



Dear Provider,

Greetings.

Thank you very much for your interest of being accredited with HPPI. Kindly fill up the details below needed for the accreditation and the preparation of the contract from HPPI.

Type of Provider: Hospital Clinic Specialist Dentist
 Others _____

1	Name	
2	Business name or name to appear in the contract	
3	Complete address	
4	Contact number/s	
5	E-mail address	
6	Operating Hours / Schedule	
7	Name of contract signatory, designation and witness (if any)	
8	Name of point person for the accreditation and contact details	
9	Tax Identification Number	
10	Bank details for payment transfers from HPPI (Bank Acct Name / Acct No. and type / Branch)	

Please e-mail the accomplished form to **info@hppi.com.ph** and our team will get in touch with you afterwards. We look forward to having a *Dynamic Partnership* with you as an accredited provider of HPPI.

Yours truly,

Provider Relations Team
HPPI

“Dynamic Partnerships in Philippine Health Care”