



Republic of the Philippines  
Department of Education  
NEGROS ISLAND REGION  
SCHOOLS DIVISION OF SAGAY CITY

AUG 20 2025

**DIVISION MEMORANDUM**

No. 506, s. 2025

**RELEASE OF MEDICAL ALLOWANCE FOR INDIVIDUAL AVAILMENT  
(PAYROLL CASH DISBURSEMENT)**

To: Assistant Schools Division Superintendent  
Chief Education Supervisors – SGOD and CID  
Public Schools District Supervisors  
Public Secondary and Elementary School Heads  
All Others Concerned

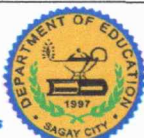
1. This office hereby informs the field of the Memorandum No. DM-OUHROD-2025-2298 dated August 15, 2025, which directs Regional and Division Offices to immediately release the Medical Allowance through payroll disbursement for eligible employees who have availed of the Individual Availment Form.
2. This is to reiterate that personnel who have received the Medical Allowance under the Individual Availment Form are required to submit the necessary reportorial requirements as soon as these become available. Failure to comply will result in the holding of the medical allowance for the succeeding year until all obligations are fully met.
3. The reportorial requirements that shall be submitted after receipt of medical allowance by the personnel under Individual Availment would include the following:

**For Payroll Disbursement for the availment of new/renewal of Individual HMO:**

- Copy of HMO agreement
- Valid ID issued by HMO provider reflecting the name of employee, or
- Official Receipt/Invoice for the payment of the membership fee for HMO product acquired

**For Cash Disbursement for payment of medical expenses:**

- Signed Individual Cash Claim form (*see Annex B*)
- Certification of GIDA, or
- Certification of no adequate HMO branch, or
- Proof of Denial from any HMO including but not limited to letter of electronic mail, and
- Other requirements such as receipts of medical expenses (hospitalization, diagnostics, medicine, etc.)



Sitio Chloe, Brgy. Rizal, Sagay City, Negros Occidental  
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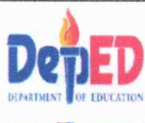
4. The implementation of this Memorandum shall be carried out in a manner that upholds the principles of equity and inclusivity. No individual shall be subjected to discrimination on the basis of age, school affiliation, gender, civil status, disability, religion, or any other personal circumstance that run counter to the principles of equal opportunity.
5. Immediate and widest dissemination of this Memorandum is hereby enjoined to ensure awareness and compliance of all employees concerned.

**DANNIE CLARK M. UGUIL, CESE**  
OIC – Schools Division Superintendent



Encl: Annex B  
Reference: DepEd Order No. 16, s.2025 ; Memorandum DM-OUHROD-2025-2298  
To be indicated in the Perpetual Index  
under the following subjects:  
memo

Accounting 8/20/2025



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**Annex B**  
*Individual Cash Claim Form*

**Data Privacy Notice:** The Department of Education recognizes its responsibility under the Republic Act No. 10173, otherwise known as the *Data Privacy Act of 2012*, with respect to the data they collect, record, organize, update, use, consolidate or destruct from their personnel. The personal data obtained from this form is entered and stored within the organization's authorized information and communications system and will only be accessed by authorized personnel. The organization has instituted appropriate technical and physical security measures to ensure the protection of personal data.

Furthermore, the information collected and stored in the portal shall only be used for the purposes of this activity. DepEd shall not disclose any personal information without consent and shall retain this information over a period of ten years for the effective implementation and management of its activities.

**Section 1: Employee Information**

Full Name: \_\_\_\_\_  
 Employee ID Number: \_\_\_\_\_  
 Position/Designation: \_\_\_\_\_  
 Office: \_\_\_\_\_  
 Service Duration: (From - To): \_\_\_\_\_

Sex: \_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_  
 DepEd Email Address: \_\_\_\_\_

*For teaching personnel*

Region: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 School: \_\_\_\_\_

Employment Status:     Permanent             Contractual  
                                   Casual                     Substitute

**Section 2: Pre-requisite Requirements.**

Supported with applicable documents, check any of the following condition below that applies.

- GIDA Certification
- Certification of area with no HMO
- Letter or email from HMO denying the application

**Section 3: Details of Medical Expenses Incurred**

Name of Medical Provider/Facility	Address	Date(s) of Medical Consultation/Service

*Handwritten mark*

*Handwritten initials and marks*

<i>(Please add rows as necessary)</i>		

<b>Description of Expense</b>	<b>Amount (in PHP)</b>	<b>Receipt No./Reference</b>
Consultation Fee		
Laboratory/Diagnostic Tests		
Medication		
Hospitalization		
Others (please specify)		
<b>Total Amount</b>		

*Please attach original receipts*

**Section 3: Certification**

I, the undersigned, hereby certify that the information provided in this claim form is true and correct to the best of my knowledge, and the medical expenses listed above were incurred for legitimate medical purposes. I understand that submission of false claims shall be subject to disciplinary action and other legal consequences as determined necessary by the Department of Education.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*[Handwritten mark]*

*[Handwritten initials]*