



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

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Parent 60 years old and above	<ul style="list-style-type: none"> <li>• Photocopy of the member's PhilHealth ID</li> <li>• Photocopy of the member's Birth or Baptismal Certificate</li> </ul>
<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"> <li>• Original copy of a Certification (PhilHealth Form CE 1) from the Local PhilHealth Office, or City/Municipal Social Welfare and Development Officer (C/MSWDO) or the Barangay Captain.</li> <li>• Original copy of a duly notarized joint affidavit of two disinterested persons certifying the dependency status of claimant to the member.</li> </ul>	

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"> <li>• Photocopy of the member's PhilHealth ID</li> </ul>
Dependents whose names are written in the PhilHealth ID	<ul style="list-style-type: none"> <li>• Photocopy of the member's PhilHealth ID</li> </ul>
Dependents whose names are not written in the PhilHealth ID	<ul style="list-style-type: none"> <li>• Attachments shall be the same as the dependents of members with new IDs.</li> </ul>

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 *mmh 6/17*