

PHILHEALTH CIRCULAR
No. 31, s. 2005

FOR : **ALL ASSISTANT VICE PRESIDENTS, VICE
PRESIDENT FOR NCRG AND CONCERNED
STAFF OF THE REGIONAL AND SERVICE
OFFICES**

SUBJECT : **Addendum/Amendment to PhilHealth Circular No. 03, s. 2005
or the Issuance of Certificate of Eligibility or PHIC Form CE1**

In consideration of damaged PhilHealth Family Health Cards, including those with errors or discrepancies thereby causing possible denials of cardholders and/or dependents of their hospitalization benefits by some PhilHealth accredited health care providers, PhilHealth Circular No. 03, series of 2005 is hereby amended.

1. Other conditions for the issuance of PHIC Form CE1

- 1.1 Damaged PhilHealth Family Health Cards
- 1.2 PhilHealth Family Health Cards with errors and/or discrepancies

Hence, initials by the LSWDO or PhilHealth personnel on the errors/discrepancies on the information on the Card shall no longer be accepted.

- 2. The PHIC Form CE1 shall used for one (1) confinement period only.
- 3. The concerned PhilHealth Regional or Service Office shall ensure the immediate replacement of surrendered Cards. Should immediate replacement be impossible, the concerned PhilHealth Office shall ensure issuance of new PhilHealth Family Health Cards within one month upon issuance of PHIC Form CE1.
- 4. The PHIC Form CE1 is hereby revised to accommodate the above-mentioned amendments (*Annex A*).

This issuance shall take effect 15 days after publication in the official gazette or in a newspaper of general circulation.

(Sgd.) LORNA O. FAJARDO
Officer-in-charge
Office of the President and Chief Executive Officer

Date signed: November 24, 2005

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

CERTIFICATION

Section A:

This is to certify that _____ born on _____
_____, _____, is an eligible member of the **Sponsored (Indigent) Program** whose PhilHealth Family Health 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 certified that _____, born on _____
_____, _____, is the _____ of the abovementioned member.

Section C:

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

1. Lost PhilHealth Family Health Card by member.
2. Non-availability of PhilHealth Family Health Card due to the following:
 - Damaged PhilHealth Family Health Card
 - PhilHealth Family Health Card with errors/discrepancies.
3. Non-availability of photocopied supporting documents evidencing the relationship of hospitalized dependent with said member.

Name and Signature of Authorized Official

Position

Date of Issuance