

NCC CAPACITY BUILDING PROGRAM

“DISCOVERING GOVERNMENT E-SERVICES”

PREMIUM REMITTANCE AND REPORTING

REMIT PREMIUMS THROUGH:



PHILHEALTH OFFICES

ACCREDITED PAYMENT CENTERS



ACCREDITED COLLECTING BANKS



MLHUILLIER PAWNSHOPS



POST OFFICES



SM RETAIL, INC.

REPORTING PREMIUM REMITTANCES

REPORTING SCHEMES

HARDCOPY

(for less than 10 employees)

RF1

Monthly/Quarterly

SOFTCOPY


RF1 Excel Format

EPRS

ePay

Monthly, depending on the last number of the employer's PEN

HARDCOPY RF-1

 RF-1 <small>REVISED JAN 2005</small>					Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION EMPLOYER'S REMITTANCE REPORT					FOR PHILHEALTH USE																																																																																																																																																																																																																																																																	
1 PHILHEALTH NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					Date Received: _____ Action Taken: _____ By: _____ Signature Over Printed Name: _____					2 COMPLETE EMPLOYER NAME _____ COMPLETE MAILING ADDRESS _____ TELEPHONE NO. _____					3 EMPLOYER TYPE <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> HOUSEHOLD					4 REPORT TYPE <input type="checkbox"/> REGULAR RF-1 <input type="checkbox"/> ADDITION TO PREVIOUS RF-1 <input type="checkbox"/> DEDUCTION TO PREVIOUS RF-1					5 APPLICABLE PERIOD _____ 200 _____																																																																																																																																																																																																																																																		
<table border="1"> <thead> <tr> <th colspan="4">6 NAME OF EMPLOYEE/S</th> <th colspan="4">7 PHILHEALTH NO.</th> <th colspan="2">8 MEMBER SALARY EMPLOYER (MSE)</th> <th colspan="2">9 NHIP PREMIUM CONTRIBUTION</th> <th colspan="3">10 MEMBER STATUS</th> </tr> <tr> <th>NO.</th> <th>SURNAME</th> <th>GIVEN NAME</th> <th>MIDDLE NAME</th> <th colspan="4"></th> <th>PS</th> <th>ES</th> <th colspan="3">STATUS</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>7.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>8.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>9.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>10.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>11.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>12.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>13.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>14.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>15.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>															6 NAME OF EMPLOYEE/S				7 PHILHEALTH NO.				8 MEMBER SALARY EMPLOYER (MSE)		9 NHIP PREMIUM CONTRIBUTION		10 MEMBER STATUS			NO.	SURNAME	GIVEN NAME	MIDDLE NAME					PS	ES	STATUS			1.															2.															3.															4.															5.															6.															7.															8.															9.															10.															11.															12.															13.															14.															15.														
6 NAME OF EMPLOYEE/S				7 PHILHEALTH NO.				8 MEMBER SALARY EMPLOYER (MSE)		9 NHIP PREMIUM CONTRIBUTION		10 MEMBER STATUS																																																																																																																																																																																																																																																															
NO.	SURNAME	GIVEN NAME	MIDDLE NAME					PS	ES	STATUS																																																																																																																																																																																																																																																																	
1.																																																																																																																																																																																																																																																																											
2.																																																																																																																																																																																																																																																																											
3.																																																																																																																																																																																																																																																																											
4.																																																																																																																																																																																																																																																																											
5.																																																																																																																																																																																																																																																																											
6.																																																																																																																																																																																																																																																																											
7.																																																																																																																																																																																																																																																																											
8.																																																																																																																																																																																																																																																																											
9.																																																																																																																																																																																																																																																																											
10.																																																																																																																																																																																																																																																																											
11.																																																																																																																																																																																																																																																																											
12.																																																																																																																																																																																																																																																																											
13.																																																																																																																																																																																																																																																																											
14.																																																																																																																																																																																																																																																																											
15.																																																																																																																																																																																																																																																																											
11 ACKNOWLEDGEMENT RECEIPT (ME-SIP/OR/OPAR) <table border="1"> <thead> <tr> <th>APPLICABLE PERIOD</th> <th>REMITTED AMOUNT</th> <th>ACKNOWLEDGEMENT RECEIPT NO.</th> <th>TRANSACTION DATE</th> <th>NO. OF EMPLOYEES</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					APPLICABLE PERIOD	REMITTED AMOUNT	ACKNOWLEDGEMENT RECEIPT NO.	TRANSACTION DATE	NO. OF EMPLOYEES						12 SUBTOTAL (PS + ES) \rightarrow (To be accomplished on every page)					13 CERTIFIED CORRECT SIGNATURE OVER PRINTED NAME _____ OFFICIAL DESIGNATION _____ DATE _____																																																																																																																																																																																																																																																							
APPLICABLE PERIOD	REMITTED AMOUNT	ACKNOWLEDGEMENT RECEIPT NO.	TRANSACTION DATE	NO. OF EMPLOYEES																																																																																																																																																																																																																																																																							
GRAND TOTAL (PS + ES) \rightarrow (To be accomplished on the last page)					14 PAGE _____ OF _____ PAGES																																																																																																																																																																																																																																																																						

PLEASE READ INSTRUCTIONS (FOR EACH NUMBERED BOX) AT THE BACK BEFORE ACCOMPLISHING THIS FORM

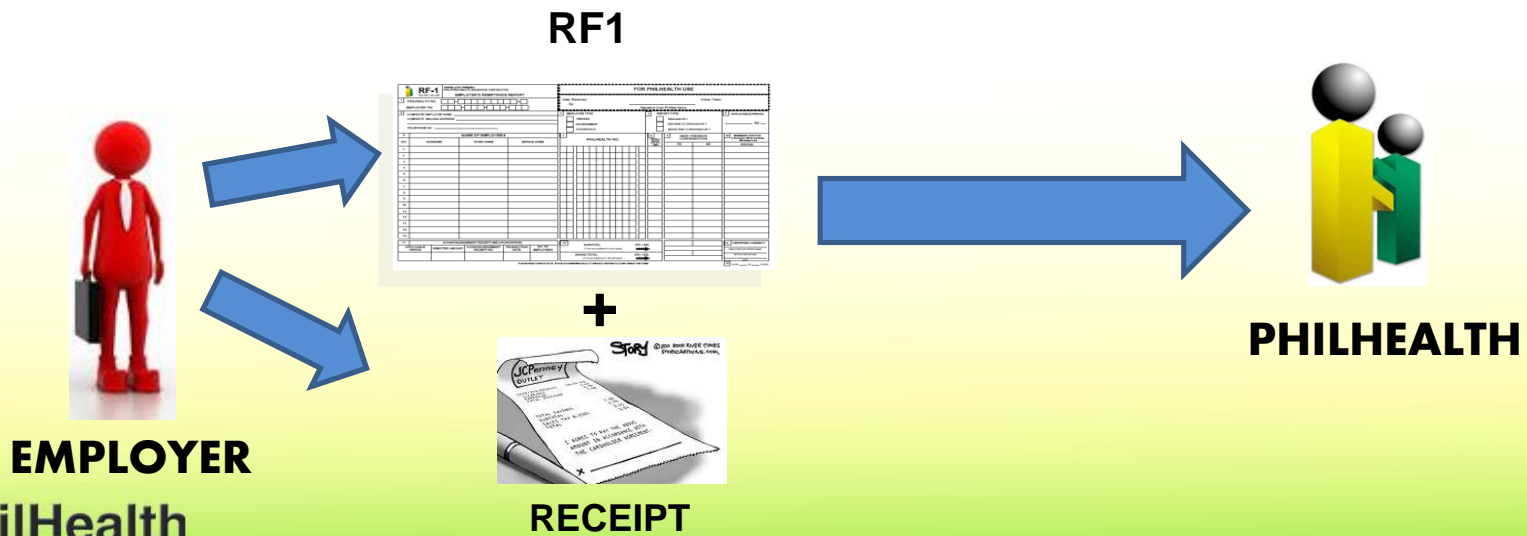
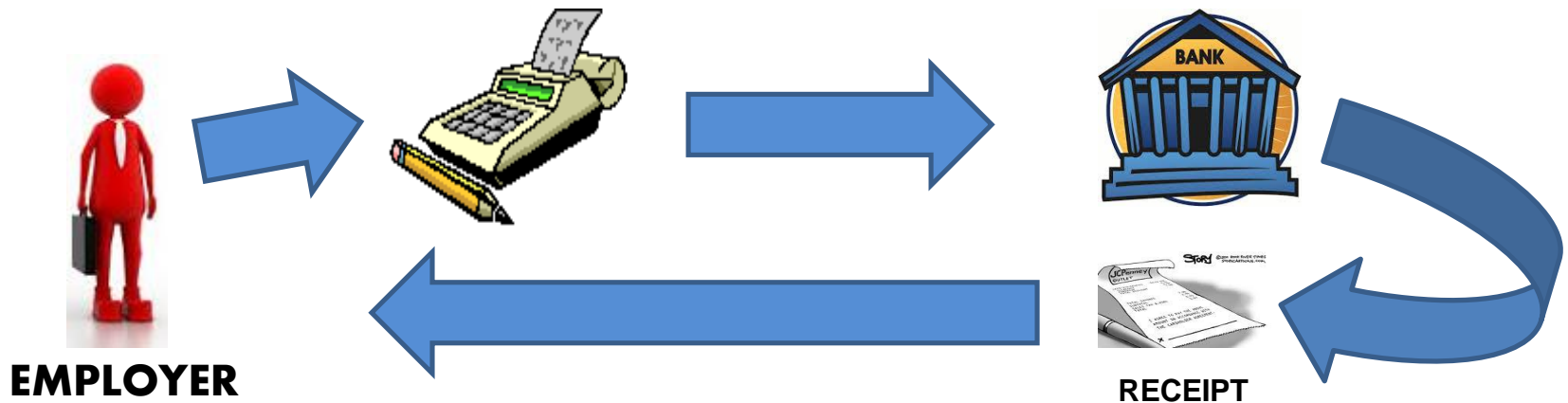
SOFTCOPY RF-1

☐ RF1 Excel Format

Features:

- ☐ RF-1 is prepared through MS Excel Worksheet provided by PhilHealth
- ☐ File is saved as “text” (textfile)
- ☐ Textfile is submitted to PhilHealth through CD/DVD/USB

PREMIUM REMITTANCE AND REPORTING PROCESS



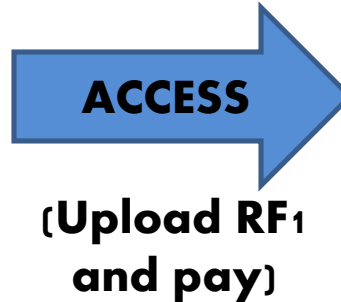
PHILHEALTH
ONLINE SERVICES
EMPLOYED SECTOR

ONLINE REMITTANCE AND REPORTING PHILHEALTH EPAY SYSTEM



EMPLOYER

Softcopy RF-1 in
textfile format



Bank's HUB

Bank saves the
softcopy RF-1
and payment
info

Using the RF-1 Excel Template, employer creates RF-1 in a textfile format and submit it through the Bank's facility.



PHILHEALTH

Downloads the
RF1 for
processing

PHILHEALTH EPAY SYSTEM PROVIDERS

BPI

UNION BANK

BANCNET

SECURITY BANK

CITIBANK

ELECTRONIC PREMIUM REPORTING SYSTEM (EPRS)

FEATURES:

- PREPARATION AND REPORTING OF RF1 IS DONE ON-LINE (INTERNET)
- GENERATES STATEMENT OF PREMIUM ACCOUNT (SPA)
- USER-FRIENDLY

REQUIREMENTS:

- EMPLOYER MUST BE REGISTERED (WITH PHILHEALTH EMPLOYER NUMBER OR PEN)
- EMPLOYER MUST HAVE INTERNET CONNECTION AND VALID EMAIL ADDRESS
- EMPLOYER MUST HAVE AN UPDATED EMPLOYEE BASELINE WITH CORRESPONDING PHILHEALTH IDENTIFICATION NUMBER (PIN)

ELECTRONIC PREMIUM REPORTING SYSTEM (EPRS)

❑ REGISTER (ONLINE/walk-in)

localhost/epoas/index.php

PhilHealth
Your Partner in Health

Electronic Philhealth Online Access Form (ePOAF)
ePOAF allows employers to register account to access EPRS.

(PEN)-Philhealth Employer No. , (PIN)-Philhealth Identification No. , (PEER)-Philhealth Employers Engagement Representative

Employer Validation

* PEN: 140224100029

* PIN of PEER: 160000119714

Security Code: REM9RY

* Type the security code (see sensitive)

Validate Employer

© 2012 Philippine Health Insurance Corporation | C/State Centre, 709 Shaw Boulevard 1603 Pasig City | Call Center (+632) 441-7442

localhost/epoas/index.php

PhilHealth
Your Partner in Health

Electronic Philhealth Online Access Form (ePOAF)
ePOAF allows employers to register account to access EPRS.

Employer Information

* Employer Type: GOVERNMENT

* Employer Sub-Type: 140224100029

PEIN: 140224100029

Name of Employer: COMMISSION ON POPULATION

TIN:

Division Code:

Station Code:

* Landline:

Fax No:

* Email Address:

Street:

* Province: DAVAO DEL SUR

* Municipality: DAVAO CITY

Barangay:

Zip Code:

Philhealth Employers Engagement Representative (PEER) Information

PIN: 160000119714

Name: RODRIGO M. MARALIT

ELECTRONIC PREMIUM REPORTING SYSTEM (EPRS)



Electronic Premium Reporting System 3.0
ELECTRONIC PREMIUM REPORTING SYSTEM 3.0



PEN :

Password :

Login

EPRS current version is v.2.5



WHAT'S INSIDE EPRS?

Tuesday, March 05, 2013

Electronic Premium Reporting System 2.4

Welcome TABERDO, RENANTE CORPUZ



Employer Profile

Employees Management

Employees Remittance Status

Payment Management

Transaction Monitoring

Employer Profile

Sync

PhilHealth Employer Number (PEN)	: 004000003809
Name of Employer	: PHILIPPINE HEALTH INSURANCE CORPORATION-CARZ
Business Address	: 4F SSS BLDG HARRISON-CLAUDIO CARANTES BAGUIO CITY BENGUET
Employer Type	: GOVERNMENT
Employer Sub-Type	: GOVERNMENT CORPORATION
Tax Identification Number (TIN)	: 003505401006
Name of Head	: MYLA BUEMIO
Contact Number	: 4448361
Email Address	: solmirr@yahoo.com

WHAT'S INSIDE EPRS?

Employer Profile

Employees Management

Employees Remittance Status

Payment Posting

Transaction Monitoring

Employee Search

PIN



Last Name

First Name

Middle Name



Menu : [Add New Employee](#) | [Online Registration](#) **NEW**

No.	PIN	Last Name	Suffix	First Name	Middle Name	Birthday	
1	000500050510	ABAD		CIITA DAMELA	VALDEZ	01/10/1990	

MANAGE EMPLOYEES LIST/RECORD ONLINE

• Employees Management Module

Welcome RIVERA, ERNESTO FLORES

Home Settings Information Logout

Employer Profile **Employees Management** Employees Remittance Status Payment Posting Transaction Monitoring

Employee Search

PIN

Last Name First Name Middle Name

Menu : [Add New Employee](#) | [Online Registration](#) **NEW**

No.	PIN	Last Name	Suffix	First Name	Middle Name	Birthday			
1	010251777646	ALFONSO		DARIO	AQUINO	12/01/1968			
2	190004164095	CRISOSTOMO		BOBBY	ARRIOLA	08/05/1962			
3	070502190146	D'SALVA		MA JENEVIEVE	OCAMPO	04/24/1980			
4	030500526919	DELA CRUZ		LEANDRO	MATEO	04/07/1978			
5	080252688084	FORTUNO		EVANGELINE	SABALLE	08/14/1962			
6	090252597734	LANDICHO		GLADIES	MALABANAN	07/14/1991			
7	190887261915	MASCARIOLA		JULIAN	LABISTE	11/01/1955			
8	190252970561	MENDOZA		SATURNINO	MENDOZA	03/29/1960			
9	190000936727	RIVERA		ERNESTO	FLORES	09/18/1968			
10	110505693485	SARIO		MICHAEL O'NEEL	MELGAR	09/16/1991			
11	190260060949	VICTORIA		MARITES	SALVADOR	10/02/1974			

11 Record/s Found

- Displays employees masterlist
- Manage employees' profile

• Employees Remittance Status Module

Health LOGOUT ↓

Employee Search

PIN

Last Name First Name Middle Name

Filter by: Active [No Earnings](#) [Separated](#) [All](#)

No.	PIN	Last Name	Suffix	First Name	Middle Name	Birthday	Status	Monthly Salary Bracket
	1	190000936654	ADAWAY	CATALINA	CHERNAG	09/15/1965	A	10,000.00 - 10,999.99
	2	040000186092	ARANCA	ROMMEL	AMANGAO	10/22/1973	A	30,000.00 - 999,999.99
	3	040000056547	DIZON	MARILYN	BINALIW	04/21/1969	A	20,000.00 - 20,999.99
	4	040000093914	GAYAGOY	SR	NESTOR	01/02/1964	A	22,000.00 - 22,999.99
	5	040000129358	LAMISIS	GLENN CORNELIO	ANDRES	09/16/1966	A	30,000.00 - 999,999.99
	6	190504972368	LORENZO	MARVIN	CORDERO	09/03/1962	A	30,000.00 - 999,999.99
	7	040000222579	MACARIO	JR	SIMON	08/02/1970	A	30,000.00 - 999,999.99
	8	040000127061	PILANDO	FE ESPERANZA	FELIPE	08/01/1966	A	30,000.00 - 999,999.99
	9	020507423087	PINUELA	CHARIS BIANCA	SALINGA	04/16/1993	A	30,000.00 - 999,999.99
	10	040250434555	POMILBAN	JEFFREY	MADAGON	01/26/1976	A	30,000.00 - 999,999.99
	11	040250119641	RAGOJO	YVONNE	BATALANG	10/21/1977	A	7,000.00 - 7,999.99
	12	040250420236	RUBEN	JONATHAN	BAY-ASEN	06/01/1979	A	5,000.00 - 5,999.99
	13	040000188109	SABLING	NOLAND	GAMLOSEN	03/26/1972	A	25,000.00 - 25,999.99
	14	190000937367	SAFAWIL	JOSE	PASPAS	03/19/1966	A	8,000.00 - 8,999.99
	15	040250388413	SAGANDOY	PONSOBERT	CABRADILLA	05/22/1971	A	30,000.00 - 999,999.99
	16	040250222221	SANCHEZ	CHRISTINE JOY	NGAO-I	03/12/1980	A	24,000.00 - 24,999.99
	17	190001982145	SILVESTRE	NOVAH HAJILA	NGINA	11/05/1965	A	6,000.00 - 6,999.99

•Management of employees' remittance status

• Employees Remittance Status sub-module

PhilHealth
Your Partner in Health

Thursday, February 28, 2013

Electronic Premium Reporting System 2-3

Welcome RIVERA, ERNESTO FLORES

Employer Profile | Employees Management | **Employees Remittance Status** | Payment Posting | Transaction Monitoring

Employee Profile

PIN : 190004164095

Last Name : CRISOSTOMO

Suffix :

First Name : BOBBY

Middle Name : ARRIOLA

Birthday : 08/05/1962

Sex : M

TIN :

SSS :

GSIS :

CRN :

Employment Status : => Active

Salary Bracket : => No Earnings

Submit Reset

•Updating of employees' employment status

• Employees Remittance Status sub-module

The screenshot displays the PhilHealth Electronic Premium Reporting System 2-3 interface. The top left features the PhilHealth logo and the tagline "Your Partner in Health". The top right shows the date "Thursday, February 28, 2013". Below the logo, the text "Electronic Premium Reporting System 2-3" and "Welcome RIVERA, ERNESTO FLORES" is visible. The main content area is divided into several tabs: "Employer Profile", "Employees Management", "Employees", "Payment Posting", and "Transaction Monitoring". The "Employees" tab is active, showing a list of employees. The employee profile for ERNESTO FLORES RIVERA is displayed, including fields for PIN, Last Name, Suffix, First Name, Middle Name, Birthday, Sex, TIN, SSS, GSIS, and CRN. A dropdown menu is open, showing a list of salary brackets from "0.00 - 0.00" to "30,000.00 - 999,999.99". The "Salary Bracket" field is currently set to "=> 1.00 - 4,999.99". A "Submit" button and a "Reset" button are located below the dropdown menu.

PhilHealth
Your Partner in Health

Thursday, February 28, 2013

Electronic Premium Reporting System 2-3
Welcome RIVERA, ERNESTO FLORES

Employer Profile Employees Management Employees Payment Posting Transaction Monitoring




PIN : 190004164095
Last Name : CRISOSTOMO
Suffix :
First Name : BOBBY
Middle Name : ARRIOLA
Birthday : 08/05/1962
Sex : M
TIN :
SSS :
GSIS :
CRN :
Employment Status :
Salary Bracket : => 1.00 - 4,999.99

Submit Reset

•Updating of employees' salary bracket

• Payment Posting module – PEPRL

Summary of PhilHealth Premium Payment

No. of Employees	Total PS	Total ES	Grand Total	Applicable Month	
34	7,837.50	7,837.50	15,675.00	SEPTEMBER, 2012 	

Generate PEPRL

Generate SPA/PPPS
SPA History

MC-Member Status | PC-Product Code | PS-Premium Class | ES-Employee Class | TG-Total Contribution



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
www.philhealth.gov.ph

Date/Time Generated : 02/27/2013 04:41:48
 Report Type : Regular

PRELIMINARY EMPLOYEES PREMIUM REMITTANCE LIST (PEPRL)

PhilHealth Number : 004000003809
 Employer Name : PHILIPPINE HEALTH INSURANCE CORPORATION-CAR
 Employer Address : 4F SSS BLDG HARRISON-CLAUDIO CARANTES BAGUIO CITY BENGUET
 Employer TIN : 003505401006
 Employer Type : Government

No.	PhilHealth No.	Surname	Given Name	Middle Name	Applicable Period	Bracket	PS	ES	Status Remarks
1	190000936654	ADAWAY	CATALINA	CHERNAG	09-2012	7	125.00	125.00	A
2	040000186092	ARANCA	ROMMEL	AMANGAO	09-2012	R	375.00	375.00	A
3	040000056547	DIZON	MARILYN	BINALIW	09-2012	H	250.00	250.00	A
4	040000093914	GAYAGOY	NESTOR	LINGAN	09-2012	J	275.00	275.00	A
5	040000129358	LAMSIS	GLENN CORNELIO	ANDRES	09-2012	R	375.00	375.00	A
6	190601972368	LORENZO	MARVIN	CORDERO	09-2012	R	375.00	375.00	A

- **Payment Posting module – Generation of SPA**

Summary of PhilHealth Premium Payment

No. of Employees	Total PS	Total ES	Grand Total	Applicable Month	Generate PEPRL
34	7,837.50	7,837.50	15,675.00	SEPTEMBER, 2012	Generate SPA/PPPS SPA History

Generate Statement of Premium Account (SPA) for specified Applicable Period

PEN	004000003809
Applicable Month	SEPTEMBER
Applicable Year	2012
Total No. Employee	34
Total Employee Share	7,837.50
Total Employer Share	7,837.50
Report Type	Regular
Amount due	15,675.00
Penalties/interest incurred	0.00
TOTAL DUE FOR CURRENT SPA :	15,675.00

Submit

• Payment Posting module – Generated SPA



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline: 441-7444 Website: www.philhealth.gov.ph



STATEMENT OF PREMIUM ACCOUNT (SPA)

PEN : 004000003809

SPA NO : SPA100000007861

EMPLOYER TYPE : Government

DATE : 02/27/2013

Business/Agency Name : PHILIPPINE HEALTH INSURANCE CORPORATION-CAR

Attention : PhilHealth Employer Engagement Representative (PEER)

Remittance Due Date
On or Before 10 October 2013

CURRENT SPA CHARGES

Posting Due Date
On or Before 15 October 2013

Applicable Month : September 2012

No. of Employees : 34

Amount of Premium:

Employee Share 7,837.50

- Payment Posting module – SPA History

Summary of PhilHealth Premium Payment

No. of Employees	Total PS	Total ES	Grand Total	Applicable Month
34	7,837.50	7,837.50	15,675.00	SEPTEMBER, 2012

- Generate PEPRL
- Generate SPA/PPPS
- SPA History

MS=Member Status | BC=Bracket Code | PS=Personal Share | ES=Employer Share | TC=Total Contribution

STATEMENT OF PREMIUM ACCOUNT (SPA) HISTORY

SPA No.	Applicable Period	Personal Share	Employer Share	Total Contribution	No. of Employees	Report Type	SPA Date
SPA100000007861	09-2012	7,837.50	7,837.50	15,675.00	34	Regular	02/27/2013
SPA100000007724	12-2012	5,200.00	5,200.00	10,400.00	27	Regular	02/23/2013
SPA100000007723	11-2012	5,200.00	5,200.00	10,400.00	27	Regular	02/23/2013
SPA100000007722	10-2012	5,200.00	5,200.00	10,400.00	27	Regular	02/23/2013

4 Record/s Found

- **Payment Posting module – Payment Posting (for over-the-counter payments)**

Summary of PhilHealth Premium Payment

No. of Employees	Total PS	Total ES	Grand Total	Applicable Month	
34	7,837.50	7,837.50	15,675.00	SEPTEMBER, 2012 	

Payment Posting

MS=Member Status | BC=Bracket Code | PS=Personal Share | ES=Employer Share | TC=Total Contribution

PhilHealth Acknowledgement Receipt (PAR) Posting

Select Accredited Collecting Agent

Enter OR Number

O.R. Date Feb 27 2013 

SPA No.

Online Information

Premium Payable	=>	15,675.00
Applicable Month	=>	SEPTEMBER 2012
Total No. of Employees	=>	34

Submit




- **Transaction Monitoring Module**

WELCOME ALFONSO, SOL MIRANDA

LOGOUT ↓

*Online Posting Transaction History
Transaction with SPA*

[View Transaction Without SPA](#)

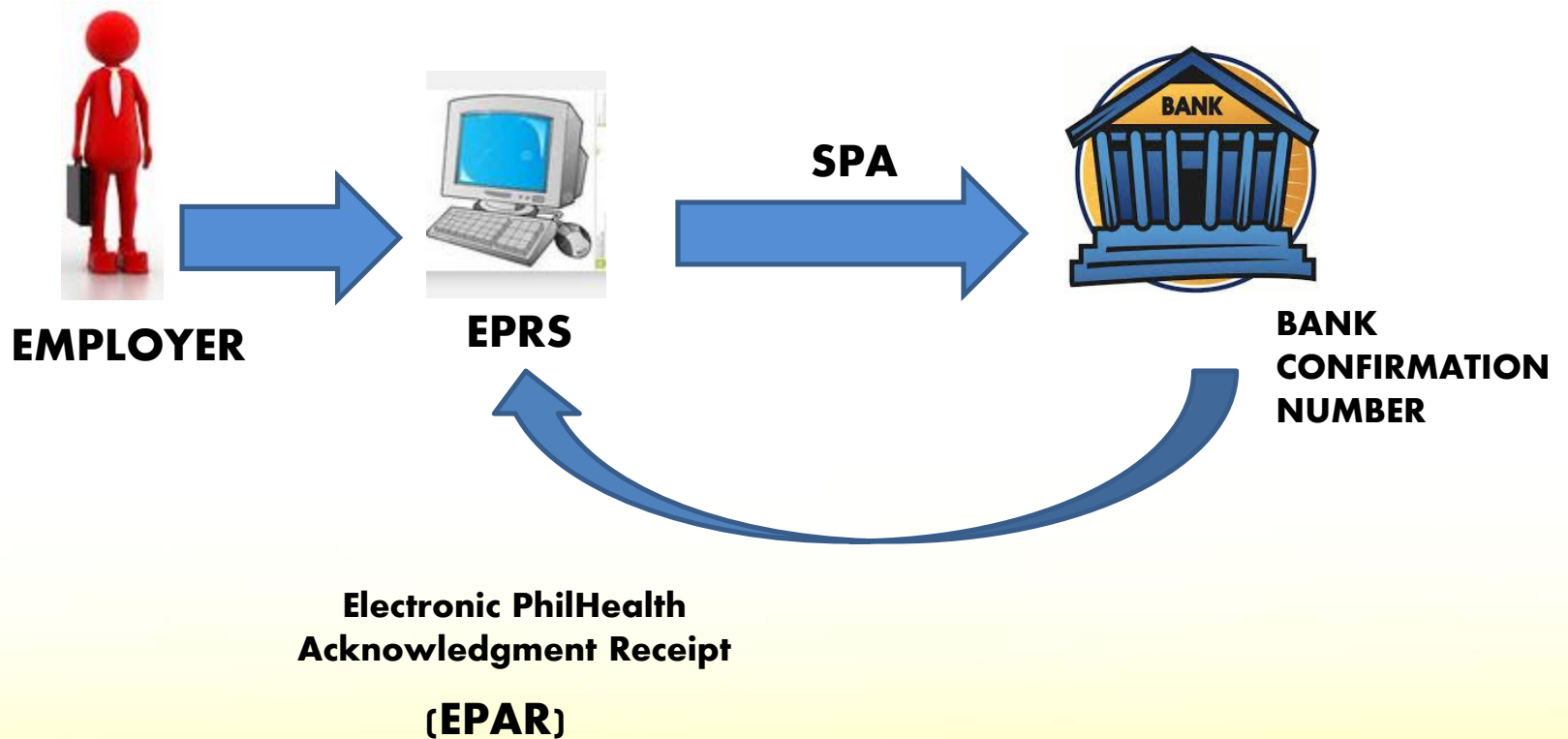
	SPA No.	Transaction Date	ACA	OR No.	OR Date	Month Covered	Total Employees	Total Amount	Status Report	Date Posted		
	SPA100000012317	06/16/2014	CBI	AAAAAA	06/14/2014	03-2014	33	13,575.00	Received			

Records 1 to 1 of 1 Transaction/s

- Provides summary of Reports
- View/print eRF1

COMING REALLY SOON!

ONLINE PAYMENT VIA EPRS



EPRS v.3.1: • Online Payment



- Employer Information
- Employees Management
- Remittance Management
- Payment Management
- Payment Posting
- Transaction Monitoring
- System Settings
- Tools

PAYMENT FOR POSTING

SPA NO. : **SPA100000011813**
SPA DATE : **12/09/2013**
APPLICABLE PERIOD : **11-2012**
PERSONAL SHARE : **5,000.00**
EMPLOYER SHARE : **5,000.00**
GRAND TOTAL : **10,000.00**
NO. OF EMPLOYEES : **16**
REPORT TYPE : **Regular**

PAYMENT OPTION: 

- Select List Payment Option
- PhilHealth Over-the-Counter
- Collecting Agent: Banks/Non-Banks
- Online Payment

- [Employer Information](#)
- [Employees Management](#)
- [Remittance Management](#)
- [Payment Management](#)
- [Payment Posting](#)
- [Transaction Monitoring](#)
- [System Settings](#)
- [Tools](#)

PAYMENT FOR POSTING

SPA NO. : **SPA100000011813**
SPA DATE : **12/09/2013**
APPLICABLE PERIOD : **11-2012**
PERSONAL SHARE : **5,000.00**
EMPLOYER SHARE : **5,000.00**
GRAND TOTAL : **10,000.00**
NO. OF EMPLOYEES : **16**
REPORT TYPE : **Regular**

PAYMENT OPTION:

Electronic Payment





SECURITY

DigiBanker

Business-driven solutions.

Company Code:

User ID:

GO

ABOUT SSL CERTIFICATES



This site is best viewed with:

Internet Explorer 7

Flash Player 8 or higher

Java Runtime Environment 6 update
7 or higher

1024 x 768 resolution


Copyright 2002, Security Bank Corporation. All rights reserved.

WHY DO WE NEED TO USE ONLINE SERVICES?

PHILHEALTH ONLINE SOLUTION FOR HEALTH CARE INSTITUTIONS

HEALTH CARE INSTITUTION (HCI) PORTAL

← → ↻ 🏠 training-svr/ihcp/index.html

 **PhilHealth**
Your Partner in Health

NATIONAL KIDNEY AND TRANSPLANT INSTITUTE

Monday, June 30, 2014
Welcome [j] nktoiz
[LOGOUT](#)

Facility Information

- PHIC Inquiry**
- Members
- PBEF History
- Claims Transmittal

PICRS

- Pre-cataract
- Authorization
- Primary Care
- Point of Care
- Z Benefit Package
- HCP Affiliation

Tools

version 2.6

Search PhilHealth Member

PIN 🔍

Last Name First Name Date of Birth Jun 30 2014 🔍

PIN	Last Name	Suffix	First Name	Middle Name	Birthday
0 Record/s Found					

ONE OF THE OBJECTIVES:

GET RID OF TOO MUCH CLAIMS REQUIREMENTS

- Duly accomplished PhilHealth Claim Form 1
- Clear copy of Member Data Record (MDR)
- Proof of Premium Contribution (Official Receipt)

HOW?


HCI PORTAL

Generates **PhilHealth Benefit Eligibility Form (PBEF)**. HCI Portal checks the eligibility of the member and their dependent/s from PhilHealth's membership and contribution database.

THANK YOU!

REGISTRATION PROCESS (EMPLOYED SECTOR)

EMPLOYED SECTOR (GOVERNMENT AND PRIVATE)

 PhilHealth Employer No.:		Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION Citystate Centre 709 Shaw Boulevard, Pasig City Healthline 637-9999 www.philhealth.gov.ph		ER1 EMPLOYER DATA RECORD	
1. Name of Agency/Office/Department (for Gov't. Sector)/Business/Firm/Employer (for private Sector)				TIN	
2. Address of Agency/Office/ Department/Business/Firm/Employer				2a. Tel. No.	
3. E-Mail Address				3a. Postal Code	
4. If Regional/Branch Office, State the name and address of Main/Head Office		4a. Main/Head Office/Employer		4b. Date Operation Started	
				4c. No. of Employees	
5. Services Rendered/Nature of Business/Operation (for Private Sector)					
6. Type of Agency (For Gov't Sector)					
<input type="checkbox"/> Local <input type="checkbox"/> Corporation <input type="checkbox"/> Special Project <input type="checkbox"/> National <input type="checkbox"/> Constitutional					
(For Private Business/Operation) <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation					
I hereby certify that the above data are true and correct to the best of my knowledge and belief.					
_____		_____		_____	
Date		Head of Agency or Representative		Signature	
				Title or Position	
This portion is to be filled-up by PhilHealth					
Date Received:		Evaluated by: _____		Date Evaluation:	
		Name and Signature			

COMPANY REGISTRATION

ER1


Attachments:

- SEC / DTI / CDA Registrations
- License to Operate


DUTIES AND RESPONSIBILITIES OF EMPLOYERS

- Inform **PhilHealth** of any change in company data/status such as:
 - ✓ change in company address;
 - ✓ change of business name; or
 - ✓ temporary/permanent cessation of business operations

TO BE ACCOMPLISHED IN DUPLICATE PLEASE READ INSTRUCTIONS AT THE BACK

 Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION PRO ADDRESS & CONTACT NUMBER		<h2 style="margin: 0;">ER-3</h2> EMPLOYER DATA AMENDMENT FORM April 2004					
PhilHealth Employer No. 							
1. Complete Name of Agency/Business/Firm/Employer							
2. Address of Agency/Business/Firm/Employer		Postal Code 					
3. Change/Correction of Name of Agency/Business/Firm/Employer Previous : _____ Present : _____							
4. Change/Correction of Address of Agency / Office / Department / Business / Employer Previous : _____ Present : _____							
5. Change of Legal Personality From : <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Others _____ <input type="checkbox"/> Others _____ <small>Please specify</small>		6. Change of Authorized Signatory Present : Name _____ Title or Position _____ Signature _____ Previous : Name _____ Title or Position _____ Signature _____					
7. Merger / Consolidation of Company/ies Name of Surviving Company : _____ PhilHealth Employer Number _____ Name(s) of Absorbed Company(ies) : (1) _____ (2) _____ (3) _____ <small>(In case of lack of space, you may use additional sheet.)</small>		8. Temporary Suspension of Operation <input type="checkbox"/> Fire <input type="checkbox"/> Demolition <input type="checkbox"/> Bankruptcy Date of Effectivity _____ <input type="checkbox"/> Separation of Employees <input type="checkbox"/> Others _____ <small>Please specify</small>					
9. Correction of Employer TIN From : _____ To : _____		10. Termination / Dissolution of Operation <input type="checkbox"/> Merger Date of Effectivity _____ <input type="checkbox"/> Bankruptcy Date of Effectivity _____ <input type="checkbox"/> Change of Legal Personality <input type="checkbox"/> Others _____ <small>Please specify</small>					
11. Change of Ownership Reason/s : _____ From : _____ (Complete Name) Date of Effectivity _____ To : _____ (Complete Name)		12. Report on Resumption of Operation Date of Effectivity _____ (month) (day) (year)					
I hereby certify that the above data are correct to the best of my knowledge and belief.							
Date _____		Head of Agency or Authorized Representative _____					
Signature _____		Title or Position _____					
THIS PORTION IS TO BE FILLED UP BY PHILHEALTH							
Received by:	Date:	Processed by:	Date:	Encoded by:	Date:	Approved by:	Date:

MEMBER DATA RECORD (MDR)

 **Philippine Health Insurance Corporation**
1580 EDSA Bldg. Quezon Ave., Quezon City
332-1550 332-1551

MDR

MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **190250395144**
Member Category : **GOVERNMENT**

Juana Dela Cruz
MANDALUYONG CITY, SECOND DISTRICT
1501

Foreign Address : N/A Sex : Female
Date of Birth : 05/24/1974
Place of Birth : MANDALUYONG CITY

Contact No. (Foreign) : N/A Civil Status : MARRIED
(Local) : 5328411 Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGNI) : 001000023816
Name of Employer/Organized Group : PHILIPPINE HEALTH INSURANCE CORPORATION -NCR
Business Address : 10/F LR SUNNYMEDE ITC BLDG 1614 QUEZON AVENUE, QUEZON CITY, SECOND DISTRICT

Telephone Number : 4415258
Tax Identification Number : N/A

DEPENDENT INFORMATION

No.	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
01						
02	DELA CRUZ	JUAN		MALE	SPOUSE	6/21/1970
03						

*** NOTHING FOLLOWS ***

LOLITA V. TULIAO
Branch Manager
NCR Central (Quezon City)

This is a system generated report. Signature is not required.
2/8/2012 4:50 PM 20120208 1/20103108 / 05/31/2000 10/18/2010

- ❑ MDR is issued to members upon registration together with the PhilHealth Identification Card
- ❑ *MDR* reflects the member's information as provided upon registration/amendment. It also includes the member's dependent/s.

ONLINE SOLUTIONS - REGISTRATION

EMPLOYERS	DETAILS
ONLINE REGISTRATION	LINK TO PHILIPPINE BUSINESS REGISTRY SYSTEM (PBR) – DTI
RECORD AMENDMENT	EMPLOYER DATA RECORD(ER3) (UNDERGOING DEVELOPMENT)

INDIVIDUALS	DETAILS
ONLINE REGISTRATION http://www.philhealth.gov.ph/services	PhilHealth Identification Number (PIN) Generation
RECORD AMENDMENT	MEMBER DATA RECORD AMENDMENT (UNDERGOING DEVELOPMENT)