

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. 116, s-2009

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TO : ALL HEALTH CARE PROVIDERS, PHILHEALTH REGIONAL OFFICES, AND ALL OTHERS CONCERNED

SUBJECT : MLhuiller Sendout Form as proof of premium payments

In line with the on-going pilot implementation of MLhuillier as PhilHealth collecting agent within the jurisdiction of PhilHealth Regional Office VI (PRO VI), please be advised that the ML KWARTA PADALA (MLKP) Sendout Form must be recognized as proof of premium payments of NHIP members effective February 13, 2009.

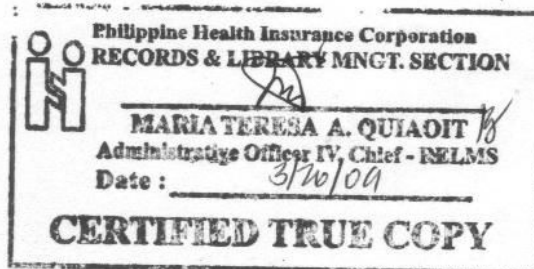
MLKP Sendout Form (Annex A) is an acknowledgement receipt which serves as an official receipt issued by MLhuillier to paying NHIP members. When electronically generated, said form shall have the twelve (12) digit machine printed transaction code. However, for off-line transactions, **MLKP Sendout Form Remote Transaction** (Annex B) is issued with the transaction code manually supplied and signed by MLKP cashier/teller. All forms have the following payment information:

- a. Member's PIN/PEN
- b. Member Name
- c. Member Type
- d. Applicable Period
- e. Amount Paid
- f. Validation Date
- g. Remarks

Please be guided accordingly.

[Signature]
Dr. REY F. AQUINO
President and CEO

25.03.09
Date signed



Annex A: Acknowledgement receipt for on-line transaction



SENDOUT FORM

(Sending Branch)

ML KWARTA PADALA
We move your money fast!

ML000000002

PIN/PEN: 011253684257
 Member Name: DELA CRUZ, JUAN AGUAS
 Member Type: INDIVIDUAL
 Applicable Period: 2009-1 – 2009-3
 Amount: 300.00
 Validation Date: 2009-02-10
 Remarks:

The terms and conditions on which service is provided are set out in the reverse side of this form. By signing this form, I acknowledge that I have read, understood and accepted these Terms and Conditions.
 Always give your KPTN when tracking your transaction.

Annex B: Acknowledgement receipt for off-line transaction



SENDOUT FORM
REMOTE TRANSACTION

(Sending Branch)

ML KWARTA PADALA
We move your money fast!

SENDER (Last) (First) (Middle Name)			Date Filed _____
Name DELA CRUZ, JUAN AGUAS			Time Filed _____
Address Jaro, Iloilo City			Prin. Amt. In Words _____
Tel. No. _____		Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
RECEIVER (Last) (First) (M.I.)			Principal Amount _____
Name _____			
Address _____			Charges _____
Tel. No. _____		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> PIN/PEN 01125368425 <input type="checkbox"/> Applicable Period 2009-1 – 2009-3 Member Type INDIVIDUAL			Total Amount Rcvd _____
Sender's Signature _____			KPTN _____
			OR No. ML000000002
			Operator's Signature _____

The terms and conditions on which service is provided are set out in the reverse side of this form. By signing this form, I acknowledge that I have read, understood and accepted these Terms and Conditions.
 Always give your KPTN when tracking your transaction.