| PHILHEALTH<br>No. 000 9 | Republic of the Philippines   PHILIPPINE HEALTH INSURANCE CORPORATION   Citystate Centre, 709 Shaw Boulevard, Pasig City   Healthline 441-7444 www.philhealth.gov.ph   MA. TERESA A. QUIAOIT MA. TERESA A. QUIAOIT   MA. TERESA A. QUIAOIT MA. TERESA A. QUIAOIT   A.O. IV. Ched RELMS ON Data:   Data: MA. TERESA A. QUIAOIT   A.O. IV. Ched RELMS ON Data:   Data: MA. TERESA A. QUIAOIT   A.O. IV. Ched RELMS ON Data:   Data: MA. TERESA A. QUIAOIT   A.O. IV. Ched RELMS ON Data:   Data: MA. TERESA A. QUIAOIT |
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| то :                    | ACCREDITED INSTITUTIONAL HEALTH CARE<br>PROVIDERS, PHILHEALTH MEMBERS AND PERSONNEL,<br>AND ALL OTHERS CONCERNED   |
| SUBJECT :               | Amendments on Indicating Professional Fees Reimbursement in<br>Claim Form 2 (applicable for fee-for-service payment mechanism)   |

## I. RATIONALE

PhilHealth has long been in partnership with physicians in pursuit of Universal Health Care and provision of quality service for our members. The National Health Insurance Program's success depends on the full cooperation and participation of accredited health care professionals. In light of the introduction of the No Balance Billing policy, there is a need to clarify to accredited professionals the proper filling up of said forms to convey the actual and precise amount being claimed.

## II. GUIDELINES

1. Signatures of Attending Doctor/s may be placed on either portion for "Name of Professional" (item a) or "Signature" (item h) in part no. 16 of Claim Form 2. The signature can be present either in both portion or in only one. The professional fee shall be paid in both instances.

| a. Name of Professional<br>b. PhilHealth Accreditation No. | c. Number of Vists / RVS Code<br>d. Inclusive Dates (mm-cd-yyyy)  | le Intal Actual | f. PhilHealth<br>Benefit | g. Amount paid<br>by members | h. Signature<br>i. Date Signed | For PhiHeath Use<br>Only                            |
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2. No Balance Billing is a mandatory policy for sponsored members admitted in Government hospitals in which no other fees shall be charged beyond the Case Rate amount. For private patient in which a doctor did not charge patient above PhilHealth reimbursement (No out-of-pocket) shall be called "Complimentary". The word "complimentary" shall be placed on the portion for Total Actual PF Charges, PhilHealth Benefit and Amount Paid by members. When said term is written in at least one (1) of the boxes, the professional fee shall be reimbursed to the concerned doctor/s. In case the attending physician places "zero" on the



portion for Total Actual PF Charges or Amount Paid by Member, the PF shall still be reimbursed to the said doctor/s. It is reiterated that attending physician/s need not issue an official receipt for such claims since member/s was/were not charged beyond PhilHealth reimbursement.

Illustration 1 (Doctor did not charge patient above PhilHealth reimbursement / No out-of-pocket by the member/s):

| a. Name of Professional<br>b. PhilHealth Accreditation No. | c. Number of Visits / RVS Code<br>d. Inclusive Dates (mm-ba-yyyy) | e Total Actual<br>PF Charges | f. PhilHealth<br>Benefit                 | g. Amount paid<br>by members | h. Signature<br>i. Date Signed | For PhilHealth Use<br>Cnty   |
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Illustration 2 (Doctor did not charge patient above PhilHealth reimbursement / No out-of-pocket by the member/s):

| a. Name of Professional<br>b. PhilHealth Accreditation No. | c. Number of Visits / RVS Code<br>d. Inclusive Dates (mm-dd-yyyy)   | e. Total Actual<br>PF Charges | f. PhilHealth<br>Benefit | -                          | h. Signature<br>i. Date Signed | For FhilHealth Use<br>Only |
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Illustration 3 (Doctor did not charge patient above PhilHealth reimbursement / No out-of-pocket by the member/s):

| a. Name of Professional<br>b. PhilHealth Accreditation No. | c. Number of Vists / RVS Code<br>d. Inclusive Dates (mm-dd-yyyy)   |            | f. PhilHealth<br>Benefit   | g. Amount paid<br>by members | h. Signature<br>i. Date Signed | For PhilHeath Use<br>Only |
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## **REPEALING CLAUSE**

All issuances inconsistent herewith are hereby amended and/or repealed accordingly.

## EFFECTIVITY

This Circular shall take effect after its publication in a newspaper of general circulation and shall be deposited thereafter with the National Administrative Register at the University of the Philippines Law Centre. Furthermore, this circular shall have a retroactive application for all denied claims upon showing evidence that the claim/s have been denied due to application of PhilHealth Circular Nos. 14, s.2008 and 23, 2. 2008 for specific provisions amended by this current circular.

For the information of all concerned.

ENRIQUE T. ONA, MD Secretary of Health/Chairman of the Board and Office-In-Charge, President and CEO Date Signed: \_\_\_\_\_5/16/2013

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