



MEDICAL ASSISTANCE APPLICATION FORM						
Processing of Applications and Interviews are done at Ground Floor Ben-Lor Bldg., 1184 Quezon Ave., Quezon City.						
Date of Interview:			Record No.			
Name of Patient: <i>First Name</i>			<i>Middle Name</i>		<i>Last Name</i>	
Date of Birth:		<i>Month</i>	<i>Day</i>	<i>Year</i>	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Address:				Contact No.:		
Diagnosis:				Philhealth Number:		
Philhealth Membership			<input type="checkbox"/> Member <input type="checkbox"/> Non- Member <input type="checkbox"/> Dependent <input type="checkbox"/> No Balance Billing <input type="checkbox"/> Others		Family Monthly Income :	
Dialysis Center / DOH Hospital's Name:				Signature of Patient:		

Details of Authorized Representative

Name of Authorized Representative: <i>First Name</i>			<i>Middle Name</i>		<i>Last Name</i>	
Relationship to the Patient:			Age:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Signature of Representative:				Contact No.:		

Pursuant to the Data Privacy Act of 2012 (Republic Act 10173), I hereby give my consent to the Office of the Vice President (OVP) to process my personal information for my application for medical assistance. I understand that the processing of my sensitive information shall be limited to the purpose specified and confidentiality shall be maintained by OVP.

EVALUATION

To be filled up by OVP Personnel

<input type="checkbox"/>	DENIED <input type="checkbox"/> Due to availment of the medical assistance within one (1) year from the date of initial screening Date of last availment: _____ <input type="checkbox"/> Invalid/Non-compliant documents <input type="checkbox"/> Blacklisted due to fraud <input type="checkbox"/> Others:
<input type="checkbox"/>	FOR COMPLETION OF REQUIRED DOCUMENTS: Please return on : _____ Actual Date of Return: _____ Details/Instructions to be placed on the checklist at the back of this form.
<input type="checkbox"/>	RECOMMENDED FOR APPROVAL <input type="checkbox"/> has not availed of the medical or burial assistance from OVP within one (1) year from date funds were last received <input type="checkbox"/> has not been blacklisted by OVP due to fraud <input type="checkbox"/> has submitted complete, valid and updated documentary requirements (per checklist at the back page) <input type="checkbox"/> For issuance of Guarantee Letter <input type="checkbox"/> For Fund Transfer Requested Amount: _____ Recommended Amount: _____

Recommending Approval:

SIGNATURE OVER PRINTED NAME

REQUIREMENTS FOR CHEMOTHERAPY, RADIATION THERAPY, BRACHY THERAPY, HOSPITAL BILL, DIALYSIS, IMPLANT, SURGERY and TRANSPLANT

- o REFERRAL FROM HOSPITAL APPLICATION FORM - na nasagutan ng maayos at pirmado ng pasyente at ng representative (if applicable).
- o MEDICAL RECORDS - Original or Certified True Copy ng Clinical Abstract o Medical Certificate na may kumpletong pangalan, pirma at lisensya ng doktor. (Ang date ay di lagpas sa 6 months sa araw ng interview)
- o SOCIAL CASE STUDY REPORT (Original or Certified True Copy) addressed to OVP o generic. Dapat ito ay pirmado ng registered social worker at ang *petsa ay hindi lalampas ng 1 year sa araw ng interview*, Ang requester o representative ay dapat malapit na kamag anak ng pasyente at nakalagay sa Social Case Study Report – Family Composition.
- o PHOTOCOPY NG VALID ID (front and back) ng pasyente at representative Dapat ipakita ang Original ID at Valid sa araw ng interview.

IBA PANG REQUIREMENTS

- CHEMOTHERAPY, RADIATION THERAPY, BRACHYTHERAPY & RADIO-IODINETHERAPY**
- o TREATMENT PROTOCOL na may cost breakdown na may kumpletong pangalan, pirma at lisensya ng doktor. Ang date ay di lagpas sa 6 months sa araw ng

interview *Original or Certified True Copy*
OPERATION / SURGERY / TRANSPLANT

- o ESTIMATED COST NG OPERATION na may kumpletong pangalan, pirma at lisensya ng doktor. Ang *petsa ay di lagpas sa 6 months sa araw ng interview. Original or Certified True Copy*
- o HOSPITALIZATION, CONFINED Pinakabagong BILLING STATEMENT OF ACCOUNT na may pangalan at pirma ng billing or accounting officer. *Original or Certified True Copy*
- o HOSPITALIZATION, DISCHARGED Pinakabagong BILLING STATEMENT OF ACCOUNT AT PROMISSORY NOTE (Hospital Bill) ang *due date* o *napagkasunduan* araw ng pagbabayad ay di lagpas sa araw ng interview. Dapat ito ay pirmado ng representative ng pasyente, hospital accounting officer o credit & collection officer. *Original or Certified True Copy*

DIALYSIS

- o DIALYSIS QUOTATION excluding the cost of dialyzer and PF na may kumpletong pangalan, pirma at lisensya ng doktor. Ang *petsa ay di lagpas sa 6 months sa araw ng interview. Original or Certified True Copy*

IMPLANT / MEDICAL DEVICE

- o OFFICIAL PRICE QUOTATION mula sa supplier o kopya ng PCSO Guaranty Letter Copy of supplier quotation na aprobado ng PCSO. Ito ay dapat may kumpletong pangalan, pirma ng authorized representative at ang date ay di lagpas sa 6

months sa araw ng interview. Original or Certified True Copy

REQUIREMENTS FOR MEDICINE, LABORATORY, DIAGNOSTIC PROCEDURE, THERAPY:

- o APPLICATION FORM na nasagutan ng maayos at pirmado ng pasyente at ng representative (if applicable).
- o MEDICAL RECORDS - Original or Certified True Copy ng Clinical Abstract o Medical Certificate na may kumpletong pangalan, pirma at lisensya ng doktor (Ang date ay di lagpas sa 6 months sa araw ng interview)
- o SOCIAL CASE STUDY REPORT (Original or Certified True Copy) na pirmado ng registered social worker at ang *petsa ay hindi lalampas ng 1 year sa araw ng interview*, addressed to OVP o generic. Ang requester at pasyente ay dapat nakalagay din sa Social Case Study Report – Family Composition.
- o PHOTOCOPY NG VALID ID (front and back) ng pasyente at representative. Dapat ipakita ang Original ID sa araw ng interview.

IBA PANG REQUIREMENT

- o MEDICINE S: Pinakabagong reseta na may *petsa*, kumpletong pangalan, pirma at lisensya ng doktor. Quotation ng gamot na galing sa botika na pirmado ng representative ng botika.
- o LABORATORY, DIAGNOSTIC PROCEDURE and THERAPY (Physical, Occupational, Speech and Phototherapy)

- o LABORATORY REQUEST na pirmado ng doktor na ang *petsa ay hindi lalampas ng 6 month sa araw ng interview*.
- o QUOTATION galing sa hospital o diagnostic center kung saan gagawin ang laboratory o procedure, dapat pirmado ng authorized staff ng ospital. *Original or Certified True Copy*

MGA PAALALA

Magpunta ang representative ng pasyente sa takdang araw at oras ng inyong scheduled interview na data ang kumpleto, updated at valid na mga requirements.

Nagpapatupad ng Cut-Of Policy sa pagtanggap ng mga Appointment Schedule para panalihing maayos ang proseso para sa mga dumaling ng tama sa oras. Ang interview schedule ay simula/Whanggang 12 NN lamang.

Mahigpit na ipinapatupad ng Building Administration ng Ben-Lor ang DRESS CODE kung saanbawal/ang Sando, Shorts, Slippers at Sandals. Maaring hindi matuloy ang interview ng mga hindi sumusunod sa dress code.

Kapag na deklarara na walang pasok sa tanggapan ng gobyerno, ang inyong iskedylul ay sa susunod na araw na may pasok.

LISTAHAN NG VALID IDS

(Dapat hindi expired sa araw ng interview)

- | | |
|--------------------------|------------------------------|
| 1. Driver's License | 9. Solo Parent ID |
| 2. NBI Clearance / ID | 10. TIN ID |
| 3. Passport | 11. UMID/GSIS or SSS ID |
| 4. Philhealth ID | 12. Voter's Certification/ID |
| 5. Police Clearance / ID | 13. Aps ID |
| 6. PRC ID | 14. Postal ID |
| 7. PWD ID | 15. Company ID |
| 8. Senior Citizen ID | 16. Barangay ID |

KUNG ANG PASYENTE AY MENOR DE EDAD

1. Registered Birth Certificate
2. School ID (kasalukuyan enrolled)
3. Barangay ID
4. Service Issue Card