



**PHILHEALTH CIRCULAR**

No. 2016-0006

**TO :** ALL PHILHEALTH ACCREDITED HEALTH CARE INSTITUTIONS, PHILHEALTH OFFICES AND ALL OTHERS CONCERNED

**SUBJECT :** Revision of PhilHealth CARES Form 1 or PCF1, Superseding PhilHealth Circular No. 021-2012

**I. Rationale**

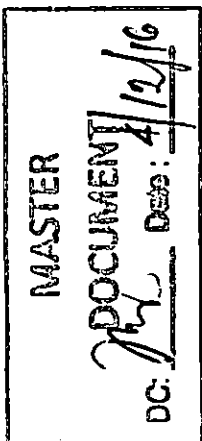
The PhilHealth CARES Form 1 or PCF 1 has been used as an alternate document for certifying the benefit eligibility of a person particularly in instances when the PhilHealth ID and/or Member Data Record are not readily available.

However, pursuant to PhilHealth Circular 02-2014, the PhilHealth Benefit Eligibility Form or PBEF generated by the Health Care Institution Portal is already enforced as the primary document for certifying the benefit eligibility of a member or a declared legal dependent.

In the event the PBEF indicates that the person is not eligible or must submit certain requirements to be eligible, or in case of system inaccuracy, inconsistency or downtime, the PhilHealth CARES may assist in manually verifying if indeed the person is entitled to the benefits or not. They should henceforth be equipped with a Form that will certify eligibility of patients to the benefits. This Circular is issued to revise the PhilHealth CARES Form 1 or PCF1 and serve this purpose.

**II. Guidelines for the Use of the PhilHealth CARES Form 1**

1. The PhilHealth CARES Form 1 or PCF1 attached hereto as *Annex A* shall supersede the previous Form implemented under PhilHealth Circular No. 021-2012.
2. The P-CARES are authorized to issue the PCF1 as proof of membership, proof of declaration of legal dependent and proof of premium contribution under the following conditions:
  - a. The PCF1 is being issued to patients of the facility where the P-CARES is assigned;
  - b. Issuance of the PCF1 is preceded by the use of the Health Care Institution (HCI) Portal which yielded a PhilHealth Benefit Eligibility Form (PBEF) that indicated "NO"—the patient can not avail of the benefits but information about the eligibility of patient can be deduced from the i-CARES system of the P-CARES;



- c. Issuance of the PCF1 is preceded by the use of the Health Care Institution (HCI) Portal which yielded a PhilHealth Benefit Eligibility Form (PBEF) that indicated “CONDITIONAL”—the patient may avail subject to submission of documents; however, information required from the patient is reflected in the i-CARES;
  - d. The HCI Portal is not accessible on the date and time the PCF1 was issued;
  - e. The PhilHealth Regional Office certified that the HCI Portal is not yet installed in the health care institution.
3. The PhilHealth CARES Form 1 should not be used for the following circumstances:
- a. For whatever purpose if a PBEF which specifies “YES” (the patient can avail of the benefits) is available;
  - b. As proof of membership or proof of declaration as a legal dependent if a Member Data Record (MDR) is readily available;
  - c. As proof of contribution if official receipts or certificate of contributions paid, or an MDR reflecting an active validity period, are readily available;
  - d. For whatever purpose if the benefit claim is for confinement/s abroad;
  - e. For whatever purpose if the benefit claim shall be directly filed to PhilHealth;
4. An issued PCF1 may only be used for one benefit availment and its original copy shall be attached to the usual claims documents. The use of a photocopied PCF1 as proof of membership, declaration of legal dependent and/or qualifying contributions is strictly prohibited.

### III. Repealing Clause

All previous PhilHealth issuances inconsistent with the provisions of this Circular, particularly PhilHealth Circular No. 021- 2012, are hereby considered repealed and/or amended accordingly.

### IV. Effectivity

This Circular shall take effect fifteen (15) days after publication in at least two (2) newspapers of nationwide circulation. A copy of this Circular shall be submitted to the Office of the National Administrative Register, Law Center, University of the Philippines.

**ALEXANDER A. PADILLA**  
 President and CEO  
 Date signed: 03/29/16

MASTER DOCUMENT  
 Date: 4/12/16



Please read the guidelines at the back before accomplishing this Form.

**1. HEALTH CARE INSTITUTION (HCI) INFORMATION**

Name of Institution : \_\_\_\_\_ Accreditation No.: \_\_\_\_\_

HCI Portal Reference No. : \_\_\_\_\_ Date and Time of Generation : \_\_\_\_\_

Reason for non-eligibility in PBEF: \_\_\_\_\_

i-CARES Service Reference Number: \_\_\_\_\_ Transaction Date and Time: \_\_\_\_\_

Reason for issuance of PCF1 without an attached PBEF:   
 No / poor internet connection  
 HCI Portal down / not accessible  
 Others, please specify: \_\_\_\_\_

Name and Signature of HCI Staff \_\_\_\_\_

**2. MEMBER INFORMATION**

PhilHealth Identification Number (PIN)	Last Name	First Name	Name Extension (JR/SR/III)	Middle Name	Date of Birth mm-dd-yyyy	Sex M / F	Mark <input type="checkbox"/> if member is the patient
							<input type="checkbox"/>

**3. PATIENT INFORMATION (to be filled-out only if the patient is a dependent)**

PhilHealth Identification Number (PIN)	Last Name	First Name	Name Extension (JR/SR/III)	Middle Name	Date of Birth mm-dd-yyyy	Sex M / F	Mark <input type="checkbox"/> if with Permanent Disability
							<input type="checkbox"/>

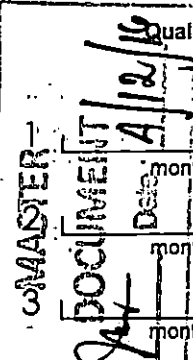
Relationship to member:  Child  Parent  Spouse

**4. MEMBERSHIP CATEGORY**

<input type="checkbox"/> <b>Formal Economy</b> <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Household Help / Kasambahay	<input type="checkbox"/> <b>Informal Economy</b> <input type="checkbox"/> Informal Sector <input type="checkbox"/> Self-earning Individual <input type="checkbox"/> Organized Group / KASAPI <input type="checkbox"/> OFP / Migrant Worker <input type="checkbox"/> Land Based <input type="checkbox"/> Sea Based	<input type="checkbox"/> <b>Indigent</b>	<input type="checkbox"/> <b>Lifetime</b>
		<input type="checkbox"/> <b>Sponsored</b>	<input type="checkbox"/> <b>Senior Citizen</b>

**5. CONTRIBUTION**

**For Formal and Informal Economy Members** *The following qualifying contributions starting with the most recent are posted in the i-CARES.*

Qualifying Contributions	Official Receipt Number	Accredited Collecting Agent (only if applicable)	Payment Date
 _____ month                      year                      mm-dd-yyyy	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**For land-based OFP, Indigent and Sponsored Members** *The following validity period is posted in the i-CARES.*

\_\_\_\_\_ to \_\_\_\_\_

month                      day                      year                      month                      day                      year

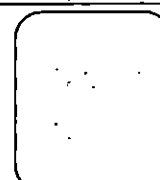
**6. CERTIFICATION**

Under the penalty of law, I attest that the information provided in this Form are true and accurate to the best of my knowledge.

\_\_\_\_\_  
 Name and Signature of member or authorized representative or witness

Reason for signing on behalf of the member \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to member \_\_\_\_\_


  
 Please affix thumbmark if unable to write

Under the penalty of law, I attest that the information provided in this Form are true and accurate per i-CARES.

\_\_\_\_\_  
 Name and Signature of PhilHealth CARES

CARES No. \_\_\_\_\_

Date: \_\_\_\_\_



**GUIDELINES FOR THE USE AND ACCOMPLISHMENT  
OF THE PHILHEALTH CARES FORM 1 (PCF1)**

**A. General Guidelines**

1. This Form is free of charge.
2. This Form shall be issued primarily with reference to a PhilHealth Benefit Eligibility Form (PBEF) which declared that the patient is not eligible to avail of the benefits.
3. Unfilled-out Forms may be photocopied. However, only **ORIGINAL** copies of the PCF1 can be attached to the benefit claim documents.
4. Only black or blue ballpen/sign pen can be used to fill out this Form.
5. Names should be written starting with the last name, first name, name extension and middle name. Extensions such as, but not limited to Jr., Sr., III, etc. should be indicated after the first name.
6. Unless otherwise allowed, all dates should be filled out following this format: Month-Day-Year, the month of which may be written either in words or in number i.e. January 1, 2015 may be written as such or as 01-01-2015.
7. The PhilHealth Identification Number (PIN) should be filled out following the 2-9-1 format.
8. As much as practicable, the PCF1 shall have no erasures. If it cannot be avoided, the P-CARES should affix his/her initials beside the erasure.

**B. Specific Guidelines**

**1. HCI Information**

- *Name of Institution and Accreditation Number.* Write the complete name of the institution and the corresponding accreditation number found at the first row of the PBEF.
- *HCI Portal Reference No. and Date & Time of Generation.* Write the HCI Portal reference number and date and time of generation found at the second row of the PBEF.
- *Reason for non-eligibility in PBEF.* Write the reason specified in the PBEF, e.g. "No eligibility – employed", "Undeclared dependent-spouse", etc.
- *i-CARES Service Reference No. and Transaction Date & Time.* Write the i-CARES Service Reference Number and the Transaction Date and Time generated after recording the transaction done for the member in the Inquiry History which is found below the Member Static Information Menu.
- *Reason for issuance of PCF1 without an attached PBEF.* Tick the corresponding reason and make sure an authorized HCI staff shall attest to the veracity of such reason by signing on the space provided.

**2. Member Information**

Write the PIN, full name, date of birth, and gender of member.

**3. Patient Information**

This section shall be filled-out only if the patient is a dependent. Write the PIN, full name, date of birth, and gender of patient. Indicating the PIN is optional. Only dependents tagged as 'valid' in i-CARES can be attested using the PCF1.

**4. Membership Category**

Tick the membership category as verified in the i-CARES.

**5. Contribution**

- For Formal and Informal members, write the three months of qualifying contributions starting with the most recent.
- Indicate the acronym and branch name of the accredited collecting agent/s (ACAs), and payment dates of the contributions indicated. For efficiency, the symbol '–do–' may be written in lieu of repeating the payment information of Informal Economy members with quarterly contributions.
- For land-based OFP, Indigent and Sponsored Members, write the exact validity period as reflected in the i-CARES.

**6. Certification**

- The member should write his/her name and affix his/her signature in the space provided.
- In the absence of the member (*i.e.* working abroad, out of town, etc.), the next of kin present or an authorized representative may sign on his/her behalf. As may be warranted, the P-CARES may require attachment of proof of relationship and/or at least 1 valid ID and/or an authorization letter.
- In case the member is incapacitated, his/her thumbmark may suffice, provided that any witness of legal age shall attest. As may be warranted, the P-CARES may require at least 1 valid ID of the witness.
- The P-CARES shall write his/her name and affix signature together with the employee ID number and the date the PCF1 is signed.

