

# BILLING MODULE USER MANUAL

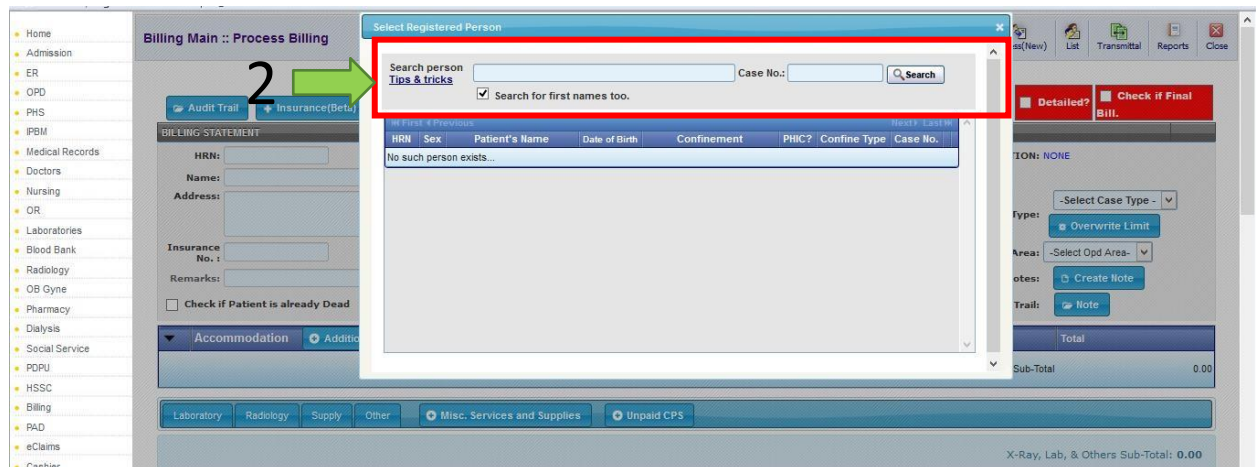
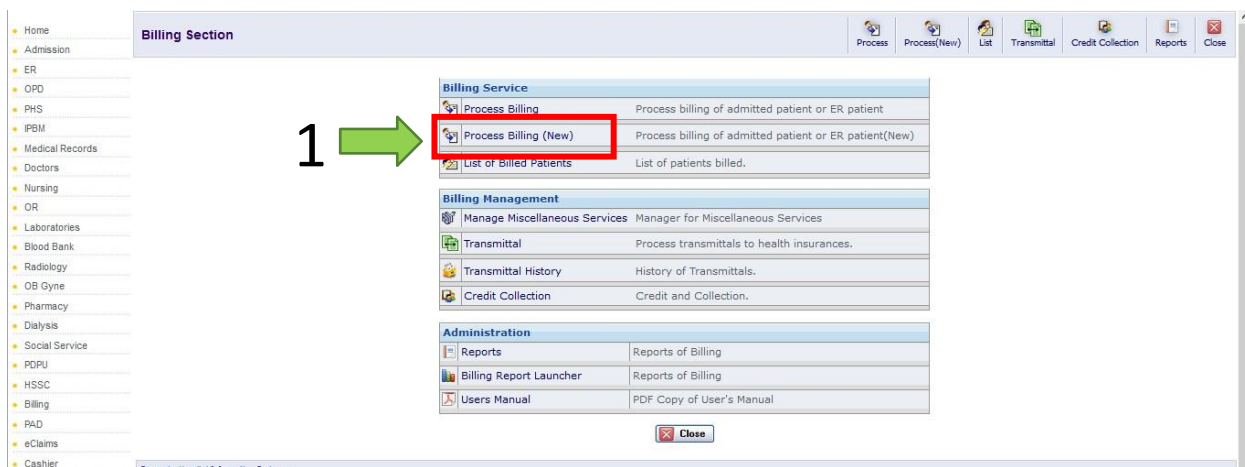
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## TO PROCESS BILLING

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**

**Select Registered Person**

Search person  Case No.:

☒ Search for first names too.

Showing 1-10 out of 611 record(s)

ID	Name	DOB	Age	Gender	Status	Consult Type	Consult Date	Consult Time	Consult Location	Consult Status	Consult Notes	Consult Action
1502765	DE ANDRES, JUSTINE CARLO CANDREJO	2005-05-30	Dec 5, 2008 11:16AM	NO	OPD Consult	20085400	1					Select
1329436	DE ANDRES, JUSTO, JR	1980-03-21	May 13, 2017 2:13PM	NO	ER Consult	20173550	1					Select
2169689	DE AQUINO, JUNALYN CAÑETE	2007-06-12	Apr 14, 2010 11:37AM	NO	ER Consult	20103300	8					Select
2674727	DE ARCE, JULIE GRACE RAÑESES	1988-04-25	Sep 8, 2016 7:06AM	NO	OPD Consult	20165020	109					Select
2661261	DE ASIS, JUSTINE MECINA	2011-11-29	Oct 17, 2014 6:53PM	NO	ER Consult	20142200	9					Select
2463996	DE ASIS, JUNALYN LUCERO	1983-09-01	Dec 3, 2012 11:08AM	NO	OPD Consult	20127310	4					Select
1248087	DE ASIS, JULIUS ROY ABARQUEZ	1996-04-06	May 12, 2011 9:39AM	NO	ER Consult	20123260	7					Select
3107633	DE ASIS, JULIE LIQUIP	1982-07-24	Jul 3, 2018 4:54PM	NO	OPD Consult	20185020	706					Select

**Billing Statement**

HRN: 123456 Case No.: 201801622 Date: Oct 02, 2018 07:25AM Case Date: Sep 28, 2018 07:21AM

Name: DE ANDRES, JUSTO, JR Address: KM 7 SOUTH BAY AGDAO, DIBAO CITY 8000 DIBAO DEL SUR

Insurance No.: None Remarks:

☐ Check if Patient is already Dead

**Accommodation**

Room No.	Room Type	No. of Days	Rate	Total
316	Room Type ICU (OP-ICU (Service Ward))	7 Days (08/28/2018 to 10/02/2018)	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**

Quantity	Unit Price	Total Charge
		Operating / Delivery Room Sub-Total: 0.00

**Miscellaneous Charges**

Quantity	Unit Price	Total Charge

## 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

**Billing Main :: Process Billing**

HRN: 1329436  
 Name: DE ANDRES, JUSTO, JR  
 Address: KM 7 SOUTH BAY, AGDAO, DAVAO CITY 8000 DAVAO DEL SUR  
 Case No: 2018051632  
 Date: Oct 02, 2018 07:35AM  
 Case Date: Sep 25, 2018 07:31AM

CLASSIFICATION: NO CLASSIFICATION  
 Confinement: - Select Confinement Type -  
 Selected Case Type: B

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

**1** → **Additional Accommodation**

Room No.	Room Type	No. of Days	Rate	Total
316	ICU (CP-ICU (Service Ward))	7 Days (09/25/2018 to 10/02/2018)	3,000.00	21,000.00
			Sub-Total	21,000.00

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

**More Accommodation Charges**

Ward: - Select Ward -  
 Rate:

Room: - Select Room -  
 Occupied From:  To:

**2** → **Ward**

Ward options: ADULT OMCO UNIT, ADULT/WHN, Burn Unit (Service Ward), Burn Unit - ICU (Service Ward), CCI Ward, CCI-HDU, CCI-Isolation Ward, CCI-OPD, Charity Ward (D4Hed), Children's Blood Diseases Unit, CP Ward 1 (Service Ward), CP Ward 2 (Service Ward), CH-ICU (Service Ward), Delivery Room, Emergency Room (Buffer), Emergency Room (IM), Emergency Room (IM-ICU), Emergency Room (Isolation), Emergency Room (OB)

**More Accommodation Charges**

Ward: CCI-Isolation Ward  
 Rate/Chrg.:

Room: - Select Room -  
 Occupied From:  To:

**3** → **Occupied From** **4** → **Save**

Calendar: Oct 2018  
 Su Mo Tu We Th Fr Sa  
 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 31

## 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.

## 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-

Remarks:

Check if Patient is already Dead

Notes: Create Note

Audit Trail: Note

Laboratory Radiology Supply Other Misc. Services and Supplies Unpaid CPS

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

Quantity	Item Price	Total
1	49.00	98.00
Drugs & Medicines Sub-Total		98.00

Operating / Del. Room O.R. Use RVU Multiplier Total

Operating / Delivery Room Sub-Total 0.00

Miscellaneous Charges Misc. Charges Quantity Unit Price Total Charge

Miscellaneous Sub-Total 0.00

Search Drug, Med or Supply par Search

Select Pharmacy Area

Enter quantity:

OK Cancel

Name/Description	Type	Unit Price	Next	Last
4FEVER 250MG/ML 60ML (FS)	M	52.00	>	<
PARACETAMOL 250MG/ML 100ML (FS)	M	47.00	>	<
ALGESIA 37.5/325MG TAB	M	49.00	>	<
TRAMADOL+PARACETAMOL	M	49.00	>	<
ALGESIA TABLET	M	49.00	>	<
tramdol+paracetamol	M	49.00	>	<
AXAPARA 400/1000	M	155.00	>	<
PARACETAMOL 500MG/100ML BOTTLE (FS)	M	8.00	>	<
BIOFLU TABLET (FS)	M	8.00	>	<
PHENYLEPHRINE + CHLORPHENAMINE MALEATE + PARA 10MG/2MG/500MG TABLET (FS)	M	8.00	>	<
BIOGESIC 100mg DROPS (FS)	M	55.00	>	<
PARACETAMOL 100mg DROPS (FS)	M	55.00	>	<
BIOGESIC 120mg SYRUP (F S)	M	67.00	>	<
PARACETAMOL 120mg SYRUP (FS)	M	67.00	>	<
BIOGESIC 250mg SYRUP (FS)	M	96.00	>	<
PARACETAMOL 250mg SYRUP (FS)	M	96.00	>	<
BIOGESIC 500mg TABLET (F S)	M	4.00	>	<
PARACETAMOL 500mg TABLET (FS)	M	4.00	>	<

## 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 following steps are illustrated in the screenshots:

- Step 1:** The user clicks the "OR Use" button in the "Operating / Del. Room" section of the main interface.
- Step 2:** The "Operating Room Accomodation Charges" dialog box is displayed. The user selects "Linac Room" from the "Room" dropdown menu.
- Step 3:** The user clicks the "View" icon (represented by a document icon) to view the list of procedures.
- Step 4:** The "Procedures with Accomodation" table is shown. The user selects the checkbox next to the "Hemodialysis procedure" row.
- Step 5:** The user clicks the "Save" button at the bottom of the dialog box to submit the data.

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	9600.00	<input type="checkbox"/>



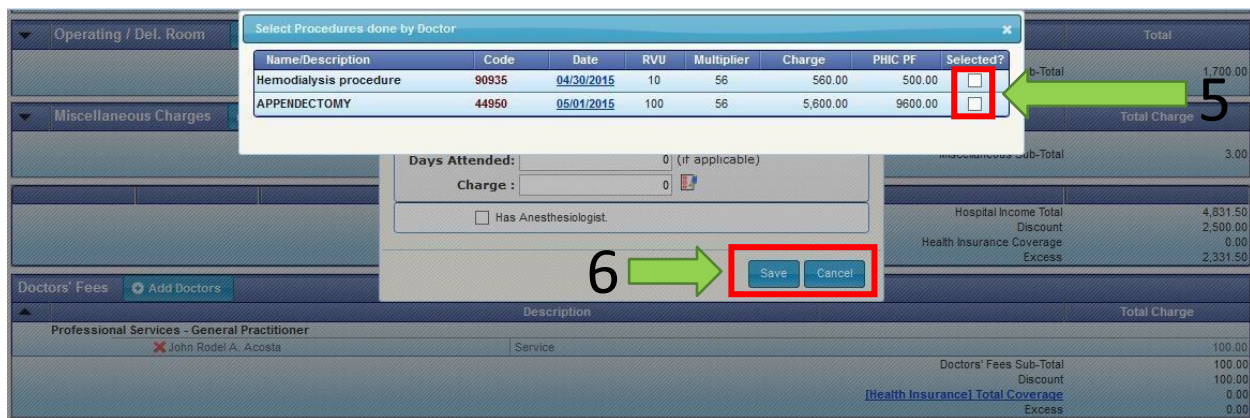
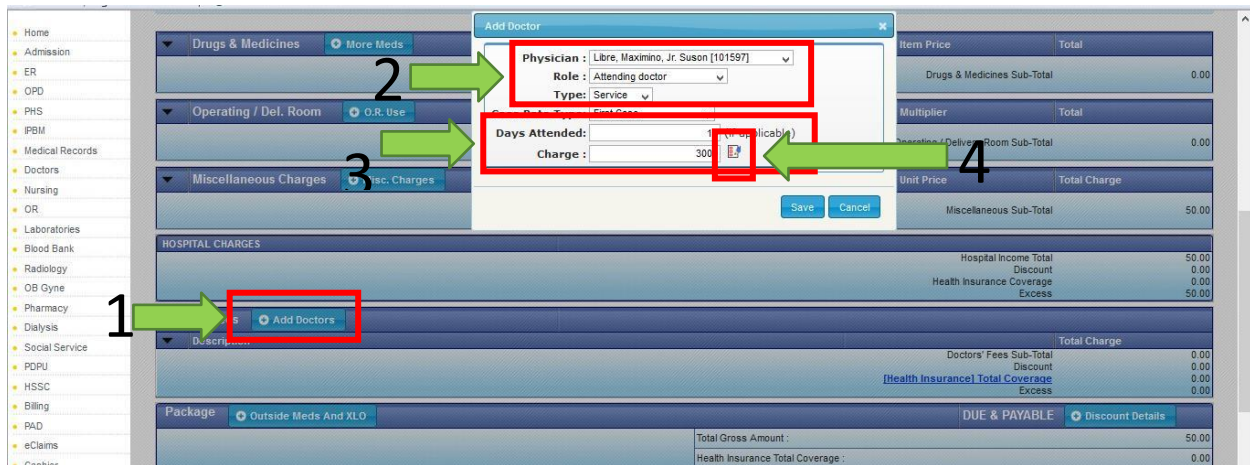
## TO ADD MISCELLANEOUS CHARGES

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.

Miscellaneous Charges	Misc. Charges	Quantity	Unit Price	Total Charge
✖ ID BAND		1	3.00	3.00
Miscellaneous Sub-Total				3.00
HOSPITAL CHARGES				
Hospital Income Total				4,831.50
Discount				2,500.00
Health Insurance Coverage				0.00
Excess				2,331.50

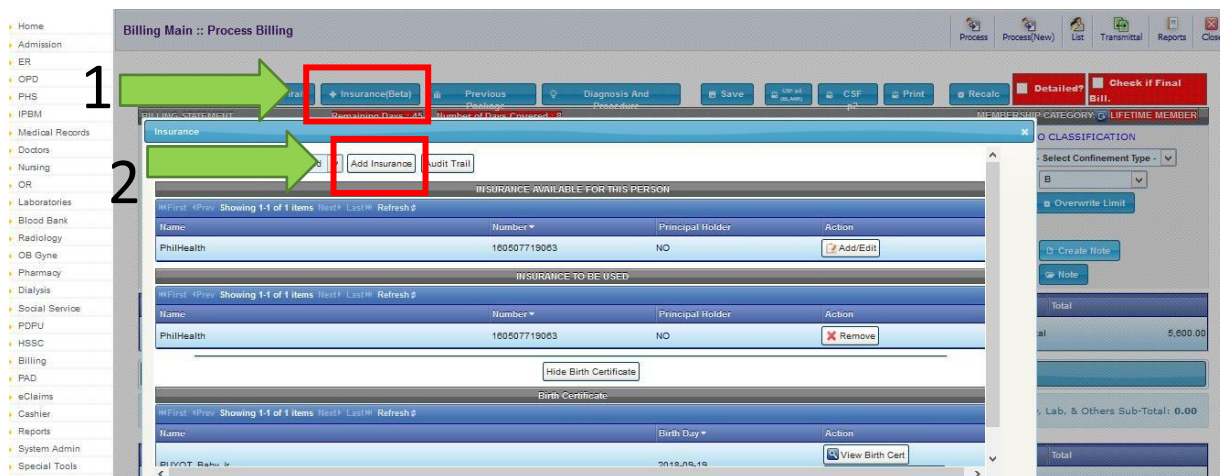
## TO ADD PROFESSIONAL FEE

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.

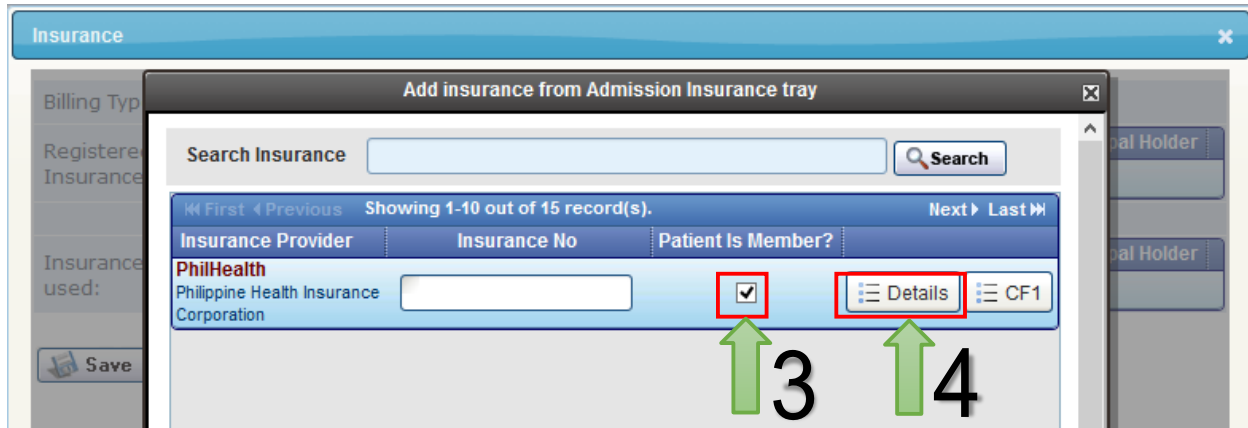


## TO ADD INSURANCE

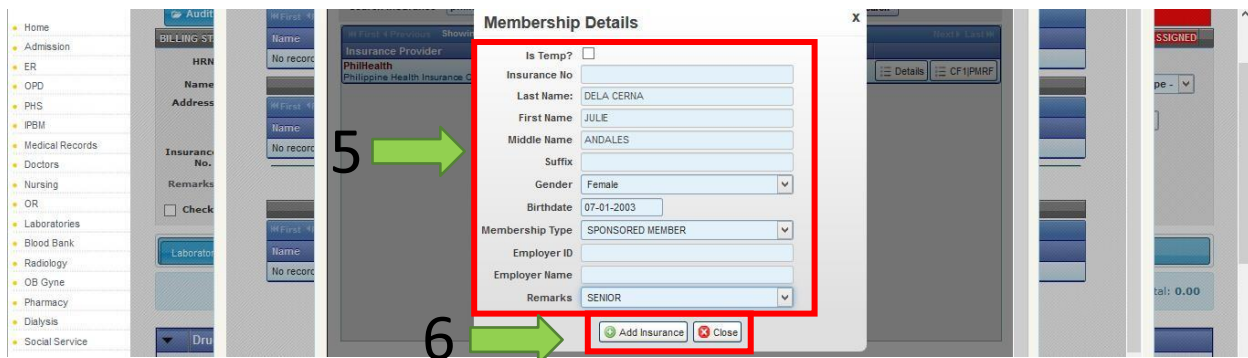
1. Click "Insurance" button so the insurance window frame will appear.
2. Click "Add Items" to select insurance from the list.



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



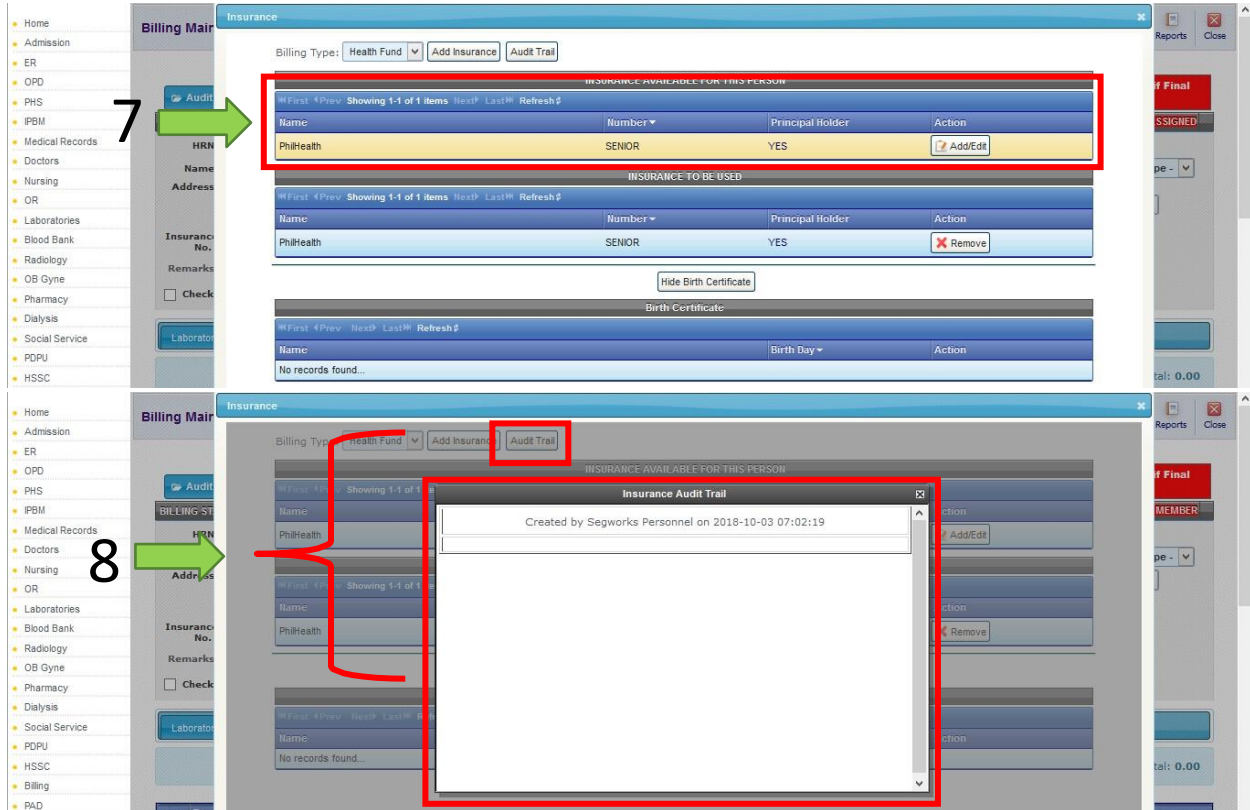
5. Input necessary details.
  - a. Last name, first name, middle name, and Birthdate are auto generated when the patient is a member.
  - b. Membership Type "EMPLOYED-GOVT and EMPLOYED-PRIVATE" needs EmployerID and Employer Name and details.
  - c. Membership type highlighted in red such as **Hospital 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".



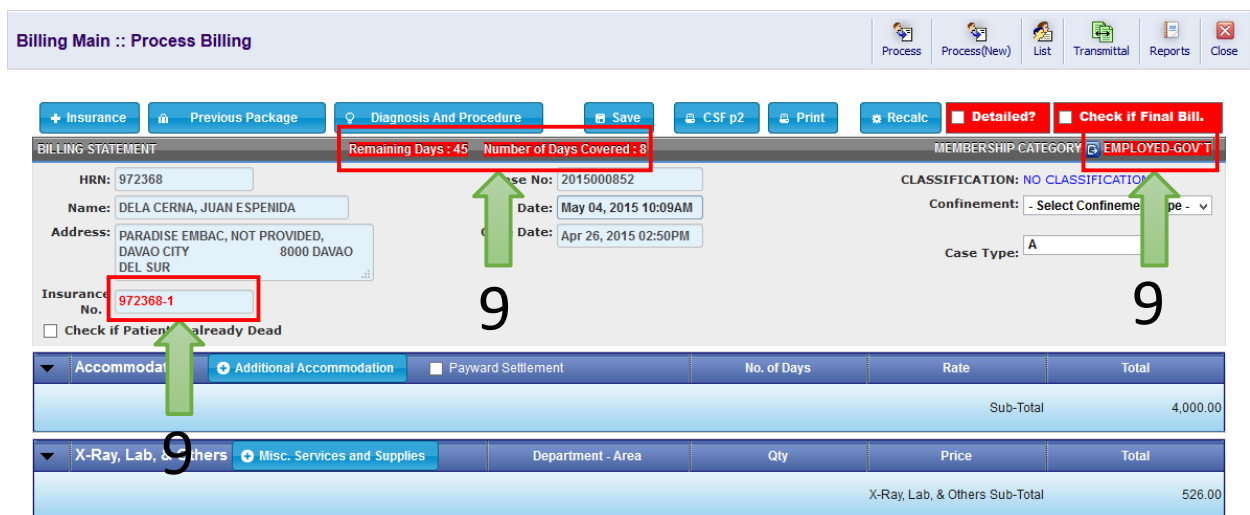
7. Added insurance will be listed in insurance tray.



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



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.





## 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** Save CSF p2 Print Recalc Detailed? Check if Final Bill.

Remain Days : 45 Number of Days Covered : 8

MEMBERSHIP CATEGORY: EMPLOYED-GOV'T

HRN: 972368  
 Name: DELA CERNA, JUAN ESPENIDA  
 Address: PARADISE EMBAC, NOT PROVIDED, DAVAO CITY 8000 DAVAO  
 Insurance No.: 972368-1  
☐ Check if Patient is already Dead

Case No: 2015000852  
 Date: May 04, 2015 10:09AM  
 Case Date: Apr 26, 2015 02:50PM

CLASSIFICATION: NO CLASSIFICATION  
 Confinement: Select Confinement Type -  
 Case Type: A

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

X-Ray, Lab, & Others	Misc. Services and Supplies	Department - Area	Qty	Price	Total
X-Ray, Lab, & Others Sub-Total					526.00

2. To add diagnosis, key in ICD Number or Description in the given textbox and the system will automatically suggest related values.
3. Click “Add” button to add selected code to ICD tray.
4. Click “X” button to remove ICD from the tray.

**Diagnosis and Procedure**

Hospital Number: 972368  
 Patient's Name: JUAN ESPENIDA DELA CERNA  
 Case Number: 2015000852  
 Admitting Diagnosis:

ICD: dengul

☐ Primary? ADD Update Sequence Audit Trail

ASU Dengue without warning signs  
 A91.1 Dengue with warning signs

ICD Code	Alt. ICD	Description	Clinician	Type
R50.9	R50.9	Fever, unspecified; Hyperpyrexia NOS; Pyrexia NOS	ABRAGAN, HANNA JINKO	Secondary

- 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:  ☐ Primary?

ICD Code	Alt. ICD	Description	Clinician	Type	
R50.9	R50.9	Fever unspecified, Hyperpyrexia NOS, Pyrexia NOS	ABRAGAN, HANNA JINKY CALUBIRAN	Secondary	X [Up] [Down]
A90	A90	Dengue without warning signs	ABRAGAN, HANNA JINKY CALUBIRAN	Secondary	X [Up] [Down]

5

- To update sequence of ICD's, click "Up" or "Down" icon.
- 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:  ☐ Primary?

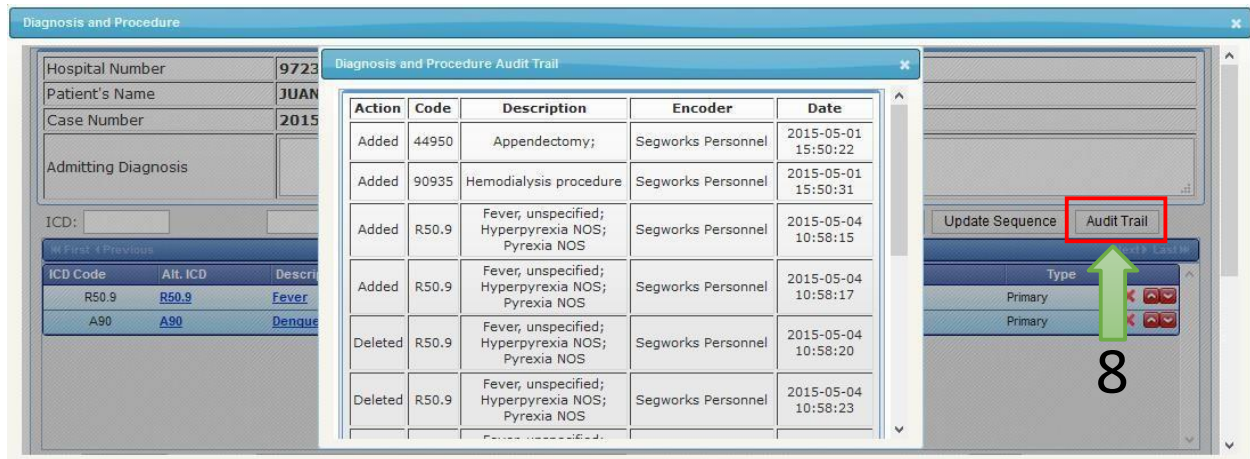
Sequence Updated!

ICD Code	Alt. ICD	Description	Clinician	Type	
R50.9	R50.9	Fever	Alice, Christian Jake R.	Primary	X [Up] [Down]
A90	A90	Dengue without warning signs	Alice, Christian Jake R.	Primary	X [Up] [Down]

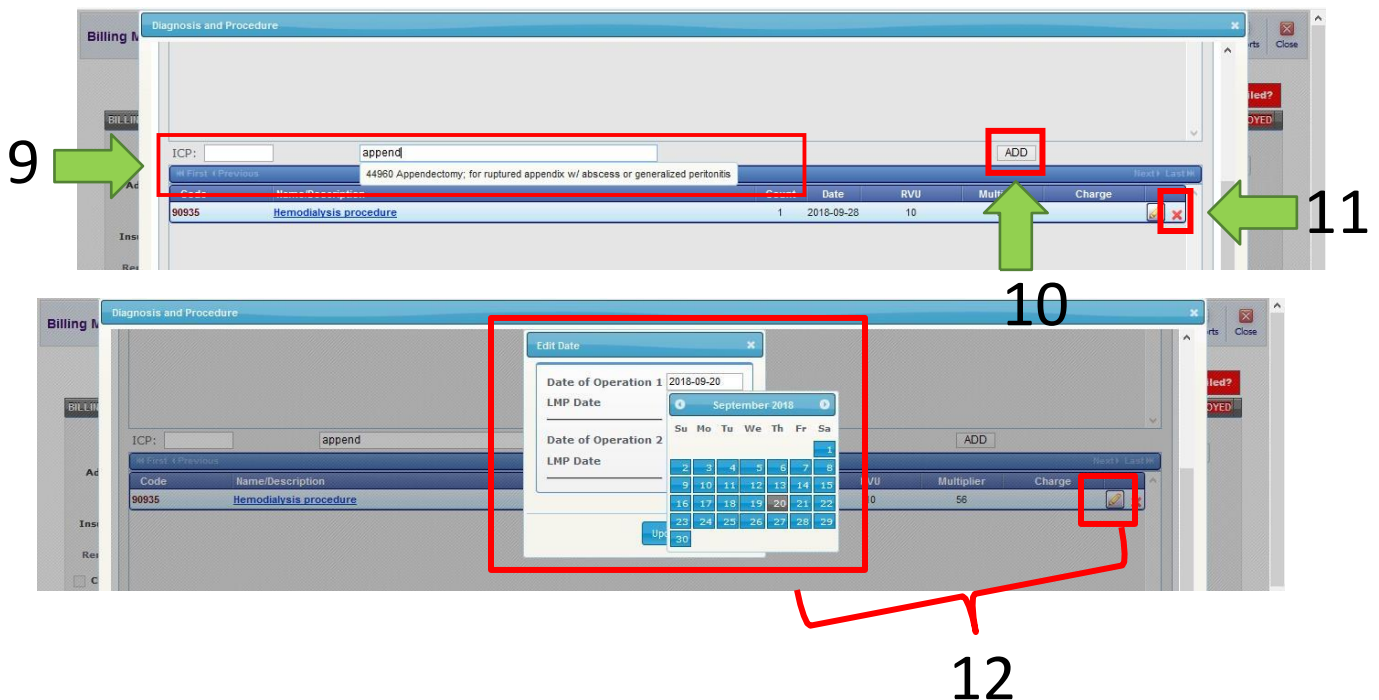
7

6

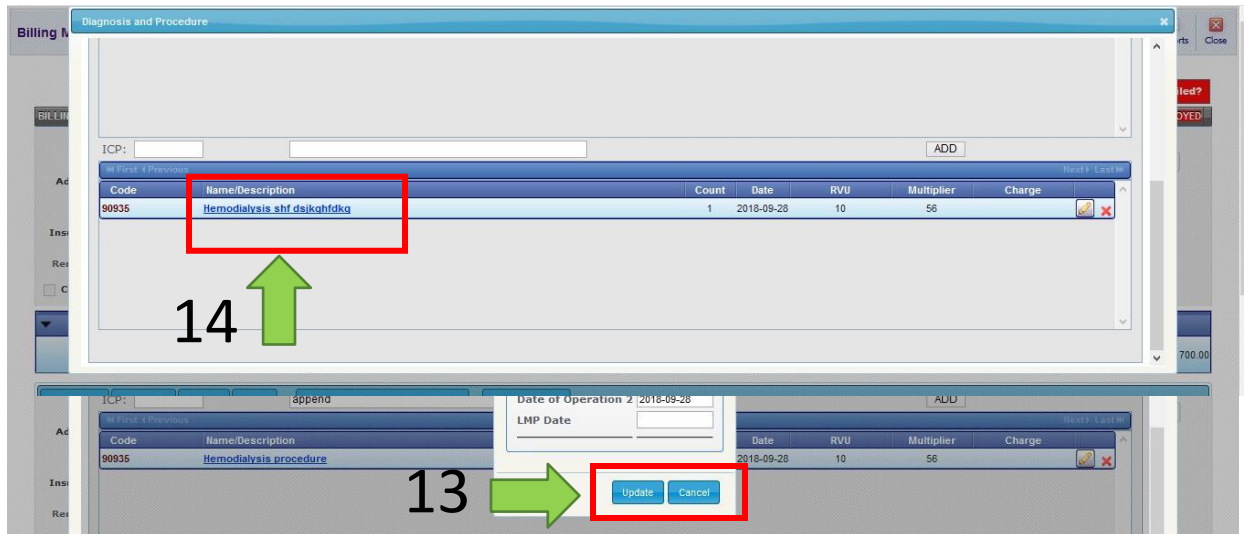
- Click "Audit Trail" to view history.



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.

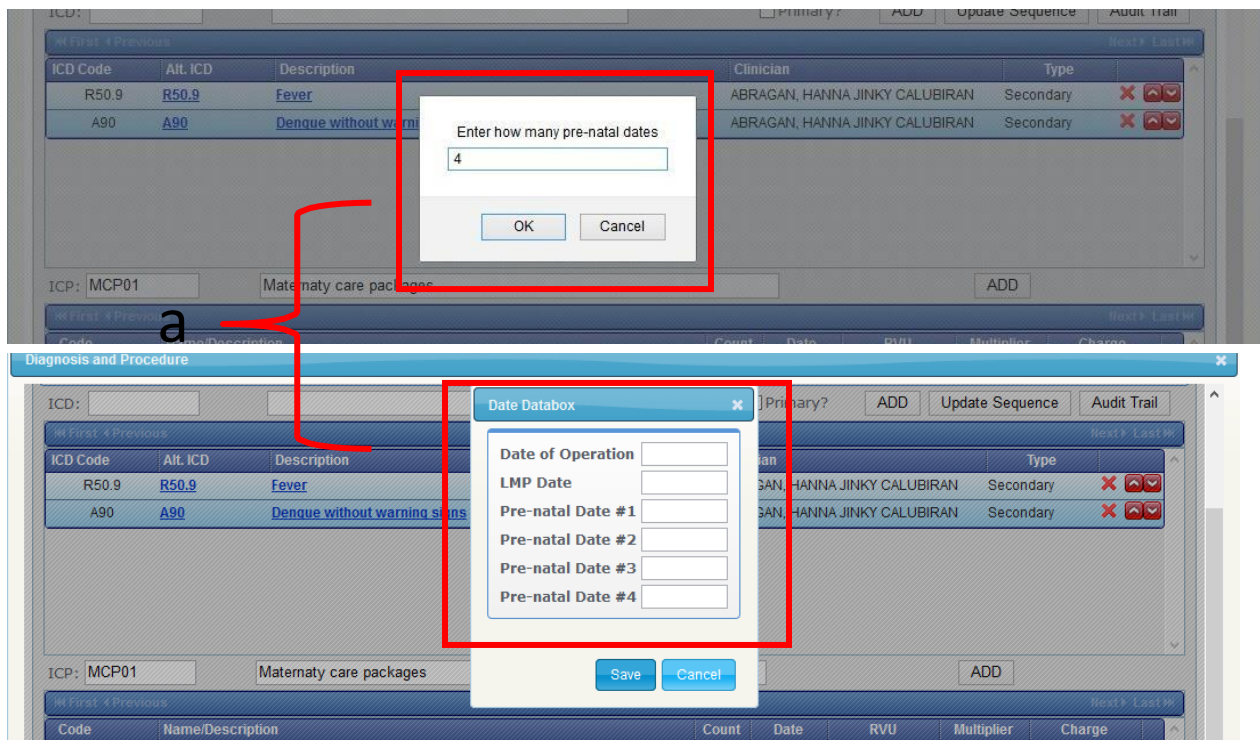


14. Click the diagnosis description to update description and press enter key to save data.



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”.

**Diagnosis and Procedure**

A90 A90 Denque without warning sign

AN, HANNA JINKY CALUBIRAN Secondary

ICP: [ ]

**Edit Date**

Date of Operation 1 2015-05-01

LMP Date 2015-03-01

Pre-natal Date # 1 2015-04-03

Pre-natal Date # 2 2015-04-04

Pre-natal Date # 3 2015-04-06

Pre-natal Date # 4 2015-04-07

**Update** **Cancel**

Code	Name/Description	RVU	Multiplier	Charge
59513	Caesarian section, primary	015	150	56
MCP01	Maternaty care packages	015	0	56
44950	Appendectomy;	015	100	5600
90935	Hemodialysis	015	10	560

- d. Delivery procedures needs LMP dates.

**Diagnosis and Procedure**

ICP: 59513 Caesarian section, primary

**Date Databox**

Date of Operation 2018-10-01

LMP Date

September 2018

Su	Mo	Tu	We	Th	Fr	Sa
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					

Code	Name/Description	RVU	Multiplier	Charge
MCPM	Essential health services during antenatal, intrapartum and postpartum period includ antenatal care, intrapartum monitoring, normal delivery, postpartum care (Maternity C Package)	0	56	
90935	Hemodialysis shf dsikghfdkg	10	56	

Laboratory Radiology Supply Other Misc. Services and Supplies Unpaid CPS

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

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

Operating / Del. Room	O.R. Use	RVU	Multiplier	Total

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

Diagnosis and Procedure

ICP: 25690 Closed treatment of lunated disloc

ADD

Code	Name/Description	Count	Date	RVU	Multiplier	Charge
59513	Caesarian section, primary	1	05-01-2015	150	56	8400
MCP01	Maternity care packages	1	05-01-2015	0	56	0

## 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.

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 Remaining Days : 45 Number of Days Covered : 8

MEMBERSHIP CATEGORY: LIFETIME MEMBER

CLASSIFICATION: NO CLASSIFICATION

Confinement: - Select Confinement Type -

Case No: 2015000852 Date: May 04, 2015 10:09AM

Case Date: Apr 26, 2015 02:50PM

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	Sub-Total
					4,000.00

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”.

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 Remaining Days : 45 Number of Days Covered : 8

MEMBERSHIP CATEGORY: LIFETIME MEMBER

CLASSIFICATION: NO CLASSIFICATION

Confinement: - Select Confinement Type -

Case No: 2015000852 Date: May 04, 2015 10:09AM

Case Date: Apr 26, 2015 02:50PM

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

Overwrite Limit

XLO Current Limit: 15,000.00

Amount to be added: 100

Meds Current Limit: 20,000.00

Amount to be added: 100

Save Cancel

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

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

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 Remaining Days : 45 Number of Days Covered : 8 MEMBERSHIP CATEGORY: LIFETIME MEMBER

HRN: 972368 Case No: 2015000852 CLASSIFICATION: NO CLASSIFICATION  
 Name: DELA CERNA, JUAN ESPENIDA Date: May 04, 2015 10:09AM Confinement: - Select Confinement Type -  
 Address: PARADISE EMBAC, NOT PROVIDED, DAVAO CITY 8000 Case Date: Apr 26, 2015 02:50PM  
 Insurance No.: 972368-1 Case Type: NBB  
☐ Check if Patient is already Dead

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

↑ 5

Accommodation	Additional Accommodation	Payward Settlement	No. of Days	Rate	Total
Sub-Total					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 Add Doctors

Package Outside Meds And XLO

First Case Rate : Code: P 0.00  
 Maternity care package  
 Second Case Rate : Code: P 0.00  
 Hemodialysis procedure

Enter Outside Medicines And XLO Amount

Total Outside MEDICINE :  
 0  
 Total Outside XLO :  
 0

Save Cancel

↑ 1

↑ 2

↑ 3

	Total Charge
Doctors' Fees Sub-Total	100.00
Discount	0.00
(Health Insurance) Total Coverage	0.00
Excess	100.00
DUE & PAYABLE	
Discount Details	4,731.50
Package :	0.00
	4,731.50
Dep	0.00
Total Amount	0.00

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

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

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 checked="" type="checkbox"/> 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	<input type="checkbox"/> NONE <input checked="" type="checkbox"/> 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.

Case No.	Package Code	Package Name	Package Limit	Date Admitted	Date Discharged	Days
2015000852	A90	Dengue without warning signs	10000.00	April 26 2015 02:50:00 PM	May 4 2015 07:20:25 PM	0

## 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.

Case No.	Package Code	Package Name	Package Limit	Date Admitted	Date Discharged	Days
2015000852	A90	Dengue without warning signs	10000.00	April 26 2015 02:50:00 PM	May 4 2015 07:20:25 PM	0



1 of 1 Automatic Zoom

First Case Rate : A90  
Final Diagnosis : WEW  
Other Diagnosis : WEW

Particulars	Actual Charges	Discount	Insurance/PHIC		Excess
			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	300.00
Laboratories	0.00	0.00	0.00	0.00	0.00
Radiologies	0.00	0.00	0.00	0.00	0.00
Regular Supplies	0.00	0.00	0.00	0.00	0.00
Consigned Supplies	0.00	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00	0.00
Ventilator Use	0.00	0.00	0.00	0.00	0.00
Regular Medicines	0.00	0.00	0.00	0.00	0.00
Consigned Medicines	0.00	0.00	0.00	0.00	0.00
Operating/Delivery Room	0.00	0.00	0.00	0.00	0.00
Miscellaneous	130.00	0.00	0.00	0.00	130.00
<b>Sub-Total</b>	<b>4,330.00</b>	<b>0.00</b>	<b>3,900.00</b>	<b>0.00</b>	<b>430.00</b>
<b>ADD:</b>					
Professional Fees					
Admitting					
ADZNER DULUTAN ABSARA	2,400.00	0.00	0.00	0.00	2,400.00
Consulting					
LEOPOLDO JUMALON VEGA	300,000.00	0.00	2,600.00	0.00	297,400.00
<b>Sub Total</b>	<b>302,400.00</b>	<b>0.00</b>	<b>2,600.00</b>	<b>0.00</b>	<b>299,800.00</b>
<b>TOTAL</b>	<b>306,730.00</b>	<b>0.00</b>	<b>6,500.00</b>	<b>0.00</b>	<b>300,230.00</b>
<b>LESS:</b>					
<b>AMOUNT DUE</b>					<b>300,230.00</b>

MEMBERSHIP CATEGORY: INDIVIDUAL PAYING/SET FEMPI OVER

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.

Professional Services - General Practitioner  
John Rodel A. Acosta

Package: Outside Meds And XLO

First Case Rate : A90 P 10,000.00  
Dengue without warning signs

Second Case Rate : 90935 P 8,000.00  
Hemodialysis procedure

Total Gross Amount : 22,731.50  
Health Insurance Total Coverage : 14,000.00  
Total Discount : 4,546.30  
Deposit : 0.00  
Total Net Amount : 4,185.20

Hospital Income Total 22,631.50  
Discount 4,526.30  
Health Insurance Coverage 14,000.00  
Excess 4,105.20

Doctors' Fees Sub-Total 100.00  
Discount 20.00  
Insurance Total Coverage 0.00  
Excess 80.00

**Add Doctor**

Physician : Abarico, Liberation Moreno [100569]  
Role : Attending doctor  
Type : Service  
Case Rate Type : First Case  
Days Attended : 0 (if applicable)  
Charge : 3000

Save Cancel

3. Mark or Unmark checkbox "Has Anesthesiologist" to auto calculate the charges for Surgeon.
4. Click "Save" button to submit data, else click "Cancel".

**Add Doctor**

Physician : Agoilo, Carla [100869]

Role : Surgeon

Type : Service

Case Rate Type : Second Case

Days Attended : 0 (if applicable)

Charge : 600

☒ Has Anesthesiologist

Save Cancel

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	20.00	2,400.00	580.00
JOHN RODEL A. ACOSTA	100.00	20.00	0.00	80.00
CARLA . AGOILO	600.00	120.00	0.00	480.00
FATIMA KHADIJA MANGULAMAS. ABTAHI - SAHIBUL	400.00	80.00	0.00	320.00
<b>Totals</b>	<b>4,100.00</b>	<b>820.00</b>	<b>2,400.00</b>	<b>880.00</b>

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
<b>MAX PHIC PF</b>	<b>3,000.00</b>	<b>1,000.00</b>	<b>1,600.00</b>

Save Cancel

Health Insurance Total Coverage

## 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.

**Discounts**

Description	Bill Areas	Remarks	Discount (%)	Discount Amount
Senior Citizen	<a href="#">View Areas</a>	sample	20.000	0.00

**Summary Fields:**

- Total: 0.00
- Total Charge: 3.00
- Total: 4,631.50
- Total Charge: 100.00
- Total Net Amount: 4,731.50

**Buttons:** Add (2), Discount Details (1), Edit/Delete (3), Senior Citizen row (4).

5. Input necessary data.

6. Click “Save” button to submit data, else click “Cancel”.

**Discounts**

No discount found!

**Discount Information**

Select Discount : Senior Citizen

Bill Areas : Central Supplies, Diagnostic and Therapeutic Procedures, Drugs and Medicines

Remarks :

Discount (%) : 0.2000

Discount (Fixed) :

**Buttons:** Add (5), Save (6), 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

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

**BILLING STATEMENT [NOT YET FINAL] Remaining Days : 45 Number of Days Covered : 8** MEMBERSHIP CATEGORY: INDIVIDUAL PAYING-SELF EMPLOYED

HRN: 972368 Case No: 201500852 CLASSIFICATION: NO CLASSIFICATION  
 Name: DELA CERNA, JUAN ESPENIDA Date: May 04, 2015 04:43PM Confinement: Select Confinement Type -  
 Address: PARADISE EMBAC, NOT PROVIDED, DAVAO CITY 8000 DAVAO Case Date: Apr 26, 2015 02:50PM Case Type: NBB  
 Insurance No.: 972368-1 overwrite limit  
☐ Check if Patient is already Dead

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

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File Edit View Window Help

Open 1 / 1 110% 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 Covered : 8 MEMBERSHIP CATEGORY: INDIVIDUAL PAYING SELF EMPLOYED

HRN: 972368 Case No: 2015000852 CLASSIFICATION: NO CLASSIFICATION  
 Name: DELA CERNA, JUAN ESPENIDA Date: May 04, 2015 04:04 PM Confinement: - Select Confinement Type -  
 Address: PARADISE EMBAC, NOT PROVIDED, DAVAO CITY 8000 DAVAO DEL SUR Case Date: Apr 26, 2015 02:50 PM Case Type: NBB  
 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

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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 MEMBERSHIP CATEGORY: INDIVIDUAL PAYING-SELF EMPLOYED

HRN: 972368 Case No: 2015000852 ASSOCIATION: NO CLASSIFICATION  
 Name: DELA CERNA, JUAN ESPENIDA Date: May 04, 2015 04:43PM  
 Address: PARADISE EMBAC, NOT PROVIDED, DAVAO CITY 8000 DAVAO DEL SUR Case Date: Apr 26, 2015 02:50PM  
 Insurance No.: 972368-1 NBB  
☐ Check if Patient is already Dead Case Type: **overwrite limit**

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

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File Edit View Window Help

Open 1 / 2 109% Tools Fill & Sign Comment

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

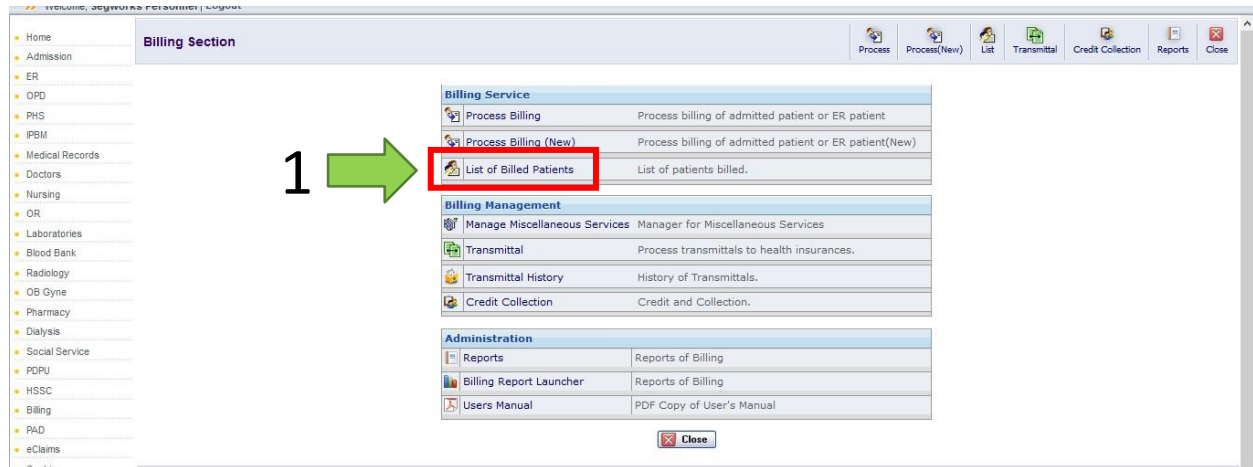
**DETAILED STATEMENT OF ACCOUNT - Service Ward**

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
<b>Accommodation</b>				
Charity (FamMed (Service Ward))				
8 days & 0 hrs @ 500.00	4,000.00			
Sub-Total(Accommodation)	4,000.00			
<b>X-Ray, Lab, &amp; Others</b>				
<b>Laboratories</b>				
ECG				
1 @ 201.00	201.00			
<b>Others</b>				
Lap-vicryl 0				
1 @ 325.00	325.00			
Sub-Total(X-Ray, Lab, & Others)	526.00			
<b>Drugs &amp; Medicines</b>				

## 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.



## 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 MEMBERSHIP CATEGORY: INDIVIDUAL PAYING-SELF EMPLOYED

HRN: 972368 Case No: 2015000852  
 Name: DELA CERNA, JUAN ESPENIDA Date: May 04, 2015 07:20PM  
 Address: PARADISE EMBAC, NOT PROVIDED, DAVAO CITY 8000 Case Date: Apr 26, 2015 02:50PM  
 Insurance No.: 972368-1  
☐ Check if Patient is already Dead

CLASSIFICATION CLASSIFICATION  
 Confinement - Select Confinement Type -  
 Case Type: NBB

1

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

	Total Actual Charges*	Amount after Application of Discount (i.e., personal discount, Senior Citizen/PWD)	Primary Benefit	Amount after Primary 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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: 05 - 04 - 2015  
 month day year

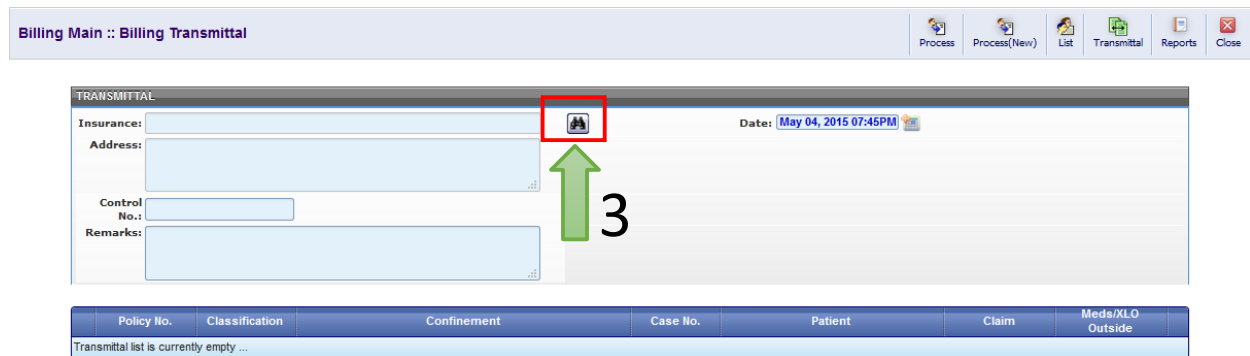
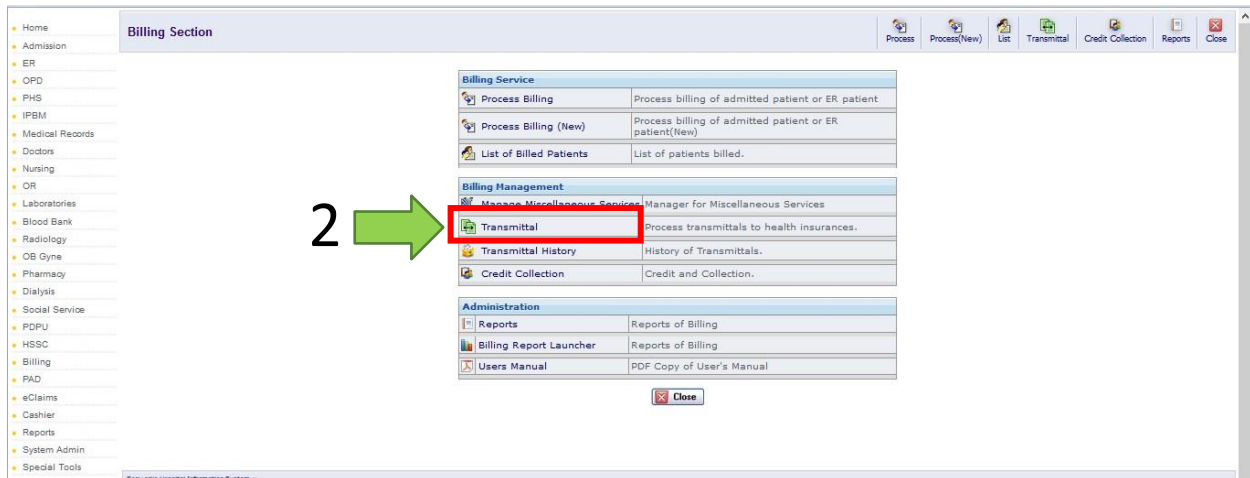
Relationship of the representative to the patient:  
☐ Spouse ☐ Child ☐ Parent  
☐ Sibling ☐ Others, Specify \_\_\_\_\_

Reasons for signing on behalf of the patient:  
☐ Patient is Incapacitated  
☐ Other Reasons: \_\_\_\_\_

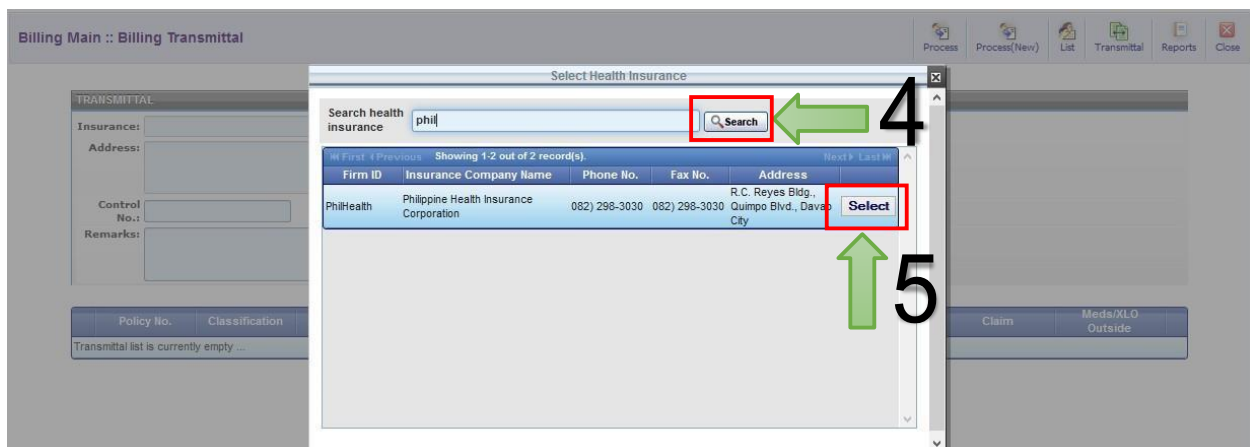
If patient/representative is unable to write, put right thumbmark. Patient/representative should be assisted by an HCI representative. Check the appropriate box:  
☐ Patient ☐ Representative



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



- Insurance name from the textbox provide and press enter key or click “Search” button to search from the insurance list.
- 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**

**Add Claims to Transmit**

**Search options**

☐ Patient/Case No./Bill No./HRN Patient Name

☒ Discharge date Today

**Search**

**Search result: Total Claims to Transmit**

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 ESPENDIA	3,200.00
2311243242342	INDIVIDUAL PAYING-SELF EMPLOYED	May 4, 2015 1:08PM to May 4, 2015 2:00PM	2015000855	ALVAREZ, STEPHEN JOHN M	3,000.00

**6** **7** **8** **9** **10**

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

**Billing Main :: Billing Transmittal**

**TRANSMITTAL**

Insurance: Philippine Health Insurance Corporation Date: May 04, 2015 07:45PM

Address: R.C. Reyes Bldg., Quimpo Blvd., Davao City

Control No.:

Remarks:

**Add**

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 ESPENDIA	3,200.00	0.00

**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.**

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**PART I - HEALTH CARE INSTITUTION (HCI) INFORMATION**

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

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

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**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 4 / 2 6 / 2 0 1 5 b. Time Admitted: 0 2 : 5 0 AM ☒ PM  
month day year hour min  
c. Date Discharged: 0 5 / 0 4 / 2 0 1 5 d. Time Discharged: 0 7 : 2 0 AM ☒ PM  
month day year hour min

4. Patient Disposition: (select only 1)  
☐ a. Improved ☐ e. Expired, Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Time: ☐ AM ☐ PM  
☒ b. Recovered ☐ f. Transferred/Referred  
☐ c. Home/Discharged Against Medical Advice 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

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:

Save this transmittal?

OK Cancel

1

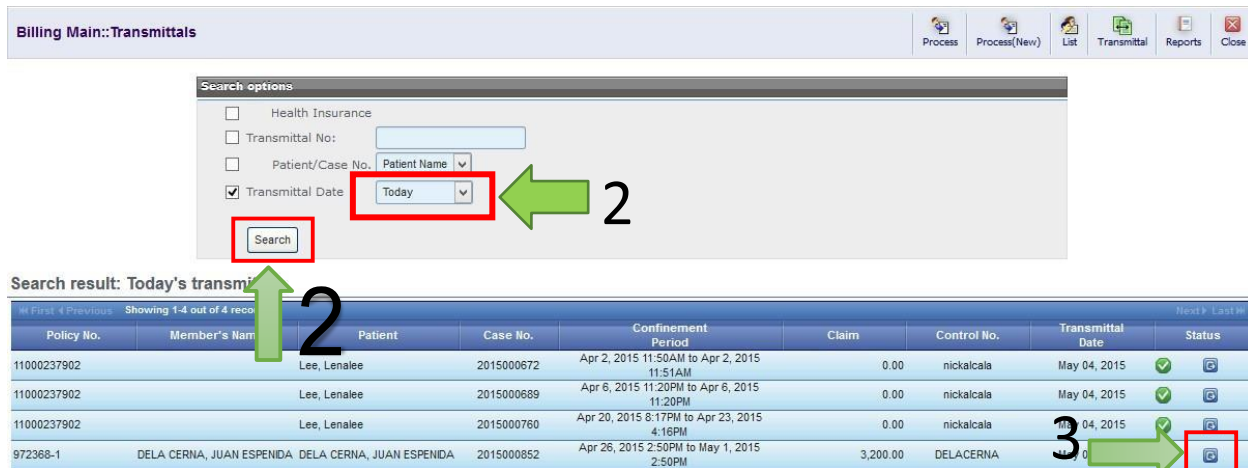
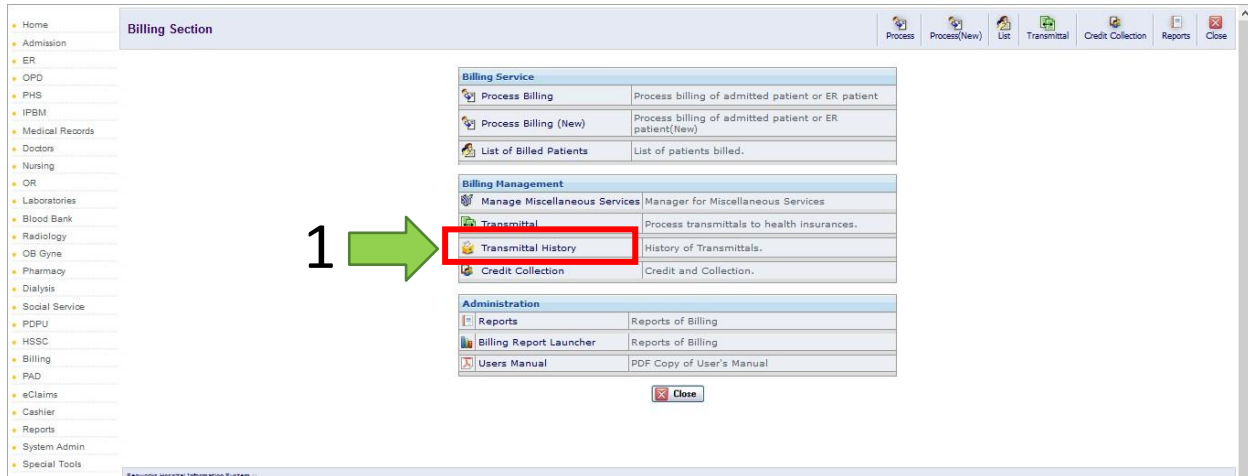
2

Save

Policy No.	Classification	Confinement	Case No.	Patient	Claim	Meds/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 Date: May 04, 2015 07:45PM

Address: R.C. Reyes Bldg., Quimpo Blvd., Davao City

Control No.: DELACERNA

Remarks:

**4** Add Delete

☐ SURGICAL ☐ MEDICAL ☐ CASE RATE

Print Summary 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** Print

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 Date: May 04, 2015 07:45PM

Address: R.C. Reyes Bldg., Quimpo Blvd., Davao City

Control No.: DELACERNA

Remarks:

**7** Add Delete

**Membership Category to Print**

-Select Classification-

☐ Surgical ☐ Medical

**8** Print Cancel

**6** 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

Philippine Health Insurance Corporation  
TRANSMITTAL LETTER

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

Hospital Name <b>SOUTHERN PHILIPPINES MEDICAL CENTER</b>		Address <b>J.P. LAUREL AVE., BAJADA, DAVAO CITY</b>		Name & Signature of Hospital Representative <b>MR. RICARDO SD JUSTOL</b> Chief Administrative Officer	
PHIC Accreditation No. <b>950102</b>	Hospital Category <b>Tertiary</b>	Authorized Bed Capacity <b>600</b>	PHIC Employer's Number <b>14-022410003-2</b>	Tax Account No. <b>890-006-261-331</b>	
Philhealth No.	Name of Patient	Name of Member	Admitted	Discharged	Hosp. Charges
972368-1	DELA CERNA, JUAN ESPENIDA	DELA CERNA, JUAN ESPENIDA	Apr 26, 2015 2:50PM	May 4, 2015 7:20PM	14,000.00
PAGE TOTAL					14,000.00
GRAND TOTAL					14,000.00
				Prof. Fee	4,000.00
				Grand Total	18,000.00
				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.

Billing Main :: Billing Transmittal

Additional Parameters

Member Category: All

Generate Cancel

10 11 9

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

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

Policy No. Classification Confinement Case No. Patient Claim Meds/XLO Outside

```
<?xml version="1.0"?>
- <eCLAIMS pHospitalEmail="dmcenter01@yahoo.com" pHospitalCode="950102" pUserPassword="" pUserName="">
- <eTRANSMITTAL pTotalClaims="1" pHospitalTransmittalNo="DELACERNA">
- <CLAIM pIsEmergency="N" pPatientType="I" pPhilHealthClaimType="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" pPatientIs="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>
</SPECIAL>
</CLAIM>
</TRANSMITTAL>
</eCLAIMS>
```

12. Select from radio button to support data in Transmittal Summary.
13. Click "Print Summary" button to generate pdf for printing.

TRANSMITTAL

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

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

Policy No. Classification Confinement Case No. Patient Claim Meds/XLO Outside

12 13

0 SURGICAL 0 MEDICAL 0 CASE RATE

Print Summary GENERATE Print Save

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

To: CLAIMS RECEIVING UNIT  
 Philhealth Regional Office - XI

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

Trans No. DELACERNA  
 May 04, 2015

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

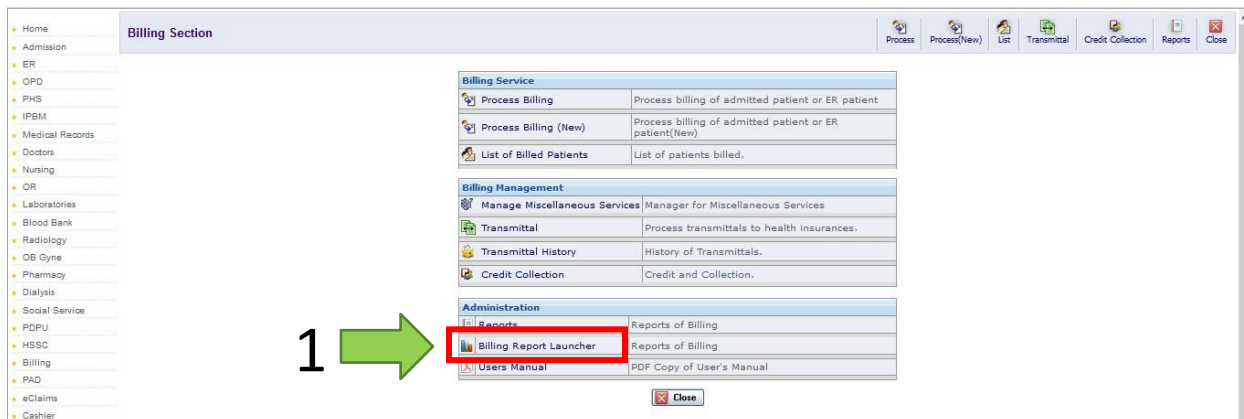
Prepared by:  
**MICHAEL NICOLO M. ALCORDO**  
 CLERICAL AIDE I  
 SOUTHERN PHILIPPINES MEDICAL CENTER

Verified Correct:  
**ELSA A. MACABINGKIL**  
 ADMINISTRATIVE ASSISTANT III  
 Accreditation #.950102

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

## TO GENERATE REPORTS

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



**Report Launcher**

**GENERAL HOSPITAL REPORT**

**DEPARTMENT:** Billing

**CATEGORY:** -Select a Category-

**PERIOD:** From: Select To: Select

**AVAILABLE REPORTS:**

First Prev Showing 1-5 of 5 items Next Last Refresh

Report Name	Report Group	Action
Accounting's Overall Summary of Bills Rendered	Hospital Operations	
ACR	Hospital Operations	
Bills Rendered	Hospital Operations	
Detailed Summary of Bills Rendered	Hospital Operations	

- Click "View" icon to generate read-only file PDF.
- Click "Worksheet" icon to generate excel file.
- Select parameters to filter.
- Click "Generate" button to generate reports, else click "Cancel".

**Report Launcher**

**GENERAL HOSPITAL REPORT**

**DEPARTMENT:** Billing

**CATEGORY:** -Select a Category-

**PERIOD:** From: Select To: 05/04/2015 Select

**Additional Parameters**

Bill Insurance: -Select Bill Insurance-

Bill Status: -Select Bill Status-

Billing Staff: -Select a Billing Staff-

Membership Category: -Select a Membership Category-

**GENERATE** **CANCEL**

**AVAILABLE REPORTS:**

First Prev Showing 1-5 of 5 items Next Last Refresh

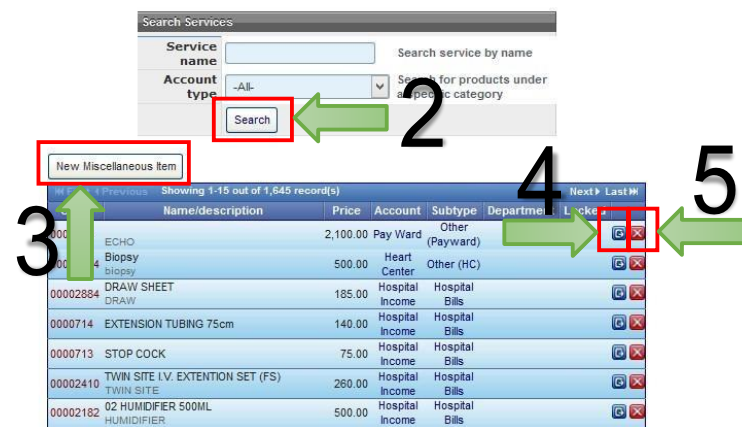
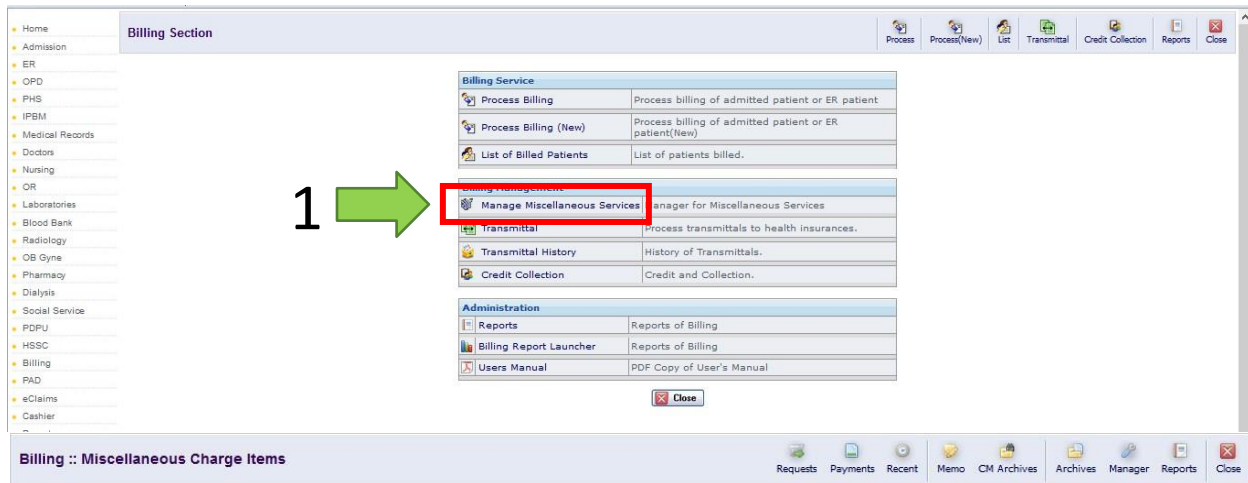
Report Name	Report Group	Action
Accounting's Overall Summary of Bills Rendered	Hospital Operations	
ACR	Hospital Operations	

	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
1																	
2																	
3																	
4																	
5																	
6	Republic of the Philippines																
7	DEPARTMENT OF HEALTH																
8	SOUTHERN PHILIPPINES MEDICAL CENTER																
9	J.P. Laurel Bldg., Davao City																
10	From May 04, 2015 to May 04, 2015																
11																	
12	All Bills																
13																	
14	XLO	Prof. Fees	Misc	ACTUAL CHARGES	DISCOUNT	TOTAL PHIC Benefits used up to HIC + Doctors	DEPOSIT	1st Case Rate Code	1st Case Rate	2nd Case Rate Code	2nd Case Rate	Total Package	HCI	Doctors PF	Excess	PHIC Category	Status
15	0.00	9,500.00	0.00	12,050.00	0.00	7,050.00	0.00	J18.92	15,000.00	99432	1,550.00	16,550.00	2,550.00	4,500.00	5,000.00	KASAMBANAHAY (HOUSEHOLD-HELP)	Cancelled/Final
16	1,155.00	5,000.00	0.00	13,005.00	0.00	10,000.00	0.00	A90	10,000.00		0.00	10,000.00	7,000.00	3,000.00	3,005.00	INDIVIDUAL PAYING-SELF EMPLOYED	Final
17	13,138.00	0.00	0.00	21,057.00	0.00	3,500.00	0.00	90935	4,000.00		0.00	4,000.00	3,500.00	0.00	17,557.00	EMPLOYED-GOV'T	Final
18	20,755.00	0.00	0.00	21,605.00	850.00	0.00	0.00		0.00		0.00	0.00	0.00	0.00	20,755.00		Final
19	0.00	5,000.00	130.00	5,630.00	0.00	3,630.00	0.00	A90	10,000.00		0.00	10,000.00	630.00	3,000.00	2,000.00		Cancelled/Not Final
20																	
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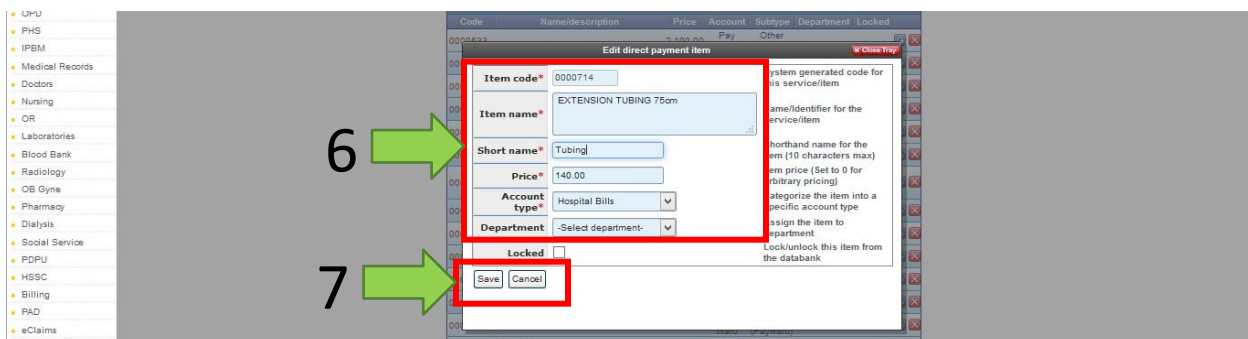


## TO MANAGE MISCELLANEOUS SERVICES

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.

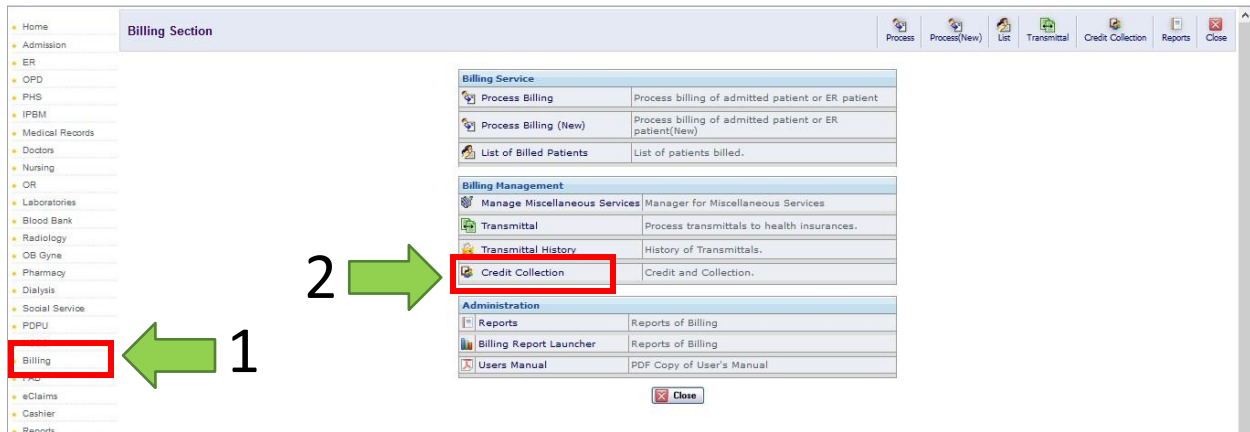


6. Input item details, marked with red asterisk are mandatory fields.
7. Click “Save” button to create new item, else click “Cancel”.

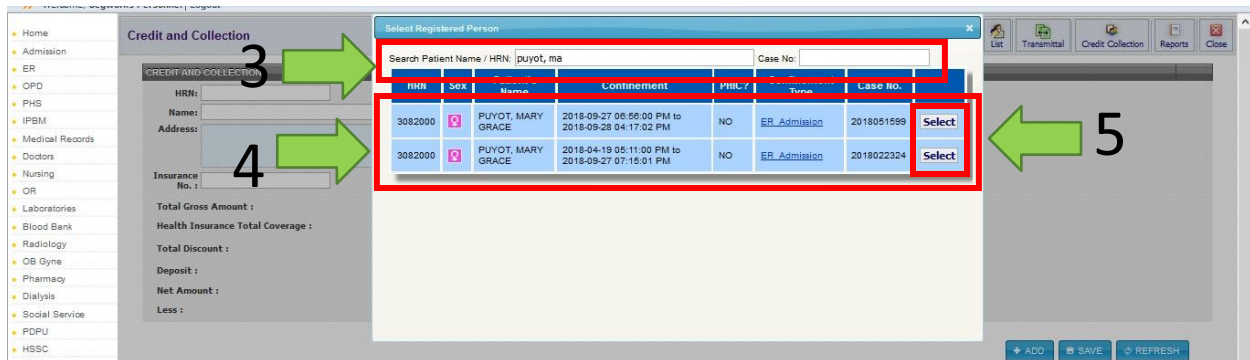


## CREDIT AND COLLECTION

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.
  - a. Current Balance
  - b. Total Gross Amount, Health Insurance Coverage, Total Discount, Deposit, Net Amount and Less.

**Credit and Collection**

HRN: 3082000 Case No: 2018022324  
 Name: PUYOT, MARY GRACE Bill No: 2018156115  
 Address: NOT PROVIDED, 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**

+ ADD + SAVE + REFRESH

Category	Amount	Control #	Date	Remarks
COH-DMH				

Segworks Hospital Information System

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

**Credit and Collection**

COH-DMH  
 DSVD  
 FUNDING CHECKS  
 LINGAP EMERGENCY  
 LINGAP RECOMMENDATION  
 MAP  
 PCSO  
 PN  
 DOH  
 NEDA  
 PHP  
 PRIVATE COMPANIES  
 COH  
 HOSPITAL SUBSIDY  
 INFIRMARY  
 DEPENDENT  
 GOVERNMENT AGENCIES  
 PMDT  
 HI-5 PROGRAM  
 RETURNED MEDICINES  
 GOVERNMENT AGENCIES

Case No: 2018022324  
 Bill No: 2018156115

147,070.00  
 6,800.00  
 0.00  
 0.00  
 140,270.00  
 (0.00)

**BALANCE: 140,270.00**

+ ADD + SAVE + REFRESH

Category	Amount	Control #	Date	Remarks
GOVERNMENT AGENCIES	1500	OFFICE OF THE PRESID		

localhost/hispmc4dev/modules/billing/seg\_credit\_collection.php?sid=igv65naa56pfbkf72a9fde0066&lang=en&user\_origin=lab&from=billing&checkintern=1#

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.

**Credit and Collection**

HRN: 3082000 Case No: 2018022324  
Name: PUYOT, MARY GRACE Bill No: 2018156115  
Address: NOT PROVIDED, 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 BALANCE: 140,270.00  
Deposit: 0.00  
Net Amount: 140,270.00  
Less: (0.00)

Category	Amount	Control #	Date Covered	Remarks
GOVERNMENT AGENCIES OFFICE OF THE PRESIDENT	1500	OFFICE OF THE PRESID	10/31/2018	
CON-DMH - Select Guarantor -				

8 → ADD SAVE REFRESH

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

**Credit and Collection**

HRN: 3082000 Case No: 2018022324  
Name: PUYOT, MARY GRACE Bill No: 2018156115  
Address: NOT PROVIDED, 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 BALANCE: 140,270.00  
Deposit: 0.00  
Net Amount: 140,270.00  
Less: (0.00)

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

9 → 10 → ADD SAVE REFRESH

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”.



**Credit and Collection**

HRN: 3082000  
 Name: PUYOT, MARY GRACE  
 Address: NOT PROVIDED, 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

Are you sure to process this entries?  
 OK Cancel

Category	Amount	Control #	Date	Remarks
GOVERNMENT AGENCIES OFFICE OF THE PRESIDENT	1500	OFFICE OF THE PRESIDENT	10/31/2018	
PMDT CASH PAYMENT	1500	CASH PAYMENT	11/20/2018	
COH-DMH - Select Guarantor -				

**Credit and Collection**

HRN: 3082000  
 Name: PUYOT, MARY GRACE  
 Address: NOT PROVIDED, 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

Successfully added entries!  
☐ Prevent this page from creating additional dialogs  
 OK

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 -				

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

**CREDIT AND COLLECTION**

HRN: 3082000  
 Name: PUYOT, MARY GRACE  
 Address: NOT PROVIDED, 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)

Case No: 2018022324  
 Bill No: 2018156115

BALANCE: 137,270.00

12

REFRESH

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”.

Are you sure to process this entries?

OK Cancel

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

Please provide reason for deletion.

Sample delete

☐ Prevent this page from creating additional dialogs

OK Cancel

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

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

Successfully Deleted.

☐ Prevent this page from creating additional dialogs

OK

Category	Amount	Control #	Date	Remarks
GOVERNMENT-AGENCIES	0.00	OFFICE OF THE PRESIDENT	October 31, 2018	Deleted amount Php 1,500.00 on 2018-10-04 05:01:11 AM by Segworks Personnel with reason Sample delete
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