

Health Care Provider Accreditation Request Letter

We (Name of the facility) licensed by the Ministry of Health under No. and dated .../.../14.....H to practice business in KSA in the field of providing health care services, apply for accreditation / renewal of the accreditation to practice business in the field of cooperative health insurance, and we acknowledge our commitment to all matters stated in the cooperative health insurance system, its implementing regulations, the unified document, the decisions and/or instructions issued by the Council of Cooperative Health Insurance at any time, including:

1. Registration of the medical staff with the Saudi Commission for Health Specialties.
2. Adherence to the medical coding system approved by the Saudi Health Council.
3. Adherence to the procedures related to quality control and submitting a certificate of accreditation of health facilities for quality control by one of the authorities concerned with the quality control standards approved by the Council.
4. Not to deal with insurance companies and claims management companies in the event of the expiry of the accreditation period.
5. Not to raise claims to insurance companies and claims management companies, including bills for other health facilities.
6. Commitment to provide health services in accordance with professional and ethical standards and generally accepted updated medical methods, taking into account the progress achieved in the field of medicine, and that the medical procedures provided are limited to what is required by the necessary treatment need and other things that are stated in the executive regulations of the cooperative health insurance system in KSA.
7. Commitment to submitting the minimum requirements (MDS) for the Council of Cooperative Health Insurance.
8. Commitment to having procedures related to reduce fraud, abuse and negligence.
9. Commitment to maintain the confidentiality of the insured's data.
10. Commitment to protect beneficiaries' information and their privacy and to comply with the requirements issued by the cybersecurity authority related to the facility's activity.
11. Notify the Council of any important information or changes that affect the work within a maximum of (15 working days) from the availability of new information or changes, and to inform you of all records and documents when you request any additional information at any time.

Managing Director

Name:

Date: / / 20 G

Approval of the Chamber of Commerce