

NEW FORMAT OF THE STATEMENT OF PREMIUM ACCOUNT

Please be advised that the Statement of Premium Account (SPA) generated through the Electronic Premium Remittance System (EPRS) has a new format as shown below:

<small>Republic of the Philippines</small> PHILIPPINE HEALTH INSURANCE CORPORATION <small>Champion Center Building, 1201 Shaw Boulevard, Pasig City</small> <small>Headline: 441-7444 Website: www.philhealth.gov.ph</small>																							
STATEMENT OF PREMIUM ACCOUNT (SPA) - FORMAL SECTOR																							
PN: 764891345613 Employer Type: PRIVATE Business Agency Name: ABC CORPORATION		Date generated: February 15, 2018 SPA123456789101 																					
EMPLOYER'S COPY																							
CURRENT CHARGES: Applicable Month: January 2018 No. of Employees: 30 Group Account Name:																							
Amount of Premium: Employee Share: 4,250.00 Employer Share: 4,250.00		Premium Due for the Current Applicable Period: 8,500.00 Add: Total interests and/or surcharges incurred for the previous period(s): 455.00																					
Payment: <table border="1"> <thead> <tr> <th>Month</th> <th>SPA Number</th> <th>Amount</th> <th>Date of Payment</th> <th>PAI/PCR No.</th> <th>Interest</th> </tr> </thead> <tbody> <tr> <td>Aug-18</td> <td>SPA 567890123</td> <td>5,000.00</td> <td>08/20/18</td> <td>123215</td> <td>200.00</td> </tr> <tr> <td>Sep-18</td> <td>SPA 567890123</td> <td>10,000.00</td> <td>09/20/18</td> <td>457359</td> <td>255.00</td> </tr> </tbody> </table>		Month	SPA Number	Amount	Date of Payment	PAI/PCR No.	Interest	Aug-18	SPA 567890123	5,000.00	08/20/18	123215	200.00	Sep-18	SPA 567890123	10,000.00	09/20/18	457359	255.00	TOTAL AMOUNT DUE: 8,955.00 Due Date: February 15, 2018			
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IMPORTANT REMINDER:																							
Per available records, it appears that your account has deficiencies as follows: <table border="1"> <thead> <tr> <th>Reference</th> <th>Deficiency</th> <th>Applicable Month</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>SPA 867543212346</td> <td>No Premium payment</td> <td>OCT 2016</td> <td>6,500.00</td> </tr> <tr> <td></td> <td>No SPA generated</td> <td>Dec 2017</td> <td></td> </tr> </tbody> </table>						Reference	Deficiency	Applicable Month	Amount	SPA 867543212346	No Premium payment	OCT 2016	6,500.00		No SPA generated	Dec 2017							
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Please settle the above deficiencies immediately as indicated. All reports must be posted within five (5) days after payment. For assistance, coordinate with the PAIRG assigned to your account or visit the nearest PhilHealth Office. Thank you.																							
<small>cut off here</small>																							
PHILHEALTH EPRS PREMIUM PAYMENT SLIP																							
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The revised SPA now includes a barcode as an additional security feature, as well as detailed reminders on account deficiencies.

The previous format generated prior to July 2018 may still be accepted for premium payments.

Further inquiries pertaining to this advisory may be referred to our 24/7 Corporate Action Center at (02) 441-7442.

ROY B. FERRER, M.D., MSc.
Acting President and CEO