

WARRANTIES OF ACCREDITATION

A. ELIGIBILITY

- 1. That I am a Midwife duly registered and licensed to practice my profession by the Professional Regulations Commission.

B. COMPLIANCE TO NATIONAL HEALTH INSURANCE ACT 1995 (R A. 7875), ITS IMPLEMENTING RULES AND REGULATIONS AND PHIL. HEALTH INSURANCE CORPORATION ADMINISTRATIVE ORDER:

- 2. That I shall, in the course of my participation by virtue of my accreditation with the NHI Program, conduct myself strictly and faithfully in accordance with the National Health Insurance Law, its Implementing Rules and Regulations, Administrative Orders and such other policies, rules and regulations issued by the PHIC from time to time.

C. CONDUCT OF PARTICIPATION

- 3. That I shall strictly adhere and abide by the Code of Ethics, as well as other laws regarding the practice of my profession.
- 4. That I shall promote and protect the NHI Program against abuse, violation and/or over utilization of its funds, and that I will not allow myself to be a party to any act, scheme, plan or contract that is prejudicial to the Program.
- 5. That I shall abide by practice guidelines or protocols, peer review and payment mechanisms of the program.
- 6. That I shall not charge over and above the professional fees provided by the Program for beneficiaries of the admitted to Maternity Care Package.
- 7. That I shall see to it that qualified NHI Program beneficiary(ies) are given benefits/services due them, without delay.

D. INSPECTION AND INVESTIGATION

- 8. That I shall recognize the authority of the Philippine Health Insurance Corporation and its duly authorized representative to any investigation.
- 9. That I shall cooperate and submit myself to any investigation as ordered by the Corporation by making ready and available when required/summoned, all documents and records pertinent to cases under investigation at all times.
- 10. That I shall comply without delay any Health Insurance Arbiter's summons, subpoena duces tecum and other legal processes.

In accordance with these warranties, I hereby recognize that the participation in the NHI Program is a privilege and not a right, and in the event of a breach thereof, I am fully aware that the Corporation by virtue of its powers under RA 7875 and its revised Implementing Rules and Regulations, may definitely suspend or perpetually revoke my accreditation.

I further certify under oath that the above statements are true and correct to the best of my knowledge and belief.

IN WITNESS HEREOF, I have here unto set my hand this _____ day of _____, 200_ at _____, Philippines.

Signature

Republic of the Philippines)
City of _____) S. S.

SUBSCRIBE AND SWORN to before me this ___ day of _____, 200_, affiant exhibiting to me his/her Community Tax Certificate No. _____ issued at _____ on _____.

NOTARY PUBLIC

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Checklist of Requirements for Accreditation of Midwives:

- 1. Application form properly accomplished and notarized
- 2. Photocopy of the ff:
 - 2.1 Updated PRC license (back to back) or Certificate of Renewal
 - 2.2 RF1 or validated M15
 - 2.3 Certificate of Good Standing in any PHIC recognized national association of Midwives (e.g. IMAP, PLGM)
 - 2.4 Evidence of active practice
 - 2.4.1 For employed midwives - appointment papers or certificate of employment as a registered midwife in a private clinic, government hospital, rural health unit/center
 - 2.4.2 For privately practicing midwives - certification from barangay captain as an Independent Domicillary Obstetrical Practitioner in the municipality/place of practice
 - 2.4.3 Clear photocopies of birth certificates of at least 25 deliveries done in the past 12 months
 - 2.5 Evidence of Competence in Midwifery, specifically Certificates of Post-Midwifery/Post-Graduate training from DOH and/or PRC accredited institutions in all of the following:
 - 2.5.1 Suturing perineal lacerations
 - 2.5.2 Performing IE
 - 2.5.3 IV Insertion
 - 2.5.4 Family Planning
 - 2.6 TIN card/ITR of preceeding year/BIR form 2316/approved BIR forms 1901/1902 indicating TIN
- 3. Two 1 x 1 photo with name printed at the back
- 4. MOA between MIDWIFE PROVIDER and PARTNER PHYSICIAN
- 5. Accreditation Fee of P500.00 (non-refundable)

*For Postal Money Order please fill up as follows:

Amount : FIVE HUNDRED PESOS
Pay to : Philippine Health Insurance Corporation
Address : City State Center, Pasig City

Leave the back of the PMO blank, the stamp of the local post office must be clear and signed by the issuing officer