



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph



STATEMENT OF INTENT
Initial/Re-accreditation

Date: _____

Name of Institution: _____

Address: _____

Sign the applicable items if you agree with the statements below:

1. For applications for Initial Accreditation or Re-accreditation that are filed during the last quarter of the current year:

OPTION A: I agree with the following provisions:

1. To pay the accreditation fee equivalent to one (1) accreditation cycle and the start date of accreditation of our health facility shall be before January 1 when it has complied with the requirements for accreditation.
2. I agree that in case, my application is only approved by the Corporation after December 31st of the current year, I shall submit my application for continuous accreditation within 30 days from receipt of the approval letter.

Signature over Printed Name of the
Authorized Person

OPTION B: I agree with the following provisions:

1. To pay the accreditation fee equivalent to one (1) accreditation cycle and that the start date of accreditation of our health facility shall be on January 1 of the succeeding year.

Signature over Printed Name of the
Authorized Person