Requirements for accreditation of medical complexes and one-day surgery centers in the private sector

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| Requirements: | N0. |
| 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 |
| Obtaining the ICD-10 Medical Coding Certificate approved by the Saudi Health Council. | 7 |
| Obtaining certification from the Saudi Center for Accreditation of Quality Health Facilities (CBAHI). | 8 |
| Data of the ‏facility’s employees and the nature of the owner: | 9 |
| Executive Director (Name, ID Number, Nationality, Email, Mobile Number) | 10 |
| Managing director (Name, ID Number, Nationality, Email, Mobile Number) | 11 |
| Medical director (Name, ID Number, Nationality, Email, Mobile Number) | 12 |
| Financial manager (Name, ID Number, Nationality, Email, Mobile Number) | 13 |
| Information technology director (Name, ID Number, Nationality, Email, Mobile Number) | 14 |
| Customer service manager (Name, ID Number, Nationality, Email, Mobile Number) | 15 |
| Director of Business Center (Name, ID Number, Nationality, Email, Mobile Number) | 16 |
| Provide the annual fee for Accreditation in accordance with the Annual Financial Reimbursement List for Health Care Providers. | 17 |