

**[ PHIC PHILHEALTH CIRCULAR NO. 28, S. 2009,  
July 28, 2009 ]**

**ADDITIONAL PROCEDURES REQUIRING NINE MONTHS OF  
PREMIUM PAYMENT PRIOR TO AVAILMENT OF INDIVIDUALLY  
PAYING MEMBERS**

*Date Filed: 11 August 2009*

Pursuant to PhilHealth Board Resolution Number 1281 series of 2009, selected surgical procedures and services shall be added to the existing list of procedures requiring sufficient regularity of premium payment enumerated in the annex of *Circular No.36 series of 2006*.

1. The newly listed procedures that shall require nine (9) months of premium payment twelve (12) months prior to the month of benefit availment is listed in the annex<sup>[\*]</sup> (*List of Additional Procedures and Services Requiring 9 Months of Premium Payment*) of this Circular.

2. This rule shall apply only to Individually Paying Members (IPM) and their dependents including IPM's under the Group Enrolment Scheme. Exempted from this rule are IPM's enrolled by Organized Groups through the KaSAPI Program.

3. This Circular shall take effect for all claims with admission dates starting January 1, 2010. The eligibility status of IPM's as per contribution history starting January 2009 shall be treated as follows:

CASE	1 <sup>st</sup> Quarter 2009	2 <sup>nd</sup> Quarter 2009	3 <sup>rd</sup> Quarter 2009	4 <sup>th</sup> Quarter 2009	Availment January 2010
A	Paid	Paid	Paid	Paid	Eligible
B	Paid	No payment	Paid	Paid	Eligible
C	Paid	Paid	Paid	No payment	Eligible
D	No payment	No payment	Paid	Paid	Not Eligible

4. For multiple surgical procedures wherein 1 procedure is covered by the rule on sufficient regularity of premium payment, the required nine (9) months of premium payment prior to availment shall still apply.

5. The complete list of procedures, i.e., the existing procedures of Circular 36, s-