

STATEMENT OF COMPLIANCE TO THE TECHNICAL SPECIFICATIONS

PROJECT: Emergency Quick Response Medical Membership of TPB Personnel (PR No.11.087)

Quotation No. TPB-PR.2022.11.460

[Bidders must state here either “Comply” or “Not Comply” against each of the individual parameters of each Specification]

ITEM	SPECIFICATION	STATEMENT OF COMPLIANCE (COMPLY/NOT COMPLY)
1	Services of a provider for immediate and professional medical rescue with a comprehensive emergency quick response program to any medical emergency 24/7 within Metro Manila and adjacent areas.	
Deliverables		
2	<ol style="list-style-type: none"> 1. 24/7 Access for medical emergencies 2. 24/7 Medical advisory 3. Use of ambulance during medical emergencies to be brought to any of the premiere hospitals or any nearest hospital of choice. Services shall include initial emergency response up to the endorsement and takeover of the receiving hospital. 	
3	<ol style="list-style-type: none"> 4. Use of the life-saving equipment and supplies such as but not limited to, consumables: Oxygen, Parenteral fluids, Oral & Injectable medicines, Disposable supplies (excluding cervical collars) during medical emergency 5. Full endorsement to the receiving hospital 6. Discount on full diagnostic home services, to include CBC, Urinalysis, Cholesterol to Spec 23, Lipid Profile, SGPT, SGOT, Wellness Packages including Tumor Markers, etc. 	
4	<ol style="list-style-type: none"> 7. Discount on air medical evacuation and airlift services, ambulance, stand-bys during TPB special events 8. Access to the Doctor-on-call Program 9. Scheduled group training seminar on emergency preparedness for Tourism Promotions Board (TPB) – within the contract period 	

5	10. Plan extends 24-hour coverage to the members within Metro Manila area and immediate environs (NCR, Central Luzon and CALABARZON)	
6	<p>11. Coverage:</p> <p>a. Total anticipated number of at least 166 personnel to be covered for the duration of the contract;</p> <p>b. Coverage and billing shall be based on the actual number of personnel that will be provided by the end user within 5 days from receipt of the signed Purchase Order.</p> <p>c. TPB may enroll newly hired personnel as additional member while in the duration of contract.</p> <p>d. Additional personnel shall have the same coverage and individual rate.</p> <p>e. Proposal should indicate individual rate for easy computation and reference based on the actual number of personnel and, group rate if any.</p> <p>f. Option to extend enrollment to immediate and extended family members of enrolled TPB personnel to be charged to personnel's account through outright salary deduction or cash payment.</p>	
ADDITIONAL ELIGIBILITY REQUIREMENTS		
7	1. With at least ten (10) years' experience in the business of operating as industry in emergency quick response.	
8	<p>2. With accreditations, licenses and compliances as follows:</p> <ul style="list-style-type: none"> • DOH: Pursuant to Department of Health DOH AO 2016-0029. All Ambulances are licensed to operate (LTO) • DOLE: Due to new executive co sharing liability to contracting parties DO 18-A EQR provider must be fully DOLE compliance to all personnel. • PRC: All nurses and doctors have current and updated PRC licenses • ISO: All laboratories are ISO certified to ensure the highest standards. Partnership with LCM diagnostics. 	
9	<p>Approved Budget for the Contract (ABC)</p> <p>Approved budget for the contract is PHP 166,000.00 inclusive of all applicable taxes for a period of one year commencing from the acceptance of the Notice to Proceed</p>	
10	<p>Mode of Payment</p> <ul style="list-style-type: none"> • Thirty (30) days upon receipt of the full delivery of the membership card or its equivalent document and the billing statement 	

	<ul style="list-style-type: none"> • Bill should cover only actual number of personnel as of date of receipt of notice to proceed • Additional enrollment can be accommodated by sending a separate bill. • Send bill arrangement. 	
11	Quantity: 166 Unit Cost: Php1,000.00	

I hereby certify to comply and deliver all of the above requirements.

Name of Company

Signature over Printed Name
of Authorized Representative

Date