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Photo

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:_____

APPLICATION FORM FOR ACCREDITATION OF PROFESSIONALS

Please be reminded that incompletely filled up application form will be returned without any action.

Accreditation No. | PhilHealth Identification No. – –

1. PROFESSIONAL'S CLASSIFICATION
GENERAL PRACTITIONER DENTIST
MEDICAL SPECIALIST:_____
Subspecialty : _____

2. STATUS OF APPLICATION
INITIAL RENEWAL
UPGRADING REACCREDITATION

3. NAME OF APPLICANT
Last | Middle
First

4. SEX
Male
Female

5. CIVIL STATUS
Single Widow
Married Separated

6. For Females Only
Mother's Last Name when Single

7. BIRTHDATE (mm/dd/yyyy)

8. TIN NUMBER

9. E-MAIL ADDRESS

10. FAX No.

11. RESIDENTIAL ADDRESS
No. / St. / Brgy. | Municipality / City
Province | Zip Code | Telephone No.

12. MAILING / BILLING ADDRESS
No. / St. / Brgy. | Municipality / City
Province | Zip Code | Telephone No.

13.PRESENT PLACE OF PRACTICE
No. / St. / Brgy. | Municipality / City
Province | Zip Code | Telephone No.

14. COLLEGE / UNIVERSITY | **DEGREE** | **YEAR GRADUATED**

15. PRC No. | Date Issued (mm/dd/yy) | Valid up to (mm/dd/yy)

16. PMA / PDA No. | Date Issued (mm/dd/yy) | Valid up to (mm/dd/yy)

17. COMPONENT SOCIETY REGULAR MEMBER LIFE MEMBER

18. SPECIALTY SOCIETY REGULAR MEMBER LIFE MEMBER

19. HOSPITAL AFFILIATION

HOSPITAL NAME	ADDRESS	STATUS OF EMPLOYMENT FT / PT / ON CALL / VISITING (Please see footnote below)

THIS PORTION IS TO BE FILLED OUT BY PHILHEALTH

ID Released Date: _____ By: _____
ID Mailed Date: _____ By: _____

Full Time (FT) : renders hospital service at least 40 hrs/wk.
Part Time (PT): renders hospital service at least 10hrs/wk.
On Call: MS attending to housecases or GP not regularly holding 24 hr. duty .
Visiting: MS regularly holding private clinic and/or attending to private patients in the hospital, regardless of time duration.

WARRANTIES OF ACCREDITATION

A. ELIGIBILITY

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.
8. 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

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.

I further certify under oath that the above statements are true and correct to the best of my knowledge and belief.

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

_____
Signature

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.