PHILHEALTH CIRCULAR
No. _0 29_ - 2014

TO   :   ALL HEALTH CARE PROVIDERS, FORMAL & INFORMAL
                     ECONOMY MEMBERS, PHILHEALTH REGIONAL/BRANCH/
                     SERVICE OFFICES AND ALL OTHERS CONCERNED

SUBJECT   :   <u>New Bayad Center Print-out Validation</u>

In view of the Bayad Center's enhancement of their services, they have developed a new system which is known as Bayad Center Integrated Operation System or "BIOS".

In line with this new system, Bayad Center formulated a new validation print-out to comply with BIR requirements on Special Purpose Machines which Bayad Center outlets are currently using. There are six (6) additional information details included in the print-out validation (**Annex "A"**) namely:

1. Bayad Center outlet name
2. Bayad Center outlet address
3. Registered TIN of the outlet
4. BIR Permit No. of the outlet
5. SPM Permit No. (per terminal)
6. Transaction count (since it started)

Relative thereto, the BIOS system is only implemented in CIS Bayad Center owned outlets. The upgrading of the BIOS system will be implemented phase by phase to other Bayad Center outlets starting 2015.

Please be guided accordingly.

ALEXANDER A. PADILLA
President and CEO

Date Signed: _____ 11/24/14

MASTER DOCUMENT
Date : 11/21/
DC:

PhilHealth I Office of the PCEO

TRANSACTION FORM

Please provide all required information below.

1 → Account Name (Surname,Given Name,Middle Name):

2 → Present Address:

Contact No.: **← 3**

TRANSACTION DETAILS

4 → [ ]Bills Payment [ ]Others

5 → Biller: | Date: **← 6**

Amount Due: | Due Date:

SOA/Invoice No.: | Statement Date:

Account Number:

FOR GOVERNMENT TRANSACTIONS ONLY

7 → ID Number:

8 → Payment Type: ( )Contribution ( )Short Term Loan ( )Real Estate

Payor Type: ( )SE ( )VM ( )OFW ( )Others

9 → Loan Acct No.: | Loan Type:

10 → Applicable Month(s): From_____ To_____ Year:_____

11 → Contribution/Month: | Total Amount: **← 12**

PAYMENT DETAILS

[ ]Cash [ ]Check [ ] Cash & Check [ ] Credit Card

Cash Php | Check No.

Check Php | Bank

Total Php | Branch

Credit Card No.: | Expiry date.

DECLARATION: The information provided above and documents hereby submitted have been made in good faith, verified correct to the best of my knowledge, pursuant to any Laws and Regulations applicable. I fully understand that CIS BAYAD CENTER, INC. is authorized to accept and process payments and documents submitted through its branches

_____ **← 13**
Signature over printed name

Machine Validation
This will serve as your receipt when machine validated

CIS BAYAD CENTER **← 14**

East Gate2 MeralcoCenterOrtigasPasig City **← 15**

VAT REG TIN : 244-635-534 - 001 **← 16**

BIR Permit No. : JOSE **← 17**

SN of Machine: SGH023TSHS **← 18**

NVAR No. 000000000001 **← 19**

Applicable Month:Oct 2014-Dec 2014

Acct Name:ALINO,JOSELITO P

PHILIPPINE HEALTH INSURANCE CORPORATION

TR#9999910301400001 |ocruz / 99999 10/30/2014 17:04:10 0

030508970532 Cash Php 600.00 w/SF 5.00

THANK YOU FOR PAYING AT BAYAD CENTER

ANNEX A

	How to fill-out the Bayad Center Transaction Form	
Field No.	**Field Name**	**Required Information**
1	Account Name	Name of the Informal Economy Members
2	Present Address	Informal Economy Members Address (optional)
3	Contact No.	Informal Economy Members Contact No. (optional)
4	Type of Transaction	Check ( ) "Bills payment"
5	Biller	Write PhilHealth
6	Date	Date of payment
7	ID Number	Informal Economy Members PhilHealth Identification Number (PIN)
8	Payment Type	Check ( ) Contribution
9	Payor Type	Check ( ) SE for Self Employed ( ) VM for Voluntary Member
10	Applicable Month/s & Year	Applicable Month/Period
11	Contribution Month	Contribution Amount per Month (Ex. P200.00/Month)
12	Total Amount	Total Amount of Contribution for Payment
13	Signature	Signature of Informal Economy Members/ Authorized Representative
	Machine Validation	
14	Outlet Name	
15	Outlet Address	
16	TIN of the Outlet	
17	BIR Permit No. of the Outlet	
18	SPM Permit No. (per terminal)	
19	Transaction Count	