



Republic of the Philippines
 Province of Cavite
 City of Bacoor



5th SANGGUNIANG PANLUNGSOD

COMMITTEE/S		TITLE OF PROPOSED MEASURE	CONTROL NUMBER	
Committee on Finance, Budget and Appropriation And Committee on Health and Sanitation		PCO-2023-061 – ORDINANCE FOR THE CREATION OF TRUST FUND OF THE BACCOOR SOCIAL HYGIENCE CLINIC.	PCO-2023-061	
V E N U E	Strike Revilla Hall, Bacoor City, Cavite			

JOINT COMMITTEE REPORT NO. FBA-109-2023

Referred to the Joint Committee on the 27th Regular Session is the above-captioned subject matter for appropriate action and recommendation.

The City Ordinance sought to be passed by the Sangguniang Panlungsod was endorsed by Honorable City Mayor Strike B. Revilla in his letter dated January 8, 2023 addressed to Honorable Rowena B. Mendiola, City Vice Mayor/Presiding Officer of 5th Sangguniang Panlungsod for the creation of a trust fund for Bacoor Social Hygiene Clinic as per the request of City Health Office of Bacoor City relative to the implementation of Auto-Credit Payment (ACP) scheme by the Philippine Health Insurance Corporation pursuant to its PHILHEALTH Circular No. 2017-0020 for compliance of all accredited health care institutions, health care institution service banks and all other concerned. The creation of the trust fund for the Bacoor Social Hygiene Clinic will serve as a compliance to the directive.

Under the said PhilHealth circular, all health care institutions are directed to open deposit accounts for the PhilHealth Auto-Credit Payment facility and required to be Auto-Credit Payment (ACP) compliant, otherwise, the payment release shall be put on hold and no checks shall be issued to health institutions for claims payments.

The Bacoor Social Hygiene Clinic, a health care institution of Bacoor City is the primary implementer of HIV prevention programs and the only institution that can readily

JOINT COMMITTEE REPORT NO. FBA-109-S-2023- ORDINANCE FOR THE CREATION OF TRUST FUND OF THE BACCOOR SOCIAL HYGIENCE CLINIC.



Republic of the Philippines
Province of Cavite
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5th SANGGUNIANG PANLUNGSOD

address local HIV epidemics with among other sexually transmitted diseases (STDs). The social hygiene clinic is a major component of the program for combating HIV/AIDS which is included in the Annual Investment Plan (AIP) for FY2023 of Bacoor City and the fund allocation for the said program was approved in the Annual Fund Budget for Calendar Year 2023.

RECOMMENDATION:

In view of the foregoing, the Honorable Members of the Joint Committee hereby recommend **TO APPROVE** the City Ordinance that will facilitate the creation of trust fund for Bacoor Social Hygiene Clinic to serve on its intended purpose and in order to comply with PHILHEALTH Circular No. 2017-0020 issued by the Philippine Health Insurance Corporation. The creation of the trust fund is subject to existing laws, policies, rules and regulations for that matter.

WE HEREBY CERTIFY that the contents of the foregoing report are true and correct.

Signed this day of January 2023 at the City of Bacoor, Cavite.

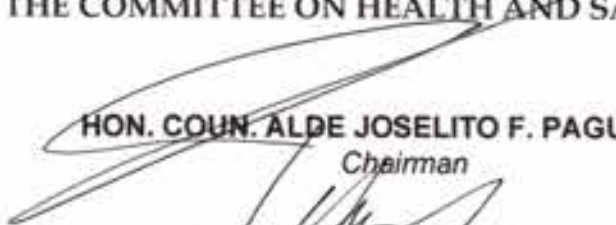
THE COMMITTEE ON FINANCE, BUDGET AND APPROPRIATION


HON. COUN. ROGELIO M. NOLASCO
Chairman


HON. COUN. CATHERINE S. EVARISTO
Vice Chairperson

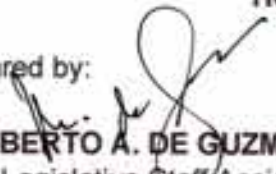

HON. COUN. REYNALDO D. PALABRICA
Member

THE COMMITTEE ON HEALTH AND SANITATION


HON. COUN. ALDE JOSELITO F. PAGULAYAN
Chairman


HON. COUN. VICTORIO L. GUERRERO, JR
Vice Chairman

Prepared by:


ROBERTO A. DE GUZMAN
Local Legislative Staff Assistant I



Republic of the Philippines
Province of Cavite
City of Bacoor



5th SANGGUNIANG PANLUNGSOD

COMMITTEE/S		TITLE OF PROPOSED MEASURE	CONTROL NUMBER	
Committee on Finance, Budget and Appropriation And Committee on Health Sanitation		PCO-2023-061 ORDINANCE FOR THE CREATION OF TRUST FUND OF THE BACOOR SOCIAL HYGIENE CLINIC.	PCO-2023-061	
V E N U E	STRIKE MULTI-PURPOSE HALL 3 RD FLOOR CITY OF BACOOR		D A T E / T I M E	January 30, 2023 10:30 A.M.

**EXCERPT FROM THE MINUTES OF 28TH REGULAR SESSION
NO. FBA-109-S-2023**

Honorable Vice Mayor Rowena Bautista Mendiola, Presiding Officer of the 5th Sangguniang Panlungsod called the session to Order at 10:30 A.M.

Atty. Khalid Atega, Jr., Secretary of the Sangguniang Panlungsod, proceeded with the roll call, approval of the Journal and Minutes of the 27TH regular Session reading of the referrals to Committees of proposed Ordinances, Resolutions, Messages, Communications, Petitions and Memorials.

In *Regular Session*, the internal rules on the 28th Regular Session were suspended by Hon. Councilor Alejandro Gutierrez.

Upon reading and referral of Item No. G.8 - **PCO-2023-061- "ORDINANCE FOR THE CREATION OF TRUST FUND OF THE BACOOR SOCIAL HYGIENE CLINIC."**, Honorable Councilor Rogelio M. Nolasco, Chairman, Committee on Finance, Budget and Appropriation, moved for the approval of the subject request of the City Mayor of Bacoor.



Republic of the Philippines
Province of Cavite
City of Bacoor

5th SANGGUNIANG PANLUNGSOD

The motion was unanimously seconded and the request of City Health Office, the Ordinance for the creation of Trust Fund of the Bacoor Social Hygiene regarding Implementation of Auto-Credit Payment System (ACPS) thru the City Mayor Hon. Strike B. Revilla was **APPROVED** on the 28th Regular Session by the majority of the Honorable Members of the 5th Sangguniang Panlungsod.

The session was closed and adjourned at 12:30 P.M.

Prepared by:

EDGARO B. NOLASCO
Staff Clerk

Attested by :

HON. COUN. ROGELIO M. NOLASCO
Chairman

Committee on Finance, Budget and Appropriations



G.8 PCO 2023-061 – ORDINANCE FOR THE CREATION OF TRUST FUND OF THE BACCOOR SOCIAL HYGIENCE CLINIC.



Republic of the Philippines
Province of Cavite
CITY OF BACCOOR
Office of the Mayor

January 9, 2023

HON. ROWENA BAUTISTA-MENDIOLA
City Vice Mayor of Bacoor
Bacoor Government Center
Bacoor, Cavite

Thru: **Atty. Khalid A. Atega, Jr.**
Sangguniang Panlungsod Secretary

Subject: **Request for issuance of City Ordinance for the Creation of Trust Fund of the Bacoor Social Hygiene Clinic**

Dear Hon. Bautista-Mendiola

The City Health Office, thru its City Health Officer Dra. Ivy Marie C. Yrastorza, submitted to the undersigned a letter, dated January 6, 2023, concerning the above-mentioned subject. Attached hereto for your immediate reference is the letter, including its attachments, from Dra. Yrastorza for your immediate reference

In view of the foregoing, I respectfully request the esteemed members of the Sangguniang Panlungsod to perform the necessary actions relative to this matter.



Sincerely yours,


STRIKE B. REVILLA
City Mayor

Office of the Mayor **Strike B. Revilla**



58R2023044



STRIKE!
SA SERBISYO

Address: Bacoor Government Center, Bacoor Blvd., Bldg. Bayanart, City of Bacoor, Cavite
Toll-free: 434-1111 Website: www.bacoor.gov.ph

Official Website



Republic of the Philippines
Province of Cavite

CITY OF BACOR

CITY HEALTH OFFICE



January 6, 2023

HON. STRIKE B. REVILLA

City Mayor

Re Request for City Ordinance for the Creation of Trust Fund of the Bacoor Social Hygiene Clinic

Dear Mayor Revilla,


Greetings of peace and good health!

With reference to the above subject matter, may we respectfully request for an Ordinance for the creation of Trust Fund of the Bacoor Social Hygiene Clinic which is intended for the Auto Credit Payment scheme of PhilHealth for the Outpatient HIV/AIDS Treatment (OHAT) Package.

Attached herewith is the draft ordinance for your review.

Hoping for your favorable response regarding this matter. Thank you very much!

Respectfully yours,


IVY MARIE C. YRASTORZA, MD
City Health Officer



• City Health Office of Bacoor, Sagsa Buhay and Recovery City Health Center Building,
Bacoor Government Center, Bayanan City of Bacoor • bacoor.ces@outlook.ph • (046) 425-3420 •

[BACK](#)



PHILHEALTH CIRCULAR
 No. 2017 - 0020

TO : ACCREDITED HEALTH CARE INSTITUTIONS, HEALTH CARE INSTITUTION SERVICE BANKS AND ALL OTHERS CONCERNED

SUBJECT: IMPLEMENTATION OF AUTO-CREDIT PAYMENT SCHEME (ACPS) TO ALL HEALTH CARE INSTITUTIONS

I. RATIONALE

PhilHealth Circular No. 043 series 2012 entitled "Reimbursement of Hospital Claims through Auto Credit Payment Scheme (ACPS)" became a pivotal component in shortening the claims processing time thereby improving claims processing efficiency. The ACPS is a mechanism whereby payment of the claims of health care institutions (HCIs) is credited directly through its designated deposit account with the partner bank/s. Although participation in ACPS was offered only to hospitals, and on an optional basis, the remarkable experience gained from this process by both Health Care Institutions (HCIs) and PhilHealth has been encouraging enough for the latter to consider strengthening its application through a wider involvement of HCIs.

II. OBJECTIVE

This policy aims to improve claims process efficiency by automating PhilHealth's payment mechanism with the HCI's banking service providers. This shall guide HCIs by prescribing standard requirements for HCI autocredit registration, official receipt information, and autocredit payment schedules.

III. SCOPE

The expanded ACPS shall cover all claims coming from HCIs. The ACPS shall not apply to member-filed claims.

IV. DEFINITION OF TERMS

- A. Auto Credit Payment – is a payment scheme whereby settlement of HCI claim is directly credited to their designated deposit accounts.
- B. Real Time Gross Settlement (RTGS) – is a gross settlement system in which both processing and final settlement of funds transfer instructions can take place continuously (real time). As it is a gross settlement, transfers are settled individually without netting debits against credits. An RTGS system can thus be characterized as a funds transfer system that is able to provide continuous intraday finality for

PhilHealth - Office of the PCO
MASTER COPY
 Date: 7/22/17
 MCF



individual transfers provided that a sending bank has sufficient covering balances.

V. GENERAL GUIDELINES:

- A. All HCIs shall be required to open deposit account/s with the local banks authorized to do banking business in the Philippines under the supervision and regulation of the Bangko Sentral ng Pilipinas, for the PhilHealth auto-credit payment facility. The deposit account/s shall be the destination account into which reimbursements will be credited.
- B. HCIs already enrolled under the ACPS with LandBank shall opt to either retain their existing account or open an account with their preferred servicing bank.
- C. For non LandBank accounts the RTGS fee shall be paid by the HCI/LGU HCIs. In no instance shall PhilHealth pay the RTGS or any other transaction fees between banks.
- D. All accredited HCIs shall be required to be ACPS compliant upon effectivity of this circular. Otherwise, payment release shall be put on hold and no checks shall be issued to HCIs for claims payments.
- E. PhilHealth reimbursements shall be credited through ACPS every **Wednesday** of the week or the next working day, in case crediting day falls on a non-working holiday.
- F. HCIs shall issue individual Official Receipts (ORs) for every PhilHealth reimbursements credited/paid to their deposit account/s. The OR must indicate the following details:

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DC: 14/3 Date: 7/5/17

- 1. Name of HCI (or Name of LGU, as applicable)
- 2. Bank account name
For Government/LGU owned HCI, indicate if for HCI charges or Professional fee designated for pooling
- 3. Bank account number
- 4. Benefit Disbursement Voucher Number
- 5. Net amount received
- 6. Credit date
- 7. If OR is not printed from Point of Sale, signature in the OR shall be required

It shall ensure that the ORs are received by PhilHealth within fifteen (15) calendar days after the corresponding credit date.

Sample Illustration for JUNE 2017:

Crediting Date	Deadline for submission of OR
June 7, 2017 (Wednesday)	June 22, 2017 (Thursday)
June 14, 2017 (Wednesday)	June 29, 2017 (Thursday)
June 21, 2017 (Wednesday)	July 06, 2017 (Thursday)
June 28, 2017 (Wednesday)	July 13, 2017 (Thursday)
July 5, 2017 (Wednesday)	July 20, 2017 (Thursday)

PhilHealth Office
Date: 7/5/17

¹ Source: page 26 of http://www.bsp.gov.ph/downloads/publications/2003/BSR2003_03.pdf



- G. HCIs that fail to issue and deliver OR on or before the deadline shall not receive reimbursements on the credit date after the fifteenth (15th) day.
- H. In case a valid problem arises that prevents or delays payments through the ACPS or with an ACPS account of a HCI, PhilHealth may temporarily revert back to check issuance, but only up to such time that the issue has been resolved. PhilHealth shall duly notify the concerned HCIs in cases of such occurrence.
- I. The reimbursements of HCI claims shall be governed by relevant policies on benefits, monitoring and other pertinent issuances of PhilHealth.
- J. The HCI shall be subjected to the applicable banking rules and regulations of their partner bank.

VI. SPECIFIC GUIDELINES

- A. The following are the required deposit account/s that shall be opened and maintained with the partner bank/s:
 - 1. Private HCIs - one (1) deposit account only, exclusively for PhilHealth reimbursements. It shall bear the account name: **'(Name of HCI) for HCI Charges'**
 - 2. Government HCIs - two (2) deposit accounts as trust funds
 - a) **'(Name of HCI) for HCI Charges'**
 - b) **'(Name of HCI) for Professional Fee designated for Pooling'**

Local Government Units (LGU) shall opt to open and maintain one (1) account for the HCI charges and one (1) account for professional fee designated for pooling for all HCIs under the LGU's jurisdiction. Bank accounts shall be treated as trust fund

- a. **'(Name of LGU) for HCI Charges'**
- b. **'(Name of LGU) for Professional Fee designated for Pooling'**

However, the LGU shall maintain a subsidiary ledger for the account receivables from PhilHealth for each of the HCI.

- B. The HCI shall submit to its respective PhilHealth Regional office (PRO) upon opening of the bank account/s, the following:
 - 1. Duly filled-out and signed Notice of ACPS Compliance – Annex A, B, and C for private, government and LGU owned HCI, respectively.
 - 2. Bank Certification, duly signed by the Branch Manager, from where the deposit account is opened. (sample in Annex D)
- C. HCI shall be emailed by the respective PRO their respective bank information, to which the former shall reply to affirm correctness of details. Auto credit shall only commence upon confirmation of the registered bank account.

MASTER COPY
 DC: ACPS Date: 1/20/20

OFFICE NO. ...
 PHILHEALTH



- D. HCIs with existing bank accounts with their preferred partner bank need not open a new deposit account as long as item V.A is satisfied.
- E. PhilHealth shall issue an Auto - Credit Payment Notice (ACP/N) containing the details/breakdown of the paid claims. The HCI and LGU may use the ACP/N to reconcile paid claims against their transmitted claims.
- F. The HCI shall be responsible for acquiring a copy of the ACP/N from the respective PRO or LHIO.

VII. SERVICE PROVIDERS FOR ACPS

- A. LandBank shall be the primary service provider for ACPS.
- B. In case HCI opts to replace their ACPS servicing bank, they shall notify PhilHealth fifteen (15) days before effectivity of the account. HCI shall submit a Notice of Change of Bank Account for ACPS (Annex E, F, and G for private, government, and LGU- owned HCI, respectively)

VIII. REPEALING CLAUSE

This shall amend PhilHealth Circular no. 43 s, 2012 and other related issuances that are inconsistent with this Circular.

IX. EFFECTIVITY

This Circular shall take effect on September 1, 2017 after publication in the Official Gazette and /or any newspaper of general circulation, and a copy shall be forwarded to the National Administrative Register of the University of the Philippines Law Center.



Celestina M. Jude P. de la Serna
DR. CELESTINA MA. JUDE P. DE LA SERNA
 Interim / OIC President and CEO

Date Signed: 7/24

SUBJECT : IMPLEMENTATION OF AUTO-CREDIT PAYMENT SCHEME (ACPS) TO ALL HEALTH CARE INSTITUTIONS

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 DC: 1675 Date: 7/28/17



ANNEX A

HCI OFFICIAL LETTERHEAD

(Mailing Address, Email Address, PhilHealth Accreditation Number)

NOTICE OF AUTO-CREDIT PAYMENT SCHEME (ACPS) COMPLIANCE FOR PRIVATE HCIs

Date

(Name of the PhilHealth Regional Vice-President)

(PhilHealth Regional Office Address)

Sir/Madam:-

In compliance with the PhilHealth Auto-Credit Payment Scheme (ACPS) Policy, we are hereby submitting the following bank account information:

1.	Bank Name	
2.	Branch	
3.	Bank Account Name	
4.	Bank Account Number	
5.	Official HCI Email Address	
6.	Landline Number:	
7.	Mobile Number:	

PhilHealth Regional Office - [illegible]

Further, we certify that the foregoing information are true and correct.

Very truly yours,

(Signature over Printed Name of the Medical Director)

MASTER COPY
Date: 7/28/12
MJS

[BACK](#)



ANNEX B

HCI OFFICIAL LETTER
(Mailing Address, Email Address, PhilHealth Accreditation Number)

NOTICE OF AUTO-CREDIT PAYMENT SCHEME (ACPS) COMPLIANCE FOR GOVERNMENT HCIs

Date _____

(Name of the PhilHealth Regional Vice-President)

(PhilHealth Regional Office Address)

Sir/Madame:

In compliance with the PhilHealth Auto-Credit Payment Scheme (ACPS) Policy, we are hereby submitting the following bank account information:

1.	Bank Name	
2.	Branch	
3.	Bank Account Details	
	HCI Charges	
	Bank Account Name	
	Bank Account Number	
3.	Professional Fee Designated for Pooling	
	Bank Account Name	
	Bank Account Number	
4.	Official HCI Email Address	
5.	Landline Number	
6.	Mobile Number	

PhilHealth | Office of the PCO

Further, we certify that the foregoing information are true and correct.

Very truly yours,

MASTER COPY
Date: 12/15/2010

(Signature over Printed Name of Hospital Chief)

[BACK](#)



ANNEX C

LGU OFFICIAL LETTERHEAD
(Mailing Address, Email Address)

NOTICE OF AUTO-CREDIT PAYMENT SCHEME (ACPS) COMPLIANCE FOR LGU OWEND HCIs

Date

(Name of the PhilHealth Regional Vice-President)

(PhilHealth Regional Office Address)

Sir/Madame:

In compliance with the PhilHealth Auto-Credit Payment Scheme (ACPS) Policy, we are hereby submitting the following bank account information:

1.	Bank Name	
2.	Branch	
3.	Bank Account Details	
	HCI Charges	
3.	Bank Account Name	
	Bank Account Number	
	Professional Fee Designated for Pooling	
4.	Bank Account Name	
	Bank Account Number	
	Official HCI Email Address	
5.	Landline Number	
6.	Mobile Number	

Further, we certify that the foregoing information are true and correct.

Very truly yours,

(Signature over Printed Local Chief Executive)

PhilHealth Region 10
D. C. 10/25 Date: 7/23/17
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ANNEX D

SAMPLE BANK CERTIFICATION

BRANCH OPERATIONS MANUAL
Other Branch Processes

BANK CERTIFICATION

Branch Name _____

CERTIFICATION

This is to certify that _____ maintain deposit account with us under Savings Account Number 10012044-00 with outstanding balance of PESOS, amount in words _____ (P _____) as of _____.

This is to certify further that the above account is free from liens and encumbrances.

This information is given in strict confidence pursuant to Republic Act No. 1405. The Bank or any of its officers is not responsible for any unauthorized disclosure of such information.

This certification is issued upon the written request of the above-mentioned client for whatever legal purpose it may serve.

Authorized Signatory _____ Date: _____

Authorized Signatory _____

Page _____ of _____
Date First Prepared _____
Date Last Revised _____

MASTER COPY
DC: *[Signature]* Date: *7/23/16*



ANNEX 7

HCI OFFICIAL LETTERHEAD
(Mailing Address, Email Address, PhilHealth Accreditation Number)

NOTICE OF CHANGE OF AUTO-CREDIT PAYMENT SCHEME (ACPS) BANK ACCOUNT FOR PRIVATE HCIs

Date

(Name of the PhilHealth Regional Vice-President)

(PhilHealth Regional Office Address)

Sir/Madame:

May we respectfully request for updating of our bank account information for PhilHealth Auto-Credit Payment Scheme (ACPS):

1.	Bank Name	
2.	Branch	
3.	Bank Account Name	
4.	Bank Account Number	
5.	Official HCI Email Address	
6.	Landline Number	
7.	Mobile Number	

Further, we certify that the foregoing information are true and correct.

Very truly yours,

(Signature over Printed Name of the Medical Director)

PhilHealth | Office of the PCO

MASTER COPY
Dt: *Mys* Date: *7/20/16*

[BACK](#)



ANNEX F

HCI OFFICIAL LETTERHEAD

(Mailing Address, Email Address, PhilHealth Accreditation Number)

NOTICE OF CHANGE OF AUTO-CREDIT PAYMENT SCHEME (ACPS) BANK ACCOUNT FOR GOVERNMENT HCIs

Date _____

(Name of the PhilHealth Regional Vice-President)

(PhilHealth Regional Office Address)

Sir/Madame:

May we respectfully request for updating of our bank account information for PhilHealth Auto-Credit Payment Scheme (ACPS):

1.	Bank Name	
2.	Branch	
3.	Bank Account Details	
	HCI Charges	
	Bank Account Name	
3.	Bank Account Number	
	Professional Fee Designated for Pooling	
	Bank Account Name	
3.	Bank Account Number	
	Bank Account Name	
4.	Official HCI Email Address	
5.	Landline Number	
6.	Mobile Number	

Further, we certify that the foregoing information are true and correct.

Sincerely yours,

(Signature over Printed Name of Hospital Chief)

PhilHealth Office of the PCO

MASTER COPY
Date: 10/11/2018
11/13

[BACK](#)



ANNEX C

LGU OFFICIAL LETTERHEAD
(Mailing Address, Email Address)

NOTICE OF CHANGE OF AUTO-CREDIT PAYMENT SCHEME (ACPS) BANK ACCOUNT FOR LGU OWEND HCIs

_____ Date

_____ (Name of the PhilHealth Regional Vice-President)

_____ (PhilHealth Regional Office Address)

Sir/Madam:

May we respectfully request for updating of our bank account information for PhilHealth Auto-Credit Payment Scheme (ACPS):

1.	Bank Name	
2.	Branch	
3.	Bank Account Details	
	HCI Charges	
	Bank Account Name	
3.	Bank Account Number	
	Professional Fee Designated for Pooling	
	Bank Account Name	
3.	Bank Account Number	
	Bank Account Name	
4.	Official HCI Email Address	
5.	Landline Number	
6.	Mobile Number	

Push with 1 Office of the PCO

Further, we certify that the foregoing information are true and correct.

Sincerely yours,

(Signature over Printed Local Chief Executive)

MASTER COPY
Date: 10/10/2017
MPS

[BACK](#)



REPUBLIC OF THE PHILIPPINES
PROVINCE OF CAVITE
CITY OF BACOOR

OFFICE OF THE SANGGUNINAG PANLUNGSOD

CITY ORDINANCE NO- _____
Series of 2023

SECRET

HON. CATHERINE BARRIO-EVARISTO
City Councilor

HON. MICHAEL T. SOLIS
City Councilor

HON. ADRIELITO G. GANARAN
City Councilor

HON. ALEJANDRO F. GUTIERREZ
City Councilor

HON. LEYV M. TELA
City Councilor

Strikes B

HON. ROBERTO L. ADVINCULA
City Councilor

HON. REYNALDO D. PALABRICA
City Councilor

HON. REYNALDO N. FABIAN
City Councilor

HON. ROGELIO W. MOLASEO
City Councilor

HON. RADE JOSELITO F. PADILAYAN
City Councilor

HON. SIMPLICIO G. DOMINGUEZ
City Councilor

HON. RAMON N. BAUTISTA
Lupang Mga Barangay President

HON. MAC RAVEN ESPRITO
SE President

Attested by:

Atty. Khalif A. Anaga
Certified by:

Hon. Rowena Deudito Mendula
City Vice Mayor

Approved by:

Hon. Strikes B. Revilla
City Mayor

AN ORDINANCE AUTHORIZING THE CITY HEALTH OFFICE TO OPEN AND SIGN INTO A BANK ACCOUNT UNDER LAND BANK OF THE PHILIPPINES FOR THE ACCOUNT OF THE BACOOR SOCIAL HYGIENE CLINIC FOR THE IMPLEMENTATION OF AUTO-CREDIT PAYMENT SCHEME (ACPS) TO ALL HEALTH CARE INSTITUTION (HCI) WITH PHILIPPINE HEALTH (PHILHEALTH) INSURANCE CORPORATION.

WHEREAS, pursuant to Philhealth Circular No. 2017-2020 the mandatory implementation of nationwide Autocredit Payment Scheme (ACPS) to all Health Care Institutions (HCIs) compliant and required to register a bank account for reimbursements.

WHEREAS, the Imus Social Hygiene Clinic is a Local Government Health Facility by the Honorable Strike B. Revilla with principal office address at City of Bacoor hereinafter referred to as the "Bacoor Social Hygiene Clinic".

WHEREAS, the Bacoor Social Hygiene Clinic has a functional medical team whose members had undergone capacity building on the Clinical Management of HIV and AIDS.

WHEREAS, the said Circular No. 2017-2020 are urgent for the compliance in the accreditation requirements of Philhealth Insurance Corporation for the Bacoor Social Hygiene Clinic.

WHEREAS, the signatories to the said Bank account are the City Local Chief Executive or his duly authorized representative under the said Memorandum of Agreement and The City Health Officer respectively;

WHEREFORE, on the motion of Hon. _____ duly seconded by Hon. _____.



Date:

HON. CATHERINE SARINO-EVARISTO
City Councilor

HON. MICHAEL T. SOLIS
City Councilor

HON. ADRELITO G. GANARAN
RCA Councilor

DR. ALEJANDRO F. GUTIERREZ
City Councilor

HON. LEYV M. TELA
City Councilor

Date:

HON. ROBERTO L. ARVINCULA
City Councilor

HON. BERNALDO D. PALABICA
City Councilor

HON. REYNALDO M. FARIAN
City Councilor

HON. ROGELIO M. NOLANCO
City Councilor

HONALDE JOSELYTO F. PAOLAYAN
City Councilor

HON. SIMPLICIO G. DOMAGUEZ
City Councilor

HON. RAMON N. BALTISTA
Lipa Ag. Insp. Barangay President

HON. MAC BIVEN ESPINER
BK President

Attested by

Atty. Khaled A. Atega
Certified by

Hon. Rowena Bautista-Mendiola
City Vice Mayor

Approved by

Hon. Strike B. Huelte
City Mayor

RESOLVED AS IT IS HEREBY RESOLVED, BY THE Sangguniang Panlungsod of the City of Bacoor, Cavite in session assembled to adopt a resolution authorizing the City Health Officer to open and sign into a bank account under Land Bank of the Philippines for the account of the Bacoor Social Hygiene Clinic for the implementation of the Auto-Credit Payment Scheme (ACPS) of all Health Care Institutions with the Philippine Health (Philhealth) Insurance Corporation.

RESOLVED FURTHER, send copies of this resolution to all departments/offices concerned for their information, guidance and reference.

I hereby certify that the foregoing resolution was duly passed by the Sangguniang Panlungsod of Bacoor during their _____ Regular Session on _____.

Atty. Khaled A. Atega Jr.
Secretary to the Sanggunian

Attested;

Hon. Rowena Bautista-Mendiola
City Vice Mayor/Presiding Officer