



May 11, 2012

PHILHEALTH CIRCULAR

No. 021, s- 2012

TO : ALL PHILHEALTH ACCREDITED HOSPITALS, ALL PHILHEALTH OFFICES AND ALL OTHERS CONCERNED

SUBJECT : PhilHealth CARES Form (PCF1)

One of the main objectives in the deployment of the PhilHealth CARES (Customer Assistance, Relations and Empowerment Staff) is to facilitate the availment of benefits by PhilHealth members and dependents. The Member Data Record (MDR) has been identified as a primary document to be submitted when a member claims benefits. In case when the member does not have a copy of his/her MDR, a properly filled up PhilHealth CARES Form 1 as shown below can be attached to the Claims Form 1:

In view of this, PhilHealth Claims Form with a properly filled up Philhealth CARES Form 1 shall be accepted.

This Circular shall take effect 15 days after publication in a newspaper of general circulation.

EP
DR. EDUARDO P. BANZON
 President and CEO

Date signed: 5/14/12

PHILHEALTH
 MA. TERESA A. CHAOIT
 A.O. No. 100-11-11
 Date: 5/18/12
CERTIFIED TRUE COPY



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Citystate Centre, 709 Shaw Boulevard, Pasig City
 Healthline 441-PHIC (7442) www.philhealth.gov.ph

PHILHEALTH IDENTIFICATION NUMBER (PIN) - - DATE OF BIRTH: / /
MM/DD/YYYY

PCF1
 PhilHealth CARES Form 1

MEMBER INFORMATION

LAST FIRSTNAME NAME SUFFIX MIDDLE NAME

VERIFICATION OF DEPENDENT/S ADDITIONAL DEPENDENT/S

DEPENDENT INFORMATION

LAST	FIRST	MIDDLE	BIRTHDATE	RELATION	GENDER	STATUS

MEMBERSHIP CATEGORY: MEMBER ELIGIBILITY

EMPLOYED LIFETIME OFW IPP SPONSORED

I hereby certify that the above information is true and correct.

THIS PORTION TO BE FILLED UP BY PHILHEALTH CARES
 Received and Evaluated by:

NAME AND SIGNATURE DATE THUMBMARK NAME AND SIGNATURE CARES NO. DATE

*If unable to write, affix thumb mark.

STATE REASON FOR NOT SIGNING: _____



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PhilHealth Identification Number: _____ Validity: _____ Date: ____/____/____

Name: _____ Birth date: ____/____/____ Gender: _____ Civil status: _____

Address: _____ Membership Category:

Dependents' Name: _____ EMPLOYED LIFETIME OFW

Attachments: IPP SPONSORED

- PMRF
- Supporting Documents for Dependents
- Others (Specify) _____

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Received and evaluated by:

NAME AND SIGNATURE OF CARES

NAME AND SIGNATURE DATE CARES NO. DATE

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NAME AND SIGNATURE DATE CARES NO. DATE

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BENEFITS REQUIREMENTS

CASE RATES
<input type="checkbox"/> CF1, CF2, CF3 (MEDICAL) <input type="checkbox"/> CF1, CF2 (SURGICAL) <input type="checkbox"/> Labs/ other diagnostic tests _____ <input type="checkbox"/> OR Record/ OR Technique Others please specify _____
FEE-FOR-SERVICE
<input type="checkbox"/> CF1 and CF2 <input type="checkbox"/> CF3 (Less than 24 hours confinement, patient asleep, admission in a primary hospital) <input type="checkbox"/> OR Record/ OR Technique Official receipts of meds/ drugs bought inside or outside hospital <input type="checkbox"/> Official receipts of labs/ procedures done inside or outside hospital <input type="checkbox"/> Official receipts of accredited physician/s Others please specify _____
SUPPORTING DOCUMENTARY REQUIREMENTS
<input type="checkbox"/> Employer's certification of payment <input type="checkbox"/> Proof of premium payments/ payment slips <input type="checkbox"/> Senior citizen ID <input type="checkbox"/> MDR <input type="checkbox"/> Original / CTC of Statement of Account <input type="checkbox"/> CE1 (Certificate of Eligibility for sponsored member whose membership has expired) Other valid/ government-issued primary IDs: <input type="checkbox"/> Philippine Passport or Foreign Passport <input type="checkbox"/> Current Driver's License ID <input type="checkbox"/> Philippine Regulation Commission (PRC) ID <input type="checkbox"/> National Bureau of Investigation (NDI) Clearance Others please specify _____

REGIONAL OFFICE

PhRO NCR NORTH

Marc I Bldg., 1971 Taft Avenue, Malate, Manila
Metro Manila (North), NCR-North

PhRO NCR SOUTH

Citystate Center /U9 Shaw Blvd., Pasig City

PhRO NCR CENTRAL

F.R. Estuar Bldg., 880 Quezon Avenue, Quezon City
Metro Manila (Central), NCR-Central

SERVICE OFFICES (NCR)

- CONTACT INFORMATION**
 LH Letter: 443/1442
- Manila Service Office
 4/F, Marc I Bldg., 1971 Taft Ave., Malate Manila
 - Calocan Service Office
 Remon Bldg., Rizal Ave. Extension bet. 10th & 11th Ave., Calocan City
 - Mandaluyong Service Office
 884 P.O. Box 21, 2/F Putangin Express Bldg. 8th Avenue Bldg., San Jose, Mandaluyong
 - Quezon City Service Office
 F.R. Estuar & Associates Penthouse, Estuar Building, 880 Quezon Ave., QC
 - Kita Service Office
 The Brick Road Sta. Luke East Grand Mall, Ortigas, Kita
 - Pasig Service Office (PHAC) - Covered areas: Pasig, Taguig, Patena
 G.P. Development Academy of the Philippines Building, San Miguel Avenue, Ortigas Center, Pasig City
 - Marikina Service Office (PHAC) - Covered areas: Marikina, Pasay
 170 Building, 337 Sen. Gil Puyat Avenue, Marikina City
 - Las Piñas Service Office - Covered Areas: Las Piñas, Muntinlupa, Parañaque
 471 Edora Building, Alabaster/Deoste Road, Las Piñas City

ONLINE SERVICES

<http://www.philhealth.gov.ph/services/>

E-REGISTRATION - This facility enables individuals to register online

BENEFITS REQUIREMENTS

CASE RATES
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TALLY SHEET

MEMBERSHIP	CONTRIBUTION	BENEFITS/AVAILMENT
<input type="checkbox"/> PIN Inquiry <input type="checkbox"/> MDR Concern <input type="checkbox"/> Amendment of Record <input type="checkbox"/> Correction in member profile <input type="checkbox"/> Correction in dependent's profile (adding dependents) <input type="checkbox"/> Change in civil or marital status <input type="checkbox"/> Change in membership category <input type="checkbox"/> Registration <input type="checkbox"/> Procedure <input type="checkbox"/> Documentary Requirements <input type="checkbox"/> PhilHealth ID (application, issuance, claiming)	<input type="checkbox"/> Employer <input type="checkbox"/> Registration <input type="checkbox"/> Contribution History <input type="checkbox"/> Collecting Agents <input type="checkbox"/> Member Contribution (how much/ when to pay) <input type="checkbox"/> Retroactive Payment	<input type="checkbox"/> Status of Benefit <input type="checkbox"/> Reimbursement <input type="checkbox"/> Benefit Payment Notice <input type="checkbox"/> Check Status <input type="checkbox"/> Primary Care Package 1 (New Benefit) <input type="checkbox"/> Procedure <input type="checkbox"/> Documentary Requirements needed <input type="checkbox"/> No Balance Billing <input type="checkbox"/> Member Eligibility <input type="checkbox"/> Case Rates OTHERS <input type="checkbox"/> Request of CARES form (PCFI) <input type="checkbox"/> Contact Details of PHIC Office/s <input type="checkbox"/> Referred to concerned office/s Specify _____

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MEMBERSHIP	CONTRIBUTION	BENEFITS/AVAILMENT
<input type="checkbox"/> PIN Inquiry <input type="checkbox"/> MDR Concern <input type="checkbox"/> Amendment of Record <input type="checkbox"/> Correction in member profile <input type="checkbox"/> Correction in dependent's profile (adding dependents) <input type="checkbox"/> Change in civil or marital status <input type="checkbox"/> Change in membership category <input type="checkbox"/> Registration <input type="checkbox"/> Procedure <input type="checkbox"/> Documentary Requirements <input type="checkbox"/> PhilHealth ID (application, issuance, claiming)	<input type="checkbox"/> Employer <input type="checkbox"/> Registration <input type="checkbox"/> Contribution History <input type="checkbox"/> Collecting Agents <input type="checkbox"/> Member Contribution (how much/ when to pay) <input type="checkbox"/> Retroactive Payment	<input type="checkbox"/> Status of Benefit <input type="checkbox"/> Reimbursement <input type="checkbox"/> Benefit Payment Notice <input type="checkbox"/> Check Status <input type="checkbox"/> Primary Care Package 1 (New Benefit) <input type="checkbox"/> Procedure <input type="checkbox"/> Documentary Requirements needed <input type="checkbox"/> No Balance Billing <input type="checkbox"/> Member Eligibility <input type="checkbox"/> Case Rates OTHERS <input type="checkbox"/> Request of CARES form (PCFI) <input type="checkbox"/> Contact Details of PHIC Office/s <input type="checkbox"/> Referred to concerned office/s Specify _____