



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Blvd., Pasig City
Healthline: 6379999; Website: www.philhealth.gov.ph

PHILHEALTH CIRCULAR

No. 05, s. 2008

TO : **ACCREDITED INSTITUTIONAL HEALTH CARE PROVIDERS AND ALL OTHERS CONCERNED**

SUBJECT : **Addendum to Philhealth Circular No. 18, s. 2007 on the Documentary Requirements for the Benefit Availment of Individually Paying Members (IPMs) under the Group Enrollment Scheme**

All members and their qualified dependents covered under the Individually Paying Program through the Group Enrollment Scheme shall be required to submit the following documents to avail of the National Health Insurance Program (NHIP) benefits:

- Duly accomplished PhilHealth Claim Form 1.
- Clear copy of Certificate of Premium Payment issued by PhilHealth showing payment of at least three(3) monthly contributions within six (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 No. 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 Premium Payment, for your reference.
- Clear copy of Member Data Record (MDR)

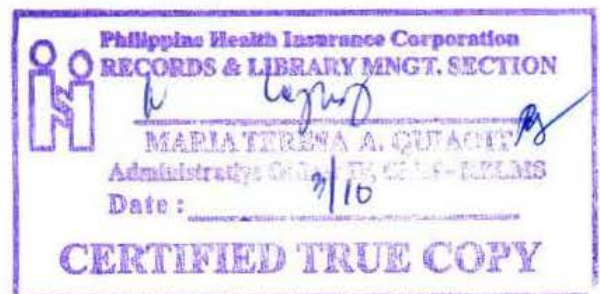
In case the dependent/s does not appear in the MDR or there is discrepancy in the member/dependent's information, the member/dependent shall be required to submit any proof of dependency/appropriate supporting document/s as prescribed in PhilHealth Circular No. 26, series of 2002 re: "Updated Summary of Documentary Requirements".

This Circular shall take effect March 16, 2008.


LORNA O. FAJARDO
Acting President and CEO

MAR 13 2008

Date Signed: _____





Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 PRO/SO: _____
 Telephone No.: _____

CERTIFICATE OF PREMIUM PAYMENT

Name of Member:			
PhilHealth Identification No. (PIN)			
Membership Category		Individually Paying Member	
Premium Contributions			
Amount Paid	Date Paid	OR No.	Period Covered

This certification is issued as proof of premium payment and basis in determining the member and his qualified dependents' eligibility to avail the Hospitalization and Regular Outpatient Benefits of PhilHealth.

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

Name of Authorized Signatory
 (PRO/SO)



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 PRO/SO: _____
 No.: _____

CERTIFICATE OF PREMIUM PAYMENT

Name of Member:			
PhilHealth Identification No. (PIN)			
Membership Category		Individually Paying Member	
Premium Contributions			
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Given this ____th day of _____, 200__, at _____.

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