



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. 21 s.2010

July

TO : ALL PHILHEALTH REGIONAL OFFICES/ BRANCHES, SERVICE AND DESK OFFICES, HEALTH CARE PROVIDERS, AND ALL OTHERS CONCERNED

SUBJECT : Remittance Form as Proof of Overseas Premium Payments

In line with the PhilHealth's thrust to ensure accessibility and convenience of our Overseas Filipino Workers (OFW), the **Development Bank of the Philippines (DBP)** and **Philippine Veterans Bank (PVB)** are now accredited by PhilHealth for purposes of remitting their premium payments.


Similarly, PhilHealth renewed the accreditation of **I-Remit** for overseas collection of premium payments.

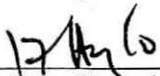
Henceforth, **DBP, PVB, I-Remit** and their respective remittance/collecting tie-ups abroad shall accept PhilHealth premium payments from OFW members. The remittance/collecting tie-ups shall acknowledge premium payments by issuing a duly validated Remittance Forms as follows:

1. "Annex A" – DBP Hong Kong
2. "Annex B" – DBP (Enjaz)
3. "Annex C" – PVB (BTI Money Transfer Pte. Ltd.)
4. "Annex D" – I-Remit

In relation to this, all concerned are advised that Remittance Form from the abovementioned collecting partners shall be recognized as proof of premium payments of PhilHealth members under OFW category. Sample copy of official receipts issued by other tie-ups shall be disseminated accordingly for reference purposes as provided for in PhilHealth Circular No.4 s-2010.

Please be guided accordingly.


 DR. REY B. AQUINO
 President and CEO


 Date Signed



PhilHealth
 Your Partner in Health



OP-S10-33090

DBP Hong Kong

DBP REMITTANCE CENTRE HK LTD
 Shop 214, 2/F World Wide Plaza
 19 Des Voeux Road, Central, Hong Kong
 Tel # (852) 2530-9138, (852) 2537-4708


Client Copy
PHILHEALTH CONTRIBUTION

SENDER

1 → Name : _____
 Address : _____
 Tel No : _____

BENEFICIARY

2 → Name : _____
 Address : _____
 Zip : _____
 Tel No : _____
 Teller : _____



CONDITIONS UNDER WHICH FUNDS ARE ACCEPTED FOR REMITTANCE
 DBP REMITTANCE CENTRE (HK) LIMITED (COMPANY) is my agent for the purpose of remitting the funds described in this application. The said remittance may be made by the COMPANY through the
 use of any bank and in so doing the COMPANY is free on behalf of the undersigned to make use of its correspondents, sub-agents, or other agencies, including any of its branches. The COMPANY, in making the
 remittance, is not liable for any loss or damage arising from any cause beyond its control, including but not limited to the following: (a) the act, failure, neglect or default of the COMPANY's
 correspondents, sub-agents or other agencies, including any of its branches selected for the remittance; (b) and delay, error, omission, mutilation, interruption or default on the part of any mail, telegraph, cable or wireless
 communication; (c) the act, failure, neglect or default of any government or governmental agency or other group exercising governmental powers, whether de jure or de facto. Return to be made if requested by the undersigned but (only the
 amount of the COMPANY's buying rate on the date of the remittance), less expense and cost incurred by the COMPANY, its correspondent, sub-agent or other agency, in making the necessary transmittal. The undersigned
 hereby agrees that a refund may be made, prior to the receipt by the COMPANY of confirmation of order or cancellation from the correspondent, sub-agent or other agent including any of its branches engaged by it to
 remit the funds.

**OFFICIAL RECEIPT
 NO.**

Date : _____ ← 3
 Time : _____
 ID No. : _____

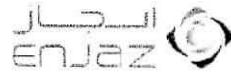
PHP Amount : _____ ← 4
 Exch Rate : _____
 HKD Equivalent : _____
 Service Fee : _____

TOTAL DUE IN HKD : _____
 TENDER : _____
 CHANGE : _____

SENDER'S SIGNATURE : _____

Paying member shall fill-out DBP Remittance Centre HK, Ltd. Remittance / Payment form with the following information:

No	Form Field	Required Details
1	SENDER DETAILS (Name, Address and Tel No)	Name, Current / foreign address, and Contact number of payor
2	BENEFICIARY DETAILS (Name, Address, ZIP Code, and Tel No)	Member's name, Philippine address, ZIP Code, and contact number
3	Date	Date and time of transaction
4	Php Amount	The amount paid.




1	→	BRANCH NAME/CODE: DATE: DD/MM/YYYY	اسم الفرع / فروع التاريخ يوم / شهر / سنة
		TRANSACTION REF.: USER:	رقم التحويل المستخدم
OUTSTANDING FOREIGN CURRENCY REMITTANCE CASE حالة مبالغ الأجنبيات المستحقة			
2	→	THE SUM: (in figures): EXCHANGE RATE: LOCAL EQVT: FEE: TOTAL AMOUNT:	المبلغ والعدد سعر الصرف المبلغ المعدل بالمعدل الجديد الرسوم المبلغ الكلي
3	→	CORRESP. BANK:	البنك المقابل
4	→	BENEF'S NAME:	اسم المستفيد
5	→	BENEF'S A/C NO.:	رقم حساب المستفيد
6	→	BENEF'S BANK:	بنك المستفيد
		PURPOSE OF REMITTANCE:	الغرض من التحويل
7	→	REMITTER'S NAME:	اسم المُرسل
8	→	ID TYPE:	نوع الهوية
8	→	ID NO.:	رقم الهوية
9	→	NATIONALITY:	الجنسية
		CUSTOMER'S NO.:	رقم العميل

توقيع العميل
 CUSTOMER SIGNATURE

THIS ADVICE IS COMPUTER GENERATED AND NEEDS NO SIGNATURE/STAMP

Paying member shall fill-out the Enjaz Banking Services Remittance / Payment form with the following information:

No	Form Field	Required Details
1	DATE	Date of transaction
2	THE SUM	The amount paid
3	CORRESP BANK	Name of PhilHealth Accredited Collecting Agency (ACA) in the Philippines affiliated with the bank.
4	BENEF'S NAME	Name of Member
5	BENEF'S A/C NO.	Member's PhilHealth Identification Number (PIN)
6	BENEF'S BANK	The name of service agency (PhilHealth) that will receive the payment
7	REMITTER'S NAME	Name of payee
8	ID TYPE ID NO.	Identification Device type and number
9	NATIONALITY	Nationality of member



BTI MONEY TRANSFER PTE. LTD. THIS IS AN OFFICIAL RECEIPT
 304 ORCHARD ROAD #03-65/81 LUCKY PLAZA SINGAPORE 238863
 TEL: 67330103 FAX: 67374539
 LICENSED REMITTANCE CENTRE
 REG. NO.: 200612718M

	CUSTOMER NO :	BATCH REF :	DATE/TIME :	←	
			TELLER :		
			RECEIPT NO :		
1	SENDER :		MODE :	←	
2	PP/IC NO :		BANK :		
3	ADDRESS :		BRANCH :		
			A/C NO :		
4	TEL :				
5	BENEFICIARY :		AMOUNT TO BE	←	
	OR:		REMITTED :		
	ADDRESS :		EXCHANGE RATE :		
			SS EQUIVALENT :		
			SERVICE FEE :		
			MISC FEE :		
			TOTAL :		
	TEL :		RECEIVED :		
					PAYMENT RECEIVED BY
					AUTHORIZED SIGNATURE

SERVICE CHARGE IS NOT REFUNDABLE. OVERSEAS AGENT: BTI COURIER EXPRESS INC.

Paying member shall fill-out the BTI Money Transfer PTE, Ltd. Remittance / Payment form with the following information:		
No	Form Field	Required Details
1	SENDER	Name of payor
2	PP / IC NO.	Passport or Identification / Identity Card number and nationality of member
3	ADDRESS	Current / foreign address of payor
4	TEL	Contact number of payor
5	BENEFICIARY DETAILS (BENEFICIARY, OR, ADDRESS AND TEL)	Member's name or name of a representative, Philippine address and contact number
6	DATE / TIME	Date and time of transaction
7	MODE	The name of service agency (PhilHealth) that will receive the payment
8	AMOUNT TO BE REMITTED	The amount paid.

I-Remit

IREMIT SINGAPORE PTE LTD
 104 Orchard Road #03-09 Lucky Plaza
 Singapore 238028
 POC 200-030678
 +65 62058000 / 62058215 / 62058914
 +65 67058941
 Website: www.iremit.com

IREMIT
 104 Orchard Road
 Singapore 238028
 POC 200-030678

REMITTANCE APPLICATION FORM

OFFICIAL RECEIPT

1 → Remitter Name, Address, Permanent Address, Tel No.

2 → Pay Amount

Local Trans Date

Delivery Mode

Beneficiary, Birth Date, Address

Service Center

Account No.

Payor's ID Card

Payor's Photo

Payor's Signature

Payor's Stamp

Payor's Address

Payor's Service Center

Payor's Account No.

Message to Beneficiary:

REMARKS

REMITTER'S SIGNATURE

ACCEPTED PAYMENT

PLEASE COUNT YOUR CHANGE BEFORE LEAVING THE COUNTER

Paying member shall fill-out the Enjaz Banking Services Remittance / Payment form with the following information:

No	Form Field	Required Details
1	Remitter Name, Address, Permanent Address, Tel No.	Name, address, permanent address and contact number of payor
2	Pay Amount	The amount paid
3	Local Trans Date	Date of transaction
4	Delivery Mode	The identification device provided by the payor to verify the identity of the beneficiary
5	Beneficiary, Birth Date, Address	Name, birth date and address of Member
6	Service Center	The name of service agency (PhilHealth) that will receive the payment
7	Account No.	Member's PhilHealth Identification Number (PIN)