

## Annex H: Transmittal Form for Claims Application As of October 2023



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 Citystate Centre, 709 Shaw Boulevard, Pasig City  
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 PhilHealthOfficial teamphilhealth

### TRANSMITTAL FORM OF CLAIMS FOR THE MENTAL HEALTH BENEFITS PACKAGE

NAME OF HEALTH FACILITY	ADDRESS OF HF
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**Instructions for filling out this Transmittal Form. Use additional sheets if necessary.**

- a. Use CAPITAL letters or UPPER CASE letters in filling out the form.
- b. Indicate the PhilHealth Identification Number (PIN) of the patient. If the patient is a dependent, indicate the dependent PIN.
- c. For the period of availment, follow the format (mm/dd/yyyy).
- d. For the Package Code, include the code for the order of tranche payment. Example: general mental health services – first tranche should be as “MHG1”
- e. If the case number is available, include the case number in the first column
- f. The Remarks column may include some relevant notes which pertain to the filed claim that need to be relayed to PhilHealth.

Case Number	PhilHealth Identification Number	Period of Availment	Package Code	Remarks
1.				
2.				
3.				
4.				
5.				

Certified correct by authorized representative of the HF		For PhilHealth Use Only	Initials	Date
Printed Name and Signature	Designation	Received by Local Health Insurance Office (LHIO)		
	Date signed (mm/dd/yyyy)	Received by the Benefits Administration Section (BAS)		