


No.04-03-2011

Valid Proofs of Payment

All Accredited Health Care Providers are advised of the following valid proofs of premium payment when verifying the member's eligibility to avail of benefits:

Program Category	Proof of Payment	Reference
Individually Paying Members	Remittance-by-Air: * <i>Printed proof of payment from PhilHealth website</i> * <i>Certificate of premium payment issued by PhilHealth</i> Duly validated Bayad Center Payment Form Certificate of premium payment issued by PhilHealth (for Organized Groups) Certificate of premium payment issued by PhilHealth (for KaSAPI members) Duly validated LBC Bills Express Payment Receipt Duly validated LBC Bills Express Collection System Acknowledgement Receipt	PhilHealth Circular 23, s-2010 PhilHealth Circular 16, s-2010 PhilHealth Circular 05,s-2008 PhilHealth Circular 18, s-2007 PhilHealth Circular 35, s-2010
	MLhuillier Sendout Form (for online transactions) MLhuillier Sendout Form Remote Transaction (for offline transactions)	PhilHealth Circular 11, s-2009
	MI-5 PhilHealth Agent's Receipt (PAR) PhilHealth Official Receipt (POR)	PhilHealth Circular 6, s-2010
Overseas Filipino Workers	Duly-validated Remittance Forms of the following banks and remittance centers: * <i>Development Bank of the Philippines Tie-up ENJAZ</i> * <i>Philippine Veterans Bank Tie-up BTI Money Transfer Pte., Ltd.</i> * <i>iRemit Singapore Pte., Ltd.</i>	PhilHealth Circular 21, s-2010
	DBP Remittance Center HK Ltd. Official Receipt OEC Receipt of POEA	PhilHealth Circular 49, s-2009
Employed Members	Duly validated LBC Bills Express Payment Receipt Duly validated LBC Bills Express Collection System Acknowledgement Receipt	PhilHealth Circular 35, s-2010
	MLhuillier Sendout Form (for online transactions) MLhuillier Sendout Form Remote Transaction (for offline transactions)	PhilHealth Circular 11, s-2009
	ME-5 PhilHealth Agent's Receipt (PAR) PhilHealth Official Receipt (POR)	PhilHealth Circular 6, s-2010

The images of these proofs of premium payment are shown in the next pages of this advisory for immediate reference. The HCPs may also download copies of the Circulars stated above. Further inquiries may be directed to the Member Relations Division at (02) 637-6456.


DR. REY B. AQUINO
President and CEO

IMAGES OF VALID PROOFS OF PAYMENT



Proof of Payment (Thru Remittance-By-Air)

Name of Member: **MADAMBA, ROBERT PIERRE RUTAUQIO**
 PhilHealth Identification Number (PIN): **19050136246**
 Membership Category: **IPP-Remittance-By-Air**
 Premium Contribution:

Amount Paid	Date Paid	Amount Paid	Date Paid
P100	January 15, 2010	P100	January 15, 2010
P100	January 15, 2010	P100	January 15, 2010
P100	January 15, 2010	P100	January 15, 2010
P100	February 9, 2010	P100	February 9, 2010
P100	February 9, 2010	P100	February 9, 2010
P100	February 9, 2010	P100	February 9, 2010
P100	April 15, 2010	P100	April 15, 2010
P100	April 15, 2010	P100	April 15, 2010
P100	April 15, 2010	P100	April 15, 2010

The Individually Paying Member (IPM) and his qualified dependents shall be required to have paid at least three (3) monthly contributions within the six (6) months prior to evaluation of the Hospitalization or Regular Outpatient Benefits except for some benefit packages and selected procedures where the members are required to have paid at least nine (9) monthly contributions within the twelve (12) months prior to evaluation.

This certification is machine generated and does not require a signature.

Falsification of this document is punishable by law.

IMPORTANT note to all PhilHealth accredited Hospitals and Healthcare Providers: The list of premium payments reflected above may be verified for correctness by logging in to PhilHealth website at www.philhealth.gov.ph under the RBA program or via SMS by texting PHHC HISTORY <PIN> to 7462.

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esoluzio

**Certificate of premium payment
through Remittance-by-Air**

Bayad Center payment form



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 18th Floor City State Center Bldg., 709 Shaw Blvd., Pasig City
 637-2672

Certificate of Premium Payment

This is to certify that **CARD MUTUAL BENEFIT ASSOCIATION INC** with PhilHealth Organized Group No. **319000029179** has remitted the premium contribution amounting to **Four hundred ninety six thousand nine hundred forty four and 0/100 pesos (PHP 496,944.00)** on **29 June 2010** per Official Receipt No. **24254180** covering the period **April 2010 to December 2010**. This remittance covers the following members of the said Organized Group.

PIN	Complete Name of Enrollee	Address
1. 08-02518528-7	ABANDIA, LEOVIGILDA ALIGA	717 BUSTAMANTE ST LABAK 2, CANDELARIA, QUEZON
2. 08-02539612-5	ABONGAR, REA MARIE ARTILLERO	SANTO NIÑO, SAN PABLO CITY, LAGUNA
3. 08-025282043-8	ABONITA, VERSATILE OROLFO	RIVERSIDE, PACIANO RIZAL, CALAMBA, LAGUNA
4. 08-025395533-1	ABORDO, MARIA SUGANO	264, BAUTISTA A, SAN PABLO CITY, LAGUNA
5. 01-02020640-8	ABRINA, CARMELITA REMOJO	692 PINA ST CAA, LAS PINAS CITY, FOURTH DIST.

Certificate of premium payment for KaSAPI members



PAYMENT RECEIPT
 General Aviation Center, Domestic Airport Compound,
 Domestic Road, Pasay City
 Tel #: 8881234



Received from: **JUAN DELA CRUZ**
 Applicable Period: **October 2010 - December 2010**
 Member Type: **Self-Employed / Voluntary**
 The sum of pesos: **Three Hundred Pesos and Zero Cents Only (300.00)**
 In payment for Member ID: **090501807868**
 Form of Payment: **CASH**
 Service Charge: **8.00** Total Amount: **300.00**

Important: This serves as your proof of payment.

LBC Express payment receipt

Important: This serves as your proof of payment.

LBC Express acknowledgement receipt

MI-5 for individually paying members

ME-5 for employed members

DBP Hong Kong

DBP remittance form, Hong Kong

DBP Tie-up (Enjaz)

DBP remittance form, Middle East

IMAGES OF VALID PROOFS OF PAYMENT

PVB Tie-up

I-Remit

BTI MONEY TRANSFER PTE. LTD. THIS IS AN OFFICIAL RECEIPT
304 ORCHARD ROAD #03-05/01 LUCKY PLAZA SINGAPORE 238863
TEL: 67380103 FAX: 67374539
LICENSED REMITTANCE CENTRE
REG. NO.: 200612718M

CUSTOMER NO : BATCH REF : DATE/TIME :
SENDER : TELLER : RECEIPT NO :
PP/IC NO : MODE :
ADDRESS : BANK :
TEL : BRANCH :
A/C NO :
BENEFICIARY : AMOUNT TO BE
OR: REMITTED :
ADDRESS : EXCHANGE RATE :
TEL : MISC FEE :
RECEIVED :
TOTAL :
PAYMENT RECEIVED BY
AUTHORIZED SIGNATURE

SERVICE CHARGE IS NOT REFUNDABLE. OVERSEAS AGENT: BTI COURIER EXPRESS INC.

IREMIT SINGAPORE PTE LTD
101 Robinson Road #10-01 Robinson Centre
Singapore 068902
TEL: 6733 8888 FAX: 6733 8888
www.iremit.com.sg

IREMIT
REMITTANCE APPLICATION FORM
OFFICIAL RECEIPT

Message to Beneficiary:

PLEASE CONFIRM YOUR CHARGE REFERENCE THE COUNTRY

PVB tie-up BTI Money Transfer receipt

iRemit Singapore receipt

Republic of the Philippines
Philippine Health Insurance Corporation
PHILHEALTH AGENTS RECEIPT (PAR)

PAYOR'S COPY
PAR NUMBER
30138130

NAME DATE
AMOUNT RECEIVED AGENT'S SIGNATURE

VALIDATION BOX
PIN/PEN
NAME
MEMBER TYPE
APPLICABLE PERIOD
AMOUNT
VALIDATION DATE

Responsableng Miyembro, Ginawa sa Serbisyo

PhilHealth Agents Receipt

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF LABOR AND EMPLOYMENT

Philippine Overseas Employment Administration Overseas Workers Welfare Administration Philippine Health Insurance Corporation

OFFICIAL RECEIPT Date & Time No 6018981 H

THIS SERVE AS YOUR OWWA AND PHILHEALTH MEMBERSHIP CERTIFICATE

VALIDATION
Received the amount stated above.
Collecting Officer
This document is not considered a receipt unless machine validated.

OEC Receipt from POEA

MLHULLIER PHILIPPINES
(Sending Branch)

**SENDOUT FORM
REMOTE TRANSACTION**

ML KWARTA PADALA
We move your money fast!

SENDER (Last) (First) (Middle Name)
Name
Address
Tel. No. Gender ☐ M ☐ F
Date Filed
Time Filed
Prin. Amt. in Words

RECEIVER (Last) (First) (M.I.)
Name
Address
Tel. No. Gender ☐ M ☐ F
Principal Amount
Charges
Total Amount Rcvd
KPTN
OR No.
Operator's Signature

☐ Password
☐ Message
Sender's Signature

The terms and conditions on which service is provided are set out in the reverse side of this form. By signing this form, I acknowledge that I have read, understood and accepted those Terms and Conditions.
Always give your KPTN when tracking your transaction.

ML-S A No 252248

MLhuillier Send-Out Form

PHILHEALTH OFFICIAL RECEIPT
Republic of the Philippines
Philippine Health Insurance Corporation

DATE NO. 26838202

Received from:
Reference:
Zip Code: Tel. No.:

NATURE OF COLLECTION AMOUNT

TOTAL P

AMOUNT IN WORDS

☐ Cash ☐ Drawee Bank ☐ Nil ☐ Date
☐ Check ☐ Money Order
Premium Dues for: Received the Amount Stated Above
Billing Statement No.
Billing Date: COLLECTING OFFICER

PAYOR'S COPY

PhilHealth Official Receipt