



NHCP - CLAIM FORM

PB#: Member's ID:	Application No.:	Application Date:	Branch:
Name of Member:		Sex: <input type="radio"/> Male <input type="radio"/> Female	Plan:
NHCP Membership Date:	Years of NHCP Membership:	Status of Premium: <input type="radio"/> Active <input type="radio"/> Expired	NHCP Annual Dues:
Last Payment Date:	Amount Paid:	Balance:	
Name of Patient:		Age:	Amount of Benefits:
Relationship to member:			
HOSPITAL RECORD			
Name of Hospital:		Date Confined:	
Attending Physician:		Date Discharged:	
Diagnosis:		No. of Days Confined:	
Case Type:	Philhealth:	Hospital Bill:	
Illness:	HMO:		
THIS PORTION IS TO BE FILLED UP BY ACCOUNTING DEPARTMENT			
MEMBERS LOAN STATUS:			Checked by:
LOAN DEDUCTIONS:			
Approved by: _____ NMA Manager _____ Medical Services/Head		Prepared by: _____ Date received: _____	
NHCP Policy Article 7.7 Pre-existing disease is not covered by the Hospital Benefits (for both members and dependents) during the NHCP membership contestability period of two(2) years. Pre-existing disease (known or unknown) is as follows: <i>Nervous system disease, cardio vascular disease, pulmonary disease, renal kidney disease, gastro intestinal tract disease, respiratory disease, peritoneal or hemo dialysis, endocrine disease, musculo-skeletal disease, genito-urinary disease, oB-gyne cases, cyst or mass, cancer cases, chemotherapy, eent cases, readed disease, degenerative disease.</i> Art. VII-8 Makakatanggap lamang ng benepisyong pang-ospital kung ang kasapi o tangkilik ay na confine sa loob ng 24 oras o higit pa. 7.2 Pasubali: Sakop ng programang ito ang mga miyembro ng iba't ibang Health Maintenance Organization (HMO). Subalit ang Philhealth ay ibabawas sa benepisyong matatanggap. Paalala: Walang Annual Exam(APE) ang kasapi kapag nakapag-avail ng hospitalization. NHCP Policy 7.2. Ang sino mang kasapi na tatanggap ng anumang benepisyo at pribilehiyo na naging delingkwente sa anumang utang at iba pang obligasyon sa Novadeci ay may karapatan ang pamunuan na ibayad ito. Ako po ay sumasang-ayon na ilagak sa aking utang ang makukuha sa NHCP.			
_____ Pangalan at Lagda ng Kasapi			
_____ Telephone number or Mobile number			