



# HCI ENGAGEMENT REGISTRATION FORM

Control No:	
Registration date:	
Request Type <sup>1</sup> :	<input checked="" type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Update <input type="checkbox"/> Deactivate

## HCI / RHU INFORMATION

Name of Facility	CEBU SOUTH GENERAL HOSPITAL INC.	PEN	01-200000439-0
Address of Facility	NATIONAL HIGHWAY, TUYAN, NAGA CITY, CEBU 6037		
Authorized Representative	MRS. KAREN V. ALFAFARA, RN, MAN	Contact No.	272-2223 local 216
Designation of Representative	ADMINISTRATOR	Email Address	sgphilhealth@gmail.com

## ACCREDITATION INFORMATION

Accreditation Number / s	Name of Facility (as appearing in the Accreditation Certificate)	PMCC Number (to be filled-up by PhilHealth)
H07022084	CEBU SOUTH GENERAL HOSPITAL, INC.	

## ENGAGEMENT INFORMATION

Name of Service Provider	KAISER-DELA CRUZ CONSULTING, INC.	PEN	00-500000054-7
Address of Service Provider	LORMA MEDICAL CENTER, CARLATAN, SAN FERNANDO CITY, LA UNION		
Authorized Representative	ROBERT KAISER	Contact No.	(072) 888-3331 / 888-2616
Designation of Representative	PRESIDENT	Email Address	support@gomedsys.com

## SYSTEM INFORMATION

Name of System	MEDSYS	System Version <sup>2</sup>	8
Type of System	<input type="checkbox"/> In-house <input checked="" type="checkbox"/> Outsourced	Date Implemented <sup>3</sup>	
Software Certificate No. <sup>4</sup>	ECLAIMS-04-01-2018-00002	Date of Certificate Issuance <sup>5</sup>	JANUARY 24, 2018
Transmission Options <sup>6</sup>	<input type="checkbox"/> HITP <input type="checkbox"/> HCI <input checked="" type="checkbox"/> HIS <input type="checkbox"/> EMR <input type="checkbox"/> PHIC		

## COMPLIANCE TO eCLAIMS GUIDELINES

The UNDERSIGNED shall ensure compliance to the eClaims guidelines:

- The system implemented in the HCI shall strictly conform to the existing laws, policies and guidelines implemented by regulatory bodies and registering offices such as but not limited to the Data Privacy Act of 2012;
- The HCI certifies that all data that shall be transmitted to PhilHealth is complete, accurate and true;
- The HCI shall be solely responsible for the protection of their equipment and backup of data.
- The HCI shall not hold PhilHealth liable for any loss or damages in connection with the use/distribution of PhilHealth internally developed systems and web services;
- All requests for assistance shall be emailed to [itsupport@philhealth.gov.ph](mailto:itsupport@philhealth.gov.ph);

*Karen*  
MRS. KAREN V. ALFAFARA, RN, MAN

*2/14/18*

Name and Signature of Authorized Representative

Date Signed

## PHILHEALTH PORTION

Received by		Date Received	
SDURF No	Enrolled by	Date Enrolled	

## ACCOUNT INFORMATION SLIP

## CONTROL NO.

Account Name	Password
Test Environment	Accessibility Date
Live Environment	Accessibility Date

## GUIDELINES IN FILLING OUT THE FORM

- Indicate the type of request. For New requests, ensure that the applications that will be used has already been validated by PhilHealth. For new and transfer requests, attach a copy of the current agreement with the service provider. For changes in the system version, tick the Update checkbox.
- The implemented version should be the one duly validated by PhilHealth. A separate Software Compliance Test and Certificate shall be issued for every change in the system.
- The Date for Implementation shall mean the date the system will be used to transmit the claims electronically to PhilHealth.
- Indicate the Software Certificate No. appearing in the PhilHealth issued Software Compliance Certificate.
- Indicate whether the system is developed in-house or outsourced. Outsourced shall mean either solutions provided by PhilHealth or a Service Provider.
- In the Transmission Options please see below:
  - HITP - For HCIs, select if you will use the services of the accredited Health Information Technology Providers.
  - EMR - For RHUs, select if you will be using the services of an EMR provider.
  - PHIC - Check if you will be using either the PHICS or the S-Claims
  - HCI - Check if you will be using an internally developed application.
  - HIS - Check if you are using an outsourced application not developed by the HITP or identified EMR provider.
- The account information or the connection settings shall be sent to the email address of the authorized representative.