



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
 Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph



July 21, 2017

PHILHEALTH CIRCULAR

No. 2017- 0030

To : ALL HEALTH CARE INSTITUTIONS, HEALTH CARE PROVIDERS, INFORMATION TECHNOLOGY SERVICE PROVIDERS OR HEALTH INFORMATION TECHNOLOGY PROVIDERS, PHILHEALTH NATIONAL AND REGIONAL OFFICES, LOCAL HEALTH INSURANCE OFFICES, AND OTHER CONCERNED

Subject : Implementation of the Electronic Claims System Using Hybrid Approach

I. RATIONALE

Electronic Claims System or eClaims is an interconnected modular information system for claim reimbursement transaction beginning from the time a patient signified the intention of using a PhilHealth benefit, and ends when the claim is paid. It enables a Health Care Institution (HCI) to determine eligibility of patient to avail of insurance, submit a claim electronically or online, track and verify the status of claims, and be reimbursed. The Electronic Claims System removes duplication of effort in entering claims data especially if HCIs have existing Hospital Information System (HIS) or Electronic Medical Record (EMR). Data quality is a perennial issue with data entry and associated quota requirements among other factors in PhilHealth. Efficiency issues which are manifested in turn-around-time (TAT) indicator is PhilHealth's challenge as claim forms have to be physically submitted to PhilHealth and entered by the Local Health Insurance Offices (LHIOs) or PhilHealth Regional Offices (PROs); or printing of required claim forms and transmittal list, saving of claims data to a storage device like flash drives, and being physically submitted to the PROs where reconciliation and validation of claim forms and electronic copies have to be done prior to uploading to PhilHealth.

The benefits of eClaims to PhilHealth are enhanced opportunity for fraud detection, monitoring, and prevention; improved efficiencies with minimization and/or elimination of encoding; improved data quality through elimination of manual encoding and prevention of duplicated encoding; minimal warehousing of claims forms and supporting documentation; realignment of encoders, document administrators, and other support personnel of legacy manual processes to high-value tasks such as auditing; improved sources for adjudication as all documents are either electronic or imaged; and improved turnaround time in the processing claims. HCIs will also benefit from eClaims implementation by improving processes through automated workflows; improved data integrity through the use of data systems contained in HIS' or EMRs; minimal warehousing of claims forms and supporting documentation; timelier receipt of payments through shortened processes; and reduction of 'Return-to-Hospital' claims with automated validation prior to submission. PhilHealth members will also benefit through improved quality of services from HCIs with the availability of historical medical information from HIS' or EMRs; improved verification of eligibility leading to timely services; and improved understanding of member costs.

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To realize the benefits of eClaims and be able to support its implementation, PhilHealth opened the accreditation of service providers called as Health Information Technology Providers (HITPs) in 2012 to provide software solutions like HIS, EMR, or eClaims Transporter that complied with the requirements of PhilHealth on claims submission for processing and payment. The current implementation of eClaims via HITPs provides one or a combination of the following solutions and services: (1) Hospital Information System - a software solution where the business/operational processes of the hospital are included and integrated, i.e. Admission, Billing, Medical Record, Cashiering, Laboratory, Radiology, Dietary, among others; (2) Infrastructure and data center support - secured storage of data and physical infrastructure containing the server and other required equipment/devices; (3) electronic transmission of claims from HCIs to PhilHealth; (4) a software solution where data from existing HIS in the format of XML can be transmitted to PhilHealth; (5) secured connection between HCI and PhilHealth like dedicated leased line or secured tunnel connection; and/or (6) help desk support - assistance or support to answer/troubleshoot queries, questions, and/or technical problems relative to PhilHealth eClaims implementation.

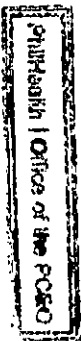
PhilHealth Circular No. 2016-0016 set the implementation guidelines on full implementation of eClaims. It has focused on HITP engagement to provide the front end interface for eClaims modules, ensuring connection of an HCI to PhilHealth, and facilitating electronic transactions. Under PhilHealth Circular No. 038 series 2012 on the accreditation of HITP, the HITP acts as a conduit for electronic transactions on claim reimbursements from the HCI to PhilHealth and vice versa.

There are HCIs with existing in-house or outsourced software solutions/products that may have capabilities to do direct transmission to PhilHealth. Thus, this Circular opens up the hybrid approach in implementing eClaims for HCIs to select the best option appropriate to their needs, environment, capacity, and cost benefits. The opening of the hybrid approach supports the Philippine Health Agenda's mandate on the use of EMR in all health facilities; prepares the HCIs in data harmonization between the Department of Health and PhilHealth; and aligns with the strategic thrust of the Philippine Health Agenda (PHA) in investing in eHealth and data for decision making.

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II. DEFINITION OF TERMS

- | | | | |
|---|---|---|--|
| 1 | Direct Data Transmission (DDT) | - | transfer of data from existing software solution or product of HCI to PhilHealth. |
| 2 | eClaims Eligibility Web Service (eCEWS) | - | set of standard Application Programming Interfaces (APIs) provided by PhilHealth for electronic claim transactions. |
| 3 | Electronic Claims Transporter (ECT) | - | Software solution or product that allows extracted data from an HCI existing software solution/product to be electronically transmitted to PhilHealth. |
| 4 | Electronic Document (ED) | - | information or the representation of information, data, figures, symbols or other modes of written expression, described or however represented, by which a right is |





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established or an obligation extinguished, or by which a fact may be proved and affirmed, which is received, recorded, transmitted, stored, processed, retrieved or produced electronically.

- 5 Electronic Medical Record (EMR) - A software solution or product that enables entry of patient's health-related data or information.
- 6 Hospital Information System (HIS) - A software solution or product that is designed to manage all aspects of hospital's operations such as Outpatient Department, Emergency Room, Admission, Billing, Cashiering, Medical Record, Laboratory and other Revenue Centers, among others.
- 7 Service Provider (SP) - Company, firm, organization, institution, or individual that provides or offers software solutions or products, and other information technology services. Health Information Technology Provider is also a service provider.
- 8 Software Solution/Product (SSP) - Set of related software programs or services that are developed or sold as single package. Examples are hospital information system, electronic medical record, electronic claims transporter, and others.

III. SCOPE OF IMPLEMENTATION

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- 1. This Circular applies to all HCIs, health care providers, service providers, PhilHealth national and regional offices, local health insurance offices, and other concerned.
- 2. The eClaims applies to reimbursement claims on all case rates (ACRs); special benefit packages (Z Benefits); outpatient benefit packages such as but not limited to Maternal Care Package (MCP), Newborn Care Package (NCP), TB-DOTS Package, Outpatient Malaria Package, Animal Bite Treatment Package; Dialysis and Outpatient HIV/AIDS Treatment Package; and others as shall be defined by PhilHealth.
- 3. The eClaims does not cover reimbursement claims on Primary Care Benefit/Tsekap Scheme, readjustment of amount claimed, and directly-filed claims.

IV. GENERAL GUIDELINES

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- A. Compliance to eClaims by HCIs is extended to December 31, 2017 to allow sufficient time to prepare and move to eClaims implementation by January 1, 2018. As such, HCIs shall maintain the status quo of claims submission, i.e. Manual using NClaims, eClaims using HTTP, and PHICS/SCLAIMS. By January 1, 2018, eClaims shall be mandatory to all HCIs and all submitted new claims shall be in electronic form.
- B. PhilHealth shall require all HCIs to use HIS/EMR to improve internal workflows or processes, data quality, efficiency, and client satisfaction.



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- C. Only HCIs using software solutions/products that are certified by PhilHealth shall be allowed to implement eClaims. Multiple certifications shall be given to specific version of the benefit packages.
- D. Certified in-house or outsourced software solution/product that was endorsed by one (1) HCI can be used by other HCIs. Agreements, terms, and/or conditions on the use of the certified software solution/product shall be made between the service provider and the HCI. PhilHealth shall not be held liable for any action of the service provider with regards to its engagement with the HCI, or vice-versa that may result to damage or injury to the HCI or its clientele.
- E. The eClaims implementation shall no longer be exclusive to HITPs. HCIs that partnered with HITPs shall opt to continue the upload of data through the use of software solution/product (i.e. HIS/EMR, or electronic claims transporter); or consider direct transmission from their existing software solution/product. HCIs shall communicate in writing to PhilHealth to confirm or validate compliance to PhilHealth requirements.
- F. HCIs shall choose from various options to implement eClaims.
- G. PhilHealth shall not charge any cost for the use of eClaims services. Investments on software solutions/products whether in-house or outsourced shall be borne by the HCIs.
- H. Procedures and guidelines on direct transmission and certification of software solution/product as compliant to the requirements of PhilHealth claims submission shall be covered in a separate issuance.
- I. HCIs and/or service providers shall develop and maintain their policies and procedures in compliance to existing and applicable statutory laws, rules and regulations such as but not limited to Republic Act 8792 – Electronic Commerce Act of 2000, Republic Act 10173 - Data Privacy Act of 2012 and Republic Act 9470 – National Archives of the Philippines Act 2007.
- J. The HCI head (i.e. Hospital Director, Chief of Hospital, Hospital Administrator, and the like) shall be accountable for data quality (i.e. validity, accuracy, completeness), security, storage, transmission, among others from their end.
- K. The PhilHealth Electronic Claims Implementation Guide (PeCIG) shall serve as the technical reference manual on eClaims compliance. The PeCIG defines the standards on semantic security (data definition and document type definition), data security compliance like data encryption at rest and in transit, transmission protocol, format of scanned files or documents like portable document format for archive, files to be scanned and uploaded like Claim Signature Form and Statement of Account, and/or other technical specifications. Any updates shall be posted or published accordingly.
- L. HCIs and/or service providers shall be accountable for ensuring conformance to updated specifications.

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- M. Transmitted claims shall be stored in PhilHealth’s data center and/or service provider (e.g. Cloud Provider) which shall comply with the requirements of the National Privacy Commission, Department of Information and Communication Technology, Department of Health, and other national regulatory agencies or offices. The transmitted claims shall be owned by PhilHealth.
- N. Electronic claims review, adjudication and payment shall be conducted in compliance with existing policies. Electronic supporting documents at the HCIs and/or service providers that may be necessary during adjudication shall be made available and readable to PhilHealth.
- O. Any use of information/data exchanged between systems and accessed by the HCIs shall not be used outside of its intended use as stipulated herein.
- P. PhilHealth regional systems like PhilHealth Information and Claims System (PHICS) and Softcopy Claims (SCLAIMS) shall be used as interim solution up to December 31, 2017 to allow HCIs to transition into a certified HIS/EMR. Implementation of PHICS/SCLAIMS shall cease thereafter.

V. SPECIFIC GUIDELINES

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A. Transition to eClaims

1. HCIs shall be given up to December 31, 2017 to plan and perform activities to comply with the mandatory use of eClaims by January 1, 2018. The existing systems including eClaims with HITPs that HCIs are currently using to transmit claims to PhilHealth shall remain as is while preparing to move to eClaims.
2. HCIs shall make a Transition Plan (TP) to layout the tasks and activities that need to be undertaken to efficiently comply with the requirements of eClaims and implement EMR systems. An EMR is an electronic record of health-related information of a person or individual that can be created, gathered, managed, and consulted by authorized health care providers within an organization. The use of EMR systems can facilitate workflow and improve the quality of patient care and safety; and prepare the HCIs to comply with other PhilHealth’s requirements on submission of clinical data.
3. HCIs shall submit the TP to their respective PhilHealth Regional Offices for information and monitoring.

B. eClaims Implementation Model (See Annex A)

HCI has the prerogative to select the appropriate eClaims implementation option. It shall be the responsibility of the HCI to perform cost-benefit analysis to determine the strengths and weaknesses of the modes, and the one that provides greater benefits. Models are as follows:

1. Outsourced to Service Providers



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- a. HCI with existing outsourced HIS/EMR that is not yet compliant to PhilHealth claims requirements, shall require its service provider to seek compliance to the technical specifications of PhilHealth, and eventually get software certification for compliance.
- b. HCI with existing outsourced HIS/EMR may still get another service provider whose software is certified by PhilHealth as complying to the technical specifications of claims submission and data validation.

2. In-House Developed

- a. HCI with existing in-house HIS/EMR can directly transmit claims data to PhilHealth. The HCI shall coordinate with PhilHealth for the technical specifications to comply with the requirements and seek software certification for compliance.
- b. HCI with existing in-house HIS/EMR may still get a service provider whose software is certified by PhilHealth as complying to the technical specifications of claims submission and data validation.

C. Agreement Between HCI and Service Provider

1. HCIs shall ensure that there are appropriate Memorandum of Agreements (MOAs) or Contracts, and Service Level Agreements (SLAs) made between their Management and the Service Provider.
2. The MOA/Contract is a document in which the HCI and Service Provider shall agree to work together for a common objective. It shall include working relationships, services covered, compliance with PhilHealth standards, data integrity, data privacy and confidentiality, non-disclosure agreement, data management, reporting, maintenance of secured data center if applicable, data security like data encryption, data storage, data backup, data/database portability, data ownership, connectivity, data sovereignty in case of cloud environment, data audit, data breach, termination of agreement, transfer to other service provider, problem management, duties/responsibilities of parties, related fees/costs, term and effectivity, and other vital requirements between the HCI and Service Provider.
 - a. The MOA/Contract is based on a proposal which is to be accepted by the HCI (to whom the proposal is made) and Service Provider who makes the proposal.
 - b. When the Service Provider's proposal is accepted, the MOA/Contract serves as a promise of parties to each other, and to the provisions therein to which they have agreed upon.
 - c. Both parties have the right to go to court in the event of non-performance of any provision of their agreements.
3. The SLA shall be part of the MOA/Contract where a service is formally defined such as the scope, quality, and responsibilities of the Service Provider. Common

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features of the SLA are the contracted delivery time of the service or performance system uptime, mean time between failures, mean time to repair or recovery, defining party that is responsible for reporting faults or paying fees, data rates, throughput, and other measurable details as shall be agreed upon.

4. The MOA/Contract and SLA between HCIs and Service Providers shall be legal and binding only to the contracting parties therein. PhilHealth shall not be held liable for any action of the Service Provider with regards to its engagement with the HCI, or vice-versa that may result to damage or injury to the HCI or its clientele.
5. The HCI and Service Provider shall hold PhilHealth, its personnel and instrumentalities, free from any liability with regards to their engagement.

D. Software Certification Process

All software solutions/products submitting eClaims whether outsourced or in-house shall be required to undergo PhilHealth Software Certification. Procedures of which shall be covered by a separate issuance.

E. Registration Process

HCI shall submit an engagement form and photocopy of the software certification as supporting documents to the nearest PhilHealth Office. HCIs already engaged with HITPs and submitted their engagement forms shall be deemed registered. (See Annex B – Engagement Form)

F. Data Collection Process

1. All data required for claims shall be entered and done within the HCIs.
2. HCIs shall call the eClaims Eligibility Web Service (eCEWS). HCIs shall cease to use the PhilHealth Benefit Eligibility Form (PBEF) generated from the PhilHealth HCI Portal. Those with "YES" response and has been issued a tracking reference number in the eCEWS shall no longer attach the PBEF as proof of eligibility. For those with "NO" response, the appropriate document listed by the system shall be attached to the claim.
3. The Claim Signature Form shall be duly accomplished and signed by appropriate signatories prior to scanning. (See Annex C – Claim Signature Form) It shall be mandatory to all claims.
4. Other prescribed documents like official receipts, diagnostic results, operative records, PhilHealth Membership Registration Form, PhilHealth Official Receipt, Statement of Accounts, and others that are necessary to adjudicate and audit the claim shall be scanned and saved in the HCIs and/or service providers facilities. This may be uploaded as necessary based on existing policies.

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G. Data Transmission Process

1. Submission of electronic claims shall be allowed anytime in real-time whether singly or in batch.
2. HCI shall be notified of successful transmission via system generated receipt ticket number.
3. Received claims shall be deemed final and actionable by PhilHealth.

H. Claims Status Verification

HCI shall be able to verify the status of transmitted claims as to returns, reasons, needed documents, and other requirements. As such:

1. Return To Hospital (RTH) Claims – the reasons for return and the required missing documents shall be provided.
2. Denied Claims - the reasons for denying shall be provided.
3. Good Claims - the current processing stage shall be provided.
4. Paid Claims - the payment details like amount and dates shall be provided. These shall be used by the facility to reconcile claims records.

I. Claims Payment

Checks shall be released to the HCIs. Future enhancement to mode of payment shall be covered by a separate issuance.

VI. MONITORING AND EVALUATION

1. HCIs' compliance to eClaims shall be monitored by the PhilHealth Central and/or Regional Offices (PROs). PhilHealth Central Office/PROs shall conduct random or unscheduled visits to the HCIs to check or verify the use of the certified HIS/EMR software, compliance to standards, and other defined criteria or indicators.
2. Reports on abuse and misuse of eClaims shall be investigated and evaluated by PhilHealth and appropriate actions/sanctions shall be imposed.

VII. PENALTY CLAUSE

- A. Any participating HCI and/or service provider who shall fail to comply with the provisions of this Circular or who shall commit any acts that violate the Electronic Commerce Act of 2000, Cybercrime Prevention Act of 2012, and the Data Privacy Act of 2012, in so far as they relate to the operations of the eClaims, shall be penalized with termination of the right to participate in this undertaking, and revocation of all privileges enjoyed pursuant to said participation without prejudice to administrative, civil and

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criminal liability of its owners, directors or responsible officers under pertinent laws and rules.

- B. Any individual involved in the processing of health information who shall commit any violation of the policies stipulated in this Circular, or who shall fail to observe internal policies or regulations implemented pursuant to the provisions of this Circular shall have his or her authorization to access the eClaims, without prejudice to administrative, civil and criminal liability under pertinent laws and rules.
- C. The finding of guilt for violation of this Circular shall not be a bar to the criminal prosecution for violation of the Electronic Commerce Act of 2000 (R.A. No. 8792), Cybercrime Prevention Act of 2012 (R.A. No. 10175), Data Privacy Act of 2012 (R.A. No. 10173), the Revised Penal Code or other special laws, whenever applicable.

VIII. SEPARABILITY CLAUSE

Provisions of previous issuances inconsistent with this Circular are hereby repealed accordingly.

IX. EFFECTIVITY

This Circular shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation and deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.

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for: JPB

DR. CELESTINA MA. JUDE P. DE LA SERNA
 Interim/Officer-in-Charge - President and Chief Executive Officer

Date Signed: 9-22-2014



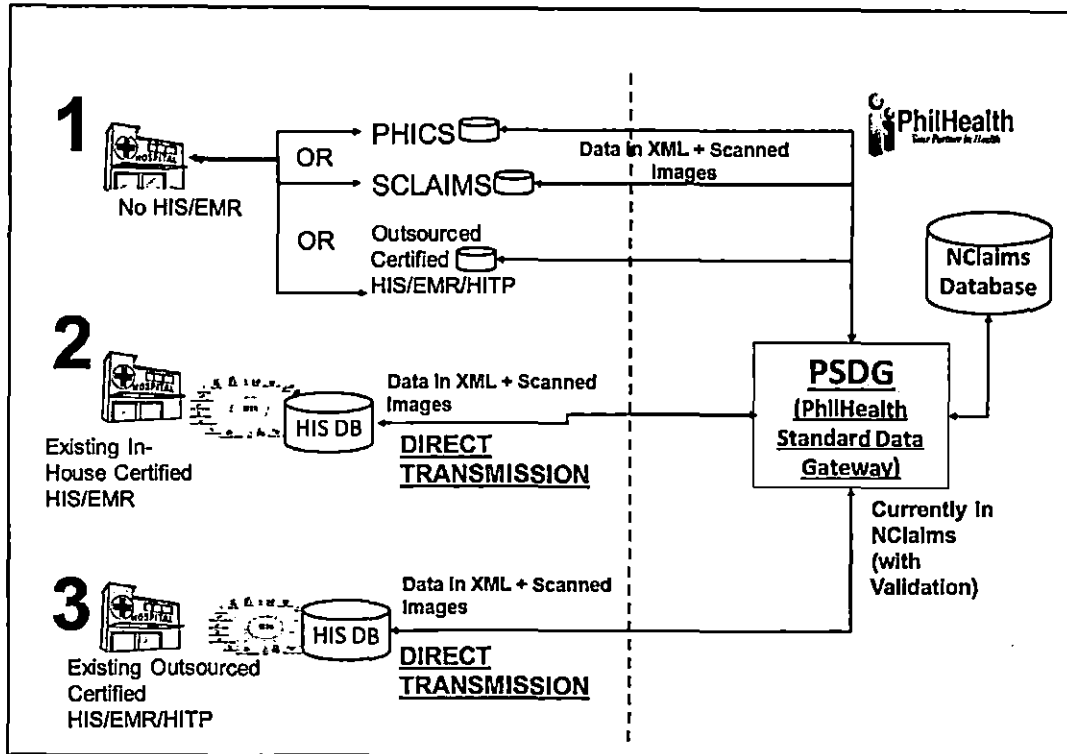


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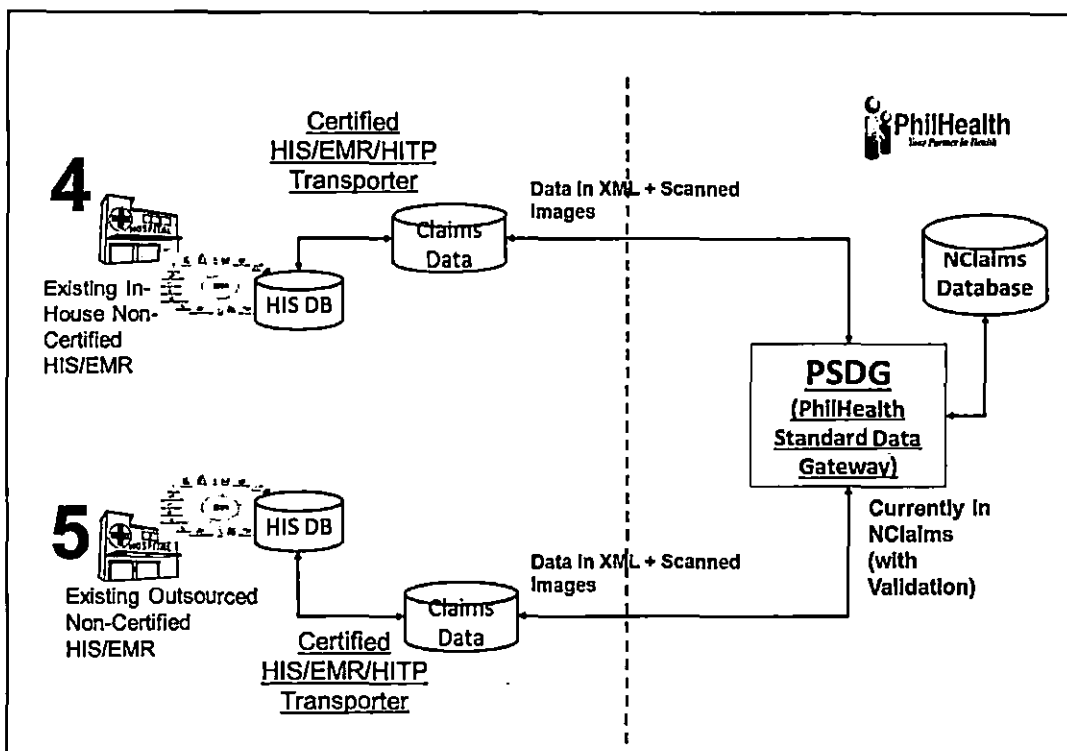



Annex A – eClaims Model of Implementation



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 <p>PhilHealth Your Partner in Health</p>	HCI ENGAGEMENT REGISTRATION FORM		Control No:	
			Registration date:	
			Request Type ¹ :	<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Update <input type="checkbox"/> Deactivate
HCI / RHU INFORMATION				
Name of Facility			PEN	
Address of Facility				
Authorized Representative			Contact No.	
Designation of Representative			Email Address	
ACCREDITATION INFORMATION				
Accreditation Number / s	Name of Facility (as appearing in the Accreditation Certificate)		PMCC Number (to be filled-up by PhilHealth)	
ENGAGEMENT INFORMATION				
Name of Service Provider			PEN	
Address of Service Provider				
Authorized Representative			Contact No.	
Designation of Representative			Email Address	
SYSTEM INFORMATION				
Name of System			System Version ²	
Type of System	<input type="checkbox"/> In-house <input type="checkbox"/> Outsourced		Date Implemented ³	
Software Certificate No. ⁴			Date of Certificate Issuance ⁵	
Transmission Options ⁶	<input type="checkbox"/> HITP <input type="checkbox"/> HCI <input type="checkbox"/> HIS <input type="checkbox"/> EMR <input type="checkbox"/> PHIC			
COMPLIANCE TO eCLAIMS GUIDELINES				
The UNDERSIGNED shall ensure compliance to the eClaims guidelines:				
1. The system implemented in the HCI shall strictly conform to the existing laws, policies and guidelines implemented by regulatory bodies and registering offices such as but not limited to the Data Privacy Act of 2012;				
2. The HCI certifies that all data that shall be transmitted to PhilHealth is complete, accurate and true;				
3. The HCI shall be solely responsible for the protection of their equipment and backup of data.				
4. The HCI shall not hold PhilHealth liable for any loss or damages in connection with the use/distribution of PhilHealth internally developed systems and web services;				
5. All requests for assistance shall be emailed to itsupport@philhealth.gov.ph ;				
Name and Signature of Authorized Representative			Date Signed	
PHILHEALTH PORTION				
Received by			Date Received	
SDURF No	Enrolled by		Date Enrolled	
ACCOUNT INFORMATION SLIP			CONTROL NO.	
Account Name			Password	
Test Environment			Accessibility Date	
Live Environment			Accessibility Date	
GUIDELINES IN FILLING OUT THE FORM				
1. Indicate the type of request. For New requests, ensure that the applications that will be used has already been validated by PhilHealth. For new and transfer requests, attach a copy of the current agreement with the service provider. For changes in the system version, tick the Update checkbox.				
2. The implemented version should be the one duly validated by PhilHealth. A separate Software Compliance Test and Certificate shall be issued for every change in the system.				
3. The Date for Implementation shall mean the date the system will be used to transmit the claims electronically to PhilHealth.				
4. Indicate the Software Certificate No. appearing in the PhilHealth issued Software Compliance Certificate.				
5. Indicate whether the system is developed in-house or outsourced. Outsourced shall mean either solutions provided by PhilHealth or a Service Provider.				
6. In the Transmission Options please see below:				
a. HITP – For HCIs, select if you will use the services of the accredited Health Information Technology Providers.				
b. EMR – For RHUs, select if you will be using the services of an EMR provider.				
c. PHIC – Check if you will be using either the PHICS or the S-Claims				
d. HCI – Check if you will be using an internally developed application.				
e. HIS – Check if you are using an outsourced application not developed by the HITP or identified EMR provider.				
7. The account information or the connection settings shall be sent to the email address of the authorized representative.				

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CSF
(Claim Signature Form)

IMPORTANT REMINDERS:

PLEASE WRITE IN CAPITAL LETTERS AND CHECK THE APPROPRIATE BOXES.

All information required in this form are necessary and claim forms with incomplete information shall not be processed.

FALSE / INCORRECT INFORMATION OR MISREPRESENTATION SHALL BE SUBJECT TO CRIMINAL, CIVIL OR ADMINISTRATIVE LIABILITIES.

Series #

PART I - MEMBER AND PATIENT INFORMATION AND CERTIFICATION

1. PhilHealth Identification Number (PIN) of Member: - -

2. Name of Member:
Last Name First Name Middle Name (example: Dela Cruz, Juan Jr., Sipag)

3. Member Date of Birth: - -
(month-day-year)

4. PhilHealth Identification Number (PIN) of Dependent:

5. Name of Patient:
Last Name First Name Middle Name (example: Dela Cruz, Juan Jr., Sipag)

6. Relationship to Member:
 Child Parent Spouse

7. Confinement Period
a. Date Admitted: - - (month-day-year) c. Date Discharged: - - (month-day-year) 8. Patient Date of Birth: - - (month-day-year)

9. CERTIFICATION OF MEMBER:

Under the penalty of law, I attest that the information I provided in this Form are true and accurate to the best of my knowledge.

Signature Over Printed Name of Member: - -
Date Signed (month-day-year)

Signature Over Printed Name of Member's Representative: - -
Date Signed (month-day-year)

If member/ representative is unable to write, put right thumbmark. Member/ representative should be assisted by an HCI representative. Check the appropriate box:
 Member Representative

Relationship of the representative to the member:
 Spouse Child Parent
 Sibling Others, specify _____

Reason for signing on behalf of the member:
 Member is incapacitated
 Other reasons _____

PART II - EMPLOYER'S CERTIFICATION (for employed members only)

1. PhilHealth Employer No. (PEN): - - 2. Contact No.: _____

3. Business Name: _____
Business Name of Employer

4. CERTIFICATION OF EMPLOYER:

This is to certify that all monthly premium contributions for and in behalf of the member, while employed in this company, including the applicable three (3) monthly premium contributions within the past six (6) months period prior to the first day of this confinement, have been deducted/collected and remitted to PhilHealth, and that the information supplied by the member or his/her representative on Part I are consistent with our available records.

Signature Over Printed Name of Employer / Authorized Representative: _____ Official Capacity / Designation: _____ Date Signed (month-day-year): - -

PART III - CONSENT TO ACCESS PATIENT RECORD/S

*I hereby consent to the examination by PhilHealth of the patient's medical records for the purpose of verifying the veracity of this claim.
I hereby hold PhilHealth or any of its officers, employees and/or representatives free from any and all liabilities relative to the herein-mentioned consent which I have voluntarily and willingly given in connection with this claim for reimbursement before PhilHealth.*

Signature Over Printed Name of Member/ Patient/ Authorized Representative: - -
(Date Signed (month-day-year))

Relationship of the representative to the member/ patient:
 Spouse Child Parent
 Sibling Others, specify _____

Reason for signing on behalf of the member/ patient:
 Patient is incapacitated
 Other reasons _____

If patient/ representative is unable to write, put right thumbmark. Patient/ representative should be assisted by an HCI representative. Check the appropriate box:
 Patient Representative

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PART IV - HEALTH CARE PROFESSIONAL INFORMATION

Accreditation No. []-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]

Accreditation No. []-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]

Signature Over Printed Name

[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]
Date Signed (month-day-year)

Signature Over Printed Name

[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]
Date Signed (month-day-year)

Accreditation No. []-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]

Signature Over Printed Name

[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]
Date Signed (month-day-year)

PART V - PROVIDER INFORMATION AND CERTIFICATION

I certify that services rendered were recorded in the patient's chart and health care institution records and that the herein information given are true and correct.

Signature Over Printed Name Authorized HCI Representative

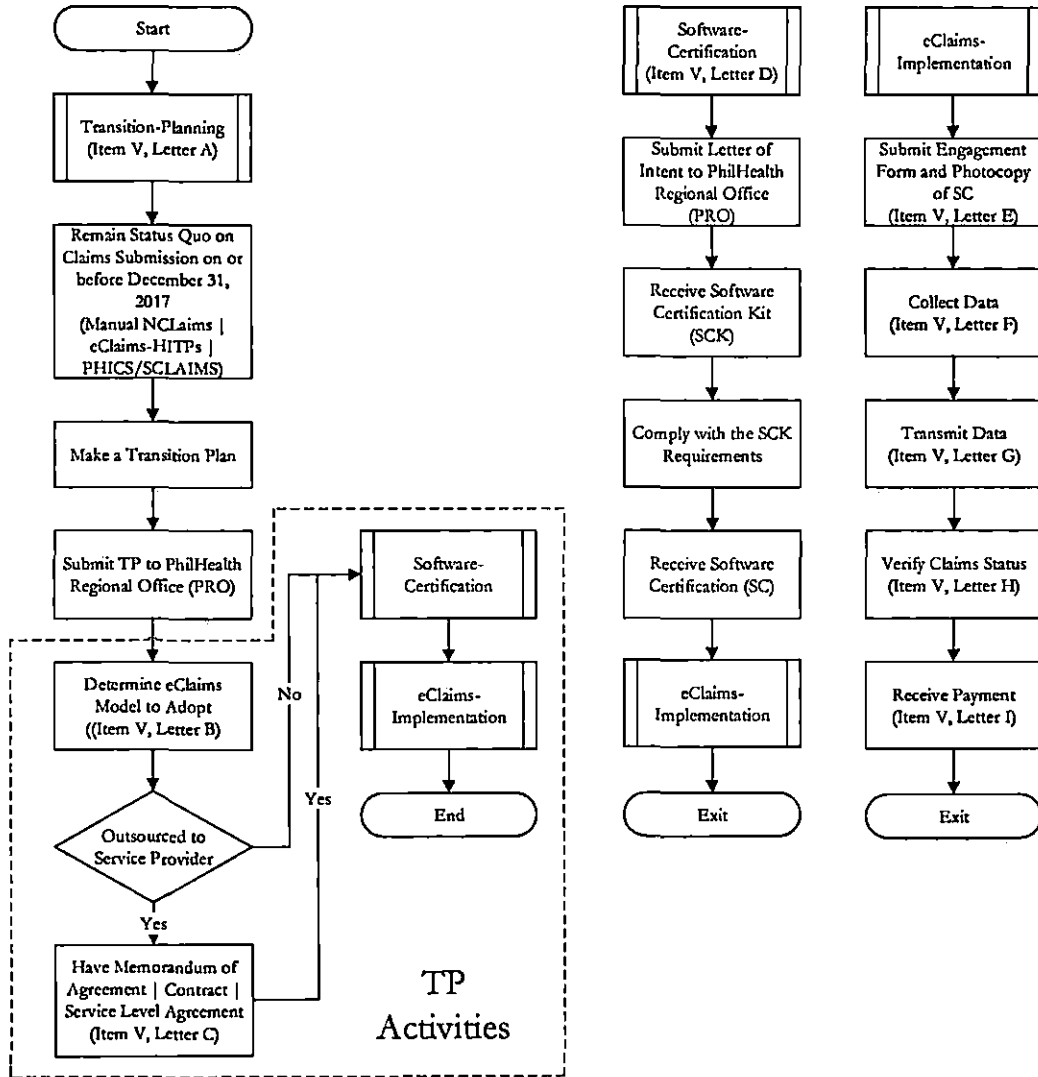
Official Capacity / Designation

[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]
Date Signed (month-day-year)

MASTER
COPY
DC: Lyrb Date: 10/2/17



Annex D – Process Flow



MASTER COPY
 DC: Date: 10/12/17