



PhilHealth

Your Partner in Health

Citizen's Charter 2013

**PhilHealth Citizen's Charter (PCC) 2013
(modified as of November 2013)**

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A. Vision

Bawa't Pilipino Miyembro,
Bawat Miyembro, Protektado,
Kalusugan Natin, Segurado

B. Mission

Sulit na Benepisyo sa Bawat Miyembro,
Dekalidad na Serbisyo para sa Lahat

C. Values

I-nnovation
Q-uality Service
U-tmost Integrity
E-quity
S-ocial Solidarity &
T-otal Care

D. Panunumpa sa Serbisyo

Kami ay nangangakong ilalaan ang mga sarili sa pagsasakatuparan ng Kalusugang Pangkalahatan.

Sisikapin naming makapagbigay nang mabilis at de kalidad na serbisyong pangkalusugan sa lahat ng Pilipino, ano man ang edad, kasarian o estado ng pamumuhay.

Kaagapay namin ang mga miyembro sa pagtataguyod ng panlipunang pagkakaisa bilang isang konseptong mahalaga sa pagkamit ng aming layunin.

Patuloy naming paghuhusayin ang aming mga serbisyo at titiyaking ang mga ito'y umaayon sa nagbabagong panahon at sumasabay sa pandaigdigang pamantayan.

Titiyakin naming laging mauuna ang serbisyo-publiko at taas noo na maglilingkod sa bayan.

Sisikapin naming maging huwarang kawani at makamit ang tunay na pagbabago sa ating bansa.

E. Frontline Services Offered and Clientele

1. Registration (Formal Economy, Employee, Lifetime)

Frontline Services & Clientele	• Documentary Requirements	PhilHealth Forms	Fee/s	Duration
1.1 Formal Economy 1.1.1 Government sector	NONE	<ul style="list-style-type: none"> Employer Data Record(ER1) Form 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 10 minutes
1.1.2 Private Sector	A. For employers enrolling thru the Philippine Business Registry (PBR) <ul style="list-style-type: none"> NONE B. Non-PBR <ul style="list-style-type: none"> Business permit/license to operate and/or any of the following: <ol style="list-style-type: none"> Department of Trade and Industry (DTI) Registration (for single proprietorship) Securities and Exchange Commission (SEC) Registration (for partnerships, corporations, foundations, & non-profit organizations) Cooperative Development Authority (CDA) Registration (for cooperatives) Barangay Certification and/or Mayor's Permit (for backyard industries/ventures and micro-business enterprises) 	<ul style="list-style-type: none"> PBR Form ER1 Form 	<ul style="list-style-type: none"> No service fee No service fee 	<ul style="list-style-type: none"> Within the day 15 minutes

Frontline Services & Clientele	<ul style="list-style-type: none"> Documentary Requirements 	PhilHealth Forms	Fee/s	Duration
1.1.3 Employer Government and Private) User of Electronic Premium Reporting System (EPRS) registration	Manual Submission <ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> PhilHealth Online Access Form (POAF) 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 5 working days (registration)
	Electronic Submission <ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Electronic PhilHealth Online Access Form (e-POAF) 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 5 working days (registration)
1.2 Employee 1.2.1 For newly hired and existing employees without PIN yet	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> PMRF ER2 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 20 minutes (for 5 PMRFs and below) 10 working days (for 6 PMRFs and Above)
1.3 Lifetime Membership Program <u>General requirements for all categories of retirees</u>	<ul style="list-style-type: none"> 2 latest 1x1 ID photo Specimen signature 	<ul style="list-style-type: none"> PMRF 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 20 minutes

Frontline Services & Clientele	<ul style="list-style-type: none"> Documentary Requirements 	PhilHealth Forms	Fee/s	Duration
<p><u>Specific requirements per category</u></p> <p>1.3.1 SSS retirees/pensioners</p>	<ul style="list-style-type: none"> Printout of Death, Disability and Retirement (DDR) from any SSS office indicating that the type of claim is retirement in nature and the effectivity date of pension; or Printout of contributions issued by SSS office indicating the latest contributions (if they retired after March 4,1995) 	<ul style="list-style-type: none"> PMRF 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 20 minutes
<p>1.3.2 GSIS retirees</p>	<ul style="list-style-type: none"> Any of the following: <ul style="list-style-type: none"> ➤ Certification/Letter of Approval of Retirement from GSIS ➤ Service Record issued by employer/s indicating date of retirement and total number of service not less than 120 months ➤ Certification/Retirement Gratuity from employer indicating not less than 120 months of service. 	<ul style="list-style-type: none"> PMRF 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 20 minutes
<p>1.3.3 AFP, PNP and BFP Retirees/ Pensioners (those who are inactive military service until they retire at age 56 and those separated by retirement or other reasons prior to the said age but have reached the age of 60)</p>	<ul style="list-style-type: none"> Any of the following: <ul style="list-style-type: none"> ➤ Statement of Services from previous employer indicating not less than 120 months of service ➤ Certification/Letter of Approval of Retirement from GSIS not less than 120 months of service ➤ General, Bureau or Special Order indicating effectivity of retirement. 	<ul style="list-style-type: none"> PMRF 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 20 minutes

Frontline Services & Clientele	<ul style="list-style-type: none"> Documentary Requirements 	PhilHealth Forms	Fee/s	Duration
<p>1.3.4 Retiring employees whose application for the Lifetime Member Program (LMP) will be facilitated by the employer three (3) months prior to the date of retirement</p>	<ul style="list-style-type: none"> Photocopy of the following documents, duly certified by the employer: <ul style="list-style-type: none"> <input type="checkbox"/> Approved retirement application and proof of contributions or Service Record 	<ul style="list-style-type: none"> PMRF 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 3 minutes
<p>1.4 Members Declaration of Dependents</p>	<p>None</p> <p><u>If warranted - Case to Case basis but not limited to the following:</u></p> <p>a) Spouse</p> <ul style="list-style-type: none"> Marriage Certificate/Contract with registry number For marriage which took place abroad, marriage certificate stamped "Received" by the Philippine Embassy or consular office exercising jurisdiction over the place of marriage <p>b) Muslim Spouse</p> <ul style="list-style-type: none"> Affidavit of Marriage issued by the Office of Muslim Affairs (OMA), which passed through the Shari'a Court and must be registered/authenticated in the National Statistics Office (NSO) 	<ul style="list-style-type: none"> PMRF 	<ul style="list-style-type: none"> No service fee 	<p>(Part of registration under 1.2)</p>

Frontline Services & Clientele	<ul style="list-style-type: none"> Documentary Requirements 	PhilHealth Forms	Fee/s	Duration
	c) Legitimate or illegitimate children below 21 years old <ul style="list-style-type: none"> Birth Certificate with registry number or Baptismal Certificate reflecting the name of the member as parent For births which took place abroad, Birth Certificate Stamped “received” by the Philippine embassy or Consular office exercising jurisdiction over the place of birth 			
	d) Adopted children below 21 years old <ul style="list-style-type: none"> Court Decree/Resolution of Adoption or Birth Certificate of the adopted child/ren in which adoption is annotated thereto 			
	e) Stepchildren below 21 years old <ul style="list-style-type: none"> Marriage Certificate (with registry number) between biological parents and step father/stepmother and Birth Certificate/s (with registry number) of the stepchildren 			
	f) Mentally or physically disabled children who are 21 years old and above <ul style="list-style-type: none"> Birth Certificate and original Medical Certificate issued by the attending physician within the past 6 months stating and describing the extent of disability 			

Frontline Services & Clientele	<ul style="list-style-type: none"> Documentary Requirements 	PhilHealth Forms	Fee/s	Duration
	g) Parent/s 60 years old and above <ul style="list-style-type: none"> Birth Certificate with registry number of both registrant and parent (in the absence of Birth Certificate of parent, any proof attesting to the date of birth of parent/s) 			
	h) Step parents 60 years old and above <ul style="list-style-type: none"> Marriage Certificate/Contract with registry number between biological parent of the member-child and the stepparent; Birth Certificate of the stepparent (in its absence, a notarized affidavit of 2 disinterested persons attesting to the date of birth); Birth Certificate of the member-child indicating the name of his/her biological parent; and Death Certificate of member's deceased biological parent 			
	i) Adoptive parents 60 years old and above <ul style="list-style-type: none"> Court Decree/Resolution of Adoption or photocopy of Birth Certificate of the child in which the adoption is annotated thereto; and Birth Certificate/s of adoptive parents or in its absence, a notarized affidavit of 2 disinterested persons attesting to the date of birth 			
	j) Foster Child <ul style="list-style-type: none"> Foster Placement Authority from DSWD 			

Frontline Services & Clientele	<ul style="list-style-type: none"> Documentary Requirements 	PhilHealth Forms	Fee/s	Duration
	Parents with permanent disability totally dependent with member <ul style="list-style-type: none"> Original Medical Certificate issued by the attending physician within the past 6 months stating and describing the extent of disability 			

2. Enrollment

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fees/s	Duration
2.1 Informal Economy				
2.1.1 Informal Sector (formerly known as Individually Paying Member)	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> PMRF 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 5 minutes
2.1.2 i-Group (Organized Group)	<ul style="list-style-type: none"> Signed MOA Applicable Certification from BSP, COA, SEC, DTI & LGU 	<ul style="list-style-type: none"> PMRF IPAF 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 10 minutes

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fees/s	Duration
2.1.3 Migrant Workers (land-based)	<ul style="list-style-type: none"> • None <p>If warranted:</p> <ul style="list-style-type: none"> • Any of the following as proof of being an active OFW: <ul style="list-style-type: none"> ➤ Valid Overseas Employment Certificate (OEC) or E-receipt of current year or is valid for one (1) year from date of transaction; or ➤ Working Visa/Re-entry Permit; or ➤ <input type="checkbox"/> Valid Job Employment Contract; or ➤ <input type="checkbox"/> Certificate of Employment for applicable period from Employer abroad; or ➤ Valid Company ID issued by Employer abroad; or ➤ <input type="checkbox"/> Cash Remittance receipt from member abroad at least 2 months prior to the date of renewal/payment; or ➤ Valid workers' Identification (ID) Card issued by the host country (i.e. Hongkong ID, Iqama of Saudi, Permesso di Soggiorno and Carta d'Identita of Italy); or ➤ Any other equivalent document that will prove that the member is an active OFW. ➤ Valid workers' Identification (ID) Card issued by the host country (i.e. Hongkong ID, Iqama of Saudi, Permesso di Soggiorno and Carta d'Identita of Italy); or ➤ Any other equivalent document that will prove that the member is an active OFW. 	<ul style="list-style-type: none"> • PMRF 	<ul style="list-style-type: none"> • No service fee 	<ul style="list-style-type: none"> • 5 minutes
2.1.4 Foreign Nationals	<ul style="list-style-type: none"> • Alien Certificate Registration (ACR) 	<ul style="list-style-type: none"> • PMRF 	<ul style="list-style-type: none"> • No service fee 	<ul style="list-style-type: none"> • 5 minutes

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fees/s	Duration
<p>2.2 Members Declaration of Dependents</p>	<p>None</p> <p><u>If warranted - Case to Case basis but not limited to the following:</u></p> <p>a) Spouse</p> <ul style="list-style-type: none"> • Marriage Certificate/Contract with registry number • For marriage which took place abroad, marriage certificate stamped “Received” by the Philippine Embassy or consular office exercising jurisdiction over the place of marriage <p>b) Muslim Spouse</p> <ul style="list-style-type: none"> • Affidavit of Marriage issued by the Office of Muslim Affairs (OMA), which passed through the Shari’a Court and must be registered/authenticated in the National Statistics Office (NSO) <p>c) Legitimate or illegitimate children below 21 years old</p> <ul style="list-style-type: none"> • Birth Certificate with registry number or Baptismal Certificate reflecting the name of the member as parent • For births which took place abroad, Birth Certificate Stamped “received” by the Philippine embassy or Consular office exercising jurisdiction over the place of birth <p>d) Adopted children below 21 years old</p> <ul style="list-style-type: none"> • Court Decree/Resolution of Adoption or Birth Certificate of the adopted child/ren in which adoption is annotated thereto 	<ul style="list-style-type: none"> • PMRF 	<ul style="list-style-type: none"> • No service fee 	<p>(Part of registration under 2.1)</p>

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fees/s	Duration
	e) Stepchildren below 21 years old <ul style="list-style-type: none"> • Marriage Certificate (with registry number) between biological parents and stepfather/stepmother and Birth Certificate/s (with registry number) of the stepchildren 			
	f) Mentally or physically disabled children who are 21 years old and above <ul style="list-style-type: none"> • Birth Certificate and original Medical Certificate issued by the attending physician within the past 6 Months stating and describing the extent of disability 			
	g) Parent/s 60 years old and above <ul style="list-style-type: none"> • Birth Certificate with registry number of both registrant and parent (in the absence of Birth Certificate of parent, any proof attesting to the date of birth of parent/s) 			
	h) Step parents 60 years old and above <ul style="list-style-type: none"> • Marriage Certificate/Contract with registry number between biological parent of the member-child and the stepparent; • Birth Certificate of the stepparent (in its absence, a notarized affidavit of 2 disinterested persons attesting to the date of birth); • Birth Certificate of the member-child indicating the name of his/her biological parent; and • Death Certificate of member's deceased biological parent 			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fees/s	Duration
	i) Adoptive parents 60 years old and above <ul style="list-style-type: none"> • Court Decree/Resolution of Adoption or photocopy of Birth Certificate of the child in which the adoption is annotated thereto; and • Birth Certificate/s of adoptive parents or in its absence, a notarized affidavit of 2 disinterested Persons attesting to the date of birth j) Foster Child <ul style="list-style-type: none"> • Foster Placement Authority from DSWD Parents with permanent disability totally dependent with member <ul style="list-style-type: none"> • Original Medical Certificate issued by the attending physician within the past 6 months stating and describing the extent of disability 			
2.3 Sponsored Members (LGUs, etc.)	<ul style="list-style-type: none"> • MOA and OBR • Certified List/PMRF For declaration of dependents <ul style="list-style-type: none"> • Same with requirements for declaration of new/additional dependents 	<ul style="list-style-type: none"> • PMRF 	<ul style="list-style-type: none"> • No service fee 	<ul style="list-style-type: none"> • 10 minutes

3. Payment of premium contributions (Formal / Informal Economy and Migrant Workers (land-based))

Frontline Services & Clientele	Documentary Requirements	PhilHealthForms	Premium Contributions	Duration
3.1 Formal Economy (formerly known as Employed Segment)	For EPRS Users: <ul style="list-style-type: none"> EPRS generated Statement of Premium Accounts For non-EPRS Users: <ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> PhilHealth Premium Payment Slip (PPPS) PhilHealth Premium Payment Slip (PPPS) 	<ul style="list-style-type: none"> Refer to schedule of premium contributions in Annex 1 	<ul style="list-style-type: none"> 10 minutes
3.2 Informal Economy <ul style="list-style-type: none"> 3.2.1 Informal Sector (formerly known as Individually Paying Member) 3.2.2 I-Group 	<ul style="list-style-type: none"> None Billing statement 	<ul style="list-style-type: none"> PPPS PPPS 	<ul style="list-style-type: none"> Refer to schedule of premium contributions in Annex B, Table 2 No service fee Member need to pay per schedule as provided in Annex B, Table 2 	<ul style="list-style-type: none"> 5 minutes 10 minutes

Frontline Services & Clientele	Documentary Requirements	PhilHealthForms	Premium Contributions	Duration
3.3 Sponsors (LGUs/Legislators)	<ul style="list-style-type: none"> Billing statement 	<ul style="list-style-type: none"> PPPS 	<ul style="list-style-type: none"> No service fee Member need to pay per schedule as provided in Annex B, Table 2 	<ul style="list-style-type: none"> 10 minutes
3.4 Migrant Workers (land-based)	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> PPPS 	<ul style="list-style-type: none"> Refer to schedule of premium contributions in Annex B, Table 3 	<ul style="list-style-type: none"> 5 minutes

4. Inquiry

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fees/s	Duration
4.1 General Information - All Members	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Applicable forms such as PMRF, Claim Forms 1, 2 & 3, ER 1, 2 & 3, Premium Payment Slip Info materials such as Pamphlets, brochures, flyers 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 8 minutes
4.2 PhilHealth Refund- All Members	<ul style="list-style-type: none"> Request Letter 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 10 minutes

5. Updating of records

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
5.1 All members	<p>a) For correction of name</p> <ul style="list-style-type: none"> If warranted, Birth certificate or 2 valid IDs with correct name or marriage certificate plus another valid ID with correct name / Affidavit of 2 disinterested persons <p>b) For change of name (PC 50, s-2012)</p> <ul style="list-style-type: none"> If warranted, Annulment/Court Decision/Barangay Certificate/NSO with annotation/ 	<ul style="list-style-type: none"> PMRF 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 10 minutes

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<p>c) Correction of date of birth</p> <ul style="list-style-type: none"> • If warranted, Birth certificate or 2 valid IDs with correct date of birth or marriage certificate with correct date of birth plus another valid ID with correct date of birth <p>d) Change of civil status</p> <ul style="list-style-type: none"> • If warranted, Marriage Contract Certificate/Court Decision <p>e) New and additional dependents</p> <ul style="list-style-type: none"> • None • If warranted, Birth Certificate of the dependent/Court Decision on Adoption/Foster Parental Authority from DSWD/Medical Certificate for parents below 60 years old and children above 21 years old with permanent disability <p>f) Change and correction of information of dependent/s</p> <ul style="list-style-type: none"> • Birth Certificate of the dependent/Court Decision on Adoption/Marriage Contract <p>If warranted: Death Certificate of Spouse</p>			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
5.2 Employers 5.2.1 Single Proprietorship	<p>a) Correction/<i>change of business name/legal personality</i></p> <ul style="list-style-type: none"> • Certificate of Registration of Business Name from Department of Trade and Industry <hr/> <p>b) Temporary suspension of operation due to:</p> <ul style="list-style-type: none"> • Bankruptcy - <ul style="list-style-type: none"> ➢ Financial Statement; or ➢ Income Tax Return (ITR) • Fire / Demolition – <ul style="list-style-type: none"> ➢ Certification from the Fire Department of the locality; or ➢ Certification from the Municipal / City Hall • Separation of employee/s – <ul style="list-style-type: none"> ➢ Report on the Separation of the Last Employee/s; and ➢ Separation paper of the last employee/s • Termination / Dissolution <ul style="list-style-type: none"> ➢ For single proprietorship - approved application for Business Retirement by the Municipal/City Treasurer’s Office ➢ For partnership or corporation – Deed of Dissolution approved by SEC or minutes of the meeting certified by the Corporate Secretary ➢ For cooperatives – Certificate/Order of Dissolution/Cancellation issued by the CDA ➢ Under fortuitous events as defined by law – applicable supporting documents as may be determined by the Corporation 	<ul style="list-style-type: none"> • Employer Data Amendment Form (ER3) 	<ul style="list-style-type: none"> • No service fee 	<ul style="list-style-type: none"> • 10 minutes

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
5.2.2 Partnership	<p>d) <i>Change of ownership</i></p> <ul style="list-style-type: none"> ➤ <i>Deed of Sale / Transfer / Assignment signed by both parties*</i> <p>e) <i>Resumption of Operation – Prescribed Philhealth Form reporting newly hired or re-hired employees</i></p> <ul style="list-style-type: none"> • Death of managing owner (Family Business) – <ul style="list-style-type: none"> ➤ Death Certificate of the managing owner and waiver from the other legal heirs • Resumption of Operation <ul style="list-style-type: none"> ➤ Notice of Resumption of Operation from the employer, and List of Employees. 			
	<p>a) Correction of business name</p> <ul style="list-style-type: none"> • Certificate of Registration from Securities Exchange Commission; or Certificate of Articles of Partnership duly approved by Securities Exchange Commission 	<ul style="list-style-type: none"> • ER3 	<ul style="list-style-type: none"> • No service fee 	<ul style="list-style-type: none"> • 10 minutes
	<p>b) Change of business name</p> <ul style="list-style-type: none"> • Certificate of Amended Articles of Partnership duly approved by Securities Exchange Commission 			
	<p>c) Change of legal personality (Partnership to Corporation)</p> <ul style="list-style-type: none"> • Certificate of Articles of Incorporation duly approved by Securities Exchange Commission; and • Deed of Dissolution of Partnership approved by Securities Exchange Commission 			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<p>d) Temporary suspension of operation due to:</p> <ul style="list-style-type: none"> • Bankruptcy – <ul style="list-style-type: none"> ➤ Financial Statement; or ➤ Income Tax Return (ITR) for the year showing non-operation/no earnings • Fire/Demolition/Flood – <ul style="list-style-type: none"> ➤ Certification from the Fire Department of the locality; or ➤ Certification from the Municipal/City Hall • Strike – <ul style="list-style-type: none"> ➤ Notice of Strike duly licensed by DOLE • Separation of employee/s <ul style="list-style-type: none"> ➤ Report on the Separation of the Last Employee/s; and ➤ Separation paper of the last employee/s <p>e) Termination/Dissolution</p> <ul style="list-style-type: none"> • Deed of Dissolution of Partnership approved by Securities Exchange Commission (SEC); and • Minutes of the Board Meeting duly certified by the Corporate Secretary <p>f) Merger/Consolidation</p> <ul style="list-style-type: none"> • Deed of Merger/Merger Agreement duly approved by SEC; or • Memorandum of Agreement filed with SEC 			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
5.2.3 Corporation	g) Change of Ownership <ul style="list-style-type: none"> • Sale – <ul style="list-style-type: none"> ➤ Deed of Sale/Transfer/Assignment signed by both parties ➤ License to Operate (LTO) reflecting the name of the owner • Death of managing owner (Family Business) – <ul style="list-style-type: none"> ➤ Death Certificate of the managing owner and waiver from the other legal heirs 	• ER3	• No service fee	• 10 minutes
	h) Resumption of Operation <ul style="list-style-type: none"> • Notice of Resumption of Operation from the employer, and • List of employees. 			
	a) Correction of business name <ul style="list-style-type: none"> • Certificate of Registration from SEC; or • Certificate of Articles of Partnership duly approved by SEC 			
	b) Change of business name <ul style="list-style-type: none"> • Certificate of Amended Articles of Incorporation duly approved by SEC 			
	c) Change of legal personality (Corporation to Partnership) <ul style="list-style-type: none"> • Certificate of Articles of Partnership duly approved by SEC; and • Deed of Dissolution as Corporation approved by SEC 			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<p>d) Temporary suspension of operation due to:</p> <ul style="list-style-type: none"> • Bankruptcy – <ul style="list-style-type: none"> ➤ Financial Statement; or ➤ Income Tax Return (ITR) for the year showing non-operation/no earnings; or ➤ Board Resolution certified by the Corporate Secretary • Fire/Demolition/Flood <ul style="list-style-type: none"> ➤ Certification from the Fire Department of the locality; or ➤ Certification from the Municipal/City Hall • Strike – <ul style="list-style-type: none"> ➤ Notice of Strike duly licensed by DOLE • Separation of employee/s – <ul style="list-style-type: none"> ➤ Report on the Separation of the Last Employee/s; and ➤ Separation paper of the last employee/s <p>e) Termination/Dissolution</p> <ul style="list-style-type: none"> • Deed of Dissolution approved by Securities Exchange Commission; and • Minutes of the Board Meeting duly certified by the Corporate Secretary <p>f) Merger/Consolidation</p> <ul style="list-style-type: none"> • Deed of Merger/Merger Agreement duly approved by SEC; or • Memorandum of Agreement filed with SEC 			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
5.2.4 Cooperative	g) Change of ownership <ul style="list-style-type: none"> • Sale – <ul style="list-style-type: none"> ➤ Deed of Sale/Transfer/Assignment signed by both parties ➤ License to Operate (LTO) reflecting the name of Owner • Death of managing owner (Family Business) – <ul style="list-style-type: none"> ➤ Death Certificate of the managing owner and waiver from the other legal heirs 	• ER3	• No service fee	• 10 minutes
	h) Resumption of Operation <ul style="list-style-type: none"> • Notice of Resumption of Operation from the employer, and • List of employees 			
	a) Correction of business name <ul style="list-style-type: none"> • Certificate of Registration from Cooperative Development Authority (CDA); or • Certificate of Articles of Cooperation duly approved by CDA 			
	b) Change of business name <ul style="list-style-type: none"> • Certificate of Amended Articles of Cooperation duly approved by CDA 			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<p>c) Temporary suspension of operation due to:</p> <ul style="list-style-type: none"> • Bankruptcy – <ul style="list-style-type: none"> ➤ Financial Statement; or ➤ Income Tax Return (ITR) for the year showing non-operation/no earnings; • Fire/Demolition/Flood – <ul style="list-style-type: none"> ➤ Certification from the Fire Department of the locality; or ➤ Certification from the Municipal/City Hall • Separation of employee/s – <ul style="list-style-type: none"> ➤ Report on the Separation of the Last Employee/s; and ➤ Separation paper of the last employee/s 			
	<p>d) Termination/Dissolution</p> <ul style="list-style-type: none"> • Dissolution of Cooperation duly approved by CDA 			
	<p>e) Resumption of operation</p> <ul style="list-style-type: none"> • Notice of Resumption of Operation from the employer, and • List of employees 			

6. Submission of application for accreditation

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
6.1 Health Care Institutions (HCIs)				
6.1.1 General requirements	<ol style="list-style-type: none"> 1. Properly accomplished Provider Data Record (PDR) 2. Duly signed and properly filled out Performance Commitment (PC) applicable for single HCI or group of HCIs 3. Electronic copies of recent photos (JPEG format) of the following required areas of the facility, taken within three months, to be submitted in CD or USB: <ol style="list-style-type: none"> a. Internal area - PhilHealth ward, ER, OR, RR, DR, ICU, if applicable) b. External – facade of the facility 4. Statement of Intent (SOI). if applicable For hospitals and outpatient package providers applying for initial/re-accreditation from October to December of the current year on the validity of accreditation 5. Latest audited financial statement/report (refer to A.1.a of PC 31, s2012) reflecting the income/payments received from PhilHealth (not required for Initial accreditation) 	<ul style="list-style-type: none"> • Provider profile Record (properly accomplished) • Performance Commitment 	<ul style="list-style-type: none"> • Refer to schedule of accreditation fees of HCI – Annex C 	<ul style="list-style-type: none"> • 30 minutes
6.1.2 Specific requirements (to be submitted in addition to the general requirements)				

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
1. Hospitals	<ol style="list-style-type: none"> 1. DOH license with validity applicable to the accreditation period applied for 2. Certificate of Accreditation issued by an ISQUA-accredited organization, if applicable 3. DOH licenses from 3 previous years or any of the following alternative document (only for initial accreditation): <ol style="list-style-type: none"> a. Supporting documents showing the Managing Health Care Professional's(HC Professional) Education and Work experience such as: <ol style="list-style-type: none"> i. Certificate of completion of a masteral degree in hospital administration or other related degree; or ii. Any of the following proof of the work experience of the Managing HC Professional for three (3) years in a similar or analogous or at least the same level of accredited institution /facility it is applying for such as: <ul style="list-style-type: none"> • Service record from accredited government facility, or • Certification from the Board of the Corporation or Foundation, or • Certification from the Facility Owner of the private facility, or b. DOH LTO as Level 2 or 3 hospital ; or c. Certification from the LGU (signed by the LCE) that the LGU where the HCI operates cannot adequately or fully service its population; or d. Any proof that the HCI is an extension or branch of a HCI that has been accredited for at least 2 years such as: <ol style="list-style-type: none"> i. Securities & Exchange Commission (SEC) 			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	Registration, including Articles of incorporation ii. Deed of Sale iii. Cooperative Development Authority (CDA) certificate iv. Dept of Trade Industry certificate (For private HCIs)			
2. Ambulatory Surgical Clinic (ASC), Free-standing Dialysis Clinic (FSDC) and Primary Care Facility	1. DOH license with validity applicable to the accreditation period applied for 2. DOH licenses from 3 previous years or its required alternative document for initial engagement of private clinics (same requirement as #3 of 1.1.2.1 above)			
3. Primary Care Benefit Provider	1. Performance Commitment with specific provision for PCB 2. MOA with referral secondary laboratory for providers with no capability to provide lipid profile and FBS (Signed by representative/s of the applicant HCI and referral facility ; name of the HCI and HCI representatives are reflected in the MOA; signatories in the MOA are also the signatories in the Performance Commitment); 3. Location map			
4. Out-patient Malaria Package Provider	1. Certificate of Training in Malaria issued by DOH/CHDs 2. Any of the following proof that the staff is an employee of the applicant HCI, e.g. most recent payroll with the name of the staff in it or remittance form 1 or contract of service/service record			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
5. Maternity Care Package Provider	<ol style="list-style-type: none"> 1. Certificate of Compliance as a BEmONC facility (for automatic accreditation) 2. Certificate as Newborn Screening Facility or letter of approval as a Newborn screening facility (NSF) issued by the CHD or Newborn Screening Reference Center (NSRC) 3. Any of the following for applicable referral system: <ul style="list-style-type: none"> ➤ MOA or Proof of Affiliation of the physician with at least a Level 1 PhilHealth accredited hospital ➤ MOA with referral physician/s for OB and Pedia cases as applicable ➤ MOA with a DOH-certified BEmONC - CEmONC network (if not BEmONC Certified) 4. Location map 5. Business Permit (for private facilities) 6. If the HCI will perform IUD insertion in the facility, submit the Certificate on “ Family Planning Competency Based Training (FPCBT) Level 2 of the accredited Physician or Midwife who performs the IUD insertion, or Residency Training certificate on Obstetrics and Gynecology of the accredited physician 			
6. TB DOTS Package Providers	<ol style="list-style-type: none"> 1. Updated DOH - PhilCAT Certificate 2. Location map 			
7. Animal Bite Treatment Package Provider	<ol style="list-style-type: none"> 1. Certification as an Animal Bite Treatment Center (ABTC/ABC) from the DOH - National Rabies Prevention and Control Program Office 2. Location map 			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
6.2 Health Care Professional (HC Professionals)				
6.2.1 General	<ol style="list-style-type: none"> 1. Properly accomplished PhilHealth application form 2. Duly notarized Warranties of Accreditation 3. 1 x 1 ID picture (2pcs) 4. PRC license, PRC claim stub or certification from PRC – updated 5. Proof of payment of required premium contributions (MI5 or Official Receipt or Certification from PhilHealth of Paid Premium Contributions or RF1 for the employed) 	<ul style="list-style-type: none"> • Application form for Accreditation of Health Care Professionals • Warranties of Accreditation 		<ul style="list-style-type: none"> • 30 minutes
6.2.1 Specific requirements (to be submitted by PHCP in addition to the general requirements) 1. Physicians <ol style="list-style-type: none"> i) General Practitioner ii) General Practitioner (with training) 	<ol style="list-style-type: none"> Initial accreditation <ul style="list-style-type: none"> • TIN Card/BIR Form 2316 or certification issued by BIR indicating TIN Initial accreditation or re-accreditation due to upgrading/downgrading <ul style="list-style-type: none"> • TIN Card/BIR Form 2316 or certification issued by BIR indicating TIN – for initial accreditation only • Proof of completed residency training (local or abroad) 			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
iii) Medical Specialist	Initial accreditation or re-accreditation due to upgrading <ul style="list-style-type: none"> • TIN Card/BIR Form 2316 or certification issued by BIR indicating TIN – for initial accreditation only • Philippine Specialty Board certificate 			
2. Dentist	➤ Initial accreditation <ul style="list-style-type: none"> • TIN Card/BIR Form 2316 or certification issued by BIR indicating TIN 			
3. Midwife	Initial accreditation <ul style="list-style-type: none"> • TIN Card/BIR Form 2316 or certification issued by BIR indicating TIN • Any of the following evidences of Competency on the Expanded Functions of Midwives (not required for graduates from school year 1995 and onwards): <ul style="list-style-type: none"> ➤ Certificate of Training from a program accredited by the Continuing Professional Education (CPE), Council of the Board of Midwifery of the Professional Regulation Commission (PRC); or ➤ Training Certificate from DOH-recognized training program; or ➤ Certificate of Apprenticeship for one or more years with a PHIC accredited Obstetrician-Gynecologist/OB DOH Specialist or an accredited midwife done in an accredited facility 			

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<p>For appreciation of withholding tax (not a pre-requisite for accreditation)</p> <ul style="list-style-type: none"> • Certificate of Registration (for initial accreditation only) • Affidavit/Sworn Declaration of Current Year's Gross Income (stamped received by BIR and shall be submitted every June 30 to July 22 of each year) 			

7.1 Filing of Claims under Fee-For-Service and Case Rate (PhilHealth Circular No. 11, 11A and 11B, s.2011)

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
7.1.1 Member (Direct filing)	<ul style="list-style-type: none"> • Hospital and doctor's waiver and original official receipts of full payment • Original official receipts or photocopies of the same authenticated by PHIC staff (with original copies seen) for medicines bought outside the hospital or laboratory tests performed outside the hospital during confinement <ul style="list-style-type: none"> ➤ The authenticated photocopies is applicable in cases where original ORs are required by and submitted to HMOs • Operative Record (if surgery was performed) • Hospital Statement of Account duly signed by the hospital clerk or representative of the patient • For Informal Economy members, latest Proof of Payment. • For Indigents, Sponsored or Lifetime members, clear copy of PhilHealth ID • Anesthesia and Surgical or Operative Record (if surgery 	<ul style="list-style-type: none"> • Claim Form 1 ▪ Claim Form 2 ▪ Claim Form 3/ Clinical Abstract (if necessary) (also mandatory for case payment) • Member Data Record 	<ul style="list-style-type: none"> • No service fee 	10 minutes per claim

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<p>was performed).</p> <ul style="list-style-type: none"> • Medical Certificate or Clinical Abstract indicating final diagnosis of patient, confinement period and services rendered written in English (if confined abroad) • Additional requirements for confinements in non-accredited health care institutions: <ul style="list-style-type: none"> ➢ Health Care Institution’s DOH License ➢ Clinical Abstract or CF3 indicating case was emergency and justification for impossibility of transferring patient to accredited health care institution. 			
7. 1.2 HCP	<p><u>Attached to claim</u></p> <ul style="list-style-type: none"> • Operative Record with surgical technique (if surgery was performed) • Statement of Account (mandatory for fee-for-service only) • Original Official Receipts of medicines bought outside the hospital and x-ray/laboratory test performed outside the hospital during confinement* <p>*X-ray/Laboratory results – mandatory for case payment</p> <p><u>From member</u></p> <ul style="list-style-type: none"> • For Informal Economy members, latest Proof of Payment. • For Indigents, Sponsored or Lifetime members, clear copy of PhilHealth ID • Original Official Receipts of medicines bought outside the hospital or laboratory tests performed outside the hospital during confinement (if applicable) 	<ul style="list-style-type: none"> • Claim Form 2 • Claim Form 3 or Clinical Abstract (if required by policy) <p><u>From member</u></p> <ul style="list-style-type: none"> • Claim Form 1 • Member Data Record 		30 minutes (for every 100 claims)

7.2 Filing of All Case Rate Claims (PhilHealth Circular No. 35, s.2013)

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
7.2.1 Member (Direct filing)	<ul style="list-style-type: none"> • Hospital and doctor’s waiver and original official receipts of full payment • Original official receipts or photocopies of the same authenticated by PHIC staff (with original copies seen) for medicines bought outside the hospital or laboratory tests performed outside the hospital during confinement <ul style="list-style-type: none"> ➤ The authenticated photocopies is applicable in cases where original ORs are required by and submitted to HMOs • Hospital Statement of Account duly signed by the hospital clerk • For Informal Economy members, latest Proof of Payment. • For Indigents, Sponsored or Lifetime members, clear copy of PhilHealth ID • Anesthesia and Surgical or Operative Record (if surgery was performed). • For certain procedure listed in Annex No. 10 of PhilHealth Circular No. 35, s.2013, Doctor’s order, Nurse’s notes or official results shall be required. • For confinements abroad: <ul style="list-style-type: none"> ➤ Certification from the attending physician as to the final diagnosis, period of confinement and services rendered with English translations from hospital or Embassy for all documents. 	<ul style="list-style-type: none"> • Claim Form 1 (this shall be the only form required for confinements abroad) <ul style="list-style-type: none"> ▪ Claim Form 2 ▪ Claim Form 3/Clinical Abstract (if necessary) ▪ Member Data Record, PhilHealth Benefit Eligibility Form or PhilHealth Cares Form 1. 	<ul style="list-style-type: none"> • No service fee 	10 minutes per claim

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<ul style="list-style-type: none"> ➤ any proof of payment of hospital bills and professional fees from the HCI where the patient was confined. • Additional requirements for confinements in non-accredited health care institutions: <ul style="list-style-type: none"> ➤ Health Care Institution’s DOH License ➤ Clinical Abstract or CF3 indicating case was emergency and justification for impossibility of transferring patient to accredited health care institution. 			
7.2.2 Health Care Institution Filed Claims	<p><u>Attached to claim</u></p> <ul style="list-style-type: none"> • Operative Record with surgical technique (if surgery was performed). • Original Official Receipts of medicines bought outside the hospital and x-ray/laboratory test performed outside the hospital during confinement. • Claims for TB DOTS Package shall have a copy of NTP Treatment Card in lieu of Claim Form 3. • For Animal Bite Treatment Package, providers may use Claims Summary Form attached as Annex B of PC 15, s 2012 instead of Claim Form 2. Moreover, submission of Claim Form 3 is not required. • Claims for Newborn Care Package shall have a copy of certificate of live birth. A copy from the facility without the registry number is acceptable as long as the records officer/clinic administrator of that facility certifies that it is the same copy which will be submitted for 	<ul style="list-style-type: none"> • Claim Form 2 • Claim Form 3 for Maternity Care Package and Primary Care Facilities 	No service fee	30 minutes (for every 100 claims)

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
	<p>registration to local civil registrar. The Claim Form 2 shall have an attached filter collection card number of the NBS specimen. Also, Claim Form 3 is not required</p> <p><u>From member</u></p> <ul style="list-style-type: none"> • Latest Proof of Payment (for Informal Economy members) • Clear copy of PhilHealth ID (for Indigents, Sponsored or Lifetime members) • Original Official Receipts of medicines bought outside the hospital or laboratory tests performed outside the hospital during confinement (if applicable) 	<p><u>From member</u></p> <ul style="list-style-type: none"> • Claim Form 1 • Member Data Record 		

8. Submission of reports (manual)

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
8.1 Employer (For non-EPRS employers only)				
8.1.1 Hard copy RF1 users (employers with 10 and below employees)	<ul style="list-style-type: none"> • Employers Remittance Report (RF1) • PAR or POR • Bills Payments (from accredited collecting agents) 	<ul style="list-style-type: none"> • RF1 	<ul style="list-style-type: none"> • No service fee 	<ul style="list-style-type: none"> • 10 minutes

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
8.1.2 Soft copy RF1 users (employers with 11 and above employees)	<ul style="list-style-type: none"> Textfile or MS Excel format Textfile PAR or POR Bills Payments (from accredited collecting agents) 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 20 minutes

9. Request for records

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
9.2 Employers	<p>If through representative</p> <ul style="list-style-type: none"> Authorization letter from the employer Any valid ID of the representative 	<ul style="list-style-type: none"> Request Form 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 15 minutes


10. Check releasing

Frontline Services & Clientele	Documentary Requirements	PhilHealth Forms	Fee/s	Duration
10.1 All Members	<ul style="list-style-type: none"> Photocopy of 2 valid IDs of the Member For authorized representative, authorization letter, photocopy of 2 valid IDs of the member and 2 valid IDs of the representative and/or SPA 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 15 minutes
10.2 Stakeholders	<ul style="list-style-type: none"> Valid identification of the authorized representative 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> No service fee 	<ul style="list-style-type: none"> 30 minutes


F. Matrix of service standards (for frontline services)

1. Membership Registration

1.1 Employer


Client Step	PhilHealth Action	Office/Person Responsible	Duration*
1. Secure information, membership registration form (ER1) and number at the Public Assistance Desk or Special Lane Section for PWDs/pregnant women.			
2. Submit duly accomplished Employer Data Record (ER1 Form) and supporting documents once the number is called	<ol style="list-style-type: none"> 1. Receive and screen duly accomplished ER1 Form together with supporting documents 2. Encode to MCIS 3. Print the Employer Data Record and Certificate of Registration 4. Release the Employer Data Record and Certificate of Registration 	<ul style="list-style-type: none"> • Frontline Officer 	<ul style="list-style-type: none"> • 20 minutes 
3. Receive the Employer Data Record and Certificate of Registration			

1.2. Employees (Employed Sector)

Client Step	PhilHealth Action	Office/Person Responsible	Duration
1. Secure information and/or number at the Public Assistance Desk or Special Lane Section for PWDs/pregnant women.			
2. Submit duly accomplished PMRF together with the Report of Employee-Members (Er2) and supporting documents once the number is called	<ol style="list-style-type: none"> 1. Receive and screen duly accomplished PMRF, Er2 and supporting documents 2. Reconcile the name/s of the employees indicated in the Er2 form against the attached PMRF 3. Return received copy of Er2 (if submitted PMRFs are more than 5) or advise the client to wait for the release of PhilHealth Number Card (PNC) and Member Data Record (MDR) if submitted PMRFs are 5 and below at the Releasing Counter 	<ul style="list-style-type: none"> • Frontline Officer 	<ul style="list-style-type: none"> • 25 minutes (for 5 PMRFs and below) • 10 working days for 6 PMRFs and above
3. Receive advice and received copy of ER2 from the Frontline Officer if documents submitted are to be mailed or proceed to the Releasing Counter once the name of the company/business is called.	<ol style="list-style-type: none"> 4. Endorse PMRFs to Support Officer for processing 5. Process PMRFs <u>Detailed Processing:</u> <ol style="list-style-type: none"> 5.1 Verify if name of employee already exists in the system 5.2 Encode data indicated in the PMRF in the system 5.3 Print PhilHealth Number Cards (PNC) and Member Data Record (MDR) 6. Release the Philhealth Number Card/s (PNC) and Member Data Record/s (MDR) 	<ul style="list-style-type: none"> • Frontline Officer • Support Officer 	



Client Step	PhilHealth Action	Office/Person Responsible	Duration
4. Receive copy of PNC and MDR at the Releasing Counter			

1.3 Lifetime Members


Client Step	PhilHealth Action	Office/Person Responsible	Duration
1. Secure information, PhilHealth Member Registration Form (PMRF) and number at the Special Lane Section.			
2. Submit duly accomplished PMRF and supporting document, if applicable, once the number is called.	<ol style="list-style-type: none"> 1. Receive and screen duly accomplished PMRF with supporting documents 2. Encode/assign/update member data and scan signature of member 3. Print the Member Data Record (MDR) and Identification Card 	<ul style="list-style-type: none"> • Frontline Officer 	<ul style="list-style-type: none"> • 30 minutes
3. Sign name in the PhilHealth ID card	<ol style="list-style-type: none"> 4. Laminate the printed Identification Card with the ID picture of the Client/Member 5. Release the laminated Identification Card to Client/Member together with the Member Data Record (MDR) and have the member sign/acknowledge receipt of documents 		
4. Receive the Identification Card and Member Data Record (MDR) and acknowledge receipt			

2. Membership Enrollment


2.1 Informal Sector formerly known as Individually Paying Members

ClientStep	PhilHealth Action	Office/Person Responsible	Duration
1. Secure information, PhilHealth Member Registration Form (PMRF) and number at the Public Assistance Desk or Special Lane Section for PWDs/pregnant women.			
2. Submit duly accomplished PMRF and supporting documents and payment slip once the number is called.	<ol style="list-style-type: none"> 1. Receive and screen duly accomplished PMRF with supporting documents 2. Evaluate the completeness of data in the PMRF 3. Encode/assign/update in the MCIS 4. Print the Member data Record (MDR) and PhilHealth Identification Card (PNC) of the Client/Member 5. Endorse payment slip to the assigned payment processor and advise to proceed to the Payment Processor window and return after payment has been made 	<ul style="list-style-type: none"> • Frontline Officer 	<ul style="list-style-type: none"> • 10 minutes 
3. Proceed to the Cashier's window once number is called, tender payment (premium contribution) and receive Official Receipt	<ol style="list-style-type: none"> 6. Encode payment slip and assign number 7. Advise member to proceed to Cashier's Window once the number is called 	<ul style="list-style-type: none"> • Payment processor/Collecting Officer 	<ul style="list-style-type: none"> • 5 minutes 
4. Proceed to Frontline Officer and receive PNC and MDR	<ol style="list-style-type: none"> 8. Receive payment from client, print Official Receipt (OR) and issue OR 	<ul style="list-style-type: none"> • Collecting Officer 	<ul style="list-style-type: none"> • 5 minutes

2.2 Migrant Workers (Land-based)


Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<ol style="list-style-type: none"> Secure information, PhilHealth Member Registration Form (PMRF) and number at the Public Assistance Desk or Special Lane Section for PWDs/pregnant women. Submit duly accomplished PMRF and payment slip once the number is called. 			
	<ol style="list-style-type: none"> Receive and screen duly accomplished PMRF with supporting documents and payment slip Encode/assign/update member's data Endorse payment slip to the assigned Payment Processor/Collecting Officer and advise client to proceed to the Payment Processor window and return after payment has been made 	<ul style="list-style-type: none"> Frontline Officer 	<ul style="list-style-type: none"> 10 minutes 
<ol style="list-style-type: none"> Proceed to the Payment Processor desk and receive priority number 	<ol style="list-style-type: none"> Encode payment slip and assign number Advise member to proceed to Cashier's Window once the number is called 	<ul style="list-style-type: none"> Payment Processor/Collecting Officer 	<ul style="list-style-type: none"> 5 minutes
<ol style="list-style-type: none"> Proceed to the Cashier's window once number is called, tender payment (premium contribution) and receive Official Receipt 	<ol style="list-style-type: none"> Receive payment, issue OR and advise client/member to proceed to Frontline Officer to get PhilHealth Number Card (PNC) / Member Data Record (MDR) Print and release MDR and PNC 	<ul style="list-style-type: none"> Collecting Officer Frontline Officer 	<ul style="list-style-type: none"> 5 minutes
<ol style="list-style-type: none"> Receive PNC and MDR from Frontline Officer 			

3. Updating of membership records

Client Step	PhilHealthAction	Office/PersonResponsible	Duration*
1. Secure information, PhilHealth Member Registration Form (PMRF) and number at the Public Assistance Desk • Special Lane for PWDs, Pregnant Women and Senior Citizens			
2. Submit duly accomplished PhilHealth Member Registration Form (PMRF)/ER3 and supporting documents once number is called	1. Receive and screen duly accomplished PMRF with supporting documents 2. Encode/update Client/Member's data 3. Print amended Member Data Record (MDR)/ PhilHealth Identification Card (PIC- if applicable) 4. Release amended MDR/PIC (if applicable) to the member or Employer Data Record (EDR) to the employer	• Frontline Officer	• 15 minutes per PMRF 
3. Receive updated MDR/PIC (if applicable)/EDR			


*Under normal circumstances per transaction

4. Request for records (MDR, Certificates, PIC, CE1)

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
1. Secure information, number and request for documents form at the Public Assistance Desk			
2. Submit duly accomplished request for documents form (with supporting documents if applicable) once number is called	<ol style="list-style-type: none"> 1. Receive properly filled up request form with supporting documents (if applicable) 2. Process request of client 3. Release requested documents and require member to acknowledge receipt of documents 	<ul style="list-style-type: none"> • Frontline Officer 	<ul style="list-style-type: none"> • 15 minutes per requested form/document
3. Receive requested document and acknowledge receipt			

*Under normal circumstances per transaction

5. Payment of premium contributions



Client Step	PhilHealth Action	Person Responsible	Duration*
1. Secure PPPS at the Public Assistance Desk and secure number if applicable			
2. Fill out PPPS			
3. Submit payment slip to the Payment Processor	1. Receive and encode payment slip, assign number if applicable and advise Client/Member to proceed to the cashier's counter once number is called	<ul style="list-style-type: none"> Payment Processor 	<ul style="list-style-type: none"> 10 minutes 
4. Proceed to Cashier's window and tender payment once priority number is called	2. Receive money from the Client/Member and print Official Receipt(OR) 3. Release/issue PhilHealth Official Receipt Note: LHIOs may combine all PhilHealth actions	<ul style="list-style-type: none"> Collecting Officer 	
5. Receive PhilHealth Official Receipt			

*Under normal circumstances per transaction

6. Inquiry/public assistance



Client Step	PhilHealth Action	Office/Person Responsible	Duration
<ul style="list-style-type: none"> Proceed to the Public Assistance Desk/Corner and ask for information. 	<ul style="list-style-type: none"> Accommodate client's inquiry 	<ul style="list-style-type: none"> Frontline Officer 	<ul style="list-style-type: none"> 8 minutes

7. Filing of claims by Health Care Institutions (HCI)

Client Step	PhilHealth Action	Office/Person Responsible	Duration *
<ul style="list-style-type: none"> Secure information and/or priority number at the Public Assistance Desk 	<ul style="list-style-type: none"> Direct client/s to the appropriate front line service. Provide the priority number to client/s. 	<ul style="list-style-type: none"> Public Assistance Staff 	<ul style="list-style-type: none"> 1 minute
<ul style="list-style-type: none"> When priority number is called, proceed to Frontline Service Counter and submit claims together with the transmittal list Affix initials to copy of transmittal list, if with correction. Receive copy of acknowledged transmittal list 	<ul style="list-style-type: none"> Receive and screen claims as to the correct number and names of claimants against transmittal list. Stamp "received" on the transmittal list if there are no deficiencies in the transmittal and total number of claim; if there is/are name/s listed but no claims attached, cross-out name/s in the list and have the transmittal list initialed by the hospital representative/health care provider. Return received copy of transmittal list to hospital representative/health care provider and advise client that processing of claims will be done within the 60-day period 	<ul style="list-style-type: none"> Frontline Officer 	<ul style="list-style-type: none"> 30 minutes for every 100 claims 

*Under normal circumstances per transaction

- Filing of claims (Direct-filing by members)**

Client Step	PhilHealth Action	Office/Person Responsible	Duration *
<ul style="list-style-type: none"> Secure information and/or priority number at the Public Assistance Desk 	<ul style="list-style-type: none"> Direct client/s to the appropriate front line service. Provide the priority number to client/s. 	<ul style="list-style-type: none"> Public Assistance Staff 	<ul style="list-style-type: none"> 1 minute
<ul style="list-style-type: none"> When priority number is called, submit duly accomplished acknowledgement receipt form, PhilHealth claims with supporting documents once priority number is called Receive acknowledgement receipt or claim with deficiency 	<ul style="list-style-type: none"> Receive and screen claims as to completeness of documentary requirements (non-medical). Stamp "received" the acknowledgement receipt form and return copy to client/member or return acknowledgement receipt and PhilHealth claim if with deficiency for client/member's compliance. Advise Client/Member to expect notice/Benefit Payment Notice (BPN) (within the 60-day period) or to comply with the required/deficient documents/information. 	<ul style="list-style-type: none"> Frontline Officer 	<ul style="list-style-type: none"> 10 minutes 



*Under normal circumstances per transaction

9. Submission of remittance reports (RF1)

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
1. Secure information and/or number if applicable at the Public Assistance Desk			
2. Submit remittance report (RF-1) and/or diskette/flashdrive once number is called	<ol style="list-style-type: none"> 1. Receive and screen remittance report (as to number and/or data stored in the diskette/flash drive). 2. Stamp "received" on the remittance report 3. Return received copy of remittance report/flash drive to client. 	<ul style="list-style-type: none"> • Frontline Officer 	<ul style="list-style-type: none"> • 20 minutes (every 50 pages) • 30 minutes (soft copy)
3. Receive copy of acknowledged remittance report			

*Under normal circumstances per transaction


10. Submission of application for accreditation of Health Care Institution (HCI)

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
1. Secure priority number and information and payment slip at the Public Assistance Desk			
2. Submit duly accomplished application forms for accreditation and supporting documents together with the properly-filled-out payment slip once priority number is called	<ol style="list-style-type: none"> 1. Receive Provider Data Record (PDR), other accreditation documentary requirements and payment slip (order of payment) 1. Screen application and other documentary requirements as to completeness of requirements 2. Write down the HCI data in the receiving logbook 	<ul style="list-style-type: none"> • Frontline Officer 	<ol style="list-style-type: none"> 4. 30 minutes 

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
<p>3. If the application is <u>not complete</u>, get the receiving copy of the application, receive deficiency letter and explanation on the content of the letter and sign under “disposition” column in the receiving logbook</p>	<p>3. If the application is <u>not complete</u>, return the application to the HCI, furnish a Deficiency Letter, explain the content of the deficiency letter and ask HCI representative to sign under “disposition” column in the receiving logbook</p> <p>5. If the application is <u>complete</u>, stamp complete the file copy and the receiving copy (PDR and the 1st page of the other requirements)</p> <p>6. Endorse payment slip (order of payment) to client and advice to proceed to the Payment Processor window and return after payment has been made.</p>		
<p>4. Proceed to Cashier</p>	<p>7. Receive payment for accreditation of the HCI, print and release Official Receipt</p>	<ul style="list-style-type: none"> Collecting Officer 	
<p>5. Proceed to frontline service counter and get receiving copy of the PDR and other requirements.</p>	<p>8. Release the receiving copy of the PDR and other requirements to the HCI representative</p> <p>9. If LHIO has an integrated PhilHealth Accreditation System (iPAS) , they will encode the following HCI data in the receiving module of IPAS</p> <ul style="list-style-type: none"> a. Name of HCI b. Address c. Date of submission d. OR number e. Amount of payment f. Date of Payment g. Manner of submission h. Documents submitted 	<ul style="list-style-type: none"> Frontline Officer 	

*Under normal circumstances per transaction

12. Check releasing (pick-up by member)

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
1. Secure priority number at the Public Assistance Desk if applicable			
2. Present valid IDs once number is called at the Check Releasing Counter/Cashier's window	<ol style="list-style-type: none"> 1. Verify if claim check is available, if not, advice client/member of status of the check(if not yet available etc.) 2. Validate IDs presented if check is available and Release to client/member. 3. Require member to acknowledge receipt of the check thru the logbook. 	<ul style="list-style-type: none"> • Frontline Officer 	<ul style="list-style-type: none"> • 15 minutes 
3. Acknowledge receipt of check.			

*Under normal circumstances per transaction

13. Check releasing (pick-up by stakeholders)

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
1. Secure number at the Public Assistance Desk if applicable			
2. Present valid company IDs once priority number is called at the Check Releasing Counter/Cashier's window	1. Receive and validate company ID	<ul style="list-style-type: none"> • Frontline Officer 	<ul style="list-style-type: none"> • 30 minutes
3. Countercheck/validate cheques received then acknowledge receipt of check, affix signature in the logbook and disbursement voucher	2. Verify if check is available, if not, advice client of status of the check, if check is available release check to client.		

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
	3. Require client to acknowledge receipt of the check thru the logbook and disbursement voucher.		
4. Issue official receipt			
	4. Receive the official receipt and file		

*Under normal circumstances per transaction


14. Request for other services

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
Other services include: (a) Replacement of check; (b) Adjustment of benefit payment; (c) Adjustment of premium contribution; (d) Filing of complaints against health providers/professionals; and (e) Walk-inquiries			
1. Secure priority number, information and applicable forms at the Public Assistance Desk			
2. Submit duly accomplished forms and supporting documents (if applicable) once priority number is called			
	<ol style="list-style-type: none"> 1. Receive request form/applicable forms 2. Check/Evaluate documents received. 3. Provide feedback on requested service; advise member/stakeholder appropriately 4. Ask member/stakeholder to affix signature in logbook to acknowledge filing of request 	<ul style="list-style-type: none"> • Frontline Officer 	15 minutes per transaction

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
3. Acknowledge receipt of document requested and/or advice and affix signature in the logbook			

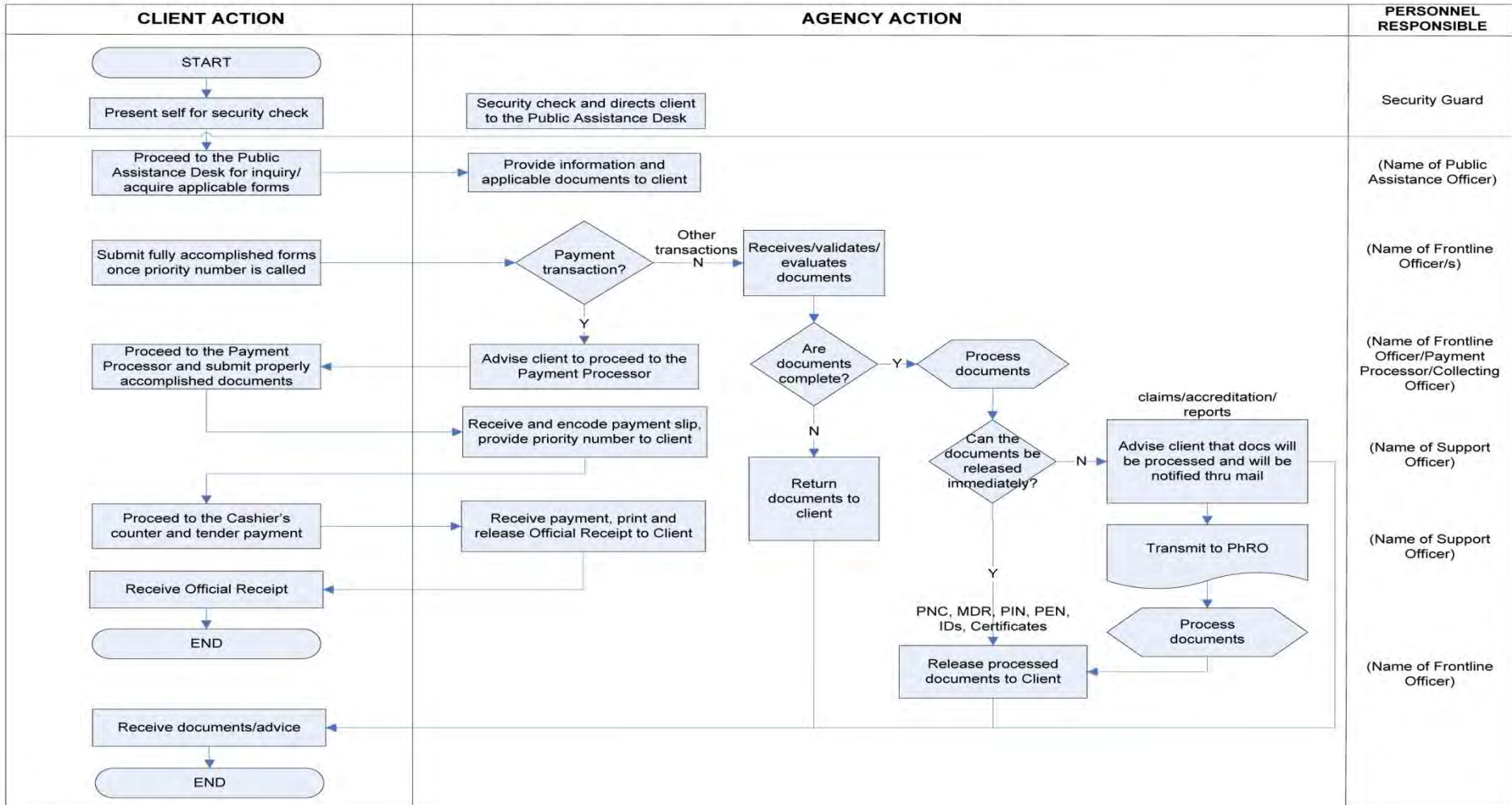
*Under normal circumstances per transaction

15. Feedback mechanism

Client Step	PhilHealth Action	Office/Person Responsible	Duration*
1. Proceed to the LHIO Head	<ol style="list-style-type: none"> 1. Accommodate/handle client's concern/s 2. Provide feedback and/or resolve the client's concern 3. Advise/Assist client to fill up feedback form (if necessary) 4. Politely close the conversation 5. Record the transaction 	<ul style="list-style-type: none"> • Local Health Insurance Office (LHIO) Head 	<ul style="list-style-type: none"> • 20 minutes 
2. Fill out feedback form	<ol style="list-style-type: none"> 6. Retrieve the feedback form in the feedback box daily and record and resolve the issues in the feedback form 7. Refer to the appropriate office 		Daily
3. Awaiting feedback	<ol style="list-style-type: none"> 8. Provide feedback if necessary 	Concerned Office	Within 10 calendar days upon receipt

G. Process Flow Chart

PROCESS FLOWCHART



H. Feedback and Redress Mechanism

PhilHealth provides a Feedback/ Suggestion Box to its Local Health Insurance Offices wherein clients may drop the accomplished Client Feedback Form available thereat. The said box will be opened and checked daily for content(s), if any.

You can also visit our website, www.philhealth.gov.ph to download forms or our social media accounts, www.facebook.com/PhilHealth and www.twitter.com/teamphilhealth for online feedback.

You can also talk anytime to our Officer-of-the-Day for assistance regarding our Client Feedback Form.

All feedback will be promptly acknowledged and any complaint/ grievance that requires action will be undertaken and communicated within 30 working days from receipt of the same.

Your Satisfaction is our Fulfillment

CityState Centre Bldg.,
709 Shaw Blvd., Brgy. Oranbo, Pasig City
Phone: 02-4417442
Email: actioncenter@philhealth.gov.ph

Thank you.




Client Feedback Form

We value your feedback for better service.

Name:	
Address:	
Phone Number:	
Email Address:	
Office Address:	



CLIENT FEEDBACK FORM

<p><i>Please check the appropriate box.</i></p> <p>Are you satisfied with our service?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Reason:</p> <p><input type="checkbox"/> Commendation for services or staff <input type="checkbox"/> Complaint about our services or staff <input type="checkbox"/> Suggestions to improve our services</p> <p>Service/employee being commended:</p> <p>Office/Position:</p> <p>Reason for commendation:</p>	<p>Service being complained:</p> <p>Office:</p> <p>Name/Position of staff who rendered service:</p> <p>When did it happen?</p> <p>Facts of complaint:</p> <p>What is your desired action from our office?</p>	<p>Suggestions to improve our service:</p> <p><i>Please use additional sheet if necessary</i></p>  <p>Name:</p> <p>Signature:</p> <p>Date:</p>
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I. Anti-Fixer Campaign Banner

3 ft.

ANTI-FIXER CAMPAIGN

The Anti-Red Tape Law (R.A. 9485) imposes stiff penalties on fixers:
imprisonment of as long as six years, or a fine of up to P200,000, or both.

Labanan ang Fixers!

Report the name of the fixer, name and location of government office,
date and type of transaction to the following:

2
ft.

Office of the Ombudsman	 0926-6994703
	 (02) 927-4102;
	 (02) 927-2404
Civil Service Commission	 0917-8398272
	 (02) 932-0111

Fix the Fixers!

J. Anti-Fixer Calling Card

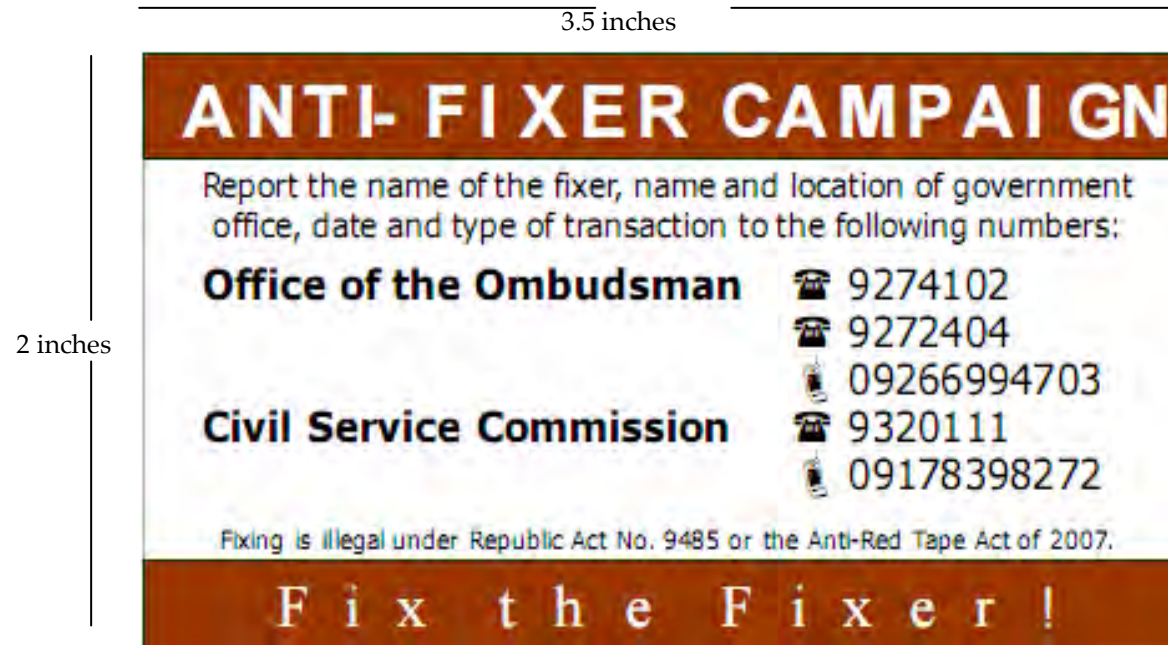


Table 1. Premium Contribution Table for the Formal Economy including sea-based employees and Kasambahay
(January to December 2014 only per PC 57, s2012)

Salary Bracket	Salary Range	Salary Base	Total Monthly Premium	Employee Share*	Employer Share
1	8,999.99 and below	8,000.00	200.00	100.00	100.00
2	9,000.00-9,999.99	9,000.00	225.00	112.50	112.50
3	10,000.00-10,999.99	10,000.00	250.00	125.00	125.00
4	11,000.00-11,999.99	11,000.00	275.00	137.50	137.50
5	12,000.00-12,999.99	12,000.00	300.00	150.00	150.00
6	13,000.00-13,999.99	13,000.00	325.00	162.50	162.50
7	14,000.00-14,999.99	14,000.00	350.00	175.00	175.00
8	15,000.00-15,999.99	15,000.00	375.00	187.50	187.50
9	16,000.00-16,999.99	16,000.00	400.00	200.00	200.00
10	17,000.00-17,999.99	17,000.00	425.00	212.50	212.50
11	18,000.00-18,999.99	18,000.00	450.00	225.00	225.00
12	19,000.00-19,999.99	19,000.00	475.00	237.50	237.50
13	20,000.00-20,999.99	20,000.00	500.00	250.00	250.00
14	21,000.00-21,999.99	21,000.00	525.00	262.50	262.50
15	22,000.00-22,999.99	22,000.00	550.00	275.00	275.00
16	23,000.00-23,999.99	23,000.00	575.00	287.50	287.50
17	24,000.00-24,999.99	24,000.00	600.00	300.00	300.00
18	25,000.00-25,999.99	25,000.00	625.00	312.50	312.50
19	26,000.00-26,999.99	26,000.00	650.00	325.00	325.00

Salary Bracket	Salary Range	Salary Base	Total Monthly Premium	Employee Share*	Employer Share
20	27,000.00-27,999.99	27,000.00	675.00	337.50	337.50
21	28,000.00-28,999.99	28,000.00	700.00	350.00	350.00
22	29,000.00-29,999.99	29,000.00	725.00	362.50	362.50
23	30,000.00-30,999.99	30,000.00	750.00	375.00	375.00
24	31,000.00-31,999.99	31,000.00	775.00	387.50	387.50
25	32,000.00-32,999.99	32,000.00	800.00	400.00	400.00
26	33,000.00-33,999.99	33,000.00	825.00	412.50	412.50
27	34,000.00-34,999.99	34,000.00	850.00	425.00	425.00
28	35,000.00 and up	35,000.00	875.00	437.50	437.50

*Employee share represents half of the total monthly premium while the other half is shouldered by the employer.

Table 2. Premium Contribution Table for the Informal Economy /Sponsored Members

Self Earning Individuals	3,600/annum
Informal members with income P25,000 and below	2,400/annum
Sponsored Members	2,400/annum

Table 3. Premium Contribution Table for Migrant Workers

Land-based	2,400/annum
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Table 4. Schedule of Accreditation Fee for Health Care Institutions

INSTITUTIONS	INITIAL, CONTINUOUS/ RE-ACCREDITATION (PRIVATE/GOVERNMENT)
Level III Hospitals (<i>teaching Hospitals</i>)	P 10,000.00
Level II Hospitals	P 8,000.00
Level I Hospitals	P 5,000.00
Primary Care Facility (Infirmarary/Dispensary)	P 3,000
Specialty Hospital	Based on the service Capability of the hospital
Ambulatory Surgical Centers (ASCs)	P 5,000.00
Free Standing Dialysis Centers (FDCs)- HD and PD	P 5,000.00
Primary Care Benefit Providers (PCB)	P 1,000.00
TB-DOTS Provider	P 1,000.00
Non-Hospital Maternity Care Providers	P 1,500.00
PCB (OPB) and DOTS Providers	P 1,000.00
PCB (OPB) and MCP Providers	P 1,500.00
PCB, DOTS and MCP Providers	P 1,500
MCP and DOTS Providers	P 1,500.00
Animal Bite Package Providers	P 1,000