



March 9, 2018

MR. WILLIAM O. CHAVEZ  
Regional Vice President  
**PRO VII, PHIC**  
8/F Golden Peak Hotel and Suites,  
Gorordo Avenue, N. Escario Street,  
Cebu City 6000

Dear Mr. Chavez:

Still in line with our e claim processing submission of requirements, please find attached the following documents for University of Cebu Medical Center, Inc.;


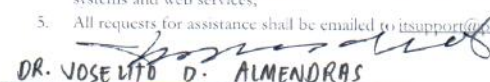
- HCI Engagement Registration Form; and
- Medilink's acceptance letter of our disengagement with their company.

Hope you find everything in order.

Yours truly,

  
DR. JOSELITO D. ALMENDRAS  
Medical Director

Enclosures

 <b>PhilHealth</b> <i>Your Partner in Health</i>	<b>HCI ENGAGEMENT REGISTRATION FORM</b>		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
<b>HCI / RHU INFORMATION</b>				
Name of Facility	UNIVERSITY OF CEBU MEDICAL CENTER, INC.		PEN	01-200003292-3
Address of Facility				
Authorized Representative	DR. JOSEVITO D. ALMENDRAS		Contact No.	(032) 517-0888 ex. 5111
Designation of Representative	MEDICAL DIRECTOR		Email Address	li.toal12@gmail.com
<b>ACCREDITATION INFORMATION</b>				
Accreditation Number / s	Name of Facility (as appearing in the Accreditation Certificate)		PMCC Number (to be filled-up by PhilHealth)	
H07028098	UNIVERSITY OF CEBU MEDICAL CENTER, INC.			
<b>ENGAGEMENT INFORMATION</b>				
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
<b>SYSTEM INFORMATION</b>				
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"/> HTP <input type="checkbox"/> HCI <input checked="" type="checkbox"/> HIS <input type="checkbox"/> EMR <input type="checkbox"/> PHIC			
<b>COMPLIANCE TO eCLAIMS GUIDELINES</b>				
The UNDERSIGNED shall ensure compliance to the eClaims guidelines: <ol style="list-style-type: none"> <li>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;</li> <li>The HCI certifies that all data that shall be transmitted to PhilHealth is complete, accurate and true;</li> <li>The HCI shall be solely responsible for the protection of their equipment and backup of data.</li> <li>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;</li> <li>All requests for assistance shall be emailed to <a href="mailto:itsupport@philhealth.gov.ph">itsupport@philhealth.gov.ph</a>:</li> </ol>				
 <b>DR. JOSEVITO D. ALMENDRAS</b>			Date Signed	
<b>PHILHEALTH PORTION</b>				
Received by			Date Received	
SDURF No	Enrolled by		Date Enrolled	
<b>ACCOUNT INFORMATION SLIP</b>			<b>CONTROL NO.</b>	
Account Name			Password	
Test Environment			Accessibility Date	
Live Environment			Accessibility Date	
<b>GUIDELINES IN FILLING OUT THE FORM</b>				
<ol style="list-style-type: none"> <li>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 checkboxes.</li> <li>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.</li> <li>The Date for Implementation shall mean the date the system will be used to transmit the claims electronically to PhilHealth.</li> <li>Indicate the Software Certificate No. appearing in the PhilHealth issued Software Compliance Certificate.</li> <li>Indicate whether the system is developed in-house or outsourced. Outsourced shall mean either solutions provided by PhilHealth or a Service Provider.</li> <li>In the Transmission Options please see below:             <ol style="list-style-type: none"> <li>HTP - For HCIs, select if you will use the services of the accredited Health Information Technology Providers.</li> <li>EMR - For RHUs, select if you will be using the services of an EMR provider.</li> <li>PHIC - Check if you will be using either the PHICS or the S-Claims</li> <li>HCI - Check if you will be using an internally developed application.</li> <li>HIS - Check if you are using an outsourced application not developed by the HTP or identified EMR provider.</li> </ol> </li> <li>The account information or the connection settings shall be sent to the email address of the authorized representative.</li> </ol>				



March 7, 2018

**Dr. Joselito D. Almendras**

Medical Director

University of Cebu Medical Center

City South Special Economic Administrative Zone

Quano Avenue, Mandaue City

This is to acknowledge that Medilink Network Inc. has received, read, and accepted the disengagement letter from **University of Cebu Medical Center**. Medilink will now cease to be the Health Information Technology Provider (HITP) for PhilHealth electronic claims submission of the aforementioned facility. We understand your direction and discretion as a Health Care Institution to utilize your existing hospital information system, Medsys, who is now accredited as a HITP. Nonetheless, our door is still open to accommodate you for our other proposals and projects in the future.

We sincerely thank you for the opportunity to serve you.

Sincerely,

A handwritten signature in black ink, appearing to read "John Carlo D. Elope", written over a horizontal line.

**John Carlo D. Elope, ECE**  
eClaims Deployment Team Lead