



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. 06, s-2010
Sw

TO : MEMBERS OF THE NATIONAL HEALTH INSURANCE PROGRAM (NHIP), ACCREDITED COLLECTING AGENTS (ACAs), ACCREDITED HEALTH CARE PROVIDERS (AHCPs), PHILHEALTH REGIONAL OFFICES, AND ALL OTHERS CONCERNED

SUBJECT : PhilHealth Premium Payment Slip (PPPS) and PhilHealth Agent's Receipt (PAR)

Effective July 1, 2010, the existing Contribution Payment Return (CPR) forms (ME-5, MI-5, and Min-5) shall be replaced by the unified accountable payment receipt called *PhilHealth Agent's Receipt (PAR)*. PARs shall be issued by Accredited Collecting Agents (ACAs) to acknowledge premium payments from paying members and employers. Paying members shall also be required to accomplish the *PhilHealth Premium Payment Slip (PPPS)* for the payment transaction.

I. Definition and use of the PPPS and revised PAR:

A. PPPS

PPPS is a non-accountable form which shall be accomplished by members when paying PhilHealth premiums (See Annex A Figure No. 1). Paying members shall be required to:

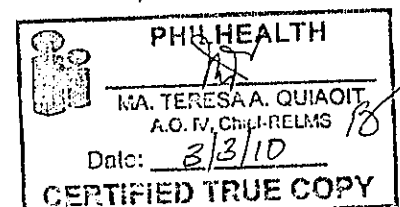
1. Properly accomplish the PPPS and supply the following information:
 - a. PhilHealth Employer Number (PEN)/PhilHealth Identification Number (PIN)/PhilHealth Organized Group Number (POGN)
 - b. Payor Name (Complete Member/Business/Agency's name)
 - c. Member Type (Voluntary/OFW/Sponsor/Private/Government)
 - d. Applicable Period of premium contribution
 - e. Amount to be paid
2. Submit the properly accomplished PPPS and premium payment to the ACA's teller/cashier.
3. Secure the validated copies of PAR:
 - a. Original copy (white) -- shall be the file copy of the paying member
 - b. 4th copy (yellow) -- *if employer*, yellow copy shall be attached to the EMPLOYER'S REMITTANCE REPORT (RF-1); in the case of *Individually Paying Member*, the yellow copy shall be submitted directly to nearest PhilHealth Members Assistance Center (PMAC).

B. PAR

The revised PAR is an accountable form (See Annex A Figure No. 2) which shall be issued by ACAs to paying members.

Upon receipt of accomplished PPPS and premium contribution, ACA's teller/cashier shall be required to:

1. Validate PAR using the information as stated in the PPPS.



2. Distribution of copies of validated PAR:

- a. Original (white) and 4th copy (yellow) -- shall be returned to the paying member
- b. 2nd copy (pink) -- file copy of the ACA
- c. 3rd copy (green) -- together with the accomplished PPPS, shall be attached to ACA's ABSTRACT OF DAILY COLLECTION (RF-2).

II. Requisition and Issuance of PPPS and revised PAR

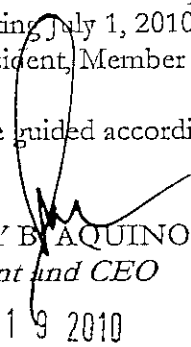
PhilHealth Regional Offices (PhROs) shall accept requests for PPPS and revised PAR from ACAs within their area of jurisdiction starting April 5, 2010. PhROs shall monitor and ensure that PPPS and revised PAR are available as needed by ACAs pursuant to PhilHealth Office Order No. 87,s.2009.

III. MISCELLANEOUS

Premium payments remitted through ACAs with electronic facilities (i.e. E-Payment, Bills Payment Scheme, Mobile Phone Banking, etc.) shall be acknowledged by an Electronic Receipt or ACAs payment slip as approved by the Corporation, whichever is applicable.

ACAs shall be required to return remaining inventories of CPRs at the nearest PhROs starting July 1, 2010. PhROs shall forward the unused CPRs to the Office of the Group Vice President, Member Management Group for proper disposal.

Please be guided accordingly.


Dr. REY B. AQUINO
President and CEO

FEB 19 2010

Date signed

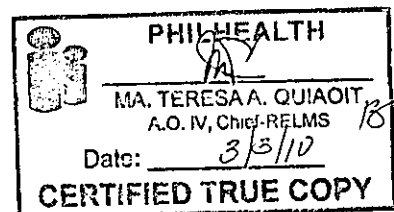


Figure No.1

PHILHEALTH PREMIUM PAYMENT SLIP	
PIN/ PEN/ POGN: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	
BUSINESS/AGENCY NAME : _____	
MEMBER'S NAME: _____ <small>(SURNAME) (GIVEN NAME) (MIDDLE NAME)</small>	
MEMBER TYPE: <input type="checkbox"/> Voluntary <input type="checkbox"/> OFW <input type="checkbox"/> Sponsor <input type="checkbox"/> Private <input type="checkbox"/> Government	
APPLICABLE PERIOD: FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>M M Y Y M M Y Y</small>	
AMOUNT PAID ► <input style="width: 100px;" type="text"/> ₱	 <small>1 20081116</small>

Figure No.2

<p style="text-align: center; margin: 0;"> <i>Republic of the Philippines</i> Philippine Health Insurance Corporation PHILHEALTH AGENTS RECEIPT (PAR) </p>	PAYOR'S COPY
	PAR NUMBER <h2 style="margin: 0;">301381300</h2>
NAME	DATE
AMOUNT RECEIVED	AGENT'S SIGNATURE
VALIDATION BOX PIN/PEN NAME MEMBER TYPE APPLICABLE PERIOD AMOUNT VALIDATION DATE	
<i>Responsableng Miyembro, Ginawa sa Serbisyo</i>	