


Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph



March 3, 2014

PHILHEALTH CIRCULAR

No. 010, s-2014

TO  : ALL HEALTH CARE PROVIDERS AND ALL OTHERS CONCERNED

SUBJECT : The New Accreditation Process for Health Care Professionals and Guidelines for Credentialing and Privileging of Professionals

I. RATIONALE:

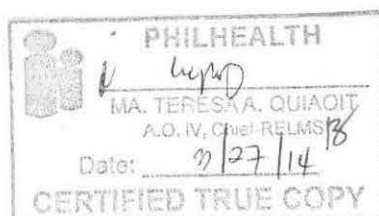
Pursuant to the new policies issued by the Corporation including the Implementing Rules and Regulations of Republic Act (RA) 10606, an act amending the National Health Insurance Act of 1995 (RA 7875, as amended) and the All Case Rates Policy No. 1 – Governing Policies in the Shift of Provider Payment Mechanism from Fee for Service to Case-Payment Mechanism (PhilHealth Circular No. 31 s. 2013), it is imperative that reforms in accrediting Health Care Professionals must be established as the Corporation pursues the aspirations of *Kalusugan Pangkalahatan* or Universal Health Care. Moreover, it is also the responsibility of the Corporation to render fast and efficient service to its stakeholders by adopting simplified procedures and requirements consistent with the Anti-Red Tape Act of 2007 (RA 9485). This directive has guided the Corporation in updating its procedures in engaging the Health Care Institutions in 2012.

In view of the foregoing, the Corporation endeavors to improve the accreditation process for health care professionals to ensure that members of the National Health Insurance Program (NHIP) and their dependents have better access to quality and cost-effective health care services.

II. OBJECTIVES

The new accreditation process for professionals aims to:

1. Establish a streamlined and effective process in accrediting health care professionals for the NHIP
2. Strengthen the monitoring system for PhilHealth accredited health care professionals
3. Recommend guidelines for health care institutions in its credentialing and privileging of its health care professionals



III. COVERAGE

This Circular shall apply to all health care professionals that are currently participating as well as those with intention to participate in the NHIP. These include:

1. Physicians
2. Dentists
3. Midwives
4. Other health care professionals as determined by PhilHealth

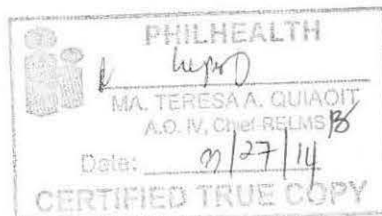
This Circular shall also apply to the health care institutions where these health care professionals are affiliated.

IV. DEFINITION OF TERMS

1. Affiliation – Is a process by which a health care institution accepts a health care professional as part of their health human resource and in so doing provides the health care professional practice privileges in their health care institution.
2. Continuous accreditation - given to accredited health care providers under basic participation provided that they comply with the requirements annually as prescribed by the Corporation. Continuous accreditation provides them uninterrupted participation to the Program but this privilege may be withdrawn at any time based on rules set by the Corporation.
3. Credentialing – the process established by a health care institution to obtain, verify, and assess the qualifications of a health care professional who applies for affiliation with their institution.
4. Performance Commitment (PC) – a document signed by health care professionals who intend to participate in the Program, which stipulates their undertakings to provide complete and quality health services to PhilHealth members and their dependents. This document also reflects the willingness of health care provider to comply with PhilHealth policies on benefits payment, information technology, data management and reporting and referral, among others
5. Privileging – the process of giving appropriate practice privileges or benefits to health care professionals affiliated with the health care institution based on certain status, credentials or qualifications.

V. GENERAL GUIDELINES

1. The following professionals, who are licensed by the Professional Regulation Commission, are automatically accredited and could participate in the NHIP provided that they submit the required documents (**Annex A**) that includes, among others, the signed Performance Commitment (PC), to the nearest PhilHealth office:
 - a. Physicians
 - b. Midwives
 - c. Dentists
 - d. Other professionals as determined by the Corporation
2. The accreditation process for health care professionals shall be streamlined through the following mechanisms:



- a. Delegating the authority to PhilHealth Regional Offices (PROs) to process all applications for accreditation of health care professionals and to update their profiles in PhilHealth database.
 - b. Delegating the authority to the Chairperson of the Accreditation Committee to approve or deny the Motions for Reconsideration, including the authority to act on unresolved accreditation issues of health care professionals referred by the PROs to the Committee.
 - c. Institutionalizing the continuous accreditation, until withdrawn, for health care professionals
3. Health Care Professionals may submit their application for initial accreditation and re-accreditation at any time of the year. These professionals may opt to pay the premium contribution of the remaining applicable quarter/s of the current year plus one year **OR** pay the remaining applicable quarter/s of the current year plus 2 years. The validity of accreditation of these professionals shall start from the day of submission of complete requirements and ends one day prior to the professional's birth date.
 4. All HCPs must declare their membership in a national association, which is an Accredited Professional Organization by the Professional Regulation Commission (PRC). Physicians, likewise, must declare their membership in a specialty society recognized by the Philippine Medical Association. Health care professionals must recognize that their association/society plays a role in their continuing education and in regulating their profession.
 5. All health care professionals shall undergo credentialing and privileging by its affiliated health care institution/s.
 6. All currently accredited professionals shall sign and submit the PC (**Annex B**) on their subsequent application for continuous accreditation. The Warranties of Accreditation that they have signed shall remain valid until they renew their accreditation. Professionals who apply for re-accreditation and initial accreditation however, shall submit and sign the PC upon the effectivity of this Circular.
 7. Payment of accreditation fee and certificate of good standing from the national association of professionals and/or specialty society of physicians are no longer required for application for accreditation. However, the names of the professionals must be reflected in the database of their respective national association and/or specialty society declared in their PC.
 8. The validity period of accreditation of all professionals applying for continuous accreditation shall be a minimum of 1 year and maximum of 3 years. They may opt to pay their premium contributions equivalent for 1 year, 2 or 3 years, which shall be the basis of the accreditation validity to be granted for the professional.
 9. Currently accredited health care professionals shall submit the documentary requirements not later than 45 days prior to their birthday to ensure their continuous accreditation to NHIP. Failure to submit the requirements within the prescribed period shall result in the withdrawal of their continuous accreditation. Accredited professionals shall inform PhilHealth immediately of any changes in their Personal Data Record (**Annex C**) to allow Philhealth to update their record in the Corporation's database.
 10. A Manual of Procedures and implementing guidelines shall be issued to facilitate the implementation of this Circular.



VI. GUIDELINES ON CREDENTIALING AND PRIVILEGING OF PROFESSIONALS

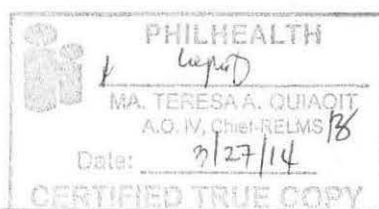
Credentialing and privileging of health care professionals shall be done by the health care institutions where they are affiliated. Thus, all health care institutions must establish the mechanism to verify the capabilities, qualifications and competence of a health care professional. If done properly, this system ensures that quality services are rendered to the members and dependents of the NHIP. The following are the roles of the professionals, health care institutions and PhilHealth to ensure proper implementation of credentialing and privileging.

A. Roles of Professionals

1. Health Care Professionals shall submit their credentials to the health care institutions they are affiliated with.
2. Health Care Professionals must ensure that all their credentials are legitimate, valid and updated.
3. Health Care Professionals must ensure that they maintain their good standing with PRC-recognized professional organization.

B. Roles of Health Care Institutions

1. All accredited health care institutions shall develop their own set of policies and guidelines for credentialing and privileging their affiliated health care professionals. They may adopt from existing policies endorsed by recognized accrediting bodies. The following shall be considered by the HCIs in formulating their policy in credentialing and privileging health care professionals:
 - a. Verify the credentials of health care professionals from the primary source(s). These credentials encompass professional education, internship, residency, and fellowship programs and other relevant trainings and work experience.
 - b. The recognized primary sources of information for credentialing and privileging include, among others:
 - Medical Schools/Professional school accredited by the Commission on Higher Education
 - Professional Regulatory Commission
 - Training Hospital or Institution
 - Specialty Board
 - National Association of Health Care Professionals
 - Other hospital affiliations of Health Care Professional
 - c. The critical credentialing parameters that must be verified are as follows
 - Current license
 - Education and training
 - Experience, ability and current competence
2. The HCI shall conduct credentialing and privileging of all its affiliated health professionals.
3. The HCI shall set the validity period for conferred privileges consistent with the license of health care professionals unless such privileges are suspended.
4. The HCIs shall mandate their affiliated health care professionals to update their PhilHealth accreditation as part of their credentialing and privileging policy. Further,



the HCIs shall enjoin their resident-physicians and contracted physicians to become PhilHealth member and encourage them to get accredited.

5. The HCI shall keep a record, contracts or its equivalent (MOA, etc.) of all PRC-registered healthcare professionals who have undergone credentialing and privileging, including the practice privileges conferred to them.
6. The HCI shall allow PhilHealth to review all submitted documents related to credentialing and privileging during the conduct of their monitoring of the HCI surveys and whenever deemed necessary by the Corporation.
7. HCIs shall recognize the role of PRC-recognized national association/specialty society of health care professionals in ensuring their continuous professional education and overseeing their practice standards.
8. The accredited HCI, having conferred the privilege to their healthcare professionals, shall be held accountable to PhilHealth for any reports of non-compliance to PhilHealth policies, including those related to the quality of health delivery.
9. Violations of the Performance Commitment committed by the healthcare professional may be counted against the HCI where such practice was noted. After due process, the HCI shall be issued offense warnings and subsequently suffer the corresponding penalties or sanctions in accordance with PhilHealth implementing rules and regulations and other pertinent issuances.
10. In case the health care professionals are also members of the credentialing and privileging committee/authority, an additional provision of the Performance Commitment shall be signed by the said professionals to declare such arrangements from which may arise conflict of interest.

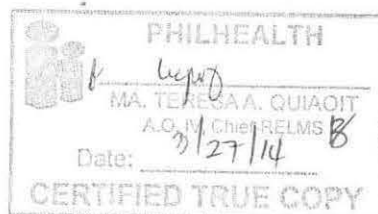
C. Roles of PhilHealth

1. PhilHealth shall verify the credentials and privileges of affiliated professionals of HCIs during healthcare provider performance monitoring and other quality assurance activities.
2. The Corporation shall validate with the issuing office the authenticity of documents submitted for accreditation as deemed necessary.
3. PhilHealth reserves the right to withdraw the accreditation of any HCI which does not conduct credentialing and privileging of its professionals.

VII. GROUNDS FOR WITHDRAWAL OF CONTINUOUS ACCREDITATION OF PROFESSIONALS

Accreditation is a privilege granted by PhilHealth to health care professionals that apply for accreditation. These accredited professionals may continuously participate until such accreditation is withdrawn by PhilHealth on the following grounds:

1. Non-submission of all the required documents on the prescribed filing period
2. Official declaration on quality/ethical issues endorsed by the national association governing the practice of the professional after due process
3. Official declaration on quality/ethical issues endorsed by the specialty society governing the practice of the physician after due process
4. Other reasons as determined by the Corporation



VIII. MONITORING AND EVALUATION OF PERFORMANCE OF PROFESSIONALS

All accredited HCIs having committed to comply with all PhilHealth rules and regulations shall assist PhilHealth in monitoring the practices of their affiliated health care professionals. Any monitoring findings related to the practice of the professional, good or otherwise, shall also be reflected in the HCI profile and shall be used as one of the bases for the facility's continuous accreditation and performance assessment.

All accredited professionals shall be subjected to the same monitoring criteria already stipulated in Section 47 item e. of the new IRR that includes, among others, the following:

- Over- utilization of services;
- Unnecessary diagnostic and therapeutic procedures and interventions;
- Irrational medication and prescriptions;
- Inappropriate referral practices
- Grossly unjustified deviations from currently accepted standards of practice and/or guidelines or treatment protocols
- Use of fake, adulterated or misbranded pharmaceuticals or unregistered drugs;
- Use of drugs other than those prescribed in the latest PNF and those for which exemptions were granted by the Board

Other violations include:

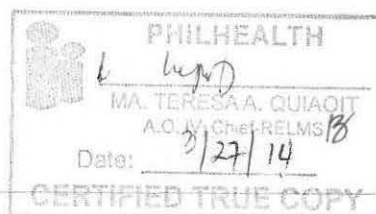
- Unsafe practices (e. g. use of unsterilized instruments)
- Unethical/ Questionable practice patterns

A feedback mechanism shall be established by PhilHealth to inform the health care professional of the monitoring findings. Health care professionals with negative monitoring findings shall be subjected to a peer review through the QAC, the results of which may constitute an offense or violation of their performance commitment. Upon the recommendation of the Committee, such results shall also be reported to their affiliate national association/ specialty society, PMA and PRC for other appropriate action. Moreover, the HCI where such practice was observed shall be tagged for the same offense. Three (3) offenses shall trigger sanctions, consistent with the provisions stipulated in PC 54 s. 2012. Sanctions and penalties as provided in the Performance Commitment for professionals shall also be applied as determined by the Corporation.

All other violations of the Performance Commitment shall also be dealt with accordingly. Such findings of violations by the concerned PRO shall be directly reported to their legal unit for appropriate action. Professionals and HCIs, where the violation was committed, shall be meted the same penalties as provided by existing laws, rules and regulations, particularly those provided by Rep. Act No. 7875, as Amended, and its Implementing Rules and Regulations.

VIII. SANCTIONS AND PENALTIES

Any violation of this Circular, the terms and conditions of the Performance Commitment and all existing related PhilHealth circulars, office orders and directives shall be dealt with in accordance with the pertinent provisions of RA 7875, as amended by RA 10606 and its Implementing Rules and Regulations.



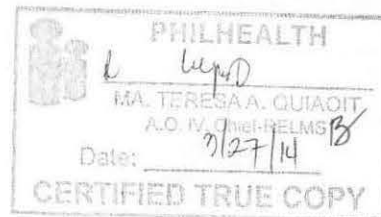
IX. REPEALING CLAUSE

All previous PhilHealth issuance inconsistent or contrary to the provisions of this Circular are hereby revised, modified, repealed or rescinded accordingly. All provisions of existing issuances which are not affected by this Circular shall remain valid and in effect.

X. EFFECTIVITY

This Circular shall take effect fifteen (15) days after publication in a newspaper of general circulation and shall thereafter deposited with the Office of the National Administrative Register, University of the Philippines Law Center. This shall cover all applications for accreditation received beginning on the effectivity of this Circular.


ALEXANDER A. PADILLA
President and CEO

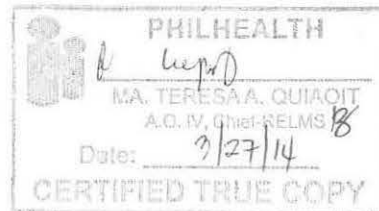


ANNEX A

Type of professional	Requirements for initial accreditation	Requirements for continuous accreditation and re-accreditation due to gap	Requirements for re-accreditation (upgrading from GP to MS) (applicable for physicians only)	Remarks
1. Physicians				
a. General Practitioner	<ul style="list-style-type: none"> • Provider Data Record for professionals • Performance Commitment • Updated PRC license or its alternative • 1 x 1 photo – 2 • Proof of Payment of Premium Contribution 	<ul style="list-style-type: none"> • Provider Data Record for professionals • Performance Commitment • Updated PRC license or its alternative • 1 x 1 photo – 2 • Proof of Payment of Premium Contribution 	<ul style="list-style-type: none"> • Provider Data Record for professionals • Performance Commitment • Updated PRC license or its alternative • 1 x 1 photo – 2 • Proof of Payment of Premium Contribution (if application is for continuous accreditation and upgrading at the same time) • Specialty Board Certificate 	A physician shall only submit a certificate of Completed Residency Training if he/she wishes to be re-classified as GP with training
b. General practitioner with training	<ul style="list-style-type: none"> • Provider Data Record for professionals • Performance Commitment • Updated PRC license or its alternative • 1 x 1 photo – 2 • Proof of Payment of Premium Contribution • Completed Residency Training Certificate 	<ul style="list-style-type: none"> • Provider Data Record for professionals • Performance Commitment • Updated PRC license or its alternative • 1 x 1 photo – 2 • Proof of Payment of Premium Contribution 	<ul style="list-style-type: none"> • Provider Data Record for professionals • Performance Commitment • Updated PRC license or its alternative • 1 x 1 photo – 2 • Proof of Payment of Premium Contribution • Specialty Board Certificate 	
c. Medical Specialist	<ul style="list-style-type: none"> • Provider Data Record for professionals • Performance Commitment • Updated PRC license or its alternative • 1 x 1 photo – 2 • Proof of Payment of Premium Contribution • Specialty Board Certificate 	<ul style="list-style-type: none"> • Provider Data Record for professionals • Performance Commitment • Updated PRC license or its alternative • 1 x 1 photo – 2 • Proof of Payment of Premium Contribution 		


PHILHEALTH
 MA. TERESA A. QUIAOIT
 A.O. No. 2014-01-001
 Date: 3/27/14
CERTIFIED TRUE COPY

<p>2. Midwives</p>	<ul style="list-style-type: none"> • Provider Data Record for professionals • Performance Commitment • PRC license or its alternative • 1 x 1 photo – 2 pieces • Proof of Payment of Premium Contribution • Any of the following evidences of Competency on the Expanded Functions of Midwives (not required for graduates from school year 1995 and onwards): <ol style="list-style-type: none"> 1. Certificate of Training from a program accredited by the Continuing 2. Professional Education (CPE) Council of the Board of Midwifery of the 3. Professional Regulation Commission (PRC) or 4. Training Certificate from DOH-recognized training program, or 5. Certificate of Apprenticeship for one or more years with a PHIC accredited Obstetrician-Gynecologist or an accredited midwife done in an accredited facility • MOA with any of the following as referral for complicated OB and Pediatric cases: <ol style="list-style-type: none"> 1. Accredited partner physicians (OB and Pedia) 2. Interlocal Health Zone (ILHZ) which allows sharing of human resource 3. DOH-certified BEmONC-CEmONC network 	<ul style="list-style-type: none"> • Provider Data Record for professionals • Performance Commitment • PRC license or its alternative • 1 x 1 photo – 2 pieces • Proof of Payment of Premium Contribution • MOA with any of the following as referral for complicated OB and Pediatric cases: <ol style="list-style-type: none"> 1. Accredited partner physicians (OB and Pedia) 2. Interlocal Health Zone (ILHZ) which allows sharing of human resource 3. DOH-certified BEmONC-CEmONC network
<p>3. Dentists</p>	<ul style="list-style-type: none"> • Provider Data Record for professionals • Performance Commitment • Updated PRC license or its alternative • 1 x 1 photo – 2 • Proof of Payment of Premium Contribution 	<ul style="list-style-type: none"> • Provider Data Record for professionals • Performance Commitment • Updated PRC license or its alternative • 1 x 1 photo – 2 • Proof of Payment of Premium Contribution



5 February 2014

PHILIPPINE HEALTH INSURANCE CORPORATION

17th Flr., City State Centre Bldg.,
Shaw Blvd., Pasig City

SUBJECT : Performance Commitment For Health Care Professionals

Sir/Madam:

To guarantee our commitment to the National Health Insurance Program (“NHIP”), I respectfully submit this Performance Commitment.

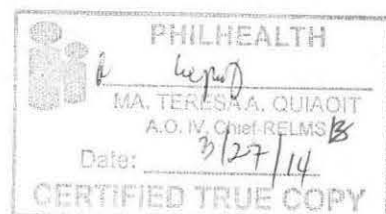
And for the purposes of this Performance Commitment, I hereby commit the following representations:

1. I am _____, a Doctor of Medicine/Dentist/Midwife/Pharmacist duly registered and licensed to practice my profession by the Professional Regulation Commission (PRC) with PRC No. _____;
2. As a licensed professional, it is my responsibility that my license is updated and valid all the time
3. I am a member in good standing of the NHIP with an active membership in the NHIP by regularly paying my PHIC premium contributions during the entire validity of my accreditation as a health care professional;
4. I am a member in good standing of _____ (name of the national association/ specialty society) regulating my profession;
5. I am affiliated with _____, _____ and have _____ (Name of accredited HCI/s) undergone credentialing and given appropriate privileges in the said institution/s in accordance with their policies and procedures.
6. I understand, that as a health care professional of the said institution/s, I will follow the policies of the said facility as long as it does not violate Statutory laws, 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.
7. I have read, understood and I am fully aware of the provisions of Republic Act (RA)7875 as amended by RA 10606 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 health care professional of the NHIP administered by the PHIC.

Further, I hereby commit myself to the following:



8. I shall conduct myself strictly and faithfully in accordance with the provisions of the Republic Act 7875 as amended as the National Health Insurance Law of the Philippines including all its Implementing Rules & Regulations (IRR);
9. 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;
10. 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 in the NHIP;
11. I shall strictly adhere and abide with all the pertinent statutory laws affecting the practice of my profession and my participation in the NHIP 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.
12. I am fully aware and I hereby acknowledge that accreditation administered by the PHIC is not a right but a mere privilege as provided under Section 31, Article VIII of R.A. 7875 on the 'Authority to Grant Accreditation' by the PHIC;
13. 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 continuous for as long as I comply with the requirements 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 withdrawn, suspended 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;
14. I am fully aware and I unconditionally acknowledge and agree that non-adherence to guidelines or any violation of any provision of my commitment whether directly or indirectly, shall constitute 'Breach of the Performance Commitment' 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;
15. I undertake that all qualified NHIP beneficiaries shall be given high quality of health care service due them without delay and that I shall deduct without delay the correct amount of chargeable benefits due to qualified beneficiaries upon discharge;



16. 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;
17. 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;
18. 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;
19. 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;
20. 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;
21. 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;
23. 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 health care professional of the NHIP and knowing the diversity of my profession, I fully welcome and understand if the investigation shall be done beyond the normal business/operating hours;
24. 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;
25. I undertake that I shall comply without delay any and all PHIC's summons, subpoena, subpoena 'duces tecum' and other legal processes;



26. 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 'performance commitment' to continue my accreditation as the case may be, as a sign of my good faith and continuous dedication and sincerity to comply with my Performance Commitment, to support and promote the National Health Insurance Program being administered by the Philippine Health Insurance Corporation.
27. Finally, I hereby declare under penalties of perjury that my above-stated statements are true and correct without any conditions and free from misrepresentations.

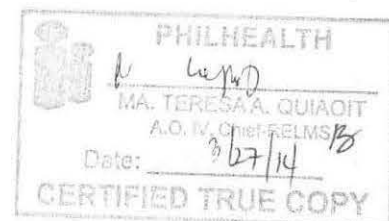
Very truly yours;

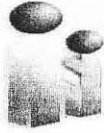
Professional Provider
PRC License Number
Expiry Date

Additional provision for facility owners

1. I am the approving authority and/or member of the Credentialing and Privileging Committee of the credentialing and privileging of the professionals of my/our institution and have conferred upon myself privileges to practice the profession based on the credentials as certified by the Professional Regulation Commission (PRC) and the national association of health care professionals recognized by PRC.

Professional Provider
PRC License Number
Expiry Date





Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 City State 709 Shaw Blvd., Pasig City
 Health line 441-7442, 441-7444; www.philhealth.gov.ph

ANNEX C
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HEALTH CARE PROFESSIONAL PROVIDER DATA RECORD

THE PRESIDENT & CEO

Philippine Health Insurance Corporation
 Pasig City,

Sir/Madam:

I, _____, of legal age, hereby applies for accreditation under Sec. 52 of R.A. 7875 as amended by R.A 9241 and its Implementing Rules and Regulations thereto. For this purpose, I hereby submit the following pertinent information and documentary requirements.

ACCREDITATION NO.				PHILHEALTH IDENTIFICATION NO.			
1. CLASSIFICATION <input type="checkbox"/> Physician <input type="checkbox"/> General Practitioner (GP) <input type="checkbox"/> GP w/ Training Training : _____ <input type="checkbox"/> Medical Specialist Specialty : _____						2. TYPE OF APPLICATION <input type="checkbox"/> Initial <input type="checkbox"/> Continuous <input type="checkbox"/> Re-accreditation	
3. NAME OF PROFESSIONAL First _____ Middle _____ Last _____						4. For Females Only (Mother's Maiden Surname) _____	
5. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female			6. CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Married <input type="checkbox"/> Separated				
7. BIRTHDATE (mm/dd/yyyy)		8. E-MAIL ADDRESS		9. FAX NO.		10. MOBILE NO.	
11. RESIDENTIAL ADDRESS No. / St. / Brgy. _____ Municipality / City _____ Province _____ Zip Code _____ Contact No. _____							
12. MAILING/ BILLING ADDRESS (If different from the residential address) No. / St. / Brgy. _____ Municipality / City _____ Province _____ Zip Code _____ Contact No. _____							
13. COLLEGE/UNIVERSITY				14. YEAR GRADUATED			
15. PRC NO.		16. Date Issued (mm/dd/yy)			17. Valid up to (mm/dd/yy)		
18. RESIDENCY TRAINING (For Medical Specialist/ GP with Training) Name of Hospital: _____ Address of Hospital: _____						Year Started	Year Ended
19. HOSPITAL AFFILIATION(S)				ADDRESS			
1							
2							
3							
4							
20. PARTNER PHYSICIANS (for Maternity Care Package/MCP Providers only)							
Last Name		First Name		Middle Name		Accreditation No.	
OB							
Pedia							
For PhilHealth Use Only							
Date Evaluated:		LHIO		By:		LHIO	
		PRO				PRO	
Date Received:		LHIO		By:		LHIO	
		PRO				PRO	
Date Encoded:		LHIO/PRO (Receiving Module)		By:		LHIO/PRO	
		PRO (Data Entry)				PRO	
						Control No.	
						OR No. _____	
						Date Paid: _____	
						Amt. Paid: _____	