



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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

PhilHealth



Ka-Pamilya Mo!

PHILHEALTH CIRCULAR

No. 10, s-2005

TO : INDIVIDUALLY PAYING MEMBERS ,
ACCREDITED HEALTH CARE PROVIDERS,
PHILHEALTH-NCR GROUP, PHILHEALTH
REGIONAL OFFICES, CLAIMS PROCESSING
UNITS AND ALL OTHERS CONCERNED

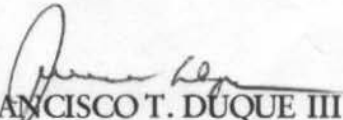
SUBJECT : Amendment to PhilHealth Circular No. 25, s-2001
regarding Clarifications on the Eligibility of Individually
Paying Members and their Dependents to Medicare
Coverage

Relative to the adoption of the Auto Debit Arrangement (ADA) with the accredited collecting agent and implementation of the Over-the-Counter Collection System (OTCCS) to facilitate faster processing of payment transactions, Item 8.0 (Requirements in the availment of Medicare Benefits) of PhilHealth Circular No. 25, s-2001 dated 9 August 2001 shall now be read as follows:

To avail of the benefits, Individually Paying Members (IPMs) shall be required to submit, as proof of payment and eligibility, copy of any of the following: machine validated MI-5, machine printed receipt, Government Official Receipt, bank/agent receipt, PhilHealth Bank Receipt, PhilHealth Agent's Receipt, bank passbook, or PhilHealth Official Receipt representing at least three monthly contributions within the immediate six (6) months prior to the month of availment.

All other provisions of PhilHealth Circular No. 25, s-2001 consistent with this issuance shall remain in full force and effect.

For information and guidance of all concerned.


FRANCISCO T. DUQUE III
Secretary
President and CEO

Date: 04-19-05

"Isang Malusog na Mamamayan. . . . Isang Matatag na Republika!"

Bank Passbook

For payments made through ADA, herewith is the sample entry in the bank passbook:

GUINTO, CLARENCE V. 5-00667-455-0

	DATE	DESCRIPTION	DEBIT	CREDIT	
		BALANCE FORWARDED		*****1,000.00	
1	06/30/2004	INT	*****3.29	*****1,003.29	
2	06/30/2004	WTX	*****0.86	*****1,002.43	
3	09/30/2004	INT	*****3.04	*****1,005.47	
4	09/30/2004	WTX	*****0.77	*****1,004.70	
5	12/29/2004	INT	*****3.85	*****1,008.55	
6	12/29/2004	WTX	*****0.77	*****1,007.78	
7	02/10/2005	PHI	*****300.00	*****707.78	

Amount debited is P 300.00

Bank Transaction Code

The P 300.00 payment is applicable for 1st Quarter 2005

The bank transaction code of "PHI" shows record that PhilHealth premiums were debited from IPM's bank account. The date within which the amount was debited shall determine the calendar quarter/s in which the payment will be applied.

To Illustrate:

Transaction Date	If amount debited is:	The payment will be applied to:
2/10/2005	300	1 st Quarter 2005
	600	1 st -2 nd Quarter 2005
	1,200	1 st -4 th Quarter 2005

**no retroactive payment will be accepted through ADA*

PhilHealth Official Receipt

For payments made through OTCCS, herewith is the sample of the PhilHealth Official Receipt (POR) generated through the OTCCS:

NATURE OF COLLECTION		AMOUNT	
PREMIUM - S. EMP/VOLUNTARY for Year 2005		1,200.00	
<i>Reminders for Individually Paying Members: The deadline of payment for the 1st Quarter 2006 premium will be on the last working day in March. To avoid any inconvenience, please pay your premiums earlier.</i>			
TOTAL		₱ 1,200.00	
AMOUNT IN WORDS		One thousand two hundred and 00/100 pesos	
<input checked="" type="checkbox"/> Cash	Drawee Bank	Number	Date
<input type="checkbox"/> Check			
<input type="checkbox"/> Money Order			
Premium Due for:	Received the Amount Stated Above		
Billing Statement No:	MARIA CYPRILL R. VILLARIN CASHIER COLLECTING OFFICER		
Billing Date:			
QR# 0020001 TRANS 00001 MRV 20-Jan-2005 09:14am P 1,200.00 CA VALDNCODE: 19050501200000122451006010400#0824510B2400 PRO-NCR - CO-PMAC Citystate Center, 709 Shaw Blvd., Oranbo, Pasig City			

CASHIER'S COPY