



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)

MMG 2011-0506-01



**PHILHEALTH CIRCULAR**

No. 08, s-2011

*May* 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 : Allied Bank Bills Payment Slip as proof of PhilHealth premium payment

Effective **01 April 2011**, Allied Banking Corporation (Allied Bank) 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 Figure 1 "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. Allied Bank:

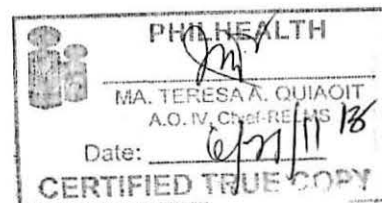
- a. Receive the properly filled-out PPPS and premium payment, *plus copy of Contract, Visa, or Passport if the payment is intended for OFW's premium.*
- b. Acknowledge receipt of payment through a validated Bills Payment Slip (Annex A Figure 2 "Allied Bank Bills Payment Slip") reflecting the abovementioned 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 **Allied Bank's Bills Payment Slip** when duly validated, shall be recognized as proof of PhilHealth premium payments.

Please be guided accordingly.

Dr. REY B. MOLINO  
 President and CEO

*2011 May 11*  
 Date signed



**PhilHealth**  
 Your Partner in Health





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OP-S11-41122

*OP-S11-41122 5/11/11*

**Annex A Figure 1: "PhilHealth Premium Payment Slip (PPPS)"**

<b>PHILHEALTH PREMIUM PAYMENT SLIP</b>		
PIN/ PEN/ POGN: <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
BUSINESS/AGENCY NAME: _____		
MEMBER'S NAME: _____ (SURNAME) (GIVEN NAME) (MIDDLE NAME)		
MEMBER TYPE: <input type="checkbox"/> Voluntary <input type="checkbox"/> OFW <input type="checkbox"/> Sponsored <input type="checkbox"/> Private <input type="checkbox"/> Government		
APPLICABLE PERIOD: FROM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y M M Y Y		
AMOUNT PAID ▶ <input type="text"/>		

**Annex A Figure 2: "Allied Bank Bills Payment Slip"**

		<b>RECEIVED BY TELLER</b>	
Transaction Date	2 022 29 Dec 10 10:45:17 0023 OFI	MACHINE VALIDATION	
Member/Employer Name	Iran Code : 0940 Merchant Code: 402		
PIN/PEN	Name ▶ ANGELA GUIRINGA	Ref. No.: 382002B ← Transaction/Receipt No.	
Amount Paid	Sub. No. ▶ 123456789123 Merch Name: Philhealth (PHI) Amount ▶ P5,000.00 Check No. :	No. Member ▶ 382002 -B ← Member Type Bank Code:	
Applicable Period	Check No. : Applicable Period: 0710-0910		
THIS PAYMENT IS FOR :			
<input type="checkbox"/> PESO BILLING <input type="checkbox"/> DOLLAR BILLING			
DATE _____			
COMPANY NAME _____			
CARD NO./SUBSCRIBER'S NO./ POLICY/ PLAN/REF. NUMBER _____			
PAYOR'S NAME _____			
MODE OF PAYMENT: <small>(Indicate number in box. Use SEPARATE slip for each mode.)</small>			
<input type="checkbox"/> 1 CASH <input type="checkbox"/> 5 LOCAL <input type="checkbox"/> 5 DEBIT ACCOUNT <input type="checkbox"/> 2 ON-US <input type="checkbox"/> 4 REGIONAL			
BANK INITIALS/BRANCH	CHECK NUMBER	AMOUNT	CTVS.
1			
2			
PLEASE INDICATE CASH BREAKDOWN AT THE BACK P			
DEBIT MY ACCOUNT NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
AMOUNT IN WORDS _____			
ACCOUNT HOLDER'S SIGNATURE _____			
POSTED BY	APPROVED BY	CALLED BACK BY	SIGNATURE VERIFIED BY
<b>PAYMENT SLIP</b>			
1st COPY - BANK'S COPY		2nd COPY - CLIENT'S COPY	