

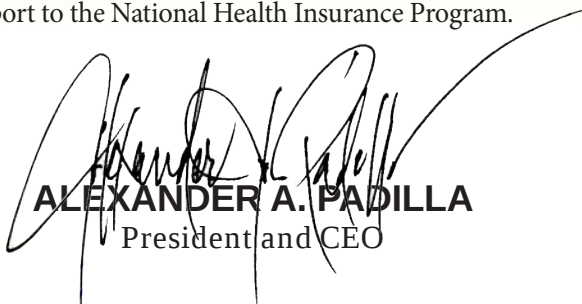
No. 05-04-2015

ALL PHILHEALTH REGIONAL OFFICES, Tsekap PROVIDERS AND ALL OTHERS CONCERNED

Erratum on the PhilHealth Circular 2-2015 regarding Governing Policies on the Expanded Coverage of the Primary Care Benefit Package: *Tamang Serbisyo sa Kalusugan ng Pamilya* (Tsekap).

Annex	Page	From	To
F	2	1.3.1.1. Visual inspection with acetic (VIA): ____ (Php 00.00 - 00.00)	1.3.1.1. Visual inspection with acetic (VIA): ____ (Php 50.00 - 100.00)
F	2	1.3.1.2. Paps smear (in lieu of VIA): ____ (Php 00.00 - 00.00)	1.3.1.2. Pap smear (in lieu of VIA): ____ (Php 100.00 - 200.00)
I	7	Item in the signatories	For deletion and replace by blank
J	3	Aspirin **	Aspirin
J	3	Drug #6 is blank	-insert Trimethoprim/ Sulfamethoxazole (Cotrimoxazole) to corresponding row in Medicine Generic Name column
J	3	Erythromycin **	Erythromycin
J	3	Hydrochlorothiazide **	Hydrochlorothiazide
J	3	Isosorbide Dinitrate 1mg/mL; 10 ampule	-for deletion-
J	4	Metformin Hydrochloride **	Metformin Hydrochloride
J	4	Ofloxacin 0.30% 5 ml bottle	-for deletion-
J	4	Ofloxacin 2mg/ml 100 mL vial	-for deletion-

Thank you for your support to the National Health Insurance Program.



ALEXANDER A. PADILLA
President and CEO