Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
City State Centre Building
709 Shaw Blvd., Pasig City
Tel. No. 637-99-99

November 17, 2000

PHILHEALTH CIRCULAR
No. 037, s – 2000

TO : ALL MEMBERS OF THE NATIONAL HEALTH INSURANCE PROGRAM (NHIP), ACCREDITED INSTITUTIONAL AND PROFESSIONAL HEALTH CARE PROVIDERS, REGIONAL HEALTH INSURANCE OFFICES, AND ALL CONCERNED

SUBJECT : Documentary Requirements and Procedures in Filing An Appeal with the Claims Review Unit (CRU) for Review of Denied Claims

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IN order to facilitate review of claims under appeal at the Claims Review Unit (CRU), all are advised to strictly observe the following procedures:

I. Accredited Hospitals

For **denied claims due to late filing**, submit the following –

1. Letter of Appeal addressed to the PhilHealth President and CEO stating the reason/s why denied claim should be given consideration
2. Denial letter issued by PhilHealth
3. All other documents that have been returned to the claimant including the envelope containing the said documents.

When **denied due to late re-filing with or without compliance**, also submit the following in addition to those enumerated in item I.A:

1. Deficiency letter or the Return to Hospital (RTH) letter and any of the following:
   - Registry receipt
   - Courier receipt
   - Transmittal letter with stamped date of receipt

When **denied due to non-compliance** to a deficiency or non-submission of additional documentary requirement/s, also submit the following in addition to those enumerated in item I.A:

1. Deficiency letter or the Return to Hospital (RTH) letter
2. Documents required as stated in the RTH letter

Note: If deficiencies require filling up of certain items in PhilHealth claim forms and/or there are inconsistencies/errors in the said forms, claimants are advised to make the necessary corrections using another set of form/s which should be submitted together with the original documents.

When **denied due to confinement of less than 24 hours, hospital is not allowed to perform major surgery** or **case is not compensable**, also submit the following in addition to those enumerated in item I.A:

1. Complete Clinical Chart *(admission sheet, physician's orders, nurse's notes, TPR sheet, OR record, medication sheet)*

When **denied due to late request for reconsideration on reduction/slashing or sustaining previous action on reduction/slashing,** also submit the following in addition to those enumerated in item I.A:

1. PhilHealth Benefit Voucher *(indicate date received)* and certified true copy of original PhilHealth Claim Form 2 *(including Part III and IV)*

   Note: Assign a number for each patient in case there are several patients in one voucher. This number assignment should be clearly reflected on their corresponding PhilHealth Claim Form 2 for easy cross-reference.

2. Original Official Receipt/s of medicines *(with generic terminology)* and medical supplies bought outside the hospital.
3. Reduction Form

II. Non-accredited Hospitals

Submit the following –

1. All requirements enumerated in item I.A and in other sections *(if applicable)*
2. Copy of DOH license applicable for the confinement period

Moreover, claimants are advised to include a checklist of all the documents contained in their envelopes for easy reference. It is further reiterated that claims denied and/or slashed/reduced payments should be filed within 60 calendar days from receipt of notice of denial from PhilHealth.

Please be guided accordingly.

ENRIQUE M. ZALAMEA
President and CEO

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