

# Medical Assistance Application Form

Processing of Applications and Interviews are done at  
 Ground Floor Ben-Lor Bldg., 1184 Quezon Ave., Quezon City  
 Contact # (02) 8-370-1714 or 8-370-1716 local 113 and 112



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 and sensitive personal information for my application for medical assistance. I understand that the processing shall be limited to the purpose specified.

I understand that I can only avail of the medical assistance as provided under OVP guidelines such as the maximum amount of P20,000.00 and only once in one year and I will comply with these requirements.

<b>Date of Interview</b>	
<b>Record No.</b>	

<b>Name of Patient</b>	FIRST NAME	MIDDLE NAME	LAST NAME
<b>Date of Birth</b>	MONTH, DAY, YEAR	<b>Age</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Current Address</b>			<b>Contact Number</b>
<b>Diagnosis</b>			<b>Philhealth Number</b>
<b>Dialysis Center/ DOH Hospital's Name</b>			<b>Philhealth Membership</b> <input type="checkbox"/> Member <input type="checkbox"/> Others <input type="checkbox"/> Non-Member <input type="checkbox"/> Dependent <input type="checkbox"/> No Balance Billing
<b>Family Monthly Income</b>	<b>Signature</b>		

**Details of Authorized Representative**

<b>Name of Authorized Representative</b>	FIRST NAME	MIDDLE NAME	LAST NAME
<b>Relationship to the Patient</b>	<b>Age</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Contact Number</b> <b>Signature</b>

**Evaluation**

TO BE FILLED UP BY OVP PERSONNEL

**DENIED**

- Due to availment of the medical assistance within one (1) year from the date of this application  
 DATE OF LAST AVAILMENT: \_\_\_\_\_
- Invalid/Non-compliant Documents
- Blacklisted due to fraud
- Others: \_\_\_\_\_

**Recommending Approval**

\_\_\_\_\_

**SIGNATURE OVER PRINTED NAME**

**FOR COMPLETION OF REQUIRED DOCUMENTS**

Please return on:	Actual Date of Return:
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*Details/Instructions to be placed on the checklist at the back of this form.*

**RECOMMENDED FOR APPROVAL**

- has not availed of the medical or burial assistance from OVP within one (1) year from the date of this application
- has not been blacklisted by OVP due to fraud
- has submitted complete, valid and updated documentary requirements (per checklist at the back page)

<input type="checkbox"/> For Credit Line	Requested Amount: _____
<input type="checkbox"/> For Fund Transfer	For: _____
<input type="checkbox"/> For issuance of Guarantee Letter	Recommended Amount: _____
	Remarks: _____



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

- **REFERRAL FROM HOSPITAL**
- **APPLICATION FORM** - na nasagutan ng maayos at pirmado ng pasyente at ng representative (if applicable).
- **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*)
- **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.
- **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

- **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

- **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*
- **HOSPITALIZATION, CONFINED** Pinakabagong BILLING STATEMENT OF ACCOUNT na may pangalan at pirma ng billing or accounting officer. *Original or Certified True Copy*
- **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

- **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

- **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:

- **APPLICATION FORM** na nasagutan ng maayos at pirmado ng pasyente at ng representative (if applicable).
- **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*)
- **SOCIAL CASE STUDY REPORT** (*Original o 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.
- **PHOTOCOPY NG VALID ID** (front and back) ng pasyente at representative. Dapat ipakita ang Original ID sa araw ng interview.

### IBA PANG REQUIREMENT

- **MEDICINES:** 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.
- **LABORATORY, DIAGNOSTIC PROCEDURE and THERAPY** (Physical, Occupational, Speech and Phototherapy)

- **LABORATORY REQUEST** na pirmado ng doktor na ang petsa ay hindi lalampas ng *6 month* sa araw ng interview.
- **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 dala ang kumpleto, updated at valid na mga requirements. Nagpapatupad ng Cut-Off Policy sa pagtanggap ng mga Appointment Schedule para panatilihin maayos ang proseso para sa mga dumating ng tama sa oras.

Kapag na deklarado na walang pasok sa tanggapan ng gobyerno, ang inyong iskedyul 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. 4Ps 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