



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. 35, s-2010

Day
 TO

: ALL HEALTH CARE PROVIDERS, INDIVIDUALLY PAYING MEMBERS (IPMs), EMPLOYERS FROM THE PRIVATE AND GOVERNMENT SECTOR, PHILHEALTH REGIONAL/BRANCH/SERVICE OFFICES, AND ALL OTHERS CONCERNED

SUBJECT : LBC Bills Payment Express Receipt/LBC Bills Express Collection System Acknowledgement Receipt as proof of premium payments

LBC Express Inc. also known as "LBC", a non-bank collecting agent located nationwide (*except those in SM Malls*) shall accept premium payments from Individually Paying Members (IPM) with PhilHealth Identification Number (PIN) and Employers from the Private and Government Sector with PhilHealth Employer Number (PEN) **effective December 1, 2010.**

Paying member shall provide the LBC Customer Associate the following payment information:

- Complete Member/Employer Name
- PIN/PEN
- Applicable Period
- Member Type
- Date of Payment
- Amount for payment

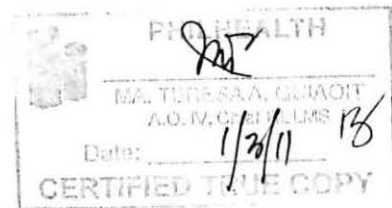
LBC shall acknowledge receipt of premium payments through issuance of a validated LBC Bills Express Payment Receipt (Annex A)/LBC Bills Express Collection System Acknowledgement Receipt (Annex B), whichever is applicable.

In view thereof, all concerned are hereby advised that LBC Bills Express Payment Receipt/LBC Bills Express Collection System Acknowledgement Receipt when **duly validated** with the above stated payment information, shall be recognized as proof of premium payments of NHIP members.

Please be guided accordingly.

Dr. REY B. AQUINO
 President and CEO

[Signature]
 Date signed



PhilHealth
 Your Partner in Health



OP-S10-36552

ANNEX "A"



PAYMENT RECEIPT

General Aviation Center, Domestic Airport Compound,
Domestic Road, Pasay City
Tel #: 062 9915796



AR No. : HGR01000000081
Date : 19 Aug 10 01:29 PM

Received from : TESTFNAME101 S. TESTINGLNAME101
Applicable Period : July 2010 - September 2010
Member Type : Self-Employed / Voluntary
The sum of pesos : Three Hundred Pesos and Zero Cents Only (300.00)

In payment for Member ID : **090501807868**

Form of Payment : CASH

Service Charge : 8.00

Total Amount : 300.00

- REPRINTED -

Important :

This serves as your proof of payment.

JUAN DELA CRUZ
Customer Associate's Validation

LBC Express, Inc.

General Aviation Center, Domestic Airport Compound, Domestic
Road, Pasay City
Tel. No: 062 9915796

BillsXpress Collection System ACKNOWLEDGEMENT RECEIPT

ANNEX "B"

A.R. No. : HGR01000000081
Date : 19 Aug 10 01:29 PM
Merchant : PHILHEALTH
Member ID : 090501807868
Account Name : TESTFNAME101 S. TESTINGLNAME101

CUSTOMER'S COPY

-REPRINTED-

Applicable Period : July 2010 - September 2010
Member Type : Self-Employed / Voluntary
Service Charge : 8.00

CASH : 300.00
CHECK : 0.00
TOTAL : 300.00

Important : This serves as your proof of payment.

JUAN DELA CRUZ
Customer Associate