

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City Call Center (02) 8441-7442 Trunkline (02) 8441-7444 www.philhealth.gov.ph



PHILHEALTH CIRCULAR No. 2021-0019

FOR : ALL MEMBERS OF THE NATIONAL HEALTH INSURANCE

PROGRAM AND ALL OTHERS CONCERNED

SUBJECT: System Validated Statement of Premium Account (SPA) and

PhilHealth Premium Payment Slip (PPPS) as PhilHealth Official Receipts for Premium Contribution Payment Transactions at

PhilHealth Offices

I. RATIONALE

This PhilHealth Circular is issued pursuant to the Implementing Rules and Regulations of Republic Act No. 11032 otherwise known as the "Ease of Doing Business (EODB) and Efficient Government Service Delivery Act of 2018", particularly in the automation of processes and reduction in the processing time.

II. OBJECTIVES

This PhilHealth Circular aims to standardize the use of SPA and PPPS as PhilHealth Official Receipts when validated through PhilHealth's Over-the-Counter Collection System (OTCCS).

III. SCOPE

This PhilHealth Circular defines the use of system validated SPA and PPPS as PhilHealth Official Receipts for premium contribution payment transactions at PhilHealth Offices from members with billing reference number or SPA number.

IV. DEFINITION OF TERMS

- A. Electronic PhilHealth Acknowledgement Receipt (ePAR) Numbers a set of system-generated numbers which forms part of the validation data that serves as evidence of receipt of premium contribution.
- B. Electronic Premium Remittance System (EPRS) online platform that allows updating of employee list, premium remittance and reporting of employee contribution to PhilHealth.





- C. Over-The-Counter Collection System (OTCCS) system designed to support and monitor the collections of PhilHealth offices that perform collection function, providing a "point-of-sales" terminal for accepting NHIP premium and other payments due to PhilHealth.
- D. **PhilHealth Member Portal** is a software tool that provides exclusive online access on membership and contribution services for individuals.
- E. PhilHealth Premium Payment Slip (PPPS) a form to be accomplished by PhilHealth member in the payment of premium contribution through over the counters of PhilHealth offices (Annex A).
- F. Statement of Premium Account (SPA) a system-generated billing statement which indicates the reference number and total amount of premium due for the covered period including applicable interest and discount. It is used to facilitate processing of payment (Annexes B and C).

V. POLICY STATEMENTS

- A. A member may either present a valid SPA billing statement or a PPPS [Annex A: PhilHealth Premium Payment Slip (PPPS)] indicating the SPA Reference Number in making premium contribution payment at PhilHealth Offices.
- B. Valid SPA and PPPS shall serve as PhilHealth Official Receipts once validated through the OTCCS with a set of validation data including the ePAR number. The validation details shall be printed at the back of SPA while for PPPS, it shall be printed at the front.
- C. SPA for self-paying members [Annex B: Statement of Premium Account (SPA) for Self-Paying Member] may be generated through the PhilHealth Members Portal or through the assistance of PhilHealth's Local Health Insurance Offices for walk-in members.
- D. SPA for employed members [Annex C: Statement of Premium Account (SPA) for Formal Sector/ Employed Member] shall be generated from PhilHealth Electronic Premium Remittance System.
- E. PPPS is downloadable from PhilHealth's website and available at PhilHealth's Local Health Insurance Offices.

VI. PENALTY CLAUSE

Violations of any provision of this PhilHealth Circular on the use of either SPA or PPPS as PhilHealth Official Receipt shall be dealt with accordingly in accordance with relevant and applicable laws.





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VII. REPEALING CLAUSE

All issuances inconsistent with this PhilHealth Circular are hereby repealed or modified accordingly.

VIII. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect after fifteen (15) days of complete publication in a newspaper of general circulation and shall thereafter be deposited with the Office of National Administrative Register (ONAR) of the University of the Philippines Law Center.

ATTY. DANTE A. GIERRAN, CPA,
President and Chief Executive Officer (PCEO)

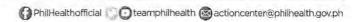
Date signed: 10/14/2021



System Validated Statement of Premium Account (SPA) and PhilHealth Premium Payment Slip (PPPS) as PhilHealth Official Receipts for Premium Contribution Payment Transactions at PhilHealth Offices

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Annex A: PhilHealth Premium Payment Slip (PPPS)

Philippine Health Insurance Corporati	on	
PHILHEALTH PREMIUM PA	YMENT SLIP	
VALIDATION DETAILS:		
(This is your Pl	ilHealth Official Receipt when system validated)	
SPA No.:	AMOUNT:	
MEMBER'S/ AGENCY NAME:		
CERTIFIED CORRECT:	CONTACT NO./ EMAIL:	
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Philippine Health Insurance Corporation PHILHEALTH PREMIUM PATE VALIDATION DETAILS: (This is your Pierre P	ilHealth Official Receipt when system validated) AMOUNT: PIN/ PEN: CONTACT NO./ EMAIL:	

Annex B: Statement of Premium Account (SPA) for Self-Paying Member

PA232100000246



Philippine Health Insurance Corporation STATEMENT OF PREMIUM ACCOUNT (SPA)

Date generated D3/15/2021

Member Category:

DIRECT CONTRIBUTOR - SELF EARNING INDIVIDUAL

- INDIVIDUAL

PIN:

differential addition

Member:

BROWN HERE STREET

CURRENT CHARGE:

Applicable Period:

JUN 01, 2020 - AUG 31, 2020

Premium Rate:

Interest:

2,700.00

TOTAL AMOUNT DUE:

2,700.00

Remittance Due Date: March 31, 2021

IMPORTANT REMINDER:

Please present this SPA upon payment. Remit the EXACT amount as prescribed in this SPA.

Remit your premium contributions on or before the remittance due date

ACCREDITED COLLECTING AGENT.

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PHILHEALTH PREMIUM PAYMENT SLIP

for Informal Economy Members

Date generated, 03/15/2021

Member Category:

DIRECT CONTRIBUTOR - SELF EARNING INDIVIDUAL

- INDIVIDUAL

PIN .

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Member:

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CURRENT CHARGE:

Applicable Period:

JUN 01, 2020 - AUG 31, 2020

Premium Rate:

Interest:

2,700.00

0.00

TOTAL AMOUNT DUE:

2,700.00

Remittance Due Date: March 31, 2021



NOTICE TO ALL CASHIERS/ACCREDITED COLLECTING AGENTS:

Please present this SPA upon payment. Remit the EXACT amount as prescribed in this SPA.

DO NOT ACCEPT PAYMENT IF SPA IS PRESENTED AFTER THE DUE DATE.

Accept only the EXACT amount as prescribed in the TOTAL AMOUNT DUE

Please ensure recording the correct SPA Number to avoid delay of the posting of member's contributions.



Annex C: Statement of Premium Account (SPA) for Formal Sector/ Employed Member



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre Building, 709 Shaw Boulevard, Pasig City Haditrion: 441-7444 Website: www.ptilheath.gov.ph

STATEMENT OF PREMIUM ACCOUNT (SPA) - FORMAL SECTOR

PEN:

Employer Type:

PRIVATE

Business/Agency Name | Numbers Name Work in some Name | Na

- the report and the

Group Name :

CURRENT CHARGES:

Applicable Month

May 2021

No. of Employees:

5

Amount of Premium:

Employee Share: Employer Share

825.00 825 00

Premium Due for the Current Applicable Period

1.650.00

1,650.00

Due Date: On or Before 15 June 2021

Date generated : April 23, 2021

to a substitution

TOTAL AMOUNT DUE

IMPORTANT REMINDER

Per available records, it appears that your account has deficiencies as follows:

Please settle the above deficiencies immediately as indicated. All reports must be posted within five (5) days after payment. For assistance, coordinate with the PAIMS assigned to your account or wish the nearest Philifealth Office. Thank you

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Sate generated : April 23, 2021

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Employer Type

PRIVATE

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Group Name:

CURRENT CHARGES:

Applicable Month

May 2021

No. of Employees :

Amount of Premium:

Employee Share: Employer Share :

525.00 825.00

Premium Due for the Current Applicable Period

1,650.00

TOTAL AMOUNT DUE

1,650.00

Oue Date: On or Before 15 June 2021

