

Annex E

Authorization for Use of eClaims System

This is to authorize (Name of the accredited PhilHealth facility) to use our eClaims system for the filing and submission of COVID-19 Home Isolation Benefit Package (CHIBP) claims using its own PhilHealth Accreditation Number (PAN) and cipher key. Further, all PhilHealth reimbursements for the CHIBP's filed claims shall be credited to the (name of partner facility) Auto-Credit Payment Scheme (ACPS) account and shall subsequently be disbursed to the said accredited facility based on agreed terms.

For this purpose, I hereby submit the following bank account information:

- 1. Bank Name _____
- 2. Branch _____
- 3. Bank Account Name _____
- 4. Bank Account Number _____
- 5. Official HCI Email Address _____
- 6. Landline Number _____
- 7. Mobile Number _____

(Partner Facility)
Signature over printed name
Medical Director/Authorized Representative

Date signed