

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					Sub-groups of at-risk individuals (A, B, C, D1, D2 etc.)	Date of specimen collection (mm/dd/yyyy)	Date of running the PCR test (mm/dd/yyyy)	Services covered by PhilHealth (1, 2, 3, 4, 5)	Test result (pos/neg)	Test kit donated (Y/N)	Package code	Total actual charges to patient (Php)	Amount after application of discounts/ deductions (senior citizen persons with disability, guarantee letter, etc.)	PhilHealth benefit package amount	Claims Investigation Form (Attachment URL)	Itemized billing statement (Attachment URL)
	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

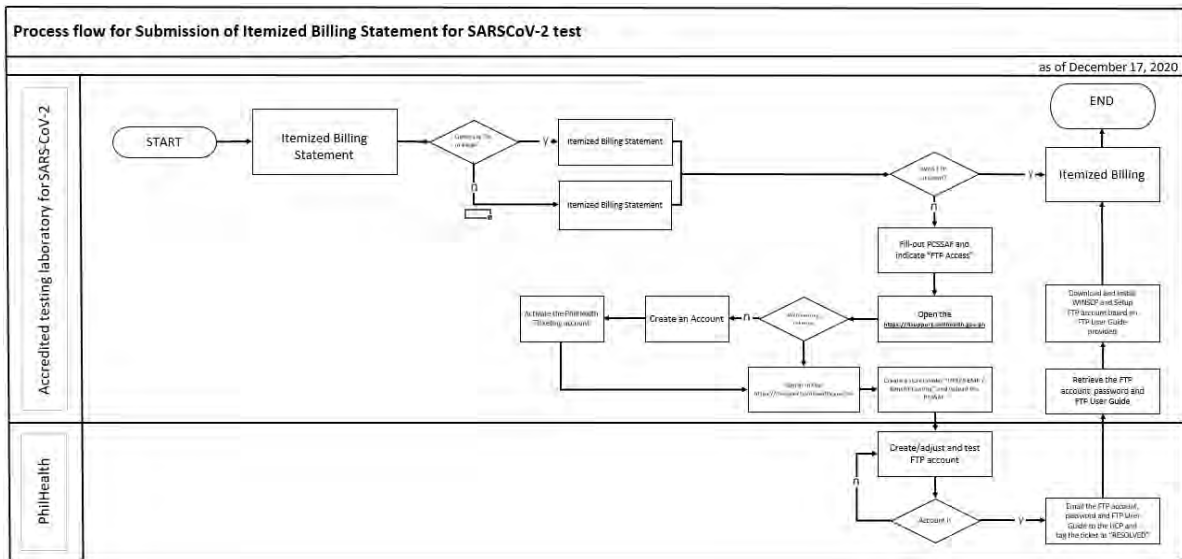
 Date signed

<p>I. Indicate the corresponding letter of the subgroups in the item for "Subgroup"</p> <p><i>Sub-groups of at-risk individuals for SARS-CoV-2 testing</i></p> <p><i>Refer to the current DOH guidelines on sub-groups of at-risk individuals for SARS-CoV-2 testing</i></p>	<p>II. Indicate the corresponding number in the column "Services covered by PhilHealth"</p> <p>Services covered by PhilHealth:</p> <p>1 Screening 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:</p> <p>C19T1 All services and supplies for the testing are procured and provided by the testing laboratory C19T2 Test kits are donated to the testing laboratory C19T3 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>
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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, informed contained herein shall be entered in the PhilHealth database and may be used for policy research, benefits enhancement and quality improvement.

Instruction in the submission of Itemized Billing Statement for SARS-CoV-2 test for all accredited testing laboratories

1. PhilHealth shall assign a username and password to each accredited testing laboratory to access the FTP server. Accredited testing laboratories can request FTP accounts by creating a ticket with subject "UPECS-EMR / Benefit Costing" in the PhilHealth Ticketing System that is accessible through the link: <https://itsupport.philhealth.gov.ph/osticket/>
2. The accredited testing laboratory will receive an email from PhilHealth indicating the user account information containing the username and password, storage folder and the FTP guide.
3. Each accredited testing laboratory will be assigned a designated storage folder to upload their claims summary form and itemized billing statement.
4. All Excel or csv files should be submitted using the FTP server. In the event of system downtime, accredited testing laboratories should coordinate with their respective Regional Office - IT.
5. For inquiries and/or clarification related to FTP and account creation, please email upecsemr@philhealth.gov.ph.



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