Annex "E"

Certificate of classification of at-risk individuals and actual charges for SARS-CoV-2 test

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

This certificate (original, photocopy or scanned copy) together with other supporting documents should be filed within sixty (60) calendar days from the date of specimen collection for all 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 _____ and incurred the following charges:
Date/s of specimen collection (mm/dd/yyyy)

Place a (✓) in the appropriate tick box

- ☐ No charge to patient
- ☐ If with actual charges, indicate the following:

Item	Amount (Php)
Total actual charges	
Amount after application of discounts/deductions (senior citizen persons with disability, guarantee letter, etc.)	
PhilHealth benefit package amount	

Official receipt no./s _____

_____
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 member/patient/ authorized representative Date signed

Relationship of the representative to member/patient	☐ Spouse ☐ Child ☐ Others, specify_____ ☐ Siblings ☐ Parent
Reason for signing on behalf of the member/patient	☐ Patient is incapacitated ☐ Other reasons:_____