Annex "D"

Waiver for Directly Filed Claims for SARS-CoV-2 Testing Package

[PHILHEALTH ACCREDITED SARS-CoV-2 TESTING LABORATORY/HCP LOGO]

SARS-CoV-2 Test Waiver

This waiver (original, photocopy or printed scanned copy) together with other supporting documents should be filed within sixty (60) calendar days from the date of specimen collection for directly filed claims for SARS-CoV-2 testing package.

_____
Date

To PhilHealth:

This is to certify that based on our records, _____,
Patient's last name, first name, name extension, middle name

who belongs to sub-group _____ *based on DOH DM No. 2020-0258-A*, was tested for

SARS-CoV-2 at _____,
Name of PhilHealth accredited SARS-CoV-2 testing laboratory/HCP

on _____
Date/s of *specimen collection* (mm/dd/yyyy)

was charged for the *services included in the benefit package for SARS-CoV- 2 testing.*

All charges to the amount of _____
Amount in words

(Php_____) were fully paid by the patient/member under Official Receipt No/s.

_____.

The PhilHealth benefit *was* not availed of or was not deducted from the actual charges for the following reason/s:

_____
Reason/s

*With this waiver, the*_____ *will not file reimbursement from*
Name of PhilHealth accredited SARS-CoV-2 testing laboratory/HCP

PhilHealth for the benefit package for SARS-CoV-2 testing.

This waiver is being issued upon the request of _____
Patient's/member's last name, first name, name extension, middle name

for whatever legal purpose it may serve.

_____
Signature over printed name of the authorized testing laboratory/HCP representative

_____ _____
Designation of the authorized testing laboratory/HCP representative Date signed

Conforme:

_____ _____
Signature over printed name of the patient/member/authorized representative Date signed