



Department of Health  
SAN LAZARO HOSPITAL

**CITIZEN'S CHARTER  
MANUAL**



DOCUMENT CODE:

CC-FS-BCD-001

REVISION NO:

0

DATE EFFECTIVE:

June 1, 2019

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**DEPARTMENT: Billing and Claims Department**  
**PROCESS 1: Request for Philhealth Eligibility**  
**(Must be done upon Admission)**

**Schedule of Services:**

Monday to Sunday – 8am to 5pm

**Services Provided To:**

Philhealth Member/Patient (Out-patient/In-Patient)  
Watcher/Authorized Representative

**Requirements Needed:**

Philhealth Identification Card/Number

Other Philhealth Documentary Requirements Needed

If Underclared Dependent: Birth/Baptismal/Marriage Certificate

If Not Compliant to 9/12 Rule: Proof of Payment of Premium Contribution

**Duration:**

10-15 minutes

Step	Activities	Forms	Fees	Response Time	Person Responsible
1	Verify Patient's Eligibility		None	3-5 mins.	Claims Counter on Duty
2	Issue Philhealth Form	Philhealth Member Registration Form (PMRF), Claim Signature Form (CSF), Undertaking Form	None	1-2 mins.	Claims Counter on duty
3	Check Philhealth Requirements Submitted	PHilhealth Documentary Requirements	None	3-5 mins.	Claims Counter on Duty
4	Generate Philhealth Benefit Eligibility Form	Philhealth Benefit Eligibility Form	None	1-2 mins.	Claims Counter on Duty
5	Issue Philhealth Slip Form once approved	Approved Philhealth Slip Form	None	1-2 mins.	Claims Counter on Duty
<b>END OF TRANSACTION</b>					