



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Citystate Centre, 709 Shaw Boulevard, Pasig City
 Healthline 637-9999 www.philhealth.gov.ph

PHILHEALTH CIRCULAR

No. 12, s, 2008
Duty

TO : ACCREDITED INSTITUTIONAL HEALTH CARE PROVIDERS AND ALL OTHERS CONCERNED

SUBJECT : Documents Required in Availing of Benefits for Individually Paying Members (IPMS) under the PJODAF-PCSO-PHIC Enrollment

All Individually Paying Members (IPMS) enrolled through PJODAF-PCSO-PHIC and their dependents are required to submit the following documents in availing of National Health Insurance Program (NHIP) benefits:

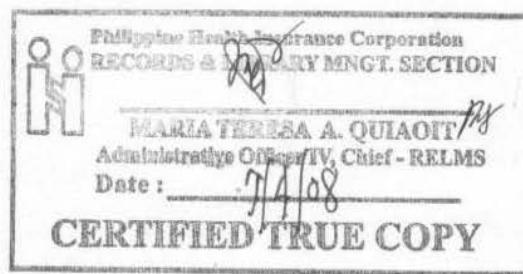
- Duly accomplished PhilHealth Claim Form 1
- Clear copy of Certificate of Eligibility issued by PhilHealth valid for one year. The member shall be treated as regular IPP in counting of the premium contribution. They are required to have paid (3) monthly contributions within 6 months prior to confinement. However, for the pregnancy – related cases and other procedures / services enumerated under PhilHealth Circular No.24, s., 2003 and PhilHealth Circular Nos.36 s., 2006, respectively the member should have paid at least nine (9) monthly contributions within twelve (12) months prior to availment of benefits. Attached is a sample of Certificate of Eligibility for your reference.
- Clear copy of Member Data Record (MDR).

In case the dependent / s does not appear in the MDR or there is a discrepancy in the member /dependent's record, the member/dependent shall be required to submit any proof of dependency / appropriate supporting document /s as prescribed in PhilHealth Circular No. 26, series of 2006 re : " Updated Summary of Documentary Requirements".

Please be guided accordingly.

Lorna O. Fajardo
LORNA O. FAJARDO
 Acting President and CEO

Date Signed : 7-03-08





Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Blvd., Pasig City

Trunkline: 6379999 loc. 1909 & 1910; Direct line: 6377603, 6874956

CERTIFICATE OF ELIGIBILITY

This is to certify that _____ (*Name of Member*), with PhilHealth Identification Number (PIN) _____ was enrolled under the Individually Paying Program (IPP) through the PJODAF-PCSO-PHIC Program covering the period _____ to _____, 200__.

This certification is issued as proof that the abovementioned member and his qualified dependents are eligible to avail of PhilHealth Benefits.

Given this ____th day of _____, 200__, at _____.

Manager, NCR _____



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Blvd., Pasig City

Trunkline: 6379999 loc. 1909 & 1910; Direct line: 6377603, 6874956

CERTIFICATE OF ELIGIBILITY

This is to certify that _____ (*Name of Member*), with PhilHealth Identification Number (PIN) _____ was enrolled under the Individually Paying Program (IPP) through the PJODAF-PCSO-PHIC Program covering the period _____ to _____, 200__.

This certification is issued as proof that the abovementioned member and his qualified dependents are eligible to avail of PhilHealth Benefits.

Given this ____th day of _____, 200__, at _____.

Manager NCR _____