

USER'S MANUAL

Philcare Website Teletech Microsite

Version 1



Table of Contents

Table of Contents	2
Overview	3
Introduction	
I. Work Instruction	
A. Accessing Microsite	
B. Registration	
C. Login	
D. Forgot Password	15



Overview

As a leading HMO Company in the Philippines that provide medical insurance to Filipino people, there is a need for us to provide excellent service to our clients. In line with this, the PhilCare management introduced the Microsite exclusively for Teletech Members only.

Introduction

PhilCare created a Microsite within the PhilCare website exclusively for Teletech members. The microsite aims to provide members a web based application wherein the Teletech members can view their own member and benefit profile and availment summary.



I. Work Instruction

A. Accessing Microsite

1. To access the Teletech Microsite, go to <u>www.philcare.com.ph</u> then click "Gateway" tab.



2. Upon clicking the Gateway tab_User will be redirect on the Gateway login page.

www.philcare.com.ph/gateway/		
	SphilCare Make Health Happen PERSONAL PORTAL	-
	Username or Email Address	
	Password	
	LOCIN RECISTER	
	Forgot your password? <u>Click Here</u>	
	Remember Me	
	Congratulations on your journey to wellness!	
	The PhilCare Member Portal is your gateway to the perks of	
and the second	being a PhilCare member. Access and make changes to your	
	account, schedule clinic appointments, download availment	
	documents and many more.	



B. Registration

1. To register on the Microsite, click the "Register" button. Once clicked, user will be redirect on the below page.

•					Registrati
Please enter your certi	ficato number a	nd hirth data			
Certificate Number		na pirth date.		- 12	
Birth date	Jan 🔻	01	• 1950	•	
	Month	Day	Year		
	SUBMIT	CANCEL			

- > User needs to key in the certificate number and birthdate then click the "Submit" button.
- > If the Certificate number and birthdate is not match, system will prompt "Certificate or Birthdate did not match".
- > If the Certificate number and birthdate is valid and match, the User will be redirect on the second page of the Registration.

G				Registration
Please fill out the re	gistration form.			
Certificate Number	7346920			
Birthdate	Nov 03, 1987			
Home address				
	Street Number	Street Name		
		Select City, 🔻	Select Regi 🔻	
	Barangay	City/Province	Region	
Home Number	+63			
Mobile Number	+63			
Email				
Password	6-20 alphanumeric characters		6-20 alphanumeric c	haracters
	Input password		Confirm passwo	rd
	Yes, I have read and accept th Privacy Policy.	ne following: Terms and (Conditions and	
	SUBMIT CA	ANCEL		

- User need to fill up the following fields:
 - O Home Address
 - O Neither Home Phone Number or Mobile Number
 - Email Address (will serve us the username of the member)
 - O Password
- Then click the "Submit" button.
- A "Thank you" page will be display.

`RESTRICTED





> User will receive an email notification on the registered email address.

 Philcare Teletech Microsite
 Philcare <Advisory@philcare.com.ph> To rosemarie_loza@yahoo.com
 Dear Ms. Loza
 This is to confirm that we have received the sign-up request that you sent for Philcare Teletech Microsite .
 Below are your login information: Username: rosemarie_loza@yahoo.com
 Pelave click this verification link for email validation.
 Spincerely, Philcare
 Spincerely, Philcare
 A for his/her be activated on the system.

> User need to click the Verification link for his/her be activated on the system.

_

> Once click, user will be redirect on the below page, indicating that the login account has been verified.



- > And also, the User will receive an email notification.
 - Philcare Teletech Microsite Account Verification

)	Philcare <advisory@philcare.com.ph> To rosemarie_loza@yahoo.com</advisory@philcare.com.ph>
	Dear Ms. Loza
	Congratulations! Your email address has been verified. Thank you for signing up to Philcare Teletech Microsite.
	Please login to .
	Sincerely, PhilCare
	PhilCare Make Health Happen



C. Login and Features of Microsite.

1. To login, key in the username and password indicated during the registration process. User may be able to login using his/her Go!Mobile account.

2. User will be redirected on the News feed page.

ROSEMARIE SANGALANG	Watch Video APE Preventive Health Care Emergency Care Co-Pay Upload to alls Upload from admins Test video Test video	News Feed Guide Book Download Pdf file for guide book
Newsfeed	Latest News	PhilCare
Member Information	Member portals Teletech Read More	
FAQ		
fode)		

- > On the News Feed page, User will be able to watch the Tutorial video, download the member Guide book and see the latest News and announcement for Teletech and Philcare.
- > On the "Watch Video" portion, click the link you want to view. A pop up window will be displayed.





> To download the Member guide book, click the link "Download PDF file for guide book".



> The system will download the Member Guide book on a PDF format.

3. To view the Member Information page, on the side Menu, click the Member Information tab. Once clicked the user will be redirect on the below page.

- > The Member Information page, has three (3) tab;
 - o Coverage indicating the Plan and Benefit Summary package for the Member
 - o Basic- contains the basic and personal information of the member
 - Utilization contains the Availment History of the member.
 - Coverage Tab

					Member Informatio
Member Name: Agreement No: Policy No: Certificate No: Effectivity Date:					
COVERAGE BAS	IC UTI	LIZATION			
Membership Card	Informatio	n			
Original Effective Da Pre Existing Conditio OP Emergency OP Limit OP Medicine	te	01/01/2 WAIVE			
Hospitals PhilHealth		AFFILIA REQUIE	RED NETWOR	K; NOSLMCG;	
Plan Packages Account type		COMPR	RE		
Plan Type Room Type			ND OPEN PRIVATE		
Room Description			PRIVATE		
R & B Limit Benefits Package		2,200.0	0 PROGRAM		
Membership Fee		8435.00	000		
Benefit Limit		500,00	0.00 MBL		
Dental					
Dental Code Assignmen	Retain nt Fee	ner Rider Charge	Eff Date	Remarks	
	nt Fee			Two (2) oral so (prophylaxis) v for Rank and F Dental discour accredited clir twenty five (2) hypersensitive	taling and polishing with Flouride brushing per year file to Managers; Cuaranteed nt at all HMO Dental Network hics from five (5) percent to 5) percent; Disensitization of t teeth up to two (2) teeth; ig up to four (4) teeth per
Code Assignment HB DENTAL NETWORK CO	nt Fee	Charge		Two (2) oral so (prophylaxis) v for Rank and F Dental discour accredited clir twenty five (2) hypersensitive Lightcure fillin	with Flouride brushing per year ille to Managers; Cuaranteed Int at all HMO Dental Network hics from five (5) percent to 5) percent; Disensitization of a teeth up to two (2) teeth; g up to four (4) teeth per
Code Assignment HB DENTAL NETWORK CO	nt Fee	Charge		Two (2) oral sc (prophylaxis) \ for Rank and f Dental discour accredited clii twenty five (2) hypersensitive Lightcure fillin contract year.	with Flouride brushing per year ille to Managers; Guaranteed nt at all HMO Dental Network hics from five (5) percent to 5) percent; Disensitization of e teeth up to two (2) teeth; g up to four (4) teeth per
Code Assignment HB DENTAL NETWORH CO Maternity Ef	nt Fee	Charge 240.00		Two (2) oral sc (prophylaxis) \ for Rank and F Dental discour accredited clin twenty five (2 hypersensitive Lightcure fillin contract year.	with Flouride brushing per year ille to Managers; Guaranteed nt at all HMO Dental Network hics from five (5) percent to 5) percent; Disensitization of e teeth up to two (2) teeth; g up to four (4) teeth per



ode	Description	Rider Charge	Covered Amt	Retainer Fee	Effective Date
BA002	Banclife AD&D	0.00	50,000.00	18.00	01/01/2016
BLF12	BancLife-Annual	0.00	10,000.00	25.20	01/01/2016

- Basic Tab

Basic Information		
treet:	test	
ity/Province:	Manila Metro Manila,NCR	
istrict/Brgy:	test	
ex: FEMALE	Weight:	Race:
ivil Status: MARRIED	Height:	BMI:
MI Category:		
itizenship:		
osition:		
ccupation:		
mail:	rosemarie_loza@yahoo.com	
lobile Number:		
elephone Number:	+63 +632 353-8811	
Personal Information Street: City/Province:		EDIT
Personal Information Street: City/Province: District/Brgy:		EDIT
Personal Information Street: City/Province: District/Brgy: Email:	Weight:	EDIT
Personal Information Street: City/Province: District/Brgy: Email: Mobile Number:	Weight:	Солучина на сели на се Сели на сели на Сели на сели на
Personal Information Street: City/Province: District/Brgy: Email:	Weight:	EDIT
Personal Information Street: City/Province: District/Brgy: Email: Mobile Number:	Weight:	EDIT
Personal Information Street: City/Province: District/Brgy: Email: Mobile Number:	Weight:	EDIT
Personal Information Street: City/Province: District/Brgy: Email: Mobile Number:	Weight:	EDIT

- Utilization

	BASIC UTILIZ	ATION				
	4 177 4 187C					
Member Uti	lization					
Provider	Date Availed	Illness	Nature	Case No	Status	Create Date

`RESTRICTED



- 4. To search for a specific clinic/hospital , on the side Menu click the "Find a Provider".
 - > Once clicked, the user will be redirect on the below page.

	Find a Provic
TYPE OF AVAILMENT	PROVINCE/METRO MANILA
HOSPITAL/CLINIC NAME	DISTRICT/CITY SEARCH
o find a provider: tep 1: Choose TYPE OF AVAILMENT	
tep 2: Click SEARCH	
	ching by location or specifying the clinic or hospital name.

- > To search for a Hospital or Clinic, user needs to select first the "Type of Availment" dropdown list. See list below.
 - o Inpatient/Hospitalization Care
 - o Outpatient Care
 - o Emergency Care
 - o Dialysis
 - Physical Therapy
- > Then select Location if Metro manila or Province area, then select the City.
- Then click "Search" button.



		Find a Provider
Outpatient Care	METRO MANILA	
HOSPITAL/CLINIC NAME	MAKATI CITY	SEARCH
To find a provider: Step 1: Choose TYPE OF AVAILMENT		
Step 2: Click SEARCH		
You may do an advanced search by searching	by location or specifying the	ne clinic or hospital name.
PHILCARE MAKATI CLINIC Coordinator: Address: 2/F STI HOLDINGS CENTER 6764 AYALA A D MAKATI CITY Contact No: 892-8844 / 46	VE. AYALA AVENUE-PASEO	ADD TO MY FAVORITES *
ST. THERESE MULTI-SPECIALTY SI Coordinator: Address: 9 SAMPAGUITA ST. PEMBO PEMBO MAKA Contact No: 478-3091 / 621-6706	100101	ADD TO MY FAVORITES ★
ST. CAMILLUS POLYCLINIC (MAKA Coordinator: Address: 1570 ARCHIMEDES ST. LAPAZ MAKATI MA TO 1099 MAKATI CITY Contact No: 899-3052 - 53 / 899-2681		ADD TO MY FAVORITES *

- 5. To search for a doctor, on the side Menu click the "Find a provider" and then click "Find a Doctor".
 - > Once clicked, the user will be redirect on the below page.

			Find a	a Doctor
PROVINCE/METRO MANILA	T	DISTRICT/CITY		
SPECIALIZATION	T	Doctor's Name		SEARCH
To find a provider - clinic:				
Step 1: Choose Province/Metro Ma Step 2: Click SEARCH				
You may do an advanced search by assistance, please call our Custome for PLDT): 1-800-1888-3230.				

- > To search for a Doctor, user needs to select whether it is on "Province/ Metro Manila", and then select the City.
- Then select "Specialization"
- Doctor name is not a mandatory field.
- Then click the "Search" button.

`RESTRICTED



METRO MANILA ANESTHESIOLOGY	•	LAS PIÑAS CITY Doctor's Name	done SEARCH
ANESTHESIOLOGY	¥	Doctor's Name	SEARCH
To find a provider - clinic:			
Step 1: Choose Province/Metro Manila Step 2: Click SEARCH			
You may do an advanced search by cho	oosing a	a location or specifying the clinic	c or hospital name. For furthe
assistance, please call our Customer Se	ervice H	otline: +63 (2) 462-1800 or for ou	utside Metro Manila (Toll Free
for PLDT): 1-800-1888-3230.			

> Details of the Doctor will be display based on the selected parameters.

	Find	a Doctor
METRO MANILA T LAS P	IÑAS CITY T	done
ANESTHESIOLOGY • Docto	r's Name	SEARCH
To find a provider - clinic: Step 1: Choose Province/Metro Manila Step 2: Click SEARCH You may do an advanced search by choosing a locatior	nor specifying the clinic or hospital	name. For further
assistance, please call our Customer Service Hotline: +6 for PLDT): 1-800-1888-3230.		
ALABANG MEDICAL CLINIC - LAS PIÑAS Doctor's Name. GAMMAD , JOSEPH JOYEN C Specialization: ANESTHESIOLOGY Address: ALABANG ZAPOTE RD COR PELAYO VILL TALON, LA Contact No: 374-0164 / 837-6464 / 874-2306 Mobile No: Email Add: Schedule:		FAVORITES *
ALABANG MEDICAL CLINIC - LAS PIÑAS Doctor's Name: LLANTO, NELSON Specialization: ANESTHESISOLOGY Address: ALABANG ZAPOTE RD COR PELAYO VILL TALON, LA Contact No: 374-0164 / 837-6464 / 874-2506 Mobile No: Email Add: Schedule:		FAVORITES *
ALABANG MEDICAL CLINIC - LAS PIÑAS Doctor's Name, AQUINO, KAREN MICHELE G Specialization: ANESTHESIOLOGY Address: ALABANG ZAPOTE RD COR PELAYO VILL TALON, LA Contact No. 874-0164 / 837-6464 / 874-2306 Mobile No. Email Add: Schedule:		FAVORITES *

5. To Submit APE Schedule, on the side Menu click the "Online Schedule Appointment" and then click "Submit Schedule".

`RESTRICTED



Once clicked, the user will be redirect on the below page.

	Online Schedule Ap	pointment
Type of Appointment	Annual Physical Examination	T
Type of Availment	Outpatient Care	•
PROVINCE/M	ETRO MANILA V PROVIDER'S NAME	~
Preferred Schedule		
	SEND	

- > To submit schedule, user needs to select first the "Type of Appointment" dropdown list. See list below.
 - Annual Physical Examination
 - Pre- Employment
 - Executive Check Up
 - Second is "Type of Availment" dropdown list whether:
 - Outpatient Care
 - o Inpatient Care

 \geq

- > Then select Location if Metro manila or Province area, and then put the provider's name.
- Then fill a preferred schedule.
- Then click the send button.
- > User will be redirect on the List of Appointment page.
- 6. To search for a Request Reimbursement, on the side Menu click the "Reimbursement".
 - > Once clicked, the user will be redirect on the below page.

		Reimbursement
Date of Availment		
Description		
Attachment	Choose File No file chosen	*2mb
	SEND	



- > To request for the Reimbursement, user needs to fill up the following field. See list below.
 - Date of Availment
 - Description of the Availment
 - In "attachment", choose the file for the supporting documents.
- > Then click "Send" button.
- > After you send it, your file will be successfully send to the respective unit for processing.

Successfully send a reimbursement request	
	Reimbursement
Date of Availment	
Description	
Attachment Choose File No file chosen	*2mb
SEND	

7. To view the FAQ details, on the side Menu click the FAQ link.



Transition FAQs:
1. Provider Network concerns (Accreditation/Existing network)
2. Co-Pay Process
3. Availment Process
4. Benefit Design
5. Merchant Partners 6. Reimbursement Process
5. Reimbursement Process 7. ECU/APE - pending process confirmation
8. ID Replacement Process
9. Rates (Dependents)
Provider Network Concerns:
1. Can I have my personal doctor/dentist accredited by PhilGare?
 PhilCare has a list of affiliated provider. If member availed of any services in Outpatient procedure in a
non-affiliated provider, this shall be shouldered by the member. Member may contact PhilGare Gall Center Hotline to check nearest affiliated provider. Member may also request for affiliation of a non-
affiliated provider with PhilCare. If provider is amenable, PhilCare may process affiliation within 3D-45
calendar days from receipt of the affiliation request with contact details.
 For confinements in Metro Manila, our Liaison Officer will coordinate with the member during their scheduled visit. Otherwise, the Coordinator or our authorized PhilCare representative will contact
the member to advice of the extent of coverage.
the memory to dovice of the extent of coverage.
 Is it possible to request also from Philoare to accredit a hospital/clinic?
 Yes. You just have to provide the provider's name and contact details. If provider is amenable,
affiliation process as stated in item #1 will commence.
1. If Lavail at a non-accredited hospital for an emergency availment, can Lreimburse?
i. In revenue a num-assired teo trospitarior an entergency availment, can ritemporse?
 Yes. PhilCares shall reimburse 100% of actual cost based on Philcare rates for the first 24 hours but net
of co-pay amounts:
For In Patient Php 2, DDD upon discharge
For Out Patient, Clinics Php IDD: Hospitals Php 300
 Non-accredited hospitals at Php 3DD
· · ·

FAQ

> Once clicked, user will be redirect to FAQ page.

6. To submit Feedback/Inquiry, go to "Online Helpdesk" module then select "Submit Feedback"



		Online Helpdesk
	Juan Dela Cruz	
Category	Select Category	
Feedback		
	SUBMIT	

- Select from the dropdown list of Categories.
- > Key in the details of the inquiry or feedback then click "Submit" button.
- Customer Experience team will received an email notification for every successful transaction in Online Helpdesk, and they will provide feedback via email to the member.

Member Feedback

NOREPLY

Sent: Sun 4/24/2016 4:15 PM To: Test@yahoo.com

Dear Ms. Test

Please be informed that we have received your inquiry for Inquiry Please expect feedback from our customer Service Representative within 24 business hours.

Thank you.



`RESTRICTED



Member can view also the history of their feedback on the "View Feedback" page.

Feedback

Category	Details	Reference No	Status	Date Submitted	Date Resolved
Release of ID	I havent received my ID yet. Let me know	20160412-	Open	4/12/2016	
Cards	when will it be delivered.	001		2:18:56 PM	
	test 04.18.2016	20160418-	Open	4/18/2016	
		001		3:21:25 PM	
Dental	test 4.20.2016	20160420-	Open	4/20/2016	
		001		8:13:41 AM	
Membership	test 04.20.2016 v2	20160420-	Open	4/20/2016	
Status		001		8:23:17 AM	
Card	Please ignore. This is for testing only	20160421-	Open	4/21/2016	
Availability		001		9:29:26 AM	
Benefit Plan	This is for testing only	20160421-	Open	4/21/2016	
		001		5:05:59 PM	

7. To edit the Profile, go to the upper side of the page.



- > User may be able toad and change photo of their Microsite.
- Click the "Change Photo" link.
- > Once clicked a pop up window will be displayed.



Change P	profile Photo	X
	Choose File No file chosen Maximum file size allowed is 2MB. Only JPC file is allowed	
SAVE	CANCEL	

- > Click the "Choose File" button, and select the image you want for the Microsite profile. Allowable size is up to 2MB only.
- Then click the "Save" button.
- > To change the password, click the "Change Password" link. A pop up window will be displayed.

Change Password	•
Old Password	
New Password	e fo
Confirm Password	
SAVE CANCEL	
Member portals Teletech	

Key in the Old Password, and key in the New password then click "Save" button. On the next login, system will require you to key in the new password for the Microsite.

D. Forgot Password

1. If the User forgot his/her login credentials. They can use the "Forgot Password" link.

> On the Login page, click "Click Here" link.



> Once clicked, user will be redirected on the below page.

`RESTRICTED



•	Forgot Password
	Please provide the email address you've used to register this account and we'll send to you your username and password.
	Enter Email Address
	SUBMIT

> Key in the email address use during Registration process and click "Submit" button.



> User will receive an email notification from PhilCare, indicating his/her login credentials.

