



REQUIREMENTS FOR PROVIDER ACCREDITATION

FOR HOSPITALS

- HOSPITAL PROFILE WITH PHOTOS FACILITY
- SEC CERTIFICATE, *if applicable*
- VALID DOH LICENSE TOP OPERATE
- PHILHEALTH CERTIFICATION, *if applicable*
- ROSTER OF DOCTORS, accepting HMO / Health Insurance
- RATES FOR LABORATORY / ANCILLARY PROCEDURES
- ECU PACKAGE RATE
- ACCOMPLISHED ACA FORM
- BIR FORM 2303
- PROOF OF BANK (e.g. Passbook, Deposit Slip or Screenshot from a mobile banking app displaying account number and account name)

FOR CLINICS

- CLINIC PROFILE WITH PHOTOS FACILITY
- SEC CERTIFICATE, *if applicable*
- VALID DOH LICENSE TOP OPERATE
- PHILHEALTH CERTIFICATION, *if applicable*
- BIR PERMIT
- ROSTER OF DOCTORS, accepting HMO / Health Insurance
- RATES FOR LABORATORY / ANCILLARY PROCEDURES
- ACU/APE PACKAGE RATE
- ACCOMPLISHED ACA FORM
- BIR FORM 2303
- PROOF OF BANK (e.g. Passbook, Deposit Slip or Screenshot from a mobile banking app displaying account number and account name)

FOR DOCTORS

- ACCOMPLISHED PHYSICIAN APPLICATION FORM
- UPDATED CURRICULUM VITAE
- DIPLOMATE CERTIFICATE
- FELLOW CERTIFICATE, *if with sub-specialization*
- SIGNED MEDICAL SPECIALIST CONTRACT*
- ACCOMPLISHED ACA FORM
- BIR FORM 2303
- PROOF OF BANK (e.g. Passbook, Deposit Slip or Screenshot from a mobile banking app displaying account number and account name)

*Can be submitted after online application

As of May 2022