



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. 20, s-2001

TO : ALL LOCAL GOVERNMENT UNITS, LOCAL SOCIAL WELFARE AND DEVELOPMENT OFFICERS, BARANGAY CAPTAINS, PHILHEALTH ACCREDITED HEALTH CARE PROVIDERS AND ALL OTHERS CONCERNED

SUBJECT : PhilHealth Form CE1

To ensure accessibility of Medicare benefits by PhilHealth members under the "Medicare para sa Masa" Program, the use of PhilHealth Form CE1, Annex "A" hereof, is hereby institutionalized.

The Form shall be used as substitute document in the absence of required attachments evidencing membership and/or dependency of a claimant.

A Local PhilHealth Office Staff, a City/Municipal Social Welfare and Development Officer or a Barangay Captain may issue the form to certify membership and/or dependency status as applicable.

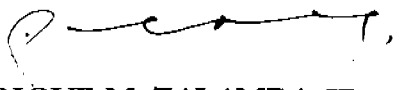
The basis of certification by authorized signatories shall be as follows:

Authorized Signatory	Subject of Certification	Basis of Certification
1. Local PhilHealth Office Staff	• Membership and/or Dependency	Membership Database and/or Family Data Survey Form (FDSF) of the household requesting certification
2. City/Municipal Social Welfare and Development Officer	• Membership and/or Dependency	Masterlist of Members provided by PhilHealth
3. Barangay Captain	• Membership	Masterlist of Members provided by PhilHealth
	• Dependency	Masterlist of Members provided by PhilHealth and/or personal knowledge of the member's relationship to the supposed dependent

**PhilHealth**  
 Your Partner in Health!

The Barangay Captain shall be the solely authorized certifying official for new dependents whose names were not included in the PhilHealth Masterlist based on his personal knowledge of the member's relationship to the supposed dependent.

For your information and compliance.



ENRIQUE M. ZALAMEA, JR.  
President and CEO *pmz/6/17*

Note: This form can be reproduced but is NOT FOR SALE

PHIC Form CE1



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

(Local PhilHealth Office)

**Instructions:**

The following shall be the conditions for issuance of this form by the authorized signatories:

Condition	Authorized "Certifying" Official
1. Non-availability of a photocopied supporting document evidencing the relationship of hospitalized dependent with the PhilHealth Card owner.	Local PhilHealth Office Staff or C/MSWDO or Barangay Captain
2. Loss/misplacement of PhilHealth Card by the owner.	Local PhilHealth Office Staff or C/MSWDO or Barangay Captain
3. Expiration of PhilHealth Card validity but under the following conditions:	
3.1. the said owner has been favorably endorsed for membership renewal by the C/MSWDO.	C/MSWDO
3.2. the member's new ID with current validity is in transit.	Local PhilHealth Office Staff

**CERTIFICATION****Section A:**

This is to certify that \_\_\_\_\_ born on \_\_\_\_\_  
(Name of Member)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ is an eligible member of "Medicare para sa Masa" whose  
Month Day Year

PhilHealth Card bears the following information:

PhilHealth Number: \_\_\_\_\_ Address: \_\_\_\_\_

Validity Period: \_\_\_\_\_

**Section B (to be filled up only in case of hospitalization of a qualified dependent):**

This further certifies that \_\_\_\_\_, born on \_\_\_\_\_  
(Name of Dependent)

\_\_\_\_\_, \_\_\_\_\_ is the \_\_\_\_\_ of the  
Month Day Year (Relationship of Dependent with Member)

abovementioned member.

**Section C:**This certification is issued upon request due to *(please check the appropriate box/es)*:

1. Non-availability of a photocopied supporting document evidencing the relationship of hospitalized dependent with said member.
2. Loss/misplacement of PhilHealth Card by member.
3. Expiration of PhilHealth Card validity but under the following conditions:
- 3.1. the said member has been favorably endorsed for membership renewal by the C/MSWDO.
- 3.2. the member's new ID with current validity is in transit.

Name and Signature of Authorized Official \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Province of \_\_\_\_\_

City/Municipality of \_\_\_\_\_

Barangay \_\_\_\_\_