



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center: (02) 8441-7442 | Trunkline: (02) 8441-7444
www.philhealth.gov.ph



UNIVERSAL HEALTH CARE
KALUSUGAN AT KALINGA PARA SA LAHAT

**Annex H: Sample for Motion for
Reconsideration or Appeal**

Date: _____

To: PhilHealth President and CEO

Attention: Project Management Office for Indemnity Fund (if Motion for Reconsideration)
Protest and Appeals Department (if Appeal)

Subject: Motion for Reconsideration (or Appeal) of Denied Claims for COVID-19
Vaccine Injury Compensation Package

Principal's Name: _____

Claimant's Name: _____

Dear Sir/Ma'am:

I am writing to (request for reconsideration/appeal) the PhilHealth's decision to deny my claim under the COVID-19 Compensation Package dated (date of notification of denial).

I am requesting this for the following reason/s:

1. (state the reason/s).
- 2.

Attached herewith are the documents supporting my request.

Should you require additional information, you may contact me at (phone number/email address). I look forward to hearing from you in the near future.

Sincerely yours,

Signature over printed name

Attachments:

Original claim documents that were returned during denial.

New documents that may provide new information during claims review.

