



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: * Printed proof of payment from PhilHealth website * Certificate of premium payment issued by PhilHealth 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
00000	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: * Development Bank of the Philippines Tie-up ENJAZ * Philippine Veterans Bank Tie-up BTI Money Transfer Pte., Ltd. * iRemit Singapore Pte., Ltd.	PhilHealth Circular 21, s-2010
Workers	DBP Remittance Center HK Ltd. Official Receipt OEC Receipt of POEA	PhilHealth Circular 49, s-2009
	Duly validated LBC Bills Express Payment Receipt Duly validated LBC Bills Express Collection System Acknowledgement Receipt	PhilHealth Circular 35, s-2010
Employed Members	MLhuillier Sendout Form <i>(for online transactions)</i> MLhuillier Sendout Form Remote Transaction <i>(for offline transactions)</i>	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

				June 4, 2010 10:30:50
Name of Member: PhilHealth Identification Membership Category:	Number (PIN):	MADAMBA, 190505156246 IPP-Remittar		IERRE RUTAQUIO
Premium Contributions:				
Amount Paid	Date Paid	Ar	nount Paid	Date Paid
P100	January 15, 20		P100	January 15, 2010
P100	January 15, 20	10	P100	January 15, 2010
P100	January 15, 20	10	P100	January 15, 2010
P100	February 9, 20	10	P100	February 9, 2010
P100	February 9, 20	10	P100	February 9, 2010
P100	February 9, 20	10	P100	February 9, 2010
P100	April 15, 201	0	P100	April 15, 2010
P100	April 15, 201	0	P100	April 15, 2010
P100	April 15, 201	0	P100	April 15, 2010
least three (3) monthly co or Repular Outpatient Be	ntributions within	the six (6) mont some benefit pa	hs prior to av schages and s	all be required to have paid at railment of the Hospitalization telected procedures where the within the twelve (12) months

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 a years philhealth garvaib. under the RBA program or via SMS by resting PHIC HISTORY <PINN to 7442.

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CSOLUZIONE

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 Bildg., 709 Shaw Blvd., Pasig City
637-2672

Certificate of Premium Payment

This is to certify that <u>CARD MUTUAL BENEFIT ASSOCIATION INC</u> with Philleath Organized Group No. 31900029179 has remitted the premium contribution amounting to Four hundred minet six thousand nine hundred forty four and 0.100 pesso (PHP 946,544.00) or 25 June 2010 per Official Receipt No. 24254180 covering the period <u>April 2010</u> to <u>December</u> 2010. This remitance covers the following members of the said Organized Group.

PIN Complete Name of Enrollee		Address		
1. 08-025218528-7	ABANDIA, LEOVIGILDA ALIGA	717 BUSTAMANTE ST LABAK 2, CANDELARIA, QUEZON		
2. 08-025339612-5	ABONGAR, REA MARIE ARTILLERO	SANTO NIÑO, SAN PABLO CITY, LAGUNA		
3. 08-025282043-8	ABONITA, VERSATILE OROLFO	RIVERSIDE, PACIANO RIZAL, CALAMBA, LAGUNA		
4. 08-025339533-1	ABORDO, MARIA SUGANO	264, BAUTISTA, SAN PABLO CITY, LAGUNA		
f 01 005000540.0	ARRINA CARMELITA REMOIO	602 PINA ST CAA LAS PINAS CITY, FOURTH DIST.		

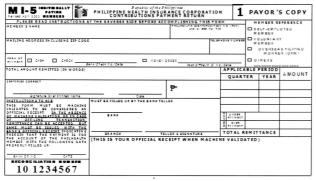
Certificate of premiumpayment for KaSAPI members



LBC Express payment receipt



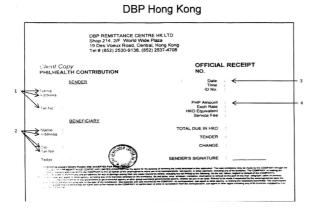
LBC Express acknowledgement receipt



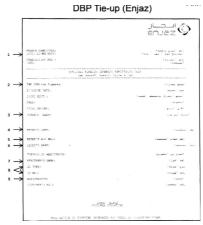
MI-5 for individually paying members



ME-5 for employed members



DBP remittance form, Hongkong

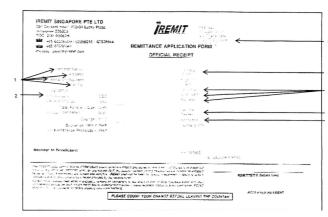


DBP remittance form, Middle East

IMAGES OF VALID PROOFS OF PAYMENT

PVB Tie-up BTI MONEY TRANSFER PTE. LTD. THIS IS AN OFFICIAL RECEIPT 齑 TEL BUNESTOTARY RECEIVED PAYMENT RECEIVED BY AUTHORIZED SIGNATURE SERVICE CHARGE IS NOT REFUNDABLE PVB tie-up BTI Money Transfer receipt

I-Remit



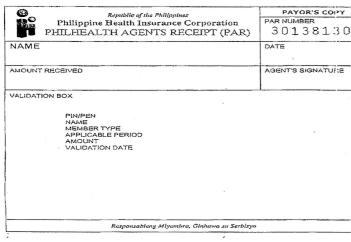
iRemit Singapore receipt

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF LABOR AND EMPLOYMENT

Overseas Workers Welfare Administration

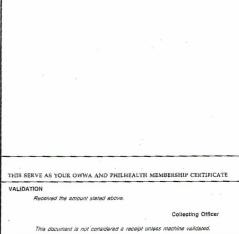
Nº 6018981 H





PhilHealth Agents Receipt

SENDOUT FORM REMOTE TRANSACTION



OEC Receipt from POEA

	NO.	26838202	
Received from:			
Reference:			
Zip Code: T	el. No.:		
NATURE OF COLLE	CTION	Amount	
Te	OTAL D	P	
AMOUNT IN WORDS	1		
Cash Drawee Bank Check Money Order	Numi	Date	
Premium Donor for:	Received the Amount Stated About		
Billing Statement No:			

PhilHealth Official Receipt

KWARTA PADAL We move your money fast! SENDER (Last) (First) (Middle Name) Date Filed Time Filed Address __ M ___ F Tel. No. Gender RECEIVER (Last) (First) Principal Amount Gender M F Tel. No. Total Amount Rovd Password KPTN _ OR No. Sender's Signature Operator's Signature ___ The terms and conditions on which service is provided are set out in the reverse side of this form. By signal accepted those Terms and Conditions. ML-5 A Nº 252248 Always give your KPTN when tracking your transaction

M LHUILLIER

MLhuillier Send-Out Form