



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH CIRCULAR

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TO : ALL MEMBERS OF THE NATIONAL HEALTH INSURANCE PROGRAM (NHIP), ACCREDITED PROFESSIONALS AND INSTITUTIONAL HEALTH CARE PROVIDERS, PHILHEALTH REGIONAL OFFICES (PROs) AND ALL CONCERNED

SUBJECT : Authorized Signatory in PhilHealth Claim Form 1 in the Absence of the Member

Claims application requires the member's signature in PhilHealth Claim Form 1. There are instances however, during the confinement of a dependent that a member is not available to sign the claim form. PhilHealth recognizes that some of its members especially the employed sector may be assigned to areas outside of their head office and away from their families. In such cases, these members are unable to sign the claim form.

Under the above circumstances, in consideration for PhilHealth members, PhilHealth Claim Form 1 may be signed in behalf of the member by the next of kin as follows:

Member Status

Authorized Person to Sign in Order of Priorities

Member is married

Legal SPOUSE in behalf of the member who is not available

CHILD (18 years old and above) in the absence of the spouse

PARENT (mother or father) in the absence of spouse and children

Member is single

PARENT (mother or father) in behalf of the member who is not available

BROTHER/SISTER/GUARDIAN in case the member is orphaned

The reason for signing in behalf of the member in PhilHealth Claim Form 1 must be stated in the form or a certification thereof on a separate sheet of paper. A photocopy of the authorized signatory's identification card (ID) and/or proof establishing his relationship with the member must also be attached to the claim. In addition, the full name, complete address and contact number/s of the signatory should also be legibly written in the form or on a separate sheet of paper as the case maybe.

Please be guided accordingly.



FRANCISCO T. DUQUE III, M.D., MSc.
President and CEO