



**PhilHealth**

*Your Partner in Health*

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# Citizen's Charter 2013

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## PhilHealth Citizen's Charter (PCC) 2013

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### **A. Vision**

Bawa't Pilipino Miyembro,  
Bawat Miyembro, Protektado,  
Kalusugan Natin, Segurado

### **B. Mission**

Sulit na Benepisyo sa Bawat Miyembro,  
Dekalidad na Serbisyo para sa Lahat

### **C. Values**

- I-nnovation
- Q-uality Service
- U-tmost Integrity
- E-quity
- S-ocial Solidarity &
- T-otal Care

### **D. Panunumpa sa Serbisyo**

Kami ay nangangakong ilalaan ang mga sarili sa pagsasakatuparan ng Kalusugang Pangkalahatan.

Sisikapin naming makapagbigay nang mabilis at de kalidad na serbisyong pangkalusugan sa lahat ng Pilipino, ano man ang edad, kasarian o estado ng pamumuhay.

Kaagapay namin ang mga miyembro sa pagtataguyod ng panlipunang pagkakaisa bilang isang konseptong mahalaga sa pagkamit ng aming layunin.

Patuloy naming paghuhusayin ang aming mga serbisyo at titiyaking ang mga ito'y umaayon sa nagbabagong panahon at sumasabay sa pandaigdigang pamantayan.

Titiyakin naming laging mauuna ang serbisyo-publiko at taas noo na maglilingkod sa bayan.

Sisikapin naming maging huwarang kawani at makamit ang tunay na pagbabago sa ating bansa.

## E. Frontline Services Offered and Clientele

### 1. Registration (Employer, Employee, Retiree)

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
<b>1.1 Employer</b>				
1.1.1 Government sector	<ul style="list-style-type: none"> <li>Employer Data Record (ER1) Form (<i>in duplicate</i>)</li> <li>PhilHealth Membership Registration Form (PMRF) for each employee (<i>in duplicate</i>)</li> <li>Employee-Members (ER2) form (<i>in duplicate</i>)</li> </ul>	<ul style="list-style-type: none"> <li>Employer Data Record (ER1) Form</li> <li>Report of Employee-Members (ER2) Form</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>20 minutes</li> </ul>
1.1.2 Private Sector	<ul style="list-style-type: none"> <li>Employer Data Record or ER1 Form (<i>in duplicate</i>);</li> <li>PMRF for each employee (<i>in duplicate</i>); and</li> <li>Business permit/license to operate and/or any of the following:               <ol style="list-style-type: none"> <li>Department of Trade and Industry (DTI) Registration (for single proprietorship)</li> <li>Securities and Exchange Commission (SEC) Registration (for partnerships, corporations, foundations, &amp; non-profit organizations)</li> <li>Cooperative Development Authority (CDA) Registration (for cooperatives)</li> <li>Barangay Certification and/or Mayor's Permit (for backyard industries/ventures and micro-business enterprises)</li> </ol> </li> </ul> <p>For employers listed in the Philippine Business Registry (PBR), only the Employer Registration Number (ERN) issued by PBR need to be presented.</p>	<ul style="list-style-type: none"> <li>PMRF</li> <li>ER1 Form</li> <li>ER2 Form</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>20 minutes</li> </ul>

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
<b>1.2 Employee</b> 1.2.1 For newly hired and existing employees without PIN yet	<ul style="list-style-type: none"> <li>Duly accomplished ER2 form and PMRF</li> <li>Clear copy of Birth Certificate/Baptismal Certificate; or</li> <li>ANY of the following valid ID issued by the Government               <ol style="list-style-type: none"> <li>Passport;</li> <li>Driver's License;</li> <li>Professional Regulation Commission (PRC) ID;</li> <li>National Bureau of Investigation (NBI) Clearance;</li> <li>Police Clearance;</li> <li>Postal ID;</li> <li>Voter's ID;</li> <li>Barangay Certification;</li> <li>Government Service Insurance System (GSIS) e-Card;</li> <li>Social Security System (SSS) Card;</li> <li>Senior Citizens Card;</li> <li>Overseas Workers Welfare Administration (OWWA) ID;</li> <li>OFW ID;</li> <li>Seaman's Book;</li> <li>Alien Certification of Registration / Immigrant Certification of Registration;</li> <li>Government Office and Government Owned &amp; Controlled Corporation (GOCC) ID;</li> <li>Certification from the National Council for the Welfare of the Disabled Persons (NCWDP);</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>PMRF</li> <li>ER2</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>45 minutes (for 5 PMRF and below)</li> <li>10 working days for 6 PMRF and above</li> </ul>

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
1.2.2 Prospective employee who is completing pre-employment requirements	<ul style="list-style-type: none"> <li>r) Department of Social Welfare and Development (DSWD) Certification;</li> <li>s) Integrated Bar of the Philippines ID; and</li> <li>t) Company IDs issued by private entities or institutions registered with or supervised or regulated either by the Bangko Sentral ng Pilipinas (BSP), Securities and Exchange Commission (SEC) or Insurance Commission (IC)</li> </ul>			
	<ul style="list-style-type: none"> <li>• Duly accomplished PMRF</li> <li>• Clear copy of Birth Certificate/Baptismal Certificate or ANY of the Identification card mentioned at the back of the PMRF.</li> </ul> <p><b><u>For Declaration of Dependents</u></b></p> <p>a) Spouse</p> <ul style="list-style-type: none"> <li>• Marriage Certificate/Contract with registry number</li> <li>• For marriage which took place abroad, marriage certificate stamped "Received" by the Philippine Embassy or consular office exercising jurisdiction over the place of marriage</li> </ul>	<ul style="list-style-type: none"> <li>• PMRF</li> <li>• PIN Slip</li> </ul>	<ul style="list-style-type: none"> <li>• No service fee</li> </ul>	
	<p>b) Muslim Spouse</p> <ul style="list-style-type: none"> <li>• Affidavit of Marriage issued by the Office of Muslim Affairs (OMA), which passed through the Shari'a Court and must be registered/authenticated in the National Statistics Office (NSO)</li> </ul>			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	c) Legitimate or illegitimate children below 21 years old <ul style="list-style-type: none"> <li>• Birth Certificate with registry number or Baptismal Certificate reflecting the name of the member as parent</li> <li>• For births which took place abroad, Birth Certificate stamped "received" by the Philippine embassy or Consular office exercising jurisdiction over the place of birth</li> </ul>			
	d) Adopted children below 21 years old <ul style="list-style-type: none"> <li>• Court Decree/Resolution of Adoption or Birth Certificate of the adopted child/ren in which adoption is annotated thereto</li> </ul>			
	e) Stepchildren below 21 years old <ul style="list-style-type: none"> <li>• Marriage Certificate (with registry number) between biological parents and stepfather/stepmother and Birth Certificate/s (with registry number) of the stepchildren</li> </ul>			
	f) Mentally or physically disabled children who are 21 years old and above <ul style="list-style-type: none"> <li>• Birth Certificate and original Medical Certificate issued by the attending physician within the past 6 months stating and describing the extent of disability</li> </ul>			
	g) Parent/s 60 years old and above <ul style="list-style-type: none"> <li>• Birth Certificate with registry number of both registrant and parent (in the absence of Birth Certificate of parent, any proof attesting to the date of birth of parent/s)</li> </ul>			



Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<p>h) Stepparents 60 years old and above</p> <ul style="list-style-type: none"> <li>• Marriage Certificate/Contract with registry number between biological parent of the member-child and the stepparent;</li> <li>• Birth Certificate of the stepparent (in its absence, a notarized affidavit of 2 disinterested persons attesting to the date of birth);</li> <li>• Birth Certificate of the member-child indicating the name of his/her biological parent; and</li> <li>• Death Certificate of member's deceased biological parent</li> </ul> <p>i) Adoptive parents 60 years old and above</p> <ul style="list-style-type: none"> <li>• Court Decree/Resolution of Adoption or photocopy of Birth Certificate of the child in which the adoption is annotated thereto; and</li> <li>• Birth Certificate/s of adoptive parents or in its absence, a notarized affidavit of 2 disinterested persons attesting to the date of birth</li> </ul>			
<b>1.3 Retiree</b> <u>General requirements for all categories of retirees</u>	<ul style="list-style-type: none"> <li>• Duly accomplished PMRF</li> <li>• 2 latest 1 x 1 ID photo</li> <li>• Bond paper with original signature of the member</li> <li>• Certified true copy (CTC) of Birth Certificate or ANY TWO (2) of the following: <ul style="list-style-type: none"> <li>➤ CTC of Baptismal Certificate;</li> <li>➤ CTC of Marriage Contract/Certificate;</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• PMRF</li> </ul>	<ul style="list-style-type: none"> <li>• No service fee</li> </ul>	<ul style="list-style-type: none"> <li>• 30 minutes</li> </ul>

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<ul style="list-style-type: none"> <li>➤ Passport;</li> <li>➤ Driver's License;</li> <li>➤ SSS Members ID;</li> <li>➤ Alien Certificate of Registration (ACR);</li> <li>➤ Service Record/s;</li> <li>➤ Employee ID;</li> <li>➤ School records;</li> <li>➤ Voter's ID;</li> <li>➤ Senior Citizens ID;</li> <li>➤ Duly notarized joint affidavit of two disinterested persons attesting to the fact of birth of the registrant.</li> <li>➤ Certified True Copy (CTC) of the SSS or GSIS Retirement Certification (stating 120 months or more Medicare contributions) or the following as applicable</li> </ul>			
<u>Specific requirements per category</u>				
1.3.1 SSS retirees/pensioners	<ul style="list-style-type: none"> <li>• Printout of Death, Disability and Retirement (DDR) from any SSS office indicating that the type of claim is retirement in nature and the effectivity date of pension; and</li> <li>• Summary of contribution from PHIC or if contribution is insufficient, printout of contributions issued by SSS office indicating the latest contributions (if they retired after March 4, 1995)</li> </ul>	<ul style="list-style-type: none"> <li>• PMRF</li> </ul>	<ul style="list-style-type: none"> <li>• No service fee</li> </ul>	<ul style="list-style-type: none"> <li>• 30 minutes</li> </ul>

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
1.3.2 GSIS retirees	<ul style="list-style-type: none"> <li>Any of the following: <ul style="list-style-type: none"> <li>➤ Certification/Letter of Approval of Retirement from GSIS; or</li> <li>➤ Service Record issued by employer/s indicating date of retirement and total number of service not less than 120 months; or</li> <li>➤ Certification/Retirement Gratuity from employer indicating not less than 120 months of service.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>PMRF</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>30 minutes</li> </ul>
1.3.3 AFP, PNP, BJMP, and BFP Retirees/ Pensioners (those who are in active military service until they retire at age 56 and those separated by retirement or other reasons prior to the said age but have reached the age of 60)	<ul style="list-style-type: none"> <li>Any of the following: <ul style="list-style-type: none"> <li>➤ Statement of Services from previous employer indicating not less than 120 months of service.</li> <li>➤ Certification/Letter of Approval of Retirement from GSIS not less than 120 months of service.</li> <li>➤ General, Bureau or Special Order indicating effectivity of retirement.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>PMRF</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>30 minutes</li> </ul>

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
<p>1.3.4 Retiring employees whose application for the Lifetime Member Program (LMP) will be facilitated by the employer three (3) months prior to the date of retirement</p>	<ul style="list-style-type: none"> <li>• Photocopy of the following documents, duly certified by the employer:               <ul style="list-style-type: none"> <li>➤ Birth certificate of the retiring employee (if none, ANY TWO (2) of the documents listed at the back of PMRF</li> <li>➤ Approved retirement application; and</li> <li>➤ For Private Sector:                   <ul style="list-style-type: none"> <li>- Employer certification indicating that the retiring employee is employed in their company for the last ten (10) years and that the corresponding PhilHealth premium contributions were deducted and remitted every month during the period. Leave of absences without pay must be indicated, if any</li> </ul> </li> <li>➤ For Public Sector:                   <ul style="list-style-type: none"> <li>- Duly signed Service Record indicating the creditable service prior to the date of retirement. Leave of absences without pay must be indicated, if any; and Employer Certification indicating history of PhilHealth monthly premium contributions with corresponding official receipt numbers for payments made while in service.</li> </ul> </li> </ul> </li> </ul> <p><b>For declaration of new dependents</b></p> <ul style="list-style-type: none"> <li>• Same as requirements for declaration of new dependents for employed members</li> </ul>			

## 2. Enrollment

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fees/s	Duration
2.1 Individually Paying Member	<ul style="list-style-type: none"> <li>Duly accomplished PMRF together with applicable documents for each qualified dependent declared</li> <li>Clear copy of Birth Certificate/Baptismal Certificate (if none, ANY of the documents listed at the back of PMRF)</li> </ul>	<ul style="list-style-type: none"> <li>PMRF</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>20 minutes</li> </ul>
2.2 Overseas Worker Members	<ul style="list-style-type: none"> <li>Duly accomplished PMRF</li> <li>Clear copy of Birth Certificate/Baptismal Certificate (if none, ANY of the documents listed at the back of PMRF)</li> <li>Any of the following as proof of being an active OFW: <ul style="list-style-type: none"> <li>➤ Valid Overseas Employment Certificate (OEC) or E-receipt of current year or is valid for One (1) year from date of transaction; or</li> <li>➤ Working Visa/ Re-entry Permit; or</li> <li>➤ Valid Job Employment Contract; or</li> <li>➤ Certificate of Employment for applicable period from Employer abroad; or</li> <li>➤ Valid Company ID issued by Employer abroad; or</li> <li>➤ Cash Remittance receipt from member abroad at least 2 months prior to the date of renewal/payment; or</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>PMRF</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>20 minutes</li> </ul>

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fees/s	Duration
	<ul style="list-style-type: none"> <li>➤ Valid workers' Identification (ID) Card issued by the host country (i.e. Hongkong ID, Iqama of Saudi, Permesso d' Soggiorno and Carta d' Identita of Italy); or</li> <li>➤ Any other equivalent document that will prove that the member is an active OFW.</li> </ul> <p><b>For declaration of dependents</b></p> <ul style="list-style-type: none"> <li>• Same with requirements for declaration of new dependents of employed member</li> </ul> <p><u>In the absence of the OFW member the immediate family member may transact provided the following proof or relationship is presented:</u></p> <ul style="list-style-type: none"> <li>a) Legitimate spouse <ul style="list-style-type: none"> <li>• Valid ID of spouse and marriage contract</li> </ul> </li> <li>b) Children 18 yrs. Old and above <ul style="list-style-type: none"> <li>• Valid ID of child and birth certificate of child</li> </ul> </li> <li>c) Parent <ul style="list-style-type: none"> <li>• Valid ID of parent and birth certificate/marriage contract of member</li> </ul> </li> <li>d) Brother/Sister 18 yrs. old and above <ul style="list-style-type: none"> <li>• Valid ID and birth certificate/marriage contract of both member and sibling</li> </ul> </li> </ul> <p><u>Other authorized representatives:</u></p> <ul style="list-style-type: none"> <li>• Authorization letter from member;</li> <li>• Photocopy of any valid ID of member with signature; and</li> </ul>			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fees/s	Duration
	<ul style="list-style-type: none"> <li>Photocopy of any valid ID of representative with signature.</li> </ul>			

### 3. Payment of premium contributions (Employer, IPM, Overseas Worker)

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Premium Contributions	Duration
3.1 Employer	<ul style="list-style-type: none"> <li>EPRS generated Statement of Premium Accounts; or</li> <li>Duly accomplished PhilHealth Premium Payment Slip (PPPS)</li> </ul>	<ul style="list-style-type: none"> <li>EPRS generated Statement of Premium Accounts with PPPS</li> <li>PhilHealth Official Receipt (POR)</li> <li>PhilHealth Agents Receipt (PAR)</li> </ul>	<ul style="list-style-type: none"> <li>Refer to schedule of premium contributions in Table 1 below this matrix</li> </ul>	<ul style="list-style-type: none"> <li>10 minutes</li> </ul>
3.2 Individually Paying Member (IPM)	<ul style="list-style-type: none"> <li>Duly accomplished PPPS</li> </ul>	<ul style="list-style-type: none"> <li>PPPS</li> <li>POR</li> <li>PAR</li> </ul>	<ul style="list-style-type: none"> <li>P1,800/year (for IPMs earning P25,000 and below)</li> <li>P3,600/year (for IPMs earning above P25,000)</li> </ul>	<ul style="list-style-type: none"> <li>10 minutes</li> </ul>
3.3 Overseas Worker Members	<ul style="list-style-type: none"> <li>Duly accomplished PPPS</li> </ul>		<ul style="list-style-type: none"> <li>P1,200/year starting Jan to Dec 2013 (PBR 1677, s2012)</li> <li>Advance payment of contributions up to five years depending on the number of years</li> </ul>	<ul style="list-style-type: none"> <li>10 minutes</li> </ul>



Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Premium Contributions	Duration
			stipulated in the Job Contract	

**Table 1.** Premium Contribution Table *(January to December 2013 only per PC 57, s2012)*

Salary Bracket	Salary Range	Salary Base	Total Monthly Premium	Employee Share*	Employer Share
1	7,999.99 and below	7,000.00	175.00	87.50	87.50
2	8,000.00–8,999.99	8,000.00	200.00	100.00	100.00
3	9,000.00-9,999.99	9,000.00	225.00	112.50	112.50
4	10,000.00-10,999.99	10,000.00	250.00	125.00	125.00
5	11,000.00-11,999.99	11,000.00	275.00	137.50	137.50
6	12,000.00-12,999.99	12,000.00	300.00	150.00	150.00
7	13,000.00-13,999.99	13,000.00	325.00	162.50	162.50
8	14,000.00-14,999.99	14,000.00	350.00	175.00	175.00
9	15,000.00-15,999.99	15,000.00	375.00	187.50	187.50
10	16,000.00-16,999.99	16,000.00	400.00	200.00	200.00
11	17,000.00-17,999.99	17,000.00	425.00	212.50	212.50
12	18,000.00-18,999.99	18,000.00	450.00	225.00	225.00
13	19,000.00-19,999.99	19,000.00	475.00	237.50	237.50
14	20,000.00-20,999.99	20,000.00	500.00	250.00	250.00

Salary Bracket	Salary Range	Salary Base	Total Monthly Premium	Employee Share*	Employer Share
15	21,000.00-21,999.99	21,000.00	525.00	262.50	262.50
16	22,000.00-22,999.99	22,000.00	550.00	275.00	275.00
17	23,000.00-23,999.99	23,000.00	575.00	287.50	287.50
18	24,000.00-24,999.99	24,000.00	600.00	300.00	300.00
19	25,000.00-25,999.99	25,000.00	625.00	312.50	312.50
20	26,000.00-26,999.99	26,000.00	650.00	325.00	325.00
21	27,000.00-27,999.99	27,000.00	675.00	337.50	337.50
22	28,000.00-28,999.99	28,000.00	700.00	350.00	350.00
23	29,000.00-29,999.99	29,000.00	725.00	362.50	362.50
24	30,000.00-30,999.99	30,000.00	750.00	375.00	375.00
25	31,000.00-31,999.99	31,000.00	775.00	387.50	387.50
26	32,000.00-32,999.99	32,000.00	800.00	400.00	400.00
27	33,000.00-33,999.99	33,000.00	825.00	412.50	412.50
28	34,000.00-34,999.99	34,000.00	850.00	425.00	425.00
29	35,000.00 and up	35,000.00	875.00	437.50	437.50

\*Employee share represents half of the total monthly premium while the other half is shouldered by the employer.

#### 4. Inquiry

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fees/s	Duration
4.1 General Information - All Members		<ul style="list-style-type: none"><li>Pamphlets, brochures, flyers</li></ul>	<ul style="list-style-type: none"><li>No service fee</li></ul>	<ul style="list-style-type: none"><li>10 minutes</li></ul>
4.2 Status of Refund – All Members			<ul style="list-style-type: none"><li>No service fee</li></ul>	<ul style="list-style-type: none"><li>10 minutes</li></ul>

## 5. Updating of records

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
5.1 All members (except employers)	a) For correction of name <ul style="list-style-type: none"> <li>Duly accomplished PMRF or existing MDR duly signed by the member</li> <li>Birth certificate or 2 valid IDs with correct name or marriage certificate plus another valid ID with correct name / Affidavit of 2 disinterested persons</li> </ul>	<ul style="list-style-type: none"> <li>PMRF</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>15 minutes</li> </ul>
	b) For change of name <ul style="list-style-type: none"> <li>Duly accomplished PMRF or existing MDR duly signed by the member</li> <li>Annulment/Court Order</li> </ul>			
	c) Correction of date of birth <ul style="list-style-type: none"> <li>Duly accomplished PMRF or existing MDR duly signed by the member</li> <li>Birth certificate or 2 valid IDs with correct date of birth or marriage certificate with correct date of birth plus another valid ID with correct date of birth</li> </ul>			
	d) Change of civil status <ul style="list-style-type: none"> <li>Duly accomplished PMRF or existing MDR duly signed by the member</li> <li>Marriage Contract/Certificate/Annulment/Court Order</li> </ul>			
	e) New, additional, change or correction of information of dependent/s			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<ul style="list-style-type: none"> <li>Duly accomplished PMRF or existing MDR duly signed by the member</li> <li>Birth Certificate of the dependent/Court Order on Adoption</li> </ul>			
5.2 Employers				
5.2.1 Single Proprietorship	<p>a) Correction of business name</p> <ul style="list-style-type: none"> <li>Certificate of Registration of Business Name from Department of Trade and Industry</li> </ul> <p>b) Change of business name</p> <ul style="list-style-type: none"> <li>Certificate of Registration of business name from Department of Trade and Industry</li> </ul> <p>c) Change of legal personality (Single Proprietorship to Corporation)</p> <ul style="list-style-type: none"> <li>Certificate of Articles of Incorporation duly approved by Securities Exchange Commission; AND</li> <li>Approved Application for Business Retirement as single proprietorship</li> </ul> <p>d) Temporary suspension of operation due to:</p> <ul style="list-style-type: none"> <li>Bankruptcy - <ul style="list-style-type: none"> <li>➤ Financial Statement; or</li> <li>➤ Income Tax Return (ITR) for the year showing non-operation/no earnings</li> </ul> </li> <li>Fire / Demolition / Flood – <ul style="list-style-type: none"> <li>➤ Certification from the Fire Department of the locality; or</li> <li>➤ Certification from the Municipal / City Hall</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Employer Data Amendment Form (ER3)</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>15 minutes</li> </ul>

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<ul style="list-style-type: none"> <li>• Separation of employee/s – <ul style="list-style-type: none"> <li>➢ Report on the Separation of the Last Employee/s; and</li> <li>➢ Separation paper of the last employee/s</li> </ul> </li> <li>• Termination/Dissolution <ul style="list-style-type: none"> <li>➢ Approved Application for Business Retirement by the Municipal/City Treasurer's Office</li> </ul> </li> </ul>			
	e) Change of ownership <ul style="list-style-type: none"> <li>• Sale – <ul style="list-style-type: none"> <li>➢ Deed of Sale / Transfer / Assignment signed by both parties</li> <li>➢ License to Operate (LTO) reflecting the name of Owner</li> </ul> </li> <li>• Death of managing owner (Family Business) – <ul style="list-style-type: none"> <li>➢ Death Certificate of the managing owner and waiver from the other legal heirs</li> </ul> </li> <li>• Resumption of Operation <ul style="list-style-type: none"> <li>➢ Notice of Resumption of Operation from the employer, and List of Employees.</li> </ul> </li> </ul>			
5.2.2 Partnership	a) Correction of business name <ul style="list-style-type: none"> <li>• Certificate of Registration from Securities Exchange Commission; or Certificate of Articles of Partnership duly approved by Securities Exchange Commission</li> </ul>	• ER3	• No service fee	• 15 minutes
	b) Change of business name <ul style="list-style-type: none"> <li>• Certificate of Amended Articles of Partnership duly approved by Securities Exchange Commission</li> </ul>			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	c) Change of legal personality (Partnership to Corporation) <ul style="list-style-type: none"> <li>• Certificate of Articles of Incorporation duly approved by Securities Exchange Commission; and</li> <li>• Deed of Dissolution of Partnership approved by Securities Exchange Commission</li> </ul>			
	d) Temporary suspension of operation due to: <ul style="list-style-type: none"> <li>• Bankruptcy –               <ul style="list-style-type: none"> <li>➢ Financial Statement; or</li> <li>➢ Income Tax Return (ITR) for the year showing non-operation/no earnings</li> </ul> </li> <li>• Fire/Demolition/Flood –               <ul style="list-style-type: none"> <li>➢ Certification from the Fire Department of the locality; or</li> <li>➢ Certification from the Municipal/City Hall</li> </ul> </li> <li>• Strike –               <ul style="list-style-type: none"> <li>➢ Notice of Strike duly licensed by DOLE</li> </ul> </li> <li>• Separation of employee/s               <ul style="list-style-type: none"> <li>➢ Report on the Separation of the Last Employee/s; and</li> <li>➢ Separation paper of the last employee/s</li> </ul> </li> </ul>			
	e) Termination/Dissolution <ul style="list-style-type: none"> <li>• Deed of Dissolution of Partnership approved by Securities Exchange Commission (SEC); and</li> <li>• Minutes of the Board Meeting duly certified by the Corporate Secretary</li> </ul>			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	f) Merger/Consolidation <ul style="list-style-type: none"> <li>Deed of Merger/Merger Agreement duly approved by SEC; or</li> <li>Memorandum of Agreement filed with SEC</li> </ul>			
	g) Change of Ownership <ul style="list-style-type: none"> <li>Sale – <ul style="list-style-type: none"> <li>Deed of Sale/Transfer/Assignment signed by both parties</li> <li>License to Operate (LTO) reflecting the name of the owner</li> </ul> </li> <li>Death of managing owner (Family Business) – <ul style="list-style-type: none"> <li>Death Certificate of the managing owner and waiver from the other legal heirs</li> </ul> </li> </ul>			
	h) Resumption of Operation <ul style="list-style-type: none"> <li>Notice of Resumption of Operation from the employer, and</li> <li>List of employees.</li> </ul>			
5.2.3 Corporation	a) Correction of business name <ul style="list-style-type: none"> <li>Certificate of Registration from SEC; or</li> <li>Certificate of Articles of Partnership duly approved by SEC</li> </ul>	• ER3	• No service fee	• 15 minutes
	b) Change of business name <ul style="list-style-type: none"> <li>i. Certificate of Amended Articles of Incorporation duly approved by SEC</li> </ul>			
	c) Change of legal personality (Corporation to Partnership) <ul style="list-style-type: none"> <li>Certificate of Articles of Partnership duly approved by SEC; and</li> </ul>			



Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<ul style="list-style-type: none"> <li>• Deed of Dissolution as Corporation approved by SEC</li> </ul>			
	<p>d) Temporary suspension of operation due to:</p> <ul style="list-style-type: none"> <li>• Bankruptcy – <ul style="list-style-type: none"> <li>➢ Financial Statement; or</li> <li>➢ Income Tax Return (ITR) for the year showing non-operation/no earnings; or</li> <li>➢ Board Resolution certified by the Corporate Secretary</li> </ul> </li> <li>• Fire/Demolition/Flood – <ul style="list-style-type: none"> <li>➢ Certification from the Fire Department of the locality; or</li> <li>➢ Certification from the Municipal/City Hall</li> </ul> </li> <li>• Strike – <ul style="list-style-type: none"> <li>➢ Notice of Strike duly licensed by DOLE</li> </ul> </li> <li>• Separation of employee/s – <ul style="list-style-type: none"> <li>➢ Report on the Separation of the Last Employee/s; and</li> <li>➢ Separation paper of the last employee/s</li> </ul> </li> </ul>			
	<p>e) Termination/Dissolution</p> <ul style="list-style-type: none"> <li>• Deed of Dissolution approved by Securities Exchange Commission; and</li> <li>• Minutes of the Board Meeting duly certified by the Corporate Secretary</li> </ul>			
	<p>f) Merger/Consolidation</p> <ul style="list-style-type: none"> <li>• Deed of Merger/Merger Agreement duly approved by SEC; or</li> </ul>			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<ul style="list-style-type: none"> <li>Memorandum of Agreement filed with SEC</li> </ul>			
	g) Change of ownership <ul style="list-style-type: none"> <li>Sale –               <ul style="list-style-type: none"> <li>➤ Deed of Sale/Transfer/Assignment signed by both parties</li> <li>➤ License to Operate (LTO) reflecting the name of Owner</li> </ul> </li> <li>Death of managing owner (Family Business) –               <ul style="list-style-type: none"> <li>➤ Death Certificate of the managing owner and waiver from the other legal heirs</li> </ul> </li> </ul>			
	h) Resumption of Operation <ul style="list-style-type: none"> <li>Notice of Resumption of Operation from the employer, and</li> <li>List of employees</li> </ul>			
5.2.4 Cooperative	a) Correction of business name <ul style="list-style-type: none"> <li>Certificate of Registration from Cooperative Development Authority (CDA); or</li> <li>Certificate of Articles of Cooperation duly approved by CDA</li> </ul>	<ul style="list-style-type: none"> <li>ER3</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>15 minutes</li> </ul>
	b) Change of business name <ul style="list-style-type: none"> <li>Certificate of Amended Articles of Cooperation duly approved by CDA</li> </ul>			
	c) Temporary suspension of operation due to: <ul style="list-style-type: none"> <li>Bankruptcy –               <ul style="list-style-type: none"> <li>➤ Financial Statement; or</li> <li>➤ Income Tax Return (ITR) for the year showing non-operation/no earnings;</li> </ul> </li> </ul>			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<ul style="list-style-type: none"> <li>• Fire/Demolition/Flood –               <ul style="list-style-type: none"> <li>➢ Certification from the Fire Department of the locality; or</li> <li>➢ Certification from the Municipal/City Hall</li> </ul> </li> </ul>			
	<ul style="list-style-type: none"> <li>• Separation of employee/s –               <ul style="list-style-type: none"> <li>➢ Report on the Separation of the Last Employee/s; and</li> <li>➢ Separation paper of the last employee/s</li> </ul> </li> </ul>			
	d) Termination/Dissolution <ul style="list-style-type: none"> <li>• Dissolution of Cooperation duly approved by CDA</li> </ul>			
	e) Resumption of operation <ul style="list-style-type: none"> <li>• Notice of Resumption of Operation from the employer, and</li> <li>• List of employees</li> </ul>			

## 6. Submission of application for engagement of HCPs (Health Care Providers)

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
<b>6.1 Institutional Health Care Providers (IHCPs)</b>				
6.1.1 General requirements	<ol style="list-style-type: none"> <li>1. Provider profile (properly accomplished electronic copy)</li> <li>2. Performance commitment (duly signed by the Local Chief Executive/owner and head of the facility/Medical Director/ Chief of Hospital)</li> <li>3. Latest audited financial statement/report (refer to A.1.a of PC 31, s2012) reflecting the income/payments received from PhilHealth</li> <li>4. Electronic copies (in JPEG format) of recent photos of the facility (internal and external area) labeled with the name of the facility and date taken</li> <li>5. Statement of Intent (SOI) applicable to all IHCPs except PCB1 providers, which applied for initial engagement from September to December of the current year</li> </ol>	<ul style="list-style-type: none"> <li>• Application form for engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to schedule of registration fees in Tables 2 &amp; 3 below this matrix</li> </ul>	<ul style="list-style-type: none"> <li>• 30 minutes</li> </ul>
6.1.2 Specific requirements (to be submitted in addition to general requirements)				
6.1.2.1 Hospitals	<ul style="list-style-type: none"> <li>• DOH license with validity applicable to the engagement period applied for</li> <li>• Certificate of Accreditation issued by an ISQUA-accredited organization, if applicable</li> <li>• DOH licenses for 3 previous years or its required alternative document for initial engagement of private hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Application form for engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to schedule of registration fees in Table 2 below this matrix</li> </ul>	<ul style="list-style-type: none"> <li>• 30 minutes</li> </ul>

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
6.1.2.2 Ambulatory Surgical Clinic (ASC) and Freestanding Dialysis Clinic (FSDC)	<ul style="list-style-type: none"> <li>DOH license with validity applicable to the engagement period applied for</li> <li>DOH licenses for 3 previous years or its required alternative document for initial engagement of licensed IHCPs</li> </ul>	<ul style="list-style-type: none"> <li>Application form for engagement</li> </ul>	<ul style="list-style-type: none"> <li>Refer to schedule of registration fees in Table 3 below this matrix</li> </ul>	<ul style="list-style-type: none"> <li>30 minutes</li> </ul>
6.1.2.3 Primary Care Benefit Provider	<ul style="list-style-type: none"> <li>MOA with referral facilities - if applicable</li> <li>Location map</li> </ul>			
6.1.2.4 Out-patient Malaria Package Provider	<ul style="list-style-type: none"> <li>Certificate of Training in Malaria of a staff in the IHCP issued by DOH/CHDs</li> </ul>			
6.1.2.5 Maternity Care Package Provider	<ul style="list-style-type: none"> <li>Certificate of Compliance as a BEmONC facility (for automatic accreditation)</li> <li>Certificate as Newborn Screening Facility issued by the CHD or Newborn Screening Reference Center (NSRC)</li> <li>Any of the following for applicable referral system: <ul style="list-style-type: none"> <li>➤ Proof of Affiliation/MOA with at least a Level 1 PhilHealth engaged hospital</li> </ul> </li> </ul>			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
<p>6.1.2.6 TB DOTS Package Provider</p> <p>6.1.2.7 Animal Bite Treatment Package Provider</p>	<ul style="list-style-type: none"> <li>➤ MOA with referral physician/s for OB and Pedia cases as applicable</li> <li>➤ MOA with a DOH-certified BEmONC-CEmONC network (if the facility is not BEmONC Certified)</li> <li>• Location map</li> <li>• Business Permit (for private facilities)</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Updated DOH - PhilCAT Certificate</li> <li>• Location map</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Certification as an Animal Bite Treatment Center (ABTC/ABC) from the DOH - National Rabies Prevention and Control Program Office</li> <li>• Location map</li> </ul>	<ul style="list-style-type: none"> <li>• Application form for engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to schedule of registration fees in Table 3 below this matrix</li> </ul>	<ul style="list-style-type: none"> <li>• 30 minutes</li> </ul>
<b>6.2 Professional Health Care Providers (PHCP)</b>				
6.2.1 General requirements	<ul style="list-style-type: none"> <li>• Properly accomplished PhilHealth application form</li> <li>• Duly notarized Warranties of Accreditation</li> <li>• 1 x 1 ID picture (2pcs)</li> <li>• PRC license, PRC claim stub or certification from PRC - updated</li> <li>• Proof of payment of required premium contributions (MI5 or Official Receipt or Certification from PhilHealth of Paid Premium Contributions or RF1 for the employed)</li> </ul>	<ul style="list-style-type: none"> <li>• Application form for engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to schedule of registration fees in Table 4 below this matrix</li> </ul>	<ul style="list-style-type: none"> <li>• 30 minutes</li> </ul>

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<ul style="list-style-type: none"> <li>Proof of payment of accreditation fee</li> </ul>			
6.2.2 Specific requirements (to be submitted by PHCP in addition to the general requirements)				
6.2.2.1 Physicians				
i) General Practitioner	a) Initial accreditation <ul style="list-style-type: none"> <li>TIN Card/BIR Form 2316 or certification issued by BIR indicating TIN</li> <li>Certificate of good standing (CGS) from the Philippine Medical Association (PMA) or its local component societies or PMA Card (with validity)</li> </ul> b) Renewal of accreditation or re-accreditation <ul style="list-style-type: none"> <li>CGS from the PMA or its local component societies/ PMA Card</li> </ul>	<ul style="list-style-type: none"> <li>Application form for engagement</li> </ul>	<ul style="list-style-type: none"> <li>Refer to schedule of registration fees in Table 4 below this matrix</li> </ul>	<ul style="list-style-type: none"> <li>30 minutes</li> </ul>
ii) General Practitioner (with training)	a) Initial accreditation or re-accreditation due to upgrading/downgrading <ul style="list-style-type: none"> <li>TIN Card/BIR Form 2316 or certification issued by BIR indicating TIN – for initial accreditation only</li> <li>CGS from the PMA or its local component societies/PMA Card</li> <li>Proof of completed residency training (local or abroad)</li> </ul> b) Renewal of accreditation or re-accreditation other than upgrading/downgrading <ul style="list-style-type: none"> <li>CGS from the PMA or its local component societies/PMA Card</li> </ul>			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
iii) Medical Specialist	c) Initial accreditation or re-accreditation due to upgrading <ul style="list-style-type: none"> <li>TIN Card/BIR Form 2316 or certification issued by BIR indicating TIN – for initial accreditation only</li> <li>CGS from the PMA or its local component societies/PMA Card</li> <li>Philippine specialty board certificate</li> <li>CGS from Philippine specialty society – if specialty board certificate was more than 2 years ago</li> </ul> d) Renewal of accreditation or Re-accreditation (other than upgrading) <ul style="list-style-type: none"> <li>CGS from the PMA or its local component societies/PMA Card</li> <li>CGS from Philippine specialty society</li> </ul>	<ul style="list-style-type: none"> <li>Application form for engagement</li> </ul>	<ul style="list-style-type: none"> <li>Refer to schedule of registration fees in Table 4 below this matrix</li> </ul>	<ul style="list-style-type: none"> <li>30 minutes</li> </ul>
6.2.2.2 Dentist	➤ Initial accreditation <ul style="list-style-type: none"> <li>TIN Card/BIR Form 2316 or certification issued by BIR indicating TIN</li> <li>CGS from the Philippine Dental Association (PDA) or its local component societies</li> </ul> ➤ Renewal of accreditation or re-accreditation <ul style="list-style-type: none"> <li>CGS from the PDA or its local component societies</li> </ul>			
6.2.2.3 Midwife	a) Initial accreditation <ul style="list-style-type: none"> <li>TIN Card/BIR Form 2316 or certification issued by BIR indicating TIN</li> </ul>			



Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<ul style="list-style-type: none"> <li>• CGS from the Integrated Midwives Association of the Philippines (IMAP) or Philippine League of Government and Private Midwives, Inc. (PLGPMI)</li> <li>• Any of the following evidences of Competency on the Expanded Functions of Midwives (not required for graduates from school year 1995 and onwards): <ul style="list-style-type: none"> <li>- Certificate of Training from a program accredited by the Continuing Professional Education (CPE) Council of the Board of Midwifery of the Professional Regulation Commission (PRC); or</li> <li>- Training Certificate from DOH-recognized training program; or</li> <li>- Certificate of Apprenticeship for one or more years with a PHIC accredited Obstetrician-Gynecologist/OB DOH Specialist or an accredited midwife done in an accredited facility</li> </ul> </li> <li>b) Renewal of accreditation <ul style="list-style-type: none"> <li>• CGS from the IMAP or PLGPMI</li> </ul> </li> </ul> <p><b>For appreciation of withholding tax</b> (not a pre-requisite for accreditation)</p> <ul style="list-style-type: none"> <li>• Certificate of Registration (for initial accreditation only)</li> <li>• Affidavit/Sworn Declaration of Current Year's Gross Income (stamped received by BIR and shall be submitted every June 30 to July 22 of each year)</li> </ul>			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
6.2.2.4 All government employed health care professional, full time and co-terminus (deemed automatically accredited as PHCPs for NHIP purposes)	<ul style="list-style-type: none"> <li>• Photocopy of updated PRC license</li> <li>• Proofs of employment i.e. appointment papers and service record)</li> <li>• Specialty Board Certificate (as applicable)</li> <li>• Proof of payment of the participation fee</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Application form for engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to schedule of registration fees in Table 4 below this matrix</li> </ul>	<ul style="list-style-type: none"> <li>• 30 minutes</li> </ul>

**Table 2.** Schedule of Registration Fees for Hospitals

Hospital Level	Participation Fee
Level I (under 3 year moratorium)	P3,000.00
Level I	5,000.00
Level II	8,000.00
Level III (teaching hospital)	10,000.00
Level IV (under 3 year moratorium)	10,000.00

**Table 3.** Schedule of Registration Fees for IHCPs (Other than Hospitals)

	<b>Initial (Private/ Government)</b>	<b>Annual Participation Fee</b>
• Ambulatory Surgical Clinic (ASCs)	5,000.00	4,000.00
• Freestanding Dialysis Clinics (FDCs) – HD and PD	5,000.00	5,000.00
• Primary Care Benefit (PCB) Providers	1,000.00	1,000.00
• TB DOTS Package Providers	1,000.00	1,000.00
• Maternity Care Package Providers	1,500.00	1,000.00
• PCB, MCP and TB DOTS Providers	1,000.00	1,000.00
• PCB (OPB) and TB DOTS Providers	1,000.00	1,000.00
• PCB (OPB) and MCP Providers	1,500.00	1,500.00
• MCP and DOTS Providers	1,500.00	1,500.00
• Animal Bite Package Providers	1,000.00 (starting 2013)	1,000.00

**Table 4.** Schedule of Registration Fees for PHCPs

Type of Professional Health Care Provider (PHCP)	Application Fee
a) Physicians	
• General Practitioner (GP)	P1,000.00
• GP with Training	1,000.00
• Medical Specialist	1,500.00
b) Dentists	1,000.00
c) Midwives	500.00

## 7. Filing of Claims

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
7.1 Member (Direct filing)	<ul style="list-style-type: none"> <li>Hospital and doctor's waiver and original official receipts of full payment</li> <li>Original official receipts or photocopies of the same authenticated by PHIC staff (with original copies seen) for medicines bought outside the hospital or laboratory tests performed outside the hospital during confinement <ul style="list-style-type: none"> <li>➤ The authenticated photocopies is applicable in cases where original ORs are required by and submitted to HMOs</li> </ul> </li> <li>Operative Record (if surgery was performed)</li> <li>Hospital Statement of Account duly signed by the hospital clerk or representative of the patient</li> <li>Latest Proof of Payment (for Individually Paying Members)</li> <li>Clear copy of PhilHealth ID (if Lifetime or Sponsored member)</li> <li>Medical Certificate or Clinical Abstract indicating final diagnosis of patient, confinement period and services rendered written in English (if confined abroad)</li> </ul>	<ul style="list-style-type: none"> <li>Claim Form 1</li> <li>Member Data Record</li> <li>Claim Form 2</li> <li>Claim Form 3/ Clinical Abstract (if necessary) (also mandatory for case payment)</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	10 minutes per claim
7.2 HCP	<p><u>Attached to claim</u></p> <ul style="list-style-type: none"> <li>Operative Record with surgical technique (if surgery was performed)</li> <li>Statement of Account (mandatory for fee-for-service only)</li> </ul>	<ul style="list-style-type: none"> <li>Claim Form 2</li> <li>Claim Form 3 or Clinical Abstract (if required by policy)</li> </ul>		30 minutes (for every 100 claims)

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<ul style="list-style-type: none"> <li>Original Official Receipts of medicines bought outside the hospital and x-ray/laboratory test performed outside the hospital during confinement*</li> </ul> <p>*X-ray/Laboratory results – mandatory for case payment</p> <p><u>From member</u></p> <ul style="list-style-type: none"> <li>Latest Proof of Payment (for Individually Paying Members)</li> <li>Photocopy of PhilHealth ID (if Lifetime Member or Sponsored Member)</li> <li>Original Official Receipts of medicines bought outside the hospital or laboratory tests performed outside the hospital during confinement (if applicable)</li> </ul>	<p><u>From member</u></p> <ul style="list-style-type: none"> <li>Claim Form 1</li> <li>Member Data Record</li> </ul>		

## 8. Submission of reports (manual)

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
8.1 Employer (For non-EPRS employers only)				
8.1.1 Hard copy RF1 users (employers with 10 and below employees)	<ul style="list-style-type: none"> <li>Duly accomplished Employers Remittance Report (RF1)</li> </ul>	<ul style="list-style-type: none"> <li>RF1</li> <li>PAR</li> <li>POR</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>20 minutes (every 50 pages)</li> </ul>
8.1.2 Soft copy RF1 users (employers with 11 and above employees)	<ul style="list-style-type: none"> <li>Textfile or MS Excel format Textfile</li> </ul>	<ul style="list-style-type: none"> <li>Textfile or MS Excel format/Textfile</li> <li>PAR</li> <li>POR</li> <li>Bills Payments (from accredited collecting agents)</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>30 minutes</li> </ul>
8.2 HCP		<ul style="list-style-type: none"> <li>Monthly Mandatory Hospital Reports (MMHR)</li> <li>OPB Reports</li> <li>Financial Utilization Report</li> <li>Financial Report of Unclaimed Refund to Members</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>5 minutes</li> </ul>

## 9. Request for records

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
9.1 All members	<ul style="list-style-type: none"> <li>Duly accomplished Request Form from member;</li> <li>PhilHealth Identification Card (PIC) or any valid ID in the absence of PIC plus 1x1 latest ID picture for Lifetime Members</li> <li>Certificate of Eligibility (CE 1) for Sponsored Program members. If CE1 is not available, sponsored member must present Endorsement or Certification from the sponsor.</li> </ul>	<ul style="list-style-type: none"> <li>Member Data Record (MDR)</li> <li>PIC</li> <li>Certificate of Premium Payment/Certificate of Remittance</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>15 minutes per form</li> </ul>
	<b>If through representative</b> <ul style="list-style-type: none"> <li>Authorization letter from member; and</li> <li>Any valid ID of member and representative</li> </ul>	<ul style="list-style-type: none"> <li>MDR</li> <li>PIC</li> <li>Certificate of Premium Payment/Certificate of Remittance</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>15 minutes per form</li> </ul>
9.2 Employers	<ul style="list-style-type: none"> <li>Duly accomplished Request Form;</li> <li>PIC of employer's representative and/or any valid ID in the absence of PIC</li> </ul>	<ul style="list-style-type: none"> <li>MDR of employees</li> <li>PIC of employees</li> <li>Certificate of Premium Payment/Certificate of Remittance of employees</li> <li>Certificate of Good Payment Standing</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>15 minutes per form</li> </ul>

## 10. Check releasing

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
10.1 All Members	<ul style="list-style-type: none"><li>▪ Photocopy of 2 valid IDs of the Member</li><li>▪ For authorized representative, authorization letter, photocopy of 2 valid IDs of the member and 2 valid IDs of the representative</li></ul>		<ul style="list-style-type: none"><li>• No service fee</li></ul>	<ul style="list-style-type: none"><li>• 15 minutes</li></ul>
10.2 Stakeholders	<ul style="list-style-type: none"><li>▪ Valid identification of the authorized representative</li></ul>		<ul style="list-style-type: none"><li>• No service fee</li></ul>	<ul style="list-style-type: none"><li>• 30 minutes</li></ul>



## F. Special Services Offered and Clientele

### 1. Registration (Online)

Special Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
1.1 Employers (Government and Private) Electronic Premium Reporting System (EPRS) registration	<ul style="list-style-type: none"> <li>Duly accomplished PhilHealth Online Access Form or POAF (for manual registration)</li> <li>Electronic PhilHealth Online Access Form or ePOAF (for online registration)</li> </ul>	<ul style="list-style-type: none"> <li>PhilHealth Online Access Form (POAF)</li> <li>Electronic PhilHealth Online Access Form (e-POAF)</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>10 working days (from registration to activation)</li> <li>5 minutes</li> </ul>

## 2. Enrollment

Special Services & Clientele	Documentary Requirements	PhilHealth Forms	Fees/s	Duration
2.1 I-Group (Organized Group)	<ul style="list-style-type: none"> <li>Signed MOA</li> <li>I-Group Program Application Form (IPAF)</li> <li>Applicable Certification from BSP, COA, SEC, DTI &amp; LGU</li> <li>Duly accomplished PMRF of all its members together with applicable documents for each qualified dependent declared</li> <li>Clear copy of Birth Certificate/Baptismal Certificate (if none, ANY of the documents listed at the back of PMRF</li> </ul> <p><b>For declaration of dependents</b></p> <ul style="list-style-type: none"> <li>Same with requirements for declaration of new dependents of employed member</li> </ul>	<ul style="list-style-type: none"> <li>PMRF</li> <li>IPAF</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>20 minutes</li> </ul>
2.2 LGUs	<ul style="list-style-type: none"> <li>MOA and/or LGU Resolution</li> <li>Duly accomplished PhilHealth Membership Registration Form of qualified members together with applicable documents for each qualified dependent declared.</li> <li>Clear copy of Birth Certificate/Baptismal Certificate (if none, ANY of the documents listed at the back of PMRF</li> </ul> <p><b>For declaration of dependents</b></p> <ul style="list-style-type: none"> <li>Same with requirements for declaration of new dependents of employed member</li> </ul>	<ul style="list-style-type: none"> <li>PMRF</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>20 minutes</li> </ul>

### 3. Payment of premium contributions

Special Services & Clientele	Documentary Requirements	PhilHealth Forms	Premium Contributions	Duration
3.1 I-Group	<ul style="list-style-type: none"> <li>Billing statement</li> </ul>	<ul style="list-style-type: none"> <li>POR</li> </ul>	<ul style="list-style-type: none"> <li>Amount of premium as stated in the I-Group Program</li> </ul> <p><u>Note</u></p> <ul style="list-style-type: none"> <li>OG to collect contributions from its members and remit to LHIOs or ACAs</li> </ul>	<ul style="list-style-type: none"> <li>10 minutes</li> </ul>
3.2 Sponsors (LGUs/Legislators)	<ul style="list-style-type: none"> <li>Duly accomplished PPPS</li> <li>Advice of checks issued and cancelled</li> </ul>	<ul style="list-style-type: none"> <li>PPPS</li> <li>POR</li> <li>PAR</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>10 minutes</li> </ul>


#### 4. Submission of reports (Online)


Special Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
4.1 Employer 4.1.1 EPRS users	<ul style="list-style-type: none"> <li>Online</li> </ul>	<ul style="list-style-type: none"> <li>Electronic Premium Reporting System (EPRS)</li> <li>PhilHealth Agents Receipt (PAR)</li> <li>PhilHealth Official Receipt (POR)</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>Real time posting of Remittance Report (RF1) in EPRS</li> <li>Time posting of premium contributions of up to 24 hours maximum upon posting of payment in the EPRS (OTCCS payments)</li> </ul>
4.1.2 E-pay/E-Gov users	<ul style="list-style-type: none"> <li>Online</li> </ul>	<ul style="list-style-type: none"> <li>Daily Collection Report (RF2)</li> <li>Summary of Remittance Report (RF2A)</li> </ul>	<ul style="list-style-type: none"> <li>No service fee</li> </ul>	<ul style="list-style-type: none"> <li>Downloading of RF2 within 24 hours</li> </ul>

Special Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
				<ul style="list-style-type: none"> <li>Real time posting of premium contributions via EPRS</li> </ul>

## G. Matrix of service standards (for frontline services)



### 1. Membership registration (Employer, employee, and lifetime member)

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<ul style="list-style-type: none"> <li>Secure information, membership registration form and priority number at the Public Assistance Desk/Special Lane Section (for Lifetime Members).</li> </ul>			
<ul style="list-style-type: none"> <li>Submit duly accomplished membership registration forms and supporting documents once priority number is called.</li> </ul> <p><u>For employees' registration</u></p> <ul style="list-style-type: none"> <li>Receive copy of ER2 Form (for more than 5 submitted PMRFs)</li> <li>Receive the Certificate of Registration and Employer Data Record (for employers) / PhilHealth Identification Card/Lifetime Member Card and Member Data Record (for members).</li> </ul>	<ul style="list-style-type: none"> <li>Receive and screen duly accomplished membership registration forms and supporting documents</li> </ul> <p><u>For Lifetime Members</u></p> <ul style="list-style-type: none"> <li>Upon receiving registration form and supporting documents, encode/assign/update member data, and scan signature of member</li> </ul> <p><u>For Employed Members</u></p> <ul style="list-style-type: none"> <li>Upon receiving registration form and supporting documents, reconcile the name/of employees indicated in the ER2 Form against the attached PMRF</li> <li>Return received copy of ER2 (if submitted PMRFs are more than 5 and advise client on next steps) or advise client to wait for release of PhilHealth Identification Card (PIC) and Member</li> </ul>	<ul style="list-style-type: none"> <li>Frontline Officer</li> </ul> 	<ul style="list-style-type: none"> <li>Lifetime member registration = 30 minutes</li> <li>Employer registration = 20 minutes</li> <li>Employee registration = 45 minutes for less than or equal to 5 PMRFs as processed or within 10 working days for 6 PMRFs and above</li> </ul>


Client Step	PhilHealth Action	Office/Person Responsible	Duration*
	<p>Data Record (MDR) if submitted PMRFs are 5 and below at the Releasing Counter.</p> <ul style="list-style-type: none"> <li>• Endorse PMRFs to Support Officer for processing</li> <li>• Process PMRFs</li> </ul> <p><u>Detailed processing</u></p> <ul style="list-style-type: none"> <li>➤ Verify if name of employee already exists in the system</li> <li>➤ Encode data indicated in the PMRFs in the system</li> <li>➤ Assign PhilHealth Employer Number (for employers) / PhilHealth Identification Number (for members)</li> <li>➤ Print Certificate of Registration and Employer Data Record (for employers) / PhilHealth Identification Card and Member Data Record (for members)</li> </ul> <p><u>For Lifetime Members:</u></p> <ul style="list-style-type: none"> <li>➤ Laminate printed Identification Card with ID picture of client/member</li> <li>➤ Release the abovementioned records/ID</li> </ul>	<ul style="list-style-type: none"> <li>• Frontline Officer</li> </ul> 	

\*Under normal circumstances per transaction

## 2. Membership enrollment (IPP, OWP)



Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<ul style="list-style-type: none"> <li>Secure information, priority number and membership registration form/OFW Information Sheet at Public Assistance Desk.</li> </ul>			
<ul style="list-style-type: none"> <li>Submit duly accomplished membership registration forms, supporting documents and payment slip once priority number is called.</li> </ul>	<ul style="list-style-type: none"> <li>Receive duly accomplished registration forms, supporting documents and payment slip.</li> </ul> <p><u>For Individually Paying Members</u></p> <ul style="list-style-type: none"> <li>Upon receiving abovementioned forms, evaluate completeness of data therein.</li> <li>Encode/assign/update member's data.</li> <li>Upon encoding/assigning/updating member's data, print Member Data Record (MDR) and PhilHealth Identification Card (PIC) of client/member.</li> <li>Endorse payment slip to the assigned payment processor and advise client to proceed to the Payment Processor window and return after payment has been made.</li> </ul>	<ul style="list-style-type: none"> <li>Frontline Officer</li> </ul> <ul style="list-style-type: none"> <li>Frontline Officer</li> </ul> 	<ul style="list-style-type: none"> <li>20 minutes</li> </ul> 



Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<ul style="list-style-type: none"> <li>Proceed to the Payment Processor desk and receive priority number.</li> </ul>	<ul style="list-style-type: none"> <li>Encode payment slip and assign priority number.</li> <li>Advise member to proceed to Cashier's window once priority number is called.</li> </ul>	<ul style="list-style-type: none"> <li>Payment Processor</li> </ul>	
<ul style="list-style-type: none"> <li>Proceed to the Cashier's window once priority number is called, tender payment for premium contribution and receive Official Receipt.</li> </ul>	<ul style="list-style-type: none"> <li>Receive payment, issue Official Receipt and advise client/member to proceed to Frontline Officer to get PhilHealth Identification Card (PIC) and Member Data Record (MDR).</li> <li>Release PIC and MDR</li> </ul>	<ul style="list-style-type: none"> <li>Collecting Officer</li> </ul>	
<ul style="list-style-type: none"> <li>Receive PhilHealth Identification Card and Member Data Record from frontline officer.</li> </ul>		<ul style="list-style-type: none"> <li>Frontline Officer</li> </ul>	



\*Under normal circumstances per transaction

### 3. Updating of membership records

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<ul style="list-style-type: none"> <li>Secure information, priority number and PhilHealth Member Registration Form (PMRF) at the Public Assistance Desk</li> </ul>			
<ul style="list-style-type: none"> <li>Submit duly accomplished PhilHealth Member Registration Form (PMRF) and supporting documents once priority number is called</li> <li>Receive updated MDR/PIC (if applicable) /EDR</li> </ul>	<ul style="list-style-type: none"> <li>Receive and screen duly accomplished PMRF with supporting documents</li> <li>Encode/update Client/Member's data</li> <li>Print amended Member Data Record (MDR)/PhilHealth Identification Card (PIC - if applicable).</li> <li>Release amended MDR/PIC (if applicable) to the member or Employer Data Record (EDR) to the employer</li> </ul>	<ul style="list-style-type: none"> <li>Frontline Officer</li> </ul> 	<ul style="list-style-type: none"> <li>15 minutes per PMRF</li> </ul> 



\*Under normal circumstances per transaction

#### 4. Request for records (MDR, Certificates, PIC, CE1)

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<ul style="list-style-type: none"> <li>Secure information, priority number and request for documents form at the Public Assistance Desk</li> </ul>			
<ul style="list-style-type: none"> <li>Submit duly accomplished request for documents form (with supporting documents if applicable) once priority number is called</li> </ul>	<ul style="list-style-type: none"> <li>Receive properly filled up request form with supporting documents (if applicable)</li> <li>Process/print request of client</li> </ul>	<ul style="list-style-type: none"> <li>Frontline Officer</li> </ul> 	<ul style="list-style-type: none"> <li>15 minutes per requested form/document</li> </ul> 
<ul style="list-style-type: none"> <li>Receive requested document and acknowledge receipt</li> </ul>	<ul style="list-style-type: none"> <li>Release requested documents and require member to acknowledge receipt of documents</li> </ul>		

\*Under normal circumstances per transaction

## 5. Payment of premium contributions

Client Step	PhilHealth Action	Person Responsible	Duration*
<ul style="list-style-type: none"> <li>Fill out payment slip</li> </ul>			
<ul style="list-style-type: none"> <li>Submit payment slip to the Payment Processor and secure priority number</li> </ul>	<ul style="list-style-type: none"> <li>Receive and encode payment slip, assign priority number and advise Client/Member to proceed to the Cashier's counter once number is called</li> </ul>	<ul style="list-style-type: none"> <li>Payment Processor</li> </ul>	<ul style="list-style-type: none"> <li>10 minutes</li> </ul> 
<ul style="list-style-type: none"> <li>Proceed to Cashier's window and tender payment once priority number is called</li> <li>Receive PhilHealth Official Receipt</li> </ul>	<ul style="list-style-type: none"> <li>Receive money from the Client/Member and print Official Receipt (OR)</li> <li>Release/issue PhilHealth Official Receipt</li> </ul> <p><i>* Service Offices with minimal number of clients may combine all PhilHealth actions</i></p>	<ul style="list-style-type: none"> <li>Collecting Officer</li> </ul> 	



\*Under normal circumstances per transaction

## 6. Inquiry/public assistance

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<ul style="list-style-type: none"><li>Proceed to the Public Assistance Desk/Corner and ask for information.</li></ul>	<ul style="list-style-type: none"><li>Accommodate client's inquiry</li></ul>	<ul style="list-style-type: none"><li>Frontline Officer</li></ul>	<ul style="list-style-type: none"><li>10 minutes</li></ul>



\*Under normal circumstances per transaction

## 7. Filing of claims by IHCPs

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<ul style="list-style-type: none"> <li>Secure information and/or priority number at the Public Assistance Desk</li> </ul>			
<ul style="list-style-type: none"> <li>Proceed to Frontline Service Counter and submit claims together with the transmittal list once priority number is called</li> <li>Initial copy of transmittal list, if with correction.</li> <li>Receive copy of acknowledged transmittal list</li> </ul>	<ul style="list-style-type: none"> <li>Receive and screen claims as to the correct number and names of claimants against transmittal list.</li> <li>Stamp "received" on the transmittal list if there are no deficiencies in the transmittal and total number of claim; if there is/are name/s listed but no claims attached, cross-out name/s in the list and have the transmittal list initialed by the hospital representative/health care provider.</li> <li>Return received copy of transmittal list to hospital representative/health care provider and advise client that processing of claims will be done within the 60-day period</li> </ul>	<ul style="list-style-type: none"> <li>Frontline Officer</li> </ul> 	<ul style="list-style-type: none"> <li>30 minutes for every 100 claims</li> </ul> 


\*Under normal circumstances per transaction

## 8. Filing of claims (Direct-filing by members)

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<ul style="list-style-type: none"> <li>Secure information and/or priority number at the Public Assistance Desk</li> </ul>			
<ul style="list-style-type: none"> <li>Submit duly accomplished acknowledgement receipt form, PhilHealth claims with supporting documents once priority number is called</li> <li>Receive acknowledgement receipt or claim with deficiency</li> </ul>	<ul style="list-style-type: none"> <li>Receive and screen claims as to completeness of documentary requirements (non-medical).</li> <li>Stamp "received" the acknowledgement receipt form and return copy to client/member or return acknowledgement receipt and PhilHealth claim if with deficiency for client/member's compliance.</li> <li>Advise Client/Member to expect notice/Benefit Payment Notice (BPN) (within the 60-day period) or to comply with the required/deficient documents/information.</li> </ul>	<ul style="list-style-type: none"> <li>Frontline Officer</li> </ul> 	<ul style="list-style-type: none"> <li>10 minutes</li> </ul> 

\*Under normal circumstances per transaction



## 9. Submission of remittance reports (RF1)

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<ul style="list-style-type: none"> <li>Secure information and/or priority number at the Public Assistance Desk</li> </ul>			
<ul style="list-style-type: none"> <li>Submit remittance report (RF-1) and/or diskette/flash drive once priority number is called</li> <li>Receive copy of acknowledged remittance report</li> </ul>	<ul style="list-style-type: none"> <li>Receive and screen remittance report (as to number and/or data stored in the diskette/flash drive).</li> <li>Stamp "received" on the remittance report</li> <li>Return received copy of remittance report/flash drive to client.</li> </ul>	<ul style="list-style-type: none"> <li>Frontline Officer</li> </ul> 	<ul style="list-style-type: none"> <li>20 minutes (every 50 pages)</li> <li>30 minutes (soft copy)</li> </ul>

\*Under normal circumstances per transaction





#### 10. Submission of reports/documents (from IHCPs/hospitals)

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<ul style="list-style-type: none"> <li>Secure information and/or priority number at the Public Assistance Desk</li> </ul>			
<ul style="list-style-type: none"> <li>Submit duly accomplished report/s and transmittal list, compliances and other related accreditation/engagement documents once priority number is called</li> <li>Receive copy of acknowledged reports/documents</li> </ul>	<ul style="list-style-type: none"> <li>Receive Monthly Mandatory Hospital Report/OPB Reports/Financial Utilization Report/ Financial Report of Unclaimed Refund to Members and other related accreditation/engagement documents</li> <li>Stamp “received” on the transmittal report and return copy of report/s to Client.</li> </ul>	<ul style="list-style-type: none"> <li>Frontline Officer</li> </ul> 	<ul style="list-style-type: none"> <li>5 minutes</li> </ul> 



\*Under normal circumstances per transaction

# 11. Submission of application for engagement (HCPs or Health Care Providers)

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<ul style="list-style-type: none"> <li>Secure priority number and information and payment slip at the Public Assistance Desk</li> </ul>			
<ul style="list-style-type: none"> <li>Submit duly accomplished application forms for accreditation and supporting documents together with the properly-filled -out payment slip once priority number is called</li> </ul>	<ul style="list-style-type: none"> <li>Receive application for accreditation, supporting documents and payment slip</li> <li>Screen as to completeness of requirements and if within the period of filing</li> </ul> <p>If incomplete, the application will be returned to the HCPs with advise to return with the complete documents <i>(end of process here)</i></p> <ul style="list-style-type: none"> <li>Endorse payment slip to the assigned Payment Processor and advice client to proceed to the Payment Processor window and return after payment has been made.</li> </ul>	<ul style="list-style-type: none"> <li>Frontline Officer</li> </ul> 	<ul style="list-style-type: none"> <li>30 minutes</li> </ul> 
<ul style="list-style-type: none"> <li>Proceed to the Payment Processor</li> </ul>	<ul style="list-style-type: none"> <li>Encode payment slip and assign priority number and advise client to proceed to the Cashier's window once priority number is called.</li> </ul>	<ul style="list-style-type: none"> <li>Payment Processor</li> </ul>	
<ul style="list-style-type: none"> <li>Proceed to Cashier</li> </ul>	<ul style="list-style-type: none"> <li>Receive payment, print and release Official Receipt</li> </ul>	<ul style="list-style-type: none"> <li>Collecting Officer</li> </ul>	
<ul style="list-style-type: none"> <li>Proceed to frontline service counter and receive acknowledgement/transmittal list and advice (when to expect certificate of registration/accreditation)</li> </ul>	<ul style="list-style-type: none"> <li>Release acknowledgement/transmittal list and advice client/member of the new provider engagement process per PhilHealth Circular 54, s2012</li> </ul>	<ul style="list-style-type: none"> <li>Frontline Officer</li> </ul>	



\*Under normal circumstances per transaction

## 12. Check releasing (pick-up by member)

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<ul style="list-style-type: none"> <li>Secure priority number at the Public Assistance Desk</li> </ul>			
<ul style="list-style-type: none"> <li>Present valid IDs once priority number is called at the Check Releasing Counter/Cashier's window</li> </ul>	<ul style="list-style-type: none"> <li>Verify if claim check is available, if not, advice client/member of status of the check (if not yet available etc.)</li> <li>Validate IDs presented if check is available and release to client/member.</li> </ul>	<ul style="list-style-type: none"> <li>Frontline Officer</li> </ul> 	<ul style="list-style-type: none"> <li>15 minutes</li> </ul> 
<ul style="list-style-type: none"> <li>Acknowledge receipt of check.</li> </ul>	<ul style="list-style-type: none"> <li>Require member to acknowledge receipt of the check thru the logbook.</li> </ul>		



\*Under normal circumstances per transaction

### 13. Check releasing (pick-up by stakeholders)

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<ul style="list-style-type: none"> <li>Secure priority number at the Public Assistance Desk</li> </ul>			
<ul style="list-style-type: none"> <li>Present valid company IDs once priority number is called at the Check Releasing Counter/Cashier's window</li> </ul>	<ul style="list-style-type: none"> <li>Receive and validate company ID</li> </ul>	<ul style="list-style-type: none"> <li>Frontline Officer</li> </ul> 	<ul style="list-style-type: none"> <li>30 minutes</li> </ul> 
<ul style="list-style-type: none"> <li>Countercheck/validate cheques received then acknowledge receipt of check, affix signature in the logbook and disbursement voucher</li> </ul>	<ul style="list-style-type: none"> <li>Verify if check is available, if not, advice client of status of the check, if check is available release check to client.</li> <li>Require client to acknowledge receipt of the check thru the logbook and disbursement voucher.</li> </ul>		
<ul style="list-style-type: none"> <li>Issue official receipt</li> </ul>	<ul style="list-style-type: none"> <li>Receive official receipt and file</li> </ul>		



\*Under normal circumstances per transaction

#### 14. Request for other services

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<b>Other services include:</b> (a) Replacement of check; (b) Adjustment of benefit payment; (c) Adjustment of premium contribution; (d) Filing of complaints against health providers/professionals; (e) Request for PhilHealth Certification (CE-1); and (f) Walk-in queries			
<ul style="list-style-type: none"> <li>Secure priority number, information and applicable forms at the Public Assistance Desk</li> </ul>			
<ul style="list-style-type: none"> <li>Submit duly accomplished forms and supporting documents (if applicable) once priority number is called</li> <li>Acknowledge receipt of document requested and/or advice and affix signature in the logbook</li> </ul>	<ul style="list-style-type: none"> <li>Receive request form/applicable forms</li> <li>Process request</li> <li>Provide feedback on requested service; advise member/stakeholder appropriately</li> <li>Ask member/stakeholder to affix signature in logbook to acknowledge filing of request</li> </ul>	<ul style="list-style-type: none"> <li>Frontline Officer</li> </ul> 	<ul style="list-style-type: none"> <li>20 minutes</li> </ul> 

\*Under normal circumstances per transaction

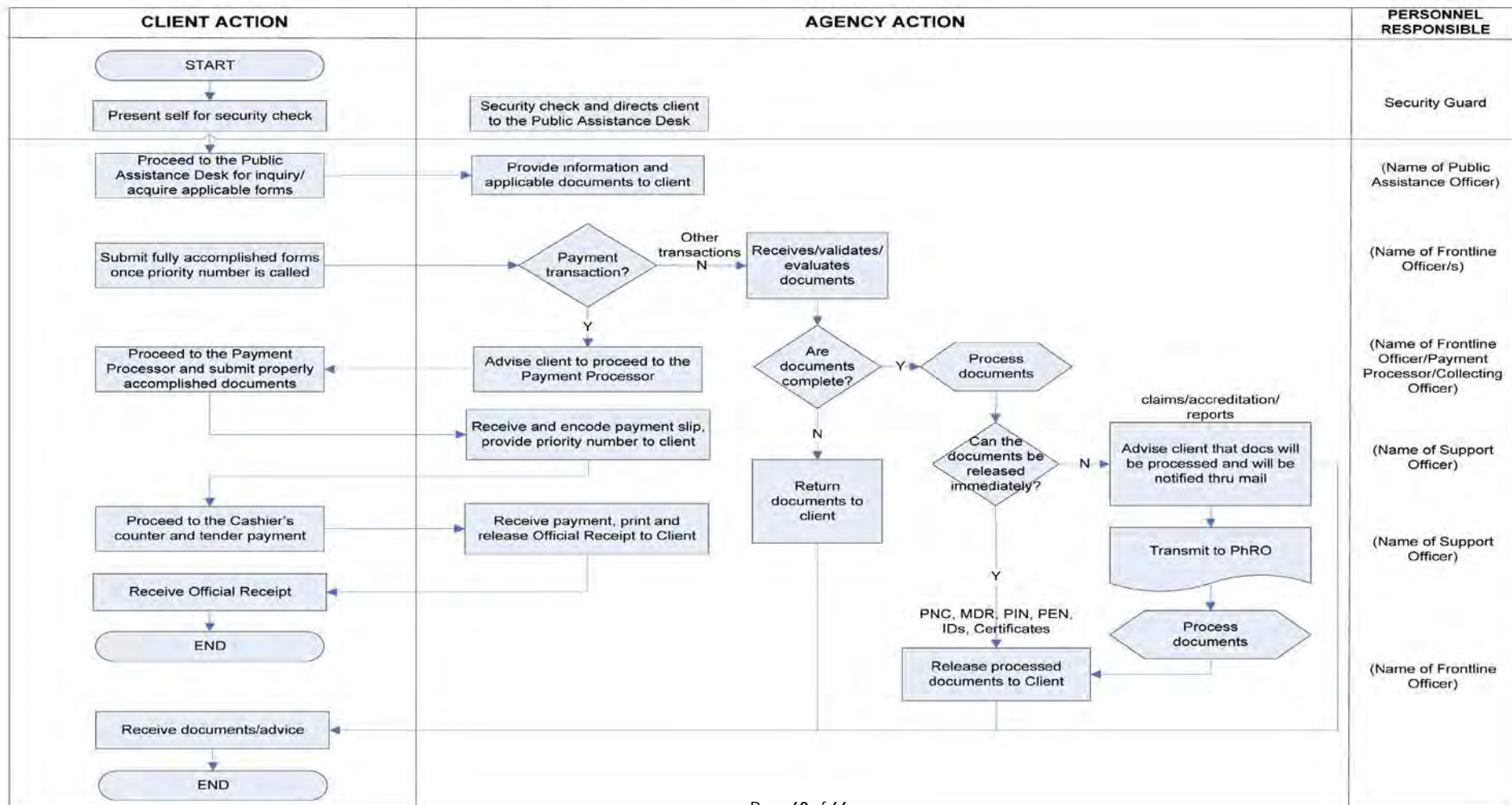
## 15. Feedback mechanism

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<ul style="list-style-type: none"> <li>• Proceed to the Service Office Head</li> <li>• Fill out feedback form</li> <li>• Submit letter/feedback form</li> <li>• Receive advise/action</li> </ul>	<ul style="list-style-type: none"> <li>• Accommodate/handle client's concern/s</li> <li>• Advise client to fill up feedback form (if necessary)</li> <li>• Receive letter/feedback form</li> <li>• Process request</li> <li>• Provide feedback on client grievance; advice member/stakeholder appropriately</li> </ul>	<ul style="list-style-type: none"> <li>• Local Health Insurance Office (LHIO) Head</li> </ul> 	<ul style="list-style-type: none"> <li>• 20 minutes</li> </ul> 

\*Under normal circumstances per transaction

## H. Process Flow Chart

# PROCESS FLOWCHART



## I. Feedback and Redress Mechanism

PhilHealth provides a Feedback/ Suggestion Box to its Local Health Insurance Offices wherein clients may drop the accomplished Client Feedback Form available thereat. The said box will be opened and checked daily for content(s), if any.

You can also visit our website, [www.philhealth.gov.ph](http://www.philhealth.gov.ph) to download forms or for online feedbacks.

You can also talk anytime to our Officer-of-the-Day. for assistance regarding our Client Feedback Form

All feedback will be promptly acknowledged and any complaint/ grievance that requires action will be undertaken and communicated within 30 working days from receipt of the same.

*Your Satisfaction is our Fulfillment*

CityState Centre Bldg.,  
709 Shaw Blvd., Brgy. Oranbo, Pasig City  
Phone: 02-4417442  
Email: [actioncenter@philhealth.gov.ph](mailto:actioncenter@philhealth.gov.ph)

Thank you.



## Client Feedback Form

*We value your feedback for better service.*

Name:	
Address:	
Phone Number:	
Email Address:	
Office Address:	





## CLIENT FEEDBACK FORM

*Please check the appropriate box.*

Are you satisfied with our service?

☐

Yes

☐

No

Reason:

☐  
☐  
☐

Commendation for services or staff

Complaint about our services or staff

Suggestions to improve our services

Service/employee being commended:

Office/Position:

Reason for commendation:

Service being complained:

Office:

Name/Position of staff who rendered service:

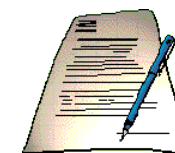
When did it happen?

Facts of complaint:

What is your desired action from our office?

Suggestions to improve our service:

*Please use additional sheet if necessary*



Name:

Signature:

Date:

J. Anti-Fixer Campaign Banner

3 ft.

# ANTI-FIXER CAMPAIGN

The Anti-Red Tape Law (R.A. 9485) imposes stiff penalties on fixers:  
imprisonment of as long as six years, or a fine of up to P200,000, or both.

## Labanan ang Fixers!

Report the name of the fixer, name and location of government office,  
date and type of transaction to the following:

2 ft.

Office of the Ombudsman		0926-6994703
		(02) 927-4102;
		(02) 927-2404
Civil Service Commission		0917-8398272
		(02) 932-0111

# Fix the Fixers!

## K. Anti-Fixer Calling Card

