



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 CITY STATE CENTRE BUILDING
 709 Shaw Boulevard, Bgy. Oranbo, Pasig City
 Trunkline - 637-9999



May 02, 2001

PHILHEALTH CIRCULAR

No. 19, s-2001

TO : ALL LOCAL GOVERNMENT UNITS, PHILHEALTH ACCREDITED HEALTH CARE PROVIDERS AND ALL OTHERS CONCERNED

SUBJECT : Documentary Requirements for Availment of Benefits by "Medicare para sa Masa" Members

Please be informed of required attachments of PhilHealth Claim Form 1 for benefit availments made by Indigent Program or "Medicare para sa Masa" members and their dependents:

A. For members with new IDs, referred to in PhilHealth Circular No. 08, series of 2001, issued starting March 16, 2001:

Household member availing for the benefits:	Required Attachment
Member/Cardholder	<ul style="list-style-type: none"> • Photocopy of the member's PhilHealth ID
Legitimate or Illegitimate Child	<ul style="list-style-type: none"> • Photocopy of the member's PhilHealth ID • Photocopy of the child's Birth or Baptismal Certificate
Stepchild	<ul style="list-style-type: none"> • Photocopy of the member's PhilHealth ID • Photocopy of the child's Birth Certificate • Photocopy of the member's Marriage Certificate/Contract
Disabled child 21 years old and above	<ul style="list-style-type: none"> • Photocopy of the member's PhilHealth ID • Photocopy of the child's Birth/Baptismal Certificate • Original copy of Doctor's Certification that the dependent is disabled • Photocopy of the member's Marriage Certificate/Contract if the dependent is a stepchild
Legal Spouse	<ul style="list-style-type: none"> • Photocopy of the member's PhilHealth ID • Photocopy of the Marriage Certificate/Contract

PhilHealth
 Your Partner in Health!

Parent 60 years old and above	<ul style="list-style-type: none"> • Photocopy of the member's PhilHealth ID • Photocopy of the member's Birth or Baptismal Certificate
<p>In the absence of the above-cited documents the claimant may attach <u>any</u> of the following, as applicable:</p> <ul style="list-style-type: none"> • Original copy of a Certification (PhilHealth Form CE1) from the Local PhilHealth Office, or City/Municipal Social Welfare and Development Officer (C/MSWDO) or the Barangay Captain. • Original copy of a duly notarized joint affidavit of two disinterested persons certifying the dependency status of claimant to the member. 	

B. For members with old IDs, referred to in PhilHealth Circular No. 015, series of 2000, issued before March 16, 2001 with validity dates effective until March 15, 2002:

Household member for whom the availment is made:	Required Attachment
Member/Cardholder	<ul style="list-style-type: none"> • Photocopy of the member's PhilHealth ID
Dependents whose names are written in the PhilHealth ID	<ul style="list-style-type: none"> • Photocopy of the member's PhilHealth ID
Dependents whose names are not written in the PhilHealth ID	<ul style="list-style-type: none"> • Attachments shall be the same as the dependents of members with new IDs.

Documentary requirements stipulated herein apply only to benefits provided by PhilHealth Accredited Hospitals.

Claims which are improperly/insufficiently filled out and/or with incomplete documentary requirements shall be returned to hospital for compliance.

For your information and compliance.


ENRIQUE M. ZALAMEA, JR.
 President and CEO *mk 6/9*