

SERVICE NAME: MOLECULAR CLAIMS

Description of the Service: *To attain the best possible quality health care and treatment regardless of religion, places, social status and political affiliation.*

Office or Divisions:	SAN ANTONIO CITY OF ILAGAN HOSPITAL/PHILHEALTH DEPARTMENT			
Classification:	SIMPLE			
Type of Transactions:	(G2C)GOVERNMENT TO CLIENT			
Who may avail:	MOLECULAR CLAIMS			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
MEMBER PHILHEALTH I.D. CASE INVESTATION FORM		PHILHEALTH OFFICE – ILAGAN BRANCH MOLECULAR LAB		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Philhealth Office received the completeness of the data on the Case Investigation Form (CIF) (Date of Testing, RTP-CR result), Annex E and will accept only those with verified Philhealth	1. Philhealth Staff encode Claim Summary Form from the given CIF.	NONE	1-2 MINUTES	JAYSON C. BAYSAC/ PHILHEALTH STAFF ON DUTY
	2. After encoding the Claim Summary Form, philhealth staff gives the CIF and Claim Summary Form to Billing Office for the Itemized Billing Statement. After IBS had done, Claim		2-5 MINUTES	KRISTEL BANGUG, PHILHEALTH CLERK/ PHILHEALTH STAFF ON DUTY

