

# Clarification on Implementation of Flexibility in Claims Submission Deadlines

With the effectivity on March 21, 2025 of PhilHealth Circular (PC) No. 2025 – 0006 on Flexibility in Claims Submission Deadlines, this is to provide an updated Annex B that prescribes the documentary requirements for reprocessing of denied claims due to late submission:

- A. For un-appealed and un-protested eClaims (with claim series numbers) still in the possession of the Health Facilities;
- B. For Z Benefit Packages and OHAT;
- C. For denied claims due to late submission that are elevated and pending in regular courts.

For further inquiries, kindly reach us through your respective Regional Offices communication channels.

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 Acting President and Chief Executive Officer

## **Annex B: Prescribed Documentary Requirements for Reprocessing of Denied Claims Due to Late Submission**

### Prescribed Documentary Requirements for Reprocessing of Denied Claims Due to Late Submission

- A. For un-appealed or un-protested eClaims (with claim series number) denied due to late submission still in the possession of the Health Facilities (HFs), only the transmittal list (Annex A of PC 2025-0006), both in soft and hard copy are to be submitted by the HFs to the PhilHealth Regional Office (PRO). HFs are enjoined to coordinate with their respective PROs.
- B. For Z Benefit Packages and OHAT (manual filing-refiling)
  - 1. Claim Form 1
  - 2. Claim Form 2
  - 3. Z Benefit Package Annexes per Z Benefit Package code per respective PhilHealth Circular
  - 4. For OHAT, CF1, CF2, SOA, Confirmatory Test Result, Health Regiment booklet, Waiver and consent to release of confidential information.
- C. For denied claims due to late submission that are elevated and pending in the regular courts - in addition to the above, whichever is applicable, the following is also a requirement:

Notarized Affidavit of Withdrawal of Pending Court Case for Denied Claims Due to Late Submission of Health Facility