



No. 03-03-2006

Order of Payment Slip Not Accepted as Official Receipt

All accredited collecting banks and agents are advised not to accept the "Order of Payment Slip" as shown in the figure on the right, as the form to validate receipt of premium payment of PhilHealth members.

The Slip is for the exclusive use when making payments through any of our Offices nationwide using the Over-the-Counter Collection System (OTCCS). Banks/Agents must instead use the appropriate Contribution Payment Return Forms, namely, the ME-5 for the Employed Sector, the MI-5 for the Individually Paying Sector and the Min-5 for the Sponsored Sector. These forms are considered Official Receipts when machine validated.

The form is titled "PHILIPPINE HEALTH INSURANCE CORPORATION ORDER OF PAYMENT SLIP". It contains the following fields and information:

- Name of Payor:** LMY CONSTRUCTION CORPORATION
- FOR PEN:** 0 5 5 7 9 6 1 5 1
- Address:** OUR OFFICES BLDG. 157 BERKELEY ST. EDSA MANDALUYONG CITY Tel No. 7250272
- MEMBER REFERENCE:**
 - ☐ GOVERNMENT
 - ☒ PRIVATE SECTOR
 - ☐ OFWS
 - ☐ SPV (Self-employed/Voluntary)
 - ☐ HOUSEHOLD HELPER
 - ☐ MUNICIPALITY
 - ☐ PROVINCIAL
 - ☐ BARANGAY
- DOCTOR/SPONSOR:** (pls. specify details below)
- Insurance Doctor Ref:**
- Billing Statement No.:**
- Billing Date:** JANUARY 2006
- MODE OF PAYMENT:**
 - ☐ CASH
 - ☒ CHECK
 - ☐ POSTAL MONEY ORDER (PMO)
- Check or PMO, pls. specify:**
- BANK NAME & BRANCH / POST OFFICE:**
- CHECK / PMO NO.:**
- DATE:**
- PAYMENT TENDERED:** NINE THOUSAND TWO HUNDRED PESOS ONLY 9,200.00 (AMOUNT IN WORDS)
- PAYMENT FOR:**
 - ☒ 1st-12th PREMIUM
 - ☐ ACCREDITATION FEE
 - ☐ OTHERS
- 1st-12th PREMIUM:** JANUARY 2006 (APPLICABLE PERIOD)
- OTHERS:** (PLS. SPECIFY)
- CERTIFIED CORRECT:** MANILA A. FRANCISCO (SIGNATURE (OR PRINTED NAME))
- Note:** Non-Accountable Form. May be reproduced.

Please report any and all instances of usage of the Order of Payment Slip to our Treasury Department at 637-9999 local 1701.