

AFFIDAVIT OF RATES AND MANNER OF BILLINGS

I, (Insert Name of Affiant), Filipino citizen, of legal age, a resident of (Insert Address of Affiant) and a physician holding practice at (insert name and address of hospital/clinic) after having been duly sworn in accordance with law, hereby depose and state my professional fee rates, manner of billings and the factors considered in determining service fees are as follows:

1. Clinical consultations are charged at least _____ (PHP _____) for every visit (VAT-inclusive) and every visit thereafter. Higher fees maybe charged for difficult cases, high risk individuals, clearances, and whatever reason that may be deemed warranting a higher fee.
2. Professional fees for diagnostic procedures are computed by multiplying the prevailing RUV of the Philippine Health Insurance Corporation based on the RVS code of the procedure, multiplied by at least _____ pesos (PHP____) for easy procedures, and up to multiplier of _____ pesos (PHP____) for difficult cases.
3. Professional fees for therapeutic procedures are computed by multiplying the prevailing RUV of the Philippine Health Insurance Corporation based on the RVS code of the procedure, multiplied by at least _____ pesos (PHP____) for easy procedures, and up to multiplier of _____ pesos (PHP____) for difficult cases.
4. Daily in-patient charges are based on the number of visits or hospital days, multiplied by the at least the room rate for easy cases, up to _____ (____) times the room rate for difficult cases.
5. All charges at VAT-inclusive, except for Senior Citizens with valid OSCA ID card and Persons with Disabilities with valid PWD ID card from their respective local government or municipalities.
6. Philhealth benefits will be deducted from the gross professional fee, when such are valid claims.
7. Senior citizens with valid OCSA cards and Persons with Disabilities with valid PWD cards will be VAT-exempt and given additional 20% senior citizen discount.
8. Additional discounts may be given for whatever reason deemed warranted, which can be up to 100% for complimentary cases.
9. Variations in computations may be done in certain cases that are not included in the foregoing statements.
10. All outpatient consultation payments will be in cash or check, unless otherwise agreed upon before the consultation.

11. In-patients payments will be coursed through the Billing Section of the hospital, except HMO patients.
12. HMO patients will be charged in accordance with medical provider contract with each particular HMO.

Further Affiant sayeth none.

IN WITNESS WHEREOF, I have hereunto affixed my signature this
day of 20__ in..... Philippines.

.....
(Signature of Affiant over Printed Name)

SUBSCRIBED AND SWORN before me this..... day of
20__, by who exhibited to me his CTC No.
..... issued on at
.....

Notary Public

Doc. No.:
Page No.;
Book No.;
Series of 20__

Xxxxxxx