



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
CITY STATE CENTRE BUILDING
709 Shaw Boulevard, Pasig City
Trunklines - 637-9999, 637-9852 to 81



June 6, 2001

PHILHEALTH CIRCULAR

No. 18 s. 2001

TO : ALL ACCREDITED INSTITUTIONAL AND PROFESSIONAL HEALTH CARE PROVIDERS, REGIONAL MANAGERS, CENTRAL AND REGIONAL CLAIMS PROCESSING UNITS, AND ALL CONCERNED

SUBJECT : Addendum to PhilHealth Circular No. 68, s-1999, allowing the submission of *waiver/s*, and prescribing its format thereof, in the absence of original official receipts for directly filed claims

Please be informed that PhilHealth central and regional claims processing units will continue to honor *waiver/s* with uniform format in the absence of original official receipts (*which may have been submitted to other agencies such as the Employees Compensation Commission, HMOs, etc., for reimbursement purposes*) for claim applications filed by members of the National Health Insurance Program.

The waiver may be issued by the hospital/professional certifying that the **member has paid the hospital/pharmacy/professional fee in full, and that no Medicare deductions were made.** The said document should indicate the actual amount paid by the member and whether the amount being waived is for the hospital or physician or for both services. It should also be duly signed by the Cashier or Finance Manager/Officer, Hospital Administrator or those duly authorized hospital representatives. Please see annexes A to C for the waiver's prescribed format for professional fees (*PF - annex A*), hospital charges (*HC - annex B*), or for full charges (*both PF and HC - annex C*).

In reference to original official receipts, tape receipts with Tax Identification Number (TIN) and/or BIR permit number may also be considered as official receipts provided that the charges are itemized. Only drugs and medicines and supplies used in the management of illness during the confinement shall be compensated.

Furthermore, please be clarified that PhilHealth maintains no obligation to the entities issuing the waiver.

Please be guided accordingly.


ENRIQUE M. ZALAMEA
President & CEO

ANNEX A
(SAMPLE)

W A I V E R
(Professional Fee)

Date

TO WHOM IT MAY CONCERN:

This is to certify that patient, _____
who was confined/admitted at _____
_____ from _____ to _____
has paid the amount of _____
_____ (P _____) with Official
Receipt No./s _____ as professional fee.

This is to certify further that no PhilHealth benefit was deducted and that the professional fee was fully paid by the patient.

This waiver is being issued upon the request of _____
_____ for whatever legal purpose
it may serve.

Printed Name and Signature of Physician
PhilHealth Accreditation No. _____
BIR/TIN _____

ANNEX B
(SAMPLE)

W A I V E R
(Hospital Charges)

Date

TO WHOM IT MAY CONCERN:

This is to certify that based on our record,
_____ who was confined/admitted at
_____ from _____ to _____ had no Medicare
deductions for hospital charges upon discharge. All hospital
charges to the amount of _____
_____ (P _____) were fully paid by
the patient/member under Official Receipt No./s _____.

This waiver is being issued upon the request of
_____ for whatever legal purpose it
may serve.

Printed Name and Signature
Medical Director/Cashier/Finance Mgr./Officer

ANNEX C
(SAMPLE)

W A I V E R
(Full Charges)

Date

TO WHOM IT MAY CONCERN:

This is to certify that based on our record,
_____ who was confined/admitted at

_____ from _____ to _____ had no Medicare deductions for hospital charges including professional fees upon discharge. All hospital charges and professional fees to the amount of _____ (P _____) were fully paid by the patient/member under Official Receipt No./s _____.

This waiver is being issued upon the request of _____ for whatever legal purpose it may serve.

Printed Name and Signature
Medical Director/Cashier/Finance Mgr./Officer