



I. HEALTH CARE INSTITUTION (HCI) INFORMATION

1 Name			
2 Address			
3 PhilHealth Accreditation No.		7 Cellphone No.	
4 Name of Head / Representative		8 Landline No.	
5 Designation of Head / Representative		9 Email Address for Notification	
6 Software Solution Type <i>(Please check)</i>	<input type="checkbox"/> In-House Developed <input type="checkbox"/> Outsourced		

II. SERVICE PROVIDER INFORMATION (FOR OUTSOURCED SOFTWARE SOLUTION ONLY)

10 Name of Outsourcing Company			
11 Business Address			
12 Name of Business Owner/ Authorized Representative		14 Contact No.	
13 Designation of Head / Representative		15 Email Address	
16 PhilHealth Identification Number (PIN) or PhilHealth Employer Number (PEN)			

III. SOFTWARE SOLUTION (FOR IN-HOUSE AND OUTSOURCED SOFTWARE SOLUTION)

17 Data Collection Services Applied For <i>(Please check applicable services)</i>	<input type="checkbox"/> All Case Rates	<input type="checkbox"/> Newborn Care Package
	<input type="checkbox"/> Animal Bite Treatment Package	<input type="checkbox"/> Outpatient HIV/AIDS Treatment Package
	<input type="checkbox"/> Dialysis Package	<input type="checkbox"/> Outpatient Malaria Package
	<input type="checkbox"/> Maternal-Care Package	<input type="checkbox"/> TB-Dots Package
	<input type="checkbox"/> Z-Benefits	<input type="checkbox"/> Primary Care Benefit (PCB) Package
	<input type="checkbox"/> Others, <i>please specify</i> _____	
18 Name/Title	19 Version No.	

HCI CERTIFICATION

The UNDERSIGNED hereby certifies that:

1. I am the official officer or representative of the HCI named in Item I – Health Care Institution Information, authorized to apply for Software Certification in PhilHealth and receive email notifications from PhilHealth.
2. I am endorsing the named service provider in Item II – Service Provider, if applicable.
3. All the above information is true and correct to the best of my knowledge and belief.

Name and Signature of HCI Head/Authorized Representative

Date Signed

TO BE FILLED UP BY PHILHEALTH PERSONNEL

Received By: <i>(Name and Signature)</i>		Date Received	____/____/____	Time Received	_____ <input type="checkbox"/> am <input type="checkbox"/> pm
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BACK PAGE OF ANNEX - A

GUIDELINES IN FILLING OUT THE SOFTWARE APPLICATION FORM		
1	Name	Name of the HCI that appears in its accreditation
2	Address	Complete address of the HCI that appears in its accreditation
3	PhilHealth Accreditation No.	Number that appears in its accreditation
4	Name of Head / Representative	Complete name of the HCI Head like Chief of Hospital. The HCI Head may have authorized representative in his behalf.
5	Designation of Head / Representative	Title of the HCI Head or authorized representative
6	Software Solution Type	In-house refers to a computer software that is done or developed within the health care institution; Outsourced refers to the purchase of a computer software, solution, or product from an outside source like service provider.
7	Cellphone No.	Cellular phone number of the HCI
8	Landline No.	Telephone number of the HCI
9	Email Address for Notification	Email address of the HCI where notifications or messages can be sent
10	Name of Outsourcing Company	Name of service provider if software solution is outsourced
11	Business Address	Complete address of the service provider
12	Name of Head / Representative	Complete name of the Head or authorized representative of the Service Provider
13	Designation of Head / Representative	Title of the Head or authorized representative of the service provider
14	Contact No.	Cellphone Number and/or landline number of the service provider
15	Email Address	Email address of the service provider
16	PhilHealth Identification Number (PIN) or PhilHealth Employer Number (PEN)	The assigned PIN for individual Outsourcing Service Provider or PEN for a firm Outsourcing service provider
17	Data Collection Services Applied For	Services used by the health care institutions to submit or transmit data for all case rates, special benefit packages or Z-Benefits, outpatient benefit packages, and others as defined by PhilHealth.
18	Name/Title	Name or title of the system or software to be verified
19	Version No.	Version reference number or code of the system or software to be verified