

## SUBMISSION OF FUND UTILIZATION REPORT (FUR) FOR REVIEW OF PRIMARY CARE BENEFIT (PCB) OF ACCREDITED PCB1 PROVIDERS

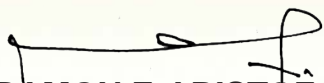
In view of the ongoing review of the Primary Care Benefit, all accredited PCB1 providers are hereby advised to include Fund Utilization Report (FUR) as part of the documentary requirements for submission to their respective LHIOs.

Non-submission of FUR (see Annex A for sample format) shall not render denial of Per Family Payment Reimbursement (PFPR) but shall be construed as non-compliance in Item No. 13 of the Performance Commitment, to wit:

*“That we shall promptly submit reports as may be required by PhilHealth, DOH and all other government agencies and instrumentalities governing the operation of HCl’s”.*

For any questions/ clarifications, you may contact the PCB Team at telephone number (02) 441-7444 local 7575 or email address: [pcb-philhealth@googlegroups.com](mailto:pcb-philhealth@googlegroups.com).

For your information and guidance.



**RAMON F. ARISTOZA, JR.**  
OIC-President and CEO  
EVP and COO

# PhilHealth Advisory



## PHILIPPINE HEALTH INSURANCE CORPORATION

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Annex A

### PFP DISPOSITION AND ALLOCATION FORM

PCB Provider \_\_\_\_\_  
Address \_\_\_\_\_

PCB Provide No. \_\_\_\_\_  
Covered Quarter \_\_\_\_\_

Beginning Balance, Previous Quarter	1,000,000.00		
PFP Received	500,000.00		
Total PFP Available for this Quarter			1,500,000.00

#### Allocation of PFP

Allowed Allocation	Description	Unit Cost	Total Cost	
40%	Drugs and medicine	500,000.00	500,000.00	
40%	Reagents	10,000.00	18,000.00	
	Medical supplies	5,000.00		
	Equipment	3,000.00		
	Information Technology (e.g. IT equipment, internet subscription, payment for encoding services)			
	Capacity building for staff			
	Infrastructure			
20%	Professional fee of physician	150,000.00	300,000.00	
	No. of physician	2		
	Professional fee of health staff	75,000.00		
	No. of health staff	5		
	Professional fee of non-health staff	75,000.00		
	No. of non-health staff	10		
Total PFP Used for Quarter				818,000.00
Ending Balance				682,000.00

I hereby certify that the following is true to the best of my knowledge.

\_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
MHO Officer

\_\_\_\_\_  
Date