



Letterhead of the referral facility

ANNEX D.1

CERTIFICATION OF SERVICE DELIVERY SUPPORT

(Laboratory and Diagnostic Services)

This is to certify that our institution is PhilHealth accredited/DOH licensed and is contracted referral facility and/or service provider in behalf of (Name of referring facility) for the PhilHealth Konsulta Package from (period of engagement). As a Service Delivery partner, we shall provide the following services:

- Laboratory
 - CBC w/ Platelet count
 - Fasting Blood Sugar
 - Fecal Occult Blood
 - Fecalalysis
 - Lipid Profile
 - HbA1c
- Diagnostic
 - Chest X-Ray
 - ECG
- Oral Glucose Tolerance Test (OGTT)
- Pap Smear/VIA
- Sputum Microscopy
- Urinalysis
- Creatinine

Further, this institution shall not charge any fees directly from the referred patient but shall create the billing and payment arrangement with (Name of referring facility) for services provided.

This certification is being issued for PhilHealth accreditation and monitoring purposes.

CERTIFIED BY:

CONCURRED BY:

Referral Facility

Referring Facility

Medical Director/Administrative Officer
Signature over printed name and designation

Medical Director/Administrative Officer
Signature over printed name and designation

Date Signed: _____

Date Signed: _____