

[If a sole proprietorship:] The owner or sole proprietor is not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

[If a partnership or cooperative:] None of the officers and members of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

[If a corporation or joint venture:] None of the officers, directors, and controlling stockholders of *[Name of Bidder]* is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. *[Name of Bidder]* complies with existing labor laws and standards; and
8. *[Name of Bidder]* is aware of and has undertaken the responsibilities as a Bidder in compliance with the Philippine Bidding Documents, which includes:
 - a. Carefully examining all of the Bidding Documents;
 - b. Acknowledging all conditions, local or otherwise, affecting the implementation of the Contract;
 - c. Making an estimate of the facilities available and needed for the contract to be bid, if any; and
 - d. Inquiring or securing Supplemental/Bid Bulletin(s) issued for the *[Name of the Project]*.
9. *[Name of Bidder]* did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.
10. **In case advance payment was made or given, failure to perform or deliver any of the obligations and undertakings in the contract shall be sufficient grounds to constitute criminal liability for Swindling (Estafa) or the commission of fraud with unfaithfulness or abuse of confidence through misappropriating or converting any payment received by a person or entity under an obligation involving the duty to deliver certain goods or services, to the prejudice of the public and the government of the Philippines pursuant to Article 315 of Act No. 3815 s. 1930, as amended, or the Revised Penal Code.**

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of ___, 20___ at _____, Philippines.

[Insert NAME OF BIDDER OR ITS AUTHORIZED REPRESENTATIVE]

[Insert signatory's legal capacity]

Affiant

[Jurat]

[Format shall be based on the latest Rules on Notarial Practice]

Spencer J. M.


Bid Form# _____ Secretary's Certificate

I, _____, a duly elected and qualified Corporate Secretary of [Name of Bidder], a corporation duly organized and existing under and by virtue of the law of the PHILIPPINES, DO HERBY CERTIFY that:

I am familiar with the facts herein certified and duly authorized to certify the same:

At the meeting of the Board of Directors of the Corporation duly convened and held on _____ at which meeting a quorum was present and acting throughout, the following resolutions were approved, and the same have not been annulled, revoked and amended in any way whatever and rare in full force and effect on the date hereof

"RESOLVED, that (Name of Bidder), as it hereby is/are, authorized to participate in the bidding of (Name of the Project), and that if awarded the project shall enter into a contract with the UCPB Savings, Inc.; and in connection therewith hereby appoint (Name of Representative/s), acting as duly authorized and designated representatives of [Name of Bidder], is/are granted full power and authority to do effectively as the (Designation of the Representative/s) might do if personally present with full power of substitution and revocation and hereby satisfying and confirming all that my said representative shall lawfully do or cause to be done by virtue hereof;

Name of Representatives	Designation	Specimen Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESOLVED FURTHER THAT, the [Name of Bidder] hereby authorizes its representative/s to:

1. Execute a waiver of jurisdiction whereby the [Name of Bidder] hereby submits itself to the jurisdiction of the Philippine government and hereby waives its right to question the jurisdiction of the Philippine courts;
2. Execute a waiver that the [Name of Bidder] shall not seek and obtain writ of injunctions or prohibition or restraining order against the UCPB Savings, Inc. (UCPBS) or any other agency in connection with this project to prevent and restrain the bidding procedures related thereto, the negotiating of and award of a contract to a successful bidder, and the carrying out of the awarded contract.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ at _____, Philippines.

CORPORATE SECRETARY

SUBSCRIBED AND SWORN to before me this _____ at _____, Metro Manila, affiant exhibiting to me his respective [Government Issued ID] with expiry date on _____.

NOTARY PUBLIC

Doc. No. _____
Page No. _____
Book No. _____
Series of 2022 _____

Bid Form# ____ Bid Securing Declaration Form

REPUBLIC OF THE PHILIPPINES)
CITY OF _____) S.S.

BID SECURING DECLARATION
Project Identification No.: [Insert number]

To: *[Insert name and address of the Procuring Entity]*

I/We, the undersigned, declare that:

1. I/We understand that, according to your conditions, bids must be supported by a Bid Security, which may be in the form of a Bid Securing Declaration.
2. I/We accept that: (a) I/we will be automatically disqualified from bidding for any procurement contract with any procuring entity for a period of two (2) years upon receipt of your Blacklisting Order; and, (b) I/we will pay the applicable fine provided under Section 6 of the Guidelines on the Use of Bid Securing Declaration, within fifteen (15) days from receipt of the written demand by the procuring entity for the commission of acts resulting to the enforcement of the bid securing declaration under Sections 23.1(b), 34.2, 40.1 and 69.1, except 69.1(f), of the IRR of RA No. 9184; without prejudice to other legal action the government may undertake.
3. I/We understand that this Bid Securing Declaration shall cease to be valid on the following circumstances:
 - a. Upon expiration of the bid validity period, or any extension thereof pursuant to your request;
 - b. I am/we are declared ineligible or post-disqualified upon receipt of your notice to such effect, and (i) I/we failed to timely file a request for reconsideration or (ii) I/we filed a waiver to avail of said right; and
 - c. I am/we are declared the bidder with the Lowest Calculated Responsive Bid, and I/we have furnished the performance security and signed the Contract.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand/s this ____ day of [month] [year] at [place of execution].

[Insert NAME OF BIDDER OR ITS AUTHORIZED REPRESENTATIVE]

[Insert signatory's legal capacity]
Affiant

[Jurat]

[Format shall be based on the latest Rules on Notarial Practice]

Bid Form# ____ Statement of all Ongoing Contracts

**Statement of all Ongoing Government and Private Contracts Including Contracts
Awarded but not yet Started**

Business Name : _____

Business Address : _____

Name of Contract/ Project Cost	Owners Name Address Telephone nos.	Nature of Work	Bidders Role		Date Awarded Date Started Date of Completion	% Accomplishment	
			Description	%		Planned	Actual
Government							
Private							
						Total Cost	

Note: This statement will be verified during the Post Qualification Stage through any of the following evidence not limited to:

- Notice of Award and/or Contract/ Purchase Order
- Official Receipt/ Sales Invoice
- Notice to Proceed issued by the owner
- Certificate of Accomplishment signed by the owner or authorized representative
- Verification with the clients

Signature over printed name of Company Authorized Representative

Name and Designation (in print)

Date

Handwritten signature and date

Bid Form# _____ Statement of Single Largest Completed Contract

Statement of Single Largest Completed Contract Similar to the Contract to be Bid

This is to certify that (Company) _____ has following completed contracts for the period of CY 2019 – 2022

Date of the Contract	Contracting Party	Name of Contract	Amount of Contract	Date of Delivery/End-User's Acceptance	Date of Official Receipt

Note: This statement will be verified during the Post Qualification Stage through any of the following evidence not limited to:

Notice of Award and/or Contract/ Purchase Order

Official Receipt/ Sales Invoice

Notice to Proceed issued by the owner

Certificate of Accomplishment signed by the owner or authorized representative

Verification with the clients

Signature over printed name of Company Authorized Representative

Name and Designation (in print)

Date

Spensky
Jul


Bid Form# _____ Net Financial Contracting Capacity Statement

NET FINANCIAL CONTRACTING CAPACITY (NFCC) STATEMENT

Summary of the bidder assets and liabilities on the basis of the income tax return and audited financial statement stamped "RECEIVED" by the Bureau of Internal Revenue or BIR authorized collection agent, for the immediately preceding year. The computation of its Net Financial Contracting Capacity (NFCC), which must be at least equal to the ABC to be bid, calculated as follows:

NFCC = [(Current assets minus current liabilities) (15)] minus the value of all outstanding or uncompleted portions of the project under ongoing contracts, including awarded contracts yet to be started coinciding with the contract to be bid.

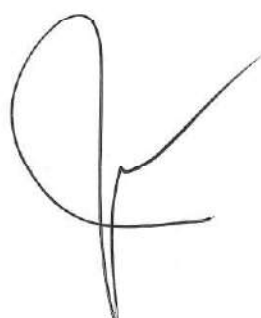
	Amount
Current Assets	
Minus: Current Liabilities	
Sub-total	
Multiplied by 15	
Sub-total	
Minus: Value of outstanding contracts	
NCFF	

Signature over printed name of Company Authorized Representative

Name and Designation (in print)

Date

Spandy



Bid Form# _____ Section VI. Schedule of Requirements

The delivery schedule expressed as weeks/months stipulates hereafter a delivery date which is the date of delivery to the project site

No.	Particulars	Unit/Qty	Coverage	Statement of Compliance (Yes / No)
1	<ul style="list-style-type: none">- Health Maintenance Organization (HMO) Program for UCPBS Employees- Premium Base Rate with Payment Arrangement	732 UCPBS Employees <i>(258 Officers & 449 Non-Officers)</i>	October 1, 2022 to September 30, 2023	

I hereby commit to comply and deliver the above requirements.

Name of Company (in print)

Signature of Company Authorized Representative

Name and Designation (in print)

Date

Sparsity


Bid Form# ____ Section VII. Technical Specifications

STATEMENT OF COMPLIANCE TO TECHNICAL SPECIFICATIONS

INSTRUCTIONS:

The bidder must state in the last column opposite each parameter and required specifications either "Comply" or "Not Comply". All pages shall be properly signed. Bidders must state here either "Comply or "Not Comply" against each individual parameters of each requirements. Statements of "Comply or "Not Comply" must be supported by evidence in a Bidders Bid and cross-referenced to that evidence. A statement that is not supported by evidence or is subsequently found to be contradicted by the evidence presented will render the Bid under evaluation liable for rejection. A statement either in the Bidder's statement of compliance of the supporting evidence that is found to be false either during Bid Evaluation, post evaluation, or the execution of the Contract may be regarded as fraudulent and render the Bidder or Supplier liable for prosecution subject to the provisions of ITB Clause 3.1(a)(ii) and/or GCC Clause 2.1(a)(ii).

Technical Specifications

**Procurement of One-Year Health Maintenance Organization (HMO) Program for
UCPBS Employees
(ITB-HRD-002-03-08-2022/RB)**

Item #	TECHNICAL SPECIFICATIONS	Statement of Compliance (Yes or No)
I.	Minimum Qualifications of the Bidder	
1	Prospective bidder (also called HMO) must present a duly issued License to Operate or Certification authorizing or allowing it to provide an HMO Program or Health Program or any similar program from the Insurance Commission.	
2	Prospective bidder must be in good standing in all affiliated hospitals nationwide including the tertiary hospitals and their extension clinics: a. Asian Hospital and Medical Center; b. Makati Medical Center; c. St. Luke's Medical Center (Quezon City) d. St. Luke's Medical Center (Taguig City) e. The Medical City (Ortigas); f. Cardinal Santos Medical Center; g. Manila Doctor's Hospital; and h. Capitol Medical Center;	
3	Prospective bidder must be able to provide the minimum Benefits and Coverage Provisions provided hereunder.	
II.	Coverage Period	

1	The coverage period shall be one (1) year from October 1, 2022 to September 30, 2023.							
III. Premium and Payment								
1	The HMO shall provide for single premium rate for each principal member. There shall be 732 principal members to be enrolled in the Y2022-2023 UCPBS HMO Program for Employees.							
2	The UCPBS shall pay the premium in the total amount of not more than <u>Nine Million Three Hundred Seventy-Nine Thousand Three Hundred Pesos Only (Php9,379,300.00)</u> , which is the Approved Budget for the Contract (ABC).							
3	The UCPBS shall pay in full amount of not more than the Approved Budget for the Contract (ABC) under the <u>premium base rate with payment arrangement: 1) Php4,000,000.00 as 1st payment, and; 2) 2nd payment for the remaining amount within the 1st quarter of 2023.</u>							
4	Upon full completion of enrollment and delivery of ID Cards for 732 principal members to HRD, the UCPBS shall process the payment in full within 30 days upon receipt of invoice.							
5	The HMO shall provide monthly utilization report every 15 th day of the month to UCPBS through the HRD for the utilization of the previous month.							
IV. Membership Eligibility								
1	Principal membership to the HMO Program is for all incumbent, qualified regular employees of UCPBS duly endorsed by HRD.							
2	Addition and Cancellation of Membership to conditions mutual agreed upon by the HMO and UCPBS.							
3	Each principal member shall be allowed to enroll dependents subject to such requirements as may be provided by the HMO. Each principal member is solely responsible for the costs of their dependent's coverage.							
V. Maximum Benefits Limit								
1	Maximum benefits limit for all principal members shall be at least: <table><tr><th>Principal Members</th><th>MBL Coverage</th></tr><tr><td>Non-Officer employee</td><td>Php120,000.00 per illness per year exclusive of Philhealth benefits</td></tr><tr><td>Officer employee</td><td>Php160,000.00 per illness per year exclusive of Philhealth</td></tr></table>	Principal Members	MBL Coverage	Non-Officer employee	Php120,000.00 per illness per year exclusive of Philhealth benefits	Officer employee	Php160,000.00 per illness per year exclusive of Philhealth	
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Officer employee	Php160,000.00 per illness per year exclusive of Philhealth							
2	To cover In-Patient Care, Out-Patient Care, and Emergency Case to be availed by the principal members.							
VI. Minimum Benefits								

1	<p>Preventive Health Care Services</p> <ul style="list-style-type: none">a. Periodic monitoring of health problems.b. Immunization, excluding the cost of vaccines.c. Semi-annual lectures and seminars by professionals on relevant health topics and issues to be held at the UCPBS Head Office or any venue, including videoconference or virtual space, at the option of the UCPBS on the following topics;<ul style="list-style-type: none">o Health-education on prevalent illnesses and counselling on diets and/or exercise; ando Health habits and family planning counseling.											
2	<p>Annual Physical Examination (APE) and Executive Checkup (Officers only)</p> <ul style="list-style-type: none">a. For Head Office based principal members, APE shall be conducted at the UCPBS Head Office;b. For Branches based principal members, APE shall be conducted at the HMO's nearby clinic or affiliated hospital / clinic;c. Executive Checkup for Officers, the principal members shall visit HMO's nearby clinic or affiliated hospital/ clinic via appointment schedule with endorsement from the authorized HR representative;d. The APE or Executive Checkup shall include the followings:<ul style="list-style-type: none">1. Medical history taking and physical examination2. Chest x-ray3. Urinalysis4. Fecalalysis5. Complete Blood Count6. Electrocardiogram (ECG) for members 35 years and above, or if indicated by a physician7. Pap smear for female members 35 years old and above, or if indicated by a physician8. Uric acid test9. Fasting Blood Sugar10. Whole abdominal ultrasound11. PSA (for male)12. Breast Ultrasound (for female)13. Blood chemistry (FBS, BUN, Creatinine, Total Cholesterol, Triglyceride, HDL, LDL, Blood Uric acid, SGPT, SGOT)											
3	<p>Point of Service Program</p> <ul style="list-style-type: none">a. Point of service benefit allows members to avail of services from non-accredited doctors and non-accredited hospitals during non-emergency cases subject to the reimbursement limits on the table below: <table border="1" style="margin-left: auto; margin-right: auto;"><thead><tr><th colspan="2">IN-PATIENT</th></tr><tr><th>Type of Availment</th><th>Rate of Reimbursement</th></tr></thead><tbody><tr><td>Approved hospital bills</td><td>80% subject to IRV up to dreaded disease limit</td></tr><tr><td>Professional fees</td><td>100% based on IRV</td></tr></tbody></table> <table border="1" style="margin-left: auto; margin-right: auto;"><thead><tr><th colspan="2">OUT-PATIENT</th></tr></thead></table>	IN-PATIENT		Type of Availment	Rate of Reimbursement	Approved hospital bills	80% subject to IRV up to dreaded disease limit	Professional fees	100% based on IRV	OUT-PATIENT		
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	<p>b. The point of service shall not apply to the following services/facilities:</p> <ul style="list-style-type: none"> Dental Services; Accredited hospitals or facilities that are specifically excluded in this agreement. <p>c. Hepatitis B shall be covered up to dreaded disease limit per year.</p> <p>d. Motor Vehicular Liability- HMO medical and hospital services are extended to a member if the members bodily injuries and fractures are claimed to have been caused by any act or omission of a third party through a motor vehicle. Provided, however, that the member executes an agreement to subrogate to HMO whatever rights the member may have by reason of such accident or event that give rise to such claim to the extent of the value of the services so rendered.</p>																			
4	<p>Out-Patient Care Benefits</p> <p>a. To arrange Out-patient care services within Accredited Clinics and Hospitals for all members employed by the client, subject to the following terms and conditions under this program.</p> <p>b. The following Out-patient Services will be provided to principal members in any accredited hospital and/or clinic.</p> <table border="1"> <tr> <td>1. Medical consultation during regular clinic hours, excluding prescribed medicines;</td> <td>Covered</td> </tr> <tr> <td>2. Emergency room care;</td> <td>Covered</td> </tr> <tr> <td>3. Referral to accredited specialist/s;</td> <td>Covered</td> </tr> <tr> <td>4. Eye, Ear, Nose and Throat consultations;</td> <td>Covered</td> </tr> <tr> <td>5. Treatment of minor injuries or illness (including ATS and Toxoid vaccines if indicates);</td> <td>Covered</td> </tr> <tr> <td>6. Laboratory tests, x-rays, and other diagnostic examinations prescribed by the doctor;</td> <td>Covered</td> </tr> <tr> <td>7. Minor surgery not requiring confinement;</td> <td>Covered</td> </tr> <tr> <td>8. Speech and physical therapy;</td> <td>Covered up to a maximum of twelve (12) treatments per member per year within the dreaded disease limit</td> </tr> <tr> <td>9. Pre-natal and post-natal consultations excluding laboratory examinations</td> <td>Covered at any accredited clinic or hospital</td> </tr> </table>		1. Medical consultation during regular clinic hours, excluding prescribed medicines;	Covered	2. Emergency room care;	Covered	3. Referral to accredited specialist/s;	Covered	4. Eye, Ear, Nose and Throat consultations;	Covered	5. Treatment of minor injuries or illness (including ATS and Toxoid vaccines if indicates);	Covered	6. Laboratory tests, x-rays, and other diagnostic examinations prescribed by the doctor;	Covered	7. Minor surgery not requiring confinement;	Covered	8. Speech and physical therapy;	Covered up to a maximum of twelve (12) treatments per member per year within the dreaded disease limit	9. Pre-natal and post-natal consultations excluding laboratory examinations	Covered at any accredited clinic or hospital
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5 In-Patient Care Benefits

To arrange In-patient care services within Clinic and Accredited Hospitals for all members employed by the Client, subject to the following terms and conditions under.

- a. **TREATMENT/IN-PATIENT CARE (Non-emergency).** The following hospitalization (In-patient) services will apply when a accredited doctor prescribes the hospitalization of the principal member is in any Accredited Hospital:

1. Room and Board benefits specified in schedule per category;	Covered
2. Use of operating room and recovery room facilities;	Covered
3. Professional services of all attending accredited specialists;	Covered
4. Anesthesia and medications	Covered
5. Blood transfusion and intravenous fluids;	Covered
6. Human blood products (e.g. platelets, packed RBC) and its processing/screening except gamma globulin;	Covered up to Dreaded Disease Limit
7. Laboratory tests, x-rays, and other diagnostic examinations;	Covered
8. Administered medicines;	Covered
9. Admission kit including ice cap/wee bag;	Covered
10. Dressing, plaster casts, sutures and other items directly related to the medical management of the patient;	Covered
11. ICU confinement is covered up to Pre – existing Condition Limit;	Covered
12. Ambulance service;	Covered up to three thousand pesos (Php 3,000.00) per member/year
13. Assistance in administrative requirements through the liaison officer; and	Covered
14. All other hospital charges deemed necessary by HMO Accredited/affiliated Doctor in the treatment of the patient.	Covered

- b. **TREATMENT/IN-PATIENT CARE (Emergency).** When the principal member is under emergency care services at the emergency room of Accredited hospital or clinic, the following are provided:

1. Accredited/Affiliated Doctor's services;	Covered
2. Medicines administered during treatment, or for immediate relief;	Covered
3. Oxygen and Intravenous fluids;	Covered
4. Dressings, plaster casts, and sutures;	Covered
5. Laboratory tests, x-rays, and other diagnostic examinations directly related to the emergency management of the patient.	Covered

6 Dental Benefits

- a. Oral prophylaxis

	<ul style="list-style-type: none"> b. Orthodontic consultation (braces and malposition of teeth) c. Emergency dental treatment for the relief of pain w/o any other dental procedures d. Simple extraction of unsavable tooth- up to two (2) teeth per year w/o any other dental procedures e. Permanent fillings- up to two (2) teeth per member /year. 	
7	<p>Special diagnostic procedures, modalities, therapeutic procedures and other benefits</p> <ul style="list-style-type: none"> a. The following shall be covered, in an out-patient basis, up to Php15,000.00 per member per year: <ul style="list-style-type: none"> 1. Angiography 2. Pulmonary perfusion and ventilation scan 3. Examination involving use of Nuclear technologies/imaging and radioimmunodiagnosis and therapy 4. Electromyography, Nerve Conduction Velocity (EMG-NCV) Studies, Electroencephalogram(EEG) 5. 24-hour Holter monitoring 6. 2D echo/trans-esophageal echocardiography, venous/arterial duplex/Doppler studies, etc. 7. Treadmill stress test/Thallium Stress teest 8. Myelogram 9. Imaging studies including Computerize Tomography (CT Scan) Magnetic Resonance Imaging (MRI) and Neuro scan 10. Video gastroscopy and other endoscopic procedures 11. Connective tissue disease examinations 12. All tumor markers 13. ENT procedures 14. Radiographic studies requiring the use of contrast media 15. Diagnostic procedures requiring the use of operating room 	
8	<p>Latest Modalities of Treatment</p> <ul style="list-style-type: none"> a. The following shall be covered up, up to Php50,000.00 per member per year: <ul style="list-style-type: none"> 1. Laser surgery and treatment except to correct error of refraction 2. Lithotripsy 3. Arthroscopic knee surgery 4. Laparoscopic Cholecystectomy 5. Endoscopic Sinus Surgery 6. Laparoscopic Pelvic Operations 7. Trans-urethral Microwave Therapy of Prostate 8. Cryosurgery 9. Stereotactic Brain biopsy 10. Gamma knife surgery 11. Percutaneous Ultrasonic Nephrolithotomy 12. Hysteroscopic Myoma Resection 13. Laparoscopic Adrenalectomy (one limit each organ) b. For other latest modalities of treatment, the coverage shall be limited to the cost of the traditional method c. However, the new modalities of treatment or diagnostic procedures where there are no comparable traditional equivalent, the coverage shall be limited to Php15,000.00 per modality or diagnostic procedure 	

9	Therapeutic and Other Special Treatments <ol style="list-style-type: none"> Chemotherapy Cobalt Therapy and other radiation therapy Dialysis Diagnostic and treatment of Slipped disc, spondylosis, scoliosis and spinal stenosis 																			
10	Congenital Illness Congenital illness and deformities of the principal member shall be covered up to Php20,000.00 per year.																			
11	Pre-Existing Illness <ol style="list-style-type: none"> Pre-existing illness are medical conditions present upon the effective date of coverage for which a prior consultation and treatment has already been sought by and evident to the member, or the pathogenesis of the illness has started whether or not the member is aware of it. All illness, injury or any adverse medical conditions that are considered pre-existing, whether dreaded or non-dreaded, shall be covered up to maximum benefits limit. 																			
VII. General Limitations (For In-Patient and Out-Patient cases) If the following procedures are required, these limits will apply, inclusive of room and board, operating room charge, professional fees and other incidental expense relative to the procedure, provided it is deemed necessary.																				
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8. Gamma Knife Surgery (based on cobalt/radiotherapy)	up to dreaded disease limit each per year																			
9. CT Scan	up to dreaded disease limit each per year																			

10. Ultrasound (except for maternity cases)	up to dreaded disease limit each per year
11. Angiography (e.g. coronary, cerebral, retinal, pulmonary, GT, etc.)	up to dreaded disease limit each per year
12. Thallium Scintigraphy	up to dreaded disease limit each per year
13. Benign Prostatic Hypertrophy	up to dreaded disease limit each per year
14. 2D-Echo with Doppler	up to dreaded disease limit each per year
15. 24-Hour Holter Monitoring	up to dreaded disease limit each per year
16. Herniorrhaphy	up to dreaded disease limit each per year
17. Electromyography	up to dreaded disease limit each per year
18. Nerve conduction velocity studies	up to dreaded disease limit each per year
19. Treadmill Stress Test	up to dreaded disease limit each per year
20. Myelogram	up to dreaded disease limit each per year
21. Endoscopy including one of video	up to dreaded disease limit each per year
22. Orthopedic arthroscopy	up to dreaded disease limit each per year
23. Adrenocortical function (e.g. primary aldosteronism, cushings disease)	up to dreaded disease limit each per year
24. Plasma/urinary cortisol, plasma aldosterone, etc.	up to dreaded disease limit each per year
25. Video Gastroscopy	up to dreaded disease limit each per year
26. Mammography/Sonomammogram	up to dreaded disease limit each per year
27. Bone Densitometry Scan (Dexascan)	up to dreaded disease limit each per year
28. Genetic/immunologic studies	up to dreaded disease limit each per year
29. Radioactive iodine therapy	up to dreaded disease limit each per year
30. Magnetic Resonance Imaging (MRI)	up to dreaded disease limit each per year
31. Tests involving use of nuclear technologies (e.g. radionuclide ventriculography/thallium stress testing/ radionuclide/thyroid scan, etc.), nuclear technologies such as pyrophosphate Scintigraphy, positron emission tomography, radio isotope scanning, etc.)	up to dreaded disease limit each per year
32. Anti-nuclear antibody (ANA), C-Reactive protein (rheumatic and its complications). Lupus cell exam	up to dreaded disease limit each per year
33. Laboratory/ancillary services for conditions whose pathogenesis or subsequent clinical improvement is not yet fully established in Medical Science	up to dreaded disease limit each per year

	<table border="1"> <tr> <td>34. New modalities and/or diagnostic and treatment procedures for conditions with established etiologies and its use is only as alternative to the conventional methods</td><td>up to dreaded disease limit each per year</td></tr> <tr> <td>35. Cryosurgery</td><td>up to dreaded disease limit each per year</td></tr> <tr> <td>36. Pulmonary Perfusion Scan</td><td>up to dreaded disease limit each per year</td></tr> </table>	34. New modalities and/or diagnostic and treatment procedures for conditions with established etiologies and its use is only as alternative to the conventional methods	up to dreaded disease limit each per year	35. Cryosurgery	up to dreaded disease limit each per year	36. Pulmonary Perfusion Scan	up to dreaded disease limit each per year													
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IX.	Philhealth Benefits																			

	Hospitalization benefits due under the HMO Program are inclusive of Philhealth coverage.	
X.	Accreditation of Clinics and/or Doctors a. The HMO shall accredit additional clinics and/or doctors at the request if the UCPBS subject to the HMO's standard requirements and procedures on accreditation of clinics or doctors. b. UCPBS reserves the right to request preferred physician/ hospital/ clinics for accreditation. Provided, however, that in the event that the designated physician/hospitals/clinics refuse accreditation, the HMO shall be excused from complying with this provision.	
XI.	HMO Liaison Officer and Medical Officer The HMO shall designate a coordinator/ contact person/ liaison officer whom the UCPBS and principal members can contact to assist and facilitate the expedient availment of medical services and answer other HMO related concerns.	
XII.	Others a. The UCPBS shall oversee the implementation of the HMO Program and monitoring compliance of the HMO in accordance with the provisions of the TOR/Contract b. The HMO shall be required to strictly submit to the Human Resources Department the prescribed and officially signed <u>Quarterly Utilization Reports</u> . These reports shall be promptly and strictly submitted every third week of the month immediately following the quarter or whenever required. c. The utilization of the dependent-members shall not form part of the utilization reports of the principal members. d. The HMO shall officially request for a certified and updated Master List of UCPBS employees from the Human Resources Department from the date of the Notice to Proceed (NTP). e. In the implementation of the contract, the medical records and utilization reports, including raw utilization data, name, addresses, telephone numbers, identification numbers, dates of birth, and other personal and confidential information pertaining to principal members obtained by or given to the HMO or its agents and subcontractors shall be <u>treated with full confidentiality</u> . f. The HMO shall not use or disclose such confidential information, or any part thereof, in any manner other than is necessary to perform its obligations under the TOR or Contract or as required by law. g. In the event that a member's medical/surgical expenses exceed the maximum benefit limit, the excess amount shall be shouldered by the principal member concerned.	
XIII.	Evaluation	
1	The UCPBS reverses the right to reject any or all proposals, or to waive any defect or informality thereon or minor deviations, which do not affect the substance and validity of any or all the proposals.	

2	<p>The UCPBS reverses the right to reject the proposal of any proponent who:</p> <ul style="list-style-type: none"> a. Does not offer the required services as provided in this Terms of Reference; b. Is discovered to have suppressed, disclosed or falsified information; c. Failed to satisfactorily perform/ complete any contract previously taken. 	
3	<p>The UCPBS reserves the right to review other relevant information affecting the proponent or the proposal before the approval of the contract, should such review uncover any misrepresentation made in the proposal documents, or any change in the situation of the proponent which affects the substance of his proposals, UCPBS may disqualify the proponent from obtaining the award/contract.</p>	


I hereby commit to comply and deliver the above requirements.

Name of Company (in print)

Signature of Company Authorized Representative

Name and Designation (in print)

Date

Standy
Jul


Agustine J. M.