



# Republic Act 10606

## National Health Insurance Act of 2013

- Accelerate universal coverage
- Consolidate the Medicare program previously administered separately by the SSS, GSIS, and OWWA
- Enhance and expand the benefits to include more outpatient services
- Ensure a sustainable *National Health Insurance Program* for all

# Who are **covered** by the NHIP ?

- Employed members
- Individually paying members
- Overseas Workers members
- Lifetime Members
- Indigent members

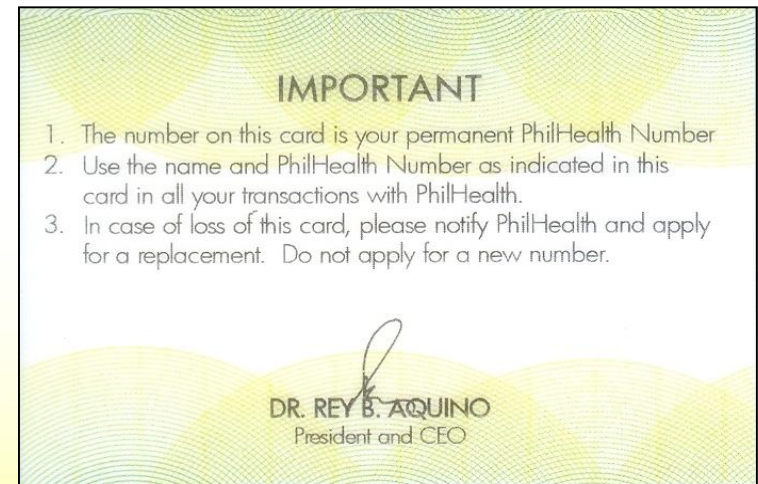
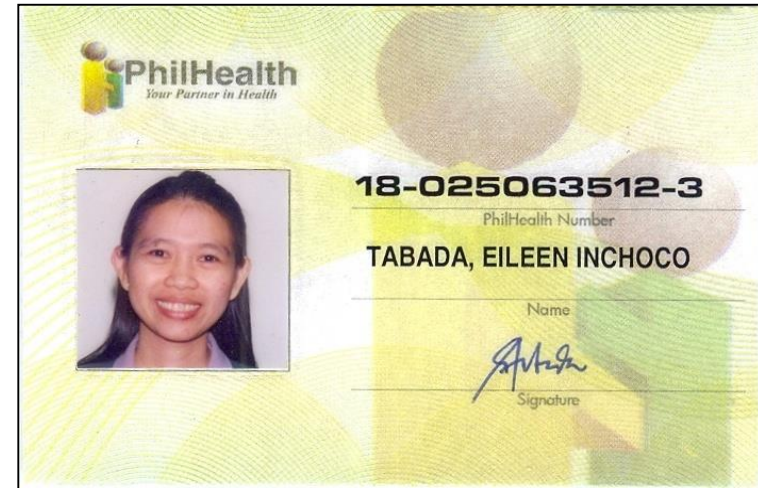
# Qualified Dependents

- Legitimate spouse who is currently not a member.
- Unmarried and unemployed legitimate, legitimated, acknowledge, illegitimate children (as appearing in Birth Certificate) legally adopted or stepchildren or foster child who are below 21 years old.
- Children who are 21 years old and above but are suffering from congenital disability (physical/mental) or any disability that renders them totally dependent on the member for support.
- Parents who are 60 years old and above who are not members of NHIP.

# **Requirements for Enrolment/Registration as Employed under the NHIP shall submit the following to PRO-Caraga and its Local Health Insurance Offices:**

1. Two (2) copies of ER1(Employer Data Record) duly signed by the head of agency or authorized representative
2. Two (2) copies of ER2(Report of Employee-Members) certified by the head of agency or authorized representative
3. One (1) copy of duly accomplished **Membership Registration Form (PMRF)** per employee

# PhilHealth Identification Card



# Electronic Registration System

Phase I

# What is Electronic Registration System (ERS)?

- ERS was created primarily aimed to provide more convenient and faster option for registration to NHIP.
- ERS can access anywhere in the world if you have internet connections using your laptop, desktop computer or even thru mobile phones with internet browser.

# Allowed Documents to Upload

- **jpg / jpeg** (*jpeg image file*)
- **png** (*portable network graphics image file*)
- **gif** (*graphics interchange format*)
- **bmp** (*bitmap image file*)
- **pdf** (*portable document file*)
- Maximum of **2MB** per document

# How to access ERS

- At URL type [www.philhealth.gov.ph](http://www.philhealth.gov.ph)
- Click on the “Online Services “ tab, then choose “Electronic Registration”.
- Click the proceed button.
- The system will display the “Terms and Conditions” window.
- Mark the check box then click the “Accept” button to proceed with the online registration.



[about us](#)

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PhilHealth's E-Innovations For Health



Electronic Claims  
Submission

[Get Started](#)

Accredited institutional providers may now verify the eligibility status of members and dependents.



Electronic  
Registration

[Register](#)

This facility enables individuals to register online



IHCP Portal

[Login](#) | [How to Register](#)

Check membership status of Sponsored Members under the NHTS-PR during benefits availment.

Welcome to the PhilHealth Electronic Registration System! This Online facility is offered to the public initially for the individual Registration of members in the formal and informal sector. This is considered as Phase I component of the Electronic Registration and Amendment System (ERAS).

Individuals belonging to the following category may use the system for registration:

- Employed Members
- Self-employed
- Overseas Filipino Worker
- Retirees in the Government and Private Sector

[PROCEED](#)

## Terms and Conditions

## How to use PhilHealth's Electronic Registration and Amendment System (eRAS);

1. Prepare information and supporting documents for you and your dependents to be entered into the system. The same information may be found in the PhilHealth Member Registration Form (PMRF).
2. Information marked with asterisk (\*) are mandatory and you will not be able to continue with the registration process unless the required information are properly filled-out.
3. You are required to submit the necessary supporting documents for you and your declared dependents. These shall be used in authenticating and validating the information you have supplied. You may choose to upload a scanned digital format of the supporting documents or have them sent through Postal Mail Service. Your registration application can only be processed upon receipt of the supporting documents.
4. The system will only allow the digital formats and size listed below for the supporting documents submitted or uploaded through the system.
  - a. png (portable network graphics image file)
  - b. pdf (portable document file)
  - c. jpg or jpeg (jpeg image file)
  - d. gif (graphics interchange format)
  - e. bmp (bitmap image file)
  - f. Maximum of 2MB per document
5. Additional processing/waiting time may apply for applications whose supporting documents are sent through Postal Mail Service.
6. To secure a list of the documentary requirements, you may click the **PhilHealth Member Registration Form (PMRF)** from the above menu and check the second page of the form.
7. Click the [Submit Registration] button to submit the registration application. An email will be sent to inform you of the next steps to take for the completion of the registration process.
8. You may print the email that you will receive in your inbox or write down the transaction number that will be reflected in the email. The transaction number will be used as reference to your application.
9. Attach the email printout or write down the transaction number in the supporting documents that will be submitted through Postal Mail Service.

☐ I agree to the conditions stated above and will comply to submit the required information and supporting documents to complete the registration.

Accept

# Header of Data Entry



PhilHealth Member Registration Form (PMRF) |

## Personal Information

* Last Name	<input type="text"/>		
* First Name	<input type="text"/>		
* Middle Name	<input type="text"/>		
Name Suffix	<input type="text"/> (e.g. JR, SR, III)		
* Sex	<input type="text"/> ▼		
* Civil Status	<input type="text"/> ▼		
Maiden Middle Name	<input type="text"/>		
* Birth Date	Month <input type="text"/> ▼	Day <input type="text"/> ▼	Year <input type="text"/> ▼
TIN	<input type="text"/>		
* Nationality	FILIPINO		

## Contact Details

Telephone No.

Cellphone No.

\* Email Address

\* Re-type Email Address

## Address

Unit/Room No., Floor

Building Name

House/Bldg No.

Street

Subdivision/Village

\* Province

\* City/Municipality

\* Barangay

Zipcode

\* Birth Country

Province

City/Municipality

Foreign Birth Place

PHILIPPINES

## Dependents Information

Relationship	<input type="text"/>
PIN(if applicable)	<input type="text"/>
Last Name	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Name Suffix	<input type="text"/>
Civil Status	<input type="text"/>
Birth Date	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
With Disability	NONE <input type="text"/>

Add Beneficiary

CANCEL

## Guardian Information

Relationship	<input type="text"/>						
PIN(if applicable)	<input type="text"/>						
Last Name	<input type="text"/>						
First Name	<input type="text"/>						
Middle Name	<input type="text"/>						
Name Suffix	<input type="text"/>						
Birth Date	<table><tr><td>Month</td><td><input type="text"/></td><td>Day</td><td><input type="text"/></td><td>Year</td><td><input type="text"/></td></tr></table>	Month	<input type="text"/>	Day	<input type="text"/>	Year	<input type="text"/>
Month	<input type="text"/>	Day	<input type="text"/>	Year	<input type="text"/>		
<table><tr><td>Add Guardian</td><td>CANCEL</td></tr></table>		Add Guardian	CANCEL				
Add Guardian	CANCEL						

## Membership Category Information

<b>* Member Category</b>	<input type="text"/>
<b>Member Type</b>	<input type="text"/>
<b>PEN</b>	<input type="text"/>
<b>Employer Name</b>	<input type="text"/>
<b>Employer Address</b>	<input type="text"/>
<b>Date Hired</b>	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
<b>Family Income</b>	<input type="text"/>
<b>Profession/Occupation</b>	<input type="text"/>
<b>Profession Description</b>	<input type="text"/>
<b>Country Based</b>	<input type="text"/>
<b>Foreign Address</b>	<input type="text"/>
<b>Contract Duration From</b>	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
<b>Contract Duration To</b>	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
<b>Retirement Date</b>	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>

## Required Documents

Note:

1. Uploaded documents must be:
  - a. File types: jpeg/jpg, bmp, png, gif or pdf.
  - b. File size: maximum of 2MB per documentUnless documents will not be uploaded.
2. Please upload readable scanned documents.
3. If you have no document to upload please check "thru MAIL" below and pass all the required documents thru mailing service.

Requirement For	Description	Browse	Status
Member/Registrant	Please select any one of the following: <input type="text"/>	<input type="text"/> <input type="button" value="Browse_"/>	

Thru MAIL ☐

4 7 10 10 6 3 4

Enter a number above (CAPTCHA)

Refresh Captcha

Submit Registration

# After saving

Member information was successfully saved.

Please check your email for confirmation.

# E-mail notification (for confirmation)

Registration Date: 13 March 2012

Dear Ms./Mr. JUAN A. DELA CRUZ JR,

Please click the link below to complete your verified registration:

[http://172.21.21.202/confirmEmail.php?ApplicationID=6OmCiwnLv-cUjubwVxCTaE\\_JyoLaiesz7kcYWovbaEs](http://172.21.21.202/confirmEmail.php?ApplicationID=6OmCiwnLv-cUjubwVxCTaE_JyoLaiesz7kcYWovbaEs)

Important Reminders:

(For incomplete document)

- Upon confirmation of this e-mail,
  1. Please upload all the necessary documentary requirements
  2. Or you may send it through postal mail to complete your registration.
- Your application will have a retention period of 30 days. It will be processed and validated during this time.
- If you were not able to upload or send the documentary requirements within the retention period, your registration will be deleted.

Should you have questions, suggestions or comments, you may e-mail us at [member.proqcc@philhealth.gov.ph](mailto:member.proqcc@philhealth.gov.ph) of NCR Central (Quezon City)

PhilHealth

This is system generated email. Please do not reply on this e-mail.



Your Partner in Health

# Upon confirmation of email

Your registration successfully verified.

Please always check your email for the status of registration.

# E-mail notification (for incomplete document)

Date : 13 March 2012 (06:12:15 PM)

Registrant Name : JUAN A. DELA CRUZ JR

Sir/Madam:

Thank you for your interest in becoming a member of the National Health Insurance Program (NHIP) administered by the Philippine Health Insurance Corporation ([PhilHealth](#)). Your online application prepared last March 13, 2012 with transaction number R12031303000001 is awaiting completion.

To continue with your registration, click on the link below:

Online Registration Upload Page: [http://172.21.21.202/data\\_entry.php?ApplicationID=6OmCiwnLv-cUjubwVxCTaE\\_JyoLaiesz7kcYWOvbaEs](http://172.21.21.202/data_entry.php?ApplicationID=6OmCiwnLv-cUjubwVxCTaE_JyoLaiesz7kcYWOvbaEs)

It is necessary to submit the required supporting documents for you and your declared dependents. Kindly upload a digitized copy or submit the documentary requirements through Postal Mail Service, along with this email. Your registration application shall be processed upon receipt of the documents.

To inquire about the status of your application, you may email us at [member.progc@philhealth.gov.ph](mailto:member.progc@philhealth.gov.ph), with the subject "Online Registration Inquiry: Transaction No- R12031303000001".

Respectfully,

PhilHealth

880 Estuar Bldg. Quezon Ave., Quezon City/332-1550 332-1551

This is system generated, please do not reply to this email.

# E-mail notification (for complete document)

Date : 13 March 2012 (06:14:58 PM)

Registrant Name : JUAN A. DELA CRUZ JR

Sir/Ma'am:

Thank you for registering with the National Health Insurance Program (NHIP) administered by the Philippine Health Insurance Corporation ([PhilHealth](#)). This notice was sent to inform you that your registration with transaction number R12031303000001 has been successfully submitted to PhilHealth and once processed a separate email will be sent indicating your PhilHealth Identification Number (PIN).

Please note that applications with supporting documents submitted through the Postal Mail Service will be processed upon receipt of the documents. Print this email or write down the Transaction Number in the supporting documents as reference.

To inquire about the status of your application, you may email us at [member.proqc@philhealth.gov.ph](mailto:member.proqc@philhealth.gov.ph) of NCR Central (Quezon City) , with the subject "Online Registration Inquiry: Transaction No- R12031303000001".

We hope for your continuous support to the program.

Respectfully,

PhilHealth

880 Estuar Bldg. Quezon Ave., Quezon City/332-1550 332-1551

This is system generated, please do not reply to this email.



\* Last Name

DELA CRUZ

\* First Name

JUAN

\* Middle Name

AVILA

Name Suffix

JR

(e.g. JR, SR, III)

\* Sex

MALE

\* Civil Status

SINGLE

Maiden Middle Name

\* Birth Date

MARCH

15

1983

TIN

111111111

\* Nationality

FILIPINO

# After updating

Member information was successfully updated.

Please check your email for notification.

# Upon click of previous given link

Your registration has been completed.

Please always check your email for the status of registration.

# PREMIUM CONTRIBUTION

## Individually Paying Members (IPM) or Self-employed (P.C. #24 s.2013)

- i. The annual premium contribution rate for Individually Paying Program effective January 1, 2014 shall be **Php 2,400.00** and shall apply to IPM with monthly income of Php 25,000 and below.
- ii. Individually Paying Members with monthly income above Php 25,000 shall remain paying the annual premium rate of **Php 3,600.00.**

# PREMIUM CONTRIBUTION

## Overseas Worker / OFW (P.C.# 25 s.2013)

The adjusted OWP premium contribution applicable to Land-based OFWs, either documented or undocumented is set at **Php 2,400.00** per year and shall take effect on January 1,2014.

To ease the effect of this adjusted premium, an OWP member has the following options for payment:

**Php 1,200.00 valid for 6 months** reckoned from date of initial membership/renewal to the OWP. Member is given a grace period of 30 days per PhilHealth Circular No. 07s.2006 is allowed prior to expiry of membership.

# PhilHealth Circular No. 27, s-2013

**Subject: CY 2014 PhilHealth Premium Contribution for the Employed Sector**

The salary brackets for the Employed Sector shall be adjusted starting January 2014 with the following considerations:

1. The premium rate shall be at 2.5%
2. Salary bracket shall still be used
3. Salary bracket floor shall start at Php 8,000.00
4. Salary bracket ceiling shall be pegged at Php 35,000.00

Monthly Salary Bracket	Monthly Salary Range	Salary Base (Php)	Total Monthly Contributions (Php)	Employees Share (Php)	Employer Share (Php)
1	8,000.00 to 8,999.99	8,000.00	200.00	100.00	100.00
2	9,000.00 to 9,999.99	9,000.00	225.00	112.50	112.50
3	10,000.00 to 10,999.99	10,000.00	250.00	125.00	125.00
4	11,000.00 to 11,999.99	11,000.00	275.00	137.50	137.50
5	12,000.00 to 12,999.99	12,000.00	300.00	150.00	150.00

## Reminder:

PREVIOUS	NEW PAYMENT SCHEDULE	
Every 10th day of the month following the applicable period	Employers with PENs ending in 0-4	<b>Every 11th-15th day of the month</b> following the applicable period
	Employers with PENs ending in 5-9	<b>Every 16th-20th day of the month</b> following the applicable period

Submission of reports shall be within five (5) days after payment. Consistent to PhilHealth Circular No. 27 s.2010 should the date due fall on a weekend or on a holiday, payment and report submission shall be made on the next working day.

Furthermore Section 11 of the same law prescribes that “*Failure to remit the appropriate contribution shall be subject to interest and penalties as prescribe by the Corporation without prejudice to other applicable penalties..*”

**Subject: Re-imposition of Interest on Employers' Non-and/or Late Remittances of PhilHealth Premium Contributions**

# All Employers

## INTEREST COMPUTATION



**PhilHealth**  
*Your Partner in Health*



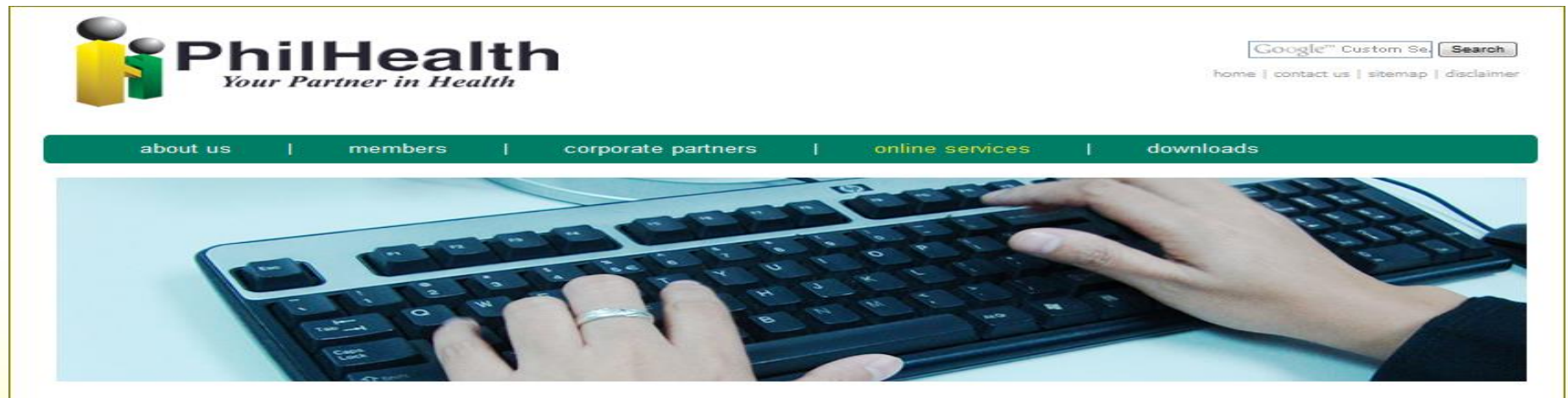
## Continued: INTEREST COMPUTATION

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

***Remittance on May 25: 10 days delayed***

# TYPES OF REPORTING SCHEME

# PHILHEALTH's ELECTRONIC PREMIUM REPORTING SYSTEM (EPRS)



# Electronic Premium Reporting System ԷԼԵԿՏՐՈՆԻԿ ԻԼԵՄԵՆՏԱԿԱՆ ԿԵԾՈՒՆԴԱԾ ԴՆԶԸՅԱՍ

***is a web-based application designed for use of employers in the preparation and submission of monthly remittance reports.***

***PhilHealth Circular No. 30, s.2010***

# Electronic Premium Reporting System

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- ✓ *Paperless reporting (online)*
- ✓ *real-time Posting of premium contributions*
- ✓ *real-time eligibility check*
- ✓ *Efficient and accurate*  
*(no more, no less!)*

# Electronic Premium Reporting System 2.4


 PEN : 

 Password : 


## SYSTEM ADVISORY as of April 2, 2013 8:57AM

### *Electronic Premium Reporting System version 2.4 (EPRS v2.4)*

In line with PhilHealth's endeavor to provide employers a more convenient and efficient medium to prepare and report premium contributions, the EPRS v.2.4 will be available online, effective April 3, 2013.

The latest version of the EPRS provides a more efficient and user friendly premium reporting system. The modules of the earlier versions were reorganized to comprehensively assist employers in preparing and reporting remittances. The following are the list of new features and sub-modules in EPRS v.2.4:

New Features / Sub-modules	Particulars
Syncing Employer Profile	<ul style="list-style-type: none"> <li>Clicking the "Sync" icon at the right corner of the "Employer Profile" page will update the employer's profile shown in the EPRS based on the record found in PhilHealth's membership database.</li> </ul>
	<ul style="list-style-type: none"> <li>Employers are now provided with "tool tips" for every icons found in each</li> </ul>



# Employer Profile



Welcome PULIDO, CHESED CHARIS VALENCIA

## User Settings

## Employer Profile


## Employees Management

### Employees Remittance Status

### Payment Management

Transaction Monitoring

## Employer Profile

Sync 

**PhilHealth Employer Number (PEN):** 018000001731

**Name of Employer** : EXELMED PHARMA TRADE-LORIEJANE L CABUNTOCAN

<b>Business Address</b>	: 3F NB BLDG OCHOA AVE LIMAHA (BGY. 14) BUTUAN CITY AGUSAN DEL NORTE
-------------------------	--

Employer Type : PRIVATE

**Employer Sub-Type** : SINGLE PROPRIETORSHIP

**Tax Identification Number (TIN)** : 178845363

<b>Name of Head</b>	: LORIEJANE L CABUNTOCAN
---------------------	--------------------------

**Contact Number** : 3424470

Email Address

Thursday, May 02, 2013

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA


**User Information**

User Name	:	018000001731
Last Name	:	PULIDO
First Name	:	CHESD CHARIS
Middle Name	:	VALENCIA
Designation	:	CLERK
Email Address	:	lhiobutuancityeprs01@gmail.com
Date of Activation	:	12/14/2012

**USER RESET PASSWORD**

New Password :  (case sensitive/alphanumeric only)

Re-type New Password :  (case sensitive/alphanumeric only)







PhilHealth  
Your Partner in Health

Thursday, May 02, 2013

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESED CHARIS VALENCIA



Employer Profile

Employees Management

Employees Remittance Status

Payment Management

Transaction Monitoring

Employer Profile

PhilHealth Employer Number (PEN) : 018000001731

Name of Employer : EXELMED PHARMA TRADE-LORIEJANE L CABUNTOCAN

Business Address : 3F NB BLDG OCHOA AVE LIMAHA (BGY. 14) BUTUAN CITY AGUSAN DEL NORTE

Employer Type : PRIVATE

Employer Sub-Type : SINGLE PROPRIETORSHIP

Tax Identification Number (TIN) : 178845363

Name of Head : LORIEJANE L CABUNTOCAN

Contact Number : 3424470

Email Address :

Sync

Sync Employer Profile



Thursday, May 02, 2013

# Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESED CHARIS VALENCIA



- Employer Profile
- Employees Management
- Employees Remittance Status
- Payment Management
- Transaction Monitoring

## Employer Profile

PhilHealth Employer Number (PE)		Sync
Name of Employer	CAN	
Business Address	AN CITY AGUSAN DEL NORTE	
Employer Type		
Employer Sub-Type		
Tax Identification Number (TIN)	: 178845363	
Name of Head	: LORIEJANE L CABUNTOCAN	
Contact Number	: 3424470	
Email Address	:	

**Microsoft Internet Explorer**

Are you sure you want to synchronized employer profile?

OK Cancel



## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Thursday, May 02, 2013



Employer Profile

Employees Management

Employees Remittance Status

Payment Management

Transaction Monitoring

### Employer Latest Information

PhilHealth Employer Number (PEN) : 018000001731

Name of Employer : EXELMED PHARMA TRADE-LORIEJANE L CABUNTOCAN

Business Address : 3F NB BLDG OCHOA AVE LIMAHA (BGY. 14) BUTUAN CITY AGUSAN DEL NORTE 8600

Employer Type : PRIVATE

Employer Sub-Type : SINGLE PROPRIETORSHIP

Tax Identification Number (TIN) : 178845363

Name of Head : LORIEJANE L CABUNTOCAN


Contact Number : 3424470

Email Address :

Synchronize



TO BE ACCOMPLISHED IN DUPLICATE PLEASE READ INSTRUCTIONS AT THE BACK

 Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
PhilHealth Regional Office Caraga  
4/F D & V Plaza Bldg., J. C. Aquino Avenue, Butuan City  
Tel. Nos.: (085) 341-6488, 341-2689, 342-6992, 341-3359, 341-4492, 225-7017, 225-7026

**ER-3**  
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: ☐ Single Proprietorship ☐ Partnership ☐ Corporation ☐ Others \_\_\_\_\_  
To: ☐ Single Proprietorship ☐ Partnership ☐ Corporation ☐ Others \_\_\_\_\_  
Please specify \_\_\_\_\_ Please specify \_\_\_\_\_

6. Change of Authorized Signatory  
Present: \_\_\_\_\_  
Previous: \_\_\_\_\_

7. Merger/Consolidation of Company/ies  
Name of Surviving Company: \_\_\_\_\_ PhilHealth Employer Number   
Name(s) of Absorbed Company(ies):  
(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_  
(In case of lack of space, you may use additional sheet)

8. Temporary Suspension of Operation  
☐ Fire \_\_\_\_\_ Date of Effectivity \_\_\_\_\_  
☐ Demolition \_\_\_\_\_  
☐ Bankruptcy \_\_\_\_\_  
☐ Separation of Employees \_\_\_\_\_  
☐ Others (please specify) \_\_\_\_\_

9. Correction of Employer TIN  
From: \_\_\_\_\_ To: \_\_\_\_\_

10. Termination/Dissolution of Operation  
☐ Merger \_\_\_\_\_ Date of Effectivity \_\_\_\_\_  
☐ Bankruptcy \_\_\_\_\_  
☐ Change of Legal Personality \_\_\_\_\_  
☐ Others (please specify) \_\_\_\_\_

11. Change of Ownership  
Reason/s: \_\_\_\_\_ From: \_\_\_\_\_ (Complete Name)  
Date of Effectivity  To: \_\_\_\_\_ (Complete Name)  
(month) (day) (year)

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:

Note: This form can be reproduced but is not for sale.



# Employees Management



Thursday, May 02, 2013

## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA



- Employer Profile
- Employees Management
- Employees Remittance Status
- Payment Management
- Transaction Monitoring

### Employee Search

PIN



Last Name

First Name

Middle Name



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

No.	PIN	Last Name	Suffix	First Name	Middle Name	Birthday	
1	180501102073	ASIS		JOSEPH	ABEJARON	12/24/1990	
2	180500539249	PALIMA		MARIFE	CANDOLE	11/27/1985	
3	180500944208	PULIDO		CHESD CHARIS	VALENCIA	10/20/1990	

3 Record/s Found

Welcome PULIDO, CHESD CHARIS VALENCIA

Employer Profile Employees Management Employees Remittance Status Payment Management Transaction Monitoring

Please Provide Member's PhilHealth Identification Number(PIN) and Birthday

PIN \*

Birthday \* May 2 2013


Submit Reset

Welcome PULIDO, CHESED CHARIS VALENCIA

Employer Profile Employees Management Employees Remittance Status Payment Management Transaction Monitoring

Please Provide Member's PhilHealth Identification Number(PIN) and Birthday

PIN \*


Birthday \* May 2 2013 

Welcome PULIDO, CHESD CHARIS VALENCIA

Employer Profile Employees Management Employees Remittance Status Payment Management Transaction Monitoring

Please Provide Member's PhilHealth Identification Number(PIN) and Birthday

PIN \*

Birthday \* May 2 2013 



Thursday, May 02, 2013

## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA



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

### Employee Search

PIN


Last Name First Name Middle Name

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

No.	PIN	Last Name	Suffix	First Name	Middle Name	Birthday			
1	180501102073	ASIS		JOSEPH	ABEJARON	12/24/1990			
2	180500539249	PALIMA		MARIFE	CANDOLE				
3	180500944208	PULIDO		CHESD CHARIS	VALENCIA				

View Employee  
Profile

3 Record/s Found







**PhilHealth**  
Your Partner in Health

Thursday, May 02, 2013

**Electronic Premium Reporting System 2.4**

Welcome PULIDO, CHESD CHARIS VALENCIA

Employer Profile
Employees Management
Employees Remittance Status
Payment Management
Transaction Monitoring

**Employee's Information**

PIN	180501102073
Transaction No.	200000000000003799947
Last Name	ASIS
Suffix	
First Name	JOSEPH
Middle Name	ABEJARON
Maiden Name	
Date of Birth	12/24/1990
Mobile Number	
Email Address	
Company ID	
SSS/GSIS No	
TIN	
Pag-ibig Mem. ID No.	
Employment Date	



Thursday, May 02, 2013

## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA



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

### Employee Search

PIN

Last Name First Name Middle Name

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

No.	PIN	Last Name	Suffix	First Name	Middle Name	Birthday			
1	180501102073	ASIS		JOSEPH	ABEJARON	12/24/1990			
2	180500539249	PALIMA		MARIFE	CANDOLE	11/23/1995			
3	180500944208	PULIDO		CHESD CHARIS	VALENCIA	July 20, 1990			

3 Record/s Found

PhilHealth  
Your Partner in Health

Thursday, May 02, 2013

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Home Settings Information Help

Employer Profile Employees Management Employees Remittance Status Payment Management Transaction Monitoring

**Edit Employee's Information**

Mobile Number

Email Address

Company ID No.

SSS No. / GSIS No.

TIN

Pag-ibig Mem. ID No.



Thursday, May 02, 2013

## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA



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

### Employee Search

PIN

Last Name First Name Middle Name


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

No.	PIN	Last Name	Suffix	First Name	Middle Name	Birthday	
1	180501102073	ASIS		JOSEPH	ABEJARON	12/24/1990	
2	180500539249	PALIMA		MARIFE	CANDOLE	11/27/1995	
3	180500944208	PULIDO		CHESD CHARIS	VALENCIA	10/20/1990	

Sync Employee Profile

Sync Employee Profile

3 Record/s Found







**PhilHealth**  
Your Partner in Health

Thursday, May 02, 2013

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Employer Profile

Employees Management

Employees Remittance Status

Payment Management










Transaction Monitoring

Employee Search

PIN


Last Name

Menu : [Add New Employee](#)

No.	PIN	Last Name	First Name	Middle Name	Birthdate			
1	180501102073	ASIS	JOSEPH	ABEJARON	12/24/1990			
2	180500539249	PALIMA	MARIFE	CANDOLE	11/27/1985			
3	180500944208	PULIDO	CHESD CHARIS	VALENCIA	10/20/1990			

3 Record/s Found

Microsoft Internet Explorer



Are you sure you want to synchronized this employee?

OK

Cancel

PhilHealth  
Your Partner in Health

Thursday, May 02, 2013

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Employer Profile Employees Management Employees Remittance Status Payment Management Transaction Monitoring

**Updated Member Information**

PhilHealth Number **180501102073**  
Last Name **ASIS**  
Suffix  
First Name **JOSEPH**  
Middle Name **ABEJARON**  
Maiden Name  
Date of Birth **12/24/1990**  
Gender **MALE**

Synchronized Cancel



# Employees Remittance Status



## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Thursday, May 02, 2013

[Employer Profile](#) [Employees Management](#) [Employees Remittance Status](#) [Payment Management](#) [Transaction Monitoring](#)

### Employee Search

PIN

Last Name First Name Middle Name

Filter by: Active No Earnings Separated All Applicable Period: APRIL, 2013

No.	PIN	Last Name	Suffix	First Name	Middle Name	Birthday	Status	Monthly Salary Bracket
1	180501102073	ASIS		JOSEPH	ABEJARON	12/24/1990	A	8,000.00 - 8,999.99
2	180500539249	PALIMA		MARIFE	CANDOLE	11/27/1985	A	8,000.00 - 8,999.99
3	180500944208	PULIDO		CHESD CHARIS	VALENCIA	10/20/1990	A	1.00 - 4,999.99

3 Record/s Found



## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Thursday, May 02, 2013

[Employer Profile](#) [Employees Management](#) [Employees Remittance Status](#) [Payment Management](#) [Transaction Monitoring](#)

### Employee Search

PIN

Last Name First Name Middle Name

Filter by: Active No Earnings Separated All Applicable Period: **APRIL, 2013**

No.	PIN	Last Name	Suffix	First Name	Middle Name	Birthday	Status	Monthly Salary Bracket
1	180501102073	ASIS		JOSEPH	ABEJARON	12/24/1990	A	8,000.00 - 8,999.99
2	180500539249	PALIMA		MARIFE	CANDOLE	11/27/1985	A	8,000.00 - 8,999.99
3	180500944208	PULIDO		CHESD CHARIS	VALENCIA	10/20/1990	A	1.00 - 4,999.99

3 Record/s Found



## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Thursday, May 02, 2013

[Employer Profile](#) [Employees Management](#) [Employees Remittance Status](#) [Payment Management](#) [Transaction Monitoring](#)

### Employee Search

PIN

Last Name First Name Middle Name

Filter by: Active [No Earnings](#) [Separated](#) [All](#) Applicable Period: **APRIL, 2013**

No.	PIN	Last Name	Suffix	First Name	Middle Name	Birthday	Status	Monthly Salary Bracket
1	180501102073	ASIS		JOSEPH	ABEJARON	12/24/1990	A	8,000.00 - 8,999.99
2	180500539249	PALIMA		MARIFE	CANDOLE	11/27/1985	A	8,000.00 - 8,999.99
3	180500944208	PULIDO		CHESD CHARIS	VALENCIA	10/20/1990	A	1.00 - 4,999.99

3 Record/s Found



## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Thursday, May 02, 2013

Employer Profile

Employees Management

Employees Remittance Status

Payment Management

Transaction Monitoring

### Employee Search

PIN

Last Name

First Name

Middle Name

Filter by: Active [No Earnings](#) [Separated](#) [All](#) Applicable Period: **APRIL, 2013**

No.	PIN	Last Name	Suffix	First Name	Middle Name	Birthday	Status	Monthly Salary Bracket
1	180501102073	ASIS		JOSEPH	ABEJARON	12/24/1990	A	8,000.00 - 8,999.99
2	180500539249	PALIMA		MARIFE	CANDOLE	11/27/1985	A	8,000.00 - 8,999.99
3	180500944208	PULIDO		CHESD CHARIS	VALENCIA	10/20/1990	A	1.00 - 4,999.99

3 Record/s Found



## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESED CHARIS VALENCIA

Thursday, May 02, 2013

[Employer Profile](#) [Employees Management](#) [Employees Remittance Status](#) [Payment Management](#) [Transaction Monitoring](#)

### Employee Search

PIN

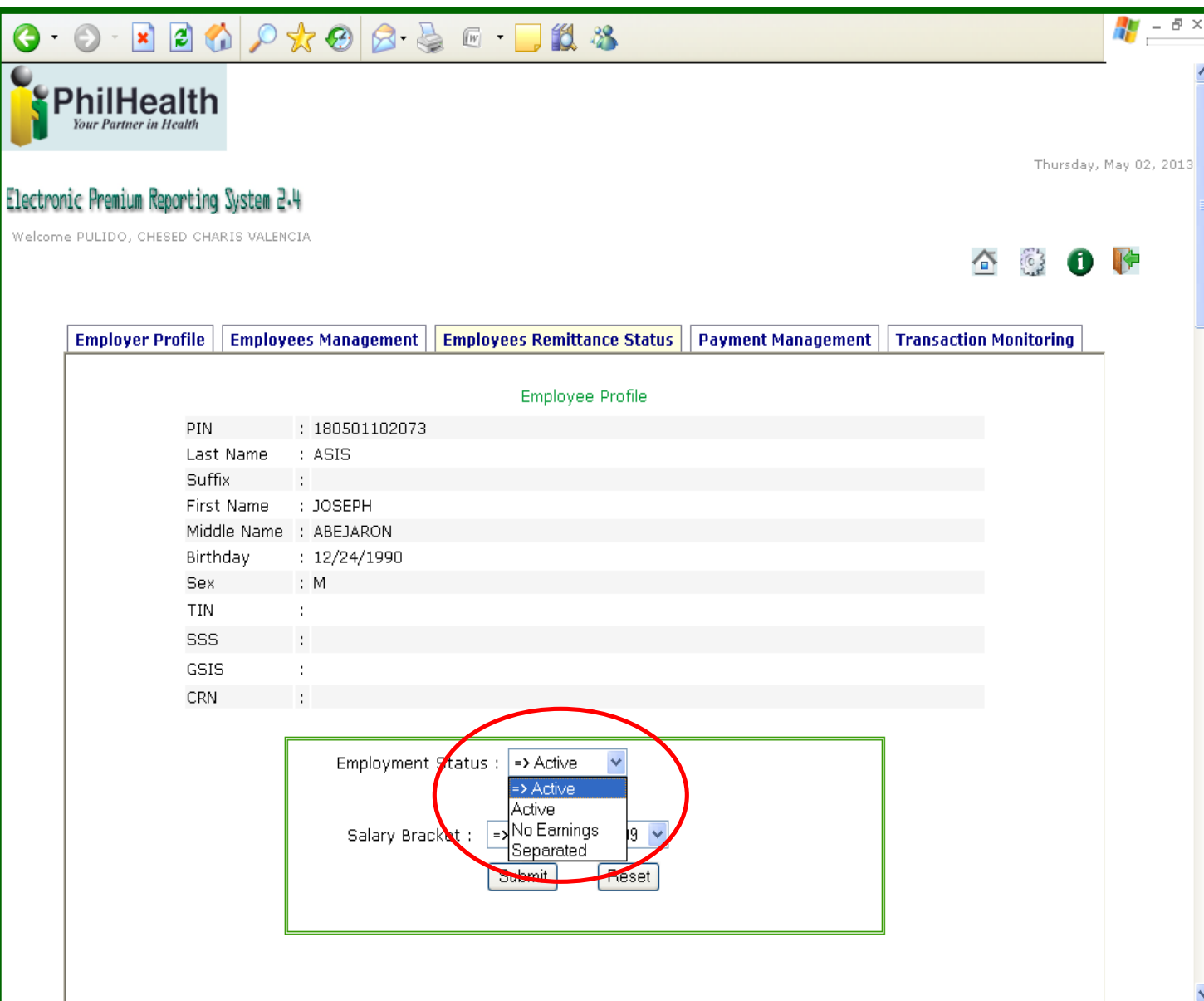
Last Name First Name Middle Name

Filter by: Active [No Earnings](#) [Separated](#) [All](#) Applicable Period: **APRIL, 2013**


	No.	PIN	Last Name	Suffix	First Name	Middle Name	Birthday	Status	Monthly Salary Bracket
	1	180501102073	ASIS		JOSEPH	ABEJARON	12/24/1990	A	8,000.00 - 8,999.99
	2	180500539249	PALIMA		MARIFE	CANDOLE	11/27/1985	A	8,000.00 - 8,999.99
	3	180500944208	PULIDO		CHESED CHARIS	VALENCIA	10/20/1990	A	1.00 - 4,999.99

Edit  
Employee  
Remittance

3 Record/s Found





 **PhilHealth**  
Your Partner in Health

Thursday, May 02, 2013

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Navigation icons: Home, Settings, Information, Back

Employer Profile Employees Management **Employee Management** Payment Management Transaction Monitoring

PIN	:	180501102073
Last Name	:	ASIS
Suffix	:	
First Name	:	JOSEPH
Middle Name	:	ABEJARON
Birthday	:	12/24/1990
Sex	:	M
TIN	:	
SSS	:	
GSIS	:	
CRN	:	

Employment Status :

Salary Bracket :

Salary Bracket Dropdown List:

- => 8,000.00 - 8,999.99
- 0.00 - 0.00
- 1.00 - 4,999.99
- 5,000.00 - 5,999.99
- 6,000.00 - 6,999.99
- 7,000.00 - 7,999.99
- 8,000.00 - 8,999.99
- 9,000.00 - 9,999.99
- 10,000.00 - 10,999.99
- 11,000.00 - 11,999.99
- 12,000.00 - 12,999.99
- 13,000.00 - 13,999.99
- 14,000.00 - 14,999.99
- 15,000.00 - 15,999.99
- 16,000.00 - 16,999.99
- 17,000.00 - 17,999.99
- 18,000.00 - 18,999.99
- 19,000.00 - 19,999.99
- 20,000.00 - 20,999.99
- 21,000.00 - 21,999.99
- 22,000.00 - 22,999.99
- 23,000.00 - 23,999.99
- 24,000.00 - 24,999.99
- 25,000.00 - 25,999.99
- 26,000.00 - 26,999.99
- 27,000.00 - 27,999.99
- 28,000.00 - 28,999.99
- 29,000.00 - 29,999.99
- 30,000.00 - 30,999.99
- 31,000.00 - 31,999.99



## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESED CHARIS VALENCIA

Thursday, May 02, 2013

[Employer Profile](#) [Employees Management](#) [Employees Remittance Status](#) [Payment Management](#) [Transaction Monitoring](#)

### Employee Search

PIN

Last Name

First Name

Middle Name

Filter by: Active [No Earnings](#) [Separated](#) [All](#) Applicable Period: **APRIL, 2013**

No.	PIN	Last Name	Suffix	First Name	Middle Name	Birthday	Gender	Monthly Salary Bracket
1	180501102073	ASIS		JOSEPH	ABEJARON	12/24/1990	A	8,000.00 - 8,999.99
2	180500539249	PALIMA		MARIFE	CANDOLE	11/27/1985	A	8,000.00 - 8,999.99
3	180500944208	PULIDO		CHESED CHARIS	VALENCIA	10/20/1990	A	1.00 - 4,999.99

3 Record/s Found

PhilHealth  
Your Partner in Health

Thursday, May 02, 2013

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Home Settings Information Logout

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

**Edit Applicable Period**

=>APRIL =>2013

Submit Reset

PhilHealth  
Your Partner in Health

Thursday, May 02, 2013

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Home Settings Information Logout

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

**Edit Applicable Period**

=>MAY =>2013

January  
February  
March  
April  
May  
June  
July  
August  
September  
October  
November  
December

Reset

PhilHealth  
Your Partner in Health

Thursday, September 05, 2013

Electronic Premium Reporting System 2.4

Welcome AGUILAR, JUNAMEE G

Home Settings Information Logout

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

**Edit Applicable Period**

September =>2013

Submit Reset



# Payment Management



## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Thursday, May 02, 2013

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

### Summary of PhilHealth Premium Payment

No. of Employees	Total PS	Total ES	Grand Total	Applicable Month
3	287.50	287.50	575.00	

MS=Member Status | BC=Bracket Code | PS=Personal Share | ES=Employee Share

Preliminary Employees Premium Remittance List

PIN	Last Name	First Name	Middle Name	MS	BC	PS	ES	TC
180501102073	ASIS	JOSEPH	ABEJARON	A	5	100.00	100.00	200.00
180500539249	PALIMA	MARIFE	CANDOLE	A	5	100.00	100.00	200.00
180500944208	PULIDO	CHESD CHARIS	VALENCIA	A	1	87.50	87.50	175.00

Records 1 to 3 of 3 Employee/s



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
[www.philhealth.gov.ph](http://www.philhealth.gov.ph)

**PRELIMINARY EMPLOYEES PREMIUM REMITTANCE LIST (PEPRL)**

Date/Time Generated : 06/18/2013 09:57:59  
Report Type : Regular

PhilHealth Number : 018000001224

Employer Name : HARJENS TRADE CENTER

Employer Address : BLK 49 LT 24 EMENVIL SUBD AMBAGO BUTUAN CITY AGUSAN DEL NORTE

Employer TIN : 124052875000

Employer Type : Private

No.	PhilHealth No.	Surname	Given Name	Middle Name	Applicable Period	Bracket	PS	ES	Status   Remarks
1	160252290319	CALUMBAY	JESIE	ZAPANTA	01-2013	3	87.50	87.50	A
2	180251332558	NADUMA	AILEEN JOY	LAPINIG	01-2013	5	100.00	100.00	A
Subtotal							187.50	187.50	
GRAND TOTAL							375.00		

Prepared by :

Certified True and Correct by :

Signature over Printed Name and Designation

Signature over Printed Name and Designation



## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Thursday, May 02, 2013

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

### Summary of PhilHealth Premium Payment

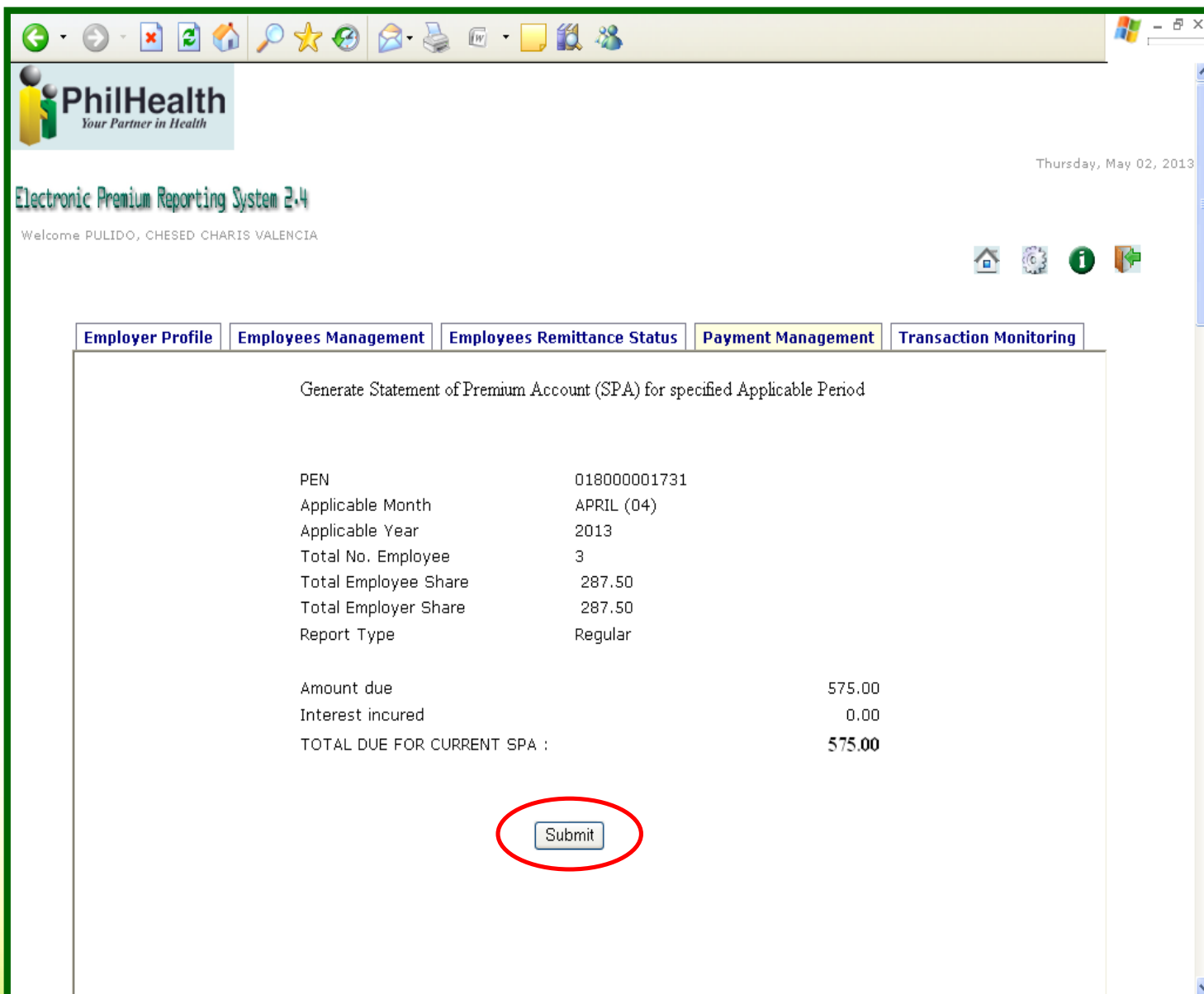
No. of Employees	Total PS	Total ES	Grand Total	Applicable Month
3	287.50	287.50	575.00	

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

Preliminary Employees Premium Remittance List

PIN	Last Name	First Name	Middle Name	MS	BC	PS	ES	TC
180501102073	ASIS	JOSEPH	ABEJARON	A	5	100.00	100.00	200.00
180500539249	PALIMA	MARIFE	CANDOLE	A	5	100.00	100.00	200.00
180500944208	PULIDO	CHESD CHARIS	VALENCIA	A	1	87.50	87.50	175.00

Records 1 to 3 of 3 Employee/s









Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESED CHARIS VALENCIA

Home Clock Info Logout

[Employer Profile](#)
[Employees Management](#)
[Employees Remittance Status](#)
[Payment Management](#)
[Transaction Monitoring](#)

SPA FOR PAYMENT AND POSTING

		SPA No.	Applicable Period	Personal Share	Employer Share	Total Contribution	No. of Employees	Report Type	SPA Date	
		SPA100000334717	05-2013	287.50	287.50	575.00	3	Regular	05/02/2013	
		SPA100000330396	04-2013	287.50	287.50	575.00	3	Regular	04/30/2013	







2 Record/s Found

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

[Employer Profile](#)
[Employees Management](#)
[Employees Remittance Status](#)
[Payment Management](#)
[Transaction Monitoring](#)

SPA FOR PAYMENT AND POSTING

		SPA No.	Applicable Period	Personal Share	Employer Share	Total Contribution	No. of Employees	Report Type	SPA Date	
		SPA100000334717	05-2013	287.50	287.50	575.00	3	Regular	05/02/2013	
		Print SPA100000334717 SPA100000330396	04-2013	287.50	287.50	575.00	3	Regular	04/30/2013	

2 Record/s Found

PhilHealth Employer Portal - Windows Internet Explorer

https://eprs01.philhealth.gov.ph/employer.asp

https://eprs01.philhealth.gov.ph/fpdf/spa.asp?SPA10000003881 - Windows Internet Explorer

https://eprs01.philhealth.gov.ph/fpdf/spa.asp?SPA1000000

Search Ask Listen to music Create PDF Options

https://eprs01.philhealth.gov.ph/fpdf/spa.asp?SP...

PHILIPPINE HEALTH INSURANCE CORPORATION  
Citystate Centre Building, 709 Shaw Boulevard, Pasig City  
Headline: 441-7244 Website: www.philhealth.gov.ph

**STATEMENT OF PREMIUM ACCOUNT (SPA)**

PEN : 150702000001 SPA NO : SPA100000003881  
EMPLOYER TYPE : Government DATE : 10/10/2012  
Business/Agency Name : MUNICIPAL GOVERNMENT OF LAS NIEVES  
Attention : PhilHealth Employer Engagement Representative (PEER) Remittance Due Date  
On or Before 10 November 2012

CURRENT SPA CHARGES

Applicable Month : October 2012  
No. of Employees : 118

Posting Due Date  
On or Before 15 November 2012

**Amount of Premium:**

Employee Share	19,700.00
Employer Share	19,700.00

1 / 1 96.09% Size: [8.27 \* 11.69 in]

Done Internet | Protected Mode: On 100%

Internet | Protected Mode: On 100%

3:21 PM  
10/10/2012



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 Corporate Center Building, 709 Shaw Boulevard, Pasig City  
 Telephone: 02-771-1111 or visit us at www.philhealth.gov.ph



**STATEMENT OF PREMIUM ACCOUNT (SPA)**

PEN : 019000013711 SPA NO : SPA100000000261  
 EMPLOYER TYPE : Government DATE : 09/24/2012  
 Business/Agency Name : QUEDAN AND RURAL CREDIT GUARANTEE CORPORATION  
 Attention : PhilHealth Account Examiner Representative (PEAR)

Remittance Due Date  
 On or Before 10 October 2012

**CURRENT SPA CHARGES**

Posting Due Date  
 On or Before 16 October 2012

Applicable Month : September 2012  
 No. of Employees : 20

**Amount of Premium:**

Employee Share 3,250.00  
 Employer Share 3,250.00

Amount Due : 6,500.00  
 Penalties/Interest Incurred : 0.00

TOTAL DUE FOR CURRENT SPA : 6,500.00

**TOTAL AMOUNT DUE : 6,500.00**

EPRS 6 EASY STEPS IN PREMIUM PAYMENTS		
Steps (Employer Activity)	(Timelines)	(Requirement)
1) Membership updating in EPRS	Within 30 days of the applicable month	Mandatory
2) Generation of Preliminary Employees Premium List	1st-5th day after the applicable month	Optional
3) Generation of Statement of Premium Account	6th day after the applicable month	Mandatory
4) Preparation of voucher and check	7th-9th day after the applicable month	Mandatory
5) Remittance of PhilHealth Premium Contribution	On or before the 10th after the applicable month	Mandatory
6) Posting of Payment to EPRS	11th-15th day after the applicable month	Mandatory

**Note:**

- This Statement of Premium Account reflects the total amount due based on membership records as of the last day of the applicable month.
- The total amount due in this SPA shall only pertain and apply to the total amount of premium remittance for the applicable month for which this SPA was generated. Any arrearages, interest incurred from unpaid remittances, penalty and surcharges that may be due from the employer shall not be deemed included herein, unless it is otherwise specifically stated in the SPA.
- As provided in PhilHealth Circular No. 011, 2 2012, effective 01 January 2013, premium contribution schedule for the formal sector employees and their employers is revised as follows:

Monthly Salary Range	Premium Rate	Personal Share	Employer Share
Php7,000.00 and below	210	105	105
Php7,000.00 up to	3%	1.5%	1.5%
Php50,000.00 and	1,500	750	750

- Please Print the SPA as your supporting document to the disbursement voucher. To remit your contribution, please detach and bring the PPPS to your nearest PhilHealth LHO or Business Center or to our Accredited Collecting Agents (ACAs).

Cut-off Here



**PHILHEALTH PREMIUM PAYMENT SLIP**

SPA NO : SPA100000000261  
 DATE : 09/24/2012

PEN : 019000013711  
 EMPLOYER TYPE : Government  
 Business/Agency Name : QUEDAN AND RURAL CREDIT GUARANTEE CORPORATION  
 Applicable Month : September 2012 No. of Employees : 20

Employee Share 3,250.00  
 Employer Share 3,250.00

Interest/Penalty 0.00

Amount Due : 6,500.00

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESED CHARIS VALENCIA

[Employer Profile](#)
[Employees Management](#)
[Employees Remittance Status](#)
[Payment Management](#)
[Transaction Monitoring](#)

Summary of PhilHealth Premium Payment

No. of Employees	Total PS	Total ES	Grand Total	Applicable Month
3	287.50	287.50	575.00	

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

Preliminary Employees Premium Remittance List

PIN	Last Name	First Name	Middle Name	MS	BC	PS	ES	TC
180501102073	ASIS	JOSEPH	ABEJARON	A	5	100.00	100.00	200.00
180500539249	PALIMA	MARIFE	CANDOLE	A	5	100.00	100.00	200.00
180500944208	PULIDO	CHESED CHARIS	VALENCIA	A	1	87.50	87.50	175.00

Records 1 to 3 of 3 Employee/s

1. Print PEPR (Optional)  
 2. Generate SPA/PPPS  
 3. Payment for Posting  
 SPA History

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

[Employer Profile](#)
[Employees Management](#)
[Employees Remittance Status](#)
[Payment Management](#)
[Transaction Monitoring](#)

SPA FOR PAYMENT AND POSTING

		SPA No.	Applicable Period	Personal Share	Employer Share	Total Contribution	No. of Employees	Report Type	SPA Date	
		SPA100000334717	05-2013	287.50	287.50	575.00	3	Regular	05/02/2013	
		SPA100000330396	04-2013	287.50	287.50	575.00	3	Regular	04/30/2013	

2 Record/s Found

Payment Option

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Home Calendar Info Logout

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

PAYMENT FOR POSTING

SPA NO. : **SPA100000334717**

SPA DATE : **05/02/2013**

APPLICABLE PERIOD : **05-2013**

PERSONAL SHARE : **287.50**

EMPLOYER SHARE : **287.50**

GRAND TOTAL : **575.00**

NO. OF EMPLOYEES : **3**

REPORT TYPE : **Regular**

PAYMENT OPTION:

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESED CHARIS VALENCIA

Home Settings Information Help

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

PAYMENT FOR POSTING

SPA NO. : SPA100000334717

SPA DATE : 05/02/2013

APPLICABLE PERIOD : 05-2013

PERSONAL SHARE : 287.50

EMPLOYER SHARE : 287.50

GRAND TOTAL : 575.00

NO. OF EMPLOYEES : 3

REPORT TYPE : Regular

PAYMENT OPTION:

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

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESED CHARIS VALENCIA

Home Settings Information Help

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

PAYMENT FOR POSTING

SPA NO. : SPA100000334717  
SPA DATE : 05/02/2013  
APPLICABLE PERIOD : 05-2013  
PERSONAL SHARE : 287.50  
EMPLOYER SHARE : 287.50  
GRAND TOTAL : 575.00  
NO. OF EMPLOYEES : 3  
REPORT TYPE : Regular

PAYMENT OPTION: PhilHealth Over-the-Counter

POR NO. :

POR DATE: May 2 2013

Submit

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESED CHARIS VALENCIA

Home Settings Information Help

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

PAYMENT FOR POSTING

SPA NO. : SPA100000334717

SPA DATE : 05/02/2013

APPLICABLE PERIOD : 05-2013

PERSONAL SHARE : 287.50

EMPLOYER SHARE : 287.50

GRAND TOTAL : 575.00

NO. OF EMPLOYEES : 3

REPORT TYPE : Regular

PAYMENT OPTION: PhilHealth Over-the-Counter

POR NO. :

POR DATE: May 2 2013

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESED CHARIS VALENCIA

Home Settings Information Help

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

**PAYMENT FOR POSTING**

SPA NO. : **SPA100000334717**  
SPA DATE : **05/02/2013**  
APPLICABLE PERIOD : **05-2013**  
PERSONAL SHARE : **287.50**  
EMPLOYER SHARE : **287.50**  
GRAND TOTAL : **575.00**  
NO. OF EMPLOYEES : **3**  
REPORT TYPE : **Regular**

PAYMENT OPTION: **PhilHealth Over-the-Counter**

POR NO. :

POR DATE: May 2 2013

**Submit**

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESED CHARIS VALENCIA

Home Settings Information Help

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

PAYMENT FOR POSTING

SPA NO. : SPA100000334717

SPA DATE : 05/02/2013

APPLICABLE PERIOD : 05-2013

PERSONAL SHARE : 287.50

EMPLOYER SHARE : 287.50

GRAND TOTAL : 575.00

NO. OF EMPLOYEES : 3

REPORT TYPE : Regular

PAYMENT OPTION:

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

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESED CHARIS VALENCIA

Home Settings Information Help

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

PAYMENT FOR POSTING

SPA NO. : SPA100000334717  
SPA DATE : 05/02/2013  
APPLICABLE PERIOD : 05-2013  
PERSONAL SHARE : 287.50  
EMPLOYER SHARE : 287.50  
GRAND TOTAL : 575.00  
NO. OF EMPLOYEES : 3  
REPORT TYPE : Regular

PAYMENT OPTION: Collecting Agent Banks/Non-Banks

Select Accredited Collecting Agents

Select Accredited Collecting Agent

OR NO. :

OR DATE: May 2 2013

Submit



Electronic Premium Reporting System  
Welcome PULIDO, CHESED CHARIS

Select Accredited Collecting Agent

1ST VALLEY BANK (RURAL BANK OF KAPATAGAN VALLEY, INC.)  
ALLIED BANKING CORPORATION  
ASIA TRUST BANK  
ASIA UNITED BANK  
ASIAN BANK CORPORATION  
BANCNET  
BANCO DE ORO  
BANGKO KABAYAN, INC. (BANGKO KABAYAN-HBAAN RURAL BANK, INC.)  
BANGKO PASIG  
BANK OF COMMERCE  
BANK OF PHILIPPINE ISLANDS  
BANK ONE SAVINGS & TRUST COMPANY  
BDO-EQUITABLE-PCI BANK  
BUKIDNON COOPERATIVE BANK  
CAMLIG BANK A RURAL BANK  
CANTILLAN BANK, INC.  
CENTURY RURAL BANK  
CENTURY SAVINGS BANK  
CHINA BANK SAVINGS  
CHINA BANKING CORPORATION  
CIS BAYAD CENTER, INC.  
CITIBANK  
CITYSTATE SAVINGS BANK  
COUNTRY BUILDERS BANK INC FORMER (CRBTI)  
COUNTRY RURAL BANK OF TAGUIG  
D'ASIAN HILLS BANK INCORPORATED  
DAO HENG BANK, INC.  
DBP AUTO-DEBIT ARRANGEMENT  
DEVELOPMENT BANK OF THE PHILIPPINES

Select Accredited Collecting Agent

Employer Profile

OR NO. :

OR DATE: May 2 2013

Submit

gement Transaction Monitoring

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Welcome PULIDO, CHESED CHARIS VALENCIA

Home Settings Information Help

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

PAYMENT FOR POSTING

SPA NO. : SPA100000334717  
SPA DATE : 05/02/2013  
APPLICABLE PERIOD : 05-2013  
PERSONAL SHARE : 287.50  
EMPLOYER SHARE : 287.50  
GRAND TOTAL : 575.00  
NO. OF EMPLOYEES : 3  
REPORT TYPE : Regular

PAYMENT OPTION: Collecting Agent: Banks/Non-Banks

Select Accredited Collecting Agents

ALLIED BANKING CORPORATION

OR NO. :

OR DATE: May 2 2013

Submit

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Welcome PULIDO, CHESED CHARIS VALENCIA

Home Settings Information Help

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

PAYMENT FOR POSTING

SPA NO. : SPA100000334717

SPA DATE : 05/02/2013

APPLICABLE PERIOD : 05-2013

PERSONAL SHARE : 287.50

EMPLOYER SHARE : 287.50

GRAND TOTAL : 575.00

NO. OF EMPLOYEES : 3

REPORT TYPE : Regular

PAYMENT OPTION: Collecting Agent Banks/Non-Banks

Select Accredited Collecting Agents

ALLIED BANKING CORPORATION

OR NO. :

OR DATE: May 2 2013

Submit

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

PAYMENT FOR POSTING

SPA NO. : SPA100000334717  
SPA DATE : 05/02/2013  
APPLICABLE PERIOD : 05-2013  
PERSONAL SHARE : 287.50  
EMPLOYER SHARE : 287.50  
GRAND TOTAL : 575.00  
NO. OF EMPLOYEES : 3  
REPORT TYPE : Regular

PAYMENT OPTION: Collecting Agent Banks/Non-Banks

Select Accredited Collecting Agents

ALLIED BANKING CORPORATION

OR NO. :

OR DATE: May 2 2013

Submit



Electronic Premium Reporting System E-PS

Welcome ALCARICO, MONIKKA R

Home Gear Information Back

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

PAR Information		Online Information
Statement of Premium Account No.		SPA100000003899
Amount of Contribution	<b>26,600.00</b>	<b>26,600.00</b>
OR No.	39220229	
OR Date	09/10/2012	
Applicable Period	082012	082012
PEN	018000000438	
Bank	PHIC	
Branch		
Number of Employees		227

**Finalized**

Internet | Protected Mode: On 100%



## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Thursday, May 02, 2013

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

### Summary of PhilHealth Premium Payment

No. of Employees	Total PS	Total ES	Grand Total	Applicable Month
3	287.50	287.50	575.00	

MS=Member Status | BC=Bracket Code | PS=Personal Share | ES=Employ


Preliminary Employees Premium Remittance Li

- 1. Print PEPRL (Optional)
- 2. Generate SPA/PPPS
- 3. Payment for Posting

SPA History

PIN	Last Name	First Name	Middle Name	MS	BC	PS	ES	TC
180501102073	ASIS	JOSEPH	ABEJARON	A	5	100.00	100.00	200.00
180500539249	PALIMA	MARIFE	CANDOLE	A	5	100.00	100.00	200.00
180500944208	PULIDO	CHESD CHARIS	VALENCIA	A	1	87.50	87.50	175.00

Records 1 to 3 of 3 Employee/s







**PhilHealth**  
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Thursday, May 02, 2013







Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

[Employer Profile](#)
[Employees Management](#)
[Employees Remittance Status](#)
[Payment Management](#)
[Transaction Monitoring](#)

STATEMENT OF PREMIUM ACCOUNT (SPA) HISTORY

SPA No.	Applicable Period	Personal Share	Employer Share	Total Contribution	No. of Employees	Report Type	SPA Date	
<a href="#">SPA100000334717</a>	05-2013	287.50	287.50	575.00	3	Regular	05/02/2013	
<a href="#">SPA100000330396</a>	04-2013	287.50	287.50	575.00	3	Regular	04/30/2013	
<a href="#">SPA100000305094</a>	03-2013	287.50	287.50	575.00	3	Regular	04/18/2013	
<a href="#">SPA100000305090</a>	02-2013	287.50	287.50	575.00	3	Regular	04/18/2013	
<a href="#">SPA100000305083</a>	01-2013	287.50	287.50	575.00	3	Regular	04/18/2013	
<a href="#">SPA100000069406</a>	11-2012	212.50	212.50	425.00	4	Regular	12/14/2012	

6 Record/s Found









## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Thursday, May 02, 2013

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### STATEMENT OF PREMIUM ACCOUNT (SPA) HISTORY

SPA No.	Applicable Period	Personal Share	Employer Share	Total Contribution	No. of Employees	Report Type	SPA Date	
<a href="#">SPA100000334717</a>	05-2013	287.50	287.50	575.00	3	Regular	05/02/2013	
<a href="#">SPA100000330396</a>	04-2013	287.50	287.50	575.00	3	Regular	04/30/2013	
<a href="#">SPA100000305094</a>	03-2013	287.50	287.50	575.00	3	Regular	04/18/2013	
<a href="#">SPA100000305090</a>	02-2013	287.50	287.50	575.00	3	Regular	04/18/2013	
<a href="#">SPA100000305083</a>	01-2013	287.50	287.50	575.00	3	Regular	04/18/2013	
<a href="#">SPA100000069406</a>	11-2012	212.50	212.50	425.00	4	Regular	12/14/2012	

6 Record/s Found



## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Thursday, May 02, 2013

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### STATEMENT OF PREMIUM ACCOUNT (SPA) HISTORY

SPA No.	Applicable Period	Personal Share	Employer Share	Total Contribution	No. of Employees	Report Type	SPA Date	
<a href="#">SPA100000334717</a>	05-2013	287.50	287.50	575.00	3	Regular	05/02/2013	
<a href="#">SPA100000330396</a>	04-2013	287.50	287.50	575.00	3	Regular	04/19/2013	
<a href="#">SPA100000305094</a>	03-2013	287.50	287.50	575.00	3	Regular	04/18/2013	
<a href="#">SPA100000305090</a>	02-2013	287.50	287.50	575.00	3	Regular	04/18/2013	
<a href="#">SPA100000305083</a>	01-2013	287.50	287.50	575.00	3	Regular	04/18/2013	
<a href="#">SPA100000069406</a>	11-2012	212.50	212.50	425.00	4	Regular	12/14/2012	

6 Record/s Found



# Transaction Monitoring







PhilHealth  
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Thursday, May 02, 2013

Electronic Premium Reporting System 2.4

Welcome AUTOR, SARA FAITH P

Employer Profile

Employees Management










Employees Remittance Status

Payment Management

Transaction Monitoring

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		
	SPA100000330825	04/30/2013	PHIC	33182183	12/14/2011	11-2011	1	100.00	Received			
	SPA100000330793	04/30/2013	PHIC	33182182	12/14/2011	10-2011	2	100.00	Received			
	SPA100000330437	04/30/2013	PHIC	32417325	09/29/2011	09-2011	2	200.00	Received			

Records 1 to 3 of 3 Transaction/s



## Electronic Premium Reporting System 2.4

Welcome AUTOR, SARA FAITH P

Thursday, May 02, 2013

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

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	
	SPA100000330825	04/30/2013	PHIC	33182183	12/14/2011	11-2011	1	100.00	Received		
	SPA100000330793	04/30/2013	PHIC	33182182	12/14/2011	10-2011	2	100.00	Received		
	SPA100000330437	04/30/2013	PHIC	32417325	09/29/2011	09-2011	2	200.00	Received		

Records 1 to 3 of 3 Transaction/s



Thursday, May 02, 2013

## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESED CHARIS VALENCIA



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

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		
	SPA100000305094	04/18/2013	PHIC	43939886	04/18/2013	03-2013	3	575.00	Posted	04/24/2013		
	SPA100000305090	04/18/2013	PHIC	43931413	03/13/2013	02-2013	3	575.00	Posted	04/26/2013		
	SPA100000305083	04/18/2013	PHIC	41362258	02/08/2013	01-2013	3	575.00	Posted	04/26/2013		
	SPA100000069406	12/14/2012	PHIC	39836259	12/10/2012	11-2012	4	425.00	Posted	01/13/2013		

Records 1 to 4 of 4 Transaction/s



Thursday, May 02, 2013

## Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA




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

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	
	SPA100000305094	04/18/2013	PHIC	43939886	04/18/2013	03-2013	3	575.00	Posted	04/24/2013	
	SPA100000305090	04/18/2013	PHIC	43931413	03/13/2013	02-2013	3	575.00	Posted	04/26/2013	
	SPA100000305083	04/18/2013	PHIC	41362258	02/08/2013	01-2013	3	575.00	Posted	04/26/2013	
	SPA100000069406	12/14/2012	PHIC	39836259	12/10/2012	11-2012	4	425.00	Posted	01/13/2013	

Records 1 to 4 of 4 Transaction/s







**PhilHealth**  
Your Partner in Health

Thursday, May 02, 2013

Electronic Premium Reporting System 2.4

Welcome PULIDO, CHESD CHARIS VALENCIA

Employer Profile

Employees Management













Employees Remittance Status

Payment Management

Transaction Monitoring

Online Posting Transaction History  
Transaction with SPA

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	SPA No.	Transaction Date	ACA	OR No.	OR Date	Month Covered	Total Employees	Total Amount	Status Report	Date Posted		
	SPA100000305094	04/18/2013	PHIC	43939886	04/18/2013	03-2013	3	575.00	Posted	04/24/2013		
	0000305090	04/18/2013	PHIC	43931413	03/13/2013	02-2013	3	575.00	Posted	04/26/2013		
	SPA100000305083	04/18/2013	PHIC	41362258	02/08/2013	01-2013	3	575.00	Posted	04/26/2013		
	SPA10000069406	12/14/2012	PHIC	39836259	12/10/2012	11-2012	4	425.00	Posted	01/13/2013		

Records 1 to 4 of 4 Transaction/s



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
[www.philhealth.gov.ph](http://www.philhealth.gov.ph)

SPA No. : SPA100000343725  
 Document Control Number : 20020230071743962472  
 Date/Time Generated : 06/25/2013 10:40:12  
 Date Received : 05/08/2013 07:45:55  
 Report Type : Regular

### EMPLOYER'S REMITTANCE REPORT

PhilHealth Number : 200202300717  
 Employer Name : **AMPAYON CALTEX STATION-DAISY P CHIU**  
 Employer Address : **AMPAYON BUTUAN CITY AGUSAN DEL NORTE**  
 Employer TIN : **102734429**  
 Employer Type : **Private**

No.	PhilHealth No.	Surname	Given Name	Middle Name	Applicable Period	Bracket	PS	ES	Status   Remarks
1	180500200934	ALEJANDRIA	LOLITA	JAMERO	04-2013	5	100.00	100.00	A
2	180500766083	BACSAN	CRISANTO	HUSAIN	04-2013	3	87.50	87.50	A
3	180500355091	BACSAN	ROBERT	HUSAIN	04-2013	3	87.50	87.50	A
4	180500653858	CABARSE	ROSAURO	LAMOSTE	04-2013	0	0.00	0.00	NE
5	180500653831	CABUSAO	BOYEN	TAN	04-2013	3	87.50	87.50	A
6	180500327373	CAGA	ANALITA	LANGIT	04-2013	4	87.50	87.50	A
7	180500327411	CAGA	ROMEO	MAPOTE	04-2013	3	87.50	87.50	A
8	180500842898	DOYON	BRYAN	LANGIT	04-2013	3	87.50	87.50	A
9	180500327365	GALIDO JR	OSCAR	RADA	04-2013	0	0.00	0.00	NE
10	180500183304	GALIDO	OSCAR	WAPILLE	04-2013	3	87.50	87.50	A
11	180500183320	LANGIT	NARCISA	TAHIL	04-2013	H	250.00	250.00	A
12	190514896732	LUAD	CELSORIMAR	MACALIS	04-2013	3	87.50	87.50	A
13	180250242733	MILLOREN	LEAH	ALEJANDRIA	04-2013	7	125.00	125.00	A
14	180500355083	PEÑAS	FEJIE	ALCOVIR	04-2013	3	87.50	87.50	A
15	180500653823	SALVAÑA	JOYCEL	SALAS	04-2013	3	87.50	87.50	A
16	180500886771	SAMONTINA	JULIETO	LAGO	04-2013	3	87.50	87.50	A
17	180500200977	SAS	ALLAN	CAILA	04-2013	0	0.00	0.00	NE
18	180500327403	SIMBAJON	JENNIFER	ELARDO	04-2013	0	0.00	0.00	NE



6	180500327373	CAGA	ANALITA	LANGIT	04-2013	4	87.50	87.50	A
7	180500327411	CAGA	ROMEO	MAPOTE	04-2013	3	87.50	87.50	A
8	180500842898	DOYON	BRYAN	LANGIT	04-2013	3	87.50	87.50	A
9	180500327365	GALIDO JR	OSCAR	RADA	04-2013	0	0.00	0.00	NE
10	180500183304	GALIDO	OSCAR	WAPILLE	04-2013	3	87.50	87.50	A
11	180500183320	LANGIT	NARCISA	TAHIL	04-2013	H	250.00	250.00	A
12	190514896732	LUAD	CELSORIMAR	MACALIS	04-2013	3	87.50	87.50	A
13	180250242733	MILLOREN	LEAH	ALEJANDRIA	04-2013	7	125.00	125.00	A
14	180500355083	PEÑAS	FEJIE	ALCOVIR	04-2013	3	87.50	87.50	A
15	180500653823	SALVAÑA	JOYCEL	SALAS	04-2013	3	87.50	87.50	A
16	180500886771	SAMONTINA	JULIETO	LAGO	04-2013	3	87.50	87.50	A
17	180500200977	SAS	ALLAN	CAILA	04-2013	0	0.00	0.00	NE
18	180500327403	SIMBAJON	JENNIFER	ELARDO	04-2013	0	0.00	0.00	NE
19	180500475852	TOMOL	RICO	MERIOLES	04-2013	0	0.00	0.00	NE
20	180500838688	TORITA	JOVIELYN	OCCEÑA	04-2013	3	87.50	87.50	A
<b>Subtotal</b>							1,525.00	1,525.00	
<b>GRAND TOTAL</b>							3,050.00		

Remitted Amount : 3,050.00  
 POR No. : 43962472  
 Transaction Date : 05/06/2013  
 No. of Employees : 20  
 Status Report : Posted  
 Date Posted : 05/10/2013

*This is an EPRS generated Employer Remittance Report. Certification of employer is not required.*

Philippine Health Insurance Corporation

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# PHILIPPINES MAKES DOING BUSINESS EASIER

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**Members**

This section features the different membership categories, premium payment, data amendment and other procedures that each type of member must know. We have custom-fit the information to ensure that we address the specific concerns of each of our member types.

**Benefits**

This section features a variety of comprehensive health care services -from basic primary care to catastrophic packages to provide members and their families with the information they need on benefits and benefits availment. It includes eligibility requirements, coverage, general guidelines for specific diseases and selections criteria among others.

**member inquiry**

PIN

Password

Login

Register | Forgot Password?

**search case rates**

By Description:

By ICD 10 Code:

By RVS Code:

Search Clear

2:55 PM  
5/5/2015

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### Members

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member inquiry

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search case rates

By Description:  
  
By ICD 10 Code:  
  
By RVS Code:



2:55 PM  
5/5/2015



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Seal of the Department of Health  
Seal of the Philippine Health Insurance Corporation

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### Basic Information

\* PhilHealth Identification Number : 180250160427 ✓  
\* Last Name : CASTAÑOS ✓  
\* First Name : MARICEL ✓  
\* Mobile No. : 09209823498 ✓  
\* Sex : FEMALE ✓  
\* Date of Birth : DECEMBER 27 1978 ✓  
\* Email Address : acelmadelocastanos@gmail.com ✓  
\* Re-type Email Address : acelmadelocastanos@gmail.com ✓

### Security Question

\* First Question : Your Mother's Maiden Middle Name ✓  
\* First Answer : LAMBOT ✓  
\* Second Question : What is the country of your ultimate dream ✓  
\* Second Answer : UNITED KINGDOM ✓  
\* Third Question : In what city or town did you meet your spo ✓  
\* Third Answer : SURIGAO CITY ✓  
Security Code : 63716

# Confirmation

The screenshot shows a Gmail interface with a confirmation email from PHILHEALTH. The email is titled "PHILHEALTH Member Information System" and is from "NOREPLY <noreply@philhealth.gov.ph>". It was received at 3:47 PM (15 minutes ago). The email content includes a registration date of 05 May 2015, a greeting to Mr./Ms. CASTAÑOS MARICEL, and a message stating that the account has been successfully created. It provides a PIN (180250160427) and a password field. A link is provided for activation: [https://memberinquiry.philhealth.gov.ph/info/activation.php?ApplicationID=VYYM4mgsyHcbXXPIYPBxSH0m9O2BEhvHGokHXAfr\\_1w](https://memberinquiry.philhealth.gov.ph/info/activation.php?ApplicationID=VYYM4mgsyHcbXXPIYPBxSH0m9O2BEhvHGokHXAfr_1w). It also includes contact information for the PHILHEALTH Head Office and a note to not reply to the email.

Philippine Health Insurance x PHILHEALTH Member Info x Philippine Health Insurance x https://memberinquiry.ph x

https://mail.google.com/mail/?pli=1#inbox/14d230b4240f4e46

Google

Click here to enable desktop notifications for Gmail. Learn more Hide

Gmail

COMPOSE

PHILHEALTH Member Information System

Inbox x

NOREPLY <noreply@philhealth.gov.ph> 3:47 PM (15 minutes ago)

to me

Registration Date: 05 May 2015

Dear Mr./Ms. CASTAÑOS MARICEL

Your account has been successfully created. To activate your account please click the link below and log-in using the following information:

PIN: 180250160427

PASSWORD:

Please click the link below and activate your account to complete your registration:

[https://memberinquiry.philhealth.gov.ph/info/activation.php?ApplicationID=VYYM4mgsyHcbXXPIYPBxSH0m9O2BEhvHGokHXAfr\\_1w](https://memberinquiry.philhealth.gov.ph/info/activation.php?ApplicationID=VYYM4mgsyHcbXXPIYPBxSH0m9O2BEhvHGokHXAfr_1w)

If the link is not working, copy and paste it to your browser address bar.

Should you have any questions, suggestions or comments, you may e-mail us at [actioncenter@philhealth.gov.ph](mailto:actioncenter@philhealth.gov.ph) or call 441-7442.

Sincerely,

PhilhealthMember Management Team

PHILHEALTH Head Office  
Citystate Centre, 709 Shaw Boulevard  
1603 Pasig City.

Please do not reply this is a system generated email.

Click here to Reply or Forward

0.21 GB (1%) of 15 GB used

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### Members

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### Benefits

This section features a variety of comprehensive health care services -from basic primary care to catastrophic packages to provide members and their families with the information they need on benefits and benefits availment. It includes eligibility requirements, coverage, general guidelines for specific diseases and selections criteria among others.



member inquiry

[Forgot Password?](#)

search case rates

By Description:  
  
By ICD 10 Code:  
  
By RVS Code:



2:55 PM  
5/5/2015

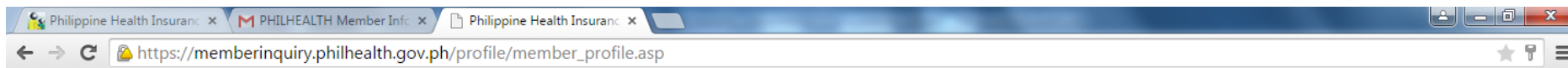


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Your Partner in Health



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Seal of the Department of Health  
Seal of the Philippine Health Insurance Corporation

# HOME PAGE



Home

## Member Static Information :

PhilHealth Number	180250160427
Last Name	CASTAÑOS
First Name	MARICEL
Middle Name	MADELO
Date of Birth	12/27/1978
Gender	FEMALE
CRN	



Member Profile



Premium Contributions



Reset Password



MDR Printing



Logout

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3:51 PM  
5/5/2015

# MEMBER PROFILE



Home

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PhilHealth Number	180250160427
Last Name	CASTAÑOS
First Name	MARICEL
Middle Name	MADELO
Suffix	
Maiden Name	
Sex	FEMALE
CRN	
Date of Birth	12/27/1978
Marital Status	MARRIED
Address	08833 DON JULIO CANLANIPA HOMES CANLANIPA SURIGAO CITY SURIGAO DEL NORTE 8400
Member Category	GOVERNMENT
Member Type	
Date Created	1/17/2001
Employment Status/Membership Effectivity	
Employer Number	018000001271
Employer Name	PHILIPPINE HEALTH INSURANCE CORPORATION-CARAGA

## Dependent/s

Last Name	First Name	Middle Initial	Suffix	Relationship	Birth Date	Civil Status	Disability	Date of Death	Remarks	Status
CASTAÑOS	ALVIN BENEDICT	MADELO		SON	3/20/2007	S				VALID
CASTAÑOS	MALYIAH BERNADETTE	MADELO		DAUGHTER	3/27/2011	S				VALID

Should there be discrepancy in your profile, you may contact PhilHealth Corporate Action Center at 441-7442 or email at [actioncenter@philhealth.gov.ph](mailto:actioncenter@philhealth.gov.ph). You may also visit the PhilHealth Office near you.



# PREMIUM CONTRIBUTIONS

Philippine Health Insurance x PHILHEALTH Member Info x Philippine Health Insurance x

https://memberinquiry.philhealth.gov.ph/profile/inq\_mem\_contri.asp

Home

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**Member Profile**  
PhilHealth No. : 180250160427  
Member Name : CASTAÑOS , MARICEL MADELO  
TIN :  
SSS :

**Employer Profile**  
PEN : 018000001271  
Current Employer : PHILIPPINE HEALTH INSURANCE CORPORATION-CARAGA

Summary of Contributions

Total Member Share	Total Employer Share	Total Amount of Contribution	Total Months
24,462.50	20,937.50	45,400.00	128

Member Contribution Payment History

Year	Month	Member Share	Employer Share	Total Contribution
2015	February	250.00	250.00	500.00
2015	January	250.00	250.00	500.00
2014	December	250.00	250.00	500.00
2014	November	250.00	250.00	500.00
2014	October	250.00	250.00	500.00
2014	September	250.00	250.00	500.00
2014	August	250.00	250.00	500.00
2014	July	250.00	250.00	500.00
2014	June	250.00	250.00	500.00
2014	May	250.00	250.00	500.00
2014	April	250.00	250.00	500.00
2014	March	250.00	250.00	500.00
2014	February	250.00	250.00	500.00

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gma.philhealth@gmail.com

3:59 PM  
5/5/2015



**MEMBER DATA RECORD**

**MEMBER INFORMATION**

PhilHealth Identification Number (PIN) : 180250160427  
 Member Category : FORMAL ECONOMY  
 Sub-Category : GOVERNMENT  
 NHTS Coverage :  
 Effectivity Period :  
  
**CASTAÑOS , MARICEL MADELO**  
 08833 DON JULIO CANLANIPA HOMES  
 CANLANIPA, SURIGAO CITY, SURIGAO DEL  
 NORTE 8400  
  
 Foreign Address : N/A  
 Sex : Female  
 Date of Birth : 12/27/1978  
 Place of Birth : URDANETA, PANGASINAN  
  
 Contact No. (Foreign) : N/A  
 (Local) : 8262573  
 Civil Status : MARRIED  
 Tax Identification Number :

**EMPLOYER/ORGANIZED GROUP INFORMATION**

PhilHealth Number (PEN/POCNI) : 018000001271  
 Name of Employer/Organized Group : PHILIPPINE HEALTH INSURANCE CORPORATION-CARAGA  
 Business Address : LYNZEES BLDG 766 J ROSALES AVE LAPU-LAPU (BCY. 8), BUTUAN CITY, AGUSAN DEL NORTE  
  
 Telephone Number : 3413359  
 Tax Identification Number : 003505401018

**DEPENDENT INFORMATION**

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
182508036931	CASTAÑOS	ALVIN BENEDICT	MADELO	Male	Son	3/29/2007
	CASTAÑOS	MALYIAH BERNADETTE	MADELO	Female	Daughter	3/27/2011

\*\*\* NOTHING FOLLOWS \*\*\*

**Pasalala:** Basahin ang nilalaman ng MDR. Kung may kulang o mali, dalhin agad ang kopya sa pinakamalapit na PhilHealth Office upang maiwasto. Inyutan ang inyong kopya ng MDR at huwag ibigay kahit kanino.

**Reminder:** Read the contents of the MDR. Should there be discrepancies, bring your copy to the nearest PhilHealth Office to amend or rectify errors. Take good care of the MDR and do not hand it over to anybody.

This is a Member Inquiry System generated report.  
 5/5/2015 4:00:52 PM

# PBEF



## PHILIPPINE HEALTH INSURANCE CORPORATION

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



### PhilHealth Benefit Eligibility Form

\*Bawat Pilipino Miyembro, Bawat Miyembro Protektado, Kalusugan Natin Segurado

RECEIVED

MAY 02 2014

Date & Time of Generation : MARCH 27, 2014 03:03:10

HCI Portal Reference No. : BEF10000000019228

#### HEALTH CARE INSTITUTION (HCI) INFORMATION

Name of Institution : D.O. PLAZA MEMORIAL HOSPITAL

Accreditation No. : H14014693

BY: HEALTH CARE DELIVERY MGT DIVISION

#### MEMBER INFORMATION

PhilHealth Identification No. : 230013922018

Name of Member : DULCE, JOSELITO LOPEZ

Sex : MALE

Date of Birth : JULY 21, 1974

Member Category : INDIGENT

#### PATIENT INFORMATION

Name of Patient : DULCE, JOSELITO LOPEZ

Date Admitted : MARCH 18, 2014

Date Discharged : MARCH 27, 2014

Sex : MALE

Date of Birth : JULY 21, 1974

#### ELIGIBILITY INFORMATION

ELIGIBLE TO AVAIL PHILHEALTH BENEFITS? = YES

Reason/s: undefined

#### Attached Documents:

Properly Accomplished PMRF

#### Important Reminders:

1. Generation and printing of this form is FREE for all PhilHealth Beneficiaries.
2. This form shall be submitted along with the required PhilHealth claims forms and is valid only for the confinement/admission stated above.
3. This does not include eligibility to the rule of SINGLE PERIOD OF CONFINEMENT(SPC). It shall be established when the claim is processed by PhilHealth. Non-qualification to the rule on SPC shall result to denial of this claim.

Visit [www.philhealth.gov.ph](http://www.philhealth.gov.ph)

E. E.  
Elenita L Esito

Member/Representative  
Signature Over Printed Name / Thumbmark

SHEENA C. CALIBO

HCI Portal User  
Signature Over Printed Name



Philippine Health Insurance Corporation  
Citystate Centre, 709 Shaw Boulevard, Pasig City. Healthline 441-7444

PBEF



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
Citystate Centre Building, 709 Shaw Boulevard, Pasig City  
Healthline: 441-7444 Website: www.philhealth.gov.ph



**PhilHealth Benefit Eligibility Form**

"Bawat Filipino Miyembro, Bawat Miyembro Protektado, Kalusugan Natin Segurado"

PRO-CARAGA  
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OCT 20 2014

Date & Time of Generation : OCTOBER 09, 2014 01:10:28  
HCI Portal Reference No. : BEF100000001211735

**HEALTH CARE INSTITUTION (HCI) INFORMATION**

Name of Institution : MANUEL J. SANTOS HOSPITAL  
Accreditation No. : H14014546

BY:  BENEFIT ADMIN. SECTION

**MEMBER INFORMATION**

PhilHealth Identification No. : 180251813386  
Name of Member : KRUG, BEVERLY ASCURA  
Sex : FEMALE  
Date of Birth : DECEMBER 02, 1988  
Member Category : GOVERNMENT-EMPLOYED

**PATIENT INFORMATION**

Name of Patient : KRUG, AALIYAH ADELLE ASCURA  
Date Admitted : OCTOBER 07, 2014  
Date Discharged : OCTOBER 09, 2014  
Sex : FEMALE  
Date of Birth : JULY 10, 2014

**ELIGIBILITY INFORMATION**

ELIGIBLE TO AVAIL PHILHEALTH BENEFITS? = NO

SUBMIT PROOF OF PAYMENT OF PREMIUM CONTRIBUTION OR PROPERLY ACCOMPLISHED CF1

Reason/s: NO ELIGIBILITY - EMPLOYED

**Attached Documents:**

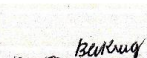
N/A

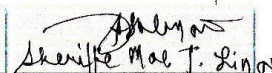
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- Non-qualification to the rule on SPC shall result to denial of this claim.

Visit [www.philhealth.gov.ph](http://www.philhealth.gov.ph)



  
BEVERLY A. KRUG  
Member/Representative  
Signature Over Printed Name / Thumbmark

  
HCI Portal User  
Signature Over Printed Name

Philippine Health Insurance Corporation  
Citystate Centre, 709 Shaw Boulevard, Pasig City. Healthline 441-7444



End of Presentation  
Thank You...