



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

CityState Centre, 709 Shaw Blvd. corner Oranbo Drive, Pasig City

Healthline: 637-9999, www.philhealth.gov.ph

May 28, 2003

PHILHEALTH CIRCULAR

No. 18 ^{s.} _{MS} 2003

TO: ALL PHILHEALTH MEMBERS, ACCREDITED PROFESSIONALS AND INSTITUTIONAL HEALTH CARE PROVIDERS, PHILHEALTH REGIONAL OFFICES (PROs) AND ALL CONCERNED

SUBJECT: Updated Summary of Documentary Requirements in the Availment of NHIP (Medicare) Benefits

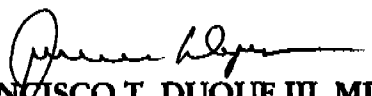
This summary is a consolidation of applicable requirements in filing claims applications based on related issuances released by the Corporation for easy reference. There are no changes in the current documentary requirements except for consideration of Member Data Record (MDR) as the primary document for proof of dependency for legal dependents of registered Individually Paying Member (IPM) and Non-Paying Member (NPM) in case applicable legal documents are not available.

It should be clarified however, that in the *medical evaluation* of the claim, PhilHealth may still require other or additional documents when deemed necessary for a more accurate evaluation of the claims.

Accordingly, this Circular supercedes or amends PhilHealth Circular Nos. 46, 46-A, 46-B, 68 (Item 5), 69, and 71 all Series of 1999, PhilHealth Circular Nos. 01, 13, 21 and 28 all Series of 2000, and PhilHealth Circular Nos. 08, 19, 20 and 25 (Item 8) all Series of 2001. All the other provisions of said circulars or issuances which are not inconsistent herewith shall remain in full force and effect.

This Circular shall apply only to admissions starting July 1, 2003.

Please be guided accordingly.


FRANCISCO T. DUQUE III, MD, MSc
President and CEO

PhilHealth
Healing the wounds of Poverty.

**UPDATED SUMMARY OF DOCUMENTARY
REQUIREMENTS IN THE AVAILMENT OF NHIP
(MEDICARE) BENEFITS**

**ALL CLAIMS APPLICATION SHOULD ATTACH THE DULY ACCOMPLISHED
PHILHEALTH CLAIM FORM 1 AND THE FOLLOWING REQUIREMENT/S:**

MEMBERSHIP CATEGORY	REQUIREMENTS
I. EMPLOYED SECTOR	<p>Duly accomplished PhilHealth Claim Form 1 is sufficient.</p> <p>In case item no. 16 (Certification of Employer) in PhilHealth Claim Form 1 is not properly accomplished, require submission of the following:</p> <ul style="list-style-type: none">• Accomplishment of item 16 of PhilHealth Claim Form 1 AND <p>Any of the following:</p> <ul style="list-style-type: none">• Photocopy of Employer's Quarterly Remittance Report Form (RF 1) and Photocopy of Duly Validated Revised Contributions Payment Return Form for Employed Sector (ME 5); or• Photocopy of Official Receipts of accredited banks
II. INDIVIDUALLY PAYING MEMBER	<p>Photocopy of member's PhilHealth ID Card AND</p> <p>Any of the following:</p> <ul style="list-style-type: none">• Photocopy of Duly validated Contribution Payment Return Form (MI 5).• Photocopy of Machine printed receipt/s.• Photocopy of Official Receipts of PhilHealth accredited banks.• Photocopy of Official Receipt/s of the Republic of the Philippines (for over the counter payment).
III. NON-PAYING MEMBERS	
A. Registered Non-Paying member with PhilHealth ID Card	Photocopy of member's PhilHealth ID Card

B. Non-Registered Non-Paying member

B.1. SSS Old-Age Retiree – A member who has reached the age of 60 with 120 monthly Medicare premium contributions.

Any of the following:

- Photocopy of Print-out of Death, Disability and Retirement (DDR) from any SSS Office indicating that the type of claim is retirement in nature and the effectivity date of pension.
- Photocopy of the Retiree/Pensioner Certification issued by SSS indicating the effectivity date of retirement.

B.2. GSIS Old-Age Retiree – A member who has reached the age of 60 years old. To include GSIS member who availed of early retirement and has reached the age of 60 years old upon confinement and has paid 120 monthly Medicare premium contributions.

Any of the following:

- Photocopy of Certification/Letter of Approval of Retirement from the GSIS indicating the effectivity date of retirement.
- Photocopy of Service Record issued by the employer/s showing rendered service of not less than 120 months exclusive of leave of absences without pay.
- Photocopy of Certification/Retirement Gratuity from the employer indicating services of not less than 120 months.
- Photocopy of retirement voucher issued by GSIS.

B.3. SSS Survivorship Pensioner
PRIOR to effectivity of RA 7875
on March 4, 1995.

Any of the following:

- Photocopy of Print-out of Death, Disability and Retirement (DDR) from any SSS Office indicating that the type of claim is survivorship in nature and the effectivity date of pension.
- Photocopy of Survivorship Pensioner Certification issued by SSS indicating effectivity date of pension.

B.4 SSS / GSIS Disability Pensioner
PRIOR to effectivity of RA 7875 on
March 4, 1995.

Any of the following:

- Photocopy of Print-out of Death, Disability and Retirement (DDR) from any SSS Office indicating that the type of claim is disability in nature and the effectivity date of pension.
- Photocopy of Disability Pensioner Certification issued by SSS/GSIS indicating effectivity date of pension or the period of coverage for SSS/GSIS disabled pensioner.

B.5. Uniformed AFP, PNP, BJMP and BFP Retirees/Pensioners – Those who has reached age of 56 years old (compulsory retirement) and those separated for other reasons prior to said age and have reached the age of 60 prior to confinement.

B.6. Retirees and Pensioners who are Members of the Judiciary

B.7. Retirees who are members of Constitutional Commissions and other Constitutional Offices

IV. INDIGENT MEMBERS

Any of the following:

- Photocopy of General/Special or Bureau Order indicating effectivity date of retirement from the Service Command/ Headquarters or Bureau.
- Photocopy of Certification/Letter of Approval of Retirement from the GSIS indicating services of not less than 120 months.
- Photocopy of Statement of Services issued by previous employer showing service of not less than 120 months exclusive of absences without pay.

Any of the following:

- Photocopy of Certification of Retirement from the Office of the Court Administrator (OCA) or such other concerned office(s) clearly indicating the tenure of Justice/Judge.
- Service Record (leave of absences without pay must be indicated, if any) or duly signed Certification from previous employer/s indicating number of monthly Medicare premium contributions paid.

Any of the following:

- Photocopy of Certification of Retirement from the concerned office concerned clearly indicating the tenure of the official/employee.
- Service Record (leave of absences without pay must be indicated, if any) or Duly signed Certification from previous employer/s indicating number of monthly Medicare premium contributions paid.

Any of the following:

- Photocopy of member's valid PhilHealth Membership Identification Card or
- Original copy of Certification (PhilHealth Form CE 1) from the local PhilHealth Office or Social Welfare and Development Officer or Punong Barangay.

V. DEPENDENTS	REQUIREMENTS
<p>A. Dependents of registered Member with PhilHealth ID Card</p> <p>A.1. Employed Sector</p> <p>A.2. Individually Paying Member (IPM)</p> <p>A.3. Non-Paying Member (NPM)</p> <p>A.4 Indigent Program Member</p> <ul style="list-style-type: none"> - For dependents whose names are written in PhilHealth ID Card - For dependents whose names are not written or do not appear in PhilHealth ID Card 	<p>Document/s required in Membership Category I</p> <p>All documents required in Membership Category II AND photocopy of print-out of Member's Data Record (MDR)</p> <p>Photocopy of member's PhilHealth ID Card AND photocopy of print-out of Member's Data Record (MDR)</p> <p>Photocopy of Valid PhilHealth Membership Identification Card</p> <p>Photocopy of Valid PhilHealth Membership Identification Card AND any proof of dependency as stated in "Types of Dependent" as applicable OR original copy of a Certification (PhilHealth Form CE 1) from the Local PhilHealth Office, City/Municipal Social Welfare and Development Officer (C/MSWDO) or a Barangay Captain/ original copy of a duly notarized joint affidavit of two disinterested persons certifying the dependency status of claimant to the member.</p>
<p>In the absence of MDR or if the name of dependent/s does not appear in the MDR, submit any proof of dependency as stated in "Types of Dependent" as applicable.</p>	
<p>B. Dependents of Non-Registered Member</p> <p>B.1 Individually Paying Member (IPM)</p> <p>B.2 Non-Paying Member (NPM)</p>	<p>All documents required in Membership Category II and any proof of dependency as stated in "Types of Dependent" as applicable.</p> <p>All documents required in Membership Category III and any proof of dependency as stated in "Types of Dependent" as applicable.</p>

TYPES OF DEPENDENT	PROOF OF DEPENDENCY
<ul style="list-style-type: none"> • Child • Illegitimate/Legitimated child • Legally adopted child • Stepchild 	<p>Photocopy of Birth Certificate</p> <p>Photocopy of Birth Certificate of dependent reflecting the name of member as parent.</p> <p>Photocopy of Legal adoption papers</p> <p>All of the following:</p> <ul style="list-style-type: none"> ✓ Photocopy of Marriage Contract/ Certificate between the member and biological parent ✓ Photocopy of Birth Certificate of dependent stepchild reflecting the name of biological parent who is the spouse of the member.
<ul style="list-style-type: none"> • Spouse • Parents 60 years old and above 	<p>Photocopy of Marriage Contract/ Certificate</p> <p>All of the following:</p> <ul style="list-style-type: none"> ✓ Photocopy of Birth Certificate of member ✓ Photocopy of Birth Certificate of parents or in its absence, Notarized Affidavit of two disinterested person attesting to the date of birth of parent.
<ul style="list-style-type: none"> • Disabled child 21 years old and above 	<p>All of the following:</p> <ul style="list-style-type: none"> ✓ Original copy of Doctor's Certification that the dependent is disabled ✓ Photocopy of Birth Certificate of the dependent child AND <p>Photocopy of <u>Marriage Contract/ Certificate between the member and biological parent if the dependent is a stepchild</u> or photocopy of <u>Legal adoption papers if the dependent is an adopted child.</u></p>

MEMBER WHO EXPIRED DURING CONFINEMENT	REQUIREMENT/S
<p>If member is married:</p> <ul style="list-style-type: none"> • Spouse – claimant • Child – claimant 	<p>ALL of the following:</p> <ul style="list-style-type: none"> ✓ Photocopy of Marriage Contract/Certificate ✓ Photocopy of Death Certificate of member ✓ Original copy of letter of request to claim for the benefits. <p>ALL of the following:</p> <ul style="list-style-type: none"> ✓ Photocopy of Birth Certificate of claimant ✓ Photocopy of Death Certificate of member ✓ Original copy of letter of request stating that claimant is authorized by other surviving heir/s of the deceased member to claim for the benefits.
<p>If member is single:</p> <ul style="list-style-type: none"> • Parent – claimant • Brother / sister – claimant 	<p>ALL of the following:</p> <ul style="list-style-type: none"> ✓ Photocopy of Birth Certificate of member ✓ Photocopy of Death Certificate of member ✓ Original copy of letter of request to claim for the benefits. <p>ALL of the following:</p> <ul style="list-style-type: none"> ✓ Photocopy of Birth Certificate of both member and claimant ✓ Photocopy of Death Certificate of member ✓ Original copy of letter of request stating that claimant is authorized by other surviving heir/s of the deceased member to claim for the benefits.