



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

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

PHILHEALTH CIRCULAR

No. 06, s-2008

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TO : ALL ACCREDITED HEALTH CARE PROVIDERS
(INSTITUTIONS AND PROFESSIONALS), PHILHEALTH
REGIONAL OFFICES, ACCREDITATION DEPARTMENT/
SECTIONS AND ALL OTHERS CONCERNED

SUBJECT : ANNUAL FINANCIAL REPORT ON UNCLAIMED REFUND
AS A REQUIREMENT IN THE RENEWAL OF
ACCREDITATION

This Circular is being issued pursuant to Philhealth Board Resolution No. 761, s.2005, PhilHealth Circular No. 15, s.2007 and Office Order No. 09, s.2008, all aimed to ensure that all PhilHealth benefit reimbursements are eventually refunded to and received by the rightful claimants and to eliminate the accumulation of such refunds in the hands of accredited health care providers.

All accredited health care providers shall submit to the Corporation an Annual Financial Report on Unclaimed Refund (attached matrix as Annex 'A') covering the reimbursements received from PhilHealth and an attachment specifically declaring the unclaimed amount and the confinement dates corresponding to the unclaimed amount due to every PhilHealth member and dependents. All such unclaimed refunds which have accumulated since the effectivity of R.A. 7875 (or on March 4, 1995) are covered by this policy. Hence, the reckoning date of information in the financial report shall be the same, March 4, 1995.

The abovementioned Financial Report shall become part of the requirements for renewal of accreditation effective 2008. However, with the moratorium of process for renewal of accreditation for CY 2008-2009, all accredited health care providers are required to submit the said financial report as of 2007 on or before May 30, 2008. Thereafter, the report shall form part of the application requirements.

This Circular will be effective fifteen days (15) from official publication on broadsheets of national circulation.


LORNA O. FAJARDO, CESO III.
Acting President & CEO

MAR 11 2008

FINANCIAL REPORT ON UNCLAIMED REFUNDS

Name of Hospital: _____

Address: _____

Name of Member	Name of Patient	Confinement Date	Amount Claimed From PhilHealth	Amount Claimed By Member/Patient	Difference
Total					

Prepared By: _____
(Name/Designation/Date)

Submitted By: _____
(Name/Designation/Date)

Noted By: _____
(Name/Designation/Date)