

# Republic of the Philippines

## PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City Healthline 637-9999 www.philhealth.gov.ph



Ka-Pamilya Mo!

PHILHEALTH CIRCULAR

, s-2005

TO

: OVERSEAS WORKERS, ACCREDITED HEALTH

CARE PROVIDERS and ALL CONCERNED

SUBJECT

: <u>Issuance of an Enhanced Member Data Record(MDR)</u>

for Overseas Workers

PhilHealth shall issue an enhanced Member Data Record to all enrolled overseas workers which shall serve as their official proof of eligibility in the availment of benefits. It shall contain the following information: (a) Name of member; (b) Name of qualified dependents, if any; and (c) Validity of coverage corresponding to the amount of premium contribution paid by the member.

Title III, Section 3.A.5 of the Implementing Rules and Regulations (IRR) of Executive Order No. 182 as amended, directed the Corporation to "issue a PCE which shall be valid for one (1) year after the payment of annual premium contribution and shall serve as proof of eligibility in the availment of NHIP benefits." The enhanced MDR will replace the PhilHealth Certificate of Eligibility (PCE) and Medicare Eligibility Certificate (MEC). However, all valid PCEs/MECs which were issued prior to the implementation of this circular shall remain effective up to the validity period stated therein.

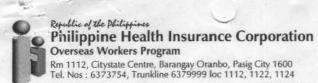
This Circular takes effect fifteen (15) days after publication.

Jama O. Lajordo LORNA O. FAJARDO

Officer-in-charge

Office of the President and CEO

Date Signed: 04/17/03 esl/mcmg/circularmdr/emz



## MEMBER DATA RECORD

#### MEMBER INFORMATION

PhilHealth Identification Number (PIN): 190256952045

**TESTOWP OWWA TESTOWP III** 

RM 1408 709 SHAW BLVD, ORANBO, PASIG CITY

Contact No. (Local) : 02 6379999

Foreign Address

3335 WEST LINCOLN AVENUE APARTMENT # 137

GLENDALE HAYWARD BLDG., ANAHEIM, CALIFORNIA, USA

Contact No. (Foreign)

: 123456789012345

Date of Birtin

: 08/19/1975

Place of Birth

. QUEZON CITY, SECOND DISTRICT

Civil Status

: MARRIED

Tax Identification No. : 123456789

Member Type

: OFW

**EMPLOYER INFORMATION** 

Philhealth Employer Number (PEN)

Name of Employer

**Business Address** 

Telephone Number

N/A N/A

N/A

Tax Identification Number

N/A N/A

#### DEPENDENT INFORMATION

No.	Surname	Given Name	M.I.	Sex	Relationship	Date of Birth
01	TESTOWP	OWP	Ο.	Female	Spouse	08/19/1976

\*\*\* AWAITING SUBMISSION OF APPROPRIATE DOCUMENTARY REQUIREMENT/S FOR THE OTHER DEPENDENT/S \*\*\*

### PAYMENT INFORMATION

Coverage	OR Number	Amount	Date of Payment	
08/19/2005 - 08/18/2006	XXX999	900.00	08/19/2005	

\*\*\* NOTHING FOLLOWS \*\*\*

ELIZABETH S. FERNANDEZ M.D.

Head Overseas Workers Program