

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City Healthline 637-9999 www.philhealth.gov.ph



July 15, 2004

PHILHEALTH CIRCULAR

No. ______ s. 2004

TO:

ALL PHILHEALTH MEMBERS AND DEPENDENTS, ACCREDITED FACILITIES AND PROFESSIONALS,

ASSISTANT VICE PRESIDENTS AND OTHERS

CONCERNED

SUBJECT:

AMENDMENT TO PHILHEALTH POLICIES ON NSD

PACKAGE FOR HOSPITALS

Per PhilHealth Circular Number 15 series of 2003 the Philippine Health Insurance Corporation reimburses hospitals a package rate of 4,500 pesos per normal spontaneous delivery (NSD) - 2,500 pesos for the facility and 2,000 pesos for the professional fee.

1. Starting October 1, 2004 admissions, hospitals are obliged to cover room and board, drugs and medicines, diagnostics, operating room fee and all other necessary care except professional fees.

For this reason, the 2,500 pesos facility fee shall be paid directly to the hospitals. This amends Section 8 of PhilHealth Circular No. 15 series of 2003 and Section E of PhilHealth Circular No. 25 series of 2003.

All drugs and supplies necessary for normal spontaneous delivery must be provided by the hospital. Violation of such will be appropriately dealt with during renewal of accreditation. Outside purchases by the members shall not be reimbursed.

2. We reiterate that the use of PhilHealth Claim Form 4 is mandatory in the reimbursement for the NSD package starting May 1, 2004 discharges. Non-compliance shall cause return of benefit application to hospitals.

Itemization of hospital charges shall not be required to support claims for the normal spontaneous delivery (NSD) package.

3. To facilitate processing of claims for newborn care associated with the NSD package, properly filled-out PhilHealth Claim Form 2 must be submitted together with a photocopy of mother's Claim Form 4 effective October 1, 2004 admissions. In addition, mother's complete name must also be specified in the upper left-hand corner of Form 2.

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CLAIM FORM 2	* PPOVIDED'S CEPTIFICATION	
CLAIM FORM 2 Revised May 2000 Ma	ia C. dela Cruz PROVIDER'S CERTIFICATION	
Revised May 2000 MIA	PROVIDER'S CERTIFICATION in Form 1 should be filed with Philifealth within 50 calendar days from date of discharge.	
Revised May 2000 MIA	ia C. dela Cruz PROVIDER'S CERTIFICATION	

All other Circulars consistent herewith shall remain in full force and effect.

FRANCISCO T. DUQUE III, MD, MSc

President and CEO