

## Generali Life Assurance Philippines, Inc. - Medical Specialist's Agreement

### KNOW ALL MEN BY THESE PRESENTS:

This Agreement made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in Makati City, by and between:

\_\_\_\_\_, a licensed medical practitioner recognized and authorized by the Philippine Medical Association, by virtue of the laws of the Republic of the Philippines, with residence and postal address at \_\_\_\_\_, hereinafter referred to as the "**MEDICAL SPECIALIST**".

-and-

**GENERALI LIFE ASSURANCE PHILIPPINES, INC.**, a corporation duly organized and existing under the laws of the Republic of the Philippines, with principal office at 10<sup>th</sup> Floor Petron Mega Plaza Building, Senator Gil Puyat Avenue, Makati City, represented herein by its **Medical Director, Marianne M. Lopez, M.D.**, hereinafter referred to as the "**INSURER**".

### WITNESSETH:

WHEREAS, the **MEDICAL SPECIALIST** is a duly licensed medical practitioner willing and able to provide the required professional medical and/or surgical services according to his/her field of specialization rendered to members and/or qualified dependents of the **INSURER** who may need such services in the hospital where he/she is accredited as referred to him/her by the **INSURER's** Medical Coordinator (COORDINATOR).

WHEREAS, the **INSURER** provides hospitalization and medical benefits to its members and/or their qualified dependents through its Group Hospitalization and Medical Plan in designated accredited hospitals; requires the services of a competent and duly licensed **MEDICAL SPECIALIST** to perform certain medical and/or surgical services to insured members and/or their qualified dependents.

NOW, THEREFORE, for and in consideration of the forgoing premises the parties have mutually agreed to the terms and conditions stipulated hereunder.

The **MEDICAL SPECIALIST** agrees to be the Physician of the **INSURER'S** insured members and/or their qualified dependents in \_\_\_\_\_ and undertake the following responsibilities:

#### 1.1. General-

- 1.1.1. Provide medical and/ or surgical needs of the **INSURER'S** members and/or their qualified dependents according to his/her field of Specialization.
- 1.1.2. Charge professional fees in accordance with the **INSURER'S** regulated rate schedule applicable to the service area (see ANNEX "A": GENERALI PILIPINAS REGULATED RATE SCHEDULE 2010)

- 1.1.3. If required, ensure that referrals to other specialists will be in network as coordinated with the COORDINATOR. No referrals should be made to non-accredited specialists without the prior coordination with the INSURER to avoid issues such as charging non-standard professional fees.
- 1.1.4. Ensure that insured member and /or their qualified dependent/s confined are promptly discharged from the hospital after the necessary medical services and treatment have been provided.
- 1.1.5. In case of leave of absence, assign a reliever in his place and inform the INSURER of such assignment at least a week prior to effectivity.

## **1.2. Out-Patient Medical Care-**

- 1.2.1. The MEDICAL SPECIALIST agrees to make available all his/her services, facilities, and supplies as may be authorized for Generali Pilipinas members and/or their qualified dependents by the Generali Pilipinas accredited Coordinator.
- 1.2.2. He/she accommodates, delivers care and discharges GP members, without asking for direct monetary payment or deposit, provided a Letter of Authorization (LOA) from the Coordinator / GP representative is presented.
- 1.2.3. He/she fills up the out-patient service report, writes his recommendation in the LOA and forwards extra copy to the COORDINATOR. Non submission of out patient service report does not hold the INSURER liable for these services.
- 1.2.4. The MEDICAL SPECIALIST discloses and makes available to the INSURER all medical documentation of the insured member and /or their qualified dependent/s who underwent medical attention and confinement, as the INSURER may require.
- 1.2.5. In the event a more specialized medical and/or surgical OR a diagnostic procedure is called for apart from what the MEDICAL SPECIALIST can render, he/she shall advise the insured member and /or their qualified dependent/s to secure another LOA from the INSURER's office specifying the requirement as recorded in his accomplished initial LOA.

## **1.3. In-Patient Hospital Care**

- 1.3.1. The MEDICAL SPECIALIST agrees to attend to all hospitalized members and/or their qualified dependents admitted under his care as referred to him by the COORDINATOR and monitors their condition and care.
  - 1.3.1.1. He/she curtails inappropriate/costly procedures without compromising quality care and the safety of the member and/or their qualified dependents and avoids unnecessary prolonged confinements.

- 1.3.1.2. He/she writes notes in the insured member and/or their qualified dependent/s' chart whenever visits are made as properly documented charts will be the basis for payment of professional fees.
- 1.3.1.3. He/she signs off medical cases when services are no longer required.
- 1.3.2. He/she ensures that patients for elective surgical procedures are admitted on the scheduled day of surgery.
- 1.3.3. He/she ensures that pre surgical CP clearance and/or medical diagnostic tests for elective surgical cases are performed on an out patient basis rather than in patient.
- 1.3.4. The MEDICAL SPECIALIST fills up the in patient service report and confinement report forms with complete data on the following:
  - 1.3.4.1. Nature of service rendered; indicate if emergency or not
  - 1.3.4.2. Diagnosis; for surgical cases, complete description of lesion.
  - 1.3.4.3. Submit the completed forms promptly back to GP Office
- 1.3.5. He/she performs minor surgeries as out patient procedures as much as possible.

**2. The INSURER agrees to undertake the following responsibilities:**

**2.1. Financial –**

- 2.1.1. The INSURER agrees to pay the MEDICAL SPECIALIST's professional fees for medical and/or surgical services performed based on a duly issued LOA within thirty (30) days from receipt of statement of account from the hospital covering all properly documented out-patient and in-patient services to members as presented by the COORDINATOR to the proper office of the INSURER.
- 2.1.2. The INSURER agrees to pay the MEDICAL SPECIALIST the amount as stated under "COMPENSATION" below.

**2.2. Support Forms –**

- 2.2.1. The INSURER will provide the MEDICAL SPECIALIST with all forms and related instructions for the latter to be properly oriented on the requirements -under this agreement.
- 2.2.2. The INSURER will provide its members and/or their qualified dependent/s with the appropriate Letter of Authorization (LOA) and identification card for easier identification and admission for treatment.

**3. COMPENSATION-** The MEDICAL SPECIALIST agrees to the following compensation scale and/or arrangement on which his billing to the INSURER as defined herein shall be based:

3.1. Hospital Visit – The charge shall be on a case-to-case basis in accordance with the rate schedule applicable to the service area (see ANNEX "A": GENERALI PILIPINAS REGULATED RATE SCHEDULE 2010). The professional fee is computed as follows:

Medical PF = Number of Days x Php\_\_\_\_\_

Surgical PF = RUV points x Php \_\_\_\_\_

3.2. Consultation – A fee of **Php 400 pesos** per documented out patient case based on prescribed forms and procedures.

#### **4. TERMS.**

4.1. As MEDICAL SPECIALIST, you agree to abide by the administrative policies and guidelines set by the INSURER in servicing its insured members and/or their qualified dependents. Any complaint regarding this agreement should be coursed through the Generali Pilipinas Medical Director.

4.2. There shall be no employer-employee relationship between the MEDICAL SPECIALIST and the INSURER and nothing in this agreement shall be construed as creating an employer-employee relationship.

4.3. This agreement is entered into on the basis of the professional expertise of the MEDICAL SPECIALIST. Accordingly, the INSURER shall be held free and harmless from any liability or damage arising from any fault, negligence or oversight due to the acts or omissions of the MEDICAL SPECIALIST.

4.4. This agreement may be terminated by either party prior to the expiration of the period stated below by giving the other a written notice to that effect sixty (60) days prior to termination date.

4.5. The parties shall be bound by the terms and conditions of this contract for a period of one (1) year beginning \_\_\_\_\_ and shall be deemed automatically renewed annually if none of the parties requested for its termination.

4.6. Any dispute arising from this agreement shall be settled in the exclusive jurisdiction of Makati City.

Witness our hand, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_, Philippines.

**Medical Specialist**

**Generali Life Assurance Philippines, Inc.**

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**MARIANNE M. LOPEZ, M.D.**  
**Medical Director**

**SIGNED IN THE PRESENCE OF:**

\_\_\_\_\_

**ACKNOWLEDGMENT**

REPUBLIC OF THE PHILIPPINES )

\_\_\_\_\_ ) S.S.

BEFORE ME, a Notary Public for an in \_\_\_\_\_, this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ personally appeared the  
following:

| <u>Name</u>                    | P.R.C. ID No./<br>S.S.S No./<br><u>TIN No.</u> | <u>Date/Place Issued</u> | <u>Expiry<br/>Date</u> |
|--------------------------------|------------------------------------------------|--------------------------|------------------------|
| <u>Marianne M. Lopez, M.D.</u> | <u>160914862</u>                               | _____                    | _____                  |

Known to me and to me known to be the same persons who executed the foregoing Medical Services Agreement, signed by the parties and their instrumental witnesses on all pages hereof and who acknowledged to me that the same is their free and voluntary act and deed and that of the corporations they respectively represent.

In WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal on the date and at the place first above written.

Doc. No. \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of 20 \_\_\_\_



**GENERALI LIFE PHILIPPINES  
REGULATED RATES EFFECTIVE JUNE 1, 2021**

**1. OUT-PATIENT CONSULTATION FEES**

The Out-patient consultation fee of the **MEDICAL SPECIALIST** shall be P400

**2. IN-PATIENT DAILY VISITS:**

All Professional fees (PF) for both attending physicians and co-attending physicians shall be based on the following payment schemes

|                |   |       |
|----------------|---|-------|
| ➤ Ward         | P | 600   |
| ➤ Semi-Private |   | 750   |
| ➤ Private      |   | 850   |
| ➤ Suite        |   | 1,200 |
| ➤ ICU/CCU      |   | 1,400 |

**3. SURGEONS FEE BASED ON SURGICAL PROCEDURES:**

|                |                  |
|----------------|------------------|
| ➤ Ward         | P125 X PHIC RUV* |
| ➤ Semi-private | P130 X PHIC RUV  |
| ➤ Private      | P135 X PHIC RUV  |
| ➤ Suite        | P140 X PHIC RUV  |

4. **Anesthesiologist fee** is 50% of surgeons fee; Minimum of P2,000
5. **Cardiac Monitoring** –P1,400
6. **Intra-Op Monitoring** – P1,400
7. **CP Clearance** – P1000

# PHYSICIAN'S APPLICATION FORM

**Personal:**

Name      Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Sex / Age / Status \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Specialization \_\_\_\_\_

| Address | Residence |
|---------|-----------|
|         |           |

Contact Number \_\_\_\_\_

E mail Address \_\_\_\_\_

PRC No \_\_\_\_\_

TIN No \_\_\_\_\_

Office/Clinic 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Clinic Schedule 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Education:**

College Pre-Med \_\_\_\_\_ Year \_\_\_\_\_

Proper \_\_\_\_\_ Year \_\_\_\_\_

Government Board \_\_\_\_\_ Year \_\_\_\_\_

Rating \_\_\_\_\_

### Medical Training:

Internship \_\_\_\_\_ Year \_\_\_\_\_

Residency \_\_\_\_\_ Year \_\_\_\_\_

Year

| Specialty Board | Year |
|-----------------|------|
|-----------------|------|

| Post Graduate Studies | Year |
|-----------------------|------|
|                       |      |

**Affiliations:**

Hospitals/Companies 1. \_\_\_\_\_

Organization 1. \_\_\_\_\_

**CONFORME:**

I agree to render professional services to patients of Generali Pilipinas for services rendered in accordance to the Generali Pilipinas standard schedule of Professional Fees.

Printed Name &amp; Signature:

Date:

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