

## AGREEMENT

### KNOW ALL MEN BY THESE PRESENTS:

This Agreement is made and entered into by and between:

**PACIFIC CROSS HEALTH CARE, INC.**, a corporation duly organized and existing under and by virtue of the laws of the Republic of the Philippines, with principal office located at 8000 Makati Ave., Makati City, represented herein by its **SVP and MEDICAL DIRECTOR, NOEL L. ROSAS, MD, FPCP, FPCC, FAsCC** hereinafter referred to as "**PACIFIC CROSS**";

**-and-**

\_\_\_\_\_, an established Medical Laboratory and fully accredited by the Department of Health & Labor and Employment, organized and existing under and by virtue of the laws of the Republic of the Philippines located at \_\_\_\_\_ represented herein by its \_\_\_\_\_, hereinafter referred to as the **ASL (AFFILIATED SERVICE LABORATORY)**.

**-WITNESSETH-**

**WHEREAS**, PACIFIC CROSS is desirous of availing of the services of the ASL to extend to all bonafide members of the former.

**WHEREAS**, the ASL is willing and capable to extend and perform laboratory examination and consultations to all bonafide members of PACIFIC CROSS.

**NOW THEREFORE**, for and in consideration of the foregoing premises and subject to the following terms and conditions the parties hereby agree as follows:

1. That PACIFIC CROSS & the ASL have agreed to accredit each other and that in all brochures, publicities, educational and informative which may be designed, printed, and released by other parties relating to this agreement, their names may appear thereon, subject to prior written consent.
2. The ASL will render all laboratory examinations and additional examinations to all bonafide members who will be referred by PACIFIC CROSS from time to time.
3. The clinics of the ASL are available for its services, and all bonafide members may go anytime during regular clinic hours as follows:  
  
[State Schedule of Operations]
4. The ASL reserves the right to keep other test results for future reference of the examined member so as to guarantee all examinations performed by it.
5. The ASL and PACIFIC CROSS shall exercise diligent coordination on all matters pertaining to any bonafide member being examined and both parties agree to establish mutually acceptable recording, billing and accounting system and procedures.
6. PACIFIC CROSS reserves the right to re-examine and audit all billings of the ASL and to review total billings without prejudice to making counter claims in the event erroneous entries are made.

7. Unless otherwise provided by this Agreement, the ASL shall not charge and collect directly from the bonafide member referred by PACIFIC CROSS to avail of its services under this Agreement. The ASL shall cumulate under the PACIFIC CROSS'S account the charges for services rendered to authorized beneficiaries of PACIFIC CROSS a Statement of Account covering charges for authorized availment at the end of each month. Unless governed by pertinent provisions of this Agreement, PACIFIC CROSS shall settle these accounts within the allowable credit after receipt of a statement.
8. The ASL shall grant PACIFIC CROSS an allowable credit period of 30 days after receipt of a Statement of Account. Within this period, PACIFIC CROSS shall settle amounts due to the ASL.  
**NOTE:** All claims received beyond a maximum period of sixty (60) days from date of availment of laboratory and other services will be considered as prescribed and rendered invalid.
9. That this Agreement shall take effect on the date of signing hereto and acceptance by the ASL and shall remain in full force without change until terminated by either party, with one (1) month notice to be served prior to the intended date.
10. That ASL warrants that it shall comply with the provisions therein, and in accordance with the requirements of RA 10173 or the Data Privacy Act of 2012.
11. That ASL warrants that it has obtained the consent of its personnel to disclose their personal data to PACIFIC CROSS in accordance with the Data Privacy Act of 2012. Such personal data shall only be used to fulfill the obligations of this agreement
12. That ASL warrants that its personnel handling personal data of clients have signed Non-Disclosure Agreements pertaining to client personal data.

**IN AGREEMENT WHEREOF**, we the parties above named affixed our signatures hereto on the date inscribed hereunder.

**PACIFIC CROSS HEALTH CARE, INC.**  
**By:**

**[ASL]**  
**By:**

\_\_\_\_\_  
**NOEL L. ROSAS, MD, FPCP, FPCC, FAsCC**  
 SVP and Medical Director

Date: \_\_\_\_\_  
 Place: Makati City

\_\_\_\_\_

Date: \_\_\_\_\_  
 Place: \_\_\_\_\_

Signed in the presence of:

\_\_\_\_\_ and \_\_\_\_\_  
**EMERSON S. CONDUCTO**  
 AVP / Director, Provider Network Services

Republic of the Philippines }  
\_\_\_\_\_ } s.s.

### ACKNOWLEDGMENT

**BEFORE ME**, a Notary Public, this \_\_\_ day of \_\_\_\_\_, 2018 personally appeared \_\_\_\_\_, with PRC ID No. 0058739 issued on 1/20/1986 at Manila, in his capacity as **MEDICAL DIRECTOR** of Pacific Cross Health Care, Inc., and \_\_\_\_\_, with ID Number \_\_\_\_\_ issued on \_\_\_\_\_, issued at \_\_\_\_\_, in his capacity as \_\_\_\_\_ of \_\_\_\_\_, known to be the same persons who executed the foregoing instrument and acknowledged to me that the same are their own free and voluntarily act and deed, and the free and voluntarily act of the company and health facility they represent.

**WITNESS MY HAND SEAL** this \_\_\_\_\_ day of \_\_\_\_\_, 2018 at \_\_\_\_\_.

### NOTARY PUBLIC

Doc. No. \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of 2018



**Pacific Cross Health Care, Inc (PCHC)  
 Providers Professional Fee (PF) Schedule  
 (Effective March 1, 2019 Availments)  
 (Annex "A")**

**A. Out-patient Consultation Fee**

Specialists (IM/Surgeon/Ob-Gyne/etc.,)	-	P 400
General Practitioner	-	P 300

**B. In-patient (Confinement) Daily Hospital Visit**

Room Category	Amt/day in Php
Ward	550
Semi Private	650
Private	700
Suite	1,100
ICU	1,300

**C. Surgical Procedures - RVU (based on Philhealth RVS Table) Multiplied by the following Peso Conversion Factors:**

- Ward/OP - 120 X PHIC RVU
- Semi-private - 125 X PHIC RVU
- Private - 130 X PHIC RVU
- Suite - 135 X PHIC RVU

Note: Plus 12% for VAT registered doctors.

(Professional fee for surgical procedures will be paid only based on the above schedule inclusive of visits during confinement.)

**D. Philippine Society of Anesthesiologists (PSA)**

50% of the current/prevaling PHIC Relative Unit Value (RUV) multiplied by the Peso Conversion Factor. Minimum fee of P 2,000.00

**E. OTHER PROFESSIONAL FEES**

Cardio-Pulmonary Clearance - IP/OP (Routine)		P 600
Cardio-Pulmonary Clearance - IP/OP (with medical indication)		P 800
Cardiac Monitoring		P 1,200

**ALL PROFESSIONAL FEES SHALL BE SUBJECT TO WITHHOLDING TAX RATE**