Accreditation requirements for mobile medical clinics in the private sector

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| Requirements: | NO. |
| Apply for accreditation electronically via the following link: <https://chi.gov.sa/ServicesDirectory/Pages/default.aspx> | 1 |
| New user form used in the council’s online portal (Authorization Form). | 2 |
| The validity of the final Ministry of Health license for the health facility. | 3 |
| Validity of the commercial registry of the health facility. | 4 |
| Validity of the Certificate of Zakat and Income Interest. | 5 |
| National address. | 6 |
| Detailed file of services provided. | 7 |
| Physicians and technicians (health practitioners) receive a certificate of registration and classification from the Saudi Authority for Health Specialties in effect. | 8 |
| Doctors and technicians (health practitioners) obtain a valid professional permit from the Ministry of Health. | 9 |
| Obtaining the ICD-10 Medical Coding Certificate approved by the Saudi Health Council. | 10 |
| Electronic connectivity with insurance companies' systems and claims management companies. | 11 |
| An electronic system to document patients' information in the health file. | 12 |
| Ready to connect electronically with the "NPHIES" system. | 13 |
| Existence of a contract with a hospital within the insurance network when transfer is needed. | 14 |
| Obtaining certification from the Saudi Center for Accreditation of Quality Health Facilities (CBAHI). | 15 |
| Paying the annual financial fee for approval (5000) five thousand riyals. | 16 |
| The accreditation is valid for one year from the date of its issuance and is renewed in the same terms as mentioned. | 17 |
| Data of the ‏facility’s employees and the nature of the owner: | 18 |
| Executive Director (Name, ID Number, Nationality, Email, Mobile Number) | 19 |
| Managing director (Name, ID Number, Nationality, Email, Mobile Number) | 20 |
| Medical director (Name, ID Number, Nationality, Email, Mobile Number) | 21 |
| Financial manager (Name, ID Number, Nationality, Email, Mobile Number) | 22 |
| Information technology director (Name, ID Number, Nationality, Email, Mobile Number) | 23 |
| Customer service manager (Name, ID Number, Nationality, Email, Mobile Number) | 24 |
| Director of Business Center (Name, ID Number, Nationality, Email, Mobile Number) | 25 |