



**Guidelines on the Proper Accomplishment of Waiver Form
 for Directly Filed Claims (revised May 2014)**

1. Waiver Form shall be accomplished using CAPITAL LETTERS. All items should be marked legibly by using ballpen only.
2. Write the date when the waiver form is accomplished.

Illustration: JANUARY 1, 2014

3. Name of patient should be written starting with last name, first name, name extension and middle name. Extensions such as (but not limited to the following) Jr., Sr., III should be indicated after the first name.

Illustration: DELA CRUZ JUAN JR. SIPAG
Last name First Name Name Extension Middle Name

4. Write the complete name of health care institution in capital letters as written in the accreditation certificate. This should correspond to the HCI name written in the claim forms.

5. The dates of admission and discharge should be filled out following this format: MONTH-DAY-YEAR (MM-DD-YYYY)

Illustration: January 1, 2014 should be written as 01 - 01 - 2014

6. For outpatient procedures such as peritoneal dialysis and animal bite package, the date of admission shall be the date of the first session in the claim while the date of discharge shall be the date of the last session in the claim.

7. Write the total amount in words of all HCI charges and professional fees.
8. Write the official receipts numbers of all HCI charges and professional fees following this format:

Illustration: 56891, 56990, 57001

9. Write the reason/s why the PhilHealth benefits were not deducted prior to discharge. Please refer to item II no. 3 of this circular.
10. Write the name of patient/member requesting the waiver following this format.

Illustration: DELA CRUZ JUAN JR. SIPAG
Last name First Name Name Extension Middle Name

11. The authorized HCI representative shall write his/her printed name and affix his/her signature certifying that the information given are true and correct. Write the official capacity/designation of the signatory.
12. The attending health care professional shall write his/her printed name and affix his/her signature certifying that the information given are true and correct.
13. In the conforme, write the signature over printed name of patient/ member/authorized representative.
14. Avoid erasures in any of the forms. If unavoidable, HCI representative shall put his/her initials.