



Claims - RE Form  
Rev. 08  
01 May 2008

**Claim Form for Reimbursement**

DATE FILED : \_\_\_\_\_

PATIENTS NAME: \_\_\_\_\_

MEDICard ID NO: \_\_\_\_\_

PRINCIPAL MEMBER: \_\_\_\_\_  
(If patient is a dependent member)

COMPANY NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

HOSPITAL NAME: \_\_\_\_\_

CONFINEMENT / AVAILMENT DATE: \_\_\_\_\_

TOTAL AMOUNT OF CLAIM: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PATIENT OVER PRINTED NAME

**ATTENDING PHYSICIANS REPORT**

CHIEF COMPLAINT/S: \_\_\_\_\_

LABORATORY TEST REQUESTED \_\_\_\_\_

FINAL DIAGNOSIS (ES) BASED ON TEST(S) RESULT(S) (if any) \_\_\_\_\_

PROCEDURE(S) DONE ( if any ) \_\_\_\_\_

*I certify to the best of my knowledge and belief that the information provided by me in support of the claim is true and correct.*

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF  
ATTENDING DOCTOR

SPECIALIZATION \_\_\_\_\_

License # \_\_\_\_\_

**MEMBER'S FINANCIAL ASSISTANCE**  
(DEATH CLAIM)

- Fully accomplished MEDICard Reimb. Claim form
- Certified True Copy of Original Death Certificate
- Certification of Employment of the Deceased / Principal member
- MEDICard ID or any ID of the Deceased
- Duly Notarized Affidavit of Next of Kin / Marriage Contract
- Duly Notarized Attending Physician's Statement Form ( in absence of the attending physicians statement, we require Morgue or Post Mortem Examination
- Police Report (for accidental death)
- Copy of Autopsy report (for death of unknown causes)

**NATURE OF REIMBURSEMENT:**

**PLEASE ENCLOSE THE FOLLOWING FOR:**

*(Please check appropriate boxes for documents submitted)*

**IN-PATIENT REIMBURSEMENT**

- Cover letter / Incident Report (Stating the reason for filing of reimbursement)
- Fully accomplished MEDICard Reimb. Claim Form
- History of Present Illness
- Clinical Abstract
- Original Official Receipt/s
- Statement of account
- Itemized breakdown of charges or charge slips
- Operative technique (for surgical cases)
- Police report for vehicular accidents
- Certificate of live birth (for maternity claim)
- Results of laboratory examination

**OUT-PATIENT REIMBURSEMENT**

- Cover letter / Incident Report (Stating the reason for filing of reimbursement)
- Fully accomplished MEDICard Reimb. Claim form
- Medical certificate stating final diagnosis
- Emergency room record
- Original Official Receipt/s
- Results of laboratory examination
- Operative technique (for OP surgical cases)
- Police report for vehicular accidents
- Itemized breakdown of charges or charge slips

**MEDICINE REIMBURSEMENT**

*(for selected accounts only)*

- Fully accomplished MEDICard Reimb. Claim form
- Original Official receipt/s
- Doctor's prescription with diagnosis or with a separate medical certificate

**OPTICAL WEAR REIMBURSEMENT**

*(for selected accounts only)*

- Fully accomplished MEDICard Reimb. Claim form
- Original Official receipt/s
- Prescription for eyeglasses/contact lenses

**PHIC Refund**

*(member / patient who paid for their PHIC portion upon hospital discharge and was later filed)*

- Fully accomplished MEDICard Reimb. Claim form
- Original Official receipt/s
- Benefit Payment Notice from Philhealth

GRACE PERIOD FOR FILING OF CLAIMS - 30 days from date of discharge / availment

PAYMENT PROCESSING - 15 days from date of receipt of complete documents