

BILLING MODULE USER MANUAL

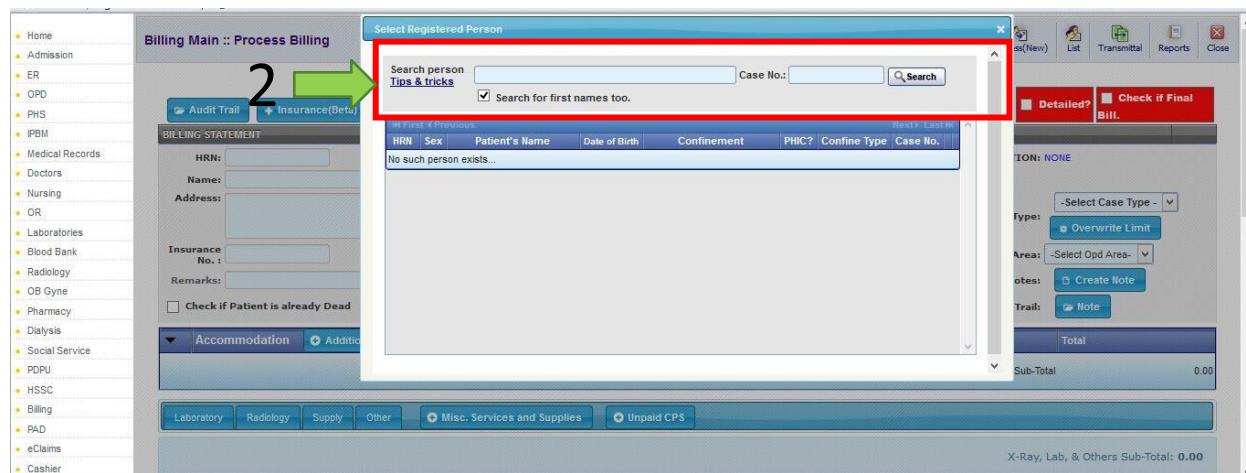
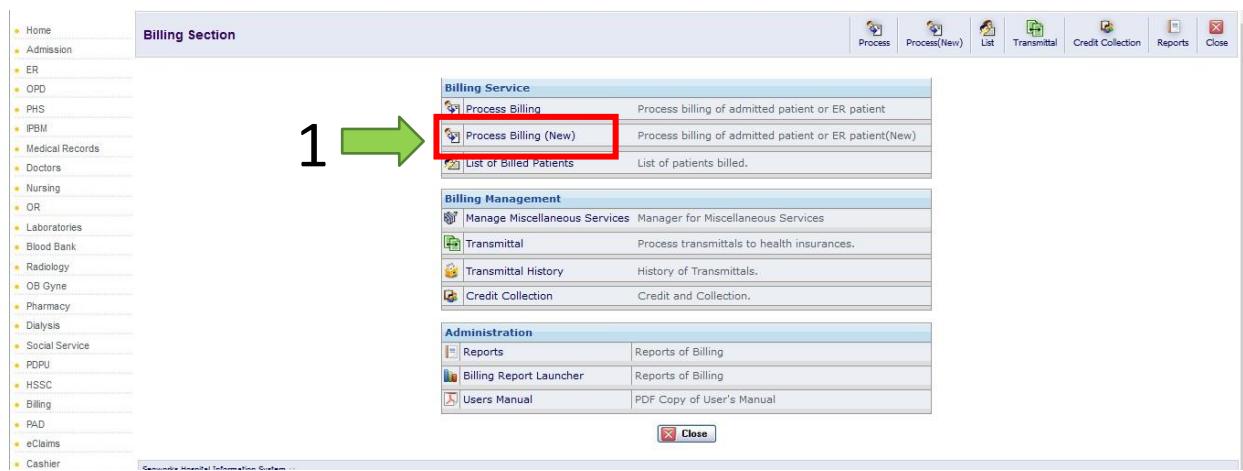
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TO PROCESS BILLING

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

3

4

5

Select Registered Person

Search person: de_ju Case No.:

Search for first names too.

BILLING STATEMENT

HRN: Name: Address:
Insurance No.: Remarks: Check if Patient is already Dead

Accommodation Additional

Laboratory Radiology Supply Other Misc. Services and Supplies Unpaid CPS

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

BILLING STATEMENT

HRN: 1229436 Name: DE ANDRES, JUSTO, JR
Address: KM 10.5 MILE BANADAO, DIAAO CITY
Insurance No.: None
Remarks: Check if Patient is already Dead

Case No.: 2010051632 Date: Oct 02, 2010 07:25AM Case Date: Sep 25, 2010 07:21AM

CLASSIFICATION: NO CLASSIFICATION **Containment:** Select Containment Type - **Selected Case Type:**

Accommodation Additional Accommodation Ward Settlement **No. of Days** **Rate** **Total**
 Room No. 316 Room Type: ICU (CP-ICU (Service Ward)) 7 Days (09/23/2010 to 10/02/2010) 3,000.00 21,000.00
 Sub-Total 21,000.00

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

Operating / Del. Room O.R. Use **RVU** **Multplier** **Total**
 Operating / Delivery Room Sub-Total 0.00

Miscellaneous Charges Misc. Charges **Quantity** **Unit Price** **Total Charge**

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

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

1

Billing Main :: Process Billing

BILLING STATEMENT

HRN: 123456
Name: DE ANDRES, JUSTO, JR
Address: KM 7 SOUTH BAY, AGDAO, DAVAO CITY 8000 DAVAO DEL SUR
Insurance No.: None
Remarks:
 Check if Patient is already Dead

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

Audit Trail: Create Note
 Note

No. of Days	Rate	Total
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		

Drugs & Medicines More Medicines

Quantity **Item Price** **Total**

2

Billing Main :: Process Billing

BILLING STATEMENT

HRN: 123456
Name: DE ANDRES, JUSTO, JR
Address: KM 7 SOUTH BAY, AGDAO, DAVAO CITY 8000 DAVAO DEL SUR
Insurance No.: None
Remarks:
 Check if Patient is already Dead

Accommodation **Additional Accommodation** **Payward Settlement**

More Accommodation Charges

Ward : - Select Ward -
Rate : - Select Rate -
ADULT ONCO UNIT
ACCU/WW
Burn Unit (Service Ward)
Burn Unit - ICU (Service Ward)
CCI Ward
CCI-HOU
CCI-Isolation Ward
CCI-OPD
Charly Ward (InMed)
Children's Blood Diseases Unit
CP Ward 1 (Service Ward)
CP Ward 2 (Service Ward)
CP-ICU (Service Ward)
Delivery Room
Emergency Room (Surgery)
Emergency Room (IM)
Emergency Room (IM-ICU)
Emergency Room (Isolation)
Emergency Room (OB)

More Accommodation Charges

Ward : CCI-Isolation Ward
Rate/Chrg. :
Occupied From: [] To: []
Room : - Select Room -
1
2
3
4

Audit Trail: Create Note
 Note

Case Date: Oct 02, 2018 07:25AM **Case Date:** Sep 25, 2018 07:21AM **Selected Case Type:** B

No. of Days	Rate	Total
7 Days (09/25/2018 to 10/02/2018)	3,000.00	21,000.00
		Sub-Total
		21,000.00

3

Billing Main :: Process Billing

BILLING STATEMENT

HRN: 123456
Name: DE ANDRES, JUSTO, JR
Address: KM 7 SOUTH BAY, AGDAO, DAVAO CITY 8000 DAVAO DEL SUR
Insurance No.: None
Remarks:
 Check if Patient is already Dead

Accommodation **Additional Accommodation** **Payward Settlement**

More Accommodation Charges

Ward : CCI-Isolation Ward
Rate/Chrg. :
Occupied From: [] To: []
Room : - Select Room -
1
2
3
4

Save **Cancel**

Confinement: - Select Confinement Type -
Case Type: B

Audit Trail: Create Note
 Note

Notes: Create Note
 Note

Check if Final Bill:

TO ADD SUPPLIES

4

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

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

Notes: Create Note
Audit Trail: Note

Check if Patient is already Dead

Home
Admission
ER
OPD
PHS
IPBM
Medical Records
Doctors
Nursing
OR
Laboratories
Blood Bank
Radiology
OB Gyn
Pharmacy
Dialysis
Social Service
PDP
HSSC
Billing
PAD
Claims
Cashier

HRN: 1329436
Name: DE A
Address: KM 7 SOUT BAY, AGDAO, DAVAO CITY
Insurance No.: 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	Mindanao Heart Center 2,500.00
201700003566	24 HOURS HOLTER AMBULATORY (MACHINE FEE)	Miscellaneous	Heart Center	Mindanao Heart Center 2,500.00
201700003800	24 HOURS HOLTER AMBULATORY (PAY IN-PATIENTS - MACHINE FEE W/P.F.)	Miscellaneous	Heart Center	Mindanao Heart Center 3,000.00
201700003801	24 HOURS HOLTER AMBULATORY (PAY IN-PATIENTS - MACHINE FEE W/P.F.)	Miscellaneous	Heart Center	Mindanao Heart Center 2,500.00
201400002853	24 HOURS HOLTER AMBULATORY (PAY OPD - MACHINE FEE W/P.F.)	Miscellaneous	Heart Center	Mindanao Heart Center 3,000.00

Next > Last <

Drugs & Medicines Sub-Total 0.00

Enter quantity:

OK Cancel

Search

Select Pharmacy Area

Accommodation
Laboratory
Description
24 HOURS HOLTER AMBULATORY (PAY OPD - MACHINE FEE W/P.F.)

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:

	Quantity	Item Price	Total
tramadol+paracetamol tab	1	49.00	98.00

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

Drugs & Medicines Sub-Total: 98.00

Operating / Del. Room Sub-Total: 0.00

Miscellaneous Sub-Total: 0.00

Search Drug, Med or Supply: par - Select Pharmacy Area -

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

Enter quantity: OK Cancel

Operating / Delivery Room Sub-Total: 0.00

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 screenshot illustrates the process of adding operating room charges through five numbered steps:

- Step 1:** The user clicks the "O.R. Use" button located in the "Operating / Del. Room" section of the main menu.
- Step 2:** A dropdown menu titled "Operating Room Accommodation Charges" appears. The "O.R. Ward" field is set to "Linac Room". The "Room" field has a dropdown menu with options like "Select O.R. Ward -", "Operating Room", "Delivery Room", etc. The "Charge" field is currently empty. A green arrow labeled "2" points to this dropdown menu.
- Step 3:** The user selects "OPERATING ROOM (DIRECT O.R.)" from the "Room" dropdown menu. A green arrow labeled "3" points to the "Room" dropdown.
- Step 4:** The user marks the checkbox next to "Hemodialysis procedure" in the "Procedures with Accommodation" list. A green arrow labeled "4" points to the checkbox.
- Step 5:** The user clicks the "Save" button at the bottom of the "Procedures with Accommodation" list. A green arrow labeled "5" points to the "Save" button.

Operating Room Accommodation Charges

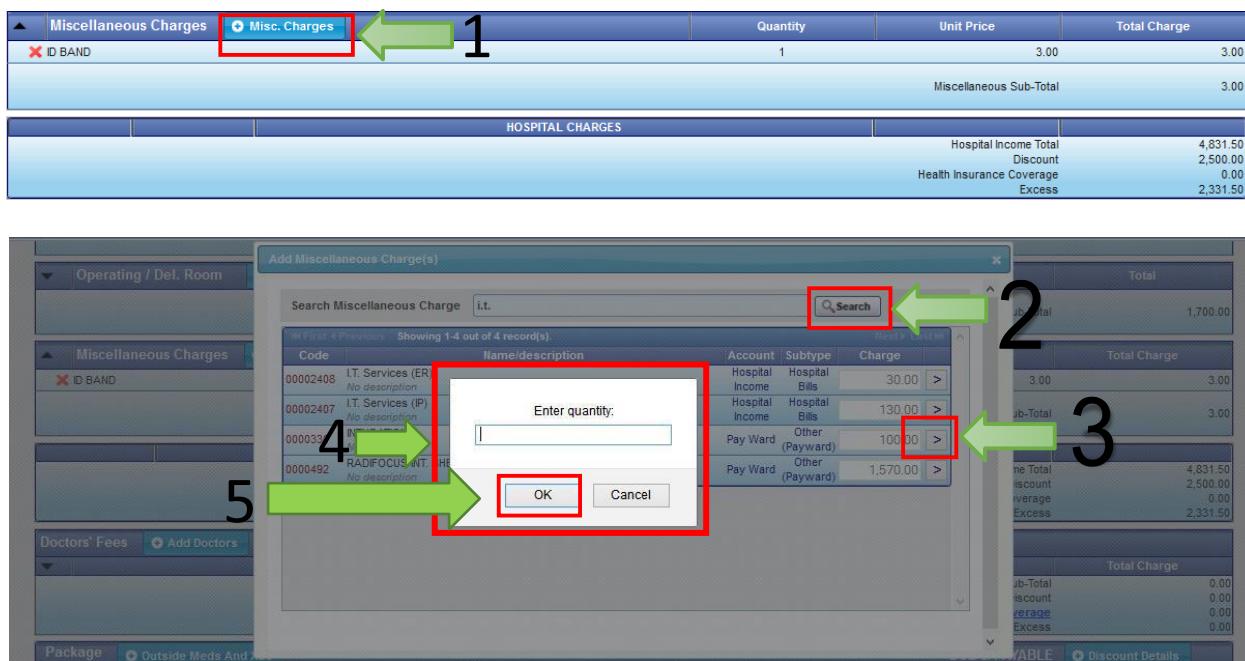
O.R. Ward :	Linac Room
Room :	- Select O.R. Ward -
Total RVU :	0.00
Multiplier :	1
Charge :	

Procedures with Accommodation

Name/Description	Code	Date	RVU	Multiplier	Charge	PHIC PF
Hemodialysis procedure	90935	04/30/2015	10	56	560.00	500.00
APPENDECTOMY	44950	05/01/2015	100	56	5,600.00	9600.00

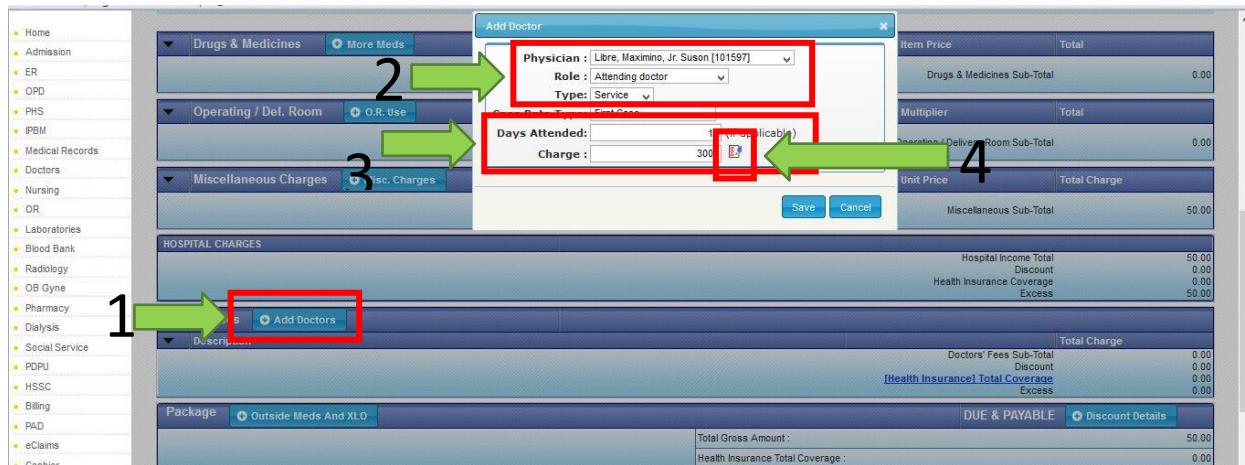
TO ADD MISCELLANEOUS CHARGES

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.



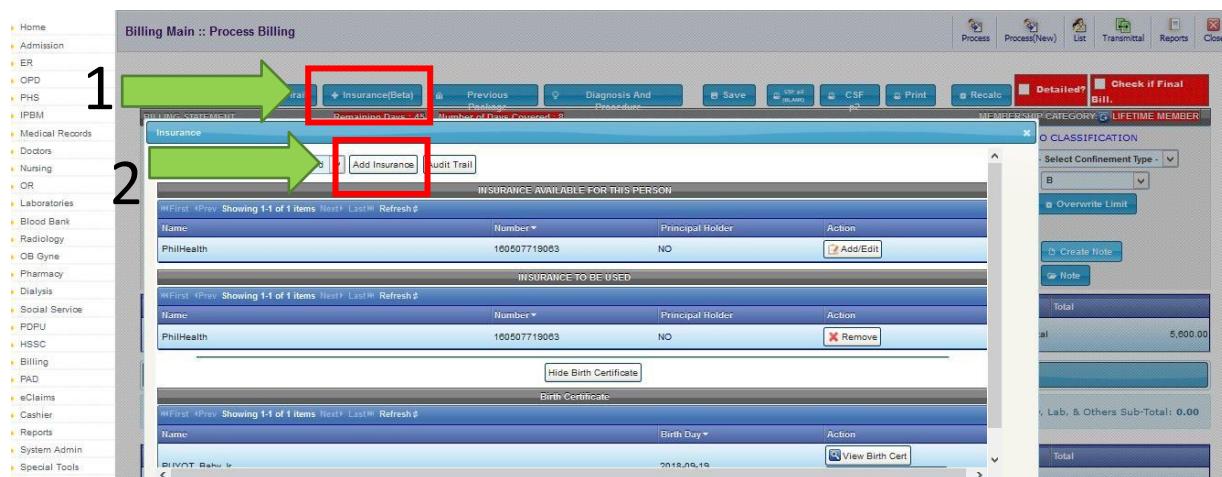
TO ADD PROFESSIONAL FEE

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

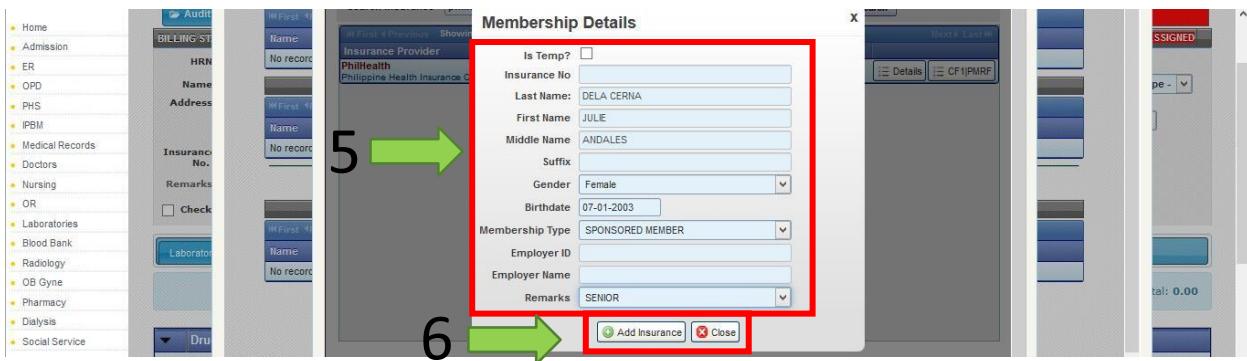
1. Click “Insurance” button so the insurance window frame will appear.
2. Click “Add Items” to select insurance from the list.



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

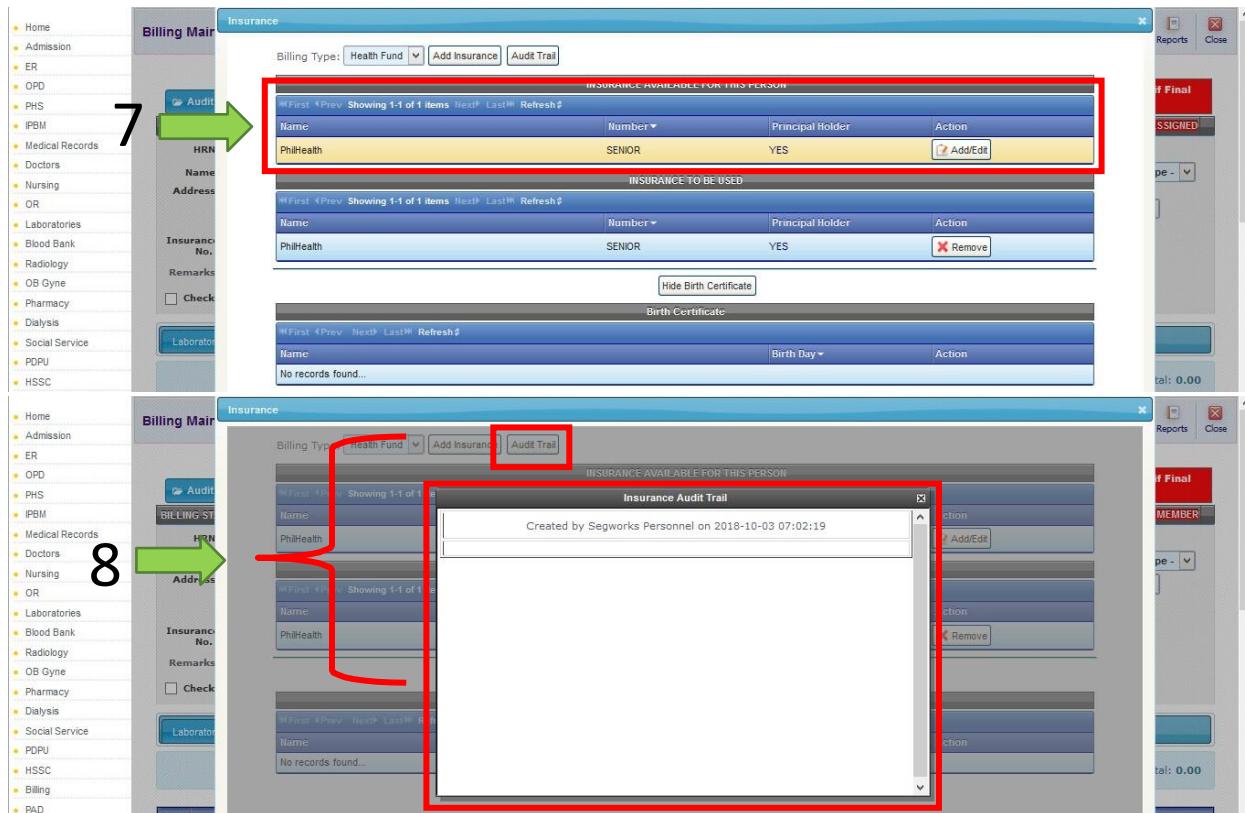


5. Input necessary details.
 - a. Last name, first name, middle name, and Birthdate are auto generated when the patient is a member.
 - b. Membership Type “EMPLOYED-GOVT and EMPLOYED-PRIVATE” needs EmployerID and Employer Name and details.
 - c. Membership type highlighted in red such as **Hospital Sponsored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

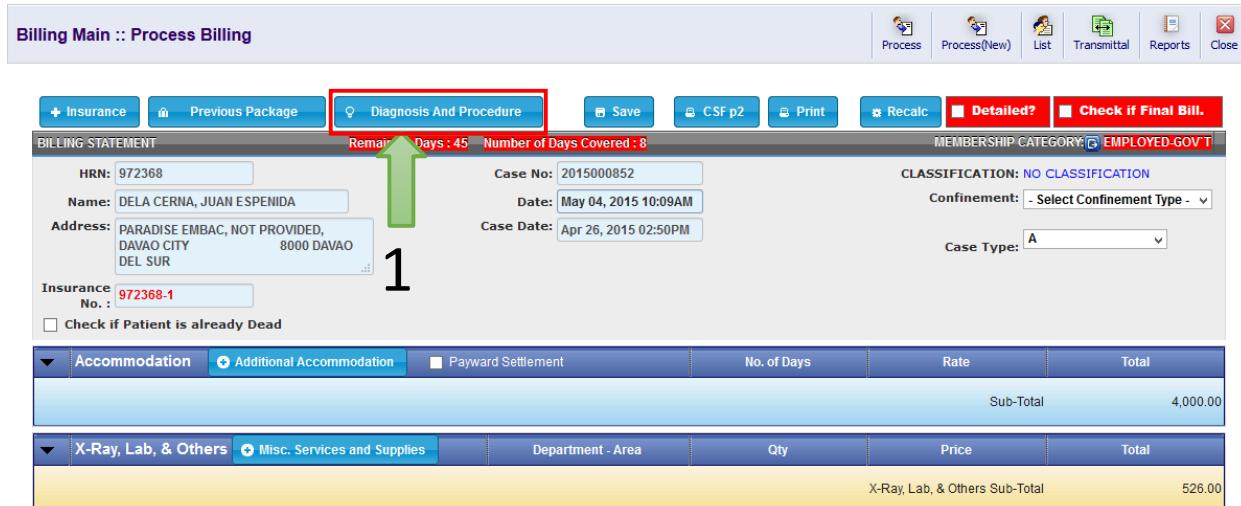


9. Upon saving, insurance details will load in Process Billing page. Insurance number and Membership Category will be displayed. Remaining Days and Number of Days Covered will be automatically calculated based on 45 Days Benefit.

The image shows the 'Process Billing' page. In the 'Insurance' section, the insurance number '972368-1' is highlighted with a red box. Above it, the 'Remaining Days : 45' and 'Number of Days Covered : 8' fields are also highlighted with a red box. To the right, the 'EMPLOYED-GOV'T' membership category is selected in the dropdown, also highlighted with a red box. A large green arrow points upwards from the insurance number towards these highlighted fields.

TO ADD DIAGNOSIS AND PROCEDURE

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



Billing Main :: Process Billing

BILLING STATEMENT

HRN: 972368 Name: DELA CERNA, JUAN ESPENIDA Address: PARADISE EMBAC, NOT PROVIDED, DAVAO CITY 8000 DAVAO DEL SUR Insurance No.: 972368-1

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

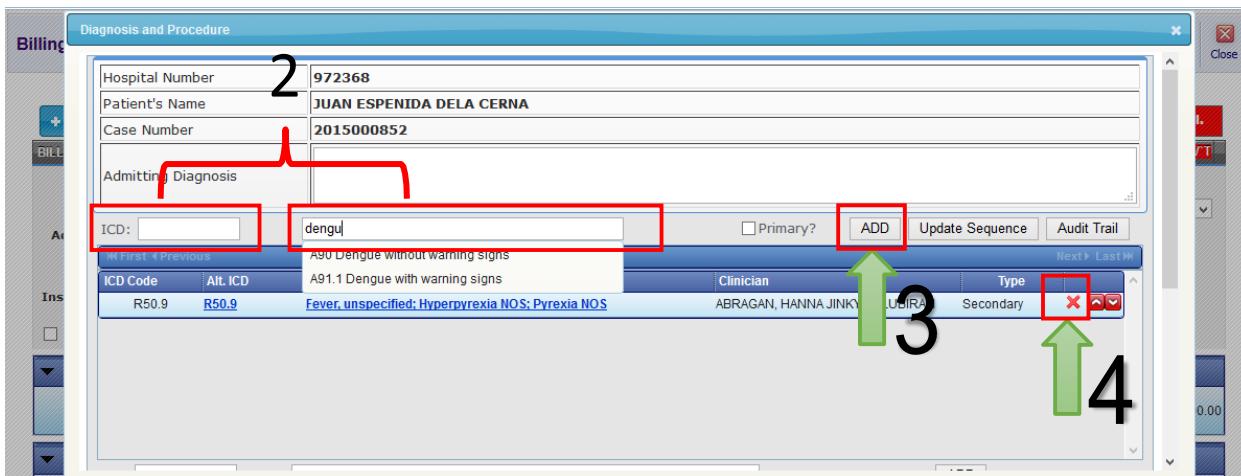
CLASSIFICATION: NO CLASSIFICATION Confinement: - Select Confinement Type - Case Type: A

Accommodation **X-Ray, Lab, & Others**

	No. of Days	Rate	Total
Sub-Total			4,000.00

	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: Suggested: dengu

Primary? **ADD** Update Sequence Audit Trail

ICD Code	Alt. ICD	Description	Clinician	Type
R50.9	R50.9	A90 Dengue without warning signs A91.1 Dengue with warning signs Fever, unspecified; Hyperpyrexia NOS; Pyrexia NOS	ABRAGAN, HANNA JINKY	UBIRA Secondary

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

Diagnosis and Procedure

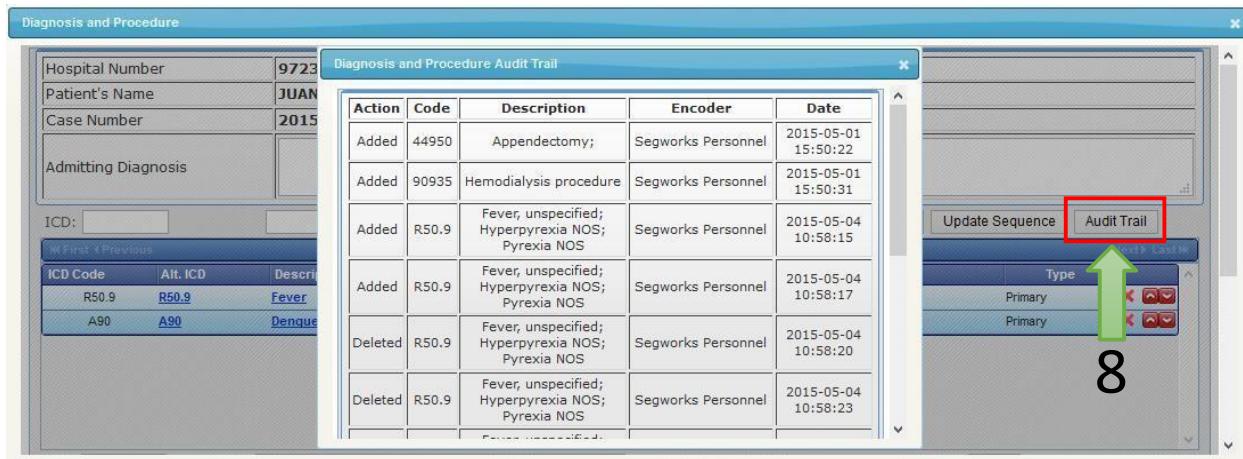
Hospital Number	972368			
Patient's Name	JUAN ESPENIDA DELA CERNA			
Case Number	2015000852			
Admitting Diagnosis				
ICD:	<input type="text"/>		<input type="checkbox"/> Primary? <input type="button" value="ADD"/> <input type="button" value="Update Sequence"/> <input type="button" value="Audit Trail"/>	
HH First < Previous <input type="button" value="Next >"/> Last <input type="button" value="Audit Trail"/>				
ICD Code	Alt. ICD	Description	Clinician	Type
R50.9	R50.9	Fever, unspecified; Hyperpyrexia NOS; Pyrexia NOS	ABRAGAN, HANNA JINKY CALUBIRAN	Secondary <input checked="" type="checkbox"/> <input type="checkbox"/>
A90	A90	Dengue without warning signs	ABRAGAN, HANNA JINKY CALUBIRAN	Secondary <input checked="" type="checkbox"/> <input type="checkbox"/>

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

Diagnosis and Procedure

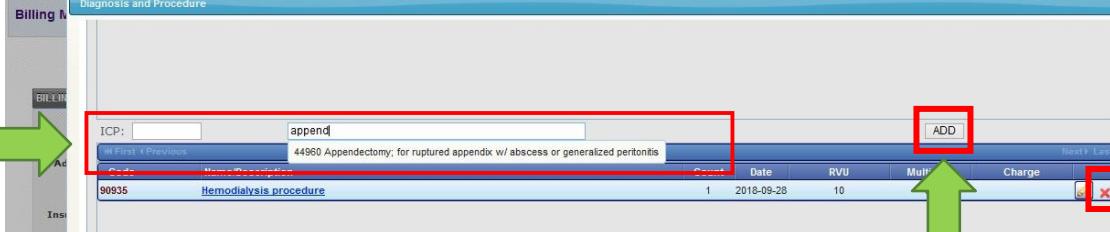
Hospital Number	972368		
Patient's Name	JUAN ESPENIDA DELA CERNA		
Case Number	2015000852		
Admitting Diagnosis			
ICD:	<input type="text"/>		<input type="checkbox"/> Primary? <input type="button" value="ADD"/> <input type="button" value="Update Sequence"/> <input type="button" value="Audit Trail"/>
HH First < Previous <input type="button" value="Next >"/> Last <input type="button" value="Audit Trail"/>			
ICD Code	Alt. ICD	Description	Clinician
R50.9	R50.9	Fever	Alice, Christian Jake R. <input checked="" type="checkbox"/> <input type="checkbox"/>
A90	A90	Dengue without warning signs	Alice, Christian Jake R. <input checked="" type="checkbox"/> <input type="checkbox"/>

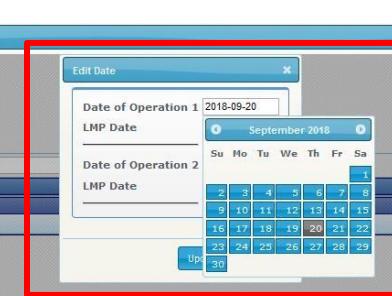
- Click "Audit Trail" to view history.



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.

9  10  11 

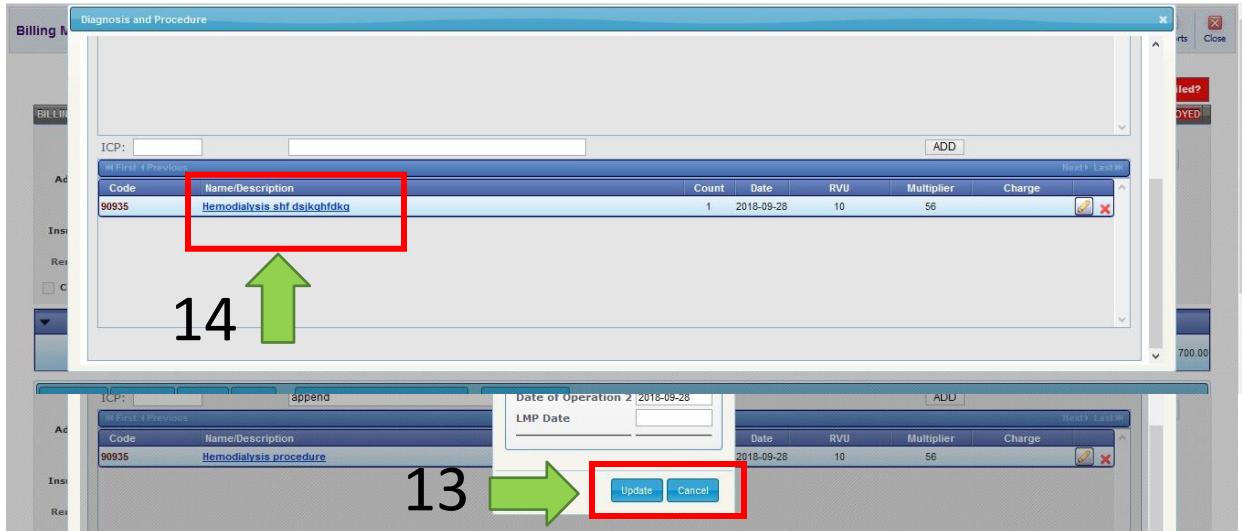




12 

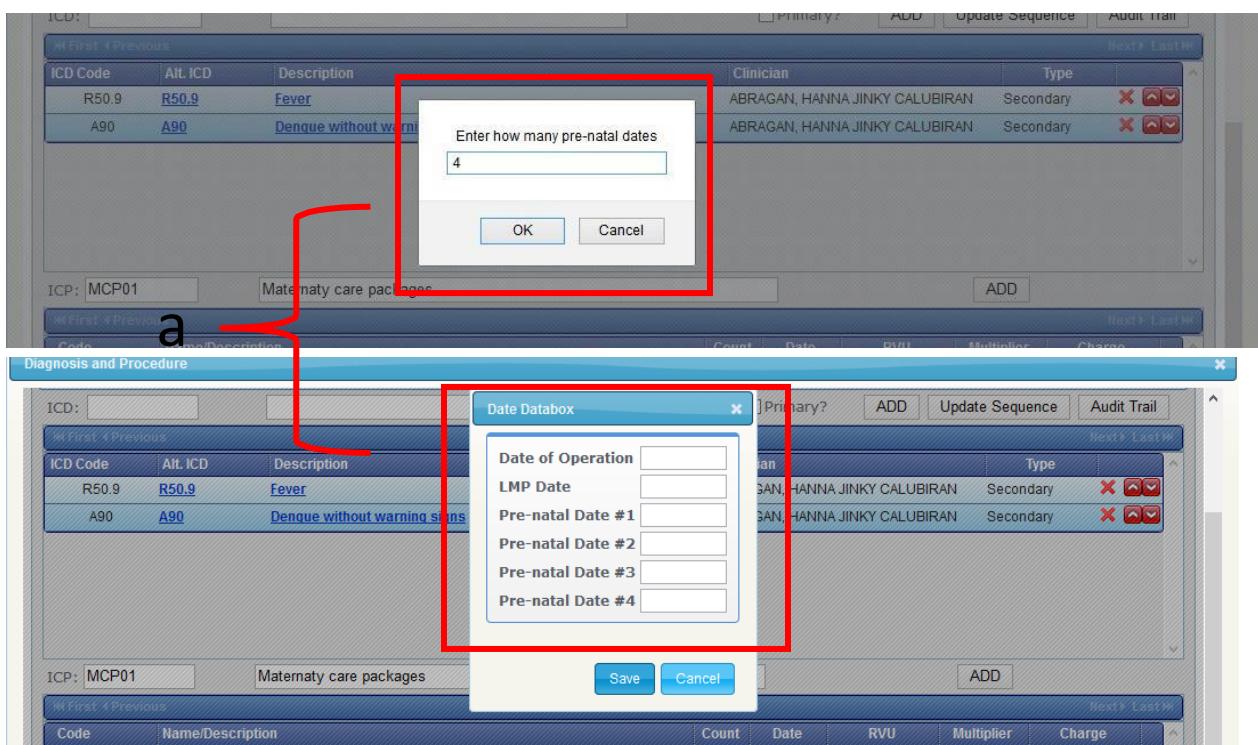


14. Click the diagnosis description to update description and press enter key to save data.

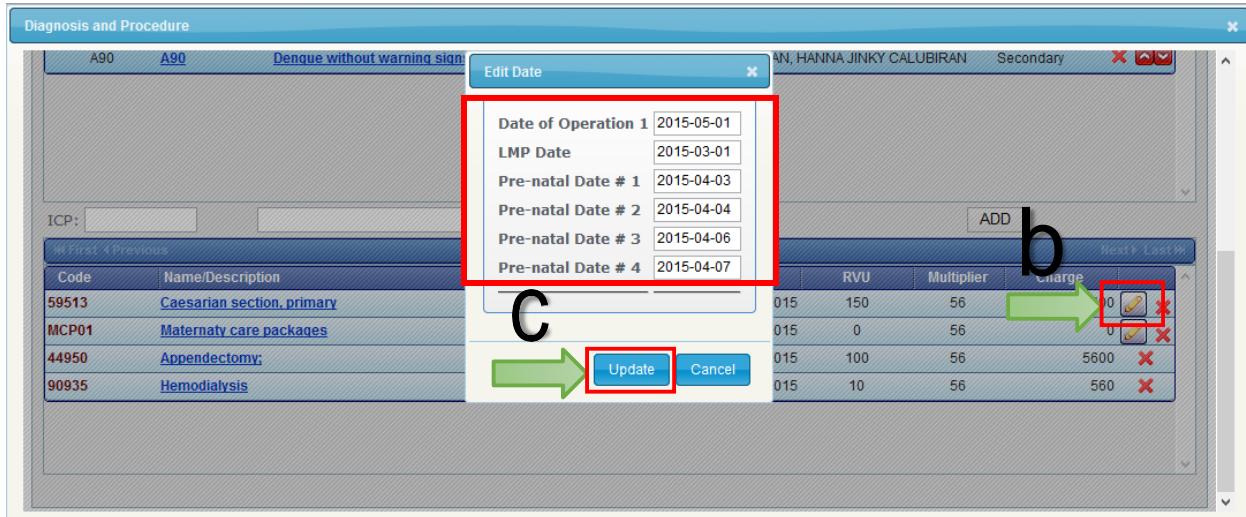


15. Some procedure has special condition in adding to ICP List.

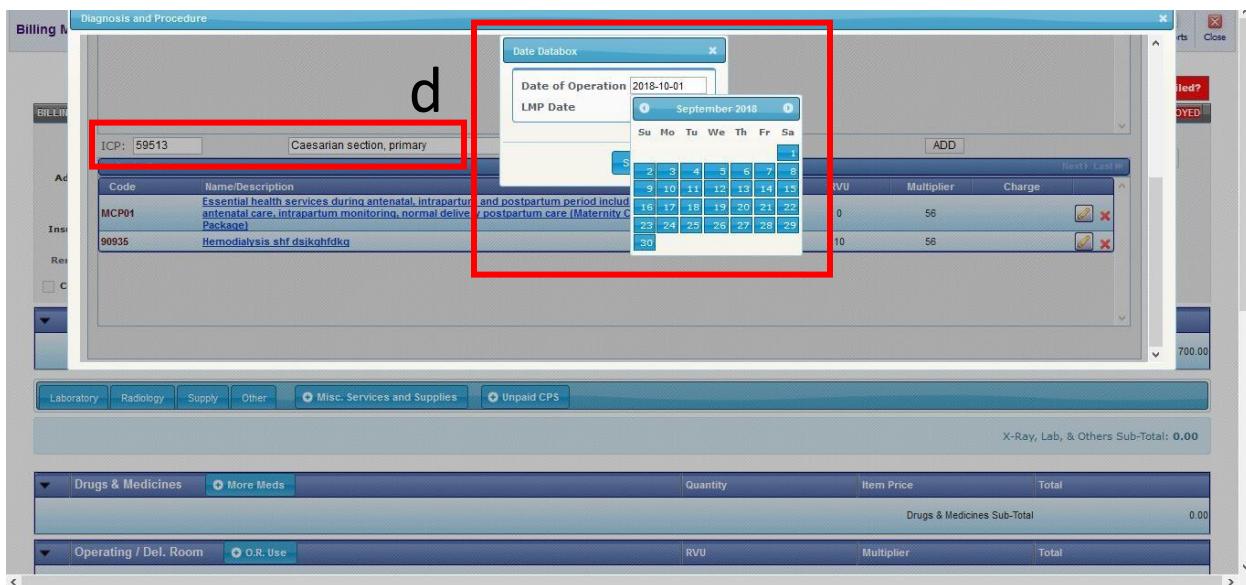
- a. MCP procedures needs pre-natal dates and LMP date.



- 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.

Code	Name/Description	Count	Date	RVU	Multiplier	Charge
59513	Cesarian 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.

Accommodation	Additional Accommodation	Pwaryad Settlement	No. of Days	Rate	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”.

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

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

Billing Main :: Process Billing

BILLING STATEMENT

Remaining Days : 45 Number of Days Covered : 8

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: NBB + Overwrite limit

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

Accommodation Additional Accommodation Password Settlement

No. of Days	Rate	Total
		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 Add Doctors

Package **Outside Meds And XLO**

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

Enter Outside Medicines And XLO Amount

Total Outside MEDICINE :
Total Outside XLO :

Save Cancel

4. Data will be reflected in CF2.

Enter Outside Medicines And XLO Amount

Total Outside MEDICINE :
Total Outside XLO :

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

The screenshot shows the 'Billing Main :: Process Billing' application. In the center, a modal window titled 'Previous Packages' is displayed. It contains a table with one row of data:

Case No.	Package Code	Package Name	Package Limit	Date Admitted	Date Discharged	Days
2015000852	A90	Dengue without warning signs	10000.00	April 28 2015 02:50:00 PM	May 4 2015 07:20:25 PM	0

Below the table, there are sections for 'BILLING STATEMENT' with fields like HRN, Name, Address, Insurance No., and a checkbox for 'Check if Patient is already Dead'. To the right of the table, there are sections for 'Detailed?' and 'Check if Final Bill.', 'IP CATEGORY: EMPLOYED-PRIVATE', 'NO CLASSIFICATION', 'Select Confinement Type', and a dropdown menu set to 'A'. At the bottom, there are 'Total' and 'Sub-Total' sections with values 500.00 and 500.00 respectively.

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.

The screenshot shows the 'Process Billing' interface with the 'Miscellaneous Charges' tab selected. The interface is divided into several sections:

- Miscellaneous Charges**: Shows a table with a single row for 'Miscellaneous Sub-Total' at 10,698.00.
- HOSPITAL CHARGES**: Shows a table with rows for 'Hospital Income Total' (11,198.00), 'Discount' (0.00), 'Health Insurance Coverage' (0.00), and 'Excess' (11,198.00).
- Doctors' Fees**: Shows a table with a single row for 'Doctors' Fees Sub-Total' at 0.00.
- Package**: Shows a table with a row for '[Health Insurance] Total Coverage' at 0.00.
- Outside Meds And XLO**: Shows a table with a row for 'Total Net Amount' at 11,198.00.

In the 'First Case Rate' section, there is a dropdown menu labeled 'Select Code-' with the placeholder 'No case rate selected'. A green arrow labeled '1' points to this dropdown. Below it, there is another dropdown menu with the placeholder 'Select Code-' and a red box around the option 'A90 (SPC)'. A green arrow labeled '1' also points to this dropdown.



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

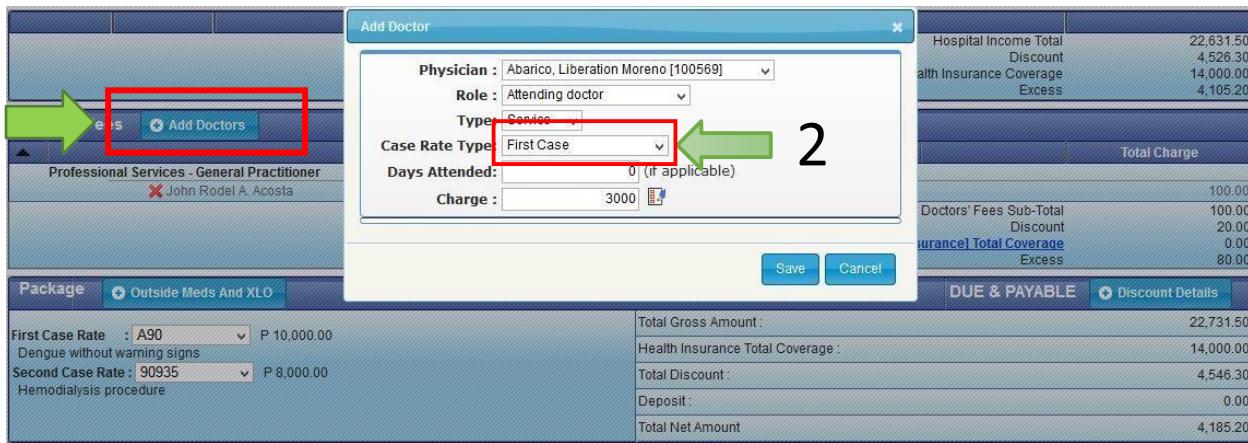
Particulars	Actual Charges	Discount	Insurance/PHIC	Excess
			1st Caserate	2nd Caserate
Accommodation				
Charity II (CCI-Isolation Ward)				
6 days (09/27/2018 to 10/03/2018) @ 700.00	4,200.00	0.00	3,900.00	0.00
Laboratories	0.00	0.00	0.00	0.00
Radiologies	0.00	0.00	0.00	0.00
Regular Supplies	0.00	0.00	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
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
TOTAL	306,730.00	0.00	6,500.00	0.00
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.



Add Doctor

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

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

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

DUE & PAYABLE

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

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

Total Gross Amount :
Health Insurance Total Coverage :
Total Discount :
Deposit :
Total Net Amount :

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
DUE & PAYABLE	
	25,731.50
	14,000.00
	5,146.30
	0.00
	6,585.20

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	0.00	<input checked="" type="checkbox"/>	2400
JOHN RODEL A. ACOSTA	100.00	20.00	<input type="checkbox"/>	80.00
CARLA , AGOILo	600.00	120.00	<input type="checkbox"/>	480.00
FATIMA KHADIJA MANGULAMAS, ABTAHI - SAHIBUL	400.00	80.00	<input type="checkbox"/>	320.00
Totals	4,100.00	820.00	<input checked="" type="checkbox"/>	2,400.00
				880.00

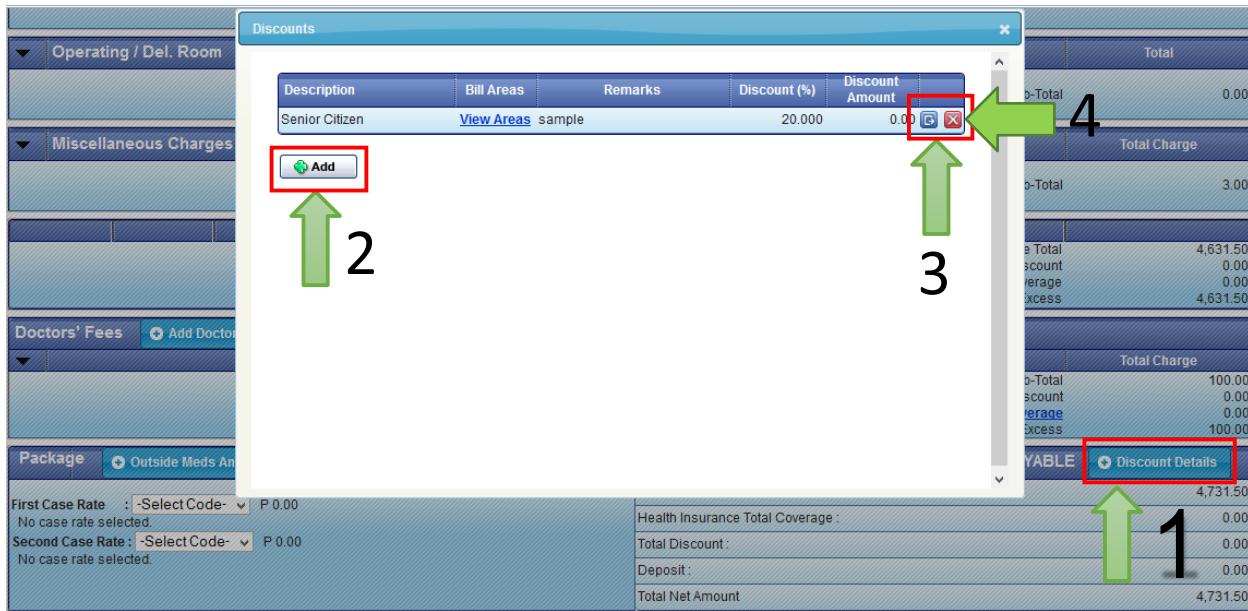
Role	First Case	Second Case	Total
General Practitioner / Specialist	3,000.00	0.00	3,000.00
Surgeon	0.00	600.00	600.00
Anesthesiologist	0.00	400.00	400.00
MAX PHIC PF	3,000.00	1,000.00	1,600.00

Total Charge :
Sub-Total :
Discount :
Coverage :
Excess :

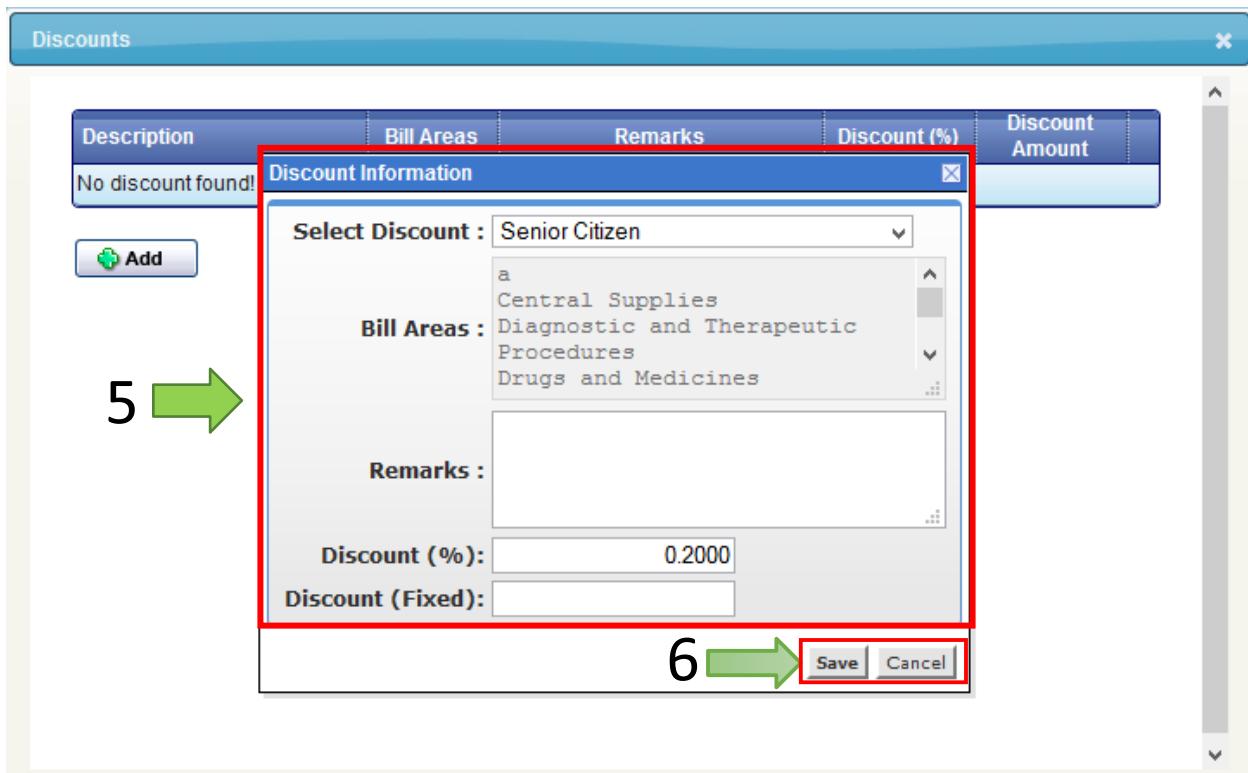
Total Charge :
Sub-Total :
Discount :
Coverage :
Excess :

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

1

BILLING STATEMENT [NOT YET FINAL]		Remaining Days : 45	Number of Days Charged : 8	MEMBERSHIP CATEGORY: INDIVIDUAL PAYING-SELF EMPLOYED	
HRN: 972368	Name: DELA CERNA, JUAN ESPENIDA	Case No: 201500	Date: May 04, 2015 04:43PM	CLASSIFICATION: NO CLASSIFICATION	Confinement: - Select Confinement Type -
Address: PARADISE EMBAC, NOT PROVIDED, DAVAO CITY 8000 DAVAO DEL SUR		Case Date: Apr 26, 2015 02:50PM		NBB	Case Type: * overwrite limit
Insurance No.: 972368-1	<input type="checkbox"/> Check if Patient is already Dead				
<input checked="" type="button"/> Accommodation <input type="radio"/> Additional Accommodation <input type="checkbox"/> Payward Settlement		No. of Days	Rate	Total	
				Sub-Total	4,000.00

doc-187.pdf - Adobe Reader

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

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

HRN:	972368	Case No.:	2015001007	CLASSIFICATION:	NO CLASSIFICATION
Name:	DELA CERNA, JUAN ESPENIDA	Date:	May 04, 2015 04:55 PM	Confinement:	- Select Confinement Type -
Address:	PARADISE EMBAC, NOT PROVIDED, DAVAO CITY 8000 DAVAO DEL SUR	Case Date:	Apr 26, 2015 02:50PM	NBB:	
Insurance No.:	972368-1			Case Type:	<input checked="" type="checkbox"/> overwrite limit
<input type="checkbox"/> Check if Patient is already Dead					
<input type="button" value="Accommodation"/> <input type="button" value="Additional Accommodation"/> <input type="checkbox"/> Payward Settlement		No. of Days		Rate	Total
					Sub-Total 4,000.00

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File Edit View Window Help


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

BILLING STATEMENT (FINAL BILLING)		Remaining Days : 45	Number of Days Covered : 8	MEMBERSHIP CATEGORY: INDIVIDUAL PAYING-SELF EMPLOYED	
HRN: 972368	Name: DELA CERNA, JUAN ESPENIDA	Case No: 2015000852	Date: May 04, 2015 04:43PM	ASSOCIATION: NO CLASSIFICATION	Confinement: - Select Confinement Type
Address: PARADISE EMBAC, NOT PROVIDED, DAVAO CITY DEL SUR		Case Date: Apr 26, 2015 02:50PM		NBB	Case Type: <input type="checkbox"/> over write limit
Insurance No.: 972368-1	<input type="checkbox"/> Check if Patient is already Dead				
<input type="button" value="Accommodation"/> <input type="button" value="Additional Accommodation"/> <input type="checkbox" value="Payward Settlement"/>		No. of Days	Rate	Total	
				Sub-Total	4,000.00

Delete Print Detailed?

6 5 4

doc-184.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

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	
Room # : 1016 FamMed (Service Ward) - HOUSE CASE	PHIC
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.



The screenshot shows the 'List of Billed Patients' search results. It displays a table of 7 records from May 4, 2015. The columns are Bill No., Date/Time, Patient, PHIC, Case No., Billed Amount, and Actions (with icons for View and Delete). A green arrow labeled '2' points to the table. A green arrow labeled '3' points to the 'Search' button in the search options section. A green arrow labeled '4' points to the 'Delete' icon in the top right corner of the table header. A green arrow labeled '5' points to the 'Delete' icon in the bottom right corner of the table header.

Bill No.	Date/Time	Patient	PHIC	Case No.	Billed Amount	Actions
2015001001	2015-05-04 01:00 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

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

Billing Main :: Process Billing

BILLING STATEMENT [FINAL BILLING]		Remaining Days : 45 Number of Days Covered : 8		MEMBERSHIP CATEGORY: INDIVIDUAL PAYING SELF EMPLOYED	
HRN: 972368	Name: DELA CERNA, JUAN ESPENIDA	Case No: 2015000852	Date: May 04, 2015 07:20PM	CLASSIFICATION: NO CLASSIFICATION	Confinement Type: - Select Confinement Type -
Address: PARADISE EMBAC, NOT PROVIDED, DAVAO CITY 8000 DAVAO DEL SUR	Insurance No.: 972368-1	Case Date: Apr 26, 2015 02:50PM		NBB	Case Type: 1 <input checked="" type="checkbox"/> overtake limit
<input type="checkbox"/> Check if Patient is already Dead					
<input type="button" value="Accommodation"/> <input type="button" value="Additional Accommodation"/> <input type="checkbox" value="Payward Settlement"/>		No. of Days	Rate	Total	
				Sub-Total	4,000.00

	Total Account Charges*	Amount after Application of Discount (i.e., personal discount, Senior Citizen/PWD)	Hospital Benefit	Amount after Hospital 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

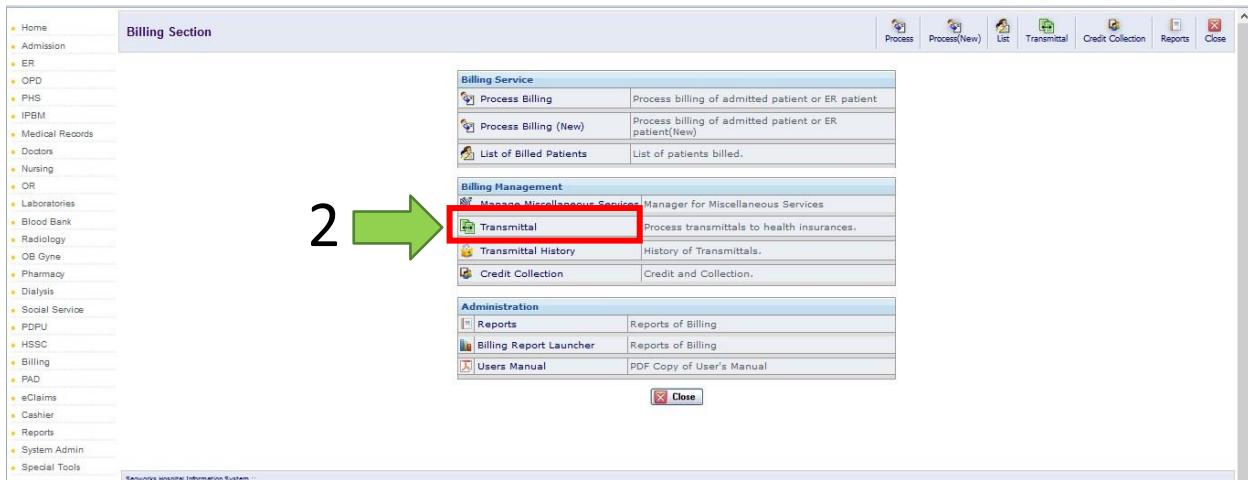
Relationship of the representative to the patient:
 Spouse Child Parent
 Sibling Others, Specify _____

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.



Billing Main :: Billing Transmittal

TRANSMITTAL		Date: May 04, 2015 07:45PM
Insurance:	<input type="text"/>	
Address:	<input type="text"/>	
Control No.:	<input type="text"/>	
Remarks:	<input type="text"/>	

3

Policy No.	Classification	Confinement	Case No.	Patient	Claim	Meds/XLO Outside
Transmittal list is currently empty ...						

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.

Billing Main :: Billing Transmittal

TRANSMITTAL		Date: May 04, 2015 07:45PM
Insurance:	<input type="text"/>	
Address:	<input type="text"/>	
Control No.:	<input type="text"/>	
Remarks:	<input type="text"/>	

4

5

Search

Select Health Insurance

Showing 1-2 out of 2 record(s).				
Firm ID	Insurance Company Name	Phone No.	Fax No.	Address
PhilHealth	Philippine Health Insurance Corporation	082) 298-3030	082) 298-3030	R.C. Reyes Bldg., Quimpo Blvd., Davao City

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 Claims to Transmit

Search options
 Patient/Case No./Bill No./HRN
 Discharge date

Search result: Today's 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 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"/>

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:

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"/>

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

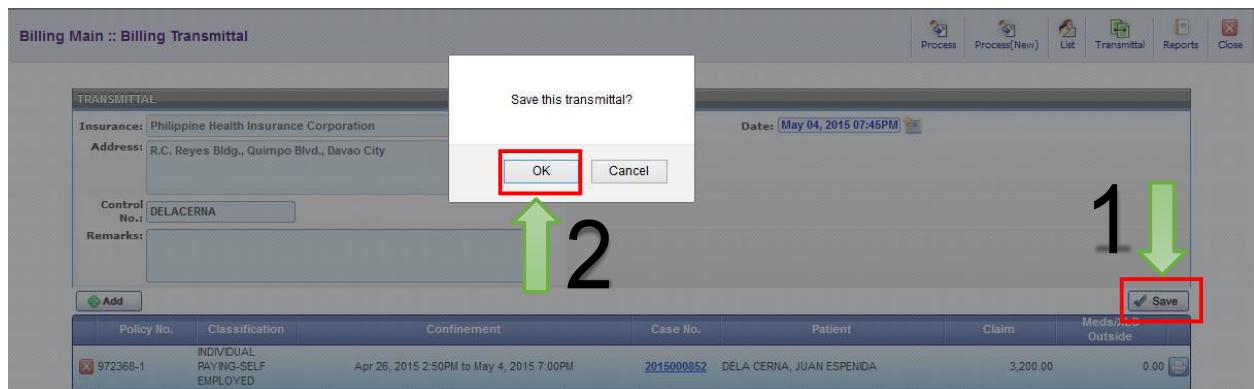
1. PhilHealth Accreditation Number (PAN) of Health Care Institution: **9 1 5 0 1 0 1 2 1 1 1**
2. Name of Health Care Institution: **SOUTHERN PHILIPPINES MEDICAL CENTER**
3. Address: **J.P. LAUREL BAJADA, DAVAO CITY**
Building Number and Street Name City/Municipality Province

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** 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”.



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.

Billing Section

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

Billing Service

Process Billing	Process billing of admitted patient or ER patient.
Process Billing (New)	Process billing of admitted patient or ER patient(New).
List of Billed Patients	List of patients billed.

Billing Management

Manage Miscellaneous Services	Manager for Miscellaneous Services
Transmittal	Process transmittals to health insurances.
Transmittal History	History of Transmittals.
Credit Collection	Credit and Collection.

Administration

Reports	Reports of Billing
Billing Report Launcher	Reports of Billing
Users Manual	PDF Copy of User's Manual

Buttons: Process, Process(New), List, Transmittal, Credit Collection, Reports, Close

Billing Main::Transmittals

Search options

- Health Insurance
- Transmittal No: _____
- Patient/Case No.:
- Transmittal Date:

Search result: Today's transmittals

Policy No.	Member's Name	Patient	Case No.	Confinement Period	Claim	Control No.	Transmittal Date	Status
11000237902	Lee, Lenalee		2015000672	Apr 2, 2015 11:50AM to Apr 2, 2015 11:51AM	0.00	nickalcalca	May 04, 2015	
11000237902	Lee, Lenalee		2015000689	Apr 6, 2015 11:20PM to Apr 6, 2015 11:20PM	0.00	nickalcalca	May 04, 2015	
11000237902	Lee, Lenalee		2015000760	Apr 20, 2015 8:17PM to Apr 23, 2015 4:16PM	0.00	nickalcalca	May 04, 2015	
972368-1	DELA CERNA, JUAN ESPENIDA DELA CERNA, JUAN ESPENIDA		2015000852	Apr 26, 2015 2:50PM to May 1, 2015 2:50PM	3,200.00	DELACERNA	May 04, 2015	

Buttons: First, Previous, Next, Last, Search, Process, Process(New), List, Transmittal, Reports, Close

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

Date: May 04, 2015 07:45PM

Control No.: DELACERNA
Remarks:

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

4 **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

Date: May 04, 2015 07:45PM

Control No.: DELACERNA
Remarks:

Add **Delete**

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

7 **8** **6**

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	Chief Administrative Officer					
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	Grand Total 18,000.00	Patient's Refund 0.00
				PAGE TOTAL	14,000.00	4,000.00	18,000.00	0.00
				GRAND TOTAL	14,000.00	4,000.00	18,000.00	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.

The screenshot shows the 'Billing Main :: Billing Transmittal' window. Step 10 is indicated by a large number '10' with a green arrow pointing to the 'Member Category' dropdown menu, which is set to 'All'. Step 11 is indicated by a large number '11' with a green arrow pointing to the 'Generate' button. Step 9 is indicated by a large number '9' with a green arrow pointing to the 'GENERATE' button in the toolbar. The toolbar also includes 'Print Summary', 'Print', and 'Save' buttons.

```
<?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>
```

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

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

The screenshot shows the 'Billing Main :: Billing Transmittal' window. Step 12 is indicated by a large number '12' with a green arrow pointing to the radio buttons for 'SURGICAL', 'MEDICAL', and 'CASE RATE'. Step 13 is indicated by a large number '13' with a green arrow pointing to the 'Print Summary' button in the toolbar. The toolbar also includes 'GENERATE', 'Print', and 'Save' buttons.

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 NICOLÒ M. ALCORDO
CLERICAL AIDE I

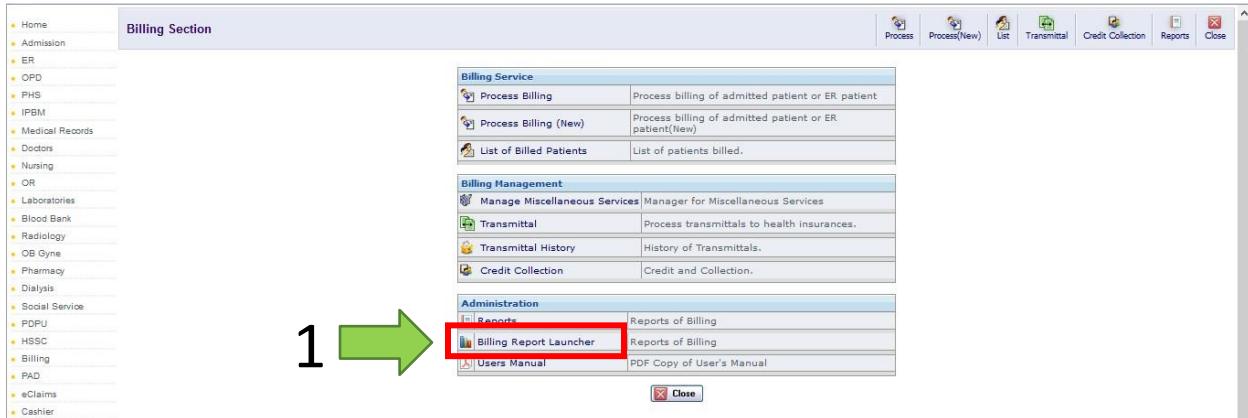
Verified Correct:
ELSA A. MACABINGKIL
ADMINISTRATIVE ASSISTANT III

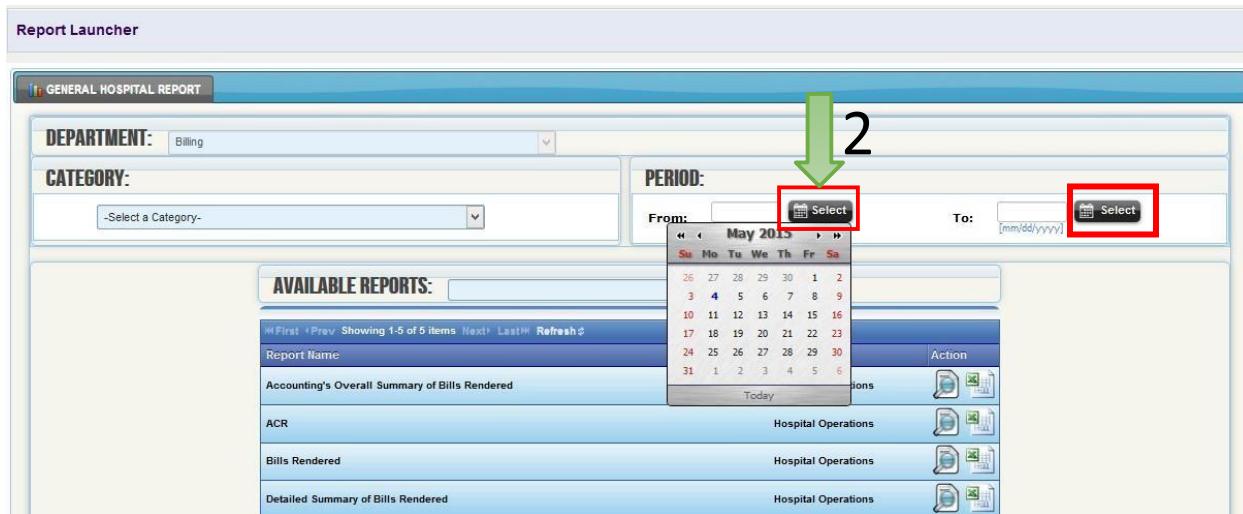
Approved by:
AMELITA M. LOREJO ,RN, MPA
BILLING SECTION INCHARGE

SOUTHERN PHILIPPINES MEDICAL CENTER
Accreditation #.950102

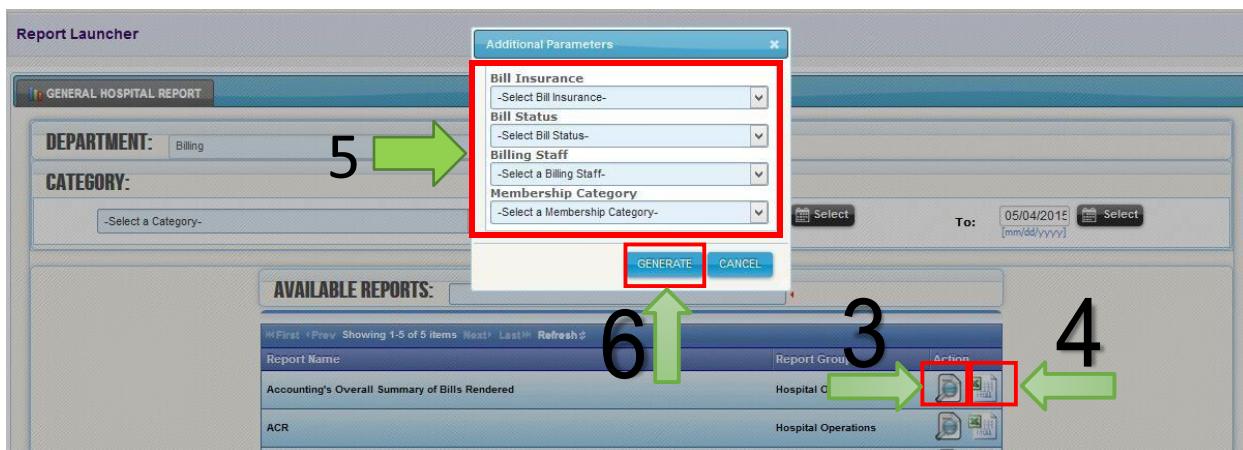
TO GENERATE REPORTS

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".

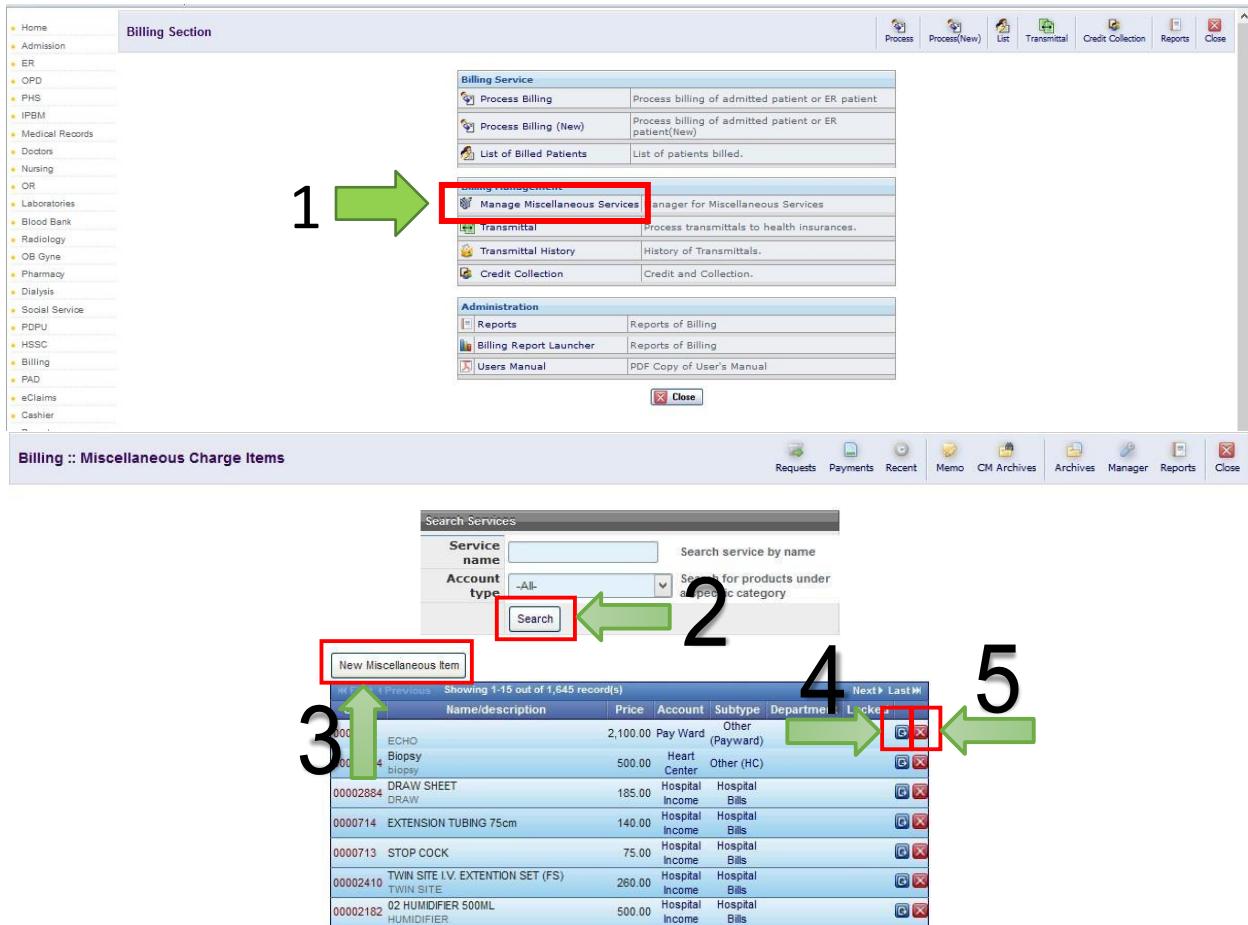


	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14	XLO	Prof. Fees	Misc	ACTUAL CHARGES	DISCOUNT	TERMINIC Benefits used up - HCl + Doctors fee	DEPOSIT	1st Case Rate Code	1st Case Rate	2nd Case Rate Code	2nd Case Rate	Total Package	HCl	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	KASAMBAHA Y (HOUSEHOLD-HELP)	Cancelled/Initial
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	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/Initial Final

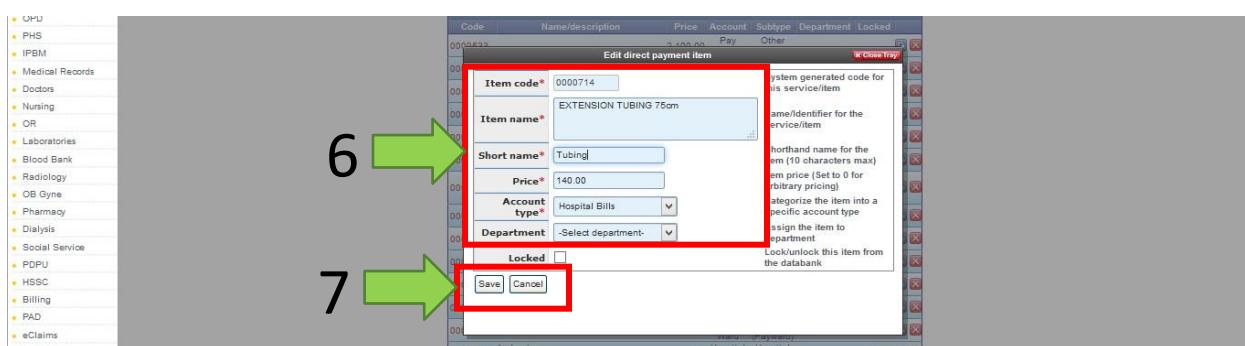
daily_bill

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”.

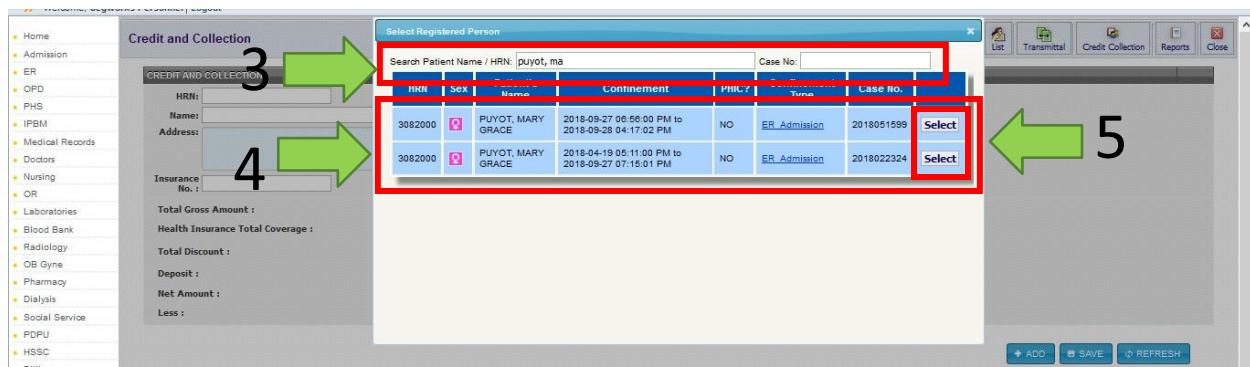


CREDIT AND COLLECTION

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

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				
- Select Guarantor -				

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

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
GOVERNMENT AGENCIES				
OFFICE OF THE PRESIDENT	1500	OFFICE OF THE PRESID	Oct 2018	
- Select Guarantor -				

d

b c

localhost/hisppmc4dev/modules/billing/seg_credit_collection.php?id=igv65naa56pfbk72a9fde6086&lang=en&user_origin=lab&from=billing&checkintern=1#

- 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

CREDIT AND COLLECTION

HRN: 3082000	Name: PUYOT, MARY GRACE	Case No: 2018022324
Address: NOT PROVIDED, NOT PROVIDED, NOT PROVIDED, NOT PROVIDED	Bill No: 2018156115	
Insurance No.:		
Total Gross Amount: 147,070.00	Health Insurance Total Coverage: 6,800.00	BALANCE: 140,270.00
Total Discount: 0.00		
Deposit: 0.00		
Net Amount: 140,270.00		
Less: (0.00)		

Category **Amount** **Control #** **Date** **Remarks**

GOVERNMENT AGENCIES	OFFICE OF THE PRESIDENT	1500	OFFICE OF THE PRESID	10/31/2018	
COH-DMH	- Select Guarantor -				

8 **ADD** **SAVE** **REFRESH**

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

Credit and Collection

CREDIT AND COLLECTION

HRN: 3082000	Name: PUYOT, MARY GRACE	Case No: 2018022324
Address: NOT PROVIDED, NOT PROVIDED, NOT PROVIDED, NOT PROVIDED	Bill No: 2018156115	
Insurance No.:		
Total Gross Amount: 147,070.00	Health Insurance Total Coverage: 6,800.00	BALANCE: 140,270.00
Total Discount: 0.00		
Deposit: 0.00		
Net Amount: 140,270.00		
Less: (0.00)		

Category **Amount** **Control #** **Date** **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**

- 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

Credit and Collection

CREDIT AND COLLECTION

HRN: 3082000
Name: PUYOT, MARY GRACE
Address: NOT PROVIDED, NOT PROVIDED, NOT PROVIDED
Insurance No.:
Total Gross Amount : 140,270.00
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 PRESIDI	10/31/2018	
PMDT	1500	CASH PAYMENT	11/20/2018	
COH-DMH		- Select Guarantor -		

Process **Process(New)** **List** **Transmittal** **Credit Collection** **Reports** **Close**

11

Credit and Collection

CREDIT AND COLLECTION

HRN: 3082000
Name: PUYOT, MARY GRACE
Address: NOT PROVIDED, NOT PROVIDED, NOT PROVIDED
Insurance No.:
Total Gross Amount : 140,270.00
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 -		

Process **Process(New)** **List** **Transmittal** **Credit Collection** **Reports** **Close**

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

12

Credit and Collection

CREDIT AND COLLECTION

HRN: 3082000
Name: PUYOT, MARY GRACE
Address: NOT PROVIDED, NOT PROVIDED, NOT PROVIDED
Insurance No.:
Total Gross Amount : 140,270.00
Health Insurance Total Coverage : 6,800.00
Total Discount : 0.00
Deposit : 0.00
Net Amount : 140,270.00
Less : (3,000.00)

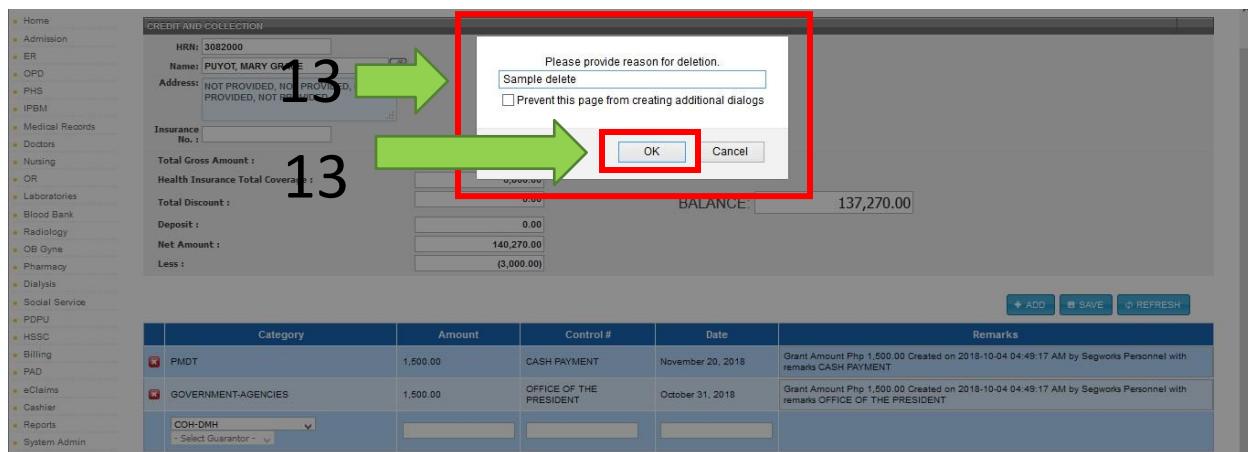
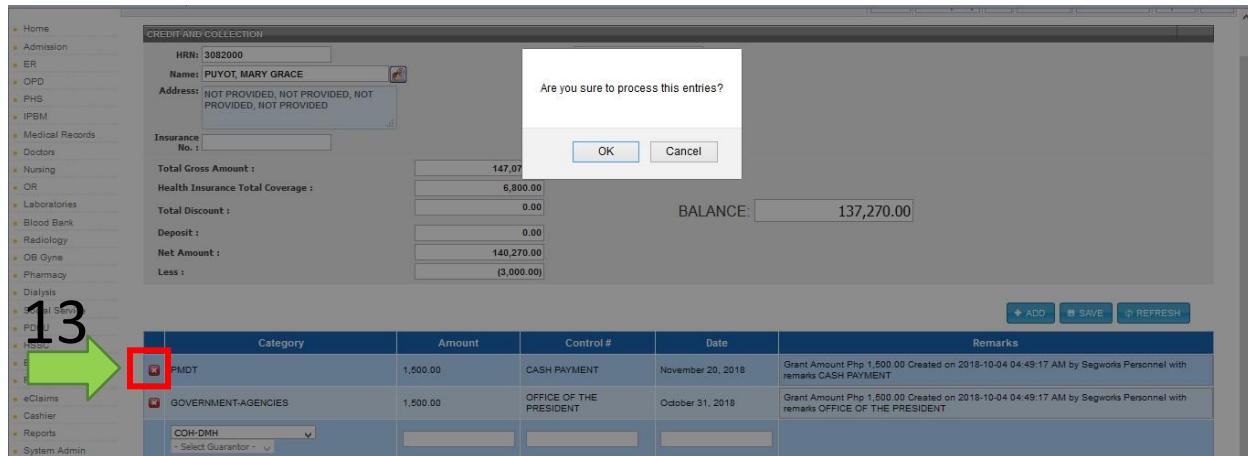
BALANCE: 137,270.00

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 -		

Process **Process(New)** **List** **Transmittal** **Credit Collection** **Reports** **Close**

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.

