

SARS-CoV-2 CLAIMS SUMMARY FORM

Name of the PhilHealth accredited SARS-CoV-2 testing laboratory: _____
 PhilHealth Accreditation Number (PAN) : _____

Address: _____

No	PATIENT INFORMATION					MEMBER INFORMATION					Priority Subgroup (A, B, C etc.)	Date of testing (mm/dd/yyyy)	Services covered by PhilHealth (1, 2, 3, 4, 5)	Test kit donated (Y/N)	Package code	Package amount	Claims Investigation Form (Attachment URI)	Itemized billing statement (Attachment URI)
	Last name	First name	Name extension	Middle name	Date of birth (mm/dd/yyyy)	PIN	Last name	First name	Name extension	Middle name								
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I certify that services rendered were recorded in the patients' health records and health care provider records and that herein information given, as well as the items and package amounts indicated, are true and correct.

Prepared by:

Approved by:

 Signature over printed name of the authorized signatory of the PhilHealth accredited SARS-CoV-2 testing laboratory/HCP

 Date signed

 Signature over printed name of the Head of the PhilHealth accredited SARS-CoV-2 testing laboratory/HCP

 Date signed

<p>I. Indicate the corresponding letter of the subgroups in the item for "Subgroup"</p> <p>Subgroups of individuals and healthcare workers: A Patients or healthcare workers with severe/critical symptoms, relevant history of travel/contact B Patients or healthcare workers with mild symptoms, relevant history of travel/contact, and considered vulnerable C Patients or healthcare workers with mild symptoms, relevant history of travel/contact D Patients or healthcare workers with no symptoms but relevant history of travel/contact, with special attention to those living in confined spaces E Frontliners indirectly involved in health care provision in the response against COVID-19 F Other vulnerable patients</p>	<p>II. Indicate the corresponding number in the column "Services covered by PhilHealth"</p> <p>Services covered by PhilHealth: 1 Screening/clinical assessment 2 Specimen collection 3 Specimen handling 4 Conduct of RT-PCR testing 5 Analysis and reporting of results</p>	<p>III. Indicate the SARS-CoV-2 testing package availed of in the column "Package code"</p> <p>SARS-CoV-2 testing packages: CI9T1 All services and supplies for the testing are procured and provided by the testing laboratory CI9T2 Test kits are donated to the testing laboratory CI9T3 Test kits are donated to the testing laboratory; cost of running the laboratory and the RT-PCR machine for testing are subsidized by the government</p>
<p>The information contained in the SARS-CoV-2 claims summary form shall be used for the purpose of verifying the veracity of the claims to effect efficient processing of benefit payment. Further, contained herein shall be entered in the PhilHealth database and may be used for policy research, benefits enhancement and quality improvement.</p>		