

REMINDERS IN FILING REIMBURSEMENT CLAIMS

1. Member should fill-up Part I of this Reimbursement Claim Form and affix signature.
2. Request Attending Physician to fill-up Part II (at the back) of this form or just attach the Attending Physician's Report.
3. Request Employer's HR or Personnel Head to fill-up Part III (at the back) of this form.
4. Prepare the following supporting documents needed to process or evaluate your claim for reimbursement.
 - Ø Original Official Receipt(s) of Professional Fee(s)
 - Ø Original Official Receipt(s) of Hospital Bill
 - Ø Statement of Account from the hospital where member/patient was confined or treated
 - Ø Individual charge slips or itemized breakdown of charges to support the Statement of Account
 - Ø For Inpatient Claims, Admitting History Report (to be obtained from the Medical Records Section of the hospital where patient was confined). Samples: Medical Certificate; Medical Abstract; Operating Room Technique (if applicable).
 - Ø Others: _____
5. Submit the accomplished Reimbursement Claim Form with the supporting documents to PhilCare Claims Receiving Personnel.
6. For Outpatient Medicine Reimbursement, prescription from the attending Physician.
7. For Maternity Claims, copy of Certificate of Live Birth and other related documents.
8. For Motor Vehicular Accidents, copy of Police Report; For Minor Accidents, Incident Report.

Standard submission of complete requirements must be within 30 days from the discharge date.

**For non-standard schedule, current arrangement will apply.*

Main Office

5/F STI Holdings Center
6764 Ayala Avenue, Makati City,
Metro Manila, Philippines, 1226
(02) 8 802 7333

CEBU

Suite 101-C, G/F Kepwealth Center,
Samar Loop corner Cardinal Rosales Avenue
Cebu Business Park Cebu City, 6000
(032) 239 0912 | (032) 231 - 7114

BACOLOD

Rm.26 2/F EL Court Bldg.
1st Lacson St.,
Bacolod City, 6100
(034) 435 2764

DAVAO

3/F FTC Tower
1034 Mt. Apo St., Poblacion District
Davao City, 8000
(082) 225 1442