



External

28. SERVICENAME: CLAIMS

Description of the Service: Process Granting of PhilHealth Claims

Office or Division:	Claims			
Classification:	Simple			
Type of Transaction:	G2C – Government to Client			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ul style="list-style-type: none"> • Member Data Record • Claim Signature Form (CSF) • PhilHealth Benefit Eligibility Form (PBEF) • PhilHealth Member Registration Form (PMRF) • Valid ID or Birth Certificate 		<ul style="list-style-type: none"> • Local Health Insurance Office • City of Ilagan Medical Center • BIR, DFA, PSA, SSS, GSIS, PAG-IBIG, LTO, COMELEC, POST OFFICE, PHILHEALTH 		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Wait for PhilHealth Deduction	Coding of ICD10 or RVS; for PhilHealth deduction	None	15 mins	Claims staff on duty
2. Sign the CSF, PBEF and SOA	Shall sign the guardian or member the needed forms for the transmittal of claims after billing.	None	5 mins	Claims staff on duty



	The PhilHealth clerk shall instruct the guardian to pay to the cashier.			
3. Proceed to cashier for payment	Instruct the client to proceed at the cashier for payment.	None	5 mins	Cashier staff on duty
TOTAL			25 mins	