

Waiver for Directly Filed Claims for SARS-CoV-2 Testing Package

[PHILHEALTH ACCREDITED SARS-CoV-2 TESTING LABORATORY/HCP LOGO]

SARS-CoV-2 Test Waiver

This waiver (original, photocopy or printed scanned copy) together with other supporting documents should be filed within sixty (60) calendar days from the date of specimen collection for directly filed claims for SARS-CoV-2 testing package.

Date

To PhilHealth:

This is to certify that based on our records, _____,
Patient's last name, first name, name extension, middle name

who belongs to sub-group _____ based on DOH DM No. 2020-0258-A, was tested for SARS-CoV-2 at _____,
Name of PhilHealth accredited SARS-CoV-2 testing laboratory/HCP

on _____
Date/s of specimen collection (mm/dd/yyyy)

was charged for the services included in the benefit package for SARS-CoV-2 testing.

All charges to the amount of _____
Amount in words

(Php _____) were fully paid by the patient/member under Official Receipt No/s.

_____.

The PhilHealth benefit was not availed of or was not deducted from the actual charges for the following reason/s:

Reason/s

With this waiver, the _____ will not file reimbursement
Name of PhilHealth accredited SARS-CoV-2 testing laboratory/HCP

from PhilHealth for the benefit package for SARS-CoV-2 testing.

This waiver is being issued upon the request of _____
Patient's/member's last name, first name, name extension, middle name

for whatever legal purpose it may serve.

Signature over printed name of the authorized testing laboratory/HCP representative

Designation of the authorized testing laboratory/HCP representative

Date signed

Conforme:

Signature over printed name of the patient/member/authorized representative

Date signed