are given high quality of health care service due them without delay and I further undertake not to charge over and above the professional fees provided by the Program for indigent member-beneficiaries of the NHIP administered by the PHIC if admitted in a ward type of accommodation;
13. 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, 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;

14. 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;

15. 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;

16. 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;

17. 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;

18. 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 ON THE EXERCISE OF THE PRIVILEGE OF ACCREDITATION

19. 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 healthcare professional of the NHIP;

20. 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;

21. I undertake that I shall comply without delay any and all PHIC's summons, subpoena, subpoena 'duces tecum' and other legal processes;

22. 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 'warranties of accreditation' to cover the remaining portion of my accreditation or to renew my accreditation as the case may be, as a sign of my good faith and continuous dedication and sincerity to comply with the warranties of my accreditation, to support and promote the National Health Insurance Program being administered by the Philippine Health Insurance Corporation.

23. Finally, I hereby declare under penalties of perjury that my 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.

Professional Health Care Provider

(signature)

Republic of the Philippines)
City of _____) S.S.

Affiant exhibiting to me his/her Community Tax Certificate No. _____ issued at _____ on _____.

Doc. No. _____
Page No. _____
Book No. _____
Series No. _____

NOTARY PUBLIC
PTR No. _____
Issued at: _____
Issued on: _____

**CHECKLIST OF REQUIREMENTS FOR APPLICATION FOR ACCREDITATION
PROFESSIONAL HEALTH CARE PROVIDERS**

I. General Requirements:

- 1. PhilHealth application form - properly accomplished
- 2. Warranties of Accreditation - duly notarized
- 3. 1 x 1 ID Picture (2pcs)
- 4. PRC license (photocopy) or its equivalent - updated
- 5. Proof of payment of required premium contribution (MI5 or Official Receipt or Certification from PhilHealth of Paid Premium Contributions or RF1 for the employed)
- 6. Proof of payment of accreditation fee.

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

A. Physicians:

1. General Practitioner

- a. Initial Accreditation or Re-Accreditation
 - 1. TIN Card (photocopy)
 - 2. Certificate of Good Standing from the Philippine Medical Association or its local component societies
- b. Renewal of Accreditation
 - 1. Certificate of Good Standing from the Philippine Medical Association or its local component societies

2. General Practitioner with training

- a. Initial Accreditation or Re-Accreditation
 - 1. TIN Card (photocopy)
 - 2. Certificate of Good Standing from the Philippine Medical Association or its local component societies
 - 3. Proof of completed residency training (local or abroad)
- b. Renewal of Accreditation
 - 1. Certificate of Good Standing from the Philippine Medical Association or its local component societies

3. Medical Specialist

- a. Initial Accreditation or Re-Accreditation
 - 1. TIN Card (photocopy)
 - 2. Certificate of Good Standing from the Philippine Medical Association or its local component societies
 - 3. Philippine Specialty Board Certificate
 - 4. Certificate of Good Standing from Philippine Specialty Society
- b. Renewal of Accreditation
 - 1. Certificate of Good Standing from the Philippine Medical Association or its local component societies
 - 2. Certificate of Good Standing from Philippine Specialty Society

B. Dentist

- 1. Initial Accreditation or Re-Accreditation
 - a. TIN Card (photocopy)
 - b. Certificate of Good Standing from the Philippine Dental Association or its local component societies

2. Renewal of Accreditation
 - _____ a. Certificate of Good Standing from the Philippine Dental Association or its local component societies

C. Midwife

1. Initial Accreditation or Re-Accreditation
 - _____ a. TIN Card (photocopy)
 - _____ b. Certificate of Good Standing from the Integrated Midwives Association of the Philippines (IMAP) or Philippine League of Government and Private Midwives, Inc. (PLGPMI)
 - _____ c. Any of the following evidences of Competency on the Expanded Functions of Midwives (not required for graduates from school year 1995 and onwards):
 - Certificate of Training from a program accredited by the Continuing Professional Education (CPE) Council of the Board of Midwifery of the Professional Regulation Commission (PRC) or
 - Training Certificate from DOH-recognized training program, or
 - Certificate of Apprenticeship for one or more years with a PHIC accredited Obstetrician-Gynecologist/OB DOH Specialist or an accredited midwife done in an accredited facility
 - _____ d. MOA with any of the following as referral for complicated OB and Pediatric cases:
 - Accredited partner physicians (OB and Pedia)
 - Interlocal Health Zone (ILHZ) which allows sharing of human resource
 - DOH-certified BEmONC-CEmONC network
2. Renewal of Accreditation
 - _____ a. Certificate of Good Standing from the Integrated Midwives Association of the Philippines (IMAP) or Philippine League of Government Midwives (PLGM)
 - _____ b. MOA with any of the following:
 - Accredited partner physicians (OB and Pedia)
 - Interlocal Health Zone (ILHZ)
 - DOH-certified BEmONC-CEmONC network

III. For Appreciation of Withholding Tax (not a pre-requisite for accreditation):

- _____ 1. Certificate of Registration (for initial accreditation only)
- _____ 2. Affidavit/Sworn Declaration of Current Year's Gross Income (**stamped received by BIR** and shall be submitted every June 30 to July 22 of each year)

SCHEDULE OF ACCREDITATION FEES FOR PROFESSIONALS

Type of Professional HCP	Application Fee
Physicians:	
General Practitioner (GP)	P 1,000.00
GP w/ training	P 1,000.00
Medical Specialist	P 1,500.00
Dentists:	P 1,000.00
Midwives:	P 500.00