



Please fill up all boxes on this form. Indicate N/A if not applicable. If you have more than one (1) clinic, please fill up one (1) form per branch.

CLINIC INFORMATION SHEET					
CLINIC NAME:					
REGISTERED NAME (PER DTI & BIR 2303)					
CLINIC OWNER:					
	(LAST NAME)		(GIVEN NAME)		(M.I.)
SPECIALIZATION/S:			OTHER HMO ACCREDITATION:		
PRC LICENSE NO.:		EXPIRATION DATE:			
PTR NO.:		DATE ISSUED:			
TAXPAYER'S IDENTIFICATION NUMBER:			TAX TYPE: () VAT () NON-VAT		
BUSINESS TYPE: () SOLE PROPRIETOR () PARTNERSHIP () CORPORATION					
DTI REGISTRATION NUMBER (FOR SOLE PROPRIETOR)					
SEC REGISTRATION NUMBER(FOR CORPORATION/ PARTNERSHIP):					
Are you or any member of your family/ spouse's family a Government employee or with existing active interest with the government. () YES () NO ?					
With Data Privacy Certificate from National Privacy Commission () YES. () NO?					
CLINIC ADDRESS: (Required)					
UNIT NO./ STREET NAME		BARANGAY		PROVINCE	
				CITY	
CLINIC LANDLINE:			CLINIC MOBILE NUMBER/S:		
VIBER NO.:					
CLINIC EMAIL ADDRESS: (required)					
ALTERNATIVE CONTACT INFORMATION IN CASES OF CONCERNS FOR ESCALATION					
RESIDENCE ADDRESS / ALTERNATIVE ADDRESS: (REQUIRED)					
DENTIST PERSONAL NO. (NOT TO BE SHARED TO MEMBERS)			DENTIST EMAIL ADDRESS:		
CLINIC SCHEDULE: () first come first serve () by Appointment only					
(INDICATE DAYS TO ACCEPT CARDHOLDERS)					
DAYS		FROM (TIME)		TO (TIME)	
NUMBER OF CHAIRS:		DENTAL XRAY: () PERIAPICAL XRAY () PANORAMIC XRAY			
ASSOCIATE DENTIST/S:					
(LAST NAME)	(GIVEN NAME)	(M.I.)	PRC LIC #	EXPIRY DATE	SPECIALIZATION
CLINIC ADMIN/ CLINIC SECRETARY/ DENTAL ASSISTANT					
NAME:			MOBILE NO.:		
VIBER NO.:			EMAIL ADDRESS:		
PLEASE DEPOSIT PAYMENT FOR DENTAL SERVICES TO BELOW ACCOUNT DETAILS					
(complete and correct details are necessary for Bank payments/ deposits)					
* BANK ACCOUNT NAME SHOULD BE THE REGISTERED NAME OF THE CLINIC IF PARTNERSHIP OR CORPORATION)					
BANK ACCOUNT NAME:					
BANK ACCOUNT NUMBER:					
NAME OF BANK:			BRANCH:		
ACCOUNT TYPE: () SAVINGS			() 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	
				DATE SIGNED	

IMPORTANT: PLEASE ATTACH COPY OF SUPPORTING DOCUMENTS (DTI, BIR 2303, SEC REGISTRATION, ETC) TO VALIDATE INFORMATION STATED ON THIS FORM.