

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. 23 , s-2008

TO

ALL CONCERNED

SUBJECT

Addendum to PhilHealth Circular No. 14, s-2008

Re: Guideline on Reimbursement of Professional Fees

In recognition of the different payment schemes on professional fees relative to the submission of Official Receipt of professional fees as per PhilHealth Circular (PC)14 s-2008, exemptions thereto shall be considered provided that Claim Form 2 and Statement of Account where applicable is properly accomplished:

1. If total cost/ actual PF is equivalent to PhilHealth benefit only

B. Name of Attending Physician	Signature & Date Signed MID		
17.PHIC Accreditation No. 11100 - 05009996-1	18. BIR/TIN No.	1 5 3 - 1 9	1 - 9 9 3
19. Services Performed	20. Actual	Benefit Claim	
daily ∨isit	Professional Charges	Physician	Patient
	P 600	600	Р

2. If actual PF is fully covered by PhilHealth and private insurance

21. Name of Surgeon E R I C R E J U S O M D	Signature & Date Signed ERejeso Patricular		
22. PHIC Accreditation No. [1 3 0 1 - 2 4 8 9 4 1 1 - 1	23. BIR/TIN No.	1 7 3 - 9 1	1 - 1 3 9
24. Services Performed appendectomy D ate of Operation 0 1 0 3 2 0 0 8	25. Actual Professional Charges	Benefit Claim	
		Surgeon	Patient
	10,000	P 4,000	P 6,000 (HMO)

3. If PF is not fully settled or payable by installment/promissory note:

21. Name of Surgeon E R I C R E J U S O M D	1 1 1 1 1 1 2 0M00020	ure & Date Signed	R
22.PHIC Accreditation No. 1301-2489411-1-1	23. BIR/TIN No.	1 7 3 - 9 1	1 - 1 3 9
24. Services Performed	25. Actual	Benefit Claim	
appendectomy	Professional Charges	Surgeon	Patient
Date of Operation 0 1 0 3 2 0 0 8	P 10,000	P 4,000	P 6,000 (promissory note

Copy of promissory note with details of actual PF and PhilHealth deduction as signed by the

member shall be attached to the claim.

Philippine Health rance Corporation TIOAIUQ .A AKE

4. If PF payment is included in the total hospital charges and settled through the hospital billing section:

(Sample)	tatement of Account		
		Actual PF	
Name of Doctor 1		10,000	
	Less (PHIC)	2,000	8,000
Name of Doctor 2		6,000	
	Less (PHIC)	1,500	4,500
Total			12,500

The OR issued by the hospital should clearly indicate the inclusion of PF in the total bill which is confirmed by the member. The OR or its Certified True Copy (CTC) shall be attached to the claim application for reference.

- 5. In case the original Official Receipt of PF issued by the doctor cannot be submitted, a certified true copy thereof (with the original signature of certifying/issuing agent) may be attached to the Claim application.
- 6. It is also reiterated that BIR prescribed format for Official Receipt shall be used. There is no need to change the Official Receipts currently being issued by the doctors. Details of Charges may written on available space within the OR
- 7. While there are exemptions to issuance and attachment of OR in PhilHealth Claim applications as stated above, health care professionals are still required to issue OR to PhilHealth upon receipt of reimbursements for PF as per PhilHealth Circular No. 24, s-2005.
- 8. Further in order to give time for doctors to fully comply with the requirements for reimbursements of professional fees as stipulated in PC 14, s-2008, a moratorium shall be provided until December 31, 2008 admissions. Strict compliance shall however be implemented effective January 1, 2009 admissions.
- 9. In the meantime, proper filling up of form provided in PhilHealth Circular 11, s-2000 shall be strictly observed as reference for PhilHealth reimbursement. (Annex A: Guideline in Accomplishment of Claim Form 2).

Please be guided accordingly.

REY B. AQUINO, MD

President and CEO

Date: 08 New og

