



## Submission of COVID-19 Home Isolation Benefit Package (CHIBP) Claims through e-Claims system

Pursuant to PhilHealth Circular No. 2022-0004 Section VII Transitory Provision, please be advised that starting December 1, 2022, manual submission of CHIBP claims is hereby terminated.

For accredited CHIBP providers with no e-Claims system, they shall have an agreement with another PhilHealth-accredited provider that will file, submit claims and receive payments electronically on their behalf. The facility shall submit an authorization letter for the use of the e-Claims system of their partner provider (see attached sample template for Authorization Letter for the Use of e-Claims System) to the nearest PhilHealth Regional Office/Local Health Insurance Office.

For your guidance and compliance.

**(Sgd.) ATTY. ELI DINO D. SANTOS**

Officer-in-Charge

Office of the President and CEO

October 27, 2022

### Sample Template

#### Authorization for Use of eClaims System

This is to authorized (Name of the accredited PhilHealth facility) to use our eClaims system for the filing and submission of COVID-19 Home Isolation Benefit Package (CHIBP) claims using its own PhilHealth Accreditation Number (PAN) and cipher key. Further, all PhilHealth reimbursements for the CHIBP's filed claims shall be credited to the (name of partner facility) Auto-Credit Payment Scheme (ACPS) account and shall subsequently be disbursed to the said accredited facility based on agreed terms

For this purpose, I hereby submit the following bank account information:

- 1. Bank Name \_\_\_\_\_
- 2. Branch \_\_\_\_\_
- 3. Bank Account Name \_\_\_\_\_
- 4. Bank Account Number \_\_\_\_\_
- 5. Official HCI Email Address \_\_\_\_\_
- 6. Landline Number \_\_\_\_\_
- 7. Mobile Number \_\_\_\_\_

\_\_\_\_\_  
(Partner Facility)

Signature over printed name  
Medical Director/Authorized Representative

\_\_\_\_\_  
Date signed