



Leading the Way
PHILIPPINE HEALTH INSURANCE CORPORATION
 One Seaside Center, 7th Floor, EDSA, Alabang, Muntinlupa City,
 Metro Manila 1441 (PHIC (1442)) *www.phic.gov.ph*

CLAIMS SUMMARY REPORT for ANIMAL BITES

Facility: _____ Provider Code: _____

Members	Patient Name (Last name, First name M.I.)	PhilHealth Identification Number (PIN) of Member	Diagnosis (ICD Code) ^s	Assessive Schedule (as of 1/1/2012)	Member's Signature (or authorized signatory)	
				Anti-Rabies Vaccine		
				Day 0	Day 3	Day 7
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
				Total Members/Assessing of Patients: P=23000		

* Based on PhilHealth Circular No. _____, 1-2012
 Certify that services rendered were recorded in the patient's treatment records and that the herein information given are true and correct.
 The foregoing name and charges are in compliance with the applicable laws, rules and regulations.

PREPARED BY _____

APPROVED BY _____

PRINT NAME & SIGNATURE (Authorized Signatory)

HEAD OF FACILITY