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. 03, s.2011

TO : **ALL ACCREDITED HEALTH CARE PROVIDERS (INSTITUTIONS AND PROFESSIONALS), ALL EMPLOYERS, ALL PHILHEALTH OFFICES AND ALL OTHERS CONCERNED**

Subject : **Amendment to PhilHealth Circular No. 12, s-2010 (Enhanced PhilHealth Claim Forms)**

In line with PhilHealth Circular No. 25, s. 2010 also known as the Nine (9) Months Contribution as a Requirement for Benefit Availment, amendments are hereby issued for certain provisions of the Enhanced Claim Form 1 and its implementing guidelines under PhilHealth Circular No. 12, s-2010.

I. **CLAIM FORM I – PART II (EMPLOYER'S CERTIFICATION)**

Item number four (4) of the Employer's Certification (Annex A) shall be amended as follows:

This is to certify that all monthly premium contributions for and in behalf of the member, while employed in this company, including the applicable ***nine (9) monthly premium contributions within the past twelve (12) months*** *period prior to the first day of this confinement, have been deducted/collected and remitted to PhilHealth, and that the information supplied by the member or his/her representative on Part I are consistent with our available records.*

II. **IMPLEMENTING GUIDELINES ON THE PROPER ACCOMPLISHMENT OF REVISED PHILHEALTH CLAIM I**

The certification of employer portion (Annex B) shall be amended as follows:

The employer or his/her authorized representative shall affix his/her signature certifying that all monthly premium contributions for and in behalf of the member, while employed in their company, including the applicable ***nine (9) monthly premium contributions have been deducted/collected and remitted to PhilHealth during the past twelve (12) month period*** prior to the first day of confinement and the information supplied by the member or his/her representative are consistent with their available records.

This Circular shall take effect for all claims with admission dates starting July 1, 2011.

All other provisions of previous issuances that are not inconsistent with any provisions of this Circular remain in full force and effect.

DR. REY B. AQUINO
President and CEO
Date signed: 17 Feb '11

PHILHEALTH
MA. TERESA A. QUIAOIT
A.O. IV, Chief-RELMS
Date: 3/1/11
CERTIFIED TRUE COPY

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ANNEX A

CF1

(Claim Form)
revised January 2011

IMPORTANT REMINDERS:

PLEASE WRITE IN **CAPITAL LETTERS** AND **CHECK** THE APPROPRIATE BOXES.
For **local confinement**, this form together with CF2 and other supporting documents should be filed within **60 DAYS** from date of discharge.
For **confinement abroad**, this form together with other supporting documents should be filed within **180 DAYS** from date of discharge.
Only one (1) original copy of this Form is required per claim application/availment.
All information required in this form are necessary and claim forms with incomplete information shall not be processed.
FALSE / INCORRECT INFORMATION OR MISREPRESENTATION SHALL BE SUBJECT TO CRIMINAL, CIVIL OR ADMINISTRATIVE LIABILITIES.

PART I - MEMBER and PATIENT INFORMATION

(Member/Representative to fill out all items with the assistance of the Health Care Provider)

1. PhilHealth Identification No. (PIN): ☐☐ – ☐☐☐☐☐☐☐☐☐ – ☐

2. Member Category:
☐ Employed ☐ Government ☐ Private
☐ Sponsored
☐ OFW
☐ Individually Paying
☐ Lifetime

3. Name of Member
Last Name First Name Middle Name (example: Dela Cruz, Juan Jr., Sipag)

4. Mailing Address:
(House Number & Name of Street) (Barangay)
(City / Municipality) (Province) (ZIP Code)

5. Date of Birth:
☐☐ – ☐☐ – ☐☐☐☐
(Month) (Day) (Year)

6. Contact Information (if available):
E-mail Address: _____ Mobile No.: _____ Landline No.: _____

7. Name of Patient:
Last Name First Name Middle Name (example: Dela Cruz, Juan Jr., Sipag)

8. ☐ Patient is the Member
☐ Patient is a Dependent
☐ Child ☐ Parent
☐ Spouse

9. CERTIFICATION OF MEMBER:

I hereby certify that the herein information are true and correct and may be used for any legal purpose.

Signature Over Printed Name of Member
☐☐ – ☐☐ – ☐☐☐☐
Date Signed (month-day-year)

Signature Over Printed Name of Member's Representative
☐☐ – ☐☐ – ☐☐☐☐
Date Signed (month-day-year)

10. Relationship of the Representative to the Member:
☐ Child ☐ Parent
☐ Spouse ☐ Guardian / Next of Kin

11. Reason for Signing on Behalf of the Member:
☐ Member is Abroad / Out-of-Town ☐ Member is Incapacitated ☐ Other Reasons: _____

PART II - EMPLOYER'S CERTIFICATION (for employed members only)

1. PhilHealth Employer No. (PEN): ☐☐ – ☐☐☐☐☐☐☐☐☐ – ☐ 2. Contact No.: _____

3. Business Name and Official Address:
(Business Name of Employer)
(Building Number and Street Name)
(City / Municipality) (Province) (ZIP Code)

4. CERTIFICATION OF EMPLOYER:

This is to certify that all monthly premium contributions for and in behalf of the member, while employed in this company, including the applicable nine (9) monthly premium contributions within the past twelve (12) months period prior to the first day of this confinement, have been deducted/collected and remitted to PhilHealth, and that the information supplied by the member or his/her representative on Part I are consistent with our available records.

Signature Over Printed Name of Employer / Authorized Representative | Official Capacity / Designation | ☐☐ – ☐☐ – ☐☐☐☐ Date Signed (month-day-year)

(For PhilHealth use only)

ANNEX B

4	**Certification of Employer** **(for employed members only)** **Signature over printed name of employer/authorized representative:** The employer or his/her authorized representative shall affix his/her signature certifying that all monthly premium contributions for and in behalf of the member, while employed in their company, including the applicable ***nine (9) monthly premium contributions have been deducted/collected and remitted to PhilHealth during the past twelve (12) month*** period prior to the first day of confinement and the information supplied by the member or his/her representative are consistent with their available records.