

e-Claims XML File for Data Migration

Amendment History

Revision Number	Remarks
20241126	Initial Release

When a health facility transitions from one IT service provider to another, one major challenge is the migration of data. This document outlines the format and content of the XML file to facilitate the import/export of e-claims data from one service provider's system to another's.

The XML file format for data migration closely resembles the e-claim XML structure used for submitting e-claims to PhilHealth. However, there are key differences, including:

1. Addition of the `pClaimSeriesLhio` Attribute

The `CLAIM` element includes a new attribute, `pClaimSeriesLhio`, which contains the 15-digit number returned by the `GetUploadedClaimsMap` API. This number maps the hospital's claim ID to the claim ID assigned by PhilHealth. The `pClaimSeriesLhio` attribute enables the new service provider to process return-to-hospital (RTH) claims submitted via the previous provider's system.

2. Support for Migration of Supporting Documents

The migration XML file allows the inclusion of supporting documents, differing from the standard e-claims XML by replacing the `DOCUMENTS` and `DOCUMENT` elements with `OFFLINEDOCUMENTS` and `OFFLINEDOCUMENT` elements.

- In the e-claim XML, the `DOCUMENT` element contains a URL pointing to an encrypted file. This file is encrypted using PhilHealth's public key, which providers cannot decrypt due to the lack of access to PhilHealth's private key.
- In the migration XML file, the inner text of the `OFFLINEDOCUMENT` element stores the base64-encoded content of the supporting document file, making it accessible for the new provider.

3. Encryption for Security

For security purposes, the migration XML file must be encrypted using the cipher key of the health facility. The encryption process should follow the same procedure used for encrypting input or output XML payloads in PhilHealth's e-claims web service.

By adhering to these guidelines, the migration XML file ensures a secure and seamless transfer of e-claims data, preserving the integrity of both claim records and supporting documents.

XML Elements

Element/Tag	Definition	Occurrence
eCLAIMS	Root Element	only once
eTRANSMITTAL	Transmittal Header	only once
CLAIM	Patient Claim Data	1 or more
CF1	Claim Form 1 Details	only once
CF2	Claim Form 2 Details	only once
DIAGNOSIS	Diagnosis Details	only once
DISCHARGE	FinalDiagnosis Details	1 or more
ICDCODE	ICD Details	0 or more
RVSCODES	Related Procedure Details	0 or more
SPECIAL	Special Considerations	0 or 1
PROCEDURES	Repetitive Procedures	0 or 1
HEMODIALYSIS	Hemodialysis	0 or 1
SESSIONS	List of Sessions	
SESSION	Session Detail	
PERITONEAL	Peritoneal	0 or 1
SESSIONS	List of Sessions	
SESSION	Session Detail	
LINAC	Radiotherapy (LINAC)	0 or 1
SESSIONS	List of Sessions	
SESSION	Session Detail	
COBALT	Radiotherapy (COBALT)	0 or 1
SESSIONS	List of Sessions	
SESSION	Session Detail	
TRANSFUSION	Blood Transfusion	0 or 1
SESSIONS	List of Sessions	
SESSION	Session Detail	
BRACHYTHERAPY	Brachytherapy	0 or 1
SESSIONS	List of Sessions	
SESSION	Session Detail	
CHEMOTHERAPY	Chemotherapy	0 or 1

SESSIONS	List of Sessions	
SESSION	Session Detail	
DEBRIDEMENT	Simple Debridement	0 or 1
SESSIONS	List of Sessions	
SESSION	Session Detail	
IMRT	IMRT	0 or 1
SESSIONS	List of Sessions	
SESSION	Session Detail	
MCP	MCP Package Details	0 or 1
TBDOTS	TB DOTS Package Details	0 or 1
ABP	Animal Bite Package Details	0 or 1
NCP	New Born Care Package Details	0 or 1
ESSENTIAL	Essential Newborn Details	0 or 1
HIVAIDS	HIV/AIDS Package Details	0 or 1
CATARACTINFO	Cataract Package detail	0 or 1
PROFESSIONALS	Professional Details	1 or more
CONSUMPTION	Consumption Details	only once
BENEFITS	Benefits Details	0 or 1
HCIFEES	HCI Fees Details	0 or 1
PROFFEES	Prof Fees Details	0 or 1
PURCHASES	Purchases Details	0 or 1
APR	Consent to Access Patient Records	0 or 1
APRBYPATSIG	Consent in indicated by signature of patient	0 or 1
APRBYPATREPSIG	Consent is indicated by signature of representative	0 or 1
APRBYTHUMBMARK	Consent is indicated by thumbmark	0 or 1
ALLCASERATE	All Case Rate Details	only once
CASERATE	Case Rate Benefits	1 or more
ZBENEFIT	Z Benefit Charges	only once
CF3	Claim Form 3 Details	0 or 1
CF3_OLD	Old Format of CF3	0 or 1
PHEX	Physical Examination	only once
MATERNITY	Maternity Details	0 or 1
PRENATAL	Prenatal Details	only once
CLINICALHIST	Clinical History Details	only once

OBSTETRIC	Obstetric Risk Factors	only once
MEDISURG	Medical/Surgical Risk Factors	only once
CONSULTATION	Consultation Details	1 or more
DELIVERY	Delivery Outcome Details	only once
POSTPARTUM	Postpartum Care Details	only once
CF3_NEW	New Format of CF3	0 or 1
ADMITREASON	Reason for admission	only once
CLINICAL	Clinical Criteria	0 or more
LABDIAG	Laboratories/Diagnostics	0 or more
PHEX	Physical Examination	only once
COURSE	Course in the Ward	only once
WARD	Day in the Ward details	1 or more
PARTICULARS	Drugs/Diagnostic Data	0 or 1
DRGMED	Drug particulars	0 or more
XLISO	XRay,Lab,Supplies,etc..	0 or more
RECEIPTS	Receipts	0 or 1
RECEIPT	Receipt Data	1 or more
ITEM	Item Details	1 or more
OFFLINEDOCUMENTS	Supporting documents	only once
OFFLINEDOCUMENT	The inner text of this element should be the base-64 of the file content of the supporting document	0 or more

XML Element Attribute Definitions

Name	Length	Description	Valid Values
pUserName	String(20)	User ID assigned to the health facility	Use “.” followed by the software certification ID issued by PhilHealth to the system used that will generate this XML file.
pUserPassword	String(20)	User password of the health facility	Just set the value of this attribute to empty string
pHospitalCode	String(12)	Facility Accreditation Number	For now PMCC number should be used
pHospitalEmail	String(150)	Hospital Email Address where communication will be sent	Must not be blank
pHospitalTransmittalNo		Hospital Transmittal Number	Generated by the Hospital own batching system. This should be unique per hospital.
pTotalClaims	String(3)	Claims counter	Integer format
pClaimNumber	String(12)	Hospital Claim Number	Hospital Generated Claim Case #, this should be unique per hospital
pTrackingNumber	String(20)	The Claims Eligibility Tracking number assigned if undergone the Online Eligibility Checking	Formatted as: ‘#####-#####-#####-#####’ Can be blank

pCataractPreAuth	String(20)	Cataract Pre-Authorization Application Number	
pPhilhealthClaimType	String(20)	Flag whether Claims Payment Mechanism	<ul style="list-style-type: none"> • 'ALL-CASE-RATE' • 'Z-BENEFIT'
pPatientType	String(1)	Patient Type	<ul style="list-style-type: none"> • 'I' – Inpatient • 'O' – Outpatient
pIsEmergency	String(1)	Flag if Emergency Case	<ul style="list-style-type: none"> • 'Y' – Yes • 'N' – No
pClaimSeriesLhio	String(15)	The 15-digit claim number representing a unique claim processed by PhilHealth.	The first 13 digits represent the PhilHealth Claim Series number. The last two digits represent PhilHealth Regional Office (PRO) code representing the regional office that has processed the claim.
pMemberPIN	String(12)	PhilHealth Identification Number – a unique 12 digit number assigned to a member.	The last character in the PIN is a modulus 11 check digit.
pMemberLastName	String(60)	Member's Complete Surname	Any value consisting of : 'A' to 'Z', 'Ñ'. Can include a space in between characters
pMemberFirstname	String(60)	Member's Complete First name	
pMemberMiddleName	String(60)	Member's Complete Middle name	
pMemberSuffix	String(5)	Member's Suffix name	'JR', 'SR', 'III', ...etc Suffixes can be blank
pMemberBirthDate	String(10)	Member's Birth Date	Date Format should be : 'MM-DD-YYYY'
pMemberShipType	String(2)	Philhealth membership type of the member	(Not limited to the following :) <ul style="list-style-type: none"> • 'S' – Employed Private • 'G' – Employer Government • 'I' – Indigent • 'NS' – Individually Paying • 'NO' – OFW • 'PS' – Non Paying Private • 'PG' – Non Paying Government • 'P' – Lifetime Member
pMailingAddress	String(150)	Mailing Address (address where the benefit payment notice will be sent)	This is where the notices will be mailed.
pZipCode	String(4)	Philippine Zip Code of the municipality	4 digit Philippine zip code value of the municipality/city
pMemberSex	String(1)	Member Sex	<ul style="list-style-type: none"> • 'M' – Male • 'F' – Female
pLandlineNo	String(20)	Members Landline Number	Can be blank
pMobileNo	String(20)	Members Cell Number	Can be blank
pEmailAddress	String(150)	Email Address	Can be blank
pPatientIs	String(1)	Flag whether patient is the member or if dependent the relationship of patient with the member.	<ul style="list-style-type: none"> • 'M' – patient is member(Self) • 'S' – patient is spouse • 'C' – patient is child • 'P' – patient is parent
pPatientPIN	String(12)	PhilHealth Identification Number – a unique 12 digit number assigned to a patient.	The last character in the PIN is a modulus 11 check digit.
pPatientLastName	String(60)	Patient's Complete Surname	Same as for the member. These can be blank since these are disregarded if the value of pPatientIs is 'M'
pPatientFirstName	String(60)	Patient's Complete First name	
pPatientMiddleName	String(60)	Patient's Complete Middle name	
pPatientSuffix	String(5)	Patient's Suffix name	'JR', 'SR', 'III', ...etc Suffixes can be blank
pPatientBirthDate	String(10)	Patient's Birth Date	Date Format should be : 'MM-DD-YYYY'
pPatientSex	String(1)	Member Sex	<ul style="list-style-type: none"> • 'M' – Male • 'F' – Female
pPEN	String(12)	Philhealth Employer Number – a unique 12 digit number assigned to an employer	These are disregarded if pMemberShipType is not ('S' or 'G')
pEmployerName	String(100)	The Registered name of the employer	
pPatientReferred	String(1)	Referred Patient	<ul style="list-style-type: none"> • 'Y' – Yes • 'N' – No
pReferredIHCPAccreCode	String(12)	Referring Facility Accreditation Code	Required if the patient is referred by another IHCP
pAdmissionDate	String(10)	Admission Date	Date Format should be :

pDischargeDate	String(10)	Discharge Date	'MM-DD-YYYY'
pAdmissionTime	String(10)	Admission Time	Time Format should be : 'HH:MM:SSAM/PM'
pDischargeTime	String(10)	Discharge Time	
pDisposition	String(1)	Patient's Disposition	<ul style="list-style-type: none"> • 'I' – Improved • 'R' – Recovered • 'H' – Home/Discharged Against Medical Advise • 'A' – Absconded • 'E' – Expired • 'T' – Transferred/Referred
pExpiredDate	String(10)	Date of Death of patient	Date Format should be : 'MM-DD-YYYY' Required when pDisposition = 'E'
pExpiredTime	String(10)	Time of Death of patient	Time Format should be : 'HH:MM:SSAM/PM' Required when pDisposition = 'E'
pReferralHCPAccreCode	String(12)	Referral Facility Accreditation Code	Required when pDisposition = 'T'
pReferralReasons	String(150)	Reason/s for referral/transfer	
pAccommodationType	String(1)	Type of Accommodation	<ul style="list-style-type: none"> • 'P' – Private • 'N' – Non-Private (Charity/Service)
pAdmissionDiagnosis	String(500)	Admission Diagnosis	Can be multiple lines
pDischargeDiagnosis	String(500)	Discharge Diagnosis	
pICDCode	String(15)	ICD 10 Code of the illness	<i>Refer to ICD10 library</i>
pRelatedProcedure	String(150)	Related Procedure	Any value consisting of : 'A' to 'Z', 'N'. Can include a space in between characters
pRVSCode	String(6)	Relative Value Scale Code of the procedure/operation performed	<i>See RVS Library</i> Required for Operating Room, Surgeons and Anesthesiologist claims only
pProcedureDate	String(10)	Date of Procedure	Date Format should be : 'MM-DD-YYYY'
pLaterality	String(1)	Laterality	<ul style="list-style-type: none"> • 'L' – Left • 'R' – Right • 'B' – Both • 'N' – N/A
pSessionDate	String(10)	Inclusive Date of Session	Date Format should be : 'MM-DD-YYYY'
pCheckUpDate1	String(10)	1 st Checkup Date for MCP Package	Date Format should be : 'MM-DD-YYYY' Required for prenatal claims under non-hospital facility
pCheckUpDate2	String(10)	2 nd Checkup Date for MCP Package	
pCheckUpDate3	String(10)	3 rd Checkup Date for MCP Package	
pCheckUpDate4	String(10)	4 th Checkup Date for MCP Package	
pTBType	String(1)	Type of TB-Dots claim	<ul style="list-style-type: none"> • 'I' – Intensive Phase • 'M' – Maintenance NOTE For 'I', admission and discharge dates should be the first and last days of treatment in the intensive phase respectively. For 'M', admission and discharge dates should be the first and last days of treatment in the maintenance phase respectively. Required for TB-DOTS claims only
pNTPCardNo	String(10)	NTP Card No	Required for TB-DOTS claims only
pDay0ARV	String(10)	Day 0 ARV (Anti Rabies Vaccine)	Date Format should be : 'MM-DD-YYYY' Required for Animal Bite Package claims only
pDay3ARV	String(10)	Day 3 ARV (Anti Rabies Vaccine)	
pDay7ARV	String(10)	Day 7 ARV (Anti Rabies Vaccine)	
pRIG	String(10)	RIG (Rabies Immunoglobulin)	
pABPOthers	String(10)	Other Date	
pABPSpecify	String(50)	Others (Specify)	Required for Animal Bite Package claims only

pEssentialNewbornCare	String(1)	Essential Newborn Care	Flag whether Yes (Y) or No (N) Required for Newborn Care Package
pNewbornHearingScreeningTest	String(1)	Newborn Hearing Screening Test	
pNewbornScreeningTest	String(1)	Newborn Screening Test	
pFilterCardNo	String(20)	Filter Card Number	Required when the pNewbornScreeningTest = 'Y'
pDrying	String(1)	Immediate drying of newborn	Flag whether Yes (Y) or No (Y) Required when the pEssentialNewbornCare = 'Y'
pSkinToSkin	String(1)	Early skin-to-skin contact	
pCordClamping	String(1)	Timely cord clamping	
pProphylaxis	String(1)	Eye prophylaxis	
pWeighing	String(1)	Weighing of the newborn	
pVitaminK	String(1)	Vitamin K administration	
pBCG	String(1)	BCG vaccination	
pNonSeparation	String(1)	Non-separation of mother/baby for early breastfeeding initiation	
pHepatitisB	String(1)	Hepatitis B vaccination	Required for Outpatient HIV/AIDS Treatment Package
pLaboratoryNumber	String(20)	Laboratory Number	
pDoctorAccreCode	String(12)	Doctor's Accreditation Number	
pDoctorLastName	String(60)	Doctor's Complete Surname	Formatted as: '#####-###' Same as for the member.
pDoctorFirstName	String(60)	Doctor's Complete First name	
pDoctorMiddleName	String(60)	Doctor's Complete Middle name	
pDoctorSuffix	String(5)	Doctor's Suffix name	'JR', 'SR', 'III', ...etc Suffixes can be blank
pWithCoPay	String(1)	Flag whether the professional fee is no co-pay or with co-pay	<ul style="list-style-type: none"> • 'Y' – With co-pay • 'N' –Noco-pay
pDoctorCoPay	String(12)	Amount of co-pay	Formatted as: '#####.##' Required when pWithCoPay='Y'
pEnoughBenefits	String(1)	(Y) – if the PhilHealth benefit is enough to cover HCI and PF charges. No purchases of drugs/medicines, supplies, diagnostics, and co-pay for professional fees by the member/patient. (N) –if the benefit of the member/patient was completely consumed prior to co-pay OR the benefit of the member/patient is not completely consumed BUT with purchases/expenses for drugs/medicines, supplies, diagnostics and others.	Flag whether Yes(Y) or No(N)
pTotalHCIFees	String(12)	Total Health Care Institution Fees	Formatted as: '#####.##' Required when pEnoughBenefits = 'Y'
pTotalProfFees	String(12)	Total Professional Fees	
pGrandTotal	String(12)	Grand Total is equal to the HCI and Prof Fees	
pTotalActualCharges	String(12)	Total Actual Charges	Formatted as: '#####.##' Required when pEnoughBenefits = 'N'
pDiscount	String(12)	Amount after Application of Discount	
pPhilhealthBenefit	String(12)	PhilHealth Benefit	
pTotalAmount	String(12)	Amount after PhilHealth Deduction	Flag whether Yes(Y) or No(N) if applicable
pMemberPatient	String(1)	Member/Patient	
pHMO	String(1)	HMO	
pOthers	String(1)	Others (i.e., PCSO, Promissory note, etc.)	Flag whether Yes(Y) or No(N)
pDrugsMedicinesSupplies	String(1)	(Y) –if there is a purchase/s for drugs/medicines and/or medical supplies bought by the patient/member within/outside the HCI during confinement (N) – None	
pDMSTotalAmount	String(12)	Total Amount for Drugs, Medicines and Supplies	Formatted as: '#####.##' Required when pDMSTotalAmount = 'Y'
pExaminations	String(1)	(Y) – if there is a diagnostic/laboratory examinations paid for by the patient/member done within/outside the HCI during confinement (N) – None	Flag whether Yes(Y) or No(N)
pExamTotalAmount	String(12)	Total Amount for Diagnostic	Formatted as: '#####.##' Required when pExamTotalAmount = 'Y'
pCaseRateCode	String(6)	Case Rate Codes for All Case Rates	

pZBenefitCode	String(7)	Z-Benefit Codes	<p>Standard Risk Acute Lymphocytic (lymphoblastic) Leukemia for Children</p> <ul style="list-style-type: none"> • Z0011 – 1st tranche • Z0012 – 2nd tranche • Z0013 – 3rd tranche <p>Early Stage Breast Cancer (Stage 0 to III-A)</p> <ul style="list-style-type: none"> • Z0021 –1st tranche • Z0022 –2nd tranche <p>Low to Intermediate Risk Prostate Cancer Requiring Prostatectomy</p> <ul style="list-style-type: none"> • Z003 – full payment <p>End Stage Renal Disease Eligible for Kidney Transplant (Low Risk)</p> <ul style="list-style-type: none"> • Z0041 –1st tranche • Z0042 –2nd tranche <p>Elective Surgery for Standard Risk Coronary Artery Bypass Graft (CABG)</p> <ul style="list-style-type: none"> • Z0051 – 1st tranche • Z0052 – 2nd tranche <p>Tetralogy of Fallot (TOF)</p> <ul style="list-style-type: none"> • Z0061 – 1st tranche • Z0062 – 2nd tranche <p>Ventricular Septal Defect(VSD)</p> <ul style="list-style-type: none"> • Z0071 – 1st tranche • Z0072 – 2nd tranche <p>Cervical Cancer Chemoradiation with Cobalt & Brachytherapy (Low Dose) or Primary Surgery for Stage IA1, IA2 – IIA1</p> <ul style="list-style-type: none"> • Z0081 – 1st tranche • Z0082 – 2nd tranche <p>Cervical Cancer Chemoradiation with Linear Accelerator & Brachytherapy (High Dose)</p> <ul style="list-style-type: none"> • Z0091 – 1st tranche • Z0092 – 2nd tranche
pChiefComplaint	String(200)	Chief Complaint or Reason for Admission	Text/Memo
pBriefHistory	String(2500)	Brief History of Present Illness (OB Score/OB History)	Text/Memo
pCourseWard	String(500)	Course in the Wards	Text/Memo
pPertinentFindings	String(500)	Pertinent Laboratory and Diagnostic Findings	Text/Memo
pPrenatalConsultation	String(10)	Initial Prenatal Consultation	Date Format should be : 'MM-DD-YYYY'
pMCPOrientation	String(1)	Orientation to MCP/Availment of Benefits	Flag whether Yes(Y) or No(N)
pExpectedDeliveryDate	String(10)	Expected data of delivery	Date Format should be : 'MM-DD-YYYY'
pVitalSigns	String(1)	Vital Signs are Normal	Flag whether Yes(Y) or No(N)

pPregnancyLowRisk	String(1)	Ascertain the Present. Pregnancy is low-risk	
pLMP	String(10)	Last Menstrual Period	Date Format should be : 'MM-DD-YYYY'
pMenarcheAge	String(2)	Age of Menarche	Must be an integer
pObstetricG	String(10)	Obstetric History	Text
pObstetricP	String(10)		Text
pObstetric_T	String(10)		Text
pObstetric_P	String(10)		Text
pObstetric_A	String(10)		Text
pObstetric_L	String(10)		Text
pMultiplePregnancy	String(1)	Multiple Pregnancy	Obstetric Risk Factors Flag whether Yes(Y) or No(N)
pOvarianCyst	String(1)	Ovarian Cyst	
pMyomaUteri	String(1)	Myoma Uteri	
pPlacentaPrevia	String(1)	Placenta Previa	
pMiscarriages	String(1)	History of 3 miscarriages	
pStillBirth	String(1)	History of stillbirth	
pPreEclampsia	String(1)	History of pre-eclampsia	
pEclampsia	String(1)	History of eclampsia	
pPrematureContraction	String(1)	Premature contraction	
pHypertension	String(1)	Hypertension	Medical/Surgical risk factors Flag whether Yes(Y) or No(N)
pHeartDisease	String(1)	Heart Disease	
pDiabetes	String(1)	Diabetes	
pThyroidDisaster	String(1)	Thyroid Disorder	
pObesity	String(1)	Obesity	
pAsthma	String(1)	Moderate to severe asthma	
pEpilepsy	String(1)	Epilepsy	
pRenalDisease	String(1)	Renal Disease	
pBleedingDisorders	String(1)	Bleeding disorders	
pPreviousCS	String(1)	History of previous caesarian section	
pUrineMyomectomy	String(1)	History of uterine myomectomy	
pVisitDate	String(10)	Date of visit	Date Format should be : 'MM-DD-YYYY'
pAOGWeeks	String(3)	AOG in weeks	Text
pWeight	String(10)	Weight	Weight & Vital Signs
pCardiacRate	String(10)	Cardiac Rate	
pRespiratoryRate	String(10)	Respiratory Rate	
pBloodPressure	String(10)	Blood Pressure	
pTemperature	String(10)	Temperature	
pDeliveryDate	String(10)	Date of Delivery	Date Format should be : 'MM-DD-YYYY'
pDeliveryTime	String(10)	Time of Delivery	Time Format should be : 'HH:MM:SSAM/PM'
pObstetricIndex	String(50)	Obstetric Index	Text
pAOGLMP	String(50)	AOG by LMP	Text
pDeliveryManner	String(50)	Manner of Delivery	Text
pPresentation	String(50)	Presentation	Text
pFetalOutcome	String(50)	Fetal Outcome	Text
pSex	String(1)	Sex	<ul style="list-style-type: none"> • 'M' – Male • 'F' –Female
pBirthWeight	String(10)	Birth Weight (gram)	Must be an integer
pAPGARScore	String(10)	APGAR Score	
pPostpartum	String(10)	Scheduled Posparum follow-up consultation 1 week after delivery	Date Format should be : 'MM-DD-YYYY'
pPerinealWoundCare	String(1)	Perineal wound care	Flag whether Yes(Y) or No(N)
pPerinealRemarks	String(100)	Remarks	Text/Memo
pMaternalComplications	String(1)	Signs of Maternal Postparum Complications	Flag whether Yes(Y) or No(N)
pMaternalRemarks	String(100)	Remarks	Text/Memo
pBreastFeeding	String(1)	Breastfeeding and Nutrition	Flag whether Yes(Y) or No(N)
pBreastFeedingRemarks	String(100)	Remarks	Text/Memo
pFamilyPlanning	String(1)	Family Planning	Flag whether Yes(Y) or No(N)
pFamilyPlanningRemarks	String(100)	Remarks	Text/Memo
pPlanningService	String(1)	Provided family planning service to patient	Flag whether Yes(Y) or No(N)

		(as requested by patient)	
pPlanningServiceRemarks	String(100)	Remarks	Text/Memo
pSurgicalSterilization	String(1)	Referred to partner physician for Voluntary Surgical Sterilization (as requested by patient)	Flag whether Yes(Y) or No(N)
pSterilizationRemarks	String(100)	Remarks	Text/Memo
pFollowupSchedule	String(1)	Schedule the next postpartum follow-up	Flag whether Yes(Y) or No(N)
pFollowupScheduleRemarks		Remarks	Text/Memo
pReferredReason	String(500)	Reason for referral from other HCl	Text/Memo
pIntensive	String(1)	Completed Intensive Phase	Flag whether Yes(Y) or No(N)
pMaintenance	String(1)	Completed Maintenance Phase	
pCriteria	String(200)	Clinical Criteria and/or Laboratories/Diagnostics Criteria	Text/Memo
pBP	String(20)	Blood Pressure	Text
pCR	String(20)		Text
pRR	String(20)	Respiratory Rate	Text
pTemp	String(20)	Temperature	Text
pHEENT	String(20)	Head, Ears, Eyes, Nose and Throat	Text
pChestLungs	String(20)	Chest/Lungs	Text
pCVS	String(20)		Text
pAbdomen	String(20)	Abdomen	Text
pGUIE	String(20)		Text
pSkinExtremities	String(20)	Skin Extremities	Text
pNeuroExam	String(20)	Neuro Examination	Text
pCourseDate	String(10)	Date in the Course in the Ward	Date Format should be : 'MM-DD-YYYY'
pFindings	String(200)	Pertinent PE/Lab Findings	Text/Memo
pAction	String(200)	Doctors Order/Action	Text/Memo
pPurchaseDate	String(10)	Date of Purchased	Date Format should be : 'MM-DD-YYYY'
pDrugCode	String(20)	Hospital Assigned Drug Code	Can be any format
pPNDFCode	String(20)	PNDF Code (Blank until PNDF lib is available)	Can be Blank for now
pGenericName	String(50)	Generic Name of Medicines/Drugs taken	Must not be blank
pBrandName	String(50)	Brand Name of Medicines/Drugs taken	Must not be blank
pPreparation	String(30)	Dose/ Cap/ Syrup/ Injectable/ Tab with ml/mg/gm content	Must not be blank
pQuantity	String(10)	Unit quantity of item	Integer format
pDiagnosticDate	String(10)	Date of Diagnostic	Date Format should be : 'MM-DD-YYYY'
pDiagnosticType	String(20)	Type of diagnostic/test done	<ul style="list-style-type: none"> • 'IMAGING' • 'LABORATORY' • 'SUPPLIES' • 'OTHERS'
pDiagnosticName	String(50)	Name of Imaging procedure for Imaging, Name of Laboratory procedure for Laboratory, Name of Supplies for Supplies or Others for Supplies and Others	Must not be blank
pCompanyName	String(100)	Company's Name	Text
pCompanyTIN	String(15)	Company's TIN	Formatted as: '###-###-###-###'
pBIRPermitNumber	String(20)	BIR Permit Number	
pReceiptNumber	String(20)	Official Receipt Number	
pReceiptDate	String(12)	Official Receipt Date	Date Format should be : 'MM-DD-YYYY'
pVATExemptSale	String(10)	VAT Exempt Sale	Formatted as: '#####.##'
pVAT	String(10)	VAT – 12%	
pTotal	String(10)	Total Amount in the Receipt	
pUnitPrice	String(10)	Unit price of item	Formatted as: '#####.##'
pDescription	String(100)	Item Description	Text
pAmount	String(10)	Total Amount of the Specific Item	Formatted as: '#####.##'
pDocumentType	String(3)	Document to support the claim	
pMimeType	String(3)	Mime type of the document	For PDF:

			“application/pdf” <i>For XML:</i> “application/xml”
pHospitalTransmittalNo	String(20)	Hospital Generated Transmittal Number	
pTransmissionControlNumber	String(18)	Philhealth Generated Transmittal file control number.	Will be blank if the transmission is failed
pErrCode	String(3)	Claim file error Code	
pErrDescription	String(100)	Claim file error Description	
pReceiptTicketNumber	String(18)	Philhealth Generated Upload Confirmation Receipt ticket number	
pTransmissionDate	String(10)		Date Format should be : ‘MM-DD-YYYY’
pTransmissionTime	String(10)		TIME Format should be : ‘HH:MM:SSAM/PM’
pReceivedDate	String(10)	Date when the transmitted file received by PhilHealth	Date Format should be : ‘MM-DD-YYYY’
pHasAttachedSOA	String(1)	Type of Accommodation	<ul style="list-style-type: none"> • ‘Y’ – With attached SOA • ‘N’ –Without attached SOA
pDateSigned	String(10)	Date signed	Date Format should be : ‘MM-DD-YYYY’
pRelCode	String(1)	Code indicating the relation of the representative who signed the consent to access patient record	Valid values: <ul style="list-style-type: none"> • S = Spouse • C = Child • P = Parent • I = Sibling • O = Others (pRelDesc should have a value)
pRelDesc	String(50)	Specified relation of the representative who signed the consent on behalf of the patient to access patient records. This include relation not included in the list of defined values of relation of pRelCode	
pReasonCode	String(1)	Code indicating the reason why a representative signed the consent to access patient record	Valid values: <ul style="list-style-type: none"> • I = Patient is incapacitated • O = Patient is incapacitated (pReasonDesc should have a value)
pReasonDesc	String(50)	Text indicating reason why a reason why a representative signed the consent to access patient record	
pPreAuthDate	String(10)	Z-Benefit pre-authorization date	Date Format should be : ‘MM-DD-YYYY’
pThumbmarkedBy	String(1)	Indicates whether the thumbmark is from the member/patient or from the representative of the member	Valid values: <ul style="list-style-type: none"> • P = of the patient/member • R = of a representative
pServiceProvider	String(50)	The acronym or short name of the company/institution that provided the system used in submitting the e-claims XML file	