



## REQUIREMENTS FOR PROVIDER ACCREDITATION

### FOR HOSPITALS

- HOSPITAL PROFILE WITH PHOTOS OF FACILITY
- SEC CERTIFICATE, *if applicable*
- VALID DOH LICENSE TO OPERATE
- PHILHEALTH CERTIFICATION, *if applicable*
- ROSTER OF DOCTORS, accepting HMO / Health Insurance
- RATES FOR LABORATORY / ANCILLARY PROCEDURES
- ECU PACKAGE RATE
- ACCOMPLISHED ACA FORM

### FOR CLINICS

- CLINIC PROFILE WITH PHOTOS OF FACILITY
- SEC CERTIFICATE, *if applicable*
- VALID DOH LICENSE TO OPERATE
- PHILHEALTH CERTIFICATION, *if applicable*
- BIR PERMIT
- ROSTER OF DOCTORS, with schedule
- RATES FOR LABORATORY / ANCILLARY PROCEDURES
- ACU PACKAGE RATE
- ACCOMPLISHED ACA FORM

### FOR DOCTORS

- ACCOMPLISHED PHYSICIAN APPLICATION FORM
- UPDATED CURRICULUM VITAE
- DIPLOMATE CERTIFICATE
- FELLOW CERTIFICATE, *if with sub-specialization*
- SIGNED MEDICAL SPECIALIST CONTRACT\*
- ACCOMPLISHED ACA FORM

*\*Can be submitted after online application.*