



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

Citystate Centre, 709 Shaw Boulevard, Pasig City  
 Healthline 637-9999 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)



**PHILHEALTH CIRCULAR**

No. 05, s-2011

*Duly*  
 TO

: ACCREDITED HEALTH CARE PROVIDERS (AHCPs), INDIVIDUALLY PAYING MEMBERS (IPMs), OVERSEAS FILIPINO WORKERS (OFWs), EMPLOYERS FROM THE PRIVATE AND GOVERNMENT SECTOR, SPONSORS, PHILHEALTH REGIONAL/BRANCH/SERVICE OFFICES, AND ALL OTHERS CONCERNED

SUBJECT : UCPB Bills Payment Slip as proof of PhilHealth premium payment

Effective 01 April 2011, United Coconut Planters Bank (UCPB) adopts a new collection scheme using Bills Payment System. In view thereof, the following shall be observed:

1. Paying Members:

- a. Fill-out the PhilHealth Premium Payment Slip (Annex A "PPPS"). The following payment information must be supplied:
  - PIN/PEN
  - Complete Payor's Name (Member/Employer Name)
  - Member Type
  - Applicable Period
  - Amount of premium payment
- b. Submit PPPS and tender payment to the bank teller.  
*In case of premium payment for OFW, copy of the OFW's Contract, Visa, or Passport shall be presented to the teller together with PPPS and payment.*
- c. Wait for the validated Bills Payment Slip as proof of payment.

2. UCPB:

- a. Receive the properly filled-out PPPS and premium payment, *plus copy of Contract, Visa, or Passport if the payment is intended for OFW's premium.*
- b. Acknowledge receipt of payment through a validated Bills Payment Slip (Annex B "UCPB Bills Payment Slip") reflecting the abovementioned payment information.

*In case of premium payment for OFW, teller shall validate the applicable period through the presented copy of the OFW's Contract, Visa or Passport, whichever is applicable.*

Further, all concerned are hereby advised that UCPB Bills Payment Slip when duly validated, shall be recognized as proof of PhilHealth premium payments.

Please be guided accordingly.

Dr. REY V. AQUINO  
 President and CEO

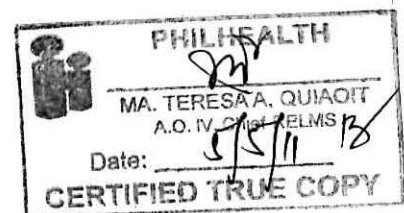
Date signed

**PhilHealth**  
 Your Partner in Health



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# Annex A "PPPS"

## PHILHEALTH PREMIUM PAYMENT SLIP



PIN/ PEN/ POGN:   -          -

BUSINESS/AGENCY NAME : \_\_\_\_\_

MEMBER'S NAME: \_\_\_\_\_  
(SURNAME) (GIVEN NAME) (MIDDLE NAME)

**MEMBER TYPE:**

- Voluntary  OFW  Sponsor  Private  Government

**APPLICABLE PERIOD:**

FROM     TO      
M M Y Y M M Y Y

AMOUNT PAID ►

₱



**Annex B**  
**"UCPB Bills Payment Slip"**

