FROM THE ITEMIZED STATEMENT TO THE RIGHT COMPLAINT OFFICE

How to dispute a hospital bill in the Philippines: step by step

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A lump-sum hospital bill is hard to challenge, because you cannot tell what you are being charged for or whether PhilHealth and your discounts were applied. This guide walks the order that works: get the itemized Statement of Account, check the PhilHealth deduction, check the senior or PWD discount, mark the lines you dispute and write to the hospital, know what the hospital cannot do while the bill is unpaid, line up help paying, and only then escalate to the office that matches the problem. Each step links to the cited answer behind it.

1. Ask for the itemized Statement of Account

Ask the hospital's billing section for a detailed, itemized Statement of Account that shows each charge line by line (room and board, each medicine and supply, laboratory and diagnostics, and each professional or doctor's fee) rather than a single lump sum. Also ask, in writing, for a breakdown of what PhilHealth's case rate covered versus what is being billed to you as "not covered."

This is the document every later step depends on. Capture the itemized bill and your receipts before you leave the hospital, and keep the receipts for any medicines you had to buy outside. A later complaint is far weaker without them.

> **TIP**
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> The answer behind this step includes a copy-paste request to the billing section. Open /answer/can-i-get-an-itemized-hospital-bill-and-dispute-charges and use the ready-made text.

[agency] PhilHealth Corporate Action Center — over-deduction / NBB complaint intake — https://actioncenter.philhealth.gov.ph/mail/contact.php

[law] RA 11223 — Universal Health Care Act (2019), no co-payment in basic/ward accommodation — https://lawphil.net/statutes/repacts/ra2019/ra_11223_2019.html

2. Check that PhilHealth was deducted (and No Balance Billing, if you qualify)

Compare the statement with what PhilHealth should have covered. In accredited facilities the benefit is deducted automatically at discharge. If it was not, ask the billing or PhilHealth desk why. The usual reasons are a missing PIN/MDR, dependents not listed correctly, an eligibility question, or being treated as a cash patient, and most can be fixed at the desk before discharge. If you already paid cash, file for PhilHealth reimbursement yourself within 60 calendar days of discharge (180 days if care was abroad).

No Balance Billing (NBB) means a qualified member in ward or basic accommodation at a public hospital should have zero out-of-pocket cost for PhilHealth-covered services. Traditionally that covers indigent (DSWD-identified) members, sponsored members and senior citizens in the basic or ward accommodation of government facilities. Wider "Zero Balance Billing" coverage has been reported but is not confirmed, so ask the hospital's PhilHealth desk about your own eligibility. NBB commonly breaks down when the hospital runs out of a drug and sends you to buy it outside, labels items "not covered" or above the case rate, or moves you out of the ward into a higher accommodation.

If your PhilHealth claim was returned or denied, that is a separate appeal route. If a private HMO also covers you, it is separate from PhilHealth, so claim both.

> **BE CAREFUL**
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> The 60-calendar-day PhilHealth filing window runs from discharge and does not pause while you dispute the bill. Use the claim-deadline checker at /health/claim-deadline.

[agency] PhilHealth claim-form guidelines — 60-day (180 abroad) reimbursement, CF1/CF2 — https://www.philhealth.gov.ph/downloads/claim/PhilHealth_ClaimForm_Reminders.pdf

[circular] PhilHealth Circular No. 2020-0024 — No Co-payment / No Balance Billing — https://www.philhealth.gov.ph/circulars/2020/circ2020-0024.pdf

3. Check that senior or PWD discounts were applied

If the patient is a senior citizen or a person with a disability (PWD), check whether the statement shows the discount. Under RA 9994 §4 a senior citizen is entitled to a 20% discount and VAT exemption on, among others, the professional fees of attending physicians and medical and dental services, diagnostic and laboratory fees in private hospitals, clinics and outpatient facilities. A person with a disability is entitled to at least a 20% discount and VAT exemption on medical and dental services, including diagnostic and laboratory fees, and the professional fees of attending doctors, in both government and private hospitals (RA 9442, with the VAT exemption added by RA 10754).

You claim the discount by presenting the OSCA-issued Senior Citizen ID (or the senior's passport), or the PWD ID issued by the city or municipal mayor, the PDAO or the barangay. A discount left off the bill is one of the things the itemized statement lets you catch.

[law] RA 9994 — Expanded Senior Citizens Act (2010), §4 and §10 — https://lawphil.net/statutes/repacts/ra2010/ra_9994_2010.html

[law] RA 10754 — VAT exemption for PWD (2016) — https://lawphil.net/statutes/repacts/ra2016/ra_10754_2016.html

[law] RA 9442 — amending the Magna Carta for PWD (discount + §46 penalties) — https://lawphil.net/statutes/repacts/ra2007/ra_9442_2007.html

4. Mark each disputed line and write to the hospital

Go through the itemized statement and mark every line you dispute: a charge for supplies you believe the hospital should have provided, an item labelled "not covered" that you think the case rate absorbed, or a discount that is missing. Put the concern to the hospital itself in writing, addressed to its Patient Relations office, Medical Director or Administrator. State the dates, make a specific ask, ask for a written reply, and keep a signed received copy. A regulator will want to see that you gave the hospital the chance to answer, and a verbal complaint to a billing clerk leaves you with nothing to attach.

Any reply period you set is your own request, not a legal deadline. Include only the medical details needed to identify the visit.

LabanPH will draft this letter for you, free and without an account, with the letter builder or with the generator on the answer linked below.

> **TIP**
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> Keep a copy of everything you send and everything you get back. The letter and any reply are what you bring to PhilHealth or the DOH in Step 7.

5. Know that the hospital cannot detain you or hold your documents over an unpaid balance

Republic Act No. 9439 (the Anti-Hospital Detention Act) makes it unlawful for a hospital or medical clinic to detain a patient because a bill has not been fully or partly paid. Once you have recovered or been discharged and cannot pay, RA 9439 §2 lets you leave upon signing a promissory note for the unpaid amount, secured by a mortgage or by a co-maker who is jointly and severally liable. You still owe the money; the hospital simply cannot hold you as security. The one exception written into the law is patients who stayed in a private room.

The same law covers the papers. For a deceased patient, the death certificate and other documents needed for interment must be released to any surviving relative who asks, and no promissory note is required for that. A hospital has no stated legal basis to keep your ID or ATM card instead of accepting the note (the law names only a mortgage or a co-maker), no stated legal basis to delay your discharge summary until the bill is settled, and it cannot hold a newborn over the bill. The penalty for violations falls on the responsible hospital officer or employee: a ±20,000 to ±50,000 fine, or 1 to 6 months in prison, or both (RA 9439 §3).

At the counter, say calmly that under RA 9439 the hospital cannot detain you for an unpaid bill, that you are ready to sign a promissory note, and ask for the form. A printable counter card is at /health/counter-card.

> **BE CAREFUL**
>
> A complaint is reviewed afterwards and does not get anyone out of a hospital today. If you are being held right now, push back at the counter and cite RA 9439 by name.

[law] RA 9439 — Anti-Hospital Detention Act (2007) — https://lawphil.net/statutes/repacts/ra2007/ra_9439_2007.html

[regulation] DOH AO 2008-0001 — RA 9439 Implementing Rules — https://elibrary.judiciary.gov.ph/thebookshelf/show-docs/10/52151

[law] RA 10173 — Data Privacy Act of 2012, §16(c) — https://lawphil.net/statutes/repacts/ra2012/ra_10173_2012.html

6. Get help paying the part that is correct

Some of the bill may be valid and still more than you can pay. Apply to DSWD's Assistance to Individuals in Crisis Situations (AICS), the government's medical crisis-assistance program. For a hospital bill you bring a medical certificate, clinical abstract or discharge summary issued within the last three months, the hospital bill or statement of account (or a Certificate of Balance plus a promissory note), a Social Case Study Report, and a valid ID. Under DSWD Memorandum Circular No. 20, s. 2025, medical assistance ranges from ±1,000 up to ±150,000, subject to the availability of funds and a social worker's assessment.

Ask the hospital's Medical Social Worker to classify you and route you to the Malasakit Center. The PCSO guarantee letter is another route. Assistance can reduce or clear the balance behind a promissory note.

[memo] DSWD Memorandum Circular No. 20, s. 2025 (AICS) — https://dswd-file-assets.s3.ap-southeast-1.amazonaws.com/wp-content/uploads/2025/11/MC-No.-20-S-2025.pdf

[agency] DSWD AICS — Medical Assistance requirements — https://aics.dswd.gov.ph/medical-assistance/

7. Escalate to the office that matches the problem

If the hospital's written answer does not resolve it, match the complaint to the right office and bring your letter, any reply, the itemized statement and the receipts.

PhilHealth over-deduction, under-deduction or a No Balance Billing violation: file a written complaint with any PhilHealth office or the Corporate Action Center ((02) 8662-2588, actioncenter@philhealth.gov.ph). PhilHealth can audit the deduction, order a refund and sanction the provider.

The hospital's own conduct (for example refusing care, a deposit demand, or detention over a bill): the DOH Health Facilities Oversight Board (HFOB), by email to hfob@doh.gov.ph, or the DOH hotline 1555 for urgent matters.

Misconduct or malpractice by an individual licensed doctor or nurse: a verified complaint with the Professional Regulation Commission (PRC) Legal Service. Many events are both a facility and a professional matter, and you can file in parallel.

A private HMO that denied coverage: the Insurance Commission, which regulates HMOs under Executive Order No. 192, s. 2015.

LabanPH's letter builder can draft the dispute letter for you, and the DOH escalation page has the DOH route.

[regulation] DOH AO 2021-0018 — handling complaints for RA 10932 violations (HFOB, Bldg 15, hfob@doh.gov.ph) — https://law.upd.edu.ph/wp-content/uploads/2021/05/DOH-Administrative-Order-No-2021-0018.pdf

[agency] PRC — FAQs in the Filing of Complaints and Other Pleadings — https://www.prc.gov.ph/sites/default/files/FAQs%20in%20the%20Filing%20of%20Complaints%20and%20Other%20Pleadings.pdf

[law] EO 192, s. 2015 — HMO regulation transferred to the Insurance Commission — https://lawphil.net/executive/execord/eo2015/eo_192_2015.html

ACTION CHECKLIST

- [ ] Ask billing for the itemized Statement of Account and the PhilHealth case-rate breakdown, in writing.
- [ ] Capture the itemized bill and keep every receipt, including medicines bought outside.
- [ ] Confirm PhilHealth was deducted; if you paid cash, file for reimbursement within 60 calendar days of discharge.

[ ] If you qualify for No Balance Billing, check for charges on covered services.

[ ] Check that the senior or PWD discount appears on the bill.

[ ] Mark each disputed line and write to the hospital's Patient Relations office, Medical Director or Administrator; keep a signed received copy.

[ ] If you cannot pay in full, ask for the promissory-note form under RA 9439 rather than leaving documents behind.

[ ] Apply for DSWD AICS, the Malasakit Center or a PCSO guarantee letter for the balance.

[ ] Escalate: PhilHealth Corporate Action Center for deductions and NBB, DOH HFOB for the facility, PRC for an individual professional.

FREQUENTLY ASKED QUESTIONS

Can I refuse to pay a hospital bill I think is wrong?

The sources we cite do not say a disputed bill can simply be left unpaid. What they set out is the process: ask for the itemized Statement of Account, dispute the lines in writing, and escalate if the hospital does not resolve it. If you cannot pay in full, RA 9439 §2 lets you leave on a promissory note secured by a mortgage or a co-maker. You still owe the amount, but the hospital cannot hold you or your documents over it.

How long does a hospital have to give me an itemized bill?

The answers we cite set no deadline for the hospital to produce it. Ask the billing section in writing for a detailed, line-by-line Statement of Account, ideally before you leave the hospital. Any reply period you put in your letter is your own request, not a legal deadline.

Who regulates hospital charges and where do I complain?

We cite no single agency that sets what a hospital may charge, so complaints are routed by what went wrong. For a PhilHealth over-deduction, under-deduction or No Balance Billing violation, file with any PhilHealth office or the Corporate Action Center. For the facility's own conduct, use the DOH Health Facilities Oversight Board (hfob@doh.gov.ph) or hotline 1555. For an individual doctor or nurse, the PRC. For an HMO denial, the Insurance Commission.

Can the hospital stop me from leaving if I have not paid?

No. RA 9439 makes it unlawful for a hospital or medical clinic to detain a patient because a bill has not been fully or partly paid. Once you have recovered or been discharged and cannot pay, you may leave on signing a promissory note, secured by a mortgage or a co-maker who is jointly and severally liable. The exception is patients who stayed in a private room.

Can the hospital keep my ID, ATM card or discharge summary until I pay?

The law names only two security instruments for a patient who cannot pay in full: a mortgage or a co-maker. It states no basis for keeping your ID or ATM card instead, or for withholding your discharge summary until the bill is settled. If a document is kept, note who is holding it and when, and report the hospital to the DOH Health Facilities Oversight Board.

I already paid in cash and PhilHealth was not applied. What now?

File for PhilHealth reimbursement yourself at your PhilHealth Regional Office or LHIO within 60 calendar days of discharge (180 days if care was abroad), with CF1, CF2 signed by your physician, your Statement of Account or official receipts, your MDR and the medical abstract. Missing the 60-day window is the most common way people lose the refund.

REFERENCES

[law] RA 9439 — Anti-Hospital Detention Act (2007) — https://lawphil.net/statutes/repacts/ra2007/ra_9439_2007.html

[regulation] DOH AO 2008-0001 — RA 9439 Implementing Rules — https://elibrary.judiciary.gov.ph/thebookshelf/showdocs/10/52151

[agency] PhilHealth Corporate Action Center — over-deduction / NBB complaint intake — https://actioncenter.philhealth.gov.ph/mail/contact.php

[circular] PhilHealth Circular No. 2020-0024 — No Co-payment / No Balance Billing — https://www.philhealth.gov.ph/circulars/2020/circ2020-0024.pdf

[law] RA 11223 — Universal Health Care Act (2019), no co-payment in basic/ward accommodation — https://lawphil.net/statutes/repacts/ra2019/ra_11223_2019.html

[memo] DSWD Memorandum Circular No. 20, s. 2025 (AICS) — https://dswd-file-assets.s3.ap-southeast-1.amazonaws.com/wp-content/uploads/2025/11/MC-No.-20-S-2025.pdf

[regulation] DOH AO 2021-0018 — handling complaints for RA 10932 violations (HFOB, Bldg 15, hfob@doh.gov.ph) — https://law.upd.edu.ph/wp-content/uploads/2021/05/DOH-Administrative-Order-No-2021-0018.pdf

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