



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
Healthline 637-9999 www.philhealth.gov.ph

PHILHEALTH CIRCULAR

No. *11*s-2008

**TO : ALL ACCREDITED HEALTH CARE PROVIDERS,
PHILHEALTH OFFICES AND MEMBERS OF THE
NATIONAL HEALTH INSURANCE PROGRAM**

**SUBJECT: Clarification on PhilHealth Circular 22, s-2007 re: Submission of
Statement of Accounts**

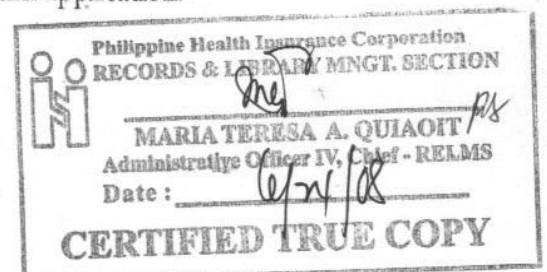
In reference to PhilHealth Circular 22, s-2007, requiring submission of Statement of Accounts (SA) or Billing Statements (BS) or its equivalent, and Official Receipt of payment of the member, additional guideline shall be as follows:

1. The Official Receipt as stated in the first paragraph of the said Circular is required as an attachment in the claim application. This is to facilitate reimbursement to the member in case there are remaining benefits after PhilHealth's reimbursement of benefits to respective facilities. In the absence of Official Receipt/s or its equivalent, the claim shall still be processed but the reimbursement to the member shall be deferred subject to submission of the said document and corresponding request for adjustment within sixty (60) days from the date of receipt of PhilHealth benefit payment notice.
2. In case the member cannot submit the original Official Receipt, the following may be submitted together with the Statement of Account:
 - ✓ Certified True Copy (with original signature of hospital billing clerk of issuing agency) or a photocopy of the OR duly authenticated by PhilHealth officer (upon presentation of the Original OR); **and**
 - ✓ hospital waiver

This shall be applicable for confinements covered (in part or whole) by HMOs or Company/employer, with the corresponding amount covered indicated in the SA/BS for clarification of charges.

3. PRO VI as the initial site of the implementation of this Circular, shall be authorized to continue the requirement of SA in all claims applications from all health care providers regardless of category.
4. Likewise, in case hospital charges were issued with a promissory note from the member, copy of the latter shall be attached to the claim application.

"Lalong Tumatatag, Laging Maaasahan"





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5. Additional exemption to submission of SA shall include all claim applications for packages (Maternity Care Package, Peritoneal Dialysis, SARS, Avian Flu, etc). However, in the event that a member complains of underdeduction of benefits or request for adjustment, the facility/hospital shall be obliged to assist and provide the necessary documents to facilitate processing of members' request. Further, if the package was reimbursed in full by PhilHealth to the facility/hospital, should there be services covered by the package but purchased or paid for separately by the patient/member, the facility/hospital shall refund to the member the cost for such services.

Please be guided accordingly.


LORNA O. FAJARDO
Acting President and CEO

Date Signed:

JUN 23 2008

