



Republic of the Philippines  
 NATIONAL POLICE COMMISSION  
 NATIONAL HEADQUARTERS, PHILIPPINE NATIONAL POLICE  
 OFFICE OF THE CHIEF, PNP  
 Camp BGen Rafael T Crame, Quezon City

07 MAY 2021

**MEMORANDUM CIRCULAR**

NO.: 2021-040-0140

**REVISED RULES GOVERNING THE REIMBURSEMENT OF SERVICE-CONNECTED HOSPITALIZATION EXPENSES AND OTHER HOSPITAL BENEFITS OF PNP PERSONNEL IN THE ACTIVE SERVICE**

**1. REFERENCES:**

- a. Republic Act (RA) No. 11032 entitled: "An Act Promoting Ease of Doing Business and Efficient Delivery of Government Services, amending for the Purpose Republic Act No. 9485, otherwise known as the Anti-Red Tape Act of 2007, and for other purposes";
- b. RA No. 10606 entitled: "National Health Insurance Act of 2013", amending RA No. 7875 and RA No. 9241;
- c. RA No. 11036 otherwise known as "Mental Health Act of 2017";
- d. RA No. 4136 entitled: "An Act to Compile the Laws Relative to Land Transportation and Traffic Rules, to create a Land Transportation Commission and For Other Purposes";
- e. RA No. 6713, otherwise known as "An Act Establishing a Code of Conduct and Ethical Standards for Public Officials and Employees";
- f. RA No. 9710 otherwise known as "Magna Carta of Women";
- g. Civil Service Commission Memorandum Circular (MC) No. 12 Series of 1994 Section 2.3 dated March 10, 1994, with subject: "Physical and Mental Unfitness"; and
- h. PNP MC No. 2011-011 dated April 1, 2011 otherwise known as: "Expanded Reimbursement of Hospitalization Expenses of PNP Personnel in the Active Service."

**2. RATIONALE:**

This Memorandum Circular (MC) prescribes the revised specific guidelines and procedures to be undertaken by concerned offices/units for the just, reasonable, and prompt adjudication of claims for reimbursement of hospitalization expenses of active Philippine National Police (PNP) personnel arising from service-connected illnesses and injuries. This MC also prescribes the additional benefits for female PNP personnel.

**3. SITUATION:**

The PNP General Hospital (PNPGH) is the only PNP Level II hospital that caters to the hospitalization needs of PNP personnel and their dependents. However, the medical facilities in Police Regional Offices (PROs) have limited capabilities.

AUTHENTICATED BY:

  
 JOVYLYN O PRANADA  
 Police Colonel  
 Chief, Personnel & Records Mgmt Div., HS

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PNP MC No. 2011-011 dated April 1, 2011 otherwise known as: "Expanded Reimbursement of Hospitalization Expenses of PNP Personnel in the Active Service" needs updating to address the following identified issues and concerns:

- a. PNP personnel in areas without PNP-accredited hospitals cannot avail reimbursement for non-emergency cases;
- b. Clear guidelines on injuries that arise from mental health issues such as depression;
- c. Guidelines on reimbursement in case of pregnancy; and
- d. Unreasonable delay in the release/long processing of claims for reimbursement.

To create equal opportunity and to improve its processing procedures in order to hasten the release of claims, there is a need to review the PNP's existing guidelines and create more responsive policies that will help ease the burden of PNP personnel applying for claims.

#### 4. PURPOSE:

This MC aims to uplift the morale and welfare of active PNP personnel who were hospitalized due to disease/illness/injury/pregnancy during his/her active duty by expanding the Reimbursement of Hospitalization Expenses (RHE) coverage, simplifying reimbursement requirements, and streamlining the processes of RHE claims to speed up adjudication.

#### 5. DEFINITION OF TERMS:

- a. Active PNP personnel – shall mean the Uniformed and Non-Uniformed Personnel of the PNP from the day of oath-taking excluding those on absence without official leave (AWOL), automatic leave of absence without pay due to detention and those who are suffering from administrative disabilities including but not limited to suspensions, restrictions to specified limits, withholding of privileges and other similar disabilities.
- b. Attendance – medical service rendered to a patient including professional service (consultation and physical examination), treatment, nursing care, radiologic examination, laboratory workups and other procedures and dispensing of medicines and medical supplies provided when confined/admitted at hospital. Compensable condition under RHE.
- c. Catastrophic Case – disease or injury acquired during active PNP service that involves highly specialized life-support care of an actively ill or severely traumatized patient and/or severe illness and or malignancy requiring prolonged hospitalization or recovery or may incapacitate personnel from working.
- d. Emergency – sudden onset of a medical/surgical condition manifesting itself by acute symptoms of sufficient severity (including severe pain)

**AUTHENTICATED BY**

  
**JOVILYN O PRANADA**  
Police Colonel  
Chief, Personnel & Records Mgmt Div., HS

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**JOVYLYN O PRANADA**  
Police Colonel  
Chief, Personnel & Records Mgmt Div., HS

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such that the absence of immediate medical/surgical attention could reasonably be expected to result in placing the patient's health in serious jeopardy and serious impairment to bodily functions.

- e. Intensive Care – refers to confinement requiring services in an Intensive Care Unit (ICU) such as respiratory and monitoring support, cardiac/hemodynamic monitoring and maintenance and other similar cases.
- f. Line of Duty – Disease, injury or illness that was caused while in the performance of official duty or occasioned by a fortuitous event, force majeure, or any other act of a third party without fault or negligence attributable to the personnel. Provided, that, where the disease, injury or illness was due to the personnel's own act, the latter must not be self-inflicted or caused by his/her gross negligence, alcoholism, drug addiction, or abuse of authority. Provided, further, that the phrase "line of duty" shall include going to and coming from his/her office or while on leave or on administrative mission. Provided, finally, that any doubt as to whether or not the disease, injury or illness of the personnel is in the line of duty or by reason of his/her office or position shall be decided in his/her favor.
- g. Maximum Hospitalization Benefits – period of hospitalization ends when the patient's progress appears to have stabilized and it can be anticipated that additional hospitalization will not directly contribute to any further substantial recovery. However, as used in this MC, such hospitalization benefit shall not exceed one year of continuous confinement in one or more hospitals.
- h. Medical Case – disease/illness acquired during active PNP service that does not necessitate any surgical procedure and does not involve highly specialized life support care.
- i. Medical Devices - for the purpose of this MC is defined as devices that usually sustain or support life, are implanted to prevent a potential unreasonable risk of illness or injury.
- j. Police Operations Casualty – refers to any PNP personnel who is either killed (KIPO), wounded (WIPO), or injured by reason of anti-criminality, counter-insurgency, counter-terrorism, and police community operations. These duties shall include but not limited to the following:
  - 1) Enforcement of all laws, ordinance, and legal orders of duly constituted authorities;
  - 2) Prevention, control, and investigation of crimes;
  - 3) Ensuring public safety and internal security;
  - 4) Protection of lives, liberties, and properties of the public;

**AUTHENTICATED BY**

  
JOVYLYN O PRANADA  
Police Colonel  
Chief, Personnel & Records Mgmt Div., HS

- 5) Arrest of criminal offenders, bringing them to justice/courts and assisting in their prosecution;
  - 6) Conduct of search and seizure operations in accordance with law; and
  - 7) Conduct of rescue operations to save lives and properties during natural or man-made calamities.
- k. Surgical Case – disease/injury acquired during active PNP service that necessitates a patient to undergo a surgical procedure or series of surgeries to include obstetric and gynecologic surgical procedures (emergency or elective). Trauma to any part/s of the body shall be considered under this category.

**6. GUIDELINES:**

**a. General Guidelines:**

- 1) Application for RHE must be filed by the PNP personnel or in case of incapacity, his/her duly authorized representative and must be submitted to RHE Section, Health Service (HS)/Regional Health Service (RHS);
- 2) RHE must be filed within ninety working days reckoned from the time of discharge;
- 3) All PNP personnel assigned at NHQ may file their RHE claims at RHE Section of the PNPGH;
- 4) PNP personnel assigned at PROs and in Regional Support Units (RSUs) may file their claims at RHE Section of their respective RHS;
- 5) Folders with incomplete documentary requirements will be received by the Secretariat, and the claimant shall be given 30 days to comply from date of notice unless a longer period is justified as determined by the Board;
- 6) PhilHealth and other Health Maintenance Organizations (HMOs) coverage shall be deducted in the statement of account prior to RHE claim;
- 7) The period covered for maximum reimbursable hospital expenses is six months reckoned from the time it is incurred regardless of whether or not the personnel concerned has been separated from the service or whether the injury or sickness has been cured or not;
- 8) Any personnel who are physically or mentally incapacitated for 365 days due to frequent confinement for medical/surgical treatment and/or recovery/recuperation shall be evaluated for fitness to remain in PNP service. Any physical and/or mental impairment, which

**AUTHENTICATED BY**

**JOVYLYN O PRANADA**  
Police Colonel

Chief, Personnel & Records Mgmt Div., HS

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renders the patient incapable of performing duties (P4), and the illness/injury is expected to be long, continuous and of indefinite duration are grounds for recommendation for retirement and/or separation from the active service through Total Permanent Physical Disability (TPPD).

**b. Scope and Coverage:**

Benefits derived thereof shall include the hospitalization expenses for injuries and/or illnesses incurred in line of duty of:

- 1) All active PNP personnel confined/admitted at the PNPGH and/or PNP Medical Facility who underwent diagnostics/procedures not available at PNPGH;
- 2) All active PNP personnel confined/admitted for emergency medical/surgical cases in government/private hospitals provided that the patient is immediately evacuated to PNPGH/PNP Medical Facility as soon as the condition permits;
- 3) All active PNP personnel confined/admitted as non-emergency case in private and/or government hospitals under the following circumstances:
  - a) In case there is no PNP Hospital/Medical Facility within a reasonable distance; and
  - b) In case that there is a nearby PNP Hospital/Medical Facility, but the management of the patient is not within its capability.

In both circumstances, the concerned PNPGH Medical Officer or Chief, Medical Dispensary shall issue a certification to that effect.

- 4) All active PNP personnel confined/admitted in any government hospital arising from mental health issues.

**c. Additional Benefits**

All active female PNP personnel confined/admitted in any private and/or government hospital due to pregnancy are entitled to not more than three claims for Normal Spontaneous Delivery or Caesarean Section reimbursement package.

**d. Grounds for Denial of Claims:**

- 1) Those personnel who are suffering from administrative disabilities at the time the condition is incurred or contracted including but not limited to suspensions, restrictions to specified limits, withholding of privileges and other similar disabilities;
- 2) When injuries/illnesses were incurred or contracted during his absence without authority from his assigned place of duty;

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JOVYLYN O PRANADA  
Police Colonel  
Chief, Personnel & Records Mgmt Div., HS

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- 3) Failure to meet/submit the documentary requirements within 90 working days (reckoned from the date of discharge from confinement);
- 4) Supporting documents attached to the application/claim are false, incorrect, altered, and/or tampered with;
- 5) RHE claims shall be denied when expenses incurred in any hospital by patient due to injury and/or sickness are occasioned by any of the following:
  - a) Intoxication or drunkenness or various immoral habits or intemperate use of regulated or prohibited drugs;
  - b) Unlawful aggression or provocation on the part of the claimant;
  - c) Sustained as a result of the personnel's abuse of authority, misconduct, willful disobedience, or gross negligence; or
  - d) Absolute indication of lifestyle abuse and failure to modify after repeated warning by health authorities. Previous Annual Physical Examination (APE) records may form part of the documentary evidence.
- 6) RHE claims on the following shall be denied or excluded.
  - a) If drugs prescribed and dispensed and other procedures do not conform or apply to the diagnosis (nature of illness) as determined/reviewed by the C, Medical Dispensary for PROs and RSUs and C, RHE Section for NHQ;
  - b) If receipts submitted cover non-medical items such as bath soaps, toiletries, perfumes, and the like to include medical aide equipment such as wheelchair, nebulizer, suction machine, and similar items;
  - c) If receipts include purchase of other services such as hiring special nurse, nurse aide and/or caregivers; or
  - d) If dates of receipts for purchase of medicines, medical supplies, and other medical services rendered do not conform to the inclusive dates of confinement.
- 7) In case of illness and/or injury caused by a 3<sup>rd</sup> party (1<sup>st</sup> party claimant, 2<sup>nd</sup> party the PNP) with intent to cause harm or due to negligence, the claimant shall be advised to exhaust all means for claims for hospitalization from the 3<sup>rd</sup> party or those liable to answer for his illness and/or injury. The PNP is not liable for damages caused by 3<sup>rd</sup> parties;
- 8) In case the patient has availed himself of the services of an HMO, the PNP will reimburse part/portion of the hospital expenses not paid

**AUTHENTICATED BY.**

  
**JOVYLYN O PRANADA**  
Police Colonel

Chief, Personnel & Records Mgmt Div., HS

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for by the particular HMO, provided such expenses do not exceed the limits set by this MC and that professional fees for doctors and other services fall within the set limits and that instances of excessive compensation be eliminated; and

- 9) Violation of traffic rules and regulations such as but not limited to the following, as provided for under RA No. 4136:
- a) Driving without license;
  - b) Driving without helmet;
  - c) Driving without wearing seatbelt;
  - d) Driving under the influence of alcohol/illegal drugs;
  - e) Careless driving;
  - f) Driving without valid vehicle registration;
  - g) Driving an illegally modified vehicle;
  - h) Running a right-hand car;
  - i) Driving a car without proper/authorized devices, equipment, accessories, or car part;
  - j) Operating a car with an improper attachment/unauthorized motor vehicle license plate; and
  - k) Other related LTO violations.

**e. Maximum Hospitalization Benefits:**

Claims for RHE shall be categorized into the following:

- a) Police Operations Casualty Case – Claims shall be reimbursed in full;
- b) Catastrophic Case – maximum reimbursable amount shall be Three Hundred Fifty Thousand Pesos (PhP350,000.00)
- c) Surgical Case - maximum reimbursable amount shall be One Hundred Thousand Pesos (PhP100,000.00).
- d) Medical Case – maximum reimbursable amount shall be Sixty Thousand Pesos (PhP60,000.00).

**AUTHENTICATED BY:**

**f. Authorized Rates:**

Following authorized rates shall be applied to set ceiling and take full advantage of the maximum reimbursable amount.

  
JOVYLYN O PRANADA  
Police Colonel  
Chief, Personnel & Records Mgmt Div., HS  
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<b>Room and Board</b>	not exceeding PhP1,500.00/day
<b>Intensive/Critical Care Unit Admission</b>	subject to prevailing rate of the hospital and shall be limited until patient's crisis is over
<b>Professional Fees</b>	<b>Medical Case</b> – not exceeding PhP350.00/day/doctor  <b>Catastrophic Case</b> – not exceeding PhP750.00/day/doctor  <b>Surgical Case</b> (a) <b>Minor Surgery</b> – not exceeding PhP10,000.00 (cumulative) (b) <b>Major</b> – not exceeding PhP60,000.00 (cumulative)
<b>Medicines, Medical Supplies, Ambulance Fee, Medical Devices, Implants/Prosthesis and Equipment</b>	not exceeding PhP100,000.00
<b>Laboratory and Ancillary Work-ups/Procedures</b>	not exceeding PhP30,000.00
<b>Additional Benefits for female PNP personnel</b>	<b>Pregnancy Package</b> (a) <b>Normal Spontaneous Delivery</b> – not exceeding PhP10,000.00 (b) <b>Caesarean Section</b> – not exceeding PhP20,000.00

g. **Creation and Function of the RHE Adjudication Board:**

1) **NHQ RHE Adjudication Board:**

Deputy, DPRM	<b>Chairman</b>
Deputy Director, HS	<b>Vice Chairman</b>
Deputy, Directorate for Comptrollership	<b>Member</b>
Chief, PNP General Hospital	<b>Member</b>
Chief, Moral and Welfare Division, DPRM	<b>Member</b>
Administrative Officer, DI	<b>Member</b>
Servicing Legal Officer, HS	<b>Member</b>
Chief, RHE Section, HS	<b>Secretariat</b>

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2) **PRO RHE Adjudication Board:**

Deputy Regional Director for Administration	<b>Chairman</b>
Chief, Regional Health Service	<b>Vice Chairman</b>

JOVYLYN O PRANADA  
Police Colonel  
Chief, Personnel & Records Mgmt Div., HS

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Chief Medical Dispensary, RHS	Member
Chief, RPRMD	Member
Chief, RCD	Member
Chief, RIDMD	Member
Chief, RLO	Member
Chief Nurse, RHS	Secretariat

3) Functions of RHE Adjudication Board:

The Board shall review, verify and evaluate all matters pertaining to the claim and shall ascertain that the claim is within set guidelines, scope and coverage, and does not fall under the grounds for denial before recommending approval to designated approving authority.

NHQ RHE Adjudication Board shall adjudicate hospitalization claims of all PNP personnel assigned in National Headquarters and make recommendation based on its findings to the designated approving authority.

PRO RHE Adjudication Board shall adjudicate all hospitalization claims of PNP personnel assigned in the PROs to include personnel assigned at Regional Support Units and make recommendation based on its findings to the designated approving authority.

4) Functions of RHE Secretariat:

RHE Secretariat shall receive and screen applications for RHE Claims and shall prepare presentation for the RHE Adjudication Board and prepare disbursement voucher before forwarding to DPRM for processing of funds.

h. Approving Authorities:

RHE Board Resolution/Report must be signed by the approving authority within three working days after receipt.

TDCA	All claims adjudicated by the National Adjudication Board
RD, PROs	All claims adjudicated by the Regional Adjudication Board

7. PROCEDURE OF RHE CLAIMS:

a. Documentary Requirements

**AUTHENTICATED BY** All documentary requirements must be accomplished by the claimant and unit prior to submission to HS/RHS RHE Section.

- 1) To be prepared by the claimant:
  - a) RHE Application Form;

**JOVYLYN O PRANADA**  
 Police Colonel  
 Chief, Personnel & Records Mgmt Div., HS

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- b) Clinical Abstract or Discharge Summary – Legible and shall include the complete medical history, course in the ward, final diagnosis to include the procedure/surgery done, if any; it shall also include the full name of the attending physician with affixed signature and his/her license number;
- c) Operative Technique and Histopathology Report – for those who underwent surgical procedures;
- d) Statement of Account;
- e) Original Official Receipts;
- f) Photocopy of PNP ID; and
- g) Photocopy of Landbank ATM with clear account number.
- h) Investigation Report;

2) To be prepared/provided by Unit assignment/station:

- a) Sick Leave Order;
- b) Verification from PAIS;
- c) Certificate of Non-payment from Finance Service; and
- d) Traffic Accident Report (to include photocopy of vehicle's OR/CR and Driver's license and other pertinent documents) – for vehicular accidents only.

3) In case of Death (additional documents to be processed by claimant):

- a) Certificate of Declared Legal Beneficiaries (PRBS);
- b) Photocopy of valid ID of Legal Beneficiary;
- c) Death Certificate;
- d) Birth Certificate of claimants' children; and
- e) Marriage Certificate.

b. Adjudication Proper

- 1) The Board shall convene every first Friday of the month or as deemed necessary by the Chairman. The Board shall review, verify and evaluate all matters pertaining to the claim before recommending approval.
- 2) Within five working days after Adjudication, the Adjudication Board Report duly signed by its Chairman and members must be submitted for notation/approval by the approving authorities. The report following the prescribed format must include the facts of the case, duly certified/validated supporting documents, compilation sheet and recommendation.

c. Preparation of Disbursement Voucher and Release of Funds:

**AUTHENTICATED BY** Upon the approval of approving authority, disbursement voucher shall then be prepared by the secretariat and forwarded to BFO, DPRM for processing of funding.

Disbursement Vouchers of claims adjudicated by NHQ Adjudication Board shall be signed by D, HS while claims adjudicated by PRO Adjudication Board shall be signed by RD, PROs.

  
**JOVYLYN O PRANADA**  
 Police Colonel

Personnel & Records Mgmt Div., HS

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## 9. FUNDING:

The Directorate for Personnel and Records Management (DPRM) and Directorate for Comptrollership (DC) shall program the funds to support the reimbursement of hospitalization expenses under this MC.

## 10. PENAL CLAUSE:

The following shall be held administratively liable without prejudice to the filing of a criminal case on any court, tribunal or quasi-judicial bodies:

- a. Any PNP personnel or his representative who, for the purpose of securing entitlement to any benefit or payment under this MC commit fraud, collusion, falsification, misrepresentation, influence or pressure or cause any other kind of anomaly shall be subject to criminal and administrative action as deemed appropriate by the investigating body;
- b. The Board or any of its member who cause unreasonable delay or fails to act without justifiable reason on any claim for RHE submitted for investigation and adjudication; and
- c. After compliance with the substantive and procedural due process, any act such as but not limited to the following will constitute violation of this MC:
  - 1) Refusal to accept application and/or request within the prescribed period or any document being submitted by a client;
  - 2) Failure to act on an application and/or request or failure to refer back to the client a request, which cannot be acted upon due to lack of requirements within the prescribed period;
  - 3) Failure to attend to clients who are within the premises of the office or agency concerned prior to the end of official working hours and during lunch break;
  - 4) Failure to render frontline services within the prescribed period on any application and/or request without due cause;
  - 5) Failure to give the client a written notice on the disapproval of an application or request;
  - 6) Imposition of additional irrelevant requirements other than those listed in the first notice; and
  - 7) Fixing and/or collusion with fixers in consideration of economic and/or other gain or advantage shall be ground for dismissal and perpetual disqualification from police service.

**AUTHENTICATED BY**

  
**JOVYLYN PRANADA**

Police Colonel

Chief, Personnel & Records Mgmt Div., HS

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**11. RESCISSION:**

All MCs contrary or in direct conflict with this MC are hereby rescinded/ nullified upon approval.


**12. EFFECTIVITY:**

This MC shall take effect 15 days from filing of a copy hereof at the University of the Philippines Law Center in consonance with Section 3 and 4 of Chapter 2, Book VII of Executive Order No. 292, otherwise known as "The Revised Administrative Code of 1997," as amended.

**Distribution:**

Command Group  
IG, IAS  
D-Staff  
P-Staff  
D, NSUs  
RD, PROs  
SPA to the SILG



  
**DEBOLD M SINAS**  
Police General  
Chief, PNP

CPNP Ltrs 21 5085493



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**AUTHENTICATED BY**

  
**JOVELYN O PRANADA**  
Police Colonel  
Chief, Personnel & Records Mgmt Div., HS  
07 MAY 2021



## **ANNEX "A": DOCUMENTARY REQUIREMENTS**

- Tab A - RHE Application Form and Computation Sheet
- Tab B - Clinical Abstract or Discharge Summary
- Tab C - Operative Technique and Histopathology Report
- Tab D - Statement of Account
- Tab E - Original Official Receipts
- Tab F - Photocopy of PNP ID
- Tab G - Photocopy of Landbank ATM
- Tab H - Sick Leave Order from Unit
- Tab I - Verification from PAIS from Unit
- Tab J - Certificate of Non-payment
- Tab K - Investigation Report from Unit

### **ADDITIONAL REQUIREMENTS IF NECESSARY**

- Tab L - Traffic Accident Report
- Tab M - Photocopy of Driver's License and OR/CR
- Tab N - Certificate of Declared Legal Beneficiaries
- Tab O - Photocopy of valid ID of Legal Beneficiary
- Tab P - Death Certificate
- Tab Q - Birth Certificate of claimants' children
- Tab R - Marriage Certificate.

**ANNEX "B": RHE APPLICATION FORM and CHECKLIST**

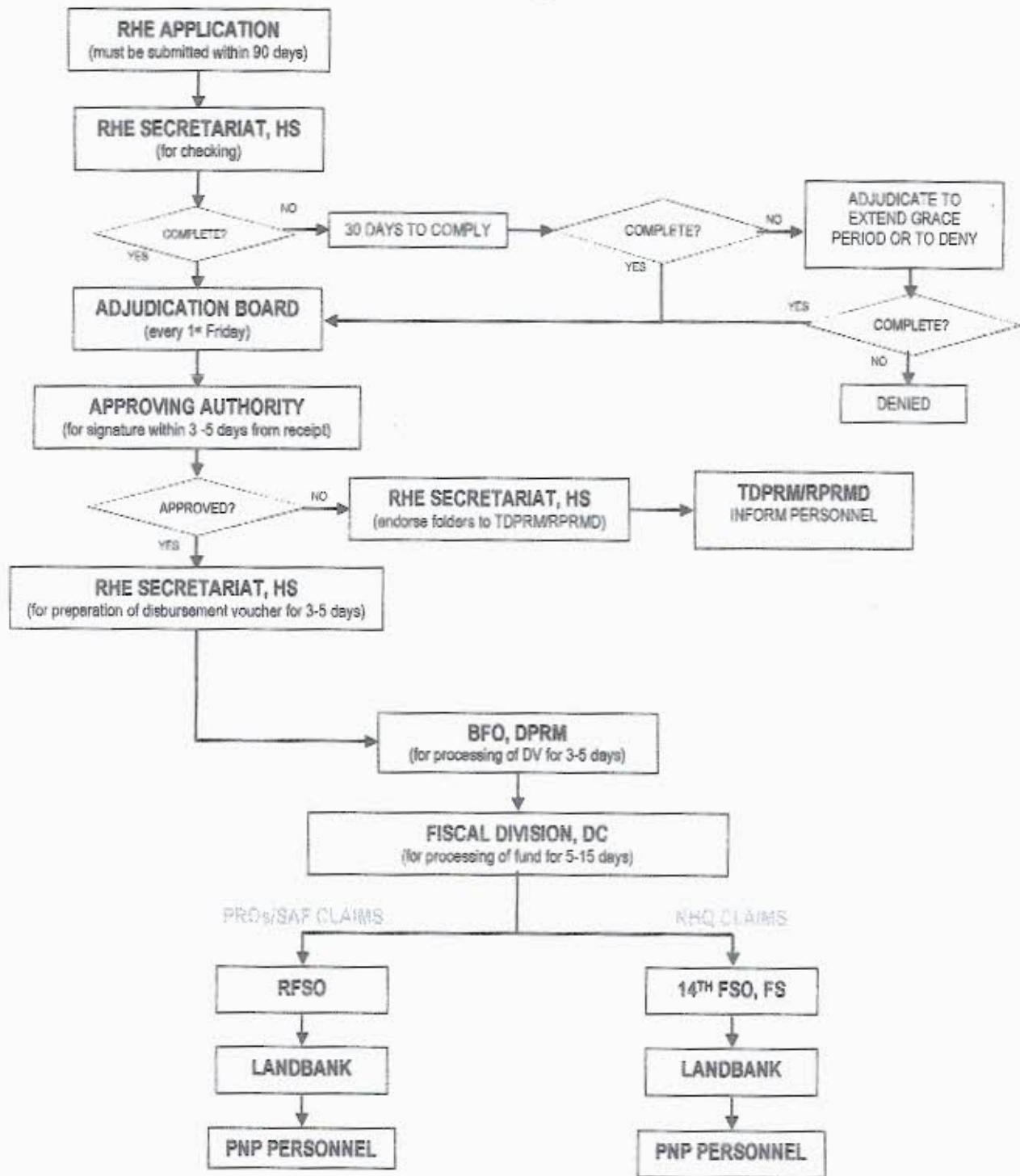
	Republic of the Philippines NATIONAL POLICE COMMISSION <b>PHILIPPINE NATIONAL POLICE</b> <b>HEALTH SERVICE</b> Camp BGen Rafael T Crame, Quezon City	
<b>REIMBURSEMENT OF HOSPITALIZATION EXPENSES APPLICATION FORM</b>		
<i>PERSONAL INFORMATION</i>		
NAME: _____	BADGE No.: _____	
ADDRESS: _____	PNP ID No.: _____	
CONTACT No: _____	LBP Acct. NO.: _____	
UNIT ASSIGNMENT: _____		
IMMEDIATE SUPERIOR: _____	Contact No.: _____	
<i>Hospitalization Details/Information</i>		
DATE OF ADMISSION: _____	No. of Days: _____	
DATE OF DISCHARGE: _____	_____	
NAME OF HOSPITAL: _____	Contact No.: _____	
NAME OF DOCTOR: _____	Contact No.: _____	
DIAGNOSIS: _____		
PROCEDURE: _____		
<i>Documents Submitted, to be CHECKED by RHE SECRETARIAT</i>		
_____	RHE Application Form	
_____	Clinical Abstract or Discharge Summary	
_____	Operative Technique and Histopathology Report	
_____	Statement of Account	
_____	Original Official Receipts	
_____	Photocopy of PNP ID	
_____	Photocopy of Landbank ATM	
_____	Sick Leave Order from Unit	
_____	Verification from PAIS from Unit	
_____	Certificate of Non-payment from Finance Service	
_____	Investigation Report from Unit	
<i>Documents Submitted, to be CHECKED by RHE SECRETARIAT</i>		
_____	Traffic Accident Report	
_____	Photocopy of Diver's License and OR/CR	
_____	Certificate of Declared Legal Beneficiaries (PRBS)	
_____	Photocopy of valid ID of Legal Beneficiary;	
_____	Death Certificate	
_____	Birth Certificate of claimants' children	
_____	Marriage Certificate	
	Checked and Received by:	
	RHE SECRETARIAT	
	DATE:	

ANNEX "C": COMPUTATION SHEET

NAME: _____		DATE OF CONFINEMENT: _____				
DIAGNOSIS: _____		DATE OF DISCHARGE: _____				
PROCEDURE DONE: _____		DAYS OF CONFINEMENT: _____				
CATERORY: ( POC   CATASTROPHIC   SURGICAL - MAJOR, MEDIUM, MINOR   MEDICAL   PREGNAVY )						
	ITEMS	AUTHORIZED RATE	AMOUNT ON SOA/RECEIPTS	NO. OF DAYS	SUBTOTAL	REIMBURSIBLE AMOUNT (RA)
1	Room and Board	not exceeding 1,500/day				
2	Intensive/Critical Care Unit Admission	prevailing rate of hospital				
3	Professional Fees					
	Medical Case	not exceeding 350/day/dt				
	Catastrophic Case	not exceeding 750/day/dt				
	Minor Surgery	not exceeding 10,000 for resident				
	Major Surgery	not exceeding 50,000 (resident)				
4	Medicines					
5	Medical Supplies					
6	Ambulance Fee	not exceeding 100,000				
7	Medical Devices					
8	Implants/Prosthesis and Equipment					
9	Laboratory and Ancillary Work-ups/Procedures	not exceeding 30,000				
10	Additional Benefits for female PNP personnel					
	Normal Delivery Package	not exceeding 15,000				
	Cesarean Section Package	not exceeding 25,000				
<b>SUB OTAL</b>						
<b>LESS HMC</b>						
<b>LESS PHILHEALTH</b>						
<b>TOTAL</b>						



# ANNEX "D": PROCESS FLOW OF RHE CLAIMS



id	OCPNP Barcode	Barcode	Origin	Sender	Subject	Doc Date	Date Sent	Recipient	Aging	Action Required	Target Date	Status	Action Taken	Action
516597	P486317	T034601	DPRM MC		PNP MC ON REVISED RULES GOVERNING THE REIMBURSEMENT OF SERVICE-CONNECTED HOSPITALIZATION EXPENSES AND OTHER HOSPITAL BENEFITS OF PNP PERSONNEL IN THE ACTIVE SERVICE	2021-03-02	2021-04-16 10:55:12	OCPNP MC	0	Info/Notation		Dispatched		Actions View Retrieve
516568			HS MC		PNP MC ON REVISED RULES GOVERNING THE REIMBURSEMENT OF SERVICE-CONNECTED HOSPITALIZATION EXPENSES AND OTHER HOSPITAL BENEFITS OF PNP PERSONNEL IN THE ACTIVE SERVICE MARCH 2 2021	2021-03-02	2021-04-16 10:39:08	OCPNP MC	0	Info/Notation		Dispatched		Actions View Retrieve Cancel
516527	P486545		HS MC		REIMBURSEMENT OF HOSPITALIZATION EXPENSES (RHE) PAT MILLAN PARCO APRIL 13 2021	2021-04-13	2021-04-16 10:30:01	OCPNP MC	0	Info/Notation		Received	Forwarded	Actions View Retrieve
516186			HS MC		RADIO MESSAGE RADIO MESSAGE FOR RD, PRO 44 PEMS WARREN R PENTES	2021-04-13	2021-04-16 08:25:43	PRO4A MC	0	Info/Notation		Received		Actions View Retrieve Cancel
516180			HS MC		RADIO MESSAGE RADIO MESSAGE FOR RD, PRO 10 PCPL REYMON P TAJALA	2021-04-13	2021-04-16 08:23:58	PRO10 MC	0	Info/Notation		Received		Actions View Retrieve Cancel