



REGIONAL OFFICE

EXTERNAL SERVICES

Volume 11

HEALTH CARE DELIVERY MANAGEMENT DIVISION
LOCAL HEALTH INSURANCE OFFICE
BUSINESS CENTER
EXPRESS OFFICE

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HEALTHCARE DELIVERY AND MANAGEMENT DIVISION

1. FILING OF CLAIMS

External Service that is responsible for the processing and payment of benefit claims; Pay all good claims submitted by HCIs and individual members and their dependents for their in-patient health services provided to all PhilHealth members

Office:	Health Care Delivery Management Division - Benefits Administration Section	
Classification:	Simple	
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen	
Who May Avail:	HCPs (doctors & facilities), OFW, member beneficiaries and their dependents	
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
	For HCIs:	Health Care Institution's (HCIs)/Health Care Providers (HCPs) - PhilHealth Accredited
	Claim Signature Form (CSF)/Claim Form 1 (CF1) - 1 scanned copy	
	Statement of Account (SOA) - 1 scanned copy	
	Claim Form 3 (CF3), Maternity Related as may be applicable – XML File (electronic)	
	Claim Form 4 (CF4) - XML File (electronic)	
	Other required documents depending on the illness (1 scanned copy)	
	Clinical Chart , Laboratories, X-Ray	
	Claim Summary Form (CSF for COVID Testing)	
	For members filing directly:	

Claim Form 1/Claim Form 2 (CF1/CF2) - 1 original copy				
Original Receipt (OR) - 1 original copy				
Complete hospital records - 1 original copy				
Statement of Account (SOA) - 1 original copy				
Waiver - 1 Original copy				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For HCIs: Submission of claims (E-Claims) *Claims may be filed within 60 days from the date of discharge of the patient HCI submits E-Claims through Certified Service Providers	1.1 Received the claims through the Certified Service Providers	None	1 Hour	Claims Assignor
TOTAL:		None	1 Hour	
For members Filing Directly : *Claims may be filed within 60 days from the date of discharge of the patient * Claims Confinement Abroad may be filed with 180 days from the date of discharge	1.1 Direct client/s to the appropriate front line service. Provide the priority number to client/s.	None	10 Minutes	PRO Claims Receiver Or LHIO Frontline

<p>For Manual Submission of Claims of HCIs:</p> <p>1. Secure information and/or queuing number at the Public Assistance Desk or if applicable, Special Lane Section for PWDs/ pregnant women and Senior Citizens</p>				
<p>2. When priority number is called, proceed to Frontline Service Counter and submit claims together with the transmittal list</p>	<p>2.1 Receive and screen claims as to the correct number and names of claimants against transmittal list.</p>		<p>30 minutes for every Claim</p>	<p>Receiving Clerk</p>
<p>3. Affix initials to copy of transmittal list, if with correction.</p>	<p>3. Stamp “received” on the transmittal list if there are no deficiencies in the transmittal and total number of claim; if there is/are name/s listed but no claims attached, cross-out name/s in the list and have the transmittal list initialed by the hospital representative/health care provider.</p>			
<p>4. Receive copy of acknowledged transmittal list</p>	<p>5. Return received copy of transmittal list to hospital representative/health care provider and advise client that processing of claims will be done within the 60-day period</p>			
TOTAL		None	40 Minutes	

2. PROCESSING OF FILED BENEFIT CLAIMS OF HEALTH CARE INSTITUTIONS (HCIS) and MEMBERS

The Benefits Administration Section of the regional office shall pay all good claims submitted by HCIs and individual members and their dependents for their in-patient health services provided to all PhilHealth members

Office/Division:	Health Care Delivery Management Division - Benefits Administration Section	
Classification:	Highly Technical	
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen	
Who May Avail:	Health Care Institutions	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
1. For HCIs: CSF (1 scanned copy)	Health Care Institutions (HCIs)	
2. SOA XML File (electronic)	Health Care Institutions (HCIs)	
3. CF4 (1 scanned copy)	Health Care Institutions (HCIs)	
4. Other required documents depending on the illness (1 scanned copy)	Health Care Institutions (HCIs)	
5. For members filing directly: CSF/CF1, CF2, SOA, Waiver of Full Payment (1 original copy)	Health Care Institutions (HCIs)	
or (1 original copy)	Health Care Institutions (HCIs)	
Complete hospital records (1 original copy)	Health Care Institutions (HCIs)	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. For Health Care Institutions (HCIs): Submission of claims	1.1 Receive the documents	None	1 day	Claims Assignor	
	1.2 Assess Claim	None	1 day	Claims Assignor	
	None	1.3 Medical Prepayment Review	None	5 days	Medical Pre-payment Review (MPR)
	None	1.4 Assign eClaims/Post MPR	None	5 days	Claims Processing Chief/Designated
	None	1.5 Adjudication of Claims	None	10 days	Adjudicator
	None	1.6 Payment Approval/Generate Benefits Disbursement Vouchers	None	5 days	Claims Processor
	None	1.7 Certify budget and Funds available/account codes proper	None	5 days	Budget Officer/Accounting Chief
	None	1.8 Payment Generation (ACPS)	None	5 days	Cashier
	None	1.9 Generate and prepare voucher if paid	None	(If paid) 7 days	Voucher processor
	None	1.10 If for return to hospital, review and prepare transmittal for mailing	None	(If RTH/Denied) 13 days	Adjudicator

None	1.11 Crediting to PhilHealth Servicing Bank	None	3 days	Cashier
TOTAL		None	60 days	
2. For members filing directly: Submission of Claims	1.1 Receive the documents	None	1 day	Receiving clerk
None	1.2 Assess Claim	None	1 day	Claims Assignor
None	1.3 Medical Prepayment Review	None	5 days	Medical Evaluator
None	1.4 Assign eClaims/Post MPR	None	5 days	Claims Encoder
None	1.5 Adjudication of Claims	None	10 days	Adjudicator
None	1.6 Payment Approval/Generate Benefits Disbursement Vouchers	None	5 days	Claims Processor
None	1.7 Generate and prepare voucher if paid	None	(If paid) 7 days	Voucher processor
None	1.8 Certify budget and Funds available/account codes proper	None	8 days	Budget Officer/Accounting Chief
None	1.9 If for return to member, review and prepare transmittal for mailing	None	(If RTH/Denied) 12 days	Adjudicator
None	1.10 Prepare Check under Member's Name	None	3 days	Cashier
None	1.11 Mail/Send Check to Member	None	3 days	Cashier

TOTAL	None	60 days	
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LOCAL HEALTH INSURANCE OFFICE

1. ENROLLMENT OF MEMBERS with 5 and below PhilHealth Member Registration Forms (PMRFs)

Processing of membership transactions with 5 and below PMRFs for the issuance of Member Data Record (MDR) and PhilHealth Identification Card (PIC)

Office/Division:	Local Health Insurance Offices	
Classification:	Simple	
Type of Transaction:	G2G - Government to Government; G2B - Government to Business; G2C - Government to Citizen	
Who may avail:	All Filipinos and Foreign Nationals	
Checklist of Requirements:	Where to Secure:	
PhilHealth Forms:	Public Assistance and Complaint's Desk (PACD) PhilHealth Website www.philhealth.gov.ph/downloads or in any PhilHealth Local Insurance Office (LHIO)	
PhilHealth Member Registration Form (PMRF)		
All Individual Members <i>(except for Kasambahay and Foreign National and Family Driver)</i>		
1. Duly accomplished PhilHealth Member Registration Form (PMRF) duly signed by the Member (1 original copy)		
Employed (Private or Government), Migrant Worker (Sea-based), and Family Driver		
1. Report of Employee-Member (ER-2) duly signed by the Head of the Agency/Authorized Representative (2 original copies)		
Kasambahay		
1. Kasambahay Unified Registration Form (KURF) duly signed by the Member (1 original copy) 2. Household Employment Unified Report Form 2 (HEUR2) duly signed by the Household Employer (2 original copies)		

<p>Foreign National</p> <p>1. PMRF for Foreign Nationals (1 original copy)</p>	
<p>Documentary Requirements:</p> <p><u>General Requirement for ALL Members</u></p> <p>1. Birth Certificate/Baptismal Certificate/Valid ID (1 photocopy)</p> <p>2. Birth Certificate with registry number from LCR/PSA; Baptismal Certificate with registry number (1 original copy)</p> <p>In the absence of valid document/ID,</p> <p>2.1. Notarized Affidavit of two (2) disinterested persons attesting to the date of birth (1 original copy)</p>	<p>Philippine Statistics Authority (PSA)/Local Civil Registrar (LCR)</p> <p>Notary Public</p> <p>Employer</p>
<p><u>Employed Members (employee-client)</u></p> <p>1. Valid ID of the authorized signatory (photo and signature bearing) (1 photocopy)</p>	
<p><u>Professional Practitioner, Self-Earning Individual (Sole Proprietor), Migrant Worker (Land-based) and Persons with Dual Citizenship</u></p> <p>1. Income Tax Return/Employment Contract/Financial Statement/Proof of Income (1 photocopy)</p> <p>If unable to present proof of income,</p> <p>1.1. Duly accomplished PMRF with monthly income indicated (1 original copy)</p>	<p>Bureau of Internal Revenue (BIR)/Employer/Agency</p>
<p><u>Lifetime Member</u></p>	<p>PhilHealth LHIO/Website</p>

<p>1. Retirement Certification/General Order/Special Order/ Retirement Voucher (1 photocopy)</p> <p><u>Foreign National (Philippine Retirement Authority Foreign Retiree)</u></p> <p>1. Special Resident Retiree’s Visa (SRRV) (1 photocopy)</p> <p><u>Foreign National (without Formal Contract as an employee)</u></p> <p>1. Alien Certificate of Registration I-Card (ACR I-Card) (1 photocopy)</p> <p><u>Listahanan and 4Ps/MCCT member</u></p> <p>1. Certificate of Active Membership with 4Ps ID (1 photocopy) If unable to present Certificate of Active Membership,</p> <p>1.1. City/Municipal Link Certification (1 original copy)</p>	<p>Previous Employer</p> <p>Government Service Insurance System (GSIS)/ Social Insurance System (SSS)/Armed Forces of the Philippines (AFP)/Philippine National Police (PNP)/Bureau of Jail Management and Penology (BJMP)/Bureau of Fire Protection (BFP)</p> <p>Philippine Retirement Authority</p> <p>Bureau of Immigration</p> <p>City/Municipal Links of Department of Social Welfare and Development (DSWD)</p>
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<p><u>Senior Citizen</u></p> <ol style="list-style-type: none"> 1. Office of the Senior Citizens Affairs (OSCA) ID (1 photocopy) 2. Valid government issued ID with date of birth If unable to present Senior Citizen ID, <ol style="list-style-type: none"> 2.1. Birth Certificate (1 original copy) <p><u>Person with Disability (PWD)</u></p> <ol style="list-style-type: none"> 1. PWD Card (must be registered under the Department of Health’s Philippine Registry of PWD/DOH-PRPWD) (1 photocopy) <p><u>Point-of-Service Financially Incapable (POS-FI) / Financially Incapable (FI)</u></p> <ol style="list-style-type: none"> 1. Certificate of Financially Incapable/Financial Assessment issued by Medical Social Worker or City/ Municipal Social Welfare Officer (1 original copy) <p><u>Dependent Spouse</u></p> <ol style="list-style-type: none"> 1. Marriage Certificate/Contract with Registry Number (1 photocopy) If marriage took place abroad, 	<p>Office for the Senior Citizens’ Affairs (OSCA)</p> <p>Philippine Statistics Authority (PSA)</p> <p>Persons with Disability Affairs Office (PDAO) / City/Municipal Social Welfare Development Office (C/MSWDO) of Local Government Units (LGUs)</p> <p>Medical Social Worker of Hospitals /C/MSWDO of Local Government Units (LGUs)</p> <p>PSA/Local Civil Registry (LCR)</p>
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<p>1.1. Marriage Certificate “Received” by the Philippine Embassy/Consular Office exercising jurisdiction over the place of marriage (1 photocopy), or</p> <p>1.2. Marriage Contract duly issued by the PSA indicating that such marriage has been registered thereat (1 photocopy)</p> <p>If a Muslim spouse,</p> <p>1.1. Affidavit of Marriage issued by the National Commission on Muslim Filipinos passed through Shari’a Court (MUST BE registered/authenticated in the PSA) (1 photocopy)</p>	<p>Philippine Embassy/Consular Office in the country where the marriage took place/PSA</p> <p>PSA/LCR/Church of Baptism</p>
<p><u>Dependent Children (Unmarried and unemployed, legitimate, illegitimate children below 21 years old)</u></p>	
<p>1. Birth Certificate/Baptismal Certificate with Registry Number (1 photocopy)</p>	<p>PSA/LCR</p>
<p><u>Dependent Children (Legally adopted children below 21 years old)</u></p>	
<p>1. Court Decree of Adoption (1 photocopy)</p>	<p>Trial Court where the adoption proceedings took place</p>
<p><u>Dependent Children (Stepchildren below 21 years old)</u></p>	
<p>1. Marriage Certificate with Registry Number between the biological parents and stepmother/stepfather (1 photocopy)</p> <p>2. Birth Certificates with Registry Number of the stepchildren (1 photocopy)</p>	<p>PSA/LCR</p>
<p><u>Dependent Mentally or Physically Disabled Children who are 21 years old or above</u></p> <p>1. Birth Certificate with Registry Number (1 photocopy)</p>	

<p>2. Medical Certificate issued by the Attending Physician stating and describing the extent of disability as diagnosed in the past 6 months and when the disability was acquired (1 original copy)</p> <p><u>Dependent Foster Children as defined in RA 10165 (Foster Care Act of 2012)</u></p> <p>1. Birth Certificate with Registry Number/Foundling Certificate/Child Profile (1 photocopy)</p> <p>2. Foster Family Care License and Foster Placement Authority (FPA) (1 photocopy)</p> <p><u>Dependent Parents below 60 years old but with permanent disability (IRR Sec. 3 or RA 10606)</u></p> <p>1. Medical Certificate issued by the Attending Physician stating and describing the extent of disability as diagnosed in the past 6 months and when the disability was acquired (1 original copy)</p> <p>2. Birth Certificate of Member (1 photocopy)</p>		PSA/LCR Attending Physician PSA/DSWD FPA Attending physician PSA		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number and wait for the number to be called.	1.1. Issue queuing number and advise client to proceed to designated counter when the number is called.	None	1 hour and 1 minute	PACD
2. Submit duly accomplished PhilHealth forms and	2.2. Receive and screen forms and documentary requirements	None	4 minutes	Frontline Officer
	2.3. Verify records in the database		32 minutes	

corresponding documentary requirements	For Lifetime Members, 2.3.1 Print PhilHealth Certificate of Premium Payment (CPP)			
	2.4. Encode the data entries		10 minutes	
	2.5. Print the MDR and PIC		2 minutes	
3. Receive/Acknowledge receipt the MDR and PIC	3.1. Release MDR and PIC	None	1 minute	Frontline Officer
	TOTAL	None	1 hour and 50 minutes*	

** The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number*

2. ENROLLMENT OF MEMBERS with 6 and above PhilHealth Member Registration Forms (PMRFs)*

Processing of membership transactions with 6 and above PhilHealth Member Registration Forms (PMRFs) for the issuance of Member Data Record (MDR) and PhilHealth Identification Card (PIC)

Office/Division:	Local Health Insurance Offices	
Classification:	Simple	
Type of Transaction:	G2G - Government to Government; G2B - Government to Business; G2C - Government to Citizen	
Who may avail:	All Filipinos and Foreign Nationals	
Checklist of Requirements:	Where to Secure:	
PhilHealth Forms:	Public Assistance and Complaint's Desk (PACD)	
PhilHealth Member Registration Form (PMRF)	PhilHealth Website	
For all Members	www.philhealth.gov.ph/downloads or in any PhilHealth Local Insurance Office (LHIO)	
1. Duly accomplished PhilHealth Member Registration Form (PMRF) (1 original copy)		
For Employed (Private or Government) and Migrant Worker (Sea-based) Members		
1. Report of Employee-Member (ER-2) duly signed by the Head of the Agency/Authorized Representative (2 original copies)		
Documentary Requirements:		
For ALL Members		
1. Birth Certificate/Any valid Government-issued ID with DOB/Notarized Affidavit of 2 disinterested persons attesting to the date of birth (1 photocopy)	Philippine Statistics Authority (PSA)/Local Civil Registrar (LCR)/Government ID-issuing Agency/Notary Public	

<p>Senior Citizen</p> <ol style="list-style-type: none"> Office of the Senior Citizens Affairs (OSCA) ID / Any valid Government-issued ID with Date of Birth/Notarized Affidavit of 2 disinterested persons attesting to the date of birth (1 photocopy) Transmittal List <p>Financially Incapable (FI)</p> <ol style="list-style-type: none"> Certificate of Financial Assessment (1 original copy) Transmittal List <p>Group Enrolment Program (GEP)</p> <ol style="list-style-type: none"> Letter of Intent/Memorandum of Agreement/Non-Disclosure Agreement (1 original copy) Certified List 	<p>Office of the Senior Citizen Affairs (OSCA)/Government ID-issuing Agency/Notary Public</p> <p>OSCA of Local Government Units (LGUs)</p> <p>Medical Social Worker of Hospitals/City/Municipal Social Welfare Officer (MSWDO) of Local Government Units (LGUs)</p> <p>LGUs</p> <p>GEP Partner</p>
<p>Dependent Spouse</p> <ol style="list-style-type: none"> Marriage Certificate/Contract with Registry Number (1 photocopy) 	<p>Philippine Statistics Authority (PSA)/Local Civil Registry (LCR)</p>
<p>Dependent Spouse (for Marriage which took place abroad)</p> <ol style="list-style-type: none"> Marriage Certificate stamped "Received" by the Philippine Embassy or Consular Office exercising jurisdiction over the place of marriage or copy of the Marriage 	<p>Philippine Embassy / Consular Office in the country where the marriage took place / PSA</p>

Contract duly issued by the PSA indicating that such marriage has been registered thereat (1 photocopy)	
<p>Dependent Muslim Spouse</p> <p>1. Affidavit of Marriage issued by the National Commission on Muslim Filipinos which passed through Shari'a Court and must be registered/authenticated in the PSA (1 photocopy)</p>	PSA
<p>Dependent Children (Unmarried and unemployed, legitimate, illegitimate children below 21 years old)</p> <p>1. Birth Certificate / Baptismal Certificate with Registry Number (1 photocopy) or, 2. Notarized Affidavit of 2 disinterested persons attesting to the date of birth (1 original copy)</p>	PSA/LCR/Church where the baptism took place
<p>Dependent Children (Legally adopted children below 21 years old)</p> <p>1. Court Decree of Adoption (1 photocopy)</p>	Trial Court where the adoption proceedings took place
<p>Dependent Children (Stepchildren below 21 years old)</p> <p>1. Marriage Certificate with Registry Number between the biological parents and stepmother/stepfather (1 photocopy) 2. Birth Certificates with Registry Number of the Stepchildren (1 photocopy)</p>	PSA/LCR PSA/LCR
<p>Dependent Mentally or Physically Disabled Children who are 21 years old or above</p> <p>1. Birth Certificate with Registry Number (1 photocopy)</p>	PSA/LCR

2. Medical Certificate issued by the Attending Physician stating and describing the extent of disability as diagnosed in the past 6 months and when the disability was acquired (1 original copy)		Attending Physician		
Dependent Foster Children as defined in RA 10165 (Foster Care Act of 2012)				
1. Birth Certificate with Registry Number / Foundling Certificate / Child Profile (1 photocopy)		PSA / DSWD		
2. Foster Family Care License and Foster Placement Authority (FPA) (1 photocopy)		FPA		
<u>Dependent Parents below 60 years old but with permanent disability (IRR Sec. 3 or RA 10606)</u>				
1. Medical Certificate issued by the Attending Physician stating and describing the extent of disability as diagnosed in the past 6 months and when the disability was acquired (1 original copy)		Attending Physician		
2. Birth Certificate of Member (1 photocopy)		PSA		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number and wait for the number to be called.	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called.	None	1 hour and 1 minute	PACD
2. Submit duly accomplished PhilHealth forms and	2.1 Receive forms and documentary requirements	None	5 minutes	

corresponding documentary requirements	2.2 Cross match actual forms versus transmittal list		1 hour	Frontline Officer
	2.3 Endorse forms and documentary requirements for backroom processing		10 minutes	
	2.4 Screen forms and documents as to completeness and accuracy		1 hour	Backroom Officer
	2.5 Encode the data entries		2 days	
	2.6 Print the MDR and PIC		2 hours	
	2.7 Endorse MDR and PIC for frontline releasing		10 minutes	
3. Validate the accuracy of encoded data in the MDR and PIC	3.1 Endorse for checking	None	30 minutes	Frontline Officer
4. Receive/Acknowledge receipt the MDR and PIC	4.1 Release MDR and PIC	None	4 minutes	Frontline Officer
	TOTAL	None	2 days and 6 hours**	

**This process is qualified to multi-stage process*

*** The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number*

3. ENROLLMENT/REGISTRATION OF EMPLOYERS

Processing of employer registration in the private and government sectors.

Office/Division:	Local Health Insurance Offices	
Classification:	Simple	
Type of Transaction:	G2G - Government to Government; G2B - Government to Business; G2C – Government to Citizen	
Who may avail:	All Private Employers and Government Agencies	
Checklist of Requirements:	Where to Secure:	
PhilHealth Forms:	Public Assistance and Complaint’s Desk (PACD) PhilHealth Website www.philhealth.gov.ph/downloads or in any PhilHealth Local Insurance Office (LHIO)	
All Private Employers and Government Agencies		
Kasambahay Employer 1. Duly accomplished Household Employer Unified Registration Form (HEUR1) (1 original copy)		
Documentary Requirements:		
<u>General Requirements:</u>		
1. Bureau of Internal Revenue (BIR) Form No. 2303 (Tax Registration) (1 photocopy)	BIR	
2. Valid ID of authorized signatory (1 photocopy)	Government ID-issuing Agency	
For Single Proprietorship		
1. Department of Trade and Industry (DTI) Registration (1 photocopy)	DTI	

For Partnerships, Corporations, Foundations, and Other Non-Profit Organizations 1. Securities and Exchange Commission (SEC) Registration (1 photocopy)	SEC
For Cooperatives 1. Cooperative Development Authority (CDA) Registration (1 photocopy)	CDA
For Backyard Industries/Ventures and Micro-Business Enterprises 1. Barangay Certification and/or Mayor's Permit (1 photocopy)	Barangay/Municipal/City Hall

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number and wait for the number to be called.	1. Issue queuing number and advise client to proceed to designated counter when the number is called.	None	1 hour and 1 minute	PACD
2. Submit duly accomplished PhilHealth forms and corresponding documentary requirements	2.1 Receive and screen forms and documentary requirements	None	4 minutes	Frontline Officer
	2.2 Verify records in the database		2 minutes	
	2.3 Encode the data entries		10 minutes	
	2.4 Print the Employer Data Record (EDR) and Certificate of Registration (COR)		2 minutes	
3. Acknowledge receipt of processed documents	3.1 Release EDR and COR	None	1 minute	Frontline Officer
	TOTAL	None	1 hour and 20 minutes*	

**The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number*

4. UPDATING/AMENDMENT OF EMPLOYER DATA

Editing of employer data in the private and government sectors.

Office/Division:	Local Health Insurance Offices	
Classification:	Simple	
Type of Transaction:	G2G - Government to Government; G2B - Government to Business; G2C – Government to Citizen	
Who may avail:	All Private Employers and Government Agencies	
Checklist of Requirements:		Where to Secure:
PhilHealth Forms:		
All Private Employers and Government Agencies	1. Duly accomplished Employer Data Amendment Form (ER3) (1 original copy)	Public Assistance and Complaint’s Desk (PACD) PhilHealth Website (www.philhealth.gov.ph/downloads) or in any PhilHealth Local Insurance Office (LHIO)
Documentary Requirements:		
<u>General Requirements:</u>		
1. Valid ID of authorized signatory (1 photocopy)		Government ID-issuing Agency
<i>For Correction/Change of Business Name/Legal Personality</i>		
1. Certificate of Filing of Business Name with the Department of Trade and Industry (DTI) or Articles of Partnership/Incorporation (1 photocopy)		DTI or Securities and Exchange Commission (SEC)
<i>For Temporary Suspension of Operation due to:</i>		
Bankruptcy		

1. Financial Statement or Income Tax Return (ITR) for the year showing non-operation/no earnings or Board Resolution (1 photocopy)	Employer or BIR
Separation of Employee/s 1. Report on the Separation of the Last Employee/s (1 photocopy)	Employer
Fire/Demolition/Flood/Earthquake/ Declared Calamities/Such Other Analogous Circumstances 1. Certification from the Fire Department of the City/ Municipality or Certification from the concerned City/Municipality (1 photocopy)	Bureau of Fire (BOF) or Municipal/City Hall
Strike 1. Notice of Strike duly licensed by Department of Labor and Employment (DOLE) (1 photocopy)	DOLE
<i>For Termination/Dissolution for:</i>	
Single Proprietorship 1. Approved Application for Business Retirement by the City/Municipal Treasurer's Office (C/MTO) (1 photocopy) 2. Certification of Non-Operational of Business from the C/MTO / BIR (1 photocopy)	C/MTO C/MTO / BIR
Partnership or Corporation 1. Deed of Dissolution approved by the SEC or Certification of Non-Operational of Business from SEC/BIR or Minutes of Meeting certified by the Corporate Secretary (1 photocopy)	SEC/BIR/Employer
Cooperatives 1. Certificate/Order of Dissolution/Cancellation issued by the Cooperative Development Authority (CDA) or Minutes of the Meeting duly certified by the Secretary or Certification of Non-Operational of Business from CDA/BIR (1 photocopy)	CDA/BIR/Employer

Death of Owner 1. Death Certificate (1 photocopy)		Philippine Statistics Authority (PSA)/Local Civil Registry (LCR)		
For Merger/Consolidation 1. Deed of Merger/Merger Agreement duly certified by SEC (1 photocopy) 2. Memorandum of Agreement (MOA) filed with SEC (1 photocopy)		SEC SEC		
<i>For Change of Ownership due to:</i>				
Sale 1. Deed of Sale/Transfer/Assignment signed by both Parties or Certification from the Registry of Deeds (RD) (1 photocopy)		Employer/RD		
Death of Managing Owner (Family Business) 1. Death Certificate of the Managing Owner and Waiver from the other legal heirs (1 photocopy)		PSA/LCR/Concerned Party		
For Resumption of Operations 1. Notice of Resumption of Operation from the Employer (1 photocopy) 2. List of Employees (1 original copy)		Employer Employer		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number and wait for the number to be called.	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called.	None	1 hour and 1 minute	PACD
2. Submit duly accomplished PhilHealth forms and	2.1 Receive and screen forms and documentary requirements	None	4 minutes	Frontline Officer
	2.2 Verify records in the database		2 minutes	

Corresponding documentary requirements	2.3 Encode the data entries		10 minutes	
	2.4 Print the Employer Data Record (EDR) and Certificate of Registration (COR)		2 minutes	
3. Acknowledge receipt of processed documents	1.1 Release EDR and COR	None	1 minute	Frontline Officer
	TOTAL	None	1 hour and 20 minutes*	

**The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number*

5. KONSULTA REGISTRATION

Registration of PhilHealth members to Accredited Konsulta Provider

Office/Division	Local Health Insurance Offices (LHIO)			
Classification	Simple			
Type of Transaction	G2C - Government to Citizen; G2B - Government to Business, G2G - Government to Government			
Who may avail:	All members			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
PhilHealth Forms PhilHealth Konsulta Registration Form (PKRF) (1 original copy)			Konsulta Accredited Facility PhilHealth LHIO	
Documentary Requirements None				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number at the PACD and wait for the number to be called	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called		1 hour*	Public Assistance and Complaint Desk (PACD) Officer
2. Submit duly accomplished PKRF	1.1 Received and screen properly accomplished PKRF.	None	2 minutes	Frontline Officer
	1.2 Encode in Updated Primary Care Module (UPCM) /Customer Service Management System (CSMS)		3 minutes	

2. Receive Konsulta Registration Confirmation Receipt	2.1 Issue Konsulta Registration Confirmation Receipt		2 minutes	
	TOTAL	None	1 hour and 7 minutes	

**The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number*

6. CHECK RELEASING TO MEMBERS

Releasing of Benefit Payment Check/s to Members for those who were NOT able to avail of automatic deduction

Office/Division	Local Health Insurance Offices (LHIOs)			
Classification	Simple			
Type of Transaction	G2C - Government to Citizen			
Who may avail:	All members who were NOT able to avail of automatic deduction			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Forms None				
Documentary Requirements 1. Valid ID* of the Member (1 photocopy) If thru a representative, 1.1. Valid ID with signature of the authorized representative (1 photocopy) 1.2. Authorization letter signed by the Member (1 original copy) 1.3. Valid ID of the Member (1 photocopy)		Any Government Agency issuing valid ID Authorized Representative Member Member		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Get queuing number at the PACD and wait for the number to be called	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called	None	1 hour and 1 minute**	Public Assistance and Complaint Desk (PACD) Officer
2. Present valid ID/s and/or authorization letter once number is called at the Check Releasing	2.1 Validate ID/s and/or authorization letter presented		2 minutes	Disbursing Officer
3. Acknowledge receipt of Check/s by affixing signature in the logbook	3.1 Release the Check/s to the client		2 minutes	
TOTAL		None	1 hour and 5 minutes**	

**Valid IDs refers to any government issued with signature and photo-bearing IDs.*

***The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.*

7. CHECK RELEASING TO HEALTH FACILITIES (HFs)

Releasing of Benefit Payment Check/s to Health Care Institutions (HCIs)

Office/Division	Local Health Insurance Offices (LHIOs)	
Classification	Simple	
Type of Transaction	G2G - Government to Government; G2B - Government to Business	
Who may avail:	All Health Care Institutions (HCIs) NOT enrolled in the Auto-Credit Payment Scheme (ACPS)	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
PhilHealth Forms		
Documentary Requirements		
1. Valid ID* of the HCI-Authorized Check Claimant (1 photocopy)	Any Government Agency issuing valid ID	
If thru a representative,		
1.1. Valid ID with signature of the authorized representative (1 photocopy)	Authorized Representative	
1.2. Authorization letter signed by the HCI-Authorized Check Claimant (1 original copy)	HCI-Authorized Check-Claimant	
1.3. Valid ID of the HCI-Authorized Check Claimant (1 photocopy)	HCI-Authorized Check-Claimant	
2. Official Receipt/s	HCI-Authorized Check-Claimant	

		HCI		
CLIENT STEPS	AGENCY ACTION	FEE TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number at the PACD and wait for the number to be called	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called	None	1 hour and 1 minute**	Public Assistance and Complaint Desk (PACD) Officer
2. Present valid ID/s and/or authorization letter once number is called at the Check Releasing	2.1 Validate ID/s and/or authorization letter presented		2 minutes	Disbursing Officer
3. Acknowledge receipt of Check/s by affixing signature in the logbook	3.1 Release the Check/s to the client		4 minutes	
4. Issue Official Receipt	4.1 Receive the Official Receipt/s and file		1 minute	
TOTAL		None	1 hour and 8 minutes**	

**Valid IDs refers to any government issued with signature and photo-bearing IDs.*

***The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.*

****The time indicated corresponds to the time required to process one (1) check.*

8. RECEIVING OF DIRECTLY-FILED CLAIMS*

Receiving of Directly-Filed Claim/s by the Member or their Representative

Office/Division	Local Health Insurance Offices (LHIOs)	
Classification	Simple	
Type of Transaction	G2C - Government to Citizen	
Who may avail:	All PhilHealth Members who were NOT able to avail of the automatic deduction	
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
	<p>Documentary Requirements</p> <ol style="list-style-type: none"> 1. Properly filled-out Acknowledgement Receipt Form (1 original copy) 2. Properly filled-out PhilHealth Claim Form 1, 2, 3, & 4 and Claims Signature Form (CF1, CF2, CF3, CF4, CSF), as applicable (1 original copy) 3. Hospital and Doctor's Waiver (1 original copy) and 4. Official Receipt/s showing full payment (1 original copy) 5. Official Receipts or Authenticated Photocopies** of the same by PhilHealth staff (original copies seen) for medicines bought outside the hospital or laboratory tests performed outside the hospital during confinement (1 original copy) 6. Anesthesia, Surgical or Operative Record, as applicable (1 photocopy) 7. Hospital Statement of Account (SOA) duly signed by the hospital clerk or representative of the patient (1 photocopy) 8. For facilities with portal, Properly filled-out PhilHealth Benefit Eligibility Form (PBEF) (1 original copy) 	<p>Public Assistance and Complaint Desk</p> <p>PhilHealth Website (www.philhealth.gov.ph/downloads) or in any PhilHealth Local Health Insurance Office (LHIO)</p> <p>Health Care Institute (HCI)</p> <p>HCI</p> <p>HCI, Pharmacy</p> <p>HCI</p> <p>HCI</p> <p>HCI</p> <p>HCI</p>

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number at the PACD and wait for the number to be called	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called	None	1 hour ***	PACD Officer
2. Submit duly accomplished acknowledgement receipt form and PhilHealth Claims form with supporting documents	2.1. Receive and screen claims documents as to completeness of documentary requirements (non-medical) If documents have deficiency/ies, 2.1.1 Return the same and advise the client accordingly If documents are complete; 2.1.2 Stamp "received" in the acknowledgement receipt form and give the client a receiving copy		6 minutes	Frontline Officer/Claims Receiving Officer Designate
	3. Receive acknowledgement receipt or claim with deficiency		3.1 Log the Claims received in the logbook and let the member or representative signed for acknowledgement	1 minute
	3.2 Advise client to receive Benefit Payment Notice (BPN) within 60 days		1 minute	
	TOTAL		None	1 hour and 10 minutes

**Receiving of Directly-Filed Claims is qualified for multi-stage processing.*

***Authenticated photocopies are allowed in cases where original Official Receipts (ORs) are required by HMOs; or any legal purpose it may serve by and submitted.*

***The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit application forms and other documentary requirements with properly filled-out payment slip once queuing number is called.	1.1. Receive application and other documentary requirements and payment slip.	None	1 hour and 5 minutes*	LHIO Frontline Officer
	1.2. Screen application and other documentary requirements as to completeness of requirements		5 minutes	
	1.3. Write down the HCI data in the receiving logbook		2 minutes	
2. If the application is not complete, get the receiving copy of the application, receive deficiency letter and explanation on the content of the letter and sign under "disposition" column in the receiving logbook.	If the application is not complete, 1.1. Return the application to the HCI, furnish a Deficiency Letter, explain the content of the deficiency letter and ask HCI representative to sign under "disposition" column in the receiving logbook. If complete,		10 minutes	

	1.2. Stamp complete the file copy and the receiving copy (PDR and the 1 st page of the other requirements).			
2. Receive stamped complete of all the requirements.	2.1. Release the receiving copy of the PDR and other requirements to the HProf/representative	None	2 minutes	
Total		None	1 hour and 24 minutes	

**The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time start upon receipt of the queue number.*

9. RECEIVING OF APPLICATION FOR ACCREDITATION OF HEALTH FACILITIES (HFs)

Receiving of application for accreditation filed by Health Facilities (HFs) in the Philippines.

Office/Division	Local Health Insurance Offices	
Classification	Simple	
Type of Transaction	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen	
Who may avail:	All HFs applying for Initial Accreditation	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
PhilHealth Forms: <ol style="list-style-type: none"> 1. Provider Data Record (PDR) (1 original copy) 2. Performance Commitment (PC) (1 original copy) 3. Payment Slip or Order of Payment (1 original copy) 4. Statement of Intent (SOI), (1 original copy) if applicable 	Public Assistance and Complaint’s Desk (PACD), PhilHealth Website www.philhealth.gov.ph/downloads or in any PhilHealth Regional Office (PRO) or Local Insurance Office (LHIO)	
General Requirements <ol style="list-style-type: none"> 1. Provider Data Record (PDR) (1 original copy) 2. Performance Commitment (PC rev. 3 – Aug. 2018) with the HF’s letterhead, and signed at each page (1 original copy) 3. <i>Applicable if the Initial Application is submitted on the 4th Quarter of the current Calendar Year:</i> Statement of Intent (SOI), indicating whether Option 1 (start of accreditation validity is on the current year) or Option 2 (start of the accreditation validity is on January 1 of the next year) is preferred (1 original copy) 4. Location Map (visual illustration of location/address) ((1 original copy/soft copy thru flashdrive) 	PACD, PhilHealth website, or PhilHealth LHIO/ PRO PACD, PhilHealth website, or PhilHealth LHIO/ PRO PACD, PhilHealth website, or PhilHealth LHIO/ PRO	

	Facility
<p>Specific Requirements in Addition to the General Requirements:</p> <p>II. Hospitals (Level 3, 2, or 1), Infirmaries, Ambulatory Surgical Clinics (ASCs) & Freestanding Dialysis Clinics (FDCs)</p> <p>1. Updated DOH License-to-Operate (LTO) (1 original copy)</p> <p>2. Official Receipt for Payment of Accreditation Fee</p> <p>2.1. L3 – P10,000.00</p> <p>2.2. L2 – P8,000.00</p> <p>2.3. L1 – P5,000.00</p> <p>2.4. Infirmary – P3,000.00</p> <p>2.5. ASC – P5,000.00</p> <p>2.6. FDC – P5,000.00</p> <p>3. <i>Applicable for Hospitals & Infirmaries only:</i> Certificate of Good Standing (CGS) from the Philippine Hospital Association (1 original copy)</p>	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p>

<p>4. Memorandum of Agreement (MOA), Memorandum of Understanding (MOU) and/or other contracts entered into by the hospital/infirmarary with relevance to reimbursement of claims (e.g. hemodialysis, ARSP, etc.), for outsourced services. (1 original copy)</p> <p>5. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive, completely labeled with name of the HF and date taken</p> <p>6. <i>Applicable for L1 Hospitals, Infirmaries, ASCs, & FDCs only:</i> Licenses-to-Operate (LTOs), Clearance to Operate, Certificate, or other proof of operation issued by the DOH or other pertinent government agencies if applicable, covering a period of three (3) years as proof of three (3) years of operation, (1 original copy)</p> <p>OR any of the following:</p> <p>6.1. Proof that the managing health care professional (namely Medical Director, Administrator, or the Chief of Hospital) has at least three (3) years of working experience in a similar, analogous or at least the same level of facility it is applying for accreditation. (1 original copy)</p> <p>NOTE: If the managing health care professional leaves the accredited HF within the initial year of accreditation, the accreditation shall be withdrawn effective on the date of vacancy.</p>	<p>PHA</p> <p>Facility</p> <p>Facility</p> <p>DOH or other pertinent government agencies</p>
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<p>6.1.1. For Government HFs: Service Record of the managing health care professional (1 original copy)</p> <p>6.1.2. For Private HFs (1 original copy):</p> <p>6.1.2.1. If corporation, Certification from the Board, or</p> <p>6.1.2.2. If single-proprietorship, Certification from the facility owner.</p> <p>6.2. Certificate of completion of a Master’s degree in Hospital Administration (MHA) or other related degrees of the managing health care professional (1 original copy);</p> <p>6.3. Certification from the Local Chief Executive (LCE) attesting that the accredited HF cannot adequately or fully service its population, OR Certification from the PRO attesting that the service capability is not currently available in the LGU (1 original copy);</p> <p>6.4. Proof that the HF is an extension or branch of a HF that has been accredited for at least two (2) years:</p> <p>6.4.1. Proof of two (2) years accreditation of the main HF branch (1 original copy), or</p> <p>6.4.2. Any of the following proofs of ownership or acquisition of the extension or branch such as, but not limited to (1 original copy):</p> <p>6.4.2.1. Board Resolution;</p> <p>6.4.2.2. Secretary’s Certificate;</p> <p>6.4.2.3. For corporations, Securities and Exchange Commission (SEC) Registration;</p>	<p>Facility</p>
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	<p>Facility</p> <p>Facility</p> <p>SEC</p> <p>CDA</p> <p>DTI</p> <p>Facility OR PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p> <p>Facility</p>
<p>II. Maternity Care Package Provider (MCPs)</p> <p>1. Valid and updated DOH License-to-Operate (LTO) as a Birthing Home (1 original copy)</p>	<p>DOH</p>

<p>2. Official Receipt for Payment of Accreditation Fee: P1,500</p> <p>3. Updated Certificate as Newborn Screening Facility (1 photocopy)</p> <p>4. Updated Certificate as Newborn Hearing Screening Facility OR Memorandum of Agreement (MOA) with a certified facility (1 photocopy)</p> <p>5. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive, completely labeled with name of the HF and date taken</p> <p>6. PhilHealth-Accredited Clinic Head/ Facility Head/ Service Provider OR Application for PhilHealth accreditation of the Clinic Head/ Facility Head/ Service Provider if not yet accredited (1 original copy)</p> <p>7. <i>Applicable if MCP intends to provide CHIBP:</i> Letter of Intent to provide CHIBP. (1 original copy)</p> <p>NOTE: HF shall undergo Pre-Accreditation Survey (PAS).</p>	<p>PhilHealth Cashier, upon payment</p> <p>DOH</p> <p>DOH or Facility</p> <p>Facility</p> <p>Facility OR PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p> <p>Facility</p>
<p>III. Anti-Tuberculosis Directly-Observed Treatment Short-course (TB DOTS) Package Providers</p>	

<ol style="list-style-type: none"> 1. Updated DOH-PhilCat Certificate (1 original copy), if available. NOTE: Non-PhilCat certified HFs shall undergo Pre-Accreditation Survey (PAS) 2. Official Receipt for Payment of Accreditation Fee: P1,000 3. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive, completely labeled with name of the HF and date taken 4. PhilHealth-Accredited Clinic Physician OR Application for PhilHealth accreditation of the Clinic Physician if not yet accredited (1 original copy) 	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p> <p>Facility</p> <p>Facility OR PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p>IV. Animal Bite Benefit Package Providers (ABPPs)</p> <ol style="list-style-type: none"> 1. DOH Certificate of Recognition as an Animal Bite Treatment Center or Animal Bite Center (1 original copy) 2. Official Receipt for Payment of Accreditation Fee: P1,000 	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p>

<p>V. Stand-alone Outpatient HIV/AIDS Treatment (OHAT) Package Providers</p> <ol style="list-style-type: none"> 1. Certification from DOH as an HIV/AIDS Treatment Hub, Satellite Treatment Hub, or Primary Care Facility (1 original copy), OR Latest DOH Department Memorandum on the list of recognized facilities (1 photocopy) 2. Official Receipt for Payment of Accreditation Fee: P1,000 3. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive, completely labeled with name of the HF and date taken 4. PhilHealth-Accredited Clinic Physician OR Application for PhilHealth accreditation of the Clinic Physician if not yet accredited (1 original copy) 	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p> <p>Facility</p> <p>Facility OR PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p>VI. Free-standing Family Planning (FP) Clinics</p> <ol style="list-style-type: none"> 1. Valid DOH Certificate of Compliance as Free-standing Family Planning (FP) Clinics (1 original copy) 	<p>DOH</p>

<ol style="list-style-type: none"> 2. Official Receipt for Payment of Accreditation Fee: P1,500 3. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive, completely labeled with name of the HF and date taken 4. Proof of proficiency on FP and/or Training Certificates of service provider 1 original copy), as applicable: <ol style="list-style-type: none"> 4.1. Physician: <ol style="list-style-type: none"> 4.1.1. Training on Non-Scalpel Vasectomy 4.1.2. Training on Subdermal Implant Insertion and Removal 4.2. Midwives: <ol style="list-style-type: none"> 4.2.1. Family Planning Competency-Based Training Level 2 (FPCBT2) 4.2.2. Training on Subdermal Implant Insertion and Removal 4.3. Nurses <ol style="list-style-type: none"> 4.3.1. Family Planning Competency-Based Training Level 2 (FPCBT2) 4.3.2. Training on Subdermal Implant Insertion and Removal 5. PhilHealth-Accredited Clinic Service Provider OR Application for PhilHealth accreditation of the Service Provider if not yet accredited (1 original copy) 	<p>PhilHealth Cashier, upon payment</p> <p>Facility</p> <p>Service Provider</p> <p>Facility OR PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
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<p>VII. Outpatient Malaria Package (OMP) Providers</p> <p>1. DOH Certificate of an employed personnel with a Microscopist’s Training in the Diagnosis of Malaria (1 original copy)</p>	<p>DOH</p>
<p>VIII. Free-standing or Government DOH-licensed or DOH-certified Drug Abuse Treatment and Rehabilitation Centers (DATRCs)</p> <p>1. Updated DOH License/ Certification as a DARTC (1 original copy)</p> <p>2. Signed Memorandum of Agreement (MOA) with referral hospital for mandatory and diagnostic services and management of co-morbidities (1 original copy)</p>	<p>DOH</p> <p>Facility</p>
<p>IX. Konsulta Package Providers (KPPs)</p> <p>A. Licensed KPPs</p> <p>1. Updated DOH License-to-Operate as a Primary Care Facility (1 original copy)</p> <p>2. Official Receipt for Payment of Accreditation Fee of P2,000.00</p> <p>3. <i>Applicable if licensed KPP is with Memorandum of Understanding (MOU) with partner service providers:</i> Certification of Service Delivery Support (SDS) for the following referred services and applicable DOH/FDA licenses (1 original copy):</p>	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p>

<p>3.1. Laboratory (Secondary Level) & Diagnostic Services/ X-ray (Level 1)</p> <p>3.2. Pharmacy/ Drug outlet</p>	<p>DOH/FDA</p>
<p>B. Non-licensed Stand-alone KPPs</p>	
<p>1. <i>Applicable for Private KPPs:</i> Certified True Copy of Business/ Mayor’s Permit or Updated Professional Tax Receipt (to follow if not yet available upon application) (1 original copy)</p>	<p>Partner Laboratory and diagnostic service</p>
<p>2. Official Receipt for Payment of Accreditation Fee of P2,000.00</p>	<p>Partner pharmacy/drug outlet</p>
<p>3. Certification of Service Delivery Support (SDS) for the following referred services and applicable DOH/FDA licenses (1 original copy):</p> <p>3.3. Laboratory (Secondary Level) & Diagnostic Services/ X-ray (Level 1)</p> <p>3.4. Pharmacy/ Drug outlet</p>	<p>LGU</p>
<p>4. Fully-accomplished Self-Assessment Tool (SAT) (1 original copy)</p>	<p>PhilHealth Cashier, upon payment</p>
<p>5. Non-disclosure agreement (NDA) signed by staff in the facility handling patients’ data (1 original copy)</p>	<p>DOH/FDA</p>
<p>NOTE: Non-licensed HFs shall undergo Pre-Accreditation Survey (PAS).</p>	<p>Partner Laboratory and diagnostic service</p>

		Partner pharmacy/drug outlet		
		PACD, PhilHealth website, or PhilHealth LHIO/ PRO		
		PACD, PhilHealth website, or PhilHealth LHIO/ PRO		
X. Community Isolation Units (CIUs)				
1. DOH Certification or inclusion in the list of DOH certified CIUs from Center for Health Development (CHD) (1 original copy)		DOH CHD		
XI. SARS-CoV-2 Testing Lab using RT-PCR				
A. Currently PhilHealth-accredited facilities				
1.1. DOH license as SARS-CoV-2 Testing Laboratory		DOH		
B. Stand-alone testing laboratories				
1. DOH license as SARS-CoV-2 Testing Laboratory OR inclusion in the list of DOH certified/licensed SARS-CoV-2 or laboratory		DOH		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit application forms and other documentary requirements with	1.1 Receive application and other documentary requirements and payment slip.	None	1 hour and 5 minutes*	LHIO Frontline Officer

properly filled-out payment slip once queuing number is called.	1.2 Screen application and other documentary requirements as to completeness of requirements		5 minutes			
	1.3 Write down the HCI data in the receiving logbook		2 minutes			
2. If the application is not complete, get the receiving copy of the application, receive deficiency letter and explanation on the content of the letter and sign under “disposition” column in the receiving logbook	If the application is not complete, 2.1 Return the application to the HCI, furnish a Deficiency Letter, explain the content of the deficiency letter and ask HCI representative to sign under “disposition” column in the receiving logbook If complete, 2.2 Stamp complete the file copy and the receiving copy (PDR and the 1 st page of the other requirements) 2.2.1. Provide corresponding amount for accreditation fee 2.2.2. Direct client to the cashier for payment		15 minutes			
	3. Proceed to Cashier for payment		3.1 Receive payment		5 minutes	Collecting Officer
	4. Provide copy of proof of payment to the counter		4.1 Release the receiving copy of the PDR and other requirements to the HCI representative		2 minutes	Frontline Officer
TOTAL		None	1 hour and 30 minutes			

**The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time start upon receipt of the queue number.*

10. RECEIVING OF APPLICATION FOR RE-ACCREDITATION OF HEALTH FACILITIES (HFs)

Receiving of application for accreditation filed by Health Facilities (HFs) in the Philippines.

Office/Division	Local Health Insurance Offices	
Classification	Simple	
Type of Transaction	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen	
Who may avail:	All HFs applying for Re-Accreditation	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
<p>PhilHealth Forms:</p> <ol style="list-style-type: none"> 5. Provider Data Record (PDR) (1 original copy) 6. Performance Commitment (PC) (1 original copy) 7. Payment Slip or Order of Payment (1 original copy) 8. Statement of Intent (SOI) (1 original copy), if applicable 	<p>Public Assistance and Complaint’s Desk (PACD), PhilHealth Website (www.philhealth.gov.ph/downloads) or in any PhilHealth Regional Office (PRO) or Local Insurance Office (LHIO)</p>	
<p>General Requirements</p> <ol style="list-style-type: none"> 1. Provider Data Record (PDR) (1 original copy) 2. Performance Commitment (PC rev. 3 – Aug. 2018) with the HF’s letterhead, and signed at each page (1 original copy) 3. <i>Applicable if the Initial Application is submitted on the 4th Quarter of the current Calendar Year:</i> Statement of Intent (SOI), indicating whether Option 1 (start of accreditation validity is on the current year) or Option 2 (start of the accreditation validity is on January 1 of the next year) is preferred (1 original copy) 	<p>PACD, PhilHealth website, or PhilHealth LHIO/ PRO PACD, PhilHealth website, or PhilHealth LHIO/ PRO PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>	

<p>Specific Requirements in Addition to the General Requirements, per Type of Re-accreditation Application:</p> <p>A. RE-ACCREDITATION DUE TO (1) LAPSE IN ACCREDITATION, SUBSEQUENT APPLICATION WAS DENIED, (2) FAILURE TO SUBMIT APPLICATION WITHIN THE PRESCRIBED PERIOD, (3) CONTINUOUS ACCREDITATION WAS WITHDRAWN, (4) RESUMPTION OF OPERATION AFTER CLOSURE OR CESSATION OF OPERATION, (5) UPGRADING OF FACILITY LEVEL OR CATEGORY, OR (6) TRANSFER OF LOCATION</p> <p>NOTE: If the re-accreditation application is due to (6) TRANSFER OF LOCATION, this shall be submitted within ninety (90) calendar days from actual transfer of location.</p> <p>I. Hospitals (L1, L2 or L3) & Infirmaries</p> <ol style="list-style-type: none"> 1. Updated DOH License-to-Operate (LTO) as a Hospital (Level 3, 2, or 1 or an Infirmary) (1 original copy) 2. Official Receipt for Payment of Accreditation Fee <ol style="list-style-type: none"> 2.1. Level 3 – P10,000.00 2.2. Level 2 – P8,000.00 2.3. Level 1 – P5,000.00 2.4. Infirmary – P3,000.00 3. Certificate of Good Standing (CGS) from the Philippine Hospital Association (PHA) (1 original copy) 	<p>DOH</p>

	Facility
<p>II. Ambulatory Surgical Clinics (ASCs) & Freestanding Dialysis Clinics (FDCs)</p> <p>3. Updated DOH License-to-Operate as an ASC or an FDC (1 original copy)</p> <p>4. Official Receipt for Payment of Accreditation Fee 2.1. ASC- P5,000.00 2.2. FDC- P5,000.00</p> <p>5. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive if there are improvements/ renovation undertaken</p> <p>6. PhilHealth-Accredited Medical Director/ Chief of Hospital, OR Application for PhilHealth Accreditation of the Medical Director/ Chief of Hospital if not yet accredited (1 original copy)</p> <p>7. Applicable only if re-accreditation is due to (6) TRANSFER OF LOCATION: Updated Location Map</p>	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p> <p>Facility</p> <p>Facility OR PACD, PhilHealth Website, or PhilHealth LHIO/PRO</p> <p>Facility</p>
<p>III. Konsulta Package Providers (KPPs), Maternity Care Providers (MCPs), Anti-Tuberculosis Directly-Observed Treatment Short-course (TB DOTS) Package Providers, Animal Bite Benefit Package Provider (ABPPs), Standalone Outpatient HIV-AIDS Treatment Package Providers (OHAT), Freestanding Family Planning (FPs) Clinics,</p>	

Community Isolation Units (CIUs), SARS-CoV2 Testing Laboratory (COVID LABs), Outpatient Malaria Package Providers (OMP) & Drug Abuse Treatment and Rehabilitation Center (DATRC)

1. Updated DO LTO/PhilCAT Certification (1 original copy)
2. Official Receipt for Payment of Accreditation Fee
 - 2.1. KPP- P2,000.00
 - 2.2. MCP- P1,500.00
 - 2.3. TB DOTS- P1,000.00
 - 2.4. ABPP- P1,000.00
 - 2.5. OHAT- P1,000.00
 - 2.6. FP- P1,500.00
 - 2.7. CIU- N/A
 - 2.8. COVID LAB- N/A
 - 2.9. OMP- N/A
 - 2.10. DATRC- N/A
3. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive if there are improvements/ renovation undertaken
4. Applicable for KPPs, MCPs, & TB DOTS only: PhilHealth-Accredited Managing Health Care Provider, OR Application for PhilHealth Accreditation of the Managing Health Care Provider if not yet accredited (1 original copy)
5. Applicable only if re-accreditation is due to (6) TRANSFER OF LOCATION: Updated Location Map (1 original copy/soft copy thru flashdrive)

DOH

PhilHealth Cahier, upon payment

	<p>Facility</p> <p>Facility OR PAC, PhilHealth Website, or PhilHealth LHIO/PRO</p> <p>Facility</p>
<p>B. RE-ACCREDITATION DUE TO (1) ACQUISITION OF ADDITIONAL SERVICE CAPABILITY, OR (2) CHANGE IN CLASSIFICATION OF HEALTH FACILITY</p> <p>I. Hospitals (L1, L2 or L3), Infirmaries, Ambulatory Surgical Clinics (ASCs), & Freestanding Dialysis Clinics (FDCs)</p> <ol style="list-style-type: none"> 1. Updated DOH LTO (1 original copy) 2. Official Receipt for Payment of Accreditation Fee <ol style="list-style-type: none"> 2.1. Level 1- P5,000.00 2.2. Level 2- P8,000.00 2.3. Level 3- P10,000.00 2.4. Infirmary- P3,000.00 2.5. ASC- P5,000.00 2.6. FDC- P5,000.00 3. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive if there are improvements/ renovation undertaken 	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p>

	Facility
<p>II. Konsulta Package Providers (KPPs), Maternity Care Providers (MCPs), Anti-Tuberculosis Directly-Observed Treatment Short-course (TB DOTS) Package Providers, Animal Bite Benefit Package Provider (ABPPs) Standalone Outpatient HIV-AIDS Treatment (OHAT) Package Providers, & Freestanding Family Planning (FP) Clinics</p> <ol style="list-style-type: none"> 1. DOH Certification/ Certificate of Training (1 original copy) 2. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive if there are improvements/ renovation undertaken 	DOH Facility
<p>C. RE-ACCREDITATION DUE TO CHANGE IN OWNERSHIP</p> <p>I. Hospitals (L1, L2 or L3), Infirmaries, Ambulatory Surgical Clinics (ASCs), Freestanding Dialysis Clinics (FDCs), Konsulta Package Providers (KPP), Maternity Care Providers (MCPs), Anti-Tuberculosis Directly-Observed Treatment Short-course (TB DOTS) Package Providers, Animal Bite Benefit Package Providers (ABPPs), Standalone Outpatient HIV-AIDS Treatment (OHAT) Package Providers, Community Isolation Units (CIUs), SARS-CoV2 Testing Laboratory (COVID LABs), Outpatient Malaria Package Providers (OMPs), & Drug Abuse Treatment and Rehabilitation Center (DATRC)</p> <ol style="list-style-type: none"> 1. Updated DOH LTO/ Certification (1 original copy) 2. Official Receipt for Payment of Accreditation Fee <ol style="list-style-type: none"> 2.1. Level 3- P10,000.00 2.2. Level 2- P8,000.00 2.3. Level 1- P5,000.00 2.4. Infirmary- P3,000.00 	

<p>2.5. ASC- P5,000.00 2.6. FDC- P5,000.00 2.7. Konsulta- P2,000.00 2.8. MCP- P1,500.00 2.9. TB DOTS- P1,000.00 2.10. ABPP- P1,000.00 2.11. OHAT- P1,000.00 2.12. CIU- N/A 2.13. COVID LAB- N/A 2.14. OMP- N/A 2.15. DATRC- N/A</p> <p>3. Any of the following as proof of change in ownership: 3.1. For Private HFs (1 original copy): 3.1.1. Securities and Exchange Commission (SEC) Registration including Articles of Incorporation, 3.1.2. Deed of Sale, 3.1.3. Cooperation Development Authority (CDA) 3.1.4. Department of Trade and Industry (DTI) Certificate 3.2. For Government HFs (1 photocopy): 3.2.1. Provincial to Municipal – Usufruct agreement between the province and municipality 3.2.2. Local to National – corresponding Republic Act</p>	<p>DOH PhilHealth Cashier, upon payment</p>
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		SEC		
		Facility		
		CDA		
		DTI		
		LGU, Facility		
		LGU, Facility		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit application forms and other documentary requirements with properly filled-out	1.1 Receive application and other documentary requirements and payment slip.	**Applicable fees are illustrated below	1 hour and 5 minutes*	LHIO Frontline Officer
	1.2 Screen application and other documentary requirements as to completeness of requirements		5 minutes	

payment slip once queuing number is called.	1.3 Write down the HCI data in the receiving logbook		2 minutes	
2. If the application is not complete, get the receiving copy of the application, receive deficiency letter and explanation on the content of the letter and sign under "disposition" column in the receiving logbook	<p>If the application is not complete,</p> <p>2.1 Return the application to the HCI, furnish a Deficiency Letter, explain the content of the deficiency letter and ask HCI representative to sign under "disposition" column in the receiving logbook</p> <p>If complete,</p> <p>2.2 Stamp complete the file copy and the receiving copy (PDR and the 1st page of the other requirements)</p> <p>2.2.1 Provide corresponding amount for accreditation</p> <p>2.2.2 Direct Client to the cashier for payment</p>		15 minutes	
3. Proceed to Cashier for payment	3.2 Receive payment		5 minutes	Collecting Officer
4. Provide copy of proof of payment to the counter	4.2 Release the receiving copy of the PDR and other requirements to the HCI representative		2 minutes	Frontline Officer
TOTAL		None	1 hour and 30 minutes	

**The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time start upon receipt of the queue number.*

Schedule of Application Fees for Institutional Health Care Providers

INSTITUTIONS	INITIAL & REACCREDITATION * PRIVATE/ GOVERNMENT	RENEWAL		RE-ACCREDITATION **	
		BEFORE THE PRESCRIBED FILING PERIOD (WITH 10% INCENTIVES)	PRESCRIBED FILING PERIOD	APPLICATIONS FILED AFTER THE PRESCRIBED FILING PERIOD (additional fee)	
				31 – 90 days prior to expiration	1 – 30 days prior to expiration
Level I Hospitals	P 3,000.00	P 1,800.00	P 2,000.00	P 4,000.00	P 8,000.00
Level II Hospitals	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Level III Hospitals	P 8,000.00	P 7,200.00	P 8,000.00	P 16,000.00	P 32,000.00
Level IV Hospitals (<i>with training programs</i>)	P 10,000.00	P 9,000.00	P 10,000.00	P 20,000.00	P 40,000.00
Ambulatory Surgical Centers (ASCs)	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Free Standing Dialysis Centers (FSDCs)	P 5,000.00	P 4,500.00	P 5,000.00	P 10,000.00	P 20,000.00
OPB Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
TB-DOTS Provider	P 1,000.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
Non-Hospital Maternity Care Providers	P 1,500.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
3-in-1 Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and DOTS Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and MCP Providers	P 1,500.00 ***	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00
MCP and DOTS Providers	P 1,500.00	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00

* Applications filed after the validity of their accreditation

** Applications filed after the prescribed filing period but within the validity period

*** Only applicable to government facilities

11. RECEIVING OF APPLICATION FOR RENEWAL/CONTINUOUS ACCREDITATION OF HEALTH FACILITIES (HFs)

Receiving of application for accreditation filed by Health Facilities (HFs) in the Philippines.

Office/Division	Local Health Insurance Offices	
Classification	Simple	
Type of Transaction	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen	
Who may avail:	All HFs applying for Renewal/Continuous Accreditation	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
PhilHealth Forms: 9. Provider Data Record (PDR) (1 original copy) 10. Performance Commitment (PC) (1 original copy) 11. Payment Slip or Order of Payment (1 original copy)		Public Assistance and Complaint's Desk (PACD), PhilHealth Website (www.philhealth.gov.ph/downloads) or in any PhilHealth Regional Office (PRO) or Local Insurance Office (LHIO)
General Requirements 1. Provider Data Record (PDR) (1 original copy) 2. Performance Commitment (PC rev. 3 – Aug. 2018) with the HF's letterhead and signed at each page. (1 original copy)		PACD, PhilHealth website, or PhilHealth LHIO/ PRO PACD, PhilHealth website, or PhilHealth LHIO/ PRO
Specific Requirements in Addition to the General Requirements: I. Hospitals (Level 3, 2, or 1), Infirmaries 1. Updated DOH License-to-Operate (LTO) as a Hospital (Level 3, 2, or 1) or an Infirmary (1 original copy) 2. Official Receipt for Payment of Accreditation Fee 2.1. Level 3 – P10,000.00 2.2. Level 2 – P8,000.00		DOH

<p>II. Hospital Extension Facilities (HEFs)</p> <ol style="list-style-type: none"> 1. Updated DOH License-to-Operate (LTO) as a HEF (1 original copy) 2. Official Receipt for Payment of Accreditation Fee <ol style="list-style-type: none"> 1.1. HEF of Level 3 Hospital – P10,000.00 1.2. HEF of Level 3 Hospital – P8,000.00 1.3. HEF of Level 3 Hospital – P5,000.00 	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p>
<p>III. Ambulatory Surgical Clinics (ASCs) & Free-standing Dialysis Clinics (FDCs)</p> <ol style="list-style-type: none"> 1. Updated DOH License-to-Operate (LTO) as an ASC or an FDC (1 original copy) 2. Official Receipt for Payment of Accreditation Fee of P5,000.00 3. Latest audited financial statement, shall be submitted on or before June 30 of the current year (1 original copy) 4. If the ASC provides COVID-19 Home Isolation Benefit Package (CHIBP), Letter of Intent (LOI) to continue providing the same (1 original copy) 5. PhilHealth-accredited managing health care professional, OR Application for PhilHealth accreditation of the managing health care professional if not yet accredited (1 original copy) 	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p> <p>Facility</p> <p>PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p> <p>Facility OR PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p>IV. Maternity Care Package Providers (MCPs)</p> <ol style="list-style-type: none"> 1. Updated DOH License-to-Operate (LTO) as a Birthing Home (1 original copy) 2. Official Receipt for Payment of Accreditation Fee of P5,000.00 3. Latest audited financial statement, shall be submitted on or before June 30 of the current year (1 original copy) 4. Updated DOH Certificate as a Newborn Screening Facility (1 original copy) 	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p>

<ol style="list-style-type: none"> 5. Updated DOH Certificate as a Newborn Hearing Screening Facility, OR Memorandum of Agreement (MOA) with a Certified Facility for outsourced service (1 original copy) 6. If the MCP provides COVID-19 Home Isolation Benefit Package (CHIBP), Letter of Intent (LOI) to continue providing the same (1 original copy) 7. PhilHealth-accredited managing health care professional, OR Application for PhilHealth accreditation of the managing health care professional if not yet accredited (1 original copy) 	<p>Facility</p> <p>DOH</p> <p>DOH OR Facility</p> <p>PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p> <p>Facility OR PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p>V. Outpatient HIV-AIDS Treatment (OHAT) Hubs</p> <ol style="list-style-type: none"> 1. Stand-alone OHAT Hubs <ol style="list-style-type: none"> 1.1. DOH Certification as Treatment Hub/ Satellite Treatment Hub/ Primary HIV Care Facility, OR latest DOH Department Memorandum on the list of recognized facilities (1 original copy) 1.2. Official Receipt for Payment of Accreditation Fee of P1,000.00 1.3. For private stand-alone OHAT hubs, latest audited financial statement, shall be submitted on or before June 30 of the current year (1 original copy) 1.4. PhilHealth-accredited health care professional/ physician, OR Application for PhilHealth accreditation of the health care professional/ physician if not yet accredited (1 original copy) 2. Facility-Based OHAT Hubs 	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p> <p>Facility</p>

<p>2.1. DOH Certification as Treatment Hub/ Satellite Treatment Hub/ Primary HIV Care Facility, OR latest DOH Department Memorandum on the list of recognized facilities (1 original copy)</p> <p>2.2. PhilHealth-accredited health care professional/ physician, OR Application for PhilHealth accreditation of the health care professional/ physician if not yet accredited (1 original copy)</p>	<p>Facility OR PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p> <p>DOH</p> <p>Facility OR PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p>VI. Freestanding Family Planning (FP) Clinics</p> <ol style="list-style-type: none"> 1. Valid DOH Certification of Compliance as a Freestanding FP Clinic (1 original copy) 2. Official Receipt for Payment of Accreditation Fee of P1,500.00 3. Latest audited financial statement, shall be submitted on or before June 30 of the current year (1 original copy) 4. Accredited health care professional, OR Application for PhilHealth accreditation of the health care professional if not yet accredited (1 original copy) 	<p>PhilHealth Cashier, upon payment</p> <p>DOH</p> <p>Facility</p> <p>Facility OR PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p>VII. Anti-Tuberculosis Directly-Observed Treatment Short-course (TB DOTS) Package Providers</p> <ol style="list-style-type: none"> 1. Updated DOH – PhilCAT Certification, if available (1 original copy) 	

<ol style="list-style-type: none"> 2. Official Receipt for Payment of Accreditation Fee of P1,000.00 3. Latest audited financial statement, shall be submitted on or before June 30 of the current year (1 original copy) 4. Accredited health care professional, OR Application for PhilHealth accreditation of the health care professional if not yet accredited (1 original copy) 	<p>DOH PhilHealth Cashier, upon payment Facility</p> <p>Facility OR PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p>VIII. Animal Bite Benefit Package Providers (ABPPs)</p> <ol style="list-style-type: none"> 1. Updated DOH Certificate of Recognition as an Animal Bite Treatment Center (ABTC) or Animal Bite Center (ABC) (1 original copy) 2. Official Receipt for Payment of Accreditation Fee of P1,000.00 3. For private ABPPs, latest audited financial statement, shall be submitted on or before June 30 of the current year (1 original copy) 	<p>DOH</p> <p>PhilHealth Cashier, upon payment Facility</p>
<p>IX. Konsulta Package Providers (KPPs)</p> <ol style="list-style-type: none"> 1. Licensed KPPs <ol style="list-style-type: none"> 1.1. Updated DOH License-to-Operate as a Primary Care Facility (1 original copy) 1.2. Official Receipt for Payment of Accreditation Fee of P2,000.00 2. Non-licensed Stand-alone KPPs <ol style="list-style-type: none"> 2.1. For private KPP - Certified True Copy of Business/ Mayor's Permit or Updated Professional Tax Receipt (to follow if not yet available upon application) (1 original copy) 2.2. Official Receipt for Payment of Accreditation Fee of P2,000.00 	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p> <p>LGU or Facility</p>

		PhilHealth Cashier, upon payment		
X. Drug Abuse Treatment and Rehabilitation Centers (DATRCs) 1. Updated DOH Certificate as a drug abuse treatment and rehabilitation center (1 original copy)		DOH		
XI. Outpatient Malaria Package (OMP) Provider 3. DOH Certificate of an employed personnel with a Microscopist's Training in the Diagnosis of Malaria (1 original copy)		DOH		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit application forms and other documentary requirements with properly filled-out payment slip once queuing number is called.	1.1 Receive application and other documentary requirements and payment slip.	<i>**Applicable fees are illustrated below</i>	1 hour and 5 minutes*	LHIO Frontline Officer
	1.2 Screen application and other documentary requirements as to completeness of requirements		5 minutes	
	1.3 Write down the HCI data in the receiving logbook		2 minutes	

<p>2. If the application is not complete, get the receiving copy of the application, receive deficiency letter and explanation on the content of the letter and sign under “disposition” column in the receiving logbook</p>	<p>If the application is not complete, 2.1 Return the application to the HCI, furnish a Deficiency Letter, explain the content of the deficiency letter and ask HCI representative to sign under “disposition” column in the receiving logbook If complete, 2.2 Stamp complete the file copy and the receiving copy (PDR and the 1st page of the other requirements) 2.2.1 Provide corresponding amount for accreditation 2.2.2 Direct Client to the cashier for payment</p>		<p>15 minutes</p>	
<p>3. Proceed to Cashier for payment</p>	<p>3.1 Receive payment</p>		<p>5 minutes</p>	<p>Collecting Officer</p>
<p>4. Provide copy of proof of payment to the counter</p>	<p>4.1 Release the receiving copy of the PDR and other requirements to the HCI representative</p>		<p>2 minutes</p>	<p>Frontline Officer</p>
<p>TOTAL</p>		<p>None</p>	<p>1 hour and 30 minutes</p>	

**The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time start upon receipt of the queue number.*

Schedule of Application Fees for Institutional Health Care Providers

INSTITUTIONS	INITIAL & REACCREDITATION * PRIVATE/ GOVERNMENT	RENEWAL		RE-ACCREDITATION **	
		BEFORE THE PRESCRIBED FILING PERIOD (WITH 10% INCENTIVES)	PRESCRIBED FILING PERIOD	APPLICATIONS FILED AFTER THE PRESCRIBED FILING PERIOD (additional fee)	
				31 – 90 days prior to expiration	1 – 30 days prior to expiration
Level I Hospitals	P 3,000.00	P 1,800.00	P 2,000.00	P 4,000.00	P 8,000.00
Level II Hospitals	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Level III Hospitals	P 8,000.00	P 7,200.00	P 8,000.00	P 16,000.00	P 32,000.00
Level IV Hospitals (<i>with training programs</i>)	P 10,000.00	P 9,000.00	P 10,000.00	P 20,000.00	P40,000.00
Ambulatory Surgical Centers (ASCs)	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Free Standing Dialysis Centers (FSDCs)	P 5,000.00	P 4,500.00	P 5,000.00	P 10,000.00	P 20,000.00
OPB Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
TB-DOTS Provider	P 1,000.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
Non-Hospital Maternity Care Providers	P 1,500.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
3-in-1 Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and DOTS Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and MCP Providers	P 1,500.00 ***	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00
MCP and DOTS Providers	P 1,500.00	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00

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* Applications filed after the validity of their accreditation

** Applications filed after the prescribed filing period but within the validity period

*** Only applicable to government facilities

12. RECEIVING OF APPLICATION FOR ACCREDITATION OF HEALTHCARE PROFESSIONALS (HCProfs)

Receiving of application for accreditation filed by Health Care Professionals (HCProfs) in the Philippines.

Office/Division	Local Health Insurance Offices	
Classification	Simple	
Type of Transaction	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen	
Who may avail:	All HCProfs applying for Initial Accreditation, Renewal of Accreditation or Re-accreditation	
Checklist of Requirements	Where to Secure	
PhilHealth Forms: 12. Provider Data Record (PDR) (1 original copy) 13. Performance Commitment (PC) (1 original copy)	Public Assistance and Complaint's Desk (PACD), PhilHealth Website (www.philhealth.gov.ph/downloads) or in any PhilHealth Local Insurance Office (LHIO) or PhilHealth Regional Offices (PROs)	
General Requirements: 2. Provider Data Record (PDR) (1 original copy) 3. Performance Commitment (PC) (1 original copy) 4. Updated Professional Regulation Commission (PRC) License (1 original copy) 5. Two (2) pieces, 1 x 1 Photo (1 original copy) 6. Proof of Updated PhilHealth Premium Contribution during the month of application (1 original copy)	PACD, PhilHealth website, or PhilHealth LHIO/ PRO PACD, PhilHealth website, or PhilHealth LHIO/ PRO PRC HCProf PhilHealth LHIO/ PRO OR Employer	

Specific Requirements in Addition to the General Requirements:	
<p>XII. INITIAL ACCREDITATION</p> <p>A. Physicians</p> <p>A.1. General Practitioner (GP)</p> <p>Certificate of Good Standing (CGS) from Philippine Medical Association (PMA) or its Local Component Society (1 original copy)</p> <p>A.2. GP with Training (GPT)</p> <ol style="list-style-type: none"> 1. CGS from PMA or its Local Component Society (1 original copy) 2. Certificate of Completed Residency Training (1 original copy) <p>A.3. Medical Specialist (MS)</p> <ol style="list-style-type: none"> 1. CGS from PMA or its Local Component Society (1 original copy) 2. CGS from Specialty Society/ Subspecialty Society (1 original copy) 3. Specialty Board Certificate (1 original copy) <p>NOTE: For physicians who are emeritus members of PMA or their Specialty Societies, the physician should provide proof of emeritus standing from the society (1 photocopy)</p>	<p>PMA or its Local Component Society</p> <p>PMA or its Local Component Society</p> <p>DOH-recognized Training Hospital/ Facility</p> <p>PMA or its Local Component Society</p> <p>Specialty Society/ Subspecialty Society</p>

<p>B. Dentists – no additional requirements</p> <p>C. Midwives C.1. Maternity Care Package (MCP) and Newborn Care Package (NCP) Provider</p> <p>Any of the following evidences of competency on the expanded functions of midwives (not required for graduated from School Year 1995 and onwards) should be submitted during their initial application as Maternity Care Package (MCP) and Newborn Care Package (NCP) Providers.</p> <ol style="list-style-type: none"> 1. Certificate of Training from a program accredited by the Continuing Professional Education (CPE) Council of the Board of the PRC (1 original copy); 2. Training Certificate from a DOH-recognized training program (1 original copy); or 3. Certificate of Apprenticeship from one or more years with a PhilHealth-accredited Obstetrician-Gynecologists or an accredited midwife done in an accredited facility (1 original copy) <p>C.2. Family Planning (FP) Services</p>	<p>Specialty Society</p> <p>PMA or Specialty Society</p> <p>PRC-recognized Training Facility</p>
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<p>Any of the following documents should be submitted if the HCProf will provide the corresponding family planning (FP) services:</p> <ol style="list-style-type: none"> 1. IUD Insertion <ol style="list-style-type: none"> a. Certificate on Family Planning Competency Based Training Level 2 (FPCBT2) / Comprehensive Family Planning Course (1 original copy), or b. Post-Partum Training Course (1 original copy) 2. Post-partum IUD Insertion <ol style="list-style-type: none"> a. Post-Partum IUD Training Course (1 original copy) 3. Subdermal Contraceptive Implant Package <ol style="list-style-type: none"> b. Certificate of Training on Subdermal Implant Insertion and Removal (1 original copy) <p>D. Nurses</p> <p>C.1. Maternity Care Package (MCP) and Newborn Care Package (NCP) Provider</p> <p>Any of the following evidences of competency on the expanded functions of midwives (not required for graduated from School Year 1995 and onwards) should be submitted during their initial application as Maternity Care Package (MCP) and Newborn Care Package (NCP) Providers.</p> <ol style="list-style-type: none"> 1. Certificate of Training on the Basic Emergency Obstetric and Newborn Care (BemONC) for nurses from a DOH-recognized training center for BEmONC skills (1 original copy), or 	<p>DOH-recognized Training Hospital/ Facility</p> <p>DOH-recognized Training Hospital/ Facility</p> <p>DOH-recognized Training Hospital/ Facility</p>
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2. Certificate of work experience for at least two (2) years in the labor and delivery room of at least a Level 1 hospital (1 original copy)

DOH-recognized Training Hospital/ Facility

DOH-recognized Training Hospital/ Facility

C.2. Family Planning (FP) Services

Any of the following documents should be submitted if the HCProf will provide the corresponding family planning (FP) services:

1. IUD Insertion
 - a. Certificate on Family Planning Competency Based Training Level 2 (FPCBT2) / Comprehensive Family Planning Course, or
 - b. Post-Partum Training Course.
2. Post-partum IUD Insertion
 - a. Post-Partum IUD Training Course
3. Subdermal Contraceptive Implant Package
 - b. Certificate of Training on Subdermal Implant Insertion and Removal.

DOH-recognized Training Hospital/ Facility

XIII. RENEWAL OF ACCREDITATION AND RE-ACCREDITATION DUE TO GAP IN ACCREDITATION

<p>C. Midwives – no additional requirements</p> <p>D. Nurses – no additional requirements</p> <p>XIV. RE-ACCREDITATION DUE TO UPGRADE IN CLASSIFICATION OF THE PHYSICIAN (GP TO GPT OR GP/GPT TO MS)</p> <p>A. GP to GPT</p> <ol style="list-style-type: none"> 1. CGS from PMA or its Local Component Society (1 original copy) 2. Certificate of Completed Residency Training (1 original copy) <p>B. GP/GPT to MS</p> <ol style="list-style-type: none"> 1. CGS from PMA or its Local Component Society (1 original copy) 2. Certificate of Completed Residency Training (1 original copy) 3. Specialty Board Certificate (1 original copy) <p>NOTE: For physicians who are emeritus members of PMA or their Specialty Societies, the physician should provide proof of emeritus standing from the society (1 photocopy)</p>	<p>DOH-recognized Training Hospital/ Facility</p> <p>DOH-recognized Training Hospital/ Facility</p> <p>PMA or its Local Component Society</p> <p>PMA or its Local Component Society</p>
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XV. RE-ACCREDITATION DUE TO ADDITIONAL SERVICE CAPABILITY OF NURSES AND MIDWIVES PROVIDING FAMILY PLANNING (FP) SERVICES

Any of the following documents should be submitted if the midwife or nurse will provide the corresponding family planning (FP) services:

- 2. IUD Insertion
 - a. Certificate on Family Planning Competency Based Training Level 2 (FPCBT2) / Comprehensive Family Planning Course (1 original copy), or
 - b. Post-Partum Training Course (1 original copy)
- 3. Post-partum IUD Insertion
 - a. Post-Partum IUD Training Course (1 original copy)

- 4. Subdermal Contraceptive Implant Package
Certificate of Training on Subdermal Implant Insertion and Removal (1 original copy)

PMA or its Local Component Society

Specialty/ Subspecialty Society

PMA or Specialty Society

	<p>PMA or its Local Component Society</p> <p>DOH-recognized Training Hospital/ Facility</p> <p>DOH-recognized Training Hospital/ Facility</p> <p>DOH-recognized Training Hospital/ Facility</p> <p>Specialty Society</p> <p>PMA or Specialty Society</p>
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	<p>DOH-recognized Training Hospital/ Facility</p> <p>DOH-recognized Training Hospital/ Facility</p> <p>DOH-recognized Training Hospital/ Facility</p>
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		DOH-recognized Training Hospital/ Facility		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished application form for accreditation and other documentary requirements to the frontline officer once the number is called.	1.1. Receive application, and other documentary requirements.	None	1 hour and 10 minutes*	Frontline Officer
	1.2. Screen received documents as to completeness of requirements.			
	1.3. Write down the Health Care Professional's data in the receiving logbook.			
	If the application is not complete, 1.4. Return the application to the client furnish Deficiency Letter, and explain content of said letter. 1.5. Ask client to sign under "disposition" column in the receiving logbook.			
	If the application is complete, 1.6. Stamp complete the file copy and receiving copy of the application and the 1 st		10 minutes	

	page of the other requirements.			
2. Receive stamped "complete" application documents.				
	TOTAL	None	1 hour and 10 minutes	

**The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time start upon receipt of the queue number.*

13. PAYMENT OF PREMIUM CONTRIBUTION – DIRECT CONTRIBUTOR

Acceptance of premium payment from Direct Contributors

Office/Division	Local Health Insurance Office	
Classification	Simple	
Type of Transaction	G2C - Government to Citizen; G2B - Government to Business; G2G Government to Government	
Who may avail:	All Direct Contributor	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
<p>PhilHealth Forms:</p> <p><u>For all direct contributors (EXCEPT Electronic Premium Remittance System (EPRS) users and Employers and Group Enrollment Program members)</u></p> <ul style="list-style-type: none"> a. Self-Earning Individuals b. Non-EPRS User Employers located in Geographically Isolated and Disadvantaged Areas (GIDAS) or in Areas where there are Accredited Collecting Agents (ACAs) but no available Internet Service Provider (ISP) c. Migrant workers d. Kasambahay e. Foreign Nationals / Philippine Retirement Authority (PRA) Foreign Retiree 		

<p>f. Employers with arrearages</p> <p>1. PhilHealth Premium Payment Slip (PPPS) (1 original copy)</p>	<p>Public Assistance and Complaint's Desk (PACD)</p> <p>PhilHealth Website (www.philhealth.gov.ph/downloads) or in any PhilHealth Local Insurance Office (LHIO)</p>
<p>Documentary Requirements:</p> <p>1. Statement of Premium Accounts (SPA) (1 original copy)</p> <p>a. Self-Earning Individuals</p> <p>b. Kasambahay</p> <p>c. Group enrollment Program (GEP)</p> <p>d. Electronic Premium Remittance System (EPRS) user Employers</p> <p>e. Billing Statement for employers with arrearages</p> <p>2. Certificate of Exemption (<u>for EPRS and Non EPRS User</u>) (1 original copy)</p>	<p>PhilHealth Collection Section PhilHealth website www.philhealth.gov.ph Member Portal</p> <p>Employer</p> <p>PhilHealth Collection Section</p> <p>Employer</p> <p>PhilHealth Collection Section</p> <p>PhilHealth Collection Section</p>

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queueing number at the PACD and wait for the number to be called	1.1. Issue queueing number and advice client to proceed to designated counter when the number is called		1 hour*	LHIO - Public Assistance and Complaint Desk (PACD)
2. Present the SPA and Cash/Manager's Check/Cashier's Check/PhilHealth Premium Payment Slip (PPPS)	2.1. Receive SPA /PPPS	**refer to the schedule of premium rate below.	10 minutes	LHIO Cashier
	2.2. Review the check payment as to the correctness of information and amount			
	2.3. Accept payment and Issue PhilHealth Official Receipt			
3. Receive PhilHealth Official Receipt (POR)	3.1 Issue POR to Client		1 minute	
	TOTAL	As computed based on the Premium rate for CY 2022 **	1 hour and 11 minutes	

* The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.

**Schedule of Premium Rate

A. Premium Contribution Table for Direct Contributors.

Effective the applicable month upon effectivity of the Implementing Rules and Regulations (IRR) of the UHC Act, the monthly premium contributions shall be in accordance with the premium rates and monthly income/basic salary floor and ceiling prescribed in the said Act, as follows:

Year	Monthly Basic Salary	Premium Rate	Monthly Premium
2019	P10,000.00	2.75%	P275.00
	P10,000.01 to P49,999.99		P275.00 to P1,375.00
	P50,000.00		P1,375.00
2020	P10,000.00	3.00%	P300.00
	P10,000.01 to P59,999.99		P300.00 to P1,800.00
	P60,000.00		P1,800.00
2021	P10,000.00	3.50%	P350.00
	P10,000.01 to P69,999.99		P350.00 to P2,450.00
	P70,000.00		P2,450.00
2022	P10,000.00	4.00%	P400.00
	P10,000.01 to P79,999.99		P400.00 to P3,200.00
	P80,000.00		P3,200.00
2023	P10,000.00	4.50%	P450.00
	P10,000.01 to P89,999.99		P450.00 to P4,050.00
	P90,000.00		P4,050.00
2024 to 2025	P10,000.00	5.00%	P500.00
	P10,000.01 to P99,999.99		P500.00 to P5,000.00
	P100,000.00		P5,000.00

14. PAYMENT FOR ACCREDITATION OF HEALTH CARE FACILITIES

Acceptance of Accreditation fee from Health Care Institutions

Office/Division	Local Health Insurance Office			
Classification	Simple			
Type of Transaction	G2G - Government to Government; G2B - Government to Business			
Who may avail:	All Health Care Institutions			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Forms: Premium Payment Slip (PPPS) (1 original copy)		LHIO - Public Assistance and Complaint Desk (PACD) or PhilHealth Website (www.philhealth.gov.ph/downloads)		
Documentary Requirements: Not applicable				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queueing number at the PACD and wait for the number to be called	1. Issue queueing number and advice client to proceed to designated counter when the number is called		1 hour*	LHIO - Public Assistance and Complaint Desk (PACD)

2. Pay corresponding fee for HCI accreditation	1. Receive payment for accreditation of the HCI	**refer to the schedule of application fees of Healthcare Institution below.	5 minutes	LHIO Cashier
3. Receive PhilHealth Official Receipt (POR)	1. Issue POR to Client			
TOTAL		**As computed based on the schedule of application fee	1 hour and 5 minutes	

** The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.*

***Schedule of Premium Rate*

Schedule of Application Fees for Institutional Health Care Providers

INSTITUTIONS	INITIAL & REACCREDITATION * PRIVATE/ GOVERNMENT	RENEWAL		RE-ACCREDITATION **	
		BEFORE THE PRESCRIBED FILING PERIOD (WITH 10% INCENTIVES)	PRESCRIBED FILING PERIOD	APPLICATIONS FILED AFTER THE PRESCRIBED FILING PERIOD (additional fee)	
				31 – 90 days prior to expiration	1 – 30 days prior to expiration
Level I Hospitals	P 3,000.00	P 1,800.00	P 2,000.00	P 4,000.00	P 8,000.00
Level II Hospitals	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Level III Hospitals	P 8,000.00	P 7,200.00	P 8,000.00	P 16,000.00	P 32,000.00
Level IV Hospitals (<i>with training programs</i>)	P 10,000.00	P 9,000.00	P 10,000.00	P 20,000.00	P 40,000.00
Ambulatory Surgical Centers (ASCs)	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Free Standing Dialysis Centers (FSDCs)	P 5,000.00	P 4,500.00	P 5,000.00	P 10,000.00	P 20,000.00
OPB Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
TB-DOTS Provider	P 1,000.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
Non-Hospital Maternity Care Providers	P 1,500.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
3-in-1 Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and DOTS Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and MCP Providers	P 1,500.00 ***	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00
MCP and DOTS Providers	P 1,500.00	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00

* Applications filed after the validity of their accreditation

** Applications filed after the prescribed filing period but within the validity period

*** Only applicable to government facilities

15. ADJUSTMENT / CORRECTION OF PAYMENT INFORMATION IN THE DATABASE USING THE TREASURY DATA EDITING MODULE (TDEM)

Adjustment / Correction of Payment Information In The Database Using The Treasury Data Editing Module (TDEM)

Office/Division	Local Health Insurance Office	
Classification	Simple	
Type of Transaction	G2G - Government to Government; G2B- Government to Business; G2c- Government to Citizen	
Who may avail:	All Direct Contributor	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
PhilHealth Forms: Data Amendment Request Form (DARF) (1 original copy)		LHIO - Public Assistance and Complaint Desk (PACD) or PhilHealth Website www.philhealth.gov.ph/downloads
Documentary Requirements: 1. PhilHealth Official Receipts (POR) or PhilHealth Agent Receipts (PAR) or Authorized Collecting Agents Receipts (1 original copy) 2. Valid ID* with signature of the employer's authorized signatory (1 original; 1 photocopy) In the absence of authorized signatory, 2.1. Authorization letter from the authorized signatory (1 original copy) 2.2. Authorized signatory and authorized representative (1 original; 1 photocopy)		Over The Counter Collection System (OTCCS) PhilHealth, Accredited Collecting Banks, Bayad Centers Member

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number at the PACD and wait for the queuing number to be called.	1.1 Issue queuing number and advice client to proceed to designated counter when the number is called		1 hour*	LHIO - Public Assistance and Complaint Desk (PACD)
2. Submit duly accomplished forms and documentary requirements to the Frontline	1.1 Receive and screen submitted documents	None	3 minutes**	Frontline Officer
	1.2 Conduct necessary validation and verification through PMAIS and Treasury databases		11 minutes**	
	1.3 Upon approval of request, edit or adjust payment information in the collection database using the Treasury Data Editing Module (TDEM)		15 minutes**	
3. Receive and acknowledge receipt of Certificate of Premium Contribution (CPP)	3.1 Release the CPP			Frontline Officer
	TOTAL	None	1 hours and 30 minutes*	

* The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.

** The time indicated corresponds to the time required to process one (1) transaction.

16. RECEIVING OF EMPLOYER’S REQUEST FOR REFUND

Processing of employer’s request for refund of double payment or overpayment

Office/Division	Local Health Insurance Office	
Classification	Highly Technical Transaction	
Type of Transaction	G2G - Government to Government; G2B- Government to Business; G2c- Government to Citizen	
Who may avail:	Employer	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
<p>PhilHealth Forms:</p> <p>One (1) Data Amendment Request Form (DARF) (1 original copy)</p>	<p>LHIO - Public Assistance and Complaint Desk (PACD) or PhilHealth Website (www.philhealth.gov.ph/downloads)</p>	
<p>Documentary Requirements:</p> <p><u>General requirements whether payment is made thru ACAs/OTCCS</u></p> <ol style="list-style-type: none"> One (1) Photocopy of Payroll applied for refund (1 photocopy) One (1) Photocopy of Business permit or any equivalent documents indicating the date of operation (1 photocopy) <p><u>For payments made thru Accredited Collecting Agents (ACAs)</u></p> <ol style="list-style-type: none"> Request Letter from Employer (1 original copy) Validated PhilHealth Agent’s Receipt (PAR) (1 original copy) 	Employer	

3. Statement of Premium Account (SPA)/Transaction Monitoring History (1 original copy)		Employer		
<u>For payments made thru Over-the-Counter Collection System (OTCCS)</u>		Employer		
1. Request Letter from Employer (1 original copy)				
2. PhilHealth Official Receipts made thru the Over-the-Counter Collection System (OTCCS) at LHIO (1 photocopy)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number at the PACD and wait for the queuing number to be called.	1.1 Issue queuing number and advice client to proceed to designated counter when the number is called	None	60 minutes	LHIO: Public Assistance and Complaint Desk (PACD)
2. Submit request letter and supporting documents	2.1 Receive and screen submitted documents 2.2 Advise client to wait for notification within 20 days	None	30 minutes	LHIO Staff
	TOTAL	None	1 hour and 30 minutes*	

* The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.

17. RECEIVING OF EMPLOYER REQUESTS TO COMPROMISE, WAIVER OR RELEASE, IN WHOLE OR IN PART, INTERESTS AND/OR SURCHARGES AND PAYMENT OF PREMIUM ARREARS THROUGH INSTALLMENT ARRANGEMENTS

Handling of employer’s request for waiver of interest on missed/late contribution payment and/or the settlement of past due premiums or arrearages and their applicable interests/surcharges through installment arrangement.

Office/Division	Local Health Insurance Office (LHIO)	
Classification	Simple	
Type of Transaction	G2G - Government to Government; G2B- Government to Business; G2c- Government to Citizen	
Who may avail:	Employer	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
PhilHealth Forms		
None		
Documentary Requirements		
Duly signed Letter of request from the employer clearly stating the reason for the request and other relevant documents to support the request (1 original copy)	Employer	
Statement of Premium Account (SPA) (1 photocopy)	Employer	
Employer Profile to be accomplished by PhilHealth Accounts Officer (1 photocopy)	PhilHealth LHIO/Collection Section	
Valid ID with signature of the employer’s authorized signatory (1 original; 1 photocopy)	Any Government agency issuing ID	
In the absence of authorized signatory.		

1. Authorization Letter from the authorized signatory (1 original copy) 2. Valid IDs of both authorized signatory and authorized representative (1 original; 1 photocopy)		Employer Any Government agency issuing ID		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number at the PACD and wait for the queuing number to be called.	1.1 Issue queuing number and advice client to proceed to designated counter when the number is called		1 hour	
2. Submit request letter	2.1 Receive and screen the completeness of documents submitted against the checklist provided for the purpose. 2.2 Advise client to wait for notification within 20 days.	None	15 minutes	LHIO Staff
	TOTAL	None	1 hour and 15 minutes*	

** The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.*

18. PROCESSING OF REQUEST OF EXEMPTION FROM EPRS ONLINE PAYMENT FACILITY*

Employers request for exemption in using PhilHealth's EPRS Online Payment Facility for reasons acceptable to the Corporation.

Office/Division	LHIO - COLLECTION SECTION			
Classification	Simple			
Type of Transaction	G2G - Government to Government; G2B- Government to Business; G2c- Government to Citizen			
Who may avail:	All employers from Private and Government Institutions (Direct Contributors)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Forms				
Not applicable				
Documentary Requirements				
<ol style="list-style-type: none"> 1. One (1) original request letter (1 original copy) (1 original copy) 2. One (1) original copy of valid ID of employer/authorized representative 3. Proof of employee count Preliminary Employees Premium Remittance Lists (PEPRL) (1 photocopy) 4. Duly received online banking application (1 original copy, if applicable) 		Employer Employer Employer Bank		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queueing number at the PACD and wait for the number to be called	1.1 Issue queueing number and advice client to proceed to designated counter when the number is called	None		LHIO: Public Assistance and

				Complaint Desk (PACD)
2. Submit request letter	2.1 Receive request letter 2.2 Stamp 'received' the receiving copy of Employer <hr/> 2.3 Advise client to wait for the Certificate of Exemption (COEx) thru email	None	1 hour and 30 minutes	LHIO Staff (PAIMS)
	TOTAL	None	1 hour and 30 minutes**	

* *Qualified for Multi-Staging Process*

** *The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.*

19. SETTLEMENT OF ARREARS (DELINQUENT EMPLOYERS WITH PENDING BILLING STATEMENT/NOTICE TO COMPLY WITH 1ST BILLING STATEMENT)

Office/Division	COLLECTION SECTION / P-AIMS			
Classification	Simple			
Type of Transaction	G2G - Government to Government; G2B- Government to Business			
Who may avail:	Employers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Issued Billing Statement (1 photocopy)		Copy of the Billing Statement Statement/Notice to Comply with 1 st Billing Statement is served and explained to the employer by the P-AIMS/Accounts Officer		
Generated Statement of Premium Account (SPA) for Billed Periods (For Non-Remittance of Premium Contributions) (1 original copy)		Generated from the Electronic Premium Remittance System (EPRS)		
Computation of Interest Sheet for Billed Periods (1 photocopy)		Issued by the designated P-AIMS/Accounts Officer		
Payment Slip (Signed by the P-AIMS) (1 original copy)		Issued by the designated P-AIMS/Accounts Officer		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client coordinates with designated P-AIMS/Accounts Officer	1.1. Receive and screen submitted documents.	Total amount for settlement is indicated in the Statement of Premium	5 minutes	P-AIMS/Accounts Officer
	1.2. Validate the submitted documents vis-à-vis issued billing		25 minutes	P-AIMS/Accounts Officer

	statement, PAIMS, and Treasury Database for adjustments to the billed amount as needed.	Account(for non-remittance)and/or computation of interest sheet (for under-remittances)		
If there are NO changes to the billed amount, 2. The client shall submit a copy of the generated Statement of Premium Account (SPA)	2.1. Issue the payment slip.		2 minutes	P-AIMS/Accounts Officer
If the total billed amount is OUTDATED, 3. The client shall submit payroll copies for re-computation of arrears				
4. Process payment based on the issued payment slip.	4.1. Refer the client to the LHIO-Cashier for receipt and processing of payments.	Total amount for settlement is indicated in the Statement of Premium Account(for non-remittance) and/or computation of interest sheet (for under-remittances)	3 minutes	P-AIMS/Accounts Officer
	TOTAL	See above	35 Minutes	

20. SETTLEMENT OF ARREARS (DELINQUENT EMPLOYERS WITH CASE FOLDER ENDORSED TO LEGAL UNIT)

Settlement of Arrears (Delinquent Employers with Case Folder Endorsed To Legal Unit)

Office/Division	COLLECTION SECTION / P-AIMS/Legal Unit			
Classification	Simple			
Type of Transaction	G2G - Government to Government; G2B- Government to Business			
Who may avail:	Employers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Final Demand Letter (1 photocopy)		Copy of the Final Demand Letter is served and explained to the employer by personnel from Legal Unit		
Issued Billing Statement (1 photocopy)		Copy of the Billing Statement Statement/Notice to Comply with 1 st Billing Statement is served and explained to the employer by the P-AIMS/Accounts Officer		
Generated Statement of Premium Account (SPA) for Billed Periods (For Non-Remittance of Premium Contributions)		Generated from the Electronic Premium Remittance System (EPRS)		
Copy of the Computation of Interest Sheet for Billed Periods		Issued by the designated P-AIMS/Accounts Officer		
Payment Slip (Signed by the P-AIMS)		Issued by the designated P-AIMS/Accounts Officer		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

<p>1. Client coordinates with Legal Unit as to the settlement of arrears.</p>	<p>2.1. Discuss the precedents and require the client to submit the necessary documents for validation by the P-AIMS/ Accounts Officer</p>		<p>10 minutes</p>	<p>Legal Unit</p>
<p>2. Client coordinates with designated P-AIMS/Accounts Officer:</p> <p>If there are NO changes to the billed amount, the client shall submit a copy of the generated Statement of Premium Account (SPA)</p> <p>If the total billed amount is OUTDATED, the client shall submit payroll copies for re-computation of arrears</p>	<p>2.1. Receive and screen submitted documents</p>		<p>5 minutes</p>	<p>P-AIMS/Accounts Officer</p>
	<p>2.2. Validate the submitted documents vis-à-vis issued billing statement, PMAIS, and Treasury Database for adjustments to the billed amount as needed.</p>		<p>25 minutes</p>	<p>P-AIMS/Accounts Officer</p>
	<p>2.3. Inform Legal Unit of the final amount for settlement based on the validation of submitted documents</p>		<p>5 minutes</p>	<p>P-AIMS/Accounts Officer</p>
	<p>2.4. Issue the payment slip</p>		<p>2 minutes</p>	<p>P-AIMS/Accounts Officer</p>

3. Receive issued payment slip.	3.1. Refer the client to the LHIO-Cashier for receipt and processing of payments.	Total amount for settlement is indicated in the Statement of Premium Account (for non-remittance) and/or computation of interest sheet (for under-remittances)	3 minutes	P-AIMS/Accounts Officer
	TOTAL	See above	47 minutes	

21. PROCESSING OF INQUIRY OF WALK IN CLIENTS

Local Health Insurance Offices shall provide services to walk-in clients

Office/Division	Local Health Insurance Offices - Membership			
Classification	Simple			
Type of Transaction	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
Who may avail:	All walk-in clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Forms				
None				
Documentary Requirements				
<ol style="list-style-type: none"> Valid signature and photo bearing identification card/s (ID/s) of the member, if client is the member If the process is thru a representative, Authorization Letter from the member (original) and valid signature and photo bearing ID of the member and the representative (photocopy) 		<p>Any Government Agency issuing valid ID</p> <p>Member, Any Government Agency issuing valid ID</p>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Inquire to the Public Assistance and Complaints Desk (PACD) Officer	1.1 Answer the inquiry If the inquiry leads to another process/es, advise the client accordingly.	None	10 minutes	Public Assistance and Complaints Desk (PACD) Officer
	TOTAL	None	10 minutes	

22. REQUEST FOR RECORDS

Local Health Insurance Offices shall provide services to walk-in clients

Office/Division	Local Health Insurance Offices (LHIO)			
Classification	Simple			
Type of Transaction	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
Who may avail:	All walk-in clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Forms <ol style="list-style-type: none"> 1. Request Slip for Certification of Benefits for Dialysis, Contributions, Employer Data Record (EDR) are also considered as “Records” 2. Request letter for other type of documents 		PhilHealth LHIO Requesting Party		
Documentary Requirements <ol style="list-style-type: none"> 1. One (1) photocopy of Valid signature and photo bearing ID of the member if client is the member (1 photocopy) 2. If the process is thru a representative, Authorization Letter from the member (original) and valid signature and photo bearing ID of the member and the representative, (1 photocopy) 		Any Government Agency issuing valid ID Current Employer, Any Government Agency issuing valid ID		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Get queuing number at the PACD and wait for the number to be called	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called		1 hour*	Public Assistance and Complaints Desk (PACD) Officer
2. Submit duly accomplished request slip/request letter with document requirement/s to the frontline officer	2.1 Receive and screen properly filled-out request form/letter and documentary requirement/s	None	3 minutes	Frontline Officer
	2.2 Process request of the client		10 minutes	
3. Acknowledge receipt of the requested record/s	3.1 Release record/s and require client to acknowledge receipt of the same		2 minutes	
	TOTAL	None	1 hour and 15 minutes	

**The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number*

23. UPDATING OF MEMBER DATA RECORDS (MDR) THROUGH ONLINE METHODS

Local Health Insurance Offices shall provide convenience and protect the interest of all clients while aligning our processes to the mandate of contactless transactions.

Office/Division	Local Health Insurance Offices - Membership	
Classification	Simple	
Type of Transaction	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen	
Who may avail:	All members	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
<p>PhilHealth Forms</p> <p>PhilHealth Member Registration Form (PMRF)</p>	<p>Public Assistance and Complaint’s Desk (PACD)</p> <p>PhilHealth Website www.philhealth.gov.ph/downloads or in any PhilHealth Local Insurance Office (LHIO)</p>	
<p>Documentary Requirements</p> <ol style="list-style-type: none"> 1. Birth Certificate, Marriage Contract 2. Baptismal Certificate 3. Affidavit of Two Disinterested Persons, 4. Senior Citizen’s ID 5. Medical Certificate stating the extent of disability and the date when the disability was acquired 6. Certificate from Municipal Social Welfare and Development Office (MSWDO) as Foster Parent/guardian 	<p>Philippine Statistics Authority, Local Civil Registrar</p> <p>Religious Institution where the baptism took place</p> <p>Law Firms, Public Attorney’s Office (PAO)</p> <p>Office of the Senior Citizen’s Affair (OSCA)</p> <p>Attending Physician</p> <p>Municipal Social Welfare and Development Office (MSWDO)</p>	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send requests to official email address of the Local Health Insurance Office (LHIO)	1.1 Check all emails for updating of member's record	None	3 working days	LHIO - backroom personnel
	1.2 Download and assess the veracity and completeness of the received documents			
	1.2.1 If incomplete, notify client of deficiencies			
	1.2.2 If complete, process the request 1.2.3 Advise client to register thru PhilHealth member portal to view updated MDR			
	TOTAL	None	3 working days	

24. UPDATING OF MEMBER DATA RECORDS (MDR) AND DECLARATION OF DEPENDENTS

Editing of data records in the membership database for the purpose of updating member's record and declaring dependents

Office/Division	Local Health Insurance Offices - Membership	
Classification	Simple	
Type of Transaction	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen	
Who may avail:	All existing PhilHealth members	
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE	
PhilHealth Forms PhilHealth Member Registration Form (PMRF)	Public Assistance and Complaint's Desk (PACD) PhilHealth Website (www.philhealth.gov.ph/downloads) or in any PhilHealth Local Insurance Office (LHIO)	
Documentary Requirements 1. Declaration of Children 2.1 Legitimate or illegitimate children below 21 year-old 2.2 Birth Certificate with registry number or Baptismal Certificate reflecting the name of the member as parent 2.3 For births which took place abroad, Birth Certificate Stamped "received" by the Philippine embassy or Consular office exercising jurisdiction over the place of birth	PSA, LCR or Religious Institutions where the baptismal took place Philippine Embassy; or Consular Office in the country where the child was born	

<p>2.4 Adopted children below 21 years old: Court Decree/Resolution of Adoption or Birth Certificate of the adopted children in which adoption is annotated thereto</p> <p>2.5 Stepchildren below 21 years-old: Marriage Certificate (with registry number) between biological parents and stepfather/stepmother and Birth Certificate/s (with registry number) of the stepchildren</p> <p>2.6 Mentally or physically disabled children who are 21 years old and above: Birth Certificate; Original Medical Certificate issued by the attending physician within the past 6 months stating and describing the extent of disability</p> <p>2.7 Foster Child: Foster Placement Authority from Department of Social Welfare and Development Office/s (DSWDO/s)</p>	<p>Trial court who heard the adoption proceedings</p> <p>PSA</p> <p>PSA / LCR</p> <p>Any licensed physician in the Philippines</p>
<p>2. Dependent parents (60 years old and above)</p> <p>3.1 Birth Certificate of Member and/or Marriage Contract</p> <p>3.2 Senior Citizen ID</p> <p>3. Dependent parents below 60 years old with permanent disability</p> <p>4.1 Birth Certificate of Member and/or Marriage Contract</p> <p>4.2 Medical Certificate of parent indicating the extent of disability issued within 6 months</p>	<p>Department of Social Welfare and Development Offices (DSWDO/s)</p> <p>PSA / LCR</p> <p>Office of the Senior Citizen’s Affair (OSCA)</p> <p>PSA / LCR</p> <p>Any licensed physician in the Philippines</p>

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number at the PACD and wait for the number to be called	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called	None	1 minute	Public Assistance and Complaints Desk (PACD) Officer
2. Present duly accomplished PMRF and documentary requirements.	2.1 Receive and screen duly accomplished PMRF with documentary requirement/s as to completeness.	None	1 minute	PACD Officer
	2.2 If complete, issue queuing number		1 hour*	
	2.3 If incomplete, advise client of deficiencies		1 minute	
3. Submit PMRF and documentary requirements to frontline counter once queuing number is called	3.1 Update the member's record and/or dependent records	None	3 minutes	Frontline Personnel
4. Receive PhilHealth Identification Card (PIC) and/or MDR	4.1 Print and issue Philhealth Identification Card (PIC) and/or MDR	None	1 minute	
	TOTAL	None	1 hour and 7 minutes	

**The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.*

25. PUBLIC ASSISTANCE SERVICES

Provision of initial assistance to all walk-in clients of the Local Health Insurance Office for the purpose of establishing order and direction to the transacting public

Office/Division	Local Health Insurance Office			
Classification	Simple			
Type of Transaction	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
Who may avail:	All walk-in clients of the Local Health Insurance Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Valid signature and photo bearing ID of the member, if client is the member (1 photocopy)				
Authorization Letter from the member (original) and Valid Signature and photo bearing ID of the member and the representative, if the process is thru a representative (1 photocopy)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Secure information and appropriate PhilHealth Forms, fill-out the forms and ask for initial direction	Provide appropriate forms and information.	None None	Maximum of 10 minutes per client	Public Assistance Staff - LHIO
Get a queuing number and wait for the number to be called	Give queuing number and direct the client to the appropriate frontline counter or area in the LHIO.			

TOTAL		None	10 minutes	
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26. APPROVAL OF REQUEST FOR ORIENTATION

The Local Health Insurance Offices shall approve or facilitate approval of request for orientation by stakeholders.

Office/Division	Local Health Insurance Offices - Support Services			
Classification	Simple or Complex			
Type of Transaction	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
Who may avail:	All members			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Letter (original)		Requesting stakeholder		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
If the request can be handled by the LHIO (A)				
1. Submit letter request to the LHIO Admin Designate	1. Receive and stamp the date of receipt on the request letter and forward the same to the Chief Social Insurance Officer (CSIO)	None	2 working days	LHIO Admin Designate
	2. Assess the receive request, if it can be handled by the LHIO staff or not			LHIO Head
	3. Approve the request and assign staff who will conduct the orientation			LHIO Head
	4. Notify the requesting party that the request had been approve and set the date, and/or venue and platform of the orientation.			Designated LHIO staff who will conduct the orientation.

	TOTAL	None	2 working days	
If the request cannot be handled by the LHIO due to technicality (B)				
1. Submit letter request to the LHIO Admin Designate	1.1 Receive and stamp the date of receipt on the request letter and forward the same to the Chief Social Insurance Officer (CSIO)		2 working days	
	1.2 Assess the receive request, if it can be handled by the LHIO staff or not			
	1.3 Transmit the request letter to FOD		1 working day	LHIO Admin Designate
	1.4 Receive the endorsed request letter, assess the request and transmit the same to the concerned Unit in the PRO			FOD
	1.5 Seek approval of the conduct of orientation		2 working days	Concerned Unit
	1.6 Approve the conduct of orientation			Division Chief/RVP
	1.7 Notify the requesting party that the request had been approve and set the date, and/or venue and platform of the orientation.			Concerned Unit
	TOTAL	None	5 working days	

27. APPROVAL/DENIAL OF STAKEHOLDER’S REQUESTS BY THE REGIONAL VICE-PRESIDENTS

Processing of uncommon request by stakeholders and the nature of the request can only be decided by the Regional Vice President.

Office/Division	Local Health Insurance Offices - Support Services			
Classification	Complex			
Type of Transaction	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
Who may avail:	All stakeholders			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Letter (original)				
Valid signature and photo bearing ID of the member, if client is the member (1 photocopy)				
Authorization Letter from the member (original) and Valid Signature and photo bearing ID of the member and the representative, if the process is thru a representative (1 photocopy)				
Applicable supporting documents				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter request to the PRO/LHIO Staff	1. Receive and stamp the date of receipt on the letter request and endorse to concerned units	None	1 - 4 working days	PRO/LHIO Head/Staff
	2. Assess and verify the received documents and draft			Concerned Unit

	recommendations for approval/denial of the RVP through the division chiefs.			
	3. Approval or denial of the request by the Regional Vice President		2 working days	Regional Vice President
	4. Send to the requesting stakeholder the document containing the decision made on the request, be it an approval of denial.		1 working day	ORVP Staff
	TOTAL	None	4 working days	

28. GENERATION OF AUTHORIZATION TRANSACTION CODE (ATC)

Generation Of Authorization Transaction Code (ATC)

Office / Division	Local Health Insurance Offices			
Classification	Simple			
Type of Transaction	G2C - Government to Citizens			
Who may avail	All members			
CHECKLIST OF REQUIREMENTS		None		
Request for Authorization Transaction Code (RATC)		PhilHealth Office		
Valid signature and photo bearing ID of the member, if client is the member (1 photocopy)				
Authorization Letter from the member (original) and Valid Signature and photo bearing ID of the member and the representative, if the process is thru a representative (1 photocopy)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a properly filled-out RATC to any PhilHealth Office	1. Receive the accomplished RATC from the member	None	1 to 3 working days	LHIO Staff/ PCARES
	2. Screen completeness of information in the application form			
	3. Encode the preferred schedule date in the appointment module of the UPCM and iCARES			

	4. Confirms the successful generation of Authorization Transaction Code (ATC)			
	5. If printer is available, generate and print the ATC			
	6. If camera is available, request the beneficiary to take a digital image of the QR code through camera			
	7. If no available printer or camera, write down the code and sign the RATC			
	8. Release the ATC to the client			
	9. File the RATC			
	TOTAL	None	3 working days	

29. PROCESSING OF INQUIRY OR COMPLAINT RECEIVED THROUGH EMAIL BY THE PRO
Responding to the inquiries or complaints of stakeholders received through online channels.

Office/Division	Public Affairs Unit			
Classification	G2G; G2B; G2C;			
Type of Transaction	Simple			
Who may avail:	All stakeholders			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Receive inquiry of complaint				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Sends inquiry or complaint through online channels (email, social media accounts, etc.)	Acknowledge receipt of the inquiry or complaint and inform the client that it will be acted immediately	None	1 to 4 working days	Units in-charge of monitoring email and other online platforms used by the PRO
	Evaluate inquiry or complaint receive and identify responsible unit to act on the concern of the client			
	Endorse the inquiry or complaint to the concerned unit			
	Coordinate with the client if the resolution of the inquiry or complaint requires additional documents or facts			Concerned Unit

	<p>If the inquiry can be answered or the complaint can be resolve based solely on the email receive, answer the inquiry or informed the client of the actions taken on the complaint immediately.</p>			
	TOTAL	None	4 working days	

PHILHEALTH BUSINESS CENTER

1. MEMBERSHIP REGISTRATION AND ISSUANCE OF MDR AND PIN

Registration of individuals belonging to the Informal Sector and Land based Migrant Worker Category at the POEA Operations Satellite Office.

Office/Division:	POEA-OFP Operations Satellite Office			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen; G2B - Government to Business			
Who may avail:	All individuals belonging to the Informal Sector and Land Based Migrant Worker category			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Membership Registration Form duly signed by the Member				
Applicable supporting documents				
Valid signature and photo bearing ID of the member, if client is the member (1 photocopy)				
Authorization Letter from the member (original) and Valid Signature and photo bearing ID of the member and the representative, if the process is thru a representative (1 photocopy)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished PMRF and supporting documents	1. Receive and screen duly accomplished PMRF with supporting documents and payment slip;	None	10 minutes	Frontline Officer - POEA-OFP Operations Satellite Office

<p>and payment slip once the number is called.</p>	<p>2. Encode/assign/update member's data;</p> <p>3. Endorse payment slip to the assigned Payment Processor/ Collecting Officer and advise client to proceed to the Payment Processor/Cashier's window and return after payment has been made;</p>			
<p>2. Proceed to the Cashier's window once number is called, tender payment (premium contribution) and receive Official Receipt.</p>	<p>4. Encode payment slip and assign number</p>		<p>5 minutes</p>	
	<p>5. Receive payment, issue OR and advise client/member to proceed to Frontline Officer to get PhilHealth Identification Card (PIC) / Member Data Record (MDR)</p>	<p>based on monthly income, subject to ceiling</p>		
<p>3. Proceed to Frontline Officer and receive PhilHealth Identification Card and MDR</p>	<p>6. Print and release PIC and MDR to the Client/Member</p>		<p>5 minutes</p>	
TOTAL:		None	20 minutes	

2. MEMBERSHIP REGISTRATION AND ISSUANCE OF MDR AND PIN (FOREIGN NATIONALS)

Membership Registration and Issuance Of MDR And PIN (Foreign Nationals)

Office/Division:	POEA-OFP Operations Satellite Office			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen; G2B - Government to Business			
Who may avail:	All Foreign Nationals willing and qualified to become a member of the National Health Insurance Program			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Membership Registration Form (PMRF) duly signed by the Member		PhilHealth website		
PRA Identification Card, or Special Resident Retiree's Visa (SRRV), or Alien Certificate of Registration (ACR I-card)		Member		
Applicable supporting documents		Member		
Valid signature and photo bearing ID of the member, if client is the member (1 photocopy)		Member		
Authorization Letter from the member (original) and Valid Signature and photo bearing ID of the member and the representative, if the process is thru a representative (1 photocopy)		Member		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit duly accomplished PMRF, PRA Identification Card or Special	Receive and screen duly accomplished PMRF with	None	10 minutes	

Resident Retiree's Visa (SRRV) , Alien Certificate of Registration Identity Card (ACR I-Card) and supporting documents once the number is called	supporting documents and payment slip;			Frontline Officer - POEA-OFP Operations Satellite Office
	Encode/assign/update member's data;			
	Endorse payment slip to the assigned Payment Processor/ Collecting Officer and advise client to proceed to the Payment Processor/Cashier's window and return after payment has been made;			
2. Proceed to the Cashier's window once the number is called tender payment (premium contribution) and receive Official Receipt.	Encode payment slip and assign number		5 minutes	
	Receive payment, issue OR and advice client/member to proceed to Frontline Officer to get PhilHealth Identification Card (PIC) / Member Data Record (MDR)	17,000/annual 15,000/annual for PRA Foreign Retirees		
	Print and release PIC and MDR to the Client/Member		5 minutes	
3. Proceed to Frontline Officer and receive PhilHealth Identification Card and MDR				

TOTAL:	17,000/annual 15,000/annual for PRA Foreign Retirees	20 minutes	
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PHILHEALTH EXPRESS OFFICE

1. MEMBER REGISTRATION, UPDATING OF RECORDS AND ISSUANCE OF MEMBER DATA RECORD AND PHILHEALTH IDENTIFICATION CARD IN PHILHEALTH EXPRESS

Registration of new members, updating of member's data records and generation of IDs and MDRs.

Office	PhilHealth Expresses	
Classification	Simple	
Type of Transaction	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen	
Who may avail:	All existing and prospective members	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Principal Member		
PhilHealth Member Registration Form (PMRF) (1 original copy) duly signed by the Member		PhilHealth Counter
Birth Certificate (1 photocopy) or 2 signature bearing Valid IDs (1 photocopy of each ID)		Philippine Statistics Authority
Barangay Certificate for First Time Job Seekers		Concerned Barangay
Declaration of Dependents		
PhilHealth Member Registration Form (PMRF) (1 original copy) duly signed by the Member		PhilHealth Counter
Birth Certificate of child with registry number (1 photocopy)		Philippine Statistics Authority
Marriage Contract with registry number (1 photocopy) for dependent spouse		Philippine Statistics Authority

Proof of relationship to the member for dependent parent and proof that the parent is already 60 years of age or proof of permanent disability, if applicable (1 photocopy each)		Philippine Statistics Authority Any licensed physician		
Senior Citizen Registrant				
PhilHealth Member Registration Form (PMRF) (1 original copy) duly signed by the Member		PhilHealth Counter		
OSCA - Senior Citizen ID or 2 Valid IDs with birthdate or Birth Certificate (1 photocopy)		Office of the Senior Citizens Affairs		
Authorization Letter from the member (original) and 2 Valid signature and photo bearing ID of the member and the representative, if the process is thru a representative (1 photocopy of each ID)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Membership Registration and updating of records				
Fill up the PhilHealth Member Registration Form (PMRF)	Give queuing number and PMRF to client	None	5 minutes per PMRF	Frontline Officer – PhilHealth Express

Submit the filled-up PMRF and the supporting documents to the Frontline Counter when number is called	Receive and assess completeness of the receive documents			
	If the receive document is not complete, return the same and advise clients accordingly			
	If complete, process receive documents			
Print ID and MDR and request client to check the printed information for accuracy purposes				
Check the details of the information in the ID or Member Data Record (MDR)	If the client finds an error, correct the error and reprint ID and/or MDR			
	Release ID and MDR to the client			
Receive ID and MDR				
	TOTAL	None	5 minutes per PMRF	

2. REQUEST FOR COPY OF PHILHEALTH IDENTIFICATION CARDS (PIC) AND MEMBER DATA RECORDS (MDR) IN PHILHEALTH EXPRESS

Issuance of existing PICs and MDRs by the PhilHealth Expresses

Office	PhilHealth Expresses			
Classification	Simple			
Type of Transaction	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who may avail:	All existing and prospective members			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Valid signature and photo bearing ID of the member, if client is the member (1 photocopy)				
Authorization Letter from the member (original) and Valid signature and photo bearing ID of the member and the representative, if the process is thru a representative (1 photocopy)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Fill-up Request Form	Give queuing number and the Request Form to client	None	5 minutes	Frontline Officer - Philhealth Express
Submit the filled-up Request Form to the Frontline Officer when number is called	Receive the filled-up Request Form and print the PIC and/or MDR	None	5 minutes	
	Release the PIC and/or MDR to the client	None		
Received the PIC and/or MDR		None	5 minutes	

	TOTAL	None	15 minutes	
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