

# Submission of Annual Statements of Accounts (Annual SOA) for the Z Benefits

Section V.C. of the PhilHealth Circular (PC) No. 2022-0024 provides that all contracted health facilities (HFs) shall prepare and submit signed electronic copies of the Annual SOA for each Z Benefits package, preferably in Microsoft Excel Format and duly signed by the authorized/designated signatory.

In cases that the authorized/designated signatory of the contracted HF cannot affix their signature in the electronic copies, an accomplished certification (Annex A) should be attached to the Annual SOA (scanned in PDF format).

Further, all contracted HFs for Z Benefits are advised to submit the Annual SOA to the PhilHealth Regional Office – Accreditation and Quality Assurance Section (PRO AQAS). The PROs should remind the contracted HFs within their jurisdiction about the submission of the Annual SOA for the calendar year 2023 on or before March 15, 2024.

Further inquiries may be referred to the PhilHealth Action Center Hotline (02) 8662-2588 or through email at [actioncenter@philhealth.gov.ph](mailto:actioncenter@philhealth.gov.ph).

For your information and guidance.

**(Sgd.) EMMANUEL R. LEDESMA, JR.**  
President and Chief Executive Officer (PCEO)

Date signed: April 11, 2024

## Annex A

Annex A	
Letter head of Hospital	
Date _____	
<b>CERTIFICATION</b>	
This is to certify that based on our records, all information stated in the submitted Annual Statement of Account (Annual SOA) of the [following] Z Benefits package/s [title] for the calendar year (CY____) is complete, true and correct.	
(Enumerate as a list if there are more than one contracted Z Benefits package)	
This is to certify further that the following personnel affixing their signatures have personally prepared and reviewed the information reflected in the Annual SOA:	
Prepared by:	Certified true and correct:
_____ (Name of the billing clerk) Designation Date:	_____ (Name of authorized signatory) Designation Date:
Certified on this (date) of (month), (year) in (City, Province), Philippines.	
This certification is hereby issued for purposes of compliance to PhilHealth Circular No. 2022-0024 on the submission of the Annual SOA.	
_____ Signature over printed name Head of the Health Facility/Authorized Representative Designation Date:	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">MASTER COPY DC: 10000 Date: 4/15/24</div>	