**University of the Philippines Diliman**

**List of Documents to be Submitted with eHOPE Application**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

1. Medical Certificate

2. Clinical Abstract (Medical/Surgical)

3. Hospital Bill/Statement

4. Discharge Slip/Clearance

5. Official Receipts (OR) of laboratory/procedures done outside the hospital

6. Official Receipts (OR) of Professional Fees (PF) of physicians

7. Official Receipts (OR) of medicines and medical supplies bought outside

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

of the hospital

8. Official Receipts (OR) of other expenses being reimbursed

9. For confinement with surgery or hospital procedure:

9.1 Record or Report of Operation/Procedure

9.2 Pathology Report (if any)

10. Summary Sheet of Receipts submitted for reimbursement

**IMPORTANT REMINDERS:**

1. ORs must bear BIR registration of the hospital or company.

2. Laboratory/special procedure requests must be clearly specified.

3. OR of medicines and medical supplies bought outside the hospital must

be accompanied with doctor’s prescription/order.

4. OR of laboratory and other procedures done outside the hospital must be

accompanied with doctor’s order.

5. Avoid abbreviations of diagnosis in Medical Certificates.

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**University of the Philippines Diliman**

**List of Documents to be Submitted with eHOPE Application**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

1. Medical Certificate

2. Clinical Abstract (Medical/Surgical)

3. Hospital Bill/Statement

4. Discharge Slip/Clearance

5. Official Receipts (OR) of laboratory/procedures done outside the hospital

6. Official Receipts (OR) of Professional Fees (PF) of physicians

7. Official Receipts (OR) of medicines and medical supplies bought outside

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

of the hospital

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

8. Official Receipts (OR) of other expenses being reimbursed

9. For confinement with surgery or hospital procedure:

9.1 Record or Report of Operation/Procedure

9.2 Pathology Report (if any)

10. Summary Sheet of Receipts submitted for reimbursement

**IMPORTANT REMINDERS:**

1. ORs must bear BIR registration of the hospital or company.

2. Laboratory/special procedure requests must be clearly specified.

3. OR of medicines and medical supplies bought outside the hospital must

be accompanied with doctor’s prescription/order.

4. OR of laboratory and other procedures done outside the hospital must be

accompanied with doctor’s order.

5. Avoid abbreviations of diagnosis in Medical Certificates.

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_