



Republic of the Philippines
OFFICE OF THE OMBUDSMAN
 Agham Road, Diliman, Quezon City 1105

**SUPPLEMENTAL/BID BULLETIN NO. 1
 NEGOTIATED PROCUREMENT (TWO-FAILED BIDDINGS) FOR THE ONE
 YEAR COMPREHENSIVE HEALTH CARE PLAN FOR THE
 OFFICE OF THE OMBUDSMAN**

10 December 2024

AMENDMENTS/CLARIFICATIONS TO THE BIDDING DOCUMENTS

1. The Bids and Awards Committee-Main hereby amends/clarifies/modifies the following provisions relative to the above-mentioned project and all prospective bidders are informed of these amendments/clarifications/modifications:
 - a. All prospective bidders are informed of the following amendments/modifications/clarifications to the Original Bidding Documents particularly to the following matters:
 - i. **Page 19. Section III. Proposal/Quotation Data Sheet; and**
 - ii. **Pages 28-42. Section VII. Technical Specifications;**


*[Note: For better understanding of the contents of this Supplemental Bid Bulletin, the following rules shall apply: (1) **Single strike-out** – means deletion; and (2) **Underline with highlights** – means inclusions or new item/requirements]*

Particulars	ORIGINAL SPECIFICATION (see Original Bidding Documents)	AMENDMENT/CLARIFICATION/ MODIFICATION
Page 19. Section III. Proposal/Quotation Data Sheet	<p>Section III. Proposal/Quotation Data Sheet x x x 15. Certified true copy of the lists of HMOs issued by the Insurance Commission as of 31 May 2024. x x x</p>	<p>Section III. Amended Proposal/Quotation Data Sheet x x x x x x 15. Certified true copy of the lists of HMOs issued by the Insurance Commission as of 31 October 2024. x x x</p>
Page 28-42. Section VII. Technical Specifications	<p>Section VII. Technical Specifications CRITERIA (For Healthcare Provider/Supplier) x x x 5. Must be included in the list of Health Maintenance Organizations or Life Insurance Companies with Certificates of Authority issued by the Insurance Commission as of July 31, 2024. x x x</p> <p>F. ANNUAL PHYSICAL EXAMINATION F.1. Annual Physical Examinations</p>	<p>Section VII. Amended Technical Specifications CRITERIA (For Healthcare Provider/Supplier) x x x 5. Must be included in the list of Health Maintenance Organizations or Life Insurance Companies with Certificates of Authority issued by the Insurance Commission as of 31 October 2024. x x x</p> <p>F. ANNUAL PHYSICAL EXAMINATION</p>

	<p>shall include a standard battery/array of physical examinations and laboratory tests with a maximum limit of Fifteen Thousand Pesos (PhP15,000.00).</p> <p>F.2. The various array of examinations/ tests are packaged in accordance with age category as follows:</p> <p>***</p> <p>F.3. The annual physical examinations of all officials and employees shall be done at an accredited hospital/clinic or on-site, at the option of the officials and employees, and subject to the allowable MBL.</p>	<p>F.1 Annual Physical Examinations shall include the following examination and laboratory tests:</p> <ol style="list-style-type: none"> 1. Complete History and Physical Examination 2. Chest X-ray 3. Urinalysis 4. Stool Examination (Fecalysis) 5. Complete Blood Count 6. Electrocardiogram (ECG) for members, 35 years old and above 7. – Pap smear for <u>female</u> members, 35 years old and above - Digital Rectal Examination (DRE) for <u>male</u> members, 35 years old and above <p>F.2. The annual physical examinations of all officials and employees shall be done at an accredited hospital/clinic or on-site, at the option of the officials and employees.</p>
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2. Bidders are reminded to **use and refer to Section III. Amended Proposal/Quotation Data Sheet, and Section VII. Amended Technical Specifications (Amended Ombudsman Bid Form No. 1)**, which are attached in this Supplemental/Bid Bulletin.
3. For further inquiries, you may coordinate with the Bids and Awards Committee Secretariat-Main at email address: **bac@ombudsman.gov.ph** and/or Telephone No.: (02) 5317-8300 local 2206.

Please be guided accordingly.


ADORACION A. AGBADA
Assistant Ombudsman, OMB-Luzon
Chairperson, Bids and Awards Committee-Main

Section III. **Amended** Proposal/Quotation Data Sheet

ITB Clause	
5.3	<p>For this purpose, contracts similar to the Project shall be:</p> <ol style="list-style-type: none"> a. Any contract for a Healthcare Program or Coverage; and b. completed within five (5) years prior to the deadline for the submission and receipt of Proposal/Quotation.
7.1	<p>The Procuring Entity has prescribed that subcontracting is not allowed.</p>
12	<p>The price of the Goods/services shall be quoted delivered duty paid (DDP) to the Office of the Ombudsman, Senator Miriam Defensor-Santiago Avenue (Formerly Agham Road), Barangay Bagong Pag-asa, Diliman, 1105 Quezon City or the applicable International Commercial Terms (INCOTERMS) for this Project.</p>
14.1	<p>The bid security shall be in the form of a Bid Securing Declaration, or any of the following forms and amounts:</p> <ol style="list-style-type: none"> a) The amount of not less than One Million Seven Hundred Eighty-Eight Thousand Pesos (₱1,788,000.00) (2% of the ABC) if bid security is in cash, cashier's/manager's check, bank draft/guarantee or irrevocable letter of credit; or b) The amount of not less than Four Million Four Hundred Seventy Thousand Pesos (₱4,470,000.00) (5% of the ABC) if bid security is in Surety Bond.
15	<p>Each Supplier shall submit one (1) original and one (1) certified true copy of the first (technical) and second (financial) components of its Proposal/Quotation. The First Envelope and Second Envelope should be properly marked and sealed as “ORIGINAL COPY – ELIGIBILITY AND TECHNICAL COMPONENT” and “ORIGINAL COPY – FINANCIAL COMPONENT”, respectively, to avoid confusion and BOTH envelopes shall be placed inside ONE BIG SEALED envelope. The supplier shall also submit Copy No. 1 of the First Envelope and Second Envelope and placed inside ONE BIG SEALED envelope with markings on the inner envelopes as “COPY NO. 1 - ELIGIBILITY AND TECHNICAL COMPONENT” and “COPY NO. 1 – FINANCIAL COMPONENT”. For authentication purposes, ALL PAGES of the negotiation documents for submission must be certified by the authorized signatory of the participating Supplier/Company. The Suppliers/Companies are also reminded to put proper arrangements on each negotiation documents. The supplier should use the prescribed Sample Forms under Section VIII.</p>
19.3	<p>QN 2024-133-DEC: NEGOTIATED PROCUREMENT (TWO-FAILED BIDDINGS) FOR THE ONE YEAR COMPREHENSIVE HEALTH CARE PLAN FOR THE OFFICE OF THE OMBUDSMAN</p> <p>ABC = Eighty-Nine Million Four Hundred Thousand Pesos (₱89,400,000.00)</p> <p>Any Proposal/Quotation with a financial component exceeding this amount shall not be accepted.</p> <p>The computation of a prospective supplier's NFCC must be at least equal to the ABC to be bid, pursuant to Section 23.4.1.4 of the 2016 revised IRR of RA No. 9184.</p>
20.2	<p>The supplier with the Best and Final Offer shall submit ALL the following post-qualification documents:</p> <ol style="list-style-type: none"> 1. SEC/DTI Registration; 2. Valid & Current Mayor's Permit/ Municipal Licenses–Year 2024; 3. Valid Tax Clearance per Executive Order 398, Series of 2005; 4. Certificate of VAT Registration;

5. Certificate of PhilGEPS Registration;
6. Any proof of enrollment in the Electronic Filing and Payments System (EFPS);
7. Latest income and business tax returns, filed and paid through the Electronic Filing and Payment Systems (EFPS);
8. Latest General Information Sheet (for corporation);
9. Company profile, which shall include the following:
 - a. Information on the number of years in the HMO industry (must be at least five [5] years of experience in administering/managing government or private accounts on nationwide basis);
 - b. List of officers; and
 - c. Names, addresses of main office and satellite office/s if any, with their respective contact details including photo showing the company's business name.
10. Valid Certificate of Authority issued by the Insurance Commission (IC);
11. Updated List of accredited hospitals and clinics, with the corresponding list of accredited doctors nationwide;
12. Certificate of good standing from at least five (5) accredited major hospitals;
13. Certification/s of at least "Very Satisfactory" Performance from at least two (2) clients;
14. Certified true copy of ISO 9001 Certification; and
15. Certified true copy of the lists of HMOs issued by the Insurance Commission **as of 31 October 2024.**

Section VII. **Amended** Technical Specifications

OMBUDSMAN BID FORM No. 1 – TECHNICAL SPECIFICATION WITH BIDDER'S STATEMENT OF COMPLIANCE

HON. ADORACION A. AGBADA
 Chairperson, Bids and Awards Committee
 Office of the Ombudsman
 Senator Miriam Defensor-Santiago Avenue
 Brgy. Bagong Pag-asa, Diliman, 1105 Quezon City

Madam:

Herewith is our TECHNICAL PROPOSAL for your office requirement:

(INSTRUCTION TO BIDDER: **Check** the **“Comply”** box if bidder complies with the Ombudsman Specifications. A Technical Proposal containing unchecked **“Comply”** boxes would be automatically rated as **“FAILED.”**)

**QN 2024-133-DEC:
 NEGOTIATED PROCUREMENT (TWO-FAILED BIDDINGS) FOR THE ONE
 YEAR COMPREHENSIVE HEALTH CARE PLAN FOR THE
 OFFICE OF THE OMBUDSMAN**

Item	Technical Specifications	Bidder's Statement of Compliance*												
1 lot	CRITERIA (For Healthcare Provider/Supplier)	<input type="checkbox"/> Comply												
	1. Must be duly registered with the Insurance Commission and licensed to operate as Health Maintenance Organization (HMO) or Life Insurance Company	<input type="checkbox"/> Comply												
	2. At least five (5) years of experience in administering/managing government or private accounts on a nationwide basis	<input type="checkbox"/> Comply												
	3. With at least one (1) existing contract with an annual premium equivalent to at least fifty percent (50%) of the total Approved Budget for this Contract (ABC)	<input type="checkbox"/> Comply												
	4. Must be an ISO 9001:2015 compliant for at least three (3) years.	<input type="checkbox"/> Comply												
	5. Must be included in the list of Health Maintenance Organizations or Life Insurance Companies with Certificates of Authority issued by the Insurance Commission as of 31 October 2024.	<input type="checkbox"/> Comply												
	I. COVERAGE AND ELIGIBILITY	<input type="checkbox"/> Comply												
	The following shall be covered by the Office of the Ombudsman CHCP:	<input type="checkbox"/> Comply												
	1. All employees of the Office of Ombudsman who are 22 to 85 years old, actively at work as of 14 June 2024, and still in the service at the start of the date of coverage: <div style="text-align: center; margin-left: 40px;"> OMB-wide Demographic Distribution by Age and Sex <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Age</th> <th style="padding: 2px;">Female</th> <th style="padding: 2px;">Male</th> <th style="padding: 2px;">Total</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">22-30</td> <td style="padding: 2px;">40</td> <td style="padding: 2px;">29</td> <td style="padding: 2px;">69</td> </tr> <tr> <td style="padding: 2px;">31-40</td> <td style="padding: 2px;">130</td> <td style="padding: 2px;">119</td> <td style="padding: 2px;">249</td> </tr> </tbody> </table> </div>	Age	Female	Male	Total	22-30	40	29	69	31-40	130	119	249	<input type="checkbox"/> Comply
Age	Female	Male	Total											
22-30	40	29	69											
31-40	130	119	249											

	41-50	246	211	457		
	51-60	191	151	342		
	61-65	45	24	69		
	66 and above	1	5	6		
	Total	653	539	1,192		
	2. Enrollment for membership of those under Paragraph 1 based on the official list of employees as of June 14, 2024 as certified by the Ombudsman HRMD shall be done within five (5) days upon receipt of Notice to Proceed.					<input type="checkbox"/> Comply
	3. On voluntary basis, retired officials and employees, and qualified dependents of enrolled officials and employees of the Office of the Ombudsman may avail of the CHCP after payment of the corresponding premium directly to the health care provider.					<input type="checkbox"/> Comply
	4. On voluntary basis, new officials and employees after 14 June 2024 of the Office of the Ombudsman may avail the CHCP after payment of the corresponding premium directly to the health care provider.					<input type="checkbox"/> Comply
	II. SERVICES AND BENEFITS					<input type="checkbox"/> Comply
	The package of benefits under the Ombudsman CHCP shall include the following:					<input type="checkbox"/> Comply
	A. OUT PATIENT SERVICES shall include:					<input type="checkbox"/> Comply
	A.1 Professional fees and charges for consultation and management by accredited doctors, specialist/s, and sub-specialist/s;					<input type="checkbox"/> Comply
	A.2 Referrals and the corresponding fees/charges for prescribed special diagnostic procedures and other modern modalities of treatment up to the Maximum Benefit Limits (MBL) (please refer to Annex A hereof) such as, but not limited to, the following:					<input type="checkbox"/> Comply
	A.2.1. All prescribed diagnostic procedures such as, but not limited to X-ray, ECG, Hematology, Blood Chemistry, including Pap Smear for women and PSA for men, and Real-Time Polymerase Chain Reaction Test (RT-PCR), Rapid Antibody Test, Rapid Antigen Test, Saliva Test for Covid-19, if medically prescribed; A.2.2. Diagnostic and Therapeutic Ultrasound; A.2.3. Radiographic studies; A.2.4. Rhinoscopic, Bronchoscopic, and/or endoscopic exams; A.2.5. 3D Imaging, CT scan, and/or MRI and/or PET Scan of body organs or regions; A.2.6. All forms of Echocardiography and Treadmill Stress Test and other cardiac diagnostic, such as Nuclear Cardiac Perfusion study and angiography; Electromyography with Nerve Conduction Tests; A.2.7. Mammography; A.2.8. Peritoneal or Hemodialysis; A.2.9. Cancer treatment to include radiotherapy and chemotherapy (whether oral or intravenous), bone marrow transplant and brachytherapy, and others; A.2.10. Eye, ear, nose, and throat treatment; A.2.11. Coverage for cataract extraction or glaucoma laser treatment up to the MBL and lens in an amount not exceeding ₱20,000.00 per eye.					
	A.3 Pre-natal and post-natal care up to a maximum of PhP30,000.00 Pre-natal care shall include consultation and laboratory examinations. Laboratory examinations for purposes of pre-natal care shall include all of the following: A.3.1. Complete Blood Count; A.3.2. Blood typing;					<input type="checkbox"/> Comply

	<p>A.3.3. Urinalysis; A.3.4. Plain Pelvic Ultrasound; and A.3.5. Additional tests (in this case, only the initial test shall be covered) may form part of pre-natal care, as may be determined by the attending OB-GYN, which shall include tests for Hepatitis B antigen, VDRL, and/or Oral Glucose challenge test and/or oral glucose tolerance test.</p>	
	<p>A.4. Treatment of minor injuries and illnesses;</p>	<input type="checkbox"/> Comply
	<p>A.5. Minor surgeries not requiring confinement (e.g., excision of cysts and other superficial mass/es);</p>	<input type="checkbox"/> Comply
	<p>A.6. Speech and physical therapy up to 12 sessions per member per contract year;</p>	<input type="checkbox"/> Comply
	<p>A.7. Pulmonary Rehabilitation Therapy including post COVID-19 up to 10 sessions;</p>	<input type="checkbox"/> Comply
	<p>A.8. Cauterization of warts up to a maximum of ₱5,000.00 per member per contract year;</p>	<input type="checkbox"/> Comply
	<p>A.9. Excision of moles (malignant or suspected to be malignant) up to maximum of ₱10,000.00 per member per contract year;</p>	<input type="checkbox"/> Comply
	<p>B. PREVENTIVE CARE shall include: B.1. Supply and administration of influenza vaccine once in the contract year to be scheduled by the Office of the Ombudsman. B.2. Online/In-person lectures and seminars on pertinent health topics/issues per quarter; B.3. Online/In-person health (diet, exercise, and nutrition) habits and family planning counseling; B.4. Wellness Program B.5. Diagnostic assessment and management</p>	<input type="checkbox"/> Comply
	<p>C. EMERGENCY CARE SERVICES shall be provided for a member who is in severe pain or suffers a serious illness or injury due to sudden and unexpected occurrence which requires immediate medical or surgical intervention to alleviate the pain or to prevent the loss of life or limb or any vital part of the body. Emergency care services shall not be limited to the Emergency Room and shall include: C.1. Emergency Doctor or Specialist services; C.2. Emergency room fees, as well as fees of other hospital facilities used in the emergency treatment; C.3. Surgery or treatment of lacerations and other injuries; C.4. Medicines and/or drugs for emergency treatment; C.5. X-ray, laboratory examinations, and all diagnostic procedures necessary for the emergency management of the patient; C.6. Oxygen, intravenous fluids, blood transfusions, and human blood products; C.7. Dressings, sutures and plaster casts; C.8. Active and passive immunization/vaccines including immunoglobulin against tetanus, snake venoms, human bites, animal bites, and rabies (initial and subsequent doses shall be covered up to Thirty Thousand Pesos (₱30,000.00)); C.9. Ground ambulance service from the patient's residence or his/her location to the nearest hospital; C.10. All other services, items, and supplies necessary for the emergency management of the patient.</p>	<input type="checkbox"/> Comply
	<p>D. HOSPITALIZATION/IN-PATIENT SERVICES shall include:</p>	<input type="checkbox"/> Comply
	<p>D.1. Room service: For the employees and their enrolled qualified dependents — a regular private room and board accommodation available within the allowable MBL. With an option to increase coverage, provided that the</p>	<input type="checkbox"/> Comply

	<p>covered person shall pay the corresponding premium.</p> <p>D.1.1. If the appropriate room and board accommodation are not available at the time of confinement in a non-emergency case, the patient has the option to avail of a higher room and board accommodation, but he/she shall pay the difference in the room rates and other room-based charges or incremental costs;</p> <p>D.1.2. Operating Room and Recovery Room Services and their charges up to the MBL; and</p> <p>D.1.3. Intensive Care Unit (ICU)/Cardiac Care Unit (CCU) up to the MBL.</p>	
	D.2. Professional services of accredited physician/s, specialist/s, sub-specialist/s, and/or consultant/s. More consultants or specialists may be called in when necessary;	<input type="checkbox"/> Comply
	D.3. Drugs and medicines for use in the hospital;	<input type="checkbox"/> Comply
	D.4. Whole blood and human blood products, transfusions, and intravenous fluids, including blood screening and cross matching;	<input type="checkbox"/> Comply
	D.5. X-ray and laboratory examinations;	<input type="checkbox"/> Comply
	D.6. Complete coverage of all diagnostic procedures and examinations including but not limited to MRI, CT scan, EEG, Ultrasound, Holter monitoring, cardiac catheterization, and other state of the art diagnostic and therapeutic procedures deemed necessary, including Covid-19 tests, whenever necessary;	<input type="checkbox"/> Comply
	D.7. Anesthesia and its administration;	<input type="checkbox"/> Comply
	D.8. Oxygen and its administration;	<input type="checkbox"/> Comply
	D.9. Dressings, sutures, plaster casts, and other miscellaneous supplies necessary for treatment;	<input type="checkbox"/> Comply
	D.10. Standard nursing services;	<input type="checkbox"/> Comply
	D.11. Hospital admission kit;	<input type="checkbox"/> Comply
	<p>D.12. Complete coverage of the following modalities of treatment and diagnostic procedures up to the MBL, unless otherwise specified, to include:</p> <p>D.12.1. 3D Imaging;</p> <p>D.12.2. Acquired (Adult) Hernia;</p> <p>D.12.3. Angiography;</p> <p>D.12.4. Venography;</p> <p>D.12.5. Angioplasty;</p> <p>D.12.6. 24-hour ambulatory blood pressure monitoring;</p> <p>D.12.7. Arthroscopic Knee Surgery;</p> <p>D.12.8. Chemotherapy (whether oral or intravenous);</p> <p>D.12.9. Cryosurgery;</p> <p>D.12.10. Dialysis;</p> <p>D.12.11. Echocardiography with Doppler and contrast study;</p> <p>D.12.12. Electromyelography with nerve conduction;</p> <p>D.12.13. Endoscopic Procedure;</p> <p>D.12.14. Eye, ear, nose, and throat care including:</p> <p>D.12.14.1. Cataract surgery; Cost of lens shall not exceed Twenty Thousand Pesos (₱20,000.00) per eye;</p> <p>D.12.14.2 Laser eye treatment except to correct error of refraction;</p>	<input type="checkbox"/> Comply

	<p>D.12.14.3. Endoscopic sinus surgery;</p> <p>D.12.14.4. Laser Tonsillectomy;</p> <p>D.12.14.5. Fluorescein Angiogram;</p> <p>D.12.15. Hyperalimentation;</p> <p>D.12.16. Hysteroscopic Myoma Resection;</p> <p>D.12.17. Laparoscopic Cholecystectomy;</p> <p>D.12.18. Laser Treatment for Retinal Detachment and Glaucoma;</p> <p>D.12.19. Lithotripsy;</p> <p>D.12.20. Mammography;</p> <p>D.12.21. M-Mode Echocardiogram;</p> <p>D.12.22. MRA (Magnetic Resonance Angiogram)</p> <p>D.12.23. Neuroscan;</p> <p>D.12.24. Nuclear/Radioactive Isotope Scans (thyroid, bone, cardiovascular, and other organ systems) ultrasound, and brachytherapy (including the cost of radioactive pellets called seeds);</p> <p>D.12.25. Orthopedic surgery excluding the cost of surgically implanted internal devices;</p> <p>D.12.26. Pelvic Laparoscopy;</p> <p>D.12.27. Physical Therapy; up to twelve (12) sessions per member per contract year;</p> <p>D.12.28. Radiotherapy;</p> <p>D.12.29. Sclerotherapy up to a maximum of Seventy-Five Thousand Pesos (₱75,000.00) per member per contract year;</p> <p>D.12.30. Bone Marrow and other organ transplant up to MBL;</p> <p>D.12.31. Sleep Study Test (Diagnostic/Therapeutic or Combined Test);</p> <p>D.12.32. Speech Therapy up to twelve (12) sessions per member per contract year;</p> <p>D.12.33. Thallium Scintigraphy;</p> <p>D.12.34. Treadmill stress test;</p> <p>D.12.35. Transurethral Microwave Therapy;</p> <p>D.12.36. Pulmonary Therapy (up to 10 sessions);</p> <p>D.12.37 Stereotactic Brain Surgery;</p> <p>D.12.38 Gamma Knife Surgery;</p> <p>D.12.39 Percutaneous Ultrasonic Nephrolithomy;</p> <p>D.12.40 Laparoscopic Adrenalectomy;</p> <p>D.12.41 Open Heart Surgery;</p> <p>D.12.42 Cobalt Therapy and other radiation therapy;</p> <p>D.12.42 Diagnostic and treatment of slipped disc, spondylitis, scoliosis, and spinal stenosis; and</p> <p>D.12.43. All other special modalities/ sophisticated laboratory and diagnostic procedures that are new in the market and are available, including RT PCR test, Swab test, and Saliva test for Covid 19, among others, shall be covered if medically prescribed.</p>	
	<p>D.13. Other Hospitalization/In-Patient benefits shall include:</p> <p>D.13.1. For each congenital disease up to a maximum of One Hundred Thousand Pesos (₱100,000.00) per member;</p> <p>D.13.2. Expenses due to any complication which may arise by reason of the deliveries, whether normal or caesarean, or intra-operative complication of D & C up to the MBL.</p>	<input type="checkbox"/> Comply
	<p>E. DENTAL CARE SERVICES shall include:</p> <p>E.1. Oral prophylaxis (Bi-Annual);</p> <p>E.2. Ordinary tooth extractions and drainage of abscess;</p> <p>E.3. Temporary restorations (unlimited fillings, pain management);</p> <p>E.4. Permanent fillings of four (4) teeth;</p> <p>E.5. Treatment of mouth lesions, wounds, and burns;</p>	<input type="checkbox"/> Comply

	<p>E.6. Recementation of fixed bridges, loose jackets, crowns, inlays, and onlays; E.7. Restorative Prosthodontic Treatment (including cost of Plastic dentures, not exceeding Five Thousand Pesos (P5,000.00); E.8. Simple adjustment of dentures; E.9. Orthodontic and Temporomandibular Joint (TMJ) consultations; E.10. Oral examination/diagnosis as needed; E.11. Gum problem consultation and treatment planning; E.12. Oral hygiene instruction; and E.13. Dental health education and consultation;</p>	
	<p>F. ANNUAL PHYSICAL EXAMINATION</p> <p>F.1 Annual Physical Examinations shall include the following examination and laboratory tests:</p> <ol style="list-style-type: none"> 1. Complete History and Physical Examination 2. Chest X-ray 3. Urinalysis 4. Stool Examination (Fecalalysis) 5. Complete Blood Count 6. Electrocardiogram (ECG) for members, 35 years old and above 7. – Pap smear for female members, 35 years old and above – Digital Rectal Examination (DRE) for male members, 35 years old and above 	<input type="checkbox"/> Comply
	<p>F.2. The annual physical examinations of all officials and employees shall be done at an accredited hospital/clinic or on-site, at the option of the officials and employees; and</p>	<input type="checkbox"/> Comply
	<p>F.3. Drug testing of officials and employees shall be included as part of the annual physical examination upon the request of the Office of the Ombudsman.</p>	<input type="checkbox"/> Comply
	<p>G. OPTICAL BENEFIT:</p> <p>G.1. Reimbursement for prescription lens and frames not exceeding Twenty Thousand Pesos (P20,000.00) per member per contract year.</p>	<input type="checkbox"/> Comply
	<p>H. MENTAL HEALTH CARE PROGRAM</p> <p>H.1. HMO coverage up to maximum of Fifty Thousand Pesos (P50,000.00) (In-patient and Out-patient) per member per contract year which includes:</p> <ol style="list-style-type: none"> H.1.a. Accredited Psychiatrist's Professional Fee (Out-patient and In-patient); H.1.b. Accredited Clinical Psychologist's Professional Fee; H.1.c. Psychological Testing; and H.1.d. Diagnostic Procedures/Laboratories. <p>H.2. Reimbursement up to Twenty-Five Thousand Pesos (P25,000.00) per contract per year for non-accredited Psychiatrists and Clinical Psychologists which includes all items pertaining to paragraph H.1., i.e., professional fees, psychological testing, and diagnostic procedures/laboratories. The reimbursement claim must be filed within thirty (30) calendar days from the date of avilment and must include the following:</p> <ol style="list-style-type: none"> H.2.a. Original Receipt H.2.b. Medical Certificate H.2.c. Doctor's Prescription 	<input type="checkbox"/> Comply
	<p>I. DEATH BENEFIT Financial assistance in the amount of Fifty Thousand Pesos (P50,000.00) shall be</p>	<input type="checkbox"/> Comply

<p>given regardless of the cause of death of the member.</p>																			
<p>J. OTHER FINANCIAL ASSISTANCE J.1. HEALTH CARE PROVIDER shall provide financial assistance to all enrolled members in case of disablement or injuries covered under this CHCP in accordance with the following schedule:</p> <table border="1" data-bbox="240 451 1182 792"> <thead> <tr> <th></th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>a. Loss of both hands</td> <td>25,000</td> </tr> <tr> <td>b. Loss of both feet</td> <td>25,000</td> </tr> <tr> <td>c. Loss of both sight of both eyes</td> <td>25,000</td> </tr> <tr> <td>d. Loss of one hand and one foot</td> <td>25,000</td> </tr> <tr> <td>e. Loss of one hand and sight of one eye</td> <td>25,000</td> </tr> <tr> <td>f. Loss of one foot and sight of one eye</td> <td>25,000</td> </tr> <tr> <td>g. Loss of one hand or one foot</td> <td>12,500</td> </tr> <tr> <td>h. Loss of sight of one eye</td> <td>12,500</td> </tr> </tbody> </table>		Amount	a. Loss of both hands	25,000	b. Loss of both feet	25,000	c. Loss of both sight of both eyes	25,000	d. Loss of one hand and one foot	25,000	e. Loss of one hand and sight of one eye	25,000	f. Loss of one foot and sight of one eye	25,000	g. Loss of one hand or one foot	12,500	h. Loss of sight of one eye	12,500	<p><input type="checkbox"/> Comply</p>
	Amount																		
a. Loss of both hands	25,000																		
b. Loss of both feet	25,000																		
c. Loss of both sight of both eyes	25,000																		
d. Loss of one hand and one foot	25,000																		
e. Loss of one hand and sight of one eye	25,000																		
f. Loss of one foot and sight of one eye	25,000																		
g. Loss of one hand or one foot	12,500																		
h. Loss of sight of one eye	12,500																		
<p>III. TERMS AND CONDITIONS</p>	<p><input type="checkbox"/> Comply</p>																		
<p>1. The HEALTH CARE PROVIDER shall provide for all the services necessary to manage and/or administer the Office of the Ombudsman CHCP in accordance with the requirements and conditions set herein.</p>	<p><input type="checkbox"/> Comply</p>																		
<p>2. The HEALTH CARE PROVIDER guarantees to deliver efficient and effective service consistent with the objectives and purposes of the contract.</p>	<p><input type="checkbox"/> Comply</p>																		
<p>3. All Pre-existing Conditions and Illnesses, including Dreaded and Non Dreaded Illnesses (<i>please refer to Annex B [Categories of Illnesses]</i>), shall be waived or shall be covered immediately upon the effective date of coverage. The list of exclusions is indicated in the <i>Annex C (Exclusions)</i>.</p>	<p><input type="checkbox"/> Comply</p>																		
<p>4. All expenses for EMERGENCY CARE SERVICES enumerated in Paragraph II (C) used in the emergency treatment of the patient and rendered in an accredited hospital or clinic and by an accredited physician, specialist, and/or sub-specialist shall be covered up to the MBL (<i>please refer to Annex A</i>) and provided on a “no cash-out basis.”</p> <p>4.1. If at the time of the emergency, the accredited hospital has no room available corresponding to the member’s room and board category, room and board may be upgraded to the next higher room (except suite room). The HEALTH CARE PROVIDER shall cover the difference in the room rates and other room-based charges or incremental costs for the first 24 hours.</p>	<p><input type="checkbox"/> Comply</p>																		
<p>5. All expenses for EMERGENCY CARE SERVICES enumerated in Paragraph II (C) used in the emergency treatment of the patient and rendered in a non-accredited hospital or clinic and by a non-accredited physician, specialist, and/or sub-specialist, or while in a foreign country shall be covered and will be reimbursed as follows:</p> <p>5.1. In areas where the HEALTH CARE PROVIDER has no accredited hospital or clinic, the HEALTH CARE PROVIDER shall reimburse all expenses including doctor’s fees incurred by the patient up to the MBL;</p> <p>5.2. In areas where the HEALTH CARE PROVIDER has an accredited hospital or clinic, the HEALTH CARE PROVIDER shall reimburse all expenses including doctor’s fees incurred by the patient based on the HEALTH CARE PROVIDER’S existing RVU rates as if the patient had been confined in the accredited hospital or clinic and/or seen by accredited physicians, specialists and/or sub-specialists.</p>	<p><input type="checkbox"/> Comply</p>																		

	<p>6. All expenses for HOSPITALIZATION/IN-PATIENT SERVICES such as, but not limited to, professional fees, laboratory and other diagnostic services, referrals, medicines, and other drugs used in the treatment of the patient and rendered in an accredited hospital or clinic, and by an accredited physician/s, specialist/s and/or sub-specialist/s, shall be covered up to the MBL.</p>	<input type="checkbox"/> Comply
	<p>7. The professional services of a non-accredited physician, specialist, or sub-specialist rendered to a member while hospitalized for non-emergency treatment in a non-accredited hospital or while in a foreign country will be reimbursed based on the HEALTH CARE PROVIDER'S existing RVU rates.</p> <p>7.1. Expenses in excess of what is allowed shall be shouldered by the patient; 7.2. Information on the HEALTH CARE PROVIDER'S prevailing surgical and hospital rates shall be provided within thirty (30) days from the execution of contract by the HEALTH CARE PROVIDER for the information of the members.</p>	<input type="checkbox"/> Comply
	<p>8. All expenses for OUT-PATIENT SERVICES rendered in any accredited hospital or clinic and done by an accredited physician, specialist, and sub-specialist shall be on a "no cash-out basis" and will be covered up to the Maximum Benefit Limits based on the HEALTH CARE PROVIDER'S existing RVU rates.</p>	<input type="checkbox"/> Comply
	<p>9. In case it becomes inevitable or necessary for an accredited physician or specialist to refer the member to a non-accredited physician, specialist, or sub-specialist, 100% of the actual professional fees based on existing RVU rates shall be settled by the HEALTH CARE PROVIDER directly with the non-accredited physician. In case the patient prefers a non-accredited physician, the professional fees shall be settled first by the patient subject to reimbursement by the HEALTH CARE PROVIDER based on prevailing RVU rates.</p>	<input type="checkbox"/> Comply
	<p>10. Expenses in non-accredited hospitals shall be reimbursed in accordance with No. 7 above. However, the transfer of a patient from a non-accredited hospital to an accredited hospital shall be covered by the HEALTH CARE PROVIDER up to the MBL in the following situations only:</p> <p>10.1. In serious or life-threatening cases where the immediate transfer of the patient is medically contraindicated, 100% of actual expenses shall be defrayed by the HEALTH CARE PROVIDER, including ground ambulance transfer until transfer is eventually effected;</p> <p>10.2. In cases where the patient refuses to be transferred, 100% of the fees and charges shall be reimbursed by the HEALTH CARE PROVIDER based on the HEALTH CARE PROVIDER'S existing RVU rates as if the patient had been confined in an accredited hospital and/or seen by an accredited physician or specialist;</p> <p>10.3. In serious or life-threatening cases where the immediate transfer by any means is an absolute necessity for the patient's survival, the HEALTH CARE PROVIDER shall defray 100% of all related expenses until transfer is eventually effected.</p>	<input type="checkbox"/> Comply
	<p>11. All claims for reimbursement, if any, must be submitted to the HEALTH CARE PROVIDER within thirty (30) working days from the date of discharge or consultation and shall be paid within twenty (20) working days from submission of claim provided all necessary supporting documents are submitted.</p>	<input type="checkbox"/> Comply
	<p>12. The HEALTH CARE PROVIDER shall provide liaison officers, coordinators (preferably hospital-based), and hotline services as follows:</p>	<input type="checkbox"/> Comply

	<p>12.1. Liaison officers, coordinators (preferably hospital-based), and hotline services (e.g., contact details, email, mobile application, etc.) for EMERGENCY CARE SERVICES and HOSPITALIZATION/IN-PATIENT SERVICES shall be made available on a 24-hour 7-day basis;</p> <p>12.2. Designated Medical Coordinators and/or accredited doctors and dentists in hospitals and/or clinics for OUT-PATIENT SERVICES shall be available from 8 a.m. to 5 p.m., from Monday to Saturday. The designated Medical Coordinator must be a physician who shall be responsible for coordinating and overseeing the required healthcare services and benefits of the patient. He/she will initially examine, treat or refer patients to a specialist/s and/or sub-specialist/s, order diagnostic tests, prescribe the medicines and/or drugs, and arrange for the hospital confinement of the member whenever necessary; and</p> <p>12.3. At least one (1) liaison officer at the Office of the Ombudsman Central Office shall be provided to attend to availment concerns from Monday to Friday from 8 a.m. to 5 p.m.</p> <p>12.4 Letter of Authority (LOA) may be availed of through the designated liaison officer or through online platform.</p>	
	<p>13. The HEALTH CARE PROVIDER shall be required to submit the following:</p> <p>13.1. A Utilization Report containing the following information, among others: Services (Emergency Care, Hospitalization/In Patient, Out-Patient, Reimbursements, Dental Care, Annual Physical Examination, Burial, etc.) and benefits availed of and amount of utilization, the census of cases according to illness, age, sex, and duration of hospitalization. These reports shall be submitted on a semestral basis to the Office of the Ombudsman, through the General Administrative Office (GAO) within sixty (60) days counted from the end of every semester;</p> <p>13.2. An updated list of the Health Care Providers, coordinators, accredited hospitals, clinics, physicians, and dentists, including centers accredited for special services such as, but not limited to dialysis, eye care, animal bites or poisoning management, weight and nutrition management, and biometric programs. These informational materials shall be submitted within thirty (30) days from the delivery of Certificate of Coverage to the Office of the Ombudsman, through the GAO; and</p> <p>13.3. Announcements/Pamphlets/ Member Guidelines through online platform and/or hardcopy thereof for proper information and dissemination to the members shall be made available by the Health Care Provider within thirty (30) days from the delivery of Certificate of Coverage to the Office of the Ombudsman in coordination with the GAO.</p>	<input type="checkbox"/> Comply
	<p>14. In addition to accredited hospitals, Health Care Provider must have access to major hospitals but not limited to the following:</p> <p>a) NCR: Asian Hospital and Medical Center, Cardinal Santos Medical Center, Makati Medical Center, St. Luke's Medical Center (Quezon City and Bonifacio Global City), The Medical City;</p> <p>b) Visayas: Chung Hua Hospital, Mactan Doctors Hospital, Cebu Doctors Hospital, University of Cebu Medical Center; and</p>	<input type="checkbox"/> Comply

	c) Mindanao: Davao Doctors Hospital; San Pedro Hospital of Davao City, Brokenshire Hospital, United Davao Specialists Hospital and Medical Center, Inc., Metro Davao Medical and Research Center, Inc., Tagum Doctors Hospital, Inc.	
	15. To effectively monitor contract compliance and observations and concerns regarding the delivery of services and benefits under the Plan, the General administrative Office are designated as the Healthcare Plan Coordinators, and will be tasked with coordinating with the HEALTH CARE PROVIDER and/or his authorized representatives.	<input type="checkbox"/> Comply
	16. The benefits under the PhilHealth and/or Employees Compensation Commission (ECC) are deemed integrated with the benefits under this Plan. Hence, the HEALTH CARE PROVIDER shall not be required to pay or advance the cost of benefits under PhilHealth and/or ECC. In case of hospital confinements, members should accomplish and submit the required PhilHealth Claim Form. Otherwise, the HEALTH CARE PROVIDER shall not be required to pay the PhilHealth portion of the hospital bill. The member who fails to claim the benefit under PhilHealth shall pay the cost of the unclaimed benefit.	<input type="checkbox"/> Comply
	17. If the member's bodily injuries are claimed to have been caused by an act or omission of a third party through a motor vehicle, the services and benefits shall be covered if the member executes an agreement to subrogate the HEALTH CARE PROVIDER to whatever rights the member may have by reason of the accident or event that gave rise to the claim.	<input type="checkbox"/> Comply
	18. The HEALTH CARE PROVIDER shall maintain a satisfactory standard of competency, conduct, and integrity among its employees. In this regard, the HEALTH CARE PROVIDER shall act on complaints/feedbacks brought to its attention by the General Administrative Office.	<input type="checkbox"/> Comply
	19. All information collected, held, and/or processed in this Ombudsman CHCP shall be handled and protected by the HEALTH CARE PROVIDER in accordance with R.A. No. 10173 ("Data Privacy Act of 2012") and other relevant laws, rules and regulations."	<input type="checkbox"/> Comply
	20. The Health Care Provider shall at all times maintain an Acid Test Ratio of at least 1.0 (ATR=Current Assets/Current Liabilities)	<input type="checkbox"/> Comply
	21. Within ten (10) days from receipt of Notice to Proceed (NTP) and after submission by the HRMD/GAO of the indicative list of enrollees for qualified dependents and retired Ombudsman officials and employees, the Health Care Provider shall submit a proposed Comprehensive Health Care Plan (CHCP) and Schedule of Medical Coverage and Benefits for [1] Qualified Dependents and [2] Retired Ombudsman Officials and Employees, indicating therein the Room Type, Maximum Benefit Limit and Annual Premium per Age Bracket. The CHCP for qualified dependents and retired officials and employees shall be covered by a separate contract.	<input type="checkbox"/> Comply
	IV. CONTRACT PERIOD	<input type="checkbox"/> Comply
	1. The TERMS AND CONDITIONS of this CONTRACT shall be effective for a period of one (1) year, which shall commence from the date of delivery of	<input type="checkbox"/> Comply

	Certificate of Coverage.																									
	<p>2. Notwithstanding any provisions to the contrary, the Office of the Ombudsman shall have the right, power, and privilege to terminate the services of the HEALTH CARE PROVIDER without the need of judicial action for violation of the provisions of the Contract, as may be determined by the GAO, by giving thirty (30) calendar days written notice to the HEALTH CARE PROVIDER. In that event, the Office of the Ombudsman shall be entitled to a proportionate return of the contract price based on the unutilized premium.</p> <p>In case of pre-termination and/or termination of this CONTRACT and until the proportionate return of the contract price, the HEALTH CARE PROVIDER shall continue to render the services herein provided.</p>	<input type="checkbox"/> Comply																								
	<p>3. In the event that there is a need for an extension of the contract within a limited period, the parties may negotiate with respect thereto as may be allowed by the law, under the same terms and conditions as far as practicable.</p>	<input type="checkbox"/> Comply																								
	<p>V. TERMS OF PAYMENT The one-time payment shall be made within thirty (30) days after the receipt of the actual billing. The actual billing shall indicate the names of officials and employees who have been enrolled vis-à-vis the list of officials and employees as of 14 June 2024 as certified by the Ombudsman HRMD but not more than 1,192.</p>	<input type="checkbox"/> Comply																								
	<p>VI. DELIVERY PERIOD/COVERAGE The delivery of Certificate of Coverage shall be within 5 days after receipt of the Notice to Proceed. The one (1) year term and effectivity of the contract shall commence from the said delivery.</p>	<input type="checkbox"/> Comply																								
	<p>VII. OTHER CONDITIONS</p> <ol style="list-style-type: none"> 1. The official and employees and members shall not be liable for unpaid bills of the HEALTH CARE PROVIDER. 2. In the event of fraudulent use of the membership card such as, but not limited to, use of the membership card by another person, connivance of the member with the doctor, etc., the HEALTH CARE PROVIDER has the right to terminate the membership of the said member who perpetrated or participated in the fraudulent act. 3. In the event that the member was erroneously granted benefits in excess of his or her MBL, the excess amount shall be collected from the member by the HEALTH CARE PROVIDER with the assistance of the Office of the Ombudsman 	<input type="checkbox"/> Comply																								
	<p>ANNEX A: Maximum Benefit Limits (MBLs) A Maximum Benefit Limit (MBL) refers to the consumable limit a member can use per treatment/illness/injury, per person, per year. This means that a member can be treated multiple times and every illness or injury is covered as long as the total cost for each illness or injury is within the MBL as indicated in the plan. The MBLs per member per treatment/illness/injury per contract year shall be as follows:</p> <table border="1" data-bbox="196 1878 1118 2287"> <thead> <tr> <th>Member</th> <th>Number</th> <th>MBLs</th> </tr> </thead> <tbody> <tr> <td>1. Ombudsman</td> <td>1</td> <td>1,000,000</td> </tr> <tr> <td>2. Overall Deputy Ombudsman</td> <td>1</td> <td>1,000,000</td> </tr> <tr> <td>3. Special Prosecutor</td> <td>1</td> <td>1,000,000</td> </tr> <tr> <td>4. Deputy Ombudsmen</td> <td>4</td> <td>1,000,000</td> </tr> <tr> <td>5. Other Officials and employees</td> <td>1,185</td> <td>500,000</td> </tr> <tr> <td>6. Qualified Dependents *</td> <td>TBD</td> <td>500,000 or below</td> </tr> <tr> <td>7. Retired Officials and Employees – covered up to 85 years old*</td> <td>TBD</td> <td>1,000,000 or below</td> </tr> </tbody> </table>	Member	Number	MBLs	1. Ombudsman	1	1,000,000	2. Overall Deputy Ombudsman	1	1,000,000	3. Special Prosecutor	1	1,000,000	4. Deputy Ombudsmen	4	1,000,000	5. Other Officials and employees	1,185	500,000	6. Qualified Dependents *	TBD	500,000 or below	7. Retired Officials and Employees – covered up to 85 years old*	TBD	1,000,000 or below	<input type="checkbox"/> Comply
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	<p><i>Note: * Includes Voluntary Membership/Self-enrolled</i> Ombudsman Officials and Employees may include, as qualified dependents, a maximum of four (4) family members, including common law spouse, and relatives by consanguinity or affinity.</p>	
	<p>ANNEX B: Categories of Illnesses</p>	<p><input type="checkbox"/> Comply</p>
	<p>A. Pre-existing Conditions/Diseases Pre-existing illnesses are medical conditions present before enrollment such as but not limited to the following:</p> <ol style="list-style-type: none"> 1. Abnormalities of the nasal septum and turbinates 2. Allergies, hay fever 3. Anal Fistula 4. Anemia 5. Arthritis, Gout 6. Bronchial Asthma 7. Back injuries or persistent back pains (Scoliosis, Lumbago) 8. Benign tumors or cysts 9. Buerger's Disease 10. Calculi of the kidneys, urethra, bladder, and other kidney diseases 11. Cataract, Glaucoma 12. Diabetes Mellitus 13. Diseased tonsils requiring surgery 14. Degenerative bone diseases, Hypertrophic bone diseases 15. Endometriosis, PID, Uterine Myoma and Ovarian Cysts 16. ENT tumors 17. Gastric or Duodenal Ulcers 18. Gallstones 19. Goiter 20. Hypo- and Hyperthyroidism 21. Disabling migraine and other headaches 22. Hemorrhoids, rectal bleeding 23. Hernia (all types) 24. Hypertension 25. Vaginal bleeding, whether dysfunctional or abnormal bleeding 26. Liver conditions such as jaundice, non-alcoholic cirrhosis, hepatitis, cancer, abscess 27. UTI, Urinary Incontinence (loss of urine control) 28. Persistent bowel disease 29. Prostate diseases, BPH 30. Sinus conditions requiring surgery, sinusitis, nasal deviations, adenoiditis 31. Tuberculosis, all forms 32. Varicose veins 33. Meniere's disease, vertigo 34. Tumors of the skin, muscular tissue, breast, bone or malignancies of blood or bone marrow 35. Collagen diseases 36. Psoriasis and Vitiligo 37. Visual defects 38. Malignancies and blood dyscrasias (cancer, leukemias, idiopathic Thrombocytopenic Purpura) 	<p><input type="checkbox"/> Comply</p>
	<p>B. Dreaded Illnesses Dreaded illnesses are considered serious, critical, or life-threatening conditions such as but not limited to:</p> <ol style="list-style-type: none"> 1. Accidents and burns 2. Any ailment needing ICU/CCU care and its equivalent 3. Cerebrovascular accidents and/or complications 	<p><input type="checkbox"/> Comply</p>

	<p>4. Neurosurgical conditions such as previous craniotomy cases with sequelae</p> <p>5. Poliomyelitis, Encephalitis, Meningitis</p> <p>6. Guillain-Barre Syndrome</p> <p>7. Hypertensive emergencies and other chronic cardiovascular, ischemic heart diseases, including open heart by-pass surgery</p> <p>8. Endocrine Disorders, Diabetes Mellitus</p> <p>9. Disorders of lipoprotein metabolism and other lipidemias</p> <p>10. Chronic Pulmonary Diseases</p> <p>11. Chronic Renal Diseases, including serious conditions needing peritoneal or hemodialysis</p> <p>12. All types of cancer, including therapeutic, palliative, and diagnostic modalities</p> <p>13. Chronic liver diseases, liver cirrhosis, Hepatitis B complications except those due to alcoholism, drug addictions, substance abuse</p> <p>14. Chronic Gastrointestinal diseases which may require bowel resection and/or anastomosis</p> <p>15. Blood dyscrasia or infections (ex. Leukemia, Hemophilia, Bacteremia, Septicemia)</p> <p>16. Collagen diseases, Immunologic Disorders</p> <p>17. HIV, AIDS, and AIDS-related diseases</p> <p>18. Back injuries or persistent back pains (scoliosis, lumbago), slipped disc, spinal stenosis, spondylosis, and the like</p> <p>19. COVID-19, moderate to severe</p>	
	<p>C. Non-dreaded Illnesses Any illness or injury not covered under Dreaded Illnesses and those enumerated as Exclusions.</p>	<p><input type="checkbox"/> Comply</p>

ANNEX C: EXCLUSIONS

	<p>The following conditions will be considered exclusions from the coverage:</p> <p>A. Cosmetic surgery and oral surgery except for dermatological procedures contained under paragraph II.A.8 of the Terms of Reference and for reconstructive surgery to treat a dysfunctional defect due to disease, accident, or injury;</p> <p>B. Circumcision except for correction of Phimosiis;</p> <p>C. Experimental medical procedures, acupuncture, acupressure, reflexology, and chiropractic;</p> <p>D. Services to diagnose and/or reverse infertility or fertility and virility/potency (erectile dysfunction);</p> <p>E. Sexually transmitted diseases except HIV and AIDS;</p> <p>F. Injuries caused by firecrackers lit/explored by the member himself/herself;</p> <p>G. Injuries/illnesses suffered under conditions of war, riots, and other civil disturbances;</p> <p>H. Self-inflicted injuries or those resulting from attempted suicide, self-destruction, participation in a crime/violation of ordinance, or attributable to the MEMBER's own misconduct or gross negligence, or use of alcohol and/or drugs; provided however, that a police report, although generally considered essential, shall not be used as sole basis for denying a member's benefits and shall merely be considered as a disputable presumption;</p> <p>I. Treatment of injuries sustained in a motor vehicle accident if the MEMBER or his guardian fails or refuses to sign the Deed of Subrogation;</p> <p>J. Rest cures, custodial, domiciliary, convalescent or intermediate care;</p> <p>K. Purchase or lease of durable medical equipment, oxygen dispensing equipment, and oxygen except when prescribed and necessitated during hospital confinement</p> <p>L. Routine physical examination and diagnostic/screening test for obtaining or continuing employment, requirement in school, insurance or government licensing;</p>	<p><input type="checkbox"/> Comply</p>
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<p>M. Professional fees of medico-legal officers; N. Dermatological procedures for purposes of beautification; O. Corrective eye surgery for error of refraction; P. Vitamins, supplements, tonic products, soap and shampoo; Q. Screening tests for blood donors including all expenses incurred in the process of organ donation; and R. Screening tests for gynecological hormonal imbalance, including menopausal syndromes and its complications;</p>	
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I hereby certify that the statement of compliance to the foregoing technical specifications are true and correct, otherwise, if found to be false either during bid evaluation or post-qualification, the same shall give rise to automatic disqualification of our bid.

Very truly yours,

Signature Over Printed Name

Position

Company

Telephone Number/s

Email address/es

Date signed

<p>Statement of Compliance</p>
<p><i>[Bidders must check the "Comply" box against each of the individual parameters of each Specification stating the corresponding performance parameter of the equipment offered. Statements of "Comply" must be supported by evidence in a Bidders Bid and cross-referenced to that evidence. Evidence shall be in the form of manufacturer's un-amended sales literature, unconditional statements of specification and compliance issued by the manufacturer, samples, independent test data etc., as appropriate. 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 or the supporting evidence that is found to be false either during Bid evaluation, post-qualification or the execution of the Contract may be regarded as fraudulent and render the Bidder or supplier liable for prosecution subject to the applicable laws and issuances.]</i></p>