

BILLING MODULE USER MANUAL

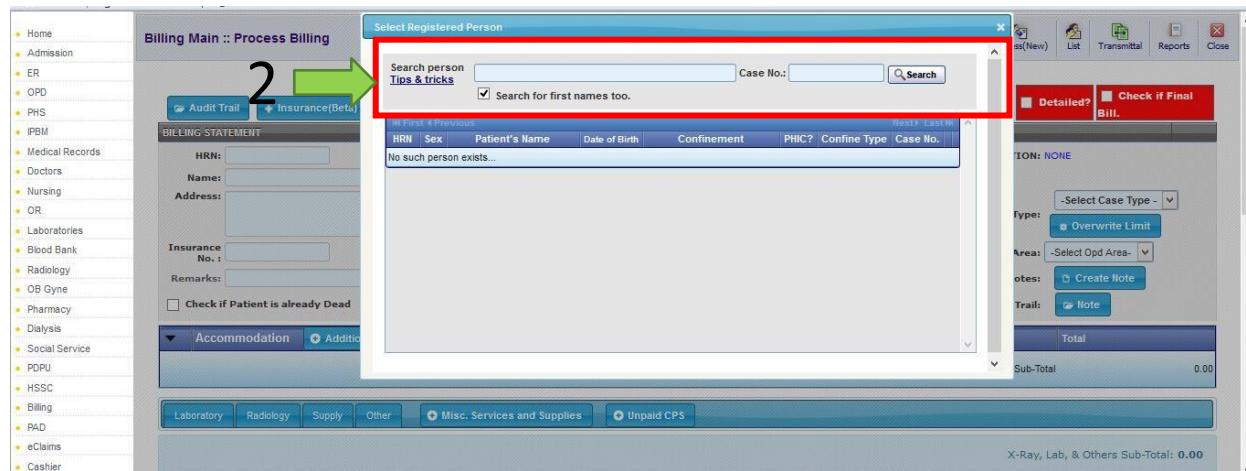
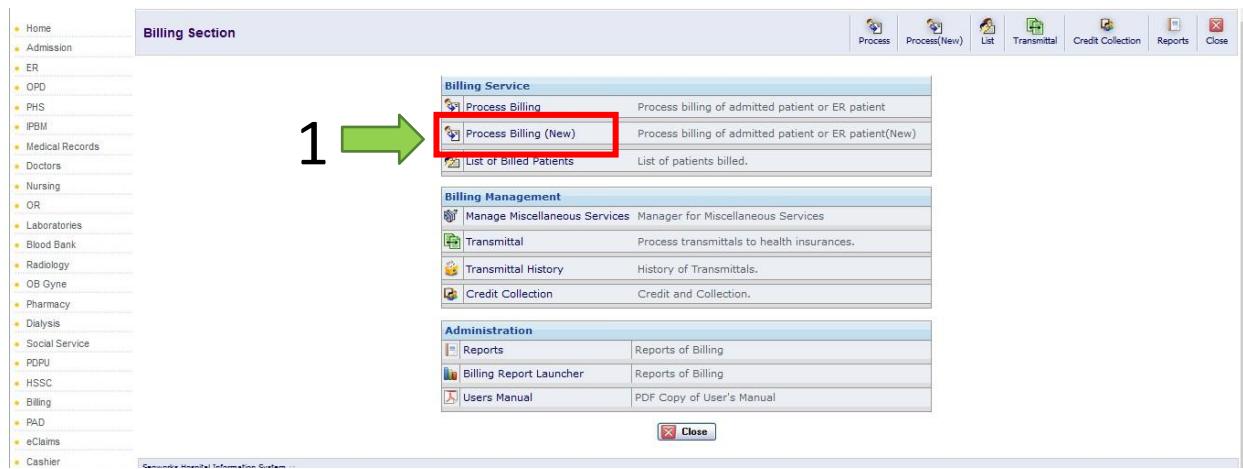
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TO PROCESS BILLING

1. Click on “Process Billing (New)” in Menu Section.
2. A search frame will automatically prompt for inputs.
3. Search by HRN or Case Number. Input keyword in the textbox provided and press “Enter Key” or click “Search” button.
4. The list of patient case will be displayed.
5. Click “View” icon to view the list of case no. the certain patient had if the case no. does not display on the list, else click “Select” Button.
6. The system will load the current accumulated charges of the patient and calculate totals.



Billing Main :: Process Billing

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BILLING STATEMENT

Accommodation **Additional Accommodation** **Ward and Settlement**

Classification: NO CLASSIFICATION

Confinement: Select Confinement Type

Selected Case Type: B

Notes: Create Note

Audit Trails: Note

Accommodation

	No. of Days	Rate	Total
Room No. 316 Room Type: ICU (CP-ICU (Service Ward))	7 Days (09/23/2013 to 10/02/2013)	3,000.00	21,000.00
		Sub-Total	21,000.00

Drugs & Medicines

Quantity	Item Price	Total	
		Drugs & Medicines Sub-Total	0.00

Operating / Del. Room

RVU	Multiplier	Total	
		Operating / Delivery Room Sub-Total	0.00

Miscellaneous Charges

Quantity	Unit Price	Total Charge
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TO ADD ADDITIONAL CHARGES

A. TO ADD/REMOVE ACCOMMODATION CHARGES

1. Click “Add Accommodation” button to add more accommodation charges.
2. Select “Ward and Room” and the system will auto generate the rate per day.
3. Select from the date picker the dates “Occupied from and to”.
4. Click “Save” button to submit data, else “Cancel”.
5. Click “X” icon to remove listed accommodation

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TO ADD SUPPLIES

1. Click “Misc Services and Supplies” button to add more charges.
2. Hover the services to view the encoding details.
3. Please note: Services added from doctors, nurses and cost center account cannot be removed by billers. Only charges added by billers can be removed by billers.

4. Input keyword to search services and press enter key or click “Search” button to search.
5. Select “Pharmacy Area” if the source of services is from Pharmacy.
6. Click “>” button to select service.
7. The system will prompt an input message to enter quantity.
8. Click “Save” button to submit data, else click “Cancel” button.

Address: KM 7 SOUTH BAY, AGDAO, DAVAO CITY
Case Date: Sep 25, 2018 07:21AM
Selected Case Type: B

Insurance: None
No.:
Remarks:
Check if Patient is already Dead

Notes: Create Note
Audit Trail: Note

Accommodation	Additional Accommodation	Payward Settlement	No. of Days	Rate	Total
					Sub-Total 21,000.00

Description	Area	Quantity	Price	Total
24 HOURS HOLTER AMBULATORY (PAY OPD - MACHINE FEE)	Others	1	2,500.00	2,500.00

X-Ray, Lab, & Others Sub-Total: 2,500.00

Drugs & Medicines	More Meds	Quantity	Item Price	Total
				Drugs & Medicines Sub-Total 0.00

3 1 2 4 5

HRN: 1329436
Name: DE A
Address: KM 7 SOUTH BAY, AGDAO, DAVAO CITY
Insurance: None
Remarks:
Check if Patient is already Dead

Misc. Services and Supplies

CLASSIFICATION: NO CLASSIFICATION

Code	Name	Account	Subtype	Charge
000000002665	ACT MACHINE per Unit	Pharmacy		350.00
000000003586	ELECTROCAUTERY MACHINE	Pharmacy		235.00
201400002852	24 HOURS HOLTER AMBULATORY (PAY OPD - MACHINE FEE)	Miscellaneous	Heart Center	2,500.00
201700003566	24 HOURS HOLTER AMBULATORY (MACHINE FEE)	Miscellaneous	Heart Center	2,500.00
201700003800	24 HOURS HOLTER AMBULATORY (PAY IN-PATIENTS - MACHINE FEE W/ PF.)	Miscellaneous	Heart Center	3,000.00
201700003801	24 HOURS HOLTER AMBULATORY (PAY IN-PATIENTS - MACHINE FEE W/ PF.)	Miscellaneous	Heart Center	2,500.00
201400002853	24 HOURS HOLTER AMBULATORY (PAY OPD - MACHINE FEE W/ PF.)	Miscellaneous	Heart Center	3,000.00

3 4 5 6 7 8 8 5

TO ADD DRUGS AND MEDS

1. Click “More Meds” button to add more charges.
2. Hover the services to view the encoding details.
3. Please note: Services added from doctors, nurses, and cost center accounts cannot be removed by billers. Only charges added by billers can be removed by billers.
4. Input keyword to search services and press “Enter Key” or click “Search” button to search.
5. Select “Pharmacy Area” if the source of services is from Pharmacy.
6. Click “>” button to select service.
7. The system will prompt an input message to enter quantity.
8. Click “Save” button to submit data, else click “Cancel” button.

Insurance No.: None OPD Area: -Select Opd Area- Notes: Audit Trail:

Remarks:

Check if Patient is already Dead

Laboratory Radiology Supply Other Misc. Services and Supplies Unpaid CPS

Segworks Personnel - October 03 2018 12:31:14 AM

	Quantity	Item Price	Total
tramadol+paracetamol tab	1	49.00	98.00
Drugs & Medicines Sub-Total 98.00			
Operating / Del. Room Sub-Total 0.00			
Miscellaneous Sub-Total 0.00			

X-Ray, Lab, & Others Sub-Total: 0.00

Operating / Del. Room O.R. Use

Miscellaneous Charges Misc. Charges

Search Drug, Med or Supply

- Select Pharmacy Area -

Enter quantity.

OK Cancel

Name/Description	Type	Unit Price
4FEVER 250MG/ML 60ML (FS)	M	52.00
PARACETAMOL 250MG/ML 60ML (FS)	M	47.00
ALGES 37.5/25MG TAB	M	49.00
TRAMADOL+PARACETAMOL	M	455.00
ALGES TABLET	M	8.00
tramadol+paracetamol	M	55.00
AXAPARA 100MG	M	67.00
PARACETAMOL 100ML BOTTLE (FS)	M	96.00
BIOFLU 100ML (FS)	M	4.00
BIOGE SIC 100mg DROPS (FS)		
PARACETAMOL 100mg DROPS (FS)		
BIOGE SIC 120mg SYRUP (FS)		
PARACETAMOL 120mg SYRUP (FS)		
BIOGE SIC 250mg SYRUP (FS)		
PARACETAMOL 250mg SYRUP (FS)		
BIOGE SIC 500mg TABLET (FS)		
PARACETAMOL 500mg TABLET (FS)		

Operating / Del. Room O.R. Use

TO ADD OR USE

1. Click “OR Use” button to add operating room charges.
2. Select operating ward and room.
3. Click “View” icon to view list of procedures.
4. Mark the checkbox selected and the system will generate automatically the charges.
5. Click “Save” button to submit data, else click “Cancel” button.

The screenshot shows the 'Hospital Charges' application interface. On the left, a vertical menu lists various departments: Home, Admission, ER, OPD, PHS, IPBM, Medical Records, Doctors, Nursing, OR, Laboratories, Blood Bank, Radiology, OB Gyné, Pharmacy, and Dialysis. The 'OR' item is selected. The main interface has tabs for Laboratory, Radiology, Supply, Drugs, and Misc. Set. A green arrow labeled '1' points to the 'OR' tab. Another green arrow labeled '2' points to the 'Operating Room' section of the 'Drugs & Medicines' tab. A red box highlights the 'O.R. Use' button. A modal dialog box titled 'Operating Room Accommodation Charges' is open, listing various room types and their descriptions. The 'Emergency Room-Mini OR' option is selected and highlighted in blue. The right side of the screen shows a summary table with sub-totals for X-Ray, Lab, and Others, and a detailed table for Miscellaneous Charges.

Item Price	Total
Drugs & Medicines Sub-Total	0.00
Multiplier	Total
Operating / Delivery Room Sub-Total	0.00
Unit Price	Total Charge
Miscellaneous Sub-Total	50.00

The screenshot shows a software interface for managing medical charges. A dialog box titled 'Operating Room Accommodation Charges' is open in the foreground. It contains fields for 'O.R. Ward' (set to 'OPERATING ROOM (DIRECT O.R.)'), 'Room' (set to '5'), 'Total RVU', 'Multiplier', and 'Charge'. A red box highlights the 'Charge' input field, and a green arrow points to it from the left. The background shows a navigation menu on the left with items like 'Home', 'Admission', 'ER', 'OPD', 'PHS', 'IPBM', 'Medical Records', 'Doctors', 'Nursing', and 'OR'. Below the menu are tabs for 'Drugs & Medicines', 'Operating / Del. Room', and 'O.R. Use'. The main area shows a table with columns for 'Item Price' and 'Total', with a sub-total for 'Drugs & Medicines Sub-Total' of '0.00'. A large green number '3' is overlaid on the right side of the dialog box.

Procedures with Accommodation

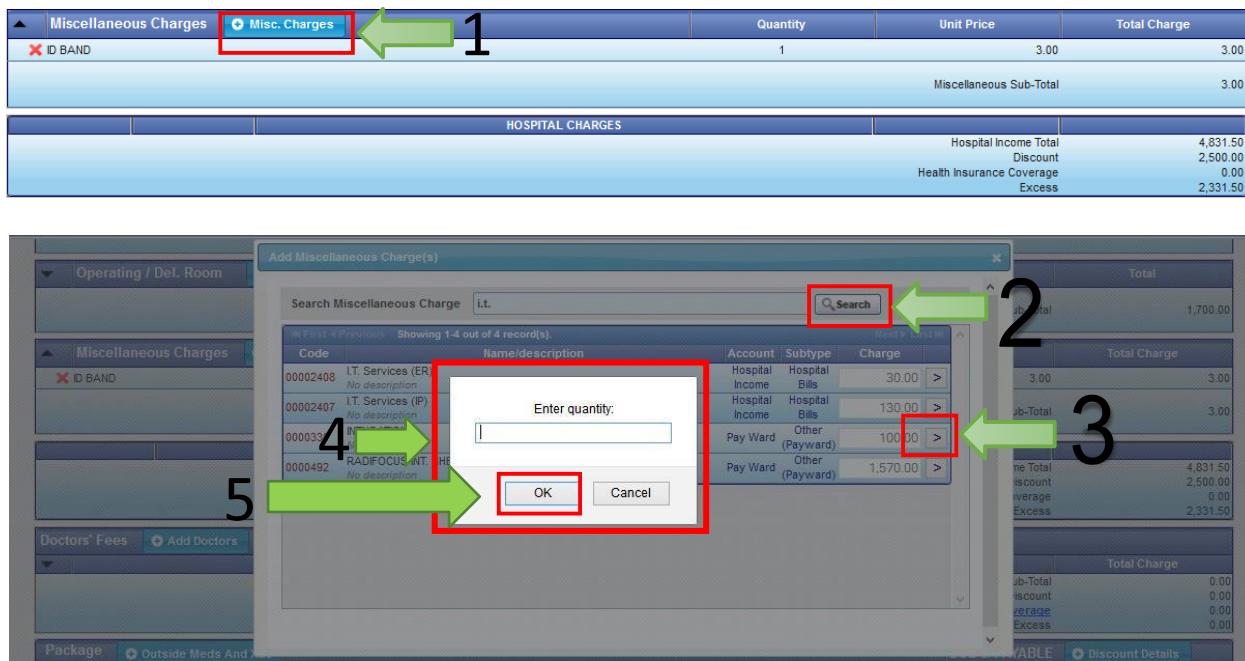
Name/Description	Code	Date	RVU	Multiplier	Charge	PHIC PF
Hemodialysis procedure	90935	04/30/2015	10	56	560.00	500.00 <input checked="" type="checkbox"/>
APPENDECTOMY	44950	05/01/2015	100	56	5,600.00	960.00 <input type="checkbox"/>

Charge : 5

Save **Cancel**

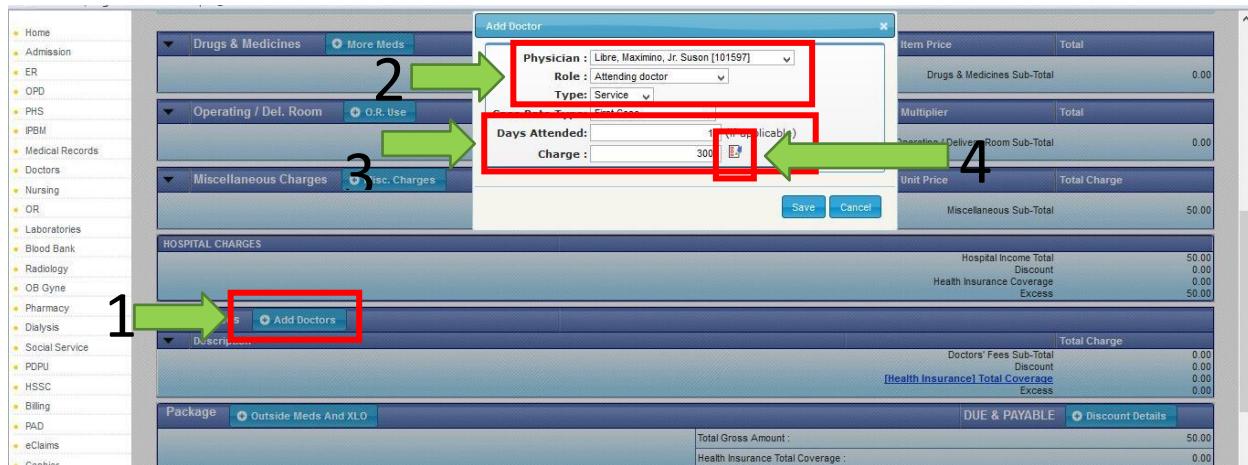
TO ADD MISCELLANEOUS CHARGES

1. Click “Misc Charges” button to add more miscellaneous charges.
2. Input keyword to search services and press “Enter Key” or click “Search” button to search.
3. Click “>” to select service.
4. The system will prompt an input message to enter quantity.
5. Click “Save” button to submit data, else click “Cancel” button.



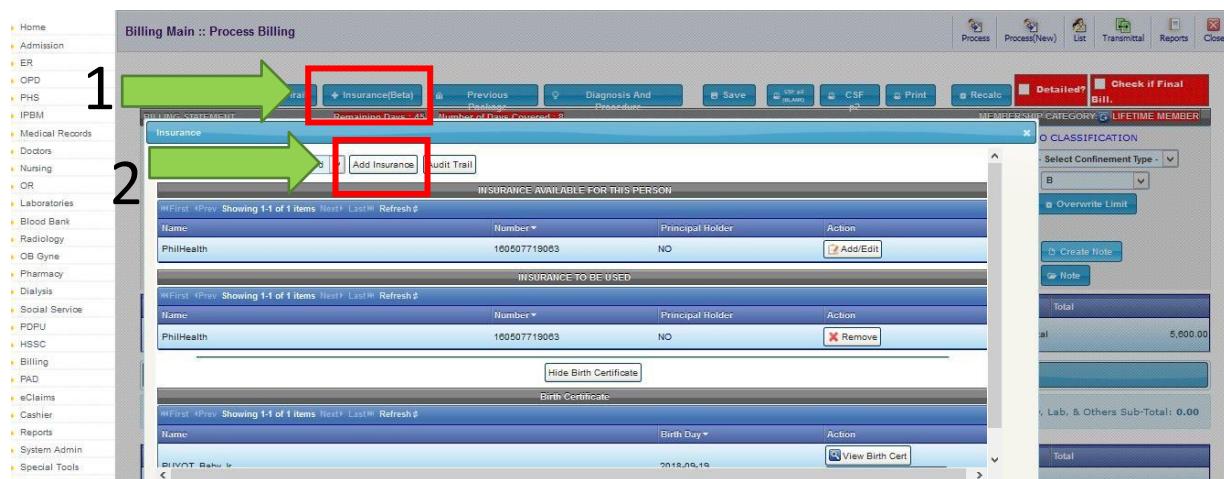
TO ADD PROFESSIONAL FEE

1. Click “Add doctors” button to add doctor fees.
2. Select Physician, Role, Type.
3. If the role is a General Practitioner – Charges will be automatically calculated by days attended. Input number of days attended.
4. If the role is a surgeon or anesthesiologist – Click “View” icon to view list of procedures.
5. Mark the checkbox selected; and the system will generate automatically the charges based on PHIC Annex.
6. Click “Save” button to submit data, else click “Cancel” button.



TO ADD INSURANCE

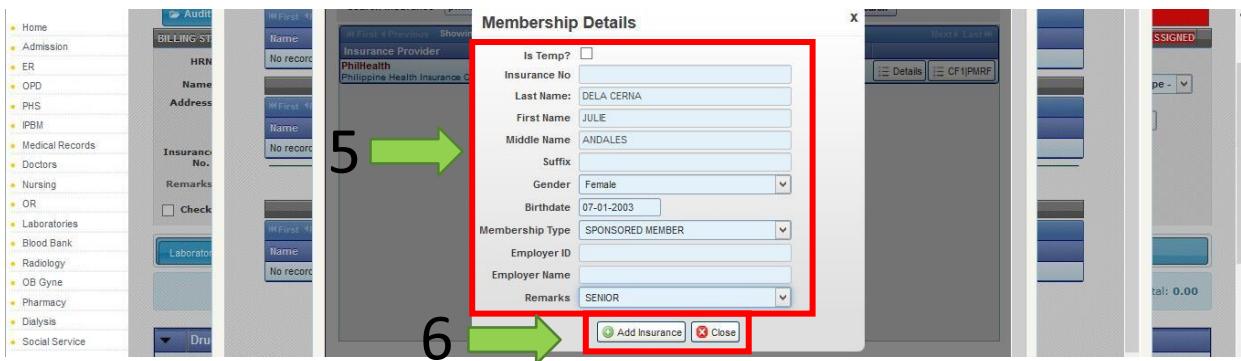
1. Click “Insurance” button so the insurance window frame will appear.
2. Click “Add Items” to select insurance from the list.



3. Mark the checkbox “Patient is Member?” if Yes, else leave unchecked.
4. Click “Details” button to add insurance details.



5. Input necessary details.
 - a. Last name, first name, middle name, and Birthdate are auto generated when the patient is a member.
 - b. Membership Type “EMPLOYED-GOVT and EMPLOYED-PRIVATE” needs EmployerID and Employer Name and details.
 - c. Membership type highlighted in red such as **Hospital Sponsored Member, Kasambahay, Lifetime Member, Senior Citizen and Sponsored Member** are No Balance Billing.
6. Click “Add Insurance” button to submit data, else click “Close”.



7. Added insurance will be listed in insurance tray.

8. Click “Audit Trail” to view the insurance audit trail done by staffs.

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9. Upon saving, insurance details will load in Process Billing page. Insurance number and Membership Category will be displayed. Remaining Days and Number of Days Covered will be automatically calculated based on 45 Days Benefit.

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TO ADD DIAGNOSIS AND PROCEDURE

1. Click “Diagnosis and Procedure” button to add ICD and ICP.

Billing Main :: Process Billing

Process | Process(New) | List | Transmittal | Reports | Close

Diagnosis And Procedure

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5. Click the diagnosis description to update description and press enter key to save data.

Diagnosis and Procedure

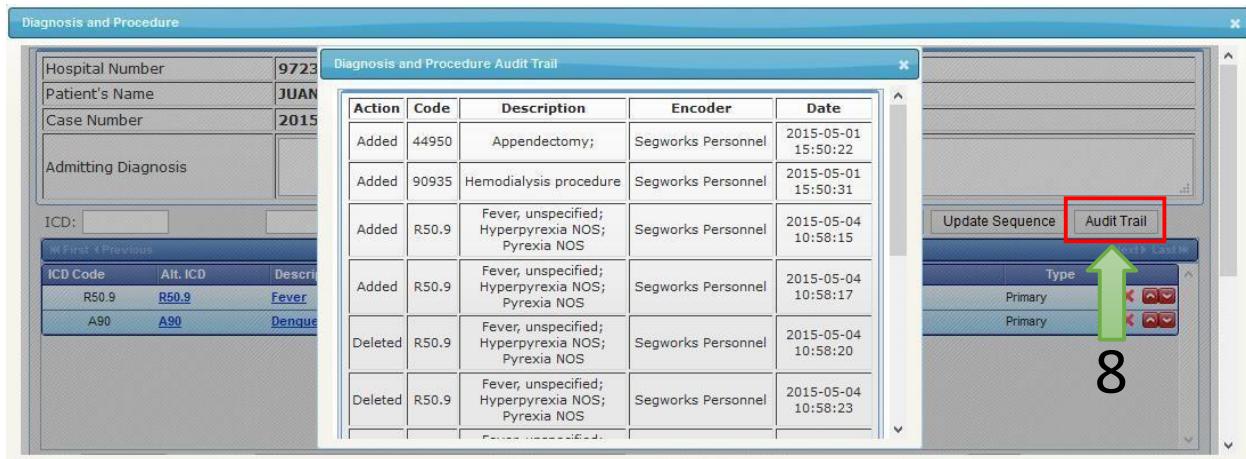
Hospital Number	972368																						
Patient's Name	JUAN ESPENIDA DELA CERNA																						
Case Number	2015000852																						
Admitting Diagnosis																							
ICD:		<input type="checkbox"/> Primary?	ADD	Update Sequence	Audit Trail																		
ICD First < Previous Next > Last <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>ICD Code</th> <th>Alt. ICD</th> <th>Description</th> <th>Clinician</th> <th>Type</th> <th></th> </tr> </thead> <tbody> <tr> <td>R50.9</td> <td>R50.9</td> <td>Fever, unspecified; Hyperpyrexia NOS; Pyrexia NOS</td> <td>ABRAGAN, HANNA JINKY CALUBIRAN</td> <td>Secondary</td> <td>X ✖ ✖</td> </tr> <tr> <td>A90</td> <td>A90</td> <td>Dengue without warning signs</td> <td>ABRAGAN, HANNA JINKY CALUBIRAN</td> <td>Secondary</td> <td>X ✖ ✖</td> </tr> </tbody> </table>						ICD Code	Alt. ICD	Description	Clinician	Type		R50.9	R50.9	Fever, unspecified; Hyperpyrexia NOS; Pyrexia NOS	ABRAGAN, HANNA JINKY CALUBIRAN	Secondary	X ✖ ✖	A90	A90	Dengue without warning signs	ABRAGAN, HANNA JINKY CALUBIRAN	Secondary	X ✖ ✖
ICD Code	Alt. ICD	Description	Clinician	Type																			
R50.9	R50.9	Fever, unspecified; Hyperpyrexia NOS; Pyrexia NOS	ABRAGAN, HANNA JINKY CALUBIRAN	Secondary	X ✖ ✖																		
A90	A90	Dengue without warning signs	ABRAGAN, HANNA JINKY CALUBIRAN	Secondary	X ✖ ✖																		

6. To update sequence of ICD's, click "Up" or "Down" icon.
7. Click "Update Sequence" button to submit changes.

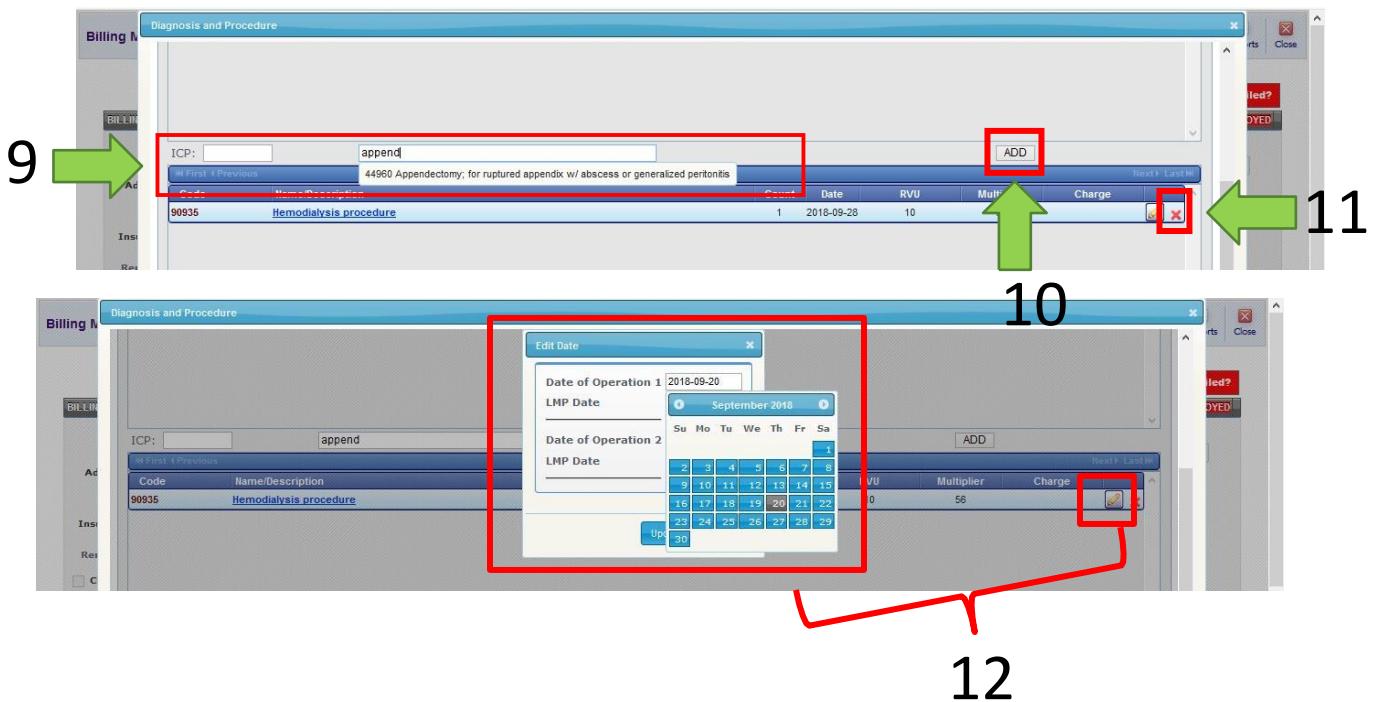
Diagnosis and Procedure

Hospital Number	972368																						
Patient's Name	JUAN ESPENIDA DELA CERNA																						
Case Number	2015000852																						
Admitting Diagnosis																							
ICD:		<input type="checkbox"/> Primary?	ADD	Update Sequence	Audit Trail																		
ICD First < Previous Next > Last <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>ICD Code</th> <th>Alt. ICD</th> <th>Description</th> <th>Clinician</th> <th>Type</th> <th></th> </tr> </thead> <tbody> <tr> <td>R50.9</td> <td>R50.9</td> <td>Fever</td> <td>Alice, Christian Jake R.</td> <td>Primary</td> <td>X ✖ ✖</td> </tr> <tr> <td>A90</td> <td>A90</td> <td>Dengue without warning signs</td> <td>Alice, Christian Jake R.</td> <td>Primary</td> <td>X ✖ ✖</td> </tr> </tbody> </table>						ICD Code	Alt. ICD	Description	Clinician	Type		R50.9	R50.9	Fever	Alice, Christian Jake R.	Primary	X ✖ ✖	A90	A90	Dengue without warning signs	Alice, Christian Jake R.	Primary	X ✖ ✖
ICD Code	Alt. ICD	Description	Clinician	Type																			
R50.9	R50.9	Fever	Alice, Christian Jake R.	Primary	X ✖ ✖																		
A90	A90	Dengue without warning signs	Alice, Christian Jake R.	Primary	X ✖ ✖																		

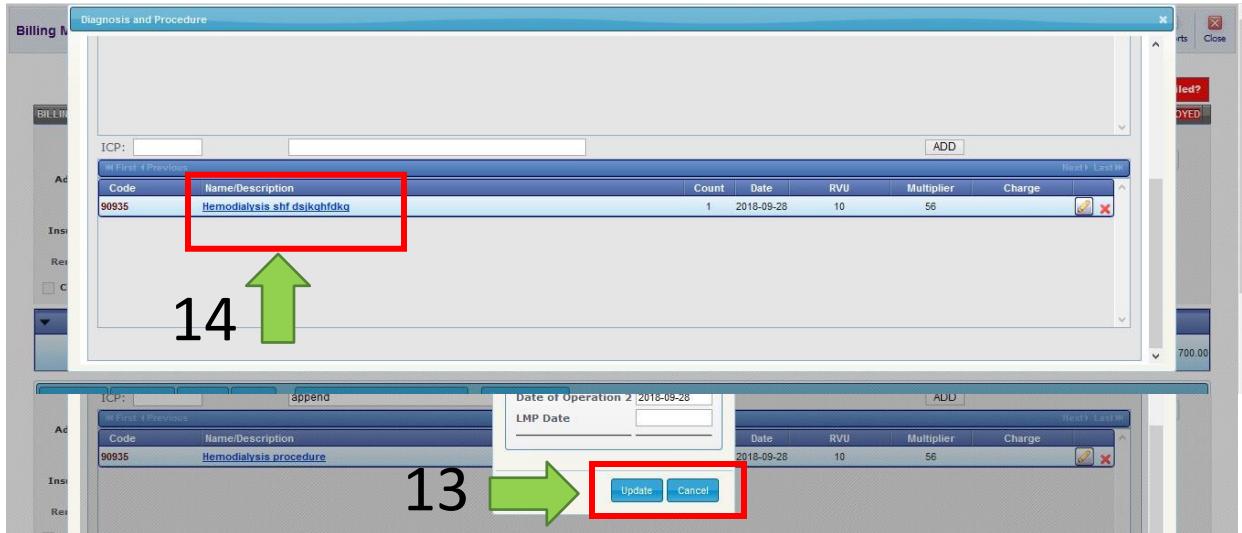
8. Click "Audit Trail" to view history.



9. To add procedure, key in ICP No. or Description in the given textbox and the system will automatically suggest related values.
10. Click “Add” button to add selected code.
11. Click “X” icon to remove ICP from the tray.
12. Select date from a date picker to add “Date of Operation”.
13. Click “Update” button to submit data or “Cancel” to cancel data.

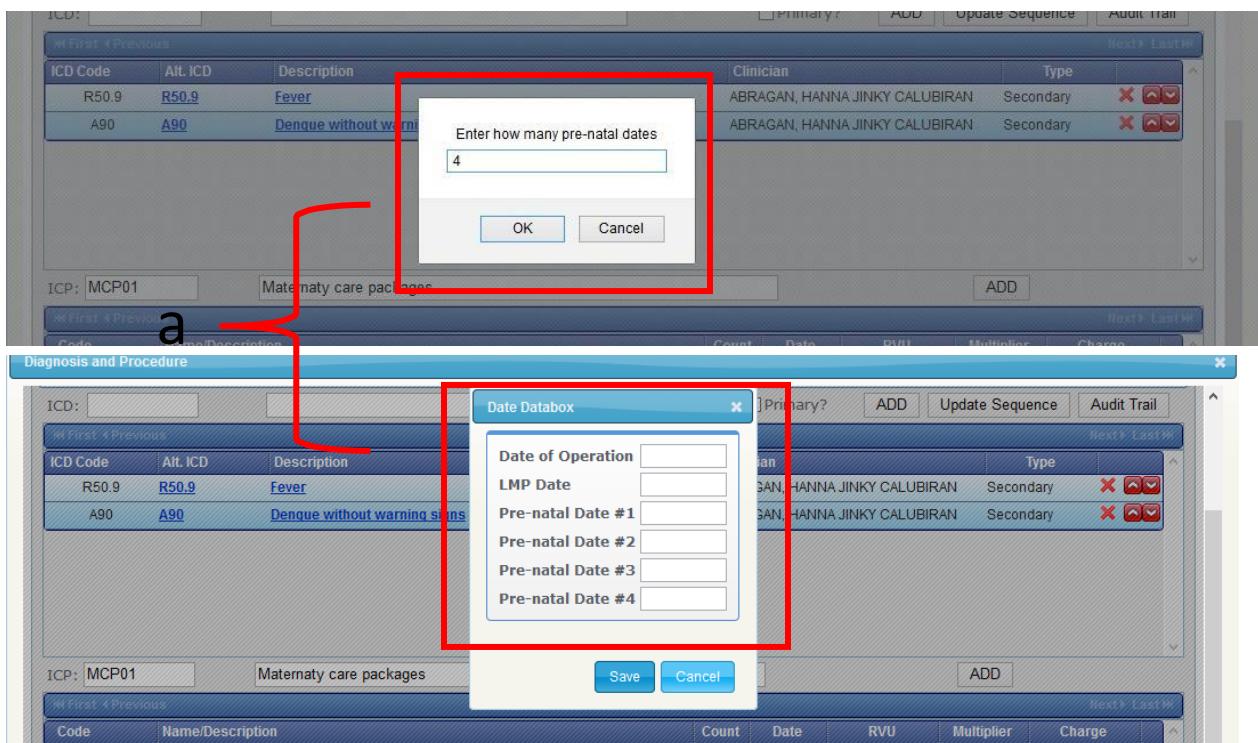


14. Click the diagnosis description to update description and press enter key to save data.

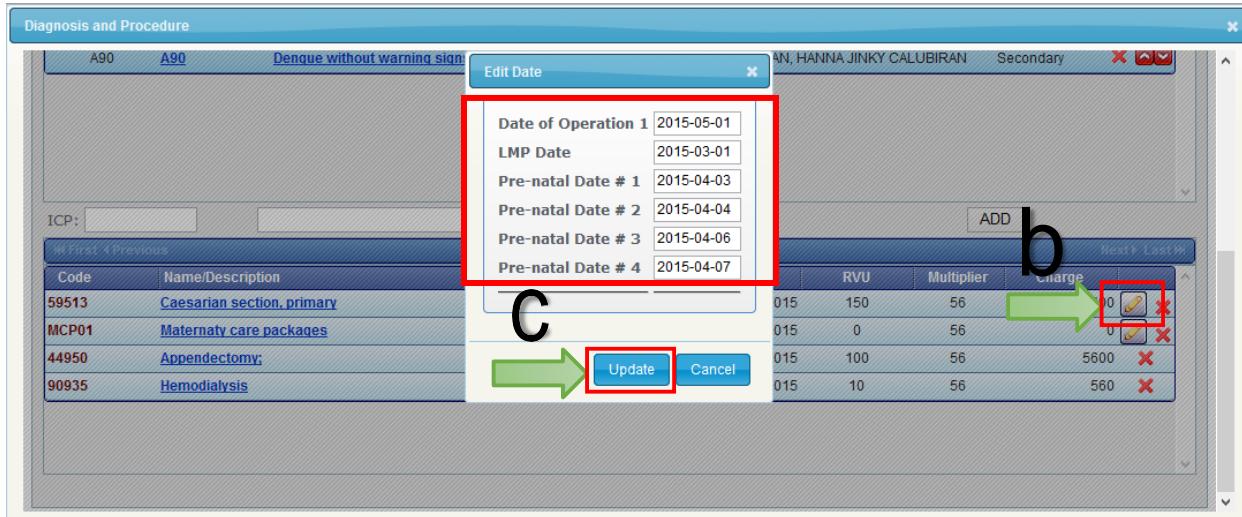


15. Some procedure has special condition in adding to ICP List.

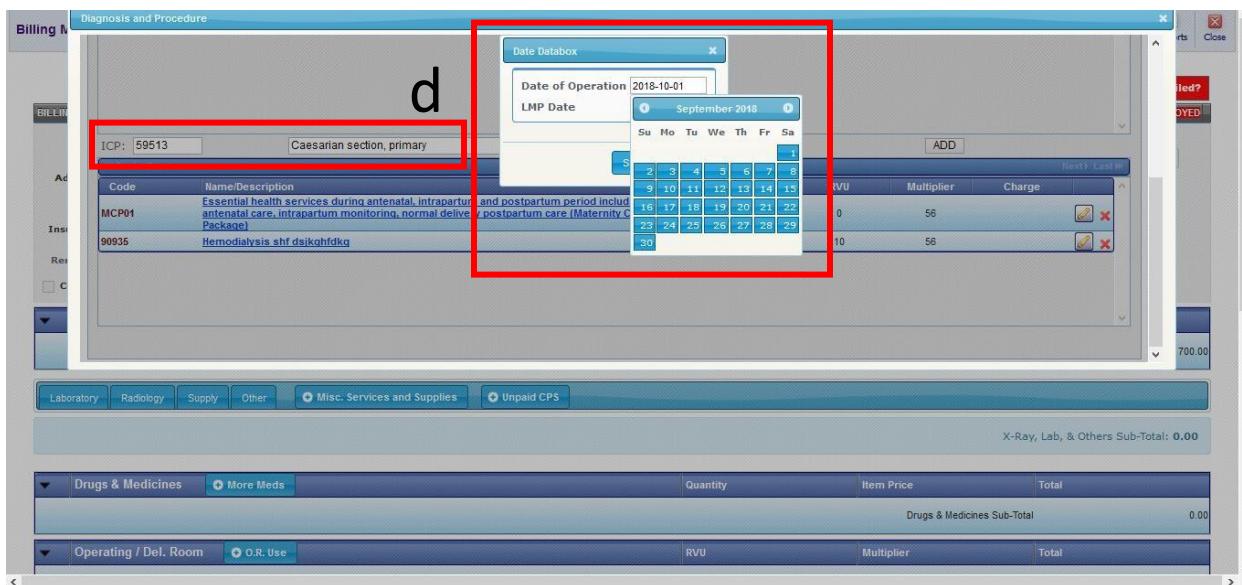
a. MCP procedures needs pre-natal dates and LMP date.



- b. To edit dates, click “Edit” icon.
- c. Click “Update” to submit changes, else click “Cancel”.



- d. Delivery procedures needs LMP dates.



e. Procedures with laterality needs to indicate the position of procedure done.

TO SET PHIC COVERAGE LIMIT

1. Select from the “Case Type” option.
 - a. HSM is for Hospital Sponsored Member category only.
 - b. NBB is for Kasambay, Lifetime Member, Senior Citizen and Sponsored Member.

2. For NBB and HSM, click “Overwrite Limit” to add from default coverage.
3. Set the amount to be added for XLO and Meds.
4. Click “Save” button to submit data, else click “Cancel”.

5. Hover the “Overwrite Limit” button view the history.

Billing Main :: Process Billing

Remaining Days : 45 Number of Days Covered : 8

CLASSIFICATION: NO CLASSIFICATION

Confinement: Select Confinement Type

Case Type: NBB

overwrite limit

Date/Time	Encoder	Meds	XLO
2015-05-04 12:07:23	Segworks Personnel	100.00	100.00

Sub-Total 5 4,000.00

TO ADD OUTSIDE MEDS AND XLO

1. Click “Outside Meds and XLO”.
2. Input amount of Medicines and XLO purchased outside for reimbursement.
3. Click “Save” button to Submit changes, else click “Cancel”.

Doctors' Fees

Enter Outside Medicines And XLO Amount

Total Outside MEDICINE : 0

Total Outside XLO : 0

Save Cancel

1

2

3

4. Data will be reflected in CF2.

Enter Outside Medicines And XLO Amount

Total Outside MEDICINE : 10,000.00

Total Outside XLO : 15,000.00

Save Cancel

b.) Purchase/Expenses NOT included in the Health Care Institution Charges

Total cost of purchase/s for drugs/medicines and/or medical supplies bought by the patient/member within/outside the HCI during confinement

NONE Total Amount P 10,000.00

Total cost of diagnostic/laboratory examinations paid for by the patient/member done within/outside the HCI during confinement

NONE Total Amount P 15,000.00

*NOTE: Total Actual Charges should be based on Statement of Account (SoA)



TO VIEW PREVIOUS PACKAGE

1. Click “Previous Package” button to view list of availed case rates under Single Period of Confinement PHIC rule.

TO SELECT CASE RATE

1. Select codes for First Case Rate and Second Case Rate;
 - a. There are codes only for First Case Rate, not applicable for Second Case Rate.
 - b. There are codes applicable for First and Second Case Rate with the same package amount coverage.
 - c. There are codes applicable for First and Second Case Rate with half package amount coverage on the Second Case Rate.
 - d. There are codes applicable to use as First Case Rate only not on Second Case Rate and vice versa.
2. System will restrict the use of codes under SPC Rule.
3. System will automatically calculate HCI and PF Coverage based on PHIC Annex.

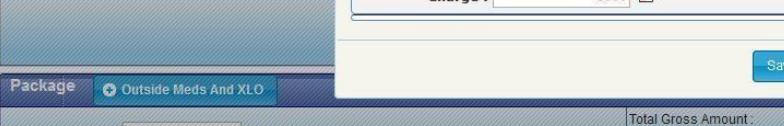
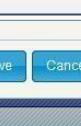


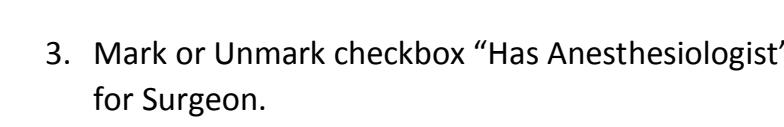
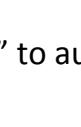
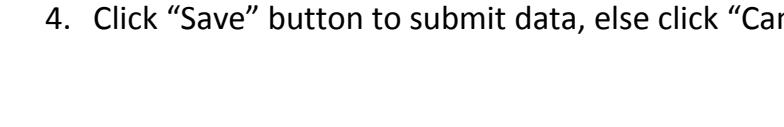
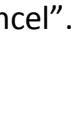
First Case Rate : A90					
Final Diagnosis : WEW					
Other Diagnosis : WEW					
Particulars		Actual Charges	Discount	Insurance/PHIC	
				1st Caserate	2nd Caserate
Accommodation					
Charity II (CCI-Isolation Ward)					
6 days (09/27/2018 to 10/03/2018) @ 700.00		4,200.00	0.00	3,900.00	0.00
Laboratories		0.00	0.00	0.00	0.00
Radiologies		0.00	0.00	0.00	0.00
Regular Supplies		0.00	0.00	0.00	0.00
Consigned Supplies		0.00	0.00	0.00	0.00
Other		0.00	0.00	0.00	0.00
Ventilator Use		0.00	0.00	0.00	0.00
Regular Medicines		0.00	0.00	0.00	0.00
Consigned Medicines		0.00	0.00	0.00	0.00
Operating/Delivery Room		0.00	0.00	0.00	0.00
Miscellaneous		130.00	0.00	0.00	130.00
Sub-Total		4,330.00	0.00	3,900.00	0.00
430.00					
ADD:					
Professional Fees					
Admitting					
ADZNER DULUTAN ABSARA		2,400.00	0.00	0.00	2,400.00
Consulting					
LEOPOLDO JUMALON VEGA		300,000.00	0.00	2,600.00	0.00
Sub Total		302,400.00	0.00	2,600.00	0.00
299,800.00					
TOTAL		306,730.00	0.00	6,500.00	0.00
300,230.00					
LESS:					
AMOUNT DUE					300,230.00
MEMBERSHIP CATEGORY:					
INDIVIDUAL PAYING SET EMPLOYEE					
Prepared by:					SEGWORKS PERSONNEL

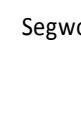
TO SET PHIC DOCTORS FEE

1. Click “Add Doctors” button to add doctor charges.
2. Select “Case Rate Type” and the system will automatically calculate charges based in PHIC Annex.







<img alt="Red box

Physician : Agoilo, Carla [100869]
 Role : Surgeon
 Type: Service
 Case Rate Type: Second Case
 Days Attended: 0 (if applicable)
 Charge : 600

Has Anesthesiologist

Save **Cancel**

DUE & PAYABLE		Discount Details
Hospital Income Total	22,631.50	
Discount	4,526.30	
Health Insurance Coverage	14,000.00	
Excess	4,105.20	
Total Charge		
3,000.00		
100.00		
Doctors' Fees Sub-Total	3,100.00	
Discount	620.00	
Health Insurance Total Coverage	0.00	
Excess	2,480.00	
25,731.50		
Total Gross Amount		
Health Insurance Total Coverage		
Total Discount		
Deposit		
Total Net Amount		

5. Click “Health Insurance Total Coverage” link to set PF coverage distribution.
6. Mark the checkbox to cover all the amount from excess to PhilHealth.
7. Input amount in PhilHealth textbox to set an exact amount.
8. Click “Save” button to submit data, else click “Cancel”.

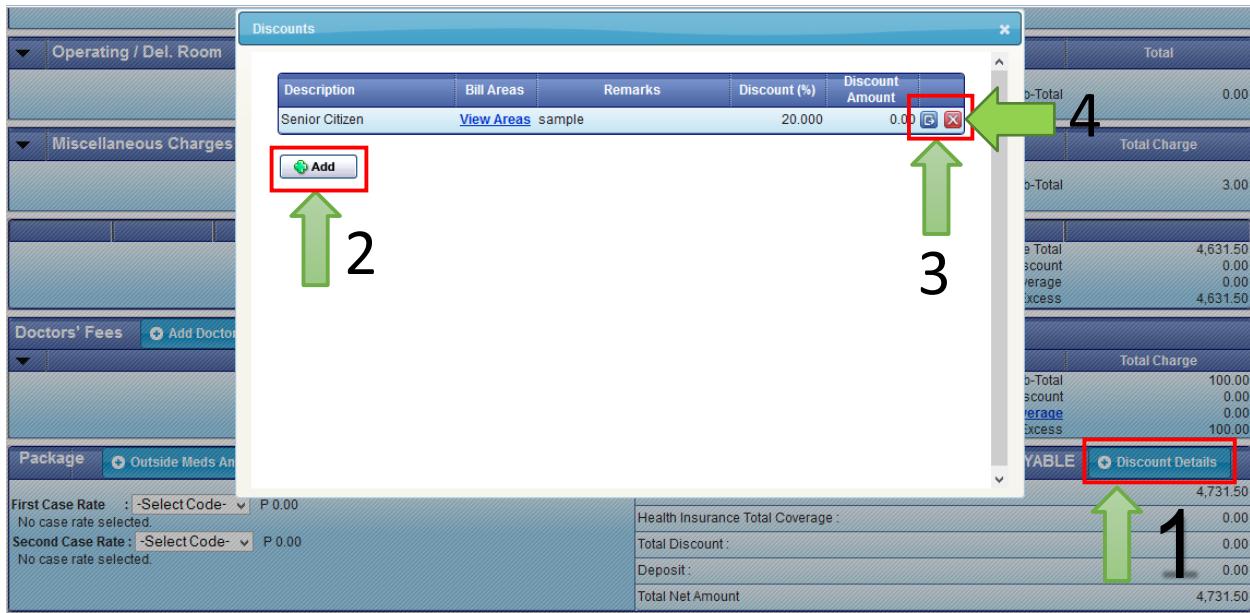
Coverage Distribution				
Billable Areas		Total Charge	Discount	PhilHealth Excess
LIBERATION MORENO, ABARICO		3,000.00	<input checked="" type="checkbox"/>	2400
JOHN RODEL A. ACOSTA		100.00	<input type="checkbox"/>	0.00
CARLA , AGOILO		600.00	<input type="checkbox"/>	480.00
FATIMA KHADIJA MANGULAMAS, ABTAHI - SAHIBUL		400.00	<input type="checkbox"/>	320.00
Totals		4,100.00	820.00	2,400.00
				880.00
Role	First Case	Second Case	Total	
General Practitioner / Specialist	3,000.00	0.00	3,000.00	
Surgeon	0.00	600.00	600.00	
Anesthesiologist	0.00	400.00	400.00	
MAX PHIC PF	3,000.00	1,000.00	1,600.00	

Save **Cancel**

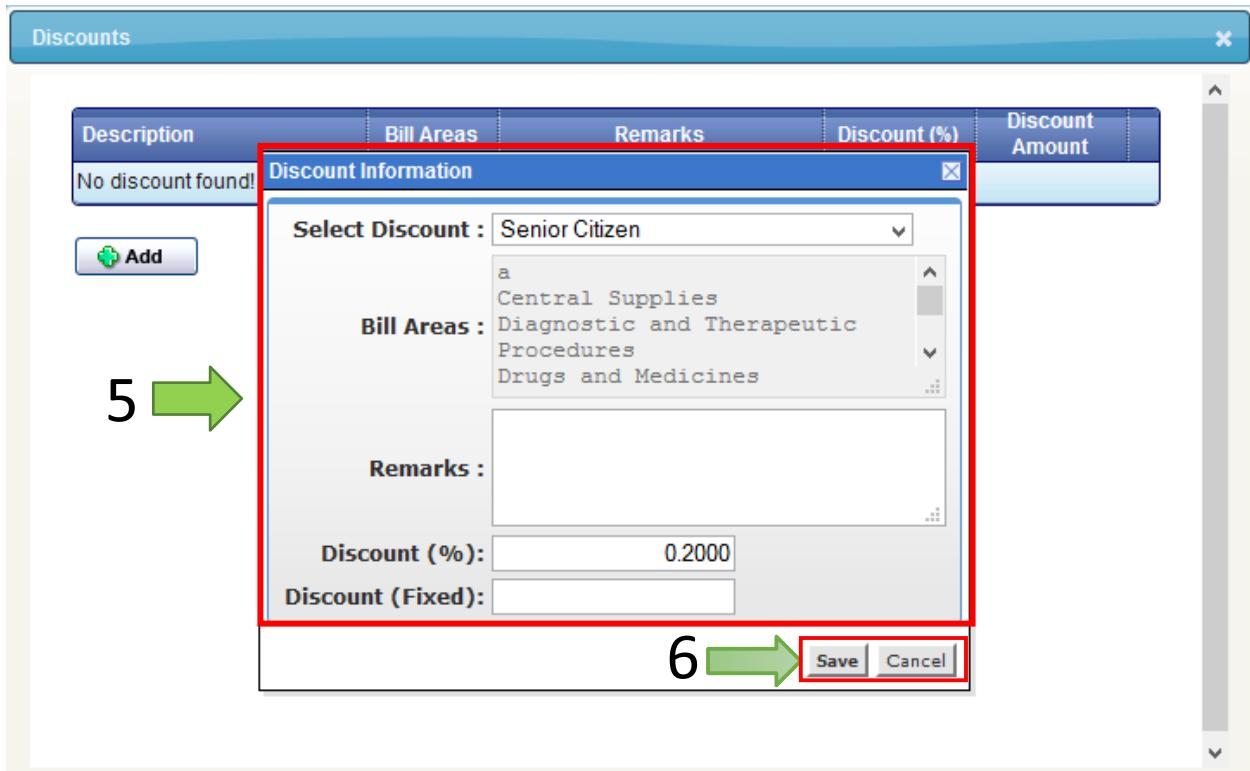
DUE & PAYABLE		Discount Details
Hospital Income Total	22,631.50	
Discount	4,526.30	
Health Insurance Coverage	14,000.00	
Excess	4,105.20	
Total Charge		
3,000.00		
100.00		
Doctors' Fees Sub-Total	3,100.00	
Discount	620.00	
Health Insurance Total Coverage	0.00	
Excess	2,480.00	
25,731.50		
Total Gross Amount		
Health Insurance Total Coverage		
Total Discount		
Deposit		
Total Net Amount		

TO ADD BILLING DISCOUNT

1. Click “Discount Details” button to view discount frame.
2. Click “Add” button to add discount details.
3. Click “View” to view icon.
4. Click “X” button to remove from the list.



5. Input necessary data.
6. Click "Save" button to submit data, else click "Cancel".



TO SAVE AND PRINT BILL

1. Click “Save” button to create temporary bill.

Billing Main :: Process Billing

Process Process(New) List Transmittal Reports Close

BILLING STATEMENT (NOT YET FINAL) Remaining Days: 45 Number of Days Charged: 8

Case No: 201500 Date: May 04, 2015 04:43PM Case Date: Apr 26, 2015 02:50PM

CLASSIFICATION: NO CLASSIFICATION

Confinement: - Select Confinement Type - Case Type: NBB over write limit

1

Accommodation	Additional Accommodation	Payward Settlement	No. of Days	Rate	Total
					Sub-Total 4,000.00

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File Edit View Window Help

Open Tools Fill & Sign Comment

Republic of the Philippines
DEPARTMENT OF HEALTH
SOUTHERN PHILIPPINES MEDICAL CENTER
J.P. Laurel Bajada, Davao City

STATEMENT OF ACCOUNT - Service Ward

Case #	: 2015000852	Bill Ref. #	: 2015001008
HRN	: 972368	Date	: May 04, 2015
Name	: DELA CERNA, JUAN ESPENIDA	Dept	: Dermatology
Address	: NOT PROVIDED	Admitted	: Apr 26, 2015 02:50 pm
	: DAVAO CITY 8000, DAVAO DEL SUR		PHIC
Room #	: 1016 FamMed (Service Ward) - HOUSE CASE		
First Case Rate	: MCP01		
Second Case Rate	: 90935		

Particulars	Actual Charges	Discount	Insurance/PHIC	Excess
Accommodation Charity (FamMed (Service Ward)) 8 days & 0 hrs @ 500.00	4,000.00			
X-Ray, Lab, & Others	526.00			
Drugs & Medicines	9,102.50			
Operating/Delivery Room	0.00			
Miscellaneous	9,003.00			
Sub-Total	22,631.50	4,526.30	10,900.00	7,205.20
ADD: Professional Fees Admitting				
LIBERATION MORENO ABARICO	3,000.00	600.00	0.00	2,400.00
JOHN RODEL A. ACOSTA	100.00	20.00	0.00	80.00

2. Mark the checkbox of “Check if Final Bill”.
3. Click “Save” button to create final/official bill.

Billing Main :: Process Billing

Process Process(New) List Transmittal Reports Close

+ Insurance Previous Package Diagnosis And Procedure Save CSF p2 Print Recalc Detailed? Check if Final Bill.

BILLING STATEMENT [FINAL BILLING] Remaining Days : 45 Number of Days Confinement : 8

MEMBERSHIP CATEGORY: INDIVIDUAL PAYING SELF EMPLOYED

CLASSIFICATION: NO CLASSIFICATION

Confinement: Self Confinement Type -

Case Type: NBB overwrite limit

HRN: 972368 **Case No.:** 2015001007

Name: DELA CERNA, JUAN ESPENIDA **Date:** May 04, 2015 04:55PM

Address: PARADISE EMBAC, NOT PROVIDED, DAVAO CITY 8000 DAVAO DEL SUR **Case Date:** Apr 26, 2015 02:50PM

Insurance No.: 972368-1

Check if Patient is already Dead

Accommodation	Additional Accommodation	Payward Settlement	No. of Days	Rate	Total
					Sub-Total 4,000.00

doc-183.pdf - Adobe Reader

File Edit View Window Help

Open Tools Fill & Sign Comment

Republic of the Philippines
DEPARTMENT OF HEALTH
SOUTHERN PHILIPPINES MEDICAL CENTER
J.P. Laurel Bajada, Davao City

STATEMENT OF ACCOUNT - Service Ward

Case # : 2015000852	Bill Ref. # : 2015001007
HRN : 972368	Date : May 04, 2015
Name : DELA CERNA, JUAN ESPENIDA	Dept : Dermatology
Address : NOT PROVIDED	Admitted : Apr 26, 2015 02:50 pm
DAVAO CITY 8000, DAVAO DEL SUR	PHIC
Room # : 1016 FamMed (Service Ward) - HOUSE CASE	
First Case Rate : MCP01	
Second Case Rate : 90935	

Particulars	Actual Charges	Discount	Insurance/PHIC	Excess
Accommodation				
Charity (FamMed (Service Ward))				
8 days & 0 hrs @ 500.00	4,000.00			
X-Ray, Lab, & Others	526.00			
Drugs & Medicines	9,102.50			
Operating/Delivery Room	0.00			
Miscellaneous	9,003.00			
Sub-Total	22,631.50	4,526.30	10,900.00	7,205.20
ADD:				
Professional Fees				
Admitting				
LIBERATION MORENO ABARICO	3,000.00	600.00	2,400.00	0.00
JOHN RODEL A. ACOSTA	100.00	20.00	0.00	80.00

4. Mark the checkbox of “Detailed?”.
5. Click “Print” button to create detailed bill.
6. Click “Delete” button to delete bill.

Billing Main :: Process Billing

Process Process(New) List Transmittal Reports Close

+ Insurance Previous Package Diagnosis And Procedure

Delete CSF p2 Print Page Recalc Detailed?

BILLING STATEMENT (FINAL BILLING) Remaining Days: 45 Number of Days Covered: 8

Case No: 2015000852 Date: May 04, 2015 04:43PM Case Date: Apr 26, 2015 02:50PM

MEMBERSHIP CATEGORY: INDIVIDUAL PAYING-SELF EMPLOYED

ASSOCIATION: NO CLASSIFICATION Confinement: - Select Confinement NBB Case Type: Case overtake limit

HRN: 972368 Name: DELA CERNA, JUAN ESPENIDA

Address: PARADISE EMBAC, NOT PROVIDED, DAVAO CITY 8000 DAVAO DEL SUR

Insurance No.: 972368-1

Check if Patient is already Dead

Accommodation Additional Accommodation Payward Settlement No. of Days Rate Total

Sub-Total 4,000.00

6 5 4

File Edit View Window Help

Open Tools Fill & Sign Comment

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
SOUTHERN PHILIPPINES MEDICAL CENTER
J.P. Laurel Bajada, Davao City

DETAILED STATEMENT OF ACCOUNT - Service Ward

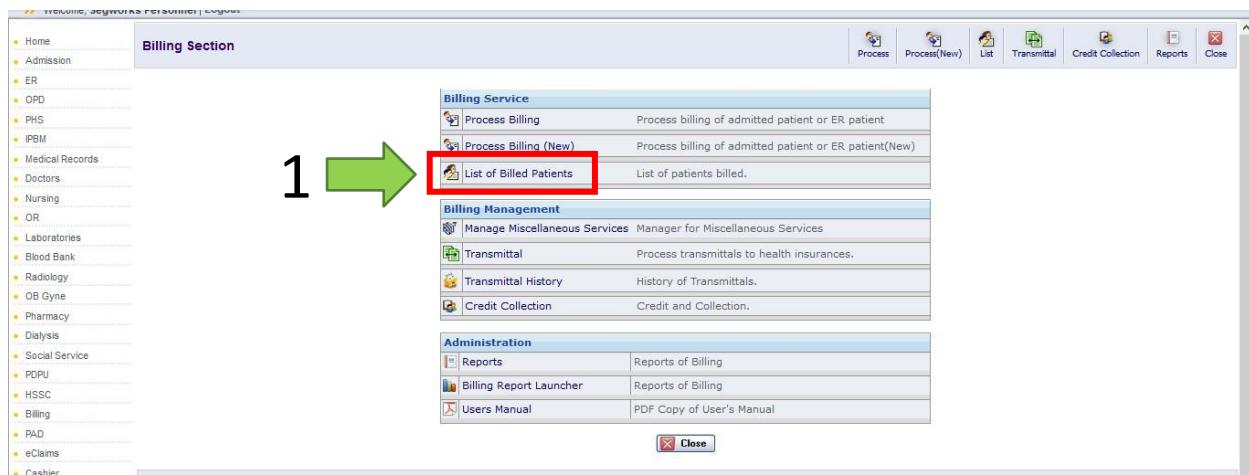
Case #	:	2015000852	Bill Ref. #	:	2015001007
HRN	:	972368	Date	:	May 04, 2015
Name	:	DELA CERNA, JUAN ESPENIDA	Dept	:	Dermatology
Address	:	NOT PROVIDED	Admitted	:	Apr 26, 2015 02:50 pm
	:	DAVAO CITY 8000, DAVAO DEL SUR			PHIC
Room #	:	1016 FamMed (Service Ward) - HOUSE CASE			
First Case Rate	:	MCP01			
Second Case Rate	:	90935			

Particulars	Actual Charges	Discount	Insurance/PHIC	Excess
Accommodation				
Charity (FamMed (Service Ward))				
8 days & 0 hrs @ 500.00	4,000.00			
Sub-Total(Accommodation)	4,000.00			
X-Ray, Lab, & Others				
Laboratories				
ECG				
1 @ 201.00	201.00			
Others				
Lap-vicryl 0				
1 @ 325.00	325.00			
Sub-Total(X-Ray, Lab, & Others)	526.00			
Drugs & Medicines				

TO VIEW BILLED PATIENT

1. Click “List of Billed Patients” from the Menu Section.
2. Default list is all bills created Today, change search options to update.
3. Click “Search” button to generate list.
4. Click “View” icon to view details.
5. Click “X” icon to delete bill.

a. Note: All transmitted bills cannot be deleted from the list.



Billing Main::List of Billed Patients

Search options

<input type="checkbox"/> Patient/Case No./Bill No./HRN	Patient Name <input type="button" value="..."/>
<input checked="" type="checkbox"/> Bill date	Today <input type="button" value="..."/>
<input type="button" value="Search"/>	

Search result: Today's Billed Patients

Bill No.	Date/Time	Patient	PHIC	Case No.	Billed Amount	Actions
2015001001	2015-05-04 01:37 PM	ALVAREZ, STEPHEN JOHN M	PHIC	2015000855	3,005.00	 
2015001002	2015-05-04 01:34 PM	Lee, Lenice	PHIC	2015000689	17,557.00	 
2015001003	2015-05-04 01:37 PM	ALVAREZ, STEPHEN JOHN M		2015000856	20,755.00	 
2015001004	2015-05-04 03:35 PM	LUKE, JOHN MARK		2015000859	2,000.00	 
2015001005	2015-05-04 04:28 PM	ALVAREZ, JOHN CAPACITE		2015000857	1,195.00	 
2015001006	2015-05-04 05:07 PM	BOTO, CHARLIE MAGNE MEJARES	PHIC	2015300647	0.00	 
2015001009	2015-05-04 07:20 PM	DELA CERNA, JUAN ESPENIDA	PHIC	2015000852	4,185.00	 

TO GENERATE CF2

1. Click “Page 2” button to generate CF2 page 2.

Billing Main :: Process Billing

Process Process(New) List Transmittal Reports Close

+ Insurance Previous Package Diagnosis And Procedure Delete CSF p2 Print Page Recalc Detailed?

BILLING STATEMENT [FINAL BILLING] Remaining Days : 45 Number of Days Covered : 8

HRN: 972368 Case No: 2015000852
 Name: DELA CERNA, JUAN ESPENIDA Date: May 04, 2015 07:20PM
 Address: PARADISE EMBAC, NOT PROVIDED, Case Date: Apr 26, 2015 02:50PM
 DAVAO CITY 8000
 DAVAO DEL SUR

Insurance No.: 972368-1
 Check if Patient is already Dead

CLASSIFICATION NO CLASSIFICATION
 Confinement - Select Confinement Type -
 Case Type NBB over write limit

1

Accommodation	Additional Accommodation	Payward Settlement	No. of Days	Rate	Total
					Sub-Total 4,000.00

Statement of Account

Charges*	Amount after Application of Discount (i.e., personal discount, Senior Citizen/PWD)	Benefit	Amount after PhilHealth Deduction
Total Health Care Institution Fees 22,631.50	18,105.20	14,000.00	Amount P 4,105.20 Paid by (Check all that applies): <input type="checkbox"/> Member/Patient <input type="checkbox"/> HMO <input type="checkbox"/> Others (i.e., PCSO, Promissory note, etc.)
Total Professional Fees (for accredited and non-accredited professionals) 4,100.00	3,280.00	3,200.00	Amount P 80.00 Paid by (Check all that applies): <input type="checkbox"/> Member/Patient <input type="checkbox"/> HMO <input type="checkbox"/> Others (i.e., PCSO, Promissory note, etc.)

b.) Purchase/Expenses NOT included in the Health Care Institution Charges

Total cost of purchase/s for drugs/medicines and/or medical supplies bought by the patient/member within/outside the HCI during confinement	<input type="checkbox"/> NONE <input type="checkbox"/> Total Amount P 20.00
Total cost of diagnostic/laboratory examinations paid for by the patient/member done within/outside the HCI during confinement	<input type="checkbox"/> NONE <input type="checkbox"/> Total Amount P 30.00

*NOTE: Total Actual Charges should be based on Statement of Account (SoA)

B. CONSENT TO ACCESS PATIENT RECORD/S

I hereby consent to the examination by PhilHealth of the patient's medical records for the sole purpose of verifying the veracity of this claim. I hereby hold PhilHealth or any of its officers, employees and/or representatives free from any and all liabilities relative to the herein-mentioned consent which I have voluntarily and willingly given in connection with this claim for reimbursement before PhilHealth.

Signature Over Printed Name of Patient/Authorized Representative

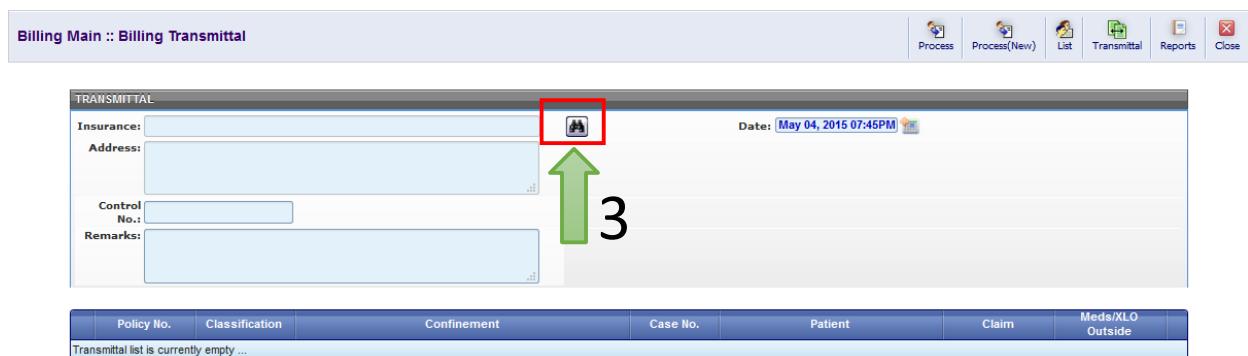
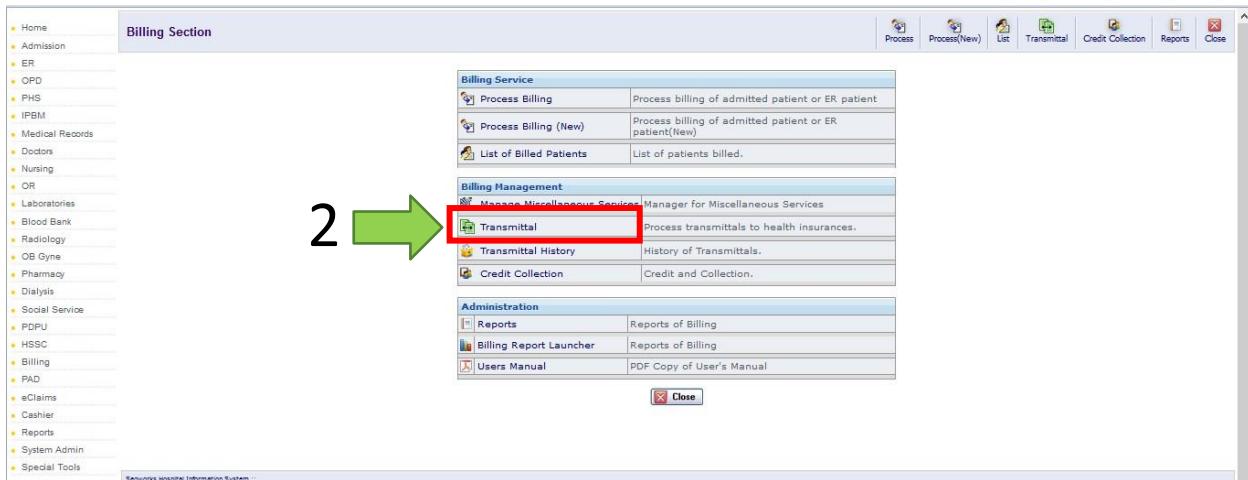
Date Signed: 0_5 - 0_4 - 2_0_1_5
 month day year

Relationship of the representative to the patient:
 Spouse Child Parent
 Sibling Others, Specify _____

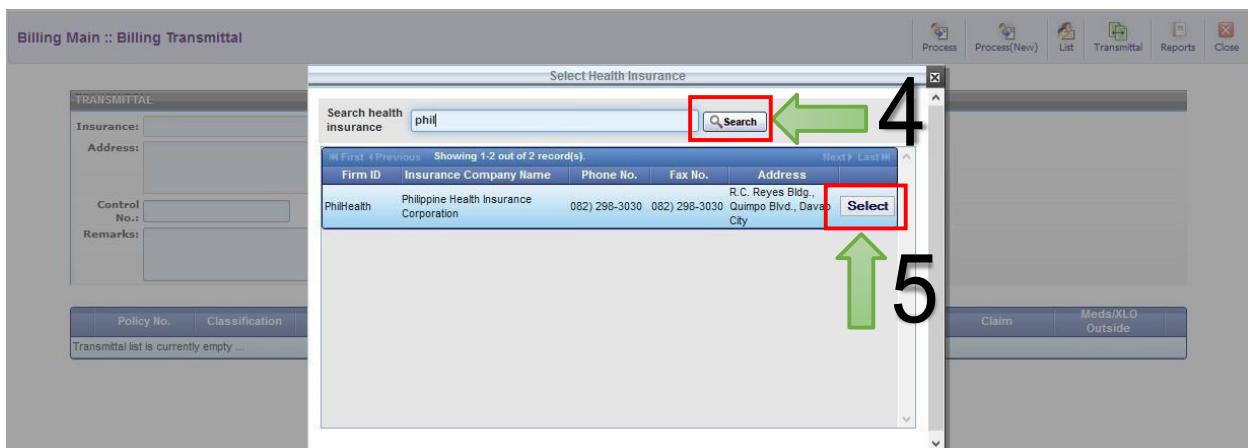
Reasons for signing on behalf of the patient:
 Patient is Incapacitated
 Other Reasons: _____

If patient/representative is unable to write, put right thumbmark. Patient/ representative should be assisted by an HCI representative. Check the appropriate box:
 Patient Representative

2. Click “Transmittal” from the menu section.
3. Click “Search” icon to select insurance.



4. Insurance name from the textbox provide and press enter key or click “Search” button to search from the insurance list.
5. Click “Select” button.



6. Click “Add” button to add claims to transmit. Only discharged patients with PHIC final bills are subject for transmittal.
7. As default, Discharged Today are listed. Change the options to change the display list.
8. Press enter key or click “Search” button to generate new search list.
9. Mark the checkbox to select encounters.
10. Click “Submit” button to submit data.

Billing Main :: Billing Transmittal

TRANSMITTAL

Insurance: Philippine Health Ins.
Address: R.C. Reyes Bldg., Qui
Control No.:
Remarks:
Add

Search options
Patient/Case No./Bill No./HRN: Patient Name:
 Discharge date: **7**

Search result: Today

Policy No.	Classification	Confinement	Case No.	Patient	Total Claim
972368-1	INDIVIDUAL PAYING-SELF EMPLOYED	Apr 26, 2015 2:50PM to May 4, 2015 7:00PM	2015000852	DELA CERNA, JUAN ESPENIDA	3,200.00 <input checked="" type="checkbox"/>
2311243242342	INDIVIDUAL PAYING-SELF EMPLOYED	May 4, 2015 1:08PM to May 4, 2015 2:00PM	2015000855	ALVAREZ, STEPHEN JOHN M	3,000.00 <input type="checkbox"/>

Submit **10**

11. Click “Print” icon to generate PHIC claim form.

Billing Main :: Billing Transmittal

TRANSMITTAL

Insurance: Philippine Health Insurance Corporation
Address: R.C. Reyes Bldg., Quimpo Blvd., Davao City
Control No.:
Remarks:
Add

Date: May 04, 2015 07:45PM

Policy No.	Classification	Confinement	Case No.	Patient	Claim	Meds/XLO Outside
972368-1	INDIVIDUAL PAYING-SELF EMPLOYED	Apr 26, 2015 2:50PM to May 4, 2015 7:00PM	2015000852	DELA CERNA, JUAN ESPENIDA	3,200.00	0.00 <input type="button" value="Print"/> 11

12. Select “New Form 2” from CF Page 1.
13. Click “Print” button to generate PDF file.

PhilHealth
Your Partner In Health

2015000852

This form may be reproduced and is NOT FOR SALE

CF2
(Claim Form)
revised September 2013

Series # _____

IMPORTANT REMINDERS:
PLEASE WRITE IN CAPITAL LETTERS AND CHECK THE APPROPRIATE BOXES.
This form together with other supporting documents should be filed within sixty (60) calendar days from date of discharge.
All information, fields and tick boxes required in this form are necessary. Claim forms with incomplete information shall not be processed.
FALSE / INCORRECT INFORMATION OR MISREPRESENTATION SHALL BE SUBJECT TO CRIMINAL, CIVIL OR ADMINISTRATIVE LIABILITIES.

PART I - HEALTH CARE INSTITUTION (HCI) INFORMATION

1. PhilHealth Accreditation Number (PAN) of Health Care Institution: **9 1 5 0 1 1 0 1 2 1 1 1**

2. Name of Health Care Institution: **SOUTHERN PHILIPPINES MEDICAL CENTER**

3. Address: **J.P. LAUREL BAJADA, DAVAO CITY**
Building Number and Street Name _____ City/Municipality _____ Province _____

PART II - PATIENT CONFINEMENT INFORMATION

1. Name of Patient: **DELA CERNA JUAN ESPENIDA**
Last Name _____ First Name _____ Name Extension(JR/SR/III) _____ Middle Name _____ (example: DELA CRUZ, JUAN JR. SIPAG)

2. Was patient referred by another Health Care Institution (HCI)?
 NO YES
 Name of Referring Health Care Institution _____ Building Number and Street Name _____ City/Municipality _____ Province _____ Zip Code _____

3. Confinement Period:
 a. Date Admitted: **0 1 4** - **2 6** - **2 0 1 5** month **day** year
 b. Time Admitted: **0 2** : **5 0** AM PM
 c. Date Discharged: **0 5** - **0 4** - **2 0 1 5** month **day** year
 d. Time Discharged: **0 1 7** : **2 0** AM PM
 hour min

4. Patient Disposition: (select only 1)
 a. Improved
 b. Recovered
 c. Home/Discharged Against Medical Advice
 e. Expired, Date: _____ - _____ - _____ Time: AM PM
 f. Transferred/Referred _____
 Name of Referral Health Care Institution _____

TO PROCESS TRANSMITTAL

1. Click “Save” button to submit data.
2. An input message will prompt asking to save the transmittal. Click “Yes”, else click “Cancel”.

Billing Main :: Billing Transmittal

TRANSMITTAL

Insurance: Philippine Health Insurance Corporation
Address: R.C. Reyes Bldg., Quimpo Blvd., Davao City
Control No.: DELACERNA
Remarks:

Date: May 04, 2015 07:45PM

Save this transmittal?

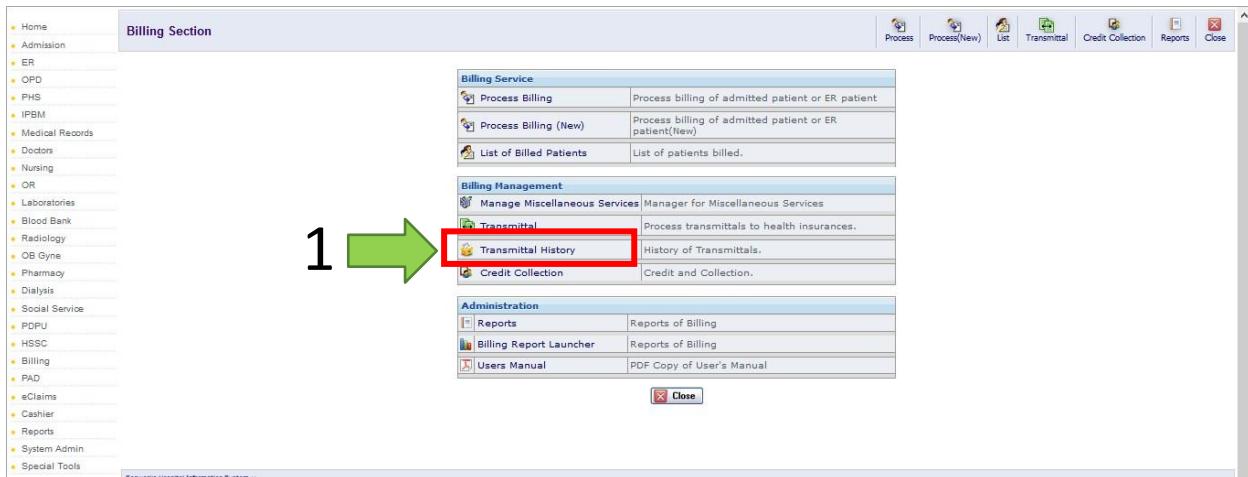
OK **Cancel**

1 **2** **Save**

Policy No.	Classification	Confinement	Case No.	Patient	Claim	Meds/Proc Outside
972368-1	INDIVIDUAL PAYING-SELF EMPLOYED	Apr 26, 2015 2:50PM to May 4, 2015 7:00PM	2015000852	DELA CERNA, JUAN ESPENIDA	3,200.00	0.00

TO GENERATE DOCUMENTS FROM TRANSMITTAL HISTORY

1. Click “Transmittal History” from the Menu section.
2. Default list are Transmitted Today. Change the options and click “Search” button to generate new search.
3. Click “View” icon to be directed to transmittal details.



4. Click “Add” button to add new claim.
5. Click “X” button to remove specific claim from the list.

Billing Main :: Billing Transmittal

Process | Process(New) | List | Transmittal | Reports | Close

TRANSMITTAL

Insurance: Philippine Health Insurance Corporation
Address: R.C. Reyes Bldg., Quimpo Blvd., Davao City

Control No.: DELACERNA
Remarks:

4

Add **Delete**

SURGICAL MEDICAL CASE RATE **Print** **GENERATE** **Print** **Save**

Policy No.	Classification	Confinement	Case No.	Patient	Claim	Meds/XLO Outside
972368-1	INDIVIDUAL PAYING-SELF EMPLOYED	Apr 26, 2015 2:50PM to May 4, 2015 7:00PM	2015000852	DELA CERNA, JUAN ESPENIDA	5,600.00	0.00

5

6. Click "Print" button to generate Transmittal Letter.
7. Select Classification Type to filter report.
8. Click "Print button to generate PDF file for printing.

TRANSMITTAL

Insurance: Philippine Health Insurance Corporation
Address: R.C. Reyes Bldg., Quimpo Blvd., Davao City

Control No.: DELACERNA
Remarks:

7

Add **Delete**

CASE RATE **Print** **GENERATE** **Print** **Save**

8

Print

6

Policy No.	Classification	Confinement	Case No.	Patient	Claim	Meds/XLO Outside
972368-1	INDIVIDUAL PAYING-SELF EMPLOYED	Apr 26, 2015 2:50PM to May 4, 2015 7:00PM	2015000852	DELA CERNA, JUAN ESPENIDA	5,600.00	0.00

Philippine Health Insurance Corporation
TRANSMITTAL LETTER

Transmittal No: DELACERNA
Classification: ALL MEMBER CLASSIFICATIONS Transmittal Date: May 04, 2015

Hospital Name SOUTHERN PHILIPPINES MEDICAL CENTER	Address J.P. LAUREL AVE., BAJADA, DAVAO CITY	Name & Signature of Hospital Representative MR. RICARDO SD JUSTOL		
PHIC Accreditation No. 950102	Hospital Category Tertiary	Authorized Bed Capacity 600	PHIC Employer's Number 14-022410003-2	Tax Account No. 890-006-261-331
Philhealth No. 072368-1	Name of Patient DELA CERNA, JUAN ESPENIDA	Name of Member DELA CERNA, JUAN ESPENIDA	Admitted Apr 26, 2015 2:50PM	Discharged May 4, 2015 7:20PM
			Hosp. Charges 14,000.00	Prof. Fee 4,000.00
			PAGE TOTAL 14,000.00	Grand Total 18,000.00
			GRAND TOTAL 14,000.00	Patient's Refund 0.00

9. Click “Generate” button for S-Claim XML file.

10. Select Member category to filter.

11. Click “Generate” button to generate XML file to save or open.

10

Member Category: All

Generate

11

9

SURGICAL MEDICAL CASE RATE

Print Summary Print GENERATE Save

```
<?xml version="1.0"?>
- <eCLAIMS pHospitalEmail="dmcenter01@yahoo.com" pHospitalCode="950102" pUserPassword="" pUserName="">
- <eTRANSMITTAL pTotalClaims="1" pHospitalTransmittalNo="DELACERNA">
- <CLAIM pIsEmergency="N" pPatientType="I" pHealthClaimType="ALL-CASE-RATE" pTrackingNumber="" pClaimNumber="2015000852">
<CF1 pEmployerName="" pPEN="" pPatientSex="M" pPatientBirthDate="06-27-1936" pPatientMiddleName="ESPENIDA" pPatientSuffix="">
<pPatientFirstName="JUAN" pPatientLastName="DELA CERNA" pPatientPIN="9723681" pPatientTitle="M" pEmailAddress="sample@email.com" pMobileNo="0" pLandlineNo="0" pMemberSex="M" pZipCode="8000" pMailingAddress="PARADISE EMBACNOT PROVIDED, DAVAO CITY 8000 DAVAO DEL SUR" pMemberShipType="PS" pMemberBirthDate="06-27-1936" pMemberMiddleName="ESPENIDA" pMemberSuffix="" pMemberFirstName="JUAN" pMemberLastName="DELA CERNA" pMemberPIN="9723681"/>
- <CF2 pAccommodationType="N" pReferralReasons="" pReferralIHCPAccreCode="" pExpiredTime="" pExpiredDate="" pDisposition="R" pDischargeTime="07:20:25PM" pDischargeDate="05-04-2015" pAdmissionTime="02:50:00PM" pAdmissionDate="04-26-2015" pReferredIHCPAccreCode="0" pPatientReferred="N">
- <DIAGNOSIS pAdmissionDiagnosis="">
- <DISCHARGE pDischargeDiagnosis="FEVER OF UNKNOWN ORIGIN">
<ICDCode pICDCode="R50.9"/>
</DISCHARGE>
- <DISCHARGE pDischargeDiagnosis="DENGUE FEVER">
<ICDCode pICDCode="A90"/>
</DISCHARGE>
- <DISCHARGE pDischargeDiagnosis="NONE">
<RVSCODES pLaterality="N" pProcedureDate="05-01-2015" pRelatedProcedure="HEMODIALYSIS PROCEDURE" pRVSCode="90935"/>
<RVSCODES pLaterality="N" pProcedureDate="05-02-2015" pRelatedProcedure="HEMODIALYSIS PROCEDURE" pRVSCode="90935"/>
</DISCHARGE>
- <DISCHARGE pDischargeDiagnosis="NONE">
<RVSCODES pLaterality="N" pProcedureDate="05-01-2015" pRelatedProcedure="CAESARIAN SECTION, PRIMARY" pRVSCode="59513"/>
</DISCHARGE>
- <DISCHARGE pDischargeDiagnosis="NONE">
<RVSCODES pLaterality="N" pProcedureDate="05-01-2015" pRelatedProcedure="APPENDECTOMY;" pRVSCode="44950"/>
</DISCHARGE>
</DIAGNOSIS>
- <SPECIAL>
- <PROCEDURES>
- <HEMODIALYSIS>
<SESSIONS pSessionDate="05-01-2015"/>
<SESSIONS pSessionDate="05-02-2015"/>
</HEMODIALYSIS>
</PROCEDURES>
```

12. Select from radio button to support data in Transmittal Summary.

13. Click “Print Summary” button to generate pdf for printing.

12

SURGICAL MEDICAL CASE RATE

Print Summary Print GENERATE Save

13

Department of Health
SOUTHERN PHILIPPINES MEDICAL CENTER
J.P. Laurel Ave., Bajada, Davao City

To: CLAIMS RECEIVING UNIT
Philhealth Regional Office - XI

Trans No. DELACERNA
May 04, 2015

TRANSMITTAL OF CLAIMS - (CASE PAYMENT CLAIMS - CASE RATE)

SUMMARY					
CATEGORY	NO.OF CLAIMS		HOSPITAL FEE	PROF FEE	TOTAL
INDIVIDUAL PAYING-SELF	1		14,000.00	4,000.00	18,000.00
GRAND TOTAL	1		14,000.00	4,000.00	18,000.00

Prepared by: MICHAEL NICOLO M. ALCORDO
CLERICAL AIDE I

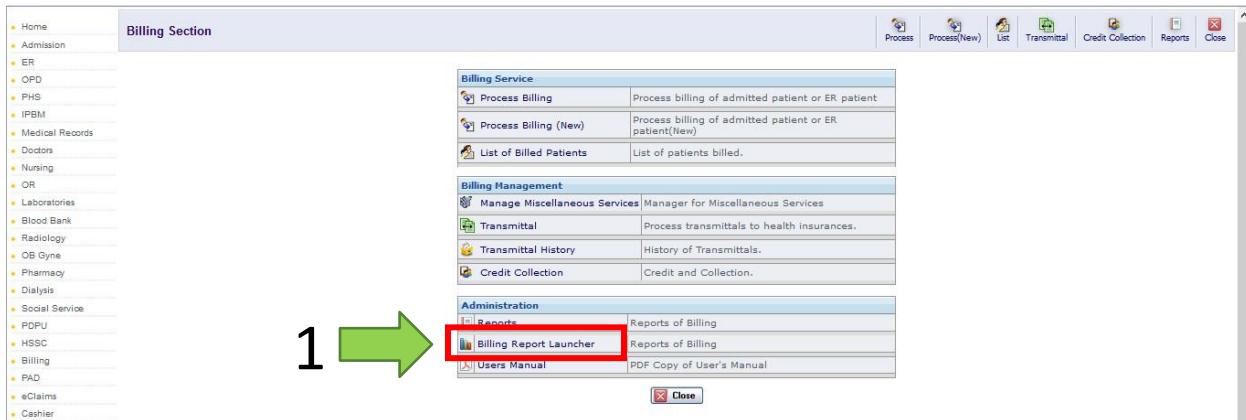
Verified Correct: ELSA A. MACABINGKIL
ADMINISTRATIVE ASSISTANT III

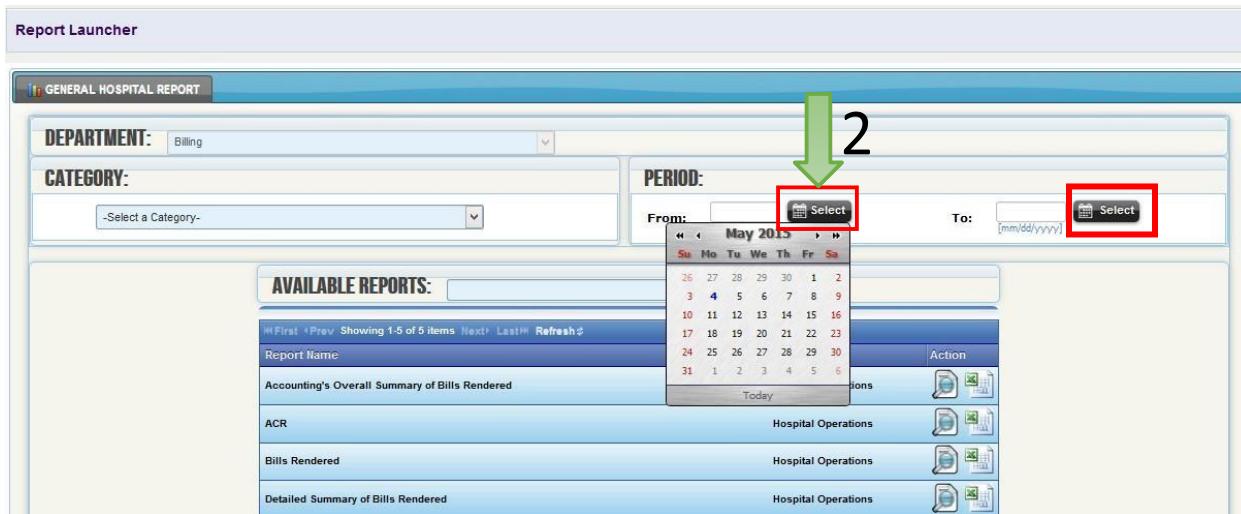
Approved by: **AMELITA M. LOREJO, RN, MPA**
BILLING SECTION INCHARGE

SOUTHERN PHILIPPINES MEDICAL CENTER Accreditation #:950102

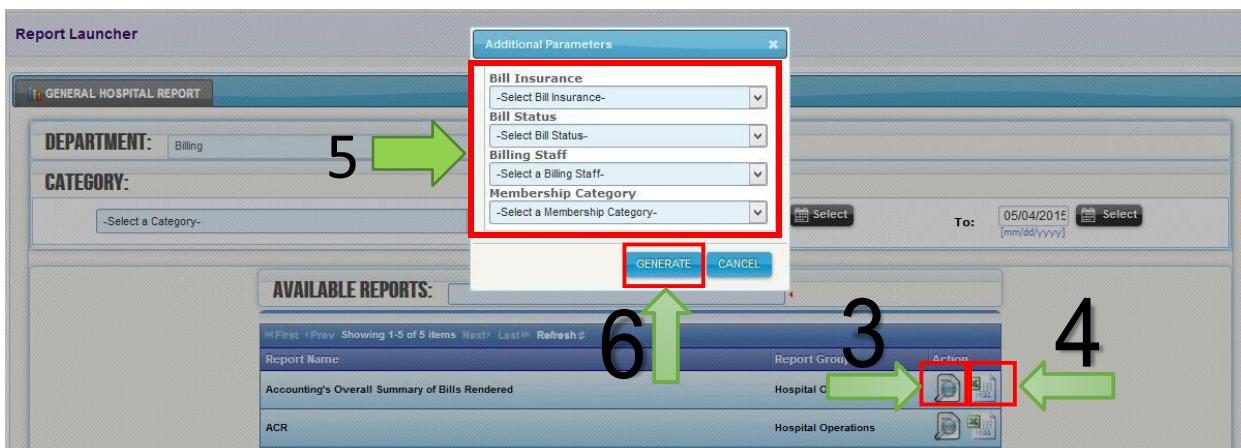
TO GENERATE REPORTS

1. Click “Billing Report Launcher” from the menu section.
2. Select “Period” date using date picker.



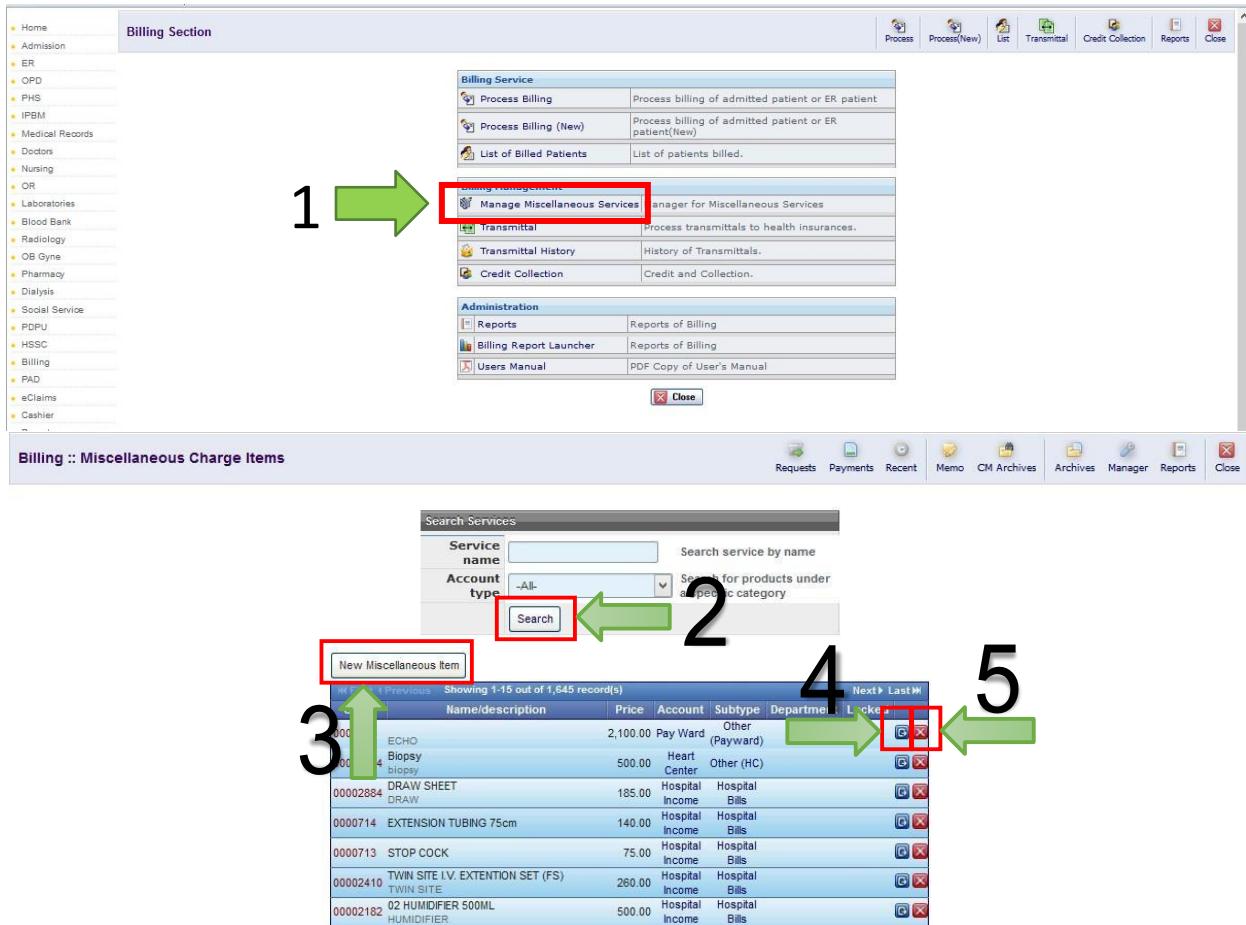


3. Click “View” icon to generate read-only file PDF.
4. Click “Worksheet” icon to generate excel file.
5. Select parameters to filter.
6. Click “Generate” button to generate reports, else click “Cancel”.

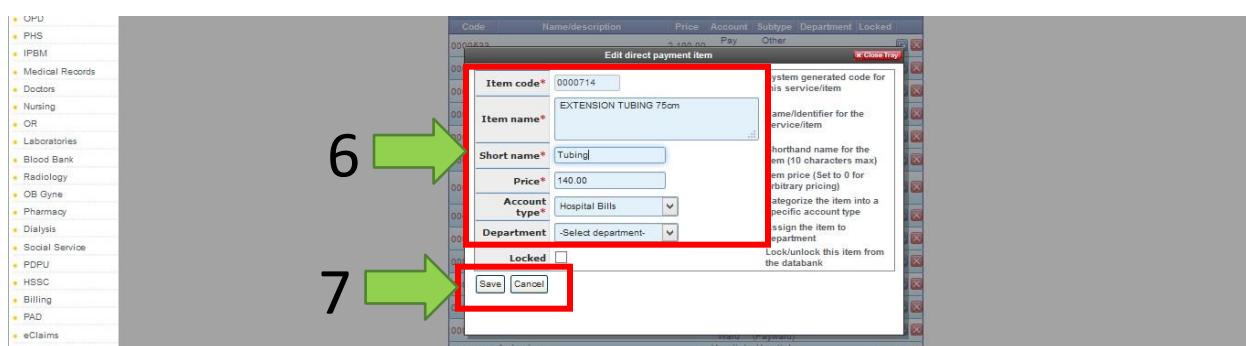


TO MANAGE MISCELLANEOUS SERVICES

1. Click “Manage Miscellaneous Services” from menu section.
2. Input search keywords and click “Search” button to generate list.
3. Click “New Miscellaneous Item” to create new services.
4. Click “View” icon to view item details.
5. Click “Delete” icon to remove services from databank.



6. Input item details, marked with red asterisk are mandatory fields.
7. Click “Save” button to create new item, else click “Cancel”.

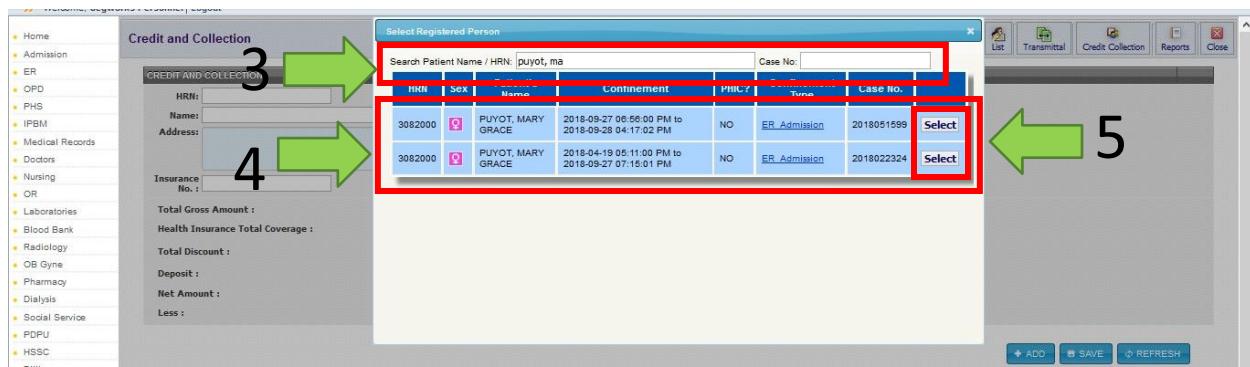


CREDIT AND COLLECTION

1. Click “Billing” in Menu Section.
2. Click “Credit Collection”.



3. Input Patient Name, HRN or Case Number then click enter key on your keyboard.
4. The patient's information shall display.
5. Click “Select” button after searching patient.



6. The following data will be displayed.
 - Current Balance
 - Total Gross Amount, Health Insurance Total Coverage, Total Discount, Deposit, Net Amount and Less.

7. Select Among the options “a. Category or Guarantor or Other Financial Assistance of the patient, b. Amount, c. Control No. and d. Date.”

8. If the patient has other guarantor or other financial assistance that is not added to the patient, you can still add guarantor by clicking the “Add” button.

- Home
- Admission
- ER
- OPD
- PHS
- IPBM
- Medical Records
- Doctors
- Nursing
- OR
- Laboratories
- Blood Bank
- Radiology
- OB Gyne
- Pharmacy
- Dialysis
- Social Service
- PDPU
- HSSC
- Billing
- PAD
- eClaims
- Cashier
- Reports
- System Admin
- Special Tools

Credit and Collection

CREDIT AND COLLECTION

HRN: <input type="text" value="3082000"/>	Case No: <input type="text" value="2018022324"/>
Name: <input type="text" value="PUYOT, MARY GRACE"/>	Bill No: <input type="text" value="2018156115"/>
Address: NOT PROVIDED, NOT PROVIDED, NOT PROVIDED, NOT PROVIDED	
Insurance No. : <input type="text"/>	
Total Gross Amount :	147,070.00
Health Insurance Total Coverage :	6,800.00
Total Discount :	0.00
Deposit :	0.00
Net Amount :	140,270.00
Less :	(0.00)

BALANCE: 140,270.00

8 →
ADD
SAVE REFRESH

Category	Amount	Control #	Date	Remarks
GOVERNMENT AGENCIES <input type="button" value="▼"/>	1500	OFFICE OF THE PRESIDI	10/31/2018	
COH-DMH <input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
- Select Guarantor - <input type="button" value="▼"/>				

9. Fill out necessary fields; Category, Amount, Control No. and Date Covered.
10. Click “Add” button to add guarantor.

9  10  

Category	Amount	Control #	Remarks
GOVERNMENT AGENCIES OFFICE OF THE PRESIDENT	1500	OFFICE OF THE PRESIDI	10/31/2018
PMDT CASH PAYMENT	1500	CASH PAYMENT	11/20/2018

11. Click “Save” button to submit the transaction. The system will prompt a confirmation message indicating “Are you sure to process this entry?” Click “OK”, else click “Cancel”. After clicking “OK”, the system will prompt a confirmation message indicating “Successfully Added Entries”.

11

Are you sure to process this entries?

OK Cancel

CREDIT AND COLLECTION

HRN: 3082000

Name: PUYOT, MARY GRACE

Address: NOT PROVIDED, NOT PROVIDED, NOT PROVIDED

Insurance No.:

Total Gross Amount: 147,070.00

Health Insurance Total Coverage: 6,800.00

Total Discount: 0.00

Deposit: 0.00

Net Amount: 140,270.00

Less: (0.00)

BALANCE: 140,270.00

Category Amount Control# Date Remarks

GOVERNMENT AGENCIES 1500 OFFICE OF THE PRESIDENT 10/31/2018

PMDT 1500 CASH PAYMENT 11/20/2018

COH-DMH - Select Guarantor -

ADD SAVE REFRESH

11

Successfully added entries!

OK

Prevent this page from creating additional dialogs

CREDIT AND COLLECTION

HRN: 3082000

Name: PUYOT, MARY GRACE

Address: NOT PROVIDED, NOT PROVIDED, NOT PROVIDED

Insurance No.:

Total Gross Amount: 147,070.00

Health Insurance Total Coverage: 6,800.00

Total Discount: 0.00

Deposit: 0.00

Net Amount: 140,270.00

Less: (3,000.00)

BALANCE: 137,270.00

Category Amount Control# Date Remarks

PMDT 1,500.00 CASH PAYMENT November 20, 2018 Grant Amount Php 1,500.00 Created on 2018-10-04 04:49:17 AM by Segworks Personnel with remarks CASH PAYMENT

GOVERNMENT-AGENCIES 1,500.00 OFFICE OF THE PRESIDENT October 31, 2018 Grant Amount Php 1,500.00 Created on 2018-10-04 04:49:17 AM by Segworks Personnel with remarks OFFICE OF THE PRESIDENT

COH-DMH - Select Guarantor -

ADD SAVE REFRESH

12. Select “Refresh” button to reload the data. After saving, the system will display the encoded guarantor, amount, control no. and remarks.

12

REFRESH

CREDIT AND COLLECTION

HRN: 3082000

Name: PUYOT, MARY GRACE

Address: NOT PROVIDED, NOT PROVIDED, NOT PROVIDED

Insurance No.:

Total Gross Amount: 147,070.00

Health Insurance Total Coverage: 6,800.00

Total Discount: 0.00

Deposit: 0.00

Net Amount: 140,270.00

Less: (3,000.00)

BALANCE: 137,270.00

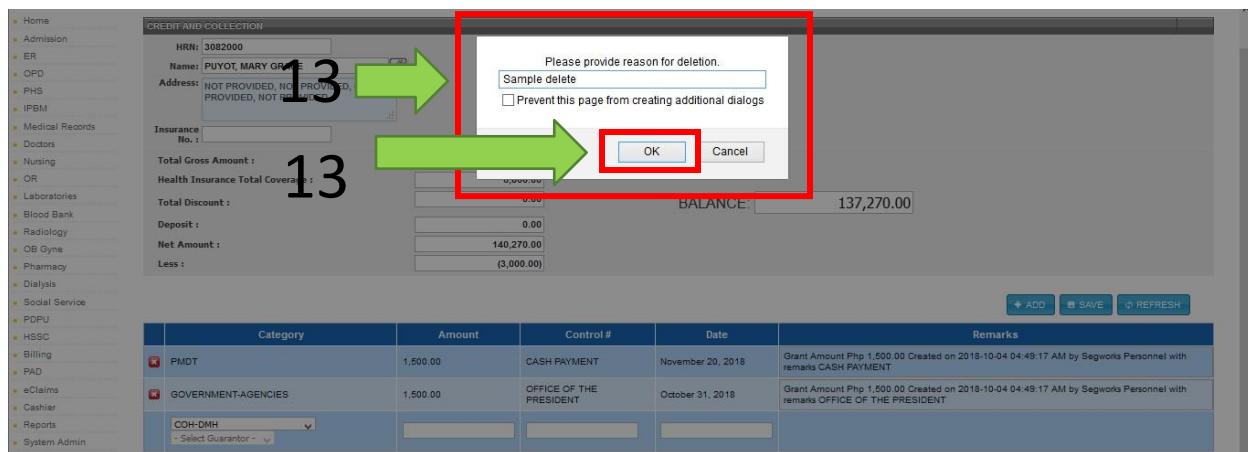
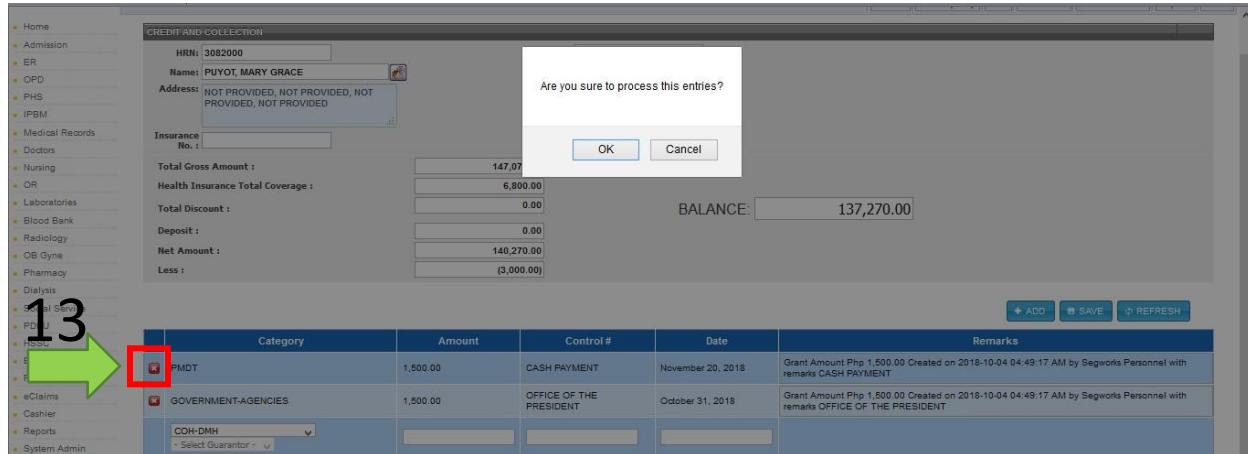
Category Amount Control# Date Remarks

PMDT 1,500.00 CASH PAYMENT November 20, 2018 Grant Amount Php 1,500.00 Created on 2018-10-04 04:49:17 AM by Segworks Personnel with remarks CASH PAYMENT

GOVERNMENT-AGENCIES 1,500.00 OFFICE OF THE PRESIDENT October 31, 2018 Grant Amount Php 1,500.00 Created on 2018-10-04 04:49:17 AM by Segworks Personnel with remarks OFFICE OF THE PRESIDENT

COH-DMH - Select Guarantor -

13. The user can still able to delete by clicking the “X” button beside the category and provide a valid reason, then click “OK”.



14. The system will display that it was deleted successfully.

