



UNIVERSITY OF THE PHILIPPINES MANILA

The Health Sciences Center

8th Floor, PGH Building, Taft Ave., Manila

FINANCIAL ASSISTANCE PROGRAM FOR HOSPITALIZATION EXPENSES (FAPHE)

\_\_\_\_\_
Date

Name of Employee: \_\_\_\_\_
Nature/Name of Illness: \_\_\_\_\_
Period of Confinement: \_\_\_\_\_
Name of Hospital Confined: \_\_\_\_\_

OFFICIAL ITEMIZED BREAKDOWN OF EXPENSE:

- 1. Hospital bill (including the medicines used in the hospital-net discount)
2. Professional fee (net of discount and Philhealth)
3. Diagnostic Procedures: (net of discount)

Table with 2 columns: Date/Procedure, Amount

Table with 3 columns: Date and Drugstore, O.R. No., Amount

TOTAL AMOUNT REIMBURSSABLE P \_\_\_\_\_

I do hereby certify that the official itemized breakdown of medical expenses for laboratory examinations, surgery or any other medical procedures and medicines used during the period of confinement are tru and correct. The amount of reimbursement due is net of the medical expenses covered by PhilHealth and other private health card benefits.

Signature of Employees
Position
Unit/College



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APPLICATION FORM FOR REIMBURSEMENT
FINANCIAL ASSISTANCE PROGRAM
FOR HOSPITALIZATION EXPENSES (FAPHE)

Name: (Last) (First) (Middle)
Position: Age: Civil Status:
Department: Unit:
Reason/Cause for Hospitalization:
(Please see attach certification of attending physicians/specialist)

Noted by: Signature of Employee
Unit Head

To be filled up by HRDO

Status: Permanent Temporary UP Contratual (w/5 yrs. Continuous service)
Date of original appointment: Number of years in service:
Number of times applied: Date this application filed:
(1st, 2nd, 3rd, etc.)
Date of last application:
FAPHE Account Balance: As of:
Personnel Clearance:
Director, HRDO

Committee's Evaluation/Remarks:

Recommending Approval:
Vice-Chancellor for Administration/
Chair, Committee on FAPHE

Approved by:
Chancellor