



Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION ACCREDITATION DEPARTMENT

City State Centre, 709 Shaw Blvd. Oranbo, Pasig City Tel No. 637-6265 Trunk line 637-9999 loc 1216, 1217,1223 Telefax. 637-2527



PHIC FORM No. P-AC-1

| DATE RECEIVED: | |
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APPLICATION FORM FOR ACCREDITATION OF PROFESSIONALS

| I. PROFESSIONAL'S CLASSIFICATION GENERAL PRACTITIONER DENTIST MEDICAL SPECIALIST: Subspecialty: 3. NAME OF APPLICANT Last Middle First 4. SEX Male Female Married Separated 5. CIVIL STATUS Single Married Separated 6. For Females Only Mother's Last Name when Single Female Married Separated 7. BIRTHDATE (mm/dd/yyyy) 8. TIN NUMBER 9. E-MAIL ADDRESS No. / St. / Brgy. Municipality / City Province 12. MAILING / BILLING ADDRESS No. / St. / Brgy. Municipality / City Province 13. PRESENT PLACE OF PRACTICE No. / St. / Brgy. Municipality / City Province 14. COLLEGE / UNIVERSITY Degree Valid up to (mm/dd/yyy) Valid up to (mm/dd/yyy) Valid up to (mm/dd/yy) Valid up to (mm/dd/yy) Valid up to (mm/dd/yy) | Please be reminded Accreditation No. | that incomplete | ely filled up | <u></u> | plication PhilHealth | | | | without a | ny action. | <u> </u> |
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WARRANTIES OF ACCREDITATION

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| A. | EL | BIL | ITY |

- 1. That I am a Doctor of Medicine/ Doctor of Dental Medicine duly registered and licensed to practice my profession by the Professional Regulation Commission.
- B. COMPLIANCE TO THE NATIONAL HEALTH INSURANCE ACT 1995 (R.A. 7875), ITS IMPLEMENTING RULES AND REGULATIONS AND PHILIPPINE HEALTH INSURANCE CORPORATION ADMINISTRATIVE ORDERS
 - 2. That I shall, in the course of my participation by virtue of my accreditation with the NHI Program, conduct myself strictly and faithfully in the accordance with the National Health Insurance Law, its Implementing Rules and Regulations, Administrative Orders and such other policies, rules and regulations issued by the PHIC from time to time.

C. CONDUCT OF PARTICIPATION

- 3. That I shall strictly adhere and abide by the Code of Ethics as prescribed in Section 24, Paragraph 12 of the Medical Act of 1995, as amended, as well as other laws regarding the practice of my profession.
- 4. That I shall promote and protect the NHI Program against abuse, violation and/or over utilization of its funds, and that I will not allow myself to be a party to any act, scheme, plan or contract that is prejudicial to the Program.
- 5. That I agree to abide by practice guidelines or protocols, peer review and payment mechanisms of the Program.
- 6. That I agree not to charge over and above the professional fees provided by the Program for beneficiaries admitted to Ward Type of accommodation.
- 7. That I shall see to it that qualified NHI Program benefeciary(ies) are given benefits/services due them, without delay.
- That I shall strictly adhere and abide by the Expanded Senior Citizens Act of 2003 (RA9275) as implemented in Philhealth Circular No. 2, s.2005
 - Section II, D, which states that professional fees of attending health care professionals in all private hospitals and medical facilities for medical, surgical and dental services to senior citizens shall be given twenty percent (20%) discount.
 - . Section IV, B No. 1, that I shall post in a conspicuous place in my office the schedule of my professional fees.
 - Section IV, B No. 2, that I shall issue an official receipt (OR) indicating the 20% Senior Citizen's (SC) discount and the Philhealth expected reimbursement or counterpart. That both the patients' and the accredited professional's (physician/dentist) copies of the OR shall be made available to Philhealth upon request.

D. INSPECTION AND INVESTIGATION

Page No. Book No. Series No.

- 9. That I hereby recognize the authority of the Philippine Health Insurance Corporation and its duly authorized representative to any inspection or investigation.
- 10. That I shall cooperate and submit myself to any investigation as ordered by the Corporation by making ready and available when required/ summoned, all documents and records pertinent to cases under investigation.
- 11. That I shall comply without delay any Health Insurance Arbiter's summons, subpoena, subpoena duces tecum and other legal processes.

In accordance with these warranties, I hereby recognize that the participation in the NHI Program is a privilege and not a right, and in the event of a breech thereof, I am fully aware that the Corporation by virtue of its powers under RA 7875 and its implementing Rules and Regulations, may definitely suspend or perpetually revoke my accreditation.

| Day or | I have hereunto set my hand thisatat | , Philippines. |
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| Republic of the Philippines City of |) s.s. | |
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| Affiant exhibiting to me his/he | r Community Tax Certificate No. | lasued at |
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