 <b>PhilHealth</b> <i>Your Partner in Health</i>	<b>ACCOUNT &amp; CIPHER KEY REQUEST FORM</b>	ACK REQUEST NO	
		ENGAGEMENT NO	
		DATE	September 7,2022

**I. HEALTH CARE INSTITUTION (HCI) INFORMATION**

Accreditation No.	D13034433
Name of Facility	Montanosa Dialysis and Kidney Care Center
Complete Address	1st Floor Dangwa Tranco Bldg., Dangwa Square Km6 Betag, La Trinidad, Benguet
Email Address	montanosa_dkcc@yahoo.com
Contact No.	09688688728

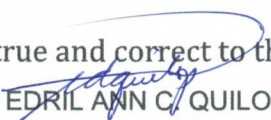
**II. ENGAGEMENT INFORMATION**

Name of Service Provider	KAISER-DELA CRUZ CONSULTING, INC. - MEDSYS
Software Certificate No.	ECLAIMS-04-01-2018-00002

**CIPHER KEY COMPLIANCE AGREEMENT**

*The **UNDERSIGNED** agrees/certifies to adhere to the following:*

1. To use my account and cipher key information conscientiously and not to share and allow anyone to use this information in compliance to the Data Privacy Act.
2. To report any possible security problems / breaches immediately to PhilHealth for replacement of the HCI cipher key.
3. The undersigned is authorized to receive the Cipher Key in behalf of the Health Care Institution and that the cipher key will be used only for its intended purpose such as to encrypt the electronic medical data prior to submission to PhilHealth.
4. I am aware that PhilHealth will not be held liable / accountable for the loss and misuse of the cipher key and any other information breaches that may arise from this incident.
5. All the above information is true and correct to the best of my knowledge and belief.

  
 EDRI L ANN C QUILOP

\_\_\_\_\_  
 Name and Signature of HCI Head or Authorized Representative

\_\_\_\_\_  
 September 7,2022  
 \_\_\_\_\_  
 Date signed



# 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	Montanosa Dialysis and Kidney Care Center	PEN	004050000883
Address of Facility	1st Floor Dangwa Tranco Bldg., Dangwa Square Km6 Betag, La Trinidad, Benguet		
Authorized Representative	Edril Ann C. Quilop	Contact No.	09688688728
Designation of Representative	Unit Manager	Email Address	montanosa_dkcc@yahoo.com

## ACCREDITATION INFORMATION

Accreditation Number / s	Name of Facility (as appearing in the Accreditation Certificate)	PMCC Number (to be filled-up by PhilHealth)
D13034433	MONTANOSA DIALYSIS AND KIDNEY CARE CENTER	

## ENGAGEMENT INFORMATION

Name of Service Provider	KAISER-DELA CRUZ CONSULTING, INC.	PEN	005000000547
Address of Service Provider	c/o Lorma Medical Center, Carlatan, City of San Fernando, La Union		
Authorized Representative	Rodney J. Frigillana	Contact No.	+63 917-8795450
Designation of Representative	Systems Manager	Email Address	rodney.frigillana@gomedsys.com

## SYSTEM INFORMATION

Name of System	MEDSYS	System Version <sup>2</sup>	Version 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):

  
EDRIL ANN C. QUILOP

September 7, 2022

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.