



**PHILHEALTH CLOUD STORAGE
SERVICE APPLICATION FORM
(PCSSAF)**

Rev 2.0

Control No:

Registration date:

Request Type¹:

- New Update
 Reactivate Deactivate

HCI / RHU INFORMATION

Name of Facility²

PEN³

Address of Facility⁴

Authorized Representative⁵

Contact No. ⁶

Designation of Representative⁷

Email Address⁸

Signature of HCI Representative

ACCREDITATION INFORMATION

PhilHealth Accreditation Number

DOH Facility Code

Name of Facility (as appearing in the Accreditation Certificate)

PMCC Number
(to be filled-up by PhilHealth)

SYSTEM INFORMATION

Type of System⁹

- In-house Outsourced

Date Implemented¹⁰

Name of System¹¹

System Version¹²

Name of Service Provider
(for out-sourced) ¹³

Software Certificate Number¹⁴

Authorized Representative¹⁵

Email Address¹⁶

Storage API Services¹⁷

- PCB EPCB KONSULTA
 eClaims SUPPLEMENTAL

PHILHEALTH CLOUD STORAGE SERVICE (PCSS) TERMS OF USE

The abovementioned Health Care Institution shall be authorized to access the PhilHealth Cloud Storage following its term of use:

- The HCI certifies that the information provided in the PCSSF are complete, accurate and true.
- The HCI shall strictly comply with the PCSS technical guidelines and system specifications provided by PhilHealth.
- A test environment shall be made available to HCIs to test the PCSS Application Programming Interface (API).
- The PCSSAF shall be processed by the HCIs respective PhilHealth Regional Office (PRO).
- 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;
- 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;
- HCI shall be provided with one account in which to access a given service API. For those HCIs with more than one accreditation number, the same API Account shall be used.
- HCIs with engaged service providers shall at all times know the issues or problems encountered on the API Account or the API service and shall directly coordinate with them for proper action(s) or resolution.

Conforme :

Name and Signature of Health Care Facility Head

Date Signed

**FOR PHILHEALTH USE
ACCOUNT INFORMATION SLIP**

Account Name

Test Environment

Accessibility Date

Processed By

Processing Date

Live Environment

Accessibility Date

Processed By

Processing Date

GUIDELINES IN FILLING OUT THE FORM

1. 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.
2. Indicate the duly registered name of the health care facility.
3. Specify the PhilHealth Employer No. issued by PhilHealth.
4. The HCIs complete physical address should be indicated.
5. Name of duly authorized representative of the health care facility.
6. Updated contact nos. (cellphone and landline) of the authorized representative.
7. Indicate the designation of the authorized representative.
8. The account information or the connection settings shall be sent to the email address of the authorized representative
9. Indicate whether the system is developed in-house or outsourced. Outsourced shall mean either solutions provided by PhilHealth or a Service Provider
10. The Date of Implementation shall mean the start date the system was used to transmit the claims electronically to PhilHealth.
11. Name of the software software solution used for eClaims transmission.
12. 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.
13. Indicate the name of the service provider if the eClaims system used is the "outsourced".
14. Indicate the Software Certificate No. appearing in the PhilHealth issued Software Compliance Certificate.
15. Name of the authorized representative of the HCI's service provider
16. Email Address of the authorized representative of SP
17. In the Transmission Options please see below:
 - a. HTPP – For HCIs, select if you will use the services of the accredited Health Information Technology Providers.
 - b. EMR – For RHUs, select if you will be using the services of an EMR provider.
 - c. PHIC – Check if you will be using either the PHICS or the S-Claims
 - d. HCI – Check if you will be using an internally developed application.
 - e. HIS – Check if you are using an outsourced application not developed by the HTPP or identified EMR provider.