



No. 03-03-2006

Order of Payment Slip Not Accepted as Official Receipt

All accredited collecting banks and agents are advised not to accept the “Order of Payment Slip” as shown in the figure on the right, as the form to validate receipt of premium payment of PhilHealth members.

The Slip is for the exclusive use when making payments through any of our Offices nationwide using the Over-the-Counter Collection System (OTCCS). Banks/Agents must instead use the appropriate Contribution Payment Return Forms, namely, the ME-5 for the Employed Sector, the MI-5 for the Individually Paying Sector and the Min-5 for the Sponsored Sector. These forms are considered Official Receipts when machine validated.

Please report any and all instances of usage of the Order of Payment Slip to our Treasury Department at 637-9999 local 1701.

The image shows a PhilHealth Order of Payment Slip form. The form is titled "PHILHEALTH INSURANCE CORPORATION ORDER OF PAYMENT SLIP". It includes fields for "Name of Payer" (LWV CONSTRUCTION CORPORATION), "PIN/POI" (03-03-2006-0000000000), and "Address" (OUR OFFICES BLDG. 157 BERKELEY ST., EDSA MANDALUYONG CITY, Tel No. 7250272). The "MEMBER REFERENCE" section has radio buttons for GOVERNMENT, PRIVATE SECTOR (selected), OFW, JRY (self-employed/retiree), HOUSEHOLD HELPER, MUNICIPALITY, PROVINCIAL, and BARANGAY. It also has fields for "DONOR/SPONSOR (pls. specify branch below)", "Premium/Contri. Plan", "Billing Statement No.", and "Billing Date" (JANUARY 2006). The "MODE OF PAYMENT" section has radio buttons for CASH, CHECK (selected), and POSTAL MONEY ORDER (PMO). It includes a field for "Bank Name & Branch / Post Office" and "Check or PMO No.". The "PAYMENT TENDERED" section shows "NINE THOUSAND TWO HUNDRED PESOS ONLY 9,200.00" and "AMOUNT IN WORDS". The "PAYMENT FOR" section has radio buttons for 1507 PREMIUM (selected), ACCREDITATION FEE, and OTHERS, with a date of "JANUARY 2006" and "APPLICABLE PERIOD". The "CERTIFIED CORRECT" section has a signature and name "MARILYN A. FRANCISCO" and "(SIGNATURE OVER PRINTED NAME)". At the bottom, it says "Note: Also Accountable Form. May be reproduced".