



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. 012, s-2011

Send
TO

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

SUBJECT : SM Retail Inc. PhilHealth Premium Order Slip (PPOS) and Point-Of-Sale Generated Slip (POS-GR) as proof of PhilHealth premium payment

In line with PhilHealth's endeavor of providing members better accessibility and convenience in remitting premium contributions, SM Retail Inc. as accredited collecting agent, shall be accepting PhilHealth premium contributions from Individually Paying Members (IPMs) with PhilHealth Identification Number (PIN) and Employers from the Government and Private Sector with PhilHealth Employer Number (PEN) effective **16 September 2011**.

Relative thereto, the following shall be observed:

1. Paying Members:

- a. Properly accomplish the **PPOS** (Annex A Figure No. 1: "PPOS"). The following payment information must be supplied:
 - Date of Payment
 - PIN/PEN
 - Complete Business/Agency/Member's Name
 - Member Type (Voluntary/Private/Government)
 - Applicable Period
 - Amount of premium to be paid
- b. Present the PPOS and tender payment to Customer Service Assistant (CSA).
For IPM payments, PhilHealth Number Card (PNC) must be presented for validation purposes.
- c. Wait for the **validated PPOS and POS-GR** (Annex A Figure No. 2: "PGR") as proof of payment.

2. SM Retail Inc.:

- a. Receive the properly filled-out PPOS and premium payment.
In case of IPM premium payment, CSA shall validate PPOS with the PNC.
- b. Acknowledge receipt of payment through a **validated PPOS and POS-GR** reflecting the PIN/PEN, amount paid, date and time of transaction, and transaction reference number.

Further, all concerned are hereby advised that PPOS when duly validated accompanied with the POS-GR, shall be recognized as proof of PhilHealth premium payments.

Please be guided accordingly.

Dr. REY B. AQUINO
 President and CEO

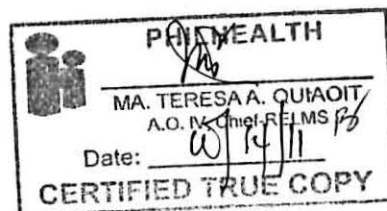
[Signature]
 Date signed

PhilHealth
 Your Partner in Health




11092319.08

OP-S11-44338




Annex A:
Validated PhilHealth Premium Order Slip "PPOS" and Point-of-Sale Generated Receipt (POS-GR)

Annex A Figure 1:
Validated PhilHealth Premium Order Slip "PPOS"

| | | | |
|--|---|--------------------------------------|---------------|
|  | | PHILHEALTH PREMIUM ORDER SLIP | |
| Branch | | Date of Payment | |
| PIN / PEN | 1 9 - 0 2 5 0 8 2 7 1 0 - 9 | | |
| BUSINESS/ AGENCY NAME | | | |
| MEMBER'S NAME | DELA CRUZ | JUAN | REYES |
| | (SURNAME) | (GIVEN NAME) | (MIDDLE NAME) |
| MEMBER TYPE | <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Private <input type="checkbox"/> Government | | |
| APPLICABLE PERIOD | From 1 0 1 1 To 1 2 1 1 M M Y M M Y WILLER: MIMNEYTHY AMOUNT PAID: P300.00 02/02/11 18:53 CASHIER: BPS-Cashier PAYMENT: CASH 300.00 | | |
| For corporate payments, use below Reference number (exclude colon ":") in the RF1 form Reference no. S110245594#00033 | | | |
| Mode of Payment <input checked="" type="checkbox"/> Cash P- 300.00 <input type="checkbox"/> Check P- _____ | | | |
| BANK | BRANCH | CHECK NO | AMOUNT |

Annex A Figure 2:
Point of Sale Generated Receipt "POS-GR"


 CORPORATE OFFICE

SM MART, INC.
SM CLUBS BLDG. ARANETA CENTER
5000RPO CUBAO, QUEZON CITY 1103
VAT-REG TIN 213-845-888-332
0245

BILLSPAYMENT CENTER - SEPT 11 2011
PHILHEALTH
ACCT NO 184250827109
SUBTOTAL P300.00

VAT-EXEMPT SALE 000.00
TOTAL P300.00
CASH

NO. OF BILLS: 1
THIS SERVES AS YOUR PROOF OF PAYMENT
ACKNOWLEDGMENT RECEIPT
THANK YOU SO MUCH!
Cashier: BPS-Cashier
ST#02285245 RG#554 TR#00008
18 53 25/08 11



| Validated PPOS and POS-GR shall have the following payment information: | | |
|---|------------------------------|---|
| No. | PPOS / POS-GR | Information |
| 1 | Account No. | PEN / PIN |
| 2 | Amount Paid | Amount of Remitted Premium |
| 3 | Date and Time of Transaction | Date and Time when the payment is made |
| 4 | Reference No. | Transaction Reference Number/Acknowledgement Receipt Number |

NOTICE TO EMPLOYERS FROM THE PRIVATE AND GOVERNMENT SECTOR:

In preparing Employer Remittance Report (RF-1), the 15-digit "Reference No." printed in the validated PPOS and POS-GR shall serve as the premium payment's Transaction Reference Number (TRN) or Acknowledgement Receipt No.

The 15-digit TRN printed in the validated PPOS and POS-GR shall be composed of the following -
 PPOS : "S" + first 9-digit numbers of the "Reference No." + the last 5-digit numbers of the "Reference No."
 POS-GR : "S" + last 2-digit of the current year ("11" for CY2011) + last 4-digit numbers of the ST# + 3-digit RG# + 5-digit TR#

In the above sample validated PPOS and POS-GR, the TRN shall be: S11024559400033

J. Galan