



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Healthline 637-9999 www.philhealth.gov.ph

PHILHEALTH CIRCULAR

No. 22, 2007

TO : ALL ACCREDITED HEALTH CARE PROVIDERS, AREA FIRST VICE PRESIDENTS, PRO VICE PRESIDENTS, ASSISTANT VICE PRESIDENTS AND MANAGERS AND OTHERS CONCERNED

SUBJECT: SUBMISSION OF STATEMENT OF ACCOUNTS

In relation to Rule VIII Section 47 of the Implementing Rules and Regulation of Republic Act 7875 as amended, and to ensure that reimbursements are provided to the rightful beneficiary, the **Statement of Accounts (SA) or Billing Statements (BS) or its equivalent** together with the **Official Receipt** of payment by the member to the hospital shall be required as attachment to PhilHealth Claims application.

The said document shall serve as basis for reimbursement to the hospital of the actual amount of benefit deducted from members' hospitalization charges and **to the member, the remaining benefit (difference between the amount deducted by the facility from the maximum allowable benefit based on illness case type and hospital category), if any.** Parallel to PhilHealth Circular No. 14, s-2007, this will also help prevent the accredited institutional health care providers from accumulating unclaimed/unrefunded PhilHealth reimbursements to the members.

The SA or BS required shall be:

1. The final BS/SA issued on the day of patient's discharge **indicating PhilHealth deductions** on hospital charges and professional fees.
2. Duly signed by the member or his/her authorized representative (with printed name, relationship to member and contact number) confirming or concurring with the Statements therein relative to PhilHealth deductions. As much as possible the signatory in SA or BS must be the same person as the signatory in PhilHealth Claim Form 1 under item No. 13. In case the signatory in Claim Form 1 is different from the signatory in Statement of Account, information for authorized representative (name, relationship to member, contact number) should be indicated on the Statement.
3. With signature over printed name and position of the accountant or billing clerk
4. A copy of SA and corresponding Official Receipts (OR) of payment must be provided to the member upon discharge. The member has the option to attach the OR as basis for appropriate reimbursement of remaining benefits (if any).

Submission of said document is without prejudice to the proper accomplishment of PhilHealth Claim Form 2 Parts 3 and 4 especially for SA or BS format without itemization of charges. In case of discrepancies between the amount claimed in Claim Form 2 and the SA, the actual amount deducted by the provider as stated in the SA and supported by Official Receipt shall be used as basis for reimbursement.

Implementation Schedule:

In order to allow time for the accredited health care providers to adjust and comply with the said requirement schedule of implementation shall be:

Region	Hospital Category	Effective Date (admissions)
NCR, PRO VI	Levels 3 & 4	February 1, 2008
Remaining PROs (CAR, I, II, III, IVA, IVB, V, VII, VIII, IX, X, XI, XII, CARAGA	Levels 3 & 4	April 1, 2008
ALL PROs	All levels	June 1, 2008

Henceforth, from the effective date onwards for the respective PROs, all claim applications without SA or BS shall be returned for compliance except claims for TB-DOTS package.

Please be guided accordingly.

(Sgd.) LORNA O. FAJARDO
Acting President & CEO

Date Signed: December 28, 2007