



DATE : _____
Name : _____
Specialization : _____
Hospital/ Clinic Name : _____
Address : _____

Dear Dr. _____:

Our warm greetings to you!

Expand your practice! Join MediCard Philippines, Inc. (MPI) as an accredited physician. We are one of the **leading** Health Maintenance Organizations (HMO) with more than **One Million** (1,000,000) members across the Philippines. MPI is accredited in major medical institutions in the country giving you unparalleled options. We are looking forward for you to be part of our network of accredited physicians (Medical Service Team).

Please find attached the Accredited Physician’s Terms of Agreement, which outlines the expectations and responsibilities. We kindly request that you review the agreement and, if you agree to the terms, sign and return the Agreement to us.



MediCard Philippines, Inc.
Accredited Physician's Terms of Agreement

This Agreement made and entered into by and between:

MEDICARD PHILIPPINES, INC., a corporation duly organized and existing under and by virtue of the laws of the Republic of the Philippines with address located at the 27th Floor, AIA Tower 8767 Paseo De Roxas corner Ayala Avenue, Makati City, Philippines 1226 hereinafter referred to as "**MEDICARD**";

-and-

_____ of legal age, with residence address located at _____, hereinafter referred to as the "**ACCREDITED PHYSICIAN**".

MEDICARD and ACCREDITED PHYSICIAN shall be referred to individually as a "**Party**" and collectively as "**Parties**". The use of masculine pronouns in this Agreement is for convenience only and shall apply equally to all genders.

WITNESSETH: THAT

WHEREAS, MEDICARD is a duly licensed managed healthcare company providing Outpatient, Preventive, and Inpatient health care services to its members through its accredited providers, free-standing clinics, and occupational health clinics;

WHEREAS, the ACCREDITED PHYSICIAN, as an independent contractor, has offered to provide his medical expertise and other required medical services of MEDICARD.

WHEREAS, MEDICARD and the ACCREDITED PHYSICIAN agree to cooperate in providing the needed medical services to MEDICARD members subject to the terms and conditions herein set forth;

NOW THEREFORE, for and in consideration of the foregoing, the Parties have agreed to the following terms and conditions:

- 1) The ACCREDITED PHYSICIAN shall be part of MEDICARD network of accredited physicians (Medical Service Team) with whom MEDICARD has made arrangements to provide medical services to its members.
- 2) The "**ACCREDITED PHYSICIAN**" voluntarily presents himself to "**MEDICARD**" as an independent contractor and agrees to provide reasonable, necessary, professional and able health care services appropriate to his specialty to bona fide members of **MEDICARD**. In consideration of such services **MEDICARD** shall compensate the **ACCREDITED PHYSICIAN** based on standard rates, as described in Annex "A", Schedule of Professional Fees.
- 3) In the event that the ACCREDITED PHYSICIAN is unable to work at the agreed schedule, the ACCREDITED PHYSICIAN shall inform MEDICARD of his reliever at least two weeks before the schedule. The reliever shall follow the guidelines provided to the ACCREDITED PHYSICIAN.
- 4) The ACCREDITED PHYSICIAN agrees to abide by the Medical Service Team Guidelines and Procedures attached herein as Annex "B" and in servicing members of MEDICARD. Any complaints regarding this Agreement must be coursed through the Head of Provider Relations Department.
- 5) MEDICARD shall evaluate the partnership with the ACCREDITED PHYSICIAN at least once a year to get feedback and assess performance.
- 6) The ACCREDITED PHYSICIAN shall register and submit updated credentials listed in Annex "C", through Provider Network Accreditation System (PNAS) at <https://provider.medicardphils.com/register>
- 7) The ACCREDITED PHYSICIAN shall fill out and submit the Accredited Physician Information Sheet attached herein as Annex "D" for any changes in contact details, clinic schedules or additional trainings within twenty-four (24) hours from the date of said change through PNAS.

Signature



- 8) The **ACCREDITED PHYSICIAN** allows **MEDICARD** to collect, process, share, or transfer his information for the purpose stated in the consent form attached herein as Annex "E".
- 9) The **ACCREDITED PHYSICIAN** shall accept any laboratory or diagnostic results from any **MEDICARD** free standing clinics and shall not require the patient to repeat the same diagnostic services at another facility.
- 10) The **ACCREDITED PHYSICIAN** shall timely and properly accomplish the Outpatient Consultation Form, including the chief complaint, history of present illness, vital signs, physical examination, diagnosis and signature of patient and attending physician. The **ACCREDITED PHYSICIAN** shall strictly adhere to the **'NO SIGNATURE, NO PAYMENT POLICY'** which is hereby strictly implemented.
- 11) **The ACCREDITED PHYSICIAN shall NOT BALANCE BILL the patients. Should patients exceed their limit, the ACCREDITED PHYSICIAN shall bill patients at HMO rate only. Violation of this provision would be a ground for the immediate termination of this Agreement.**

(**Balance billing** is defined as the act by some physicians or health practitioners duly accredited by **MEDICARD** to charge **MEDICARD** members for the difference between their desired higher professional fees and the agreed **MEDICARD** professional fee for services schedule.)

- 12) **The ACCREDITED PHYSICIAN shall NOT enter into any arrangements with MEDICARD patients outside this Agreement or relevant MEDICARD policy, even with the latter's consent. Violation of this provision would be a ground for the immediate termination of this Agreement.**
- 13) The **ACCREDITED PHYSICIAN** shall refrain from discussing the member's coverage (examples: Pre- Existing Conditions (PEC), General Exclusions, Maximum Benefit Limit (MBL) etc.) as this will be discussed by **MEDICARD** to its member so that they will be properly guided on their coverage.
- 14) The **ACCREDITED PHYSICIAN** shall issue a Service Invoice to **MEDICARD** in accordance and compliance to Republic Act No. 11976, otherwise known as *Ease of Paying Taxes Act*. The professional fees due to the **ACCREDITED PHYSICIAN** which are payable by **MEDICARD** are subject to withholding tax rates.
- 15) The 12% Value Added tax (VAT) shall be covered by **MEDICARD** provided the **ACCREDITED PHYSICIAN** submits VAT registration certificates.
- 16) PhilHealth benefits on **ACCREDITED PHYSICIAN's** fee shall go to the attending **ACCREDITED PHYSICIAN**.
- 17) The **ACCREDITED PHYSICIAN** agrees that all covered illnesses shall be charged to **MEDICARD** based on a standard rate of Relative Unit Value. **MEDICARD** undertakes to pay the **ACCREDITED PHYSICIAN** within **30 working days from the receipt of the complete billing statement**. Under no circumstances shall the physician charge extra fees to the patient unless approved by **MEDICARD**.
- 18) Incremental costs in connection to involuntary room upgrades (i.e. from one category to the next higher room category, not from a particular level to the next level within the same category), shall be covered by the member based on **MEDICARD's** agreement with the member.

For voluntary room upgrades, you may bill **MEDICARD** member only for the difference in professional fees between the member's original room category and the upgraded room used, based on the schedule of fees.

- 19) Claims by the **ACCREDITED PHYSICIAN** may be submitted electronically via email to claimsreceiving@medicardphils.com, together with all relevant supporting documents. For documentation purposes, all claims submitted electronically shall be properly documented by the accredited physician.
- 20) All statement of accounts (Outpatient Consultation Form/ Laboratory Diagnostic Forms) with corresponding charge slips incurred by our patient-members must be submitted within **thirty (30) calendar days from the time of availment**, otherwise, **MEDICARD** shall not process all bills submitted after this period. Moreover, **MEDICARD** agrees to reconcile any submitted unpaid accounts/ charges **within ninety (90) calendar days from the date of discharge or availment**. **MEDICARD** shall not process follow-ups or unpaid charges beyond this period.

ACCREDITED PHYSICIAN warrants that all statement of accounts submitted to **MEDICARD** are accurate. To validate such statement of accounts, **MEDICARD** may request, and **ACCREDITED PHYSICIAN** shall provide, all

Signature



necessary supporting documents. The payment of MEDICARD of any statement account will not preclude it from validating such billed amount and asking for supporting documents.

In the event that there is overpayment to the ACCREDITED PHYSICIAN, he shall return any overpayment within thirty (30) calendar days from the time MEDICARD provides a notification. MEDICARD shall have the option to withhold and set-off any overpayment from any amount still payable to the ACCREDITED PHYSICIAN.

21) The **ACCREDITED PHYSICIAN** is required to enroll under the MediCard Digital Payment System (DPS) for the disbursement and monitoring of all his/her professional fees. The **MEDICAL COORDINATOR** shall nominate his/her preferred bank through the platform. To enroll, attached herein as Annex "F" the MediCard Digital Payment System Form. Submission shall be through PNAS <https://provider.medicardphils.com/register> or via email at provider@medicardphils.com. Disbursement of the **ACCREDITED PHYSICIAN**'s professional fees will be done electronically through the ACCREDITED PHYSICIAN's nominated bank account specified upon completion of enrollment in MediCard's Digital Payment System (DPS).

22) The **ACCREDITED PHYSICIAN** shall not disclose or communicate any confidential information about **MEDICARD** without the consent of the latter.

"Confidential Information" shall include all information provided by MEDICARD to, and all information provided by to the **ACCREDITED PHYSICIAN**, in oral, written, electronic or machine readable form, including, without limitation, proprietary information, contracts, letters, member/client list, any member/patient medical record or information, government correspondence or certification, electronic mail, which may contain strategies and policies, business plans, drawings, concept papers, information concerning financial performance, commercial policies or projects, technical or non-technical information, know-how, research and development, invention, market and patient or customer-related information, price lists and policies, book keeping and accounting information, controlling, purchasing, marketing, distribution and personnel matters, product design or selling, as well as any studies, reports, analysis, surveys, and similar documents which are based on, or which have been established on the basis of, Confidential Information. Confidential Information likewise includes the existence and context of this Agreement and the fact that discussions or negotiations are taking place, or have taken place, between the parties.

The **ACCREDITED PHYSICIAN** agrees that all records and documents of **MEDICARD** and all information pertaining to its business or affairs are confidential, and that no authorized disclosure or reproduction thereof shall be made by him to any third party especially for any direct or indirect competitors at any time during the agreement and after one (1) year from termination of this agreement.

23) The **ACCREDITED PHYSICIAN** undertakes and warrants to comply and observe the provisions of the Data Privacy Act of 2012 and its implementing rules and regulations including, but not limited to obtaining clear consent of his patients to collecting, storing and recording private and/or personal or sensitive personal information that will be disclosed during any medical consultation or procedure done in the performance of his function.

Either party shall notify in writing the other party of any actual or attempted breach of personal data of any of such affected party's clients or customers, employees or officers and other related individuals. The following must be included in such written notice if known at the time of notice:

- a) General circumstances, nature of the breach, and personal data possibly involved;
- b) Number and/or identities of data subjects, customers or employees affected;
- c) Steps taken to reduce the harm or negative consequences of the breach;
- d) The representatives of the breaching party and their contact details; and,
- e) Any assistance to be provided to the affected data subject.

The notification shall be delivered immediately and in no event later than twenty-four (24) hours after the occurrence of such breach and shall not be delayed for investigation purposes.

Each party shall cooperate fully with the other in investigating and responding to each successful or attempted breach, including allowing immediate access to other party's facility by the affected party or its investigator, to investigate and make copies of data as provided herein.

24) Upon termination or expiration of this Agreement or at any time upon **MEDICARD**'s request, **ACCREDITED PHYSICIAN** shall promptly return to **MEDICARD** or destroy all confidential information and other materials of

Signature



MEDICARD (including any copies thereof) and provide **MEDICARD** with a certification verifying such return or destruction.

- 25) The ACCREDITED PHYSICIAN is considered an independent contractor; hence not considered as an employee of MEDICARD. MEDICARD shall not assume any statutory employer obligations such as but not limited to social security, PhilHealth and employee compensation premium.
- 26) The ACCREDITED PHYSICIAN shall take full and sole responsibility and holds MEDICARD free and harmless from all suits or claims by, or liability to patient and any person by reason of his fault, mistake or negligence in the performance of his function as a medical professional.
- 27) Nothing in this Agreement shall be interpreted to dictate **ACCREDITED PHYSICIAN**'s practice of medicine, delivery of direct patient care or independent judgement in the practice of medicine. **ACCREDITED PHYSICIAN** shall have complete control over the diagnosis and treatment of patients and neither **MEDICARD** shall exercise and direct control over the individual treatment of the patient.

To the fullest extent permitted by law, **ACCREDITED PHYSICIAN** agrees and undertakes to indemnify, defend and hold **MEDICARD** and its stockholders, directors, employees, agents and assigns, harmless from and against any and all claims, damages, losses and expenses, including but not limited to court costs, attorney's fees and alternative dispute resolution costs, for any personal injury, for any bodily injury, sickness, disease or death and for any damage to or destruction of any property (including the loss of use resulting therefrom) which (a) are caused in whole or in part by any action or omission, negligent or otherwise, of the **ACCREDITED PHYSICIAN**, or (b) are directly or indirectly arising out of, resulting from, or in connection with performance of any of the services covered in this Agreement.

28) The **ACCREDITED PHYSICIAN** warrants that he:

- a) has a valid license to practice medicine in the Philippines.
- b) will ensure that such license to practice in the Philippines is maintained throughout the entire duration of this Agreement.
- c) has the necessary knowledge, expertise and experience that qualifies him to perform the function of a medical professional.
- d) shall ensure that all required documents for accreditation are accurate, correct, and genuine.
- e) has and will maintain valid license to prescribe and dispense controlled substances, such prescription is necessary to his patient's recovery, treatment, management.
- f) has not been convicted of or plead guilty to any felony or any misdemeanor related to patient services, controlled substances, sexual misconduct, assault, or any action taken from a position of trust. In relation to this, **ACCREDITED PHYSICIAN** undertakes to immediately notify MEDICARD in writing if he becomes aware of any investigation, proposed or pending legal, administrative or peer review action or other effort to suspend, restrict, terminate or otherwise adversely affect any of the required license to practice medicine and/or prescribe medications, and will provide any relevant information requested by **MEDICARD** regarding the investigation, action or other effort.
- g) performs pursuant to this Agreement does not violate any other agreement, contract or arrangement with a third party, including, but not limited to, any covenant not-to-compete or similar restriction.
- h) agrees to act in compliance with all laws and regulations in the performance of his duties and obligations under this Agreement.
- i) will perform the services in accordance with local and customary rules of ethics and conduct in the medical profession and to the standards set out by **MEDICARD**, including but not limited to the Supplier Code of Conduct (<https://www.aia.com/en/about-aia/esg/supplier-code-of-conduct>) and governance policies which may be issued from time to time.
- j) will not engage in any act or conduct that may harm the reputation, business interests, or goodwill of MEDICARD.
- k) will not make any malicious, negative, derogatory, or disparaging remarks, comments, statements, information or any other form of communication including but not limited to oral, written, electronic, social media, and any other media or platforms, whether existing now or developed in the future, the affiliates, specialists, agents, officers, representatives, products, services, business operations, or any other related matters.
- l) will not encourage or solicit its affiliate, specialist, agent, or any third party to engage in of the aforementioned activities in letters j and k.
- m) will not show any memo, guidelines or advisory issued by MEDICARD to the accredited provider and physician.

Signature



29) The **ACCREDITED PHYSICIAN** agrees that it will not, directly or indirectly, for himself or on behalf of, or in conjunction with any other person, firm, partnership, or corporation, divert or take away or attempt to divert or take away, call on or solicit or attempt to solicit the business or patronage of **MEDICARD**'s patients, clients, or patrons, including but not limited to those with whom it became acquainted as a result of **ACCREDITED PHYSICIAN**'s accreditation with **MEDICARD**.

30) The **ACCREDITED PHYSICIAN** warrants that he has not given and will not at any time give, directly or indirectly, any inducement or bribe of any kind, form or nature to any director, officer or employee or agents or representatives of **MEDICARD** or its affiliates or subsidiaries in the course of obtaining the execution of this Agreement or the performance of obligations hereof.

In the execution of this Agreement or performance of his obligations hereof, **ACCREDITED PHYSICIAN** warrant that he has not and will not make any offer, payment, promise to pay or authorization of the payment of any money, or make any offer, gift, promise to give, or authorization of the payment of money, or make any offer, gift, promise to give, or authorization of the giving of anything of value, to any government official, any political party or official thereof, any candidate for political office, any official of any public international organization or any other person connected therewith.

31) Any breach of the terms and conditions of this Agreement shall entitle either party to rescind this Agreement by written notice without waiver to any claim for damages.

32) The **ACCREDITED PHYSICIAN** agrees and allows **MEDICARD** to conduct, upon reasonable advance notice, an audit or investigation: (i) where any regulator recommends or requires that **MEDICARD** do so; (ii) to investigate any suspected breach of applicable law relating to the obligations provided under this Agreement; (iii) to investigate the security and integrity of **MEDICARD**'s Confidential Information and any suspected breaches of confidentiality or loss or destruction of data; and (iv) to investigate any suspected fraudulent, unethical or dishonest conduct on the part of the **ACCREDITED PHYSICIAN**, in relation to its obligations herein. The **ACCREDITED PHYSICIAN** agrees to actively participate in such investigation or audit.

33) This Agreement shall take effect as of Click or tap to enter a date and shall be renewed automatically on a yearly basis unless terminated by either party by serving a thirty (30) day written notice to the other party.

MEDICARD may terminate this Agreement at its convenience, upon thirty (30) days prior written notice to **ACCREDITED PHYSICIAN**.

In the event that there is an investigation due to possible fraud, negligence or due to customer complaints, **MEDICARD**, by written notice to the **ACCREDITED PHYSICIAN**, may put his accreditation on hold. Should there be an initial finding that there is fraud or negligence, **MEDICARD** may immediately terminate this Agreement.

34) GENERAL PROVISIONS

1. The **ACCREDITED PHYSICIAN** shall not use the name, logos or trademarks of **MEDICARD** for any purpose including for promotional and marketing material or publicity releases, without the prior written consent of **MEDICARD**.
2. The forbearance in the enforcement of any term or provision of the Agreement, or the waiver of any of the covenants contained in the Agreement, or the prompt and timely performance thereof by any Party, shall not be deemed or construed to be a waiver of such Party's rights to enforce the same at any future time, nor shall it be a continuing waiver.
3. This Agreement is governed by the laws of the Republic of the Philippines, without giving effect to any choice of law rule that would cause the application of the laws of any jurisdiction other than the laws of the Republic of the Philippines.
4. **MEDICARD** shall be entitled to assign, sell, transfer, delegate or otherwise dispose of, whether voluntarily or involuntarily, by operation of law or otherwise, this Agreement and any of its rights or obligations under this Agreement. The **ACCREDITED PHYSICIAN** shall not and shall not have the right to assign, sell, transfer, delegate or otherwise dispose of, whether voluntarily or involuntarily, by operation of law or otherwise, this Agreement or any of its rights or obligations under this Agreement without the prior written consent of **MEDICARD**. Subject to the foregoing, this Agreement shall be binding upon and shall inure to the benefit of the Parties and their respective successors and permitted assigns.

Signature



- 5. If any provision of this Agreement is held to be invalid, illegal or unenforceable by a court, arbitration panel or other tribunal of competent jurisdiction, then the term may be severed from this Agreement and the remaining terms or parts of the terms of the Agreement will continue in force. If any provision contained in this Agreement shall for any reason be held to be excessively broad as to duration, geographical scope, activity or subject, it shall be construed by limiting and reducing it, so as to be enforceable to the extent compatible with applicable law.
- 6. This Agreement is the entire agreement between the Parties with respect to its subject matter and supersedes all previous agreements between the Parties in connection with its subject matter. No modification of or amendment to this Agreement shall be effective unless in writing and signed by each of the Parties.

35) The ACCREDITED PHYSICIAN of MEDICARD has fully read and understood the terms of agreement and agree to abide by the guidelines and procedures that were stated.

IN WITNESS WHEREOF, the Parties here have executed and signed this Agreement, this ____day of _____, 2026, in Makati City, Philippines.

MEDICARD PHILIPPINES, INC.

ACCREDITED PHYSICIAN

By:

By:

EMERSON S. CONDUCTO

NAME OF PHYSICIAN

Date: _____

Date: _____

PRC No: _____

**Annex A
SCHEDULE OF PROFESSIONAL FEE**

Non-Surgical, Outpatient Professional Fees

Category	General Practitioner	Internal Medicine, Family Medicine, Pediatrics and Rehabilitation Medicine and related Sub-Specialization	Obstetrics and Gynecology and related Sub-Specialization	Surgeons and related Sub-Specialization
Outpatient Consultation	300.00	600.00	650.00 – <i>inclusive of routine pelvic examination</i>	600.00
Routine Pre-Procedure Medical Evaluation without Medical Indication	N/A	1,000.00	N/A	N/A
Pre-Procedure Medical Evaluation with Medical Indication	N/A	1,200.00	N/A	N/A
OB-GYNE Clearance where doctor personally examined the patient	N/A	N/A	1,400.00	N/A
OB-GYNE Clearance where doctor did not personally examine the patient	N/A	N/A	1,200.00	N/A
For examinations done for procedures and collection of specimens for cytology (pap smear, gram stain, wet smear) and wound care for the use of gloves, under pads, jelly, cytology brush and utilities expense.	N/A	N/A	400.00	N/A
Additional Fee for Wound Care	N/A	N/A	400.00	N/A
Surgical Clearance where Referrals are made in the Emergency Room or Inpatient Setting, but no surgery ensued, inclusive of day's visit fee	N/A	N/A	N/A	1,000.00

Non-Surgical, Inpatient Professional Fees (Daily Visits)

Room Category	Per Day
Ward	PHP 450.00
Semi-private	PHP 550.00
Regular Private	PHP 650.00
Suite	PHP 1,000.00
ICU/ NICU	PHP 1,200.00

Signature



Surgical, Inpatient Professional Fees

All professional fees for surgical procedures shall be based on the current/ prevailing PhilHealth Insurance Corporation (PHIC) Relative Value Scale (RVS). A four-tier Relative Unit Value (RUV) multiplier for surgical professional fees shall be used as follows.

Room Category	RUV
Outpatient/Ward	110
Semi-private	115
Regular Private	120
Suite/ ICU/ NICU	125

The aforementioned surgical compensation schemes are inclusive of two days pre-operative and five days post-operative visits. Compensation for subsequent daily visits for confinements for complications that may occur after surgery, for the same, or new condition/s which may not be related to the initial surgery shall be the same as provided for in ANNEX A.

Surgical Professional Fees for Surgeries Requiring a First Assistant

Applicable to first assistant surgeons, except for surgeons in training for both open and laparoscopic/ robotic procedures. Surgical procedure must have at least a PHIC RVS of 250 units.

First Assistant Type	Rate
Diplomate/ Fellow	25% of Surgeon’s Fees
Non-specialist Physician	10% of Surgeon’s Fees

Multiple Related Surgeries

Surgical procedures performed during the same operative session involving the same or separate incision site shall be compensated as follows:

Category	Done by Same Surgeon	Done by Another Surgeon
Primary Surgery (Highest RUV)	100% RUV	80% RUV
Secondary Surgery	50% RUV	
Subsequent Surgery	25% RUV	

Multiple Unrelated Surgeries

Surgical procedures, done either by the same surgeon or another, involving the same or separate incision, performed during the same operative session shall be compensated as follows:

Category	Rate
Primary Surgery (Highest RUV)	100% RUV allowed for primary procedures
Secondary Surgery	50% RUV allowed for secondary procedures
Subsequent Surgery	25% RUV allowed for subsequent procedures subject to evaluation

Note: Plus 12% for VAT registered doctors. Professional fees for surgical procedures will be paid only based on the above schedule inclusive of visits during confinement. Other surgical procedures not covered in this annex will be based on AHMOPI’s Unified Service Agreement with the Philippine College of Surgeons.

Ophthalmic Examination

Standard outpatient office ophthalmic consultation is 600.00, inclusive of the following: complete history, visual acuity determination, gross examination, extraocular muscle testing, pupillary examination, digital palpation, direct ophthalmoscopy.

The following procedures are indicated in the basic ophthalmic examination but require additional skills, equipment, and supplies. They shall be considered pre-approved.

Signature



Procedure	Rate
Slit Lamp Examination	100.00
Manifest Refraction	100.00
Tonometry/ Keratometry	50.00

The following are additional procedures that may be needed to complete a specialized examination, for approval of MediCard.

Procedure	Rate	Procedure	Rate
Schirmer's Test/ Tear Break Up Time	50.00	Hertel's Exophthalmometry	50.00
Vital Dye Staining	50.00	Cycloplegic Refraction	150.00
Stereo Testing	50.00	Gonioscopy	100.00
Color Testing	50.00	Dilated Fundus Examination	100.00
Prism Testing	50.00		

Otolaryngology – Head and Neck Surgery

Outpatient consultation fee is 600.00 and are inclusive of the following: Otoscopy, Anterior Rhinoscopy, Oral and Oropharyngeal Direct Examination, Head and Neck Direct Examination.

Specialized Procedures for approval by MediCard where RUV is inclusive of consultation fees.

Procedure	RUV	Procedure	RUV
Ear Suctioning/ Cleaning	10	Intranasal Irrigation	10
Aural Irrigation	10	Removal of Foreign Bodies (Nose)	12
Removal of Cerumen	12	Trans-Illumination of Sinuses	10
Removal of Foreign Bodies (Ear)	12	Posterior Rhinoscopy	12
Tuning Fork Testing	8	Indirect Laryngoscopy with Defogging Solution	20
Decongestion of Nose with Suctioning	10	Cauterization of Aphthous Ulcers	8

Procedure	Rate
Test for Smell and Taste	2,000.00
Repositioning Maneuver for BPPV	2,000.00
Test for Vertigo	1,500.00

Instrument Fees

For approval of MediCard.

Instruments	
Arthroscope	Microvascular set
Cystoscope for SYSTO-RGP	Minor ophthalmic surgical set
Direct and suspension laryopy	Myringotomy/ Myringoplasty/ Tympanoplasty set
Drills	Nasal power instruments
Endoscopic equipment and instrument	Nephroscope with lithotripsy
Endoscopic hand instruments	Optical urethrotome
Endoscopic optical instruments	Resectoscope
Esophagoscope (rigid)	Rigid proctoscope (sigmoidoscope)
FESS set (for sinus surgery)	Surgical microscope
Fiberoptic endoscope	Thoracoscope
Flexible fiber optic colonoscope	Tonsillectomy set
Harmonic scalpel or LigaSure	Trans-anal operating scope
Hemorrhoid rubber band ligator	Ureteroscope with intracorporeal lithotripsy
Major ophthalmic surgical set	Ureteroscope without intracorporeal lithotripsy
Mastoidectomy set	Video endoscopy tower

Signature



Philippine Society of Anesthesiologists (PSA)

50% of the current/ prevailing PHIC Relative Unit Value (RUV) multiplied by the Peso Conversion Factor. Minimum fee of ₱ 2,000.00 per case.

Procedure	Rate
MAC with Sedation	30% of PCS RUV
MAC without Sedation	1,200.00

AHMOPI Physicians

If the ACCREDITED PHYSICIAN is also a MEMBER of AHMOPI's Unified Service Agreement (USA) with their respective medical societies, MediCard will use the prevailing AHMOPI – USA rates PROVIDED that their endorsement is current.

Signature



Annex B

(Medical Service Team Guidelines and Procedures)

The ACCREDITED PHYSICIANS/DOCTORS agree to abide by the following Medical Service Team Guidelines and Procedures when performing the services. He recognizes the Primary Care Physician/Coordinator as the head and gatekeeper of the Medical Service Team

OUTPATIENT SERVICE

- 1) The HMO Office and Coordinator's clinic are the only ones authorized to refer patients and issue referral forms to all MediCard members. Each referred MediCard member must bring the properly filled-up MediCard outpatient consultation form or the Letter of Authority (LOA) issued through MediCard Go App.
 - a) The ACCREDITED PHYSICIAN will complete the form by giving a **WORKING IMPRESSION/DIAGNOSIS**, management plan, including diagnostic exams and/or procedures to be performed.
 - b) The MediCard Outpatient Consultation Form is carbonized in two copies: the white copy, which will be sent back to MediCard Head Office, and the pink copy, which will be retained by the doctor for his patient's file/records.
 - c) Once properly filled out, attach the white copy to the **Summary of Outpatient Consultation Bills** and submit it to MediCard on a weekly or monthly basis.
 - d) For Outpatient surgical procedures, pre-approval must be obtained. Any procedures done prior approval will no longer be accommodated except in Emergency cases where ACCEREDITED PHYSICIAN needs to save or ensure the safety of the patient-member.

All statements of account (Outpatient consultation/laboratory diagnostic forms) with corresponding charge slips incurred by our patient-members must be submitted within one (1) month from the time of availment, otherwise, MediCard shall not process all bills submitted after the said one (1) month.

- 2) Should there be a need for referral to another doctor and/or a request for laboratory/diagnostic exams or procedures, the attending physician must refer the patient back to the HMO Office or Coordinator's clinic to secure a MediCard Outpatient Laboratory/Diagnostic Examination Request Form, with approval from the authorized officer at the HMO Office. Laboratory/diagnostic exams or procedures that are **more than one thousand pesos (P1,000.00)** must secure an approval number from our call management group or our call center. This will be done by the HMO Office or Coordinator's clinic before issuing the request form.
- 3) Moreover, **all Outpatient Surgical procedures**, including those performed in doctor's clinic must have an approval prior the scheduled procedure from MediCard.

INPATIENT SERVICE

- 1) Should the member need to be confined, this must be upon the recommendation of the MediCard Coordinator or a MediCard accredited physician. Approval of the said confinement is based on the benefit of the member.
- 2) Secure Letter of Authorization (LOA) from the company through the HMO Office or assigned Coordinator for the following procedures:
 - a) Elective surgical and obstetrical-gynecological procedures.
 - b) Medical surgical intervention requiring instrumentation and/or endoscopic procedures.
 - c) All health services or treatment requiring hospitalization.
- 3) Proper coordination with the Head Office or the Medical Coordinator must be done.
- 4) Should ACCREDITED PHYSICIAN recommend referring the member/patient to another accredited physician-specialist if he/she perceives the member's case is beyond the scope of his professional competence. **Referrals to non-accredited physician are discouraged.** However, should the case arise, clearance from the coordinator is necessary prior to referral.
- 5) Prior to discharge of the member from the hospital, the ACCREDITED PHYSICIAN must sign the attending

January 2025 Rev. 03

Signature



Physician's Professional fee statement for in-patient form with itemized list of services and number of visits rendered. (Form is provided by liaison officer in Metro Manila and HMO Office or Coordinator's clinic in provincial areas).

- 6) A physician cannot hold, detain, or delay the discharge of a member due to non-payment of additional fees resulting from balance billing.

Signature



Annex C REQUIRED DOCUMENTS

- a) Updated Curriculum Vitae
- b) Updated Training Certificate/s
- c) Copy of valid and updated PRC ID/License
- d) Copy of valid and updated PhilHealth ID
- e) Copy of valid and Government-Issued ID
- f) Copy of Residency Certificate
- g) Copy of Diplomate and/or Fellowship Certificate from corresponding Specialty Society
- h) Subspecialty Certificates and other Training Certificates
- i) Certificate of Registration – BIR Form 2303
- j) Notarized Income Payee's Sworn Declaration of Gross Receipt/Sales (if applicable)
- k) Duly accomplished MediCard E-Payment Enrollment Form together with a scanned copy of passbook or bank statement showing the Bank Account Name and Account Number

NOTE: For expired or near expiry PRC License and PhilHealth ID, it is the physician's responsibility to renew her/his PRC license on given time. The accredited physician should be able to upload his/her PRC License and PhilHealth ID in PNAS upon issuance.

Should you decide to accept this invitation, and find the terms and condition acceptable, please accomplish and submit the above documents, including this signed agreement within thirty (30) days upon receipt of this agreement through our Provider Network Accreditation System (PNAS) or email to provider@medicardphils.com.

Signature



Annex D
ACCREDITED PHYSICIAN'S INFORMATION SHEET

Please Attach
Photo

Personal Information

Last Name _____
 Given Name _____
 Middle Name _____
 Suffix (if any) _____ Date of Birth _____
 Home Address _____

Contact Information

Cellphone #1		Email #1	
Cellphone #2		Email #2	
Viber		Landline	

Educational Background

Medical School		Year Graduated	
Residency Training		Specialization	
Subspecialty Training		Sub-specialization	

Professional Background

Years in Practice in Current Specialization Ave. Patient Count Per Day
 Hospital/ Clinic Affiliation _____ Schedule _____ Telephone Number _____

Hospital/ Clinic Affiliation	Schedule	Telephone Number

Credentials

PRC No.		PMA No.	
PHIC No.		TIN/ BIR 2303	

I declare that this Accredited Physician's Information Sheet (APIS) has been made in good faith, verified by me, and the best of my knowledge and belief, is true and correct. As the need arises, I hereby authorize the designated representatives of my affiliated clinics or hospitals to validate the disclosed information of my Accredited Physician's Information Sheet (APIS).

Date

Signature Over Printed Name



Annex E
CONSENT FORM

In compliance with Republic Act 10173 also known as the Data Privacy Act of 2012, and its implementing rules and regulations MediCard need your Consent to allow us to collect and process your information for the following purposes: accreditation; use in patient's data record per availment; processing of bills and evaluation/survey, as well as background checking prior to processing your accreditation.

We will only disclose and share your information with our service providers who may also help us in assessing your application.

Withholding or withdrawal of such Consent may prevent us from including you in our list of accredited providers.

You are afforded with certain rights and protection in accordance with the said Act and you may visit www.medicardphils.com/privacy or email privacy@medicardphils.com for more information.

By signing below, we will consider that you agree to give your Consent to us.

Signature over printed name



Annex F

MEDICARD E-PAYMENT ENROLLMENT FORM

Preferred e-Payment Type *(Please choose only one)*

Provider Type

- Digital Payment System
- Online Banking

- Physician
- Dentist
- Hospital
- Clinic

**Please legibly fill out only one e-Payment Type.
For Digital Payment System (DPS)**

Last Name	
First Name	
Middle Name	
Suffix	
Email	
Mobile Number	
TIN	

For Online Banking

Last Name	
First Name	
Middle Name	
Suffix	
Email	
Mobile Number	
TIN	
*Account Name	
*Account Number	
Bank Name	
Bank Branch	

***As it appears in your bank statement/ passbook.**

Please submit this form together with documentation (e.g. Passbook/ Check book) showing the account holder's name, and account number to our MediCard Representative through provider@medicardphils.com.

The following banks are accredited by our online payment service provider: Land

<i>Banco De Oro (BDO)</i>	<i>Bank of the Philippines (LBP)</i>	<i>Rizal Commercial Banking Corporation (RCBC)</i>
<i>Bank of the Philippine Islands (BPI)</i>	<i>Metrobank</i>	<i>United Coconut Planters Bank (UCPB)</i>
<i>Chinabank</i>	<i>Security Bank</i>	<i>Unionbank of the Philippines (UBP)</i>
<i>EastWest Bank</i>	<i>Philippine National Bank (PNB)</i>	

Consent:

By submitting this form, I confirm that I have voluntarily provided the information contained herein and consent to MediCard Philippines, Inc., and its affiliated companies within the AIA Group, to collect, use, process, and store my personal data for purposes related to evaluating, processing, and facilitating my enrollment and participation in the MediCard Online Payment Facility, in compliance with applicable data protection laws.

I understand that my personal data will be accessed only by authorized personnel and may be shared, when necessary, with third-party service providers, partners, or regulatory bodies, including entities outside the AIA Group, to enable the delivery of digital payment services and support related administrative processes.

I also acknowledge my right to access, update, or request the deletion of my personal data at any time by contacting the Data Protection Officer at privacy@medicardphils.com.

I understand that I can get more information on how MediCard Philippines, Inc. protects my personal data through Privacy Statement at <https://www.medicardphils.com/privacy-statement/>

Physician's Signature Over Printed Name

Date