



1 x 1
RECENT
PHOTOGRAPH

HEALTH PARTNERS DENTAL ACCESS INC.

CLINIC INFORMATION SHEET

| | | | | | |
|---|--------------|--|--|--|----------------------------------|
| CLINIC NAME: | | | | | |
| REGISTERED NAME (PER DTI & BIR 2303) | | | | | |
| CLINIC OWNER: | | | | | |
| | | (LAST NAME) | (GIVEN NAME) | (M.I.) | |
| SPECIALIZATION: | | HMO ACCREDITATION: | | | |
| PRC LICENSE NO.: | | | | | |
| TAXPAYER'S IDENTIFICATION NUMBER: | | | TAX TYPE: | <input type="checkbox"/> VAT | <input type="checkbox"/> NON-VAT |
| BUSINESS TYPE: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION | | | | | |
| SEC REGISTRATION NUMBER(FOR CORPORATION/ PARTNERSHIP): | | | | | |
| CLINIC ADDRESS:Kindly provide complete details for mail/postal services (unit or Room no. / Street name /baranggay/ province /city) | | | | | |
| RESIDENCE ADDRESS / ALTERNATIVE ADDRESS: (REQUIRED) | | | | | |
| PHONE NUMBER/S: | | | MOBILE NUMBER/S: | | |
| | | | <input type="checkbox"/> SUN <input type="checkbox"/> SMART <input type="checkbox"/> GLOBE/ TM | | |
| <input type="checkbox"/> PLDT/ DIGITEL <input type="checkbox"/> BAYANTEL <input type="checkbox"/> GLOBE/ INNOVE | | | EMAIL ADDRESS: | | |
| <input type="checkbox"/> ABS-CBN CONVERGENCE <input type="checkbox"/> EASTERN TELECOM | | | | | |
| CLINIC SCHEDULE: | | <input type="checkbox"/> first come first serve | | <input type="checkbox"/> by Appointment only | |
| NUMBER OF CHAIRS: | | DENTAL XRAY: <input type="checkbox"/> PERIAPICAL XRAY <input type="checkbox"/> PANORAMIC XRAY | | | |
| ASSOCIATE DENTIST/S: | | | | | |
| (LAST NAME) | (GIVEN NAME) | (M.I.) | PRC LIC # | SPECIALIZATION | |
| | | | | | |
| | | | | | |
| | | | | | |
| CLINIC SECRETARY/ DENTAL ASSISTANT | | | | | |
| NAME: | | | CONTACT NO.: | | |
| PLEASE DEPOSIT PAYMENT FOR DENTAL SERVICES TO BELOW ACCOUNT DETAILS (complete and correct details are necessary for Bank payments/ deposits) | | | | | |
| BANK ACCOUNT NAME: | | | | | |
| BANK ACCOUNT NUMBER: | | | | | |
| NAME OF BANK: | | | BRANCH: | | |
| ACCOUNT TYPE: <input type="checkbox"/> SAVINGS | | | <input type="checkbox"/> CURRENT | | |
| conforme: I attest that all information provided in this form is true and correct. I am allowing HPDAI to use all information gathered here as part of the accreditation agreement and to include in the company website and mobile application and trust that information shall be used and protected in accordance to the DATA PRIVACY ACT / RA 10173. | | | | SIGNATURE OVER PRINTED NAME | |

PLEASE ATTACH LOCATION MAP OF CLINIC AND PLEASE FILL UP 1 FORM PER BRANCH.