



PHILHEALTH CIRCULAR
 No. 28, s-2006

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

SUBJECT : Guidelines and Documentary Requirements in Availment of PhilHealth Benefits of Minor-member Below 18 Years Old Enrolled under the Individually-Paying Program (IPP) and Survivor-Children Below 18 Years Old

This is to clarify procedures and documents required for minor-member (below 18 years old), enrolled in NHIP under special circumstances, to file claims applications and avail of benefits. Minor-members referred to herein are the children below 18 years old enrolled as an Individually-Paying Member (IPM) and the survivor-children below 18 years old of deceased/unqualified (due to remarriage) survivor-parent under the Non-Paying Program who are under the custody of individuals who act as guardians by virtue of a Judicial Order or a notarized Affidavit of Guardianship.

A. ACCOMPLISHMENT OF PHILHEALTH CLAIM FORM I

- **Minor-Member including Survivor-Children below 18 years old**
 1. Minor-Member/survivor-child shall fill-out and sign the PhilHealth Claim Form 1 to be countersigned by guardian; **or**
 2. The guardian by virtue of a Judicial Order or an Affidavit of Guardianship may fill-out the Form 1 to be signed by the minor-member/survivor-child or the minor-member/survivor-child shall affix his/her thumbmark on the Claim Form 1 (if unable to read and write) and to be countersigned by the guardian; **and**
 3. The guardian must attach to the claim application a clear photocopy of Judicial Order or Affidavit of Guardianship.
 - *In case the guardian is also the parent/s a Judicial Order or Affidavit of Guardianship need not be submitted but instead copy of birth certificate of the minor shall be attached to the claim application.*
 - *Children between 18 to 21 years old may sign documents without a guardian*

B. SUPPORTING DOCUMENTS

CATEGORY	ATTACHMENT
1. Registered dependents of minor-member (below 18 years old) enrolled under IPP	
1.1 Child/ren; or	<ul style="list-style-type: none"> • Member Data Record (MDR); and • Clear copy of Any proof of premium payments to PhilHealth such as the following: <ul style="list-style-type: none"> • Validated MI-5 (Contribution Payment Return Form for Individually-Paying Member) • PhilHealth Official Receipt [for Over The Counter Collection System (OTCCS)] • PhilHealth Agent's Receipt (PAR) • Government Official Receipt (Official Receipt/s of the Republic of the Philippines) • Bank Passbook for Auto Debit Arrangement (ADA) - only pages where payment is indicated shall be submitted. • In case of loss of Contribution Payment Receipts, secure a Certificate of Premium Payment from PhilHealth.
1.2 Spouse	
1.3 Parents 60 years old and above (biological, adoptive or step-parent)	
2. Non-registered dependents of minor-member (below 18 years old) enrolled under IPP	
2.1 Child/ren a. Legitimate b. Illegitimate c. Adopted	<p>Clear copy of All of the following:</p> <ul style="list-style-type: none"> • Birth Certificate with registry number/ Baptismal Certificate; or • Legal adoption papers or Court Decree Resolution on Adoption for adopted child/ren; and • Any proof of premium payments to PhilHealth as stated under Category 1.
2.2 Spouse	<p>Clear copy of All of the following:</p> <ul style="list-style-type: none"> • Marriage Certificate/Contract • Proof of payment

2.3 Parent/s 60 years old and above

2.3.1 Biological Parent

2.3.2 Step-parent

2.3.3 Adoptive parent

3. Survivor-children below 18 years old of unqualified (due to re-marriage)/ deceased survivor-parent prior to March 4, 1995 under Non-Paying Program:

3.1 Registered survivor-Child/ren

3.2 Non-registered survivor Child/ren

3.2.1 Adoptive survivor Child/ren

3.2.2 Survivor disabled children (18 years old and above)

Clear copy of All of the following:

- Birth Certificate with registry number or Baptismal Certificate of minor-member wherein the name/s of the parent/s are indicated therein;
- Birth Certificate with registry number of dependent-parents or in its absence, a notarized Affidavit of two disinterested persons attesting to the date of birth of parent with attached Certificate of No Record found from NSO or Local Civil Registrar; or passport/driver's license/senior citizen's ID (indicating the date of birth of dependent-parent); **and**
- Any proof of premium payments to PhilHealth as stated under Category 1.

Clear copy of All of the following:

- Marriage Contract with registry number between the biological parent and the step-parent of the member;
- Birth Certificate with registry number of step-parent; **or** in its absence, a notarized Affidavit of two disinterested persons attesting to the date of birth of step-parent with attached Certificate of No Record found from NSO or Local Civil Registrar OR passport/driver's license/senior citizen's ID;
- Birth Certificate with registry number or Baptismal Certificate of member (stepchild) reflecting the name of the biological parent;
- Death Certificate/Judicial Declaration of Presumptive Death of member's biological parent; **and**
- Any proof of premium payments to PhilHealth as stated under Category 1.

Clear copy of All of the following:

- Birth Certificate with registry number of adoptive parent **or** in its absence, a notarized affidavit of two disinterested persons attesting to the date of birth of adoptive-parent with attached Certificate of No Record found from NSO or Local Civil Registrar **or** passport/ driver's license/ senior citizen's ID;
- Court Decree/Resolution of Adoption or Birth Certificate with registry number of the member (adopted child) in which adoption is annotated thereto; **and**
- Any proof of premium payments to PhilHealth as stated under Category 1.

- Member Data Record (MDR) of unqualified/ deceased SSS survivor-member
- Clear copy of Birth Certificate with registry number or Baptismal Certificate of Child/ren

Clear copy of Any of the following:

- Birth Certificate of the adopted child/ren in which adoption is annotated thereto; **and**
- Legal adoption papers or Court Decree Resolution on Adoption

All the following:

- Clear copy of all documents required as applicable for dependent child/ stepchild/ adopted child; **and**
- Original copy of Doctor's Certification (*within the past six months*) indicating that the dependent is disabled, with description and extent of disability.

C. Benefit Reimbursement

In case of direct-filed claims or with attached Official Receipt/s for medicines bought outside of the hospital, reimbursement shall be made payable to the member and/or guardian.

For implementation and guidance.

(Sgd.) LORNA O. FAJARDO
 Acting President and CEO

Date signed: September 20, 2006