

### Republic of the Philippines

## Department of Education

REGION VIII - EASTERN VISAYAS

November 10, 2021

### **REGIONAL MEMORANDUM**

No.

GC: 71 9 s. 2021

# SYSTEM VALIDATED STATEMENT OF PREMIUM ACCOUNT (SPA) AND PHILHEALTH PREMIUM PAYMENT SLIP (SPPS) AS PHILHEALTH OFFICIAL RECEIPTS FOR PREMIUM CONTRIBUTION PAYMENT TRANSACTIONS AT PHILHEALTH OFFICES

To:

Schools Division Superintendents

RO and SDO Incharge of Philhealth Remittances

All Others Concerned

- 1. Attached is PhilHealth Circular No. 2021-0019 with the 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.
- 2. Immediate dissemination of and compliance with this Memorandum are desired.

Regional Director

Enclosure: As stated Reference: As stated

To be indicated in the Perpetual Index

under the following subjects:

OFFICIAL RECEIPTS
PAYMENT TRANSACTIONS
PHILHEALTH PREMIUM
STATEMENT OF ACCOUNT

3: Npm 719

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OFFICE OF THE DIRECTOR IV Signatu



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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

- Electronic PhilHealth Acknowledgement Receipt (ePAR) Numbers a set of A. 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: |0|14|202|



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 Corporation		
	PHILHEALTH PREMIUM PAYMENT SLIP		A
VALIDAI	TION DETAILS:		
	(This is your PhilHealth Official Rece		
_		AMOUNT:	
MEMBER'	S/ AGENCY NAME:	PIN/ PEN:	
CERTIFIE	D CORRECT:	CONTACT NO./ EMAIL:	
	MEMBER'S/ AGENCY NAME/ REPRESENTATIVE (PRINTED NAME & SIGNATURE/ DATE)		
PAYOR'S C			
	Philippine Health Insurance Corporation		
-	PHILHEALTH PREMIUM PAYMENT SLIP		<del></del>
VALIDA.	TION DETAILS:		
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g	PY Date: 10/24		
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	(This is your PhilHealth Official Reco	eipt when system validated)	
1		AMOUNT:	
1	'S/ AGENCY NAME:		
CERTIFIE	ED CORRECT:	CONTACT NO./ EMAIL:	
-	(PRINTED NAME & SIGNATURE) DATE)		

PHILHEALTH'S COPY

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



# Philippine Health Insurance Corporation STATEMENT OF PREMIUM ACCOUNT (SPA)

Date generaled 03/15/2021

Member Calcuory:

DIRECT CONTRIBUTOR - SELF EARNING INDIVIDUAL

- INDIVIDUAL

PIN :

I THE SHARE

Member:

**编帐 透料 金铁**子

CURRENT CHARGE:

Applicable Period

JUN 01, 2020 - AUG 31, 2020

Premium Rate . Interest :

2,700.90

0.00

**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.

cut off here

#### PHILHEALTH PREMIUM PAYMENT SLIP

for informal Economy Members

Date generated, 03/15/2021

Member Category :

DIRECT CONTRIBUTOR - SELF EARNING INDIVIDUAL

- INDIVIDUAL

PIN .

\$\*437843Hebb

Member ·

CURRENT CHARGE:

Applicable Period:

JUN 01, 2020 - AUG 31, 2020

Premium Rate:

Interest

2,709.00

0.00

**TOTAL AMOUNT DUE:** 

2,700.00

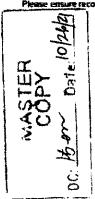
Remittance Due Date: March 31, 2021

### 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 contributors









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



### PHILIPPINE HEALTH INSURANCE CORPORATION

Onstino Contro Building, 709 Show Boulgrand, Pasig City Hontzine 441-7444 Website www.philmovin.gov.ph

#### STATEMENT OF PREMIUM ACCOUNT (SPA) - FORMAL SECTOR

Date generated April 23, 2021 tar kir kir sijerenapisada Employer Type PRIVATE Basiness/Agency Name AND THE RESIDENCE OF THE PARTY OF · 前 神田本本 Group Name: CURRENT CHARGES : May 2025 Applicable Wonth No. of Employees Account of Premium. 125.00 Employee Share \$25.00 Employer Share 1 Premium Due for the Current Abelicable For ad 1.650 00 Due Date: 1,650.00 **TOTAL AMOUNT DUE** On or Before 15 June 2021

MAPORTANT REMOVIDES

Per available records is appears that your account has deficiencies as follows

Please settle the above delicienties immediately as indicated. All reports must be posted within tive (5) days after payment.

For assistance, coordinate with the PAIMS assigned to your account or must the inearest PhiliPealth Office. Thank you

to an end and the section Employer Type PRIVATE The second of th Business/Agency Hame Group Name . CURRENT CHARGES: Applicable Mouth May 2021 No of Employees: Amount of Premium: Employee Share: 825.00 Employer Share 325 CO Premium Due for the Current Applicable Period 1,550 00 Due Date: 1,650.00 **TOTAL AMOUNT DUE** On or Before 15 June 2021



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