

**[ PHILHEALTH CIRCULAR NO. 68, S. 1999, August 05, 1999 ]**

**MEASURES TO FACILITATE PROCESSING OF MEDICARE CLAIMS**

In order to reduce the incidence of claims being returned to hospitals due to certain deficiencies and for maximum availment of PhilHealth benefits, the following policies shall take effect immediately:

*1. Claims for multiple outpatient procedures:*

One claim may be filed for multiple outpatient procedures indicating multiple dates in Form 2. This shall include hemodialysis, chemotherapy, and radiotherapy.

*2. On professional fees:*

A. Claims without signatures of attending physician, surgeon and/or anesthesiologist shall be processed but only hospital charges will be correspondingly paid. Professional fees will not be paid.

B. Claims without actual charges for professional fees shall be returned to the hospital for completion. The same will actually apply to claims with concomitant HMO benefits.

C. In case the signature is not affixed, the physician may request for payment of professional fees provided the following are submitted to RHIO/Central Office within 60 days upon receipt of refund from PhilHealth: a) letter requesting for adjustment of claim/s concerned, b) photocopy of PhilHealth Form 2 bearing original signature of attending physician and c) photocopy of paid claim voucher.

*3. Adjustment of Payment Claims:*

Re-evaluation of previously paid claims with a corresponding request for possible adjustment of payment shall be accorded 60 days from receipt of PhilHealth Check and Voucher by the hospital and member. This request may include those adjustment of claims where the members failed to attach original receipts for medicines bought outside the hospital but within the confinement period, underpaid claims for room and board, laboratory procedures, O.R. fees or doctor's professional fees, but excluding adjustment relative to PhilHealth Circular No. 52, s. 1999 regarding increase in NHIP benefits.

*4. On female claims:*

A female member may declare her children as her dependents even if her husband is employed and also covered by the National Health Insurance Program, provided that the dependent/s declared by one parent shall no longer qualify as dependent/s of other parent (reiterating Rule 1 Sec. 6 of IRR, R.A. 7875).

*5. For retiree pensioners:*