



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, series of 2010

day

FOR : **INDIVIDUALLY PAYING MEMBERS
 ACCREDITED HOSPITALS AND HEALTHCARE PROVIDERS**

SUBJECT : **Enhancement of PhilHealth Circular No. 41, series of 2009 on the
 Remittance-By-Air Facility**

The Remittance-By-Air (R-B-A) Facility was launched in December 2009 to encourage more informal economy workers to enroll and sustain their membership under the Individually Paying Program (IPP). Through the said facility, premium contribution was made more affordable with the implementation of the monthly mode of payment. Based on the initial implementation, there were numerous suggestions from Individually Paying Members (IPMs) to allow them to pay their premium in advance. Hence, PhilHealth Circular No. 41, s. 2009 is hereby amended, to wit:

1. Payment Mechanics

PROCEDURE	RESPONSES	SPECIFIC INSTRUCTIONS
<p>For Premium Payment</p> <p>Step 1:</p> <p>IPM shall text his/her PIN using the following keywords:</p> <p style="text-align: center;">PHIC(space)<PIN></p> <p style="text-align: center;">Send to 7442</p> <p>Example: PHIC 123456789012</p>	<p>If correct PIN, IPM shall receive the following message:</p> <p>1/3 PIN 123456789012/Tan III, Jose Reyes. Paying for the month of <month>, if correct, text PHIC YES send to 7442.</p> <p>2/3 Txt PHIC YES b4 11:59PM 2day 2 confirm payment via ths service. A P112.50 will be charged per confirmation. Pls ensure you have sufficient load now.</p> <p>3/3 A member may avail of Remit-By-Air service more than once. Service comes with health tips or PHIC advisories. P2.50/txt</p> <p>If incorrect PIN, IPM receives the following message:</p> <p>“Sorry invalid PIN due to syntax. Please check the PIN from your PhilHealth Number Card. For details, coordinate with the nearest PhilHealth Office.”</p>	<ul style="list-style-type: none"> ▪ Member must have a minimum mobile phone load of P115 per single transaction. ▪ Member must have his/her PhilHealth Number Card (PNC) as reference prior to texting. ▪ Do not include hyphens or dash when typing the numbers ▪ eSoluzione Inc. (ESI) shall forward texted PIN to an application linked to PhilHealth for validation. <ul style="list-style-type: none"> ▪ IPM may text again his/her PIN or may contact the nearest PhilHealth Office.

PHILHEALTH

[Signature]
 MA. TERESA A. QUIAOIT
 A.O. IV, Chief, RELMS

Date: 9/22/10

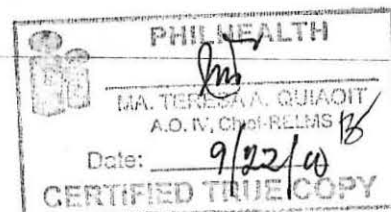
CERTIFIED TRUE COPY

PROCEDURE	RESPONSES	SPECIFIC INSTRUCTIONS
<p>Step 2:</p> <p>IPM shall text the following keywords:</p> <p>PHIC(space)YES</p> <p>Send to 7442</p>	<p>If successful transaction, the member shall receive the following messages:</p> <p>1/3 PhilHealth: <content: Health Advisory></p> <p>2/3 Thank u 4 PIN <XXXXXXXXXXXX> <month> Premium payment. Ref# <XXXXXXXXXX>. Vsit www.philhealth.gov.ph 2 print Proof of Payment.</p> <p>3/3 Keep 4 future reference. Text PHIC <PIN> for new transaction; PHIC NEXT <PIN>-mor infotxt; PHIC HISTORY <PIN> -view payment. Snd to 7442</p>	
<p>To get advisories</p> <p>The member shall text the following keywords:</p> <p>PHIC NEXT <PIN></p> <p>Send to 7442</p>	<p>1/2 PhilHealth: <content: Health Advisory></p> <p>2/2 Remit your monthly premium in advance via Remittance-By-Air, txt PHIC <PIN> and send to 7442. Ex. PHIC 123456789012. Be sure to have sufficient load. Thank you!</p>	
<p>To view payment history</p> <p>The member shall text the following keywords:</p> <p>PHIC HISTORY <PIN></p> <p>Send to 7442</p>	<p>1/3 PhilHealth: Contributions History from RBA of PIN <123456789012>: <mo.>: Mmddy - <Ref No.>; <mo.>: Mmddy - <Ref No.>;</p> <p>2/3 <mo.>: Mmddy - <Ref No.>; <mo.>: Mmddy - <Ref No.>; <mo.>: Mmddy - <Ref No.>; <mo.>: Mmddy - <Ref No.>; <mo.>: Mmddy - <Ref No.>;</p> <p>3/3 <mo.>: Mmddy - <Ref No.>; <mo.>: Mmddy - <Ref No.>; Visit www.philhealth.gov.ph to print Proof of Payment. P2.50/txt</p>	

The system of the R-B-A Facility automatically assigns the advance payments prospectively to the applicable months.

2. Proof of Payment

2.1 The IPMs are given two options to view his/her premium payments history through the R-B-A system:



2.1.1 Through the mobile phone:

Text PHIC(space) HISTORY(space)<PIN> and send to 7442; or

2.1.2 Through the internet:

Log on to www.philhealth.gov.ph, click the **“Member”** button then the **“Individually Paying”** button and click the **“View payments thru R-B-A”**. The member shall type his/her PIN and Reference Number in the field provided then click the **“Submit”** button.

The IPM should take note of the Reference Number since it is one of the requirements to access his/her record of payment through the R-B-A System. The member shall click the **“Print”** button to obtain a copy of her Proof of Payment. Should there be no access to internet, request access through the hospital where the patient is confined or go to the nearest PhilHealth Office.

2.2 The Proof of Payment (*Annex A*) printed through the PhilHealth’s website shall be accepted by the accredited providers/hospitals as evidence of payment transacted by the IPM through the R-B-A facility. It establishes a member’s eligibility to avail PhilHealth benefits in cases when premium payment through the R-B-A facility has not yet been remitted to PhilHealth and posted on the Treasury database.

In case there is the need to verify the correctness of the document, the accredited hospital/provider shall follow the instructions under 2.1.1 or 2.1.2.

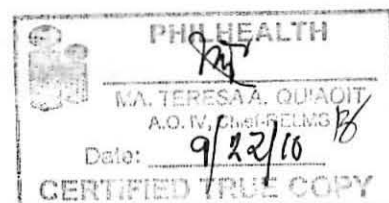
2.3 The Certificate of Premium Payment (CPP) (*Annex B*) shall be issued by PhilHealth’s Service Office to the IPM once premium payments through the RBA facility have been remitted by ESI to PhilHealth Treasury and Information Technology and Management Department (ITMD) has posted said remittances to the Treasury database.

3. Requirements for Benefit Availment

The following are the requirements for the availment of benefits by the members and their dependents:

3.1 IPMs paying their premium contributions on a monthly basis through the RBA facility shall have at least three (3) months paid contributions within the six (6) months prior to availment. For benefit packages and selected procedures stipulated in PhilHealth Circular Nos. 23, 34 and 36, series of 2006, IPMs shall have at least nine (9) months paid contributions within the twelve (12) months prior to availment.

3.2 Accomplish and submit PhilHealth Claim Form 1, signed by the member, to PhilHealth. A photocopy of the latest CPP issued by PhilHealth and the computer-generated Proof of Payment indicating the required paid premium contributions shall be attached to the said form.



3.3 After presenting the original print out of Member's Data Record (MDR), attach a photocopy of the said document. In the absence of MDR or if the name of dependent/s does not appear in the MDR, submit any proof of dependency acceptable to PhilHealth as specified in Omnibus Guidelines on Member Registration and Enrollment (*Annex C*).

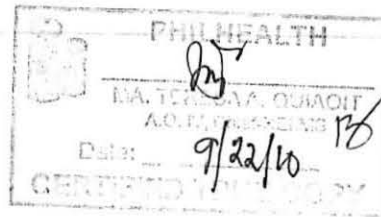
4. **Effectivity**

All other provisions in Circular No. 41, s. 2009 and all other issuances relative to the R-B-A Service Facility that would be inconsistent with this issuance are hereby repealed.

This Circular shall take effect fifteen (15) days after publication in three widely circulated dailies.


DR. REY B. AQUINO
President and Chief Executive Officer

24 Aug 10
Date





Proof of Payment
(Thru Remittance-By-Air)

June 4, 2010 10:30:50

Name of Member: MADAMBA, ROBERT PIERRE RUTAQUIO
 PhilHealth Identification Number (PIN): 190505156246
 Membership Category: IPP-Remittance-By-Air
 Premium Contributions:

Amount Paid	Date Paid	Amount Paid	Date Paid
P100	January 15, 2010	P100	January 15, 2010
P100	January 15, 2010	P100	January 15, 2010
P100	January 15, 2010	P100	January 15, 2010
P100	February 9, 2010	P100	February 9, 2010
P100	February 9, 2010	P100	February 9, 2010
P100	February 9, 2010	P100	February 9, 2010
P100	April 15, 2010	P100	April 15, 2010
P100	April 15, 2010	P100	April 15, 2010
P100	April 15, 2010	P100	April 15, 2010

The Individually Paying Member (IPM) and his qualified dependents shall be required to have paid at least three (3) monthly contributions within the six (6) months prior to availment of the Hospitalization or Regular Outpatient Benefits except for some benefit packages and selected procedures where the members are required to have paid at least nine (9) monthly contribution within the twelve (12) months prior to availment.

This certification is machine generated and does not require a signature.

Falsification of this document is punishable by law.

IMPORTANT note to all PhilHealth accredited Hospitals and Healthcare Providers. The list of premium payments reflected above may be verified for correctness by logging in to PhilHealth website at www.philhealth.gov.ph, under the RBA program or via SMS by texting **PHIC HISTORY <PIN>** to 7442.

Powered by: E-Soluzioné, Inc.





Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Blvd., Pasig City
Trunkline: 6379999 loc. 1909 & 1910; Direct line: 6377603, 6874956

CERTIFICATE OF PREMIUM PAYMENT

Name of Member:		MADAMBA, ROBERT PIERRE RUTAQUIO		
PhilHealth Identification No. (PIN)		190505156246		
Membership Category		IPP		
Premium Contributions				
Amount Paid	Date Paid	Reference No.	OR No.	Period Covered
P 100.00	January 15, 2010	408093184770	15929794	January 2010
P 100.00	January 15, 2010	408093184771		February 2010
P 100.00	January 15, 2010	408093184772		March 2010
P 100.00	February 9, 2010	409096672163	21468495	April 2010
P 100.00	February 9, 2010	409096672164		May 2010
P 100.00	February 9, 2010	409096672165		June 2010
P 100.00	April 15, 2010	411101456101	35178510	July 2010
P 100.00	April 15, 2010	411101456102		August 2010
P 100.00	April 15, 2010	411101456103		September 2010

This certification is issued as proof that the abovementioned member and his qualified dependents are eligible to avail the Hospitalization and Regular Outpatient Benefits of PhilHealth, provided at least three (3) monthly contributions within the six (6) months has been paid prior to availment except for some benefit packages and selected procedures where the member is required to have paid at least nine (9) monthly contribution within the twelve (12) months prior to availment.

Given this 5th day of June 2010, at Pasig City.

Signature over printed name of authorized Officer
PhilHealth

Documentary Requirements for Declared Dependents:

Dependent	Documentary Requirements
1. Spouse	<ul style="list-style-type: none"> • Marriage Certificate/Contract • For Muslim spouse, Affidavit of Marriage issued by Office of the Muslim Affairs (OMA), shall pass through the Shari'a Court and must be registered/authenticated in the National Statistics Office (NSO).
2. Legitimate or illegitimate children below 21 years old	Birth Certificate/s
3. Adopted children below 21 years old	Court Decree of Adoption
4. Parent/s 60 years old above	Birth Certificate of both registrant and parent (In the absence of Birth Certificate of parent, any proof attesting to the date of birth of the parent/s)
5. Stepchildren below 21 years old	Marriage Certificate between the natural parents and stepfather/stepmother and Birth Certificate/s of the stepchildren
6. Mentally or physically disabled children who are 21 years and above	<p>Birth Certificate and Medical Certificate issued by the attending physician stating and describing the extent of disability. The concerned Office shall observe the following procedures:</p> <ul style="list-style-type: none"> ➤ Transmit the Medical Certificate to the Medical Officer/s of the Claims Unit for evaluation ➤ Claims Unit to validate the result of the evaluation and ensure the certificate bears the signature of the Medical Officer, affirming the eligibility of disabled dependent ➤ Membership Unit to process the data and update the record of the member
7. Stepparents 60 years old and above	<ul style="list-style-type: none"> ➤ Marriage Certificate/Contract between biological parent of the member child and the stepparent; ➤ Birth Certificate of the stepparent (in its absence, a notarized affidavit of two disinterested persons attesting to the date of birth); ➤ Birth Certificate of the member-child indicating the name of his/her biological parent; and ➤ Death Certificate of member's deceased biological parent
8. Adoptive parents 60 years old and above	<ul style="list-style-type: none"> ➤ Court Decree/Resolution of Adoption or photocopy of Birth Certificate of the child in which the adoption is annotated thereto; and ➤ Birth Certificate/s of adoptive parents or in its absence, a notarized affidavit of two disinterested persons attesting to the date of the birth)

NOTE:

Affidavits administered by the following officials authorized to administer oath, as provided in Republic Act No. 6733, Section 41, shall be accepted as valid supporting documents:

- Members and Secretaries of both houses of the Legislative Body
- Members of the Judiciary
- Department Secretaries
- Governors and Vice Governors

- City/Municipal Mayors
- Bureau/Regional Directors
- Clerks of Court
- Registrars of Deeds
- Other Civilian Officers in the Public Service of the Philippine government whose appointments are vested upon the President and are subject to confirmation by the Commission on Appointments
- All other Constitutional Officers
- Public Notaries